



Influence of grandmothers on infant feeding: what they say to their daughters and granddaughters*

Influência das avós na alimentação de lactentes: o que dizem suas filhas e noras

Influencia de las abuelas en la alimentación de lactantes: lo que dicen sus hijas y nueras

Fabiana de Medeiros Gross¹, Isabel Cristina Pacheco Van der Sand², Nara Marilene Oliveira Girardon-Perlini³, Fernanda Beheregaray Cabral⁴

ABSTRACT

Objective: To identify practices of primiparas about infant feeding of infants learned from the mother and/or grandmother. **Methods:** This was a qualitative, descriptive research study. The subjects were 11 primiparas, who used the Unified Health System of Palmeira das Missões/RS. Data were collected through semi-structured interviews and analyzed using thematic analysis. **Results:** Three themes emerged: practices of infant feeding transmitted by grandmothers; influence of grandmothers on infant feeding; feelings of primiparas in regard to the actions of grandmothers on infant feeding. **Conclusions:** The grandmothers are important with regard to the transmission of knowledge, wisdom and experiences related to infant feeding. For nursing care focused on the subjects' autonomy and responsibility that involves cultural congruence, the nurse should consider that the interactions of the family group, in its dialectical movement, modulate and are modulated by their culture.

Keywords: Breast feeding; Culture; Family; Nursing; Infant nutrition

RESUMO

Objetivo: Identificar as práticas de primíparas sobre a alimentação de crianças lactentes aprendidas com a mãe e/ou sogra. **Métodos:** Trata-se de pesquisa qualitativa, do tipo descritiva. Os sujeitos foram 11 primíparas, usuárias do Sistema Único de Saúde de Palmeira das Missões/RS. Os dados foram coletados por entrevista semiestruturada e analisados por meio da análise temática. **Resultados:** Emergiram três temas: práticas de alimentação transmitidas pelas avós; influência das avós na alimentação do lactente; sentimentos das primíparas em relação às ações das avós relativas à alimentação do lactente. **Conclusões:** As avós são importantes no que diz respeito à transmissão de conhecimentos, saberes e experiências relativas à alimentação do lactente. Para que a assistência de enfermagem privilegie a autonomia dos sujeitos que envolve corresponsabilidade e congruência cultural, o enfermeiro deve considerar as interações do grupo familiar que, em seu movimento dialético, modulam e são moduladas pela cultura.

Descritores: Aleitamento materno; Cultura; Enfermagem; Família; Nutrição do lactente

RESUMEN

Objetivo: Identificar las prácticas de primigestas sobre la alimentación de niños lactantes aprendidas con la madre y/o suegra. **Métodos:** Se trata de una investigación cualitativa, de tipo descriptiva. Los sujetos fueron 11 primigestas, usuarias del Sistema Único de Salud de Palmeira das Missões/RS. Los datos fueron recolectados por entrevista semiestructurada y analizados por medio del análisis temático. **Resultados:** Emergieron tres temas: prácticas de alimentación transmitidas por las abuelas; influencia de las abuelas en la alimentación del lactante; sentimientos de las primigestas en relación a las acciones de las abuelas relativas a la alimentación del lactante. **Conclusiones:** Las abuelas son importantes en lo referente a la transmisión de conocimientos, saberes y experiencias relativas a la alimentación del lactante. Para que la asistencia de enfermería privilegie la autonomía de los sujetos que involucra corresponsabilidad y congruencia cultural, el enfermero debe considerar las interacciones del grupo familiar que, en su movimiento dialéctico, modulan y son moduladas por la cultura.

Descriptores: Lactancia materna; Cultura; Enfermería; Familia; Nutrición del lactante

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¹ Nurse, graduated from the Nursing course of the Universidade Federal de Santa Maria, Centro de Ensino Superior do Norte do Rio Grande do Sul - UFSM - Santa Maria (RS), Brazil.

