



Health professionals' perceptions of the implementation of the Brazilian Breastfeeding Strategy

Percepções de profissionais da saúde acerca da implementação da Estratégia Amamenta e Alimenta Brasil

**Jussara Tavares Pessoa¹, Nathália Paula de Souza², Lariza Eduarda Pimentel Maurício²,
Ivanildo Ribeiro Domingos Júnior^{*1}, Dantelle de Andrade Pitanga Melo², Vanessa Sá Lea²**

¹Department of Nutrition, Postgraduate Program in Nutrition, Universidade Federal de Pernambuco (UFPE), Recife (PE), Brazil² Nutrition Center, Universidade Federal de Pernambuco/Centro Acadêmico de Vitória (UFPE/CAV), Vitória de Santo Antão (PE), Brazil.

***Corresponding author:** Ivanildo Júnior – *Email:* ivanildo.ribeiro@ufpe.br

ABSTRACT

Analyze the perceptions of primary health care professionals about the implementation of the Amamenta e Alimenta Brasil Strategy (EAAB). Qualitative research using an open evaluation form comprising three fields: positive aspects, negative aspects and suggestions. The data was systematized using categorical content analysis and analyzed in the light of the scientific literature. The following categories emerged among the positive aspects: «Acquisition of knowledge and clarification of doubts», «Teaching-learning methodology» and «Improvement of communication skills». Among the negative aspects: «Workshop logistics in Basic Health Units», «Limited time for qualification» and «Socio-economic determinants of infant feeding». Suggestions: «Expanding the content to the assisted community» and «Continuing health education activities». There was considerable acceptance of the EAAB among professionals, which favors its implementation process. The negative points and suggestions observed provide support for consolidating and expanding it.

Keywords: Breastfeeding. Complementary Feeding. Primary Care. Health Education. Health professionals.

RESUMO

Analisar percepções de profissionais de saúde da atenção básica acerca da implementação da Estratégia Amamenta e Alimenta Brasil (EAAB). Pesquisa qualitativa, que utilizou formulário aberto de avaliação, composto por três campos: aspectos positivos, aspectos negativos e sugestões. Seus dados foram sistematizados pela análise de conteúdo categorial e analisados à luz da literatura científica. Emergiram as seguintes categorias, entre os aspectos positivos: “Aquisição de conhecimentos e esclarecimento de dúvidas”, “Metodologia de ensino-aprendizagem” e “Aperfeiçoamento de habilidades de comunicação”. Entre os aspectos negativos: “Logística da oficina nas Unidades Básicas de Saúde”, “Tempo limitado para qualificação” e “Determinantes socioeconômicos da alimentação infantil”. No campo das sugestões: “Expansão dos conteúdos para a comunidade assistida” e “Continuidade das atividades de educação em saúde”. Houve considerável aceitação dos profissionais pela EAAB, o que favoreceu seu processo de implementação. Os pontos negativos e as sugestões observados fornecem subsídios para consolidá-la e expandi-la.

Palavras-chave: Aleitamento Materno. Alimentação Complementar. Atenção Básica. Educação em Saúde. Profissionais de Saúde.

INTRODUCTION

The World Health Organization (WHO) recommends breastfeeding immediately after birth, exclusively until six months of age and supplemented until two years or more¹. However, globally, it is estimated that around 40% of children under six months are exclusively breastfed, and that continued breastfeeding rates are even lower. In addition, global feeding patterns for children aged between six months and two years show low consumption of fruit or vegetables, and increasingly early exposure to processed and ultra-processed foods¹.

Breastfeeding, in addition to contributing to the health and well-being of mothers, is linked to a reduction in infant mortality and the risk of developing various diseases. Adequate complementary feeding, in turn, is associated with children's growth and development and the formation of healthy eating habits².

