

“It’s like this, i’m ashamed to go out with him”: the perceptions of the mothers of malnourished children, in a context of social disadvantage

***“É assim, com vergonha de sair com ele”*: percepções de mães de crianças desnutridas, em um meio socialmente desfavorecido**

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Abstract

Objective: This study aims to understand the perceptions of the mothers of malnourished children regarding the realities of their lives, considering the context of their social vulnerability and poverty. **Methodology:** The research was conducted with seven women, mothers of malnourished children cared for at the Institute for the Promotion of Nutrition and Human Development – IPREDE, located in Fortaleza, Ceará, between the months of May and October 2011. A qualitative methodology was adopted developing ethnographic accounts with systematic observations and semi-structured interviews. The empirical material obtained was analyzed using discourse analysis techniques. **Results:** The results revealed a strong link between child malnutrition and difficulties with motherhood and mother/child bonding. The women reported difficulties in living and enjoying motherhood because they feel unprepared and unprotected; they were victims of violence and abandonment during infancy and/or during their pregnancies. They have also mentioned their children’s refusal to eat the food which they have prepared, showing an evidence of a rupture in the bond with the mother. **Conclusion:** It is concluded that nutritional intervention programs may obtain more satisfactory results when the mother’s life story is valued as a supporting factor in the process of determining and recovering from malnutrition. It is understood that a more individualized and deep psycho-emotional attention to the dyad may favor the strengthening of the bond between the mother and the child.

Keywords: Child Nutrition Disorders. Maternal Behavior. Child Health. Malnutrition. Parenting.

Resumo

Objetivo: Compreender as percepções de mães de crianças desnutridas sobre sua realidade de vida, considerando seu contexto de vulnerabilidade social e pobreza. **Metodologia:** A pesquisa foi feita com sete mães de crianças desnutridas do Instituto de Promoção da Nutrição e do Desenvolvimento Humano (IPREDE), situado em Fortaleza, Ceará, de maio a outubro de 2011. Adotou-se a metodologia qualitativa, desenvolvendo percursos etnográficos com observações sistemáticas e entrevistas semiestruturadas. O material empírico foi estudado conforme a técnica de análise de discurso. **Resultados:** Revelam forte associação entre desnutrição infantil e dificuldades na maternidade e no vínculo mãe e filho. As mulheres relataram dificuldades em exercer a maternidade por se sentirem despreparadas e desprotegidas; foram vítimas de violência e abandono no período da infância e/ou durante a gravidez de seus filhos; mencionaram recusa alimentar dos filhos aos alimentos preparados por elas, evidenciando uma ruptura no vínculo com a mãe. **Considerações Finais:** Supõe-se que programas de intervenção nutricional poderão obter resultados mais satisfatórios quando valorizada a história de vida das mães como fator coadjuvante no processo de determinação e recuperação da desnutrição. Entende-se que uma atenção psicoemocional mais individualizada e aprofundada à díade poderá favorecer o fortalecimento do vínculo mãe e filho.

Palavras-chave: Transtornos da Nutrição Infantil. Comportamento Materno. Saúde da Criança. Desnutrição. Poder Familiar.

Introduction

The World Health Organization (WHO) reports that in developing countries more than 50% child mortality under five are related to malnutrition. Most of this is due to some high susceptibility of malnourished children to infectious and parasitic diseases.^{1,2}

In Brazil, the prevalence of malnutrition has declined over the decades, mainly in the northeastern region of the country, where malnutrition was reduced by one third from 1986 to 1996 (from 33.9% to 22.2%) and in almost three quarters from 1996 to 2006 (from 22.2% to 5.9%). Maintaining this rate of decline between 1996 and 2006, the problem of child malnutrition in

the northeast region, as well as in the rest of the country, could be considered controlled in less than ten years. To achieve this result, however, it is going to be necessary to keep increasing the purchasing power of the poorest and to ensure public investments to complete universal access to essential education, health and sanitation services.¹

Child malnutrition is currently considered a multifactorial problem.³ It is worth stressing here that this aggravation should not be understood only as an organic disease but as a global phenomenon, an expression of multiple dimensions, characterizing a series of unfavorable situations and conditions of life that act in an individual and/or community.^{4,5} Strictly speaking, in the phenomenon of child malnutrition, objective conditions of poverty and social vulnerability interfere, as well as subjective dimensions of mothers' own life trajectories and the relationships that shape the socio-family context.

