



## Social representations of mothers on the introduction of complementary foods for infants\*

*Representações sociais de mães sobre a introdução de alimentos complementares para lactentes*

*Representaciones sociales de madres sobre la introducción de alimentos complementares para lactantes*

Jeanine Maria Salve<sup>1</sup>, Isilia Aparecida Silva<sup>2</sup>

### ABSTRACT

**Objectives:** To know mother's representations about introduction of complementary foods and to identify the elements that form their process of choice. **Methods:** We chose qualitative research, analyzing data from 17 interviews of women, according the theory of Social Representation and Model "Risks and Benefits". The methodological strategy was the Subjective Speech Collective. **Results:** Three themes emerged. "Living the Weaning Period", "Taking Positions in front Child's Food Choices" and "Making the Food Choices Properly". They talking about the experiences during the weaning period, the standards of choice and the representations of mothers about introduction of complementary foods. **Conclusion:** Based in their representations and experiences, mothers judge, interpret and construct indicators from observation of child behaviors and search, in their environment and in theirs point of view, the elements to take a decision about their child food.

**Keywords:** Feeding; Weaning; Feeding behavior

### RESUMO

**Objetivos:** Conhecer as representações de mães sobre a introdução de alimentos complementares e identificar os elementos que constituem o seu processo de escolha. **Métodos:** Optamos pela pesquisa qualitativa, analisando os dados, das entrevistas de 17 mulheres, à luz dos pressupostos da Representação Social e do Modelo "Pesando Riscos e Benefícios". A estratégia metodológica foi o Discurso do Sujeito Coletivo. **Resultados:** Emergiram os temas: "Vivenciando o desmame", "Tomando posição ante a alimentação da criança" e "Fazendo as escolhas alimentares propriamente ditas", que versaram sobre a vivência do desmame, os critérios de escolha e as representações maternas acerca da introdução e do alimento complementar. **Conclusão:** Com base em suas representações e experiências as mães realizam um movimento de julgamento, interpretação e construção de indicadores, observando o comportamento da criança e buscando, em seu ambiente e em sua visão de mundo, os elementos para tomada de decisão quanto à alimentação do filho.

**Descritores:** Alimentação; Desmame; Comportamento alimentar

### RESUMEN

**Objetivos:** Conocer las representaciones de madres sobre la introducción de alimentos complementares e identificar los elementos que constituyen su proceso de escoja. **Métodos:** Se ha optado por la pesquisa cualitativa, analizando los datos de las entrevistas de 17 mujeres, bajo los presupuestos de la Representación Social y del modelo "Pesando Riesgos y Beneficios". La estrategia metodológica ha sido el Discurso del Sujeto Colectivo. **Resultados:** Han emergido los temas "Vivenciando el destete", "Tomando posición ante la alimentación del niño" y "Haciendo las escojas alimentares propriamente dichas", que han versado sobre la vivencia del destete, los criterios de escoja y las representaciones maternas sobre la introducción y del alimento complementar. **Conclusión:** Las madres basadas en sus representaciones y experiencias realizan un movimiento de juzgamiento, interpretación y construcción de indicadores, observando el comportamiento del niño y buscando en su ambiente y en su visión de mundo para decidir sobre la alimentación de hijo.

**Descriptores:** Alimentación; Destete; Conducta alimentaria

\* Study performed at the Pediatric outpatient private clinics in Jundiaí – SP, taken from the Master's thesis presented at the Nursing School, University of São Paulo – USP – São Paulo (SP), Brazil.

<sup>1</sup> Nutritionist, Master at the Nursing School, University of São Paulo – USP – São Paulo (SP), Brazil.

<sup>2</sup> Full Professor at the Maternal-Child Nursing and Psychiatric Department at the University of São Paulo – USP – São Paulo (SP), Brazil.

## INTRODUCTION

In Brazil, in the last 30 years, several actions have been taken to promote, protect and support sole breastfeeding for six months, as well as the introduction of complementary foods from this age, keeping breastfeeding for two years or over<sup>(1)</sup>. Inadequate practices and early introduction of food increase child morbidity and mortality, especially in places with poor hygiene. About two thirds of these deaths occur in the first year of life<sup>(2-3)</sup>.

