
SOCIAL REPRESENTATIONS CONCERNING THE BREASTFEEDING PRACTICES OF WOMEN FROM THREE GENERATIONS¹

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ABSTRACT: Breastfeeding is a practice that involves teaching and learning across generations. Women experiencing breastfeeding need models that come from their mothers and maternal grandmothers. Therefore, this study's objectives were to capture social representations concerning breastfeeding held by women from three different generations of the same family and identify continuities and discontinuities in the practice and representation related to the phenomenon and the work of nurses in this process. This qualitative study based on the Social Representations Theory was developed in a hospital in Itabuna BA, Brazil. The sample consisted of 21 women. Data were collected between October 2009 and July 2010. We show that the representations move between positive and negative perceptions, and that the teaching-learning process is conducted across generations, especially by nurses, through observation and the media, and that childcare is defined by feeding, body, health and affection. We conclude that it is necessary to understand the representations from both individual and generational perspectives.

DESCRIPTORS: Breastfeeding. Family. Generation. Woman. Nursing

REPRESENTAÇÕES SOCIAIS DE MULHERES DE TRÊS GERAÇÕES SOBRE PRÁTICAS DE AMAMENTAÇÃO

RESUMO: A amamentação é uma prática que envolve relação de ensino e aprendizado entre gerações. Portanto, as mulheres que a experienciam necessitam de modelos que advêm das suas mães e/ou avós maternas. Para tanto, tivemos como objetivos apreender as representações sociais sobre amamentação de mulheres da mesma família e de três gerações distintas e identificar continuidades e descontinuidades nas práticas e representações relacionadas ao fenômeno e a atuação da enfermagem nesse processo. Estudo qualitativo centrado na Teoria das Representações Sociais, desenvolvido em um hospital de Itabuna, Bahia. A amostra constituiu-se de 21 mulheres. A coleta dos dados ocorreu entre outubro/2009 e julho/2010. Evidenciamos que as representações transitam entre uma percepção positiva e/ou negativa, que o processo ensino-aprendizagem é conduzido na intergeracionalidade, especialmente pelas enfermeiras, observação e mídia e que o cuidado do bebê define-se pela alimentação, corpo, saúde e afetos. Concluímos que é necessário compreender as representações na perspectiva geracional e individual.

DESCRIPTORIOS: Amamentação. Família. Geração. Mulher. Enfermagem.

REPRESENTACIÓN SOCIAL DE LA MUJER EN TRES GENERACIONES DE LAS PRÁCTICAS DE LA LACTANCIA MATERNA

RESUMÉN: El amamantamiento es una practica que implica en la enseñanza y el aprendizaje entre las generaciones. Por lo tanto, las mujeres la experimentan la lactancia necesidad de modelos, a menudo, proviene de sus madres y/o de sus abuelas. Por lo tanto, hemos tenido como objetivo aprehender las representaciones sociales sobre la lactancia materna de las mujeres en la misma familia y tres generaciones distintas y identificar las continuidades y descontinuidades en las practicas y representaciones relacionadas con las actividades fenómeno y de enfermeira en este proceso. Este estudio cualitativo centrado en la teoria de las representaciones sociales desarrollada en uno hospital de Itabuna, Bahia. La muestra estuvo conformada por 21 mujeres. Los datos fueron recolectados entre Octubre/2009 y Julio/2010. Se demuestra que las representaciones se movió entre las percepciones positivas y/o negativas, el proceso de enseñanza-aprendizaje se lleva a cabo en la intergeracionalidad, especialmente por las enfermeras, la observación y los medios de comunicación y el cuidado del bebé se define por la alimentación, el cuerpo, la salud y las afecciones. Llegamos a la conclusión que es necesario comprender las representaciones en perspectiva individual y generacional.

DESCRIPTORIOS: Lactancia. Familia. Generación. Mujer. Enfermería.

INTRODUCTION

Breastfeeding is a social and historical process influenced by multiple factors linked to the way life is organized in society and also to issues of a personal nature. From a macro-social point of view, breastfeeding has been used to address food shortages in economically vulnerable regions and social groups, influencing rates of neonatal and child mortality.¹

Scientific and technological advancement, particularly observed in the food industry beginning in the 1920s with the production of infant formulas, met the capital market demands and made a strong use of marketing in the selling of formula and related products. Health workers started prescribing formulas as a guarantee for balanced and safe nutrition for infants.

