

DOI: <https://doi.org/10.36489/saudecoletiva.2021v11i66p6503-6518>

Cultural imprinting and breast feeding: determinants and challenges

La impronta cultural y la lactancia materna: determinantes y desafíos

Imprinting cultural e aleitamento materno: determinantes e desafios

ABSTRACT

Objective: to investigate the influence of cultural imprinting on breastfeeding and its determinants. Method: an integrative review, carried out in November 2020, in the databases that integrate the Virtual Health Library and Cinahl Information Systems, using the indexed descriptors Breastfeeding, Culture and Social Determinants of Health, associated with the Boolean operator AND. Result: the family culture that permeates the universe of the puerperal woman tends to reflect on the decision to initiate, continue and stop breastfeeding, and it is necessary for the health teams to stick to these cultural habits so that the intervention happens in a more targeted and effective way. It was related to the continuation of breastfeeding when migratory processes occur, whose cultural changes are reflected in the conduct of this practice. Conclusion: cultural imprinting acts in the practice of breastfeeding, both in a positive and a negative way, and the actions should focus on the issues that may hinder its implementation.

DESCRIPTORS: Breast Feeding; Food Taboo; Postpartum Period; Culture.

RESUMEN

Objetivo: investigar la influencia de la impronta cultural en la lactancia materna y sus determinantes. Método: revisión integradora, realizada en noviembre de 2020, en las bases de datos que integran la Biblioteca Virtual en Salud y los Sistemas de Información Cinahl, utilizando los descriptores indexados Lactancia Materna, Cultura y Determinantes Sociales de la Salud, asociados al operador booleano AND. Resultado: la cultura familiar que impregna el universo de la puérpera tiende a reflexionar sobre la decisión de iniciar, continuar y dejar de amamantar, siendo necesario que los equipos de salud se apeguen a estos hábitos culturales para que la intervención suceda de manera más focalizada y efectiva. Se relacionó con la continuación de la lactancia materna cuando ocurren procesos migratorios, cuyos cambios culturales se reflejan en la conducción de esta práctica. Conclusión: la impronta cultural actúa en la práctica de la lactancia materna, tanto de manera positiva como negativa, y las acciones deben enfocarse en los temas que puedan dificultar su implementación.

DESCRIPTORES: Lactancia Materna; Tabú Alimentario; Periodo Posparto; Cultura.

RESUMO

Objetivo: investigar a influência do imprinting cultural no aleitamento materno e seus determinantes. Método: revisão integrativa, realizada em novembro de 2020, nas bases de dados que integram a Biblioteca Virtual em Saúde e Cinahl Information Systems, utilizando os descritores indexados Amamentação, Cultura e Determinantes Sociais da Saúde, associado ao operador booleano AND. Resultado: a cultura familiar que permeia o universo da puérpera tende a refletir na decisão em iniciar, continuar e cessar o aleitamento materno, sendo necessário as equipes de saúde se aterem a estes hábitos culturais para que a intervenção aconteça de modo mais direcionado e efetivo. Apresentou relação com a continuação da amamentação quando ocorre os processos migratórios, cujas mudanças culturais refletem na condução desta prática. Conclusão: o imprinting cultural atua na prática do aleitamento materno, tanto de modo positivo, quanto negativo, cabendo as ações incidirem nos quesitos que venham a dificultar sua implementação.

DESCRITORES: Aleitamento Materno; Tabu Alimentar; Puerpério; Crenças.

RECEIVED ON: 02/15/2021 APPROVED ON: 03/02/2021

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INTRODUCTION

The role of culture and myths can interfere both positively and negatively in the institution of habits. It is known that man since his birth is known not only by himself, but also by his family, tribe, culture and society. In this way, starting from childhood or even in the womb, the individual has already established cultural relationships, and these become internalized by the subject, creating very strong roots, which Edgar Morin calls cultural imprinting.⁽¹⁾

The aforementioned term refers to the normalizing force of society, the sum of concepts inherited and blindly practiced, seeking a performance that deviates from any possible deviation from the norm. It presupposes a standard of conduct, which can be applied to all aspects of a society: the system of economic, social, cultural, behavioral rules, the use of language, among others. The same makes the individual molded under cultural similarity thus becoming a product and producer of knowledge/culture.⁽²⁾

