

INFLUENCE OF SOCIAL SUPPORT NETWORKS FOR ADOLESCENT BREASTFEEDING MOTHERS IN THE PROCESS OF BREASTFEEDING*

Verônica de Azevedo Mazza¹, Regina Célia Tanaka Nunes², Rafaela Zilli Palmeiro Tararhuch³, Ana Maria Cosvoski Alexandre⁴, Jaqueline Vicentin Patel⁵

¹Nurse. Ph.D in Nursing. Federal University of Paraná. Curitiba-PR-Brazil.

²Nurse. Master in Nursing. Teaching Hospital of the Federal University of Paraná. Curitiba-PR-Brazil.

³Nurse. Vitória Hospital. Curitiba-PR-Brazil.

⁴Nurse. Master in Nursing. Municipal Prefecture of Curitiba. Curitiba-PR-Brazil.

⁵Nurse. Municipal Prefecture of Colombo. Curitiba-PR-Brazil.

ABSTRACT: The aim was to investigate the influence of the social support networks on the process of breast-feeding among adolescent mothers who are breast-feeding. This is an exploratory study with a qualitative approach undertaken in a municipality in the metropolitan region of Curitiba, in three Health Centers with Family Health Strategy, in the period September – October 2011. Nine adolescents were interviewed using semi-structured interviews, and the data were analyzed using thematic categorical analysis. Two categories were listed: Influence of the Primary Social Support Network, and Influence of the Secondary Social Support Network. The Primary Network is characterized by family members and close persons, with special participation from the women. The health institutions and professionals make up the secondary network, which is directed towards health education and encouragement for the practice of breast-feeding. The interaction between the professionals, the breast-feeding mother and her family is important, as it leads to more efficacious actions for the promotion of breast-feeding, in accordance with the context.

DESCRIPTORS: Breast-feeding; Nursing; Social support; Family.

INFLUÊNCIA DAS REDES SOCIAIS DE APOIO PARA NUTRIZES ADOLESCENTES NO PROCESSO DE AMAMENTAÇÃO

RESUMO: Objetivou-se investigar a influência das redes sociais de apoio no processo de amamentação de nutrizes adolescentes. Pesquisa exploratória de abordagem qualitativa, realizada em município da Região Metropolitana de Curitiba, em três Unidades de Saúde com Estratégia de Saúde da Família, no período de setembro à outubro de 2011. Foram entrevistadas nove adolescentes por meio de entrevista semiestruturada e os dados analisados por análise categorial temática. Elencaram-se duas categorias: Influência da Rede Social de Apoio Primária e Influência da Rede Social de Apoio Secundária. A Rede Primária é caracterizada por familiares e pessoas próximas, com especial participação das mulheres. As instituições e profissionais da saúde compõem a rede secundária, esta direcionada para a educação em saúde e incentivo à prática do aleitamento materno. A interação entre os profissionais, nutriz e sua família é importante, pois propicia ações mais eficazes para a promoção do aleitamento materno, em consonância com a realidade.

DESCRIPTORIOS: Aleitamento materno; Enfermagem; Apoio social; Família.

INFLUENCIA DE LAS REDES SOCIALES DE APOYO PARA NUTRICES ADOLESCENTES EN EL PROCESO DE AMAMANTAMIENTO

RESUMEN: El objetivo de este estudio fue investigar la influencia de las redes sociales de apoyo en el proceso de amamantamiento de nutrizes adolescentes. Investigación exploratoria de abordaje cualitativo, realizada en municipio de la Región Metropolitana de Curitiba, en tres Unidades de Salud con Estrategia de Salud de la Familia, en el periodo de septiembre a octubre de 2011. Fueron entrevistadas nueve adolescentes por medio de entrevista semiestruturada y los datos fueron examinados por análisis categorial temático. Resultaron dos categorías: Influencia de la Red Social de Apoyo Primaria e Influencia de la Red Social de Apoyo Secundaria. La Red Primaria es formada por familiares y personas próximas, con especial participación de las mujeres. Las instituciones y profesionales de la salud componen la red secundaria, esta direccionada para la educación en salud e incentivo a la práctica del amamantamiento materno. La interacción entre los profesionales, nutriz y su familia es importante, pues propicia acciones más efectivas para la promoción del amamantamiento materno, en consonancia con la realidad.

