

EARLY INTERRUPTION OF EXCLUSIVE BREASTFEEDING: EXPERIENCE WITH MOTHERS OF CHILDREN IN CHILD-CARE CONSULTATIONS

Interrupção precoce do aleitamento materno exclusivo: experiência com mães de crianças em consultas de puericultura

Interrupción precoz del amamantamiento materno exclusivo: experiencia de madres de niños de las consultas de puericultura

Original Article

ABSTRACT

Objective: To identify the factors that lead mothers to discontinue exclusive breastfeeding prior to the sixth month. **Methods:** Qualitative study conducted with 12 mothers attending circles of conversation as a dialogic strategy of health education to provide an exchange of experiences about the importance of exclusive breastfeeding. This study was held in a Primary Health Care Unit in Tauá, Ceará, Brazil, during March 2015. Data was collected through semi-structured interviews and submitted to thematic analysis, from which two categories emerged: “Early weaning due to weak milk”; “Early weaning due to family interference and cultural issues”. **Results:** The interviewees recognize the importance of breastfeeding; nevertheless, they are influenced by relatives and cultural issues which, in addition to the lack of orientation, make them believe that their “milk is weak”, leading to early weaning. **Conclusion:** Family influence, cultural issues and lack of support have had a negative impact on exclusive breastfeeding prior to the sixth month of life. It is, therefore, the health professionals’ responsibility to invest in subjects related to breastfeeding promotion, protection and support, which must be discussed in a comprehensive way, with individuals, family and all segments of the society.

Descriptors: Breastfeeding; Weaning; Health Education.

RESUMO

Objetivo: Identificar os fatores que levam as mães a interromper o aleitamento materno exclusivo antes do sexto mês. **Métodos:** Estudo qualitativo realizado com 12 mães que participavam de rodas de conversas como estratégia dialógica de educação em saúde para proporcionar uma troca de experiências sobre o a importância do aleitamento materno exclusivo. Realizou-se o estudo em uma Unidade Básica de Saúde de Tauá/CE, durante o mês de março 2015. Os dados foram coletados por meio de entrevista semiestruturada, analisados de forma temática, dos quais emergiram duas categorias: “Desmame precoce porque o leite é fraco” e “Desmame precoce por interferência familiar e questões culturais”. **Resultados:** As entrevistadas reconhecem a importância do aleitamento materno, no entanto, são influenciadas por familiares e por questões culturais, que somadas à falta de orientação, fazem-nas achar que o seu “leite é fraco”, levando ao desmame precoce. **Conclusão:** A influência familiar, as questões culturais e a falta de apoio têm impactado negativamente o aleitamento exclusivo antes do sexto mês de vida. Assim, cabe aos profissionais de saúde investir nas questões da promoção, proteção e apoio ao aleitamento, devendo ser discutidas de forma integral, individual, familiar e com todos os segmentos da sociedade.

Descritores: Aleitamento Materno; Desmame Precoce; Educação em Saúde.

Maiara Gomes Rocha⁽¹⁾
Edina Silva Costa⁽¹⁾

1) Federal University of Ceará
(Universidade Federal do Ceará - UFC) -
Fortaleza (CE) - Brasil

Received on: 06/28/2015
Revised on: 07/08/2015
Accepted on: 08/05/2015

RESUMEN

Objetivo: Identificar los factores que llevan a las madres parar el amamantamiento materno exclusivo antes del sexto mes. **Métodos:** Estudio cualitativo realizado con 12 madres que participaban de las charlas como estrategia dialógica de educación en salud para promover el cambio de experiencias sobre la importancia del amamantamiento materno exclusivo. El estudio se realizó en una Unidad Básica de Salud de Tauá/CE durante el mes de marzo de 2015. Los datos fueron recogidos a través de una entrevista semiestructurada, analizadas de manera temática de la cual surgieron dos categorías: "Destete precoz porque la leche es débil" y "Destete precoz debido la interferencia familiar y cuestiones culturales". **Resultados:** Las entrevistadas reconocen la importancia del amamantamiento materno, sin embargo, son influenciadas por los familiares y cuestiones culturales que asociadas a la falta de orientación las hace pensar que su "leche es débil" lo que conlleva al destete precoz. **Conclusión:** La influencia familiar, las cuestiones culturales y la falta de apoyo han comprometido negativamente el amamantamiento exclusivo antes del sexto mes de vida. De esa manera, compete a los profesionales de la salud invertir en las cuestiones de la promoción, la protección y el apoyo para el amamantamiento que deben ser discutidas de una manera integral, individual, familiar y con todos los segmentos de la sociedad.