Based on the premise that habits acquired in the social environment can influence future decisions and actions, it is understood that their determination has social and, consequently, cultural deliberation, as has been seen in the culture of breastfeeding. It is understood that culture can influence early weaning, and there is an increase in these rates even in the first months of life.⁽³⁾

Thus, when conceptualizing breastfeeding, we need to understand that in addition to a biological act, it is also

culturally constructed and determined, being a complex process with frequent overlapping of ideologies and cultural values over physiological aspects.⁽⁴⁾

Thus, cultural imprinting ends up having a duplicity of functions, where it can contribute to the formation of knowledge about the benefits of breastfeeding, however its perpetuation of wrong habits in society has a consolidated Mawis historical load, which most of the time tends to reflect negatively, as the literature has indicated regarding the practice of breastfeeding.⁽⁵⁾

Therefore, due to the multifactorial nature of the determinants of cultural imprinting on breastfeeding, as well as the characteristic of continuous change in the cultural habits of a society over time, this work aimed to investigate the influence of cultural imprinting in breastfeeding, seeking to answer the following question: how does cultural imprinting work in the practice of breastfeeding?

METHOD

It is a systematic review of the integrative type of scientific literature. This type of study includes the analysis of relevant research that supports decision making and improvement of clinical practice, enabling the synthesis of the state of knowledge of a given subject, in addition to pointing out gaps that need to be filled. Through it, it is possible to carry out the synthesis of multiple published studies and enable general conclusions regarding a particular area of study.⁽⁶⁾

In view of the increasing amount and complexity with which information in the health field is presented, it is essential to develop ways to delimit methodological steps and to provide professionals with a better use of the scientific evidence found through developed research.⁽⁷⁾

To carry out the data collection of the referred study, the checklist of the Main Items for Reporting Systematic Reviews and Meta-analyses (PRISMA), available on the Equator network, was used. Therefore, the following question-problem was elaborated as a guiding question for the search for evidence in the scientific literature: how does cultural imprinting act in the practice of breastfeeding?

The study was carried out by searching for articles in the following electronic databases: Latin American and Caribbean Health Sciences Information Literature (LILACS), Medical Literature Analysis and Retrieval System Online (Medline), Nursing Database (BDENF) and Scientific Electronic Library Online (SciELO) indexed in the Virtual Health Library (VHL), as well as in the Cinahl Information Systems database.

After defining the research question, the health terminology descriptors extracted in a controlled manner from the Health Sciences Descriptors (DeCS) and Medical Subject Headings (MESH) were used. The search was carried out using the descriptors in Portuguese, associating them with the Boolean connective "and". During the search, the following crosses of the descriptors were adopted: Amamentação AND Cultura; and Amamentação AND Determinantes Sociais da Saúde.

Data collection took place independently, being adopted as eligibility criteria for the selection of articles: studies published in the last five years (2015-2020), texts available in full, which may be in Portuguese, English and/or Spanish, find themselves in the article format, where review work of any category was disregarded, as well as experience reports. Then, the adequacy of the text was analyzed according to the guiding question, which was identified by reading the title and abstract and, later, reading the work in full, as well as checking the existence of duplicate studies. Each selected study received a code with an alphanumeric sequence, in order to facilitate their identification.

For the selection of articles that met the inclusion criteria, a synoptic table

was used, covering the title of the selected manuscript, in addition to the country in which the study was carried out and the year of publication, which type of study, objectives, highlight and each work, in order to enable the development of future research in the area in question.

The period of choice was defined in order to gather the largest number of current articles, and the search for articles occurred through online access at the Virtual Health Library (VHL) and at Cinahl Information Systems, in the month of November 2020, and followed the flow shown in Figure 1.

Upon surveying the publications, and applying the eligibility criteria as described in Figure 1, it can be noted that using the cross-section Breastfeeding

