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RESEARCH

Representações sociais da nutrizs adolescentes sobre a amamentação

Social representations of nursing teens on breastfeeding

Representaciones sociales de las lactantes adolescentes sobre el amamantamiento

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ABSTRACT

Objetivo: This study aims to identify the social representations of adolescent nursing mothers on breastfeeding. **Method:** An exploratory descriptive study founded on the theory of social representations, and carried out in the coverage area of three Family Healthcare Units in the Metropolitan Area of Curitiba, Parana State, Brazil. Nine adolescents were interviewed by means of a semi-structured interview, data analyzed through thematic category analysis. **Results:** The following categories were identified: *Experience of the family breastfeeding network and Breastfeeding as an obligation*. Data evidenced that adolescents underpin their breastfeeding representations on family experience and represent health professionals with an authoritarian attitude to promote breastfeeding. **Conclusion:** These results may support professional practice redesign from a prescriptive manner to critic, creative, dialogical care, based on principles of wholeness and equity, which entail health needs not only for the mother, but as well, for the child as social subjects. **Descriptors:** Maternal and infant health, Breastfeeding, Adolescents.

RESUMO

Objetivo: Conhecer as representações sociais das nutrizs adolescentes sobre amamentação. **Método:** Estudo descritivo qualitativo embasado na teoria das representações sociais, realizado em três Unidades de Saúde da Família de um município do Estado do Paraná. Foram entrevistadas nove nutrizs adolescentes por meio de entrevista semiestruturada, sendo os dados analisados por análise temática. **Resultados:** Emergiram dos dados as categorias: *Experiência da família como apoio para a amamentação e Amamentação como uma obrigação*. Os dados explicitaram que as nutrizs adolescentes ancoram suas representações da amamentação na experiência dos familiares e representam os profissionais de saúde com postura autoritária para a promoção do aleitamento materno. **Conclusão:** os resultados encontrados podem subsidiar a reorientação da prática profissional de um modelo prescritivo para um cuidado crítico, criativo e dialógico, baseado nos princípios da integralidade e equidade, que abarquem as necessidades de saúde da família e da criança como sujeitos sociais. **Descritores:** Saúde materno-infantil, Aleitamento materno, Adolescente.

RESUMEN

Objetivo: conocer a las representaciones sociales de las lactantes adolescentes sobre la red social de apoyo al amamantamiento. **Método:** Estudio descriptivo cualitativo basado en la teoría de las representaciones sociales, realizado en territorio de tres Unidades de Salud de la Familia en la región metropolitana de Curitiba. Han sido entrevistadas nueve adolescentes por medio de la entrevista semiestruturada, estos datos analizados por análisis categorial temático. **Resultado:** Se han identificado las categorías: *Experiencia de la familia en el amamantamiento y Amamantamiento por obligación*. Los datos explicitaron que las lactantes adolescentes anclan sus representaciones de amamantamiento en la experiencia de los familiares y representan los profesionales de salud con apostura autoritaria para promoción del amamantamiento materno. **Concluso:** Estos resultados pueden subvencionar la orientación práctica profesional para un cuidado crítico, creativo y con diálogo, basado en los principios de la integridad y equidad, que abarque las necesidades de salud tanto de la mujer, como del niño, como sujetos sociales. **Descriptor:** Salud materno-infantil, Lactancia materna, Adolescente.

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INTRODUCTION

Adolescence is the period between 11 and 19 years of age, a stage at which sexuality is developing, and the social and affective relations begin to be determined.¹ In this period, the teenager actively seeking their insertion in society, attitude represented through work, politics and the formation of other nuclear families.²

Studies show that teenage pregnancy is considered a situation that can bring harm to the health of both the child and the mother as they adhere less to the prenatal program and have more difficulty in receiving guidance regarding personal and newborn care, increasing the vulnerability that involves this group.³ The maternity ward demonstrates new routines to the teenager, among these is the challenge of breastfeeding.³ This is indicated exclusively until the child completes six months of age with the fundamental importance for the development of the baby, showing various benefits to their health.⁴ The breastfeeding is complete in essential nutrients, being free of contaminants, and supplies the immune contribution immature in newborns contributing to the psychological and emotional development of infants.⁵⁻⁶