Several authors highlight the interference of emotional conditioning factors, including the bond between mother and child, as an important determinant of malnutrition, also suggesting that extreme malnutrition states may be associated with nutritional faults and/or failures as well as experiences of deprivation or psycho-affective excess. In order to understand children's nutritional situations, food should be evaluated beyond physiological needs, since the first interactional conflicts find expression in the field of food.^{6,7}

As an analytical reference, it is very important to take into account in the scope of research on child malnutrition, as a sociocultural phenomenon, the representations existing in the social imaginarieness about malnourished children. They are multiple and reveal patterns and values of the current culture interfering in mothers' perceptions about malnourished children.

Malnutrition, often uncovered only in terms of failure to thrive, is today the number one cause of death in the world among children under the age of five. For each severe case there are many less serious ones, sometimes without typical clinical signs of malnutrition. Faced with the fact that fewer children are severely malnourished, the importance of the problem has ended up being minimized and the existence of a silent epidemic of hidden hunger and malnutrition has even been ignored, expressed by the contingent of children with moderate and mild malnutrition, which is less obvious.^{8,9}

Considering that child malnutrition is still a serious problem in our country, despite the great reduction in the state of Ceará in recent years,¹⁰ this research^a has had the intention of giving visibility to such families, focusing mothers in their dual condition of women and caregivers. Our purpose is to understand mothers' perceptions about malnourished children under maternal care in a socially deprived environment.

a It is some research that is an excerpt from a master degree thesis.

Methodology

In view of the context mentioned, a qualitative investigation was carried out, affirmed in the field of subjectivity and symbolism, seeking to understand, describe and explain social phenomena.¹¹ Methodological strategies qualitatively focusing may significantly contribute to understanding the subjective dimension inherent in human eating acts, providing understanding of interventions, program adequacy and policy development, given that such actions need to consider the social, economic and cultural contexts in which such programs are inserted.¹² There is in this approach the purpose of analyzing the meaning attributed by subjects to facts, relationships and practices, evaluating social actors' interpretations and actions.¹³

In recent decades, there has been a growing interest in Collective Health research to understand the cultural construction of health and disease developed by different cultural groups and studied through an ethnographic approach. For Minayo,¹¹ ethnography (or ethnomethodology) refers to some set of research strategies seeking a detailed description of the objects that it investigates. Its operational designs advocate direct observation and detailed investigation of facts at the place where they occur in order to obtain a detailed and dense description of persons, their relations and their culture.

In this sense, we undertake an ethnographic effort through systematic observations and semi-structured interviews, seeking to understand the mothers in their trajectories and in their universe of life.

Subjects of the research and study site

The women subjects of this research are participants in the Brazilian Institute for the Promotion of Nutrition and Human Development [*Instituto de Promoção da Nutrição e do Desenvolvimento Humano* (IPREDE)], located in the Brazilian city of Fortaleza, Ceará. This institution is a reference in the State of Ceará in the area of infant nutrition. Its clientele comes mainly from the municipality of Fortaleza and, to a lesser extent, from neighboring municipalities. It is a non-profit organization that has expanded its work and implemented a set of action strategies aimed at promoting children's neuromotor, sensory and psycho-affective development, as well as family skills especially directed at mothers.¹⁴

The ages of the seven mothers investigated ranged from 26 to 56 years. As for schooling, two have never studied, the others had incomplete primary education. Three of them work and the other four revealed having intention to work but they have no one to leave their children with. We present in an explanatory table (Table 1) the socioeconomic data mentioned in order to facilitate the visualization of the general profile of all the women involved in this study.

Table 1. Socioeconomic profile of mothers followed up in the research. 2011.

Mother's name	Age	Education	Profession	Has suffered maltreatment?	Number of children	Malnourished child	Do you have a companion?	Are they the parent of the malnourished child?	Income BRL	Live in the house (people)
Amália	26	6th grade	Homemaker	Yes	3	Ian	No	----	250.00	7
Cláudia	41	1st grade	Homemaker	Yes	6	Vera and Vânia	Yes	Yes	640.00	6
Débora	43	7th grade	Sales	Yes	3	Renato	Yes	No	600.00	5
Joelma	56	Illiterate	Sales	Yes	6	Wendel	No	----	300.00	6
Gil	29	7th grade	Homemaker	Yes	6	Gabriel	Yes	Yes	1,000.00	8
Janaína	38	Illiterate	Cleaning lady	Yes	8	Gláucia	Yes	Yes	900.00	10
Marília	29	1st grade	Homemaker	Yes	4	João and Jéssica	Yes	No	360.00	4

Source: Direct search.

