

## ALEITAMENTO MATERNO NA PERSPECTIVA DE MÃES ADOLESCENTES: CONTRIBUIÇÕES PARA ATENÇÃO PRIMÁRIA À SAÚDE

## MATERNAL BREASTFEEDING FROM THE ADOLESCENT MOTHERS' PERSPECTIVE: CONTRIBUTIONS FOR PRIMARY HEALTH CARE

## LACTANCIA MATERNA EN LA PERSPECTIVA DE MADRES ADOLESCENTES: CONTRIBUCIONES PARA ATENCIÓN PRIMARIA A LA SALUD

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### RESUMO

**Objetivo:** Compreender, a partir dos relatos das mães adolescentes, os sentimentos, o apoio recebido e suas dificuldades na prática do Aleitamento Materno. **Método:** Estudo qualitativo de abordagem interpretativa, desenvolvido através de entrevistas semiestruturadas. Os participantes do estudo foram 12 mães adolescentes com filhos em idade de 2 a 12 meses. **Resultados:** As entrevistadas discorrem que, em meio a reações (de responsabilização, preconceito, autoestima melhorada, restrição social e vínculo mãe-bebê), receberam algum apoio na amamentação e reconhecem sua importância. Porém, relataram ainda muitas dificuldades. Isso demonstra que, na verdade, o apoio ofertado ainda é muito incipiente. Os discursos decorrem, não apenas, das dificuldades inerentes das mães adolescentes, mas também do reflexo da falta de apoio e acompanhamento adequados, principalmente dos profissionais de saúde, no processo de amamentação, destacando sua condição de mãe adolescente. **Conclusão:** Percebe-se a necessidade de orientação e apoio adequados dos profissionais de saúde e da família da adolescente. Portanto, é necessário um acompanhamento que deve ser iniciado no pré-natal e desenvolvido ao longo do tempo de forma contínua, dinâmica, processual e interativa, favorecendo também a autonomia e corresponsabilização dos envolvidos, principalmente dos profissionais da atenção primária à saúde no que diz respeito à adolescência e ao aleitamento materno. **Descritores:** Adolescente; Gravidez na adolescência; Aleitamento materno; Família; Pessoal de saúde.

### ABSTRACT

**Objective:** To understand, from the adolescent mothers' reports, the feelings, the received support and their difficulties in the practice of breastfeeding. **Methods:** Qualitative study of interpretative approach developed through semi structured interviews. The study participants were 12 adolescent mothers with children whose ages are between 2 and 12 months. **Results:** The interviewees say that among their reactions (accountability, prejudice, improved self-esteem, social restriction and mother-baby bond), they received some support on breastfeeding and recognized its importance. However, they reported many difficulties. This shows that, in fact, the offered support is still very rudimentary. The discourses stem not only from the inherent difficulties of adolescent mothers, but also from the lack of adequate support and follow-up, especially from health professionals, in the breastfeeding process, highlighting their status as adolescent mother. **Conclusion:** The need for adequate guidance and support of health professionals and the adolescent family is evident. Therefore, it is necessary a follow-up which should be started in the prenatal care and developed over time in a continuous, dynamics, procedural and interactive way, also favoring autonomy and co-responsibility of those involved, especially the Primary Health Care professionals concerning adolescence and breastfeeding. **Keywords:** Adolescent; Teenage pregnancy; Breastfeeding; Family; Health personnel.

