



EXCLUSIVE BREASTFEEDING, SOCIOECONOMIC AND GESTATION PROFILE OF USERS OF PRIMARY AND HOSPITAL CARE

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ABSTRACT

Breastfeeding is a natural and effective act and its success depends on the socioeconomic factors of the infant. The objective of the study was to characterize the socioeconomic and gestational profile of women, identify the prevalence of exclusive breastfeeding among their children, describe characteristics of prenatal care and delivery, and verify whether they received prenatal care. A descriptive, cross-sectional, quantitative study was carried out in Imperatriz (MA) with 366 women who accompanied their children from 0 to 6 months to the Basic Health Units and Maternal and Child Health Regional Hospital. Of these women, 47.5% were between 25 and 34 years old, 66.4% attended high school, 94.3% were housewives, 83.6% had family income of up to three minimum wages, 55.7% had a cesarean section, 99.4% underwent prenatal care, and 43.4% practiced exclusive breastfeeding. Actions to promote, support and encourage the practice of Breastfeeding should be implemented in the municipality to raise the rates of Exclusive Breastfeeding.

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INTRODUCTION

Breastfeeding (BF) is an important action to reduce infant morbidity and mortality and its success depends on factors that may be related to the mother as well as to the child (Gomes 2011). The prevalence of breastfeeding in all Brazilian capitals and the Federal District (FD), with respect to exclusive breastfeeding of infants under 4 months, increased from 35.5% in 1999 to 51.2% in 2008, a year in which there was prevalence of 41% in infants under 6 months. The comparison of the percentage of children between 9 and 12 months breastfed between 1999 and 2008 also showed an increase from 42.4% to 58.7% (Brasil, 2009). In Maranhão, there was an increase of 4.9% in exclusive breastfeeding (EBF) from 2006 to 2009, going from 65.2% to 68.4%. As observed, there was an increase in the BF index that can be attributed to researches, studies and promotion of BF by health professionals over the years (Brasil, 2012). However, in spite of the trend of improvement, the BF rates in Brazil are far below those considered ideal by the World Health Organization (WHO) that recommends exclusive breastfeeding up to 6 months and BF with complementation up to two years or more (Brasil, 2011). Several factors may be related to these low rates. During the period of adaptation of the puerperium to the new reality, the woman may feel insecurity, worry, doubts and even fear of failure as mother. These aspects are observed in consultations during the puerperium and can directly influence BF, even becoming a barrier to the practice of breastfeeding (Coelho, 2011). Another factor that calls attention is the sharp fall in BF rates after the fourth month of life. It is assumed that return to work induces mothers to abandon breastfeeding because of the need to leave their children with caregivers at home or in early childhood centers (Souza *et al.*, 2012).

In this sense, it can be said that much has been done to increase the prevalence of EBF, including health education by professionals in the area. However, more than that, an understanding of the socioeconomic and gestational context of the nursing mothers is necessary for a better understanding of the environment in which they are inserted so as to create strategies to promote the BF and, as a consequence, increase its rates. It is also verified that the level of schooling, access to health services, economic class, family income, the environment in which mothers are inserted, their age, among other factors, cause impacts of diverse natures. These aspects can vary according to the life history of each woman, directly influencing the puerperal period and especially the practice of breastfeeding (Leite *et al.*, 2013). Therefore, the objective of this work was to characterize the socioeconomic and gestational profile of women, identify the prevalence of EBF among their children, describe the characteristics of the prenatal and delivery care received, and verify whether the women received prenatal guidance about EBF.

MATERIALS AND METHODS

A descriptive cross-sectional study with a quantitative approach was carried out in Imperatriz (MA) between January and July 2016. Data collection took place in the waiting room of the Basic Health Units (BHU) and of the Maternal and Child Health Regional Hospital (HRMI), while the mothers and their children aged zero to six months were waiting the consultation for vaccination or child care.

The study sample comprised 366 mothers with children from zero to six months of age. Women over 18 years of age living in the municipality of Imperatriz and mothers of children aged 0-6 months were included in the study; mothers under 18 years old were excluded, as well as those who had any mental problem or infectious disease such as HIV/AIDS and hepatitis. Data were collected by means of an objective questionnaire containing variables related to the socioeconomic characteristics of the mothers, prenatal and delivery care, and the child's dietary aspects. After collection, the data were transcribed into Microsoft Excel 2010 spreadsheets for further analysis. The study was ruled by ethical precepts and was approved by the Research Ethics Committee of the Federal University of Maranhão under Opinion 414.522/2013.

