STANDARD FOR BREASTFEEDING OF CHILDREN

PADRÃO DO ALEITAMENTO MATERNO DE CRIANÇAS

ESTÁNDAR DE LA LACTANCIA MATERNA DE NIÑOS

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ABSTRACT

Objective: to identify the type of breastfeeding and the weaning period in children younger than 24 months old. **Method:** This is a quantitative cross-sectional study with 137 children aged 0 to 24 months old assisted in public day-care centers. For the data collection, the 24-hour reminding technique was used, whose data presented in tables were analyzed by inferential statistics and Pearson's chi-square test and the Fisher's exact test were used. **Results:** most of the children (80; 58.4%) were weaned. Three of the breastfeeding mothers (5.3%) were exclusively breastfed; two (3.5%) were predominant breastfeeding; 17 (29.9%) and 35 (61.3%) were respectively in supplementary and mixed breastfeeding. Of the children weaned, 35 (43.7%) had this practice interrupted in the first semester of life. **Conclusion:** the results explain the prevalence of high weaning from six months. In addition, inadequate types of breastfeeding were observed, evidencing the need for strategies that minimize early weaning and mortality in children under two years old. **Descriptors:** Surveillance; Child Health; Breast Feeding; Weaning; Risk Factors; Child Day Care Centers.

RESUMO

Objetivo: identificar o tipo de aleitamento materno e o período de desmame em crianças menores de 24 meses. **Método:** trata-se de estudo quantitativo, do tipo transversal, com 137 crianças de 0 a 24 meses assistidas em creches públicas municipais. Para a coleta de dados, utilizou-se a técnica de recordatório de 24 horas cujos dados apresentados em tabelas se analisaram por estatística inferencial e empregaram-se os testes qui-quadrado de Pearson e o exato de Fisher. **Resultados:** a maioria (80; 58,4%) das crianças estava desmamada. Das que amamentavam, três (5,3%) estavam em aleitamento materno exclusivo; duas (3,5%), em aleitamento predominante; 17 (29,9%) e 35 (61,3%), em aleitamento complementar e misto, respectivamente. Das crianças desmamadas, 35 (43,7%) tiveram essa prática interrompida no primeiro semestre de vida. **Conclusão:** os resultados explicitam prevalência de desmame elevada a partir dos seis meses. Além disso, observaram-se tipos de amamentação inadequados evidenciando a necessidade de estratégias que minimizem o desmame precoce e a mortalidade em menores de dois anos. **Descritores:** Vigilância; Saúde da Criança; Aleitamento Materno; Desmame; Fatores de risco; Creches.

RESUMEN

Objetivo: identificar el tipo de lactancia materna y el período de desmame en niños menores de 24 meses. **Método:** se trata de un estudio cuantitativo, del tipo transversal, con 137 niños de 0 a 24 meses asistidas en guarderías públicas municipales. Para la recolección de datos, se utilizó la técnica de recordatorio de 24 horas cuyos datos presentados en tablas se analizaron por estadística inferencial y se emplearon los tests chi-cuadrado de Pearson y el Exacto de Fisher. **Resultados:** la mayoría (80; 58,4%) de los niños estaban desmamados. De los que amamentaban, tres (5,3%) estaban en lactancia materna exclusiva; dos (3,5%), en lactancia predominante; 17 (29,9%) y 35 (61,3%), en lactancia complementar y mixta, respectivamente. De los niños desmamados, 35 (43,7%) tuvieron esa práctica interrumpida en el primer semestre de vida. **Conclusión:** los resultados muestran prevalencia de desmame elevada a partir de los seis meses. Además, se observaron tipos de lactancia inadecuados evidenciando la necesidad de estrategias que minimicen el desmame precoz y la mortalidad en menores de dos años. **Descriptores:** Vigilancia; Salud del niño; Lactancia Materna; Destete; Factores de Riesgo; Jardines de infantes.

