

GRANDMOTHERS' RELATIVE INTERFERENCE WITH THEIR TEENAGE DAUGHTER'S BREASTFEEDING

A interferência relativa das avós no aleitamento materno de suas filhas adolescentes

La interferencia relativa de las abuelas para la lactancia materna de sus hijas adolescentes

Original Article

ABSTRACT

Objective: To understand the influence of grandmothers on the effectiveness and duration of breastfeeding of their teenage daughters during the child's first six months of life. **Methods:** Qualitative study conducted with 25 new grandmothers who lived with their pregnant teenage daughters or daughters-in-law before and after the birth of their grandchildren from March 2011 to January 2014. The interviews were guided by a semi-structured questionnaire; after transcription, data underwent thematic analysis, which yielded the category: "the breastfeeding process for grandmothers." **Results:** Grandmothers were present during the breastfeeding of their grandchildren from the earliest moments to the introduction of complementary foods; successful personal experiences with breastfeeding were important for building support for the nursing teenage mother. Over time, they stepped back and allowed the teenagers to take responsibility as the primary caregivers of the babies. **Conclusion:** The influence of grandmothers on the breastfeeding of their grandchildren is a result of the shared belief that breastfeeding is important, healthy and a mother's obligation.

Descriptors: Breast Feeding; Adolescent; Intergenerational Relations; Women's Health.

RESUMO

Objetivo: Compreender influência das avós no exercício e duração do aleitamento materno de suas filhas adolescentes, durante os primeiros seis meses de vida da criança. **Métodos:** Estudo qualitativo, realizado com 25 futuras avós, que conviviam com suas filhas ou noras adolescentes grávidas, antes e após o nascimento de seus netos, no período de março de 2011 a janeiro de 2014. As entrevistas foram guiadas por um roteiro semiestruturado, e uma vez transcritas foram analisadas de forma temática, da qual emergiu a categoria: "O processo de amamentar para as avós". **Resultados:** As avós mostraram-se presentes na amamentação de seus netos desde os momentos iniciais até a introdução de alimentos complementares e as suas experiências pessoais de sucesso no aleitamento materno foram importantes para a construção do apoio à nutriz adolescente. Com passar do tempo, as avós se posicionaram na retaguarda, permitindo que as adolescentes assumissem a responsabilidade de principais cuidadoras dos bebês. **Conclusão:** A influência das avós na amamentação de seus netos se deu pela crença compartilhada que amamentar é importante, saudável e uma obrigação da mãe.

Descritores: Aleitamento Materno; Adolescente; Relação entre Gerações; Saúde da Mulher.

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Received on: 04/17/2016

Revised on: 05/02/2016

Accepted on: 06/20/2016

RESUMEN

Objetivo: Comprender la influencia de las abuelas en el ejercicio y la duración del amamantamiento materno de sus hijas adolescentes durante los primeros seis meses de vida del niño.

Métodos: Estudio cualitativo realizado con 25 futuras abuelas que convivían con sus hijas o nueras adolescentes embarazadas antes y después del nacimiento de sus netos en el período entre marzo de 2011 y enero de 2014. Se utilizó para las entrevistas un guión semiestructurado y tras la transcripción las mismas fueron analizadas a través de temática de la cual emergió la categoría: "El proceso del amamantamiento para las abuelas". **Resultados:** Las abuelas estuvieron presentes durante el amamantamiento de sus nietos desde los primeros momentos hasta la introducción de los alimentos complementarios. Las experiencias personales de éxito para el amamantamiento materno fueron importantes para la construcción del apoyo a la adolescente y a lo largo del tiempo se pusieron en retaguardia permitiendo que las adolescentes asumieran la responsabilidad de principales cuidadoras de los bebés. **Conclusión:** La influencia de las abuelas para el amamantamiento de sus nietos se dio por la creencia compartida de que amamantar es importante y saludable y es una obligación de la madre.

Descriptor: Lactancia Materna; Adolescente; Relaciones Intergeracionales; Salud de la Mujer.

INTRODUCTION

Breastfeeding is a multifactorial process influenced by the environment and culture and its extent is probably more dependant on the mother's conscious and founded choice than on the guidance and support before and after the baby's birth⁽¹⁾.

Experts convened by the World Health Organization (WHO) in 2001 have reviewed the scientific evidence on the optimal duration of exclusive breastfeeding (EBF) and have recommended, since then, that breastfeeding be exclusive for the first six months of life and that complementary foods be introduced thereafter, with continued breastfeeding⁽²⁾.