Despite all the physical evidences supporting infant feeding and nutrition, results from surveys<sup>(4-7)</sup> and the professional practice show that mothers' decision regarding infants' diet do not strictly follow the recommendations of health agencies. Therefore, these reflections led to question how mothers decided on the introduction and choice of complementary food.

### The sociocultural issue of infant feeding and its surroundings

Among physiological and biological conditions and economic factors determining the choice of foods and the decisions on what and how to eat, there is a "free space" strongly influenced by culture, habits, beliefs and taste where food takes up a symbolic character<sup>(8)</sup>. Likewise, infant feeding practices, from breastfeeding to the routine family diet, are not determined only by infants' biological needs, but rather by their interaction with food, by emotional, socioeconomic and cultural factors of their surroundings, by learning and by the experience of mothers, who are the most frequent care takers responsible for infant feeding<sup>(9-11)</sup>.

The interest in developing this study was raised from the concerns experienced in the professional life. In addition to the practice, studying the literature reinforced the perception on the complexity involving the several dimensions of feeding. From the reflections, the present study aimed at knowing the social representations of infants' mothers on the introduction of complementary foods or adequate complementary foods, identifying the elements that form the process they experience to choose complementary food. Complementary foods are any solid or liquid nutritious food, rather than human milk, offered to breastfed children<sup>(2,12)</sup>. Adequate complementary foods are complementary foods introduced from the sixth month of life<sup>(4)</sup>.

## METHODS

We had to use the methodology of qualitative research, incorporating the "issue of *Meaning and Intentionality*, as part of the actions, relationships, and social structures [...]"<sup>(13)</sup>. We have used Moscovici's Social Representation, as a theoretical base which is described as a type of

knowledge generated by routine communication in everyday life with the practical purpose of guiding the behavior in concrete social situations<sup>(14)</sup>. We have also used the support of the Model "Weighing Risks and Benefits"<sup>(15)</sup>, a theoretical model developed to demonstrate the meaning of breastfeeding for women and how it interferes in their decisions and actions, thus determining its course. We have considered that applying it could also bring elements which would help understand the process of introducing other foods.

The strategy to organize the verbal material was using Collective Subject Discourse, whose use assumes the identification of methodological pictures, and among them, the Key Expression, that is, literal parts of the collected verbal material, which translate best the ideas that form the discourse; the Central Idea, a synthetic statement, which translates the essence of what was assessed, and the Collective Subject Discourse itself, which represents the grouping of Key Expressions, listed under the same Central Idea and organized as a synthesis-discourse using "I"<sup>(16)</sup>. Although the study used an important methodological theoretical support, there are some limitations which are characteristic of the qualitative approach, since results cannot be generalized. These limitations call for the continuation of the research, increasing its size and validating it in social groups with different characteristics so as to have a deeper knowledge on the subject.

Taking into account theoretical saturation of data<sup>(17)</sup>, 17 women took part on the research from different ages, parity, and socioeconomic condition, with healthy infants from 6 to 9 months old, who were either breastfeeding or not and who had scheduled an appointment in the pediatric outpatient clinics of a private hospital in the city of Jundiaí, São Paulo, from April to November 2007.

The project has been approved by the Ethical Research Committee of the Nursing School at USP, and by the institution where data was collected meeting all prevailing rules. After written consent was given, data from mothers, infants and their feeding as well as qualitative data were collected using a semi-structured in depth interview<sup>(13,17)</sup>.

## RESULTS

Mothers' ages ranged from 18 to 39 years old, 9 (52.9%) reported they had completed high school, only 4 (23.5%) worked outside home, and 8 (47%) had only one child. Family income ranged from 1.3 to 15.8 minimum wages. All households had electric power, garbage collection, water supply and sewerage.

Regarding breastfeeding at the time of interview, 9 mothers (52.9%) had stopped breastfeeding their babies, and 8 mothers (47.1%) were breastfeeding, that is, infants were breastfed and received complementary foods, besides water or tea. Mean age of the nine infants (52.9%)

at the time of total weaning was 103.5 days, ranging from 10 to 180 days. According to mothers' reports, 15 infants (88.2%) received complementary foods including water and tea early, and only 2 infants (11.8%) were exclusively breastfed until the sixth month of life.

