

WOMEN'S PERCEPTION ABOUT SPACE FOR BREASTFEEDING: SUPPORT IN INTERACTIVE BREASTFEEDING THEORY

A PERCEPÇÃO DA MULHER SOBRE OS ESPAÇOS PARA AMAMENTAR: SUPORTE NA TEORIA INTERATIVA DE AMAMENTAÇÃO

PERCEPCIÓN DE LAS MUJERES SOBRE LOS ESPACIOS PARA LACTANCIA MATERNA: APOYO EN LA TEORÍA INTERATIVA DE LA LACTANCIA MATERNA

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ABSTRACT

Introduction: breastfeeding is strongly influenced by many factors, and the lack of a private place and embarrassment in public places discourage women. **Objective:** to evaluate women's perceptions of space for breastfeeding. **Method:** a descriptive research with a qualitative approach developed with 30 pregnant and postpartum women admitted to the maternity ward of a university hospital in the Espírito Santo State. The content analysis proposed by Bardin and the Interactive Breastfeeding Theory were used to systematize the data. **Results:** most women reported that they would breastfeed in public places, but all said they would cover their breasts with cloth or diaper and feel more comfortable breastfeeding at home. Women reported feeling comfortable when they are close to known women, family or friends, while close to men, known or not, feel uncomfortable and cover their breasts for breastfeeding. And close to health professionals most feel comfortable as they guide and support breastfeeding. **Conclusion:** breastfeeding in public spaces still causes discomfort, embarrassment and shame in women.

Keywords: Breast Feeding; Personal Space; Shame; Perception; Maternal-Child Nursing; Weaning.

RESUMO

Introdução: a amamentação é fortemente influenciada por diversos fatores, e a falta de um lugar privado e o constrangimento em locais público desencorajam as mulheres. **Objetivo:** avaliar a percepção da mulher sobre o espaço para amamentar. **Método:** pesquisa descritiva, com abordagem qualitativa desenvolvida com 30 mulheres grávidas e puérperas internadas na maternidade de um hospital universitário do estado do Espírito Santo. A análise de conteúdo proposta por Bardin e a Teoria Interativa de Amamentação foram utilizadas para a sistematização dos dados. **Resultados:** a maioria das mulheres relatou que iria amamentar em lugares públicos, no entanto, todas disseram que cobririam seus peitos com pano ou fralda e que se sentem mais confortáveis para amamentar em casa. As mulheres relataram sentir-se confortáveis quando estão próximas de mulheres, familiares ou amigas conhecidas, enquanto perto de homens, conhecidos ou não, sentem-se desconfortáveis e cobrem seus peitos para amamentar. E próximas de profissionais de saúde a maioria se sente confortável, já que orientam e apoiam a amamentação. **Conclusão:** amamentar em espaços públicos ainda causa desconforto, constrangimento e vergonha nas mulheres. **Palavras-chave:** Aleitamento Materno; Espaço Pessoal; Vergonha; Percepção; Enfermagem Materno-Infantil; Desmame.

RESUMEN

Introducción: la lactancia materna está muy influenciada por varios factores. La falta de un lugar privado y la vergüenza de exponerse en lugares públicos desalientan a las mujeres. **Objetivo:** evaluar las percepciones de las mujeres sobre los espacios para lactancia materna. **Método:** investigación descriptiva de enfoque cualitativo

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desarrollado con 30 mujeres embarazadas y en el posparto ingresadas en la maternidad de un hospital universitario del estado de Espírito Santo. Se utilizaron el análisis de contenido propuesto por Bardin y la Teoría Interactiva de la Lactancia materna para sistematizar los datos. Resultados: la mayoría de las mujeres declararon que amamantarían a sus niños en lugares públicos; todas ellas dijeron que cubrirían los senos con una tela o un pañal y que se sentirían más cómodas para amamantar en casa. Las mujeres manifestaron sentirse cómodas cuando están cerca de mujeres conocidas, familiares o amigos y que se sienten incómodas cuando están cerca de hombres, conocidos o no, y que se cubren los senos. La mayoría se siente cómoda cerca de los profesionales de la salud ya que guían y apoyan la lactancia materna. Conclusión: la lactancia materna en espacios públicos todavía causa molestias, bochorno y vergüenza a las mujeres. Palabras clave: Lactancia Materna; Espacio Personal; Vergüenza; Percepción; Enfermería Materno-Infantil; Destete.