According to a worldwide survey, over 80% of women breastfeed their children, but EBF rates are well below 50%⁽³⁾. In Brazil, the prevalence of EBF was 41.0% according to the II Breastfeeding Prevalence Research in Brazilian capitals and the Federal District⁽⁴⁾.

According to the American Academy of Pediatrics, the practice has few contraindications, but they do exist. Mothers should not breastfeed: with serious, chronic or debilitating illnesses; infected with human immunodeficiency virus; needing to take harmful drugs to babies, and also when babies are carriers of rare metabolic diseases⁽⁵⁾.

Breastfeeding is a learned skill⁽¹⁾. Therefore, the systematic action of health professionals committed to the theme is important, throughout the reproductive life of women, during prenatal care, and up to six months of the baby's life⁽¹⁾.

Adolescence is usually defined as the period of human lifespan between childhood and adulthood⁽⁶⁾. The United Nations Children's Fund (UNICEF) considers it as the period of lifespan starting at 10 and ending at 19. Much beyond a rite of passage, it is a period of intense changes characterized by physical, mental, emotional, sexual, and social development, and by the individual's efforts to achieve the objectives related to the cultural expectations of the society in which one lives⁽⁷⁾.

According to the SUS Department of Informatics (DATASUS), an agency of the Executive Secretariat of the Ministry of Health, 19.3% of live births in the country in 2014 had mothers aged between 10 and 19 years. In São Paulo, the rate was 14.8% of live births⁽⁸⁾.

Pregnancy and adolescence, whether concomitant or not, are events with different specificities and comprise a universe of internal and external changes. The precocity in the role of mother results in the experience of the role of grandmother, which contributes to a family reorganization⁽⁹⁾.

These grandmothers are part of a precursor generation of women who have experienced significant changes guided by the increased level of education and their inclusion in paid workforce, ensure their independence and autonomy, but are overwhelmed by tasks, making it more difficult to deal with the demands of their children's early pregnancy⁽¹⁰⁾.

Grandmothers are an important factor of the expanding family, as they actively contribute to the nurture and growth of their grandchildren, by sharing the care for the babies, transmitting knowledge and actively contributing to raising them⁽¹¹⁾.

The mother's personal decision to breastfeed is supported by the updated and comprehensive information on how breastfeeding poses short- and long-term influences to the health of your child. Health professionals play an important role in the whole process and are the closest individuals sharing the breastfeeding experience with the mother and the baby. Therefore, the investigation of the role of grandmothers on breastfeeding is justifiable, especially when the breastfeeding mothers, besides being inexperienced, are also adolescents.

Starting from the assumption that grandmothers could interfere with breastfeeding of their grandchildren, this research was developed aimed at understanding the influence of grandmothers on the practice of breastfeeding

by their teenage daughters and its duration, during the first six months of the child's life.

METHODS

The survey followed an exploratory and qualitative design⁽¹²⁾ with grandmothers, mothers or mothers-in-law of adolescents seen at the High-risk Gestation Clinic of the Municipal Health Secretariat of the metropolitan area of Campinas, São Paulo, Brazil and was conducted from March 2011 to January 2014.

The sample size was defined on the basis of the answers obtained. Participated in the study 25 pairs of adolescents and their mothers or mothers-in-law, who were invited to participate from the last trimester of pregnancy on. As inclusion criteria, adolescents (between 14 and 18 years) should be in the first pregnancy and have regular living, or reside in the same house, or in the vicinity of their babies's future maternal or paternal grandmothers.

All women were informed of the study characteristics and objectives and interviewed individually. The adolescents agreed to participate upon an Adolescent Informed Consent Form, whereas the adults signed an Informed Consent Form (ICF).

The adult women, identified by the adolescents had their first interview scheduled by prior telephone contact, through phone numbers reported by the youngsters.

Five interviews were then scheduled with each woman individually, according to the convenience of time and place indicated by the interviewees. The first one occurred during the third trimester of pregnancy, the second during the immediate postpartum period, and then, 30 days, 120 days, and 180 days after birth, in the respondents' homes. The intervals between interviews were chosen based on the literature, which points a decline in EBF over time.

The semi-structured interview guide contained triggering questions for the grandmothers to recall the experience of feeding more than one child and how this experience could influence the breastfeeding of their grandchildren. The interviews were recorded by a single interviewer, in a Sony ICD-PX240® digital equipment, without pre-set length of time.

Transcripts of the speeches were made by the interviewer, who systematically cut them out and grouped in record units. For analysis, these were regrouped, interpreted and shaped in the category chosen for the study⁽¹³⁾: "The nursing process for the grandmothers."

