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Difficulties and factors that influence the promotion of exclusive breastfeeding

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Difficulties and factors that influence the promotion of exclusive breastfeeding

Dificultades y factores que influyen en la promoción de la lactancia materna exclusiva

Dificuldades e fatores que influenciam a promoção do aleitamento materno exclusivo

ABSTRACT

Objective: to know the difficulties for the promotion of exclusive breastfeeding. Method: descriptive, exploratory, quantitative research, carried out in a Family Health Unit in a capital city of northeastern Brazil. The population consisted of mothers registered at the health unit, with a convenience sample of 50 mothers. Results and discussion: the study pointed out points that are associated with early weaning: 62% use of artificial teats, 28% had support for breastfeeding, 60% myth of fallen breasts. Conclusion: it was observed the importance of the Nurse as a provider of information on exclusive breastfeeding and it was concluded that even information, exclusive breastfeeding was less than six months of the baby's life, suggesting continuous health education objectives on the theme, not limited to prenatal care, but continuing until postpartum, considering that the majority of women in this research do not visit postpartum.

DESCRIPTORS: Breastfeeding; Early weaning; Nursing.

RESUMEN

Objetivo: conocer las dificultades para la promoción de la lactancia materna exclusiva. Método: investigación descriptiva, exploratoria, cuantitativa, realizada en una Unidad de Salud de la Familia en una ciudad capital del noreste de Brasil. La población estuvo conformada por madres registradas en la unidad de salud, con una muestra de conveniencia de 50 madres. Resultados y discusión: el estudio señaló puntos que están asociados con el destete precoz: 62% uso de tetinas artificiales, 28% tenía apoyo para la lactancia materna, 60% mito de senos caídos. Conclusión: se observó la importancia de la Enfermera como proveedora de información sobre lactancia materna exclusiva y se concluyó que incluso la información, la lactancia materna exclusiva fue menor a los seis meses de vida del bebé, sugiriendo objetivos de educación continua en salud sobre el tema, no limitados a atención prenatal, pero continua hasta el posparto, considerando que la mayoría de las mujeres en esta investigación no visitan posparto.

DESCRIPTORES: Lactancia Materna; Destete temprano; Enfermería.

RESUMO

Objetivo: conhecer as dificuldades para a promoção do aleitamento materno exclusivo. Método: pesquisa descritiva, exploratória, quantitativa, realizada em uma Unidade de Saúde da Família numa capital do nordeste brasileiro. A população foi composta por mães cadastradas na unidade de saúde, com amostra por conveniência de 50 mães. Resultados e discussão: o estudo apontou pontos que sugerem associação ao desmame precoce: 62% uso de bicos artificiais, 28% teve apoio para amamentar, 60% mito das mamas caídas. Conclusão: observou-se a importância do Enfermeiro como provedor de informações sobre aleitamento materno exclusivo e conclui-se que mesmo com informações, o aleitamento materno exclusivo foi inferior aos seis meses de vida do bebê, sugerindo estratégias contínuas de educação em saúde sobre a temática, não se limitando apenas ao pré-natal, mas continuando até o pós-parto, considerando que a maioria das mulheres nesta pesquisa não recebeu visita pós-parto.

DESCRIPTORES: Aleitamento materno; Desmame Precoce; Enfermagem.

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INTRODUCTION

Breast milk is the ideal and necessary food for infants due to the immunological components that protect them from infections, diarrhea and respiratory diseases, and, in addition, it guarantees healthy growth and development, strengthens the mother-child bond, contributing to the reduction of the rate of child mortality.¹ In addition to offering a protective effect for the child, breastfeeding also offers advantages for the mother, facilitating early uterine involution and minimizing the risk of breast cancer.²

Exclusive breastfeeding (EBF) on demand is recommended, that is, without imposing strict breastfeeding schedules, without night breaks and without supplementation with other milks or any other type of food until 6 months of age.²

The prevalence of exclusive breastfeeding up to six months of life in Brazil is still below that recommended by the World Health Organization (WHO) guides, remaining at an average of only 54,1 days.³

Therefore, it is understood that the EBF index in Brazil is low and, therefore, early weaning happens sooner than expected, influenced by factors such as the

culture in which the mother is inserted, working conditions of women outside the home that do not favor the maintenance of breastfeeding, concern for the body and health and fear of infections.³

It is noteworthy that early weaning can be defined as the total or partial abandonment of breastfeeding before the baby is six months old, it being understood that the introduction of any other food before six months of life is characterized as precocious weaning.⁴

Therefore, it is relevant to analyze such factors, in order to list those that most contribute to early weaning, and therefore, there was an interest in investigating this theme, based on the following guiding question: what are the difficulties that influence the promotion of exclusive breastfeeding?