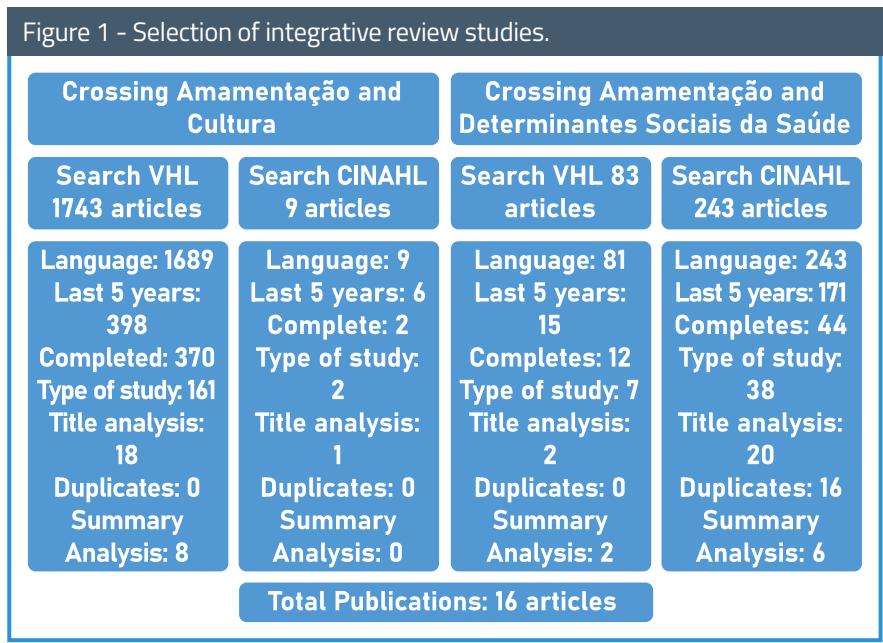
AND Culture, 8 studies were selected and when conducting the search with the cross-section Breastfeeding AND Social Determinants of Health, 8 articles, totaling 16 publications for reading and full analysis. It is worth mentioning that after the union of the two databases surveyed, there was no duplication of work.

RESULTS

The articles selected for inclusion in the sample were 16, most of them in English (eight), published in 2016 (five), half published in Brazilian magazines (eight). The database that housed more articles was the VHL (ten articles). In most studies, a qualitative method (eleven) was used. The analysis of the results was carried out in a descriptive way and a synthesis of the studies was elaborated, according to Chart 1.

The main findings demonstrated that the practice of breastfeeding is influenced by several factors such as myths or beliefs, among them that milk is weak or insufficient to meet the baby's needs, in addition to the disposal of colostrum in regions of Ethiopia, for not believing in its nutritional value for child nutrition. (3,12,18-19,20-22)

It was also found that the culture in general has a negative or positive influence, since the beginning, maintenance, duration, cessation or abandonment of breastfeeding, especially in primiparous and adolescent mothers, so the experiences passed from generation to generation can influence this



Source: Own elaboration.

Chart 1- Description of studies by Title, Country, Year, Base, Magazine, Method, Main findings and limitations. Picos, PI, Brazil, 2020.

TITLE	COUNTRY/YEAR/ BASE/ JOURNAL/ METHOD	OBJECTIVE OF THE STUDY	MAIN FINDINGS	LIMITATIONS
Determinants of Weaning Practices Among Mothers of Infants Aged Below 12 Months in Masvingo, Zimbabwe ⁽⁷⁾	Zimbabwe/ 2016 VHL Annals of Global Health Quantitative	Determine the factors related to the weaning of babies younger than 12 months.	Culturally, they understand that breast milk alone is not enough to meet the baby's needs.	The study was carried out only in the urban area.