Descriptor: Lactancia Materna; Destete; Educación en Salud.

INTRODUCTION

When it comes to primary health care, the Family Health Strategy, established in 1993, has been solidifying as one of the structural axes of the Brazilian Unified Health System (*Sistema Único de Saúde - SUS*), through a movement of significant expansion of population coverage, with great improvement in people's access to health actions. Bearing in mind this process, the Pact for Maternal and Neonatal Mortality Reduction, the Pact for Life and the National Primary Health Care Policy have arisen as tools to collaborate in strengthening child health within the SUS⁽¹⁾.

The practice of breastfeeding appears as one of the essential measures for the health and development of children in the early life. In addition to aggregating a calorie and protein benefit, breast milk provides the immune protection necessary for the child in the first year of life. According to the literature, newborn infants exclusively breastfed face a lower risk of death from diarrhea and respiratory diseases, reap benefits in cognitive and motor activities as well, and have their general health indicators increased⁽²⁾.

In recent times, exclusive breastfeeding (EBF) has been increasingly encouraged, supported by scientific evidence. The World Health Organization (WHO) recommends that

breastfeeding be exclusive up to the sixth month of life, while breastfeeding (BF) should be kept up to two years or more⁽³⁾.

EBF is characterized by WHO as the offer to child of milk alone, except for drops of medicines or vitamins, without any water or teas. When a child receives foods other than breast milk before reaching 180 days old, the weaning process can be regarded as early⁽⁴⁾.

The suction exercise made by the child in order to remove milk from the breast is extremely important for the proper development of their oral cavity, better forming the hard palate, aligning the teeth correctly, and leading to proper dental occlusion. The use of pacifiers and baby bottles causes the floor of the nasal cavity to move up to a higher position, reducing the space for the passage of air. Thus, early weaning can impair swallowing, breathing, chewing, and the articulation of speech sounds, causing dental malocclusion, mouth breathing, and oral-motor dysfunction⁽¹⁾.

Since 1981, Brazil has been undergoing major changes in the scenario of breastfeeding. Early weaning, however, is still a prevailing reality. It is assumed that one explanation for this reality is the fact that, despite proving supportive of breastfeeding, health professionals are sometimes not close enough to experience the women's failure in the lactation process⁽⁵⁾.

According to a survey conducted by WHO in almost every country in the world, only 35% of children under four months are exclusively breastfed, which evidences that this practice remains far beneath the recommended by that organization⁽⁴⁾.

In some situations, breastfeeding is interrupted, despite the mother's express desire to keep it. Among the most common reasons for early interruption are: insufficient milk, breast refusal by the child, mother's occupation outside the home, child hospitalization, and breast problems. Many of these situations can be avoided or managed⁽¹⁾.

During child-care and puerperal visits carried out during the residency program attended by one of the authors, it was observed that most mothers sustain exclusive breastfeeding for a very short period, introducing artificial formulas that are inadequate for infants in the first days of life, which concerns the health professionals. The Integrated Health Residency (IHR), offered by the School of Public Health (SPH) in Ceará, is a modality of *lato sensu* postgraduate program, attended on a full-time basis in exclusive dedication, characterized by practice-oriented education, through in-service training within the Municipal Health Systems or corresponding health region, involving other institutions, whether universities or not⁽⁶⁾.

