

Meaning and cultural experiences of breastfeeding among women from two countries

Significados e experiências culturais em amamentação entre mulheres de dois países

Significados y experiencias culturales en lactancia entre mujeres de dos países

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ABSTRACT

Objective: to identify the cultural experiences related to maternal breastfeeding decisions between two countries, aiming to understand their meanings. **Methods:** qualitative research through case study. Nine semi-structured interviews were conducted with Brazilian and French women, from April to December 2017. Bardin's thematic analysis was applied to the statements. The study was approved by ethics research committee. **Results:** four categories emerged: choice, culture and influences; between benefits and pleasure; breastfeeding idealism; relationship with the body: pain, shame and sexuality. **Conclusion:** in Brazil there is an appreciation of women who breastfeed and a blame for those who do not. In France society conveys the idea that breastfeeding means lack of freedom. In both countries the woman still needs to take ownership of her wishes.

Descriptors: Breast feeding; culture; benefits, sexuality.

RESUMO

Objetivo: identificar as experiências culturais relacionadas às decisões maternas para a amamentação entre dois países, visando compreender seus significados. **Método:** pesquisa qualitativa através de estudo de caso, sendo realizadas nove entrevistas semiestruturadas, com mulheres brasileiras e francesas, no período de abril a dezembro de 2017. Aplicou-se a análise temática de Bardin aos depoimentos. O projeto da pesquisa teve anuência de Comitê de Ética em Pesquisa. **Resultados:** quatro categorias emergiram da análise dos depoimentos: escolha, cultura e influências; entre benefícios e prazer; idealismo da amamentação; relação com o corpo: dor, pudor e sexualidade. **Conclusão:** as entrevistadas brasileiras apontam para uma valorização da mulher que amamenta e uma culpabilização daquela que não o faz. E para as francesas a sociedade veicula a ideia de que amamentação significa falta de liberdade. Nos dois lados ainda falta a mulher se apropriar dos seus desejos.

Descritores: Aleitamento materno; cultura; benefícios, sexualidade.

RESUMEN

Objetivo: identificar las experiencias culturales relacionadas con las decisiones de lactancia materna entre dos países, con el objetivo de comprender sus significados. **Método:** investigación cualitativa a través del estudio de caso. Fueron nueve entrevistas semiestructuradas con mujeres brasileñas y francesas, de abril a diciembre de 2017. El análisis temático de Bardin se aplicó a los datos. La investigación tuvo anuencia del Comité de Ética en Investigación. **Resultados:** cuatro categorías emergieron: elección, cultura e influencias; entre beneficios y placer; idealismo de la lactancia materna; relación con el cuerpo: dolor, pudor y sexualidad. **Conclusión:** en Brasil, hay valorización de la mujer que amamanta y culpabilización de aquella que no lo hace. En Francia, la sociedad vehicula la idea de que la lactancia significa falta de libertad. En los dos países todavía falta la mujer apropiarse de sus deseos.

Descriptores: Lactancia materna; cultura; feneficios; sexualidad.

INTRODUCTION

It is possible to understand breastfeeding not only as a natural act, but as a shared action based on social learning with support from family members and society, depending on the culture¹. The comprehension of breastfeeding as a nature-culture hybrid² helps us to understand it as a complex process that expresses several plans of determinations.

In Brazil, as from the 1970s, a movement to resume breastfeeding as the preferred form of feeding babies began. Amid the disastrous consequences that artificial breastfeeding had on children's health, scientists, health professionals and politicians endeavored to study aspects related to human milk and breastfeeding, methods of educational intervention for women and public health management initiatives that would try to change the panorama of early weaning³.

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This article aimed to identify cultural experiences related to maternal breastfeeding decisions between two countries in order to understand their meanings. The answer to this question is justified considering that, for care during breastfeeding, it is essential that health professionals understand the process of each puerperal woman and her family in a singular fashion. By listening to each woman's story, it will be possible to establish a bond with and support for that mother and her family⁴.

LITERATURE REVIEW

In France, the Leche League, the largest breastfeeding support association, shows that this one of the countries with the lowest breastfeeding rates in the world. The same association provides data, as from 2013, showing, for instance, that in Southeastern France, depending on the departments, from 61 to 69.9% of women breastfeed only at their babies' birth⁵.

