

# Woman as Mother, Mother as Woman: Understanding Maternal Experiences in the Breastfeeding Process

Mulher mãe, mãe mulher: compreendendo experiências maternas no processo da amamentação  
*Mujer madre, madre mujer: comprendiendo experiencias maternas en el proceso de lactancia*

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## Abstract

**Introduction:** The elaboration of maternal identity is a social process of reconstruction of individuality in the face of related processes and social demands involved in the role of mother. Motherhood in contemporary society gives women a vocation to be a mother and breastfeeding, creating a social expectation of innate ability for this development, being an intersubjective process with potential psychic and social consequences. **Objective:** To understand the process of breastfeeding in the context of contemporary motherhood. **Methods:** This is a qualitative study carried out in a medium-sized city in Minas Gerais. The population were women with children under 2 years of age. Sampling was performed using the Snowball technique. For data collection, a script of guided questions made by the researchers was used, applied through a recorded interview. **Results:** The sample evaluated in this study consisted of 15 mothers aged 26 to 35 years. Regarding education, most have completed higher education, more than half said they have income above 3 minimum wages and a small portion had cesarean delivery, mostly vaginal delivery. In general, the interviewees reported having a positive practice in the breastfeeding process, despite the difficulties. The statements show that some partners accompanied the breastfeeding process and helped in a passive or active way, but the most common responsibility is the woman. **Conclusions:** The concerns, sadness and difficulties in breastfeeding, when overcome, generate a feeling of satisfaction and success. It is important for women to know about breastfeeding, in addition to needing support and understanding in this process. The study enabled professionals to rethink their practice in order to blur the technicality discourses and return to maternal female empowerment about breastfeeding and their own bodies.

**Keywords:** Parenting; Gender identity; Breast feeding.

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## Resumo

**Introdução:** A elaboração da identidade materna é um processo social de reconstrução da individualidade diante dos processos e das demandas sociais envolvidos no papel de mãe. A maternidade na sociedade contemporânea confere à mulher uma vocação a ser mãe e ao aleitamento, criando uma expectativa social de habilidade nata para esse desenvolvimento, sendo um processo intersubjetivo com potenciais desdobramentos psíquicos e sociais. **Objetivo:** Conhecer o processo de amamentar no contexto da maternidade contemporânea. **Métodos:** Trata-se de um estudo qualitativo realizado em um município de médio porte de Minas Gerais. A população foram mulheres com filhos menores de 2 anos de idade. A amostragem deu-se pela técnica de *snowball*. Para a coleta de dados, foi utilizado um roteiro de questões norteadas confeccionado pelas pesquisadoras, aplicado por meio de uma entrevista gravada. **Resultados:** A amostra avaliada neste estudo foi de 15 mães com idades de 26 a 35 anos. Em relação à escolaridade, a maioria apresentou ensino superior completo, mais que a metade expôs que possui renda acima de três salários mínimos, e pequena parcela teve parto cesariano, sendo na sua maioria parto vaginal. No geral as entrevistadas relataram ter uma prática positiva no processo de amamentar, apesar das dificuldades. As declarações mostram que alguns parceiros acompanharam o processo de amamentação e ajudaram de forma passiva ou ativa, porém o mais comum é a responsabilidade estar voltada para a mulher. **Conclusões:** As preocupações, tristezas e dificuldades na amamentação quando superadas geram sentimentos de satisfação e sucesso. É importante a mulher conhecer sobre aleitamento materno, além de terem o apoio e a compreensão de que precisam nesse processo. O estudo possibilitou aos profissionais repensarem sua prática a fim de desfocar os discursos do tecnicismo e voltar para o empoderamento feminino materno sobre a amamentação e seu próprio corpo.