Thus, interest in the subject arose along the residency program, when performing puerperal visits and child-care consultations, in which it was realized that, despite the professional support and assistance programs directed at this theme, the interruption of EBF has been happening more and more earlier. Therefore, trying to understand why that happens is what justifies this study. Its relevance is based on the social importance of this debate for the public health, by allowing discussion and strengthening child health.

The health professional plays a key role in attenuating the low EBF rates, but that requires qualification because, in addition to competence, they should have a careful, comprehensive look, always taking into account the emotional aspects, the family culture, the social network in support of the woman. In sum, they should recognize the woman as the protagonist of their breastfeeding process, valuing them, listening to and empowering them, using as tools the health education practices, which correspond to the transmission of information with the purpose of changing a personal behavior in relation to their own health, as well as enabling them to act with conscience in the face of the everyday reality⁽¹⁾.

Faced with this problem, the study aimed at identifying the factors that lead mothers to discontinue exclusive breastfeeding prior to the sixth month.

METHODS

This is a descriptive study with qualitative approach. Qualitative research seeks to understand a problem from the perspective of the subjects who experience it in their daily lives, their satisfaction, feelings, desires, disappointments, surprises and other emotions⁽⁷⁾. This type of study was chosen because this method seeks to know the variable studied as it appears, its meaning and the context in which it is inserted. It applies to the study of perceptions, histories, relations, beliefs, representations and opinions, products of the interpretations that humans make about how they live, construct their artifacts and themselves, how they feel and think⁽⁸⁾.

The study was conducted in a Primary Health Care Unit located in Tauá, Ceará, which comprises three Family Health Teams. The unit delivers services on health promotion and disease prevention, and includes the standard team (doctor, nurse and dentist), the Family Health Support Center (*Núcleo de Apoio à Saúde da Família - NASF*) and professionals attending the residency program - nurses, nutritionists, psychologists and physiotherapists. The choice of this unit had the purpose of implementing an intervention in the territory of practice of the residency program.

Data collection took place in March 2015. Participation was voluntary, by signing the Informed Consent form.

The collection was made by means of guiding questions addressing the importance of exclusive breastfeeding, its duration, and the reasons that led to its discontinuation. These issues were addressed and discussed with mothers who took part in conversation circles focused on the promotion of exclusive breastfeeding, which were recorded with the aid of a portable recorder.

The conversation circle is configured as a collective resonance method, translated as the creation of spaces for dialogue where people can express themselves, as well as listen to the others and to themselves. This strategy confirms the construction of autonomy of subjects through the questioning, the exchange of experiences, and reflection for action⁽⁹⁾. The informality of the conversation circle is an example of democratic learning space, where there is inclusion and cooperation of subjects in the construction of the educational process. Along the circle, the professional (facilitator) should seek to trigger both the reflection and the discussion on the theme, by means of the exchange and sharing of problems and solutions⁽¹⁰⁾.

Study participants were mothers with children in child-care monitoring in the health unit, who took part in the conversation circles. The recruitment of participants was performed with use of a public notice which prompted the ones who were interested to meet the researchers on a scheduled date within the institution. Mothers who did not attend the circles were not part of the study. Thus, the sample was composed of 12 participants.

The interviews were analyzed considering the themes, highlighting the central or core ideas of speeches, which emerge from the responses obtained question by question. This type of analysis consists of three stages: pre-analysis, which refers to the free-floating reading of the material obtained through the transcripts of the interviews; exploration of the material, which refers to the encoding of information contained in the material, that is, text clippings, classifying them according to the themes; and finally, the treatment of the results and their interpretation, which correspond to the classification of the core ideas into major issues, which result from grouping the elements found, proposing interpretations related to the proposed objectives⁽⁸⁾.

Thus, after reading and rereading the material, the construction of the following thematic categories was reached: "Early weaning due to weak milk" and "Early weaning due to family interference and cultural issues".

In presenting the results, participants were identified with the word "mother", followed by a number.

