

CONSIDERATIONS ON THE HEALTH OF EARLY-WEANED CHILDREN UP TO 2 YEARS OLD

SAÚDE DE CRIANÇAS DE ATÉ 2 ANOS DE IDADE QUE PASSARAM POR DESMAME PRECOCE

Joseane Natália Andrade Almada¹, Lerison Adriano Ferreira Fernandes²

Cite as:

Almada JNA, Fernandes LAF. Considerations on the health of early-weaned children up to 2 years old. Revista Científica Sena Aires. 2019; 8(1): 62-70.

RESUMO

Este artigo tem como objeto a saúde de crianças de 0 a 2 anos de idade que passaram pelo desmame precoce. Ele é um estudo descritivo que mostra o quanto é importante o aleitamento materno na saúde da criança durante toda a sua infância, e reflete a respeito da visão das mães em relação a esse período de extrema importância, tratando dos benefícios do aleitamento e tendo, como plano de fundo, os seus reflexos para a saúde da criança. Na sociedade atual, as mulheres estão se tornando muitas vezes responsáveis pelo sustento da família, e desmamando de forma precoce seus filhos para que possam trabalhar. Outro fator influente nesse cenário é a alfabetização da mãe. O enfermeiro deve visar o cliente de um modo holístico, buscando com excelência entender as condições de vida da cliente e mostrar a melhor forma de amamentar seus filhos, mesmo com todos os compromissos. O prazer pela amamentação e o conhecimento dos benefícios da mesma são a chave para que não ocorra o desmame precoce, e o conhecimento do enfermeiro sobre esses benefícios é essencial, pois assim ele poderá dar ciência às mães a respeito da importância da amamentação na saúde de suas crianças.

Descritores: Aleitamento materno; Crianças; Desmame precoce.

ABSTRACT

This article assesses the health of early weaned infants up to 2 years old. It is a descriptive study that shows how important breastfeeding is for health throughout childhood, and reflects on how mothers see this extremely important period of life, addressing the benefits of breastfeeding against the backdrop of its reflexes on children's health. In today's society, women are often responsible for maintaining their families, thus weaning their children at an early age in order to cope with their work needs. Another factor influencing this scenario is mothers' educational level. Nurses must see the human person in a holistic way, excelling their ability to understand the life conditions of assisted communities and to show the best way to breastfeed infants, even with all other commitments. The pleasure of breastfeeding and knowledge of its benefits are the keys so that early weaning does not occur. Nurses' knowledge of these benefits is essential, so they may be able to raise awareness among women about the importance of breastfeeding for children's health.

Descriptors: Breastfeeding; Children; Early weaning.

REVISA

¹ Acadêmica de Farmácia da Faculdade de Ciência e Educação Sena Aires. Goiás, Brasil.

² Biomédico. Especialista em Biomedicina. Faculdade de Ciência e Educação Sena Aires. Goiás, Brasil.
Lerisonfernandes@gmail.com

Recebido: 15/07/2018
Aprovado: 1/09/2018

ORIGINAL

INTRODUCTION

Breast milk is the ideal form of nourishment for children's adequate growth and development. For this reason, it is known that infants of up to six months of age must be exclusively breastfed. After this initial period, milk may be supplemented by other foods until they are two years old, or older. Yet, this orientation is only followed in 35% of the cases worldwide.¹ Brazil signed both internal and international commitments with a view to improving the quality of health care to expectant and breastfeeding women, and newborn infants, in order to reduce maternal and child morbidity and mortality rates.²

At Brazil's Ministry of Health, the effort to promote, protect and support breastfeeding is a priority line of work under the purview of the Technical Division for Children's Health and Breastfeeding/DAPES/SAS. The country's current strategies to reduce child mortality include its commitments at the international level via Millennium Development Goals, and, at the national level, three key initiatives: the Maternal and Neonatal Mortality Reduction Pact, the *Pact for Life* ("Pacto pela Vida") commitment, and program *More Health* ("Mais Saúde"). And a Term of Commitment was recently signed by the Federal Government and the State Governments from the northeast and from the Legal Amazon region as a strategy to reduce regional inequalities.³

Breastfeeding is a key reality in the fight against extreme hunger and malnutrition in the first two years of life. It is often the one factor that ensures children's survival, especially among persons experiencing unfavorable life conditions. Breast milk is the best source of nutrition for children during this life stage, with many immune and psychological advantages. In association with quality complementary foods after the sixth month, as endorsed by the Ministry of Health, it optimizes the wholesome development of children.⁴