**Palavras-chave:** Poder familiar; Identidade de gênero; Aleitamento materno.

## Resumen

**Introducción:** La elaboración de la identidad materna es un proceso social de reconstrucción de la individualidad frente a procesos relacionados y demandas sociales involucradas en el rol de madre. La maternidad en la sociedad contemporánea otorga a la mujer la vocación de ser madre y amamentar, creando una expectativa social de capacidad innata para este desarrollo, siendo un proceso intersubjetivo con potenciales consecuencias psíquicas y sociales. **Objetivo:** Comprender el proceso de lactancia materna en el contexto de la maternidad contemporánea. **Metodos:** Se trata de un estudio cualitativo realizado en una ciudad de tamaño medio de Minas Gerais. La población fueron mujeres con hijos menores de 2 años. El muestreo se realizó mediante la técnica Snowball. Para la recolección de datos, se utilizó un guión de preguntas guiadas realizado por los investigadores, aplicado a través de una entrevista grabada. **Resultados:** La muestra evaluada en este estudio estuvo compuesta por 15 madres de 26 a 35 años. En cuanto a la educación, la mayoría tiene estudios superiores completos, más de la mitad dijo tener ingresos superiores a 3 salarios mínimos y una pequeña porción tuvo parto por cesárea, en su mayoría parto vaginal. En general, las entrevistadas relataron tener una práctica positiva en el proceso de amamantamiento, a pesar de las dificultades. Las declaraciones muestran que algunos compañeros acompañaron el proceso de lactancia y ayudaron de forma pasiva o activa, pero la responsabilidad más común es la mujer. **Conclusiones:** Las preocupaciones, tristezas y dificultades en la lactancia materna, cuando superadas, generan un sentimiento de satisfacción y éxito. Es importante que las mujeres conozcan sobre la lactancia materna, además de necesitar apoyo y comprensión en este proceso. El estudio permitió a los profesionales repensar su práctica para desdibujar los discursos de tecnicismo y volver al empoderamiento de la mujer materna sobre la lactancia materna y sus propios cuerpos.

**Palabras llave:** Responsabilidad parental; Identidad de género; Lactancia materna.

## INTRODUCTION

When discussing the evolving lifestyles of contemporary women, it is essential to acknowledge the historical struggles of past generations, who fought to expand and improve opportunities for personal fulfillment. However, despite their participation in the workforce, women often continue to balance professional responsibilities with domestic obligations, managing the demands of their careers alongside those of their children, spouses, and households.<sup>1</sup>

Feminist policies have highlighted that the pursuit of power remains closely tied to the female body. Despite the modern relevance of this issue, its consequences persist, manifesting in various ways, from hesitancy in asserting one's role in society to sexual subjugation by the so-called stronger gender.<sup>2</sup>

The concept of gender refers to the social relations between men and women, how these relations are hierarchically structured, and how they can be analyzed in terms of power and domination. Gender differs from sex, as the latter pertains to the anatomical and physiological differences between men and

women, while the former encompasses the ways in which these differences are socially constructed across various societies and historical periods.<sup>3</sup>

New family structures have demonstrated the dissolution of the traditional family model and the reorganization of social roles for both men and women. This shift has directly impacted the roles of mothers and fathers within the family context, leading to changes in previously established conceptions of motherhood.<sup>4</sup>

Breastfeeding has traditionally been considered an exclusive role of women. Studies indicate that pro-breastfeeding discourses and global efforts to promote the practice have significantly influenced contemporary motherhood norms. However, these discourses rarely take women's perspectives into account, failing to acknowledge their emotions and minimizing potential difficulties. The decision to continue or discontinue breastfeeding is often framed as solely the woman's responsibility.<sup>5</sup> Currently, discussions on the possibility of weaning remain limited, with prevailing narratives tending to individualize breastfeeding and place the majority of the responsibility on women.<sup>6</sup>

Public health policies affirm that breastfeeding is an undeniable biological and ethical right for both mother and child. However, societal pressure on women to breastfeed is often driven by the perceived positive effects on the infant's health. Conversely, women who are unable to breastfeed are frequently stigmatized, labeled as "less of a mother," inadequate, or deemed responsible for their children's potential lack of proper growth and development. This reflects the broader context of a society rooted in unequal gender and social class relations.<sup>5,7</sup>