The content analysis⁽¹⁴⁾ was used to "unveil the 'units of meaning' that make up the communication, whose presence or frequency might mean something for the chosen analytical objective". After exploration of the

material obtained through the interviews, the grandmothers' speeches were, for analysis, regrouped in the following thematic subcategories: the meaning, the knowledge, the desire, the practice and the support of breastfeeding.

The research protocol submitted to ethical review by the Research Ethics Committee of the School of Medical Science of the State University of Campinas (Unicamp) was approved under opinion no. 0031.0.146.000-11. To preserve the identities of the participants, their names were replaced by names of stars in the Milky Way.

RESULTS AND DISCUSSION

The breastfeeding process for grandmothers

First thematic subcategory: The meaning of breastfeeding

The home environment is where you learn the first concepts of health and where women are the ones traditionally responsible for the hygien, feeding and care of individuals. Its components share experiences, lessons and inspire conducts⁽¹⁵⁾, which indicates that this is the space where women seek support for the development of maternal activities and breastfeeding.

Once the majority of future grandmothers had nursed, they had already developed concepts on the BF and saw the practice in a positive way:

"[...] It means to breastfeed the baby, right? [...] yes, the three of them [...] it was wonderful (closes her eyes) I remember to this date [...]." (Pysix)

"[...] It's good, isn't it? For me, it was, I enjoyed nursing the girls [...]." (Norma)

However, two future grandmothers expressed aversion to breastfeeding:

"[...] I'm find it disgusting, I don't even like to think about it (simulates a chill) [...] no, I didn't, I didn't want to (breastfeed) [...]." (Pismis)

"[...] Well ... for me, it's hard, because I have a trauma, [...] when I was about five years or so, a friend of my mother's made me suck her breast, I threw up a lot, I find it sickening to this very day [...]." (Sagitta)

The feeding behavior of an individual is learned and evolves influenced by the development, the social context, emotional factors, and the family interaction⁽¹⁶⁾. Emotionally bad experiences related to certain food lead to a rejection regardless of the organoleptic qualities it possesses.

Once again it is appropriate to notice how the personal conditioning influences the food choices that women make

for themselves and their relatives, since breastfeeding is na attitude with unique characteristics resulting of each woman's personal experiences⁽¹⁾.

Second thematic subcategory: The knowledge about breastfeeding

Future grandmothers reported that they were not oriented on the BF during their prenatal care, but mentioned the experience of their own mothers and health professionals, after delivery:

"[...] At the hospital they talk a lot, so when I went home my mother helped [...]." (Taurus)

"[...] No, I saw my mother breastfeed my brothers and when my turn arrived, I repeated that [...]." (Cancer)

A comparative study of two groups of pregnant women, when one was given information about breastfeeding during prenatal care, and the other was not, found a higher percentage of breastfeeding mothers by the end of four months in the first group⁽¹⁷⁾.

Women will only be able to decide favorably or not to breastfeed their child if they have information on the subject. Their motivation will be conditioned by the family history, the knowledge acquired from childhood, the opportunity to observe any of their relatives nursing a baby, things that has been learned and facilitated in the context of sociocultural opportunities and, finally, by the knowledge acquired during the prenatal care⁽¹⁸⁾. For breastfeeding to become concrete, it is also necessary that women be educated about the benefits of breastfeeding for their son and for themselves.

Third thematic subcategory: The desire to breastfeed

When asked about the desire to breastfeed, future grandmothers reported not having reflected on the subject, since breastfeeding was the expected action from a mother, with no room for questioning the fulfillment of this role:

"[...] I did not think about wanting, I had to do it, it was part of being a mother; a mother must breastfeed [...]." (Norma)

"[...] Look, I put him in the chest and nursed him. I didn't think about anything, because I had to do it and I did it [...]." (Lepus)

The future grandmothers' statements reflect the environment in which they live and where they raise their children. When considering breastfeeding as inherent to motherhood, they perhaps express a socially expected behavior or an appropriate speech to the role of a parent and nursing mother.

By measuring the level of maternal information on breastfeeding⁽¹⁹⁾ among women participating in the prenatal program at the Maternity Teaching Hospital, researchers reported that the expression of breastfeeding desire was justified with explanations of the benefits for the baby, who becomes the core element of this process, while the mother, the person who chooses and intends to do so, plays a supporting role.

Fourth thematic subcategory: The practice of breastfeeding

The practice of BF was described as a good and important experience in the construction of attachment. From the grandmothers' point of view, breastfeeding is related to health, protection and brings benefits also for the nursing mother:

"[...] I think, it's a very good experience [...] because you create a bond [...] you feel safe in taking care of the baby and it's also very practical (laughter) [...]." (Sculptor)

"[...] It's good for us, for our child, we feel more attached, they get stronger, that's it [...]." (Ursa)

These grandmothers' answers reinforcing the positive aspects of breastfeeding call into another finding⁽¹⁵⁾ about the difficulty in obtaining complete and reliable answers in the interviews, since the women interviewed by researchers tended to respond in a more socially convincing way.