In addition to the above-mentioned short and medium-term benefits of breastfeeding, a prospective cohort study with 3493 participants over a period of 30 years in southern Brazil concluded that if breastfeeding can be extended for another 12 months, it can have far-reaching positive effects for children's cognitive development.⁴ This study must be highlighted, since the long chain fatty acids found in breastmilk are key lipid components for the development of cell membranes, including central nervous system cells, thus collaborating with brain development and contributing to better intellectual capabilities in adulthood, with an additional positive potential in terms of higher educational and income levels.⁵

Early weaning is still a quite frequent problem in the Brazilian society. It is defined as the partial or total abandonment of breastfeeding before babies are six months old. Many causes account for early weaning. These causes may be linked to culture, lifestyles and social influence. Some of the leading causes for the interruption of breastfeeding are: breast milk insufficiency; erroneous interpretations of infants' crying by associating it with the idea of insufficient nutrition; the mothers' need to work outside their households to pay for living expenses; breast pathologies and infant breast refusal.⁶

As professionals who work providing direct care to women and children at hospital and community settings, nurses play an important role in terms of the promotion and protection of breastfeeding. This role includes actions that strengthen community actions, redirect health services, provide orientation to pregnant and breastfeeding women, and create/articulate healthcare networks in support of breastfeeding.⁷

The aim of this study is to assess the health of infants of 0-2 years old who experienced early weaning.

METHOD

This is a descriptive, cross-sectional quantitative study with the aim of analyzing the effects of early weaning for the health of 0-2 year-old infants. It is based on 40 responses to a survey printed on A4 sheets containing 11 closed questions. As a cross-sectional research, it investigates one or more variables among mothers of 0-2 year-old infants, leading to 11 variables based on the participant mothers.

The research also addresses a number of articles on breastfeeding. The collection of data was carried out at a *Family Health Program* (“Programa de Saúde da Família”) unit and a Basic Health Unit (“Unidade Básica de Saúde”) in a city in the north of the state of Goiás. It includes mothers of early weaned infants of 0-2 years old. It does not include mothers of infants exclusively breastfed until six months, nor mothers of infants older than 24 months.

The collected data were stored in Excel and Word files, which enabled the subsequent creation of graphs and tables to facilitate discussions on the results. For statistical analysis purposes, the data were presented in terms of absolute and relative frequencies and percentages.

This research was approved by the Research Ethics Committee of the Sena Aires College of Sciences and Education, and it meets the guidelines for research with humans under National Health Council’s Resolution 466/12. A research assent was requested to the Chief of Epidemiological Surveillance of the studied municipality, and after obtaining CEP approval, the data-collection stage began.

RESULTS AND DISCUSSION

The survey included 40 women. Their predominant educational levels were incomplete secondary school (12 women or 30%) incomplete primary (11 women or 27.50%) and complete secondary (10 women or 25%), followed by complete elementary school and incomplete higher education (three women or 7.5% in each of these two groups) and one illiterate interviewee (2.5%).

Previous studies have found that early weaning is associated with lower educational levels.⁸ Higher levels of schooling among mothers seems to be a predictive factor for Exclusive Breastfeeding (AME, in the Brazilian acronym), and this factor may be related to increased maternal self-confidence in the face of the discomforts and problems linked to breastfeeding, allowing mothers to see external factors that influence it with a more conscious and coherent view of its benefits.⁹

Regarding knowledge of the benefits of breastfeeding, 39 women (97.5%) stated they were already aware of them, and only one woman (2.5%) stated not to know anything about it. Of these 39 women, 42.5% (17 women) stated they obtained such knowledge from physicians or nurses, followed by friends and family (11 women or 27.5%), books (nine women or 22.5%) and TV/magazines (one woman). Some authors affirm that prenatal visits are the ideal moment to provide guidance to women about breastfeeding, since specific interventions linked to professional support and access to adequate information have shown to be effective in terms of improving breastfeeding rates.¹⁰⁻¹¹

As Figure 1 shows, the period considered by mothers as the ideal one for exclusive breastfeeding was: up to six months (19 women or 47.5%); as the child gains weight adequately (six women or 15%); while the mother has milk in sufficient amounts (11 women or 27.5%); and until the child reaches ideal weight (four women or 10%). Among the different factors that may interrupt exclusive breastfeeding before six months, popular beliefs and practices also have a disruptive potential. In order to understand the cultural transmission of food beliefs and myths, it is necessary to grasp some notions linked to faith,

myths and traditions.¹² For maternity is frequently accompanied by a feeling of insecurity as to women's capacity to feed and look after their own children.