DESCRIPTORIOS: Amamantamiento materno; Enfermería; Apoyo social; Familia.

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Corresponding author:

Verônica de Azevedo Mazza
Universidade Federal do Paraná
Av. Prof. Lothário Meissner, 632. Curitiba, PR, Brasil.
E-mail: mazzas@ufpr.br

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INTRODUCTION

Adolescence is a period between 11 and 19 years of age, in which young persons actively seek their insertion in society, through the discovery of the world, of the groups, friendships and a much wider social life⁽¹⁾. Pregnancy and adolescence is considered a situation of risk for the health of the child and the young mother, as these adhere less to the prenatal program and have more difficulty in receiving guidance in relation to personal care and care of the new-born, increasing the vulnerability which surrounds this group⁽²⁾.

Studies show that the principal causes of early weaning in adolescence are the difficulties in breast-feeding during the first days, relating to nipple fissures, mastitis, shortage of milk and a difficulty in latching, and lack of knowledge about the practice of breast-feeding, besides factors such as the existence of conjugal life and the condition of being a student⁽³⁻⁴⁾. It is a unique phase in their life, due to the transformations present, the adaptations to the new body, the environmental adaptation and social integration. The young mothers' attitudes are changed, due to the transition between childhood and adult life⁽⁵⁾.

Although breast-feeding provides health benefits for women and their children, the prevalence of breast-feeding has been shown to be low in adolescent mothers when compared to mothers who are older⁽⁶⁻⁷⁾. As adolescent mothers constitute an at-risk group for the continuity of breast-feeding, the family and social support is considered relevant for these young mothers to feel encouraged and to manage to continue with the process of breast-feeding^(3,8-9).

The practice of breast-feeding is directly influenced by different biological aspects and by the breast-feeding mother's social conditions, such as age, educational level, working conditions and experience in society, this last being represented by the social support networks which surround her⁽¹⁰⁾. The socio-cultural context in which the woman is inserted, and the anxiety in relation to breast-feeding, resulting in complex practice, which is influenced by the experience of the breast-feeding mother in society, permeated by myths, beliefs and values passed on over generations. It must not therefore be understood simply as a function of the mother, but as a function of all the individuals around her⁽⁹⁾. As a result, breast-feeding must not be seen simply as a

biological process, a natural part of the condition of being a mother, but as the perception of the woman referent to herself, her environment, and her relationships with her child and the other members of the social network⁽¹¹⁾.

This social support network can be classified as a primary social support network and secondary support network. In the Primary Network, one finds family members, people who are close to the breast-feeding mother, and the child's father. The secondary network, on the other hand, includes the health professionals who monitor this woman in the pre- and perinatal periods and the puerperium⁽⁹⁾.

The social support network can promote the practice of breast-feeding, through encouragement and support for breast-feeding, the transmission of knowledge and cultural values, guidance regarding the benefits of breast-feeding, care for the child and active listening to the child's needs. Equally, it can harm the same, through lack of interest, lack of encouragement for breast-feeding and through pressure on the breast-feeding mother regarding how to feed her child^(9,11-12).

It is therefore relevant to investigate the dynamic of the social support networks in the context of adolescent breast-feeding mothers, as these can contribute to strengthening the promotion of the child's health and reducing morbidity and mortality. Thus, this study's objective is to investigate the influence of social support networks on breast-feeding among adolescent mothers.

METHOD

This is an exploratory study with a qualitative approach, undertaken in a municipality in the metropolitan region of Curitiba, in three Health Centers (HC) with Family Health Strategy (FHS), in the period September – October 2011. The HC were chosen as they had the highest number of adolescent breast-feeding mothers registered on the Municipal Health Department's SISPRENATAL Program.

Nine breast-feeding mothers participated in the study, after the inclusion criteria had been applied: to be an adolescent breast-feeding mother aged between 10 and 19 years old at the time of birth; to have a child up to six months

old at the time of the interview; and to live in the territory assigned to the FHS. These breast-feeding mothers were selected through the Municipal Health Departments' SISPRENATAL Program of the Centers with FHS of each administrative district with the highest rate of pregnant adolescents. After this first survey, in conjunction with the nurses, three adolescent puerperas per HC were chosen. They were interviewed during home visits in the company of their legal guardian.

