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Experience of young mothers on the breastfeeding process

Vivência de mães jovens sobre o processo da amamentação

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ABSTRACT
This study aimed to understand young mothers' experience on the breastfeeding process. It is a descriptive research, with a qualitative approach whose data were obtained from maternal narratives in educational workshops, from May to June 2017. The narratives were submitted to thematic content analysis techniques. The experiences about the breastfeeding process were summarized in the themes: breastfeeding: a challenging experience; breastfeeding: an experience supported by the family; and breastfeeding: a socially and culturally conditioned experience. It is suggested that new studies with young women, from different social, cultural and educational levels, using other research designs are carried out, outlining the profile of young nursing mothers and their needs in the breastfeeding process, so that there are subsidies to propose interventions in clinical nursing practice that will provide the necessary support to these women in the act of breastfeeding.

Keywords: Breastfeeding. Maternal and child health. Life experiences.

RESUMO
Esta pesquisa teve como objetivo apreender a vivência de mães jovens sobre o processo da amamentação. Trata-se de um estudo descritivo, de abordagem qualitativa cujos dados foram obtidos de narrativas maternas em oficinas educativas no período de maio a junho de 2017. As narrativas foram submetidas a técnicas de análise de conteúdo temática. As vivências foram sintetizadas nas temáticas: "amamentação: uma experiência desafiadora"; "amamentação: uma experiência apoiada pela família"; e "amamentação: uma experiência condicionada social e culturalmente". Sugere-se a realização de novos estudos com mulheres jovens, de diferentes níveis sociais, culturais e de escolaridade, com emprego de outros delineamentos de pesquisa, que possam traçar o perfil de nutrizes jovens e suas necessidades ante o processo de amamentação, a fim de que haja subsídios para propor intervenções na prática clínica de enfermagem que venham a dar o suporte necessário a essas mulheres no ato de amamentar.

Palavras-chave: Amamentação. Experiências de vida. Saúde materno-infantil.

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INTRODUCTION

Breast milk is the food that has adequate nutrients for child growth and development in the first months of life; in addition to the nutritional benefits, it also provides bonding, affection and protection for the child, strengthening the infant's immune system, preventing respiratory infections, diarrhea, otitis media, among other diseases.1

Breastfeeding also provides numerous benefits for the mother, among them, lactational amenorrhea, breast and ovarian cancers, type 2 diabetes and lower occurrence of maternal depression.[2]

In addition to the numerous benefits for both mother and baby, breastfeeding (BF) is one of the main strategies for reducing infant mortality.[3] However, the prevalence of exclusive breastfeeding, up to the sixth month, does not reach 40% of children both in the world and in Brazil[4]. Therefore, it is important to have a comprehensive look at breastfeeding, valuing their experience in the social, cultural and economic context of the mother and child.

Breastfeeding in the human species is not just an innate behavior, but it depends on a whole learning and cultural and social context and interaction.[5] Thus, considering the complexity this practice, it is essential to know the mother's experiences in relation to breastfeeding and understand how the woman sees herself in this process so that she can be helped, since the experience has a direct influence on its maintenance.[6]

It is believed that knowledge of the maternal experience about breastfeeding will bring contributions to care, directing actions and strategies that can be implemented to promote it, in caring for mothers in their difficulties with breastfeeding, reducing the chance of early weaning and the risk of morbidity and mortality.

It is understood that the experience of motherhood is a process of many changes and adaptation to the baby and the role of mother, having to develop parenting and maternal competence to care for the child. When these women are young, motherhood can be a delicate and complex situation, which demands new knowledge and a support network to provide protective care for children[5], and especially with breastfeeding.

In this sense, it is assumed that the experiences of these young mothers are essential to maintaining or not breastfeeding. Therefore, the healthcare professionals' understanding of these experiences can assist in the care of the nursing mother and the infant throughout the follow-up in primary health care. Thus, the objective was to understand the experiences of young mothers in the process of breastfeeding their children.

METHODOLOGY

This is a descriptive investigation, with a qualitative approach, carried out through an educational intervention, with young mothers registered in a Family Health Unit (FHU) in the city of Ribeirão Preto - São Paulo, based on the conceptual bases of the promotion of BF.