RESULTS

A total of 366 mothers of children aged 0-6 months residing in Imperatriz, Northeast of Brazil, participated in the study. Table 1 shows the socioeconomic profile of these women.

Table 1. Socioeconomic profile of the women participating in the study. Imperatriz (MA), 2014

Variables	n	%
Age of the mother		
18 to 24 years	161	44
25 to 34 years	174	47.5
>35 years	31	8.5
Schooling of the mother		
Illiterate	3	0.8
Elementary school	73	20
High school	243	66.4
Higher education	47	12.8
Work outside home		
Yes	21	5.7
No	345	94.3
Family income (minimum wages*)		
Ignored	5	1.4
< 1 minimum wage	18	4.9
1 to 3 minimum wages	306	83.6
>4 minimum wages	37	10.1
Age of the child in days		
1 to 45 days	188	51.4
44 to 89 days	63	17.2
90 to 135 days	75	20.5
136 to 180 days	40	10.9
Total	366	100

*current minimum wage

Regarding the prevalence of exclusive breastfeeding, it was observed that 43.4% (159) of the studied population had adhered to exclusive breastfeeding (Figure 1). However, if data are analyzed in greater depth and making a monthly assessment of the number of children in EBF, the prevalence ranged from 89 (68.4%) in children under one month to 1 (5.5%) in children aged five months and at the sixth month of life; in this study there were no children in EBF, as shown in Table 2.

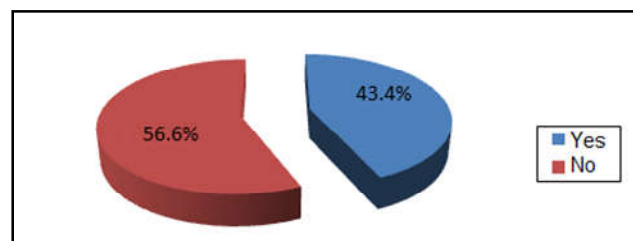


Figure 1. Description of children aged 0 to 6 months in relation to EBF. Imperatriz (MA), 2014

Table 2. Demonstration of the prevalence of EBF, Imperatriz (MA), 2014

AGE	NUMBER OF CHILDREN	CHILDREN IN EBF	PREVALENCE OF EBF
>1 month	130	89	68.4%
1 month	35	19	54.2%
2 months	70	25	35.7%
3 months	49	14	28.6%
4 months	39	11	28.2%
5 months	18	1	5.5%
6 months	25	0	0
Total	366	159	100

The gestational profile and the prenatal and delivery care received can be seen in Table 3.

Table 3. Characteristics of gestation and labor and prenatal care of the women surveyed. Imperatriz (MA), 2014

Variables	n	%
Number of pregnancies	n	%
1 to 3	333	91
4 to 6	29	7.9
7 to 9	4	1.1
Number of abortions		
1 to 3	86	23.5
4 to 6	2	0.5
None	278	76
Type of delivery		
Vaginal	161	44
Cesarean section	204	55.7
Forceps	1	0.3
Prenatal care		
Yes	364	99.4
No	2	0.6
Number of consultations		
< 6	91	24.8
> 6	273	74.6
None	2	0.6
Gestational age		
< 37 weeks	29	7.9
37 to 42 weeks	336	91.8
> 42 weeks	1	0.3
Place where prenatal care was provided		
HRMI	238	65
BHU	72	19.7
Private hospital	56	15.3
Total	366	100

Table 4 shows data on guidance about BF received by the mother during prenatal care.

Table 4. Guidance of the women about EBF. Imperatriz (MA), 2014

Variables	n	%
Received guidance on EBF during prenatal care		
Yes	247	67.5
No	119	32.5
Total	366	100
Professional who provided information		
Nurse	166	67.2
Physician	38	15.4
Nursing technician	38	15.4
Community health agent	5	2
Total	247	100

DISCUSSION

The women in this study had similar socioeconomic and obstetric profiles to women in a study carried out in Fortaleza (CE) in 2009 (Oliveira *et al.*, 2010). Management of breastfeeding requires knowledge, which leads to the assumption that women with better schooling are able to implement this practice, as well as the fact that women who do

