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HEALTH PROFESSIONAL'S ATTITUDES TOWARDS BREASTFEEDING: IMPACT OF PROFESSIONAL AND BREASTFEEDING CONTEXTS

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Breastfeeding has well-established short-term benefits, particularly the reduction of morbidity and mortality due to infectious diseases in childhood. The World Health Organization has issued directives as to how health professionals involved in the care of the breastfeeding mother should protect, promote, and support breastfeeding. Our objectives were to assess the attitudes of health professionals (physicians and nurses) towards breastfeeding and identify if the professional and breastfeeding contexts influence these attitudes. We found that the largest percentage of health professionals (40.2%) has a positive attitude towards breastfeeding, while 35.6% show a negative attitude. Older professionals (age>=46 years) have a less positive attitude in the dimension "general counseling regarding breastfeeding". Professionals with children show a positive attitude in the dimension "importance/ interest regarding breastfeeding". The professionals without children, nurses and those working in the hospital have a more positive attitude in the dimension "decision to not breastfeed". Nurses demonstrate a positive attitude towards the "decision to not breastfeed" and "general counseling about breastfeeding". Being a specialist does not influence attitude, but maternal and child health care specialists tend to favor the attitude towards "the decision to not breastfeed", "beliefs about breastfeeding", "importance/interest regarding breastfeeding" and "general counseling about breastfeeding". The professionals, who have contact with breastfeed women and have attended training courses on breastfeeding in the last year, have a more positive attitude towards "importance/interest regarding breastfeeding". Professionals with less experience (<=5 years) have a less positive attitude in "importance/interest regarding breastfeeding". A previous pleasant experience with breastfeeding is related to a more positive attitude in "general counseling regarding breastfeeding", "beliefs about breastfeeding". The nurses and doctors who breastfed their children longer (13-24 months) have a more positive attitude towards "general counseling regarding breastfeeding". Identifying the factors which negatively influence the attitude of health professionals towards breastfeeding allows us to minimize them.

Keywords: Attitudes, Health professionals, Breastfeeding.

Introduction

Promotion of breastfeeding is a priority on a global scale. The World Health Organization (WHO) and the United Nations Children´s Fund (UNICEF) issued guidelines in 1990 supporting that all women must

have the opportunity to breastfeed exclusively for the first six months of their child's life and as a complement up to two years of age. We are currently witnessing the gradual return to breastfeeding, as a result of investment on the part of health institutions, health care professionals and government decisions. A reflection of this reality is the creation, in the last few years, of Baby-Friendly Hospitals, the main goal of which is the promotion, protection and support to breastfeeding (BF).

Health care professionals are the closest support person of women who breastfeed and their attitudes influence the decision of breastfeeding (Caldeira, Fagundes & Aguiar, 2007). Primiparous women and/or those without family-based models for breastfeeding are the ones to whom these professionals are most important in terms of support (Marinho, 2003). Nonetheless, negative attitudes and inadequate beliefs on the part of professionals, within the scope of breastfeeding, may affect support and motivation provided to women (Barnett, Sienkiewicz, & Roholt, 1995)

In the last few years, an increase in breastfeeding was observed, but it is far from meeting the goals proposed by the WHO. Therefore, initiatives promoting breastfeeding must be stepped up and encouraged (Azeredo, Maia, Rosa, Silva, Cecon & Cotta, 2008). The satisfaction of continuing to breastfeed and the desire of not having to interrupt it too soon suggest congruent values and personal beliefs, arising from existing environmental aspects, both in terms of family and health care services (Carrascoza, Costa Júnior, Ambrosano & Moraes, 2005). In the light of this complex context, the action of health care professionals is essential, in a way that is adapted to the culture, habits, beliefs and socioeconomical status of the background of the familial triad (Azeredo et al., 2008). In addition, the departure from the traditional transmission of knowledge from mother to daughter, within the context of breastfeeding, entails a more relevant and active role of health care professionals, who appear to be the main source of information, specially for younger and primiparous women without family-based models for breastfeeding (Marinho, 2003).

