

Perception of women regarding the practice of breastfeeding: an integrative review

Percepção de mulheres quanto à prática do aleitamento materno: uma revisão integrativa

Percepción de la mujer en cuanto a la práctica de la lactancia materna: una revisión integradora

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How to quote this article:

LimaSP, SantosEKA, ErdmannAL, Farias PHS, Aires J, Nascimento VFN. Percepção de mulheres quanto à prática do aleitamento materno: uma revisão integrativa. Rev Fun Care Online. 2019 jan/mar; 11(1):248-254. DOI: <http://dx.doi.org/10.9789/2175-5361.2019.v11i1.248-254>

ABSTRACT

Objective: Identify the contribution of the research on the scientific knowledge about the perception of women regarding breastfeeding. **Method:** An integrative review was carried and the search for articles occurred in MEDLINE, Pub/Med, LILACS, BDENF, PubMed Central: PMCe CINAHL, from 2008 to 2015, containing 30 articles. **Results:** Emerging from the analysis were the following categories: benefits of breastfeeding, myths and taboos surrounding breastfeeding; contradictory feelings when breastfeeding; cultural aspects and management of breastfeeding. **Conclusion:** The results indicate aspects about women's perceptions regarding breastfeeding, which may contribute to the development of recommendations in order to assist the breast feeder in a perspective that goes beyond the technical, respecting the perceptions, meanings and practices attributed to breastfeeding by women.

Descriptors: Breast feeding, Perception, Nursing.

RESUMO

Objetivo: Identificar o conhecimento científico produzido acerca da percepção das mulheres quanto à prática do aleitamento materno.

Método: Revisão integrativa com busca dos artigos nas bases de dados MEDLINE, Pub/Med, LILACS, BDENF, PubMed Central: PMC e

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CINAHL, de 2008 a 2015, sendo selecionados 30 artigos. **Resultados:** Da análise, emergiram as categorias: vantagens do aleitamento materno; mitos e tabus em torno da amamentação; sentimentos contraditórios ao amamentar; aspectos culturais; manejo da amamentação; e recomendações para a prática. **Conclusão:** As percepções das mulheres em relação à amamentação podem contribuir para a elaboração de recomendações com vistas a assistir a nutriz numa perspectiva que vai além da técnica, respeitando os significados e práticas atribuídas à amamentação pelas mulheres.

Descritores: Aleitamento materno, Percepção, Enfermagem.

RESUMEN

Objetivo: Identificar el conocimiento científico acerca de la percepción de las mujeres con respecto a la lactancia materna. **Método:** Una revisión integradora para buscar artículos en MEDLINE, Pub / Med, LILACS, BDNF base de datos central de PubMed se realizó: PMCE CINAHL, de 2008 a 2015, se seleccionaron 30 artículos. **Resultado:** Surgió a partir del análisis las categorías: Beneficios de la lactancia materna; mitos y tabúes que rodean a la lactancia materna; sentimientos contradictorios durante la lactancia, aspectos culturales, la gestión de la lactancia materna y recomendaciones para la práctica. **Conclusión:** Percepciones de las mujeres sobre la lactancia materna, pueden contribuir a la formulación de recomendaciones con el fin de ayudar a la enfermera en una perspectiva que va más allá de la técnica respetando los significados y prácticas atribuidas a las mujeres que amamantan.

Descriptor: Lactancia materna, Percepción, Enfermería.

INTRODUCTION

The practice of breastfeeding is of fundamental importance for the mother, child, and society and should always be encouraged and protected. It constitutes a wise natural strategy of attachment, affection, protection and nutrition for the child, generating a great impact in the promotion of the integral health of the couple, mother/baby and, consequently, the reduction of infant and maternal morbidity and mortality.¹

Although there is plenty of scientific evidence supporting the superiority of breastfeeding over other forms of infant feeding, and despite the efforts made to rescue this practice, breastfeeding rates in Brazil, especially those related to exclusive breastfeeding, are well below recommended by international and national organizations.²

It is not enough to be prepared only in the technical aspects related to the clinical management of lactation, but it is also necessary to glimpse this practice under a comprehensive look, taking into account the multiplicity of dimensions that involve it, in other words, emotional, cultural, in particular, the family culture, the social network to support women, the economic, among others. It is extremely important that professionals recognize women as the protagonists of their breastfeeding process, valuing, listening to and empowering them.²

This study was designed to support the practice of health professionals, especially nurses, to have a broader view on breastfeeding and thus provide contextualized assistance to women. Given the aforesaid, this integrative review of the literature aimed to identify the contribution of the studies developed on the scientific knowledge produced in the national and international scope about the women's

perception about the practice of breastfeeding, evidencing and discussing the similarities and differences, in order to generate a panorama on the theme.

