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Prevalence and factors associated with early weaning: an integrative review

Prevalencia y factores asociados al destete precoz: una revisión integradora

Prevalência e fatores associados ao desmame precoce: uma revisão integrativa

ABSTRACT

Objective: To analyze the breastfeeding theme, especially regarding the practice importance and its prevalence, highlighting the factors associated with early weaning. **Methods:** Integrative literature review, using the databases SciELO, Bireme, Scholar Google, LILACS and Medline with the descriptors breastfeeding, prevalence and weaning. Papers in Portuguese, Spanish and English, published in the period from 2009 to 2019, were included. **Results:** The research, based on 29 works selected, pointed out that there are significant regional variances in the BF prevalence and that the early discontinuation may be associated with environmental conditions and/or related the mother; maternal knowledge, beliefs and taboos play a major role in the continuity of BF and in the child's dietary introduction pattern. **Conclusion:** It is necessary to adapt and strengthen professional listening in the sense of providing assistance that welcomes doubts, fears and uncertainties, shaped by the environment in which pregnant women and nursing mothers are inserted.

ESCRITORES: Breastfeeding; Prevalence; Weaning.

RESUMEN

Objetivo: Analizar la temática del amamantamiento, especialmente en lo que toca a la importancia de la práctica y su prevalencia, destacando los factores asociados al destete precoz. **Método:** Se trata de una revisión integradora de la literatura, utilizando las bases de datos SciELO, Bireme, Google Scholar, LILACS y Medline, con los descriptores: lactancia materna, prevalencia y destete. Se incluyeron trabajos en portugués, español y inglés, publicados entre 2009 y 2019. **Resultados:** La investigación, basada en 29 trabajos seleccionados, señaló que la interrupción precoz de la LM exclusiva puede estar asociada con las condiciones del ambiente y/o de la madre; el conocimiento, las creencias y los tabúes maternos juegan un papel importante en la continuidad de la LM y en el patrón de introducción a la dieta del niño. **Conclusión:** Es necesario adaptar y fortalecer la escucha profesional, en el sentido de brindar una atención que acoja dudas, miedos e incertidumbres, moldeado por el entorno en el que se insertan las mujeres embarazadas y las madres lactantes.

DESCRITORES: Lactancia Materna; Prevalencia; Destete.

RESUMO

Objetivo: Analisar a temática do aleitamento materno (AM), no que tange à importância da prática e à prevalência, destacando os fatores associados ao desmame precoce. **Métodos:** Trata-se de revisão integrativa de literatura, utilizando-se as bases de dados SciELO, Bireme, Google Scholar, LILACS e Medline, com os descritores breastfeeding, prevalence e weaning. Foram analisados trabalhos publicados nos idiomas português, inglês e espanhol no período entre 2009 e 2019. **Resultados:** a pesquisa, a partir de 29 trabalhos selecionados, apontou que há grandes variações regionais nas prevalências do AM e que a interrupção precoce pode estar associada às condições do meio e/ou da mãe; os conhecimentos, crenças e tabus maternos desempenham uma grande influência na continuidade da amamentação e no padrão de introdução alimentar da criança. **Conclusão:** faz-se necessário adequar e fortalecer a escuta profissional no sentido de prestar atendimento que acolha as dúvidas, os medos e as incertezas moldadas pelo ambiente no qual as gestantes e nutrizes estão inseridas.

DESCRITORES: Aleitamento Materno; Prevalência; Desmame.

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Thiana Pinho Araújo

Nutritionist. Specialist in Clinical Nutrition: Metabolism, Practice and Nutritional Therapy. Master's student of the Graduate Program Health, Environment and Society in the Amazon, Institute of Health Sciences, Federal University of Pará (ICS/UFPa). ORCID: 0000-0001-9384-8084

Lucrecia Aline Cabral Formigosa

Nurse. Specialist in Collective Health. Master's student of the Graduate Program Health, Environment and Society in the Amazon, Institute of Health Sciences, Federal University of Pará (ICS/UFPA).

ORCID: 0000-0003-4245-672X

Adriane Pureza Maciel

Nutritionist. Specialist in Health of the Elderly and in Clinical Nutrition: Metabolism, Practice and Nutritional Therapy. Nutritionist at the University Restaurant of the Federal University of Pará (RU/UFPA).

