



WOMEN'S PERCEPTION OF THE INFLUENCE OF GRANDMOTHERS IN THE BREASTFEEDING PROCESS

PERCEPÇÃO DA MULHER QUANTO À INFLUÊNCIA DAS AVÓS NO PROCESSO DE AMAMENTAÇÃO

LA PERCEPCIÓN DE LA MUJER CON RESPECTO A LA INFLUENCIA DE LOS ABUELOS EN EL PROCESO DE LACTANCIA MATERNA

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ABSTRACT

Objective: to verify the perception of women about the influence of the grandmothers in the process of breastfeeding. **Method:** an exploratory descriptive study, with a qualitative approach, performed with 25 female mothers of children aged six to 24 months. The data was produced by recorded interview. The analysis of the data was based on Content Analysis in the Thematic modality. **Results:** two thematic categories emerged: << The influence of the grandmothers in the decision and maintenance of breastfeeding >>; << The empowerment of the woman / nurse in the decision and maintenance of breastfeeding >>. **Conclusion:** when considering that grandparents exert a great influence in the decision-making process of the nursing mothers, it is evident the need to promote the empowerment of the woman, from the prenatal period, so that she can be an active subject in the breastfeeding process, being able to evaluate and make her own choices. **Descriptors:** Breast Feeding; Child Health; Empowerment.

RESUMO

Objetivo: verificar a percepção da mulher quanto à influência das avós no processo de amamentação. **Método:** estudo descritivo exploratório, com abordagem qualitativa, realizado com 25 mulheres mães de crianças de seis a 24 meses. Os dados foram produzidos por meio de entrevista gravada. A análise dos dados foi fundamentada na Análise de Conteúdo na modalidade Temática. **Resultados:** emergiram duas categorias temáticas: << A influência das avós na decisão e na manutenção da amamentação >>; << O empoderamento da mulher/nutriz na decisão e na manutenção da amamentação >>. **Conclusão:** ao considerar que as avós exercem grande influência na tomada de decisão das nutrizes, fica evidente a necessidade de promover o empoderamento da mulher, desde o pré-natal, para que ela possa ser sujeito ativo no processo de amamentação, podendo avaliar e fazer suas próprias escolhas. **Descritores:** Aleitamento Materno; Saúde da Criança; Empoderamento.

RESUMEN

Objetivo: verificar la percepción de la mujer con respecto a la influencia de los abuelos en el proceso de lactancia. **Método:** estudio descriptivo, exploratorio, con un enfoque cualitativo, llevado a cabo con 25 mujeres madres de niños de seis a 24 meses. Los datos fueron producidos a través de la entrevista grabada. El análisis de los datos se basó en el análisis de Contenido en la modalidad Temática. **Resultados:** emergieron dos categorías temáticas: << La influencia de los abuelos en la decisión y en el mantenimiento de la lactancia materna >>; << El empoderamiento de la mujer/nutrice en la decisión y en el mantenimiento de la lactancia materna >>. **Conclusión:** teniendo en cuenta que las abuelas ejercen gran influencia en el proceso de toma de decisiones de las madres nutrizes, se queda evidente la necesidad de promover el empoderamiento de la mujer, desde el período prenatal, para que ella pueda, ser sujeto activo en el proceso de lactancia materna, siendo capaz de evaluar y tomar sus propias decisiones. **Descriptores:** Lactancia Materna; Salud del Niño; Control del Poder.

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INTRODUCTION

Early weaning is still a problem found throughout Brazil, being evidenced in prevalence surveys conducted in Brazilian municipalities. In them, the average of exclusive breastfeeding is below the desired and expected by the World Health Organization (WHO), that is until six months of life and its continuity up to two years of age or more.¹

Regarding exclusive breastfeeding, Brazil's average is 41%; of São Paulo, 39.1% and the city of Marília is below the average, with approximately 30%. Regarding breastfeeding among children from nine to twelve months, Brazil had 58.7%; São Paulo, with 48.75% and, once again, the region of Marília confirms this position below the average, with less than 40%. Regarding breastfeeding in the first 24 hours, the mean in Brazil was 67.7%, in São Paulo, 62.4%, and still less than 60% in the city of Marília.¹

It can be seen that the city of São Paulo and Marília are below the national average in all the requirements mentioned above, which are worrisome and have motivated the investigation of factors, practices or situations that contribute to early weaning.