² Master in Nursing, Professor of the Nursing Department of the Universidade Federal de Santa Maria/Centro de Ensino Superior do Norte do Rio Grande do Sul - UFSM - Santa Maria (RS), Brazil.

³ PhD in Nursing, Professor of the Nursing Department of the Universidade de Santa Maria - UFSM - Santa Maria (RS), Brazil.

⁴ Master in Nursing, Professor of the Nursing Department of the Universidade Federal de Santa Maria, Centro de Ensino Superior do Norte do Rio Grande do Sul - UFSM - Santa Maria (RS), Brazil.

Autor Correspondente: Isabel Cristina Pacheco Van der Sand

R. Angelo Strapazon, 310 Centro - Ijuí - RS - Brasil

Cep: 98700-000 E-mail: isabelvan@gmail.com

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INTRODUCTION

The ideal food for infants of up to six months of life is breast milk exclusively. And up to, at least, two years of age, breast milk should be given in combination with other foods⁽¹⁾. Therefore, in this article, when the word “infant” is used, it is related to children under two years old.

Based on this understanding and on the fact that eating habits are determined by culture, and initially by the family, a question emerged: does the family influence on the infant’s eating habits? If so, how does it do it, especially the grandmother?

Culture refers to a set of guidelines that are inherited by individuals who are part of a particular society. It influences on the way individuals see the world, how they experience it emotionally and how they behave towards other people, and in relation to supernatural forces and the natural environment. It is similar to an inherited “pair of glasses” through which individuals perceive, understand the world, and learn to live in it⁽²⁾. In addition, “it provides a way to convey such guidelines to the next generation - through the use of symbols, the language, art and rituals”⁽²⁾.

Based on the understanding that culture and human behaviour influence each other, and that nurses must understand their clients’ vision of the world, beliefs, values and customs to better communicate with them⁽³⁾ it seems important to address factors that influence women’s decisions regarding feeding their children.

The experience of breastfeeding a child is one of the elements that influence the process of feeding the others. The concern about the child’s health, how easy it is to breastfeed, the use of lactagogue/galactagogue foods, beliefs transmitted by family members, and the mother’s education are factors that contribute to breastfeeding⁽⁴⁻⁶⁾.

The use of pacifiers, access to private healthcare services, primiparity, mother’s age below 20, use of tea on the first day at home, introducing the bottle despite the fact the human milk composition is superior, hypogalactia, and breast complications presented by the mother are factors that contribute to weaning, which sometimes occurs before one year of age⁽⁵⁻⁹⁾. The more years of education mothers have, the worse breastfeeding rates will be, for it facilitates the integration of women in the market place, favouring early weaning⁽⁸⁾.

With regard to social factors associated to breastfeeding, it is worth highlighting the family role. Some studies see their influence as positive, that is, when older relatives - especially the mother or mother in law, due to their experience and the meaning breastfeeding has for them - support the new mother facing any problems she might have with breastfeeding^(5,10).

On the other hand, the family may also influence early

weaning for not believing in the quality and nutrients breast milk carries. Family members, including grandparents, tend to advise on the use of teas, water and/or other types of milk, usually offered through a bottle^(7,9,11). Therefore, the role of grandparents in the transmission of knowledge about infant feeding, and their consequent influence on its outcome varies according to the context, family, social and cultural environment in which mothers live.

Understanding the cultural meanings of healthcare practices within each family - among which are infants’ feeding practices - is important to guide healthcare professionals, especially those dealing with nursing mothers, infants and families, so as to better understand the health-disease process, and implement actions that go beyond mere remediation⁽¹²⁾.

Thus, based on the above mentioned about the infant’s feeding problem and the factors that influence it, the present study general objective was to identify primiparous practices with regard to their infants’ feeding and habits inherited from grandmothers* (mothers and/or mothers in law). Its specific objectives are identifying grandmothers’ actions in relation to infants’ feeding from the primiparous perspective, identifying their feelings regarding the grandmother’s feeding actions, and discovering the influence of grandmothers over infants’ feeding habits.

