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## The perspectives of adolescents of a municipality of the interior of Pernambuco about the practice of breastfeeding

Simone Maria da Silva<sup>1\*</sup>, Andreza Santos de Arruda<sup>2</sup>, Rayara Medeiros Duarte Luz<sup>3</sup>, Thamires Oliveira Saraiva<sup>4</sup>, Luciene Maria Lorêto Gomes<sup>5</sup>, Angelo Gonzaga Rodrigues<sup>6</sup>, Luciana Andrade Ribeiro Pessoa<sup>7</sup>, Erica dos Santos Almeida<sup>8</sup>, Sabrina Kathlyn Bezerra da Silva<sup>9</sup>, Carlos Henrique Souza Andrade<sup>10</sup>, Ana Cecília Amorim de Souza<sup>11</sup>, Julyana Viegas Campos<sup>12</sup>, Soraia Lins de Arruda Costa<sup>13</sup>

1 Nursing at University Center of Vitória - UNIVISA

2 Nursing - UNIFG

3 Nursing - UFPE

4 Nursing - FUNESO

5 Nursing - FACHO

6 Nursing - UNINASSAU

7 Nursing - UPE

8 Nursing by the University Center of Vitória - UNIVISA

9 Nursing by the University Center of Vitória - UNIVISA

10 Nursing - UNISAOMIGUEL

11 Professor UNIVISA

12 Professor UNIVISA

**E-mail addresses:** Simone Maria da Silva (simone20122010@hotmail.com), Andreza Santos de Arruda (dkmcid.rcg2015@gmail.com), Rayara Medeiros Duarte Luz (luzrayara@gmail.com), Thamires Oliveira Saraiva (thamoliveira23@gmail.com), Luciene Maria Lorêto Gomes (lucienemgomes@hotmail.com), Angelo Gonzaga Rodrigues (angelogonzagar@gmail.com), Luciana Andrade Ribeiro Pessoa (andrade\_luciana1972@hotmail.com), Erica dos Santos Almeida (ericaalwmeida@gmail.com), Sabrina Kathlyn Bezerra da Silva (sabrindakathlyn3@gmail.com), Carlos Henrique Souza Andrade (henrique.enffsm@hotmail.com), Ana Cecília Amorim de Souza (anacecilia.cge@gmail.com), Julyana Viegas Campos (viegasjulyana@gmail.com), Soraia Lins de Arruda Costa (slinscosta@gmail.com)

\*Corresponding author

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**Abstract:** The study aimed to investigate how adolescent mothers were prepared to practice exclusive breastfeeding (EUS), as well as their support, facilities and know the difficulties they face and the support received in this process. This descriptive, quantitative cross-sectional study was carried out with 48 adolescents in five Family Health Strategy in the municipality of Passira, Pernambuco. Data were collected through a semi-structured questionnaire. Of the adolescents studied, there was a variation between 17 and 19 years, where 29.1% were 17 years old, 50% did not complete high school, 41.6% regarding the profession reported being from the home, 75% of the adolescents were married, lived in a stable union, 100% of the adolescents had prenatal care in the ESF, where 88% were accompanied by the nurse; 87.5% of them received information about breastfeeding, regarding the type of delivery, 64.5% had normal delivery, did not present risks 58.3% had ectopic delivery, 85.4%

previously breastfed; 52.2% had ESC until six months. Among the difficulties in performing the ESA, 79% had breast engorgement, 77% pain while breastfeeding and 75% fissures. It is noted that the continuous support of health professionals, in prenatal and puerperal periods, is a determining factor for a better understanding and guidance on the practice of breastfeeding.

