Prevalência de desmame precoce e fatores relacionados em crianças do Distrito Federal e entorno

Prevalence of early weaning and related factors in children of the Federal District and surroundings

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RESUMO

Objetivo: Verificar a prevalência de desmame precoce em crianças menores de um ano de idade e identificar fatores sociais correlacionados com essa prática. **Método:** Estudo transversal realizado no período de fevereiro a setembro de 2017. A amostra foi composta por 235 mães de crianças com idade entre 0 a 12 meses que estavam em centros de saúde para a realização de consultas de rotina. Foi aplicado um questionário com questões abordando características maternas, da criança e sobre o aleitamento materno. Os dados foram analisados no software IBM SPSS Statistics®, versão 22.0. **Resultados**: A prevalência de desmame precoce foi de 52,4% (p < 0,01), os principais motivos alegados pelas mães para o desmame precoce foram "retorno ao trabalho" com 20,3% (p < 0,01) e "leite fraco/não sustenta" com 13,3% (p < 0,01). Os dados foram analisados considerando 5% de significância estatística e intervalo de confiança de 95%. **Conclusão:** A maioria das mães tem consciência da importância do aleitamento materno exclusivo, mas fatores sociais influenciam diretamente no desmame precoce. O retorno das mães ao trabalho e a insegurança de achar que o leite é fraco e não sustenta a criança são problemas frequentes.
Descritores: Aleitamento materno; Desmame precoce; Nutrição do lactente

ABSTRACT

Objective: To verify the prevalence of early weaning in children under one year of age and to identify social factors correlated with this practice. **Method:** Cross-sectional study conducted from february to september 2017. The sample consisted of 235 mothers of children aged 0 to 12 months who were in health centers for routine consultations. A questionnaire was applied with questions addressing maternal, child and breastfeeding characteristics. Data were analyzed using IBM SPSS Statistics® software, version 22.0. **Results:** The prevalence of early weaning was 52.4% (p <0.01), the main reasons given by mothers for early weaning were "return to work" with 20.3% (p <0.01) and "Weak / non-sustaining milk" with 13.3% (p <0.01). Data were analyzed considering 5% of statistical significance and 95% confidence interval. **Conclusion:** Most mothers are aware of the importance of exclusive breastfeeding, but social factors directly influence early weaning. Mothers' return to work and the insecurity of thinking that milk is weak and not supporting the child are frequent problems.
Descriptors: Breastfeeding; Early weaning; Infant nutrition

ORIGINAL

Introduction

The child has the most fragile period in the first months of life, the adaptive changes in extrauterine life are many and the baby needs adequate protection and care for its optimal growth and development.[1]

Breastfeeding is critical to meeting the needs of the infant. Breast milk provides all the nutrients the child needs in the first six months of life. It also provides defense cells, which will contribute to the child's immune system, assisting the child in their physiology, defending against infections and contributing to their cognitive and motor development.[2]

In addition to meeting the infant's nutritional and immunological needs through breast milk, breastfeeding is also a way of deeply involving the mother's affection with the child, positively influencing the physical and emotional health of both.[1] Given all these benefits, the World Health Organization (WHO) and the Ministry of Health (MOH) indicate exclusive breastfeeding (EBF) in the first six months and in a complementary manner up to two years, and that there is no benefit at all. If complementary foods are introduced before six months, on the contrary, this practice may be linked to several future problems, such as obesity, diabetes, hypertension, high cholesterol and allergies.[1,3-4]

Breastfeeding is an important preventive public health strategy in Brazil and worldwide, being an effective and economical measure in the problems of infant morbidity and mortality.[1] Since the 1980s, the Brazilian government has been investing in policies related to the encouragement of breastfeeding. It was in 1981, with the creation of the National Program for Incentive of Breastfeeding (PNIAM), that the government actually started with this practice in Brazil. . PNIAM's strategy was to identify breastfeeding obstacles, conduct national campaigns and train professionals.[5] Since then, there have been several efforts with government programs and campaigns that seek to encourage breastfeeding.[1]

In Brazil, the early interruption of EBF has been gradually decreasing over the years. Studies show that the prevalence of both exclusive and complementary breastfeeding has increased in recent decades, but despite this growth, the prevalence of early weaning remains high and still out of the recommended by WHO.[6-8] This study aimed to verify the prevalence of early weaning and to identify the main factors that condition this practice.

In this sense, the aim of the study was to verify the prevalence of early weaning in children under one year of age, identifying the main social reasons related to this practice.

Method

This is a descriptive cross-sectional study conducted with mothers of children between 0 and 12 months of age, of both sexes, residing in three administrative regions of the Federal District (Guará, Planaltina and Candangolândia) and two cities in the state of Goiás (Planaltina). and Valparaiso), with no period from February to September 2017.