Because the present research is related to aspects of cultural heritage on infant feeding it employed, as a theoretical reference, the works of an American nurse with an anthropology background, creator of the Theory of Cultural Care Diversity and Universality. For this author, universal care has standards, values and behaviours that are common to all cultures. The diversity of care represents standards and processes that are peculiar or specific to an individual, family or cultural group⁽³⁾.

Considering that cultural differences are greater in number than universal care standards, nursing professionals need to recognize individual standards of health and illness, similarities and differences regarding values, beliefs, and cultural practices, to provide culturally coherent, understanding, and competent care to individuals from different cultures⁽³⁾.

METHODS

The present is a descriptive study, with a qualitative approach⁽¹³⁻¹⁴⁾. The study subjects were 11 primiparous women between 18 and 29 years old, who met the following inclusion criteria: being mothers of full-term infants (37 to 42 weeks pregnancy), living in the city of Palmeira das Missões - RS, and being users of the Sistema

* Whenever the term “grandmother” or “grandmothers” were mentioned, they refer to the primiparous woman’s mother or mother-in-law.

Único de Saúde - SUS (Brazilian Health System), having contact with their mothers and/or mothers in law (born at the study site), and who were discharged after the infants' birth.

Data collection took place in January and February 2010. The first contact with potential collaborators occurred in basic health units that offered the Programa Nacional de Imunização (National Immunization Program). Primiparous that met the inclusion criteria of the study were identified. Among the questions asked at that time, mothers were asked whether they had received guidance from their mothers and / or mothers in law about feeding their infants.

After mothers were identified, the study objectives and methodology were explained. Those who agreed to participate in the investigation received home visits, when data were collected through a semi-structured interview, which was always conducted by the same interviewer, with the following questions: describe your infant's feeding from birth until now. What did your mother and/or mother in law tell you to do regarding your infant's feeding? How do you feel about these guidelines? The interviews lasted an average of 45 minutes. Data were analysed through a content analysis, more specifically, a theme analysis⁽¹³⁾.

Before the interview, subjects signed the Informed Consent Term, in compliance with the Resolution No. 196/96 of the Conselho Nacional de Saúde (National Health Council)⁽¹⁵⁾. The research project was approved by the Research Ethics Committee of the Universidade Federal de Santa Maria, CAAE registration n° - 0250.0.243.000.0-9.

RESULTS

Among the 11 primiparous, six said they were married. Of the unmarried women, three reported they lived with their families. Education ranged from secondary school, to higher education. Seven primiparous reported they had other activities out of their homes.

Through a theme analysis, three themes emerged. They are detailed as follows:

Practices related to infant feeding inherited from grandmothers

Within this theme, it is clear that there is a tendency to focus on breastfeeding. It was the first option in the cultural context studied (children's nutrition), which included recommendations, transmitted from one generation to another, aiming to ensure breastfeeding.

Grandmothers advised their daughters/daughters in law to breastfeed their grandchildren because they believed it was the most suitable option for children's

growth and development. They recommended breastfeeding for as long as possible, for a minimum of six months.

"She (the infant's grandmother) was the one who told me to just breastfeed him for at least 6 months, and not to give anything else, it would be healthier for him. She said that breast milk was a remedy for the child, that it prevents diseases, and provides more immunity. So she was the one who encouraged me to breastfeed him." (Int. 1)

When the primiparous were affected by breast problems, or hypogalactia, grandmothers, while encouraging breastfeeding, helped and guided their daughters/daughters in law to give their infants other foods, such as other types of milk.

"At first, she (the infant's grandmother) insisted that I breastfed, but as she saw that I could not do it, she also thought it would be better that I fed him with another milk." (Int.7)

Exclusive breastfeeding is not a common practice in the studied environment, which, among other factors, uses herbal teas, especially when children are sick. Previous experiments on the use of teas, which are considered positive, influence how the primiparae and grandmothers perceive infant feeding, reproducing actions learned, and culturally inherited.