Breastfeeding is a complex practice, and is far beyond the nutritional benefits and the physiological conditions of breastfeeding.⁶⁻⁷ The choice for breastfeeding may be determined by economic, social, cultural aspects and emotional, and at this point, the influence of the institutional actions of breastfeeding promotion generate less impact than to the social context in which this nursing mother is inserted.⁷⁻⁸

This situation reinforces the importance of the social environment of the nurturer in its process of breastfeeding, placing it as social practice linked to historical, social and cultural determinants. Breastfeeding should not be considered just a biological, natural process of maternal condition, but, moreover, is the women's perception of them self and the environment, that make up their relationship with their child.⁹

Influence of the social environment in the breastfeeding process can be positive or negative. Breastfeeding encouragement and support, baby care and dialogue sharing doubts and anxieties, exchanging experiences and cultural values are positive aspects of this social dimension. In the negative perspective the disinterest, lack of encouragement to the act of breastfeeding and the lactating pressure in shown on the form of nutrition for their child.¹⁰

During the teenager's breastfeeding process, the opinions of her companion and mother are crucial for the continuity of exclusive breastfeeding decision or the insertion of novel foods in the diet of their child.¹¹ Given this, health professionals have as their main function the priority tracking teenage nursing mothers, with a view to meeting their beliefs and family history, with the objective of increasing the prevalence of breastfeeding among these young mothers.¹⁰⁻¹¹

Given the above condition on the teen nurse in relation to breastfeeding, this study aims to understand the social representations of nursing teens on breastfeeding.

METHOD

This is a descriptive qualitative research study, which used as theoretical support, social representations, which are a form of knowledge developed and shared, and practical guidance for building and competing for a common reality and a social set.¹²

The study was carried out in a municipality in the State of Paraná, with an intentional sample. The municipality has nine health units with a FHS distributed in three sanitary districts. A FHS was chosen by health district, making a total of three units. For the selection of healthcare units used the *SISPRENATAL* registration, identifying the ones that had the highest number of teenage nursing mothers. The subjects were selected keeping the proportionality between the municipal district areas, in an attempt to express the diversity that can exist in a given territory.

Nine nursing mothers participated in the study, who were randomly recruited, after application of the inclusion criteria: be postpartum adolescents aged 10-19 years old when the birth child has up to six months of age on the date of interview and reside in the territories under ascription of the Family Health Strategy (FHS).

The data were collected between the months of September and November 2011. For data collection the semi-structured interview technique was used, which lasted approximately 15 minutes through a home visit, scheduled according to the availability of the participants. In the case of minors younger than 18 years old, the presence of the legal guardian for the breastfeeding mother was requested, being complied with all ethical precepts of research.

The answers were transcribed, typed and analyzed as the categorical thematic analysis technique.¹³ Two categories were identified: *The family experience as support for breastfeeding and breastfeeding as an obligation*. The speeches were presented and identified with the abbreviation (N) and numbered sequentially, ensuring the anonymity of respondents.

This research obtained the approval of the Ethics Committee of the health sciences of the Federal University of Paraná, by the Certificate of Introduction to the Ethics Assessment No. CAAE-0099.0.091.091-11 and was authorized by the Municipal Health Secretariat of Colombo, Paraná State, Brazil.

RESULTS AND DISCUSSION

The category called *Family Experience as Support for Breastfeeding*; teenagers represent the family as his supporters in his daily life with care and breastfeeding the baby and with household activities:

Ah, my family, my mom! Who else helps? The mother. Oh, a little cracked, but improved and I have been giving milk, the mother and sister said. (N5)

The mother. Oh, she encourages me, while everybody is against me. (N6)

My cousin is helping me. She even told me to express the breast milk. (N7)

My mother helps me enough (...) when I lived there she helped, and she helped me to bathe him, because I didn't know so she helped with these things. (N1)

My family helped a lot, my father, my brother, my sister, everyone, so, since pregnancy, even when he was born in everything I was well supported. My dad helps me with everything for the baby, they are super worried, so while I couldn't stay at the hospital with him, when I came home with him, it was all 100% attention on him, everything went well, as I live alone with my father, there was an aunt of mine here, and some relatives, so they stayed with me, my sister came from São Paulo to help me. (N2)

They did everything. Laundry, made soup, taking care of the baby shower for me, took care of my sutures, um, it was only on the inside, too, on the outside was glued, so it was very delicate, but others go there to help take care of me, no, it was just herself ... She and my husband. (N4)