Among the factors influencing breastfeeding decision, it is found, in the literature, aspects such as the benefits of breastfeeding; family, social and professional support; sociodemographic and clinical characteristics of breastfeeding mothers; personal experience and family tradition.² Among these factors, it is concerning that the influence of family members, especially grandmothers. They may interfere directly with the breastfeeding process, both positive and negative, as they are inheritors of experiences acquired throughout life.³ These experiences date from 20 to 30 years ago when breastfeeding was not valued and the use of tea and other milk was recommended by pediatricians.⁴

The influence of the grandparents in the breastfeeding process was shown in a study⁴, identifying maternal (56.0%) and paternal (54.0%) grandparents advising on the use of tea and/or water, being other milks less recommended (13, 5% and 12.3%, respectively). The recommendation by the grandparents for water and / or teas increased the risk by 2.22 times for weaning at the end of the first month. However, for the use of milk it increased the risk by 4.51 times for the non-one month old child being exclusively breastfeeding and 2.39 times for

breastfeeding to be stopped before six months.

Thus, it is observed that the role of the grandmother in the puerperal period is of paramount importance, since she assists her daughters and daughters-in-law in the care of the baby and in the maintenance or not of breastfeeding. The practice of breastfeeding can be passed on from generation to generation, that is, from mother to daughter, considering the relationship of trust, in which the daughter follows the model of the mother. In this sense, this transmission can be considered an obligation of the woman, where each one must fulfill and assume the role of mother in all aspects. Grandmothers then encourage and support their daughters to breastfeed and pass on to their daughters the duties and obligations they must now have as mothers by passing on to them what they have learned from health professionals and through the media.⁵

The practice of breastfeeding is strongly influenced by the environment where the nursing mother is inserted, and the grandmothers' opinion is extremely important for the woman.⁶ But the maternal knowledge of the grandmothers is not always positive, although they continue to be valued and respected by daughters and daughters-in-law as they may discourage the practice of breastfeeding and encourage the use of other complementary foods.³

When considering the properties and benefits of breast milk in the health of the baby, mother, father and family⁶ and the importance of grandparents' support in promoting and maintaining breastfeeding, as well as the scarcity of research on intergenerationality in breastfeeding³, the following question is asked: do the grandmothers influence or not the woman's decision to breastfeed?

To answer this question, it is extremely important to develop research that allows the understanding of family influence in the breastfeeding process, contributing to the promotion and maintenance of the breastfeeding period. This study seeks to reflect on breastfeeding, with the purpose of knowing and analyzing how nurses experience the participation of grandmothers during their breastfeeding practice, thus justifying, in this way, the accomplishment of this study that aims to:

- Check the perception of the woman about the influence of grandparents in the breastfeeding process.

METHOD

A descriptive, exploratory, qualitative study was carried out.⁷ It was based on the units located in the northern region of the municipality of Marília (SP), Brazil, at the Basic Unit of Health Santo Antonieta and Family Health Unit - Parque das Nações, Average of live births in the last five years.

The subjects of the study were 25 unrestricted women, mothers of infants aged six to 24 months, who were breastfed or not, and who accepted to participate in the study. The criterion used to establish the number of subjects was that of saturation, that is, the repetition of the interviewees' statements, thus, indicating that the data collected could meet the objective proposed by the study.⁷

For the production of data, the semi-structured interview technique was used, in which the informant has the possibility to discuss her experiences, in two moments: in the 1st moment: data on identification, pregnancy, delivery and breastfeeding practice; in the 2nd moment, the interview is conducted through guiding questions. How was your grandmothers' participation during your breastfeeding period? If you have more than one child, has the behavior of grandmothers always been the same in relation to breastfeeding?