In the same country, a national perinatal survey, conducted by the Directorate for Research, Studies, Evaluation and Statistics (DREES) and the National Institute for Health and Medical Research (INSERM), was published in October 2017. That study describes the status and development of births and the structures involved from 2010 to 2016. It reports that exclusive breastfeeding at maternity hospitals effectively decreased from 60% in 2010 to 52% in 2016. Breastfeeding (exclusive or not) decreased to 68%⁶. With regard to Brazil, data as from 2009 indicate that 72.3% of children were exclusively breastfed on their first day of life⁷.

In this perspective, learning about mothers' socioeconomic and cultural contexts for breastfeeding practice makes sense. Health professionals who have such knowledge can provide care based also on the cultural context⁸. Providing care that respects mothers' meanings, standards, values and way of life, that is, by respecting their culture, does not mean abandoning or neglecting health professional's systems, but rather it means interacting with these forms of care provision⁹. By understanding that breastfeeding has cultural determinants that directly influence the process, it is possible to learn about such practices from mothers in order to preserve, restructure or even negotiate care provision so as to generate mutual knowledge, aiming at children's and the mothers' quality of life¹⁰.

METHODOLOGY

Given the problem, the qualitative methodology was chosen to approach a reality, including theoretical concepts, the set of techniques for apprehending such reality as well as the researcher's creative potential¹¹.

This is a case study composed of four phases: delimitation of the case unit; data collection; data analysis and interpretation; and report writing¹². The study was carried out at the Breast Milk Bank (BMB) of a reference institute for women's, children's and adolescents' health in the City of Rio de Janeiro. In France, the interviews were conducted at the Protection Maternelle Infantile (PMI) in and around Nice, where mothers and infants are cared for from the prenatal period until the children are 6 years old.

Nine women with the following profiles participated in the study: French woman who had a baby in France and did not breastfeed (breastfeeding between 0 to 15 days); Brazilian woman who had a baby in Brazil and did not breastfeed (breastfeeding between 0 to 15 days); French woman with prolonged breastfeeding (≥ 1 year) in France; Brazilian woman with prolonged breastfeeding (≥ 1 year) in Brazil; Brazilian woman who breastfed in France; French woman who breastfed in Brazil; Brazilian woman who breastfed in France and in Brazil; French woman having breastfed for less than 6 months exclusively; Brazilian woman having breastfed for less than 6 months exclusively. Also, seven were women were primiparous and two were multiparous.

To be included in the study, the interviewee could be breastfeeding at the time of the interview. If she had several children she should have followed the same behavior for all of her children, and her last child should be between 0 and 3 years old. Women who had been contraindicated for breastfeeding and those whose children had malformations and/or were pre-term were excluded.

Data were collected using semi-structured interviews with open questions. A similar interview was designed for both languages, French and Portuguese, so as to provide a narrative that would make it possible to understand the relationship between each one of these women's cultures and breastfeeding, as well as the path that they had taken in terms of meanings and experiences.

The interviewees in Brazil were recruited through various activities performed during breastfeeding consultations and pregnant women's meetings. The interviews were conducted on a site chosen by the participants which allowed them to feel at ease. For the participants living in France, recruitment was carried out by a pediatric nurse, a lactation consultant who worked at PMI. The interviews were conducted by Skype. In the case of online interviews, the Informed Consent Form (ICF) was sent by email, scanned, signed and returned in PDF format.

Data collection was an enriching moment when an important surrender to emotion occurred. The shortest interview lasted 18 minutes and the longest, 35. It was possible to establish a relationship of trust between the interviewer and the interviewees, and several feelings emerged, such as nostalgia, sadness and happiness. They reported that they had never thought or talked about this subject before, or simply that the interview made it possible to break the daily routine, with the opportunity to report their experience.

Each woman was given a fictitious name: French women received the acronym FW, and Brazilian women were referred to as BM, followed by the number corresponding to the sequential order of interviewees. Data processing was performed by thematic analysis, according to Bardin¹³. After exhaustive reading of the statement transcripts, it was possible to establish the thematic groups and interpretation.