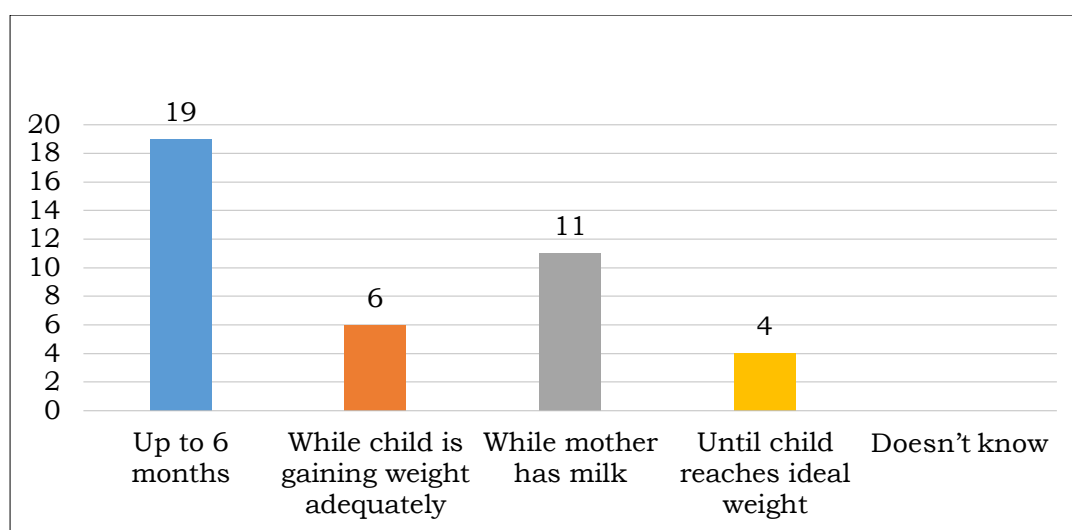


Figure 1: Period considered by mothers to be the ideal one for practicing exclusive breastfeeding. Goiás, 2018.

Most mothers stated they were knowledgeable of breast milk nutrients (35 women or 87.5%), and only five women (12.5%) said they did not know the contents and nutrients of breast milk. It is known that health professionals, in particular, nurses, play a fundamental role in terms of promoting, protecting and supporting breastfeeding, and that to exercise this role, in addition to the knowledge and skills specifically linked to its technical aspects, they must also have an attentive and comprehensive look that considers aspects linked to the emotional dimension, culture and family, and the social network in support of women, among other aspects that must be addressed in each person's case.¹⁵

An unsettling finding of this survey is that nearly 50% of the mothers did not consider that their children's fathers have an important role to play in relation to breastfeeding – a finding that is arguably a result of their cultural background and of the roles played by family members. 42.5% of the women stated that their children's fathers are not important.

An additional figure that must be assessed in relation to breastfeeding regards their marital status, since a number of studies showed a statistically significant association among these two variables.¹⁶⁻¹⁷ A USA study covering 25,197 phone calls in 2007 and 2008 found that the children living with both parents had a higher likelihood of being exclusively breastfed (80.4%), compared to children from families with other configurations.¹⁸ Around the world, it is understood that infants' feeding is an exclusive task of mothers. The following graph shows these data and indicates that fathers are more absent than one could expect during the infants' feeding process, and are seen by mothers to be dispensable at this specific stage. Most of the 40 women who replied to this survey felt isolated during their infants' feeding, a moment when fathers played a minor role in relation to mothers and their children, since a newborn's feeding was culturally a task for women.

