

Early weaning in children attended in the Family Health Strategy

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ABSTRACT

The study objective was to assess the early weaning prevalence, and associated factors of children attended in the Family Health Strategy. We conducted a quantitative, descriptive and exploratory study with 241 children accompanied by the health team. We used a form and a questionnaire for data collection. In the analyses, we conducted a binary logistic regression for variables with statistically significant associations. The prevalence of early weaning was 58.51%. Higher proportions of early weaning occurred in children aged one to three months. To be part of economic level B/C and to have received breastfeeding guidance during the prenatal period was significantly associated with early weaning. The early weaning prevalence was high and similar to the national prevalence described for Piauí state. Early weaning, economic level B/C and breastfeeding guidance during prenatal were associated.

Descriptors: Weaning; Family Health Strategy; Breast Feeding; Pediatric Nursing.

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INTRODUCTION

Exclusive breastfeeding (EBF) is the ideal food for children younger than six months of age, it is recommended to introduce adequate complementary food starting at this age. Exclusive breastfeeding is effective for the child's growth and development, as well as for protection against diseases, besides the savings in the family budget⁽¹⁾.

Implementation of breastfeeding and adequate complementary nutrition protection and promotion actions resulted in an increment of this practice. However, the EBF behavior in Brazilian regions seems heterogeneous, with higher prevalence in the North region (45.9%) and smaller in the Northeast region (37.0%), representing a substantial challenge to the Health System⁽²⁾.

Breastfeeding benefits are undeniable for children's growth and development from the biopsychosocial point of view and the health of the woman-mother, family, and society, being an essential action for the human being. However, socioeconomic and cultural factors can influence early weaning, favoring breastfeeding abandonment for its lack of appreciation⁽³⁾.

Collective attention for mothers should focus on valuing protection, promotion actions, and breastfeeding support. The Family Health Strategy (FHS) proposes their team's activities with the families in an interdisciplinary proposal to assist with an emphasis in breastfeeding promotion and health education, contributing to the creation of healthy habits and prevention of complications. Breastfeeding promotion is considered an important practice to reduce infant mortality⁽⁴⁾.

Early weaning constitutes a frequent problem in Brazil and globally. Studies show a high prevalence of early weaning in countries with economic and cultural differences compared to Brazil, and they highlight difficulties in incentivizing and supporting prolonged breastfeeding. Thus, in a prospective cohort study conducted in Canada, where a group of mothers provided complete details at three months postpartum, while the other group kept giving information six months postpartum, the frequency of exclusive breastfeeding at six months (15.3%) was below national and international breastfeeding recommendations⁽⁵⁾.

In Piauí, a study about the breastfeeding situation in the State demonstrated that 41.45% of children received EBF until six months of life and 58% were breastfed until the end of their first year of life⁽⁶⁾.

The present study contributes producing information that will serve as a basis to help planning interventions about mothers, to reduce and/or avoid early weaning situation, and to guide conducts related to BR and weaning in basic attention. The objective of this study was to assess the prevalence of early weaning, and associated factors in children attended in the FHS.

METHODS

We conducted a descriptive, quantitative and exploratory study in a city located in the northeast Brazilian region. Primary health attention services of the studied city have 33 FHS teams in the whole urban area and four in the rural area. We conducted the study with the population attended by the 15 teams from the urban area that have complete multi-professional health teams, totalizing 641 accompanied children.

We calculated the sample size considering an error margin of 5%, a confidence level of 95%, and the finite population of 641 children. Therefore, the sample resulted in 241 children. We conducted non-probabilistic

sampling, and we included information of all children and mothers attended on children consultation days in the health units. We excluded two children whose mothers had human immunodeficiency virus (HIV), four premature children (gestational age < 37 weeks) or with low-weight at birth (weight <2,500 g), and 15 who were not accompanied by their mothers during the interview. We collected data from December 2013 to March 2014.