Media appeals for selling formula were positively received by a portion of women, especially middle-class women, because the acquisition of formula represented both social status and greater freedom and autonomy in the face of the dictates of procreation.

The possibility of reconciling the demands of reproduction with increased development of gender awareness led a certain portion of women to seek the benefit of formula, which enabled them to be out in public places, implying the resignification of breastfeeding and the emergence of new practices concerning feeding schedules and the time spent feeding, among other issues.

The almost indiscriminate adherence to infant formulas led to the emergence of some health problems, caused in part by its misuse by poor families, requiring the development of policies, on the part of Brazilian and international development and health-related agencies, to encourage breastfeeding in order to reduce child mortality rates in the 1950s and 1960s.²

Nurses adhered to various breastfeeding campaigns, incorporating related principles into their professional practice at different levels of complexity, reproducing knowledge acquired during education.

Breastfeeding is subject to a series of physical-biological and cultural constraints and is an event that often influences and is influenced by the family environment due to the fact that women require care in the postpartum period and such care is usually provided by their mothers.

Mother-daughter interaction during the postpartum period has been reported by some

studies as an important aspect in maintaining or changing breastfeeding practices or habits and may lead to conflicts of interest not only among the women involved but also impacts the family environment.¹⁻³

Nonetheless, the custom to care for a daughter in the postpartum period is kept through generations, especially in regions in the interior of Brazil, where, due to characteristics such as families living near to one another and the fact that women start to reproduce early on, maternal grandmothers are able to participate in the process of transmitting and assimilating knowledge and reproductive experiences, including breastfeeding.¹

The various experiences developed in certain historical contexts and the interest of women from different generations result in the attribution of different meanings to breastfeeding. Such meanings are a consequence of social transformations and impositions, time in which social practices and representations that reproduce stereotypes and ideas restricted to the reproductive sphere reinforce values and the traditional view of women as being selfless and accustomed to suffering.

Therefore, paying attention to the phenomenon of knowledge being transmitted through generations implies valuing the cumulative process of knowledge and experience of women in the organization of social life.⁴ Additionally, most studies addressing breastfeeding focused on the mother-child dyad. Few studies observe relationships, practices and the representations of mothers with their own mothers and of these with their daughters, to investigate the influence of the generational transmission of knowledge in the breastfeeding process.⁵

From this perspective, breastfeeding assumes a historical and sociocultural character, enabling women from the same generation or same society within the same parental group, composed of people from different generations, the maternal grandmother-daughter-granddaughter triad, to experience multiple representations, new meanings and new practices that may or may not otherwise be shared during the breastfeeding process. The family and generational relationships may, however, cause tension and a rupture of standards in the search for one's own autonomy.⁶

Bringing to light the social representations of these women, their potential similarities and differences in relation to the preceding and successor generations enables sharing new beliefs, knowledge and ways of perceiving the breastfeeding

process that are essential in the care relationship. It led us to opt for the Theory of Social Representations (TSR) for our theoretical-philosophical framework because this theory enables us to understand the ways individuals share knowledge, part of the social and daily reality, transforming ideas into actions. This framework unites science and common sense as a social construction subject to historical determinations in different times, making it possible to "[...] magnify the perspective, so you can see common sense [...] as legitimate knowledge and an engine of social transformations"^{7:302}.

The TSR captures mutable phenomena, sometimes flexible and sometimes rigid phenomena, constructed by active social actors within their daily routine.⁸ It shows the unknown through the process in which groups use real, concrete and comprehensible images to interact with conceptual schemes of their daily world.⁹

Therefore, social representations articulate elements of our relationship with the world and with others, with affectivity, mental and social processes, organizing behavior and communication among groups.¹⁰ Therefore, every representation refers to an object and has content developed by a social actor immersed in social, cultural, political and historical transformations.⁹

For these reasons, TSR is consistent with this study. Because it enables understanding the phenomenon of breastfeeding within a group of belonging, women within the same family, understanding the establishment of these social representations is accomplished in an intergenerational way, based on the group's communicational process.