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INTRODUCTION

Breastfeeding is considered as one of the most effective actions to reduce infant morbidity and mortality due to the scientifically proven nutritional, emotional and immunological benefits.¹ Also, it is one of the fundamental practices to ensure the potential motor and cognitive development in the childhood.² However, despite the benefits known, breastfeeding rates are still unsatisfactory to the recommendation of the World Health Organization, which recommends exclusive breastfeeding up to six months, and supplemented from that age to two years old, as a fundamental measure for the promotion of child health.³

Although the general tendency of increased breastfeeding was observed, data obtained from a national survey on the prevalence of breastfeeding carried out by the Ministry of Health involving Brazilian capitals, reveal variability in the mean duration of exclusive and total breastfeeding only of 23 and 296 days, respectively.⁴

Early weaning resulting from the introduction of artificial foods, especially in low-income populations, had become a common habit in the child's lactation period, even in the first six months, causing a worldwide increase in infant morbidity and mortality in the early years.⁵

The risk factors that are most commonly associated with discontinuation of breastfeeding among women are related to those involving biological, socioeconomic, care and cultural reasons that are often rooted in the historical context of the family in which the woman is inserted.⁶⁻⁷

Regional diversities are reinforced by the need for more in-depth diagnoses of the breastfeeding pattern to evaluate the factors that may be related to early weaning and to contribute to the targeting of educational intervention measures that promote and encourage the practice of breastfeeding, especially in the early years of the child.⁸

Considering the practice of breastfeeding as fundamental for the reduction of morbidity and mortality rates and the promotion of child health through the prevention of diseases and infections, this study will support the planning of actions to minimize early weaning and its implications on maternal and child health.

OBJECTIVE

- To identify the type of breastfeeding and the weaning period in children younger than 24 months.

METHOD

This is a quantitative, exploratory-descriptive, cross-sectional study developed in six public daycare centers in the rural and urban area of the city of Cuité, located in the Curimataú Occidental Paraíba region. These daycare centers assisted a population of 392 children between 0 and 4 years old, considered low income, and constitute a fundamental scenario for the health surveillance of the child regarding the practice of breastfeeding.

The inclusion criteria included children who were in the range between zero and 24 months old who were regularly attending day care centers, considering this age range as recommended for maintenance and promotion of breastfeeding. Those child who presented physical, visual, auditory, mental or communication disorders due to these factors interfering in the weaning process were excluded. In this sense, considering the aforementioned criteria, the sample consisted of 137 children.

Those responsible for the children were invited to a meeting with the researcher to present the objectives, risks, benefits, and relevance of the research, as well as to sign the Free and Informed Consent Term if they agreed to participate.

The data collection took place between March and August of 2017 in the day care centers, between 8 a.m. and 17 p.m.

An instrument with objective and open questions and divided in two parts was used. The first part was related to the characterization of the children as to gender, age, birth weight, gestational age, day of enrollment in daycare, length of stay in daycare and place of home; the second part included information on the duration of breastfeeding and the food the child consumed. Subsequently, the current type of breastfeeding was classified.

The classification of the type of breastfeeding was based on the reminding technique of the 24-hour Food Consumption, which aims to record, from the maternal report, the food and drinks ingested by the child, in the last 24 hours, to sequentially categorize breastfeeding according to the terminology proposed by the World Health Organization: Exclusive breastfeeding: the child receives only breast milk, direct from the breast or milk, or human milk from another source, with no liquids or solids other than drops or syrups containing vitamins, oral rehydration salts, mineral supplements or

medicinal products; Predominant breastfeeding: the child receives, in addition to breast milk, water or water-based drinks (sweet water, teas, infusions), fruit juices and ritual fluids; Supplementary breastfeeding: the child receives, in addition to breast milk, any solid or semi-solid food to complement it, not replace it; Mixed or partial breastfeeding: the child receives breast milk and other types of milk; No Breastfeeding: the child does not receive breast milk in any way, that is direct from the breast, milk or human milk from another source.⁴

Finally, a database was prepared using Microsoft Excel 2014, with the respective information. Statistical Package for Social Sciences version 13 was used to analyze the quantitative data. In the inferential analysis, Pearson's chi-square test and Fisher's exact test were used to verify the association of the variables. The $p<0.05$ was considered, and the prevalence ratios were also calculated. The study complied with the requirements contained in national and international

regulations for research involving human beings, and it was approved by the Research Ethics Committee of the Federal University of Campina Grande CAAE nº 61526716.9.0000.5182 and opinion nº 2.507.429.