The project was submitted to the Ethics Committee of the School of Public Health of Ceará, with approval under opinion no. 973,454, and followed Resolution 466/12⁽¹¹⁾ of

the National Health Council, which regulates the guidelines for research with human beings.

RESULTS AND DISCUSSION

The thematic categories that classify the reasons that led mothers to early weaning are presented following.

According to the data obtained in the interviews, most of the study participants exclusively breastfed no later than the fourth month of life of their children, corroborating the low exclusive breastfeeding (EBF) rates. Despite so many advantages provided by breastfeeding, the result is far from what is recommended by the World Health Organization. Breastfeeding faces sociocultural influences, thus, there are no isolated causes to early weaning, but a list of factors between mother, son and the social context in which they are⁽¹²⁾.

“Early weaning due to weak milk”

This category evidences that the interviewees, when asked about the reasons that led to early weaning, pointed the “weak milk” and a “milk which does not maintain the baby” as the main reasons for early discontinuation of baby feeding, as seen in the following lines:

“[...] I know that breastfeeding until the sixth month of baby’s life is important. But he wasn’t gaining any weight, he was already at risk for malnutrition. Then the pediatrician told me to introduce other types of food and continue breastfeeding [...].” (Mother 11)

“[...] When I came from the maternity ward, I started to give him regular cow’s milk, because my milk was weak and I almost didn’t have milk, so I had to give him something. The nurse and the nutritionist even came to talk to me here at home, but I can’t afford to buy NAN, it’s too expensive [...].” (Mother 10)

From the biological point of view, there are rare complications that make breastfeeding impossible. However, this concept of “weak milk” has been introduced in the Brazilian culture by hygienists of the nineteenth century, given the difficulty explaining the reasons for mothers’ failure in breastfeeding. The concept was well absorbed and has become a social construct used as explanation for early weaning⁽¹³⁾.

Most mothers who interrupted the EBF did so because they regarded their milk as weak or insufficient to meet the child’s nutritional needs. The watery appearance of breast milk, especially the colostrum’s, is in the basis of this belief, as it makes many mothers believe that it is not suitable to meet the child’s demands⁽¹⁴⁾.

The myth that milk does not meet the needs of the baby for being weak relies on the fact that the baby nurses and

does not seem to be satisfied. In such situation, it is important to highlight that human milk contains all the nutrients the child needs, is easily digested, and its aqueous appearance is a regular feature; therefore, breast milk is always the most appropriate and, with some exceptions, is always in good condition for the child’s intake⁽¹⁴⁾.

The present study corroborates a research conducted in Teresina, Piauí, in 2008 with eleven mothers who had experienced early weaning. The interviewees pointed out as relevant for the effectiveness of early weaning problems related to “lack of milk”, “weak milk”, breast problems, and the baby’s refusal to take the breast⁽¹⁵⁾.

It is noteworthy that we have been losing the cultural support that used to be provided in the past, when grandmothers used to convey to mothers information and training on breastfeeding. Therefore, it is important that women feel supported in their difficulties, so they can easily play the role of a mother who breastfeeds their child. It falls to the health professionals the commitment to bring quality care to these mothers, to make breastfeeding an act of pleasure, not an obligation, simultaneously emphasizing the physiology of human lactation, which has not been valued, currently⁽¹⁵⁾.

“Early weaning due to family interference and cultural issues”

In this category, the participants highlighted family influences and cultural issues in relation to early weaning. In the practice of breastfeeding, there may be recommendations pertinent to each family, regarded as very important for the analysis of this study. Experiences regulated by beliefs and family traditions, featuring breastfeeding as a sociocultural act, were also identified. This can be seen through the following lines:

“[...] Because my mother told me not to stick to breastfeeding only, that I could give her other things too, or she would never stop nursing. My sister was only breastfeeding, so only now her boy stopped nursing [...].” (Mother 8)

“[...] At first I only used to give her the breast, but then she had a hard time getting to sleep. Then my mother started giving her milk (Ninho) at night. Then, she slept all night long [...].” (Mother 9)

In the light of this research, it can be seen that feeding practices have been wrongly recommended by family members, as well show the lines. A justification pointed for this question refers to the fact that the nursing mother, among the transformations brought by motherhood, becomes more sensitive to external influences regarding the care provided to their child, the family being responsible

for the largest portion of interference on the decision to breastfeed or not⁽¹⁶⁾.