Given the above, it is clear that the attitudes of health care professionals can influence behaviors and habits of populations (Barreira, Gomes & Cunha, 2007). Nurses play a crucial role in the breastfeeding process, serving as a link between theory and practice of breastfeeding, minimizing doubts, clarifying benefits and preventing the factors which lead to early weaning (Kurino, Boécio & Martins, 2009). The actions and attitude of health care professionals can have a negative effect on the establishment and sustainment of BF, if they fail to provide the support that mothers need.

These professionals must have positive attitudes, knowledge and skills within the scope of breastfeeding. Such aspects are acquired throughout life by means of training enabling a more assertive approach (Rezende & Montenegro, 2011). Hence the importance of the existence of Breastfeeding Counseling courses, which differ from remaining courses in that they include not only theoretical and practical aspects related to breastfeeding, but also the development of specific counseling skills (Campos, 2010). The development of these skills requires a change in approaches and perspective, requires learning to capture the attention, respect and respond to the other person from the latter's point of view, rather than just from the perspective of the health care professional (Galvão, 2010).

Research has acknowledged that the types of attitudes of health care professionals exert significant influence on the decision to breastfeed. According to Rebelo (2008), there are several authors who state the importance of factors such as heredity, family, school, and direct and indirect experiences in the formation and changing of attitudes.

It is necessary to develop a specific training aimed at professionals entrusted with support in the domain of breastfeeding, through programs enabling improvement of the effectiveness and increase of the rates of BF (Caldeira et al, 2007). Appropriate and non-contradictory information also ensures protection, promotion and support in breastfeeding (Faleiros, Trezza & Carandina, 2006; Hernández Aguilar, Lasarte Velillas & Lozano La Torre, 2012). A study conducted by Pacheco, Souza, Ooka, & Nascimento, 2010) points to the health care professionals' need to reconsider attitudes before the woman who is going through the breastfeeding process. These professionals must encourage and support not only the mother, but also relatives in order to promote the sustainment of exclusive BF.

Health care professionals of hospitals and maternity wards take on a strategic position on the social area of women, so it is essential to create a hospital-oriented policy regarding breastfeeding. The

conception of this policy must involve the participation of not only the management bodies, but also the professionals who take part in the breastfeeding process (pediatricians, obstetricians, nurses, nutritionists), as they act as regulators of the breastfeeding practice. In order to meet these action policies, there is a need for a general consensus among all health care professionals who participate in this process.

In light of the above, we wonder about the attitudes of health care professionals (nurses and physicians) regarding BF and the influence of professional backgrounds (area of expertise, place of work, occupation, duration of the professional practice, duration of the professional practice in the maternal-infant area) and breastfeeding (professional experience with women who breastfeed, training in the field of breastfeeding, time of breastfeeding of their children and quality of the breastfeeding experience) on those attitudes.~

Material and Methods

It consists of a quantitative, descriptive, analytical and correlational study. The sample, of non-probability or convenience nature, is composed of 408 participants (126 physicians and 282 nurses), out of which 17.9% are male and 82.1% are female. Ages range between 22 and 66, with an average of 39 years and a standard deviation of 11.88 years. Most of the participants (71.1%) are married.

The tool for data collection used was a questionnaire composed of four parts: questionnaire on socio-demographic profile, professional questionnaire (enables identification of the occupation, area of expertise and place of work), questionnaire on background variables (existence or lack of children, breastfeeding experience, professional experience with women who breastfeed, training in the breastfeeding area and duration of breastfeeding), as well as the Assessment Scale of Health Professionals Attitudes regarding BF (ASHPABF).