In light of this, it is crucial to recognize women as the central figures in the act of breastfeeding. The field of breastfeeding studies must undergo a feminist transformation that extends beyond simply increasing the number of women involved in knowledge production. By addressing gender inequalities, this shift can challenge, deconstruct, and, most importantly, offer a critical stance within this context.<sup>8</sup>

This study did not aim to undermine the progress made in health regarding the importance of breastfeeding and its promotion. Rather, it seeks to offer a distinct and socially informed perspective, incorporating, in addition to the content found in health policies, the choice and autonomy of women's bodies in motherhood. The objective was to approach, in a humanized manner, women who are unable to breastfeed or who have simply decided not to do so.

This research aimed to understand the breastfeeding process within the context of contemporary motherhood.

## METHODS

This research is qualitative, as it employs an interpretative approach to the world. It examines phenomena in their natural settings, seeking to understand them through the meanings attributed by individuals.<sup>9</sup>

The study was conducted in a medium-sized municipality in Minas Gerais, with data collection taking place between October and December 2022. The population consisted of women who had children under two years of age at the time of data collection and resided in the urban area of the municipality. A convenience sampling method was used, employing the snowball technique. This sampling approach is widely utilized in qualitative research as it facilitates access to hard-to-reach or less-known populations. It is particularly effective in studies that adopt non-probabilistic sampling methods based on reference networks and participant referrals, making it useful when the

research universe is not well defined.<sup>10</sup> Women under 18 years of age, those in the postpartum period, and those with conditions or psychological disorders that could impair their ability to comprehend the questions were excluded from the study.

The interviews were recorded until theoretical saturation was reached. Data collection is considered saturated when responses become repetitive and no new information emerges to further enrich the understanding of the phenomenon under study.<sup>11</sup>

For data collection, a script of guiding questions prepared by the researchers was used, and the interviews were recorded using a cell phone. Initially, key informants, referred to as seeds, were identified to help locate women who met the study's inclusion criteria within the general population. The first contact with these informants was made via telephone to present the research proposal and schedule interviews at the participants' homes. During the first face-to-face meeting, the study's objectives, rationale, and methodology were explained, and formal authorization for participation was obtained through the signing of the Informed Consent.

The interviews were conducted in locations where the participants felt most comfortable and at times that suited their availability. The process followed a profile characterization questionnaire and a script of guiding questions. The researchers administered the questionnaires personally in private settings to ensure confidentiality and anonymity.

The interviews were fully recorded and grouped into similar categories to enhance the reader's understanding. The data were analyzed using Bardin's content analysis technique, a methodological approach that examines communication to extract indicators, quantitative or otherwise, that provide insights into the conditions under which the statements were produced.<sup>12</sup> Gynecological and obstetric data were presented in both table and text formats at the beginning of the results section.

The study adhered to the ethical principles governing research involving human subjects, as outlined in Resolution No. 466 of December 2012 of the National Health Council. The project was approved under substantiated opinion number 5.580.764, with the Certificate of Presentation for Ethical Consideration (CAAE) 61086622.4.0000.5146. All participants were provided with and signed the Informed Consent.

## RESULTS

### Socioeconomic and gynecological-obstetric profile of mothers

The sample in this study consisted of 15 mothers aged 26 to 35 years. Regarding education, the majority had completed higher education, while a smaller portion had completed high school. In terms of income, a minority earned between one and three minimum wages, whereas more than half had an income exceeding three minimum wages. Concerning the type of delivery, a smaller proportion of participants underwent cesarean sections, while the majority had vaginal deliveries.

A study by Rieth and Coimbra<sup>13</sup> demonstrated that a higher level of education correlates with greater confidence in maintaining breastfeeding for an extended period, as increased years of education enhance knowledge about the practice. Similarly, Costa et al.<sup>14</sup> identified an association between education and breastfeeding, indicating that mothers with higher education levels are more likely to practice exclusive breastfeeding and are less likely to discontinue due to common difficulties.

This study revealed that the majority of interviewees had completed higher education, suggesting a strong correlation between educational level and persistence in breastfeeding, even in the face of challenges.