**Keywords:** Breastfeeding. Adolescent. Community health nursing.

## 1. Introduction

Brazil, being a developing country, is invited to, in fact, take care of the population in all its social demands, emphasizing the field of health, because, although there are so many transformations, there are situations that do not change, only change the reasons why they happen, the way one deals with the problem, such as teenage pregnancy, are challenges that need to be analyzed closely, requiring greater care, because in this period the transition between childhood and adulthood becomes notorious, we can highlight conflicts related to uncertainties, insecurity, construction and knowledge of body image and the identification of peers, in addition to family and social instabilities (CAMINHA et. al., 2012).

The age group between 10 and 19 years is characterized according to the Adolescent Health Program (PROSAD) by the period called adolescence, which presents itself as a moment of intense changes, among them, anatomical, physiological, psychological and social growth and development (BRASIL, 1996).

The gestational period stands out for being a physiological event and needs to be seen by the pregnant woman and the components of the health team as a healthy experience, but some factors may unbalance this moment by characterizing itself as a risk factor for the course of pregnancy, with the pregnant woman being more likely to progress unfavorably. These are the so-called "high-risk pregnant women", which are defined at a young age, under 15 years of age (BRASIL, 2012).

Breast milk contains the appropriate nutritional components and with the ideal bioavailability for the growth and development of newborns (NB) and infants, in addition to the emotional and protective aspect that the species-specificity of human milk offers (ALVES, OLIVEIRA, MORAIS, 2013).

The World Health Organization (WHO) and the Brazilian Ministry of Health recommend exclusive breastfeeding for six months and supplemented up to two years or more (GUIMARÃES et. al, 2017). In addition, the practice of exclusive breastfeeding in the first six months can help in the spacing between one pregnancy and another, in addition to reducing the chances of breast cancer, helping to return to normal weight, reducing postpartum bleeding, among other benefits that women provide (BENGOZI, 2008).

The Brazilian literature uses the definition of exclusive breastfeeding (EMA) adopted by the WHO, that is, when the child receives only breast milk, direct from the breast or milked, or human milk from another source, without other liquids or solids, except drops of syrups containing vitamins, oral rehydration salts, mineral supplements or medications

(BRASIL, 2009). The predominant breastfeeding is characterized when the child receives in addition to breast milk, water or water-based beverages and ritual fluids. If the child receives solid or solid feeding, characterizes complementary breastfeeding and if he/she receives some type of artificial milk other than maternal milk, mixed or partial breastfeeding is defined (BRASIL, 2009).

Breastfeeding includes a close relationship between mother and child. Although it is a natural process, breastfeeding is not just an instinctive act: it involves learning, so it requires practice and time to be improved. It should be taken into account that breast milk is the ideal food, and breastfeeding brings great benefits to both the mother and the child. It is composed of nutrients that meet the demands of growth and development. It contains antibodies that protect the infant from infections and combat diarrhea, anemia and dehydration (LEAL et. al, 2016).

Teenage pregnancy is an increasingly frequent fact. Adolescence is full of responsibilities, collections, and new experiences, especially early sexual ones, leading, in many cases, to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS) and early pregnancy (RODRIGUES et. al, 2017).

When it occurs during adolescence, pregnancy is considered a social and public health problem worldwide, causing risks to the mother, due to the incompleteness of her physical and psychological development and the possibility of gestational, puerperal complications, as well as to the child. It is worth noting that the practice of breastfeeding, although much necessary, tends not to have a good support during adolescence, since this exercise is surrounded by various cultural myths and beliefs, influenced and inherited. (LOOSE, JAGER, DIAS, 2014).

The continuous support of health professionals, in prenatal and puerperal periods, with the reception of adolescents in basic health units, participation in groups and the performance of home visits, with the inclusion of grandmothers and other family members, education actions in school and community during this phase, is very important, because the family context in which these young women are inserted is a determining factor for a better understanding and orientation about this period (CAMINHA et. al, 2012). Based on this context, this study aims to investigate how adolescent mothers were prepared for the practice of exclusive breastfeeding (EUS), as well as their support, facilities and knowing the difficulties they face and the support received in this process.