Among the 60 thin or extremely thin malnourished children identified in the institution's list, we have excluded cases of nutritional status impairment due to neurological or syndromic problems, as well as those living outside the city of Fortaleza due to the difficulty of accessing their residences. Several of these children had not been attending IPREDE for more than three months, so their medical records had been archived.

Collection of information and study period

The research was carried out between May and October 2011. Follow-up of these women's lives was carried out in their place of residence, in the visits to health units and at IPREDE.

After approval by the Research Ethics Committee (REC) at the Brazilian federal university *Universidade Federal do Ceará* (document no. 070/11) and a consent from the institution, systematic observations and semi-structured interviews were carried out with seven mothers of malnourished

children (aged 3 to 8 years), selected from medical records and from discussions with professionals, who were over 18 years of age and who had been followed up for more than six months, having developed some link with the institution and participated in several projects and sectors of follow up of the mother and child. Of the seven women participants, three would attend the institution in the afternoon shift and four in the morning shift.

We asked our interviewees to allow us a more closely visit by going to their homes, where we could observe their environment and the social place where they lived: how they would coexist in everyday life with the malnourished child, in search of, for example, food and better living conditions; which other institutions they participated in, what support they received; how the neighborhood was like, what the socioeconomic and cultural contexts of the community were like.

The interviews (the first one held at IPREDE and the second one at their homes) were recorded with their consent, lasting from 30 to 60 minutes of conversation. They signed an Informed Consent Form (ICF) after the objectives of the study and the protection of anonymity had been explained. A guiding question was used, “What is it like for you to be the mother of a child with malnutrition?”

Organization and analysis of the material

The analysis was performed by exhaustively reading the material, to explore it and formulate the data processing and interpretation. At the time, we recognized the context of discourse production to encode it, identifying its units of register or meaning. The units of signification were grouped as dimensions that revealed meanings constituted with support in the reality lived by the women. The dimensions, in turn, were grouped into central categories.

The mothers' and their children's real names were replaced by fictitious names, preserving the initial letter of each name.

Maternal care for malnourished children

Caring for a child is a complex task, especially in a context of losses and iniquities in which most of the women who attend IPREDE live: lack of a present and participative partner in their parental role, financial conditions to support the child, knowledge about children's development, safe and structuring references of affection in the mother's infancy to subsidize the emotional balance necessary to the delicate maternal function, besides the inexistence of housing, day care, quality medical care, among many others.

Caring for a child with malnutrition in the midst of all these vulnerabilities involves psychosocial aspects arising from common characteristics manifested by women, such as fear, sadness, shame, foreboding, conflict, anguish, guilt, anger, indignation, somatizing, overcoming. In what concerns the study of eating habits or practices, one must understand how individuals interpret the world and construct meanings, how they are motivated and relate to each other, contextualizing food as a mediator of relations.¹²

Based on the exposure of feelings and also the perceptions revealed during the interviews regarding motherhood and the mothers' care of malnourished children, the following subcategories appeared: (a) "I've found nothing easy in being a mother."; (b) Being a mother: conflicts and contradictions; (c) Feelings towards the child's malnutrition.

These subcategories, discussed below, help to understand these women's life contexts.

(a) "I've found nothing easy in being a mother."

Women demonstrate their feelings and difficulties in being mothers. Their discourses seem to reveal the maternal role burden in a context of deprivation, adding to the absence of a stable and present paternal figure. Most of them trigger their sensations at the responsibility of taking on both roles of mother and father, thinking at times of giving up this maternal condition, feeling stressed, sad or "accepting," as they demonstrate in their speeches:

I've come to terms with it because as mothers we're supposed to go through all this. I've found nothing easy in being a mother. It is so much that sometimes I say that I haven't enjoyed being a mother because it is difficult [sharper voice]... For us being mothers, being the mother and the father at the same time, having to take on everything. Then they demand things at times that I can't... [...] Then if I'd thought... If I'd seen such aspect... If I'd thought better, you know. (DÉBORA)

[...] The worst thing in the world... If I knew it would be so bad to play the role of father and mother, I'd never have wanted a man in my life, which is too heavy for a person. (JOELMA)