Socioeconomic factors can positively or negatively influence breastfeeding practices. Access to information about lactation is closely linked to educational level. Thus, the findings of this study align with those reported in the literature.

The rate of breastfeeding complications is higher among women who undergo cesarean sections, as this procedure is considered a risk factor for delayed breastfeeding initiation within the first hour of the newborn's life. It also acts as a barrier to breastfeeding initiation by limiting mother-infant contact in the postpartum period.<sup>15</sup> According to Barbosa et al.,<sup>16</sup> cesarean sections can hinder breastfeeding due to the effects of anesthesia. However, in this study, no correlation was observed between the type of delivery and the act or desire to breastfeed, as the vast majority of women, regardless of delivery method, persisted in breastfeeding.

## Perception of mothers about what breastfeeding is

Regarding women's perceptions of breastfeeding, most interviewees viewed it as a positive practice. Despite the challenges encountered in the process, they recognized its beneficial aspects. They emphasized that breastfeeding represents the establishment of a unique and pleasurable bond that cannot be replicated with another person or through any other practice. Additionally, it was evident that women perceive breastfeeding as a fundamental right of the child, providing numerous benefits while also strengthening the emotional connection between mother and child, as reflected in the following statements: *"For me, it's a connection, you know? A bond between mother and child, beyond the importance of milk for the baby"* (Paola); *"Oh, it's enjoyable. Really wonderful"* (Joana); *"It's an indescribable bond, a relationship of pure love"* (Cida); *"It's a connection with the baby, a unique, wonderful bond, the best phase of motherhood"* (Luanna); *"Breastfeeding is a very intimate relationship between us and our child, you know? I think it's a lasting bond. It's an amazing feeling. Knowing you're nourishing your baby is indescribable"* (Joelma); *"I was able to breastfeed until my baby was one year old because I understood the importance of breastfeeding, it goes beyond mere nourishment. It fosters a sense of love, protection, and comfort for both me and my son"* (Berenice).

Considering this first aspect, authors state that breastfeeding is recognized as a natural strategy for bonding, affection, protection, and nutrition for the child, serving as an effective intervention in reducing infant morbidity and mortality.<sup>17</sup> Additionally, breastfeeding is directly linked to the establishment of the mother-baby bond, contributing to the child's ability to relate to others, the development of the dental arch, the formation of the immune system, the prevention of obesity, and overall growth and development.<sup>18</sup>

The breastfeeding process is an effective tool for the baby's development and protection, as breast milk provides the newborn with essential nutrients and antibodies for growth and development. Additionally, it incurs no costs and is associated with increased infant survival.<sup>19</sup>

From the perspective of mothers, breastfeeding is synonymous with connection, bond, nutrition, pleasure, enjoyment, the best phase, lasting bond, love, protection, and comfort.

However, not all mothers share this perception, and some may even wish to stop breastfeeding for various reasons. Not breastfeeding can lead to negative experiences and frustrations for the mother, who

may feel she has not fulfilled her role. Although breastfeeding is biologically viable for most women, for many mothers, the experience is accompanied by concerns, insecurities, and difficulties.<sup>19</sup>

This is evident in the statements of interviewees who shared experiences of the inherent difficulties in the breastfeeding process. These participants did not perceive the benefits and, as a result, chose to discontinue breastfeeding: *“I felt incapable. It was so difficult that I couldn’t even look at my daughter, it was so painful, so traumatic at that moment”* (Celina); *“Breastfeeding was like, distressing”* (Dôra); *“Sometimes it hurts, it’s painful... I couldn’t handle continuing”* (Ágta).