Regarding the type of food introduced, apart from breast milk, 3 infants (17.6%) received water or tea, 10 (58.8%) received formula, 2 infants (11.8%) received whole UHT (Ultra High Temperature) milk, and only 2 infants (11.8%) were introduced to complementary foods with family food, that is, foods commonly used by the family apart from non-breast milk.

Time when the first food was introduced ranged from 25 to 60 days of infants' life for water and tea, 10 to 150 days for formula, 120 to 150 days for whole UHT milk, 120 to 165 days for family foods. Mean age of infants' first food apart from breast milk was 80.8 days.

### **What mothers feel and how mothers view complementary foods**

#### **“Experiencing weaning”**

This theme discussed the meanings of introducing complementary foods given by the group of women who weaned their infant early. These statements were about the feelings experienced by mothers due to weaning, and the mothers' representation regarding the introduction of complementary foods and the foods themselves.

#### ***Missing breastfeeding***

*“I felt sorry for weaning him, because we feel we are disconnecting ourselves from our infants, as if we were leaving the baby unattended, that he is no longer only ours. It seems as if you are giving space for others to take care. The suffering you go through when you are breastfeeding and then you have to wean is an unforgettable experience.”*

#### ***Feeding is another way of mothering***

*“For me, it was very important to start giving food because we get closer to them. It is great fun. You start playing, you have to talk to the infant, and he wants to eat alone, gets all dirty, laughs. Then, I found out it is not necessary to breastfeed, he is on my lap. It is another way of communicating.”*

#### ***Food is ‘stronger’ than milk***

*“I want her to grow strong. Just to receive the bottle, it does not have all the vitamins. It is much better to see the infant eating ‘rice and beans’, it is much more sustaining, I noticed that she was full. We feel relieved, because now she will not be hungry, it will replace the breast milk she has not taken, she will not miss the breast, she will be smart, healthier, she will be ok.”*

However, other meanings were common to the two groups of women, those still breastfeeding and those who weaned their infants early. Therefore, the remaining discourses present statements made by these two groups of women.

#### **“Taking a position regarding infants' feeding”**

This theme described how women felt about the decision made on infants' feeding, their needs, direction and who they asked for support regarding what, how and when to introduce complementary foods.

#### ***The physician gives directions***

*“The presence of the pediatrician is important. I needed directions; I wanted to ask what I could and could not offer. At home, the grandmothers, the neighbors are always giving you hints. However, you have to evaluate whether that will not harm infants that is why the pediatrician gives directions.”*

#### ***I do it my way***

*“I do what I think is good for my infant, not what everybody tells me to do. I use my experience because I have already taken care of many infants. It is natural, the infant is hungry and you give it food. When you are eating near infants, it seems as if they are eating with their eyes, they open their mouth, feel like eating. So, if I see it will not harm my infant, I give the food and wait to see how she reacts, maybe a stomachache, colic. She eats it all.”*

#### **“Making food choices”**

The statements made in this theme were about the elements used by interviewees to choose foods, as well as mothers' representations on foods and the introduction of complementary foods.

#### ***The important thing is ‘to eat all kinds of things’***

*“At home we always have the basic, what we have in the fridge. He eats what I do for myself and my husband, he needs to, and he has to get used to it.”*

#### ***The best food is the one infants accept more easily***

*“I used to choose food according to taste. Infants prefer potato and arracacha, but I have also given carrot, beetroot, apple and papaya because they are sweeter and they accept them more easily. He loved it. I thought that he would not want only bean broth, so I will start giving him rice and beans, then I put small pieces of smashed potato, I am sure he will like it. And I also offered him banana and pear because I love it.”*

#### ***Knowledge and food beliefs***

*“Apple, silk banana, potato and carrot get dry. Papaya, pear, cabbage, rice and beans help digestion. It is no use giving him something indigestible such as grapes, watermelon, pineapple, and mango which even for us are heavy...I think we should look for lighter things. They say banana is not good for infants because it is very heavy, but it is good for cramps, for the bones, for circulation, I think it makes the little legs stronger. I cook meat in the soup, using all the vitamins and proteins, I take it off and he eats only the broth, because he is too young cannot digest meat well. But meat is important; muscle, liver, beans and beetroot are very good for anemia, they have a lot of iron. And beetroot, carrots, cabbage, yam, spinach, potato and*