The sample consisted of 235 mothers, who were invited to participate in the study while waiting for care at the health center. Patients accompanied by a

caregiver other than the mother were excluded from the study because they could generate inconsistency in the responses.

The corresponding data were obtained through a questionnaire produced by the research authors themselves. The questionnaire contained questions that addressed maternal characteristics (age, education, employment status, marital status, family income, number of children, and prenatal care); of the child (gender and age); about breastfeeding (knowledge, how did you get information, duration of exclusive breastfeeding, cause that led to weaning or discontinuation of exclusive breastfeeding in the first six years of the child's life and about breastfeeding at the moment); and infant feeding (receiving information and eating frequency).

Data analysis was performed using SPSS Statistics v. 22, after tabulating the data in Microsoft® Excel 2016 spreadsheet. The results were presented by simple descriptive statistics and application of Student's t-test and chi-square, considering 5% of statistical significance and 95% confidence interval. In the questions that were made associations between maternal characteristics and exclusive breastfeeding until the sixth month, only the mothers of children who had already completed six months of life were considered, and the total sample of these questions 172 mothers.

The study was approved by the Ethics Committee on Research with Human Beings of the State Department of Health of the Federal District (CEP / SES-DF) under opinion number 1,767,710, CAEE: 56428916.6.0000.5553. The mothers were informed about the objectives of the study and the form of participation. Those who agreed to participate signed the informed consent form, according to Resolution 466/12 of the National Health Council.[9]

Results

Table 1 shows social information about the mothers investigated in the research. A higher rate of early weaning was found in mothers aged 20-30 years (57.7%), complete high school (44.4%), employed (52.2%), married (56.6%) and with average monthly income between R $ 1,000-R $ 2,000 (45.5%).

Table 1- Information about the social characteristics of mothers evaluated in health centers of Planaltina-DF, Guará-DF, Candangolândia-DF, Planaltina-GO and Valparaiso-GO, from February to September 2017.

Information	EBF until 6 months		*P Value**
	YES N (%)	NO N (%)	
Mothers Age (N= 172)			**0.81**
<20	16 (19.5%)	16 (17.7%)	
20 - 30	46 (56.0%)	52 (57.7%	
31 – 40	18 (21.9%)	20 (22.2%)	
41 - 50	2 (2.4%)	2 (2.2%)	
Education Level (N= 172)			**0.01**
Incomplete Elementary School	2 (2.4%)	11 (12.2%)	
Complete Elementary School Ens.	4 (4.8%)	5 (5.5%)	
Incomplete High School	22 (26.8%)	21 (23.3%)	
Complete High School	51 (62.1%)	40 (44.4%)	
Incomplete Higher Education	-	5 (5.5%)	

Complete Higher Education	2 (2.4%)	6 (6.6%)	
Postgraduate degree	1 (1.2%)	2 (2.2%)	
Professional Status (N= 172)			**0.14**
Employed	23 (28%)	47 (52.2%)	
Housewife	36 (43.9%)	32 (35.5%)	
Unemployed	22 (26.8%)	9 (10%)	
Other	1 (1.2%)	2 (2.2%)	
Marital Status (N= 172)			**0.62**
Single	30 (36.5%)	28 (31.1%)	
Married	41 (50%)	51 (56.6%)	
Divorced	1 (1.2%)	1 (1.1%)	
Stable Union	10 (12.1%)	9 (10%)	
Other	-	1 (1.1%)	
Family Income (R$) (N= 172)			**0.20**
<1.000	20 (24.3%)	22 (24.4%)	
1.000 to 2.000	34 (41.4%)	41 (45.5%)	
2.001 to 3.000	19 (23.1%)	21 (23.3%)	
3.001 to 4.000	5 (6.0%)	3 (3.3%)	
4.000 or more	4 (4.8%)	3 (3.3%)	

* Student's t-test; AME: Exclusive breastfeeding.

Most mothers (98.3%) reported having had prenatal care during pregnancy; 95.3% (p <0.01) of the mothers said they had received postpartum information about the importance of exclusive breastfeeding up to six months; 98.7% (p <0.01) of the mothers said they had regular follow-up of children in the health service going to all appointments (Table 2).

Table 2- Data related with maternal follow-up at the children's health service evaluated in health centers in Planaltina-DF, Guará-DF, Candangolândia-DF, Planaltina-GO and Valparaiso-GO, from February to September 2017**.**

Information	N	%	*p** value
Did you have prenatal care during a pregnancy? (N = 235)			<0.01
Yes	231	98.3%	
No	4	1.7%	
After child birth, did you receive guidance on the importance of exclusive breastfeeding up to 6 months of life? (N = 235)			<0.01
Yes	224	95.3%	
No	11	4.7%	
Child health monitoring, frequency of consultations. (N = 235)			<0.01
Regular	232	98.7%	
When is needed	3	1.3%	
At child health check-ups, did you receive guidance on how to start the child's food introduction? (N = 235)			<0.01
Yes	197	83.8%	
No	38	16.2%	

* Chi-square test value

Regarding the duration of exclusive breastfeeding (Table 3), only 47.6% (p <0.01) of the mothers said they had exclusively breastfed until the sixth month or more. The prevalent reason for early weaning in the research was the return to work before completing the sixth month of breastfeeding (20.3%), followed by the reason of weak and / or non-sustaining milk (13.3%).