The breastfeeding process is biologically determined yet complex, as it is also shaped by cultural influences. It is an action influenced by various factors, ideologies, and determinants that stem from concrete living conditions. The reality of mothers who do not breastfeed can be marked by negative feelings and experiences, often leading to difficulties or failure in the breastfeeding process. In addition to feelings of sadness, distress, and aversion, some mothers may develop depressive symptoms and anxiety, which often go unnoticed by healthcare professionals who focus primarily on the technical and biological aspects of the patient while neglecting the psychosocial factors involved.<sup>15,17</sup>

For breastfeeding to take place, a harmonious relationship between mother and child is essential, as this experience serves as the foundation for the baby’s interaction with the external world. It is important that the mother has both the willingness and a genuine desire to breastfeed. If the mother refuses or faces significant difficulties that prevent her from breastfeeding, the practice should not be imposed.<sup>20</sup>

One of the myths that can contribute to weaning is the concern with women’s body image, particularly regarding their breasts. Breastfeeding is known to have a direct impact on breast appearance. Since breasts are often associated with sexuality, some women may feel self-conscious about their size, as reflected in Cris’s statement:

*I breastfed for a short time because I was embarrassed to show my breasts and my husband would see them, so I felt ashamed of my breasts after giving birth. It also hurt a lot, and I even got goosebumps. When I saw him cry because he was hungry, I was already crying before he did, because I knew I was going to have to breastfeed.*

During breastfeeding, the female breast can serve two functions: nourishment and eroticism. In this context, the breast, while functioning as a source of male sexual stimulation and reinforcing the image of femininity, is also associated with motherhood, a symbol of nurturing, nourishment, and protection for the baby. A woman’s perception of her own body can influence her experience of breastfeeding. When this perception is negative, she may believe that breastfeeding causes breast sagging, enlarges the nipples, and makes them ugly. These beliefs can contribute to the discontinuation or failure of breastfeeding.<sup>21</sup>

Additionally, concerns about potential aesthetic changes resulting from breastfeeding, as well as reduced sexual activity and discomfort caused by milk production during sexual intercourse, may act as barriers to successful lactation.<sup>16</sup>

Furthermore, studies indicate that breast complications during the postpartum period are among the primary factors leading to early weaning. Issues such as maternal pain associated with breastfeeding, including breast engorgement, fissures, mastitis, abrasions, erythema, and difficulties with latching, contribute significantly to premature cessation of breastfeeding. These complications not only lead to early weaning but also cause pain that may reduce the frequency of breastfeeding and hinder the milk



ejection reflex.<sup>22</sup> This is reflected in Celina's statement: *"Breastfeeding was really difficult. [...] I had trouble breastfeeding, developed breast engorgement, which caused me a lot of pain, and had nipple cracks."*

Furthermore, the results indicated that participants struggled to determine whether their milk was sufficient and adequately nourishing their babies. They also reported experiencing pain during breastfeeding, as illustrated by Dôra's statement: *"I didn't know if he was getting full or satisfied, my breast hurt a lot, and I didn't enjoy that moment."*

This perception of breastfeeding reflects maternal insecurity regarding her ability to nourish her baby and a lack of knowledge. Crying and frequent breastfeeding are often interpreted as signs of hunger, a belief that can be reinforced by those around her, who may assume that the baby is crying solely due to hunger.<sup>23-26</sup>

It is important to note that nearly all mothers are capable of producing an adequate quantity and quality of milk for their baby, provided they are willing, confident in their ability to breastfeed, and position the child correctly during lactation.<sup>25</sup>

Many women experience feelings of guilt or shame for not wanting to breastfeed or for being unable to do so. Mothers who do not breastfeed or do not adhere to societal expectations of breastfeeding may feel guilty, sad, or inadequate. Additionally, mothers who do not conform to dominant breastfeeding norms may be perceived as rejecting an ideal of femininity that associates breastfeeding with the essence of womanhood.<sup>18</sup>

For these mothers, breastfeeding was associated with difficulty, pain, incapacity, trauma, distress, insecurity, and shame.

