

THE VITAL VALUE OF BREASTFEEDING FOR IMPRISONED WOMEN

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ABSTRACT

Objective: to understand the perceptions about the values of breastfeeding for nursing mothers under custody of the penitentiary system.

Method: a qualitative and phenomenological research study based on the Schelerian values, with seven phenomenological interviews conducted with nursing mothers deprived of their freedom in a women's prison unit from Rio de Janeiro, Brazil. The interviews took place between November 2020 and May 2021. Content analysis for treatment of the results was performed after transcribing the testimonies.

Results: two categories were identified for the vital value: The value of bonding as a breastfeeding expansion process; and The nursing mother as a safety and protection value for the infant. Through the perception of the nursing mothers deprived of their freedom, the vital value identified acts as protection for breastfeeding within the prison setting, strengthening the woman's and child's health.

Conclusion: by unveiling the vital value, it is observed that it is related to the mother's and infant's everyday life in prison. However, the prison institution does not meet the real vital needs of imprisoned nursing mothers, with the consequent need to redirect the breastfeeding practice in the prison setting, transforming it into a legitimate environment that values the meaning of breastfeeding.

DESCRIPTORS: Nursing. Women's health. Breastfeeding. Philosophy. Prisons.

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O VALOR VITAL DO ALEITAMENTO MATERNO PARA MULHERES CUSTODIADAS

RESUMO

Objetivo: compreender as percepções dos valores do aleitamento materno para lactantes custodiadas pelo sistema penal.

Método: pesquisa qualitativa e fenomenológica, baseada nos valores schelerianos, com realização de sete entrevistas fenomenológicas com lactantes privadas de liberdade, na unidade prisional feminina do Rio de Janeiro, Brasil. As entrevistas foram realizadas entre novembro 2020 e maio de 2021. Após transcrições das falas, sucedeu-se à análise de conteúdo para o tratamento dos resultados.

Resultados: identificaram-se duas categorias para o valor vital: o valor do vínculo como processo de expansão; a lactante como valor de segurança e proteção para o bebê. Por meio da percepção das lactantes privadas de liberdade, o valor vital identificado atua como proteção ao aleitamento materno dentro do espaço prisional, fortalecendo a saúde da mulher e criança.

Conclusão: ao desvelar o valor vital, observa-se que este está relacionado à vida cotidiana da mãe e do bebê dentro do cárcere. Entretanto, a instituição prisional não satisfaz as reais necessidades vitais das lactantes custodiadas, sendo, então, necessário redirecionar a prática da amamentação no espaço prisional, transformando-o em ambiente legítimo, que valorize os sentidos do ato de amamentar.

DESCRITORES: Enfermagem. Saúde da mulher. Aleitamento materno. Filosofia. Prisões.

EL VALOR VITAL DE LA LACTANCIA MATERNA PARA MUJERES EN CUSTODIA

RESUMEN

Objetivo: comprender las percepciones con respecto a los valores de la lactancia materna para madres lactantes que se encuentran bajo la custodia del sistema penitenciario.

Método: investigación cualitativa y fenomenológica basada en los valores schelerianos, en la que se realizaron siete entrevistas fenomenológicas con madres lactantes privadas de su libertad en la unidad penitenciaria para mujeres de Río de Janeiro, Brasil. Las entrevistas tuvieron lugar entre noviembre de 2020 y mayo de 2021. Después de transcribir los testimonios, se realizó un análisis de contenido para procesar los resultados.

Resultados: se identificaron dos categorías para el valor vital, a saber: El valor del vínculo como proceso de expansión de la lactancia materna; y La madre lactante como valor de seguridad y protección para el recién nacido. A través de la percepción de las madres lactantes privadas de su libertad, el valor vital identificado actúa como protección de la lactancia materna dentro del espacio penitenciario, fortaleciendo así tanto la salud de la mujer como la del recién nacido.