Social Representations of Breastfeeding in Rural and Urban Women of Jalisco, Mexico: Qualitative Study ⁽⁸⁾	Mexico/ 2019 VHL Revista Colombiana de Obstetricia y Ginecología Qualitative	Understand the factors that negatively affect breastfeeding in women from rural and urban contexts.	Women's social or cultural representations determine the initiation, maintenance, cessation or abandonment of breastfeeding.	The investigation was restricted to women benefiting from a social program of only one Health Jurisdiction Center.
Factors influencing the practice of exclusive breastfeeding among nursing mothers in a peri-urban district of Ghana ⁽⁹⁾	Ghana/ 2017 VHL BMC Res Notes Quantitative	Identify the factors that influence the practice of exclusive breastfeeding.	The mothers did not declare any clear cultural practices that negatively influence the practice of breastfeeding, but reported the lack of support from spouses and family members in the practice.	The non-inclusion of husbands to understand the reason for not supporting their wives' decisions regarding the institution of exclusive breastfeeding or not..
Cultural meanings and experiences in amamentation among women from two countries ⁽¹⁰⁾	Brazil and France/2019 VHL Rev enferm UERJ Qualitative	Identify cultural experiences related to maternal breastfeeding decisions between two countries.	Cultural values have an influence on how women adapt to motherhood. Brazil: valorization of breastfeeding and professional guidance; France, the reverse happens.	The small sample prevents generalization of the findings.
Motivations for prolonging breastfeeding ⁽¹¹⁾	Chile/ 2020 VHL Acta. Paul. Enferm. Qualitative	Explain the motivational structure and decision of mothers who breastfeed for more than two years.	For mothers, childhood is the quintessential motivational period for integrating breastfeeding. In adulthood, the transcendent motivation is consolidated in the first stage of the education of children and provides the motivation for the prolongation of breastfeeding.	The number of participants, given the difficulty of finding mothers who breastfeed beyond two years.
Pre-lacteal feeding practice and associated factors among mothers having children less than two years of age in Aksum town, Tigray, Ethiopia, 2017: a cross-sectional Study ⁽¹²⁾	Ethiopia/ 2018 VHL BMC Pediatrics Quantitative	To evaluate the practice of pre-milk feeding and associated factors among mothers with children under 2 years of age.	It is believed that pre-dairy food has more advantages than offering colostrum and disposing of it as a common cultural practice in the region.	The information obtained from the mothers may have been subject to memory bias and cross-sectional study design.
Socio-demographic Factors Affecting Initiation and Duration of Breastfeeding in a Culturally Diverse Area of North Eastern Greece ⁽¹³⁾	Greece/ 2019 VHL Folia Medica Quantitative	Record the characteristics of breastfeeding and explore possible associations with socio-cultural and demographic factors.	Different cultural factors are associated with the beginning of breastfeeding, as well as its duration.	Retrospective design study, making it vulnerable to memory bias, in addition, data on parity and breastfeeding characteristic of the siblings were not included.
Breastfeeding beliefs and practices of African women Living in Brisbane and Perth, Australia ⁽¹⁴⁾	Australia/ 2015 VHL Maternal and Child Nutrition Qualitative	Explore the breastfeeding experience among refugee women.	Moving to a new country effectively alters the social space by removing women from supportive structures and cultural norms favorable to breastfeeding, influencing the perception that breastfeeding is considered a culturally shameful act in Australia.	Different methodologies used in data collection and women in the group configuration.

Interfaces of the discontinuation of breastfeeding ⁽¹⁵⁾	Brazil/ 2016 VHL Acta Scientiarum Qualitative	Identify conditions for the suspension of exclusive breastfeeding.	Cultural knowledge is transmitted from generation to generation, with a strong relationship between crying, hunger or the need for food supplementation.	Cross-sectional study and reduced number of participants.
Migratory and intergenerational experiences on breastfeeding in the family space: a study of social representation ⁽¹⁶⁾	Brazil/ 2018 VHL AQUICHAN Qualitative	Analyze the intergenerational experiences of migrant women from the same family about breastfeeding; apprehend the social representations of this population over the generations about the experience of breastfeeding.	It appears that the socio-cultural diversity and the territory influence most of the migrant women who breastfeed, making it necessary to understand the regional and cultural determinants, and the family and generational influences that permeate this process.	Shortage of national and international studies on the topic with a focus on intergenerationality and migration, memory bias and cross-section.
The process of breastfeeding in adolescence: experiences recalled by women ⁽¹⁷⁾	Brazil/ 2016 Rev. Enferm. UFPE CINAHL Qualitative	To know the experience of breastfeeding in adolescence with a group of women.	Breastfeeding was seen as something beneficial passed down from generation to generation, thus configuring itself as a cultural practice, where family experiences and support are decisive for successful breastfeeding.	Only women who were linked to the health service and of different ages were included.
Breastfeeding and complications that contribute to early weaning ⁽¹⁸⁾	Brazil/ 2015 Rev Gaúcha Enferm. CINHAL Qualitative	To know the mothers' experience about breastfeeding and events that contribute to early weaning.	Maternal grandmothers do not favor the maintenance of breastfeeding, as they have a cultural heritage based on empirical knowledge contrary to this practice.	Inclusion only of mothers who were registered with the health service and who had given birth at the referral hospital.
Exclusive breastfeeding: causes of the interruption in the perception of adolescent mothers ⁽¹⁹⁾	Brazil/ 2016 Rev. Enferm. UFPE CINHAL Qualitative	To know the perception of adolescent mothers as to the causes that influence the interruption of exclusive breastfeeding.	Personal characteristics, beliefs, values and culture and the idea of insufficient milk to satisfy the child's needs were the main obstacles to the institution of breastfeeding.	Inclusion of only three neighborhoods in the city, limiting the population to a social context. Multiparous adolescents were not included, nor those who had preterm children.
Maternal feelings and experiences associated with the process of breastfeeding ⁽²⁰⁾	Brazil/ 2015 CINAHL Rev. Enferm. UFPE Qualitative	Knowing the maternal feelings and experiences associated with the breastfeeding process.	The predominance of positive feelings associated with breastfeeding, evidence that it is a historical, social, cultural and psychologically delineated process, permeated by myths, beliefs, taboos and rooted and culturally accepted values.	The number of pregnant women participating in the study and inclusion only of women who had children accompanied by the service.
Exclusive breastfeeding: obstacles presented by primiparous Women ⁽²¹⁾	Brazil/ 2018 CINAHL Rev. Enferm. UFPE Quantitative	Identify the obstacles according to the primiparous women of the Basic Health Units, in relation to the exclusive breastfeeding of the children in the first 6 months of life.	The myths and cultural beliefs passed down between generations were constituted as important barriers for the institution of breastfeeding, mainly in primiparous women.	Cross-sectional study design and reduced sample.

