

Nursing mothers' perception about their quality of life*

PERCEPÇÃO DE NUTRIZES ACERCA DE SUA QUALIDADE DE VIDA

PERCEPCIÓN DE MUJERES QUE AMAMANTAN ACERCA DE SU CALIDAD DE VIDA

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ABSTRACT

Women usually describe breastfeeding as a period of high physical and emotional distress. The objective of this study is to understand the perception that nursing mothers' supported in a Primary Health Care Clinic located in the city of São Paulo have about their quality of life (QL). This is an exploratory qualitative study. Participants were 202 nursing mothers, who answered the Instrument of QL (WHOQOL-bref). The data was organized according to the Collective Subject Discourse. The nursing mothers, describing what is QL, use the objective and subjective aspects as qualifiers of their life experience. It was found that it is important to plan nursing care about breastfeeding since the prenatal period, especially as a way to encourage the father to participate in the care to his children and to prepare the family to support the mother, which will certainly improve her perception about her QL.

KEY WORDS

Breast feeding.
Mothers.
Quality of life.
Nursing care.

RESUMO

A amamentação é retratada pelas mulheres como um período de sobrecarga física e emocional. O estudo teve como objetivo compreender a percepção de nutrizes, atendidas em uma Unidade Básica de Saúde (UBS), no município de São Paulo, acerca de sua qualidade de vida (QV). Trata-se de uma pesquisa exploratória qualitativa, com a participação de 202 nutrizes, que responderam ao Instrumento de Avaliação de QV (WHOQOL-bref), seguido pela realização de perguntas abertas e entrevista. Os dados foram organizados segundo a proposta do Discurso do Sujeito Coletivo (DSC). As nutrizes, ao descreverem o que é QV, utilizaram elementos objetivos e subjetivos como qualificadores de sua experiência de vida. Constatou-se a importância do planejamento de uma assistência de enfermagem acerca da amamentação desde o pré-natal, que incentive principalmente a participação do companheiro no cuidado com a criança e promova o preparo da família para apoiar a nutriz, o que certamente levará a uma melhor percepção acerca de sua QV.

DESCRIPTORIOS

Aleitamento materno.
Mães.
Qualidade de vida.
Cuidados de enfermagem.

RESUMEN

El amamantamiento es determinado por las mujeres como un período de sobrecarga física y emocional. El estudio tuvo como objetivo comprender la percepción de mujeres que amamantan atendidas en una Unidad Básica de Salud (UBS) en el municipio de San Pablo, acerca de su calidad de vida (QV). Se trata de una investigación exploratoria cualitativa, con la participación de 202 mujeres en amamantamiento que respondieron al Instrumento de Evaluación de QV (WHOQOL-bref), seguido por la realización de preguntas abiertas y entrevistas. Los datos fueron organizados de acuerdo a la propuesta del Discurso del Sujeto Colectivo (DSC). Las mujeres, al describir qué es la QV, utilizaron los elementos objetivos y subjetivos como calificadores para su experiencia de vida. Se constató la importancia del planeamiento de una atención de enfermería al respecto del amamantamiento desde el período prenatal, que incentive principalmente la participación del compañero en el cuidado del niño y promueva la preparación de la familia para apoyar a la mujer que amamanta, lo que con certeza la llevará a una mejor percepción respecto de su QV.

DESCRIPTORIOS

Lactancia materna.
Madres.
Calidad de vida.
Atención de enfermería.

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INTRODUCTION

Quality of life is a term that is frequently used in all means of communication today. It is common to both the academic and everyday setting, and is always associated with the search for a health life.

At first, social scientists, philosophers and politicians all shared a common interest in the concept of quality of life. Therefore, the concern with the referred concept implies a movement that originated in the interaction between human and biological sciences in the sense of valuing parameters that are broader than controlling symptoms, reducing mortality, or increasing life expectancy⁽¹⁾.

Many terms are used as synonyms to quality of life, e.g.: well-being, happiness, life condition, life satisfaction, and others. Nevertheless, there should be a distinction between the terms life satisfaction and quality of life: the former is something subjective, as it refers to feelings of happiness and contentment towards life. The former, on the other hand, comprises both subjective and objective aspects, besides having multiple dimensions. The subjective aspect in quality of life is central, because one's perception of overall satisfaction is an intrinsic feature, while the objective component is always present. If a person feels satisfied with his or her life, it is a sign that he or she has a perception of a good quality of life. Satisfaction, therefore, results in quality of life, as does happiness and the feeling of well-being. A person living in poverty, who never knew a different form of life might feel satisfied with their own life, while another, living in the same conditions, but who has already experienced a different form of life, may identify health risks, thus evaluating their form of life as below what is considered ideal⁽²⁾.