INTRODUCTION

Breastfeeding is strongly influenced by family, biological, psychological, social, cultural, political and economic factors, which cause breastfeeding rates to vary widely across countries. Women need an adequate and comfortable place/environment to breastfeed, and for some mothers breastfeeding in public has “drawbacks” that do not occur in artificial feeding, which may influence their decision to breastfeed or contribute to bottle feeding, leading to weaning. Women from different countries and cultures reported embarrassment about breastfeeding in public or in front of others, for a variety of factors.¹⁻⁵

Among the factors cited in the studies, the act of breastfeeding in public is linked to many taboos regarding the sexuality and objectification of female bodies, which ends up causing embarrassment for women and other people who do not know where to look. Support for “discreet” breastfeeding is observed in public but is still inappropriate due to disgust for body fluids.^{4,6-8}

Women report that the lack of a private place outside the home and the perception of public discomfort may make them choose to offer bottle-fed artificial milk, evolving to early weaning. Anxiety about breastfeeding in front of other people particularly affects the duration of breastfeeding in women with low self-confidence or who are embarrassed to breastfeed in public.^{7,8}

Prior experience and knowledge about breastfeeding have a major positive influence on people's perception and attitudes towards breastfeeding in public. In contrast, the reduced presence of breastfeeding women, the frequent use of bottles and the sexualized interpretation of female breasts interfere with the attitude and acceptance of breastfeeding in public.^{1,3,6-8}

It appears that the use of spaces is an important aspect to be considered in women's health during breastfeeding, when it is intended to provide comprehensive care. From this perspective, when considering the interface between breastfeeding and space,

one must think about the sociocultural constructions linked to these events and how the experience of one reflects the other.^{7,9}

Space can be defined as a physical area known as territory and the behavior of its occupants, such as gestures, postures, and visible boundaries built to mark personal space. Includes the space that exists in all directions. It can be subjective, individual, situational, among others. The use of space communicates messages with different meanings in different cultures. The perception of space will influence the way individuals behave in certain situations.¹⁰ This perspective of space encompasses personal, interpersonal and environmental issues anchored in the framework of the Interactive Breastfeeding Theory.³ Considering breastfeeding and the use of spaces as significant aspects in women's lives, strongly influenced by the personal, historical and socio-cultural context in which they live, it is essential to understand the perception of these events in the uniqueness of women. Given the above, the objective of this research was to evaluate women's perceptions of space for breastfeeding.

METHODOLOGY

TYPE OF STUDY AND THEORETICAL FRAMEWORK

Descriptive study with a qualitative approach, which had as theoretical framework the middle range theory, Interactive Breastfeeding Theory.³ In this, breastfeeding is defined as “a process of dynamic interaction in which mother and child interact with each other and with the environment in order to obtain the benefits of mother's milk, which is directly provided from the breast to the child and which is a unique experience every time”.

The theory is composed of 11 concepts: mother-child dynamic interaction; woman's biological conditions; child's biological conditions; woman's perception; child's perception; woman's body image; space for breastfeeding; role of mother; organizational systems for breastfeeding protection, promotion and support; family and social authority; and woman's decision making.³

STUDY SETTING AND PERIOD

Study developed at the maternity hospital of a tertiary public hospital located in Vitória-ES, in Southeast Brazil. The institution provides health care services with broad social repercussions, serving the population of the Espírito Santo State and municipalities of Bahia and Minas Gerais, both in high complexity health needs and in primary and secondary health needs. The maternity hospital has 20 beds and adopts the system of joint accommodation, so that the mother accompanies her newborn 24 hours/day. Data collection took place from July 1 to September 30, 2016.

PARTICIPANTS, INCLUSION AND EXCLUSION CRITERIA

Thirty women selected for convenience participated in the study after evaluating the inclusion criteria: women who had experience in breastfeeding. And the following were excluded: pregnant women and primiparous puerperal women; who had a personal or family history of psychiatric illness; and who could not breastfeed due to infectious disease or were illicit drug users.

DATA COLLECTION AND ORGANIZATION

For data collection we used an interview guided by a semi-structured script organized in socio-demographic and clinical data, with the variables: age group, place of residence, education, race/color, paid work/support, housing, marital status, religion, number of live children, breastfeeding, performance and number of prenatal consultations, prenatal breastfeeding guidelines, gestational age of delivery, gender and weight of the newborn, difficulties in breastfeeding. The script had three guiding questions: What do you think about breastfeeding in public places? What are the places or environments where you are comfortable breastfeeding? How do you feel about breastfeeding around women and men, family members, health professionals or strangers?

