



SUPPORT RECEIVED BY ADOLESCENT MOTHERS IN THE MATERNAL BREASTFEEDING PROCESS

APOIO RECEBIDO POR MÃES ADOLESCENTES NO PROCESSO DE ALEITAMENTO MATERNO APOYO PARA MADRES ADOLESCENTES EN EL PROCESO DE LACTANCIA MATERNA

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ABSTRACT

Objective: to identify the support received by adolescent mothers for the breastfeeding process. **Method:** descriptive, field study, with a qualitative approach. Nine teenage mothers, aged between ten and 19 years of age, breastfeeding or not, enrolled in a Family Health Strategy, participated. Data was collected through a semi-structured interview and submitted to thematic analysis. **Results:** knowledge about breastfeeding comes from the observation of women with whom the adolescents lived and from previous experiences. Some have reported its benefits, although succinctly and referred only to the child's health. There was a gap in relation to the guidelines of health professionals in the prenatal and puerperium. **Conclusion:** the experience of breastfeeding during adolescence can happen in a satisfactory and effective way, since adolescent mothers receive support from family and health professionals. **Descriptors:** Adolescent Health; Breast Feeding; Nursing; Social Support.

RESUMO

Objetivo: identificar o apoio recebido por mães adolescentes para o processo de aleitamento materno. **Método:** estudo descritivo, de campo, com abordagem qualitativa. Participaram nove mães adolescentes, na faixa etária entre os dez e 19 anos, amamentando ou não, cadastradas em uma Estratégia Saúde da Família. Os dados foram coletados por meio de entrevista semiestruturada e submetidos à análise temática. **Resultados:** o conhecimento sobre o aleitamento materno advém da observação de mulheres com quem as adolescentes conviviam e de experiências anteriores. Algumas referiram seus benefícios, embora de forma sucinta e remetidos apenas à saúde da criança. Evidenciou-se uma lacuna em relação às orientações dos profissionais da saúde no pré-natal e puerpério. **Conclusão:** a experiência de amamentar durante a adolescência pode acontecer de forma satisfatória e eficaz, desde que as mães adolescentes recebem apoio da família e profissionais de saúde. **Descritores:** Saúde do Adolescente; Aleitamento Materno; Enfermagem; Apoio Social.

RESUMEN

Objetivo: identificar el apoyo dado por las madres adolescentes en el proceso de lactancia. **Método:** estudio descriptivo, de campo, con abordaje cualitativo. Participaron nueve madres adolescentes, en edades comprendidas entre los diez y 19 años, en proceso de lactancia o no, y registradas en una estrategia de salud familiar. Los datos fueron recogidos mediante la entrevista semiestructurada y sometidos a un análisis temático. **Resultados:** el conocimiento sobre la lactancia materna viene de la observación de mujeres con quien las jóvenes convivían y de experiencias anteriores. Algunas han referido sus beneficios, aunque de forma sucinta y referido sólo a la salud del niño. Se ha evidenciado una brecha con respecto a las orientaciones de los profesionales de salud en el prenatal y postnatal. **Conclusión:** la experiencia de la lactancia materna durante la adolescencia puede suceder de manera eficaz y satisfactoriamente, una vez que las madres adolescentes reciban apoyo de familiar y atención de los profesionales de la salud. **Descriptor:** Salud del Adolescente; Lactancia Materna; Enfermería; Apoyo Social.

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INTRODUCTION

Adolescence is delimited by an age frame, yet, it goes beyond biological characterization, being defined and constructed according to the relations between generations of a given historical moment and social conceptions.¹ However, the delimitation in age is necessary for the identification of requirements to guide epidemiological research, collective development policy development strategies, and public health and social service programming. Thus, adolescence is defined as the period of life in which the individual's sexual maturity occurs, ranging between ten and 19 years of age.²

In adolescence, the experience of sexuality constitutes an aspect that favors parental independence. In this phase, concepts, values and behaviors around sexuality are formed as they occur to the first experiences of affective relationships. The construction of adolescent identity results, among other things, from experiences that permeate sexuality, such as "staying" and dating, which may vary according to temporal, social and gender contexts.¹

Gestation in adolescence is generally faced with difficulty because pregnancy, in these conditions, means a rapid transition from the situation of daughter to mother, from wanting to give birth. In this abrupt transition from her role as a girl to that of a mother-woman, the adolescent lives in a conflictive and often painful situation. The vast majority are unprepared physically, psychologically, socially and economically to exercise the new maternal role, which compromises the conditions to properly take care of the baby. This unpreparedness causes many adolescents to drop out of school and run away from home.