*arracacha are rich in vitamin, they are strong and nutritious."*

## DISCUSSION

The discourse "Missing breastfeeding" showed that the decision for weaning was felt as a personal process, a lonely and symbolic process followed by guilty. Weaning meant, for these mothers, a detachment of the infant towards the mother, a feeling of abandonment concerning the child and the creation of a "space" between her and the infant that is fulfilled by caregivers. The meaning of this statement indicated resentment caused by the feeling that from then on, the mother is not the only one who can feed, take care, and nurse the infant. Mothers find it hard to accept that other people can take care of their infants, and feel "jealous", and although they feel weaning is important and irrevocable, they experience ambiguous feelings.

The experience of separation between mothers and their infants because of weaning, make women experience a conflict, and a feeling of guilty and anguish, as well as the symbolic feeling of losing their infants<sup>(18)</sup>. Symbolically, breastfeeding reinforces mothers' duty and moral responsibility, working as an "iconic condition for being a good mother"<sup>(19)</sup>.

However, the discourse "Feeding is another way of mothering" demonstrated that the introduction of foods is an opportunity to rescue the link, which was symbolically broken or negatively influenced by the difficulties experienced during breastfeeding. In this sense, for women that weaned early, introducing food was fulfilling, it was another way of mothering, represented as a new possibility to communicate with their infants. The difficulties, fears and sadness experienced up to the time food was introduced are replaced by happiness; the pleasure of feeding their infants is recovered. According to Moscovici, our perceptions and ideas are responses to the physical environment we live in, so as to significantly reproduce the world<sup>(20)</sup>.

The "Weighing Risks and Benefits" model<sup>(15)</sup> demonstrates that mothers observe infants' behavior and interpret the manifestations concerning breastfeeding, and then they assess infants' state, their growth, and development, determining the course for their feeding. Elements such as playing, laughing, wanting to touch the food and take it to the mother, that is, infants' interaction with food during the meal were used by interviewees to evaluate complementary foods, women also observed fullness, sleep and breastfeeding frequency, among other things to evaluate the breastfeeding process.

The discourse "Food is 'stronger than milk' showed that the introduction of family foods was experienced with joy by these women who saw it as a way to make up for the lack of breast milk and to complement non-breast milk, offered in the bottle. The feeling of relief

reported, when they refer to the introduction of family foods is connected with the guarantee that, from then on, infants will be full, will grow and develop, and they have the control over the availability of food. Among the food options they can give infants, such as breast milk, non-breast milk, and general foods, mothers search in their universe of knowledge and in their daily lives, elements that help them choose the food that will best meet their infants' needs.

Thus, breast milk was seen by these women as an important and beneficial food, however, as it is connected with a physiological and hormonal production process which, most of the time, is not understood, it becomes an "unfamiliar and abstract" food. Women and their bodies have to produce this food, mothers cannot see the milk being produced or even being ejected, they do not know if its formula and amount are enough for their infants' needs and, at the same time, they do not use this food in their daily lives, reinforcing the abstract dimension of breastfeeding.

In parallel, the family food or the food they have on the pan are known and concrete options, they give the idea that infants will have their basic needs met. Mothers eat these foods and their bodies feel full with them, additionally, they know how to make the meal. They also master the amount and the type of food offered, increasing or decreasing the meat, the rice, vegetable, beans according to what they believe will be more important for infants in the meal. Therefore, food is something familiar, that is, it is known, it belongs to the common universe and to mothers' environment. "The purpose of the representations is to turn something unfamiliar into something familiar"<sup>(20)</sup>. Therefore, mothers try to transform the abstract ideas they have about their infants' food into concrete elements from their reality, and thus they can order their actions logically. Food is represented as something stronger and more nutritious than milk, and thus, more suitable for making infants grow strong, healthy, and smart.