The data was produced by the authors themselves, in the place determined by the subject, being previously scheduled, after contact with the reference units of the subjects.

To analyze the data, we used the content analysis technique in the thematic modality. proposed by Minayo⁷, which consists of identifying the sense nuclei that make up the lines. The presence or frequency of these themes denotes relevance for the object analyzed in three stages: *the first one* - pre-analysis - is developed with the transcription of the recorded interview and floating reading. In this stage, the researcher must interact intensely and directly with the sources of communication (text and field observation), seeking to relate the initial and emerging hypotheses, make the corpus constitution, validate the data qualitatively through completeness, representativeness, homogeneity Relevance of the documents analyzed, proceeds to the formulation and reformulation of hypotheses, enabling interpretive corrections, and seeking other inquiries. It is the moment in which the unit of registration (keyword or phrase), unit of context, the cutouts, the form of categorization, the modality of codification

English/Portuguese

and the theoretical concepts that guide the analysis are determined. In the *second stage*, the researcher performs the exploration of the material, in order to identify the significant categories, constructed by means of codifications and quantitative indexes and, after, classifies and aggregates the data, determining the theoretical or empirical categories of each theme. Finally, in the *third stage*, the data obtained, the interpretations, the data are interrelated and their meanings are analyzed.

The ethical precepts contained in Resolution No. 466/12, of the National Health Council were considered in this study. After approval of the project by the Municipal Council for Research Evaluation - COMAP, of the Municipal Health Secretariat of Marília, and approval by the Committee of Ethics in Research involving Human Subjects of the School of Medicine of Marília - Famema, under opinion number 178.104, the data collect. The subjects, were given a copy of the Informed Consent Form and, in order to guarantee their anonymity, the interviews were transcribed in full, duly identified with the letter "E" followed by numbering, such as E1, E2 , E3, and successively.

RESULTS AND DISCUSSION

◆ Profile of the subjects

Of the 25 women participating in this study, 76% were over 20 years of age, 64% reported stable union with their respective partners, and 64% only performed household activities.

Regarding the obstetric history, 52% had only one child, 96% (n = 24) reported the last pregnancy with a single fetus, 76% underwent operative delivery, and 96% (n = 24) were housed with their child.

Regarding the history of breastfeeding, it was identified that 84% started breastfeeding the first hour of the child's birth and 44%, at the moment of data collection, still breastfed the child.

◆ Thematic categories

This study shows that grandmothers sometimes have a positive influence on the breastfeeding process and sometimes have a negative influence. Women recognize the factors that influence them, as well as indicate that when they feel empowered, whether through knowledge, the desire to breastfeed or the interpretations they make of the practice experienced. They maintain breastfeeding, according to two thematic categories identified and described below.

◆◆ Theme 1- The influence of the grandmothers in the decision to continue breastfeeding

Women / mothers perceive that grandmothers influence positively, but they can also negatively influence their decision to breastfeed.

They recognize that they teach, encourage, and support breastfeeding, and that the opinions of the grandmothers with whom they have contact regarding the benefits of breastfeeding are a significant element, in assessing the child's health through experience. Which reinforces its decision to maintain breastfeeding.

[...] from the moment she (grandmother) learned that I was pregnant, she explained to me, taught me [...] that breast milk is a very good thing, right? .] Helps in the development of the child, also protects the mother from various kinds of disease, the child is also protected. [...] I think so too because of breast milk the child is healthier, more protected, it is more difficult to have a health problem. I'm sure he's had no problem so far, he did not have the flu. So I think so that breastfeeding in the breast is more difficult for the child to have health problem. So the risk is lower in relation to those who are not breastfed in the breast, né [...] (E4)

She (grandmother) was there every moment with me, when he cried, when he felt a pain, sometimes he complained and my mother spoke: why? What is happening? It was all the side of her, so my mother was a super mother ... She told me that it was very important, that it helped the children against diseases like the flu and everything, that breast milk was health for the children . (E14)