Inclusion criteria for participating in the study were established as follows: mothers aged 14 to 25 years; having children up to three years old, registered and being followed up at the FHU selected for the research; and participate in all meetings of the educational intervention with the researcher. The exclusion criteria were: interruption of the child's follow-up at that health unit; change of address outside the area covered by the surveyed FHU.

After applying the inclusion criteria, 43 mothers were eligible for the study. Having the home address of these mothers, the researcher made the invitation by going to the home of each one of them. Of the 43 mothers invited to the study, four reported that they could not be present at the time of educational activities for personal reasons, seven would start working full time and 12 did not accept to participate. Thus, 20 mothers participated in the study.

The choice of young mothers with children under the age of three was motivated by the complex period in which they are, often having to deal with their study/school, occupation/work, child-rearing and their daily care. Focusing on children up to three years of age was defined in view of the care needs in this age group and the importance of human development in early childhood.

The 20 mothers were divided into four groups, according to their availability to participate in educational practices, on the days and times proposed by the researcher. Thus, data collection took place four days a week, two days in the morning and two in the afternoon.

The educational practice first comprised a focus group to survey maternal experiences with breastfeeding, followed by guidelines to address the questions or complaints of mothers that emerged in the group.

Group dynamics were used, aiming to enable all participants to act in the construction of knowledge, through the exchange of knowledge and experiences. In addition to predisposing creativity, interactions and negotiations, which are fundamental to encourage critical awareness and the protagonism of the subjects.[7]

The dynamics were permeated by triggering questions, such as: What do I think about breastfeeding?, What do my parents think?, What about my friends?, What about my neighbors?, What are my fears, questions and feelings about breastfeeding?

The educational practices took place from May to June 2017 and each meeting lasted approximately four hours, and the verbal manifestations of the mothers during the activity were recorded and later transcribed.

For the analysis of qualitative data, Minayo's Proposal[8] was adopted, developed from the first reading of the contents of the maternal reports, followed by an exhaustive and repeated reading of the texts in order to learn the relevant structures and the central ideas that the mothers tried to transmit. The next step was to cross-read each corpus, with a view to producing units of meaning grouped into broader themes or categories. Finally, an articulated analysis system was built with analytical categories and empirical categories. The data were discussed together with the findings of the scientific literature on the topic of breastfeeding, seeking a dialectical movement between the theoretical and the concrete.

In the presentation of the results, the sequence of the letter E was used, which corresponds to the initial of the word "Interview" in Portuguese (Entrevista), followed by the mother's age and the child's age in years or months, for example (E2, 17a, 01a), (E3, 23a, 04m).

The development of the study respected the ethical precepts of voluntary participation, clarified and consented in accordance with Resolution No. 466/2012, of the National Research Ethics Committee of the National Health Council, being submitted to analysis and issuance under CAAE No. 44624815.4.0000.5393 Research Ethics Committee of the Ribeirão Preto School of Nursing, University of São Paulo.

Adolescent participants were given the Informed Consent Form - ICF to be signed by a responsible person, as well as the Term of Assent so that they could formally express their consent to participate in the research.

RESULTS AND DISCUSSION

The mothers participating in the study were characterized by being between 16 and 25 years old, five of whom were under 20 years old. Most were brown, married or in a stable relationship, had completed or incomplete high school and did not work outside the home. Two mothers were attending school at the time of data collection. As for the number of children, the highest frequency was primiparous, whose children were aged between four months to three years. Half of them were born by normal delivery, all at term and only one weighed less than 2500g. As for breastfeeding, only one child did not breastfeed, eight of them breastfed exclusively until the age of six months and six were still breastfeeding at the time of research data collection.

The experiences of the participants on the breastfeeding process will be presented from the following themes: breastfeeding: a challenging experience; breastfeeding: an experience supported by the family; and breastfeeding: a socially and culturally conditioned experience.

BREASTFEEDING: A CHALLENGING EXPERIENCE

The importance of breast milk for the child's health and the feelings attributed to breastfeeding are expressions realized in the narratives of young mothers.