METHODS

The integrative review is a research method that allows establishing a synthesis and general conclusions about a specific theme with the objective of contributing to the researched knowledge. It is done in a systematic and orderly manner. In order to carry out this research, six steps were taken.^{3,4} The first one was the definition of the theme and research question, therefore this study was guided by the following question: What scientific knowledge about the women's perception towards the breastfeeding practice?

The second step consisted in defining the inclusion and exclusion criteria of the studies (sample selection). Inclusion criteria were defined as follows: Research published between 2008 and 2015, in the form of articles, with full texts and indexed in selected databases such as Literature and Retrieval System on Line (MEDLINE); Pub/ Med (Medical Literature Analysis and Retrieval System Online/database), PubMed Central: PMC, CINAHL (Cumulative Index to Nursing & Allied Health Literature), *Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS)* [Latin American and Caribbean Literature in Health Sciences], *Base de Dados de Enfermagem (BDENF)* [Nursing Database] in English, Portuguese and Spanish, which had the descriptors "Breastfeeding", "Nursing" and "Perception" in the title or subject/descriptor and that investigated the perception of women regarding the practice of breastfeeding regardless of the research method, excluding specific groups such as follows: mothers of premature babies, adolescents, university students, among others.

The third step was to define the information to be extracted from the selected articles. In order to organize the information, a cataloging document was prepared containing: year of production, title, author(s), profession and title of authors, periodical, State/country, descriptors and keywords, research category, nature of research, theoretical reference, method of data analysis, population, study scenario, article themes, ethical precepts, women's perception of breastfeeding practice, evidencing and discussing similarities and differences and recommendations for practice.

In the fourth step, a critical evaluation of the studies was carried out, being observed what the studies possessed of similarities and what they disagreed. The fifth step, discussion, and interpretation of the results focused on the recommendations for the practice, based on the guidelines coming from the articles that composed this review, as well as pointing out the need for new research, with the identification of gaps in the included studies. Ultimately, in the sixth step, a summary was prepared with the main results, which will be presented below.

RESULTS

When consulting the databases previously described, 11,481 (eleven thousand four hundred and eighty-two) articles were located, of which 30 (thirty) met the inclusion criteria. The types of research of the articles that composed this review were 20 (twenty) developed with a qualitative approach, 08 (eight) with a quantitative approach and 02 (two) quantitative/qualitative. Most of the studies had no theoretical reference; the few that had it, they used social representation, phenomenology, data-based theory, transcultural care theory, and Ayres's concept of vulnerability. In general, the studies aimed to evaluate the perception/vision of the practice of breastfeeding from the perspective of women.

In the quantitative studies, there were 7,452 (seven thousand four hundred and fifty-two women), 707 (seven hundred and seven women) in the qualitative and 381 (three hundred and eighty-one women) in the article with a quantitative/qualitative approach. There was a qualitative study in which the authors did not inform the exact number of participants, so this work was not computed with regard to the quantitative of subjects.

Data collection took place through focus groups, participant observation, open and in-depth interviews, and questionnaires focused on the selected study object. Surveys have taken place in several countries including France, Sweden, the United States of America, Japan, China, Colombia, Brazil, Australia, Lebanon, Ireland, Ghana, Nigeria, Uganda, Zambia, Somalia, New Zealand and the United Kingdom.

Some studies that composed this review had as participants of the research, health professionals, grandparents, midwives, among others. Yet, for the elaboration of this article we consider only the perceptions of women. The categories that emerged from the analysis of the studies will be presented and discussed below, namely: the advantages of breastfeeding; myths and taboos surrounding breastfeeding; conflicting feelings when breastfeeding; cultural aspects, breastfeeding management and recommendations for practice.

