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STUDY ON THE CHARACTERISTICS OF YOUNG MOTHERS
WHILE BREASTFEEDING

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Abstract

As recommended by the WHO, breastfeeding should be exclusive until the baby is 6 months old, and maintained until at least two years of age due its benefits for the physical and mental health of mother and child, causing the need to characterise young mothers during the first two years of the children's lives. The aim of this study is to identify the sociodemographic characteristics of young mothers during the first two years of the child's life. A descriptive, cross-sectional observational survey was conducted on the sociodemographic characteristics of young mothers, of the baby at birth, pregnancy and breastfeeding. Using a non-probabilistic convenience sampling, 167 women who were mothers two or more years ago participated in the child health consultation were given a questionnaire to the women at the two-year child health surveillance visit. The exclusion criteria included mothers who, due to their or their child's health condition were prevented from breastfeeding. The majority of the sample were mothers with a mean age of 31.99 years, married with a higher education and employed. Most had breastfed for about 6 months. During the breastfeeding period more than half of the babies only had their mothers' milk, but a third of the babies had mixed feeding. The sociodemographic characteristics of young mothers, the way the pregnancy progressed, and the characteristics of the baby, can help to better understand the context in which breastfeeding occurs and is maintained.

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Keywords: Breastfeeding, breast milk, sociodemographic characteristics, mothers, babies.



1. Introduction

The World Health Organization (WHO) has chosen breastfeeding as one of its main areas of intervention. It advises that children should start breastfeeding soon after birth, that exclusive breastfeeding should last until the child is 6 months of age and advises that breastfeeding should continue until the child is at least 24 months of age (WHO, 2017, 2018). It further advises that this information be provided to the general population.

However, despite all the recommendations and proven benefits for the mother, child and society at large, a study of 194 countries worldwide revealed that only 40% of children born worldwide are breastfed exclusively until their sixth month of life (UN, 2017). The same source reports that of the 194 countries studied, only 23 show exclusive breastfeeding rates above 60%, three of which are Portuguese-speaking countries: Cape Verde, São Tomé and Príncipe and Timor-Leste.

The benefits of breastfeeding for both mother and child are described in several studies. The UN (2017) reveals that breastfeeding promotes the child's cognitive development and health in general but also acts preventively in battling the onset of various diseases and particularly two serious diseases that cause many deaths among young children such as diarrhoea and pneumonia. In addition, the benefits to the mother are also well known. The same study reveals the very significant contribution of breastfeeding to women's health and specifically in preventing two major causes of maternal death, such as the incidence of ovarian cancer and breast cancer.

Studies show that there are conditions related to the early initiation of breastfeeding, shortly after birth, such as being a normal birth, no complications, the child having adequate birth weight, and being a full term pregnancy (Silva, Pereira, Passos, & Santos, 2016).

2. Problem Statement

Considering the benefits of breastfeeding and the low worldwide values of breastfeeding prevalence, the aim of this study is to characterize the young mothers while breastfeeding in the first two years of the child's life, taking into account the benefits of breastfeeding in the physical and mental health of mother and child.

3. Research Questions

What are the sociodemographic characteristics of young mothers who breastfeed during the first two years of the child's life?

4. Purpose of the Study

The purpose of the study is to identify the sociodemographic characteristics of young mothers; identify the characteristics of the baby at birth; identify the characteristics of the pregnancy and the characteristics of breastfeeding during the first two years of the child's life.

5. Research Methods

The current analysis is part of a broader study on breastfeeding, which is duly identified later on in the discussion. A descriptive, cross-sectional observational survey was conducted on the

sociodemographic characteristics of young mothers, of the baby at birth, pregnancy and breastfeeding. Throughout the research process, strict ethical conduct was always maintained. In addition to informed consent, we secured the authorization of the study by the ethics committees of the institutions involved. The study was submitted to the national data protection regulator and authorization from the National Data Protection Commission was obtained. The confidentiality of the data obtained was guaranteed.