Conclusión: al revelar el valor vital, se observa que está relacionado con la vida cotidiana de la madre y del recién nacido dentro de la prisión. Sin embargo, la institución penitenciaria no satisface las verdaderas necesidades vitales de las madres lactantes que tiene bajo su custodia; en consecuencia, es necesario redireccionar la práctica de la lactancia materna en el espacio penitenciario, transformándolo en un ambiente legítimo que valore los significados de la lactancia materna.

DESCRIPTORES: Enfermería. Salud de la mujer. Lactancia materna. Filosofía. Prisiones.

INTRODUCTION

One of the current concerns in Brazil is the national female imprisonment rate, an alarming fact in the last decades. In the period from 2000 to 2016, the Brazilian female prison population increased 455%; in the United States of America, there was a growth rate of 18%; in China, 105%; in Russia, 2%; and in Thailand, a 14% increase, according to the Brazilian National Prison Department (*Departamento Penitenciário Nacional*, DEPEN)¹. In relation to the Brazilian states, those with the most women deprived of their freedom are as follows: São Paulo (15,104), Minas Gerais (3,279), Paraná (3,251) and Rio de Janeiro (2,254)¹.

Another existing problem is that between 2015 and 2016, Brazilian prisons had a deficit of 15,326 female vacancies and the occupancy rate reached 156.7% at that time, evidencing overcrowding of the prison system. In this same period, in the Brazilian prison system there were 503 pregnant women deprived of their freedom and, of these, only 269 were in appropriate places;¹ thus, many children did not receive care from their mothers during this period, as most of the Brazilian prison units were not adapted to meet the needs of this population segment²⁻³.

In the perspective of better health conditions, the Brazilian population deprived of its freedom was contemplated with Law 13,769/2018, which replaces pre-trial detention with house arrest⁴. However, despite women enjoying these rights, many do not receive such benefits. Therefore, within the prison environment, there are still nursing mothers breastfeeding their children, thus turning breastfeeding into a relevant topic for the health of women and children living in Brazilian prisons⁴⁻⁵.

Thus, imprisonment of pregnant women is a serious global problem, which is not only present in the Brazilian State, but in the entire world context, especially for African-American women, with real problems of maternal and child care and inadequate facilities⁵.

There is an urgent need for a policy that adopts a public health approach⁴⁻⁶, for better indicators and results in women's reproductive health care. Physical, mental and emotional health support for pregnant/puerperal women deprived of their freedom and their children needs a maternal and child health policy that promotes qualified and safe health care and for reproductive rights, such as support for nutrition, daycare services and Breastfeeding (BF)^{5,7}.

Breastfeeding is a woman's right in any circumstance, including those deprived of their freedom⁸, and mother-child separation is a serious violation of human rights, as well as it causes significant emotional distress to the woman and the newborn⁹. In this sense, investigating the field of breastfeeding is indispensable, as there is lack of research studies on BF among women in the prison system⁸⁻¹⁰. In addition, understanding the point of view of the values of women deprived of their freedom is an affirmative initiative for BF promotion, protection and support in prisons.

Therefore, it is indispensable to understand the values of BF by women deprived of their freedom in the prison system, considering the Schelerian philosophical understanding, from appreciation of the care expressed in the orality of women in relation to breastfeeding. For a human being, value is only worth when what is experienced makes it possible to meet an existential need, the needs of life¹¹⁻¹². On the path to understanding the values engendered by women who breastfeed their children in prison, it is necessary to unveil the BF act in their everyday lives¹³⁻¹⁴. Thus, the following guiding question was used: which are the meanings attributed by the nursing mothers in relation to breastfeeding in the prison system?

Considering that breastfeeding is a value in itself and that the breastfeeding act goes beyond the biological field, interconnecting the psychological, emotional, social and cultural factors for its success, this study aimed at understanding the perceptions of the values of breastfeeding for nursing mothers under custody of the penitentiary system.