The data were collected through semi-structured interviews. The instrument addressed aspects such as the type of food given to the child, the duration of the exclusive breastfeeding, the mother's perception regarding the support received and the feeling of breast-feeding her child, in the perspective of this study's guiding question: What is the influence of adolescent breast-feeding mothers' social support networks on their breast-feeding practice?

The interviews were transcribed, typed and interpreted in accordance with thematic categorical analysis method. Two categories emerged from the analysis of the data, termed: Influence of the Primary Social Support Network, and Influence of the Secondary Social Support Network.

All the participants aged below 18 years old had the terms of consent signed on their behalf by their parents or guardians; those over 18 years old signed the terms of consent themselves. The participants were identified with the letter M and numbered sequentially, ensuring anonymity. The research project, titled "Influences of the Social Support Networks on the Process of Breast-feeding in Adolescent Breast-feeding Mothers" is in accordance with the principles of ethics in research involving human beings, and was approved by the Research Ethics Committee of the Federal University of Paraná, under record CAAE – 0099.0.091.091-11.

RESULTS

For the breast-feeding mothers in this study, the principal subjects involved in the care referent to the maintenance/promotion of breast-feeding the child in her first months of life are elements from the family, neighbors and the health professionals from the primary health service, hospital and the maternity center, here classified as the Primary and Secondary Social Support Networks.

The Influence of the Primary Social Support Network

In the primary network, it was evident that assistance offered by women predominated; the majority of these had already experienced motherhood, and included maternal and paternal grandmothers:

It is my mother [the breastfeeding mother's mother] who helps me quite a lot [...]. My mother-in-law, she lives over there, she helps too [...]. (M 01)

She [the breast-feeding mother's mother] has already had five daughters, you know [...] so I follow her guidance. She has more experience [...] they [the primary network] say a lot of things, you know, they leave you almost crazy... So I come running to my mom, you know! (M 04)

According to the breast-feeding mothers, the Primary Social Support Network undertakes support actions which influence the process of breast-feeding, such as help with domestic activities, care for the baby, and guidance and interventions related to problems with breast-feeding, as in these excerpts from the accounts:

[My mother] helped me to give her a bath, because I didn't know how. (M01)

[My mother] did everything. She washed clothes, made soup, cared for my baby so that I could have a shower [...]. (M04)

She [the boyfriend's cousin] taught me what many mothers taught, she explained everything, that you have to massage before removing some milk from the breast [so that the baby doesn't drink too much and vomit] [...]. (M08)

The guidance received from family members emerged in the reports, which contradict the policy recommendations on breastfeeding:

Arriving home, mom [the mother of the breast-feeding mother] gave her the bottle, so that's

where she is now [...]. (M04)

My stepmother said that it was good [to give the child tea], because it makes the child calmer, [...] Mainly chamomile and anise tea, and also for colic, because it is good [...] So I did this [...] She has experience. [...]. (M08)

This is a backyard, the whole family, and they are all mothers, and they all say it is good to give the baby tea, so I gave it [...]. (M08)

In contrast to the positive influences, the breast-feeding mothers also expressed the negative influence of some elements in the social support network in the process of breast-feeding. This behavior awakes, in the adolescents, feelings of distress, fear and insecurity arising from the practice of breast-feeding, exacerbating the difficulties instead of reducing them, as presented in the account below:

When I was breast-feeding, I didn't have enough nipple, so they were on my case wanting to touch it.. I think I became short tempered, you know, so I couldn't breast-feed my son [...] [my mother-in-law said] that it was wrong! [...]. (M03)

The Influence of the Secondary Support Network

In the secondary network, the elements of support for the breast-feeding mothers are represented by the primary health service (HC) and tertiary health service (local maternity center and maternity hospital), also referred to through the support offered by the doctors, nurses and community health workers, as in the examples below:

When I need them there [the Health Center] they help me, they know, they do, my God, they helped me a lot there [...] One nurse advised me there in the clinic. (M03)

They spoke to me [about breast-feeding] in the maternity center, as well as in the clinic. (M07)

The main actions identified as support for the families offered by the Secondary Social Support

Network were health education and direct assistance in care with the baby, to help for the correct latching in the first episodes of breast-feeding and in the childrearing consultations.