Maternity in adolescence can not be seen as an isolated fact, and reflection is needed to understand the reasons that lead these adolescents to become pregnant. However, knowing that many girls get pregnant because they want to, they believe that this is what the boyfriend wants, they want to leave their parents' house, have their freedom, they want to be seen as adults, or for other reasons. More often than not, by culturally passed messages.³

When experiencing teenage pregnancy, the adolescent is vulnerable because she has not yet established her maturation process, because she is involved in an absence of public power and through social transformations. With the pregnancy, the

adolescent is faced with corporal modifications that manipulate her self-esteem and self-image and with difficulties of adjusting to the new roles related to the responsibilities of the care to the baby.⁴

In this context, breastfeeding can be challenging for adolescent mothers, because although it is a natural process, breastfeeding is not only instinctive, it involves learning and, therefore requires practice and time to be improved. Breastfeeding is the form of intimate contact and protection between the mother and the newborn, with several advantages to them.⁵

Adolescent mothers, sometimes, present difficulties with breastfeeding, which are more prevalent in the first tendays of the baby's life compared to subsequent phases of the puerperium.⁶ A US study showed that although the degree of difficulty with breastfeeding decreased during the puerperium, 84% of adolescent mothers who started exclusive breastfeeding did not maintain it until six months of their babies, with an average of only five weeks of breastfeeding.⁷ Thus, breastfeeding during adolescence needs support from the family and the health professionals, demanding, from these actors, technical and communication skills that favor the bond and help the adolescent mother overcome the difficulties.⁶⁻⁷

It is the responsibility of health professionals to care for adolescent girls in prenatal care, to encourage and guide them in the practice of exclusive breastfeeding up to the sixth month of life of the newborn. Guidance on breastfeeding should be developed in order to encourage the mother to choose to breastfeed her child, not only because it is good for her or because it is a public policy, but also because there is a reciprocity of advantages for both.

The relevance of this study is justified by the epidemiological context in which pregnancy and motherhood in adolescence are inserted, given the significant increase in fecundity in the age group between ten and 19 years. National statistics show that, in recent years, the number of pregnant adolescents has skyrocketed. It is estimated that, in Brazil, one million live births each year have mothers aged between ten and 19 years, which corresponds to 20% of the total number of live births in the country.²

This study is based on the following question: What is the support received by adolescent mothers for the breastfeeding process?

To answer this question, he set himself the objective:

- To identify the support received by adolescent mothers for the breastfeeding process.

METHOD

A descriptive, exploratory field study with a qualitative approach,⁸ carried out in a Family Health Strategy (FHS) of a municipality in the South of Brazil, which, is attended weekly by adolescent mothers.

Nine teenage mothers attended the FHS in question were selected to participate in this study. In this research, the dimensioning of the number of subjects surveyed followed the data saturation criterion. Data saturation is characterized when no new information is added to the search process. This criterion denotes the knowledge formed by the researcher, in the field, that he/she was able to understand the internal logic of the group or community under study.⁹

The inclusion of the participants in the research used the following criteria: postpartum women who were adolescents; aged between ten and 19 years, as defined by the WHO for adolescence; breastfeeding or not and registered in the FHS in question. Mothers whose babies had some formal condition that had been counter-indicated to breastfeeding were excluded from the study.

Prior to the beginning of the information collection, the accomplishment and objectives of the study were communicated to the FHS family health team. Subsequently, it was requested that community health agents inform the researcher of the occurrence of adolescent mothers who fit into the profile selected for the research. After clarification about the purpose of the research and approval of each participant and his/her legal guardian when under 18, the collection of the information was scheduled. This occurred according to the availability of each adolescent mother, being the same the definition of the place and the time of the collection.