Who else helps but my mother. Oh, about my sister, who is always there too... when I need to pop out she watches for me. She helps me in everything; she took a vacation just to help me take care of the baby, because I didn't know anything. Then she took a vacation, so I used to bathe yet, I'm afraid because she is so soft. Therefore, my mom helps me take care of her. (N9)

In addition, point to the influence of their relatives in accomplishing alternatives to breastfeeding practices:

I'm not much for the wave of people, because you risk a lot, so we take the advice of a person who is experienced, like my mother, I had 5 daughters, 5 or 6 children. So I go by her orientation, she's had more experience. (N4)

My mother-in-law, everybody here. Because this is a backyard, the whole family, and they're all mothers, all say that it's good to have tea, and I gave it. I'm giving herbs. You know! Because for her, because as others, my stepmother used to say that it was good, because it makes the child calmer, with tea, especially chamomile and fennel, and for colic too, because it is good. In addition, I did it because she has experience. (N8)

The second category is called *Breastfeeding as an obligation*; the teenagers represent breastfeeding as an imposition of health professionals about them:

It was good, the bad news is they were thinking I didn't want to breastfeed the baby, but they kept quarreling, and then I did it and was desperate, because the baby doesn't suck and them quarreling, but it was good, my "big breasts" went away. (N1)

Oh, a nurse even said, you know, Oh! Is it that you don't want to breastfeed? I said no, but he won't start! She said no, so put him on your breast and I'll be right back then I didn't, then fine! Then I picked it up, put it in the chest, I stayed with him and he didn't. Then she got a little so when I told my son was under observation, but why? Oh, because he doesn't want to suck! Then she was even a little confused, you know. (N2)

Because I think as they were all over us, you know, when I was nursing I no longer had the nipple, then they stood up wanting to work. I think I'd get nervous, you know, so I had no way to breastfeed my son... (N3)

They forced us to make the milk come out (...). When I was pregnant in the beginning, who helped a lot was Dr. C. others always think you criticize a bit, you know? However, I don't care; you can't worry about what they say. (...) Oh, they say "mom" you can't do that! Mom, you can't do that! (N4)

In addition, show the divergent positions among professionals about the care with the management of breastfeeding:

For me to do grab my breasts, because there in the maternity she had not picked up because the breast was very full, and they would not let get that thingy there, empty out. (N1)

A nurse guided me there at the clinic, which was to pass a vegetable sponge and I've done so I think until the fifth month, with the vegetable sponge. Arriving at the Hospital, they told me it was for me

stop doing that. Then I discovered the other day that if I had continued, it could be that I'd done the nipple, I heard other, you know. (N3)

They talk a lot, you know, making us almost crazy. (...) I'll pass it tomorrow in childcare and I'll ask for a doctor well right, then let's see what she's talking about, if I can continue breastfeeding or not. (N4)

Some yes, they were going straight, so delivered just the role, so a piece of paper and asked me if I was breastfeeding, more questions like this, and I came out, I explained a lot and talked of the milk bank that I gave in the Evangelical [Hospital], there they said. (N8)

The speeches express the influence of the family in relation to breastfeeding and denote an imposed posture for health professionals as well as disagreements between these care methods with breastfeeding.

The category *Family Experience as support for breastfeeding*, corroborated with the assertion that social representations are the set of relationships of individuals with their social context by interfering in the practices, habits and customs.¹³

The speeches show the influence that the family plays in the construction of reality for breastfeeding, as it is in this that the infant can establish an order, or find an immediate sense of the social world. It is in this space that the nursing mothers seek shelter and support to organize the household chores and maternal care, support that often comes from the same genre: mothers, mothers-in-law, sisters, sisters-in-law and friends.^{5, 8, 10}

The speeches infer that breastfeeding beyond the condition of an individual technique, because their practice is determined by the insertion of women in their social and organizational relationships that are built in different institutions and societies.⁹ These results corroborate with a study that showed the prevalence of breastfeeding being influenced by differences of race, family income, and population density of the area of residence, mother's age, level of education, and your current marital status.¹⁵ Emphasize the importance of the social environment of the mother in their breastfeeding process, presenting it as a social practice linked to historical, social and cultural determinants.⁹

The speeches show that the nursing teen mother is imbued by the social environment where lives, streaky myths, beliefs and values, transmitted by generations, and his act of breastfeeding not only an exclusive maternal function, but of all the people around her.⁹⁻¹⁰