### RESUMEN

**Objetivo:** Comprender, a partir de los relatos de las madres adolescentes, los sentimientos, el apoyo recibido y sus dificultades en la práctica de la Lactancia Materna. **Método:** Estudio cualitativo de enfoque interpretativo, desarrollado a través de entrevistas semiestruturadas. Los participantes del estudio fueron 12 madres adolescentes con hijos en edad de 2 a 12 meses. **Resultados:** Las entrevistadas discuten que en medio de reacciones (de responsabilidad, preconceito, autoestima mejorada, restricción social y vínculo madre-bebé) recibieron algún apoyo en la lactancia y reconocen su importancia. Sin embargo, relataron muchas dificultades. Esto demuestra que, en realidad, el apoyo ofrecido todavía es muy incipiente. Los discursos se derivan no sólo de las dificultades inherentes de las madres adolescentes, sino también del reflejo de la falta de apoyo y acompañamiento adecuados, principalmente de los profesionales de salud, en el proceso de lactancia, destacando su condición de madre adolescente. **Conclusión:** Se percibe la necesidad de orientación y apoyo adecuados de los profesionales de salud y de la familia de la adolescente. Por lo tanto, es necesario un seguimiento que debe ser iniciado en el prenatal y desarrollado a lo largo del tiempo de forma continuada, dinámica, procesal e interactiva, favoreciendo también la autonomía y corresponsabilidad de los involucrados, principalmente de los profesionales de la atención primaria a la salud cuando se refiere a la adolescencia y a la lactancia materna. **Descriptor:** Adolescente; Embarazo en adolescencia; Lactancia materna; Familia; Personal de salud.

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## INTRODUCTION

Adolescence<sup>(1)</sup>, phase that covers the age range from 10 to 19 years, is the period of transition between childhood and adulthood, characterized by physical, cognitive, social, emotional and sexual development, requiring, therefore, special attention in policies, programs and national development plans.

Due to the biological, psychological and social transformations of this phase, adolescents may be vulnerable to behaviors that can leave them more exposed to risks, such as use of alcohol, tobacco and other drugs, Sexually Transmitted Infections/Acquired Immunodeficiency Syndrome (STI/AIDS) and teenage pregnancy - phenomenon of great social importance and relevance<sup>(2)</sup>.

Among the risks to which this population is exposed, the phenomenon of teenage pregnancy is understood as a process that widely affects adolescents' biopsychosocial development. It is considered as an early fact for this stage of life which, generally, can result in serious implications, as risks to the fetus and the mother, abandonment of school activities and projects of life, family conflicts, social discrimination and expulsion of groups of coexistence<sup>(3)</sup>.

Despite the global reduction in the prevalence of pregnancy in this age group<sup>(4)</sup>, in underdeveloped countries, every year, around 16 million girls aged between 15 and 19 years and about a million girls under 15 years become mothers, in addition to causing a negative impact on the family and society<sup>(5)</sup>.

In Brazil, the occurrence of adolescent pregnancy have generated discussions and concern in the Public Health context, mainly due to the significant increase of fruitfulness in the age range between 10 and 14 years. Estimates show that one million mothers aged between 10 and 19 years give birth every year, which corresponds to 19% of the total number of live births in the country<sup>(6)</sup>. In Divinópolis/Minas Gerais (MG), despite the reduction in teenage pregnancy (12.29% in 2006 to 9.57% in 2016), annually, in the municipality, around 250 born babies are children of adolescent mothers<sup>(7)</sup>.

This quantitative of teenage mothers and their babies thus require care of Primary Health Care (PHC) teams, including the critical monitoring of the process of breastfeeding. Breastfeeding represents the supply of milk directly from the nursing mother's breast and differs from nursing, which involves all forms of

providing maternal milk to infants, either from the breast or milked<sup>(8)</sup>.

The World Health Organization (WHO) recommends exclusive breastfeeding (EBF) until the sixth month. This recommendation, based on scientific studies, is that breastmilk (BM) until that age is a complete food in all circumstances, regardless of rich or poor countries, and from six months of life, complementing the BM with timely and adequate nutrition, until two years of age or older<sup>(9)</sup>.

Not all adolescent mothers are prepared to assume the responsibility of being mothers, to care for their babies appropriately and meet their needs. The breastfeeding of adolescent mothers, especially in the first months of life, promotes the valuable mother-son contact, thus being of extreme importance, which can contribute to the adequate development of the child and the mother-child relationship<sup>(10)</sup>.

For the adolescent mother, breastfeeding may constitute a great challenge, because, in addition to dealing with the changes and adjustments of adolescence (rapid physical growth, hormonal changes, sexual development, new and complex emotions, increased cognitive and intellectual abilities, moral development and evolution of relations with their peers and families)<sup>(1)</sup>, she will have to develop her mothering role, which naturally includes the practice of breastfeeding.