ORCID: 0000-0001-5546-2331

INTRODUCTION

The first years of life are marked by rapid growth and development, with food having an essential role, since the quality and quantity of what is consumed in this phase have repercussions throughout life, associated with the health profile.¹

Recommended by the World Health Organization (WHO), breast milk (BM) is the only food to be offered in the first half of life; then, complementary feeding (CF) should be started, giving preference to healthy foods, offered in balanced meals in macro and micronutrients.²

Inappropriately occurring, CF can result in harmful health consequences, increasing the risk of contamination and allergic reactions, in addition to interfering with the absorption of BM nutrients and predisposing to early weaning.¹

Despite all the scientific evidence proving the superiority of breastfeeding (BF) over other ways of feeding young children, the practice is not yet fully exercised, especially in its exclusive form.³

Global data indicate a prevalence of exclusive breastfeeding (EBF) in the range of 0 to 6 months of about 35% while national data from the II Survey of Prevalence of Breastfeeding in Capitals and the Federal District pointed to 41% of EBF.²

The need to increase breastfeeding rates up to 6 months of age and complemented breastfeeding up to 2 years of age is supported by estimates that up to 13% of deaths in children under 5 years of age worldwide could be prevented from these practices, given the well-established relationship between early weaning and deaths from diarrheal disease and respiratory infections, espe-

cially among children with lower socioeconomic status. In a study carried out in 14 municipalities in the greater São Paulo, for example, the influence of BF with the Infant Mortality Coefficient was estimated at 9,3%.³

The early interruption of EBF is closely associated with the conditions of the environment and / or related to the mother, which also have a great influence on the child's food introduction.⁴

Thus, the study aimed to analyze the research carried out on the theme of BF regarding the importance of the practice and its prevalence, highlighting the factors related to early weaning, in order to reinforce the professionals of the area and the community about the role primary role that breastfeeding plays in preventing maternal and child morbidity and mortality.

METHOD

It is an integrative literature review, which made possible a wide methodological approach through the compilation of updated information from non-experimental studies.⁵ Therefore, the construction of the work followed the six phases described below:

- 1- Definition of guiding questions: what is the prevalence of breastfeeding in Brazil and in the world and what are the factors associated with early weaning?
- 2- Literature search: the selection of studies occurred from August/2019 to January/2020, in the databases SciELO, Bireme, Google Scholar, LILACS and MEDLINE, using the descriptors

DeCS breastfeeding, prevalence and weaning, together with the operator boolean and. Research published between 2009 and 2019 in English, Portuguese and Spanish that addressed the theme related to the importance and prevalence of BF, as well as factors associated with maintaining and/or abandoning the practice, were included. The title and summary of the works were read and duplicate materials were excluded, with inconclusive results and outside the chosen theme.

- 3- Data collection: the inclusion and exclusion criteria were applied, concomitant to the exploratory reading of the titles and abstracts selected from the search in databases and, after the screening and selection of articles through the application of the adapted URSI instrument for research, a pair of researchers was responsible for categorizing pertinent information into themes.
- 4- Analysis: the selected articles were categorized into four themes directly linked to the guiding questions: 1- Benefits of SCI and breastfeeding; 2- Prevalence of the practice in Brazil and in the world; 3- Factors that interfere in the early decommisioning process; and 4- Early food introduction.
- 5- Discussion: the consolidation of the data was carried out based on the gathering of data and discussion between the authors on the four main themes to answer the guiding questions.

6- Presentation: the reduction of the findings, is exposed in the following steps.

RESULTS

After, descriptive analysis of the data of all articles, a sample of 29 studies was ob-

tained, in Portuguese, English and Spanish, compatible with the proposed theme, which were categorized in order to facilitate the discussion of the findings (Chart 1).

Chart 1: Selected studies relevant to the theme of prevalence and factors associated with early weaning between August 2019 and January 2020.