Regarding weaning, 28 infants (70%) were still breastfed, even though breast milk was no longer their exclusive food. 12 infants (30%) were no longer consuming breast milk. Early weaning takes place either with the introduction of new foods before the age of six months, or even with the total suppression of breastfeeding. It is considered a process, and not only a moment.¹⁹

In spite of the countless benefits of breastfeeding – and the interviewed mothers declared to be aware of them –, most mothers stated that in their understanding, breastfeeding did not play a role in the prevention of diseases

such as diabetes, lymphomas and obesity. Only 32.5% of them saw these benefits as positive consequences of breastfeeding (see Figure 2 below), though a predominant notion among mothers was that children get ill less frequently when they are breastfed, since breast milk is the most adequate food for them, and one which prevents infections. Despite the fact that all scientific evidences attest to the superiority of breastfeeding in relation to other forms of nutrition for small infants, most children in Brazil and in the world are not breastfed for two years or longer periods of time, and are not exclusively breastfed in the initial six months of life as recommended by the World Health Organization (WHO). At the global level, nearly 35% of all infants from 0 to 6 months are exclusively breastfed.²⁰ The second edition of the Breastfeeding Prevalence Research in Brazilian Capitals and the Federal District found similar levels in the country's capitals and regions, with 41% of all children below six months being exclusively breastfed. Notwithstanding these country-wide results, in the specific case of this survey, a higher level of exclusive breastfeeding was found – 76.6% –, which points to the existence of specialized, quality local services encouraging AME among the local population.²⁰

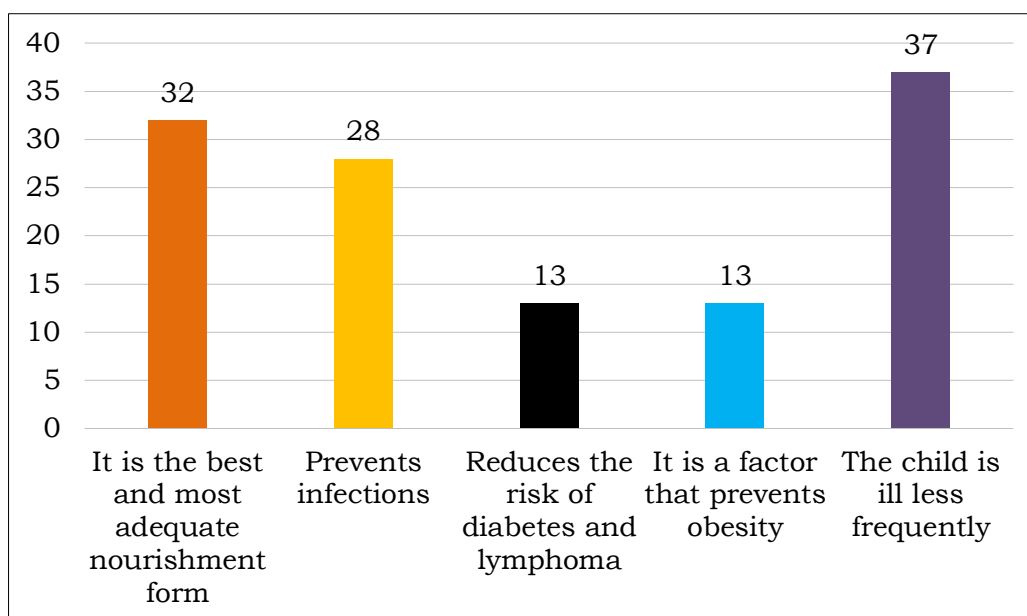


Figure 2: Advantages of breastfeeding for infants, according to interviewed mothers. Goiás, 2018

The survey also shows (Figure 3) that most mothers were not aware of the benefits of breastfeeding for their personal health and for the prevention of diseases, and believed that the mother-and-child bond was the biggest benefit for themselves as women. Preventing a new pregnancy was their most frequently stated benefit, and only 10% of the mothers were aware of other benefits. The larger the number of pregnancies, the more experienced the mothers become, and thus the longer the breastfeeding period for every new child.²¹ Not having breastfed a previous child is the one variable associated with the highest risk of discontinuing exclusive breastfeeding, or of totally discontinuing breastfeeding in the present, followed by having breastfed for four months or less. Mothers who value the fact that they breastfed a previous child as “quite positive” also breastfeed their subsequent children more frequently than mothers who value it as “not positive at all or barely positive”.²¹ Most mothers stated that breastfeeding is extremely important for infants, both physically and psychically, and leads to benefits both for children and mothers, considering that they maintain a closer bond and strengthen themselves against possible diseases for both, thus ensuring that

in the future they will be able to enjoy the beneficial consequences of breastfeeding. The provision of adequate prenatal care services to these mothers allows for the identification of eventual health problems.²¹