We used a form with closed-ended questions to obtain sociodemographic information and those related to birth, child's eating, health assistance and, breastfeeding support. We used the questionnaire *Critério de Classificação Econômica Brasil* of Associação Brasileira de Empresas de Pesquisa -ABEP⁽⁷⁾ for data regarding economic characteristics. This criterion does not intend to classify the population regarding "social classes", being the market division exclusively defined by economic classes, aiming to estimate the purchasing power of urban people and families⁽⁷⁾.

Initially, we organized the data by manually reviewing the forms. We coded the answers to closed-ended questions to facilitate analyses. We built a dataset aimed to correct inconsistencies. We used the programs Microsoft Office Excel 2007 and Statistical Package for the Social Science (SPSS), version 2.0 for analyses. We tested the associations between variables using the Person's Chi-Square Test, establishing a significance level of $p < 0.05$. We used the Fisher's Exact test when there were less than five observations in one or more cells. For variables where we found statistically significant associations, we applied the binary logistic regression test.

The Ethics in Research Committee of the University Center UNINOFAPI approved the study, protocol CAAE n° 23179813.2.0000.5210. Children whose mothers agreed on participation in the study with inclusion of information related to study's variables signed the Free and Informed Consent Term.

RESULTS

Early weaning prevalence among the 241 children aged up to two years, attended in the FHS located in the urban region of Parnaíba, PI, Brazil was 58.5%. The weaning was more frequent in the age groups of one to two months (24.82%) and two to three months (20.57%) (Table 1).

Table 1: Distribution of children of zero to two years of age attended in the Family Health Strategy, according to the age of early weaning occurrence, in Parnaíba. Parnaíba, PI, Brazil, 2015.

Variable	n	%	
Early weaning	Yes	141	58.51
	No	100	41.49
	Total	241	100
Weaning age (months)	< 1	10	7.09
	1.0 - 2	35	24.82
	2.1 - 3	29	20.57
	3.1 - 4	27	19.15
	4.1 - 5	26	18.44
	5.1 - 6	14	9.93
	Total	141	100

Regarding children's food consumption (Table 2), more than half in all analyzed age groups were receiving breast milk. The consumption of other types of milks and foods was more frequent in the age group of 13 to 24

months, despite being highly frequent also among children aged zero to five months and six to 12 months. Among children consuming breast milk in the first six months, almost one third drank other milks. These values increased to nearly half of children aged six months or more.

Table 2: Breastfeeding and consumption of other milks and foods by children attended in the Family Health Strategy in Parnaíba. Parnaíba, PI, Brazil, 2015.

Variable	Age (months)								
	0-5		6-12		13-24		Total		
	n	%	n	%	n	%	n	%	
Was being breastfed	Yes	49	87.5	55	76.4	57	50.4	161	66.8
	No	7	12.5	17	23.6	56	49.6	80	33.2
	Total	56	100.0	72	100.0	113	100.0	241	100.0
Consumption of other milks	Yes	23	41.0	63	87.5	96	85.0	182	75.5
	No	33	59.0	9	12.5	17	15.0	59	24.5
	Total	56	100.0	72	100.0	113	100.0	241	100.0
Consumption of other foods	Yes	30	53.6	68	94.4	107	94.7	205	85.0
	No	26	46.4	4	5.6	6	5.3	36	15.0
	Total	56	100.0	72	100.0	113	100.0	241	100.0
Child being breastfed	Consumed other milks	16	28.5	46	63.9	42	37.2	104	43.2
	Did not consume other milks	33	59.0	9	12.5	16	14.2	58	24.1
	Not being breastfed	7	12.5	17	23.6	55	48.6	79	32.7
	Total	56	100.0	72	100.0	113	100.0	241	100.0

We present the mothers' socioeconomic characteristics in Table 3, according to early weaning. More than half of mothers were 20 to 25 years and had less than 11 years of education. Most women referred to live with their partner (88%) and informed to perform EBF (90.0%); although 57.5% of those who mentioned having a partner weaned early their babies. Among those without a partner, early weaning frequency reached 65.5%.