The production of data was carried out in April and May of 2016. As a data production technique, a semi-structured interview was used⁹, which used a previously defined script. The interviews were recorded in a digital recorder and transcribed integrally.

With regard to the data analysis technique of this research, the thematic analysis was used, consisting of the following phases: pre-analysis, material exploration and treatment of results obtained and interpretation.⁹ This

analysis resulted in three themes that will be presented in the results and discussion.

This study followed the ethical precepts of Resolution No. 466/1210 of the National Health Council, of the Ministry of Health, that governs research involving human beings, obtaining approval from the Research Ethics Committee of the Federal University of Pampa under the number of CAAE: 54164516.6.0000.5323. The adolescents were provided with the knowledge and signature of the Term of Assent, as well as their parents or guardians signing the Term of Free and Informed Consent. The adolescents over 18 years old signed the Term of Free and Informed Consent. In order to preserve the anonymity of the adolescents, the name of a flower was codenamed.

RESULTS AND DISCUSSION

The nine adolescent mothers who participated in the study were between fourteen and eighteen, three were single and six had a stable marital status. In terms of schooling, one had incomplete elementary education, two had completed elementary education, five had incomplete high school and one had completed secondary education. With regard to family income, four had the family income of one minimum wage and five had family income of up to two minimum wages. They lived with their families, especially the maternal family. Regarding the number of prenatal consultations, three adolescents performed five consultations and six adolescents performed six consultations. Regarding the type of delivery, four had cesarean delivery and five, vaginal deliveries.

The following three thematic categories, will be presented: knowledge about breastfeeding; family support in the breastfeeding process and the role of the health professional in the face of breastfeeding.

◆ Knowledge about breastfeeding

In the adolescent mothers' statements, it was evidenced that the knowledge about breastfeeding comes from the observation of women with whom they lived, especially from the mother, and previous experiences. This can be seen in the following reports:

I already knew what it was, it is breastfeeding, I saw my mother giving to my brothers. (Camellia)

I watched the mother give mama to my sister and I learned. (Sage)

It is breastfeeding, I knew before it was born because I already have another child. (Rose)

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I know it's breastfeeding. I know because I already have another child and I breastfed. (Sunflower)

Regarding the understanding about breastfeeding, it is evident, in the speeches, that popular and familiar learning is considered as a means of sharing information about experiences in the experience of breastfeeding. Through these reports, it can be seen that the experiences experienced by the family members, especially the mother of the adolescent, have a strong influence on the way adolescents experience breastfeeding. After the birth of the child, many people in the formal or informal network of the mother allow themselves to report their experiences, which may directly influence the decision of the adolescent to breastfeed or not.¹¹⁻²

A Canadian study, conducted in 2012, reveals the influence of significant individuals on the breastfeeding process in the adolescent mother, stressing that these agents can interfere both in a positive way, potentiating breastfeeding, or negative, limiting it.¹³

The motivation of the adolescents interviewed is the example of having previously attended the breastfeeding process of women close to her. This mobilizes responsibility for the role of mothers in the success of breastfeeding and, at the same time, points to a near reality, which makes them more confident about the possibility of breastfeeding their children.¹¹

Generally, the most experienced woman in the family and who has already experienced maternity is considered as a support reference. In the family context, the adolescent mother performs a conscious or unconscious process of choosing this member.¹⁴ Such evidence was confirmed in the reports of this study.

In the daily routine of the family, the adolescent mothers take care of the babies and the grandmothers or mothers-in-law, sometimes they help in the care to be dispensed to the mother-child binomial, and can contribute in solving problems that arise in the process of breast feeding. For this, they use their knowledge acquired in previous experiences in the practice of breastfeeding.^{13,15}

In order to expand information about breastfeeding, it is necessary to make the family aware of this care, as well as to acquire allies to implement this practice, since the relatives are the most present agents in the daily life of this adolescent mother and they are the ones who will share their Experience, in accordance with previous practices. When they offer reliable

information and correct knowledge about breastfeeding, it is possible to increase the likelihood of an effective adherence to this practice, in addition to strengthening its maintenance.^{7,13,15}

Another point to be highlighted refers to the fact that some adolescent mothers had previously experienced breastfeeding, which is a determining factor in the decision-making process for this practice. Thus, women who have had positive experiences are likely to be successful in establishing breastfeeding and will also be those that may continue for a longer time when compared to those who have experienced previous negative events.¹¹

Because most adolescents have never had the experience of breastfeeding, they need continuous follow-up to clarify doubts and support the emergence of difficulties.¹² However, it is emphasized that the practice of breastfeeding is unique to Each conceived child, that is, it is an experience that the mother experiences differently in the first child, in the second and so on.

