

# Social support network of post-partum mothers in the practice of breastfeeding

*Rede de apoio social de puérperas na prática da amamentação*  
*Red de apoyo social de las puérperas en la práctica de la lactancia materna*

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## ABSTRACT

**Objective:** To know the social support network of recent mothers in the practice of breastfeeding. **Methods:** This is a qualitative research of the descriptive type, using assumptions of research participant, accomplished through interview with 21 recent mothers. **Results:** The family occupied the first place in the reference of the interviewed, represented, mainly, by the mothers of recent mothers and other women in the family. Breastfeeding appears as an act permeated by myths, beliefs and values passed on from generation to generation, being strongly influenced by the social support network who has recently given birth. **Conclusion:** It is emphasized the importance of knowing, encourage and enhance the presence of social support network who has recently given birth, while breastfeeding, in order to enable their participation and collaboration in membership and maintenance of this practice.

**Keywords:** Breastfeeding; Social Networking; Social Support; Family; Nursing.

## RESUMO

**Objetivo:** Conhecer a rede de apoio social das puérperas na prática da amamentação. **Métodos:** Trata-se de uma pesquisa qualitativa do tipo descritiva, utilizando pressupostos da pesquisa participante, realizada por meio de entrevista com 21 puérperas. **Resultados:** O meio familiar ocupou o primeiro lugar na referência das entrevistadas, representado, principalmente, pelas mães das puérperas e outras mulheres da família. A amamentação aparece como um ato permeado por mitos, crenças e valores repassados de geração em geração, sendo fortemente influenciada pela rede de apoio social da puérpera. **Conclusão:** Enfatiza-se a importância de se conhecer, incentivar e valorizar a presença da rede de apoio social da puérpera, durante a amamentação, de forma a permitir sua participação e colaboração na adesão e manutenção dessa prática.

**Palavras-chave:** Aleitamento materno; Rede social; Apoio social; Família; Enfermagem.

## RESUMEN

**Objetivo:** Conocer la red de apoyo social de las puérperas en la práctica del amamantamiento materno. **Métodos:** Investigación cualitativa de tipo descriptivo, utilizando supuestos de participante de la investigación, realizada a través de entrevista con 21 puérperas. **Resultados:** La familia ocupa el primer lugar en la referencia de los entrevistados, representado principalmente por las madres de las puérperas y otras mujeres en la familia. El amamantamiento materno aparece como un acto impregnado de mitos, creencias y valores transmitidos de generación en generación, siendo fuertemente influenciados por la red de apoyo social de la puérpera. **Conclusión:** Enfatiza la importancia de conocer, fomentar y valorizar la presencia de la red social de apoyo que ha dado a luz recientemente, durante la lactancia, con el fin de permitir su participación y colaboración en adhesión y mantenimiento de esta práctica.

**Palabras-clave:** Lactancia materna; Red social; Apoyo social; Familia; Enfermería.

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## INTRODUCTION

Individuals, since their birth have links, being one of the first established connection occurring between family members. In this context, the family is perceived as a system of interconnected continuous relationships, established by family ties and a social support network for their own survival. Therefore, the family is the primary socializing agent who practices care, giving support and guidance, teaching how to live, to love, to feel, to care and care for the other ones<sup>1</sup>.

In this links system, the health of the subject is closely linked to beliefs, values, traditions and relationships of social support network, as they have the power to influence the way individuals perceive and experience the process of health-disease, also interfering in care needs and how families care for their members. With this perspective, the family began to represent object of research, work and nursing care.

As a consequence, it was important to create networks of social support to target groups, for example, pregnant women and recent mothers, especially for the promotion and maintenance of breastfeeding. It is emphasized that this practice is still on the beliefs, values and myths, which often are not valued by health professionals, and that although neglected, they represent factors responsible for early cessation of breastfeeding<sup>2</sup>.

Thus, it is understood that the support given to women by the family, friends and neighbors during the pregnancy and childbirth process is of paramount importance and may be considered a determining factor in breastfeeding support and maintenance. However, besides the family system, other subjects also play a key role in the success of breastfeeding among these health professionals<sup>3-5</sup>, also being part of the social support network of the recent mother.

It is highlighted that the social support network term is polysemic, since it has been investigated by knowledge areas, which have assigned a specific meaning. Therefore, it should be noted that in the present study, the network concept of social support was chosen as a system consisting of different individuals belonging to the social sphere, which provide support in different areas that is emotional, material, educational, among others<sup>6</sup>.