## 2. Methodology

Descriptive study of a quantitative nature of transversal character. It was carried out in areas covered by five urban ESFs of the municipality of Passira-PE, from August to September 2017.

Adolescent mothers aged 10 to 19 years, who were followed in prenatal care by their family health units and signed the Informed Consent Form, were included and the adolescents assisted in the ESF were excluded, but living in areas that do not have coverage covered by the ESF.

A questionnaire with objective questions was used to collect data from the adolescents to obtain the pertinent information. This questionnaire was adapted by the researcher, from instruments published and validated to the reality experienced by the research.

Initially, contact was made with the professionals of the family health team to seek information on the number of adolescent existing mothers, in a second moment, the adolescents were approached, where it occurred to explain the objective of the research, delivery of the Free and Informed Consent Form and the questionnaire that served for data collection. The response time was free, taking into account the easy-to-understand questionnaire.

Data analysis was constructed through a Database in Microsoft Excel 2010 with the variables included in the study. For the analysis of these data, measures of central tendency were used to observe the dispersion between the collected variables, distributed in their absolute and relative frequencies and analyzed by simple percentage.

This research followed the criteria of resolution 466/2012, which provides for the Ethics Committee on Research with Human Beings, according to the Research Ethics Committee of UNIFAVIP under the number of 71225317100005666.

### 3. Results and Discussion

Forty-eight adolescent mothers aged 10 to 19 years treated in the (ESF) of the municipality of Passira-PE were studied. When analyzing the age group of the participants, a variation was observed between 17 and 19 years, where predominantly 14 of them were 17 years old (29.1%), 24 were attending incomplete high school (50%), but no adolescent is illiterate. Regarding the profession, 20 said they were from the home (41.6%), when observing the civil relationship, it was found that 36 were married or lived in a stable union (75%).

In silva studies; MORAES, 2011; ROJAS *et al.*, 2012, showed similarity to the current study, where most adolescents had a mean age of 17 years, with 29.8%. Comparing this study with FILAMINGO, LISBOA, BASSO, 2012, there was a relationship in the level of education, where the majority had incomplete high school with 33.4%. In the study conducted by CAMINHA *et al.*, 2012, with 200 puerperal women interviewed in Ceará in relation to occupation 106 (53.0%) declared to be a housewife, where many start to abandon their studies due to pregnancy.

For Maranhão and collaborators (2015) adolescent mothers with higher education, the frequency of exclusive breastfeeding is higher, since the wide range of information

and knowledge about the benefits of (EM) are crucial for the nursing of the newborn in the first months of life.

MACHADO *et al.*, 2014 says that mothers who are from the home have greater availability of time to offer exclusive breastfeeding, in contrast those who work outside the home intend to breastfeed, but for a shorter time, with maternal work being a difficult factor in breastfeeding.

According to ROJAS *et al.*, 2012 and RODRIGUES *et al.*, 2017, it was predominant how many adolescents lived married and in *estável*.na marital situation 54% and 58%, respectively, showing data relevant to those found in this study. Interpreting the results of the studies presented above, it is observed that the majority of adolescent mothers have stable union, that is, they live together with their spouse without formality.

**Table 1.** Characterization of the pregnancy of adolescents assisted in family health strategies municipality of Passira - PE, 2017.

Variables (N = 48)	N	%
<b>Duration of pregnancy</b>		
33 weeks	1	2,08
36 weeks	2	4,16
37 weeks	4	8,33
38 weeks	10	20,83
39 weeks	18	37,5
40 weeks	5	10,41
41 weeks	3	6,25
42 weeks	5	10,41
<b>Type of pregnancy</b>		
Normal	31	64,58
Risky	17	35,41
<b>Place of follow-up</b>		
Health Center	48	100
Private network	3	6,25
Hospital	9	18,75
<b>Type of delivery</b>		
Eutocic	28	58,33
Cesarean	20	41,66