Thus, the study will provide health professionals with knowledge related to the values for BF, encouraging its promotion, protection and support within the prison setting and respecting the experience of each woman/mother, always developing strategies for comprehensive care associated with current public health policies.

METHOD

This is a descriptive-exploratory research study with a qualitative approach and of the phenomenological type, which sought to unveil the vital values of nursing mothers about breastfeeding in the prison environment, from the axiological dimension of Schelerian thoughts¹¹. This philosopher built an ethics based on values that, *a priori*, are emotional intuition objects, which can also be perceived by material realization; consequently, human beings value everything that meets the human need¹².

Thus, the phenomena occur through phenomenological experience, through what is lived, in which human needs are apprehended, which are far beyond the understanding that breastfeeding is simply putting the infant to the breast and that good results will be achieved in the breastfeeding act. However, this is not the case; *a priori*, BF is conceived by feeling, as well as by the desire to breastfeed¹³. The perception of being in the world, herein represented in BF care, enables access to the values, which are grounded in one's own feelings. The values are hierarchized into categories, in increasing order: 1) useful values; 2) vital values; 3) spiritual values, which include aesthetic/moral, ethical and intellectual (logical) values; and 4) religious values¹¹⁻¹². To ensure quality of the study writing style, the criteria presented in the *Consolidated Criteria for Reporting Qualitative Research* (COREQ)¹⁵ were adopted, aiming at quality and transparency in reporting qualitative research in health.

The research was carried out in a women's prison unit located in Rio de Janeiro, Brazil, under management of the State Secretariat of Penitentiary Administration of Rio de Janeiro (*Secretaria de Administração Penitenciária do Estado do Rio de Janeiro, SEAP-RJ*). The private unit specifically for women to breastfeed their infants is called Maternal-Child Unit (MCU) and has twenty vacancies. The research took place between November 2020 and May 2021 and, during the interview period, many pregnant and nursing mothers were granted the benefit of house arrest, and only the seven breastfeeding women who were deprived of their freedom and were breastfeeding in prison participated in the study. There were no refusals regarding participation.

The women that met the eligibility criteria were invited to participate in the research. The inclusion criteria were as follows: women who were breastfeeding in prison; nursing mothers who were serving time in the Maternal-Child Unit (MCU); and nursing mothers who were physically and mentally able to participate in the research. Thus, the following exclusion criteria were established: if for some judicial reason, the nursing mothers were prevented from participating in the interview; women transferred to another prison unit; and breastfeeding women promoted to the semi-open regime or in freedom or under house arrest.

One of the main tools for approaching phenomena is the phenomenological interview¹⁶⁻¹⁷, which enables access to the meanings attributed by the study participants. The interviews were initiated with objective questions about the participants' characterization (age, self-reported ethnicity, marital status, schooling, occupation, family income, reason for the arrest, previous arrests, being pregnant at the time of the arrest, being on trial, conviction time, having attended prenatal care, and having received BF guidance). Subsequently, the following triggering question was asked: "Tell me about breastfeeding in prison". In this way, it was sought to apprehend the values manifested by the breastfeeding mothers.

The interviews were conducted in an external space, within the same MCU, in order to ensure privacy to the interviewee and reduce noise and interruptions. The nursing mother, the researcher and a prison guard, who kept distant, but in the same place, were present. This presence was a condition

for conducting the research. Even with the presence of a third party and the empathic relationship between the researcher and the participant, the interview was carried out freely, with the intention of obtaining the nursing mothers' perceptions, having the attitude of a listener and, at the same time, a stimulating posture, so that when the need to obtain more information was felt, the interviewee was asked to talk more about the subject matter in question¹⁷.