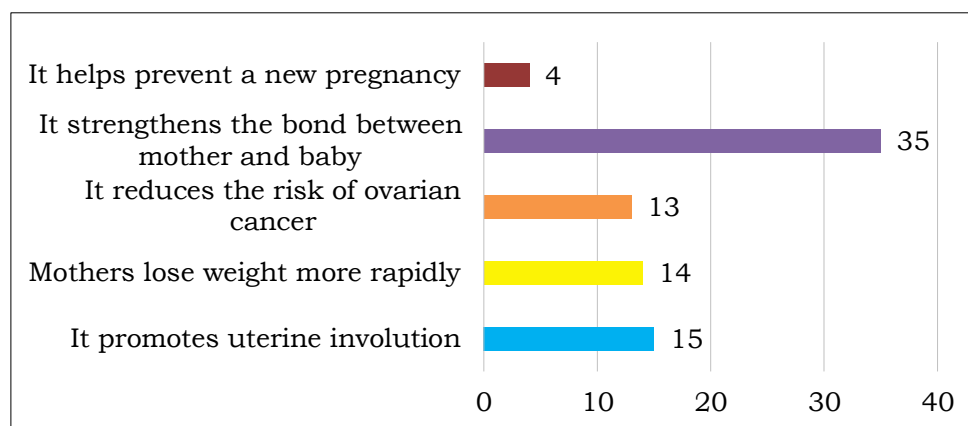


Figure 3: Advantages of breastfeeding for mothers, according to interviewed mothers. Goiás, 2018

Mothers were asked about the reasons for early weaning (each woman selected as many options as she saw to be correct). Their responses (shown by Figure 4 below) were: excessive baby crying (55% or 22 women) scarce breast milk (47.5% or 19 women); having to work outside home (45% or 18 women); only milk does not sustain the baby (35% or 14 women); breast difficulties (20% or 8 women). The causes of early weaning are related to realities such as social changes, lifestyles, urbanization, industrialization, among others.²²⁻²³ An additional reason for early weaning is that since the 1970s, women have consistently increased their participation in the labor market in Brazil.²⁴⁻²⁵

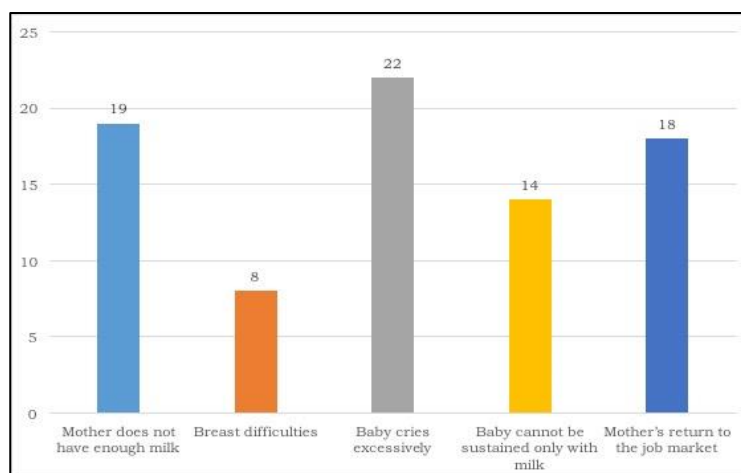


Figure 4: Reasons for early weaning. Goiás, 2018.

The early weaning of the children may result in health difficulties for them. Surveyed mothers reported that since early childhood, their children became ill more frequently and took longer to recover (Figure 5). This shows, again, that breastfeeding is an essential factor for life quality among children. One of the recommendations of the Brazilian Ministry of Health to reduce child mortality levels in the country is that all children should leave the maternity with a first visit scheduled at a public health center or clinic, preferably still in the first week of the infant's life.¹ This recommendation and the 10 steps of the *Child Friend* ("Amigo da Criança") Hospital Strategy were being followed by the studied institution, as attested by its compliance certificate. This shows

that when such initiatives are put into practice, they lead to health indicator improvements in the population.¹