not work outside home have more time to breastfeed on free demand and to develop the bond mother/baby. The family income of the women in this study ranged from 1 to 3 minimum wages. According to the Getúlio Vargas Foundation (2011), this population fits into the economic class C. Women with incomes less than 4 minimum wages had a higher prevalence of BF, indicating that lower family income positively influences the practice of BF (Olimpio *et al.*, 2010). The prevalence of EBF among the studied children is well below the rates recommended by the Ministry of Health (MOH), since among the children aged six months and over there was not even one in EBF. Data from the MOH were found in the II Survey on Prevalence of Breastfeeding in capitals and in the FD (II PPAM) in 2008 indicating that the prevalence of EBF in infants aged one month in São Luis was 59.9% and in those aged six months was 12.5%, whereas data from Brasil indicate that EBF was 60.7% one-month-old infants and 9.3% in six-month-old infants (Brasil, 2009). Similar results were found in a study where there was a gradual decrease in the prevalence of EBF up to 6 months. This can be associated with lack of guidance and follow-up given to the mothers (Rebimbas *et al.*, 2010). It is important to highlight that one of the benefits of exclusive breastfeeding is the financial factor, since there is no need for consumption of industrial milks and bottles. Furthermore, EBF reduces risks of diseases such as diarrhea (Santos *et al.*, 2016) which entail future costs. The economic value of breastfeeding, both for the family and for governments, at different levels of management, must be taken into account. Health spending during the first year of life is much lower when children are in BF according to international recommendations (Carrascoza *et al.*, 2011).

A study on the prevalence of BF showed that in general, mothers with higher schooling adhere more frequently to EBF, bearing in mind that they have more knowledge and access to information because high schooling is usually related to most privileged socioeconomic situations (Souza *et al.*, 2012). However, another study showed that these women do not always practice EBF until the 6 month of life of their children because they have to engage in professional activities outside their home (Carrascoza *et al.*, 2011). The data of this research show that the great majority (82.2%) of the women had had from 1 to 3 pregnancies. A similar study performed in Iguatu (CE) revealed that the mean was 2 pregnancies (Gonçalves *et al.*, 2012). Regarding the type of delivery, this study shows that cesarean section was the option chosen by most of the women. The high rates of surgical delivery indicate that these procedures are often made electively and are influenced by cultural and social issues (Aldrighi *et al.*, 2012). Access to health information and services, cultural factors, socioeconomic variables, schooling, race, and other aspects also influence the choice for cesarean sections by both pregnant women and obstetricians. It is important to emphasize the role of health professionals as guides for this choice during prenatal care (Padilha *et al.*, 2013). The MOH highlights that normal delivery must be encouraged during prenatal care in order to reduce the risk of cesarean delivery, and that educational practices addressing the encouragement of breastfeeding and the importance of its follow-up, ensuring at least 6 prenatal consultations, must be done (Brasil, 2013).

In the present study, 99.4% of the women had received prenatal care and attended more than 6 consultations. Similar data were found in other studies (Leite *et al.*, 2013; Canteri *et al.*, 2011; Dodt *et al.*, 2011). It is during the prenatal period

that an educational approach must be adopted so that the professionals can instruct pregnant women about the importance of prenatal care (Maia *et al.*, 2014) and about the adequate management of BF. In this research, 67.49% of the women had been advised about the subject; however, in order for the guidelines to reach their goal and be effective, they need to be dynamic and continuous (Santos *et al.*, 2014). This way, the guidance will promote the confidence of women regarding the initiation and maintenance of breastfeeding (Araújo *et al.*, 2013). In our casuistry, nurses were the professionals who most instructed women. Nurses are often the most frequently cited practitioners by women as the primary instructors about breastfeeding. Thus, nurses must be able to perform health education activities aimed at promoting breastfeeding (Santos *et al.*, 2014). It is important to emphasize, therefore, the importance of nurses in prenatal care, guiding, influencing and empowering women for decision making on the importance of BF (Azevedo *et al.*, 2010).

Conclusions

This study made it possible to describe the socioeconomic and gestational profile of the puerperal users of the services of the Basic Health Units and the reference hospital of the municipality of Imperatriz, HRMI. The results demonstrate that the characteristics found in the women in this study are not different from what is already found in the literature. However, the observation that the prevalence of exclusive breastfeeding ranged from 68.4% among infants aged less than one month and 0% at six months of age, it is worth rethinking what type of guidance is being disseminated during prenatal consultations, because the rates found here are far from the ideal recommended by the World Health Organization and the Ministry of Health. In this sense, it is worth emphasizing the role of nurses as educators during prenatal care, noting that the vast majority of puerperal women reported having been guided by these professionals. Thus, nurses are professionals who can contribute greatly, influencing mothers in their decision to breastfeed. However, it is necessary to investigate the quality of the information provided by health professionals because, despite the great majority of women had been guided about this subject, it evident that a considerable number of them did not receive adequate information about EBF. Thus, the results of this study call attention to the already existing concern about creating effective strategies to positively impact on breastfeeding rates, starting with prenatal care, which is a fundamental step for the decision making of puerperal women to adhere to breastfeeding.

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