The social environment can influence breastfeeding, both in a positive way, for the encouragement and support of lactation, transfer of knowledge and cultural values and guidance as to the physiology and benefits of breastfeeding, as well as by baby care and dialogue, which opens space to share doubts and anxieties; as in a negative way, by the disinterest, lack of stimulus to the act of breastfeeding and infant pressure in relation to their child's type of nutrition.¹⁰

In category *Breastfeeding as an obligation*, the nursing mothers attach to health professional pedagogical functions, for guidance and health education, because these

actions entail to prescribe and establish mandatory practices or behaviors, exposing its decisive role in social relations of the individual.¹³⁻¹⁴

The sentences indicate that the speeches and attitudes of health professionals regarding the incentive to breastfeeding have exclusive focus on the health needs and rights of children and often disregard other dimensions that permeate this process, as the conditions and specificities of the woman.¹⁶⁻¹⁷

Breastfeeding is a process linked culturally to maternal love, however it must be considered that the woman is a being endowed with free will, possessing the right to breastfeed her child.^{3,18} Professionals and society may not be ready to stimulate the mother, especially the teenager, considered legally and socially dependent on their parent or guardian, this situation that can compel the teenager to the act of breastfeeding, criminalizing them if they don't.^{11,19,21}

These reports also feature the hegemonic vision and inconsistent of health professionals who seek to determine the breastfeeding practices within their field of knowledge and consider the teenager mother as often not prepared for breastfeeding.¹² These evocations demonstrate the dissatisfaction of users to health practices performed during your experience of the perinatal period, pointing to the need for these to be redirected to full care, aimed at the needs of the subject.^{17,18,20}

Therefore, the health team, in their practice, care must focus on women as social subjects, and seek to understand it in its context. From this perspective, it is necessary to grasp the female subjectivity regarding breastfeeding as a woman's identity, which can allow the decrease of the negative charge of values and concepts about the practice of breastfeeding and boost the construction of models of care that behold the conceptions and perceptions of the world of women.^{9,16,20}

Before the discussion, this article presents below in Figure 1, for best reader's apprehension, a summary of the categories of social representations of teenage nursing mothers on breastfeeding and health care implications for the promotion of breastfeeding:

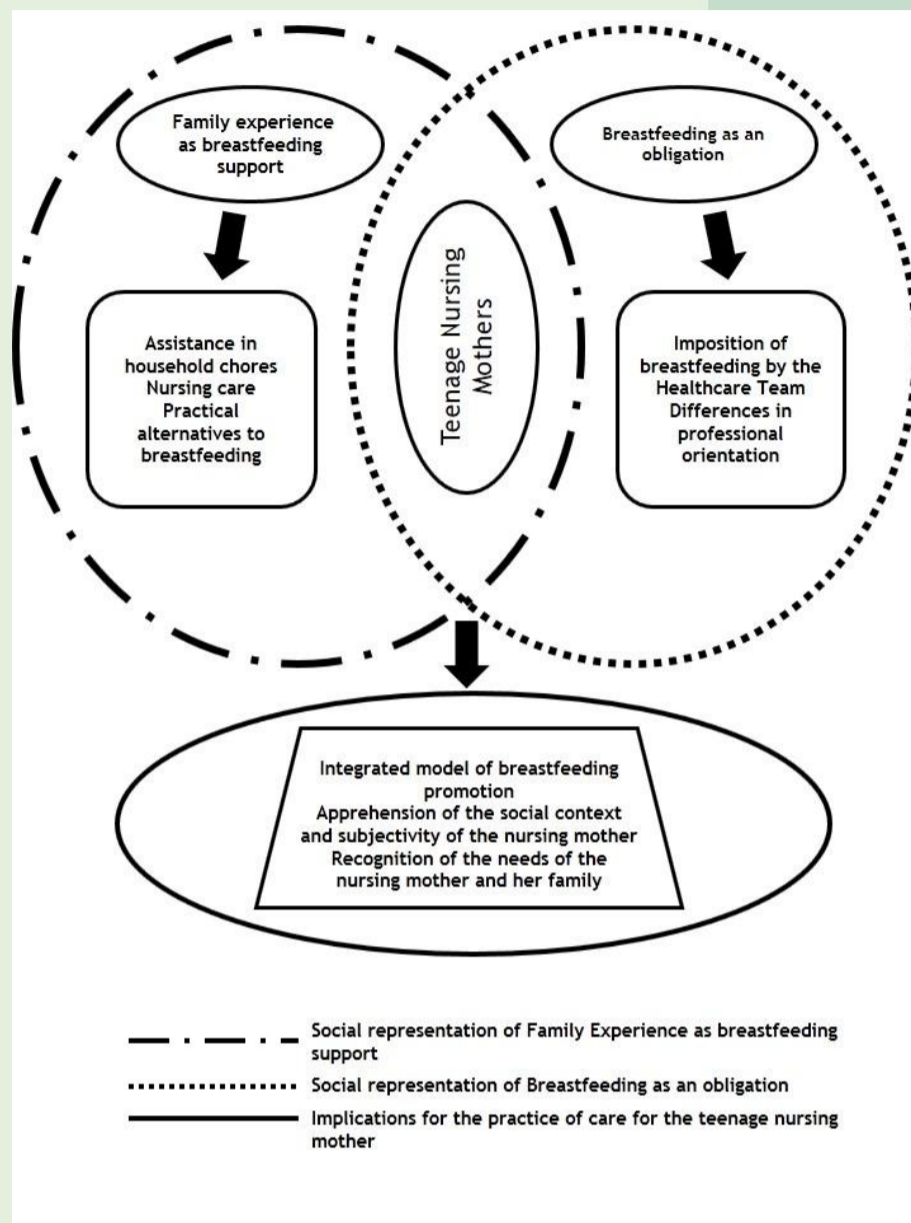


Figure 1- Social representations of teenage nursing mothers on breastfeeding and health care implications for the promotion of breastfeeding. Colombo, 2011.

CONCLUSION

The social representations evoked by teenage nursing mothers in this research showed the role of the family in supporting the breastfeeding process, of taking care of the House and of the practical issues for the care of the newborn. The concern about the provision of food is observed for the teenager and the baby, stressing the role of family members in influencing alternative infant feeding practices, which may anchor health promotion actions, especially for the teenager. In the same manner, the results showed that it hygienic and authoritarian posture that health professional plays in front of prenatal and postpartum care for the promotion of breastfeeding.

These results may support the reorientation of professional practice in health care, shifting the focus of irreducible and prescriptive practices for interventions based on the principles of integrity and fairness with a view to the needs of family health and child, projecting them as social subjects in establishing their priorities and needs.

Otherwise, the data may collaborate with the advance of scientific knowledge to this audience and this object of study, however considering the interval has elapsed since the capture of the interviews until the drafting of the study recognizes the importance of conducting new research with teenage nursing mothers that seek to improve the practices of breastfeeding support and encouragement.

REFERENCES

1. Sieving RE, Resnick MD, Garwick AW, Bearinger LH, Beckman KJ, Oliphant JA, et al. A Clinic-Based, Youth Development Approach to Teen Pregnancy Prevention. *Am. j. health be hav* [periódico na Internet]. 2011 [acesso em 2014 Abr 15]; 35(3):346-358. Disponível em: <http://www.ncbi.nlm.nih.gov/pubmed/21683023>
2. Sackoff JE, Yunzal-Butler C. Understanding Causal Pathways: Response to ‘‘Teen Pregnancy and the Achievement Gap Among Urban Minority Youth’’. *J. sch. Health* [periódico na Internet]. 2012 [acesso em 2014 Abr 15]; 82(7):301-2. Disponível em: <http://www.ncbi.nlm.nih.gov/pubmed/22671944>
3. Santos LC, Ferrari AP, Tonete VLP. Contribuições da Enfermagem para o Sucesso do Aleitamento Materno na Adolescência: revisão integrativa da literatura. *Cienc Cuid Saude*. 2009; 8(4):691-698.
4. Baxter J, Cooklin AR, Smith J. Which mothers wean their babies prematurely from full breastfeeding? An Australian cohort study. *Acta Paediatr* [periódico na Internet]. 2009 [acesso em 2013 Jun 20]; 98(8):1274-7. Disponível em: <http://onlinelibrary.wiley.com/doi/10.1111/j.1651-2227.2009.01335.x/full>
5. Kafouri S, Kramer M, Leonard G, Perron M, Pike GB, Richer L, Toro R, Veillette S, Pausova Z and Paus T. Breastfeeding and brain structure in adolescence. *Int J Epidemiol* [periódico na Internet]. 2013 [acesso em 2014 Mai 11]; 42:150-159. Disponível em: <http://ije.oxfordjournals.org/content/42/1/150.short>
6. Lima APEL, Javorski M, Vasconcelos MGL. Práticas alimentares no primeiro ano de vida. *Rev Bras Enferm*. 2011; 64(5): 912-8. Disponível em:
7. McDonald SD, Pullenayegum E, Chapman B, Vera C, Giglia L, Fusch C, et al. Prevalence and Predictors of Exclusive Breastfeeding at Hospital Discharge. *Obstetrics & Gynecology* [periódico na Internet]. 2012 [acesso em 2014 Mai 23];119(6):1171-1179. Disponível em: DOI 10.1097/AOG.0b013e318256194b
8. Müller FS, Silva IA. Social representations about support for breastfeeding in a group of breastfeeding women. *Rev Lat Am Enfermagem* [periódico na Internet]. 2009 [acesso em 2014