The ASHPABF was adapted and validated for the Portuguese population by Marinho (2003) and is divided into three categories of attitudinal answers and six dimensions. Category of cognitive answers, broke down into the following topics: beliefs about breastfeeding, beliefs about breastfeeding benefits and beliefs about the obstacles to breastfeeding; category of answers expressing feelings regarding breastfeeding, in two areas: importance/interest regarding breastfeeding and attitudes towards the decision to not breastfeed and the category of behavioral answers related to general counseling about breastfeeding and guidelines regarding the 10 steps for success thereof recommended by the WHO/UNICEF. The final scores of the questionnaire range between 43 and 213, and high results reflect more positive attitudes (Marinho, 2003).

Cronbach's alpha coefficients for each item of the scale range between 0.829 and 0.838, and a Cronbach alpha of 0.836 was obtained for the full scale. During the study, all ethical and legal procedures were followed and the SPSS 20.0 (Statistical Package for the Social Sciences) software was used to process data statistically.

Characterization of the Sample

Professional Contexts

Taking into account the occupation of participants, 282 nurses and 126 physicians, the occupational representativeness corresponds to 69.1% and 30.9%, respectively. In the occupational category of nursing, 46.3% are general care nurses and 22.3% are specialist nurses. As for the occupational category of physicians, 28.9% are specialists and 1.2% are interns. Out of the 209 specialty health care professionals, 27.3% are specialists in the domains of maternal health or child health. As for the duration of the professional practice, the average is 15.8 years, with a mean practice in the domain of maternal and child health care of 12 years. Professionals with over 20 years of practice represent the majority (32.4%), followed by those who practice between 6 and 10 years (23.0%). Most participants (72.0%) work in primary health care, whereas the remainders provide health care in hospitals.

Breastfeeding Contexts

Two thirds of the sample (66.2%) have children. Out of this group, 93.7% provide breastfeeding, and 90.1% are pleased with the experience. Those who have two or more children breastfeed the youngest child for a longer period of time. The highest percentage (32.4%) regards professionals who breastfeed for a period between one month and three months. Other representative intervals were 4 months – 6 months (27.3%) and 7 months – 12 months (24.5%). As for the decision to breastfeed, 64.4% admit that they made the decision on their own and 33.6% considers that the decision was made by the couple. Most professionals (42.7%) recommend maternal breastfeeding to the couple and 33.1% only recommend it to the woman. Most professionals (97.3%) contact with women who are breastfeeding and 74.3% did not attend, in the previous year, training courses on maternal breastfeeding. Nonetheless, 41.7% state that the institution/department where they work annually promotes training on this subject. In the sample, 21.5% are advisers on maternal breastfeeding and 7.6% are instructors.

Attitudes of Professionals towards Breastfeeding

As for attitudes, in the beliefs on breastfeeding subscale, they tend to be high. In the beliefs about breastfeeding benefits subscale, the sample fully agrees with breastfeeding benefits. In the beliefs about obstacles to breastfeeding subscale, respondents tend to agree regarding beliefs included in this topic. In the importance/interest on breastfeeding subscale, opinions on the subject tend to be significant. In the attitudes concerning the decision not to breastfeed subscale, a moderately positive position was observed. Finally, in general counseling about breastfeeding the subscale, the general opinion is high regarding these advices.

Table 1. Descriptive measures of the subscales of attitudes towards BF

Subscales	N	M	SD	Mi	Ma	CV
Beliefs about breastfeeding	408	4.38	0.43	2.00	5.00	9.8
Beliefs about breastfeeding benefits	408	4.81	0.36	1.80	5.00	7.5
Beliefs about the obstacles to breastfeeding	408	4.27	0.48	1,56	5.00	11.2
Importance/interest regarding breastfeeding	408	4.40	0.53	1,60	5.00	12.0
Attitudes towards the decision not to breastfeed	407	3.50	0.74	1,00	5.00	21.1
General counseling about BF	408	4.21	0.43	2.00	5.00	10.2
Global scale	408	181.50	16.18	69.00	214.00	8.9

Based on the data above, 40.2% of participants have a positive attitude, whereas 35.8% show a negative attitude and 24.0% mention a moderate attitude towards BF.