Breastfeeding: factors that influence early weaning among ado-lescent moth-ers ⁽²²⁾	Brazil/ 2016 CINAHL Rev. Enferm. UFPE Qualitative	Identify the factors that influ-ence early weaning in adoles-cent mothers.	The main factors are the influence of people from the social context with which these moth-ers relate, the early introduction of other foods, the belief/culture in the myth of weak or insuffi-cient milk to feed the baby.	Cross-sectional study design and reduced sample.
Source: Own elaboration.				

practice, with grandmothers having a crucial role in this decision making, as they can negatively influence because they believe that breast milk is not enough to supply the babies' nutritional needs.^(3, 8,10-11,13,15,17-18,21-22)

It can also be seen that the existence of a support network in breastfeeding is decisive for its success, in cultures where partners and family members do not believe in the benefits of breastfeeding, one can experience higher rates of weaning, thus demonstrating the importance promoting knowledge about this habit in all agents involved in this process.^(9-11,20)

It was also possible to notice that there are differences between the importance and the encouragement of breastfeeding depending on the country, and in Brazil, culturally, this practice is more stimulated and accepted, differently from what happens in France and Australia where cultural practices do not stimulate breastfeeding women for considering it a shameful act. Being able to understand thus the power that cultural imprinting has in society, mainly, in the institution of breastfeeding.^(10,14,16)

Analyzing the articles, it can be seen that for women, childhood is the ideal motivational period par excellence to integrate breastfeeding as the best option to feed their children. In adulthood, the transcendent motivation is consolidated in the first stage of the education of children, providing a greater motivational quality to the prolongation of breastfeeding, thus revealing that by stimulating the message of promoting breastfeeding in childhood, the greater the chances of perpetuation of this habit in adulthood,

so that there may be better success rates in breastfeeding and reduction of early weaning.⁽¹¹⁾

It is also worth mentioning the importance of health professionals and services in promoting breastfeeding, since they play the role of demystifying and clarifying cultural misconceptions about breastfeeding, acting as crucial characters in stimulating this practice, mainly through counseling subsidized by health education.^(8,11-12,19-20,22)

DISCUSSION

Regarding the recommendations about breastfeeding, health agencies around the world usually follow the recommendations of the World Health Organization (WHO), which advocates exclusive breastfeeding until the sixth month of life, being complemented by two years or more, thus guaranteeing all nutritional support and the benefits that this food confers.⁽²³⁾

However, it is still noticeable that the breastfeeding promotion process ends up being conducted from an instinctive and biological point of view, without considering the degree of complexity of the same, which demands a careful and affective look at the puerperal woman, as well as an understanding about the cultural context in which the dyad is involved, given that the myths and beliefs that permeate this universe are dense and tend to vary depending on the regions, where most of the time they are motivated by "thinkings", which can reflect negatively on the duration of breastfeeding.⁽²⁴⁻²⁵⁾