This context can be challenging for teenage mothers, because, although a natural process, breastfeeding is not just instinctive; it involves a learning process and, therefore, requires practice and time for improvement. It is an important form of intimate and protection contact between the mother and the newborn, with several advantages to them<sup>(8)</sup>.

In this way, health professionals who attend to teenagers in prenatal care are responsible for encouraging and guiding them regarding the practice of exclusive breastfeeding until the sixth month of life of the newborn<sup>(11)</sup>. The guidance regarding breastfeeding need to be developed through the sharing of knowledge and the negotiation between scientific and popular knowledge in order to construct possibilities for the best health decisions for the mother and the baby<sup>(12)</sup>.

Thus, the present study seeks to understand the feelings, the support received and the difficulties in the practice of breastfeeding in the perspective of adolescent mothers. This work

sought to understand the reports to support a healthcare proposal to teenagers that consolidate strategies for action in the routine of health services.

## METHOD

Aiming at understanding the difficulties, feelings and expectations experienced by adolescent mothers in the practice of BF, this research has descriptive nature and qualitative approach<sup>(13)</sup>.

The research was carried out in the framework of the 32 BHU of Divinópolis, municipality in Midwest Minas Gerais, with an estimated population, in the year 2018, of 235,977 inhabitants<sup>(14)</sup>. The eligible participants in the study were all puerperal and lactating adolescents (10 through 19 years), whose children were from 2 to 12 months old in the period from June to August 2015, followed up by the BHU of the municipality and identified through the Information System of Prenatal Care (SIS PRENATAL - *Sistema de Informação da Assistência Pré-natal*) and the Information System on Live Births (SINASC - *Sistema de Informação sobre Nascidos Vivos*). These two information systems provided listings of mothers from 10 to 19 years/BHU. These adolescent mothers were visited and invited to participate in the research. The visits were carried out alternately between the BHU so that the teenage mothers from the most diverse regions of the municipality could participate.

As data collection technique, a structured interview was used, developed with the use of a predefined guide. The guide consisted of six guiding, open questions, elaborated by the authors, addressing the meaning of breastfeeding for adolescent girls, as well as the knowledge, the difficulties and facilities of the practice of breastfeeding. The interviews were carried out with the puerperal and lactating adolescents, who, in addition to their legal guardian, previously signed the Informed Consent Form (ICF) and the Permission Form, to ensure that the ethical aspects of reliability and privacy, in this research, are carried out in accordance with Resolution 466/12 on researches involving human beings. The Research Ethics Committee approved the research under CAAE 44377815.2.0000.5545.

To preserve the anonymity of the interviewees, they were named by Brazilian gemstones. At the end of each interview, each teenage mother was asked whether they would

like to listen to the audio and whether they had something to ask.

The interviews, with average time from 30 to 40 minutes, were held at the interviewees' home. The criterion for the completion of data collection was when the speeches became repetitive, showing data saturation, thus delimiting the participants in 12 puerperal /nursing adolescents. The speeches were audio-recorded, transcribed, and the obtained material, subjected to Content Analysis, which is made through the reading of descriptions from beginning to end, to get a sense of the whole through a procedure of reflection<sup>(15)</sup>.

The smallest clippings (record units) were identified, chosen based on the research objectives and that mean something about the addressed study object. Obeying the thematic pertinence and correlation, these record units allowed building four analytical categories, namely: 1. Teenage mothers' profile and the social impact of adolescent pregnancy; 2. Reactions about the experience of adolescence/maternity/breastfeeding; 3. The importance of family and professional support in the process of breastfeeding; and 4. Difficulties encountered by adolescent mothers during breastfeeding.

## RESULTS AND DISCUSSION

### 1. Teenage mothers' profile and the social impact of adolescent pregnancy

The mean age of the 12 teenage mothers participating in the study was 17 years. All of them attended prenatal care, being a minority (25%) in private medical office and the majority (75%) in the municipal public service. Eight of them lived with their family and child, without the partner and four lived with their child and the child's father.