> *It's a good thing. Because it is good for children and their development. I breastfed my daughter until she was two and she only stopped because I got pregnant with my son (E14, 25a, 02a).*
>
> *My experience was good. Because it's different, a good feeling to breastfeed, like wow, this is my son's only food and it's important (E10, 18a, 07m).*
>
> *It is a good thing because children need to be breastfed from the first day they're born up to a maximum of two years. I loved breastfeeding and I think it is very important because the child really needs it and the milk has vitamins, it will increase strength and help the child grow. It was a very good thing, a great experience in my life that I want to repeat (E17, 20a, 03a).*
>
> *I liked it. It's a very different thing, so I felt more important and responsible and I really liked it. I also want to repeat it again (E2, 17a, 01a).*
>
> *My nipple was cracked because it hurt a lot, wow, and even so I breastfed, blood came out and I used ointment. It hurt too much, but I know it's good for the child's health (E6, 20a, 02a).*
>
> *My experience was sad because when I had João (fictitious name) my milk did not come in, my sister had to breastfeed him. Her baby was already 2 years old. Because I was doing wrong in the hospital and they didn't teach me how to do it right, it cracked, blood came out, it was horrible and I didn't want to breastfeed. Every day he cried to nurse and I cried a lot too. In that time I put ointment on the nipple to heal and when it healed I started to breastfeed him and my son is still breastfeeding, but I don't want to breastfeed anymore. It is very difficult (E20, 25a, 01a).*
>
> *I also thought it was good and bad. Because my breast was horrible, my nipple felt like it was ripped off so horrible it was. At the hospital they did not teach me how to breastfeed, then I went to the health center, I spent seven days taking antibiotics without breastfeeding her, because they spoke the way it is, she is unable to get it. Then it got better. I was able to breastfeed and when she was six months old she didn't want to anymore. So, it was sad because of that. And it was good because even in pain I liked to breastfeed (E7, 20a, 03a).*
>
> *My nipple hurt in the first weeks, it was complicated, but I didn't have a lot of trouble breastfeeding. But now I'm worried because I wanted to offer only breast milk to her, but I'm going to have to go back to work. So, I still try to keep breastfeeding her (E3, 23a, 04m).*

Breastfeeding was experienced positively and allowed mothers to feel more involved and responsible for their child's health. Regarding breast milk, mothers

understand that it is a food with fundamental properties for child growth and development. The reports bring an understanding more focused on the maternal feeling and briefly explore its benefits, despite several studies pointing out advantages of breastfeeding for the child and mother.[1,2]

The knowledge that mothers have in relation to breastfeeding is influenced by sociodemographic factors and is based on popular knowledge and beliefs, which limits their confidence in this practice.[6,9]

The sociodemographic factors that are most related to the level of knowledge about BF are age and education. Research[10] states that younger mothers breastfeed their children more when compared to older ones. Additionally, it is also noted that lactating women with a lower level of education breastfeed more frequently than those with higher education, corroborating the characteristics of the participants in this study.

Although the experience of breastfeeding may have been good among the mothers in this study, the difficulties in this process are also present in the reports analyzed. Difficulties that occurred, mainly during the first days of breastfeeding, due to breast complications, especially pain, are constantly present in their statements.

Literature shows several maternal claims regarding the difficulties in the breastfeeding process[5,11], which are consistent with the results presented in this study.

A mixture of positive and negative feelings emerge in the breastfeeding process, in which the benefits and feelings of pleasure are experienced by the mothers associated with the difficulties with this process. The diversity between the experiences lived highlights the uniqueness of each breastfeeding journey.[12] This context reaffirms the need for breastfeeding programs to promote the range of aspects that may be involved in this practice, providing realistic information on common challenges and strategies to overcome them.[9] Mothers need support centered on their unique needs, as well as encouragement, security and recognition of their experiences.[12]

It is known that there are factors that can cause obstacles in the initial breastfeeding process, including: difficulties with the breastfeeding technique, inadequate position of the mother/infant during breastfeeding, problems with the latch-on, breast engorgement, nipple trauma, few guidelines by healthcare professionals and the mother's return to work, among others. Such difficulties are recognized and pointed out as variables that can interfere in the adequate practice of breastfeeding, favoring early weaning.[11] Difficulties that can be minimized when the maternity health care team provides adequate support to the mother in the first moments after delivery until discharge from this unit, which in this study, was shown to be absent according to the maternal reports.