The interviews were developed at a single moment with each participant, lasting a mean of 60 minutes. The statements were noted down in the interview booklet during the nursing mothers' testimonies. Use of resources for recording and filming the participants was not authorized by the prison management. After the interview, a verification session was held with the participant, with reading of the statements apprehended, thus validating the content recorded from the oral to the written discourse. After this process, the statements were categorized to initiate data treatment, based on content analysis¹⁸.

Data organization was initiated with a pre-analysis of the meanings described in the seven interviews, a moment in which a floating reading of each interview was carried out, choosing the relevant and representative elements. After this process, exploration of the material was carried out, in which coding interventions were made, relating the nursing mothers' statements in order to categorize them¹⁸. In this stage, the following meanings were identified: bonding, affection, family, value, lactation/breastfeeding, safety and protection. In the final phase of the treatment, interference and interpretation of the results, the units of meaning were identified, the constructive elements were categorized, and the meanings were regrouped based on the *non-a priori* categorization, which emerged by means of the context of the participants' answers, which were the basis for elaboration of the categories: 1) The value of bonding as a breastfeeding expansion process; and; 2) The nursing mother as a safety and protection value for the infant.

The research was initiated after approval by the Research Ethics Committee of the Antônio Pedro University Hospital, belonging to *Universidade Federal Fluminense*, in consonance with Resolution No. 466/2021, which sets forth the guidelines for research studies conducted with human beings. Likewise, approval by Secretary of the State and Penitentiary Administration was required to conduct the research. Voluntary participation was ensured by signing the Free and Informed Consent Form (FICF). In order to preserve the interviewees' anonymity, they were assigned alphanumerical codes (NM1, NM2, NM3, ...NM7).

RESULTS

Among the participants, there was predominance of young women, with six participants aged between 20 and 25 years old and one aged over 35 years old. They were from Rio de Janeiro, with six participants self-declaring as brown-skinned and one as black-skinned. In relation to schooling, four had not finished Elementary School and three had incomplete High School. They were single, six of them had a partner and one did not. Their professions were as follows: manicures (2), hairdresser (1), nanny (1), seamstress (1), saleswoman (1) and waitress (1). There were four participants with family incomes of less than one current minimum wage, base year 2021 (R\$ 1,192.40), while for three, income was up to one minimum wage.

For three interviewees, the reason for the arrest was trafficking; theft for three; and homicide for one. One of them was not pregnant when she was convicted. Regarding previous convictions, four participants had already been in prison and three had never been convicted before. Five participants were not tried and two had a conviction; these latter with less than two years of conviction. When in freedom, four initiated prenatal care in the Rio de Janeiro municipal public network and three did not do so, starting it within the prison system. Regarding the breastfeeding guidelines, five participants stated that they had received guidance on breastfeeding in the MCU, and two had not received

guidance on BF. In relation to guidance about breastfeeding, four of them stated having received it from the health professionals and one, from the MCU nurses.

The results of the data treatment process were discussed based on Schelerian thoughts, relating them to the National Breastfeeding Policy, as the scientific literature regarding breastfeeding in the prison system.

The value of bonding as a breastfeeding expansion process

Breastfeeding should be initiated as early as possible after birth, as a way to strengthen the bond between mother and child and to contribute to breastfeeding initiation and maintenance. The mothers deprived of their freedom experienced the value-related conception for the expanded affective bond, when breastfeeding their children, immediately after birth in the health care units that assisted them during delivery, according to the following statements:

[...] The first feed was cool, the best sensation, I was afraid, I was shaking a lot, nobody understood a single thing [...] (NM1).

[...] It was really good to breastfeed, the nurses, in the hospital, they helped me take care of the child, to breastfeed, they came to help me any time. At the third day, my breast was full [...] (NM7).

Breastfeeding is a protective factor for the health of both mother and child and this practice must be encouraged; however, for breastfeeding to be successful, responsibility must be shared between the woman, the family, the health professionals and society. Nevertheless, in the prison unit, for nursing mothers the breastfeeding practice is something exclusive to women 24 hours a day, which ends up expanding the value for the affective bond between the mother-child dyad.