Given the above, among other factors, breastfeeding involve the support of family members and health professionals, indispensable to overcome the difficulties experienced by women and their families. Therefore, it is understood that the existence of a network of social support during breastfeeding can be a determining factor for membership and maintenance and, consequently, early introduction of other liquids and foods in the child's diet<sup>7,8</sup>. Thus, the aim of this study was to identify the social support network of mothers on breastfeeding.

## METHOD

This is a qualitative research of descriptive type, using the participatory research assumptions. The study was conducted with 21 recent mothers exclusively and complementary breastfeeding, linked from the first prenatal consultation to the basic health of a municipality of Fronteira Oeste of Rio Grande do Sul (RS) and residents in this city.

The guiding criteria for inclusion of new participants in the research followed the guidance<sup>9</sup> that in qualitative research, the number of participants should not follow the numerical aspects, since this type of methodological approach is considered that the participants should make a diversify set, search the attributes being investigated, and represent a sufficient number to allow the recurrence of information, which is called by data saturation. Therefore, it was considered that the number of such participants through data saturation was enough for the objective of this research.

The study was conducted in the recent mothers' homes, which are located in central and peripheral area of the city. The women who agreed to participate in the study signed the Informed Consent Statement (TCLE).

Data collection took place between April and September 2012, through interviews that had an average duration of 30 minutes. Among the questions presented to participants in the interview guide, there were the following: "When you have any questions related to breastfeeding, who is the first person you seek? And, Why are you looking for this person?" Faced with these questions, the participants spoke about their experiences and the individuals of their social support network on breastfeeding.

The data from this study were analyzed according to the type of content analysis of thematic type<sup>9</sup>, following the stages of development: pre-analysis, material exploration, processing and interpretation of results.

This study was in accordance with Resolution Number 196 of October 10, 1996, which regulates research involving human beings and was approved by the Research Ethics Committee (CEP), of the Federal University of Pampa (UNIPAMPA) under the registration number UNIPAMPA/CEP 030.2011, in 2011. The study participants were informed about the study objectives and for their voluntary participation.

It is emphasized to participants that their participation at first, won't have any risk to the physical, moral, intellectual, social, cultural or spiritual aspects. However, it was highlighted that some feelings could be mobilized during the interviews, since some questions might make them reflect on their life experiences. When there was some discomfort, the interviewer was available to talk about the feelings involved in the situation, and said that the interview could be suspended and rescheduled, or not, to a new date. They were also informed that they were free to quite from the study without any punishment or embarrassment.

Participation in the study involves no financial benefit to the participants, nor any expense. However, as indirect benefits to the participants, they had production of knowledge regarding breastfeeding. Concerning anonymity, they were also informed in order to preserve their identities, they would be identified by the letter "I" of interviewed, followed by numbering from 1 to 21.

## RESULTS AND DISCUSSION

From the interviews, it was possible to know the social support network of recent mothers on breastfeeding practice. From this perspective, health professionals were little highlighted in the statements, and only two participants stated having them as a source of support.

*When I have a doubt, I look for the nurse of the health center (I21).*

*I usually seek medical advice (I5).*

In addition, two other participants stated that, besides seeking professional help, they also requested assistance to family (mother and sister) and neighbors.

*Usually who helps me is my mother and my sister, but I also talk to the doctor (I6).*

*I talk to the doctor, talk to the neighbors who also have had baby (I1).*

With the exception of these four recent mothers, the others do not mention in their speeches the health professional as someone who was part of a network of social support on breastfeeding. Thus, representing a different finding of a study conducted in Porto Alegre/RS, which identified health professionals in primary care as the main references of the women participating in the research, especially when they needed protection actions and recovery<sup>10</sup>.

This difference generated reflections and questions about the reasons that led women not considering health professionals in their speeches. Among the various reasons, it is believed that the participants perceive health professionals only as source of information and not support and therefore they are not considered as belonging to their social support networks. Thus, with complications or concerns regarding breastfeeding, they seek individuals who can provide them with support, such as families and others important of their social support network.

Therefore, recent mothers first tend to look for their families, so that they can help them on a particular issue, because they, above all, represent their social support network. Many times, in addition to providing help, these actors also provide information on breastfeeding<sup>11</sup>, and health professionals had a very limited participation in the process.

The same phenomenon has also been identified in other studies<sup>1,5</sup>, in which the families of the recent women were identified as their main references for care when breastfeeding. This demonstrates that the professionals, for some reason, have lost their credibility on breastfeeding practice and that there is a need to identify the reasons that are leading the mothers to look them less frequently.

In this study, in addition to observing that the family environment is the main social support network of women, it was found that the subjects who have some previous experience with breastfeeding also provide support to recent mothers. This finding can be demonstrated in the speech below.