Thus, it is worth considering that, regardless of age, breastfeeding requires new adaptations, interpersonal and intrapsychic adjustments. Therefore, the practice of breastfeeding requires an adaptation effort, which must be gradual, as it alternates between the status of adolescent daughter and adolescent mother.¹⁶

When questioned about the knowledge about breastfeeding, some adolescents reported their benefits, albeit rather succinctly and superficially, and other participants did not demonstrate knowledge about issues regarding the benefit of this practice for both the mother, and the baby, as perceived in the following lines:

I know it has a lot of benefits, but which even I do not know. (Camellia)

It is breastfeeding. Prevents the child from having chest disease and gets very fat because she [daughter] is a ball. All I know is that it makes the baby fat. For me, I do not know. (Kaizuka)

I do not know, I just give. (Sunflower)

They never told me and I never asked. (Russélia)

The benefits of breastfeeding for maternal health, although recognized, still need to be publicized. From the interviewees' reports, it was verified that the knowledge of the benefits of breastfeeding predominated from the point of view of the child's health, and the maternal benefits were unknown in most of them.

The act of breastfeeding has benefits for the woman, among them the lower risk of

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death due to rheumatoid arthritis, less postpartum uterine bleeding, lacto-amenorrhea and, consequently, leads to a greater intergestational spacing.¹⁷

The benefits of breastfeeding for the child are widely reported in the literature and breastfeeding incentive programs. However, in relation to maternal advantages, as mentioned, there is still a need for this theme to be better considered.¹⁸

Among the advantages of breastfeeding is the emotional bond between the mother-child binomial, since during this act, it is possible to establish warmth, comfort and complicity between both. It is through breastfeeding that the baby experiences different stimuli and the interaction established at each feeding gives him feelings of security.¹⁸

◆● Family support in the breastfeeding process

Regarding this theme, it was verified that the coexistence and the support in the family scope are of great value for the incentive to breastfeeding. In this study, there was especially the influence of the mothers of the adolescents for the establishment of breastfeeding, as shown in the following reports:

My mother influenced me a lot, she would take my chest out and take the milk out of it. (Sage)

The mother helped me a lot. I could not make her suckle. (Acacia)

Given the statements presented, it is observed that the maternal grandparents participate effectively in the process of breastfeeding, passing on knowledge and experiences to their daughter. The grandmother figure means security and trust for adolescent mothers at this special time. Thus, it is clear that it is essential that there is a link between health teams, adolescents and their mothers, in order to promote and maintain exclusive breastfeeding at least until the age of six months.¹⁹

Adolescent mothers perceive breastfeeding as an inheritance transmitted from one generation to another, that is, from mother to daughter. This passage of experience is individual and marked by the life story of each grandmother. This is proven when adolescent mothers reproduce behaviors already practiced by their mothers. Thus, it is evident that the meaning of breastfeeding for each grandmother can have positive or negative repercussions in the breastfeeding process of her grandchildren.^{12,15,19}

The lack of participation of maternal grandmothers in groups of pregnant women and also in prenatal consultations, considering

that they exert a great influence on the way of thinking of adolescent mothers, so that they (the grandmothers) perceive the importance of promoting breastfeeding to the adolescent mother in this period.⁵

For an adolescent mother to breastfeed successfully, it is not enough for her to choose breastfeeding. She needs to be in an environment that helps her carry out her choice and lacks an experienced and dedicated person to support and convey confidence and security. This support can be achieved mainly in the home, through your family or your partner. The support and encouragement of the people who are close to the adolescent mother, especially the husband / partner and the maternal and paternal grandparents of the child, is of great relevance for the establishment of breastfeeding.²⁰

A study conducted in the United States showed that support from friends and family, especially from parents, plays a fundamental role both for initiation and for continued breastfeeding, since women whose families offered support were more likely to initiate and give continuity To breastfeeding for at least two months.²¹ Those who had friends who breastfed their children were also more likely to start and continue breastfeeding.