RESULTS

In this study, 137 children with age range up to 24 months old, predominantly male children (55.5%) and aged between 13 and 24 months old (91; 66.4%) participated in the study. Regarding birth weight, 112 (81.8%) children had weight $\geq 2,500$ g, but 25 (18.2%) of them presented low birth weight. Although 111 (81.0%) were in term birth, 15 (11.0%) and 11 (8.0%) were pre-term and post-term, respectively. Regarding the age of insertion in the day care center, 88 (64.2%) children enrolled it before 12 months old, with 114 (83.2%) permanently enrolled in the full-time service, of which 91 (66.4%) were of urban area (Table 1).

Table 1. Distribution of children enrolled in daycare. Cuité (PB), Brazil, 2018.		
Variables	n	%
Gender		
Female	61	44.5
Male	76	55.5
Age group (months)		
< 6	4	2.9
6	12	8.8
7 to 12	30	21.9
13 to 24	91	66.4
Gestational age		
Pre-term	15	11.0
In term	111	81.0
Pos-term	11	8.0
Weight in kg		
< 1.000	0	0.0
1.000-1.499	3	2.2
1.500-2.499	22	16.0
≥ 2.500	112	81.8
Age at daycare (months)		
< 12	88	64.2
≥ 12	49	35.8
Period of stay in daycare		
Integral	114	83.2
Partial	23	16.8
Place of residence of the children		
Urban area	91	66.4
Rural area	46	33.6
Total	137	100

Regarding breastfeeding, only 57 (41.6%) were breastfed, with most of them (80; 58.4%) not receiving this food. The predominance (45.3%) of the children who did not receive breast milk was concentrated between 13 and 24 months old. However, it is important to note that a significant percentage of children between 7-12 months old (8.7%) were also

weaned, even though this food is recommended up to two years old by the World Health Organization. It confirms the statistical association between age and weaning tendency in these age groups. As for children up to 6 months old, weaning was also observed (6; 4.4%), a period in which

exclusive breastfeeding is recommended (Table 2).

Table 2. Distribution of breastfed children according to age ranges. Cuité (PB), Brazil, 201

Age of children (months)	Breastfeeding				PR	CI	*p
	n	Yes %	No n	%			
<6	2	1,5	2	1,5	1,425	2,935-4,781	0,108 ¹
6	8	5,8	4	2,9	1,578	2,527-3,417	0,142 ¹
7 a 12	18	13,1	12	8,7	3,582	1,829-3,981	0,001 ¹
13 a 24	29	21,2	62	45,3	2,672	1,729 - 2,873	- 0,003 ²

PR = Prevalence ratio; CI = 95% confidence interval; * p <0.05.1 Fisher's exact test; 2Charson's chi-square test.

It is noteworthy that only three of the 57 infants (5.3%) were exclusively breastfed; two (3.5%) of them in predominant breastfeeding; 17 (29.9%) in supplementary breastfeeding; and 35 (61.3%) in mixed breastfeeding with

most children in the last two categories aged between 7 and 24 months old. However, it is observed that the tendency to complement with other types of milk and food occurs between 7 and 12 months (Table 3).

Table 3. Type of breastfeeding according to children´s age. Cuité (PB), Brazil, 2018.