For data collection a three-part questionnaire was used. The first part sought to obtain sociodemographic characterization data, the second focused on the characterization data of pregnancy and delivery, and the third part approached the characterization data of the new-born. For the sociodemographic characterization, questions were asked about maternal age, marital status, nationality, schooling, work status, monthly family income, and place of residence. For the characterization of pregnancy and childbirth, questions were asked regarding gestational age, whether it was a desired pregnancy, whether pregnancy was planned, what was the concomitant complication of the pregnancy, whether there was preparation for delivery and type of delivery. Questions regarding vitality at birth, skin-to-skin contact, breastfeeding in the first hour of life, birth weight, duration of breastfeeding, and type of milk were asked to characterize the new-born. This paper focused on the section related to the sociodemographic characterization of the sample. It is part of a broader study that included a scale on the difficulties experienced by mothers during breastfeeding and another scale on the help of the nurses during the complete pregnancy, delivery and postpartum period. Currently it is only possible to present the characteristics of young mothers while breastfeeding

Data collection took place between February and May 2016 at the institutions that agreed to participate in the study and as such, authorized the study. A survey of women who had a delivery at least two years previously was carried out using the Information System for Health Units (SINUS) of the target population. Mothers were contacted at two-year-old children's health consultations, where the researchers explained the study and requested their participation. Debugging Analysis of the questionnaires and the database construction followed. Results analysis and discussion were conducted after statistical treatment using SPSS version 23.0 for Windows.

Using a non-probabilistic convenience sampling, 167 women who gave birth two or more years previously, and who attended the child health consultation were selected to participate in the study. The exclusion criteria applied was mothers who due to their or their child's health condition were prevented from breast-feeding. It should be noted that 74.8% of the participants resided in the Northern Zone and that 25.2% lived in the Central Region of Portugal.

This study is an integral part of the PROJ/CI&DETS/2016/0017 project "Prevalence of breastfeeding, motivation, difficulties and the help of nurses", from CI&DETS/IPV, from which it obtained funding.

6. Findings

The presentation of the results will consider the different characterizations: sociodemographic of mothers, of the baby at birth, pregnancy, and breastfeeding, to respond to the proposed research question.

6.1. Sociodemographic characterization of mothers

The sample had a minimum age of 20 years and a maximum age of 43 years with a mean age of 31.99 years (SD = 5.46); where 64.7% are under 35 years old (table 1).

Table 01. Age-specific statistics by region

	N	Min	Max	Average	SD	K	K/sd	SK	SK/sd
North Region	125	20	43	31.97	5.48	-0.749	0.430	-0.155	0.217
Centre Region	42	22	42	32.05	5.47	-0.724	0.717	-0.149	0.365
Total	167	20	43	31.99	5.46	-0.756	0.374	-0.152	0.188

Regarding nationality, 96.4% are Portuguese nationals. As far as the schooling of the participants is concerned, the higher education level predominates (53.9%). About marital status, 97.6% are married or live together. Concerning the employment situation, 76.0% are employed. As for professional status, 39.5% carry out intellectual or scientific professions. Regarding the remuneration, 38.3% have a monthly income between 500-1000 €. About the place of residence; 68.9% live in urban areas. As for the number in the household; for 51.5% of the sample it is 3 people. Most of the sample, 79.0%, presents an agglomeration index > 1 which is considered adequate.

6.2. Characterization of the baby at birth

As for the characteristics of the babies of the surveyed mothers, with regard to gender, there was a slightly higher percentage of girls (50.9%). Birth weight in 79.0% of the total cases is between 2500 gr and 4000 gr; however, in the Centre Region only 66.7% is within this weight limit, against 83.2% of the North Region. It should be noted that 92.8% of the babies were born with no health problems, and 86.2% sought the breast easily when they were hungry (90.5%). It should also be pointed out that 7.2% of the children who had difficulties at birth presented prematurity, sepsis, anaemia and bone problems as complications.