Pregnancy at this age, in which the financial emancipation was not reached yet, can move the dependence from the adolescent's family of origin to the child's father. Therefore, since they usually face financial constraints, the prenatal care in public health service ends up being an important alternative. In general, pregnancy at this stage is not intentional and happens through relationships without stability. In recent years, many changes have occurred regarding individuals' behavior, particularly regarding the increased sexual activity among adolescents, leading to an increase of often unplanned pregnancies<sup>(16)</sup>.

Almost all research participants reported unplanned pregnancies: "I have two children. The first is two years old. None of the pregnancies was planned" (Agate). "Yes, this is my first pregnancy. We hadn't planned, but since it happened, it is welcome" (Turquoise). "It is my first pregnancy. It was unplanned, I discovered at five to six months" (Onyx). "It was unplanned, but since it came, it is welcome, right?" (Aquamarine).

The reflections on the planning of pregnancy are valuable and, once they are adolescents, they need to think if the moment is the most appropriate and ideal for pregnancy, especially to face new situations. In this study, the majority (67%) quit school, reporting pregnancy as the reason, or due to existing prejudices in relation to teenage pregnancy: "(...), but after I got pregnant, as I was young, some people grow apart. But then we realize who are our real friends" (Amethyst). "At school, my grades dropped a lot when I found out I was pregnant" (Jade). "At school, they keep saying we are hookers, we got a boy early (...)" (Opal).

Depending on the stress caused by pregnancy and reduced self-esteem, due to society's disapproval, among other factors, many pregnant teenagers end up losing the stimulus for studies, which may lead them to reduce the educational performance or, in the most critical situation, to abandon studies<sup>(17)</sup>.

## **2. Reactions about the experience of adolescence/maternity/breastfeeding**

A pregnancy involves several physical and emotional changes for the woman. When it happens in adolescence, the normal changes of pregnancy will be added to their own conflicts in this age range. Nevertheless, this is an issue that deserves studies in different perspectives, because the motherly process has meanings that vary according to the family and social insertion of each adolescent<sup>(18)</sup>.

Mothers participating in this research expressed different reactions in relation to maternity in adolescence and breastfeeding, such as accountability, prejudice, improved self-esteem, social restriction, mother-baby bond, among others: "I used to always go out with my friends. But, now that I have a child, it is more difficult, I almost never go out (...) he liked to suckle (laughs), it even calmed him down when he was crying" (Agate). "Breastfeed, for me, is a way of protecting her, you know? I feel like she

really needs me (...) Because I got pregnant too young, some people grow apart, they even talked" (Amethyst).

"When I knew I was pregnant, I changed completely, you know? My behavior as well, I didn't care for nothing, I did not get dressed, did not talk to people. And then I was changing, realizing that I really was pregnant" (Jade). "Because I quit school, right? I quit school, stopped everything. I just got time for her. Only stayed at home" (Topaz). "I wanted to marry my boyfriend, then my adoptive parents did not let me. Then I got pregnant to marry, because we wanted to marry" (Tourmaline).

The experience of breastfeeding, as pointed out by the participants, allows strengthening the emotional bond between mother and baby. The adolescent mother experiences, beyond typical changes of her age, such as physical, social and psychological changes, the pregnancy-puerperal changes. The enjoyable, eye in the eye breastfeeding and the continuous contact between mother and child strengthen the affective bonds between them, allowing intimacy, exchange of affection and feelings of safety and protection<sup>(8)</sup>.

Even though there is an ambiguity of feelings that pervades this period, study with primiparous adolescents showed that, although there may be difficulties at the beginning of breastfeeding, many mothers perceive it as an experience full of positive meanings. The adolescent mother feels empowered with breastfeeding and considers that it assists in the motherhood construction<sup>(19)</sup>.

A better understanding about what pregnancy and motherhood mean for the adolescent mother allows a more efficient planning of health assistance for this teenager, including here the success of breastfeeding.

