COLECCIÓN CONOCIMIENTO CONTEMPORÁNEO

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THE SOCIAL ACT OF BREASTFEEDING: SENSE AND REPRESENTATION

LUIS ROBLEDO DÍAZ
Universidad de Valencia
CRISTINA BARREIRA BARREAL
Universidad Católica San Vicente Mártir
EVA CARVAJAL ROCA
Universidad Católica San Vicente Mártir
ROSA FORNES VIVAS
Hospital Católico Universitario La Salud

1. INTRODUCTION

In most contemporary societies, breastfeeding is seen as a natural and necessary maternal activity for the benefit of newborns. Indeed, breastfeeding during the first six months of life is accepted mainly due to its nutritional, immunological, psychological, and financial benefits to the mother and her child. (Asociación Española de Pediatría, 2008; World Health Organization (WHO), 2012; World Health Organization (WHO) & UNICEF, 2017). Nevertheless, breastfeeding rates during the first six months of life are far from those desired (Bonnet et al., 2019; Bovbjerg et al., 2018).

Many variations exist in breastfeeding practices and their meanings. These depend on the historical and socio-cultural context experienced by the mothers and the symbolic constructions present in each group, moment, or place. The social changes in the Modern era, during the 19th and 20th centuries, led to a decline in breastfeeding practices. After the Second World War, the fabrication of powdered milk began. Confidence in scientific developments caused a general acceptance of artificial milk, even by the health authorities, to the detriment of natural milk.

Owing to the concern about the health and nourishment of children, in 1974, the 27th World Health Assembly (WHA) denounced the low breastfeeding rates in several countries. Furthermore, it urged the institutions to apply promotional strategies to address the indiscriminate promotion of imitation milk. The "Policy Paper on Breastfeeding" written by the Nutrition Department for Health and Development of the World Health Organization (WHO) strengthens this idea. They highlighted many factors, such as the false belief that the infant may have to swallow other liquids and solids before six months, which encouraged mixed feeding and the ignorance of the risks associated with the non-exclusive use of breastfeeding.

They also emphasise factors associated with the health system, such as hospital and health policies that do not support breastfeeding, the shortage of skilled personnel, the lack of legal permits, and labour policies protecting breastfeeding after the mother returns to work (Vehling et al., 2018) without forgetting the aggressive promotional marketing of baby formula, powdered milk, and other imitations of the mother's milk.

Nowadays, humanistic analysis number about breastfeeding is very marginal in Spain. Often, it targets its health benefits without thoroughly studying the mother's experiences with exclusive breastfeeding (Calero, 2014; Marin & Gutiérrez, 2017; Müller & Silva, 2009). This study explores this field to understand women's interpretation of breastfeeding based on their experiences and social and cultural contexts (Hjälmhult; Lomborg, 2012). The positive or negative view will be defined by the meanings attributed to breastfeeding: the perception of their health and that of their children, and the support received by the relatives, the professionals and health institutions.

2. METHOD

This study aims to describe the social representation of breastfeeding by a postpartum women group from the "Hospital La Salud" in Valencia, Spain, that have chosen exclusive breastfeeding. We have chosen a

crosscutting and descriptive approach based on the qualitative methodology of in-depth interviews and semi-structured questionnaires.

We considered some essential topics, which included the mothers' emotional fallout resulting from breastfeeding, their ongoing health status, and their social, economic, and occupational context. Besides, we focused on the provenance of the information and the relationship between the mother's well-being and the support from people around them, such as their relatives, partners, institutions, and employers.

2.1. Sample

The study took place between September 2017 and April 2018. We interviewed nine puerperal women admitted to that hospital, aged between 25 and 40, who chose to breastfeed exclusively.

The sampling method was intentional. The criteria included:

- her puerperal condition
- the will to breastfeed as a first option.
- the written consent to the interview
- have had a natural birth without complications.
- not have discomfort or extreme tiredness after delivery.
- the absence of behavioural changes or language disorders that could interfere with communication during the interview.

Six out of nine mothers were married, only one lived with her partner, and two were single mothers, all paid workers. There were no restrictions on the number of previous births, the choice of other feeding options with the first children, their socio-economic conditions or ethnic group.

2.2. Data Collection

After obtaining the Hospital's permission, we started to identify the mothers who had decided to breastfeed and meet the inclusion criteria

in the register of births. Once we had this data, we went to their rooms and informed them about the study and its goals.