[...] I feel fine, I love breastfeeding, she doesn't bother me at all. I sleep with her, I breastfeed her whenever I want, she's 24 hours with me. The bad thing is to be stuck 24 hours with your child, I'm used to it, I like it, I used to do it before. She has to be close to me all the time. If she sleeps, I stay with her. And I do stay with her, I don't let go [...] (NM3).

[...] It's very sad, there's the 24-hour affective bond, but it isn't good here, we need house arrest [...] (NM4).

In this logic, in the prison institution studied women had all the exclusive time to breastfeed her infants; therefore, the nursing mothers deprived of their freedom felt very responsible for their children's life and created a world that was only theirs and the infants', in which the value for the bond as an expansion process occurs.

[...] I don't like to bother, it's very annoying. I take a shower, eat, go to the bathroom, everything with her, so that she stays quiet and doesn't bother people. You can't bother anyone here to stay with your child [...] (NM2).

[...] I don't like to leave my baby with anyone, here you take a shower, eat with your baby, I don't like to leave my baby on the lap of people I don't know. People want to hold the baby, I'm afraid they will let baby fall. Everyone in my family spreads alcohol gel on their hands before holding the baby [...] (NM5).

Various hormonal changes took place during puerperium; the interviewed women felt insecure, tired and anxious. Thus, nursing mothers deprived of their freedom experience mood changes directly with their children, in which feelings are transferred to the offspring, showing how the value of the bond between mother and infant is expanded in this environment.

[...] *Mothers get really tired here, in despair. Jail weighs on me, the child pays for the stress, depression and despair. The child feels that I have no patience [...]* (NM4).

[...] *I suffer with the separation from my other children, I feel very anxious, I cling to the baby, to make up for the absence of the others. I feel very sad [...]* (NM6).

The right that these women have to stay with their children until the sixth month of life increases the expanded bond between the mother-baby dyad and contributes benefits to the woman's and the child's health, perpetuating the value of the bond, according to the Schelerian conception.

[...] *I have the right to breastfeed up to six months, I have this right, if you don't want to breastfeed, you can call someone in the family, but it doesn't cross my mind. Unless I had a high sentence, I want to breastfeed [...]* (NM5).

[...] *Give birth and deliver the baby to the family, I don't agree with this. It is better to stay with me until six months, for me, I only breastfeed, I like to breastfeed, I like the child, I want to stay with my son [...]* (NM6).

The nursing mother as a safety and protection value for the infant

The breastfeeding mothers in the prison unit recognized themselves as a safety value for their infants, as they protect them during breastfeeding. The statements show that nursing mothers who are deprived of their freedom are protectors and need to be healthy and available for the breastfeeding practice:

[...] *The woman has to eat well to have enough milk, I have thick milk, first it was yellowish, then it was white. I want my baby to be really chubby, the cutest in the world. I dreamed a lot with him, I talk a lot to my baby [...]* (NM3).

[...] *I'm moved, it's very good, nice to give the breast, I love to feed my baby, I'm giving her health, I give her the breast whenever she wants [...]* (NM7).

Although the participants acknowledge that they offer safety with breastfeeding and, consequently, protect the infants, there are some barriers that compromise these women's physical conditions in the breastfeeding practice, and they objectively stated that they wanted to face them in order to continue protecting their children, manifesting their own feeling for the value as BF safety.

[...] *I really want to breastfeed, I will make it, but I think my breasts don't produce milk, sometimes they fill up, my children have always cried with hunger! My breasts are shriveled; I think they don't produce enough milk [...]* (NM2).

[...] *A lot of pain! It injured my breast; I want to breastfeed until about nine months. I don't want a one-year-old clutching to my breast, this is ugly. My baby's going to drink water, I'm going to make him eat anything. I want to go out, to do everything with him in the street [...]* (NM3).