As observed, prejudice and social restriction are part of the daily life of the teenage mothers studied. The stigmas generated in these contexts can affect their self-esteem and empowerment, decreasing their ability to judge themselves as able to breastfeed their children. Experiences such as stress and anxiety may reduce the confidence of the mother to breastfeed<sup>(20)</sup>.

## **3. The importance of family and professional support in the process of breastfeeding**

Most interviewees mentioned the support, especially from the mother, as an essential factor

for having breastfed, regardless of the duration of this practice. They also demonstrated that, if they had not had this support, they probably would not have continued to breastfeed: "My mother supports me to breastfeed, she asks me to breastfeed until... until I can, while I still have milk. My mother breastfed us three" (Amethyst). "I wanted to stop breastfeeding, when my mother told me, "No, you have to breastfeed at least until nine months" (Pearl). "It was much easier with my parents' support" (Garnet). "He (the boyfriend) also thought it was very important, he told me not to quit breastfeeding the baby at any circumstance" (Emerald). "I went there because I wasn't feeling able to breastfeed him, then they (nursing) taught me" (Turquoise).

Breastfeeding is a practice imbued by cultural ideologies, and presents itself as a complex process, in which numerous determinants influence, and whose complexity is experienced differently by each adolescent<sup>(21)</sup>. In the family routine, grandparents usually assist in the care to the mother-child binomial, which can contribute to the solving problems that arise in the breastfeeding process. To do this, they use their knowledge acquired in previous experiences in the practice of breastfeeding<sup>(21)</sup>.

The 12 mothers attended prenatal care, with the majority at Basic Health Units. Only five reported having had information about the breast reparation and the breastfeeding practice during the prenatal period. Even with difficulties, only three of them have sought help from health professionals. The others were aided by family members.

Breastfeeding in adolescence requires support from family and health professionals to assist the adolescent mother to face obstacles to the readjustments maternity and breastfeeding demand<sup>(22)</sup>. Faced with this reality, health professionals need to support and encourage the adolescent mother, identifying early difficulties in breastfeeding and establishing behaviors necessary for each case. This incentive should be continuous and it is important that nursing professionals are aware of this action and that their actions seek to make adolescent mothers feel sufficiently informed and supported to make the best decisions about breastfeeding their children<sup>(23)</sup>.

In this study, only five of them received some information about BF during the prenatal period. This reinforces the importance of the role of education in prenatal care, monitoring and

support of those mothers in the postpartum period by the family and health professionals so that they can express themselves and overcome their difficulties. Breastfeeding is a skill, an art to be learned and re-learned. To do this, the adolescents need to be encouraged to learn, as well as supported and taught<sup>(24)</sup>.

#### **4. Difficulties encountered by adolescent mothers during breastfeeding**

All participants reported some type of difficulty to breastfeed. Among the difficulties that influenced the breastfeeding process, the adolescents mentioned the nipple trauma, a frequent factor among the interviewees. "In the beginning, the nipple was also injured... I breastfeed, I don't give anything else, only breast milk" (Jade). "Ah, my nipple cracked a lot. Even so, I breastfed. Because my nipple cracked a lot, it even bled. Then, after he stopped, it got normal" (Opal). "The breast was very injured in the beginning" (Emerald). "In the beginning, it cracked a lot and I felt a lot of pain, but I breastfed anyway" (Tourmaline).

Nipple trauma is a common cause for most cases of abandonment of breastfeeding as it causes pain and discomfort to puerperal women. Some factors that favor the problem are attachment and positioning of the newborn to breastfeed, primiparity, the absence of the companion, turgid and engorged breasts and others<sup>(25)</sup>. Aiming at the knowledge on breastfeeding that may prevent this complication, the adolescents should be empowered by health professionals about the breastfeeding technique and its benefits for the health of mother and child<sup>(2)</sup>. Both in individual appointments as in home visits<sup>(8)</sup>, preferably in the first 24 hours after return to home, there should be support for continuation of breastfeeding, with resolution of difficulties arising<sup>(2)</sup>.