Brazil is considered a world reference in terms of public policies, strategies and regulations that encourage breastfeeding, and despite having made progress in its prevalence over the last few decades, it still falls short of the WHO recommendations³. The Northeast of Brazil is the region with the lowest prevalence of exclusive breastfeeding, both in children under 4 months and those under 6 months, and this is a reality that has continued over the years^{3,4}. In addition, early food introduction and unbalanced complementary feeding have been observed in the country and are associated with damage to children's nutritional status and health⁵⁻⁷.

In Brazil's Unified Health System (SUS), primary health care is characterized by comprehensive, accessible and community-oriented care, whose actions involve health promotion as the preferred strategy for articulating interdisciplinary knowledge in individual and collective care⁸. Therefore, primary care is part of an opportune context for implementing public policies that promote the practice of

breastfeeding and healthy complementary feeding, and health professionals are challenged by the need to expand their technical knowledge and improve their planning, care organization and communication skills⁹.

Among the actions to encourage breastfeeding and healthy complementary feeding in the SUS, the National Strategy to Promote Breastfeeding and Healthy Complementary Feeding in the Unified Health System - *Amamenta e Alimenta Brasil Strategy (EAAAB)* was established by Ordinance No. 1,920 of September 5, 2013, with the following general objectives

«I. to qualify actions to promote breastfeeding and healthy complementary feeding for children under two years of age; II. and to improve the skills and abilities of health professionals to promote breastfeeding and complementary feeding as a routine activity in Basic Health Units»¹⁰.

It can be said that the EAAAB's objectives have a close dependency relationship, after all, in order for actions to promote infant feeding to be improved in primary care, health professionals need to be qualified, in a continuous process of education. In this way, the Strategy proposes that an educational workshop be held by certified tutors with primary care health teams, with permanent health education as its conceptual basis¹¹.

The teaching-learning methodology used by EAAAB is based on a critical-reflective approach to the reality of care, a context in which the recommendations and guidelines on breastfeeding and complementary feeding are discussed in the process of training professionals¹⁰. Through the educational activities developed, professionals acquire greater autonomy to plan and carry out actions that contribute to improving the feeding of children under two years of age assisted by their teams¹².

In this scenario, the implementation of the EAAAB has been challenging due to several

factors: defining and strengthening coordination in the states and municipalities, support for the work of tutors by health management, feasibility for health education activities and adequate monitoring of breastfeeding and complementary feeding indicators¹³⁻¹⁴. There is a clear need for EAAB to be evaluated by primary care professionals, who represent its target audience and the multipliers of its concepts, so that contributions can be made to strengthening and expanding it. The aim of this study was therefore to analyze the perceptions of primary care health professionals about the implementation of the EAAB.

METHODS

This is a descriptive study with a qualitative approach which followed the criteria of the *Consolidated criteria for reporting qualitative research* (COREQ). The research was carried out in five UBS in the municipality of Limoeiro, located in the north-eastern Brazilian state of Pernambuco. The municipality had 18 Basic Health Units (UBS) (and 19 primary care teams), but none of them had implemented the EAAB until the study was carried out.

A total of 59 health professionals took part in the study. They made up six primary care teams, distributed among the five UBS where the EAAB was implemented. The inclusion criteria for the professionals in the sample were that they belonged to a UBS in the municipality of Limoeiro and had a full staff. The exclusion criterion was the professionals' refusal to take part in the workshop meetings.

The selection of the UBS was random and the sample size was defined on the basis of an investigation that sought to assess the impact of the content of the EAAB on the level of knowledge of professionals about breastfeeding and complementary feeding, to which this study is linked. The sample calculation equation for the experimental mean in a single paired group

was used, considering a 95% confidence level, a test power of 80%, a standard deviation of the difference in the breastfeeding knowledge score before and after the intervention of 11.09 points, a difference between the mean knowledge score before and after the intervention of 6.70 points, and a 10% loss between baseline and post-intervention. The sample size was calculated at 48 professionals. The initial values used for the calculation were obtained from a pilot study carried out with professionals from the first UBS to receive the intervention.