DISCUSSION

The benefits of breastfeeding

Most of the articles analyzed portray this category. Women, when asked about the perception of breastfeeding practice, point out the benefits of breastfeeding, emphasizing the importance of the baby being considered the best food. Furthermore, other benefits found were the child's dental development and positive interference in learning, making them smarter in the future.⁵⁻²⁰ The benefits of breastfeeding are translated as important to overcome any difficulties surrounding this practice.²¹

Other advantages are the economic factor, the practicality of human milk and the narrowing of the affective bonds characterizing this bond as a dependency of the newborn to the giver.²²⁻³ Nonetheless, the formation and strengthening of the affective bonds do not contribute to the reduction of weaning precoce.⁶

The economic issue is associated with the practicality of breast milk since mothers do not need to wake up at night to prepare artificial formulas.^{5,7,9,19,22,24} Somali mothers report the preference of breast milk over artificial milk because, according to them, human milk has calming properties facilitating the child's sleep.^{13,24}

In brief, the knowledge of mothers revolves around the advantages of breastfeeding that are directed towards the baby. However, there are few studies in which women refer as an advantage to breast cancer prevention, easier and quicker recovery from delivery, the guarantee of avoiding depression and weight loss, demonstrating their desire to return to the pregravid weight.^{7,10,19}

It was also observed that this knowledge is acquired largely in prenatal care and to a lesser extent through pamphlets and internet.^{8,10,15-6,19} Nevertheless, the work shows that the knowledge acquired is insufficient, particularly in are related to prenatal care, since they demonstrate the fragility of the health system as well as reproduce biomedical discourse by focusing on the advantages of breastfeeding, with women being responsible for the health of their children. Still, in relation to the prenatal guidelines, the studies indicate that in some regions of Brazil there is no guidance and consequently women experience breastfeeding without having had any orientation during the puerperal pregnancy cycle, or more serious, lack of information was identified as a trigger for early weaning.^{6,8-10,25}

Myths and taboos related to breastfeeding

In this category are present the myths and taboos related to breastfeeding, namely: weak milk, insufficient milk, fresh colostrum and questions that refer to the woman's body image, particularly the breasts.^{10-11,13,26-8}

Weak milk and insufficient milk are associated with the watery appearance of breast milk, and the quantity produced respectively. Thus, the crying of the baby has a meaning of unsatisfied hunger, nonconformity of the infant, even after being breastfed, raising in the parents a feeling of insecurity as well as questions about the production capacity and quality of milk. This scenario induces the initiation of a supplementary diet before the age of six months, through milk and juice formulas, leading to early weaning.^{10-11,26-28} Another factor of interruption of exclusive breastfeeding mentioned by women is the desire of the food consumed by the family.²⁵

Watery milk is another myth cited in the selected studies, the mothers believe that breast milk does not quench thirst, nor does it adequately nourish the infants. In this sense, in their perception, there is a need to introduce water intake as well as other foods. It should be emphasized that the nutritional reference of the children to the women is the fat of the nurse, becoming a determining factor in the decision making for the maintenance of exclusive breastfeeding.^{10-11,24,26-28}

Another myth was the idea that colostrum should be fresh because if it passes in the womb more than two hours, it is considered old and inappropriate for the infant.¹³ There was also the impact of breastfeeding on the breasts. These are associated with sexuality, so women are ashamed of

breast size and believe that in the long run they will fall and become deformed.²⁸ Still from the perspective of sexuality, considering the Africans viewpoint, breasts that were sucked by the companions, should not be touched by babies.¹⁵

Contradictory feelings when breastfeeding

Women express feelings of pleasure, satisfaction, and happiness, recognizing the importance of breastfeeding for them and their children. Consequently, they feel valuable and dedicated.^{8,9,12,14}

Breastfeeding is conceived as a divine gift, which is part of the female nature.^{9,10} In other studies breastfeeding is seen as something that goes beyond the biological border, being considered a natural process, becoming a channel of communication and manifestation of love, forming an emotional bond and an existential challenge.^{11,13,15,18,27,29}