In this context, we believe that the meanings attributed to breastfeeding by younger generations depend, in part, on the meanings transmitted by their mothers and maternal grandmothers beyond social, economic, and cultural changes in the environment where they live, triggering continuities and discontinuities in practices and representations concerning breastfeeding. This led to some concerns and/or questions. such as: how are such representations established by women from different generations and to what extent are breastfeeding practices maintained across generations? What is the contribution of the nursing field in this process? To answer these questions, the following objectives were established: to capture the social representations concerning breastfeeding among women from the same family and from three dif-

ferent generations and then to identify continuities and discontinuities in the practices and representations related to the phenomenon and the work of nursing professionals in this process.

METHOD

This qualitative study was grounded in the Theory of Social Representations. This framework was chosen because it enables understanding the social meanings concerning breastfeeding held by women in the same family and transmitted over the course of three generations.

A total of 21 women from the same family, comprising three generations, who breastfed and had kinship or/and had ties of affection, participated in this study. Selecting women from the same family eases the identification of people from different generations.

The choice of participants was based on the identification of women in the rooming-in sector in one of the hospitals located in the city of Itabuna BA, Brazil. All the participants were selected after approval was obtained from the Institutional Review Board. The participants were seven women from the first generation, seven women from the second generation, and seven women from the third generation.

Data were collected at the participants' homes on a day and at a time they chose, between October 2009 and July 2010 after written consent forms were signed. A semi-structured interview adapted to each generation addressed the following statements and questions: Tell about your last breastfeeding experience; tell me about your relationship with your daughter when she breastfed your grandchild and about your relationship with your granddaughter when she breastfed your great-grandchild; tell me what you have learned with your mother about breastfeeding and what you have kept or changed when your daughter and granddaughter started breastfeeding. Did you follow your mother's teaching/advice when you breastfed? Which aspects? Why? Explain what your mother's influence represented in your breastfeeding experience. Did you daughter and granddaughter change the way they perceived breastfeeding when they started breastfeeding your grandchildren and great-grandchildren? Tell me about breastfeeding exchanges that took place among your family's generations (exchanges among maternal grandmother, daughter and granddaughter) Do you believe there were ex-

changes between the older and younger generations of your family related to the breastfeeding experience? Which ones?

We note that the testimonies were audio recorded, transcribed and identified by codenames chosen by the women themselves. After the testimonies were transcribed and exhaustively read, we proceeded to the development of categories and subcategories based on content analysis.

In order to proceed with analysis of the testimonies, we composed the *corpus* of all the interviews and texts, skim reading, attentive reading, coding and clippings with the development of symbolic categories and subcategories, composing units of analysis by theme, categorization of thematic units and description of categories.¹¹

It is worth noting that ethical aspects permeated the entire development of this study. The project was sent to the Institutional Review Board, meeting ethical guidelines concerning research with human subjects defined and regulated by Resolution n. 196/96, the Brazilian National Council of Health. Personal and formal contact was simultaneously established with the chosen institutions in order to obtain authorization to conduct the study.

After approval was obtained from the Institutional Review Board (Process n. 422/2009) and the chosen institution also authorized the study, we initiated contact with the participants. This stage involved clarification of the study's object, objectives, relevance and presenting free and informed consent forms to these women, ensuring their voluntary participation and confidentiality.

The analysis of the interviews enabled the construction of four categories and their respective subcategories, classified by generation, is presented below.

RESULTS AND DISCUSSION

The social representations concerning the breastfeeding of women from the same family over the course of three generations were defined based on detailed analysis of interviews and categories and subcategories that emerged from the testimonies.

Two subcategories emerged from the 1st category "Perceptions of breastfeeding": "Positive perceptions" and "Negative perceptions". The 2nd category "Intergenerational transmission of knowledge and learning about breastfeeding" presented two subcategories: "Learning through

observation" and "Transmission through the media." The 3rd category was called "Care provided by nursing workers and other health workers in the mediation of the transmission of knowledge and learning concerning breastfeeding practices." And another four subcategories emerged from the 4th category "Childcare during breastfeeding": "Feeding", "Body", "Health", and "Affection."

Hence, we interpreted the social meanings concerning breastfeeding held by women from the same family in the sequence mentioned.