After an initial chat with the mothers, in which we explained the legal frame of the interview, their rights and any doubt that arose from them, we agreed on anonymously doing the interviews. We, nevertheless, obtained their consent to record the dialogues for a better analysis. We interviewed the mothers in their rooms.

During the interview, we sought a friendly conversation in a pressure-free environment to gain the confidence and intimacy needed for the mothers to express their opinions better. We aimed to keep an ongoing conversation based on logic, avoiding any disruption due to personal opinions or displays of acceptance or rejection from the interviewer. Furthermore, through the comfort offered to the mothers, we strived to minimise insecurity and fear that could influence their answers. The interview ended when the interviewee and the interviewer agreed that the subject was exhausted.

2.3. Data Analysis

In the transcripts of the interview recordings, we adhered strictly to the forms and previously established linguistic structures. After reading and understanding the mothers' various points of view, we started to draw emerging categories from the information collected. As the categorisation of the results proceeded, we identified new symbolic forms and cognitive elements with evidence related to the defined question.

From each category, patterns were extracted, and each one was compared with all the discursive production. As a result, it was possible to identify the convergences and divergences between the models and the individual narrative of each interviewee.

2.4. ETHICAL PRINCIPLES

The present investigation builds on the ethical principles of the 1964 Declaration of Helsinki (modified on 5 May 2015)

After they were duly informed, all participants signed the Informed Consent for personal data protection, according to the Organic Act 15/1999 of 13 December.

3. FINDINGS

The information about the multiple benefits of breastfeeding received during pregnancy by the interviewed mothers was the reason that persuaded them to choose to breastfeed over another kind of lactation.

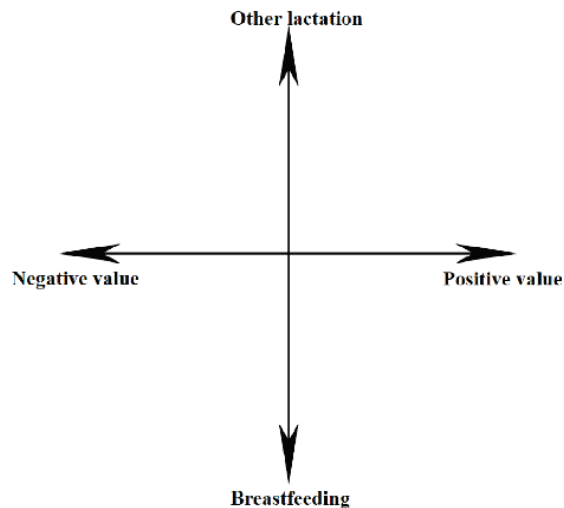
Mothers who had experienced breastfeeding with their firstborns were looking forward to repeating the experience; the rest of them followed the advice of their relatives, friends, and health professionals (especially midwives), journal articles and the web, books that positively described breastfeeding and the information received during classes preparation of childbirth. The last one was the most valuable resource for most of them. They highlighted the emphasis on breastfeeding during the lessons and the helpful advice they received.

Interestingly, they noted the lack of information from their gynaecologist, although they considered their input unnecessary, given the detailed instructions they received during classes preparation for childbirth.

3.1. Breastfeeding value

During all the interviews, mothers reported their perceived value of breastfeeding based on their different experiences. Through our analysis, we found two poles – one positive and one negative, through which the conversation about the types of lactation flows (Graphic 1).

GRAPHIC 1. Social representations of breastfeeding. Value axes.



3.1.1. Positive value of breastfeeding and negative of the other forms of lactation.

Their goal was to satisfy the needs of their infants with better nutrition. Most of them defined breastfeeding as "giving the best to their children", showing their conviction from the beginning of the pregnancy "I had this all figured out from the beginning".

Also, to consider it the perfect nutrient impacting their children's health, they discuss this feeding as a unique experience to create an intimate bond with them. This connection will establish the basis of the children's future personality and pass on their affection and protection, which is impossible with the other types of lactation.

The mothers feel that breastfeeding allows them to be a "good mother" and offers them the most natural and best quality feed for their infants, with an optimal temperature and composition adapted to the infant's needs during the first months of life. In addition, the mothers recognise breastfeeding as the more natural and more comfortable option, which at the same time, they note, represents a significant economic advantage.