The evaluation carried out by the primary care professionals took place during the two meetings that made up the workshop suggested as the starting point for implementing the EAAB. The workshop is a playful and pedagogical activity which aims to expand skills related to promoting breastfeeding and healthy complementary feeding in the context of primary care, through dialog and artistic expression¹¹. These meetings took place at the UBS between August and September 2022 and consisted of group dynamics, reading and conversation circles, theatrical presentations and theoretical content. During the meetings, the participants were arranged in a circle, which facilitated interaction between them, mediated by an EAAB tutor.

The subjects covered included the communication process in health, the promotion of breastfeeding and healthy complementary feeding in the context of health teams, as well as the recommendations and techniques related to infant feeding at different stages and in different situations, contained in the Food Guide for Brazilian children under two years of age². The teams were recruited through the researcher's contact with the municipality's primary care coordinator, with the managers of the UBS and, later, directly with the professionals, in meetings that took place in the workplaces themselves.

The methodological proposal suggested by the Implementation Manual for the National Strategy to Promote Breastfeeding and Healthy

Complementary Feeding in the Unified Health System¹¹ was followed: the content taught, the location of the activities, the requirement for a minimum percentage of professionals to attend (85%) and the self-application of the EAAB evaluation form by the participants at the end of the activities. The exception was the time dedicated to the workshop, which, according to the guidelines, should be four hours without interruption. In this study, however, the workshop was held in two three-hour meetings for each UBS, one month apart, in order to extend the learning time and adapt the work to the availability of the health teams.

The data collection instrument consisted of the EAAB workshop evaluation form, the model for which is suggested in the Implementation Manual¹¹. The form was printed out and answered by the health professionals (self-application) at the end of each of the two meetings that made up the workshop, without the need for identification, to avoid embarrassment and to safeguard the confidentiality and ethical secrecy of the research.

The evaluation is made up of three open fields: «How good!», «What a shame...» and «How about that?», allowing participants to express, respectively, their perceptions of aspects considered positive, aspects considered negative, as well as suggestions, in relation to the content covered, the methodology used, the teaching material, the time of the workshop, the infrastructure of the place where the activities were carried out and the resourcefulness of the tutor.

The data was systematized based on categorical thematic content analysis, a qualitative research approach that seeks to interpret images or texts in order to understand their meaning and decipher both the implicit and explicit message of the object studied¹⁵. The proposed method of analysis focuses on the senses and meanings present in communications, taking into account the contexts in which the message is conveyed¹⁶.

In this study, data categorization was established through an extensive process of reading

and grouping statements according to similarity of ideas, within the three registration areas of the EAAB implementation workshop evaluation form. The categories were interpreted in the light of scientific findings in the literature.

The research complied with the ethical precepts of Resolutions 466/12 and 510/216 of the National Health Council (CNS) and was approved by the Ethics Committee for Research Involving Human Beings, under opinion number: 4.602.985. Free and Informed Consent was obtained from all the participants by signing the form, after they had been duly informed about the study.

RESULT

The six health teams taking part in the study were made up of a total of 60 professionals, but one of them refused to take part in the workshop meetings, resulting in a final sample of 59 participants (49 female and 10 male). Each team was made up of a nurse, who managed the UBS, a general practitioner, a dentist, a nursing technician, an oral health assistant and 5 community health workers. The age of the participants ranged from 24 to 58 years, and the length of service in the profession ranged from 6 months to 28 years.

The categories of analysis that emerged from the evaluation carried out by the professionals, among the positive aspects, were: Acquisition of knowledge and clarification of doubts, Teaching-learning methodology and Improvement of communication skills. Among the negative aspects, the following categories emerged: Workshop logistics in the UBS, Limited time for qualification and Socio-economic determinants of infant feeding. As for suggestions, the following categories emerged: Expanding the contents of the EAAB to the assisted community and Continuing health education activities.