The interview was conducted individually with each participant in the sector auditorium in order to maintain women's privacy. Each interview lasted 20 to 40 minutes and was later transcribed. To preserve the identity of the research participants, the statements were identified by the letter E and accompanied by numbering (E1, E2, E3 ... E30).

DATA ANALYSIS

The transcribed statements comprised the textual corpus of analysis, which were thoroughly read and submitted to categorical content analysis, according to Bardin, in its three phases: 1: pre-analysis, 2: material exploration and 3: treatment of results, inference and interpretation.¹¹

In the pre-analysis, the text unrelated to the question formulated in the interview was eliminated from the text corpus. In the exploration of the material it was sought to give completeness to the statements so that the content was explicitly presented. In the treatment of the results the word classes were searched, radicals of words that allowed to group the contents in nuclei of senses, forming the tree of words and their relations between them. Subsequently, the data were interpreted with the Interactive Breastfeeding Theory³ as a theoretical frame, especially, its conceptual structure and its relational statements. And from this analysis emerged three empirical categories: breastfeeding and relations with

the public space; comfortable spaces for breastfeeding; and breastfeeding and relationships with people.

ETHICAL ASPECTS

Participants were informed about the study in person. After reading, they signed the consent form before the interview. They were also informed of their right to refuse participation or refuse to answer any questions, interrupt the interview or withdraw from the study at any time without giving information or affecting their future care/services. The study was approved by the Research Ethics Council of the University, under CAAE N° 53610316.8.0000.5060.

RESULTS E DISCUSSION

CHARACTERIZATION OF PARTICIPATING WOMEN

From the sociodemographic point of view, most women were between 18 and 34 years old (76%) and 20% were over 35 years old, residing in Vitória (83.3%). Regarding education, 33.3% had incomplete high school, 23.3% had completed high school and 13.3% had completed or incomplete elementary school or incomplete higher education. Regarding race/color, it is noticed that most reported being brown (63.3%) and 16.6% white. It was found that 56.6% of women were married/stable and 40% single. Unemployment corresponded to 66.6%, difficulties to support themselves, to 60%, while 30% had jobs and 40% had no difficulties to support themselves. Of the respondents, 66.6% had their own homes and 33.3% did not. As for religion, 56.6% were evangelical and 30% Catholic and 13.3% did not declare religion. Of the participants, 93.3% were in the postpartum period and 6.6% in the gestational period.

Regarding the characterization of prenatal care, all respondents performed prenatal care, being 53.3% with doctors, 36.7% could not say who was the professional and 10% did with nurses; 80.1% had six or more consultations and 16.6% had less than six consultations; 63.3% of women did not receive breastfeeding counseling and 36.7% had counseling.

BREASTFEEDING AND RELATIONS WITH THE PUBLIC PLACE

Of the women interviewed, 60% said they would breastfeed in public places, however, all said they would cover their breasts with some cloth in these environments. And 36.6% reported not breastfeeding in public settings. Women who mentioned not breastfeeding in public places reported negative feelings as "not feeling well" 66%; "Prejudice by society" 20%; "Being shameful

or ugly" 10%; and "feel uncomfortable" 6.6%. The statements express women's perceptions of breastfeeding in public places:

I find it normal to breastfeed in public places and environments. Each person has to be respected. Yes, I breastfeed, but I cover not to leave my breasts exposed [...] (E2).

I'm not ashamed to breastfeed in public places, but I don't feel very comfortable either. Many people look at us with a prejudiced look (E7).

I do breastfeed my children, and I have nursed them a lot on the street. I put something to cover (E11).

I don't think it's right to breastfeed in public places. I don't feel well, and I think it's something shameful and ugly. So, I prefer to leave the place (E1).

I do not like to breastfeed in public places, I feel ashamed. If possible, I hope to get home, because it is difficult to breastfeed on the bus, many people are looking and there is, yes, a prejudice (E9).

I don't like to breastfeed in public places, and I find women who breastfeed in these places very ugly (E12).

Many people look at us on the street when we are breastfeeding, as if breastfeeding was a wrong attitude [...] (E21).

Many people look with a biased look, so I don't like to breastfeed in public places. I breastfeed when I go to the clinic because I wait a long time for care, so I put a towel to cover my chest (E14).

I don't like to breastfeed in public places, I prefer to offer the bottle (E26).