*I usually talk to someone who has breastfed, with some experience, who has been through this (I17).*

Among those with previous experiences related to breastfeeding, the grandmother of the recent women was identified. This subject was mentioned by one of the participants.

*The first person I seek is my grandmother. She always knows the best thing to do (I20).*

From this perspective, it is observed that grandmothers are considered individuals who has knowledge, which are marked, especially in their life experiences. Thus, grandmothers guide the younger women or less experienced, about care practices that were previously validated by them and within their social contexts, are socially accepted, valued and respected.

In addition to the grandmothers, other subjects with previous experience were also highlighted, as the mothers-in-law.

*My mother has helped me a lot (I2).*

*If I have a question, I talk to my mother-in-law (I4).*

*I look for my mother-in-law. She has been there, you know (I20).*

Ten participants also highlighted their own mothers as main references, representing the most mentioned subject of all respondents.

*The first person I seek is my mother (I8).*

*The mother helps me at all. I always ask her first (I15).*

Based on all these statements, it is seen that the grandmothers, mothers and mothers-in-law are seen as individuals of wisdom, knowledge and experience. It was found that the figure of the grandmother, both from the recent mother and from the baby are very present and significant in the culture of the studied population, and for many women they are essential and eternal guider of traditions.

The importance of the grandmother is due mainly to the fact that they have already formed a family and have already experienced motherhood and breastfeeding, often having several knowledge derived from their experiences over the years. Thus, the grandmother becomes the most important source of information on lactation and breastfeeding processes<sup>1,5,12,13</sup>. This is justified by the fact that they are present in the family context, greatly influencing in the puerperal period. In this phase, women are more sensitive and vulnerable to pressures and to advices/guidance of third parties, seeking the learning transmission<sup>5,14</sup>.

However, it should be considered that their influence can promote or hinder the act of breastfeeding, since when transmitting their experience, they also transmit beliefs, myths and traditions from the family context, which are often lack of scientific evidence and differ the current recommendations<sup>1,12,15</sup>. Therefore, it should be noted that some grandmothers come from a generation that devalued breast milk and did not consider it as the only source of food for the child. Thus, even with good intentions, sometimes they can pass on erroneous guidelines, which can contribute to early weaning<sup>14</sup>.

However, we should also consider that in some cases, grandmothers and mothers of recent mothers and their mothers-in-law recognize that they are lack of sufficiently updated information and seek to find it in the perspective of prolonging breastfeeding. In this way, they can contribute to the implementation of the necessary care to the family in the breastfeeding process.

Therefore, for these individuals to promote, protect and support breastfeeding, it is necessary to provide spaces that can engage them and in which is possible the discussion of issues to breastfeeding. Thus, their support can be a facilitator for maintaining breastfeeding.

Thus, the support of other individuals of the network is essential. In this sense, besides the grandmothers, mothers, mothers-in-law, other family members were also mentioned by the participants but less significantly, as it can be seen in the following speeches.

*I also ask for my sister, and my neighbor, she already has children and breastfed (I10).*

*My aunt also helps me (I19).*

*I call my cousin and she tells me what I do not know (I13).*

*I call my sister and ask her how she did [lactation problems] (I7).*

It was observed that, in another state, these subjects (sisters, aunts and cousins) were not highlighted<sup>5</sup>. It is believed that these family members have been referenced in the context of social support network of participants during breastfeeding by just being women because, traditionally, the support in this period comes from other women.

In addition to family members, other subjects of the social support network of the recent mother were also cited, as seen below.

*I'm always looking for my neighbors. They are helping me (I11).*

*When I have a question, I look for my friends (I2).*

*Usually, I talk to my friends who are already mothers (I3).*

*The neighbors always help. They speak how it happened [aspects of breastfeeding] with them (I1).*

Therefore, apart from the family, other people in the social support network of women, as neighbors and friends, also are important during the breastfeeding period, playing a key role in the success of this practice, supporting it and valuing it<sup>16</sup>. These people have the potential to encourage women to breastfeed, even when it has already been decided to introduce artificial milk<sup>17</sup>. Therefore, from the emotional and psychological support of close friends, the woman feels more secure and welcome, and their community becomes a place of learning and breastfeeding support<sup>18</sup>.

Although only four mothers cited their friends and/or neighbors as the first people to be sought in the event of questions regarding breastfeeding, it could be seen that the others' experiences were also significant for them during the breastfeeding period.