It is undeniable that breastfeeding brings positive experiences, but it also brings negative moments. Breastfeeding is a mandatory condition of motherhood and it should be naturally seen in an edifying way, as a way to strengthen the "maternal love"⁽²⁰⁾.

Fifth thematic subcategory: The support to breastfeeding

Grandmothers demonstrated to be present in the breastfeeding of their grandchildren, from the earliest moment to the introduction of complementary foods. Apparently, the influence of mothers and mothers-in-law was the same and, differently from other authors' findings⁽²¹⁾, there was no negative interference on the part of most grandmothers that would affect the breastfeeding duration.

The grandmothers' successful personal experiences in BF were important for building support for the adolescent nursing mother, whereas those grandmothers who had never nursed were reticent about the supporting role, since they had a limited personal experience with BF.

The gradual reduction in the number of children exclusively breastfed during the research, as found by other

researchers^(22,23), were caused, according to the interviewees' statements, by different factors, such as breast complications commonly associated to the beginning of breastfeeding, use of pacifiers, introduction of formulas, uncertainty about the adequacy of breastfeeding, and the return to school as well:

"[...] NESTOGENO (Nestlé, Campinas, SP), the pediatrician said she needed, because she is only being nursed and is it wasn't enough [...] because she nursed, and nursed, and nursed, and was never satisfied [...]." (Antilia)

The grandmothers got through the initial complications supported on their personal experiences and pointed out the orientations given in the outpatient clinic as important to solving problems. Nevertheless, they also heeded the medical prescription for the introduction of formulas and other foods:

"[...] Well, yes and no [...] because he is a premie, she got nervous because he didn't nurse, so the hospital's pediatrician told her to give him NAN (Nestlé, Campinas, SP) [...]." (Taurus)

Regardless of all the recommendations based on numerous scientific research, globally spread public policies, and the mobilization of international agencies (such as the International Baby Food Action Network) for the maintenance of exclusive breastfeeding for six months^(4-6,15,16), the introduction of food at approximately 120 days of the baby's life by other health professionals, it is still a common practice:

"[...] Yes, and we're already giving her some juice, too [...] the pediatrician said she is already old enough for juice." (Indus)

Other researchers^(24,25) point that health professionals have the responsibility to guide on appropriate complementary feeding practices, which include the timely introduction of complementary foods to BF.

Interestingly, the grandmothers call their suggestions "tips", thus avoiding any emphatic and commanding speech towards the attitude of their daughters or daughters-in-law:

"[...] I'm giving some tips, (laughter) but the nurses are the ones who really teach her [...]." (Monoceros)

Mothers or mothers-in-law, the grandmothers expressed support and respect for the choices of the adolescent mothers. They remained present in the first days postpartum but, as time went past, they stepped back, allowing the teenagers to take the responsibilities as primary caregivers.

By the time of the fourth interview, when the babies were four months old, it was noticeable that the grandmothers'

participation in breastfeeding had ceased to be incisive. These women have returned to their many activities and the young mothers were solely in charge of feeding and taking care of the child:

"[...] Yes, now comes the salty gruel and she's kinda sad [...] because the baby doesn't like it much, but I've told her [...] nothing, she did it all by herself [...]." (Phoenix)

The support of grandmothers, whether mothers or mothers-in-law, contributed to some adolescents breastfeeding up to six months, as well as the affirmative desire to do so, the family support and the professional guidance on the management of breastfeeding in the first weeks of life.

FINAL CONSIDERATIONS

The practice of breastfeeding has been described as a good and important experience for the construction of attachment to the child. In the grandmothers' perception, breastfeeding is to be expected from a mother, and there is no room for questioning the accomplishment of this role.

The speeches of the interviewees suggest that the professionals involved in prenatal care lose there an important opportunity to provide the adolescents with subsidies to develop and choose to breastfeed their children.

There was no imposition on the part of the grandmothers, even among those who had not breastfed, regarding the baby's feeding, and the adolescents were responsible for deciding on other types of milk recommended and prescribed by pediatricians.

The influence of grandmothers on breastfeeding their grandchildren occurred through the shared belief that breastfeeding is important, healthy and a mother's obligation.

By including the adolescent's significant others in the promotion and protection of breastfeeding, health professionals have the opportunity to expand care, combining technical aspects and the particular event previously experienced, to strengthen the breastfeeding support network.

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