AUTORES	TÍTULO	PERIÓDICO	ANO DE PUBLICAÇÃO
Costa et al. ⁶	Promoção do aleitamento materno no contexto da Estratégia de Saúde da Família.	Revista Rede de Cuidados em Saúde	2019
Oliveira et al. ⁷	Breastfeeding duration and associated factors between 1960 and 2000.	Jornal de Pediatria	2017
Walters et al. ⁸	The cost of not breastfeeding: global results from a new tool. Health policy plan.	Health policy plan	2019
Margotti et al. ⁹	Fatores relacionados ao aleitamento materno exclusivo em bebês nascidos em Hospital Amigo da Criança em uma capital do Norte brasileiro.	Saúde Debate	2017
José et al. ¹⁰	Relação entre desmame precoce e alergias alimentares.	Visão acadêmica.	2016
Carvalho-Ramos et al. ¹¹	Breastfeeding increases microbial community resilience.	Jornal de Pediatria	2018
Tessari et al. ¹²	Percepção de mães e pais adolescentes sobre o aleitamento materno.	Enfermagem em foco	2019
Del Ciampo & Del Ciampo ¹³	Breastfeeding and the benefits of lactation for women's health.	Revista Brasileira de Ginecologia e Obstetrícia.	2018
Santana et al. ¹⁴	Factors associated with breastfeeding maintenance for 12 months or more: a systematic review.	Jornal de Pediatria	2018
Nunes LM ¹⁵	Importância do aleitamento materno na atualidade	Boletim Científico de Pediatria	2015
Rollings et al. ¹⁶	Why invest, and what it will take to improve breastfeeding practices?	The Lancet	2016
Silva et al. ¹⁷	Maternal breastfeeding: indicators and factors associated with exclusive breastfeeding in a subnormal urban cluster assisted by the Family Health Strategy.	Jornal de Pediatria	2019
Victora et al. ¹⁸	Breastfeeding in the 21st century: epidemiology, mechanisms and lifelong effect.	The Lancet	2016
Zielińska et al. ¹⁹	Breastfeeding knowledge and exclusive breastfeeding of infants in first six months of life.	Roczniki Państwowego Zakładu Higieny	2017
Mosca et al. ²⁰	Determinants of breastfeeding discontinuation in an Italian cohort of mother-infant dyads in the first six months of life: a randomized controlled trial.	Italian Journal of Pediatrics	2018
Ramiro González et al. ²¹	Prevalencia de la lactancia materna y factores asociados con el inicio y la duración de la lactancia materna exclusiva en la Comunidad de Madrid entre los participantes en el estudio ELOIN	Anales de Pediatría	2018
Mota-Castillo et al. ²²	Experiencias y creencias de madre sobre la lactancia materna exclusiva en una región de México.	Journal of Nursing and Health	2019
McLennan ²³	Changes over time in early complementary feeding of breastfed infants on the island of Hispaniola	Revista Panamericana de Salud Pública	2018
Boccolini et al. ²⁴	Tendência de indicadores do aleitamento materno no Brasil em três décadas.	Revista de Saúde Pública	2017

Santos et al. ²⁵	Desmame precoce em crianças atendidas na Estratégia Saúde da Família.	Revista Eletrônica de Enfermagem	2018
Monteiro et al. ²⁶	Influence of maternity leave on exclusive breastfeeding.	Jornal de Pediatria	2017
Schincaglia et al. ²⁷	Práticas alimentares e fatores associados à introdução precoce da alimentação complementar entre crianças menores de seis meses na região noroeste de Goiânia.	Epidemiologia e Serviços de Saúde	2015
Mariano et al. ²⁸	Saberes maternos acerca da alimentação complementar. Cad da Esc de Saúde.	Cadernos da Escola de Saúde	2017
Mosquera et al. ²⁹	Factors affecting exclusive breastfeeding in the first month of life among Amazonian children.	PLoS ONE	2019
Mendes et al. ³⁰	Fatores relacionados com uma menor duração total do aleitamento materno.	Ciência e Saúde Coletiva	2018
Nóbrega et al. ³¹	As redes sociais de apoio para o Aleitamento Materno: uma pesquisa-ação.	Saúde Debate	2019
Borges ³²	Caracterização e prevalência do aleitamento materno em uma população atendida na rede pública de saúde de Palmas/TO, Brasil.	Revista Brasileira de Pesquisa em Saúde	2016
Albuquerque et al. ³³	Hábitos alimentares de crianças com até 6 meses em alimentação complementar e/ou desmame precoce.	Enfermagem atual.	2018
Giesta et al. ³⁴	Fatores associados à introdução precoce de alimentos ultraprocessados na alimentação de crianças menores de dois anos.	Ciência e Saúde Coletiva	2019

DISCUSSION

Benefits of BM and breastfeeding

Historically, breastfeeding has been encouraged and valued by national and international organizations as a strategy to reduce maternal and child mortality.⁶ The practice is estimated to have the potential to save more than 800.000 lives of children under the age of 5 per year worldwide⁷, in addition to preventing 98.243 deaths of women from breast and ovarian cancer and type II diabetes per year.⁸