Among women, more than half were mothers for the first time, more than two-thirds of them did not have a paid activity, and 71% of them were able to keep EBF until the sixth month. Among the working women, 62.3% weaned early.

Early weaning was referred by more than half of women regardless of maternity leave. It is important to note that 68.5% of women were not able to inform about maternity leave and, in this group, more than half of them (56.3%) weaned their babies early.

In this study, 66.8% of deliveries were in maternities with credentials in the Initiative Child's Friend Hospital (*Iniciativa Hospital Amigo da Criança – IHAC*), and 62.7% of mothers early weaned. Although we did not find a statistically significant association between this variable and early weaning, the p-value was marginal ($p=0.059$). Besides, although most deliveries were in IHAC, the percentage of early weaning was high.

Regarding the economic class, more than half of the mothers (57.2%) pertained to economic classes D/E. There was a significant statistical association between pertaining to economic classes B/C and to conduct early weaning ($p=0.000$).

Table 3: Early weaning in children of zero to two years old attended in the Family Health Strategy according to maternal socioeconomic characteristics in Parnaíba. Parnaíba, PI, Brazil, 2015.

Variable	Early weaning			P	
	n	c	%		
Age group (years)	≤19	34	21	61.7	0.450
	20 to 25	85	51	60.0	
	26 to 30	67	33	49.3	
	31 to 35	35	23	65.7	
	> 35	20	13	65.9	
Maternal education (years of study)	< 11	142	77	54.2	0.106
	≥11	99	64	64.6	
Live with a partner	Yes	212	122	57.5	0.414
	No	29	19	65.5	
Paternal education (years of study)	< than 11	104	63	60.5	0.593
	> than11	97	53	54.6	
	Not informed	40	25	62.5	
First child	Yes	118	74	62.7	0.194
	No	123	67	54.4	
Worked during pregnancy	Yes	77	48	62.3	0.408
	No	164	93	56.7	
Maternal leave	Yes	41	26	63.4	0.609
	No	35	22	62.8	
	Not informed	165	93	56.3	
Work journey (hours/day)	< than 6	7	2	28.5	0.172
	6-12	72	46	63.8	
	Not informed	162	93	57.4	
Economic class	B1/B2	26	16	61.5	0.000
	C1/C2	77	61	79.2	
	D/E	138	64	46.4	

Footnotes: n = total number of women in the stratum; c = number of early weaning cases.

Regarding health assistance characteristics (Table 4), most mothers started the prenatal during their first trimester (74.3%) and had more than six appointments. The Unified Health System (SUS) was the most used financial source (82.6%).

The primary payer for deliveries was SUS (87.2%), with most than half of the women referring to vaginal birth (56%), and most with integrally combined accommodation (88.7%) and hospital admission of a three-day maximum (88.8%). Regarding breastfeeding guidance, 63.5% did not participate in pregnancy groups; and 65.5% of mothers received advice during hospitalization. During the puerperium, 64.7% of mothers received FHS visits in their homes, 53.1% received monthly HV from FHS professionals during the post-natal period and, pediatricians guided 61.8% of mothers about breastfeeding. These variables and early weaning were not associated.

Majority of mothers referred receiving breastfeeding guidance during the prenatal and 57.2% informed to have conducted early weaning. This variable was significantly statistically associated with early weaning ($p=0.021$). In the binary logistic regression, we found the risk of early weaning occurrence among children whose mothers received breastfeeding guidance during the pre-natal ($p<0.006$).

Table 4: Early weaning in children of zero to two years attended in the Family Health Strategy, according to health assistance characteristic, in Parnaíba between December 2013 and March 2014. Parnaíba, PI, Brazil, 2015.