Breast milk consolidates a the protection value in the biological field for the newborn's health, and the decision of whether or not to breastfeed is not the woman's; it is one of the norms imposed by the prison system. The nursing mothers deprived of their freedom feel responsible for offering their children safety and want to breastfeed them to protect them but, at the same time, doubts arise in relation to breastfeeding.

[...] *I only give the breast, I wanted to give water, the pediatrician didn't let me, if I were outside I would give, not here! He's still a baby, he doesn't need anything else. I'm going to give him water and juice when he's five months old [...]* (NM).

[...] I think it's good to breastfeed, it seems that the bottle nipple is easier, I want to breastfeed until the baby is six months old. I have a lot of milk, I'd like to donate it, because many mothers don't have any, the breasts burn from so much milk, I take a little before giving it to the child, because otherwise he chokes. Absorbent doesn't work, I put one on each breast and even then it leaks [...] (NM6).

DISCUSSION

The pure essence captured by the phenomenological description occurred due to emotional intuition, which the philosopher states as values¹¹. The vital value is perceived by the emotions, being a value for the affective aspect that constitutes a vital factor that is worth for life, it is related in the sphere of the good and well-being of the person-nursing mother, subordinated to the noble and vulgar. For continuity of the phenomenon-value of breastfeeding in prison by axiological understanding, in the dimension of Schelerian values, the vital value is established in the mother-child relationship, being unveiled in the well-being and safety field, which is promoted to the value of the expanded bond related to the prison and as a protective aspect of BF.

The expanded bond value occurred through an object of phenomenological experience, captured by emotional intuition, experienced by the nursing mothers in the prison unit and arising from establishment of the expanded bond, caused by the very limitation of the prison, which women set up for breastfeeding.

In this way, the person always seeks, from values, to meet the needs of life, with fulfillment of needs, searching for the purpose of fullness of life itself, which is always in a constant process of transformation¹⁹. Thus, nursing mothers deprived of their freedom need to satisfy their own needs to expand their lives and experience the value of the mother-child bond in their everyday lives. This is because being a mother in the prison setting establishes an expanded relationship that arises from the life situation imposed on them by the prison. In this way, the bond value in prison is amplified when the woman breastfeeds her child, as life for her inside prison becomes a world specific to her and to her newborn^{11-12,14}.

BF is promoted since birth, one of the factors for strengthening the bond between mother and child^{13-14,20}. The World Health Organization (WHO) establishes that early and uninterrupted skin-to-skin contact between mothers and newborns should be facilitated and encouraged as soon as possible after birth, in addition to being supported in the first hour after birth, such as receiving guidance for establishing BF and enabling identification of the breastfeeding difficulties²¹. Thus, there is conformity with the National Policy for Breastfeeding Promotion, Protection and Support as to the recommendation of feeding in the first hour and skin-to-skin contact to promote bonding and BF.

Breastfeeding in the prison unit for nursing mothers allows for a 24-hour exclusive BF practice, which exerts a positive influence on the value for the mother-child bond and for successful breastfeeding. It is noted that BF is an authentic phenomenon of the bond, which favors an affective perception of the other: the child. This condition is the first fundamental aspect of love, as established by the philosopher, as the love promoted searches and discovers values in this relationship in BF, in which the feeling of loving the person accomplishes its own self to reach fullness of the value it embodies¹¹⁻¹². However, it is mentioned that the only existing relationship within the prison setting is the one that occurs between the woman and the child. Thus, the environment negatively interferes in breastfeeding when it imposes this practice in a mandatory manner, being a way to punish motherhood in this space³. One of the obstacles for nursing mothers in the breastfeeding practice is the issue of the changes caused in everyday life, in addition to idleness, which can interfere with the woman's mental health, causing early weaning²².