The act of caring has always been inherent in women, and in the history of family care, grandmothers and mothers are the most important people, since these women transmit their knowledge, beliefs and values to others, always, maintaining, the survival of the human being. In this perspective, each family context, with its singularities, influences the breastfeeding process, through exchanges of experiences and knowledge that stimulate the practice of breastfeeding.⁸⁻⁹

Breastfeeding is a practice that involves a relationship between teaching and learning between generations in the family space.^{3,10}

When the influence of the grandparents is positive, this is extremely important for the formation of knowledge and skills of the new mother favorable to the practice of breastfeeding.²

Even though they received guidance from health professionals about the benefits of breastfeeding, the women, living in their environment, highlight grandparents as the most important person in this process, because they feel safe in the guidelines received and support in the difficulties experienced.

My mother was always fundamental. [...] she always helped to care when she was born; the first bath, put on the chest. She was always important, my mother was the most important person, otherwise I would have given up when I started to hurt from the first pregnancy I had. When it started to hurt to breastfeed, she said, "No, it's not to stop, you do not give up, you do not get discouraged." Then, after a fortnight, the pain went by and I continued, and I give until today. (E 11)

The nurse elects a family member, usually an older, more experienced member and particularly who has already experienced this practice.¹¹ Studies have shown the maternal grandmother as the person chosen.^{2,4}

Grandparents are the most present people at the birth of their grandchildren and, therefore, closer to the nursing woman in the puerperal period, when lactation is being established. Thus, health professionals should consider the cultural knowledge and hierarchical power of the grandmother woman in this process that begins.^{8,12}

This fact is important because, given the difficulties experienced by the woman or the lack of desire to breastfeed the child, when the mother has support and encouragement from the family member, she believes that breast milk is important for the child's health, it persists in the process of breast-feeding.

[...] at first my chest cut, I did not want to give more. So she (grandmother) said that I had to give [...] I was angry because it hurt a lot, but then it was healing, and so far I'm giving it to him[...] now yes (like to breastfeed). (E2)

Well, my mother always encouraged me, right. I always breastfed on her, but at the beginning, he did not want to take no, it was very difficult, my mother helped me, fighting and I, not knowing yet, but she helped me a lot, she encouraged me. (E9)

In the family environment, grandparents' opinions are still highly valued and respected. Based on this, it is affirmed that grandparents participate directly in the puerperal phase of their daughters, influencing positively or negatively in breastfeeding, depending on the roots of their beliefs and their culture.^{6,13}

In this study, it is verified that the participation of grandmothers in the

Siqueira FPC, Castilho AR, Kuabara CTM.

Women's perception of the influence...

breastfeeding process, whether teaching, encouraging and / or supporting the nursing mother, promotes safety to the new mother. On the other hand, women perceive that the lack of orientation and support of the grandmothers, as well as their orientation to offer other milks, may negatively influence the nurse's decision to maintain breastfeeding. At that moment, the insecurity and of doubts that the practice of breastfeeding, she ends up introducing food in the child's diet.

[...] when I was giving milk to the baby, there, it hurt. I told her that I was going to give her milk, so she (her maternal grandmother) said that it was better to breastfeed and give the bottle, which was better ... Do not go out too much because he did not suck and did not have much milk, so do not leave too much, I gave Nan milk until three months, and then I started to give boxed milk. [...] Well, my mother never was that mother to explain things, my mother never talked about it and my mother-in-law never talked about it. (E5)

So I do not like giving him tea, and she wants it, and I do not like it. I give because she talks. Because it really calms him, but I do not like it, I just like the milk. (E19)

Other studies, such as that by Zanin and Schacker¹⁴, found that grandmothers influence the breastfeeding process, at times, as breastfeeding supporters, assisting mothers in their difficulties, promoting safety, offering support and guiding breastfeeding. Breastfeeding and the importance of breast milk. However, in some cases they have realized that there is also a disincentive to exclusive breastfeeding when they encourage the use of tea, water and other foods before six months.¹⁵

