FOOD AND NUTRITION IN COLLECTIVE HEALTH

DOI: 10.12957/demetra.2020.45674

DEMETRA Alimentação, Nutrição & Saúde

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This article comes from the thesis entitled "Estratégia Educativa Virtual para o apoio ao Aleitamento Materno Exclusivo (Virtual Educational Strategy for The Support of Exclusive Breastfeeding) presented in July 2018 at the Universidade Federal da Paraíba (Federal University of Paraíba), João Pessoa, PB, Brazil.

Analysis of a virtual educational strategy for the support of exclusive breastfeeding

Análise de uma estratégia educativa virtual voltada para o apoio ao aleitamento materno exclusivo

Abstract

Introduction: Exclusive breastfeeding is the period when the child receives only breast milk, without offering other liquids or food. The benefits to the child's health include, mainly, reduction of diarrhea and respiratory diseases and this has been one of the main factors for the historical reduction of infant mortality. Therefore, the World Health Organization recommends this practice until sixth months of life. The use of the internet can be a promising resource in order to achieve this scenario. ***Objective:*** This paper analyzed a virtual educational strategy that focused on the support of exclusive breastfeeding. ***Methods:*** It is a qualitative study, in which the publications of women from a private community of the online social network Facebook, managed by health professionals, were analyzed. ***Results:*** The sharing of experiences in the group showed breastfeeding as a phase permeated by multiple physical, emotional and social difficulties. Work overload and blaming women were identified. The communications of the virtual space based on a participatory methodology, strengthened the dialogue with the participants and between them. ***Conclusion:*** Moderation based on the demands presented by the group enabled timely support connected with the needs experienced, promoting the empowerment of women in the breastfeeding process. This initiative proved to be feasible, practical, of low cost and with great potential to increase the duration of exclusive breastfeeding among the participants.

Keywords: Breastfeeding. Social network. Health education. Health promotion. Community-Based Participatory Researc.

Resumo

Introdução: O aleitamento materno exclusivo é o período em que a criança recebe apenas o leite materno, sem a oferta de demais líquidos ou alimentos. Os benefícios à saúde da criança incluem sobretudo a redução do quadro de diarreias e doenças respiratórias, e isso tem sido um dos principais fatores para a redução histórica da mortalidade infantil. Diante disso, a Organização Mundial da Saúde recomenda essa prática até o sexto mês de vida da criança. A utilização da internet pode ser um recurso promissor para o alcance desse cenário. ***Objetivo:*** Este trabalho analisou uma estratégia educativa virtual voltada ao apoio a amamentação materna exclusiva. ***Métodos:*** Trata-se de um estudo qualitativo, em que foram analisadas as publicações de mulheres de uma comunidade privada da rede social *online Facebook*, gerenciada por profissionais de saúde. ***Resultados:*** O compartilhamento das experiências no grupo evidenciou o aleitamento como uma fase permeada por múltiplas dificuldades

físicas, emocionais e sociais. Foram identificadas a sobrecarga de trabalho e a culpabilização das mulheres. As comunicações do espaço virtual, pautadas numa metodologia participativa, fortaleceram o diálogo com as participantes e entre elas. *Conclusão:* A moderação baseada nas demandas apresentadas pelo grupo possibilitou um apoio oportuno e articulado com as necessidades vivenciadas, promovendo o empoderamento das mulheres no processo de amamentar. Essa iniciativa mostrou-se viável, prática, de baixo custo e com grande potencial de incrementar a duração da amamentação exclusiva entre as participantes.

Palavras-chave: Aleitamento Materno. Rede Social. Educação em Saúde. Promoção da saúde. Pesquisa Participativa Baseada na Comunidade.

INTRODUCTION

The importance of exclusive breastfeeding (EB) for the health of woman and child has already been recognized in the literature. The practice contributes to reducing child morbidity and mortality and is associated with a decrease in the incidence of serious pathologies related to the woman's health.[1] The World Health Organization (WHO) recommends that EB should be adopted until the child's sixth months, and breastfeeding should be continued until the child is two years or older.[2]

Nevertheless, authors have indicated that these rates are still low in several countries.[3,4] Data from a national survey showed a prevalence of 41% among children under six months in Brazil.[5] There has been a significant increase in these rates from the 1970s to 2006, but a new study has shown a stabilization of this growth, indicating the need to reflect on existing actions and strengthen new strategies.[6]