In the 1990's, there was a boost in the number of instruments to evaluate quality of life and similar concepts; most were developed in the United States with a great interest in their translation and application in other cultures⁽¹⁾.

Several studies have addressed the elderly, all age ranges of individuals with chronic-degenerative diseases, psychiatric patients, and the quality of life of the working professional. Few studies, however, have analyzed the different stages of women's life cycle; and some involving pregnant women.

By analyzing the studies (both quantitative and qualitative) that present the women's expectations regarding the process of breastfeeding, we found elements that show the effect of breastfeeding on the woman, her everyday life, and her expectations of living well⁽³⁾.

Taking into consideration the complexity and specificity of the process of breastfeeding and the fact that we did

not find in our survey and study that addressed the quality of life of women who breastfeed, the present study instigated us towards filling in that gap by investigating the perception that women who breastfeed have about their quality of life.

OBJECTIVE

- Understand the perception that nursing mothers assisted at a Primary Health Center (PHC) in the city of São Paulo have about their Quality of Life.

METHOD

This descriptive, qualitative, and exploratory study was performed at the Teaching Health Center Butantã – Samuel Barnsley Pessoa, in the city of São Paulo. The referred health center offers important services to an estimated population of 50,000 local inhabitants, in addition to developing teaching activities in different professional classes and levels of education, thus holding an important position in the development of research in the health field. The studied health center covers an area of the city with great inequalities in terms of economy, quality of life, social and health indicators, as well as regarding the occupation of land and housing conditions. The local inhabitants belong to heterogeneous groups with *high*, *average*, and *low income*. The region is mostly residential with some retail businesses and surrounding industries.

Participants were 202 women who were breastfeeding (exclusively or not) their children of six months of age or less, with no restrictions in terms of the women's age, parity, and socioeconomic condition, and who attended the referred health center to take their children to an appointment with the pediatrics and child care service or for vaccination, between the months of May 2007 to March 2008.

This study is part of the thesis *Avaliação e percepção de nutrizes acerca de sua qualidade de vida* (Nursing mothers' evaluation and perception of their quality of life) in which we performed a quanti-qualitative study applying the instrument WHOQOL-bref to evaluate quality of life, which required a significant sample for conducting the study. We used the statements of the 202 women to quantify the collective subject discourses that will compose a further study.

The present study was performed in compliance with all ethical aspects defined in Resolution 196/96, relate to research involving human beings, and the project was approved by the Research Ethics Board at HU-USP, under document number 614/2007, approved in 02/26/07. All participants received detailed information about the purpose and

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objectives of the study and signed the Free and Informed Consent Form.

Data collection was performed through recorded semi-structured interviews, which were performed by the researcher and two collaborators, at the referred health center, in a room that provided the necessary comfort, safety, and liberty, as all participants showed immediate interest to participate in the study.

We used questions from the WHOQOL-bref (abbreviated version of the WHOQOL-100), which were complemented with other questions made in the interviews aiming specifically at the process of breastfeeding.

The WHOQOL-100 is a quality of life evaluation instrument based on the presuppositions that quality of life is a *subjective* construct (perception of the individual involved), *multidimensional* and composed by *positive* dimensions (for example: mobility) and *negative* dimensions (for example: pain), with 100 questions evaluating six domains: Physical, Psychological, Level of Independence, Social Relations, Environment and Spirituality/Personal Beliefs. It was developed by the WHO Quality of Life Group and counted with the participation of 15 countries, which contributed with their different cultures. To this date, this instrument has been translated to 20 different languages, including Portuguese. It is a self-administered and self-explanatory instrument that permits the research to perform the application, referred to as administered application⁽¹⁾.

The WHOQOL-bref contains the 26 questions from the WHOQOL-100 that obtained the best psychometric performances. Hence, we designed a data collection form composed by three parts: the first comprised the nursing mothers' socioeconomic and biological data; the second consisted of the WHOQOL-bref itself; and, finally, the third part contained open questions used in the in-depth interview.