- Mai 23];17(5):651-7. Disponível em:
http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692009000500009
9. Marques ES, Cotta RMM, Magalhães KA, Sant'Ana LFR, Gomes AP, Siqueira-Batista R. A influência da rede social da nutriz no aleitamento materno: o papel estratégico dos familiares e dos profissionais de saúde. *Ciênc Saúde Coletiva*. 2010; 15 (S1): 1391-400.
10. Ponce de Leon CGRM, Funghetto SS, Rodrigues JCT, Souza RG. Vivência da Amamentação por Mães Adolescentes. *Cogitare Enferm*. 2009;14(3):540-6.
11. Tomeleri KR, Marcon SS. Práticas Populares de Mães Adolescentes no Cuidado aos Filhos. *Acta Paul Enferm*. 2009;22(3):272-80.
12. Abric JC. A Abordagem estrutural das representações sociais. In: Moreira AS, Oliveira DC, organizadoras. *Estudos interdisciplinares de representação social*. Goiânia: AB; 1998. p. 27-38.
13. Bardin L. *Análise de conteúdo*. Lisboa: Edições 70; 2010.
14. Jones JR, Kogan MD, Singh GK, Dee DL, Grummer-Strawn LM. Factors associated with exclusive breastfeeding in the United States. *Pediatrics* [periódico na Internet]. 2011 [acesso em 2014 Mai 24];128:1117-25. Disponível em:
<http://pediatrics.aappublications.org/content/128/6/1117.long>
15. Queluz MC, Pereira MJB, dos Santos CB, Leite AM, Ricco RG. Prevalência e determinantes do aleitamento materno exclusivo no município de Serrana, São Paulo, Brasil. *Rev Esc Enferm USP* 2012; 46(3): 537-543.
16. Fonseca MO, Parreira BDM, Machado DC, Machado ARM. Aleitamento materno: conhecimento de mães admitidas no alojamento conjunto de um hospital universitário. *Cienc Cuid Saude*. 2011;10(1):141-149.
17. Souza SNDH, Migoto MT, Rossetto EG, Mello DF. Prevalence of breastfeeding and associated factors in the municipality of Londrina (PR, Brazil). *Acta Paul Enferm*. 2012; 25(1): 29-35.
18. Spindola T, Oliveira ACFC, Cavalcanti, et AL. Breastfeeding during adolescence: life history of first-time mothers (PE, Brazil). *Rev pesqui cuid fundam (Online)* [periódico na Internet]. 2014;6(1):414-424 [acesso em: 2014 fev 10] Disponível em:
<http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/2965>
19. Facundes VLD, Souza SMFC, Nunes ACL, Sá RD, Gama CS, Silva JFD, et al. Mothers perception with regard to the exclusive breastfeeding promotion service in the family health team. *Rev enferm UFPE on line*. [periódico na Internet]. 2011 [acesso em 2013 fev 03]; 5(5): 1032-8. Disponível em:
http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/1573/pdf_505
20. Jose AL, Silva LR. Nursing in the puerperium: Knowledge of detecting adolescent mothers in relation to care of newborn. *Rev pesqui cuid fundam (Online)* [periódico na Internet]. 2011 [acesso em: 2013 nov 20]; 3(3): 2277-85. Disponível em:
http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/1395/pdf_435

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