Despite the importance of support to increase the prevalence of EB, most of these actions are based on the transmission of information, with *ad hoc* and discontinuous practices.[7] There is a need to promote EB support strategies in alignment with Health Promotion, strengthening the integral care of all subjects involved at this stage, especially women. In the process of empowering women, it is necessary to break away from traditional teaching-learning approaches, defining the problems of their realities and basing the construction of knowledge on the needs of individuals.[8] It is essential to broaden the conversation with women, especially after childbirth, which is when they start facing the main challenges.[9]

Considering the current panorama of fast virtual communications and digital media, the Internet has been considered as a powerful tool to support women during the EB stage, given the growing demand of this audience in the postpartum period.[10] However, few experiments have been carried out in this field.[11,12] This work sought to analyze a virtual educational strategy aimed at supporting EB.

METHODOLOGY

Study scenario

The conversations evaluated in this study were published in a private virtual community of the Facebook social network, entitled *Amamenta Mamã*e Project (Breastfeed Mama Project). This initiative was linked to the Department of Nutrition and the Hospital Universitário Lauro Wanderley (Lauro Wanderley University Hospital - HULW), both of the Universidade Federal da Paraíba (UFPB). The moderating team was made up of professionals from the HULW, teachers of the UFPB and the Universidade Federal de Pernambuco (Federal University of Pernambuco), in addition to students from different health discipline courses from public and private schools and universities in the city of João Pessoa - PB.

The *Amamenta Mamãe* Project was the intervention scenario of a randomized clinical trial entitled "Effects of an intervention to promote and support breastfeeding through an online social network", whose results have revealed an increase in the exclusive breastfeeding time among the participating women.[13] The group followed 143 women after their discharge from hospital between 2016 and 2017. The selection of these participants took place previously in the HULW maternity ward, as part of that study. All women over 18 years of age whose delivery had taken place at the obstetrics clinic of that hospital, who could read and write, and who had access to the social network Facebook, were selected to participate in this study. Those who presented any disease that contraindicated breastfeeding were not selected.

Before the group was created, the moderating team of this virtual scenario met weekly for four months to define the methodological aspects to be developed. As such, the subjects to be developed were discussed

and defined, taking into consideration the possible experiences and doubts that women could experience during the first 24 weeks of a child's life. As a result of these discussions, illustrative posters were created with a reduced number of words, which would later be used in the virtual group. The content of these posters brought information about the physiology of lactation, women's nutrition, and the potential problems to be experienced in this process, such as candidiasis and difficulties related to the latch. The information from these materials was based on the recommendations of the Ministério da Saúde (Ministry of Health) and the WHO. The illustrations were developed by a communicologist and approved by the research coordinators.

The practices of the group were developed according to the assumptions of the Community-Based Participatory Research (CBPR)[14] - in this case, an online community. CBPR proposes that the construction of the method be done by all the partners taking part in the research.[14] To this end, the previously-developed posters were included weekly in the virtual scenario. The women were marked in the publications to encourage their participation in this space, making them feel welcome to interact with the group regularly. Beyond the purely informative perspective, the posters in this context were trigger resources to further deepen the conversation.

In addition to the markings on the posters, specific publications were produced that asked the women about the possible topics they would like to work on; they encouraged these women to share their experiences, valuing the exchange of knowledge and learnings from everyday practice. As the participants commented on and revealed their worries, doubts, anxieties and yearnings, new publications were created by the moderators based on the presented demands, and new interactions were built between the group members.

Characterization of the Study and Construction of the Data

This study uses a qualitative approach, employing the comments and publications made in the *Amamenta Mamãe* Project. The design was inspired by the LiLLEDA methodology,[15] which consists of an ethnographic research approach in the context of virtual forums, and recommends six stages, namely: 1) literature review and perception of the research questions (step 1); identification of the online scenario (step 2); ethical considerations (step 3); data construction (step 4); analysis and interpretation (step 5); discussion of the results and reliability of the study (step 6). This method allows for adaptations according to the peculiarities of each study. The following adjustments were made in this study: the second step was not considered, since the research scenario was already previously selected and the employed approach was not ethnographic.