The interviews were transcribed by the researcher, who speaks both languages. The transcripts were later translated into Portuguese to facilitate analysis.

The project was developed in accordance with the guidelines and regulatory standards of Resolution no. 466/12 on Research Involving Humans by the National Research Council. It was submitted to the Ethics and Research Committee and approved on April 6, 2017, under no. 127997/2016. The participants were presented with the informed consent form, adapted according to the participant's language, one in Portuguese and the other in French. The study was conducted from April to December 2017.

The categories that emerged from the thematic analysis of the statements were: choice, culture and influences; between benefits and pleasure; idealism of breastfeeding; in relation to one's body: pain, prudishness and sexuality.

RESULTS AND DISCUSSION

Choice, culture and influences

At the moment when a woman makes her choice to breastfeed or not, she implicitly goes down memory lane, on a path of remembrance of her own experience or of her family's and friends'¹⁴. Also, the influence from communication media must not be forgotten, as they transmit a biologist perspective to the act of breastfeeding most of the time¹⁵.

In the results presented, the first meaning to be pointed out is that three of the four French women had no intention to breastfeed; one of them did not breastfeed. One of the participants, FW 5, breastfed for five months because her child was born in Brazil, and she stated that if it had been born France, she would not have chosen to do so. Interviewee FW 9 said that she had not wanted to breastfeed until the day of birth and that she had been encouraged to do it throughout her pregnancy by her partner. Brazilian women, at no time, questioned this possibility, regardless of having had a child in Brazil or in France; breastfeeding is part of postpartum care.

In Brazil you don't ask that. It's kind of natural. You have a child and breastfeed. [...] It is not an option here in Brazil. (BW 4)

Before and during pregnancy, it was impossible for me to consider this. I had always wanted to have a baby, but I had never really thought about breastfeeding. It was my boyfriend who talked about it all the time for nine months; he repeated it and insisted and insisted. And I had said that I would try to do it at the maternity hospital, and that if it didn't work the first time I wouldn't insist on it. So, I didn't intend to breastfeed at first. (FW 9)

In the statements, there are striking metaphors about the imprisonment caused to women by breastfeeding. They, thus, lose their independence and start to serve only this function¹⁶.

Women need to reestablish their personal identity out of the pregnancy and motherhood context. Sometimes breastfeeding can be experienced as a loss of identity because the woman feels as if she were *a baby's feeding machine*. In this case, the act of breastfeeding can be perceived as impairing to the woman's personal identity. She feels out of place in modern Western society, which demands other achievements from females¹⁷.

For me it was more a matter of freedom, perhaps. Not wanting to be a slave for a moment. It is true that it limits you a lot. It forces you to be closely present. So, there is work, but there is also selfishness in a way. Not being at the mercy of breastfeeding. I think the first impression was that I literally felt like a cow. And we feel really useless except for milk production. We have the impression that [...] we are only producing milk. (FW 5)

In 2008, a study was published in Toulouse (France) on the reasons for choosing to breastfeed or not by the French, in which 909 people of both sexes participated¹⁸.

It is observed that several reasons for not breastfeeding mentioned in that study were found in the statements by the present participants. In fact, 71% of women and 73% of men identified that breastfeeding would bring them into slavery. Respectively 71% and 69% felt that women would not like to feel so close to their babies, as it is a very intimate

type of care; 37% of women and 42% of men considered that women needed to feel freer, and 31% and 38% believed that their life would be easier to manage¹⁸.

Considering the issue of breastfeeding at birth, differences between cultures were also observed, which were shown in the discourse by participant BW 4. In her country of origin (Brazil), she was never asked whether she would breastfeed or not and, when experiencing her child's birth in France, where this act is put to women as a choice, she observed the cultural contrast.

And, there, I was very shocked, very impressed. 'Do you want to breastfeed or not?' And I said: 'Of course I want to!'. That was my first culture shock. (BW 4)

From these narratives and their interpretation, it is understood how cultural values influence the way women behave and adapt to motherhood life. In Brazil, breast milk is valued as a primary type of food, and health professionals recommend breastfeeding to their clients from pregnancy, while, in France, they do not. On the other hand, the Brazilian culture can be a determining factor in thought change, leading to curiosity in experiencing and facing the feeling of fear and insecurity in breastfeeding.