Due to its immunoprotective factor, BM reduces the occurrence of deaths caused by infectious diseases, as well as the frequency of hospital admissions and the chances of developing chronic diseases, allergic manifestations and food intolerance.^{9,10,11}

Regarding the health of the nursing mother, the practice favors the construction of the affective bond between the mother and child binomial; prevents postpartum hemorrhage; promotes uterine involution; assists in weight loss;

and it is associated with a lower risk of developing several types of pathologies such as postpartum depression, osteoporosis, cardiovascular diseases and endometrial cancer.^{12,13}

Economically, breastfeeding generates a positive impact on the family budget, reducing spending on children's food^{9,14}, with medical appointments and the purchase of medicines.¹⁵ As for public expenditures, it has been shown that the increase in EBF and/or continued BF rates has led to a US\$ 312 million reduction in health care costs in the United States; US \$ 7,8 million in the United Kingdom; US\$ 30 million in China and US\$ 1,8 million in Brazil.¹⁶

Furthermore, it is emphasized that breastfeeding is a sustainable practice that contributes to the protection of the environment, since Breast Milk is a food naturally produced and ready for consumption, without causing pollution, dispensing with the use of packaging and oblivious to waste.³⁶

Prevalence: what do the studies show?

Figures released by the United Nations Children's Fund (UNICEF) in 2016 pointed to a significant prevalence of BF worldwide: 44% in the first hour of life, 30% exclusively in children under 6 months and 40% in continued until 2 years of age.¹⁷

Victora et al.¹⁸ found the highest prevalence rates of BF at 12 months of age in Sub-Saharan Africa, South Asia and parts of Latin America. Conversely, it was lower in developed countries, with some differences being noted: United Kingdom (<1%), Sweden (16%), United States (27%) and Norway (35%).

Several studies have shown the tendency to decrease in EBF rates the older the child: Poland (1997), from 69,8% in the first month of life to 9% in the sixth¹⁹; Italy, 48,7% to 43,9% at 3 months and 5,5% at 6²⁰; Spain (Madrid), 88% to 25,4% in the first half and, even less at 2 years old, 7,7%²¹; Mexico, 22,3% to 14,5% at six months, while in the rural area the decline was even more drastic; 36,9% to 18,5%.²²

Although they have similar characteristics, research undertaken in Haiti

and the Dominican Republic (DR) has shown different trends for the practice of EBF. In DR, there was a consistent drop: 22,6% in 1996; 12,8% in 2002; 10,1% in 2007; and only 9,5% in 2013. In Haiti, the rates were higher: 2,7% in 1994/1995; 24% in 2000; 41,6% in 2005/2006; and 41,5% in 2012.²³

In Brazil, a population survey carried out in the capitals and DF with children under one year old showed that 67,7% suckled in the first hour of life and that the prevalence of EBF was 41% in children under 6 months, varying from 27,1% in Cuiabá/MT (lowest) to 56,1% in Belém/PA (highest). The median duration was 54,1 days (1,8 months) for BF and 341,6 days (11,2 months) for BF.³⁷

In 2010, the Ministry of Health released data on BF in 227 municipalities that adhered to the survey carried out in 2008. Based on WHO parameters, it was found that the majority were in “good situation”, with prevalence rates between 50-89% of BF in the first hour of life. However, the situation of EBF in children under 6 months was considered “reasonable”, with prevalence rates below 50%.³⁸

A construction of a historical series based on data from the National Health Survey (Pesquisa Nacional de Saúde - PNS) – 1986, 1996, 2006 and 2013, showed an increasing trend in EBF rates up to 6 months and BF up to 1 year of life between the years 1986 and 2006, stabilizing in 2013. Conversely, continued BF up to 2 years was stable in the first period, increasing in 2013. The prevalence of the indicators, however, was below the recommendations.²⁴

Therefore, it is undeniable that early weaning is still a common practice, despite efforts and consensus on the unquestionable importance of BF, especially in the first half of life²⁵, which makes it difficult to reach the 50% prevalence target established by the WHO for 2025.²⁶

Factors that interfere with the early weaning process

The main factors associated with BF were shown to be correlated to mater-

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nal characteristics (age, experience in breastfeeding, pregnancy complications, others) and to the environment to which they belong, such as culture, family and social relationships and socioeconomic standard.⁴