Age of children (months)	Type of breastfeeding										p
	*AME		**AMP		***AMC		****AMM		RP	IC	
	n	%	n	%	n	%	n	%			
<6	2	3.5	-	-	-	-	-	-	1.181	3.935-5.781	0.2071 ¹
6	1	1.8	2	3.5	3	5.3	2	3.5	1.578	2.527-3.417	0.3102 ²
7 a 12	-	-	-	-	5	8.8	13	22.8	3.482	1.629-3.781	0.0001 ¹
13 a 24	-	-	-	-	3	15.8	20	35.0	2.448	1.329 - 2.579	0.0012 ²

*Exclusive Breastfeeding; **Predominant Breastfeeding; ***Supplementary Breastfeeding; ****Mixed Breastfeeding; ¹Fisher exact test; ²Charson's chi-square test; p<0.05; PR = Prevalence ratio; CI = 95% confidence interval.

An important aspect obtained in the results of this study shows that a significant sample (35; 43.7%) of the children who were completely weaned having this practice interrupted when they were less or equal to six months old. The others (45; 56.3%) stopped

receiving breast milk after the first semester of life (Table 4). Regarding the prevalence ratios of the variables mentioned above, the chances of the children being in mixed and supplementary breastfeeding are approximately 3.4 and 2.4 times, respectively.

Table 4. Weaning period of children according to age ranges. Cuité (PB), Brazil, 2018.

Age of children (in months)	Weaning	
	n	%
≤ 6	35	43.7
> 6	45	56.3
Total	80	58.4

DISCUSSION

Breastfeeding is considered a strategy of important impact to minimize infant mortality due to the nutritional, affective and immunological benefits, especially in the first six months of life. However, early weaning is still very common in children under two years old.⁹

Most of the children in this study were not breastfed, including those aged less or equal to six months old, a period of life in which breastfeeding is considered a mandatory practice in these age groups due to the important immunological protection and other proven benefits.¹⁰

Early introduction of water, teas, juices and milk formulas is considered an inadequate practice up to six months of the infant's life. It is believed that breast milk has all the nutrients adequate for the infant's growth and development in that period.¹¹ In addition, this food has an easy digestibility due to the presence of human lactoferrin, enabling prevention against diarrhea, gastrointestinal diseases, and proper nutrient assimilation.¹²

The idea that milk is insufficient or poor food to meet the needs of the child is still a myth rooted in popular culture since many mothers are encouraged by family members to early supply water, juice, and other foods to the infant.¹³ In this sense, the supply of other

milks for children in unnecessary situations should be inhibited.

This thought corroborates with a study in which the grandmothers influence on the decision making of the nursing mothers when they prove to be legatees of experiences acquired during the life. In this context, because they are present daily in the care of the child, they may interfere, positively or negatively, in the decision of the nursing mother.¹⁴

Possibly, the insecurity and difficulties experienced by the mother, especially primiparous, linked to the taboos, values rooted and culturally passed on by the grandmothers and other relatives contribute in the decision making of the mother in breastfeeding. Therefore, the inclusion of family members in the process of health education since prenatal care regarding the importance of breastfeeding is a fundamental aspect to be considered by the health team.

Feeding should be carried out from 6 months onwards, considering that inadequate and early initiation of food may cause harm to the child¹. It is important to offer food in a targeted manner and in an appropriate quantity, which strengthens the idea that the family plays a fundamental role in the formation of new habits and patterns of eating behavior.¹¹

Therefore, counseling parents about correct eating practices is an important responsibility of health professionals committed to breastfeeding and who understand breastfeeding practices as a key element in maternal health, child growth, and development.

It is necessary to start the guidelines on breastfeeding and feeding in prenatal care so women can assimilate information in a gradual and continuous way.¹⁵ In this way, it is possible to consolidate a relationship of trust between the woman and the health professional to stimulate the exchange of experiences, fears, insecurities and doubts regarding breastfeeding and food initiation in this phase.¹⁶

Breastfeeding should continue until 24 months old as recommended by the World Health Organization. However, in this study, 54.0% of the children aged between seven months old and two years old no longer received breast milk and were classified as those who maintained the breastfeeding in mixed feeding that is, already using other types of milk besides the human milk. Another important issue is the period of interruption of breastfeeding, which was largely

representative of the sample before six months old, that is the period in which exclusive breastfeeding should be protected due to its importance for the health of the child and the mother.