It is quite extreme, on one side and on the other [Brazilian and French]. So, Brazilians are more prone to breastfeeding because they are mothers who report that it is an intimate moment with their babies; it brings benefits. I think that Brazilian experiences are much more positive than French experiences. (FW 5)

For Brazilian women who breastfed in France there was no interference, as they already had such practice so deeply ingrained.

Between benefits and pleasure

The meaning that the act of breastfeeding always seems to be beneficial, but not always pleasurable was also pointed out.

One can imagine that this happens because breastfeeding is associated with biological benefits for the mother and, above all, for the baby^{19,20}. In fact, four women mentioned the higher quality of breast milk and three claimed that they chose to breastfeed, especially because of the child's immunity development²¹.

The fact that it has benefits, of course; benefits for the child evidently. I think that it is the first thing that interests the mother: knowing that it can bring benefits to her child and, above all, to try to prevent illnesses early in life and also later. (FW 5)

It's for his health. [...] Because of his health, it was very important for me to breastfeed [...]. (BW 8)

It is noteworthy that the social value surrounding breastfeeding makes women feel obliged to breastfeed, making this act a demonstration of their love for their children. The decision not to breastfeed may mean, according to society's perception, an inability in the art of motherhood and an irresponsible act by the mother^{14:217}.

It is a delicate matter to define whether women really feel pleasure in breastfeeding or whether that pleasure also stems from values imposed by society, such as, for example, in not feeling guilty about being a *bad mother*^{19,20}.

Another participant, FW 3, reported that she did not feel any pleasant sensations when, after a long effort to get the newborn to breastfeed, the experiment finally worked. This did not encourage her to proceed.

And the only time she latched, I didn't feel that 'wow', it's amazing [...]. (FW 3)

Idealism of breastfeeding

It can also be observed that there is an idealization of that moment. There is a dream of breastfeeding, a longing for the first feeding.

I think it's beautiful, you know! So, I love mothers who breastfeed. And I was looking forward to breastfeeding so much that when I took my breast out, I said: 'Wow! Today is the day [...]'! My dream ... ' I didn't prepare myself to not ... to give a bottle. (BW 7)

Breastfeeding is viewed by Brazilian women as an absolute goal to be achieved, an act of becoming a mother. In France, on the other hand, this type of care is perhaps less demanded by women themselves and by society.

In most women, the reason for such intense desire is induced by society as it considers breastfeeding to be an act of love that makes women fully responsible, while not breastfeeding, in a certain way, would render them incapable of fulfilling their role as good mothers²².

But such idealization often creates a frustration that can reach an extreme point, if that desire is not fulfilled due to an adverse situation that prevents breastfeeding continuation. A considerable amount of negative vocabulary was found in the statements.

It was horrible. I cried, in a month, more than I had cried my whole life. [...] I woke up crying. [...] I couldn't even sleep. He woke up hungry every hour, [...]. So, he cried; I cried more than he did. I knew he was hungry, and I was unable to breastfeed. (BW 6)

Women, in the face of difficulty, feel unarmed, but insofar as they are able to breastfeed, they feel powerful, as they are giving the best to their children. However, if they are prevented from continuing it, they feel completely responsible for causing harm to their infants²².

When asked if this feeling was attenuated after interrupting breastfeeding, BW 6 replied that it continued to exist, persisting and causing a feeling of guilt.

It was no relief. It was horrible. It was horrible. [...] I gave him a bottle while crying for not having breastfed, for not having succeeded, for not having made it work. There is a strong feeling of guilt, but it eventually goes away. (BW 6)

The fact that she is a good enough mother due to breastfeeding is illustrated by the statement of BW 7. She reported that she was unable to be a mother because she had been unable to breastfeed, which was one of the central ideas of her discourse.

I don't think I'm such a good mother because of breastfeeding. And it makes me very frustrated. I still [...] say that he doesn't have [...] so much to do with me because I didn't breastfeed him [...]! He likes me, but not so much ... (BW 7)

From a psychoanalytic point of view²², breastfeeding would not be directly linked to the creation of the mother-baby bond; however, it contributes to a safe relationship between the two.