The first two questions on the WHOQOL-bref evaluate the overall quality of life (OQOL) and, when added together, provide a score that is independent from the domains. The first question refers to general quality of life, and the second addresses the individual's satisfaction with his or her health. The other questions of this abbreviated version refer to the four domains: Physical, Psychological, Social Relations and Environment⁽⁴⁾.

The answers to each question follow a five-point Likert scale that evaluates (very unsatisfied to very satisfied; very bad to very good), intensity (none to extremely) and frequency (never to always)⁽⁴⁾.

For every question on the WHOQOL-bref, the nursing mothers were asked to state the reason why they had chosen that answer, referring that domain, hence comprising an open question. After completing the application of the referred instrument, we added the following question: *what is quality of life to you* And after exploring this theme, as a third part, we asked: *what do you have to say about your quality of life while you are breastfeeding your baby?* We

asked questions about what the nursing mother was mentioning in the discourse during the in-depth interview, with the purpose to explore the answers they gave, but also maintaining the focus on the object of the study.

The answers to the scores of the instrument were marked on the form and each answer to the open questions were recorded and later fully transcribed. The quantitative data will be presented in a further study.

The contents from these interviews were analyzed simultaneously to the data collection process, searching for the significant events extracted from the participants' statements that were included according to quality of life domains and organized according to the proposed method of Collective Subject Discourse (CSD), which presupposes, first, the identification of key expressions that correspond to the *raw material* of the interview then the central idea, which aims at translating the meaning that is learned from the statements by means of the key expressions. The central ideas and their respective key expressions, grouped by similar meanings, result in the CSD, which consists of a *brief discourse elaborated with excerpts of discourses with similar meanings gathered in a single discourse*⁽⁵⁾.

As the ground to analyze the CSD, we used the principles of the model *Thinking about Risks and Benefits*, developed based on the Data Grounded Theory⁽⁶⁾, which explains the women's experience of breastfeeding. This model expresses that women experience breastfeeding in their everyday lives as an interpretative, evaluative and value-adding process by which they (women) continuously evaluate the risks and benefits obtained through the process of breastfeeding, either for herself or for the child. Symbolically, the risk corresponds to the interpretations about what breastfeeding brings upon the woman or the child, like some form of physical, emotional or social menace. On the other hand, following the same line of thought, breastfeeding may mean benefits reaped by the mother or the child, when it represents gains, advantages, pleasure and satisfaction, obtained in the process of breastfeeding or of being breastfed.

RESULTS

Through the women's statements it was found the key expressions that translated ideas about quality of life related to the domains (Physical, Psychological, Social Relations and Environment) and OQOL, and 10 CSD were constructed based on the central ideas that they express. The objective of elaborating the Collective Subject Discourses was, namely, to identify or combine elements that were expressed verbally, which are part of the women's repertoire, which they use to evaluate not only their own quality of life and build their perception, as well as assume a position facing the situation that they are experiencing. For each domain, two discourses were constructed. The initial idea was to have one discourse for each of the two possible degrees of answers on the scale presented in each

question. We realized, however, that the elements that qualify life in the dimension of good or very good, of satisfied and very satisfied, or on the other end, the bad and very bad, for example, are basically the same. The tone of quality of life perceived by the women is actually assigned by the possible variations of how these elements or facets appear to and are perceived by them.

The present article will present only four of the 19 CSD. We chose to present only the two that portray the perception of good and bad overall quality of life, the CSD that expresses their opinion about what quality of life is, obtained in the open questions, and the CSD in which they define maternity and breastfeeding, which was extracted from the group of answers they gave to every question on the WHOQOL-bref.

The content of the CSD shows that the nursing mothers associate different domains when building their perception of overall quality of life. We realized that different women may make different interpretations about a same element, thus assuming perspectives that qualify the lives of each of the women, resulting in discourses that portray both positive and negative evaluations of their quality of life, as it is observed in the following CSD expressing the perception of QOL.

CSD1 (OQOL) – My quality of life is good because I am adjusting to this phase

I'm healthy, I eat well, I'm eating healthy things so it passes on to the milk and to her, I work, I'm independent, my husband also works, we are all healthy, so I think it's good. It is a little harder now, but I always work things out and I always manage to make some time for myself, for my family, for my husband, besides taking care of the house. It is a moment of adjustment, I have already noticed that the more she grows, the better it gets. It is a natural and temporary phase. I feel well and happy, thank Goodness we have everything we need. I got a daughter, it is a new experience, I have more responsibilities now. I wasn't as happy before as I am now, it is wonderful to be a mother and to breastfeed. My family supports me, my husband, my parents, brothers, and I feel my situation is a good one. My husband and I live well, I have a good quality of life. Actually, I'm a little overwhelmed, but then, with the help from my husband, relatives, I can figure things out ok. I have a good job, I live in a nice place, my neighborhood is good, and I own y house. I have what is needed to have fun, go out, we're not stuck in that small life of only going to work and coming home.