But my heart gets so small, so tight. Sometimes I feel like giving everything up. I feel like sending all those children to their father's house. But sometimes I think before doing it. [...] They stress me too much. (MARÍLIA)

Not willing to be a mother and experiencing rejection, frustrations and fears about this existential condition can trigger eating disorders in children as a consequence of difficulties in the mother and child bond, in several authors' view.¹⁵⁻¹⁷

Physiological nutrition is related to affective nutrition from the dyad's first contacts. We can not help but emphasize that preparation for motherhood occurs long before a child's birth and is linked to the children's own parents' experiences.^{18,19}

Being a mother in symbolic and cultural contexts is being able to “nurture” a human being in all the dimensions necessary. Undernourished children’s smallness and thinness in the case of our study seem to be associated with the mothers’ living situations, with all the burden and marks of their stories. Not eating or developing any eating disorder is pointing out that the mother does not have the main food to offer: the well-being in welcoming the child, the joy and happiness towards their development. Therefore, these mothers’ subliminal messages can unconsciously result in questioning in their children’s psyche, “Why develop if the safe soil for this development is scarce?”

For the psychoanalytic theory, eating/being fed refers to the first exchanges between the baby and their caregiver, changes that imply some passage from what is real, from the physiological need to the symbolic world, of demand and desire, delimiting an original time in the coming of the subject. Food, at the beginning of existence, gains some symbolic status and can be accepted or rejected by the child, depending on the meaning given to it in the relationship with the mother. Thus, the child may present a persistent refusal of food as a response to what happens between them and their caregivers.²⁰

In the women’s profile it was possible to perceive that all of them had suffered mistreatment, had not received support from family members or the child’s father, going through moments of violence and abandonment during pregnancy and not wishing that child to be born in a context of great tension and insecurity. Such findings are similar to those described by other authors⁷ on the relationship between unwanted pregnancies and factors important for the formation and development of the mother-child bond, postulating that malnutrition is associated with a lack of synchrony between the mother and the baby besides the lack of food.

Adding to all this complex emotional context is the condition of poverty, with its harmful consequences, producing insecurities and stress. Fathers and mothers in situations of social vulnerability can change their behavior towards the child, punishing, blocking affectivity, not responding adequately to the child’s psychosocial demands, becoming negligent or abusive.¹⁵

Changes brought about by the baby are complex and not limited to psychological and biochemical variables but also to socioeconomic factors. True deprivations, be them affective or economical, increase tension and worries about the future, generating frustration, anger and resentment that prevent women from finding satisfaction in motherhood.¹⁹

In the case of the present study, the mother takes responsibility for the children practically by herself, which gives her an even more fragile position. Motherhood is configured in their lives in a conflictive way. On the one hand, they must correspond to the social ideal of maternal love, devoting themselves body and soul to the children. On the other, they must deal internally with their daunting condition as solitary caregivers lacking care and protection for themselves.

A study carried out in the Brazilian city of Belém, Pará,²¹ has shown that mothers who have shared the task of caring for children with other people (companions, grandmothers, nannies) have more often expressed positive behaviors than those who performed such task by themselves. These women's children showed more behaviors indicative of attachment, such as vocalization, taking objects and looking at the mothers. The authors consider it possible that by sharing care with another person, the mothers find themselves less stressed, calmer, more capable of behaving sensitively to the children's demands when relating to these.

(b) Being a mother: conflicts and contradictions

Here the paradox between negation or malaise in being a mother and carrying out maternal care in a satisfactory way clearly emerges. Women express devotion to their children, consider themselves good mothers and the ones who can best care for the children. They need the approval of those with whom they live, including their own children. Feeling important to their children seems to reward them. Women are attached to their children and these are attached to them. The mothers in our investigation contradict themselves, living permeated by paradoxes and ambiguities. They did not want to be mothers. Nonetheless, they take good care of their children:

Once I asked him if he wanted to live with his father. He said he didn't. He wants to live with me. He is very attached to me [the malnourished child]. Wherever I go he wants to go too. (AMÁLIA)

[...] I groom them. Everyone knows I take good care of them. I'm the only one taking care of them. Whenever they're sick, if they have problems, when they are sick, I care more because they are as they are. [...] I'm very fond of them. Hail, Mary! I'll do everything for these girls. Everything. (CLÁUDIA)

Maternal responsiveness is considered a central element for understanding child development and this concept is articulated with the attachment theory,²² which postulates that children's survival depends on maintaining proximity to adults who perform functions of protection and provision of food, comfort and safety. The tendency to establish links with certain individuals is an essential component of human nature and is already present at birth.¹⁸

Theorists of child development^{18,19-23} present, however, the argument that the guarantee of maternal care in itself is not sufficient for the subject's psychic constitution. Basic maternal care without some founding soil, which is the appropriation of a woman to becoming a mother, results in flaws and disturbances in the process of development, separation and autonomy.