The following path was followed for this study within the scope of the LILLEDA methodology: a literature research to understand the support to EB offered by health professionals, in addition to the studies developed in the virtual scenarios; submission of the research project to the ethics committee, requesting approval for the analysis of the publications of the *Amamenta Mamãe* Project group; systematization of all compiled publications related to the EB theme in the virtual group; analysis and interpretation of all previously systematized publications according to the methodology described in the data analysis heading of the present methodology; discussion of the results of the findings of the present research, considering the literature.[15]

As the publications and comments were made, each record was systematized in a specific table, including the woman's code (in letters and numbers), the date, type and identification of the publication, the child's age at the time of the comment and the conversation carried out with the women. This registration

was done with the help of the Excel® software. All comments related to the breastfeeding theme were included; those addressing issues that were not contemplated or related to this experience were excluded.

After the organization of the tables, the publications related to the EB theme were selected and organized in a text file in the Word® software, being literally transcribed. All 56 publication topics related to the EB theme were analyzed in the virtual group's news feed, in addition to the 784 comments made among the women, following the quantitative approach recommended by the LiLLEDA methodology.[15]

Data Analysis

The data were analyzed through content analysis in the thematic modality, from the perspective of the interpretivist framework, which emphasizes human action as significant.[16-18] This stage was initiated by floating readings and exhaustive re-readings to get familiar with the speeches made available online, promoting direct and intense contact with the *corpus*. Next, the thematic axes were extracted and the final analysis of the content was performed.

During the fleshing out of the findings, we first sought to understand the reasons that aroused the desire of the woman to seek out the group. Subsequently, the practical experiences were extracted, seeking an understanding of how this influenced breastfeeding. Finally, we analyzed how the group acted in the support and empowerment process of the woman.

The evaluation of the support offered was carried out in the light of the meaning of empowerment from the perspective of health promotion, according to Paulo Freire's understanding of the concept. This concept refers to the process that results from social interactions and the challenging of people's reality, contributing to overcoming their limits and strengthening teaching-learning strategies based on dialog, listening and an ethical commitment with the other.[8,19]

Since the speeches were arranged online, the perception of subjectivities occurred based on the identification of words that expressed respective emotions, in addition to the understanding of the speech's context in the conversation. The perception of subjectivities was developed through the exhaustive reading of the published conversations. The emotions were extracted based on the terms that denote them, in addition to the context in which these speeches were produced, according to the theoretical framework adopted in this analysis.[16-18]

Ethical Procedures

In order to guarantee the confidentiality of the users, each group participant was coded using letters and numbers; as such, their speeches were identified in this way. The study was approved by the HULW Research Ethics Committee under the number CAAE 69841317.7.0000.5183, in accordance with Resolution 466/2012 of the National Health Council.

RESULTS AND DISCUSSION

The thematic analysis of the publications of the online network was carried out according to the described methodological procedures, resulting in the identification of two main thematic axes: aspects motivating the women to seek out the *Amamenta Mamãe* Project and the group's performance in the EB support process.

Aspects Motivating the Women to Seek Out the *Amamenta Mamãe* Project

Worries resulting from a lack of knowledge of the child's physiology were one of the main reasons for the participants to seek the support offered by the group. This could be observed through the high number of publications of this nature. Questions regarding the infant's colic and the women's reactions to this problem stand out among the main anxieties. The impact of this insecurity on the participants' diet was also frequently shared.

> [...] I'm loving breastfeeding, but I am very concerned because [...] she has colics. [...] I think everything is causing colic, even the food I ate at the hospital [...]. I've heard that it could be my milk that is causing these colics (M81).

Although colics are part of the infant's adaptation process in the first months of life, common sense and care givers consider them to be a pathological element. The maternal feeling of guilt about the origin of this problem is reinforced, making women overly responsible for preventing their children's illness. The feeling of fear that the breast milk may associated with these episodes is an aspect that could potentially discourage EB.[20]

Traditional campaigns and strategies to promote breastfeeding place the figure of the woman as the main responsible for the health of her children, attributing the duty to maintain EB to her.[21] With such an objective, the support materials will seek to raise awareness among mothers, listing the different advantages of this practice for the health of the child. A discourse is built that evokes guilt, geared to those who are unable or choose not to breastfeed. At the same time, the fear is spread of the practice's potential failure, strengthening the anxieties resulting from this phase.[21] In the group, the participants expressed their fear that breast milk would not be produced in adequate quantity, in addition to manifesting insecurity about the quality of this food.