For Rose, who influenced her to practice breastfeeding was her boyfriend's aunt. This is observed in the following report:

I made up my own mind. But my boyfriend's aunt was there and she helped me. (Rose)

Thus, it is clear that family support is of paramount importance to the adolescent mother, but some people may not be able to assist in the breastfeeding process. Maternal grandparents play a prominent role among the people involved in caring for the mother and the newborn. Assisting the daughter in the care of the grandchild allows the grandmother to recall her experience as a mother.²⁰ On the other hand, it was also possible to identify the absence of the paternal role in the influence of breastfeeding on adolescent mothers. When thinking about the adolescent mother, one should not rule out the fact that some of the parents of the babies are also teenagers. The complexity of becoming a parent in adolescence, coupled with the insecurities of this phase and the instability in the relationship with the partner make it even more difficult to adapt to the new role of father.²²⁻³

An Australian study²³ that evaluated the meaning of breastfeeding in the perspective of adolescent parents shows that, given the adolescent's social and emotional

circumstances, this was not understood as a priority in their lives, although the benefits of practice in the health of their babies were valued.

When corroborating the above, a study²² developed in Viçosa, Minas Gerais, showed the incidence of 30% abandonment of breastfeeding in postpartum women after four months of delivery, due to other factors, lack of help from the partner.

◆♦ The role of the health professional in the face of breastfeeding

The support and guidance received from health professionals was investigated with adolescent mothers. There was a gap in the guidelines received by professionals in prenatal consultations. Most of the adolescent mothers reported not being informed about breastfeeding.

They never told me, and I, too, never asked. (Sunflower)

Yes, she [the nurse] advised me, but she did not say much about breastfeeding. (Pink)

She [nurse] just said it was better to breastfeed. But he did not say much. He only spoke once. (Camellia)

Only in the lectures that gave the post, in the consultations never spoke. (Sage)

A woman at the post [community health agent] left some leaves about childbirth and breastfeeding, too. The nurse gave me nothing. (Daisy)

When I asked the [doctor], doctor she did not explain much. It's too crowded there, she was not going to explain me too much. And, at the post meetings, they only talked about childbirth. They did not talk about anything else, but they asked for suggestion. I put breastfeeding in the suggestion, but the other week was about childbirth again and how was the development of the child. (Acacia)

During the interviews, it was evident that the guidelines related to the practice of breastfeeding received from health professionals were insufficient. The lack of information on breastfeeding during prenatal care shows a lack of commitment of health professionals to this practice, since, in the case of adolescent mothers this type of guidance would need to be further emphasized, since most of them are inexperienced. Thus, there is a need for an attentive look at prenatal care for these adolescent mothers, providing them with information about this topic and an effective support.

The literature^{13,24-5} has pointed out that the performance of the health services is still deficient regarding guidance for the adolescent mother and her family, in the

sense that they do not address the main problems regarding breastfeeding satisfactorily. Inappropriate guidance and inability to support mothers who are breastfeeding are important barriers to adherence to breastfeeding.

It was observed, through the interviewees, the absence of professional support for breastfeeding, which could permeate the teaching about the positioning and the appropriate handle, dialogues about taboos and myths regarding this practice and emotional support. A study carried out in Cajazeiras, Paraíba, emphasized that, just as the team's guidelines can facilitate breastfeeding, the lack of assistance and support from the professionals may be a deciding factor for their interruption.¹¹

Health professionals need to act as facilitators of the breastfeeding, process by developing continuing education actions that promote the autonomy and empowerment of adolescent mothers. Counseling strategies are needed to encourage these mothers to express their feelings and doubts, and this is the opportune moment to encourage them to breastfeed.