In turn, it is common for women to experience moderate pain in the nipples at the beginning of breastfeeding, in the first days after delivery. This is expected and should not persist after the first week. However, the nursing mother needs to have information from the prenatal period on this possibility and how to manage it. The monitoring performed by professionals in basic health units, especially nurses, will enable the assessment of breastfeeding, as well as guidance on the correct position and latch-on in order to correct the wrong practice so as to prevent future complications.[13]

Regarding the mothers' perception of the delay in the milk to come in (abundance of milk), it is up to the nurse to stimulate the development of maternal confidence and reassure them, informing that for some puerperal women milk only come in a few days after delivery, therefore, stimulation of the breast, as frequent sucking of the baby and milking must be performed in order to stimulate the production and the milk to come in.[1]

Another aspect that can hinder the practice of exclusive breastfeeding is the mother's return to work. In this case, the maintenance of breastfeeding depends on the type of occupation of the mother and working hours, laws and labor relations, support for breastfeeding in the family, and especially the guidelines of healthcare professionals for maintaining breastfeeding in situations that require separation between mother and infant.[13] The professional's attention must also include women who work in the informal labor market and are not benefited from labor laws, a reality that requires the professional to elaborate actions that overcome the difficulties experienced by them.[14]

Breastfeeding counseling takes place at different times and places and is carried out by different healthcare professionals. The educational action has been an increasingly present care in nursing and the approximation of the nurse to the breastfeeding mother favors the coping with difficulties experienced by her. It is worth mentioning that the professional nurse performs many actions to promote breastfeeding in health services.[15] In this perspective, the nursing category is more sensitive and available to participate in training, and may also be more present to guide pregnant women and mothers in the management of breastfeeding.[16]

In this sense, a study demonstrated that after training in nutritional counseling applied to healthcare professionals in primary care, there was improvement and knowledge acquisition on the theme, as well as satisfaction of these professionals and their recognition of the importance of training. Therefore, positive impacts on children's nutrition and growth can be observed.[17]

BREASTFEEDING: AN EXPERIENCE SUPPORTED BY THE FAMILY

Reports from young mothers interviewed in the present study reveal situations about the support and influence of

people in their own families, such as mothers, mothers-in-law, sisters and a partner in the act of breastfeeding.

> *I had support from my mother and sister who said it is good to breastfeed. My mother made me drink a lot of juice and water to produce milk (E7, 20a, 03a).*

> *My family supported me a lot. Each one says something in their head, you know, I gave the breast, gave NAN milk, but NAN constipated the child, he had to take suppository, then I stopped with NAN and went back to the breast again (E18, 22aa, 02a).*

> *My mother gave me all the support and forced me to breastfeed even though I was in a lot of pain, because she says that milk is good for the child and prevents a lot of diseases. Wow, my mom made me drink black beer, chicken soup, hominy, everything to yield the milk production (E8, 16a, 04m).*

> *My mother encouraged me a lot and I also did everything she told me was good to do for the child. My mom also made me drink black beer, and I hated it as I hate alcohol and everything that has that. She also made me take a horrible thing with flour (E10, 18a, 07m).*

> *I was supported only by my mother-in-law and my daughter's father. At first, I said that it wouldn't work because my breast would fall (laughs). Then my mother-in-law said: 'If you have a heavy breast and don't wear a bra, it will fall'. I went through her head. I gave it, I liked it and I am still breastfeeding my daughter (E19, 17a, 01a).*

The reports show that the support received by women was positive for the establishment of BF. There was encouragement and the individual decision to want to breastfeed the child stood out, even in the presence of difficulties. It should be noted that the young women interviewed did not mention the participation of healthcare professionals as supporters of breastfeeding.

It is known that insufficient support, especially in the first weeks after birth, and difficulties with breastfeeding are crucial factors for early weaning.[18] In many moments, women are influenced by the social network that surrounds them and their decision about breastfeeding is affected by the opinions and advice of the closest people, such as their own mothers, grandparents, friends and the child's father.[15,19]

The exercise of motherhood, especially breastfeeding, tends to be a period of sharing experiences and exchanging knowledge between more experienced and younger women. In this context, the puerperium is considered the moment of greatest interaction between the generations, and it is at this stage that mothers advise lactating mothers about body and newborn care.[15]

Studies analyzing the participation of grandmothers in the BF show that their participation is a facilitating element for breastfeeding, being fundamental to influence mothers on the importance of breast milk for the baby. In addition to the participation of the grandmothers, another figure that interferes with the mother's

decision on how to feed her baby is the father's perception, as they feel motivated and encouraged by the speech of their partners.[18] In this study, the support of the grandmothers and the child's father also positively influenced breastfeeding.