## Motherhood and new ways of life for contemporary women

Motherhood is a unique experience in a woman's life, filled with expectations and emotions, and it is experienced in an individual way, varying from person to person.<sup>13</sup>

The interviewees shared their feelings about motherhood, with the most frequently mentioned emotions being positive, such as happiness, pleasure, pride in being a good mother, blessings, the realization of a dream, and renewal. They also described motherhood as synonymous with strength and transformation, as if it marked a significant turning point in their lives, with a life before and after becoming a mother: *"Well, I think I'm a good mom. I feel good"* (Joana); *"I feel like I'm blessed"* (Ágata); *"Motherhood is really great, it's a renewal. As they say, when a child is born, a mother is born, so it's an amazing experience"* (Joelma); *"I can't imagine not being a mother today. I have a life before Elisa and after Elisa. I've become a much stronger and more empathetic person"* (Celina); *"It was a huge accomplishment, but day to day, dealing with motherhood is tiring, though it's still enjoyable"* (Laura).

When considering the terms motherhood and mother, several definitions can be drawn from common sense, shaped by individual experiences and the observation of these concepts in practice. In everyday understanding, motherhood is perceived as something instinctively natural to women. Care for the child is expected from the mother even before birth, with a love that is seen as unconditional and innate. This love is expected to be maintained and perpetuated toward the child, regardless of any circumstances.<sup>20,25</sup>

The concept of maternal love is often associated with positive emotions related to the condition of being a mother, to the point of sometimes elevating this state to a divine status, characterizing it as something blessed.<sup>17</sup>

On the other hand, some authors argue that motherhood is not an innate trait but a constructed one. Reports suggest that the development of maternal identity is implicitly linked to a woman's experience of childbirth, with pregnancy serving as the period during which a woman prepares to become a mother within a psychosocial context. Therefore, maternal identity involves the creation of a relationship rooted in the bond with the child.<sup>22</sup>

Considering identity, some reports suggest that whenever someone is assigned the role of child, there will necessarily be someone in the role of mother,<sup>27</sup> as clearly described in Joelma's speech: "*As they say, when a child is born, a mother is born,*" and in Celina's speech: "*I have a life before Elisa and after Elisa.*" This implies that both individuals must fulfill their respective roles.

It is also important to note that maternal identity is constructed throughout pregnancy, and after birth, it is reinforced by society and the people close to the woman, as they identify her with the role of mother. The materialization of the baby-child makes it necessary for the woman to assume this role, regardless of her feelings during this process.<sup>24</sup>

Considering the above, all the interviewees' statements present positive discourses on motherhood, but most of the speeches are accompanied by the difficulties that motherhood brings to mothers. In view of this, the results indicate feelings of loneliness and difficulty regarding motherhood, as can be seen in Berenice's speech:

*Oh, I'm happy with motherhood, but it's hard, you know. Motherhood is, how can I say, we're on our own. But I love being a mom, it was a dream. But it's hard. We're on our own for everything. You might have someone, but even then, we're on our own for everything.*

These results demonstrate that motherhood makes women feel alone, even if they have a support network. In other words, women undergo these transformations on their own, and all the tasks that were previously considered exclusively for women are now added to the responsibilities of motherhood, leading women to juggle multiple roles.

Motherhood is understood as a historical, cultural, and political process, directly linked to power relations and the domination of one gender over the other, which restricts women's roles to taking care of the home and children. The conditioning of women to manage the home, children, and career, alongside the expectation that they must rigorously fulfill all of these obligations, has been described as the "motherhood of guilt."<sup>21</sup>

Furthermore, the results reaffirm motherhood as a challenging process, as described by Dôra: "*Regarding motherhood, I feel blessed. It was always my dream to be a mother, but I never imagined that motherhood would be so difficult.*"

The birth of a child is a determining factor in the transition to a new phase of the life cycle, involving the restructuring of the family system and the consequent redefinition of roles and tasks. Parental responsibilities alter the daily life of the couple, particularly the mother, who assumes most of the responsibilities for caring for the baby. The woman enters a world that is often unknown and highly demanding, requiring constant learning and profound adaptation to her new role as both mother and caregiver, making motherhood a challenging process.<sup>15</sup>

Becoming a mother is not an easy task. It involves adapting to a new life cycle that can be more or less stressful and challenging, altering one's entire routine. The statements of the mothers who participated in this study reinforced this experience of motherhood as a difficult phase that reshapes their roles as mothers, women, and wives/partners.