It was the nursing staff, really, there at the clinic [who provided guidance about breast-feeding, complications, and care for the baby] [...]. (M03)

Ah, in the prenatal consultations they are always saying, telling us to do nipple-lengthening exercises, and that you have to give your breast because it is good for the child, and for the mother [...]. (M01)

[...] They [nurses] said that you must rub a drop of your milk over the nipple [...] There was a lecture! [...] I participated here at the clinic [...] and in the maternity center [...] They were always giving advice [...]. (M06)

Also identified were actions encouraging the continuity of breast-feeding, mainly in the domain of the HC, through which the professionals encourage the adolescents to stop bottlefeeding and to return to the breast:

They [the HC team] said that I was to continue encouraging him, no matter how often he didn't latch on, but I was to let him get pretty hungry so that he would latch [onto the breast] [...]. (M02)

When I went there and said that my son was being bottle-fed, they said that I was to try again. They taught me an exercise [to lengthen the nipple] so I started doing that [...]. (M03)

It is also noted that some inappropriate forms of interventions undertaken by some professionals caused feelings such as dissatisfaction in relation to the guidance, and insecurity when undertaking care for the baby, as observed below:

What was bad was that they thought that I didn't want to breast-feed my baby... They kept on arguing with me, and I became desperate, there [in the maternity center], because my baby didn't breast-feed, too... and them arguing with me [...]. (M01)

Ah, they say "Mother, you mustn't do this!" "Mother, you mustn't do that!" [...]. (M04)

Some mothers, when questioned about the report received from the health professionals regarding situations of difficulty faced in initiating breast-feeding, showed discontent:

One nurse even said, "Ah! It's because you don't want to breast-feed [...]. (M02)

It is [...] just that they handed over just a piece of paper, you know [...] a leaflet and they asked if I was breast-feeding, these questions too, and then they left. They didn't explain much [...]. (M08)

Analyzing the interviews, it was identified that the nursing mothers who reported a greater bond with the secondary network had greater knowledge about the theme of breast-feeding, and consequently breast-fed for longer.

DISCUSSION

Recognizing the social support network for the adolescent breast-feeding mother allows the health professional to broaden the scope for planning her actions, involving people who are influential in the adolescent breast-feeding mothers' lives in the care.

In this study, family members – who during this phase of life tend to be more present in the daily routine of the young mothers – emerged as the principal elements of support for breast-feeding, helping in the care for the baby and domestic activities. The family, as an element of the Primary Social Support Network, has fundamental importance in the care for its members, and is considered the first space for socialization of the individual, where she develops the first concepts of the environment which surrounds her, as well as her social identity⁽¹³⁾.

It falls to the closest family member to balance the family dynamics, assisting in the care of the baby and in the domestic activities, as well as to provide information and comfort, also offering the necessary support for the new mother's emotional and psychological balance⁽¹¹⁾.

Among the elements of the primary network, in this study, the maternal and paternal grandmothers were mentioned, as were sisters and cousins – principally the women who had already gone through the same experiences. These expressed fears, worries and the cultural influence, based in folk knowledge and values, present in the choice of how to feed the child. These values, although accepted by the mothers, sometimes contradict the guidance of the Ministry of Health regarding breast-feeding and care for the baby, which can lead to conflicts becoming established between professional and folk knowledge. When she experiences motherhood, the woman becomes more susceptible to external influences, principally in relation to care for the baby and breast-feeding⁽¹⁴⁾.

In any process of change undergone by a specified individual, especially in the phase of adolescence, the family exercises an active role in the decisions taken. In the process of breast-feeding, this occurs in a similar way, as the family interferes directly in the care for the baby, in the assistance with the activities relevant to the woman's routine, or in the pressure to which the breast-feeding mother finds herself exposed, contributing to the quality and duration of the breast-feeding⁽⁹⁾.