6.3. Pregnancy Characterization

Regarding the variables that characterize pregnancy, and considering the respondents from the northern region of Portugal, most of these women had pregnancies with more than 37 weeks (87.2%); the first consultation was before the end of the first trimester (96.8%) and with more than 6 visits (89.6%); being therefore a monitored pregnancy (88.0%). It should be noted that the majority reported the pregnancy as being planned (80.0%) but had no preparation for childbirth (53.6%), yet received knowledge (91.2%) and quality information (94.4% %). It should be noted that there were no problems in pregnancy (80.8%), with the majority being single pregnancy (98.4%) and eutocic delivery (51.2%). The most frequent hospitalization time is 3 days (44.8%), as is the existence of only one child (59.2%) and one pregnancy (54.4%), with childbirth occurring predominantly in northern maternity wards (96.8%).

For the respondents from the Centre region of Portugal, the majority had gestations with more than 37 weeks (85.7%), the first consultation was before the first trimester (92.9%) and with more than 6 visits (76.2% %); being therefore a monitored pregnancy (76.2%). It should be noted that the majority had a planned pregnancy (71.4%), but 64.3% of these women did not have preparation for childbirth. Of those

who had preparation for childbirth, they did the preparation often or frequently. The majority of the women admitted to gaining knowledge on breastfeeding during pregnancy (95.2%). As for the information they received, 96.7 of the women considered it of quality and sources of information were predominantly nurses or doctors. It should be noted that there were no problems in pregnancy (90.5%), most of them being unique (97.6%) and eutocic (66.7%). The main period of hospitalization was 3 days (61.9%) and prevalence was the existence of only 1 child (66.7%) and one pregnancy (59.5%), with childbirth occurring predominantly in maternity wards of the centre (97, 6%). Among the births abroad, Cape Verde, Venezuela and Switzerland stand out.

The Chi-Square values (X²), highlight the existence of significant statistical differences (p=0.029) between the region and the number of consultations; and highly significant (p=0.000) between the region and the zone where the labour occurred.

6.4. Characterization of Breastfeeding

About breastfeeding characteristics, most of these mothers used both types of milk (maternal and artificial) with (45.6%), the child was breastfed in the first hour (76, 0%) and there was skin-to-skin contact (83.2%); being more frequent a duration of up to 30 minutes. The majority reported not having breastfed other children (60.8%), and 79.6% of those who breastfed classified it as pleasant experience (mastitis are the most unpleasant experiences mentioned), and maintained until under six months of age of the baby. Most mothers assured that the decision to breastfeed was not influenced by anyone (88.8%). The interviewed women first emphasized the child (97.6%) and then the mother (74.4%) as the main beneficiaries of breastfeeding.

Most respondents from the Centre region of Portugal used breast milk (73.8%), the child breastfed in the first hour (71.4%) and there was skin-to-skin contact (92.9%); with a duration of up to 30 minutes. The majority reported not having breastfed other children (69.0%), and 92.3% of those who breastfed considered it a pleasant experience (mastitis are the most unpleasant experiences mentioned) and maintained until under six months of age of the baby. They reported no one assisted the decision to breastfeed (90.5%). The main beneficiaries of breastfeeding were reported to be first the children (97.6%) and secondly the mothers (64.3%).

Chi-square values (X²), emphasize the existence of statistically significant differences (p <0.01) between the region and the type of milk; and between the region and the time of breastfeeding.

It should be noted, in this study, that the prevalence of breastfeeding at the first month of life of the baby is 94.6%. However, these values gradually decreased, and in the third month of life it is 82.6% and at 6 months it is 53.9%. At 24 months of age, only 7.6% of the women breastfed their child.

6.5. Discussion

To understand the prevalent values of breastfeeding, there is a need to identify the sociodemographic characteristics of breastfeeding women.

Considering that the values of prevalence of breastfeeding gradually decrease, with the first month of life of the child at 94.6%; the third month at 82.6%; the sixth month at 53.9%; and at 24 months of age

only 7.6% of the women were still breastfeeding their child, there is a lot of work for health professionals and the general population to do in this area.