CATEGORIES OF ANALYSIS OF POSITIVE ASPECTS

Acquiring knowledge and clarifying doubts

The participants were positive about acquiring new knowledge about the importance and management of breastfeeding and complementary feeding, as well as the opportunity to clear up doubts about the subject, which helped to increase their confidence when giving advice to the community:

It's good that we cleared up a lot of old doubts and corrected some mistakes with regard to the guidance we give to the population (UBS 1).

We've acquired knowledge to pass on to the mothers that our unit covers, and we'll have more confidence to help them in the baby's first year of life with regard to feeding (UBS 3).

It's an opportunity to enrich our knowledge and provide our puerperal women with safer guidance (...) we learned together and managed to clear up some doubts, updating our knowledge (UBS 5).

I learned a lot about some of the points I had doubts about regarding food and breastfeeding (UBS 5).

Teaching-learning methodology

With regard to the methodology used in the workshop, the participants considered that the teaching-learning strategies used were useful and acted positively in approaching the content and building knowledge:

Very useful and enlightening in a dynamic and fun way (UBS 1).

Very didactic and participative way of working on the subject (UBS 3).

We had a very playful ex-

planation and workshop, an excellent methodology, with the presentation of materials and pamphlets (...), with the engagement of the team to make it happen (UBS 4).

We're learning a lot with super easy and accessible language! (UBS 5).

Improving communication skills

Another point highlighted as positive was the approach to the theme of «good communication» during the workshop (based on respect and empathy), encouraging professionals to reflect on the forms of communication they use on a daily basis with the community they assist and between team members, and enabling them to identify the elements of communication they use or don't use in their practice. It was observed that the professionals at UBS 4 in particular were made aware of the importance of being attentive to the way they communicate with the people they assist:

An important reflection on how to approach mothers (...) (UBS 1).

That today served to make us think about how to act, speak, listen and touched us to put ourselves in the other person's shoes, not every professional knows how to communicate with some patients who come for help and sometimes just want a word that can help and solve their problem (...) (UBS 4).

I liked learning that I need to ask open questions and give compliments (UBS 4). Asking open questions, listening in order to talk about priorities (UBS 4).

CATEGORIES OF ANALYSIS OF NEGATIVE ASPECTS

Workshop logistics at the UBS

The logistics of the meetings was one of the points highlighted as negative, as they were

held at the UBS and were interrupted by spontaneous demand:

There were some inconveniences due to the time of day (UBS 1).
The location didn't help much (UBS 2).
The time and having to stop the content to attend to the patients (UBS 3).
There was a lack of concentration, as the community users kept arriving for care, taking our attention away from the class (UBS 3).

The teams did not have permission from the municipal administration to close the units at the times of the workshop and leave services suspended during the workshop.

Limited time for qualification

Despite their interest in the topics presented, the professionals regretted not having more time to invest in training their teams. The heavy demands of the service and their many commitments make it impossible to constantly organize collective activities that promote improvement, the exchange of experiences and group interaction:

Despite all the commitments we should have more time, I know it's complicated, it's a desire to learn (UBS 1).
Few meetings, we could have more moments like this (UBS 1).
Not enough time for the course (UBS 2).
It's a shame we have so little time for so much information, which is always very important (UBS 5).

Socio-economic determinants of infant feeding

Another point of reflection related to the difficulties faced by the community in adopting

healthy infant feeding practices, linked to socio-economic factors:

*Many mothers switch from healthy food to industrialized food, sometimes due to a lack of information (UBS 1).
The problem is that if everyone followed this plan, children would have a healthy diet. Mothers, because they don't have the patience and sometimes can't afford it, introduce salty snacks, stuffed cookies and boxed juice (UBS 1).
Many mothers are unable to take in this information (UBS 2).
Not all families provide this food for their children (UBS 4).*

CATEGORIES FOR ANALYZING SUGGESTIONS

Expansion of content to the assisted community

It was noted that after the training activities, the professionals were interested in multiplying the content received among mothers and other people involved in caring for the children in the area, which represents an important step towards achieving the EAAB's objectives. Once the skills and abilities of these professionals on the subject in question had been improved, giving them greater confidence in providing care to the community, the interest in improving actions to promote breastfeeding and healthy complementary feeding can be seen in the following suggestions:

Presenting the project to mothers in the form of talks, giving them guidance and, of course, making the language easier for them to understand

(UBS 1).
I wish this plan could be implemented for all mothers. Because mothers with knowledge increase the percentage of having healthier children
(UBS 1).
Talks at school meetings with parents to clarify many things
(UBS 2).
Inserting the workshop with the pregnant women's group
(UBS 3).