The figure of the child's grandmother becomes more important for the adolescent mother during breast-feeding⁽⁹⁾, representing one of the notable sources of support for the mother during the phase of lactation, and possibly exercising a positive or negative influence on the maintenance of breast-feeding⁽¹⁵⁾. Sometimes, the breast-feeding mothers in this study reported guidance from family members which could lead to early weaning, as well as guidance to introduce inappropriate complementary food. It follows that in situations in which the breast-feeding mother perceives herself as without support, they contribute to encouraging early weaning, especially when the difficulties faced by this mother are not understood by the family members⁽¹¹⁾. The knowledges and experiences of other members of the family are passed on to the new mother as advice, examples and teaching, preserving the customs inherent to the group⁽¹⁶⁾. Bearing in mind, however, that the grandmothers have influence in the process of breast-feeding due to their personal experiences, it is highlighted that for many years it was correct to offer formula milk, soups, teas,

or porridges instead of natural breast milk; thus, these influences can lead to practices which promote either breast-feeding or early weaning.

It is therefore necessary to rethink the practices of promotion of breast-feeding, with the aim of including members of the primary social support network in this practice; it must be involved in the preparation of the pregnant woman for breastfeeding, going beyond the pre-natal period, also involving it in following up childrearing, reinforcing guidance, and demystifying concepts and beliefs which can impair adherence to, and maintenance of, breast-feeding⁽¹⁴⁾.

The adolescents mentioned the health professionals as the second group with major influence in the support and encouragement for breast-feeding. Studies on breast-feeding raise the importance of the secondary network for the promotion of breast-feeding. The health professional must be able to develop close links with the breast-feeding mother, in order to be able to carry out a role of assisting in and encouraging the promotion of the health of the new mother and her baby, especially in relation to breast-feeding⁽²⁾. For this, this professional's work must occur in different stages, ranging from the pre-gestational period through to the puerperium. When this is effective, the pregnant adolescent feels herself to be more confident and qualified for undertaking the care for her child more appropriately. The role of health education for the promotion of breast-feeding is shown to be fundamental⁽¹⁷⁾.

The mother must feel herself to be safe and confident in the care for her child, and must believe that she is able to meet all her needs. For this to happen, the professional must be competent to assist the mother in all her difficulties, seeking constantly to inform, support and encourage⁽¹⁷⁾. In some accounts, however, the breast-feeding mothers demonstrated dissatisfaction – with the work of some professionals presenting prescriptive practices, and imposing their opinions, causing doubts and insecurity. It is fundamental for the health professional to know the context of the breast-feeding mother's life, and after this stage to establish an action plan for the encouragement of breast-feeding, which is in accordance with the context found. Actions which are based exclusively in assumptions and preconceived ideas, undertaken in an imposed way, make

the assistance inefficient. It is necessary for the care to be based in empathy, without preconceptions or assumptions, thus being suited to the conditions in which the mother is found⁽¹⁸⁾.

FINAL CONSIDERATIONS

The Primary and Secondary Social Support Networks of the adolescent breast-feeding mother are characterized by family members and health professionals from the Primary Healthcare Centers and from the maternity centers. This being so, the influence and support of individuals close to her, and of the health professionals from all levels of care, is essential for the promotion of the breast-feeding woman's health.

The influence of family members on the adherence to, and maintenance of, breast-feeding is affected by social and cultural factors which pass from generation to generation. The importance of the educational role in the prenatal consultation by the health professionals, and the need to train these in the management of breast-feeding in order to help adolescent breast-feeding mothers to overcome the difficulties found in this process is evidenced.

To this end, it is necessary for the nursing team to provide continuous support to pregnant adolescents during the prenatal period and in the postpartum period, through strategies such as participation in groups, home visits, and the inclusion of grandmothers and other members of the family in the guidance, so as to ensure the continuity of actions promoting breast-feeding.

Considering the importance of the support from the primary and secondary networks, and the extent to which each of these influences the process of breast-feeding by the adolescent breast-feeding mother, emphasis is placed on the importance of the bond between the health professionals, the breast-feeding mother, and her family, so as to strengthen links, interlink knowledge, and articulate actions for the promotion and protection of breast-feeding, in a way which is suited to the context of each breast-feeding mother.

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