> "I'm going to give my child the best I can… while I can, I'll try it (…). What benefits would I've earned? The baby's protection, of course, the first colostrum, which is highly beneficial for his health, his defences… and for me, cause I've been reading that I can lose some weight with, recover me, to protect myself from the chest and ovarian diseases… but, above all, the baby health" (E1)

3.1.2. Breastfeeding's Negative and positive value of other lactations

Several testimonies explain how the process of establishing lactation is challenging and distressing. In other words, they say they feel lost even if they pass nine months preparing their bodies for breastfeeding when push comes to shove.

The most critical problem interviewed mothers reported was difficulty putting the baby in the correct position while breastfeeding. They state that it is not easy to implement the position as shown in the practice classes. In these cases, the baby refuses to breastfeed or does not latch on well, which leads to a painful suction for mothers and even, in some cases, cracks in the nipple.

> "The beginning is hard. The first days, when you don't have the milk coming yet, you've got a lot of breast discomfort, cracks… The hormonal question affects, you are down (…) is tired, you need help" (E5)

> It's a pain that makes you wonder about the way forward, but at the beginning, you were pretty sure". (E9)

Separating a mother and child within the neonatal period, caused by the newborn's or the mother's problems, makes the breastfeeding process difficult. So, it is the opinion of one of the mothers of twins admitted to the maternity ward because of prematurity problems. In tears and distress, the woman describes an arrhythmic pattern in which they just have compressed without pumping milk out of her breast. This fact made breastfeeding, which she always wanted, virtually impossible.

Other mothers remember their children's first months as an exhausting period. Schedules change because of the requirement of on-demand breastfeeding, the sleep hours are sharply reduced, and the responsibility of being available at any time of the day causes them to feel dependent and lonely. By adopting bottle-feeding, they think they can

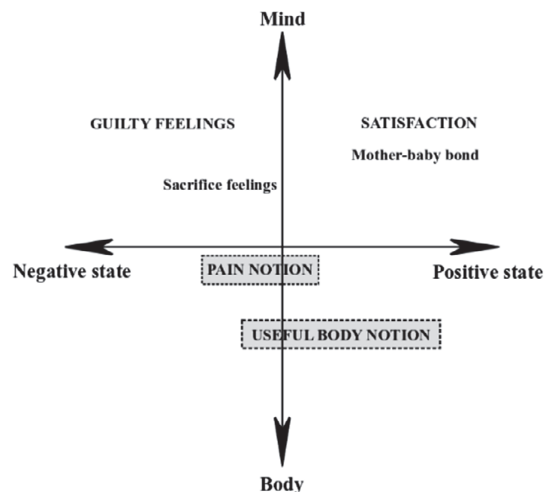
share the task of feeding their children with their partners or relatives so that they can rest or sleep sometime.

> "It's true that there are moments you feel weak, and you say to yourself: you can give the baby the bottle-feeding so you can share it with your couple, and you don't have to do it alone, but for the good of the baby you don't it". (E4)

3.2. Breastfeeding and body

Following the model of the three sizes that make up the Heath Social Representations (Robledo, 2014), we can adapt the notion of health-as-a-state to compose the iconography imagery that interviewed mothers had about breastfeeding in the matter of body and mind. (Graphic 2).

GRAPHIC 2. *Social representations of breastfeeding. Health-as-a-state axes.*



The positive and negative states of the body may be observed in the lower quadrant of the schema. In both of them, we may distinguish two notions, the one of the useful-body, represented as a positive state, and the perception of pain, rerouting the axis, almost wholly, to an unfavourable view.

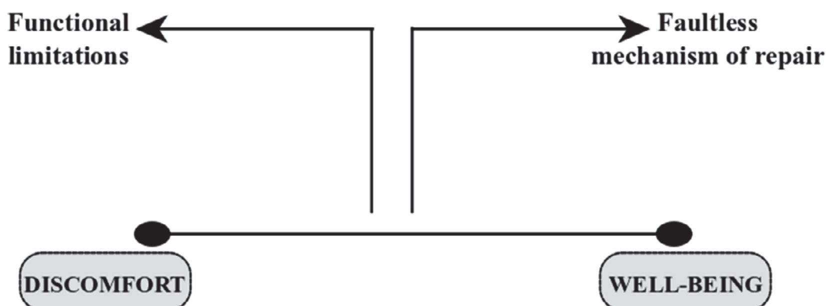
– Useful-body notion: The mothers emphasised that the ability to nurse is one of the positive qualities of their bodies. They are the direct nutrition providers for their children, an issue that reinforces their notion of usefulness. Because of that, their body is evaluated in correspondence with the highly productive value of breastfeeding despite decreased physical performance in other tasks. On the other hand, mothers with low milk production during the first days give a negative connotation of their useful-body notion.