Source: Author

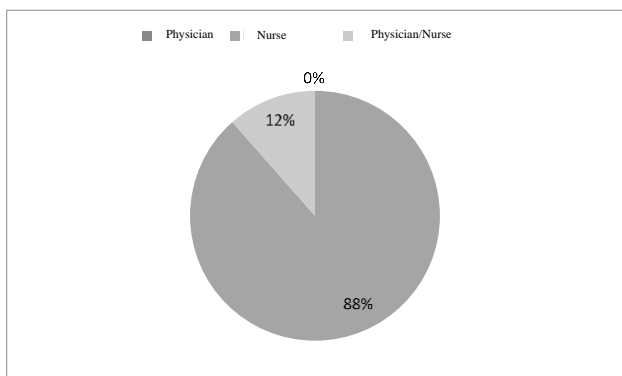
According to the sample studied, it was observed the characteristics of the last pregnancy, where most adolescents presented the type of pregnancy, 31 normal, that is, not presenting risks with (64.58%), but even those who were referred to high-risk prenatal care (outside the FSF, in a reference unit) 48 continued with (100%), complementary follow-up in the FS.

Studies suggest that the occurrence of episiotomy among adolescent mothers reveals an excess risk of around 86%, the surgical procedure with the use of forceps among all pregnant women was 11%, which is a complicating factor, since the presence of complications in pregnancy is associated unfavorably with breastfeeding, this may be due to the emotional instability experienced during high-risk pregnancy CESAR *et al.*, 2011. In the current study, most adolescents had

normal delivery 64.58%.

For studies such as SILVA's; MORAIS, 2011, affirm that the support of the health system favors satisfactory breastfeeding with 65.9%, understood as part of this group of pregnant women or prenatal counseling. Another study conducted from data collection with 84 participants in the hospital of São José do Rio Preto, also corroborate the present sample, the study verified the prevalence of prenatal care, with the majority of 58.5% of adolescent patients FARIA; ZANETTA, 2008.

### Prenatal consultation



**Figure 1.** Classification of prenatal follow-up of adolescents assisted in Family Health Strategies in the municipality of Passira-PE, 2017. **Source:** Author

According to the data presented in graph 1, it can be observed that 42 of the interviewees underwent prenatal follow-up by the nurse representing (88%), and 6 of them (12%), with a physician and nurse, considering that nursing plays a fundamental role in the practice of breastfeeding. Estudo has shown that women who have performed the appropriate number of prenatal consultations show an increase in ESA (SANCHES *et al.*, 2011).

According to authors, prenatal care is a long-term intervention for the health of the mother and child. Through it it is possible that the pregnant woman acquires knowledge about the benefits of breastfeeding, which leads to an increase in em ai adhering. (OLIVEIRA *et al.*, 2013) . When prenatal care occurs in a precarious way or for a shorter period of time than recommended by the Ministry of Health, it can harm the health of pregnant women and the baby.

Prenatal follow-up should begin in the first trimester of pregnancy, and follow-up consultations should persist throughout pregnancy, accompanied by guidance regarding pregnancy, breastfeeding and health of the mother and baby. In this sense, the pregnant woman and other family members concerned should be provided with guidance on breast preparation, techniques to stimulate milk production and instructions that encourage the practice of breastfeeding during the period of the child's six-monthly months of life (SOLTO, JAGER, DIAS, 2014).

According to the Ministry of Health, low-risk prenatal

consultations can be interspersed between physicians and nurses, with at least six during all gestational process, whenever possible follow the schedule, being until 28th week, monthly, from the 28th to the 36th week, fortnightly and from the 36th to the 41st week, weekly, it is noteworthy that there is no "high" in prenatal care before delivery (BRASIL, 2012). Corroborating this study, according to Law No. 7,498 of July 25, 1986, which provides for the regulation of nursing practice, it says that it is up to nurses to perform nursing consultations and prescription of nursing care; as a member of the health team; to prescribe medications, provided that they are established in Public Health Programs and in routine approved by the health institution; to offer nursing care to pregnant women, parturient and postpartum and perform health education activities (COFEN, 2015).