The success of breastfeeding depends on the interaction between mother and child, subsidized by family support, especially, from the mother of the woman. It also depends on the historical, social, cultural and psychological factors of the nurse and her family members, as well as the commitment, the technical-scientific knowledge and the creativity of the health team in encouraging breastfeeding.⁶

The grandmother, faced with the fragility and difficulty experienced by her daughter, may also feel insecure, assuming behaviors that are opposed. At the same time, it provides guidelines that will benefit the production of breast milk, they suggest the introduction of other types of milk.

[...] only of the maternal grandmother, who in this case would be my mother. And it influenced me in what I could eat and what I

could not, what would be good and what would not be [...] It was good for milk vitamin, to increase milk ... I wanted to, had curiosities, but, at the same time, I was afraid my breasts would fall and hurt a lot, it was very sore, I would cry in pain [...] I would wake up at night to breast feed him, but my milk was not enough, my Mother said that it was not enough, that he was not supporting him, that's when she gave me the idea of giving him cow's milk. Then I mixed it with a little water and gave it to him, then he started to stop crying (E3)

She advised a lot (to give the breast milk), but, as it hardened, she said "there is no way, now you will have to give another type of milk" [E15]

Other studies corroborate this fact, confirming that the grandparents bring with them knowledge and experiences permeated by myths, beliefs, taboos and values rooted and culturally accepted in the historical context lived by them.¹⁶ Among these, we can mention weak milk and in small quantity; the baby cries because he is hungry; the breasts will fall; the baby rejected breast milk and the artificial milk it feeds.¹⁷ During the puerperal period, the woman is emotionally more sensitive, thus allowing the influence of third parties, especially grandparents, who often contribute Consciously and/or unconsciously, for early weaning.⁸

It is known that, when grandmothers encourage the use of tea, water and other milk for infants less than six months of age, this is a negative attitude towards breastfeeding and may have an impact on early weaning.¹⁵

The authors believe that these attitudes of the grandmothers are related to the knowledge acquired 20 or 30 years ago, when the practice of breastfeeding was somewhat devalued.⁴ Thus, the experience lived by the grandparents about infant feeding, influences in its form to support breastfeeding.¹⁸ It is believed that grandmothers who did not breastfeed exclusively tended to influence women not to promote exclusive breastfeeding.¹⁹

For grandparents to support and encourage breastfeeding, it is necessary for health professionals to know how they experienced this practice. There are women who still experience a different positioning of grandparents in relation to breastfeeding, that is, while one encourages breastfeeding, the other encourages the introduction of other milks to be closer to the child.

So, for my part, most of them said that it was to breastfeed, that it was good, that the baby was immune, even on the part of

my mother-in-law, she said it was to give another milk. Even today she tells me to try to give her another milk, but he does not get it, not at all. [...] And she (paternal grandmother) had this habit of saying that milk was weak, that she was not going to support the baby, so that she could stay with him longer, grandmother. (E17)

The act of breastfeeding is inherent in the history of human beings, but even so, it can give the new mother insecurity and the fear of making mistakes. Grandparents are women who actively participate in family care, especially of their daughters or daughters-in-law, in the puerperal phase, transmitting to the new mother their beliefs and experiences.²⁻³

The women participating in this study also point out that grandmothers stimulate the bottle offer so that they can spend more time with their grandchild. It is believed that the grandmothers, by helping to care for the grandchild, revive their experience as a mother.⁸

Findings from this study show us that women / nurses recognize that the participation of grandmothers in the breastfeeding process is of paramount importance. Because they are experienced people, they convey confidence, making the new mothers feel safer when caring for and breastfeeding their child.