> "I think nobody gives you anything, you have an opportunity, and you must catch it". (E2)

– Pain notion: Within the analysis of the results, we have noted different perceptions of breastfeeding discomfort (Graphic 3). The mothers refer to the damages caused by suction, the breast congestion and the unlike body reactions, positive and negative, arising from this process. Nonetheless, one of these women describes a contrasting view of pain: She says it is valid and defines it as perfect.

> "I am breastfeeding. Actually, it's terrible to feel it shrinks, but it's perfect; it's very natural (…). There are two types of pain, one of them is when the baby has no idea how to suck, and the other one is when you note contractions. However, it's a lovely moment, your connection with the baby… you may feel calm, connection…." (E6)

GRAPHIC 3. *Social representations of breastfeeding. Pain notion.*



With pleasure and love words and the happiness of giving the best food to their children, those women complete the positive interpretation of the pain. The bodily sensations that breastfeeding provides them make them forget the discomfort, thanks to a general feeling of well-being.

3.3. Breastfeeding and the mind

If we observe the top quadrants of the scheme (Figure 2), we may notice the opposing representations mothers give about the mind state during lactation. The satisfaction of being responsible part for the healthy growth of their children can be blurred, at times, by the feeling of guilt when things do not unfold as expected or by the sense of sacrifice due to the physical exhaustion some mothers experience.

From a psychosocial view, the lactation period lived by interviewed mothers is interpreted as a complex female experience where women are subjected to several changes, whose focus is their children's nutrition. Furthermore, in actual practice, breastfeeding was conceived as the moment they would achieve their innermost wishes of providing the best maternal care for their offspring. In most cases, this seemed to reinforce their will to breastfeed. Nevertheless, the mothers also admitted that they still needed inner preparation to reach the state of mind required to deal with this new.

The connection between mother and child is, undoubtedly, the highlight of a positive experience because they express how they live this process. Both parties, the newborn and mother, need mutual care. Breastfeeding satisfies the baby's hunger and puts the baby in contact with the mother's skin, exchanging actions and bodily feelings for both. Most mothers described with satisfaction and joy how gratifying it was seeing their babies sucking, swallowing, and even smiling during breastfeeding. The feeling that they are giving their baby food, protection and warmth is enough for mothers to choose breastfeeding as a first option.

> "The experience is indescribable… [she starts crying], you have had them inside for a long time and can continue with your own body without needing nothing and nobody". (E8)

However, as we have explained before, there were not only positive feelings when they expressed their emotional and physical wellness. That can divert us to the negative axis of the scheme. Words such as “frustrating”, “hard”, “fear”, and “pain” went with the testimonies of the mothers that could not breastfeed. They felt lost and disappointed because they could not live the experience they had heard about many times.

The advantages of breastfeeding, such as offering health guarantees to their infant and helping their growth and development, are enough to make the mother feel compelled to carry out the pressure of “being a good mother” because they are responsible for the development control, morbidity and mortality of their infants. This responsibility will balance the positive and negative aspects of satisfaction and blame.

When breastfeeding is not possible due to the mother’s health or the child’s problems, like a lack of milk production or the impossibility of reaching efficient breastfeeding, even if there are no secondary problems, making it difficult, a guilty feeling appears. A vicious circle of sadness and liability for not feeding their infants as they wished would offset the happiness they should feel because of their baby’s birth.

Again, the dependency that breastfeeding entails creates anxious moments and doubts about whether the mother can continue the practice for an extended period. They express that they sometimes see themselves as a helpful person only when they are feeding their children.

> “It's tough at the beginning, but it's like other sacrifices you do for many other things (…). There are moments when you feel exclusively like a milk cow”. (E6)

3.4. Breastfeeding’s social dimension

What disadvantages do they think they will find during their re-entry into the workforce? What importance do they give to intergenerational advice on nursing or the care received from their partners and family? What is their perception of the support of health professionals? What do they think about educational tools or social and institutional help related to breastfeeding? (Graphic 4)