Mothers understand that children at birth go through a transitional period, leaving behind a safe, warm and watery environment. Thus, breastfeeding is understood as a time for babies to adapt to life outside the womb, allowing the temporary fusion between mother and child and important for the psycho-affective development of children.¹¹ Bearing this in mind, there is a feeling of satisfaction in women in establishing with their children a unique form of communication, since breastfeeding facilitates a dialogue with the baby, through smiles, looks, and caresses, when love is passed to the infant.^{11,14}

On the other hand, these feelings are overshadowed by the presence of insecurity in performing this practice, fatigue, and guilt, because according to mothers, breastfeeding requires extra physical and emotional effort. They end up not prioritizing the tasks of the home and caring for other children due to fatigue, especially during the night shift.^{8,9,12,15,30}

Accordingly, nursing mothers define breastfeeding as a test of resistance, challenging, stressful, being considered a burden for all attention and time being devoted to this practice.^{11,25} The fear of pain when breastfeeding is another feeling present between the interviewees.⁹ Studies show that negative feelings such as anxiety and impotence are aroused in the face of interferences and/or lack of adequate support in the lactation process.^{9,11-4,18,27,31}

The complications mentioned are breast engorgement, fissures, insufficient milk production, and in some cases, these interferences are responsible for early weaning.^{9,11-13,17,23,26-29,32} Others cited as a triggering factor for weaning precocious "milk is gone" even with the use of drugs that has the function of increasing the amount of milk produced.³⁰

Women with fissures and who did not practice exclusive breastfeeding, denominate the process of lactation as painful and difficult, being one of the major obstacles in pursuing breastfeeding. The lacerations cause intense pain and end up impeding the practice of breastfeeding, making mothers unhappy and guilty because they can not feed their children.^{7,25} The experience of breastfeeding is permeated by a dualism of feelings involving the desire to breastfeed and not power due to fissures.^{11,14,28}

Feelings of heartache and moral judgment were also found among study participants. They feel responsible for diseases

that affect children or for eventual cases of death.¹⁵ Another feeling is that children who are exclusively breastfed get stuck in the breast and there is a kind of addiction in the infant. As any addiction is difficult to break, according to the mothers, this relationship causes suffering in the child and the mother and, as a consequence, occurs at the early termination of breastfeeding.^{11,14}

There are also fears among women surrounding this dependence of the baby on the mother's breast, as they report being afraid of becoming ill and dying, leaving the child without having something to eat. Hence, mothers see breastfeeding as interfering in their lives, giving them more responsibilities and charges than infant formula would provide.^{17-8,25,33}

Returning to the work of the mothers is another situation that generates insecurity and anxiety because they find it difficult to reconcile the two activities.^{12-3,15,25,29} The fatigue is pointed out as a difficult one since the nurses spend the day working and when the child arrives at home, the child stays all night in the womb and the mothers become exhausted. Added to this situation, the nurse has decreased milk production, since the feeding has been spaced out, and the solution is to offer infant formulas to infants.^{13,25} There are also reports of mothers who interrupted exclusive breastfeeding before the sixth month due to work, resulting in the onset of sadness and frustration.³⁰

Conclusively, breastfeeding in public is perceived by nursing mothers as an embarrassing, shameful and traumatic experience, but necessary due to the baby's hunger.^{13,17-9,25} In contrast to these articles, there was a study carried out in Texas, which the mothers reported not having any embarrassment about breastfeeding in public.²¹

Cultural aspects

The studies show that the practice of breastfeeding is permeated by cultural values.^{9,11} Values and customs are transferred from generation to generation, representing a relevant component for health professionals who assist the puerperal in the lactation process. The studies that compose this review show this well in describing the recommendations that women made to increase the quantity and quality of breast milk, which have no scientific proof but are accepted and considered valid.