Variable	Early weaning			p	
	n	c	%		
Prenatal financing	SUS	199	116	58.2	0.468
	Health Plan/Private	41	25	60.9	
	Did not do	0	0	0	
Prenatal start	1 st trimester	179	99	55.3	0.088
	2 nd trimester	61	42	68.8	
	Did not do	1	0	0	
Number of appointments	< 6	68	46	67.6	0.071
	≥6	173	95	54.9	
Delivery in IHAC	Yes	161	101	62.7	0.059
	No	80	40	50	
Delivery financing	SUS	210	124	59.0	0.657
	Health Plan/Private	31	17	54.8	
Type of delivery	Vaginal	135	74	54.8	0.189
	Cesarean	106	67	63.2	
Shared accommodation	Integral	214	126	58.8	0.943
	Partial	11	6	54.5	
	Without accommodation	16	9	56.2	
Admission time	< 3 days	214	126	58.8	0.741
	> 3 days	27	15	55.5	
Breastfeeding guidance during prenatal	Yes	192	110	57.2	0.021
	No	45	31	68.8	
	Did not do prenatal	4	0	0	
Breastfeeding guidance in pregnancy groups	Yes	88	46	57.2	0.136
	No	153	95	62.0	
Breastfeeding guidance during hospital admission	Yes	158	94	59.4	0.688
	No	83	47	56.6	
Breastfeeding guidance during hospital discharge	Yes	186	109	58.6	0.956
	No	55	32	58.1	
Breastfeeding guidance in puerperum HV	Yes	156	93	59.6	0.636
	No	85	48	56.4	
Breastfeeding guidance in post-natal HV	Yes	128	75	58.5	0.977
	No	113	66	58.4	
Breastfeeding guidance in pediatric appointments	Yes	149	91	61.0	0.587
	No	50	27	54.0	
	Did not go to pediatrician	42	23	54.7	

Footnotes: n = total number of women in the stratum; c = number of early weaning cases; * binary logistic regression.

DISCUSSION

In this study, almost half of children (45.39%) were weaned between one to three months of life. Different results were found in a study conducted in Picos (PI) with children younger than 12 months attended in Basic Health Units when the EBF interruption occurred before four months of life (31.1%) with an EBF median duration of one month⁽⁸⁾.

EBF until six months of life occurred for almost half of the children. These results are in agreement with data from national and regional studies. Thus, in the Second National Survey of Breastfeeding Prevalence,

developed by the Health Ministry in 2008, the EBF prevalence in babies younger than six months in Brazil was 41%⁽²⁾. In the last study about the BF situation in Piauí, 41.45% of children were exclusively breastfed until six months of life, and 58% were breastfed until the end of the first year of life⁽⁶⁾. The EBF prevalence in Parnaíba was slightly higher than the one found in the Northeast region in children younger than six months (37.0%). It was similar to results found in Teresina, in the National Survey of Breastfeeding Prevalence, with the result that put this city as the second northeastern capital with higher EBF prevalence (43.7%).

When comparing the results found in Parnaíba with studies conducted in other countries, we note high early weaning prevalence also being a problem demonstrated in a cohort study conducted in Canada, a developed country in North America, where health professionals identified flaws in the breastfeeding guidance⁽⁵⁾. It is important to note that regardless of economic and cultural differences of this country in comparison to Brazil, there were also difficulties to incentivize and support prolonged breastfeeding.

The EBF importance in the first six months is unquestionable to promote adequate growth and development and to prevent infectious, gastrointestinal diseases, and nutritional needs⁽⁹⁾. Despite EBF having its recognizable importance, early weaning still is a common practice, especially among least favored groups⁽²⁾. Within the factors that have been referred and which can lead mothers to interrupt EBF, the influences that mothers suffer in their thinking and acting ways about breastfeeding are noted, contributing to the early introduction of water and food, as juices and milk, many times initiated right after the hospital discharge. These influences can come from family members who have strong influence regarding the child's eating, nutrition, and hydration⁽¹⁰⁾.