*It's not easy, you know... oh... It's because motherhood really drains us, right? We have to be everything at once. A mom, wife, woman, homemaker, and with a child, it makes everything even tighter, right? You have to become many things in one, but I'm managing, right? Dôra).*

*It's hard because to be a mom, you need time for your kids, and to be a woman, you need time for your home and your husband. Balancing both is complicated, but in the end, you manage. You run from one side to the other and make it work (Joelma).*

Motherhood and fatherhood are events that transform a couple's life, especially for the mother, who typically assumes the majority of parental responsibilities in caring for the child. Authors have found that breastfeeding is one of the main difficulties faced by mothers, influenced by social, cultural, and aesthetic factors. This responsibility is often solely attributed to the woman, adding an even greater burden.<sup>6,8</sup>

It is important to consider that pregnancy and the possibility of a new life significantly impact the lives of everyone involved, but especially the mother. She is the one to whom the greatest biological, psychological, and social roles and responsibilities are assigned throughout the process, in addition to all the roles imposed by the contemporary world.<sup>3</sup>

Furthermore, the results indicate that mothers believe that in our contemporary world, becoming a mother is even more challenging than it seems, as society is still rooted in sexist ideals. These ideals link the role of mothers solely to archaic social concepts of women as caregivers of the home and children, as reported by Cris in one of her speeches:

*Look, being a woman and a mother in today's society is really complicated because the world is sexist [...]. Being a woman is tough because, for them [men], we're not supposed to work outside the home or be independent. I'm going back to work at 6 months, and he doesn't want me to return to work. He's never stopped working, his life hasn't changed at all.*

In fact, women today are living in a complex historical period, divided between the desire to assert themselves as protagonists in professional, economic, political, and social contexts alongside men, and the desire to become mothers. Society, while demanding that women be competent professionals, seems to require that women only feel complete when they are mothers. To manage all these tasks related to work and study, women need time — the same time that they would need to dedicate to motherhood.<sup>25</sup>

## **The contemporary mother and breastfeeding**

In contemporary Brazilian society, breastfeeding is such a defining experience of motherhood and the mother-baby relationship that a child who cannot be breastfed may represent a challenge to nature for the mother. The prevailing belief that women only achieve completeness when they become mothers is still deeply rooted in society, with some discourses asserting that having a child is necessary for a woman to feel fulfilled.<sup>5</sup>

In this sense, this topic seeks to meet the central objective of this work, providing an understanding of the breastfeeding process in the context of contemporary motherhood. Considering the previous description of what contemporary motherhood is like, the study aimed to highlight the roles of each person

involved in breastfeeding. Most women reported that, in the context of breastfeeding, the responsibility primarily falls on the mother, as illustrated in the statements of Luanna, Berenice, and Joelma: *“Because for the mother, it’s always like that, the burden always falls more on her, the husband helps, ok, does a little thing or two here and there, right, but the mother... it’s always more, you know”; “So I think he doesn’t really have a role. It’s very difficult to find a father who is very involved, who’s not just about wanting to show off to others”; “For me, the woman’s role is to take care of the baby, but for me, the father’s role makes no difference at all in breastfeeding.”*

Modern women have assumed a variety of roles that were traditionally assigned to men. This shift has not only altered the routine of contemporary women but also affected their life projects and subsequent choices. One area significantly impacted by the multiplicity of roles assumed by modern women is motherhood.<sup>26,27</sup>

In the past, there was a clear division of roles: the man was the provider of the home, with the autonomy to establish rules and delegate functions, while the woman was the domestic caregiver, confined to activities exclusively within the home. Today, this division is no longer observed. Contemporary women have expanded their roles, assuming positions in the job market that were once exclusively occupied by men.<sup>14,17</sup>