Table 3- Duration of exclusive breastfeeding and factors that influenced the early weaning of children evaluated in health centers of Planaltina-DF, Guará-DF, Candangolândia-DF, Planaltina-GO and Valparaiso-GO, from February to September 2017.

Information	N	%	P value*
Duration of exclusive breastfeeding (period in which the child receives only breast milk, without ingestion of any other liquid or solid, except vitamins, minerals and / or medications. (N = 172)			**<0.01**
He/She was not breastfed	7	4%	
1 month	3	1.7%	
2 months	5	2.9%	
3 months	17	9.8%	
4 months	26	15.1%	
5 months	31	18%	
6 months	80	46.5%	
7 months or +	2	1.1%	
< 1 month	1	0.5%	
Causes that led to weaning or interruption of exclusive breastfeeding in the first 6 months of the child's life. (N = 172)			**<0.01**
Exclusive breastfeeding until the sixth month	82	47.6%	
Work	35	20.3%	
Weak milk andor not sustain	23	13.3%	
Dropped his chestLeite secou	7	4%	
Medical advice	6	3.4%	
Others	5	2.9%	
Not informed	4	2.3%	
Family / friends orientation	3	1.7%	
Never was breastfed	3	1.7%	
Child's innate metabolism error	2	1.1%	

* Chi-square test

Table 4 shows mothers' knowledge of breastfeeding issues and their benefits. Most mothers (95.7%) stated that they believe that breast milk contains all the nutrients the child needs until six months; 95.3% reported believing that breast milk is as rich in nutrients as other types of milk; 71.9% said they know that breast milk protects children against disease; 53.6% (p <0.08) said they believe that breastfeeding also protects them from disease.

Table 4- Knowledge test on breastfeeding of mothers evaluated in health centers in Planaltina-DF, Guará-DF, Candangolândia-DF, Planaltina-GO and Valparaiso-GO, from February to September 2017.

Information	N	%	P value*
Contains all the nutrients the child needs up to 6 months.(N=235)			<0.01
Yes	225	95.7%	
No	10	4.3%	
It is as rich in nutrients as other types of milk. (N=235)			<0.01
Yes	224	95.3%	
No	11	4.7%	
Protege a criança contra doenças, como diarreia e infecções respiratórias. (N=235)			<0.01
Yes	169	71.9%	

No	66	28.1%	
It is enough to feed and quench the baby's thirst. (N=235)			<0.01
Yes	201	85.5%	
No	34	14.5%	
Breastfeeding protects the mother against diseases such as breast cancer. (N=235)			<0.08
Yes	126	53.6%	
No	109	46.4%	

* P value in student t test

Discussion

As shown in Table 1, the maternal age with the highest prevalence of early weaning was 20 to 30 years (57.7%), which is a biologically appropriate age group for pregnancy, but at the same time is a period that It can bring several difficulties for the mother, such as insertion in the job market, studies and other social factors that can negatively influence breastfeeding. Few authors associate higher maternal age with a higher breastfeeding index, which is a relevant factor for breastfeeding.[10]

Several studies have sought to investigate the association between maternal education and exclusive breastfeeding time. In a 2015 review survey, 27 articles were analyzed (20 cross-sectional and 7 cohort), and in most of them low education was associated with early weaning.[11] In a survey of public day care centers in São Paulo, it was found that women with a higher level of education take longer to stop breastfeeding and to offer industrialized foods early to their children.[12]

In this research, it was found that most mothers N = 107 (62.2%) have at least complete high school, of these 107 mothers, 54 (50.4%) exclusively breastfed until the sixth month. In the group of mothers who had less education (lower than complete high school), the prevalence of EBF was lower, of the 65 mothers, only 28 (43%) exclusively breastfed until the sixth month. It was concluded that schooling had slight relevance in early weaning.

Regarding the professional status of mothers, the group with the highest prevalence of EBF was housewives (43.9%). The group of mothers with the highest rate of early weaning was the group of mothers who were employed (52.2%). These data corroborate findings from other studies, which also found a higher rate of early weaning in mothers who need to work during EBF.[13-15]

Regarding marital status, a 2014 literature review study analyzed 20 articles and found that married or in a stable union generally has a higher prevalence of breastfeeding[16], which was not repeated in this research. At the time of the survey, 111 mothers were married or in a stable union, and most (54%) discontinued breastfeeding before six months.