The teenagers also reported that problems related to attachment were common. "In the beginning, he did not want to latch on, so I was getting impatient with him" (Emerald). "(...) then it got very difficult because he almost never latched on, he kept crying a lot" (Jade). "She doesn't properly latch on to suckle" (Onyx). "In the beginning, it hurt too much, right? It even bled, because she couldn't latch on properly" (Garnet).

The pain resulting from the breast fissure was one of the main difficulties of the breastfeeding act. The adolescent mothers expressed having had difficulties breastfeeding,

especially in its early stages, when the attachment had not been established yet. The difficulty of attachment, due to improper position, can generate nipple pain and trauma, as well as crying and irritability in children, which may disincentive breastfeeding and cause early weaning<sup>(8)</sup>.

Another difficulty reported by adolescents relates to the size of the breast. "Since I was too young, she can't latch on properly. It is because it is small - my breast" (Onyx). "It was very difficult because my breasts were too small, hindering it" (Jade).

The size of the breast has no relation with the production of milk<sup>(8)</sup> and, to ensure an effective suction, the child must be with the face opposite to the breast, with the abdomen against the mother's, suckling the breast by snapping nipple and part of the areola<sup>(2)</sup>. If the attachment is only in the nipple, there may be nipple erosion and/or fissure by continued friction, in addition to that, without the pressure of the lactiferous ducts against the palate, there is no proper output of milk, which makes women believe they do not have enough milk, feel pain, which can then trigger the process of early weaning<sup>(26)</sup>. "He kept crying a lot, but I had no milk, I began to produce milk later" (Jade). "It hurt a lot, so I had to stop taking, and gave another milk" (Topaz). "No, it was not easy. (...) and in the early days, he didn't latch on. Then my milk was weak, I had to give him other things" (Aquamarine).

The adolescent mothers sometimes have difficulties with breastfeeding, which are prevalent in the first ten days of life in comparison to subsequent stages of the puerperium<sup>(22)</sup>. A Brazilian study<sup>(20)</sup> performed with teenage mothers in São Paulo/SP detected prevalence of 62% of EBF in 30 days, 52.59% in 60 days and 16% 180 days after delivery. This denotes the need for health professionals' efforts so that the adolescents who go through complications in these periods are welcomed and assisted in the implementation of breastfeeding in a pleasant and effective way, for them and their children.

Health professionals involved in women's pregnancy-puerperal cycle need to discuss and demystify practices that can lead to early weaning, as well as help teenage mothers to deal with the difficulties that may arise from breastfeeding. Furthermore, the woman need to believe in her ability to produce milk for her baby and to successfully maintain the breastfeeding,

which can directly affect the implementation of the act of breastfeeding<sup>(12)</sup>.

Among the mothers participating in the study, five were breastfeeding until the moment of the interview. The average EBF of these mothers was 98 days, i.e., half of the goal<sup>(8)</sup> stipulated by the WHO, which is 180 days. Only three participants of this research practiced EBF until the sixth month of life.

## CONCLUSION

The interviewees' reports about the factors that influence the process of breastfeeding allowed better understanding of the difficulties, the feelings and expectations of the adolescents who breastfeed. The identification of these factors is important to ensure that the adolescent mother receives the proper aid to cope with the obstacles that might arise, as well as, to build her autonomy for the decision to breastfeed.

The reports show that the causes of early weaning, in these mothers, are related to the difficulties in breastfeeding during the first few days due to nipple trauma. These, in turn, arise from the difficulty in the attachment and lack of knowledge about the practice of breastfeeding, especially about the positioning during the act, the mistaken perception that the milk is weak, or even that the production of breastmilk is insufficient.

The exposed information shows the need for appropriate guidance and support of health professionals and the adolescent's family in the process of breastfeeding. Therefore, a follow-up should begin in the prenatal and be developed throughout time in a continuous, dynamic, procedural and interactive way, also favoring co-responsibility and autonomy of those involved, mainly of primary health care professionals in respect to adolescence and breastfeeding. With the dissemination of the findings of this study, there should be care actions directed to this population, understanding their needs and singularities.

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