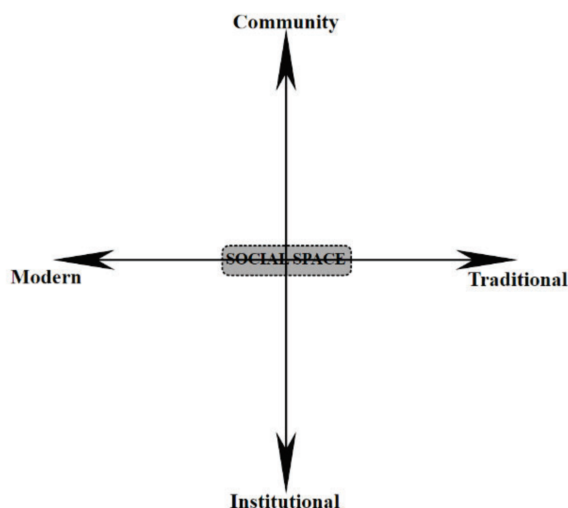
3.4.1. Family and community context versus institutional context

The interviewed mothers agree that their family is essential to the breastfeeding practice. They tell us that in this phase, they highly value the advice and help of their dear ones. They refer to this interaction as a new revealing experience, and the received recommendations help find the way forward.

The father's, or the partner's role, is vital in the stories of these women. They say that their presence and help is an essential pillar that makes breastfeeding possible, and without them, they would be forced to reduce the duration. Furthermore, mothers express that they would very much like to share the breastfeeding experience with them; they feel sad because they know their husband or partner may not sense in their skin all the sensations mothers are feeling now.

> "My husband is always by my side. With the first one, he used to help me too. He changed her, he bathed her, and he prepared her when I had to breastfeed. He tries to participate as best as he can". (E2)

GRAPHIC 4. *Social representations of breastfeeding. Social dimension.*



Unlike those two great foundations, family and partner, the perception of support by friends is different. Although some friends have had an efficient breastfeeding experience and support, others have chosen the bottle-feeding strategy or discontinued breastfeeding early. They dispute the importance of preferring one form of feeding over the other and cite several negative aspects of breastfeeding. Comments such as, "Don't act strong, and if you see you can't do it, drop it", or "don't be so sure it will be something that good" make the mothers feel insecure when the group of friends were their reference and example to follow during this uncertain phase.

Mothers point out that many friends discontinued breastfeeding after a minor problem. Due to their bad experience, they tried to persuade them to quit, stating that breastfeeding does not compensate for the loss of freedom and the pain it contributes to.

> "On the part of my friends, it's a little different. Women expect to be too comfortable sometimes; they say, "I don't want to hurt" or "My breast will droop and will be saggy". (E1)

Cultural and social problems are the new barriers women encounter when breastfeeding in public. They have denounced that people are not used to seeing a mother breastfeeding in public and judge them because they think it is inappropriate outside their homes.

They consider this idea counterproductive for the struggle of women to gain acceptance in a public and active environment, relegating them to their homes. They think it is crucial to assert that it is not obscene to expose their breast to feed their children publicly and that they have no reason to hide when performing such a natural act.

On the opposite, several mothers have acknowledged being demure about this question. They have recognised that they will try to adapt their hours with the aim of not breastfeeding in public. Women with these opinions were first-time mothers, inexperienced in breastfeeding and unsure about it. They have admitted they do not know how to solve this modesty. In the same way, they have argued that they have no problems seeing other women breastfeeding in stores, buses, and

restaurants: they considered each woman's personal decision and respected it, above all.

> "Many mothers appear to shy away from dealing with breastfeeding in public and, sometimes, when you are going to breastfeed, they look at you as a weirdo. It's not standard, so I think the educational factor is quite important in this (…). People need to be made aware that it is normal [to breastfeed in public], that we are the same, that we all have different opinions and that feeding your child in public should not be a problem for others". (E5)

In the scope of the institutional dimension that influences breastfeeding, the educational measures and health care, the mass media advertisements, the aggressive marketing of bottle products, and the policies to safeguard breastfeeding all emerge as important topics.

In the same way, these women do not consider that the mass media have influenced their decisions, except by some articles they have read. They think that nowadays, mass advertisement promotes bottle-feeding and not breastfeeding. Furthermore, they argue that the variety of manufactured products in grocery stores and drugstores does not attract them. Therefore, the mothers are not moved by swayed into offering this type of diet to their children, despite the advertised supplemental additives and beneficial properties.