Low maternal education, as well as age and income, were pointed out as barriers to the adhesion and maintenance of BF: it was suggested that a lower education can make it difficult to understand the importance of EBF and the benefits of BM⁹; while old age and higher income were associated with a predisposition to early weaning.⁷

Multiparity proved beneficial for the practice, whereas previous experiences would contribute to the breastfeeding process.^{2,14}

The habit of smoking causes less milk secretion and negatively interferes with the breastfeeding process, with early weaning and low continuity of BF prevailing for 12 months or more.^{14,27}

Returning to work was considered one of the main causes for the early initiation of Complementary Food.^{21,28} Failure to grant maternity leave benefit would increase the chance of early weaning by 23%.²⁶

The association between the Child Friendly Hospital Initiative (Iniciativa Hospital Amigo da Criança - IHAC) and the decrease in infant mortality in Brazil was positive: among children born in this type of institution, there was a higher prevalence of BF in the first hour of life, as well as a 7,9% increase in the rate of BF in babies under 6 months old.

The use of a pacifier was strongly referred to as an obstacle to the practice of EBF, which may reduce its duration by up to 33%.^{17,29}

Having less than 6 prenatal consultations increases the chance of breastfeeding for less time by 2,76 times.³⁰ Thus, in this assistance there is a protective factor for EBF, being the opportune moment for orientations regarding the practice, its benefits and the management of difficulties that may be experienced.^{14,21}

The family, especially the partner and the mother of the nursing mother, in-

fluence whether or not they support breastfeeding; when positive, it collaborates with the success of BF.^{12,31}

“Weak milk” or “just milk is not enough”; “Children born prematurely or with low weight should not breastfeed”; “Cracks in the nipple”; “Hardening of milk”; “Mastitis and / or abscess”; “The milk is drying”; “Not wanting to breastfeed”; “Nipple problems”; “Pain when breastfeeding”; and “baby feels colic when breastfeeding” were reasons given for not adhering to EBF.³²

Early food introduction

Just as the maintenance of BF is essential, the introduction of safe, accessible and culturally accepted foods in the child's diet, at an appropriate time and in an appropriate manner, becomes essential for the promotion of healthy development and prevention of nutritional disorders of great impact in Public Health.³⁰

According to the “Guia Alimentar”³⁵, no other type of food needs to be given to the baby while on exclusive breastfeeding. From the age of 6 months, other foods should be part of the child's meals, especially fresh or minimally processed. The reality, however, proved to be below the recommendations. Milk was identified as

the main food introduced early (79,3%), followed by pasta/porridge (58,7%) and fruits/smoothies (11,1%). Milk consumption started between 1 and 4 months of age (66%); 51,6% opted for infant formula, whose average usage was 1,5 months, later replaced by whole milk.³³

Lopes et al.¹, through a home interview with the heads of 545 children under 24 months of age living in the urban area of a Brazilian capital, they showed that at 180 days of life, only 4% of the children were in EBF and 43,4% had already started AC; at 3 months of age, 56,8% of infants already received water; 15,5%, natural fruit juice/infant formula; and 10,6%, cow's milk. Before the first year, almost half were already eating sweets; 25%, instant noodles; and 30%, sugar and chocolate.

The inadequate beginning of CA was mainly associated with the mothers' lack of knowledge about the steps that make up the practice and with the belief and culture pervaded by family members.²⁸ As for the guidance received by mothers of children aged between 4 and 24 months, a study found that 62,2% had been by pediatricians and/or another health professional; 19,6%, by nutritionists.³⁴

CONCLUSION

Despite being a natural act, BF is permeated by factors that make it the responsibility not only of the breastfeeding woman, but of the whole society, which should act as a support and guidance network.

Although the benefits of BM are widely publicized and the practice is supported by political and social movements, it is observed that, worldwide, adherence rates are far from the goal proposed by WHO, contributing to the occurrence of preventable deaths among children in the first childhood.

In this scenario, it is necessary to adapt and strengthen professional listening in order to provide care that welcomes doubts, fears and uncertainties shaped by the environment in which pregnant women and nursing mothers are inserted.

Furthermore, it is important to consider that eating practices are also the result of the culture and values adopted. Therefore, contemplating regional differences and undertaking studies beyond the metropolitan regions could contribute to the development of more effective strategies in relation to encouraging breastfeeding and the introduction of healthy Complementary Food. ■

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