CSD 2 (OQOL) – My quality of life is bad because it is tiring

My QOL is not well, I still haven't managed to adjust properly to breastfeeding, sleep, my time is almost exclusively for her, I don't have any time for myself, or for my husband, the poor thing! It's tiring, I try to eat better to pass it on to the milk, but, sometimes, I don't have time even to eat. I wish I had some time to exercise, to rest and I can't manage doing all those things. I'm just a little stressed and that makes relationships a bit more difficult, being stressed all of a

sudden, there are some quarrels, but I think it's all worth it, and I intend to breastfeed as long as I have milk, even if I really stress myself out, it's worth it. Things really changed after I had my baby. I'm finding it a bit difficult, after she was born, to manage things between my family and my husband, it's kind of split up, you know? My mother wants attention, my husband wants attention, it's like I'm some sort of trophy, you know? I'm feeling really divided... I'm unemployed, if I were working I would be better, because only my husband is working, so sometimes things get tight, it's not like we run out of things, I'd say we eat reasonably, it's ok, I want to have my own house and stop paying rent, to live in a better neighborhood, have a car, which I still don't have. We don't get to have a lot of leisure, the best places to go to have fun cost money, right? An money right now is short.

The following CSD presents elements similar to the others, composed in the women's statements as a way of answering *What is quality of life?*

CDS 3 – Quality of life is having everything I need to live well

To me, quality of life is having good health, eating healthy foods, like fruits, vegetables, meat, milk, having access to health services, studying, having access to information, knowing your rights. Also related to transportation, having public transportation that actually works. Having a good job, have the money at least for the basic everyday needs, not just financially, but like... having a religion, because that is also part, it's important to take care of the spiritual and emotional side. It doesn't take too much money to have QOL. That's what it is to me, having time for work and time for the good things in life, being able to go out, laughing, having fun, sitting in front of the TV and watching a soap if it is the case, walking in a park, having a beer, if it makes you happy, that is QOL, it is something that gives you pleasure. QOL is living in a clean and comfortable environment, with television, a sofa, bed, etc. A place where I feel good, owning my house, living in a green area, with no pollution, have a clam life, free from danger, without too much mess, living in a place where people respect each other. I think that if people respected each other more, the world would be a better place. QOL is having everything I need near me, everything I need to survive, to have a family, friends, give and receive support. Unfortunately some people become accommodated and don't make an effort to work, to fight.

Though we did not explore with the nursing women a question specifically about breastfeeding, rather, this process was used as the setting of their perspective of quality of life, we found that the women made several references to the relation between maternity and breastfeeding. These contents revealed there is a need to present a discourse that shows the essence of the social representations and of the typical universe of the process of breastfeeding and developing maternity, as we do not have domains or facets in this sense that would allow us to measure, in a more direct and specific way, the impact that breastfeeding has on these women's quality of life. Though indirectly, it was possible to learn the extent to which several aspects of the

studied domains were affected by the context created by the fact that the woman was breastfeeding her child.

CSD 4 – Maternity and Breastfeeding

She came and changed our lives completely, mine and my husband's. It is more responsibility. I like to breastfeed, I can't explain it, it is really great knowing that someone depends on you, things changed 100%, it is a dream, I stop whatever it is I'm doing to feed her, I'll stay there as long as it takes, it's a pleasure, I think that the air is precarious, so I need to feed her my milk that is better and will help her grow, saves money, time, improves her health, because it has all the nutrients she needs, I'm eating healthier foods to pass it all on to the milk, she doesn't need anything else. We don't have to spend money buying milk, getting up in the middle of the night to make a bottle. I breastfeed, change her and done! I have always been healthy because I was breastfed, too. Every mother should breastfeed. I think it is so beautiful!

I think my QOL is good, even though I haven't slept right, I have more things to do, like taking care of her, of the house, working, I get a bit overwhelmed, because I don't have time for myself, and at night I have to give some affection to my husband, but I still think the change made things better, I wanted to be a mother. Sometimes I get a little angry because she takes too long to fall asleep, but then I look at her little face and forget everything. Everyone has been through this, my mother has, too. I'll also have to suffer a bit, it's part of the deal, it will soon be over and we get over it. It is hard for you to always be well, a mother has more expenses, also worries more about the financial side, but still I think my QOL is good.