Oh, I think it's very important because it was my first child, right. It's very interesting, because, at first, I had no experience, I did not know what it is to take care of a child, I did not know what it was to breastfeed, and I did not have this contact with a child and I never had a child, for me it is very important because they taught me, I am saying because breastfeeding is part of the child and also of the mother, is an important thing for us. (E4)

Ah, it was good, my mother said that I had to breastfeed, which was good for the baby's health [...] she (maternal grandmother) has more experience. (E 6)

The women realize that being inexperienced favors the direct and active participation of the grandparents in caring for the child. And as they gain experience, by caring for and breastfeeding their child, they feel independent of their grandparents' help.

I accept everything, that people who are younger. We do not know much about things, and the older ones always know. So I accept all the advice they give. [...] Because we were created like this, and, thanks to God, we are healthy, all my sisters were created like that, their children were

created that way and we see that it works more than a little. (E23)

In fact, difference has. In the first pregnancy, we are younger, and do not have so much experience, it depends more on the mother ... Well, from my mother, I can actually say that it was only the first time, because at first she had Contact in the day to day, now, in the second [...], it was just me and the child itself, [...] but on the phone she still helped me. Now, the third one does not even need help. (E14)

It was the first was over (grandparents' participation) because I was inexperienced and the second I already had more experience, so it did not help as much. [...] So, at first I knew the importance, I always heard talk, but then I suffered more, the breast cracked, but so, I always thought important, I never gave up, I went, I passed pain and I never gave up on breastfeeding, and in the second I already knew, so I was already having an ointment, it was easier. (E20)

In the family context in which the nurse lives, it is usually the grandparents who, because they are respected and have a greater knowledge, exert great influence at this moment, especially on the primiparous, which are insecure and unprepared. This influence may be positive or negative, which will depend on the historical, cultural context and previous experience lived by these grandmothers during their breastfeeding process.⁵

It should also be emphasized that during pregnancy and in the puerperal period, there is a need for new adaptations, increased responsibility, changes in the social role, changes in the body, conflicts of the age, limitations in various actions that the woman practiced, interpersonal adjustments, intrapsychic and the nursing function. Above all, insecurity in baby care increases, resulting from the adolescent's fear, immaturity and inexperience.²⁰

When a woman is a mother in her early age, she often underestimates her ability to care for her child and delivers her child to the care of another person, abiding by all her guidance, judging her to be more experienced and competent than she is. At that moment, the family is the main support framework for adolescent mothers. The women of their family who have experienced this period, transmit their experiences. The daughter then follows the example and teachings of her mother.²⁰

The early supplementation with water and teas is a very common practice in the daily routine of mothers, adolescents or not, which reinforces the appreciation of mother-

Siqueira FPC, Castilho AR, Kuabara CTM.

Women's perception of the influence...

daughter beliefs,²¹ coupled with a possible lack of knowledge regarding the benefits of exclusive breastfeeding.²²

When considering that grandmothers exert a great influence in women's decision-making when they experience difficulties, doubts or taboos with regard to breastfeeding, the need for their participation in prenatal consultations and also in groups of pregnant women is evident. In this way, can commit themselves, feeling safe, and recognize the importance of their encouragement and their help to the nursing woman during this period.

♦♦ Theme 2 - The empowerment of the woman/nursing mothers in the decision and maintaining breastfeeding

Empowerment, as a category, pervades notions of democracy, human rights and participation, but is not limited to these. It involves acting, involving processes of reflection on the action, aiming at an awareness of factors of different orders, be it economic, political or cultural, that conform reality, focusing on the subject.²³

The empowerment process for women / nursing mothers in this study comes from knowing the aspects that involve the breastfeeding process, as these can reflect on the "grandmothers influence", which guide actions that have repercussions for the health of the child as well as the early weaning. Feeling secure in knowing the benefits of breast milk to the child's health, the woman maintains exclusive breastfeeding.