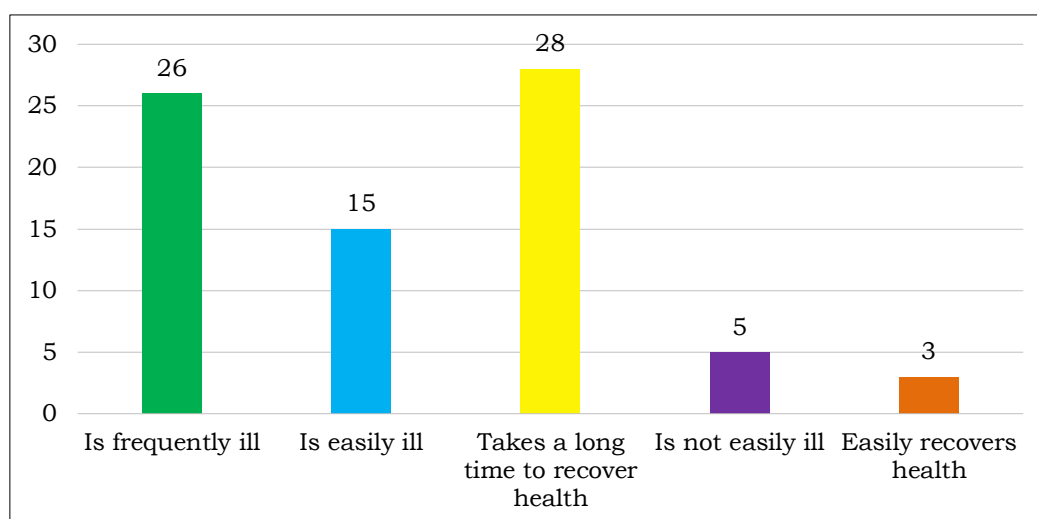


Figure 5: Reported health strength of early-weaned children, according to surveyed mothers. Goiás, 2018

FINAL REMARKS

The impacts of early weaning in the health of children are visible in the results of this research. Children who were breastfed up to their six month had better life and health quality, whereas early-weaned children or children who received other foods before the ideal time had poorer health. Factors leading to early-weaning include new social roles in women's lives, such as having to work to provide for their families' sustenance. This is also linked to the fact that in present days, most mothers either do not count on the support of children's fathers, or do not think that fathers have a complementary role to play in relation to infant feeding. The beliefs and experiences reported by family members also influence breastfeeding practices. Social myths such as "my milk is weak" or "the child is crying because my milk is not strong enough to sustain her" are still frequently found.

Nursing professionals play a fundamental role in providing information on breastfeeding for women, above all during prenatal visits, which are the ideal moment when they can be educated about it. If nursing professionals are knowledgeable and can transmit this knowledge to mothers, these mothers will be and feel safer about breastfeeding their children. Nurses must develop a holistic outlook and inform mothers about all benefits of breastfeeding both for their children and for them as women, and about the importance of their families during the breastfeeding stage.

REFERENCES

1. Ministério da Saúde. Saúde da criança: nutrição infantil: aleitamento materno e alimentação complementar [manual na Internet]. Brasília D.F.: Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica; 2009.
2. Brasil. Ministério da Saúde (MS). *Atenção à saúde do recém-nascido: guia para os profissionais de saúde*. Brasília: MS; 2011.
3. Brasil. Ministério da Saúde (MS). *Pesquisa de Prevalência de Aleitamento Materno em Municípios Brasileiros. Situação do Aleitamento Materno em 227 municípios brasileiros*. Brasília: MS; 2010.