In the prison context, nursing mothers experience caring for her children day and night, all the time, requiring availability and taking responsibility for their newborns. However, it becomes necessary that nursing mothers enjoy the right to expand this bond with their families, even with health and security professionals²³, in order to promote women's support for breastfeeding. In addition, there should be initiatives for complementary activities that can support and protect women's health and, consequently, interfere positively in the breastfeeding practice in prison²².

Thus, the value of the Schelerian bond is imbricated to the act of breastfeeding the child in prison. This appreciation corresponds to the founding experience of the living being, as the person-nursing mother is a value being, implied in being with the other and on the founding existence of humanity¹¹. In this way, the symbolic act of breastfeeding permeates this bond, which is within the prison context; this affection connects the self to the affective value in this relationship between mother and child, being a unique experience of the human being that breastfeeding provides, despite the feeling of responsibility and need for support for this practice in prison^{8,10,20,23}.

It is mentioned that, although there is 24-hour dedication to the child, this is something imposed by the prison system and the woman needs to adapt to the situation in order not to suffer penalties²⁴. However, in the prison environment, nursing mothers develop a greater bond with the newborns, with a reflection of the past in relation to previous experiences as a mother²⁵. This fact was observed in this study, when the breastfeeding women expanded the bond with their newborns to ease the feeling for the other children who were not with them.

Even in the face of the difficulties found by the nursing mothers in this environment, they unveiled that the breastfeeding phenomenon causes an expansion of the value of the bond between them and their children, as experienced in this everyday life; thus, breastfeeding women do not want to be separated from their infants. Consequently, the philosopher's thoughts are unveiled:¹ love is the path to discover values and manifests its peculiar essence. Motherhood inside prison should be exercised and protected in an egalitarian manner, with social equality and justice⁵, understanding that the best option for these women would be to create an alternative sentence and that BF should be experienced outside the prison setting, for the benefit of the health of both women and children^{8,10,20}. The alternative sentence is determined by Law N°.13,769 of December 19th, 2018, but if a nursing mother does not fit into the legal provisions, the expanded bond with breastfeeding will be interrupted when the child reaches six months of age, and this separation can cause harms to the breastfeeding women's physical, psychological and mental health²².

To achieve the goals and success of breastfeeding, it should be maintained until the age of two years old or more, as recommended by the WHO²⁰⁻²³. Thus, in the Brazilian penitentiary system, separation between mother and child occurs at six months of age. A study reports that weaning is initiated before six months of age and that pacifiers are still encouraged²⁶. However, from birth to two years old, the bond with the child needs to be sustained on solid bases to achieve healthy individuals, according to the biological, emotional and social spheres.

In this way, the value of the expanded bond, caused by deprivation of freedom, refers to thinking about the valued act of love, which transcends the concept of humanity, being totally original to human beings. In the Schelerian conception, love is something directed towards the other as the bearer of unique and exclusive value, where value is something spontaneous¹¹.

When perceiving or grasping a value in a purely intuitive way, that is, the value of every acquisition that refers to a want or desire to obtain the desired object, there is an act of consciousness that intuits the value toward the desirable¹³. The value of life produces the need for safety and protection, when the nursing mother herself is placed as one of the vital values contributed by breastfeeding, towards the safety and protection process for the success of breastfeeding. This vital value of BF is universal, where the child needs food for protection, as basic elements for life¹³.

Breastfeeding in the prison unit promotes the vital value unveiled for the safety and protection value. The breastfeeding act is expressed by the meaning not only for biological protection that breast milk has as food composition, but also by the maternal feeling of protection: that person who provides the total safety that the child needs, having this real role in breastfeeding¹³. These values are desired by all societies, which ratify customs, cultures and life concepts that make it possible to guarantee them, especially in the benefits of BF for the nutritional field. These feelings of the nursing mothers deprived of their freedom bring about the “duty” of protection and responsibility, with the perception of appreciation as holders of this care and protection²⁵.