However, the domestic context and the influence of family can also interfere in a non-favorable way to breastfeeding, since this process can be surrounded by several myths and beliefs. The mothers of this research, for instance, were encouraged by the child's grandmothers to drink more fluids and to eat certain foods, with a view to increasing breast milk production. However, many of the foods indicated do not have this effect backed by science, but due to the significance of the grandmothers, it may provide the woman's self-efficacy and willingness to breastfeed, consequently there will be greater milk production.[18]

It is also emphasized the importance of the healthcare professional to see the woman in full, seeking to know her life history and context in which she is inserted, providing guidance on BF according to the reality experienced, as well as supporting, monitoring and encouraging her throughout this process, helping to establish self-confidence and bond during breastfeeding.[20]

BREASTFEEDING: A SOCIALLY AND CULTURALLY CONDITIONED EXPERIENCE

Still in the context of family influences, mothers also reported the use of water and teas to relieve infants' thirst and colic. The reports point to beliefs and myths in relation to the use of water and teas, as many of them believe that only water is able to quench thirst, introducing it in the first days of the child's life.

> *I give water and tea. But, at the last appointment, I said I was giving tea and the doctor forbade me. But, even so, I am giving coriander tea, because they say it is good for colic, this is the only one I really give (E8, 16a, 04m).*

> *I gave water and tea. I used to make fennel tea to give her when she had colic, it wasn't always, but when she did I gave it (E12, 23a, 02a).*

> *When he was five days old I gave him water. The doctor told me that the milk already has water and it wasn't necessary to be given and that the child does not feel thirsty, they only feel like that after six months. But, I don't believe it, I boiled the water at home and put it in the baby bottle and gave it. I also gave natural orange juice (E20, 25a, 01a).*

> *I give her a lot of chamomile and fennel tea. I also boiled her navel in the water. Then, I left it covered until it cooled a little and gave the water to her. It was great for colic. She only had it for about 20 days. I did it and it never came back (E10, 18a, 07m).*

Breastfeeding is understood as a process that has cultural influence, since, in the act of breastfeeding, acquired and disseminated conditions are implicated in the context of life in which people are inserted and, therefore, it can be said that culture is able to influence perceptions,

beliefs and care practices about breastfeeding.[6]

Such practices generally come from advice and living with friends, neighbors and even family members in the maternal environment that transmit these teachings, practices and beliefs from their experiences, but which can often create barriers and act directly as a discouraging factor to BF.[21] Thus, professionals, especially nurses, must be attentive to situations involving beliefs, which may be linked to management difficulties, damage occurring and circumstances of vulnerability to the breastfeeding process.

However, requiring a change in the family's attitude when their actions are anchored in scientifically unproven knowledge is delicate and requires nurses to act not only based on technical-scientific qualification and scientific evidence to guide the practice, but also a comprehensive look, taking into account the socio-cultural aspects of the family and the social network of women, recognizing them as the protagonist of their breastfeeding process.[12]

Regarding the offering of water, teas and other types of milk to the child, they should be avoided, even on hot days, as it is related to early weaning and baby bottle use. The bottle, in addition to being a source of contamination, can cause the so-called "nipple confusion", generated by the difference in the way of sucking between the bottle and the breast, and its use is inadvisable.[22]

Another relevant aspect to be highlighted in the young mothers' reports is the experiences with the interruption of prolonged breastfeeding, presented below.

> *I have no patience. I give the breast soon, as soon as he starts to cry. Sometimes, I give a slap, right, because it's hard to take it. They told me it is good to apply nail polish on the breast. My sister's son is four years old and still breastfeeds today (E20, 25a, 01a).*

> *A friend of mine put aloe vera on her breast and told her son that her breast was aching. Then the child cried, at first, but after some time he stopped asking. I will do the same when I want to stop breastfeeding my baby (E3, 23a, 04m).*

The reports indicate that the interruption of BF includes the use of products advised by close people, in an attempt to suspend breastfeeding and facilitate weaning when the child is already two years of age or older. In the situations listed by the mothers, formal support from healthcare professionals or the knowledge acquired in healthcare services or other social sectors is not mentioned.