> I'm getting anxious of hearing from so many people that the milk is not enough [...], that my milk is weak, so I get these thoughts. (M14).

Examples were also shared where the feeling of a reduction in milk production contributed to the early introduction of infant formulas:

> [...] my milk has not been enough [...]. I see his irritation on my breast [...]. I saw no other solution but to complement it with the bottle. I am aware of all the benefits of breastfeeding, but I am not producing enough. (M76).

The food industry has intensified the use of the Internet, and different marketing strategies involving the use of infant formula as a breast milk substitute have grown substantially. These advertisements, illegal under Brazilian law,[22] are potentially responsible for this sentiment questioning the quality and quantity of the breast milk regarding the false and alleged superiority of infant formulas.[23]

Although the problem of insufficient milk production is often imagined, in some cases this can also be a real problem, and treatment by a qualified professional in person is crucial.[24] In the experience of the *Amamenta Mamãe* Project, these particularities have been noticed:

> [...] I went to the pediatrician today and she told me to keep stimulating the breast and use the formula to complement it [breast milk] since it is not being enough". (M113).

As can be seen, face-to-face medical support was sought out and this diagnosis was therefore taken into consideration at the time of the virtual approach. The difficult issue to be overcome at this time is the real ability of health professionals to diagnose this problem, in the context of the gaps in knowledge that many of them have regarding breastfeeding.[25]

Physical difficulties associated with problems with an incorrect latch were also shared in the group.

> I had to give complement because one of my breasts hurt a lot. It is better today, but my son doesn't latch on very well. I get really worried because the bottle will harm my baby, and he may not even want the breast anymore. (M114).

These problems are very common challenges in the breastfeeding experience, constituting one of the factors associated to its interruption.[26] An analysis of this speech also shows that, in addition to seeking to overcome the physical difficulties, the woman sought the group to find the necessary support at the time of suffering.

It cannot be inferred that the virtual strategy by itself was characterized as this support, but it was during the experienced challenges that the search for virtual support occurred. Even when faced with adversities in breastfeeding, the desire to maintain it is often intrinsic because the importance of this practice associated with maternal care is acknowledged. Support strategies that value only the biological aspects contribute to reaffirming the guilt of women who are unable to breastfeed.[27]

One of the most demanding moments for the group occurred close to the child's fourth month of life, when the maternity leave period ended and women had to return to work. This period has already been described in the literature as an important and difficult phase.[28] Just as at the beginning of breastfeeding, the woman is beset by fears and restlessness at this stage of life, both because she has to distance herself from her child for a longer period of time, and because of the insecurity of the transition to complementary feeding.[28] In the group, these dimensions were revealed through the sharing of technical difficulties and the different feelings related to this stage.

> My "bb" [...] doesn't take the bottle at all, and now I only have one more month at home, and I don't know how I'm going to get back to work. (M90).

Despite being a constitutional right, not all women in Brazil who work outside the home are entitled to maternity leave. When granted, this stage lasts four months, making it difficult to maintain EB until six months of age because of the distance between mother and child and the insecurities arising from this reality.[29]

The need to create strategies that can help them to continue breastfeeding should be stressed.[28] Support actions should also contribute to the deconstruction of the socially established image of the modern women, who fully performs the tasks of motherhood, besides being physically attractive and successful at work.[30] This overload on the female figure was shared in the group. The stress experienced during the breastfeeding period was noticed in the publications under study:

> My baby has been on the breast since 6 AM and he doesn't sleep, he only nurses. When I take him off the breast, he cries. It already made me breakdown and cry [...]. It's already 5:00 p.m. and he still cries wanting to breast-feed. He hasn't slept one minute and I'm already going crazy. (M50).

The lack of understanding about the child's crying reinforces the idea that this is always associated with hunger. Women and caregivers do not understand that this is one of the baby's ways to communicate and that it does not always represent something bad or pathological. Lactation must be seen through the mother's eyes and experience, strengthening empathy with this audience, increasing the support process' commitment to the different experiences of this process.[31]

The fears and insecurities associated with inexperience were also identified:

> It's not easy... I'm a first-time mother and we hear a lot of things. (M76).