This study contributes to the theme of EBF and early weaning, as well as being a source of information for future research. Therefore, this work is justified by the contribution for health and nursing professionals to produce information about EBF and early weaning, in addition to the possibility of encouraging professionals to initiate measures to encourage breastfeeding, since breastfeeding rates are lower than recommended by the WHO. This study aimed to understand

the difficulties that influence the promotion of exclusive breastfeeding.

METHODS

This research is descriptive, exploratory, with a quantitative approach, carried out between March and April 2017 in a Family Health Unit (USF) in northeastern Brazil, in João Pessoa, Paraíba, Brazil. The study population consisted of all mothers registered at the aforementioned USF and the sample was non-probabilistic for convenience, consisting of 50 mothers who were present on the days of data collection.

Inclusion criteria were: women over 18 years of age, who had at least one living child and who voluntarily agreed to participate in the study by signing the Informed Consent Form (ICF). The research exclusion criteria were: women under the age of 18, who did not have children and who did not accept to participate in the study.

The instruments used for data collection were: a socioeconomic and demographic questionnaire to characterize the profile of women and a specific questionnaire with questions related to the difficulties in promoting EBF, the factors that influence early weaning and the weaknes-

Table 1 - Distribution of socioeconomic and demographic characteristics of research participants. João Pessoa, 2017.

SOCIOECONOMIC DEMOGRAPHIC CHARACTERISTICS	N	%
Age		
Between 18 and 28 years old	27	54%
Between 29 and 38 years old	16	32%
39 years or more	07	14%
Education		
Incomplete Elementary School	07	14%
Complete Elementary School	11	22%
Incomplete High School	07	14%
Complete High School	18	36%
Incomplete Higher Education	04	8%
Complete Higher Education	01	2%
No Education	02	4%
Marital Status		
Married / Stable Union	28	56%
Single	18	36%
Widow	01	2%
Divorced	01	2%
Not informed	02	4%
Color		
White	24	48%
Black	12	24%
Brown	14	28%
Profession		
Merchant	02	4%
Housekeeping/Daily Worker	17	34%
Waitress	02	4%
Student	07	14%
Attendant	03	6%
Secretary	03	6%
Housewife	06	12%
Seller	02	4%
Others	08	16%
Income		
From 1 to 3 minimum wages	34	68%
From 4 to 7 minimum wages	01	2%
No income	15	30%
How many people live in your house counting you?		
1 to 3 people	15	30%
4 to 6 people	33	66%

ses existing in health services that make breastfeeding difficult.

After data collection, the questionnaires were coded and consolidated in the Microsoft Excel program. Data analysis was done through absolute and percentage frequency. It is noteworthy that this study followed the rules and guidelines regulated by resolution 466/12, approved by the Ethics and Research Committee (CEP) under Protocol CEP 351/2016, CAAE No. 63004916.4.0000.5176.

RESULTS

Table 1 shows the socioeconomic profile of the mothers participating in the research.

According to table 1, the age range in most mothers was 54% between 18 and 28 years (n=27). In a study carried out in Paraíba, the age of lactating women corroborates the results of this research.⁵

Regarding education, 36% (n=18) had completed high school, in line with the findings in the literature that show incomplete or complete primary education associated with EBF and better understanding of the information provided.⁶

Of the sample, 56% (n=28) are married and in a stable relationship, 48% (n=24) self-declared white, 34% (n=17) reported domestic/day labor, 68% (n=34) claimed to have an income between 1 and 3 minimum wages. With regard to the number of people per household, the variable from 4 to 6 people (66%, n=33) prevailed, and the number of children ranged from 1 to 2 (74%, n=37).

Regarding Table 2, 96% (n=48) of the participants underwent prenatal care, and 64% (n=32) had 7 or more consultations, in line with what is recommended by the Ministry of Health and with studies on the importance of prenatal care.⁵

About receiving guidance on breastfeeding during pregnancy, 86% (n=43) said they received some information, with the Nurse as the provider of this information in 44% (n=22) of the women,

7 to 9 people	02	4%
How many children?		
From 1 to 2 children	37	74%
from 3 to 4 children	11	22%
5 children	02	4%

Source: survey data, 2017.

Table 2 – Distribution of questions related to health education and prenatal and postpartum consultations. João Pessoa, 2017.