The quality of attachment relationships (e.g., safe or unsafe) depends on the mother-child dyad interactions. Safe attachment, for example, depends on the parent's responsiveness to the baby,

that is, the adult's ability to be sensitive to the child's cues and to respond at appropriate times with smile, speech, and touch. In relationships with children, caregivers may express different types of responsiveness, establishing trust or not in the attachment figure, the feeling of rejection or affection, the feeling that the other is a secure basis for exploring the world, defining the quality of attachment.²²

We also add that in this research some of the mother and child relationships were perceived as overprotective or of psychoactive excess by the caregiver. The child lives, then, very attached to the maternal figure, having her as the only reference of affection and security. Mothers seem to overprotect to unconsciously compensate for what they do not have in their essence – the positive and gratifying experience of being mothers. Perhaps this is the true food that these children lack, not negating the socioeconomic issues of deprivation and inequality.

Negligent or even overprotective behavior from parents may lead to developmental failure, compromising eating and resulting in low weight and short stature for the age.²⁴

(c) Feelings towards the child's malnutrition

Feelings of guilt and shame for the child's thinness permeate the women's discourse. They show some confusion about the reasons that have led the child to be and remain malnourished, especially when the other children are not. Let us see what they express:

It's... I'm embarrassed to go out with him... to the street... people keep looking. It's because I think it might be that others say this: 'Look there, you're reckless.' [...] It's because the other [the brother]... People say that: 'This one is fatter than the other...' Because... that... I don't know if it's only me. I feel guilty. (AMÁLIA)

[...] I feel guilty about my children because I think I'm not... But I always cook the right food at the right time. (MARÍLIA)

Marília shows guilt in her speech and defends herself, saying that she does what is right. But there seems to be difficulties with limits in food education and limits of the existence of food at home.

[...] It's difficult. Sometimes one wants to eat that, the other doesn't want to eat. 'Oh, mom, I want sausage.' Sometimes I have 50 cents. 'So go there and buy 50 cents of sausage.' Or else, 'Buy an egg, which is much better!' Because eggs are like they say there at IPREDE. Eggs give more sustenance, more like giving sustenance to his brain, you know. But he says, 'Oh, mom, what I want is sausage.' 'Oh! Go, go, go, boy, and buy what you want there. Here you are!'

We have similar findings in another study on women's great concern with regard to infant feeding,²⁵ in which evidence was found in mothers' speeches that malnutrition and hunger were among their main concerns. The authors also point out that mothers feel confused and humiliated in front of their families and neighbors because of the thinness of their children, worried about the possible judgment that they would not be able to feed their family well.

Various features listed by Solymos¹⁶ are present in the life histories of our interviewees, which makes us reflect on the possibility of this identification of the child with behaviors and situations of suffering experienced by the mothers from the pregnancy. It is noteworthy that these children have been followed up by a competent institution in the field of Nutrition for more than two years and remain undernourished.

In addition to these observations, we have heard from six of the seven women in this study reports of children refusing food, especially with regard to "pot made food," a meal considered of great importance in their homes:

Junk food [banana dessert, orange and cakes] he'll eat. But pot made food, he has trouble eating it. (AMÁLIA)

Some need to force the child to eat the food considered healthy to gain some weight then arises. There is a constant worry and fear of losing the child due to feelings of impotence or guilt. Frustrated attempts in making the child eat also tire and confuse the mothers.

I thought she was not even going to make it! I'd pity her. She was this small [shows with her hands]. A doll would be bigger than her! Even today she is a picky eater [...] I have to force her [...] She often gets sick. She has to have everything at the right time. When something is missing, I get worried, thinking, 'What am I going to do, right?' (JANAÍNA)

That's another reason I say to him a lot, 'You're going to die, you're going to die because you don't eat.' But he only eats if I threaten to beat him with a sandal at the moment [...]. (MARÍLIA)

A study developed by Lindsay and collaborators²⁵ corroborates what was evidenced by the mothers interviewed about their concerns and attitudes regarding feeding their children. According to the authors, several mothers explained that they have to force their children to eat some food because it is 'good for them' and that they wanted the best for their children in all respects, including ensuring that they'd would eat well.