Continued health education activities

As a result of the EAAB's implementation activities, the professionals' perception of the importance of the continuing and collective education process was broadened. They realized and expressed the desire and need to discuss and delve into a wider variety of topics for health promotion in their care community, suggesting that other group training meetings could take place:

I'd like it to happen more often [...] to cover other topics besides breastfeeding and introducing children to food (UBS 1).
More time to discuss the subject and work on our realities within the community (UBS 2).
Have other meetings on other nutrition issues (UBS 2).
Talking about the tongue tie (UBS 3).

DISCUSSION

Primary care professionals are directly involved in nutritional counseling and monitoring

child growth¹⁷. This makes it necessary for them to be continuously qualified through public policies that prioritize permanent health education. However, research has shown a lack of knowledge about breastfeeding and complementary feeding among professionals working in primary care, who provide misleading, conflicting or scarce guidance, based on practical experiences and personal experiences and disregarding guidelines based on scientific evidence¹⁸⁻¹⁹.

A study that analyzed care practices in childcare consultations at a UBS showed that research and guidance on infant feeding is sometimes carried out superficially, calling for investment in training and updates, specifically on healthy food introduction, in order to promote comprehensive, quality care for children²⁰.

The sharing of science-based knowledge promoted by the implementation of the EAAB justifies its social and health promotion importance, considering the influential role of these professionals and their guidance on community practices. This study showed that the acquisition of new knowledge, clarification of doubts and technical improvement were noticeable for the participants. One of the tools that form the theoretical basis of the EAAB is the Food Guide for Brazilian Children Under 2 Years of Age, «a guiding instrument for policies, programs and actions aimed at supporting, protecting and promoting the health and food and nutritional security of Brazilian children»².

The qualification of professionals through the EAAB is based on a participatory and critical-reflective teaching-learning methodology, which brings the various participants closer together and allows them to problematize the reality of care, favouring their understanding and contextualization with new possibilities, advances and ways of overcoming them²¹. In this type of educational approach, the construction of knowledge becomes a dynamic, interactive, democratic and attractive process²², as expressed by the professionals in this study. It also brings

together knowledge from the various areas of the multi-professional teams, which was also pointed out as a positive factor in the narratives. The interaction between participants stimulates the process of communication, acceptance, relationships and the construction of learning.

In addition to sharing theoretical and technical content, the study showed that the implementation of EAAB promotes reflection and awareness among professionals about the importance of developing good communication skills in order to listen and learn, increasing their confidence in guidance and care related to breastfeeding and complementary feeding. Good communication in health care is a determining factor in how individuals receive, understand and accept the advice given. Furthermore, communication reflects the humanization of the care provided²³.

On the other hand, the lack of time to carry out collective training activities and users' access to the UBS at workshop times were considered negative points in this study. A study that assessed «hardships» related to working in primary care defined them as difficulties that professionals are unable to master or deal with. Among them were a work evaluation system based on performance targets and excessive workloads, causing physical and emotional exhaustion and preventing them from controlling their own time²⁴. These factors are directly related to the organization of services and dialogue with health management. A public agenda that prioritizes the personal and professional development of health workers in order to improve the approach and work processes in the assisted community is fundamental to the success of policies such as EAAB.

Although not directly related to the educational process of implementing the EAAB, another negative point raised by the participants was linked to the socio-economic determinants of children's diets in the UBS and the difficulties families have in promoting a healthy eating environment. This factor seemed to be a challenge for professionals to apply the knowledge and skills

honed by the EAAB in the community.