QUESTIONS	N	%
Did prenatal care		
Yes	48	96%
No	02	4%
Number of consultations		
4 to 6 consultations	12	24%
7 or more consultations	32	64%
Did not answer	06	12%
Guidelines on breastfeeding during pregnancy		
Yes	43	86%
No	07	14%
Who carried out the orientations		
Nurse	22	44%
Obstetrician	03	6%
Doctor	14	28%
Pediatrician	02	4%
Family members	01	2%
Others	02	4%
Did not answer	06	12%
Content of guidelines		
Advantages of breastfeeding	36	72%
Harmful effects of early introduction of artificial milk	01	2%
Characteristics of breast milk	01	2%
Breastfeeding Technique	02	4%
How to prevent or treat difficulties that may arise during breastfeeding	02	4%
Did not answer	08	16%
Received a postpartum home visit		
Yes	24	48%
No	26	52%

Source: survey data, 2017.

Table 3 – Distribution of questions about knowledge of breastfeeding. João Pessoa, 2017.

QUESTIONS	N	%
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addressing the issue of breastfeeding advantages for 72% (n=36) of the sample. About the postpartum home visit, 52% (n=26) did not receive such a visit by the USF team. A study shows that 84,6% of the information about EBF is provided by the Nurse.⁷

DISCUSSION

Nurses are able to provide assistance from basic health to the Intensive Care Unit (ICU), bringing with them their holistic view to better serve their patients. In basic health, it is extremely important that the Nurse knows enough about breastfeeding, in order to encourage mothers in the best way, awakening and/or stimulating the desire to be able to offer the best to their baby, trying many times to follow what you were given information about breastfeeding.⁸

On Table 3, when asked about the ideal time to breastfeed the baby for the first time, 92% (n=46) of the women stated that the ideal is to breastfeed in the 1st hour of life. Breastfeeding in the first hour of life is one of the Ten steps to successful breastfeeding, recommended by the WHO, for child-friendly hospital services, so that this practice strengthens the formation of the mother-child bond, with a high level of self-efficacy in breastfeeding.^{9,10}

On the issue of the recommended period for EBF, 90% (n=45) stated that they exclusively breastfeed until six months of life. It is noticed that this research brings favorable rates in view of the mothers having knowledge about the ideal period of EBF, recommended by the Ministry of Health, although the country still does not have the ideal average for EBF.¹¹

When asked about the recommended time to breastfeed, the answer to breastfeed until 2 years old prevailed with 54% (n=27). Regarding the question that breast milk contains all the nutrients that the baby needs in the first 6 months of life, all women (100%, n=50) answered yes.

Ideal time to breastfeed for the first time		
In the 1st hour of life	46	92%
Up to the 3rd hour of life	02	4%
Up to the 6th hour of life	01	2%
I don't know	01	2%
Recommended period for EBF		
Up to 6 months	45	90%
As long as the mother has milk	05	10%
Recommended period to breastfeed		
2 years	27	54%
As long as the mother has milk	06	12%
Until the baby wants	09	18%
As long as it is satisfactory for the mother, baby and father	01	2%
I don't know	07	14%
Breast milk contains all the nutrients a baby needs for the first 6 months of life		
Yes	50	100%
No	0	0%
Correct way of holding the baby to the breast		
Only on the nipple	04	8%
Nipple and areola	46	92%

Source: survey data, 2017.

Table 4 – Distribution of questions regarding the practice of breastfeeding, João Pessoa, 2017.

QUESTIONS	N	%
Time that exclusively breastfed		
From 1 to 2 months	05	10%
From 3 to 4 months	16	32%
From 5 to 6 months	19	38%
While I had milk	02	4%
Until the baby wanted it	01	2%
Others	07	14%
Other reasons for not taking the EBF		
Didn't have	43	86%
There was not enough milk	03	6%
The baby did not want to breastfeed	01	2%
Baby's lack of weight gain	01	2%
No, I always wanted to breastfeed	01	2%
Did not satiate hunger	01	2%
Period when she started to introduce other foods		
3rd day of life	01	2%
1 month	01	2%

As for the correct attachment, when asked, 92% (n=46) and finally the variable of the correct way of attaching the baby to the breast, most answered that it should be in the nipple and Areola (46; 92%). A study shows that through educational technology like folder, the correct attachment is important for successful breastfeeding, demonstrating that if this is done wrongly, it will bring negative consequences for the establishment of breastfeeding.¹²

In Table 4, the variable Time that exclusively breastfed 38% (n=19) responded that they had exclusively breastfed for a period of 5 to 6 months. It is demonstrated that even EBF is not the majority in the sample of this research, studies in other urban centers show similar results regarding this variable.¹³ As for other reasons for not performing EBF, 86% (n=43) of the interviewees answered that there were no reasons.