DISCUSSION

We observed that the elements used to evaluate quality of life of the nursing women are present in the CSDs that evaluate the quality of life as good and also in those that evaluate it as bad. The difference between them may be the condition of how that element appears in the woman's experience and how she apprehends it within her view of the world.

Regarding the four domains that translated the ideas about the women's perception of quality of life, the questions related to the Physical domain are those that address: pain and discomfort, energy and fatigue, sleep and rest, activities of daily living and the capacity to work. It is clear that the nursing woman perceives herself as being overwhelmed with activities and responsibilities and the need to properly adjust their domestic and public roles. The way they interpret their experience also depends on the support they receive or do not receive and how they perceive their social and financial conditions as to providing them with structure and comfort, leisure, proper eating and other needs.

In the psychological domain, the woman's perception of quality of life is based on the meaning of her activities of

daily living, personal satisfaction and her appearance, besides identifying her own feelings. In this regards, the studied woman showed that there is an association between positive feelings and maternity.

As for the domain Social Relations, it addresses the aspects of: satisfaction with the social relations, the received support and sexual activity.

For these women, not only do the friendship relationships and family bonds meet their need of social living, and of exchanging life experiences, but they also represent emotional and practical support, as they see that they are able to rely on those people to help with domestic chores and tending her children.

The environment domain encompasses some structural aspect of human life, such as the financial situation, access to health services, housing conditions, opportunities of leisure and transportation.

As to the care with their own health, they are concerned about eating well and produce good quality milk for their child. The women perceive the overload of activities, when assuming this new role, as per their discourses, as a special phase in their lives, what differs is the way that the women administrate this new phase, and this context reveals the influence from their personal features.

The presence of the representation of maternity associated with the female role of providing the necessary conditions for her family to function properly, which, in turn, involves the care that the woman must have towards everyone and everything, implies she must be able to manage her time, in which she may or may not include herself.

The women see the phase of tending their small child as something natural, and this perception is possible through their common sense knowledge that provides them with the elements for this understanding. To this shared construct, the women assign a meaning of reality translated by the feeling of completeness that maternity gives them, surrounded by other elements that will provide satisfaction in other dimension in their lives.

Women who evaluated their quality of life as good feel that the support from family and friends is central for them to overcome the difficulties they are facing. On the other hand, women who do not receive support from their social relationships feel unsatisfied with this phase in their lives, showing they are unhappy about their quality of life, which demonstrates the importance that social support has to the woman who is nursing.

Financial issues are also important elements, and they affect the women's perception of their overall quality of life. The woman's possibility of purchasing the things that she considers essential is what makes her consider her quality of life good. Hence, their inability of obtaining those essential things would cause dissatisfaction.

We observed that the women used both objective (having a job, money, owning a house) and subjective (happiness, satisfaction with their life, well-being) elements to judge their quality of life, which is perceived depending on the way they interpret the reality they live in.

Therefore, the presence of all the elements from the different domains permits the nursing women to achieve the plenitude of meeting several demands regarding their quality of life, as in the domain: Physical, for being able to work; Psychological, as they report being happy; Social Relations, for they have good social relationships; and Environment, as they have a job and a good financial situation, which means they own a house and live in a good neighborhood.

We noticed that all the elements that were considered important, which the women used to express their evaluation of their quality of life in the domains, are also present in their discourses about what quality of life is. In other words, when the women were asked about their quality of life, they make references to most aspects and the four domains addressed in the WHOQOL-bref.

The analysis of the content of these discourses suggests that they express an ideal view of their lives in which most elements, which had already been addressed in previous discourses, as well as many elements already foreseen in the different forms of evaluating quality of life, are combined and complement each other, thus indicating the need to have at least what is considered sufficient to live a life that is safe, pleasant, and worth living for. In summary, you do not need much to be happy! But you must be happy to have a good quality of life.

Nevertheless, when we combined in one single discourse the women's expressions regarding maternity and breastfeeding, we aimed to present the types of representation that explicit a knowledge that is common to the women, which guides their actions in the reproduction of their roles; breastfeeding because she was breastfed, tending because she was tended to [...]. These expressions are particular to a specific culture and social group, but they also express the personal forms of living life and maternity.