"Oh, a little something, tea is good, soothing, because she is quite agitated." (Int.5)

Among the practices recommended by grandmothers for a successful breastfeeding, some are also recommended in the scientific environment, such as exposing the breast to sunlight or artificial light (40 W lamp) and to avoid cleaning the breast after every feeding.

"I sunbathed my breast, exposed it to sunlight or [...] My mother, in the first week after the baby was born, she stayed with me and she made me do it, whether I wanted it or not... she made me do it." (Int1)

During lactation, grandmothers are also concerned about the primiparous feeding, considering, among other things, the success of breastfeeding. In this sense, primiparous women are advised to eat certain foods grandmothers consider beneficial for this stage.

"[...] I have always been told to eat grits, very sweet grits, what else ... drink plenty of water. [...] Eat popcorn." (Int. 4)

Care practices aiming the success of breastfeeding are influenced by different people in the cultural context

that the primiparous woman belongs to, they can be her family, people in the professional or popular systems. Professionals and the popular culture seem to be valued and recognized by grandmothers, as long as they do not oppose to them. Such attitude suggests that the validity of the practices developed in these systems is legitimated and transmitted from generation to generation. Considering that, it appears that members of such systems constitute an important reference to the subjects, when they have to deal with situations and decisions regarding health and diseases.

"I applied papaya peel . But it did not work! Maybe it was too strong, there was no way he would not take it[...] A lady who lives nearby, quite old [...], she is a healer, [...], she told me to apply the papaya peel." (Int. 9)

"Oh, a friend of mine who is a nurse at [...], she said that chamomile dressings were very good. The tea bag, you should just moisten it and put it on the nipple. It helped me a lot, along with the ointment." (Int. 5)

Grandmothers' Influence on infants' feeding

Based on what the participants reported, it is possible to observe that grandmothers guided them in relation to their children's feeding, emphasizing that the guidance was generally accepted.

"If I am in doubt, the first thing I do is asking her whether it's good or not, things like that." (Int. 4)

The results of the present study show that primiparous women did not oppose to the advice given by their mothers with regard to feeding their infants. Moreover, not only the mother's mother provided guidance, but also the father's mother, showing that the new mother recognizes the knowledge grandmothers have taking care of their grandchild.

"The one who best looked after her was my mother in law, [...], I was working when she was very little, I only worked in the afternoons, then in the morning I stayed with her and in the afternoon, she stayed with my mother in law. [...] Yeah, she lives next door, then she looks after her [...] Yes, better than I do [...], better than my mother does too." (Int. 5)

On the other hand, agreement is not always reached between the primiparous desires and the grandmother's attitude in relation to the infant's feeding. However, the lack of independence, whether it is financial or emotional, often forces young mothers to live with the infant's grandmothers, and subordinate their desires and beliefs in relation to their infants' care.

"Because, sometimes, it is something I do not want to give

him... and she gives it, sometimes, she (grandmother) is eating something and he (the baby) wants it, and she gives it to him, like chocolate and things like that. [...] She always cooked his soup, since he started eating, so she always cooks his food." (Int. 8)

Primiparous women feelings in relation to grandmothers actions regarding infant feeding

Primiparous women expressed feelings regarding the guidelines they received from grandmothers, saying they brought security and comfort, which is justified by the appreciation of the experience accumulated by these women, who are part of their family environment and culture, and looked after children, whether at work or in their families.

"Oh, I feel safe, feel safer, because she has experience, has raised children before, has cared for many children in the neighbourhood, like the navel and things like that, first bath, so I feel very safe." (Int. 3)

The previous experience of grandmothers is a factor that makes primiparous women feel more secure about feeding their infants, representing the potential feelings they might have during this phase.