Women reported feelings of shame, embarrassment at people's eyes and judgment, but would still breastfeed in public places, keeping their breasts covered and protected. Thus, it is observed that the discomfort of breastfeeding in public may be related to the fact that the woman's breast is considered the main female sexual organ and, therefore, a private part of the body that must be invisible in the public space, violating the decency female, with the possibility of real or imagined humiliation.^{2,4,12}

The stigma of breastfeeding in public places is related to the violation of a social norm: "we are a discreet nation" and the fact that women's breasts are symbols of sexuality.¹³

Motherhood and breastfeeding as social roles are linked to gender issues and the debate about the female condition, issues strongly linked to body appropriation. The term gender refers to the dichotomy of sexual identity, but above all highlights the power relations and processes of domination linked to sexual distinction. Power permeates relations between the sexes, acts in social relations more broadly, representing a power that disciplines the body, controls its movements, uses and purpose. It establishes norms that circumscribe and interpret deviation, the immoral and subversive and the inappropriate.¹⁴

To understand the meaning of the idea of gender, it must be understood that men and women are shaped from cultural, social and power relations. Thus, gender proposes which are the male and female social roles that should be accepted and experienced in a society.¹⁵

In Interactive Breastfeeding Theory, several concepts are interrelated, influencing the process of breastfeeding. The role of mother is a behavior that is expected of women when they occupy the position of mother in society and implies the relationship of mother and child with the purpose of breastfeeding and thus acquires the rights and obligations of this new position. Social. However, the theory also addresses that women's decision making is a dynamic and systematic process through which she chooses to breastfeed, among other options. In this sense, she can play her role as a mother and choose other ways to feed her child.³

Both motherhood and non-motherhood should be understood as women's choices, not as a gender obligation. However, practices involving motherhood are based on historically ingrained concepts that the roles of mother are associated with the feminine nature, being the duty and destiny of all women to exercise maternity, breastfeeding and care for the newborn.¹⁶

It is important to understand the option of some women wanting to offer a bottle because they are in a public environment, as noted in this study and another survey in England, where women report that people "stare", "look strange" and that it would be easier to have a bottle because you can go anywhere no one has a problem with a "bottle-feeding" child.¹³ As discussed earlier, a woman's decision-making is a dynamic process and this decision is a woman's task. to judge her fears and yearnings and to self-assess her ability and desire to breastfeed on an individual level, and she experiences external pressures from family, health professionals, society and the state.¹⁷

The anxiety and fear that emerge from breastfeeding that are shared by women in the home environment or in healthcare settings are part of the decision-making process. Thus, rethinking practices that impel women to blame on the consequences of this act (not breastfeeding) is paramount in different spaces.¹⁴ The discussion about breastfeeding in public places occupies the national and international scene, being the object of research

in various contexts, and social, cultural, political and economic backgrounds with different perspectives. However, despite the messages and campaigns linked by public policies and the media about the importance of breastfeeding, they are still insufficient to overcome the barriers.¹⁸ It is important to reflect why society still perceives public spaces as unfavorable to breastfeeding.

The low visibility of breastfeeding strongly influences the perception that breastfeeding is considered a culturally shameful act.¹⁹ Intensifying campaigns by portraying breastfeeding in public as normal and desirable with a focus on human milk as food rather than body fluid can improve acceptance of breastfeeding in public.^{2,4}

Education campaigns should include not only breastfeeding techniques, advantages and practices, but also information policies that support breastfeeding in public, including the importance of breastfeeding rooms.⁷

Social culture has an ingrained force that makes any change difficult. Therefore, although there are some transformations that society has gone through, still the current model with its institutions (family, school, church) shares forged situations to perpetuate the power relations in daily practices subordinating women.¹⁶ It is understood that the Socially defined roles, by locating women in the space of care, which is politically subjugated, end up reproducing asymmetrical power relations between men and women, revealing the tensions inherent in the patriarchal model.¹⁴

SUITABLE/COMFORTABLE PLACES FOR BREASTFEEDING

Women also set the environmental footprint even in family and private environments. For the majority (63.3%) it is better to breastfeed at home. Of these, 16.6% report that the room is the room where they feel most comfortable; 16.6% stated that they do not have a preferred place to breastfeed and 10% reported feeling well breastfeeding at family and/or relatives' homes.

The place I feel most comfortable is at home (E1).

At home it is the best place to breastfeed, but near my family and at my relatives' house I don't care either (E4).

It is preferable to breastfeed at home or in the home of relatives, than to breastfeed in public settings, such as on the street, for example (E15).

At home is the best and most comfortable place for breastfeeding. I get more quiet in my room (E21).