Therefore, beverages, infusions, and specific foods are recommended to increase the amount of milk and to keep infants adequately nourished. Brown sugar is targeted as a base ingredient, present in beverages and infusions. Among the medicinal plants used are water, fennel (*Foeniculumvulgare*) and sweet grass. *Foeniculumvulgare* is known for its diuretic properties and efficacy against exogenous parasites. Fennel increases milk production and has an effect on color and consistency; mothers on breastfeeding have the feeling that their breasts are filling and that the milk is thick with more nutritional qualities. Regarding food, the studies refer to several studies, such as soup, beans, grains, oats, cream of wheat, corn flour with shea butter.^{11,13,16}

The articles also carry the beliefs that are listed because they contribute to the reduction of breast milk. Colombians believe that frequent sun exposure would be responsible for declining production. They believe that the sun can penetrate the milk in different situations; when the woman goes out on the street, when the milk is poured on the ground in the presence of the sun or even on occasions when the mothers soak a cloth with breast milk, then expose the sun. The belief is that the milk upon evaporation, will also disappear from the mother and the child ends up refusing the breast. Women who do not want to continue breastfeeding use this belief as a way to dry the milk.¹¹

In Lebanon the amount of milk is linked to the family history of the woman, in other words, the inability to breastfeed is explained as being inherited from her maternal line. In this study, it was observed that women whose families had this belief were under significant pressure and were not even trying to breastfeed.²⁶

The onset of lactation is also permeated by beliefs. In some African countries, the onset of breastfeeding is marked by rituals and routines. For instance, before the child is breastfed for the first time some measures are taken, such as cutting the umbilical cord and offering the baby drinks that aim to free the throat of the child. The drinks referenced are water with sugar and or salt, pure water and peanut water.¹⁵⁻⁷

Still in African culture, particularly in northern Ghana, primiparous milk is tested for bitterness by being placed in the presence of black ants. If the ants can crawl out of the milk, it is considered good for consumption. Otherwise, if ants die, milk is bad and poisonous, and may cause diarrhea in the child.¹⁶

The belief that breast milk may be of poor quality is also present in Lebanon. The quality is linked to the behavior that the child presents. If the baby decreases the time between feedings, becomes agitated, does not sleep well, or does not grow properly, milk is considered of poor nutritional value.²⁶

Breastfeeding is described as a social practice, since it is not related only to the mother and baby. An example of this is the belief of the evil eye present in some countries. It is believed that a menstruating woman cannot look at a nurse, and if this occurs, the infant is affected by the forces of evil and can no longer breastfeed her child.²⁶

In Northeastern Brazil, mothers have the understanding that porridge and oatmeal are adequate foods to offer the child during an exclusive breastfeeding period. Moreover, they offer foods with no nutritional value, such as food containing dyes and industrialized, characterizing it as a common and correct practice passed down from generation to generation.²⁴

Breastfeeding management

The management of breastfeeding emerges as a desire of women to possess the mastery of the technique of breastfeeding, that is, the ability. So, women perceived the breasts as an object, in other words, a kind of equipment that needs to work to produce milk and feed a child. Thus, mastery of how to manage correctly is important, making mothers technically able and able to nurture a baby.³¹

Another aspect mentioned was the time of breastfeeding. Some articles indicate that the period of breastfeeding sought by the women differs from that recommended by health professionals. The time required for these infants is an average of six months, with no justification for extending this time.^{8,18}

The early initiation of breastfeeding was recognized as important, but for African mothers, delayed milk withdrawal, postpartum bleeding, fatigue due to labor and illness in the newborn prevent suckling and are reasons delayed breastfeeding. Another aspect reported by the Africans is that this onset would be effective after postpartum breasts and baby hygiene.¹⁵⁻⁷

In Southeastern Brazil, the mothers exposed that cesarean delivery adds a greater degree of difficulty in relation to the management of breastfeeding. The reasons given by them were: the reduced incentive of the health team for breastfeeding in the first hour after delivery, the adverse effects of the drugs used in the surgical act and/or the surgical procedure itself that causes pain and discomfort.⁵

The recommendations for practice

The studies that compose this review are unanimous in highlighting the benefits of breastfeeding and, consequently, its importance. However, difficulties and beliefs permeate this practice, and it is necessary to be observed and valued by professionals in order to increase the success rates of exclusive breastfeeding up to six months, continuing until the age of two as recommended by the World Health Organization.