It is known that there are situations in which the supply of breast milk is infeasible, but these are exceptions, making substitution or complementation with other milk formulas necessary, although there is no comparison as to the benefits of human milk.

There are a several of health risks to the child who consume infant formulas, especially without proper guidance from the professional. Also, although artificial milk formulas are introduced to meet the child's needs, they will probably not be able to match the physiological properties of breast milk, since they are specific from the mother to the child.¹⁷

In this sense, the results showed that not only exclusive breastfeeding but the expected time to maintain breastfeeding are lower than expected, corroborating a study carried out in community daycare centers in Rio de Janeiro, where a prevalence of 34.8% and 57.1% for exclusive and total breastfeeding respectively.¹⁸

Although these results do not explain the causes of early weaning, the literature emphasizes that low education level, maternal work outside of the home, postnatal depression and the birth of a child born in hospitals that do not have the title of child friend are factors of risk factors for early weaning.¹⁹ In addition, other variables such as pacifier use in the first days of life, breastfeeding pain and discomfort, "weak milk" and "insufficient milk production" beliefs, breast and neonatal complications as well as the lack of family support and health professionals are also revealed as risk factors for exclusive or prolonged breastfeeding.²⁰⁻²¹

Low birth weight and prematurity are also an important risk factor for the occurrence of childhood morbidity and mortality in the first year of life, as evidenced in a study whose objective was to investigate the relationship between birth weight and the time of breastfeeding of children. From this perspective, although most children have full-term birth and weight-for-age, it is necessary to strengthen and encourage breastfeeding during this period, increasing the chances of healthy growth and development.

The early insertion of children in daycare and full-time care, a situation found in the current study, may be a risk factor for breastfeeding if there is no knowledge and

support of the professionals involved in the specific measures to encourage this practice, as revealed by a study of the Rio de Janeiro.¹⁸ To this end, it is necessary that they are trained so nursery schools can be used as a protection network for breastfeeding, especially for mothers whose children are enrolled in the first semester of life and who will remain in the daycare center.

In addition, bringing to the mother's mind not only the benefits of breastfeeding to the child's health, but also the positive implications for women's health, such as protection against breast and ovarian cancer, faster reduction to pre-gestational weight, prevention of future pregnancy due to inhibition of ovulation and strengthening of the affective bond, can also be a way of encouraging the continuity of this practice.²³

The limitations of the study refer to memory bias, which may compromise the accuracy of the information offered by the women at the time of collection and the cross-sectional delineation of the research that hinders to draw a cause-and-effect relationship.

CONCLUSION

It is concluded that the practice of breastfeeding is lower than expected by the World Health Organization in the locality surveyed since the results of the research explain the prevalence of high weaning. Also, inadequate breastfeeding and early weaning patterns for the children according to the age groups involved are observed, including those whose exclusive breastfeeding should be performed.

Any factor that may contribute to the occurrence of early weaning should be evaluated. In this sense, it is suggested to conduct future research that identifies the risk factors involved in the breastfeeding process so health education strategies can be planned and implemented in the region. Increasing the time and quality of breastfeeding not only in the first six months of life but also in children over this age group, since healthy eating is a legitimate right for the whole child, are fundamental aspects for the typical development.

It is also suggested that future follow-up studies on the maternal and child population can be developed to establish, with reliability, the behavioral tendency of breastfeeding in the municipality under study.

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Torquato IMB, Lima AGA de, Souza Neto VL de et al.

Standard for breastfeeding of children.

Submission: 2018/06/26
Accepted: 2018/08/03
Publishing: 2018/10/01

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