I prefer to breastfeed at home. I feel more comfortable (E22).

My room is the place I feel most comfortable to breastfeed (E28).

Perception of space is rooted in cultures and communicates behaviors learned from culture. Spatial arrangements communicate the role, position, and interactions with others. Marking an area for yourself gives individuals a sense of security and identification.¹⁰ Thus, it is expected that the place to breastfeed should be chosen by the mother, comfortable, protected, and suitable for mother-child interaction.⁵

Women show actions arising from shame as "turning away from others" and prefer to stay at home, "find a quiet place" and "out of the way", thus avoiding situations of embarrassment and shame. During breastfeeding and the mother-child relationship, the need for women to seek a private and comfortable space for the breastfeeding process was observed. Support for breastfeeding outside the "comfort zone" includes allowing society (businesses, malls, churches, etc.) to accept breastfeeding in public in a healthy and unprejudiced manner.¹³

BREASTFEEDING AND RELATIONSHIPS WITH PEOPLE

When asked about breastfeeding close to other people, women and men, 83.1% of respondents reported that when they are known women who belong to their family or friends, they feel comfortable. And 6.6% said they breastfeed but cover the breasts. No woman reported feeling ashamed around known women. Regarding breastfeeding near unknown women, 59.8% feel comfortable, but always cover their breasts; 16.6% mentioned being "normal" to breastfeed near unknown women; and for 6.6% it is uncomfortable.

Regarding breastfeeding near unknown men, 76% of women reported discomfort, 33.2% said breastfeeding, but they cover their breasts; and 16.6% declared to breastfeed normally. The perception of women about breastfeeding near known men or their partner was that 49.9% feel embarrassed, 29.9% feel good and 19.8% breastfeed, but cover their breasts or use a bottle to feed the child.

Breastfeeding near women, whether they are women in my family or not (E28).

I also cover my breasts to breastfeed near women, whether they are from my family or not (E02).

Near women is a little more natural, so I don't feel as embarrassed as around men (E21).

I am a little ashamed to breastfeed around men (E16).

I don't think it's good to breastfeed near men, but I do. Sometimes, if it is very strange, I put a cloth (E25).

Breastfeeding near men, but I put a washcloth to cover (E28).

I find it normal to breastfeed near men, whether they are known or not (E18).

Near the men I don't know, I feel embarrassed (E03).

Breastfeeding near my husband is normal, but near other men, I cover (E11).

Breastfeeding near my partner is normal, because he lives with me, we already have a certain intimacy, so breastfeeding with ease (E13).

Women feel comfortable around other women and especially when they belong to their family. Previous practices and experiences of women in the family influence the initiation and duration of breastfeeding. The support of family members, especially women such as grandparents, aunts and sisters, as well as friends, brings security and confidence to the breastfeeding mother. The presence of these female figures in the family environment is related to supportive actions in domestic activities, in the care of older children, being a demonstration of affection and encouragement to breastfeeding. More family support is associated with a greater chance of exclusive breastfeeding for longer periods.^{2,17,20,21}

Being a mother and breastfeeding are not fixed social roles that women naturally appropriate, they are socially constructed in relationships with people, in the family, in previous experiences, in the success and failure of each observed or experienced experience.¹⁴

On the other hand, negative feelings were found especially when breastfeeding near unknown people and especially men. Other studies also reveal that mothers report that they feel "uncomfortable" and "ashamed" feeding their children in front of others, due to the perceptions that breastfeeding is a "non-normal" practice.^{4,7,13}

In Western culture, female breasts are widely publicized with sexual objectification in the media, which can make it uncomfortable for a mother to breastfeed her child in front of other people, knowing that they can distort the breast image by not considering it biologically as a source of food for the child and a moment of mother-child interaction. A woman's sense of shame can interfere with her ability to breastfeed, as her attitude can be judged as exposure.^{1,20}

Breastfeeding space is related to perception, body image and the way women use the space, being influenced by their needs, past experiences and culture, as proposed in the Interactive Breastfeeding Theory.³

The subjective and intersubjective issues of gender and gender are present in women's perception of the most appropriate environment for breastfeeding. The interviewees' statements express negative feelings related to the shame, prejudice and judgment of others, reaffirming that breastfeeding is inserted in a historical, sociocultural and subjective context, so that this practice represents different meanings for each society and contributes to construction of each woman's perceptions and experiences.^{3,14,16}

Still, mothers see breastfeeding as something intimate, preferring to share with their partner, and find it embarrassing to breastfeed in public, even in front of their family or friends.^{4,8,9} Women comment that the presence and participation of partners transform the process of breastfeeding in moments of more pleasure and satisfaction, especially when sitting next to them, compliment and help with child care.^{2,17,20,21}

Regarding the perception of women in relation to breastfeeding near health professionals, 69.8% of respondents said they were comfortable, 23.3% reported not caring about being male or female, 16.6% acknowledged feeling ashamed when breastfeeding close to male professionals, 10% prefer breastfeeding close to women and 3.3% breastfeed, but cover their breasts.