Regarding the child's food consumption, there was a high frequency of use of other milks and foods. Besides, we saw the non-consumption of milk among children aged between zero and five months in more than half of the children. We found different results in other studies. Thus, according to Bortolini et al.⁽¹¹⁾, results from the National Study of Demography and Health demonstrated the consumption of other milks being high in age groups younger than 12 months and between 12-36 months. The global recommendation of EBF practice according to the World Health Organization (WHO), also referred in a study developed in Canada⁽⁵⁾, preconizes that children should be breastfed during the first six months of life without the introduction of complementary foods. Thus, to offer other milks to children in unnecessary situations should be inhibited.

Approximately half of the children in this study continued to receive maternal milk until 13 to 24 months of life. This aspect needs attention, considering that the breastfeeding continuation after the six months of life is positive, in virtue of many immunological factors present in breast milk that protects the child against infections, besides containing fat that help body weight gain⁽²⁾.

We verified that most of half of the mothers pertained to the age group of young adults between 20 to 30 years. Regarding this aspect, a similar result was found in a study conducted in Family Health Units (FHU) of Pirpirituba (PB), where 54% of mothers were in the 20 to 30 years age group⁽¹²⁾. Regarding maternal socioeconomic characteristics, according to early weaning conduction, more than half of them had less than 11 years of education, not associated with early weaning. A similar result was seen in a study conducted by the accompaniment of mother and children of two cities in São Paulo State where also there was not an association

of this variable with early weaning, and most mothers were between 20 to 30 years, had low education levels and, low purchasing power⁽¹³⁾.

Regarding obstetrics antecedents, more than half of children were not the first child of interviewed mothers, and about half of them conducted early weaning. Also, there was no association between weaning and the child being or not the first one. Similarly, the early weaning was not associated to multiparity among puerperal women who were in the post-partum in maternity in Porto, Portugal, where 39% of them had already breastfed before, and 72% had breastfed for at least six months⁽¹⁴⁾.

Most women referred to live with their partner and informed to perform EBF; although more than half of those who mentioned having a partner also conducted early weaning. Among those who did not have a partner, two-thirds of children were also weaned early. There were different reports in studies about factors that can fight early weaning. Among mothers from Feira de Santana (BA) whose partners valued breastfeeding (94.7%), this was a protecting factor against early weaning⁽¹⁵⁾. On the other hand, the stable relationship can be a contributing factor for longer duration of breastfeeding, as the positive paternal attitude has a significant effect in the motivation and maternal ability to breastfeed and, it is essential for the man to be stimulated to participate more directly in incentivizing breastfeeding⁽¹⁶⁾.

In this study, more than two-thirds of women did not have a paid activity, with a higher EBF frequency until the sixth month. However, a higher rate of early weaning occurred among mothers who worked, although without significant association. These results are similar to those found in a study conducted in São Luís (MA) aimed to characterize breastfeeding. In that northeastern capital, almost two-thirds of mothers (62.9%) did not have a paid activity after the birth of the child, which could benefit BF⁽¹⁷⁾. In a study conducted with mothers of children younger than one year old in São João do Piauí (PI), to work outside home was considered contributing factor to early weaning⁽¹⁸⁾; due to difficulties faced by mothers in balancing their activities outside the home and, still by inadequacy or absence of support in domestic or work environments.

When evaluating the early weaning according to maternal leave, we observed that it occurred for women who had or not maternity leave. On the other hand, a study conducted in Serrana (SP) during the second step of the National Vaccination Campaign against poliomyelitis demonstrated that women without maternity leave and who worked outside the home had approximately three times more changes of interrupting EBF. Additionally, mothers who did not work outside presented, roughly, two times more chances of weaning their children earlier⁽¹⁹⁾.