Family income did not prove to be a determining factor in early weaning, in all income brackets there was a great balance between mothers who complied with EBF and those who did not. Table 2 shows that most mothers had prenatal care during pregnancy (98.3%), which is very satisfactory and shows the mothers' awareness of pregnancy care. Prenatal care is extremely important because it is the monitoring of the pregnant woman, allowing an early discovery of possible problems of both mother and child, also serves as learning in different aspects, including breastfeeding.[17]

We also found that most mothers (95.3%) received guidance from health professionals about the importance of exclusive breastfeeding until the sixth month of the child, which shows that mothers are aware of the importance of breastfeeding. exclusive breastfeeding. Another important point is that 98.7% of the mothers of the survey said they regularly follow up their children in periodic consultations, which is a protective and preventive measure for the infant.

We verified that 83.8% of the mothers had some guidance from health professionals about how to start the complementary feeding of the child. Knowing how to introduce complementary feeding correctly is very important for the child, because the early introduction of some foods can cause various problems for the child, such as infections, allergies and diarrhea, which can be fatal at this stage.[1]

Regarding the duration of exclusive breastfeeding of children, it was found that most mothers (52.4%) did not respect the WHO recommendations and interrupted breastfeeding in their children before six months. Only 47.6% of mothers fulfilled EBF by the sixth month. In another study18 from 2015, carried out in Paraná, the early weaning rate was 50%. In 2009, a Breastfeeding Prevalence Survey in the Brazilian Capitals and Federal District[19] found that in the Midwest region the prevalence of early weaning in children under six months of age was 55% and that in Brazil the average weaning is 59%. Averages still very high and far from the recommended, but overall the picture is positive and is rising, research shows that in recent years the average breastfeeding in Brazil has progressed a lot. Between 1974 and 1989, it was possible to observe an increase in the average breastfeeding in Brazil, from 2.5 months to 5.5 months.[6-7]

In his most recent study, the Brazilian Cesar Victora[8] points to a great evolution in the Brazilian average of breastfeeding, the survey shows that in 2006 the average of (complementary) breastfeeding in Brazil was already 14 months. Based on data from a United Nations Children's Fund (UNICEF) report in 2015, the article also shows other important data: 68% of Brazilian children are breastfed in the first hour of life, 50% continue to be breastfed for up to 1 year. 25% up to 2 years old.

According to Victora[8], this increase is due to breastfeeding policies applied in Brazil, factors such as six-month maternity leave in companies registered in the corporate citizen program; the NBCAL Act, which limits the sale of breastmilk substitutes; The Baby Friendly Hospital and the various human milk banks throughout Brazil contribute directly to a greater social awareness of the importance of breastfeeding.

Table 3 shows the main reasons that led to early weaning. It is noteworthy that only 47.6% of the research mothers exclusively breastfed until the sixth month. The main reason argued by mothers was the return to work (20.3%), which is currently one of the major problems for non-compliance with EBF until six months, as has been evidenced in other studies.[13,16] The second most frequent reason for the survey was “weak / unsupported milk”, with 13.3%. Numerous studies also show the frequency of this argument[13,16], which is extremely common, but in fact has no basis and the complications that really make weaning impossible due to this justification are extremely rare.[14]

Table 4 contains questions about mothers' knowledge of breastfeeding. It

was found that 95.7% of mothers said they knew that breast milk contains all the nutrients needed for the child up to six months. Most mothers (71.9%) said they believe breastmilk protects the child against diseases such as diarrhea and respiratory infections, 85.5% also believe that breastmilk is enough to quench hunger and thirst for the baby until six months of age. It is clear that most mothers are aware of the benefits of breastfeeding but fail to meet the appropriate deadline.

The issue that most divided the opinion of mothers was regarding breast cancer prevention, 53.6% said they believe that breastfeeding contributes to preventing breast cancer and 46.4% said there is no correlation. Breastfeeding directly contributes to the prevention of breast cancer, in an English survey, concluded that the occurrence of the disease falls 4.3% every 12 months of breastfeeding, the longer the breastfeeding time the greater the protection.[20]

Conclusion

The findings of this study show that most mothers receive guidance from the health service regarding the importance of EBF until the child's sixth month and yet most do not comply with WHO recommendations and wean the child before the sixth month. leading to a high prevalence of early weaning.

Among the main reasons for early weaning, the return to work and the insecurity of thinking that milk is weak and not supporting the child persist among the most frequent reasons. It is worth highlighting the responsibility and importance that health professionals have on breastfeeding, always encouraging, guiding and charging to increase the safety of mothers and consequently increase the average breastfeeding, both exclusively until the sixth month, as well as up to two years or more.

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