Surrounded by this thought, cultural imprinting has been identified as one of the causes that has contributed to early weaning, since the family's past experiences in relation to breastfeeding end up being passed on from generation to generation, which transmits confidence, these habits being mostly surrounded by negative aspects, which are usually accepted by the puerperal women as absolute truths, and often end up standing out from scientific knowledge.⁽²⁶⁾

These findings are in line with most of the works selected here, where they showed that the cultural habits, beliefs and taboos of each location, passed down through the generations, end up affecting the decision-making power to start the practice of breastfeeding, as well as continuation and in the act of ceasing.^(8,13,15,17-22)

In this way, the different regions listed in this work demonstrated a diversity of cultural habits that directly reflect on the practice of breastfeeding, and there is a variation in beliefs and taboos, motivated by differences in cultural imprinting between different countries, where these cultural practices tend to reverberate so that there is an early weaning.

One of the cultural habits most cited in studies as a hindrance to weaning, concerns the reference to "weak milk" or "insufficient milk", where this thought is often involved in the interpretation of the child's crying, seen as a sign of hunger and the need for complementation before the recommended period, this thought being reinforced by the postpartum support network.^(3,15,19,22)

It is worth noting that for a long

time, the cultural habit of “weak/insufficient milk” has been consolidating and being transmitted over the generations, without the scientific support of veracity of this information. However, it is known that breast milk has all the nutrients that the child needs until the sixth month of life, starting to act in a complementary way from then on. In this way, if the children are on exclusive breastfeeding, the more they suckle, the more milk will be produced in order to guarantee their energy supply. Furthermore, going to the breast more often does not characterize insufficient milk, but that the digestion process happens more easily compared to infant formulas, and when this information is not well conducted, it tends to generate conflicts and end with the interruption of breastfeeding.^(25,27)

Another very pertinent data regarding the way in which cultural imprinting affects different regions, is due to the fact that the current political-economic scenario that has generated wars and unfavorable financial conditions in several countries, which culminate in the migration of peoples to regions different from their culture. This fact ends up having repercussions on breastfeeding, in which the change of country already entails a difficult cultural impact, and if the new environment does not adopt public policies to encourage this practice, these conducts end up acquiring a very strong decision-making power in interrupting breastfeeding and depriving the child of the benefits arising from it, in addition to this change creating a distance from a favorable support network.^(14,16)

This support network is essential at this stage, and it is necessary that health education actions aimed at promoting breastfeeding include them, so that the practice of breastfeeding is better stimulated and guided by scientific knowledge, without neglecting to consider the aspects experiences and experiences that they carry with them, in order to reframe what is not in line with the well-being of the mother-child binomial, as pointed out in one of the studies in which the spouse's lack of support to breastfeed had interference in the decision.^(9,25,28)

However, no matter how important the support network is, the central figure in this process, the mother, cannot be left aside, and the mother has the power of decision in the management of this situation, leaving the other members to act positively to encourage this practice. For this reason, it is necessary to work under the spectrum of maternal self-efficacy, which is scientifically proven that the higher it is found, the greater the chances of breastfeeding being initiated and perpetuated, with health professionals acting precisely in the areas of greatest fragility, considering the individuality of each mother, in this way the focus tends to be more effective, with the prevention of weaning.⁽²⁴⁾

Furthermore, it is also necessary for health teams to strengthen the bonds both in the health network (primary care, hospitals and maternity hospitals), as well as with family members and the community, so that the promotion of breastfeeding takes place in a harmonious and empathic way. Weighing the entire cultural framework surrounding this puerperal woman and disseminating information

that meets the expectations and needs of the moment, enabling its implementation, given that it is in childhood that cultural habits that will perpetuate into adult life tend to be shaped.^(24,26-27)

One of the limitations listed in this review concerns the diversity of methodologies without their standardization, which makes more reliable conclusions impossible, given that the research bias was a recurrent listed in the selected works. However, the presence of both qualitative and quantitative studies, covering several continents, demonstrated that cultural habits influence the culture of breastfeeding, whether it be negatively or positively.

CONCLUSION

The selected literature pointed to the importance of considering cultural imprinting in actions to promote and guide breastfeeding, given that cultural habits have been ingrained over the generations, and these are put into practice most of the time by the support network for puerperal women, having a very strong persuasive power. In this way, the strengthening of bonds, as well as a deeper knowledge of the local culture allows interventions to happen in a more satisfactory way, thus contributing to reduce early weaning and that children can enjoy all its benefits, given that breastfeeding has important repercussions throughout the human being's life.