*I talk always with my neighbor. Until recently, she was breastfeeding her daughter, but I notice that she had much milk than I (I10).*

Thus, it is emphasized that some women compare their experiences with those of other women in her community, especially when they were related to problems in lactation. In addition, the speech of I10 also highlighted the diverse influences that pervade the daily life of recent women and reinforce myths and beliefs related to breastfeeding.

It should be noted that women with previous experiences with breastfeeding can be found both within the family and in the community. Traditionally, more experienced women in the social support network of women transmit their experiences and give support to new mothers and therefore are generally more sought by them<sup>19</sup>.

Finally, it is also be noticed that the partner was not highlighted by any of the participants in the experience of breastfeeding, unlike a study that concluded that out of the eight recent mothers interviewed who were breastfeeding, seven indicated the baby's father as someone important within the network social support<sup>10</sup>. It is noteworthy that during the interviews, there were times in which, besides the questions, the mothers guidelines were also performed, and the partners chose to

leave, showing a level of disaffection with the subject that was being discussed.

However, it is believed that the partner is an important person in both the exercise of motherhood as lactation, may providing valuable and total aid support to women during this period<sup>5,13,20</sup>. Particularly to breastfeeding, the father can influence positively or negatively. Thus, in some cases, they have the potential to stimulate women to continue breastfeeding. While in other situations, they may have feelings of anxiety, jealousy, rejection, exclusion, sexual difficulties, often abandoning their partners, especially at dawn when women stay alone nursing. Such positive or negative attitudes, most cases have the understanding of breastfeeding by the father<sup>5</sup>.

Therefore, if the parent realizes the importance of breastfeeding, he can be as a supportive agent, protective and breastfeeding supporter. However, if he sees breastfeeding as a negative practice that excludes him from the child's care, he may be little collaborative, troubled, lower, displaced and incompetent, believing that he cannot participate in this act, since breastfeeding is a mother of exclusivity. In addition, he can also bothers to be getting less attention from his partner, expressing feelings of frustration and anxiety.

In this context, these attitudes could be changed if there was more communication between the couple, in order to reduce negative reactions to breastfeeding, sensitizing to their role in the health of women and children<sup>12,13</sup>. Therefore, considering breastfeeding not only as a prerogative of women, but as an assumed and shared responsibility for the couple<sup>11</sup>.

In this way, the father can increase the support offered to the women and the baby, stimulating their bond with the newborn, effectively helping the woman participant and in an accomplice way, and assisting in maintaining breastfeeding. Father involvement is then, as a fundamental element, and their inclusion in the breastfeeding promotion actions is shown very positive<sup>21</sup>.

However, it is emphasized that health services rarely enable access and the participation of parents following the pregnancy and postpartum period of their partners, complicating their inclusion in the breastfeeding process. However, the father and the other subjects cited in this study are the network of social support necessary for the establishment and continuation of breastfeeding<sup>13</sup>.

## CONCLUSION

This study provided the social support network of recent mothers on breastfeeding, identifying that this network can consist of family members, community individuals and health professionals. In this study, the social support network of recent mothers was represented mainly by families and individuals in the community context, especially women. However, health professionals have emerged in some statements have proven to have a very limited role in this network.

With all these findings of this research, it is emphasized the importance of health professionals to meet the social support network of the recent mother, during the nursing process; more than that the need for prenatal and postpartum services involve, encourage and appreciate the participation of the network in the breastfeeding encouragement programs so that they can participate and collaborate with the practice. The support of family, friends, neighbors and health professionals during the breastfeeding period is essential and can be configured as a determinant in breastfeeding support and maintenance.

Therefore, it is understood that this social support network can influence the woman facing the decision to breastfeed. When the woman chooses to join and maintain this practice is not only expressing her decision, but also the meanings constructed throughout life, their cultural and life context, motivations and experiences, their knowledge, their reflections on past experiences, the events during childhood, the experiences of family and friends, media interference, the scientific knowledge of each historical and cultural time, and the influence exerted by their own social support network.

In this way, it is emphasized the importance of highlighting the contexts in which mothers are inserted, as they will have throughout the lactation process, the influence of subjects that are their social support network at that time, and which have numerous knowledge about breastfeeding and care of the newborn. This knowledge will be confronted constantly with scientific knowledge gained in health services, and resulting in doubts and anxieties in women.

Therefore, it is believed that health professionals should approach and consider the family and community context, as well as the beliefs, myths, taboos and cultural values in this process so that they can play the role of supporters and breastfeeding supporters. It is important to know the knowledge and experiences of social support network of recent mothers in order to implement actions that will enable women to overcome the obstacles and fully experience breastfeeding.

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