About the period in which they started to introduce other foods, 32% (n=16) responded that they had introduced them at 6 months. The use of teas and water occurs mostly before six months of life, interfering with the prevalence of EBF.¹⁴

About the use of pacifiers and bottles, 62% (n=31) used them. It is known that artificial nipples can negatively interfere with the establishment of breastfeeding, considering that the attachment made by the baby to the breast is different from the attachment made in artificial nipples, which can cause nipple confusion and hinder EBF up to six months of life.¹⁵

Table 5 refers to questions related to difficulties in breastfeeding. Of the sample, 58% (n=29) stated that they did not have inflammatory signs in the breast. Of those who reported presenting, most had nipple fissure.

About breastfeeding support, 28% (n=14) did not receive any support. Breastfeeding support is of paramount importance to help mothers become aware of what is best for their children and bringing quality of life to them and successful breastfeeding for the mother and child

2 month	03	6%
3 month	09	18%
4 month	08	16%
5 month	07	14%
6 month or more	21	42%
Use of pacifiers and bottles		
Yes	31	62%
No	19	38%

Source: survey data, 2017.

Table 5 – Distribution of questions about difficulties in breastfeeding. João Pessoa, 2017.

QUESTIONS	N	%
Inflammatory signs in the breast		
Yes	21	42%
No	29	58%
Inflammatory sign type		
Nipple fissure	15	30%
Breast engorgement	05	10%
Mastitis	01	2%
I didn't have	29	58%
Received support to breastfeed		
I didn't receive support	14	28%
Health professional	14	28%
Mother	12	24%
Husband	05	10%
Friends	02	4%
Father	01	2%
Sister	01	2%
Others	01	2*

Source: survey data, 2017.

Table 6 – Distribution of questions about breastfeeding myths. João Pessoa, 2017

QUESTIONS	N	%
Family or friends said your milk was weak		
Yes	25	50%
No	25	50%
Work prevented exclusive breastfeeding		
Yes	07	14%
No	43	86%
Fear of breastfeeding because of the pain		
Yes	06	12%

dyad.⁹ Even so, this research presents a considerable percentage, regarding the woman having received support from the mother and health professionals.

In Table 6, on questions about breastfeeding myths, 50% (n=25) of a family member or friend stated that the milk was weak.

When asked about the work preventing exclusive breastfeeding, 86% (n=43) answered no. About fear of breastfeeding because of pain, 88% (n=44) answered no. Finally, when asked if breastfeeding makes the breasts sag, 60% (n=30) answered yes.

The survey states that many mothers face challenges to continue breastfeeding, especially those who work. Corroborating this study, several factors can lead to this abandonment, such as distance from the workplace, difficulty in making working hours more flexible to breastfeeding hours, physical fatigue, introduction of food and other jobs and lack of support from relatives and society.¹⁶

A study demonstrates that myths such as the ones mentioned by the women in this research reflect the women's insecurity about the capacity and confidence in their bodies to feed their baby exclusively through breast milk, being potential influencers for early weaning.¹⁷

Authors claim that another predisposing factor for early weaning is the low rate of prenatal guidance on the importance of EBF for the mother-child binomial. The role of the nursing team in relation to early weaning and breastfeeding is considered a field of action that is still considered fragile, which should be strengthened by promoting campaigns and health education aimed at breastfeeding.¹⁸

Guidance on the importance of EBF from prenatal care associated with the proper management of breastfeeding by nurses can contribute to increasing the rate of adherence to breastfeeding, demystifying myths, increasing bonds and reducing neonatal mortality.

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No	44	88%
Breastfeeding makes the breasts sag		
Yes	30	60%
No	19	38%
Do	01	2%

Source: survey data, 2017.

CONCLUSION

It is concluded that the nurse is an important provider of information about

EBF, benefits and factors that favor its practice, with information offered since prenatal care. In contrast, it is concluded that even with substantial information

provided to the mothers, they still had a lower EBF rate than recommended by the Ministry of Health.

New studies are suggested on solid and continuous health education strategies especially related to EBF, its benefits, difficulties and influencing factors for this practice, in primary care, where the entire team is involved, not limited to prenatal care, but also to postpartum support, considering that in this study most women did not receive a postpartum visit. ■

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