In addition, the need for more studies on the topic was perceived with the use of more outlined and standardized methodologies, which allow for a more reliable extrapolation of results. ■

REFERENCES

1. Morin E. Introdução ao pensamento complexo. 4ª edição. Porto Alegre (RS): Editora Sulina; 2005.
2. Morin E. O método 4: as ideias habitat, vida, costumes, organização. Porto Alegre (RS): Editora Sulina; 1998.
3. Gonah L, Mutambara J. Determinants of Weaning Practices Among Mothers of Infants Aged Below 12 Months in Masvingo, Zimbabwe. *Ann Glob Health*. [Internet]. 2016; 82(5):875-884. doi: <http://dx.doi.org/10.1016/j.aogh.2016.10.006>
4. Sanches MTC, Carvalho MR, Tavares LAM. Amamentação com enfoque fonoaudiológico e amamentação com bases científicas para

REFERENCES

- a prática profissional. Guanabara Koogan: Rio de Janeiro; 2011.
- Vargas JC, Antunes HS. Determinismos culturais frente à ludicidade na infância: conceitos e concepções paradigmáticas. *Ver Reflexão e Ação*. [Internet]. 2010; 18(2): 136-150. doi: <http://dx.doi.org/10.17058/rea.v18i2.591>
 - Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método e pesquisa para a incorporação de evidências na saúde e na enfermagem. *Texto Contexto Enferm*. [Internet]. 2008;17(4):758-64. doi: <http://dx.doi.org/10.1590/S0104-07072008000400018>
 - Souza MT, Silva MD, Carvalho R. Revisão integrativa: o que é e como fazer. *Einstein*. [Internet]. 2010; 8:103-106. doi: <http://dx.doi.org/10.1590/s1679-45082010rww1134>
 - García-Magdaleno VG, Laureano-Eugenio J. Representaciones sociales frente a la lactancia materna en mujeres rurales y urbanas de jalisco, méxico: estudio cualitativo. *Revista Colombiana de Obstetricia y Ginecología*. [Internet]. 2019; 70(2): 83-93. doi: <https://doi.org/10.18597/rcog.3303>
 - Mensah KA, Acheampong A, Anokye FO, Okyere P, Appiah-Brempong A, Adjei RO. Factors influencing the practice of exclusive breastfeeding among nursing mothers in a peri-urban district of Ghana. *BMC Res Notes*. [Internet]. 2017; 10(466):1-7. doi: 10.1186/s13104-017-2774-7
 - Pastorelli PPL, Oliveira ECN, Silva LJ, Silva LR, Silva MDB. Significados e experiências culturais em amamentação entre mulheres de dois países. *Rev enferm UERJ*. [Internet]. 2019; 27:1-7. doi: <http://dx.doi.org/10.12957/reuerj.2019.40605>
 - Martínez-Poblete G, Ossa X. Motivações para o prolongamento da amamentação. *Acta Paul Enferm*. [Internet]. 2020; 33:1-8. doi: <http://dx.doi.org/10.37689/actaape/2020A00112>
 - Tekaly G, Kassa M, Belete T, Tasew H, Mariye T, Teshale T. Pre-lacteal feeding practice and associated factors among mothers having children less than two years of age in Aksum town, Tigray, Ethiopia, 2017: a cross-sectional Study. *BMC Pediatrics*. [Internet]. 2018; 18(310):1-10. doi: <https://doi.org/10.1186/s12887-018-1284-7>
 - Tsanidou E, Gougoula V, Tselebonis A, Kontogiorgis C, Constantinidis TC, Nena E. Socio-demographic factors affecting initiation and duration of breastfeeding in a culturally diverse area of North Eastern Greece. *Folia Med (Plovdiv)*. [Internet]. 2019; 61(4):566-71. doi: 10.3897/folmed.61.e47858
 - Gallegos D, Vicca N, Streiner S. Breastfeeding beliefs and practices of African women living in Brisbane and Perth, Australia. *Maternal and Child Nutrition*. [Internet]. 2015; 11:727-736. doi: 10.1111/mcn.12034