Most interviewed mothers feel distressed about the lack of support at work and know they need to assert their rights in the workplace. Work permits or precarious employment conditions that do not consider their rights and needs as mothers and force women to abandon breastfeeding prematurely. They say society does not support women who breastfeed while continuing to work, and, as if that were not enough, the pressure in the work environment increases at this stage. It significantly hampers the chances of staying breastfeeding. They argue that the only relief their employer gives them is shorter working hours, such as unpaid leave. Likewise, they can claim a few days of paternity leave because, in their opinion, the father figure is the central pillar for continuing breastfeeding.

> "I've special arrangements to work part-time, but there is no financial reconciliation... it means giving up part of your salary." (E7)

3.4.2. Traditional context versus modern context

Without a doubt, the role of female relatives has weighed the most in the respondents' testimonies. They often mentioned their mothers, grandmothers and mothers-in-law as advisors who encouraged them to breastfeed based on their experience with breastfeeding. Mothers define their relatives as models of motherhood.

Considering the social importance of this practice for mothers and concerning the history of breastfeeding, some statements such as, "We've always breastfed" or "If it has always been done this way, it's because it works well" show the strong cultural and traditional influence of breastfeeding in their families.

> "My mother and my mother-in-law nursed so they can help. You generally trust a mother or a mother-in-law more.". (E2)

In the same way, there were also claims of women who, despite not having been breastfed by their mothers and not having a similar experience, decided to begin to breastfeed because they appreciated its beneficial effects on the health of themselves and the baby.

As mentioned before, when they have to clarify the origin of the information, most of the respondents cite several forums. These groups support breastfeeding, and books, articles and videos from multiple websites where they have been able to find breastfeeding advice. The sources of information vary considerably from those used in the past. They state that the internet has become the fountainhead of advice. This breaks with traditional advice and recommendations from relatives or health professionals, and the means through which breastfeeding was promoted were television and advertising.

4. CONCLUSIONS

The progress of civilisation in women's social integration may minimise the role in the child's bearing, accepting bottle-feeding as the fastest way to resume healthy social and professional activities. Moreover, the push for equal rights and responsibilities for women and men leads to a context in which the father's participation in the children's

care in the same way as mothers do, reduces breastfeeding time in favour of the introduction of bottle-feeding (Grau i Muñoz, 2018; Tadesse et al., 2018).

Body and health representations are linked with the multiple ways of noticing, symbolising, and acting according to the social group to which the subject belongs. Despite the ongoing integration of women into public life, one can still observe the traditional social construct that primarily links the function of a woman's body to motherhood (Toledo & Cianelli, 2018). Therefore, breastfeeding is seen as a female function that affects women socially.

The mothers who participated in this study consider the ability to breastfeed as a prerogative they possess as women. That affords values and symbols to their bodies, developing the idea of a functional body. However, these connections may create a certain amount of dependence and responsibility on the mothers when their bodies are valued less than their children's and their personal needs become secondary.

In cases where breastfeeding was rejected, we can identify several reasons the mothers prefer not to comment, making it a challenging and unamenable topic for the health team. An example is the fear of body changes related to breastfeeding. However, when asked about it, the mothers who participated in this study denied being worried about their body changes. Besides, they denied being unhappy with their bodies' appearance or function.

During breastfeeding, women's physical feelings (symptoms) may be described from different points of view and using visible manifestations (signs). However, all women in this study think that a healthy body condition consists of adequate function and has to meet the breastfeeding needs in terms of milk production, providing feelings of happiness and pleasure and getting back their baseline condition through physiological mechanisms.

For most of them, imbalance and normalcy were associated with constant pain, milk scarcity, daily fatigue, general discomfort, functional limitations, and any negative feeling they generally perceived. Nevertheless, other women argue that pain is functional; they see it as some-

thing positive and necessary for their recovery. This different assessment explains the importance of each idea and the power to redirect the different perceptions of breastfeeding towards the positive axis.

A good experience with breastfeeding will positively influence the mother's body and mind functions, increasing the quality of life of the mothers who have accomplished their maternity wishes of giving a better future to their infants (Gerhardsson et al., 2018). On the other hand, mothers who lived a negative experience may feel disenchanted and, sometimes, guilty.

This feeling of guilt is due to the challenging process of defining their gender identity, which imposes significant responsibility on women: providing the best nourishment for their children.

The goal of being "a perfect mother" will become a woman's sole ethical and moral focus, accepting praise and blames for her breastfeeding performance. A woman could become the author of her self-inflicted oppression, which could generate feelings of insecurity and self-sacrifice in front of a society that does not spare women from guilt when they neglect nursing to meet and satisfy their needs.

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