Category 1 - perception of breastfeeding: breastfeeding was good, I liked it, it gives pleasure; not every child put up with it, has a reaction to milk; my nipple cracked, hurt a lot

This category revealed that the breastfeeding experience is perceived by women to have ambiguity of meanings and/or senses. The testimonies show that such perceptions can be positive and/or negative, based on pleasure, joy, satisfaction, nervousness, sadness and oppression, respectively. Therefore, two subcategories emerged: "Positive Perception" and "Negative Perception," as the testimonies show:

[...] *it was good when I breastfed, I nursed with pleasure, gladly [...] with joy [...]. I really had to breastfeed my children, I didn't have much milk, I couldn't put up with my breasts [...] she must not even know how to breastfeed [...]. Sometimes I'd give some tea, started feeding with porridge, pap, my breasts hurt, they were too full, she'd get nervous, cry [...]* (1st generation).

[...] *I really enjoyed breastfeeding, I've always breastfed them [...]. Until they were big, all of them breastfed, I was in favor of breast milk [...] he had a reaction to maternal milk [...] I started other food, I changed milks [...]* (2nd generation).

[...] *I would not stop breastfeeding, started enjoying it, I nursed with pleasure [...]. I didn't like it much [...] my nipple cracked, hurt a lot, I was not very patient [...] in the beginning, I breastfed because it was my obligation [...]* (3rd generation).

These narratives show that the meanings concerning breastfeeding, whether they are positive or negative, were mainly based on principles of responsibility, obligation, sacrifice, and bequest on the part of the women experiencing it. Because breastfeeding is a multifactorial phenomenon with considerable group and individual complexity, perceptions became positive or negative based on the socio-political context of the person practicing it.¹²

Therefore, a positive or negative perception concerning the experience of breastfeeding, determined by each generation, is related to each individual's experience in her social time, showing meanings that can agree or disagree with previous and/or successor generations in a dialectical movement of learning in the family environment.

We perceive that the women have greater ease in expressing positive perceptions in the breastfeeding practice because it is consistent with the hegemonic social construction of the myth of maternal love, that in which the mother gives up exclusively for the benefit of the child and, therefore, manifests satisfaction in doing so.¹³ A positive perception can also be a result of observing other mothers breastfeeding, favorably, of the imaginary image of maternity that involves affectivity and the belief that breastfeeding favors the establishment of bonds between mother and child.¹⁴

A negative perception, on the other hand, is related to one's inability to keep up with breastfeeding, dissatisfaction, lack of pleasure, impatience, the use of infant formulas and diseases associated with it, uncertainty of the benefits of breast milk, the difficulty in breastfeeding due to breast engorgement, and the short duration of breastfeeding justified by the child's lack of desire.

Category 2 - Intergenerational transmission of knowledge and learning about breastfeeding:

I first learned what my mother taught me; my mother talked about it; my mother taught me that I should breastfeed

Breastfeeding is a practice that is interspersed with a teaching-learning process developed through generations, in which interpretation and development of social meanings impacts one's way of life. The family and domestic environment enables the establishment and strengthening of affective and learning relationships, especially among women from the same family and who have experienced the breastfeeding. In coming to understand this logic, we have learned that the teaching-learning category concerning breastfeeding was defined by intergenerational transmission, learning from observation and dissemination by the media, a fact that is shown in the narratives:

[...] I first learned what my mother taught me, breastfeeding according to what my mother taught me [...] I did everything she said [...] she explained how I was supposed to do it [...] I was instructed by her, it

was like if I was seeing her [...] I saw it, watched her breastfeed [...] it was, observing [...] what I've seen I sought to learn, kept it and teach it [...] (1st generation).

[...] told me to always wash the breast before breastfeeding, that every mother should breastfeed [...] we always have to follow our mother's advice [...]. I believed in everything my mother would say [...] raised everybody with breastfeeding [...] she'd spent a lot of time breastfeeding, I'd pay attention, we'd learn the basics and do it at home [...] I've watched with her [...] through magazines, TV information, radio [...] I've attended a class in the maternity hospital [...] I've attended a women's group [...] (2nd generation).

[...] my mother taught me that I should breastfeed for a long time. She knows how long to breastfeed, she taught me how [...] I continue breastfeeding because I saw in lectures, during prenatal care [...] through communication, internet, notes [...] because of the information I got [...] (3rd generation).