Among the limitations, it is worth emphasizing the importance of nurses as a true health educator and their insertion in the school world with the objective of monitoring adolescents, providing quality care and health education by putting into practice changes and lifestyles, empowering them and making them autonomous in their health promotion and prevention, thus avoiding the main problems that affect this age group, such as unplanned pregnancy and sexually transmitted diseases VIEIRA, *et al.*, 2017.

**Table 2:** Characteristics of information on breastfeeding of adolescents assisted in family health strategies in the city of Passira-PE, 2017.

Variables (N = 48)	N	%
<b>Information about AM</b>		
Yes	42	87,50
No	6	12,50
<b>Location/Information</b>		
ESF	26	54,10
ESF/Maternity	12	25
Other	10	20,80
<b>Who reported</b>		
Nurse	17	35,40
Doctor	2	4,10
Nurse/Doctor	12	25
Nurse/Others	12	25
<b>Start to breastfeed</b>		
1st hour of baby's life	41	85,40
After 1st hour	4	8,30
Home doesn't matter	3	6,20
<b>Duration for AME offer</b>		
As long as you have milk	7	14,50
6 months	27	56,20
Until the baby wants	6	12,50
Don't you know	8	16,60
<b>Duration for AM/Add-on offer</b>		
As long as you have milk	10	20,8
Until the baby wants	14	29,1
Satisfactory for mother/baby	3	6,2
Don't you know	21	43,7

**Source:** Author

Regarding the analysis of the characteristics of the information on breastfeeding, 41 of them with (85.4%) reported that the beginning to breastfeed was in the first hour of life of the baby and 27 of the adolescents with (56.2%) reported that they did (EA) up to six months of life of the child, possibly this happened because the puerperal woman had completed all her prenatal care and received all the guidance on breastfeeding.

A study conducted in the city of São Paulo, Brazil, on factors related to breastfeeding in adolescents, found that deficient knowledge and lack of information can make the young mother believe in myths and beliefs about breastfeeding, such as that breast milk is weak, does not kill headquarters or is insufficient to meet the child's demands (CLAPIS, FABBRO, BERETTA, 2013).

Due to the feeling of insecurity and mistrust regarding the nutritional value of breast milk, the adolescent is vulnerable to the supply of other artificial foods before the recommended period, an attitude that directly affects breastfeeding, and may have as main consequence early weaning, corroborating our study, since knowledge is essential for increasing the treatment of exclusive breastfeeding (MARANHÃO *et al.*, 2015).

No study by CAPUCHO *et al.*, 2017, it was found that the people present in the mother's daily life are directly linked in the support for a good breastfeeding support, so the presence of family members may favor breastfeeding or not, since the influence of grandmothers is a factor for breastfeeding, through their experiences and reporting of supposed knowledge, being involved.

The maternal culture and beliefs that strongly interfere in family history, and in the ability to believe in the breastfeeding process, surrounded by fears and doubts. In this sense, the health professional can assume the role of educator, knowing the life history of this woman during pregnancy, sensitizing her fears and insecurity even during pregnancy facilitating the breastfeeding process, besides granting the woman the decision-making and choices in this new phase of her life.

**Table 3:** Distribution on the type of information for adolescents assisted in Family Strategies and Health, in the municipality of Passira, PE, 2017.

Variables (N = 48)	N	%
<b>Type of information</b>		
Mother	36	15
Baby	42	87,50
Family	15	31,20
Society	8	16,60
Environment	7	14,50
AM Features	36	75
Harmful effects of early introduction LA	38	79.10
Anatomy and physiology of breastfeeding	36	75
Breastfeeding technique	39	81,20
Manual milk expression	36	75
How to prevent/treat difficulties that may arise during AM	31	61,50

Factors that increase success in breastfeeding	3 8	79,10
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Source: Author

It was found that the prevalence of information obtained by adolescents 42 of them with (87.5%) were related to the baby, 38 with (79.1%), were informed about the factors that increase the success in breastfeeding and the harmful effects of the early introduction of artificial milk, this finding results in a good treatment for breastfeeding, evidenced by educational practices through the public police of health.

