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Exclusive breastfeeding in a context of intimate partner violence in Brazil

Aleitamento materno exclusivo em um contexto de violência por parceiro íntimo no Brasil

Lactancia materna exclusiva en un contexto de violencia de pareja en Brasil

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Abstract
The study aim was to identify the experience of exclusive breastfeeding and its relationship with the situation of intimate partner violence from a qualitative approach. The study was carried out in a maternity hospital located in Brazil. The participants were 21 puerperal women, who were in a situation of intimate partner violence in the puerperium and who had at least 180 days postpartum. The quantitative data (the women's sociodemographic, economic, family, and obstetric status) were used for describing the participants. Whereas, the qualitative data were collected through an open interview and recorded in a single moment, they reflected on the experience of breastfeeding in situations of violence by their intimate partners. The qualitative data was treated using the Method of Sense Interpretation; and Male Domination and Symbolic Power, by Pierre Bourdieu, were the theoretical frameworks chosen to discuss the concept of gender in social relationships. Most of the participants were young, black/brown-skinned, had a mean of 10 years of study, all suffered some type of violence by their partners during postpartum, and only one woman followed exclusive breastfeeding until six months. The central category, entitled: "Intimate partner violence and its repercussions on the experience of exclusive breastfeeding", identified that intimate partner violence impacted in maintaining exclusive breastfeeding, interruption of latching, in addition to affecting the relationship between mother and child. The originality of the theme must be discussed in the academic, practical, governmental, and research spheres in order to strengthen the notification and confrontation of violence and to advocate for exclusive breastfeeding even in adverse contexts.
Keywords: Intimate partner violence; Domestic violence; Violence against women; Battered women; Breastfeeding; Weaning; Qualitative research.

Resumo
Este estudo teve como objetivo identificar a experiência do aleitamento materno exclusivo e sua relação com a situação de violência por parceiro íntimo a partir de uma abordagem qualitativa. O estudo foi realizado em uma maternidade localizada no Brasil. As participantes foram 21 puérperas, que se encontravam em situação de violência por parceiro íntimo no puerpério e que tiveram pelo menos 180 dias de pós-parto. Os dados quantitativos (condição sociodemográfica, econômica, familiar e obstétrica das mulheres) foram utilizados para a caracterização das participantes. Enquanto, os dados qualitativos foram coletados por meio de entrevista aberta e gravada em um único momento, refletiram sobre a vivência da amamentação em situação de violência por parte de seus parceiros íntimos. Os dados qualitativos foram tratados pelo Método de Interpretação do Sentido; e Dominação Masculina e Poder Simbólico, de Pierre Bourdieu, foram os referenciais teóricos escolhidos para discutir o conceito de gênero nas relações sociais. A maioria das participantes eram jovem, preta/parda, com média de 10 anos de estudo, todas sofreram algum tipo de violência por parte do parceiro no pós-parto e apenas uma mulher seguiu aleitamento materno exclusivo até os seis meses. A categoria central, intitulada: "Violência por parceiro íntimo e suas repercussões na vivência do aleitamento materno exclusivo", identificou que a violência por parceiro íntimo impactou na manutenção do aleitamento materno exclusivo, interrupção da pega, além de afetar a relação entre mãe e filho. A originalidade do

tema deve ser discutida nas esferas acadêmica, prática, governamental e de pesquisa para fortalecer a notificação e o enfrentamento da violência e defender o aleitamento materno exclusivo mesmo em contextos adversos.
Palavras-chave: Violência por parceiro íntimo; Violência doméstica; Violência contra a mulher; Mulheres maltratadas; Aleitamento materno; Desmame precoce; Pesquisa qualitativa.

Resumen
El objetivo del estudio fue identificar la experiencia de lactancia materna exclusiva y su relación con la situación de violencia de pareja desde un enfoque cualitativo. El estudio se llevó a cabo en una maternidad ubicada en Brasil. Participaron 21 puérperas, que se encontraban en situación de violencia de pareja en el puerperio y que tenían al menos 180 días de posparto. Los datos cuantitativos (situación sociodemográfica, económica, familiar y obstétrica de las mujeres) fueron utilizados para la descripción de las participantes. Mientras que, datos cualitativos fueron recolectados a través de una entrevista abierta y registrados en un solo momento, reflexionaron sobre la experiencia de amamantar en situaciones de violencia por parte de sus compañeros íntimos. Los datos cualitativos fueron tratados mediante el Método de Interpretación del Sentido; y Dominación masculina y poder simbólico, de Pierre Bourdieu, fueron los marcos teóricos elegidos para discutir el concepto de género en las relaciones sociales. La mayoría de las participantes eran jóvenes, de piel negra/morena, con una media de 10 años de estudio, todas sufrieron algún tipo de violencia por parte de sus compañeros durante el posparto, y sólo una mujer siguió con lactancia materna exclusiva hasta los seis meses. La categoría central, titulada: "Violencia del compañero íntimo y sus repercusiones en la experiencia de la lactancia materna exclusiva", identificó que la violencia del compañero íntimo impactó en el mantenimiento de la lactancia materna exclusiva, interrupción del enganche, además de afectar la relación entre madre e hijo. La originalidad del tema debe ser discutida en los ámbitos académico, práctico, gubernamental y de investigación para fortalecer la notificación y el enfrentamiento de la violencia y abogar por la lactancia materna exclusiva incluso en contextos adversos.
Palabras clave: Violencia de pareja; Violencia contra la mujer; Violencia contra la mujer; Mujeres maltratadas; Lactancia materna; Destete; Investigación cualitativa.