The National Infant Feeding and Nutrition Study (ENANI) showed prevalences of exclusive and continued breastfeeding below the recommendations for a healthy population, as well as inadequate feeding practices for a significant portion of the population of Brazilian children under the age of two^{3,25}. For example, the prevalence of consumption of ultra-processed foods and sweetened drinks in the six to 23 month age group was 80.5% and 24.5%, respectively. In the same age group, the prevalence of consumption of iron-source foods, eggs and/or meat and fruit and vegetables was low³.

Parental behavior in selecting food and offering it to children has an important influence on children's eating practices, but broad socio-economic and demographic issues must be considered as determinants of dietary indicators²⁶⁻²⁷. The qualification of health professionals through the EAAB is a tool for tackling some of these issues, for example by promoting the sharing of safe information with families to help them with their food choices.

From this perspective, the narratives demonstrated the professionals' desire to share and practice the knowledge acquired during the implementation of the EAAB with the families served by the UBS. Research has shown that educational tools aimed at the community, inside or outside the UBS, have generated positive results in promoting adequate and healthy infant feeding, such as educational workshops for groups of pregnant women and the use of apps, websites and social networks to support and multiply information²⁸⁻²⁹. In this sense, it is assumed that the experiences lived in the assisted community, by mothers and their family support network, are essential to maintaining breastfeeding or not. Therefore, understanding this can help health professionals care for mothers and infants throughout their follow-up in primary health care³⁰.

The EAAB opens the way for professionals to put into practice their suggestions that the

content they have learned should be shared with mothers and other people involved in feeding the children they care for. This is possible through the action plans drawn up by the health teams that receive the EAAB, with the help of the tutor responsible, and is part of the Strategy's implementation protocols¹¹.

In addition, the professionals suggested continuing to hold health education workshops in the UBS to train the teams. This proposal is in line with the objectives of permanent health education, which is to continuously promote the process of personal and professional development of health workers, developing skills to carry out their duties²¹. It is important that these suggestions are put into practice in order to ensure the success and expansion of the implementation of EAAB. This requires the commitment of the teams and the support of health management, not only at municipal level, but also in other spheres of government.

This work therefore strengthens initiatives to implement the EAAB in other Brazilian municipalities, demonstrating that the action promotes the acquisition of knowledge about breastfeeding and complementary feeding for the qualification of work processes in primary care. In addition, the study supports these implementation activities, pointing out how the logistics of the training process and the time invested in the workshops are important and can be defined according to the contexts of the health teams, and that investment in educational actions for professionals and the community are considered necessary for the EAAB to be effective.

CONCLUSION

Based on the results obtained in the study, it can be concluded that the participatory methodology used to implement the EAAB favors its acceptance by health professionals and contributes to expanding their skills in promoting

breastfeeding and complementary feeding. On the other hand, the professionals' difficulty in reconciling the activities of the EAAB implementation workshop with the spontaneous demand for care, and the shortage of time to train the teams, point to the need for public management to observe the conditions and system of work in primary care. It is necessary to subsidize the qualification of health professionals on an ongoing basis, providing them with time and resources, and to rethink the strategies for evaluating the results of the service, not just considering numerical performance targets, but the quality of care, which is the result of a favorable environment and professional appreciation.

This study is limited to the perception of professionals from just one Brazilian municipality. Although primary health care is a model of care established throughout the country, there are peculiarities in its operation that depend on different socioeconomic, demographic, epidemiological and health management contexts. However, its results encourage the appreciation, investment and expansion of the EAAB, providing support for its implementation, based on the perception of professionals in the municipality of Limoeiro. Being able to analyze the vision of those who represent the target audience and the agents who multiply the contents of the EAAB makes it possible to improve future implementation processes. It also represents an attempt to demonstrate the importance of carrying out evaluations of public policies, taking into account the needs and opinions of those to whom they are directed.

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