Results

Nurses have a more positive attitude towards BF, with a statistically significant difference in the subscales "attitudes regarding the decision not to breastfeed" and "general counseling about BF". In the subscales "beliefs about breastfeeding", "beliefs about breastfeeding benefits", "beliefs about the obstacles to breastfeeding" and "importance/interest regarding breastfeeding", no statistically significant differences were found in both professional groups, but nurses have a more positive attitude towards BF.

Table 2. Professional group and attitude towards BF

Subscales	Nurse Average sort	Physician Average sort	UMW	P
Beliefs about breastfeeding	206.27	200.54	17267.00	0.648
Beliefs breastfeeding benefits	204.12	205.35	17659.50	0.909
Belief obstacles to breastfeeding	207.23	198.38	16995.50	0.483
Importance/interest regarding breastfeeding	204.70	204.06	17711.00	0.960
Attitudes towards the decision not to breastfeed	222.35	163.09	12548.00	0.000
General counseling about BF	218.53	173.11	13810.50	0.000

Being an expert does not influence the attitude of professionals towards BF. Nonetheless, statistically significant differences were found in subscales "beliefs about breastfeeding", "importance/interest regarding breastfeeding", "general counseling about BF" and "attitudes towards the decision to not breastfeed", and professionals with specialized training in maternal and child health care are those who demonstrate a more positive attitude towards BF.

Table 3. Specialized training in maternal and child health care and attitude towards BF

Attitude towards BF	Yes Average sort	No Average sort	UMW	P
Beliefs about breastfeeding	117.50	92.98	3049.50	0.006
Beliefs breastfeeding benefits	109.66	96.12	3496.50	0.071
Belief obstacles to breastfeeding	111.65	95.32	3383.00	0.070
Importance/interest regarding breastfeeding	116.88	93.23	3085.00	0.008
Attitudes towards the decision not to breastfeed	126.23	89.47	2552.00	0.000
General counseling about BF	112.92	94.81	3310.50	0.045

The duration of the professional practice influences attitudes towards BF, regarding the "importance/ interest regarding breastfeeding", "attitudes towards the decision not to breastfeed" and "general counseling about BF".

Table 4. Duration of the professional practice and attitude towards BF

Attitude towards BF	≤ 5 Y Mean M	6–10 Y Mean M	11–15 Y Mean M	16-20 Y Mean M	≥ 21 Y Mean M	KW	P
Beliefs about breastfeeding	209.23	203.27	218.96	177.15	202.30	3.445	0.486
Beliefs breastfeeding benefits	209.77	206.73	208.93	194.94	199.19	1.130	0.889
Belief obstacles to breastfeeding	202.61	208.72	202.59	181.21	209.20	1.979	0.740
Importance/interest regarding breastfeeding	172.81	196.45	238.53	200.49	209.69	11.891	0.018
Attitudes towards the decision not to breastfeed	224.68	228.99	214.42	197.63	169.73	18.448	0.001
General counseling about BF	217.97	215.22	248.23	184.37	171.70	22.656	0.000

Statistically significant differences were found between "importance/interest of breastfeeding", "attitudes regarding the decision of not to breastfeed" and "general counseling about BF", in terms of the duration of the professional practice in the maternal and child health care domain.

Table 5. Duration of the professional practice in the Maternal and Child Health Care domain and attitude towards BF

Attitude towards BF	≤ 5 Y Mean M	6–10 Y Mean M	11–15 Y Mean M	16-20 Y Mean M	≥ 21 Y Mean M	KW	P
Beliefs about breastfeeding	159.22	175.97	177.22	158.50	150.87	3.861	0.425
Beliefs breastfeeding benefits	160.33	173.15	168.51	152.82	161.11	2.195	0.700
Belief obstacles to breastfeeding	160.71	170.25	181.02	148.25	158.37	3.073	0.546
Importance/interest regarding breastfeeding	131.69	178.54	192.35	158.19	179.66	19.992	0.001
Attitudes towards the decision not to breastfeed	182.18	186.38	151.70	131.29	131.08	21.495	0.000
General counseling about BF	163.37	182.20	197.50	136.07	135.35	17.626	0.001