- 4.Ministério da Saúde (BR). Saúde da criança: aleitamento materno e alimentação complementar. 2. ed. Brasília; 2015.
- 5.Victora CG, Horta BL, Loret de Mola C, Quevedo L, Pinheiro RT, Gigante DP, et al. Association between breastfeeding and intelligence, educational attainment, and income at 30 years of age: a prospective birth cohort study from Brazil. *Lancet Glob Health*. 2015;3(4):e199-205.
6. Frota MA, Aderaldo NNS, Silveira VG, Rolm KMC; Martins MC. O reflexo da orientação na prática do aleitamento materno. *Cogitare enferm*. 2008; 13(3):403-9.
7. Monteschio CAC, Gaíva MAM, Moreira MDS. The nurse faced with early weaning in child nursing consultations. *Rev Bras Enferm*. 2015;68(5):587-93.
- 8.Caminha MFC, Batista Filho M, Serva VB, Arruda IKG, Figueiroa JN, Lira, PIC. Time trends and factors associated with breastfeeding in the state of Pernambuco, Northeastern Brazil. *Rev Saude Publica* 2010; 44(2):240-248.
- 9.Queluz MC, Pereira MJB, Santos CB, Leite AM, Ricco RG. Prevalence and determinants of exclusive breastfeeding in the city of Serrana, São Paulo, Brazil. *Rev. Esc. Enferm. USP*. 2012; 46(3):537-43.
- 10.Domingues RMSM, Hartz ZMA, Dias MAB, Leal MC. Adequacy of prenatal care in the National Health System in the city of Rio de Janeiro, Brazil. *Cad Saude Publica* 2012; 28(3):425-37.
- 11.Campos AAO, Cotta RMM, Oliveira JM, Santos AK, Araújo RMA. Nutritional counseling for children under two years of age: opportunities and obstacles as strategic challenges. *Cien Saude Colet* 2014; 19(2):529-38.
- 12.Domingues RMSM, Hartz ZMA, Dias MAB, Leal MC. Adequacy of prenatal care in the National Health System in the city of Rio de Janeiro, Brazil. *Cad Saude Publica* 2012; 28(3):425-37.
- 13.República Federativa do Brasil. Presidência da República. Decreto-Lei n.º 5.452, de 1º de maio de 1943 aprova a Consolidação das Leis do Trabalho [norma na Internet]. *Diário Oficial da União* 9.8.1943 (01/05/1943).
- 14.Carraschoza KC, Possobon RF, Ambrosano GM, Júnior AL, Moraes AB. Determinantes do abandono do aleitamento materno exclusivo em crianças assistidas por programa interdisciplinar de promoção à amamentação. *Ciênc Saúde Coletiva* [Internet periodical]. 2011.
- 15.Brasil. Ministério da Saúde (MS). Atenção à saúde do recém-nascido: guia para os profissionais de saúde. Brasília: Ministério da Saúde; 2011.
- 16.Sanches MTC, Buccini GS, Gimeno SGA, Rosa TEC, Bonamigo AW. Factors associated with interruption of exclusive breastfeeding in low birth weight infants receiving primary care. *Cad Saude Publica* 2011; 27(5):953-965.
17. Jones JR, Kogan MD, Singh GK, Dee DL, Grum-mer-Strawn LM. Factors Associated with Exclusive Breastfeeding in the United States. *Pediatrics* 2011; 128(6):1117-1125.
- 18.Pereira RSV, Oliveira MIC, Andrade CLT, Brito AS. Factors associated with exclusive breastfeeding: the role of primary health care. *Cad Saude Publica* 2010; 26(12):2343-54.
- 19.Moimaz SA, Saliba O, Borges HC, Rocha NB, Saliba NA. Desmame precoce: falta de conhecimento ou de acompanhamento? *Pesq Bras Odontoped Clin Integr*, João Pessoa, 13(1): 53-59, jan./mar., 2013.
- 20.World Health Organization (WHO). Exclusive breastfeeding for six months best for babies everywhere. Geneva: WHO; 2011.
- 21.Roig AO, Martínez MR, García JC, Hoyos SP, Navidad GL, Álvarez CF, Pujalte Mdel M, De León González RG. Factors associated to breastfeeding cessation before 6 months. *Rev. latinoam. enferm*. 2010; 18(3):373-380.
- 22.Prates LA, Schmalfuss JM, Lipinsk JM. Amamentação: a influência familiar e o papel dos profissionais de saúde. *Rev Enferm UFSM* [internet periodical], 2014.

- 23.Silva PP, Silveira RB, Mascarenhas ML, Silva MB, Kaufmann CC, Albernaz EP. A percepção das mães sobre o apoio paterno: influência na duração do aleitamento materno. Rev Paul Pediatr.
- 24.Giuliani NR, Oliveira J, Santos BZ, Bosco VL. O início do desmame precoce: motivos das mães assistidas por serviços de puericultura de Florianópolis/ SC para esta prática. Pesqu Bras Odontoped Clin Integr. 2012;12(1): 53-8.
- 25.Domingues RMSM, Hartz ZMA, Dias MAB, Leal MC. Adequacy of prenatal care in the National Health System in the city of Rio de Janeiro, Brazil. Cad Saude Publica 2012; 28(3):425-37.
- 26.Campos AAO, Cotta RMM, Oliveira JM, Santos AK, Araújo RMA. Nutritional counseling for children under two years of age: opportunities and obstacles as strategic challenges. Cien Saude Colet 2014; 19(2):529-38.