These speeches demonstrate the complexity and ambiguity that permeate the motherhood process. The romanticism and blame conveyed in the campaigns and strategies to promote breastfeeding reinforce the feeling of frustration that emerges in daily practice. The shared materials place the mother as the main character of this phase, attributing to her the responsibility for the success (or failure) of this practice.[21]

According to the findings mentioned above, the women seek out the *Amamenta Mamãe* Project mainly when the difficulties are already established, and their speeches were marked by feelings of fear, insecurity and distress. In some moments, these challenges emerged due to the lack of knowledge regarding different aspects involved with breastfeeding, and no matter how often a woman has experienced this phase before, the uncertainties persist because of the uniqueness of each experience. The lack of support to overcome these obstacles favors the early interruption of exclusive breastfeeding, and turning this scenario around so the practice can be adequately maintained, respecting the women's decisions, needs and real wishes, becomes a great challenge.[32]

Many participants also sought out the group in search of the diagnosis of symptoms presented by the infants related to breastfeeding.

> She (baby) burps, but without even touching her, she becomes irritated and throws up. Could it be reflux? (M41).

Posts of this nature were recurrent during the evaluation period of the group, alerting to one of the main limitations of the virtual scenario in the support to EB. Often, the participants guide and talk with each other about previous diagnoses and medications used in the treatment of their children. It is known that the sharing of similar information from health care websites can favor the spread of misconceptions, putting children's health at risk, in addition to contributing to the spread of fears, doubts and myths.[33]

The *Equipes de Saúde da Família* (Family Health Teams - ESF) stand out in strengthening the bonds with these people. The inclusion of the ESFs in the environments experienced by these families also contributes to the development of actions aligned with the context of these actors.[34] Despite the potential of this proposal, these professionals are often not trained to provide adequate care to women during EB. The lack of investment in training and the overload of assistance workers are highlighted as one of the main factors responsible for this situation.[35] In the context of the *Amamenta Mamãe* Project, the aspects related to the diagnosis were not prioritized, given the limits of the virtual approach and the group's objectives of carrying out participatory support actions.

In addition to all the challenges presented, the group was also the scenario for sharing successful experiences and overcoming difficulties:

> People, going to college and taking care of a baby is very difficult [...]. I confess it wasn't was easy, and it still isn't today. Since she was 2 months old I've gone back to my duties again and this Thursday the 30th she will be 4 months old and I can't believe I managed to only give breast milk to her, even when absent (M72).

The importance of sharing this type of experience to encourage other women is clear. We observed that successful experiences were not shared in a glamorous and theoretical way, but in a contextualized way with all the limits and challenges identified in the process.

Group Performance in the EB Support Process

The results described in the previous item signal how challenging the breastfeeding process is. The implementation of strategies that are not aligned to women's needs and realities is insufficient for the promotion and support of breastfeeding. The choice of whether or not to maintain this practice stems from the various circumstances surrounding this process, including everything from biological to social and cultural aspects, and it does not depend solely on a unilateral option of the female figure.[36] The social support approach during the implementation of EB incentive strategies is noteworthy.

> Social support is defined as any information, spoken or not, and/or material assistance offered by groups and/or people who know each other and which results in emotional effects and/or positive behavior. It is a reciprocal process, that is, one that generates positive effects both for the recipient and for those offering the support, thus allowing both to have a sense of more control over their lives (p. 4).[37]

In the context of the *Amamenta Mamãe* Project, one of the moderator's action strategies was to clarify any doubts presented by the participants.

> I had some difficulty at first because my breast has almost no nipple and my breast has hurt, but you instructed me to spread the milk over my breast and thank God it improved (M8).

These informative practices were only one of the aspects of the work, because the Project did not limit itself to this. The transmission of knowledge was extrapolated to actions built in an empathetic way with the women, as fears, anxieties and restlessness were received and addressed.

> Good evening M32! We know how difficult what you are going through is, but we are here to help you in whatever you need! Many women go through this problem. [...] Always count on all of us on the team of the *Amamenta Mamãe* Project! (Moderator 2).