It may also happen that certain women face a different desire from that conveyed by society, which is to breastfeed as proof of love. However, they do not allow themselves to accept this for fear of being judged. And they feel guilty about it.

It is noteworthy that "women have some experiences that do not match the socially constructed connection of breastfeeding with maternal love, and when they are faced with their real feelings, they show guilt"^{20:217}.

In relation to one's body: pain, intimacy, sexuality

From these women's discourse, it is observed that pain is also an element of culture. It is noticed that pain in breastfeeding is accepted by Brazilian women, while French women would tend to desist before feeling it, which occurs even to women who initially intended to breastfeed.

In the beginning, it really hurt my breast, [...] but there were no problems. I knew it would eventually stop hurting. (BW 2)

I had two [friends]; they would have liked to have breastfed, but it didn't go well. They didn't breastfeed anymore after they left the maternity hospital. [For] one of them, it was very painful; she was stressed. She asked herself so many questions; I think her little girl could really feel her stress, and [she] passed it on to her. She tried the bottle; her little girl took it straight away, so she chose the easy way. (FW 9)

This element can be explained by the fact that Brazilian women, after obtaining their new status as mothers, have become totally selfless. Society values and determines the role played by a mother - she must take full responsibility for the care of her child and not expect complications in breastfeeding or manifestations in her own body, such as fissures and painful breasts¹⁵. Most of the French interviewees had to attempt to find justifications and defenses for their choices. It seems that, in their discourses, there was an attitude that was more centered on the attention to their own body, as opposed to the Brazilian women, who showed a certain acceptance of pain.

It's not that I was against breastfeeding, but I was very afraid, apprehensive; I was very sensitive as to my breasts and very afraid of feeling pain. And I never really thought [about it]. I'm very prudish. (FW 9)

Prudishness shows itself as embarrassment when breastfeeding in public, for not wanting to be seen, exposed in the street or among strangers.

FW 3 evokes the feeling of its being something intimate, something that recalls sexuality and that prevents her from imagining her baby continuously on her breast.

It was perhaps too sexual for me ... It is that side, which was too intimate. (FW 3)

It is a fact that there is a symbolism related to the meanings of female breasts, which implies a complex phenomenon in terms of sexuality and can confuse the roles played by the woman and the mother¹⁶.

"The breasts of females have the specific function of feeding their offspring, but in human beings, cultural beings, the female breast has different representations, including sexuality. [...] This contradiction can lead to a conflict between the role to be played by a good mother and that by a good woman"^{17:61}.

The interviews and analyses made it possible to show that the different meanings of breastfeeding are related to cultural aspects and to these women's very history, as a web of symbols that gives meaning to human existence¹⁵⁻²³.

CONCLUSION

The interviews and analyses revealed the four categories previously presented: choice, culture and influences; between benefits and pleasure; idealism of breastfeeding; in relation to one's body: pain, intimacy, sexuality, which enabled some conclusions.

In Brazil, women who breastfeed are valued whereas those who do not are blamed. In France, puerperae are not encouraged to breastfeed, and there is the view that breastfeeding requires a certain *invasion* to their body. In both situations, it is possible to notice a disregard for women's desires, as they are often not listened to or effectively embraced. Based on the interviewees' statements, there is a relevant cultural strength regarding the choice of breastfeeding or not.

Breastfeeding, in most cases, is seen as beneficial for the baby from the biological perspective. However, the socio-cultural factor is disregarded, which makes women/mothers want to breastfeed as an act of love.

The dream of breastfeeding often turns into frustration and suffering. In the Brazilian case, women feel obliged to breastfeed, even if it is not what they want to do, thus changing such decision into imprisonment and the frustration of ideals.

In the act of breastfeeding, pain, prudishness, intimacy and sexuality are added, and they bring conflicts to this decision.

Among the limitations of the study, it is pointed out that the small sample prevents the generalization of findings; however the study portrays two distinct realities and shows the importance of cultural aspects and these women's history, whose symbols mark human existence.

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