Maternity leave is a women's right guaranteed by the 1988 Federal Constitution aiming to secure the breastfeeding practice. And, through tax incentive, private companies that adhere to the Citizen Company Program, extending the maternity leave to 180 days, receive benefits as tax reductions⁽²⁾. In a study about the influence of maternity leave extension to six months during EBF with mothers users of a Children's Educational Center in Maringá (PR), this extension allowed mothers to breastfeed their children exclusively for a long time, but still not for the six months period as recommended by the WHO; and the primary motive referred for the EBF interruption was the return to work⁽²⁰⁾.

Regarding the economic class, more than half of the mothers were part of classes D/E, and to be part of classes B/C was associated with early weaning. Thus, it was possible to observe that women of higher economic

classes did not maintain the EBF until six months. Different results were seen in a study conducted with women attended in two public maternities in Londrina (PR), where the objective was to characterize the EBF duration, and the motives for early weaning, where being part of the low economic class was a risk factor for early weaning⁽²¹⁾.

Among mothers of children in Parnaíba (PI) who had six or more prenatal appointments, almost half conducted EBF during six months. According to this result, in a study conducted in a Family Basic Health Unit (FBHU) in the inner state of Ceará, women who attended six or more prenatal appointments were able to breastfeed for a longer time in comparison to those who attended less than six appointments⁽²²⁾.

In our study, most deliveries were in maternities with credentials from IHAC. Despite this fact, the early weaning prevalence was high. It is interesting to highlight that in a study conducted in a shared accommodation of a "Child's Friend" Hospital in Rio Grande do Norte, where there were many unnecessary and early food supplement indications, harming breastfeeding and favoring early weaning⁽²³⁾.

Among the mothers of children studied in this research, most of them referred to have received breastfeeding guidance during the prenatal period, and this variable was associated with early weaning. In a study assessing the adequacy of the prenatal assistance process in Vitória (ES), about 30% of pregnant women were guided during pre-natal accompaniment regarding exclusive breastfeeding until the sixth month of life and about the complementary feeding until the second year of life or more⁽²⁴⁾.

Information given by health professionals during the prenatal is essential for breastfeeding success, although they are more effective when combined with information that is continuously given during the peri- and post-natal periods. The immediate puerperium is important as a decisive factor for breastfeeding success, as it is when mothers face greater difficulties with breastfeeding. Home visits of FHS professionals attend the specificities and particularities of each family, as a daily instrument for health promotion actions⁽²⁵⁾.

The cross-sectional design is a limitation of this study, as it does not allow to draw a cause-effect relationship. The small sample size decreases the power to detect differences between the studied variables. To not have included children assisted by FHS teams of the rural area of the city, although constituted by children supported by all multi-professional teams of the urban area, decreases the possibility to generalize results for the whole town. However, the obtained results can be used as reference for policies related to the local, regional reality, or event to areas and countries with economic and cultural differences compared to the existing situation in Brazil; without losing sight of tendencies observed nowadays, and that result from epidemiologic reflections aimed at the application of its results to the clinical practice.

CONCLUSION

The early weaning prevalence was high and similar to the national prevalence described for the State of Piauí/Brazil, as well as, for other cities of the country and even of other countries, for example, Canada, which is economically more developed and with great cultural differences, indicating that early weaning is an important global issue. There was an association between early weaning, economic class B/C and breastfeeding guidance during pre-natal.

Any factor that can contribute to the occurrence of early weaning should be analyzed. It is important to try to make BF an act of pleasure and dedication and not an obligation, to contribute to the quality of life of the mother and her child. Thus, to reduce early weaning, the health professional should incentivize breastfeeding, supporting and guiding the pregnant women and the nursing mothers, through a careful pre-natal accompaniment, with the formation of pregnant women's groups, where the mother's interest in participating is continuously stimulated. Also, it is needed to help with the breastfeeding practice during hospital admission, to conduct home visits during puerperium, and to promote more breastfeeding incentive campaigns.

Longitudinal studies are needed to determine the cause-effect relationship, as well as, intervention studies that assess the impact in the primary attention, of health policies that consider the conditions aiming to contribute with improving the exclusive breastfeeding situation.

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