In this context, breastfeeding is modeled by influences, beliefs and moral values. The women often attribute great importance to the support and encouragement to breastfeed that the family provides, especially their mothers.¹⁵⁻¹⁶

Category 3 - Nursing care and care provided by other health workers in the mediation of the transmission of knowledge and learning concerning breastfeeding practices

Health workers like nurses usually transmit knowledge concerning breastfeeding. Teaching-learning that addresses knowledge concerning childcare during breastfeeding encourages mothers to keep themselves clean and healthy to seek their children's wellbeing, which is perceived in the following excerpts:

[...] my son's pediatrician taught me a lot. I attended a medical consultation and he taught me to massage my breast when it is too full [...] the nurses instructed me how to nurse, that I was supposed to breastfeed while walking, to wash the breast [...] they've learned with the nurses and doctors [...] (1st generation).

The social representations concerning the breastfeeding phenomenon express codes of conduct defined by the movement of socialization and educational process, including the family, the media, and health workers as co-responsible agents.¹⁷ The support, teaching and improvement that accrue from women learning about breastfeeding come from various professionals, especially nurses, which is the main professional

encouraging the breastfeeding process, a fact that is seen in testimonies:

[...] I've heard in the hospital 'breastfeed only'. [...] when she went to the doctor, he said the same thing [...] nurses would come and clean the nipple. The doctor instructed me [...] the doctor said not to stop breastfeeding. The nurse in the maternity hospital teaches everything [...] (2nd generation).

[...] I also learned at the hospital, the nurse said that it was important [...] I was taught when the baby needs to be breastfed [...] they said at the hospital it can be whenever he wants [...] the nurses told me not feed him food [...] the nurse in the health unit taught me. The nurses at the hospital came and talked to me about how important breastfeeding is [...] (3rd generation).

Imbued with social values, such as the obligation to breastfeed in order to maintain a reserve army for the country, some women from previous generations made it public that at the time they breastfed their children, they had poor access to hospital services financed by the State, which hindered the teaching-learning process developed by health professionals and favored the emergence of actions permeated by myths and taboos. The obligation to breastfeed, to comply with certain duties based on the models of feminine functions, of an instinctive and natural act, contributed to the representation of breastfeeding as a task to be fulfilled with pleasure, selflessness, and success, solidified in the daily practice of health workers.^{18,1}

Women are currently more easily oriented by professionals from multidisciplinary teams due to the greater availability and efficiency of public health services, which enable them to acquire knowledge never provided before. Hence, we note there is an attribution of evaluative meanings on the part of these women to health workers, especially nurses, who work directly with breastfeeding care, whether in hospitals or in collective health environments.

We note that nurses are the main professionals encouraging breastfeeding, contributing to the development of meanings held by women who experience it together with other social elements. Because nurses are the first agents in the breastfeeding communicational process, they exert a power instituted in health spaces, and especially in the family spheres, contributing to the dissemination of knowledge, many times validated from a scientific point of view. Because breastfeeding initially occurs within health services, nurses are full supporters of breastfeeding,

imposing on breastfeeding mothers schematic knowledge based on social standards appropriate to each time.

This knowledge is provided by nurses through activities developed during prenatal care, in the maternity hospital, postpartum, in educational groups, consultations, and within the family environment.¹⁹

In this context, the breastfeeding practice remains intertwined with multiple values and social practices and the nurse, as member of a team providing women's care, collaborates to preserve and/or change representations that accrue from old and new generations. Hence, the type of knowledge and the individual disseminating it can influence the establishment of rules and behavioral standards for nursing women, making them either capable or incapable to manage this type of care. Therefore, it is not enough for women to obtain breastfeeding-related information, rather they need to be in a favorable environment and be able to rely on the help of a qualified professional during the entire process.

Some breastfeeding-related information, however, is limited to physiological aspects and often does not address one's social and psychological universe or the context experienced, leading women to suppress scientific knowledge in favor of their own lifestyle and happiness-directed project for such an experience. The participation of nurses in the development of representations concerning breastfeeding is essential, showing that social meanings transversely surpass the movements of different generations.