We observed statistically significant differences in the subscales "importance/interest regarding breastfeeding" and "attitudes towards the decision to not breastfeed" related to the fact of professionals having children. These professionals have a more positive attitude in the subscale "importance/interest regarding breastfeeding". The duration of breastfeeding of children resulted in statistically significant differences in the subscale "general counseling about BF". Professionals who breastfed their children longer (13-24 months) showed a more positive attitude towards general counseling about BF.

Table 6. Duration of breastfeeding of children and attitude towards BF

Attitude towards BF	1 – 3 months	4 – 6 months	7 – 12 months	13 – 24 months	KW	P
Beliefs about breastfeeding	126.16	116.04	121.27	154.04	7.398	0.060
Beliefs breastfeeding benefits	120.01	127.20	121.73	146.51	5.476	0.140
Belief obstacles to breastfeeding	131.20	123.01	122.40	129.29	0.756	0.860
Importance/interest regarding breastfeeding	121.52	126.47	119.91	147.49	4.265	0.234
Attitudes towards the decision not to breastfeed	128.33	115.57	136.52	123.12	2.871	0.412
General counseling about BF	114.27	126.23	123.07	158.13	9.821	0.020

Prior breastfeeding experience (pleasant or unpleasant) influences the attitude towards BF in the subscales "beliefs about breastfeeding", "beliefs about breastfeeding benefits", "beliefs about the obstacles to breastfeeding" and "general counseling about BF". In these subscales, professionals with a prior pleasant experience regarding breastfeeding were those who showed a more favorable attitude towards BF.

Table 7. Experience in breastfeeding and attitude towards BF

Attitude towards BF	Pleasant Average sort	Unpleasant Average sort	UMW	P
Beliefs about breastfeeding	128.48	87.26	1601.50	0.012
Beliefs breastfeeding benefits	129.06	80.90	1468.00	0.000
Belief obstacles to breastfeeding	127.77	94.95	1763.00	0.045
Importance/interest regarding breastfeeding	127.06	102.62	1924.00	0.130
Attitudes towards the decision not to breastfeed	123.39	136.50	2131.50	0.421
General counseling about BF	128.19	90.40	1667.50	0.021

Discussion of Results

Nurses have a better attitude towards BF in the dimensions “attitudes towards the decision to not breastfeed” and “general counseling about BF”, where statistical differences are extremely significant (p=0.000). These results are similar to those found by Marinho & Leal (2004). Extremely significant statistical differences were observed in the dimension “attitudes towards the decision to not breastfeed", and health care professionals who work in hospitals are those who show a better attitude. These results are similar to those found by Marinho & Leal (2004), who verified that the group of professionals of the health care center had a less positive attitude towards the decision to not breastfeed compared to the group of the Hospital/Maternity Ward.

We can clearly state that the specialty in the Maternal and Child domain does not influence the attitude of professionals towards BF. These results seem contradictory compared to existing literature, given that general care nurses have less positive attitudes towards the decision to not breastfeed than specialist nurses. Nonetheless, it is interesting to mention that out of the specialized professionals who are a part of our research (51.2%), most of them (68.4%) have an area of expertise other than maternal and child health care. This situation allows us to consider that these are samples with divergent professional characteristics, rather than a contrast of results. We observe that, if the professional is specialized in Maternal and Child health care field, he/she has a better attitude regarding “beliefs about breastfeeding”, “importance/interest regarding breastfeeding”, “general counseling about BF” and “attitudes towards the decision to not breastfeed" compared to the professionals who have another area of expertise, and in the subscale “attitudes towards the decision to not breastfeed” statistical differences found are extremely significant. Training proved to be a factor which influences the attitude of health care professionals towards BF, and professionals who attended any training course on BF during this last year were the ones who demonstrated a better attitude. According to Azeredo et al. (2008), constant training of health care professionals, through courses and updates, represents an extremely important measure, as, besides enabling mastering breastfeeding techniques, allows having a fluent conversation and enables effective communication between the health care professional and the pregnant woman. Cardoso (2006) highlights the opinion expressed by Arena Ansótegui, member of the Breastfeeding Committee of the Spanish Association of Pediatrics, asking academic authorities to ensure provision of more thorough theoretical and hands-on content related to BF in higher education institutions. Despite the shown advantages related to training of professionals, mentioned by Faleiros, Trezza & Carandina (2006); Caldeira et al. (2009); Galvão (2010).

