



Jornal de
Pediatria

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ORIGINAL ARTICLE

Maternal breastfeeding: indicators and factors associated with exclusive breastfeeding in a subnormal urban cluster assisted by the Family Health Strategy[☆]

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Received 30 March 2017; accepted 29 January 2018

KEYWORDS

Breastfeeding;
Primary health care;
Pacifiers;
Cross-sectional
studies;
Risk factors

Abstract

Objective: To describe and analyze indicators of feeding practices related to breastfeeding and factors associated with exclusive breastfeeding (EBF) in a subnormal urban cluster (slums) in Pernambuco, Brazil.

Methods: Four breastfeeding indicators were used to interview mothers of children under 3 years of age. An inventory of the families' socioeconomic and environmental factors, maternal obstetric history, and basic health care access was undertaken. The sample consisted of all 310 children under the age of 3 years from Coelhos, PE, Brazil. Spearman's correlation was carried out, as well as crude and adjusted prevalence ratios for a final statistical model that showed associated factors with the main outcome at a level of 0.05.

Results: The prevalence of breastfeeding in the first hour of life, exclusive breastfeeding up to 6 months, continued breastfeeding at 1 year, and continued breastfeeding at 2 years were 60.2%, 32.9%, 45.9, and 35.9%, respectively. A correlation was observed between start of pacifier use and duration of either exclusive ($r_s = 0.358$ [$p < 0.001$]) or non-exclusive breastfeeding ($r_s = 0.248$ [$p = 0.006$]). Maternal age over 35 years ($p < 0.001$), home visit in the first week after birth ($p = 0.003$), having had a male baby ($p = 0.029$), and not using a pacifier ($p < 0.001$) remained protective factors in the final model.

[☆] Please cite this article as: Silva VA, Caminha MF, Silva SL, Serva VM, Azevedo PT, Filho MB. Maternal breastfeeding: indicators and factors associated with exclusive breastfeeding in a subnormal urban cluster assisted by the Family Health Strategy. J Pediatr (Rio J). 2018. <https://doi.org/10.1016/j.jpmed.2018.01.004>

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<https://doi.org/10.1016/j.jpmed.2018.01.004>

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Aleitamento materno;
Atenção Primária à
Saúde;
Chupetas;
Estudos Transversais;
Fatores de risco

Conclusion: The prevalence rates of exclusive breastfeeding at 6 months were well above the results obtained by other Brazilian authors. Home visit and maternal age prevailed as protective factors, while pacifier use was shown to be a discouraging practice.

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Aleitamento materno: indicadores e fatores associados à amamentação exclusiva num aglomerado urbano subnormal assistido pela Estratégia de Saúde da Família

Resumo

Objetivo: Descrever e analisar indicadores das práticas relacionadas ao aleitamento materno e fatores associados ao aleitamento materno exclusivo em um aglomerado urbano subnormal (favela) em Pernambuco.

Métodos: Foram utilizados quatro indicadores do aleitamento materno mediante entrevista com as mães de menores de três anos. Fez-se um inventário de fatores socioambientais das famílias, antecedentes obstétricos e acesso às ações básicas de saúde. A amostra inclui todas as 310 crianças da Comunidade de Coelhos, PE, Brasil. Realizada correlação de Spearman e razões de prevalências brutas e ajustadas compondo um modelo estatístico final que evidenciou os fatores associados ao principal desfecho ao nível de 0,05.

Resultados: A prevalência do aleitamento materno na primeira hora de vida, aleitamento materno exclusivo aos 6 meses, amamentação continuada até um ano e dois anos foram, respectivamente, 60,2%, 32,9%, 45,9% e 35,9%. Na correlação entre o início do uso de chupeta e a duração do aleitamento, exclusivo ou não, obteve-se respectivamente os coeficientes $r_s=0,358$ ($p < 0,001$) e $r_s=0,248$ ($p = 0,006$). No modelo final permaneceram como fatores de proteção: a idade materna acima de 35 anos ($p < 0,001$), a visita domiciliar na primeira semana de vida ($p = 0,003$), o sexo masculino ($p = 0,029$) e a não utilização da chupeta ($p < 0,001$).

Conclusão: Os índices de prevalência do aleitamento materno exclusivo aos 6 meses foram bem superiores aos resultados obtidos por outras pesquisas nacionais. A visita domiciliar e a idade materna prevaleceram como fatores de proteção e o uso de chupeta como uma prática desestimulante.

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Introduction

While acknowledging the great advances in technologies for the production, processing, conservation, and preparation of foods for children in the first months and years of life, the consensus is that there is no ideal substitute for maternal breastfeeding (BF).¹⁻⁶

In this sense, the World Health Organization (WHO)⁷ proposes standardized concepts and indicators for the study of the feeding practices in children, considering maternal BF in the first hour of life; exclusive breastfeeding (EBF) in children under 6 months; continued BF up to 1 year; and continued BF up to 2 years of age.

Probably in response to the consensuses and actions of international agencies and the adherence of governments and society's own movements in several countries, in 2016 the United Nations Children's Fund (UNICEF) described remarkable advances in BF practices worldwide, as exemplified by the rate of 44% of maternal BF in the first hour of life, 39% of EBF in children under 6 months, and 49% of continued BF up to 2 years of age.⁸ In Brazil, this scenario is no different, except for continued BF up to 2 years (26%).⁸

In the Northeast of Brazil, EBF in children under 6 months is 37% and, in the city of Recife, 38.3%.⁹

These descriptive data are very often discrepant, hindering comparative inferences for the definition of baselines and temporal, geographic, and social trends. Such inconsistencies result from different ways of collecting, analyzing, and presenting results. Thus, the prevalence of EBF, the most important indicator of BF behavior, is sometimes measured in children younger than 6 months^{8,9} and, in other cases, in children aged 6 months.¹⁰

In isolation, this observation is valid as a justification to apply conceptual fundamentals and the construction of standardized, reliable, and comparable indicators in time, space, and in relation to the assessed populations.

Under the analytical aspect, several factors can have different effects on the practice of BF, such as population's culture, social, and political organization, and economic and environmental conditions, among others.^{4,9,11-17} It has been reported that wealthier countries have a shorter EBF duration.⁸ A better income level is often associated with a higher maternal level of schooling, a condition that may facilitate access to information on BF practices. In turn, mothers with lower family income and/or informal

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