In addition to information, the group used emotional and social support strategies involving the biopsychosocial dimensions of breastfeeding. In the context of the different currents promoting healthy eating, the definition was corroborated that the concept of support involves all the actions needed to facilitate the adoption of these practices, from the guarantee of information to the motivational aspect.[38]

When health promotion is concerned, breastfeeding support should help improve the quality of life of the subjects in this process, including their active participation in teaching-learning strategies, strengthening their empowerment. Actions should be identified and based on real needs, working in a manner that is contextualized in the reality of the participants. This will contribute to the construction of knowledge that will

make it possible to strengthen their autonomy in the different stages experienced, learning to deal with the limitations imposed by eventual problems.[8]

In this regard, Paulo Freire[19] stresses that the formation of autonomous subjects requires a holistic understanding of reality, integrated with the scenario in which they are inserted, respecting previous knowledge and personal experiences. Communication is considered to be a key resource if the educational practice is to be effectively liberating. Regarding the EB support, the actions must go beyond the transmission of technical-scientific information, in the sense of accepting, valuing and contemplating the singularities of each experience.[39]

In the context of the shared anguish about the fear of the milk drying up, the moderating team tried not only to be informative, but also to awaken the confidence in the woman regarding her potential to breastfeed, publishing loving and supportive words geared to each shared experience.

> The more your baby nurses, the more milk will be produced, so [...] persist in breastfeeding. [...] Try to find tranquility and [...] trust in your potential to breastfeed. (Moderator 4).

This speech was one of the resources used to promote conversation by valuing the safety of the women. Strengthening women's self-confidence in relation to their ability to breastfeed is one of the essential aspects in breastfeeding practice. The belief that the amount of milk is insufficient is perceived as one of the reasons for the disruption of breastfeeding and the subsequent unnecessary introduction of infant formulas.[32]

Given the limits of virtual approaches, the team sought to identify whether the publication was about some insecurity or whether the woman was showing signs of problems related to breast milk production before giving this encouragement.

> Hello [...], why do you think your milk is not being enough? How long does he stay on the breast? Does he poop and pee normally? Does he cry every time he's on the breast? (Moderator 1).

In the latter case, seeking face-to-face support was recommended for a safe approach. This recommendation was also given when the group was sought out to look for a disease diagnosis and self-medication. Acknowledging the limits of virtual practices is crucial,[33] as the wrong orientation may put the child's health at risk.

Regarding the sharing of experiences of the early introduction of infant formulas, the moderators sought to encourage the participants to maintain breastfeeding. The experiences were welcomed and personal choices were respected, which meant the team did not show a prejudiced and authoritarian conduct.

> This formula can be used for your baby, but are you having problems with breastfeeding? What made you stop the exclusive breastfeeding? (Moderator 3).

This speech illustrates that, in addition to giving information, the team tried to define the problem of the challenges, but without imposing wisdom on the woman during this process.

Problem definition is one of the pillars of the educational practice, and actively listening to the subjects that are part of the research scenario, is essential.[19] It strengthens the participation of the different actors,

guaranteeing them the right to speak. This goes hand-in-hand with the ideals of empowerment in the perspective of giving a voice to oppressed groups of society, diminishing the barriers that limit the production and sharing of knowledge.[40] When sketching out the EB support, the necessary space must be guaranteed for women to express themselves during this process, overcoming the power relations of professionals in relation to the maternal figure, strengthening the educational assumptions geared to the confrontation of oppressive conditions and female emancipation.[21]

Although the moderating team was very important in the process of supporting the women of the group, one of the central aspects of this approach was the active participation of all the collaborators involved in the research. The group was built on the protagonism that emerged from the women's collective, resulting from the dynamics of these relationships. The moderators chose to exercise *obstare* (the latin term meaning "stand beside"), facilitating communication and defining the problem of the shared experiences. The use of CBPR in this scenario was crucial to the extent that it strengthened the conversation, enabling the sharing of practices, ensuring the mutual recognition between the different experiences along this process.

> Hello M37! I also suffer a lot with my baby's colics [...] but I prefer to try to relieve them with massages [...] it relieves their stress a lot, my baby likes it so much that he ends up smiling! (M54).

The use of the Internet as a EB support technique has been emphasized by some authors, since it constitutes a space that is propitious to interaction, revealing the possibility of overcoming the challenges mentioned above faced by the traditional teaching-learning practices.[11,12] The insertion of Facebook in this process not only enabled the immediate spread of information, but also the sharing of practices.[12]

The contents of the posters were not essential to understand the conversations presented in this analysis, since their objective was to instigate the women's expression through virtual conversations, and not the deepening and transmission of information itself.