I feel good breastfeeding near these professionals, I have nothing against it, for me it makes no difference being men or women [...] (E02).

Health professionals are here to help me and help me in the moments I need. So, I don't stop breastfeeding my child, either because of the location or the people around me, whether they are women or men. This is a hospital, a place of care and not of criticism (E06).

I don't worry about breastfeeding around health professionals, whether they are men or women. Both should be respectful, as they are here to help us (E08).

Breastfeeding near health professionals is normal, they helped me a lot here, and in the health unit they always help us (E13).

I don't mind breastfeeding near the health professionals. The nurses who work at this hospital teach us a lot about breastfeeding that I did not know, and that today I can do right what I have done wrong (E15).

Health professionals have a great influence on the children's diet, because during their orientations, practices and care routines, they encourage or not breastfeeding, the use of milk formula and bottle.^{4,8,9,17} and support offered by professionals affect breastfeeding during the stay of the mother and newborn in the hospital and its continuity process outside the hospital environment.^{2,21}

The conceptual framework of the Interactive Breastfeeding Theory incorporates health professionals into the category of "organizational systems of protection, promotion and support" that was arranged at the same level as a woman's breastfeeding space and body image.³ However, as 36.7 % of women did not receive information about prenatal breastfeeding, these reports may indicate a conception that is further away from relationships with the professional organizational system and there is a need to involve professionals, expand and monitor interventions that have already been effective for women. improve rates of exclusive breastfeeding.^{17,21} Thus, interventions by health professionals in the community, including group counseling or health education and social mobilization, counseling by a nursing professional, trained lactation counselor or other health professional, telephone calls after discharge combined with visits should be encouraged and incorporated into the daily activities of health systems.²

The promotion of breastfeeding begins with recognizing the value of breastfeeding as an excellent intervention that benefits both children, women and society.² Health professionals need to know the cultural context in which women are inserted and be sensitive to recognize practices that encourage and discourage breastfeeding according to women's perceptions and experiences.^{17,21}

The reduction in women's discomfort with men who are health professionals in relation to men (lay people) is noteworthy. In a way, the representative figure of the professional can reduce women's sense of embarrassment. This would be a facilitator to meet the goal of care. The responses of the women participating in the survey allow us to evaluate that breastfeeding promotion and support is being performed within the maternity hospital of the study hospital.

FINAL CONSIDERATIONS

Public breastfeeding causes discomfort, embarrassment and shame in women, and was perceived as an individual decision and its success or lack of responsibility for women, as society ignores its role in adopting positive attitudes towards breastfeeding protection, promotion and support. Thus, it is up to society to reflect on the reasons that generate prejudice about this practice in public.

The low visibility and dissemination of women breastfeeding in public places creates the perception that it is still an unacceptable practice. Thus, creating a supportive environment in which public breastfeeding is a socially acceptable practice seems to be critical to ensuring that women have the right to breastfeed where they want and feel comfortable.

Political institutions must exercise their authority and remove the structural and social barriers that prevent women from breastfeeding in public places. Adoption and enforcement of legislation and accountability mechanisms should ensure maternity protection and interventions in public settings to support breastfeeding.

As implications for nursing, professionals should play their role in protecting and fighting for women's rights to make decisions regarding their children's diet, based on their beliefs, perceptions, culture and values. In this sense, professionals should review their own concepts and prejudices for the exercise of a welcoming and humanistic practice with women.

This study had as its limitation the analysis of breastfeeding in the public space, restricted to the perception of pregnant women and puerperal women admitted to a maternity hospital and with little understanding of the participants' social, cultural and economic contexts. Given this, it is suggested to conduct studies directed to the debate on the perception of women and men about breastfeeding in the public space, inserting, in the analysis, the areas that involve this population, such as family, school and the community. It is also recommended that the Interactive Breastfeeding Theory be tested in other breastfeeding situations and applied as a reference for data interpretation or research design.

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