[...] newborn always cries a little more, right. Then my mother wanted me to give her pacifier, my mother-in-law too, but I did not give it because the pacifier gives a lot of trouble to the child, and I thought of all that in the future that gives trouble. My mother wanted me to give her chamomile tea, fennel, my mother-in-law too, but I did not give it, it's the only part she did not know, that's why she did it, but it was for the child's sake, But I did not give it, I gave only the milk. [...] I knew that breast milk is enough for a child. (E11)

In this study, this process of empowerment of the nurse permeates the desire to breastfeed as a significant element. The desire for breastfeeding portrays the motivation of the woman about the practice of breastfeeding and is also considered as one of the factors for her decision-making.²

Even in situations of "positive influence" of the grandparents, that is, even when stimulated by them to breastfeed the child, they recognize that the fact of wanting to be a mother and breastfeeding the child is what strengthens their decision, making the breastfeeding process easy for them.

My mother breastfed eight children, and she already told me how it was and my mother-in-law also breastfed all her children, she talks to me [...] she has to breastfeed because milk is important, right for the development of drink. For me, it was easier, I already wanted to breastfeed, I already had the desire, so it was good, it was easy for me. (E11)

It is observed that the practice of breastfeeding is culturally valued and its meanings and practices are influenced and transmitted intergenerationally.¹⁰⁻¹¹ Women need models of more experienced people who have already experienced the practice of breastfeeding.¹¹

There are women who are not yet ready to be mothers, because they realize that, in addition to not having the maturity to assume responsibilities of such importance, they are also deprived of material conditions and influenced by the family, especially grandmothers, who are the people who are helping to assume the role of mother and child care.¹²

In other studies, such as that of Wieczorkiewicz and Souza,²⁴ the breastfeeding process was perceived as a wonderful experience, and the biological aspects, such as the protection of diseases, were considered in the discourses of adolescents. As for the social factors involved in the process, the testimonies reveal that the true mother is the one who breastfeeds the child.

In this study, the desire to breastfeed was related to the stage of life in which the woman is, since they perceive that, when younger, they do not have the maturity to desire and take care of the child.

I think because I was very young, right. I was not used to losing my night, these things then, but for lack of maturity, right, because, I know it's important for vitamins, but we do not even want to know. First not, but now, with the second, I wanted to breastfeed [...]. (E24)

With the arrival of the child, the woman experiences the "primary maternal concern", which gives her an ever greater sensitivity to the needs of the child, dedicating herself completely to it. New mothers worry so much that at this point they may feel incapable of developing other tasks.²⁵

It is then perceived that the social and family context in which the adolescent is inserted represents a fundamental role in this stage of life, providing values, rules and expectations, as well as the concrete means for the viability of her new life project. It is necessary, therefore, that actions be directed to all adolescents through a support network,

Siqueira FPC, Castilho AR, Kuabara CTM.

Women's perception of the influence...

which stimulates self-care in this situation of early pregnancy, as well as caring for the child.²⁶

A study with adolescents who, despite the fear and difficulties related to gestation and delivery, identified that breastfeeding, when worked through an effective support network, leaves the mother-teenager empowered for this action.²⁴ Family and friends may encourage breastfeeding, provide emotional and social support, and encourage women in this process.¹³

It is also verified in this study that some women / nurses, even in the face of difficulties arising from the breastfeeding process and having the encouragement and support of the grandparents, make their own interpretations of the situation experienced in the breastfeeding process, which leads them to breastfeed or introduce another type of food.

[...] At first I did not want to, because it hurt my chest, then I saw that it was good for her, for her health, until I give her to this day, she's a year and three months old and I'm still nursing. (E25)

It was good, in case I had my mother. Then, as the old ones always breastfeed more in the breast, then she always indicated, it's the best thing, it's healthier for him [...] is that at the beginning I did not really have much, so only the breast itself did not hold, I had as soon as he came in with a bottle, and at that time he was breastfeeding and sucking a bottle [...]. (E10)

The woman makes decisions for being responsible for breastfeeding, through her perception, interpretation and attribution of meanings to her experience of breastfeeding, perceived as a broader interaction process, with the scope and interference of the context in which they are inserted. Thus, it is necessary to consider the aspects of subjective nature involved in its course and in the decision of the nursing mother to breastfeed or not.²⁷

Given these results, it is verified that the decision to breastfeed or not is centered on the woman, but this not only permeates her knowledge, but her desire to breastfeed and, still, interpretations that makes the practice experienced. In view of this, it is extremely important for the promotion of breastfeeding that the empowerment of women occurs from the prenatal period²⁸, based on an open dialogue about the breastfeeding process, respecting their singularity, the stage of life in which they are and sociocultural diversities.