An important aspect, however, has drawn attention in the context of refusing to eat because of its contradictory aspect, showing once again the paradox in the history of women and their malnourished children: children accept to eat in the "homes of others," ingesting even what they would not accept to eat at home:

That's what I mean. When I go to my family's house to have lunch, they eat everything. They eat meat, vegetables, everything at other people's house! Now at home it's hard for them to eat. Even I at other people's houses will eat so well too! Sometimes people, children get sick of food from home. I don't know... At my dad's house there are the same things that there are here and they eat them. (CLÁUDIA)

[...] But what I think is funny is that when he's in the houses, he eats. For me, it's embarrassing! There is food at home, the boy won't eat. When he is in the houses, he does! I get angry at him over that. Even in the street, whatever people gives him, he'll eat. And at home he won't. (MARÍLIA)

Faced with the difficulty of being able to adequately feed the children, freeing them from malnutrition, confused, immersed in their existential conflicts, these mothers defend themselves, explaining that the problem is with the children, that their thinness is hereditary or else is due to health problems. It is 'their very caliber' (alluding to the children's biotype). Some mention food shortages, others are justified by the fear of not being considered good mothers, trying to medicate their children. Again, it seems to us that the children's malnutrition denounces an entire life reality that is difficult to "swallow":

Yes, I am [careful], you know. But his business [malnutrition] is his indeed, it is not from me. [...] His weight was very low... Then I asked [at the institution] why he was thinner, you know. Then I said that it was because he was a picky eater. I've already bought so many vitamins for him. But he continues the same way, each time getting leaner. (AMÁLIA)

[...] I feed them very well. Then when they put on some weight, they lose it. It's the flu, it's a fever, it's everything. What can I do? [...] I've already given vitamins. I give medicine for worms. I give everything. They don't like to eat. [...] I think it's their normal weight, their caliber indeed. It's from the family. (CLÁUDIA)

We reinforce that food psychopathology reflects a complex and conflictive interactive dynamic of the mother and child relationship, represented by aspects such as: insufficient or excessive libidinal investment, lack of stimuli, discontinuity of the relationship, incoherence in reading and response to requests, chronically empty or abruptly emptied interaction. In other words, irregularities in the bond between the caregiver and their children.⁶

Final thoughts

In this study, malnutrition was considered as related to difficulties in establishing motherhood and mother-child bonding. The women's discourses revealed factors that corroborate this thought. They affirmed their difficulties in exercising motherhood because they felt unprepared and unprotected, without companions or family members present and participating. All women had

been abused, victims of violence and abandonment during the childhood and/or during pregnancy. They frequently mentioned their children's refusal to eat, who, although they would not accept the food prepared by their mothers, would accept industrialized ones and those offered by other people of their coexistence, evidencing a rupture in the bond with the mothers. In addition to these findings, the fact that siblings were not affected by malnutrition has led us to reflect on the possibility of an "undernourished child's identity" with the mothers' socio-emotional situation and the moment when they were conceived.

Contradictions and ambivalences demarcate their discourses, evidencing the confusion of their psyche in a context troubled by food insecurity, by the violent environment in which they are immersed and by unstable support networks. In their state of extreme poverty and having so many children, the social assistance from institutions such as IPREDE and Brazilian government [benefits and *Programa Bolsa Família* (Family Allowance, a Brazilian government social welfare program, part of the Fome Zero network of federal assistance programs)] is not enough to attend to their needs, since such supports only ease their suffering. Their living conditions and access to goods and services are quite precarious, as they lack basic sanitation, filtered water, healthy spaces to live and live with.

It is assumed that nutritional intervention programs may obtain more satisfactory results when the mothers' life history is valued as a supporting factor in the process of determining and recovering from malnutrition. Understanding how these women live with their children in their natural habitat can provide information on how to take better care, on a case by case basis. It is understood that a more individualized and deepened psycho-emotional attention to the dyad may favor the strengthening of the bond between mother and child.

We conclude by reiterating our wish that the reflections here developed may contribute to new investigations in the context of the interference of the mother and child bond in infants' nutritional states, opening some path and encouragement to further studies involving malnutrition.

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