The discourse "Physicians give directions" showed that for interviewed mothers, pediatrician give the guidelines on infants' foods, indicating a path, validating or not the potentially positive or negative common sense information obtained in the family context and in the social environment. This perception seems to be based on History, through the political and economic issues involving mother and children relationship over time<sup>(21-22-23)</sup>. This attitude is reinforced by the Hygienist movement that from the 19th century on started to adopt a prescribing approach for infants' feeding, which was until then controlled by the family<sup>(24-25)</sup>.

However, the speech "I do it my way" showed women regaining control on infants' feeding. Mothers' autonomy on the decisions regarding their infants' feeding showed that the experience of taking care and feeding other children

support their actions. Therefore, based on these experiences, mothers feel confident to take initiatives. They build, with their infants, diet habits that reflect the cultural identity of their family group, that is, infants' feeding need to be socially accepted and possible in this group and that is how infants will develop the taste for 'their' culture, internalizing values and rules present in that family<sup>(8)</sup>. Mothers will not allow other groups such as health professionals, with their logics and scientific knowledge, to influence this important moment for learning and for infants' inclusion in the group they belong to. "The food put on the plate is to nourish the body, but it is also a sign of belonging, working as a code for social acknowledgment"<sup>(26)</sup>.

To base their decisions, interviewed mothers had a judging mechanism, at each food they added; they evaluated and endorsed their practices. They based themselves on the reactions observed in infants after a certain food had been offered; they used instruments from the common sense to make their interpretations and then defined what is suitable for their infant. Thus, they feel safe and confident to keep following their own perceptions regarding infants' feeding. Through constant evaluation, mothers redefined their attitudes, changed their behavior, reformulating the previously established course of breastfeeding<sup>(15)</sup>, this could also be noticed when complementary foods were introduced.

This attitude of autonomy regarding care with infants' foods indicated a symbolic option of these women to include infants in their belonging group, by offering them food available at home, as we can see in the discourse "It is important to eat all kinds of things". In the family meals, infants internalize rules and values regarding property, respect to the other and sharing. The rules make it possible to define the roles within and outside the family context, in an attempt to control and socialize<sup>(27)</sup>.

Therefore, this representation shows that introducing food has the meaning of socializing infants, that is, it works as a progressive rite of passage to family foods. According to Poulain "eating sets boundaries of identity between groups from one culture to another, and also within the same culture between the subgroups forming a culture"<sup>(27)</sup>. It goes beyond meeting the physiological needs, "food habits take up a symbolic characteristic, whose meaning is in the web of social relations"<sup>(28)</sup>.

The discourse "The best food is the one infants accept more easily" showed that home made food, the foods that are part of mothers and families' habits, foods that mothers enjoy become a safe path for infants' diet. According to Moscovici, the action of representation is a way to transfer what disturbs us, what is threatening our universe, from what is far to what is close<sup>(20)</sup>, that is, from what is unknown to what concrete. Meanings given to taste direct food choices, evoking what is familiar, referring to what is close, to what is kept in the memory

with the 'signature of mothers' food'. Sensory aspects are involved with 'taste', as well as emotions, memories, and feelings that evoke coziness and safety, working as an identity marker connected with a network of meanings<sup>(29)</sup>. Therefore, the representation that the most appropriated food is also the one infants accept more easily emerges from the practical reason, from the need to guarantee infants' development, from the need to value the tastes appreciated, the families' habits and the food available in that family nucleus in an intricate system.

Additionally, the discourse "knowledge and food beliefs" showed mothers' perception that food can solve health problems as well as prevent them from happening. Popular belief is rich in recommending including some foods and excluding others, based on the belief that they may be beneficial or harmful in certain stages of life<sup>(28,30)</sup>. In this speech, mothers used popular diet categories to qualify the first complementary foods offered to infants that were classified, according to the consensual universe of these women, into 'heavy or indigestive and light', 'nutritious or strong', which 'get dry or are indigestive' and, with this system of classification, they become eligible to be part of the babies' menu, at the time complementary foods are introduced.