Lactation is seen by mothers as an act determined by the experience of nursing within the family, an experience passed from generation to generation. In this sense, the family has a strong influence when it comes to with food, nutrition and child hydration. Thus, the family experiences, cultural and living conditions can influence this practice⁽¹⁷⁾.

In this context, the family, willing to help, ends up causing an imbalance in the dynamics of exclusive breastfeeding by encouraging the use of bottles, teas and even artificial milk or formula, contributing, consciously and/or unconsciously, to early weaning. Information distortions arising from the family, the beliefs and convenience, therefore, eventually stimulate the introduction of solid foods and liquids before the child reaches the sixth month of life⁽¹⁸⁾.

This association between family the contact and a shorter duration of EBF, identified in the study, shows that breastfeeding is, to a large degree, a culturally influenced process, which renders necessary the implementation of health promotion strategies within an appropriate context to the target population.

The social life is essential for the construction of learning but, since the family is the first and main nucleus experienced by the human being, it is through it that the great basis of our knowledge is constructed and perpetuated over time. In the instructions shared among family members are usually transferred the life experiences, which establish according to beliefs and values pertinent to the culture introduced in the family environment⁽¹⁹⁾.

Thus, in order to legitimize their world view about breastfeeding, it is necessary to discuss with the woman in the first place, because the decision to breastfeed is hers. In addition to that, the return to paid activities outside the home constantly concerns the woman who decides to breastfeed her child, because she needs help to reconcile her various tasks, especially in the case of primiparae, to whom the family support is indispensable.

Finally, one should discuss values and beliefs so that they can justify the established order, because through the promotion, protection and support of breastfeeding, one is faced with a form of reproduction of social relations and their world view in relation to social values of breastfeeding⁽²⁰⁾.

FINAL CONSIDERATIONS

The findings and discussion of the data of this study made it possible to consider the context in which the problem of early weaning appears, thus achieving the objective of this study, as well. Based on the statements, it was found that, although the mothers interviewed distinguish the importance of breastfeeding, they have been

influenced by family and cultural issues, which, added to the lack of guidance, makes them believe that their milk is weak, leading to early weaning, prior to the sixth month of baby's life.

One can mention other reasons to explain that, related to the environment, emotional aspects, personal choice, among other issues that were not further discussed in this study.

Thus, it is a duty of health professionals to invest in promotion, protection and support to breastfeeding, which cannot be discussed separately, but in a comprehensive approach, including the individual, family and all segments of society.

REFERENCES

1. Ministério da Saúde (BR), Departamento de Atenção Básica, Secretaria de Atenção à Saúde. Saúde da criança: nutrição infantil. Brasília: Ministério da Saúde; 2009. (Cadernos de Atenção Básica, n.23.)
2. Bezerra VLVA, Nisiyama AL, Jorge AL, Cardoso RM, Silva EF, Tristão RM. Aleitamento materno exclusivo e fatores associados a sua interrupção precoce: estudo comparativo entre 1999 e 2008. *Rev Paul Pediatr.* 2012;30(2):173-9.
3. Giuliani NR, Oliveira J, Santos BZ, Bosco VL. O início do desmame precoce: motivos das mães assistidas por serviços de puericultura de Florianópolis/SC para esta prática. *Pesq Bras Odontoped Clin Integr.* 2012;12(1):53-8.
4. Salustiano RPQ, Diniz ALD, Abdallah VOS, Pinto RMC. Fatores associados a duração do aleitamento materno em crianças menores de seis meses. *Rev Bras Ginecol Obstet.* 2012;34(1):28-3.
5. Batista KRA, Farias MCAD, Melo WSN. Influência da assistência de enfermagem na prática da amamentação no puerpério imediato. *Saúde Debate.* 2013;37(96): 130-8.
6. Escola de Saúde Pública do Ceará, Secretaria de Saúde do Estado do Ceará, Governo do Estado do Ceará. Regimento aprovado por Reunião Ordinária da COREMU-RIS-ESP/CE, Fortaleza: ESPCE; 2013.
7. Kassada DS, Marcon SS, Waidman MAP. Percepções e práticas de gestantes atendidas na atenção primária frente ao uso de drogas. *Esc Anna Nery Rev Enferm.* 2014;18(3):428-34.
8. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 11ª ed. Rio de Janeiro: ABRASCO; 2008.