One should understand that the women, while they express and live the maternal role of a social representation, have specific styles and experiences that may affect the way they are able to implement the actions they have idealized for maternity.

Hence, we refer to Maternity and Breastfeeding as a discourse that emerged in the present study and that may be comprised in the psychological, and the social relations domains, among others, but we believe that the elements composing the CSD Maternity and Breastfeeding involve a whole time and cultural history of society, one of reiteration, and should be considered as an indicative for the construction of domains specific to the nursing woman, considering that each experience is unique and helps to face new challenges. The authors who used the Mother-Gener-

ated Index⁽⁷⁾, and instrument to measure the quality of life of mothers, considered breastfeeding as a specific domain because it is a specific phase in women's life.

In the theoretical model *thinking about risks and benefits*⁽⁶⁾, the author describes how the women perceives the overload of activities she faces to manage breastfeeding and the need to perform other activities, or rest, and may become irritated from having to interrupt her sleep to prioritize feeding her child.

The process of breastfeeding is continuously permeated with doubts and uncertainties that affect the woman's emotions^(6,8). The nursing woman knows that her emotions affect their milk production and they report the stressful elements as responsible for their unsuccessful breastfeeding.

Everyday activities, such as house chores and work continue to be performed though the child is now their main focus. Some women are able to handle the changes that occur after their baby is born, managing the breastfeeding and house chores, which may cause their satisfaction or dissatisfaction as described in the discourses.

An interesting fact that was observed is that in every case of dissatisfaction, the women reported they were going through a natural and transitory phase that means the impact of maternity and breastfeeding caused by the birth of their child and the need to dedicate and tend to the child. After the phase is over, that is, as the child grows and becomes less dependent, their life goes back to normal. The difference regards what the context offers in terms of objective conditions for the woman to overcome this phase and the contradictions which they have to face because of loving their child, wanting to breastfeed and accepting the limits and restrictions that are imposed by this process, search for ways to properly adjust her roles, which also means a strategy to recover her space and projects, beyond maternity.

Maternity and breastfeeding, as a representation of the feminine ideal, is expressed in the women's statements, who seek to (re)affirm the happiness that it is expected for women to achieve through motherhood. This feeling was pointed out as being the main of the life for these women, particular to maternity.

Women learn how to be a mother at an early age, from their mothers, aunts, sisters among other mother figures. They are influenced by the ethical and moral precepts contained in what is considered to be an ideal mother, which serve as reference for building their own maternal identity⁽⁹⁾.

Historically, the woman was placed in a situation of submission related to men, and reduced to the domain of the private, with the role of taking care of the house, husband, and children, making her busy and weary to perform all the activities that are expected of her, as she believes that she is fully responsible for those chores, seeing her socially-built role as something natural⁽¹⁰⁾.

The evaluation of quality of life, as well as the meaning assigned to the experience of breastfeeding is a personal, subjective, multifactor construction, composed of elements from the reality that are associated to the life experience of each individual. In this regard, the woman's actions are guided by a personal view of her experience due to the differences in personality traits, thus resulting in a range of individual responses to the phenomenon of breastfeeding and also regarding her quality of life⁽⁶⁾.

CONCLUSION

This study permitted us to explore the maternal features present in each aspect addressed in the WHOQOL-bref quality of life evaluation instrument, and to identify the many factors and actors that are involved in the organization of their everyday life, their relationship with the practice of breastfeeding and their social and contextual surroundings, which are more evident for the construction of their perception of quality of life.

When the nursing women describe what quality of life is, they use objective elements such as being healthy, eating healthy, having access to health services, transportation, education, having a job, money, owning a house, living in a comfortable environment, and having a good social relationship as qualifiers for their life experience. Moreover, in addition to these elements, they report the need to feel well and happy, which is a summary representation of quality of life, and depends on receiving spiritual and emotional support.

In every CSDs maternity and breastfeeding showed a strong presence as the setting of the women's daily life.

The construction of the CSD Maternity and Breastfeeding permitted us to identify the feelings that the women perceived in the process of breastfeeding and developing maternity. The period in which the child is highly dependent on the mother, whether breastfeeding is exclusive or not, is a time when the child's sleep pattern is not yet organized in a way that the mother and child do cannot rest for a longer period, and this is an example that comprises the representation of this phase, which will pass and to which the woman becomes adjusted to a form of social and historical language of the female behavior. Despite breastfeeding not being exclusive, the care the mother must have with the child includes other activities that demand her to be present, at least during the first six months of that child's life. This transitory phase may be experienced as a very pleasant period or one that implies a great burden, depending mainly on the support from the family and on the objective conditions of life, which would provide the minimal conditions of feeding, sleep, and meeting the basic necessities, which include affective and emotional security.