Weaning is understood as a gradual process, which is part of the evolution of the woman as a mother and of the child's development. In this logic, the interruption of breastfeeding should occur naturally, as the child signals that he/she is ready for weaning.[1]

However, weaning can be experienced calmly for some women and in a complicated way for others, constituting a concern for the mother who may have difficulties in achieving it.

The woman often feels pressured to wean, often against her will and without her

and the baby being ready for it. There are several myths related to so-called "prolonged" breastfeeding, such as the belief that BF beyond the first year of life is harmful to the child from a psychological point of view; that a child never weans on his/her own; that prolonged breastfeeding is a sign of a sexual problem or maternal need and not the child's; and that the breastfeeding child becomes very dependent.[1]

Belief in the use of products for late weaning, without scientific evidence, can lead to harm to children and women. Practices such as those described in the present study were reported by women who wished to suspend prolonged breastfeeding, such as putting pepper on their breasts, which due to the taste of the substance, the child tends to reject, paint the breasts so that the child does not recognize them, or being away for five days, leaving the child with the father or relatives.[23]

It is important to note that healthcare professionals who work in primary health care play an important role in helping women and families at all times of breastfeeding and infant feeding, listening and observing difficulties, discouraging them from carrying out unsafe practices and that increase the stress of children and women, and assisting them in making decisions with a view to overcoming problems.

Educational action in the health field gives people the opportunity to exchange experiences, teach, learn and socialize, and with this preserve their self-confidence and increase their individual potential. It is also emphasized the importance that the nurse, in his/her professional practice, brings with him/her in persuading, knowing and establishing a bond with the mother-child binomial during the guidelines on breastfeeding, for being present during the whole phase of pregnancy and the puerperium. Developing these skills is essential, in addition to promoting confidence for women to continue with the practice of BF.[22]

Investing in breastfeeding support groups can be a promotion strategy, serving as a tool for solving women's needs and their contexts. In order to carry out educational activities with a group of pregnant women or women who breastfeed, the inclusion of the family and the woman's social network also contribute to the success of breastfeeding, since at this moment there is the clarification of doubts and the exchange of knowledge and practices.[19]

Supporting and encouraging breastfeeding are incentives that need to be worked on continuously, starting in prenatal care and going through the entire pregnancy-puerperal phase of this woman, given that, in the first days after delivery, the puerperal woman is fragile. In this sense, having the support of healthcare professionals, especially nurses, will bring women security and confidence to promote BF.[24]

Regarding the study limitation, it should be considered that the specificity of the subjects does not allow the generalization of the results for all

breastfeeding situations. However, it is believed that the results of the research, by portraying the potentials, difficulties and experiences of young mothers in the breastfeeding process, can offer elements to increase the ability to cope and overcome the daily difficulties of these nursing mothers, as well as, for the attention and promotion of the development and health of children in early childhood.

CONCLUSION

The aim of this study was to understand the experience of young mothers on the breastfeeding process. The results showed that it is a unique and challenging act for all young mothers, and the support of family members positively influenced the decision to breastfeed, while the participation of healthcare professionals as supporters was not mentioned by the participants. It was also observed that the practice of breastfeeding for young mothers is a socially and culturally conditioned task.

Thus, the act of breastfeeding was meant by mothers as experiencing a sensation more than thinking about the benefits of this process for her or her child. And even in the face of the difficulties faced with breastfeeding, this experience was positive and strengthened maternal self-confidence in caring for the child.

Concerning the educational intervention with the mothers, it was possible to learn that the group practice enabled positive discussions on healthcare topics, especially on the topic of BF, with an exchange of information between women who already had children, with those who had previous experience breastfeeding, and younger mothers and their first experiences. Therefore, the workshops were configured as a way to enhance the care related to the universe of breastfeeding.

It is suggested to carry out further studies with young women, of different social, cultural and educational levels, using other research designs, which can outline the profile of young nursing mothers and their needs in the breastfeeding process, so that there are subsidies to propose interventions in clinical nursing practice that will provide the necessary support to these women in the act of breastfeeding.

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