The use of CBPR in virtual spaces is still scarce. This methodology is based on action-research, and the construction of the scenario occurs in a way that is committed to the different needs that emerge from the communities,[14] favoring their empowerment.[8] Considering that the creation of virtual communities is one of the characteristics of the social network Facebook, the use of CBPR as an intervention strategy contributes to the strengthening of dialog, working as a stimulus to the active participation of the different actors that integrate these spaces. It enables the appreciation of the personal experiences to be strengthened, allowing for a systematic reconstruction of methodological strategies based on the experiences of the community.[14]

In many posts, the intervention of the team moderators was not necessary, since the women themselves talked about their experiences. Although the management of the group was carried out by health professionals, ensuring the sharing of safe information, scientific knowledge did not impose itself over popular knowledge. Both were important, seeking to strengthen the empowerment of the participants.

The health professional occupies a prominent place in the context of EB support, and he is seen as the keeper of information and as knowledgeable about practices. It is up to the mother to adhere to his guidance for the sake of the child's health.[21] This traditional approach needs to be broken, since assigning all responsibility for breastfeeding to women tends to turn this experience into an agonizing experience with a high chance of failure.

A successful breastfeeding practice is the result of both physiological aspects and the social interaction of various actors who participate directly in this process, according to the social and economic situation of

the woman.[41] From the perspective of empowerment, the actions of professionals should be guided by the needs of the individuals, not imposed on them.[42]

Despite the potential of the participatory methodology for the support of the participants, the main limitation of the group was related to the difficulty that the moderators had to break away from the imposing attitude of knowing. Sometimes, the team's performance was focused primarily on technical aspects, to the detriment of the emphasis on other subjectivities of breastfeeding. Throughout the process, however, the professionals constantly sought to recover the participatory approaches, reorienting the actions toward the integrality of the subjects. The concept of *praxis* was used in this regard: as the subject acts and reflects, this transforms his actions, (re)creating new practices based on the reflections made. This makes the transformation of the social reality possible through dialogical approaches that overcome the oppressive-oppressed contradiction, resignifying the experienced problems.[40]

Another limitation was the very name of the group: "*Amamenta Mamãe* Project". It is recognized that this denomination is characterized as predominantly impositive, since it reduces women to the dimension of maternity, strengthening the notion that they are the main responsible actors for breastfeeding. On the other hand, it reinforces blame in relation to those who are unable or choose not to breastfeed. The need to reformulate the name of the group is stressed during its actions.

Despite the challenges mentioned above, the experience of the *Amamenta Mamãe* Project was recognized by the participants as an important strategy for the EB stage.

> Hi guys [...] I am very pleased to participate in this PAM group and with the advice it has offered us... very good, we have learned a lot... I am very grateful for this collaboration! I am very happy. (M89).

CONCLUSION

The women sought out the group mainly when they faced challenges and insecurities. The worries involved physical difficulties, but also subjective aspects, like the stress experienced during the EB stage. Breastfeeding was considered to be a phase influenced by multiple determinants, revealing the importance of support strategies based on the subjects' integrality.

The role of the moderators was to welcome the women's demands, to clarify any doubts they might have, but above all to work on their fears, desires and worries. Words and expressions were used that could strengthen their confidence in relation to their ability to breastfeed, and elements were created to deal with the challenges of the journey.

The *Amamenta Mamãe* Project was a potential support strategy, and it could be feasibly implemented in different health services, considering its low cost, ease of application and practicality. The group was a scenario for the sharing of experiences that were contextualized in the realities of the women. It was possible to contribute to the empowerment of the participants as they were placed as central figures of the teaching-learning process, assuming an active posture in this journey. The virtual group moderated by health professionals offered support, approaching the biological, emotional and social aspects of the users throughout the EB process.

ACKNOWLEDGEMENTS

The authors would like to thank the Hospital Universitário Lauro Wanderley (Lauro Wanderley University Hospital) for the support given in the performance of the activities of the *Amamenta Mamãe* Project.

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Cabral CS participated in the collection, transcription and analysis of data; writing of the article and final revision of the content; Cavalcanti DS and Barbosa JM participated in the writing of the article and final revision of the content; Vasconcelos ACCP and Faustino e Freitas WM participated by guiding the data analysis, guiding and reviewing the article and with the final approval of the version to be published; Vianna RPT participated in the development of the research project, guiding the work and reviewing the article, and giving final approval of the version to be published.

Conflicts of Interest: The authors declare there was no conflict of interest.

Received: September 30, 2019
Accepted: March 23, 2020