Individual empowerment refers to the psychological level of analysis. At the individual level, empowerment refers to people's ability to gain knowledge and control

over personal strengths, to act in the direction of improving their life situation. It is about increasing the capacity of individuals to feel influential in the processes that determine their lives.^{23: 176}

It is important to emphasize that the empowerment process involves the possibility for health professionals to provide conditions for the woman to be an active subject in the breastfeeding process so that she can learn, reflect, evaluate and make her own choices.

In revisiting the concepts of empowerment in literature, it refers to its double meaning: *Transitive verb, empowering involves a subject who acts on an object. As intransitive verb, in turn, involves the action of the subject itself. Used transitively, empowering means empowering others by sharing some powers that certain professionals must have over others. In this way, the professional is seen as an agent of empowerment, and remains as the controlling actor, defining the terms of interaction. [...] involves making others capable, or helping others to develop skills so that they can gain power through their own efforts.*^{23:179}

In the results of this study, it is verified that the maternal decision to breastfeed or not and how long it is governed by multiple components, such as: knowledge, desire, family support, cultural support, specific skills on how to breastfeed. The promotion of breastfeeding should therefore consider all these aspects, as well as the process of health education, through a critical-reflective education.

Educators cannot "empower people," but they can empower them to gain their power over their lives. In this way, they must provide emancipatory power, which involves instrumental and communicative knowledge. For this to happen, all principles of wholeness must be attended to, as well as empowered people for their effective fulfillment in the process of caring for themselves and their child. For this, nurses need to visualize new ways of intervening in health reality, grounding their professional practice in the respect and trust of the potential of human beings, with which they interact and agree partnerships in health education actions.²⁹

Women bring knowledge about the practice of breastfeeding, coming from socializing and experiences in the family and the communities in which they live, which should be considered in the process of teaching and learning. Thus, in educational processes for the promotion of breastfeeding, dialogue can contribute to the deconstruction of myths and the construction of new knowledge and positive attitudes towards breastfeeding. Breastfeeding counseling at different times is an important strategy in the process of

empowering women, since it enables them, through dialogue, to help them make decisions, as well as to develop a relationship of trust and feelings of welcome.⁶ For this to be possible, it is necessary for the health professional to have a critical-reflexive, committed and directed toward the other.²⁹

CONCLUSION

In this study, it is evident that women / nurses perceive grandparents as important people in the breastfeeding process because they are more experienced people because they recognize that they teach and support them, but not always what the grandparents teach or encourage them has positive repercussions on the practice of breastfeeding, such as, the early introduction of other foods.

It is also verified that, the grandmother can negatively influence the nurse's decision to keep breastfeeding in the face of the insecurity and difficulties experienced by her daughter or daughter-in-law. And grandparents' opinions, coupled with women's interpretations of the benefits of breastfeeding, are important elements in deciding whether to keep or stop breastfeeding.

The women participating in this study also recognize that when they feel empowered, whether through knowledge, desire to breastfeed or through their interpretations of their child's health, they are not influenced by their grandmothers' negative behavior. Thus, it is evident the need for grandparents to participate at all times, be it prenatal, childbirth, puerperium and childcare, as well as the development of actions that empower the woman / nurse so that both can be active subjects in the process Of breastfeeding. It is thus believed that, together, they may reflect on the practice of breastfeeding, by committing themselves and feeling safer when they experience the breastfeeding process.

It is of paramount importance that health professionals be empowered to develop breastfeeding actions, especially those that allow the insertion of grandmothers and other family members as participatory agents in the breastfeeding process.

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