Nowadays, with the growing inclusion of women in the working market, in all sorts of positions, it is unacceptable

that women remain exclusively responsible for house chores and tending to her children and husband.

Support from the spouse appears as one of the elements that could provide the women with a better perception of their quality of life as it offers support to other important aspects of their daily life that reflect their physical and emotional well-being.

We also emphasize the importance of the government to formulate and implement policies that aim at increasing the opportunities for employment, housing, education, public transportation and health care as they are essential elements for the population in terms of obtaining good quality of life.

The society also has part of the responsibility of obtaining good quality of life, through exercising citizenship and solidarity, as well as by people respecting each other and taking care of the environment.

We believe that increasing the maternity leave to six months is one of the changes that the government could make to help women to perform exclusive breastfeeding during the first six months of their child's life. It is central that this measure be shared by the society, which would then count on healthy and emotionally stable individuals, because of the benefits that breastfeeding promotes and, unquestionably, affects achieving good quality of life.

Planning nursing care is essential for integrating the family in the process of breastfeeding. On the other hand, it is observed that nursing has made timid advancements in home care, in which once again breastfeeding appears as a great challenge. This is observed by comparing the present results with a Master's study that showed the challenges that women have to overcome especially in the first month postpartum to win over their anxiety of taking care of their child; which made it possible to evaluate the extent to which breastfeeding, associated with several contexts and social settings, affects the nursing women's perception of quality of life.

Therefore, quality of life is not a concept of phenomenon contained in itself; rather its evaluation depends on the elements or aspects that make sense for the nursing woman's experience and her personal relationships in addition to their particular relationship with their maternal role and associated representations.

The literature review did not reveal any studies that investigated the evaluation of quality of life among nursing women, and this is, therefore, a study limitation.

Breastfeeding is a specific domain in women's life. Therefore, we believe that because the WHOQOL-bref is as a generic instrument with poor sensitivity for situations specific to breastfeeding and, thus, did not permit us to evaluate the several aspects included in this process, there is a need for designing a specific instrument to evaluate the quality of life of nursing women containing the domain Maternity and Breastfeeding, presented in this study.

REFERENCES

1. Fleck MPA, Louzada S, Chachamovith E, Vieira G, Santos L, Pinzon V. Desenvolvimento da versão em português do Instrumento de Avaliação de Qualidade de Vida da Organização Mundial da Saúde (WHOQOL-100). *Rev Bras Psiquiatr.* 1999;21(1): 19-28.
2. Meeberg GA. Quality of life a concept analysis. *J Adv Nurs.* 1993;18(1):32-8.
3. Silva IA. A vivência de trabalhar para trabalhadoras e estudantes de uma universidade pública. *Rev Bras Enferm.* 2005;58(6): 641-6.
4. Fleck MPA, Louzada S, Chachamovich E, Vieira G, Santos L, Pinzon V. Aplicação da versão em português do instrumento abreviado de avaliação da qualidade de vida (WHOQOL-bref). *Rev Saúde Pública.* 2000;34(2):178-83.
5. Lefèvre F, Lefèvre AMC. O discurso do discurso do sujeito coletivo: um novo enfoque em pesquisa qualitativa (Desdobramentos). Caxias do Sul: EDUCS; 2003.
6. Silva IA. Amamentar: uma questão de assumir riscos ou garantir benefícios. São Paulo: Robe; 1997.
7. Symon A, McGreavey J, Picken C. Postnatal quality of life assessment: validation of the Mother Generated-Index. *Br J Obstet Gynaecol.* 2003;110(9):865-8.
8. Aragaki IMM, Silva IA, Santos JLF. Traço e estado de ansiedade de nutrizes com indicadores de hipogalactia e nutrizes com galactia normal. *Rev Esc Enferm USP.* 2006;40 (3):396-406.
9. Kitzinger S. Mães: um estudo antropológico de maternidade. Lisboa: Editorial Presença; 1978.
10. Badinter E. Um amor conquistado: o mito do amor materno. Trad. de Waltensir Dutra. 7ª ed. Rio de Janeiro: Nova Fronteira; 1985.