Among the recommendations are listed the education associated with health promotion, appreciation, and respect by professionals of the beliefs and practices that permeate breastfeeding, the participation of the health professional in the return to work of the mothers and inclusion in the lactation process of the family members closer to the puerperum.^{8,9,11-2,14,22,25}

With regards to education associated with health promotion, the authors recommend that it be done in a procedural way, during the puerperal pregnancy cycle, in order to accompany the mother in the first days of the puerperium, a transition period, in which the woman is fragile, and there is usually no presence of health professionals.^{8,12,17}

One of the strategies described to carry out the guidelines on breastfeeding is the formation of groups with mothers in order to exchange experiences, thus helping to raise awareness among infants, making learning meaningful.^{8,17}

In this context, the health professional assumes the role of facilitator of the activities, directing the discussions to essential points of breastfeeding, going beyond the technique, valuing the doubts, beliefs, and feelings of women.^{8,12} The lectures are also cited as a way of raising awareness of the importance of breastfeeding, with respect for the questions raised by the mothers.⁸

Concerning the themes, the findings show that there are gaps in education provided by health professionals. Therefore, issues such as insufficient production, risks of mixed feeding, and breastfeeding in public should be supported. In the African context, where AIDS (Acquired Immune Deficiency

Syndrome) reaches significant proportions, the authors add to these themes the prevention and mother-to-child transmission of the syndrome.^{17,21}

Regarding both the beliefs and practices, the studies indicate that they can encourage or favor the abandonment of lactation. The recommendation is that health care professionals, particularly nursing professionals, should develop a care plan that values mothers' ideas since there are practices and beliefs that must be safeguarded. In this sense, women would identify and accept the recommendations provided better, since they would be in accordance with their beliefs and customs.^{11,13,26}

Considering the return to work of the mothers, the authors recommend that this return must be considered together with the health professional, particularly nursing professionals, considering the specificities of the women, guiding them regarding the legislation, as well as the ways of maintaining lactation in this phase.¹² Regarding the inclusion of family members in the lactation process, the articles show that their participation is a differential for success in breastfeeding.

Therefore, there were studies in which mothers of mothers and their partners gained special prominence, being the main incentive for breastfeeding for those who had success. In contrast, the lack of quality support from these and other close relatives was considered an important factor for early weaning. Hence, policies to encourage breastfeeding should include family members from prenatal care extending to the postpartum, so that they are a support to the nursing mothers in the lactation process, helping them to overcome the possible problems and/or negative feelings about breastfeeding.^{14-6,21-2,24-5,27,34}

The support of health professionals was another point highlighted in the articles. Mothers associate increased breastfeeding duration with their support. According to them, when the insecurities and/or problems occur, as the professionals clear the doubts and provide guidelines to solve them, the women become safer and prolong the lactation.^{28,31}

Guidelines are offered by professionals, but many reports that it occurs in an outdated way. It can be characterized by the absence of permanent training, or that institutions do not stimulate the professional in the search for knowledge, thus resulting in outdated information.²⁵

CONCLUSIONS

Through this integrative review was possible to both systematize and elaborate a synthesis about the perceptions of women regarding the practice of breastfeeding in several countries. Hence, the complexity of breastfeeding was showed, since it arouses in women feelings both positive and negative, being a process that goes beyond physiology because it depends on the relationships established with the environment in which the woman is inserted and the support that she receives in the face of the difficulties experienced.

Bearing in mind the elaboration of the categories, there were similarities between the women's perceptions regarding the practice of breastfeeding, especially regarding the benefits of breastfeeding, insecurity regarding the production of breast

milk and the contradictory feelings that revolve around breastfeeding maternal health. The major differences were differences in cultural aspects, depending on the country of origin. Given the aforementioned, health professionals must know the cultural context that women are inserted and be sensitive to perceive practices that stimulate and those that discourage exclusive breastfeeding. Therefore, education and support provided by health professionals should permeate the perceptions, meanings, practices, difficulties, and values attributed by women to breastfeeding.

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Recebido em: 26/09/2017

Revisões requeridas: Não houve

Aprovado em: 14/11/2017

Publicado em: 01/01/2019

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