For these women to achieve the full value of safety for their children, they want to be empowered in the breastfeeding practice. However, the breastfeeding mothers showed insecurities and a number of questions regarding breastfeeding. For this reason, there is a need for interventions by health professionals, especially nurses, to strengthen the bonds and needs of these women and children, making it relevant to reduce barriers and ensure positive factors for the success of BF in the prison setting.

Therefore, it is necessary that promotion of breastfeeding is adopted as an important strategy for successful BF. The health professional should provide guidelines in order to promote new thoughts and clarifications^{8-10,13-14}. All milk produced by a nursing mother is capable of satisfying her child’s needs²¹⁻²⁷. In addition, breast milk is the main tool for child growth and development¹³⁻¹⁴, inhibiting infant mortality and problems related to this period, such as respiratory and diarrheal syndromes²³⁻²⁴. It is necessary that breastfeeding women understand the importance of breast milk and its value as safety for the protection of their children, especially in the prison setting.

Health professionals have this opportunity to promote, protect and support BF¹³. Nursing mothers deprived of their freedom should receive the necessary support for actions recommended by the National Breastfeeding Policy, with informed choices that contribute to the BF practice, ensuring social equality and justice^{7,28}. Educational actions on breastfeeding should be implemented, and they exert a positive influence on the breastfeeding practice in the prison setting. This institutional understanding goes through the appreciation of BF beyond the biological factor, in which different factors are provided to achieve its success, with training of the multidisciplinary team to provide promotion, protection and support for breastfeeding and for the needs of women and children in an integral manner, with social equality and justice.

Thus, breastfeeding as a value for the life of women and children in a prison setting is established in this experience, where in this propitious encounter, its establishment for guaranteeing protection of the child resides in the nursing mother. The philosopher¹¹⁻¹² asserts that the value as something intuitive is contemplated with emotional intuition itself, which is established in the essence of the person – the phenomenon of breastfeeding in prison – where, even if inherent to a space that favors insecurity, they establish a link that perpetuates senses for protection and safety, values of a promising BF practice in prison. This breastfeeding act expresses the act of love for the other and evaluative connections are established in it to guarantee protection, whether from the biological and nutritional factors or another factor congruent with breastfeeding, such as personal, social or cultural. The breastfeeding act is a protective essence of the nursing mother¹³⁻¹⁴.

Thus, the breastfeeding experience was not only perceived in the field of action and in guaranteeing nutrition to the child, but also in the interaction with the newborn, which expands and reflects on the other dialogs of life, bringing about perceptions and constant changes throughout the course of this experience.

The study limitation was the fact that it portrays the unique reality of a prison unit in the state of Rio de Janeiro, with a reduced number of participants established there, precluding generalizations.

CONCLUSION

The nursing mothers deprived of their freedom revealed meanings about breastfeeding and unveiled particular needs when breastfeeding their children in prison. With the grounds anchored in the phenomenology of Schelerian values, this intertwines and establishes value for life, conferring health and well-being to breastfeeding. These values are based on the value of the mother-child bond and on the protection of breastfeeding.

Thus, the values established in the experiences of women in prison, an environment that does not meet the nursing mothers' needs, contribute to breastfeeding failure. There is an urgent need for strategies that ensure successful breastfeeding, especially with BF promotion, protection and support actions.

Maintenance of the bond established by the public policies in the field of breastfeeding, with exclusive BF until six months of age and complementary BF until two years of age, becomes essential for the health and protection of children who are with mothers deprived of their freedom, who do not advocate these recommendations. It is necessary to rethink and act towards the nursing mothers' and infants' needs.

The indispensability of studies related to breastfeeding in the prison system is reiterated, especially in Brazil, as research studies anchored in the experiences of nursing mothers, health professionals, security professionals and managers, enhance strategies for the expansion of discussions about the pregnant-woman-nursing-mother in the prison setting, especially for the success of breastfeeding.

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CONFLICT OF INTEREST

There is no conflict of interest.

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