We observed that 74.3% of health care professionals did not attend, in the previous year, training courses in the field of BF. In the study “Formação em AM e suas repercussões na prática clínica” (Training in BF and its consequences in clinical practice) conducted by Galvão (2010), we verify that

training on counseling is not enough, and greater development is necessary. Silva, Santiago & Lamonier (2012) claim that health care professionals, singled out as a reference in information, are unprepared for the assistance to parents. According to Caldeira et al. (2009) the existence of specific programs for training of health care professionals is important, in order to increase effectiveness and participation of those professionals for improvement of the rates of BF.

Nurses and physicians who have contact with women who are breastfeeding while performing their professional activity have a better attitude towards the interest in breastfeeding compared to the professionals who do not contact with those women during work. In fact, professionals who have contact with women and have more experience appear to be highly convinced that they play an important role in the promotion of BF (Faleiros, Trezza & carandina, 2006).

We observed that most respondents (66.2%) have children, and the majority (93.7%) of these children were breastfed and 90.1% of parents affirm that they are pleased with the BF experience. Childless health care professionals demonstrate a better attitude towards the decision to not breastfeed. On the contrary, professionals with children have a better attitude in the subscale "importance/interest regarding breastfeeding". Regarding women, Ferreira & Duarte (2008) state that motivation to breastfeed is higher in women who already have children. In the opinion of Faleiros, Trezza & Carandina (2006), mothers who had a previous positive experience in BF will find it easier to adopt breastfeeding habits with their other children.

We observed that a prior pleasant experience with breastfeeding relates to a more positive attitude, more specifically in the subscales "beliefs about breastfeeding", "beliefs about breastfeeding benefits", "beliefs about the obstacles to breastfeeding" and "general counseling about BF". In the study conducted by Sandes et al. (2005), it was also found that a positive experience in BF has a positive effect on breastfeeding.

The health care professionals who breastfed their children longer (13-24 months) where those who have a more positive attitude regarding general counseling about BF. As Faleiros, Trezza & Carandina (2006) mention, the pleasant personal experience enables a more consistent approach to the subject with female clients.

To conclude the discussion, we mention that 40.2% of professionals have a positive attitude towards BF and 24% have an indifferent attitude. Nonetheless, 35.6% demonstrate a negative attitude towards BF.

Conclusion

Understanding attitudes towards BF may lead to new strategies of intervention for promotion and sustainment thereof (Sandes et al., 2005). According to Pinto (2008), the most effective strategy for promotion, protection and support to BF in the community is education for health combining the acquisition of knowledge, the creation of attitudes and the learning and training of skills for the practice of BF from the early stages of pregnancy to the period after hospital discharge.

Several studies show the importance of the role of health care institutions in BF, where the maternity hospital with a philosophy, physical structure and multidisciplinary team specialized in humanized birth, along with the titles of "Baby-Friendly Hospital" and "Safe maternity", has a more effective and significant action for promotion, encouragement and support to BF (Almeida, Fernandes & Araújo, 2004; Ospina Rave, Sandoval, Aristizabal Botero & Ramirez Gomez, 2005). Therefore, health care institutions providing care to pregnant women, parturients and women who have recently given birth must take part in and focus on the definition of BF policies, in accordance with the guidelines of the WHO/UNICEF.

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