Thus, the health professional, especially the nurse, needs to propose health education activities to the pregnant woman and her family from the beginning of prenatal care, in addition to expanding the activities for the adolescent's home, considering the possibility of understanding the difficulties Faced in their daily lives. It is also up to them to offer and establish a network of emotional support and to recognize the real individual needs of each adolescent, with an exchange of knowledge between the Nursing team and the mothers cared for.

On the other hand, for some interviewees, the nurse emerged both as a facilitator, and motivator for the maintenance of breastfeeding. This is verified as follows:

She [nurse] helped me breastfeed for her. (Kaizuka)

The nurses came from the milk bank, went to the room and taught me how to get it, because it cracked. (Acacia)

The nurse spoke. I was also in the group that had and she talked about breastfeeding and childbirth. (Mimosa)

Adolescent mothers reported the importance of the nurse's encouragement and support to overcome the difficulties and facilitate adherence to the practice of breastfeeding. It is believed that this support in addition to the family support, are important factors for the beginning and maintenance of this practice.

Among the health education strategies aimed at this public, the groups of adolescent pregnant women are useful spaces for the clarification of doubts and support for breastfeeding. In these spaces, multiprofessional teams can work on the self-esteem of these adolescents, encouraging them to assume certain responsibilities for themselves and their babies, strengthening the mother-child bond and family, and encouraging breastfeeding. In contrast, an adolescent mother reported a lack of sensitivity on the part of Nursing professionals regarding the difficulties faced in breastfeeding, as can be seen below:

In the hospital, they [nurses] told me to breast-feed. But, I would tell them that I could not give and they insisted even more to give, without explaining anything to me. (Russélia)

Health professionals need to be sensitive to identify the individual needs of each nurse, valuing their beliefs and cultural values. This sensitive look at the individuality of each may be the most significant strategy to support exclusive breastfeeding up to the sixth month of the child's life.

The promotion and encouragement of breastfeeding depend heavily on the commitment of health professionals responsible for the care of women in the pre- and postnatal period. It is the task of these professionals to provide the mother with an active listening, that is, to listen to her in her needs, to clarify her in her doubts, to understand her in her singularities and to demystify her from myths and taboos, from To make breastfeeding a singular moment and an act of pleasure.²⁷

CONCLUSION

Regarding the knowledge about breastfeeding, it was evidenced that this comes from the observation of women with whom the adolescents lived, especially from the mother, and previous experiences. Some adolescents reported their benefits, although quite succinctly and referred only from the point of view of the child's health. Other participants did not demonstrate knowledge about issues regarding the benefits of this practice for both mother, as well as the baby.

With regard to family support for breastfeeding, the influence of adolescent mothers in establishing this practice was especially verified. Maternal grandmothers participated effectively in the breastfeeding process, passing on knowledge and experience to their daughters.

Regarding the role of the health professional in relation to breastfeeding, there was a gap in relation to the guidelines in the prenatal and puerperal consultations, since most of the adolescent mothers reported not being informed. Some of them received the support of the nurse to overcome the difficulties and to facilitate adherence to the practice of breastfeeding, although this was the minority report.

This study found that the experience of breastfeeding during adolescence can occur naturally, satisfactorily and effectively, since adolescent mothers receive support from family and health professionals. This implies the importance of including the adolescent and her family in the health education actions, both in the prenatal, and puerperium, in order to assist them in clarifying doubts and solving difficulties, constituting a support network for the mother Adolescent

It is therefore perceived that the practice of breastfeeding is directly linked to the support given to adolescent mothers, be it family or professional, and that these women need better care during this important period for their life, their child and from your family. In the meantime, it is important to highlight the relevance of nurses to analyze the quality and the way information is being passed on to these adolescents, since it is believed that, when properly oriented, they can lead to further practice and decrease the risk of early weaning .

In addition, this study intends to contribute to the expansion of the construction of the scientific knowledge in the health area about this subject, especially, with regard to breastfeeding in adolescents. It is believed that the scientific production resulting from this research may represent a contribution to the health area, and, more specifically, to the fields of adolescent health and women's health, and especially for adolescent mothers not only assisted in the Health scenario of this research, but can be extended to other services.

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