 - Frota MA, Lopes MF, Lima KF, Sales COCB, Silva CAB. Interfaces of the discontinuation of breastfeeding. *Acta Scientiarum Health Sciences*. [Internet]. 2016; 38(1):33-38. doi: 10.4025/actascihealthsci.v38i1.28514
 - Moreira MA, Paiva MS, Ramos MNP, Ribeiro PS, Ramos JSBM. Experiências migratórias e intergeracionais sobre a amamentação no espaço familiar: um estudo de representações sociais. *Aquichan*. [Internet]. 2018; 18(3): 287-297. doi: 10.5294/aqui.2018.18.3.4
 - Cremonese L, Wilhelm LA, Prates LA, Oliveira G, Barreto CN, Ressel LB. O processo da amamentação na adolescência: vivências rememoradas por mulheres. *Rev enferm UFPE on line*. [Internet]. 2016; 10(9):3284-92. doi: 10.5205/reuol.9571-83638-1-SM1009201613
 - Oliveira CS, Iocca FA, Carrijo MLR, Garcia RATM. Breastfeeding and complications that contribute to early weaning. *Rev Gaúcha Enferm*. [Internet]. 2015; 36(spe):16-23. doi: <http://dx.doi.org/10.1590/1983-1447.2015.esp.56766>
 - Oliveira AC, Dias IKR, Figueredo FE, Oliveira JD, Cruz RSBLC, Sampaio KJAJ. Aleitamento materno exclusivo: causas da interrupção na percepção de mães adolescentes. *Rev enferm UFPE on line*. [Internet]. 2016; 10(4):1256-63. doi: 10.5205/reuol.8464-74011-1-SM.1004201612
 - Silva CMS, Bortoli CFC, Massafera GI, Silverio M, Bisognin P, Prates LA. Sentimentos e vivências maternas associadas ao processo de amamentação. *Rev enferm UFPE on line*. [Internet]. 2015; 9(8):9343-51. doi: 10.5205/reuol.6812-75590-1-ED.0908sup201502
 - Silva AM, Santos MCS, Silva SRM, Ferreira FA, Freitas RSC, Santos REA, et al. Exclusive breastfeeding: obstacles presented by primiparous women. *J Nurs UFPE online*. [Internet]. 2018; 12(12):3205-11. doi: <https://doi.org/10.5205/1981-8963-v12i12a236599p3205-3211-2018>
 - Souza SA, Araújo RT, Teixeira JRB, Mota TN. Aleitamento materno: fatores que influenciam o desmame precoce entre mães adolescentes. *Rev enferm UFPE on line*. [Internet]. 2016; 10(10):3806-13. doi: 10.5205/reuol.9667-87805-1-ED1010201611
 - Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Saúde da criança: aleitamento materno e alimentação complementar. 2a ed. Brasília: Ministério da Saúde; 2015.
 - Monteiro JCS, Guimarães CMS, Melo LCO, Bonelli MCP. Breastfeeding self-efficacy in adult women and its relationship with exclusive maternal breastfeeding. *Rev. Latino-Am. Enfermagem*. [Internet]. 2020; 28(3364):1-9. doi: <http://dx.doi.org/10.1590/1518-8345.3652.3364>
 - Marques ES, Cotta RMM, Priore SE. Mitos e crenças sobre o aleitamento materno. *Ciência & Saúde Coletiva*. [Internet]. 2011; 16(5):2461-2468. doi: <http://dx.doi.org/10.1590/S1413-81232011000500015>
 - Sartori CC, Reticensa KO, Manfio A, Santos MS, Bravo DS, Valverde VRLV, et al. As crenças que influenciam o autocuidado da puérpera. *Brazilian Journal of Surgery and Clinical Research*. [Internet]. 2020; 32(1):67-71. Disponível em: https://www.mastereditora.com.br/periodico/20200907_163646.pdf
 - Zago MG, Maciel CLZ. Conhecimento acerca da amamentação de puérperas internadas em um hospital particular de Cascavel – PR. *FAG Journal of Health*. [Internet]. 2020; 2(3): 364-369. doi: <https://doi.org/10.35984/fjh.v2i3.226>
 - Junges ACF, Zandoná D, Bervian J. Avaliação de Atitudes e conhecimentos sobre amamentação de mães no puerpério imediato. *Rev Pesq Saúde*. [Internet]. 2019; 20(2): 67-70. Disponível em: <http://www.periodicoeletronicos.ufma.br/index.php/revistahuufma/article/view/8065/7870>