"I think everything is worth listening to, it guides you, informs you, I think everything, not only what my mother says, but also what experienced women say, women who had children or work with children. I think all that information and guidance are welcome, it is good learning." (Int. 6)

DISCUSSION

Similarly to the first theme of the present study, an ethnographic research on beliefs and practices concerning infant feeding, conducted with women of lower classes in the northwest region of Rio Grande do Sul, reports that the use of teas to treat colic in infants is a common practice in that cultural setting, and is generally recommended by grandmothers. The study highlights the need for cultural negotiation between providers and users of health services for the purpose of avoiding cultural incongruity and an ethnocentric care** aiming to ensure the guidelines on breastfeeding are followed⁽⁸⁾.

In a study that talks about the use of bottles in the first months of life, the cohabitation with the mother's mother is associated with bottle feeding. It is important to highlight that most grandmothers studied had had children between 1960 and 1980 when breastfeeding was not valued. Therefore, according to the authors, by

** Ethnocentrism occurs when there is an overvaluation of a culture, such as the healthcare system sub-culture, to the detriment of another, ie, the popular subsystem.

recommending the use of teas, water or even other types of milk, grandmothers transmit their own experience to their daughters, what they believe to be the most appropriate⁽⁷⁾.

The results of this study seem to indicate that there is, to some extent, a reproduction of the scientific speech, in other words, there is an acculturation, an appropriation of elements of a different culture, which is generally more powerful⁽²⁾. This may occur as a result of the search for recognition the studied subjects aim to receive from healthcare professionals, here represented by the researcher, who interacted with people in the process of data collection. This trend may be due to a certain "dogmatization" of science to the detriment of other knowledge sources, such as common sense⁽¹⁶⁾, which contributes for some common speeches that are often distant from the everyday practice to be reproduced.

In the cultural environment studied, mothers are stimulated to drink liquids, eat dairy and cereals, with emphasis on the intake of sugary food, which is similar to the results found by a study developed in Maranhão⁽¹⁷⁾. It is worth highlighting that some of these feeding practices are seen in other studies that also have a cultural approach, as potential lactogogue food^(8,10).

Based on this result, it is important to consider that, when providing nursing care to women/nursing mothers and their families, the use of lactogogues, a belief that is based on information culturally transmitted through the relationship mother-daughter-grandmother, significantly supports breastfeeding⁽⁴⁾. Thus, we believe that nurses that aim to support and promote breastfeeding need to respect and support the beliefs of cultural groups they provide care to, in order to contribute to an increased self-confidence of women / mothers, whether they are primiparous or not, which is a key element for successful breastfeeding.

In this context, a study that aims to support the implementation of the Nursing Care Model for women-grandmothers and their families, promoting and protecting breastfeeding in the family life, emphasizes the need for rethinking, sharing, and negotiating cultures, in order to rescue Leininger ideas, which indicate the need to involve the culture negotiation in the decision making about breastfeeding, without any impositions. It is important for nurses to be flexible, and get into different cultures, generating the potential of reframing, without impositions, authoritarianism or paternalism⁽¹⁰⁾.

Although there is no scientific evidence on the effectiveness of certain care practices used by the primiparous women in this study, for instance, using papaya skin in nipple-areolar lesions, some practices are shared between different health systems, which may occur in the professional system due to clinical evidence. It means that nurses, as members of the health care

system need to provide culturally congruent care to people with different cultural backgrounds, they need to understand such subjects' worldview, beliefs, values and customs, including factors that influence and determine the decision making process regarding health and illness. Thus, through dialogue, nurses need to understand the reasons why certain behaviours exist, so that together and in a co-responsible way, they keep, negotiate or change care practices, as recommended in the Theory of Cultural Care Diversity and Universality⁽³⁾.

By tradition, mothers play the role of the eternal guide of her daughter's acts, although her daughter has her own family. This tradition is supported, among other determinants, by the experience of motherhood, which authorizes the grandmother to guide her daughter raising her grandchildren, which includes questions around the infants' feeding⁽⁴⁾. It is relevant to mention that the mother's mother appears to have greater influence with regard to infants' feeding than the father's mother^(7,11), which was confirmed by the present study.