A study conducted by SOLTO, JAGER and DIAS (2014) suggests that information be provided not only to pregnant women, but also to other family members, information on breast preparation, techniques to stimulate milk production and instructions that encourage the practice of breastfeeding in the period of the first six months of the child's life, however these guidelines should be offered from the gestational period to the puerperal.

A study conducted with fourteen adolescent mothers living in the urban perimeter of Maringá-PR observed that, when knowledge is offered correctly about EONE, it is possible to increase the chances of effective access to this practice, in addition to strengthening its maintenance more efficiently (TAKEMOTO *et al.*, 2011).

**Table 4:** Characteristics of the advantages and disadvantages presented by the adolescents assisted in family health strategies in the municipality of Passira, PE, 2017.

Variables (N = 48)	N	%
<b>Advantages</b>		
Previously breastfed	41	85,40
Started breastfeeding in the hospital	43	89,50
Had help in the first blow	35	72,90
She had help when she had problems breastfeeding	17	35,41
Where you received help/ESF	14	29,1
Who helped/nurse	8	16,6
<b>Disadvantages</b>		
Cleft	36	75
Breast engorgement	38	79,1
Duct lock	8	16,6
Mastitis	8	16,6
Breast abscess	8	16,6
Inverted Nipple	2	4,1
Pseudo Inverted Nipple	1	2
Nipple Flat	13	27
Pain when breastfeeding	37	77,08
Had injuries (mamaria)	30	62,5
Inflammation (mamaria)	12	25

Source: Author

Regarding the advantages and disadvantages reported by the adolescents studied, we can notice that 41 com (85.4%) previously amed, and 43 with (89.50%) of the sample

started breastfeeding in the hospital, while in the disadvantages there was greater relevance in breast engorgement 38 with (79.1%) 37 followed by breast-feeding pain with (77.08%).

According to CASTELLI *et al.*, 2014 the puerperal women go through a difficult phase in the first days of breastfeeding due to physical difficulties in the breasts, such as breast engorgement and breast pain, being these strong precursors for an early weaning negatively reflecting the act of breastfeeding, these findings become a challenge for professionals engaged in this theme.

Another study points out that, even with the disadvantages and occurrences that may arise during pregnancy, adolescents consider pregnancy as a moment of joy, great commitment and a new phase of their life (BARATIERI, CAZETTA, MARCON, 2011). Studies show that the act of breastfeeding has benefits for women, such as less postpartum uterine bleeding, establishes a link between the mother and child binomial establishing warmth and comfort between them and greater spacing between one pregnancy and another. In the same study, the adolescents report on the importance of encouraging and supporting nurses to facilitate the practice of (EMA), because it is believed that this support is extremely relevant to have a good support for this practice (TAMARA *et al.*, 2017).

## 4. Conclusions

Even knowing the importance and campaigns of EDA, this is not a constant practice, especially adolescent mothers. It is noted the continuous support of health professionals, in prenatal care, in order to prepare this nursing/adolescent in the face of the difficulties of breastfeeding, among other aspects, providing comprehensive and humanized care that understands their peculiar difficulties at each moment, whether in the gestational or puerperal period.

Nurses need to be prepared and trained to act in front of breastfeeding, contributing to a good lactation and helping to overcome the difficulties presented by them, a determining factor for a better understanding and guidance on this practice. In addition, the information generated aims to contribute to the knowledge and awareness of professionals in front of the community about the importance of EMA, in order to encourage, qualify and expand health actions, generating promotion and prevention of health problems.

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