For interviewed mothers, meat and beans as well as vegetables and tubercles were considered as 'nutritious and strong' food, because they are source of vitamins, proteins and iron. Likewise, the survey presented by the "Food guide for children under two years" demonstrated that for mothers in the Southeast of the country, red meat, fish, chicken, vegetables, rice and beans are considered rich and strong food because they are sources of iron<sup>(12)</sup>. However, some expressions such as "I cook the meat in the soup, using all the vitamins and proteins, then I take it off and he has only the broth" and "I smash the bean broth with potato because it is fattening", show some cooking strategies to make foods suitable for the supposed fragility of the infants' digestive system. Data from the survey referred in the "Food guide for children under two years" corroborate these findings and show that, in mothers' perception, the introduction of food has to respect infants' bodies in formation and because of that; hard, heavy, indigestive foods such as meat and beans must be avoided until infants are old enough to digest them<sup>(12)</sup>.

Common sense logics, determining the inclusion or exclusion of a kind of food is built by observation and experimentation, different from the scientific or medical logic, but this does not mean that it has no consistency or that it should be ignored, it should be listened to and understood due to its cultural richness<sup>(28)</sup>.

## FINAL CONSIDERATIONS

The results of the present study showed that in the dialog between the structural conditions of daily lives, cultural

practices and scientific knowledge, women have to make the decision on the introduction of complementary foods, adequate or not, and they face two different logics, that from the reified universe and that from the consensual universe, and the first is disregarded in favor of cultural and symbolic values involving both the food, and the action of feeding their infants.

Data also demonstrate that interviewed women guide their practice based on their representation of food and the introduction of complementary foods; they also reflect and evaluate, judge and interpret infants' behavior regarding the food. Thus, they establish priorities for themselves and their infants according to both needs, then they make decisions on complementary foods, the same occurs for the weaning process, as described by the "Weighing Risks and Benefits" model. It is also important to stress that adequate complementary foods and complementary foods are a form of mothering, just as breastfeeding. Thus, it is another way of enabling infants'

growth and development. Also, as in breastfeeding, women try to observe, interpret and assess constantly feeding to evaluate and value their choices, searching in their environment and in their view of the world, the elements for decision making. Thus, these findings showed the elements to increase and validate the theoretical model "Weighing Risks and Benefits".

The conclusions of the present study are relevant to guide health actions, and health professionals must acknowledge the subjectivities and the symbolic and cultural aspects involving infants' feeding. The identification and valorization of these aspects will enable professionals to get closer to the reality experienced by these mothers, and then they can help them interpret more adequately infants' behaviors and be more effective regarding the issues of infants' feeding. Thus, we hope we can contribute to present other views to the introduction of complementary foods and give to those interested on the issue another perspective for action.