Given the influence of grandmothers on infant feeding, a study aiming to understand the process by which women decide to breastfeed their children or not, found that breastfeeding women are vulnerable to the opinions and advice of people with whom they interact in their environment, mainly to grandmothers, who may have a positive or negative influence. Influence is negative when, due to their own experience and information received at the time they were breastfeeding, grandmothers believe that breast milk is weak, and insufficient, among other things. But in certain cases, grandmothers recognize that they lack information about breastfeeding, and therefore, they stimulate they daughters to breastfeed⁽¹⁸⁾.

The results of the present study verified an association between the decisions made on infant feeding and the fact that some primiparous women live with their original family. In this context, studies that specifically address the relationship between families and adolescent mothers - although this is not the specific focus of the present research - provide evidence to better understand the relationships established within the family, pointing to the existence of ambivalence regarding the benefits adolescents obtain living with their original families after the child is born. On one hand, it would be a way to protect it, fostering a positive and loving motherhood. On the other hand, a complex, unstable and conflicting system is created with regard to care given to the infant. This happens because the division of tasks between the young mother and their parents is not always fair. A better organization would be sharing activities related to the infant, so that grandmothers do not take all the responsibility for the child, or are impeded to get involved with it.⁽¹⁹⁾

This study indicates the importance of the nurse

providing care to the child-mother-grandmother triad, considering family relationships, so that their actions can meet the family dynamics. The transmission of knowledge from generation to generation is valued in the studied environment, indicating that experience is important in the process of caring for a child, where feeding is included, and is also understood as a cultural value, a particular aspect of the culture being studied⁽²⁰⁾. The grandmother's opinion is valued because she is the heir of a cumulative process of knowledge transmission, that comes from her interaction with others and her own experience acquired over the years, making her recognized and respected by members of her primary group and bringing security to the young mother when she feeds her infant⁽¹⁰⁾.

The recognition of such cultural value, evidenced in the willingness to listen and take into account the views of older women, specifically with regard to infant feeding practices, is important to guide the actions of healthcare professionals. In this context, it is relevant to say that beliefs, which are built by social interaction, stand on cultural values and experiences, enabling members of a family to find meanings and attribute sense to situations they live⁽²¹⁾. Such fact may affect decisions about health and disease, including events related to feeding infants.

Based on this perspective, the inclusion of family members, in particular grandmothers, in the context of care is essential, since there is a strong bond between these women and their daughters or daughters in law, especially with regard to the transmission of knowledge, wisdom and experiences. Such bond is expressed through the affection and care given to both the daughter and the grandchild. Therefore, we believe that grandmothers' knowledge and practices on the infant feeding process must be taken into account in the planning and execution of care strategies by healthcare professional in relation

to the woman/mother and the infant.

FINAL CONSIDERATIONS

It was possible to verify through the present study that, in the environment analysed, grandmothers' guidance given to their daughters and/or daughters in law on infant feeding is part of the grandmothers' social role, whose experience is an important cultural value. In addition, breastfeeding is valued by grandmothers.

The daily experience primiparous women shared with their children's grandmothers suggests that family interactions have the potential to directly influence care practices related to infant feeding. Thus, in relation to feeding their children, mothers are able to repeat their mothers and/or mothers-in-law, or do it differently, which on the one hand reinforces cultural traditions and, on the other, provides dynamism to the family culture.

The study demonstrates the importance of including family members, in particular grandmothers, in the context of providing care to women/mothers and infants, since there seems to be a cultural appreciation of the bonds established between these women, who promote the transmission of knowledge, wisdom and experiences from generation to generation. For nursing care to be effective, it has to take into account the subjects' autonomy, and the co-responsibility, besides being culturally congruent. It is important that nurses consider the interactions that occur within the family group, which modulate and are modulated by culture through their dialectical movements.

Finally, it is important to say that this study does not end in itself, but opens other possibilities for new studies that also consider the grandmothers point of view about their interactions with their daughters/daughters, with regard to feeding their grandchildren

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