9. Ramos LS, Beck CLC, Silva GM, Silva RM, Dissen CM. Estratégia de roda de conversa no processo de educação permanente em saúde mental. *Rev Rene*. 2013;14(4):845-53.
10. Mandra PP, Silveira FDF. Satisfação de usuários com um programa de roda de conversa em sala de espera. *Audiol Commun Res*. 2013;18(3):186-93
11. Ministério da Saúde (BR), Conselho Nacional de Saúde. Resolução nº 466, de 12 de dezembro de 2012. *Diário Oficial da União*, Brasília, 13 jun 2013, seção 1, p. 59.
12. Santos JS, Andrade M, Silva JLL. Fatores que influenciam no desmame precoce: implicações para o enfermeiro de promoção da saúde na estratégia de saúde da família. *Informe-se em Promoção Saúde*. 2009;5(2):26-9.
13. Souza NKT, Medeiros MP, Silva MA, Cavalcanti SB, Dias RS, Valente FA. Aspectos envolvidos na interrupção do aleitamento materno exclusivo. *Comun Ciênc Saúde*. 2011;22(4):231-8.
14. Marques ES, Cotta RMM, Priore SE. Mitos e crenças sobre o aleitamento materno. *Ciênc Saúde Coletiva*. 2011;16(5):2461-8.
15. Araújo OD, Cunha AL, Lustosa LR, Nery IS, Mendonça RCM, Campelo SMA. Aleitamento materno: fatores que levam ao desmame precoce. *Rev Bras Enferm*. 2008;61(4):488-92 .
16. Silva WF, Guedes ZCF. Tempo de aleitamento materno exclusivo em recém-nascidos prematuros e a termo. *Rev CEFAC*. 2013;15(1):160-171.
17. Silva NM, Waterkemper R, Silva EF, Cordova FP, Bonilha ALL. Conhecimento de puérperas sobre amamentação exclusiva. *Rev Bras Enferm*. 2014;67(2):290-5.
18. Machado MOF, Haas VJ, Stefanello J, Nakano AMS, Sponholz FG. Aleitamento materno: conhecimento e prática. *Rev Esc Enferm USP*. 2012;46(4):809-15.
19. Martins MKS, Teodoro IPP, Sampaio AMA, Martins AKS, Cerqueira GS, Freitas APF, et al. A influência da cultura familiar na prática do aleitamento materno. *EFDeportes.com* [periódico na Internet]. 2012 [accessed on 2015 Mar 12];17(169). Available from: <http://www.efdeportes.com/efd169/a-cultura-familiar-na-pratica-do-aleitamento.htm>
20. Alves VH, Rodrigues DP, GregórioVRP, Branco MBLR, Souza RMP, Alves CMCSH. Reflexões sobre o valor da amamentação como prática de saúde: uma contribuição da enfermagem. *Texto & Contexto Enferm*. 2014;23(1):203-10.

Mailing address:

Maiara Gomes Rocha
Escola de Saúde Pública do Ceará - ESP/CE
Av. Antônio Justa, 3161
Bairro: Meireles
CEP: 60165-090 - Fortaleza - CE - Brasil
Email: maiara.grocha@gmail.com