Breastfeeding duration and associated factors between 1960 and 2000☆,☆

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Abstract
Objective: To describe a historical series on the median duration of breastfeeding in a population of mothers whose children were born from the 1960s onwards, identifying factors associated with the interruption of breastfeeding in each decade.

Methods: Data were analyzed from the Pró-Saúde Study, a longitudinal epidemiological investigation started in 1999 among technical and administrative employees of a university in the state of Rio de Janeiro. Breastfeeding duration was collected in two study phases: Phase 1 (1999), and phase 4 (2011–2012). Of these, those who had at least one child and reported the duration of breastfeeding for the first child were selected (n = 1539). To analyze the duration of breastfeeding, survival curves were constructed using the Kaplan–Meier method and the effect of covariates on the duration of breastfeeding was estimated by Cox regression model.

Results: It was found that the median duration of breastfeeding was higher in the 1990s and 2000s and lower in the 1970s, compared to the 1960s. In addition, there was an association between higher income and maternal age with breastfeeding interruption, which was focused in the 1970s.

Conclusion: There was shorter duration of breastfeeding in the 1970s compared to the 1960s. Increased duration and prevalence of breastfeeding from the 1970s onwards coincided with the national trend and the promotion of this practice since 1980.

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Introduction

Breastfeeding is considered one of the strategies that most contributes to the prevention of child death, with the potential to save more than 800,000 children under 5 years of age per year worldwide \(^1,^2\) and to reduce neonatal mortality, \(^3\) which is recommended as an exclusive practice until 6 months of age and as a supplement up to 2 years of age or older. \(^4\) In spite of its relevance, social and economic circumstances may have a profound influence on the prevalence and duration of breastfeeding. \(^5,^6\)

In the mid-1960s, massive marketing campaigns were started to encourage the substitution of breastmilk with infant formula without any kind of regulation, reaching mothers from all social strata, which, together with cultural changes regarding the role of breastfeeding in society and the increasing integration of women into the labor market, led to the decline of breastfeeding duration. \(^6,^7\) In response to that, global pro-breastfeeding movements, especially from the end of the 1970s onwards, led to the creation a set of standards based on ethical principles to regulate the commercial promotion of products that could interfere with maternal breastfeeding. \(^8,^9\)

Since the beginning of the 1980s, several laws, standards, and programs have been adopted by the Ministry of Health in Brazil to promote and support breastfeeding, which are considered responsible for the consistent increase in the prevalence and median duration of breastfeeding since the end of that decade. \(^5,^6,^9,^10\) as demonstrated by national surveys, \(^11,^12\) with such increments being associated with reduced morbidity and reduction in hospitalization rates. \(^13,^14\)

However, a historical series is not available with regard to the median duration of breastfeeding prior to the 1980s, as the only national survey carried out in the period (1974–1975) obtained only indirect information about this practice. \(^15\) To clarify whether maternal breastfeeding duration in Brazil showed an upward, steady, or downward trend before the 1980s, it is essential to employ the data obtained from other studies that are comparable to those from subsequent periods. This study aims to describe a historical series on breastfeeding duration in children born from the 1960s onwards and to identify factors associated with its interruption in each decade.

Methods

Study population

Data from the Pro-Saúde Study (PSS), a longitudinal epidemiological investigation started in 1999 with a population of technical and administrative employees of a university in the state of Rio de Janeiro, were analyzed. The main objective of the PSS is to elucidate the role of social determinants of health; between 1999 and 2013, four data collection steps were carried out, including self-completion of questionnaires, anthropometric measurements, and other tests.

All technical and administrative staff of a university in Rio de Janeiro were invited to participate in the study (\(n = 4030\) in phase 1 and \(n = 2933\) in phase 4); only those assigned to other institutions or who were on a leave of absence for reasons not related to health were considered ineligible. Employees on sick leave were invited to participate in the study, which included home visits, when necessary. All women who had children and participated in the phase 1 and phase 4 of PSS were eligible for the...
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