In his study, Oliveira's (2016) sample were of women of younger ages (mean age 29.4 ± 4.8 years), a lower percentage of married women (71%), a lower percentage of women who were more educated, and 34.6 % of women with the 12th year of schooling. The prevalence of breastfeeding presented values lower than those of our study (75% exclusive breastfeeding when leaving the Maternity ward, 57.7% at three months and 46.1% at six months). It should be noted that this author found a relationship between the prevalence of breastfeeding and the mother's schooling, and the higher the schooling the longer the period of breastfeeding, which is in line with the values presented in our study, insofar as the academic qualifications of our respondents is also superior.

Alves, Magano, Amorim, and Silva (2015) in their study on breastfeeding of very preterm infants and full-term infants in a hospital setting, also has similarities to those of our study, namely, 96.4% in children from 15 to 22 days. On the other hand, in relation to exclusive breastfeeding, Alves, Oliveira, and Rito (2018) report that 50.1% of children under six months of age were breastfed, which is slightly lower than that reported in our study. It should be noted that WHO (2017) recommends an early start of exclusive breastfeeding up to six months of the child's life.

Similarly, Brito, Alexandrino, Godinho, and Santos (2011) support these results in their study on the experiences of breastfeeding, in which the prevalence of breastfeeding was 94.3% at the time of discharge and 74% by one month of age. In addition, Silva (2013) concluded in her study, that the prevalence of exclusive breastfeeding in the first, third and sixth months was respectively 79.5%, 63.6% and 44.1%. Camilo, Carvalho, Oliveira, and Moura (2004) state that at 2 years, only 13.9% of the children are breastfed, but this figure is almost double that of our study. This information leads us to wonder if, over the years, less children will be breastfed up to 24 months.

7. Conclusion

Scientific research has come to realize that breastfeeding is an important strategy for child survival, and UNICEF, WHO and child protection agencies have made this known over the years. This disclosure, both on the protection conferred by human milk to the child and the development of affections that strengthen children and reinforce their immune system against common infections, has brought gains in health, translating into the reduction of infant mortality as several studies demonstrate, which reinforces the continuity of adoption of these strategies and the identification of factors that interfere with early weaning. The benefits of breastfeeding for the mother have also been divulged, as well as the reduction of risk in the aforementioned malignancies, namely ovarian and breast cancer (UN, 2017), as more recently, the study by Cunha et al. (2018) showed that breastfeeding is an important factor in the prevention of maternal depression, considering the propensity for it, by women during this period of their lives (WHO, 2016).

Nursing practices in maternal and obstetric health, community health nursing, and nursing in general must be thoroughly analysed, as although several studies show the benefits of breastfeeding, and are widely disseminated by different international organizations related to health and such as the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), and considering the

implementation of various measures to promote breastfeeding such as the Baby-friendly Hospital Initiative (BFHI), World Breastfeeding Week, among other initiatives, the fact is that the practice of breastfeeding in the first hour of life still faces several obstacles which nurses seek to overcome with different strategies (Duarte et al., 2013). There is a long way to go, but it is a path that must be followed by everyone, inserting scientific evidence into national and international policies. It is necessary to forge a new culture of affection, of interaction, of sharing and development, that breastfeeding permeates. Perhaps the Baby-Friendly Hospital Initiative, revised this year with the introduction of new recommendations, will be a push in this direction (World Health Organization & UNICEF, 2018) as there is evidence that the implementation of the ten steps improves significantly the duration of exclusive breastfeeding up to six months of the child's life and in the prolongation of breastfeeding until at least two years of age.

The sociodemographic characteristics of the young mothers, the way the pregnancy has progressed, the characteristics of the baby, help us to better understand the prevalence rates of breastfeeding and the context in which it occurs. Health professionals should endeavour to understand the issues associated with the abandonment of breastfeeding and attempt to initiate early breastfeeding practices, and should especially be sensitive to the cultural diversity of women, their families and communities, enabling them to make decisions which are informed and health protective not only regarding physical health of both mother and child, but also mental and social health, but above all, promoting the quality of life and well-being of the population, which will require professionals with specialized training that make a difference in the lives of people and society.

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