The multiple abilities of nurses put them in a position of being representatives among women because they can listen, establish ties of trust, display competencies and support women during the breastfeeding experience valuing their symbolism and attitudes as mothers. Additionally, nurses broaden care actions by aggregating and valuing knowledge rooted in previous generations instead of only contributing to the establishment of representations of new generations. Valuing the knowledge of previous generations is crucial for the breastfeeding experience to go beyond the biological universe and incorporate the family and generational dimension.²⁰

Category 4 – Childcare during breastfeeding

This category was defined based on four sub-categories: "Care during breastfeeding", "Caring

for the body”, “Health” and “The manifestation of affection during breastfeeding.”

Feeding the infant was restricted to physiological and nutritional aspects of the maternal milk, putting the mother as the main instrument to maintain the child’s biological development as expressed in the following testimonies:

[...] *how to provide food [...] not giving any other drink, give milk [...] give food according to a schedule, feed well, be careful with milk [...] sustained by milk [...] (1st generation).*

[...] *breast milk is great, it’s economical, it’s what a child needs, it’s a complete food, it’s important for the baby [...] eats nothing else, only maternal milk [...] (2nd generation).*

[...] *maternal milk is everything that a child needs [...] care for the food so as not to cause cramps [...] it’s the only food I could give to my daughter [...] (3rd generation).*

Taking care of the infant’s body showed the mothers’ concern for their children’s health and wellbeing during breastfeeding. Such care was extended to other dimensions of the child’s health, such as hygiene, properly positioning the child when breastfeeding, and clothes, which is expressed in the following: [...] *I taught everything in terms of bathing, putting on clothes, be careful with warm water, changing diapers, putting hands on the feet so they won’t move [...] lie down the child faced up after breastfeeding [...] (1st generation).*

[...] *lay the child down, pat on the back when the baby chokes [...] was chubby [...] they were strong [...] (2nd generation).*

[...] *the way of caring [...] being strong [...] the first days of bathing [...] (3rd generation).*

It is worth noting that the subcategory “Health” addressed the mothers’ explanations for the physical development of their children as a result of exclusively breastfeeding, shown by the excerpts:

[...] *the child was healthy, the boys’ development was normal, the milk was healthy [...] My children were well cared for, were strong [...] he grew [...] the boys are healthy [...] grew a lot by breastfeeding [...] (1st generation).*

[...] *I thought it was good, was born strong [...]. They grew up without diseases, are healthy today [...] everything worked fine, the intestines [...] food that helps avoid diseases [...] she’s pretty, is strong only with maternal milk, is gorgeous [...] is healthier [...] (2nd generation).*

[...] *I feel I’m giving him health, to the child. It has nutrients, only milk is able to maintain his health, so he’s healthy. Protects against diseases, prevents [...]. Sustain growth, have a healthy life, no sequelae [...]. You can tell they are healthy [...] first vaccines [...]. It avoids diseases, it’s good for the baby, it’s the healthier [...] is healthy [...] (3rd generation).*

It is worth noting that the subcategory “Affection” highlighted the affective-emotional aspect that permeates the breastfeeding practice among women of this generation, as the following narratives show:

[...] *being patient, loving your children, affection [...] I’d take the little hand to the head, stroking. My concern was only with the children, I treated them well [...] live well with the children [...] take good care of children [...]. She breastfed and we stayed together (1st generation).*

[...] *I felt very happy, she’d be always around, doing everything [...] had patience to breastfeed [...] I stayed there the whole night, I was willing to breastfeed, to pass the love we had [...] (2nd generation).*

[...] *I feel like a mother, it’s so good. I opted for affection, which is more important than kinship, I was patient [...] It was meaningful for me [...] loving my child more, that affection from seeing your child breastfeeding [...] treat my child well [...] being able to see he is well [...] much love for the children, affection [...] (3rd generation).*

Feelings help to change attitudes and/or behaviors in relation to breastfeeding. Therefore, if we think that feelings are part of affections and these originate in the process of socialization between generations, we realize the role they play in the continuity of breastfeeding.²¹

Concatenating the meanings and senses unveiled by the three generations, we understand that the perception of breastfeeding moves between positive and/or negative perceptions, depending on the individual and group context that each woman experiences.

The teaching-learning process, in turn, was defined through the significance of the mechanism of transmitting knowledge through previous and/or successor generations, showing the importance of intergenerational relationships in triggering teaching and learning. The importance the women from the three generations attribute to the experience of their mothers and/or grandmothers was decisive in the establishment of meanings and behavior that permeated the breastfeeding practice.