## REFERENCES

1. Rea MF. Reflexões sobre a amamentação no Brasil: de como passamos a 10 meses de duração. *Cad Saúde Pública = Rep Public Health*. 2003;19(Supl 1):S37-45.
2. Giugliani ERJ, Victora CG. Alimentação complementar. *J Pediatr (Rio J)*. 2000;76(Supl 3):S253-62.
3. Organização Mundial de Saúde (OMS), Fundo das Nações Unidas para a Infância (UNICEF). Estratégia global para a alimentação de lactentes e crianças de primeira infância. Revisão de Teresa Setsuko Toma. São Paulo: IBFAN Brasil; 2005.
4. Brasil. Ministério da Saúde. Secretaria de Políticas de Saúde. Prevalência do aleitamento materno nas capitais brasileiras e no Distrito Federal. Brasília (DF): Ministério da Saúde; 2001.
5. Vieira GO, Silva LR, Vieira TO, Almeida JAG, Cabral VA. Hábitos alimentares de crianças menores de 1 ano amamentadas e não amamentadas. *J Pediatr (Rio J)*. 2004;80(5):411-6.
6. Ferreira L, Parada CMGL, Carvalhaes MABL. Tendência do aleitamento materno em município da região centro-sul do estado de São Paulo: 1995-1999-2004. *Rev Nutr*. 2007;20(3):265-73.
7. França GVA, Brunken GS, Silva SM, Escuder MM, Venâncio SI. Determinantes da amamentação no primeiro ano de vida em Cuiabá, Mato Grosso. *Rev Saúde Pública = J Public Health*. 2007;41(5):711-8.
8. Poulain JP, Proença RPC. O espaço social alimentar: um instrumento para o estudo dos modelos alimentares. *Rev Nutr*. 2003;16(3):245-56.
9. Rotenberg S, De Vargas S. Práticas alimentares e o cuidado da saúde: da alimentação da criança à alimentação da família. *Rev Bras Saúde Matern Infant*. 2004;4(1):85-94.
10. Ramos M, Stein LM. Desenvolvimento do comportamento alimentar infantil. *J Pediatr (Rio J)*. 2000;76(Supl 3):S229-37.
11. Baião MR, Deslandes SF. Alimentação na gestação e puerpério. *Rev Nutr*. 2006;19(2):245-53.
12. Brasil. Ministério da Saúde. Organização Pan-Americana da Saúde. Guia alimentar para crianças menores de dois anos. Brasília: MS, OPAS; 2002.
13. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 8a ed. São Paulo: Hucitec; 2004. p. 10.
14. Sá CP. A construção do objeto de pesquisa em representações sociais. Rio de Janeiro: EDUERJ; 1998. p. 68.
15. Silva IA. Amamentar: uma questão de assumir riscos ou garantir benefícios. São Paulo: Robe; 1997.
16. Lefèvre F, Lefèvre AMC, Teixeira JJV. O discurso do sujeito coletivo: uma nova abordagem metodológica em pesquisa qualitativa. Caxias do Sul: EDUCS; 2000.
17. Polit DF, Beck CT, Hungler BP. Fundamentos de pesquisa em enfermagem: métodos, avaliação e utilização. 5a. ed. Porto Alegre: Artmed; 2004.
18. Silva IA. A vivência de amamentar para trabalhadoras e estudantes de uma universidade pública. *Rev Bras Enferm*. 2005;58(6):641-6.
19. Nakano AMS. As vivências da amamentação para um grupo de mulheres: nos limites de ser "o corpo para o filho" e de ser "o corpo para si". *Cad Saúde Pública = Rep Public Health*. 2003;19(Supl 2):355-63.
20. Moscovici S. Representações sociais: investigações em psicologia social. Trad. de Pedrinho Guareschi. Petrópolis: Vozes; 2005. p. 54, 56
21. Goldemberg P. Repensando a desnutrição como questão social. 2a. ed. Campinas: Cortez; 1989. Pensando e repensando a desnutrição como questão social; p. 19-55.
22. Almeida JAG. Amamentação: um híbrido natureza-cultura. Rio de Janeiro: Fiocruz; 1999. Dimensões socioculturais da amamentação no Brasil; p. 27-51.
23. Góis Junior E, Lovisolo HR. Descontinuidades e continuidades do movimento higienista no Brasil do século XX. *Rev Bras Cienc Espor*. 2003;25(1):41-54.
24. Orlandi OV. Teoria e prática do amor à criança: introdução à pediatria social no Brasil. Rio de Janeiro: Jorge Zahar; 1985. Seio de mãe a transbordar Política; p. 114-34.
25. Souza LMBM, Almeida JAG. História da alimentação do lactente no Brasil: do leite fraco à biologia da excepcionalidade. Rio de Janeiro: Revinter; 2005. Aleitamento materno no Brasil: uma reflexão; p. 13-27.
26. Maciel ME. Identidade cultural e alimentação. In: Canesqui AM, Garcia RWD, organizadoras. Antropologia e nutrição: um diálogo possível. Rio de Janeiro: Fiocruz; 2005. p. 49-55.
27. Poulain JP, editor. Sociologias da alimentação: os comedores e o espaço social alimentar. Florianópolis: UFSC; 2006. p. 258.
28. Daniel JMP, Cravo VZ. Valor social e cultural da alimentação. In: Canesqui AM, Garcia RWD, organizadoras. Antropologia e nutrição: um diálogo possível. Rio de Janeiro: Fiocruz; 2005. p. 57-68.
29. Maciel ME. Cultura e alimentação ou o que têm a ver os macaquinhos de Koshima com Brillat-Savarin? *Horiz Antropol*. 2001;7(16):145-56.
30. Barbosa MARS, Teixeira NZF, Pereira WR. Consulta de enfermagem – um diálogo entre os saberes técnicos e populares em saúde. *Acta Paul Enferm*. 2007;20(2):226-9.