Currently, when it comes to motherhood and breastfeeding, the scientific and biomedical discourse promoted by health institutions is the most widely circulated in society. In this discourse, breastfeeding is often presented as a natural act, an organic task inherent to women’s nature. However, it rarely acknowledges the challenges many women face during this process, such as issues with lactation management, including fissures and mastitis, etc. or the impact on their social relationships with husbands, other children, employers, and coworkers. It also overlooks whether all women have the support of a partner, mother, or other family members to assist with breastfeeding. In many cases, the family continues to treat breastfeeding as merely another task assigned to women within the context of domestic life and child-rearing.<sup>27</sup>

This perspective can be observed in Dôra’s speech:

*There are the challenges of breastfeeding, like the issue of improper latch, you have to correct the latch, and then there’s your partner, right... Being present, supportive, helping, putting himself in the mother’s shoes, because for her, the beginning of breastfeeding is really complicated. If we don’t have a support network, it seems to make things much harder, and we become more psychologically vulnerable.*

Furthermore, the results show that women still perceive breastfeeding as an inherently feminine task, one that should be performed exclusively by women, without considering the possibility of receiving help from others in this practice, as highlighted in Celina’s speech:

*The mother takes on a much heavier burden than the father. The mother’s responsibility is much greater, especially with breastfeeding, because breastfeeding is a woman’s role, right... There’s no way for the man to breastfeed [laughs]. It’s really our job. We have to handle it, right...*

What we observe in contemporary discourses on breastfeeding in Brazil is that the symbolic force of this imagery surrounding motherhood and breastfeeding is also reflected in the meanings shared by women themselves, from their decision to breastfeed to their reasons for either continuing or discontinuing breastfeeding.<sup>26</sup>

On the other hand, some women were able to recognize the male role in the breastfeeding process, acknowledging that the man can take on other tasks while the woman is feeding the child, as expressed by Paola: *“When breastfeeding, he gives me peace of mind. Let’s say, I have a kitchen to clean, and I need to breastfeed her. He goes to the kitchen, so I can breastfeed.”*

In this regard, authors argue that the presence of a partner helps mothers prolong their lactation period. Furthermore, being involved with their wife is one way fathers contribute to promoting breastfeeding, making their participation essential to the success of this process.<sup>20,23</sup> Nursing mothers report that sharing childcare with family members, as well as receiving assistance with daily tasks, contributes to the success of longer exclusive breastfeeding.<sup>27</sup>

## CONCLUSION

Breastfeeding is an act of love and natural care for women, even when confronted with various challenges, whether physiological, social, or emotional. This study highlighted the complexities that mothers face during breastfeeding.

Concerns, sadness, and difficulties in breastfeeding, when overcome, lead to feelings of satisfaction and success. The testimonies revealed that it is crucial for women to be informed about breastfeeding and, furthermore, to receive support and understanding in their specific realities.

The results highlight the need for increased awareness among healthcare professionals regarding gender issues, emphasizing that breastfeeding will only be effective if the support network and healthcare providers are fully committed. In addition to enhancing attention to pregnant women during prenatal care and regular consultations focused on breastfeeding, it is essential to promote continuous education to address doubts about breastfeeding, particularly regarding how to manage difficulties. Moreover, the discourse should not focus solely on technical aspects but should also embrace women’s subjectivity, allowing them the autonomy to make informed choices about their bodies and breastfeeding, free from judgment.

The main obstacle in conducting this study was the limited availability of articles addressing the difficulties of breastfeeding, as most discourses focus more on the technical aspects supporting breastfeeding and on the roles and gender issues within the context of motherhood and fatherhood.

It is suggested that further research be conducted to better understand the issue of gender and the roles established by women and men in the breastfeeding process within contemporary society.

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## CONFLICT OF INTERESTS

Nothing to declare.

## AUTHORS' CONTRIBUTIONS

MLSP: Data Curation, Investigation, Writing – Original Draft, Writing – Review & Editing. VCMM: Data Curation, Investigation, Writing – Original Draft, Writing – Review & Editing. PHGF: Writing – Original Draft, Writing – Review & Editing. ACRQ: Writing – Original Draft, Writing – Review & Editing. WDSF: Writing – Original Draft, Writing – Review & Editing. PSDO: Supervisão, Writing – Review & Editing.

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