In regard to the transmission mediated by nurses and other health workers, we verified that it increased over the generations, emphasizing the importance of these caregivers in the health services and in the composition of multidisciplinary teams, with a view to disseminate knowledge.²² Nurses play an essential role in breastfeeding representations because they act directly in care delivery and disseminate information that will result in the establishment of individual and group knowledge based on science without, however, disregarding the common sense that comes from generational experience. Even though learning through observation was experienced by the 1st and 2nd generations, it was not very meaningful to them due to the ineffective establishment of affective bonds at the time, which itself was due to the fact that these generations did not usually live together, and there was a lower awareness concerning breastfeeding as being part of the experienced by these women.

On the other hand, the dissemination of knowledge by the media reaffirmed its importance in the teaching-learning process, based on social and economic issues, such as the easy access to information in printed material, video and educational resources available from health services, and improved quality of life that enabled these women to access written and spoken media. There was better education that enabled greater sensitization to the breastfeeding process. We note that the 1st and 2nd generations were not influenced very much by the media due to the fact that the encouragement to breastfeed occurred within the family in the movement of their generations. The 3rd generation, in turn, was strongly marked by the encouragement given by public policies, by the growing participation of health professionals in campaigns, and increased dissemination by the media, which combines multiple sources of positive reinforcement in favor of the maintenance of breastfeeding.

Caring for the infant during breastfeeding involving meanings established by women in the same family, shows that health and affection were priorities over the course of generations. Hence, breastfeeding means, for the three generations, a process that defines the infant's health, seeking the best physical and nutritional development for those experiencing it.²³

Finally, we uncovered, through the participants' narratives, affections involved in the breastfeeding experience, added to feelings of pleasure,

happiness, and self-accomplishment as mothers because they kept breastfeeding their children.

Such findings corroborate the intergenerational rational that supports breastfeeding based on the benefits of breast milk and on the biomedical paradigm that this is a mandatory act of the female nature.³

CONCLUSIONS

In this context, thematic content analysis enabled us to reveal the social representations of women from the same family in the generational linearity. The testimonies given by the women of three generations revealed they have given meaning to the breastfeeding experience based on both positive and negative concerns, contradictory, but not totally excluding perceptions. This symbolism emerged from individual experiences but, mainly, from the models imported from previous generations. We observe a negative perception in the 1st and 2nd generations in relation to breastfeeding patterns at the time, and a positive perception among the third generation due to the routine recommendation to exclusively breastfeed, introjecting into the women meanings of a pleasurable practice.

The teaching-learning process made explicit by intergenerational transmission, mediated by nurses and other health workers, also made possible through observation and transmitted through the media, shows the importance that the three generations attribute to the figure of their mothers in transmitting knowledge about breastfeeding. The nurses appear as those who encourage breastfeeding due to their greater role as caregivers in the health services and in disseminating knowledge of the benefits of breastfeeding for both the woman and child.

Learning by observation has largely ceased due to the fact that the experience of breastfeeding occurs in different social moments and also because there has been an estrangement between intergenerational dialogue. Transmission of knowledge by the media is gradually incorporated in the social meaning attributed by women, especially due to new public policies.

Childcare emerges as a category present in breastfeeding that incorporates concepts of feeding, health, body, and affection. These symbols show that, for these women, the experience of breastfeeding is based on caring for another, specifically, the child.

We perceive that the meanings expressed by the study's women are based on paradigmatic models of breastfeeding, disseminated by society over decades, and that still today influence breastfeeding behavior and actions.

The richness of the empirical material obtained in this study enabled us to capture representations concerning breastfeeding from three different generations, highlighting the work of nurses during the process. The combined use of interviews with other research techniques, such as observation, can reveal in future studies different nuances of the phenomenon concerning the inter-generational contribution to the transformation and/or continuity of the breastfeeding practice.

We also note that the study's limitations include a lack of other studies addressing the theme. Both in Brazil and internationally, studies focusing on the individual meaning of breastfeeding are more prevalent, and whenever studies provide a group perspective, they include only one or two generations. Such limitations, however, do not impede the validation of these findings due to the theoretical representativeness developed by the authors.

Finally, we expect this study to encourage multiple perspectives concerning the multifaceted phenomena that involve meanings developed by the groups of belonging themselves, such as breastfeeding.

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