1. Introduction

Intimate Partner Violence (IPV) and breastfeeding converge because they are dilemmas for public health, given the complexity of working on such phenomena (Brown, 2017; Bott et al., 2019).

The World Health Organization (WHO) conceptualizes IPV as a type of violence against women, perpetuated by partners or former partners, within a relationship, and which causes physical, sexual or psychological harms, among which controlling behavior, psychological abuse, physical aggression, and eve sexual abuse are included (WHO, 2013a). Worldwide, at least 30% of the women have ever experienced physical or sexual violence by their partners (WHO, 2013a). In the Americas, a systematic review conducted with population data on the prevalence of IPV between 1998 and 2017 identified that physical and/or sexual violence in Brazil, Panama, and Uruguay ranged from 14% to 17% whereas, in Canada and Bolivia, the percentages were 1.1% and 27.1%, respectively. Most of the times, IPV has repercussions on the health of those involved, regardless of the IPV rates observed in each country (Bott et al., 2019).

Women can be in an IPV situation in any period of their lives, and pregnant or postpartum women are not spared. This fact was evidenced in a multi-center study carried out in 19 countries, which identified that pregnant women were targets of violence perpetrated by their partners. The same study concluded that African and Latin American pregnant women were more susceptible to IPV than pregnant women living in European countries, based on the prevalence values analyzed in different countries (Devries et al., 2010). In the Brazilian context, a cross-sectional study carried out with puerperal women in the state of São Paulo highlighted that 51.2% of them had suffered IPV at some time in their lives. Among this percentage (51.2%), 36.7% claimed to have suffered IPV during pregnancy and 25.6% of them confirmed the perpetuation of partner violence during the postpartum period (Marcacine et al., 2017).

In view of this reality, the repercussions of IPV for maternal and child health are numerous. Among them, the repercussions observed in maternal health range from a harmful lifestyle (due to tobacco and alcohol abuse), low self-esteem, eating disorders, discouragement, cephalea, insomnia, anxiety, emotional instability, anguish, panic and despair to post-traumatic stress (Kendall-Tackett, 2007; Averbuch & Spatz, 2009; Dutra et al., 2013). The following also stand out as possible

impacts on maternal-child health reproduced by IPV: miscarriages, induced abortions, increase in the chance of contamination by HIV/AIDS, obstetric complications, restriction of fetal growth, and low birth weight (WHO, 2011).

In this scenario, in addition to the harms to maternal-child health, greater vulnerability of women is noticed; these factors tend to exert a negative impact on the interaction and care with the children (Izaguirre & Calvete, 2014), also affecting breastfeeding.

By turning the attention to BF, 80% of the newborns receive breast milk at birth, but almost all nations present EBF rates below 50% until the infant's sixth month of life, even when knowing that EBF can save infant lives, especially in middle- and low-income countries (WHO, 2013b; Victora et al., 2016). When reflecting about the challenges for the EBF practice, it should not overlooked that BF is a complex and challenging event, as it involves multiple determinants of a social, cultural, personal and biological nature for the success or failure of this practice (Rollings et al., 2016). In addition, factors such as maternal motivation, family and community network, actions by the health services, and public laws and policies, are considered determinants for BF success or failure (Freitas et al., 2018). Of the multiple factors that reflect on breastfeeding progress, the reflections of IPV stand out.

In this sense, factors such as less desire to breastfeed, lower chance of initiating and maintaining exclusive breastfeeding, and greater propensity for early weaning were observed in different studies that had the theme of IPV and breastfeeding (Silverman et al., 2006; Lau & Chan, 2007; Lourenço & Deslandes, 2008; James et al., 2014; Miller-Graff et al., 2018; Baraldi et al., 2020).

Even in the face of these findings, although more negative effects of IPV are observed in relation to the breastfeeding process, the literature is inconclusive about these repercussions since, in some contexts, violence was not associated as the main cause for the interruption of breastfeeding. In view of the above, some authors demonstrate the need for studies that allow for a deeper understanding of the relationship between IPV and breastfeeding (Mezzavilla et al., 2018; Miller-Graff et al., 2018).

In view of the above, some authors show the need for studies that enable a more in-depth understanding of the relationship between IPV and breastfeeding, since qualitative studies that addressed these themes together are rare (Lourenço & Deslandes, 2008; Cerulli et al., 2010; Devries et al., 2010; James et al., 2014). Therefore, this study sought innovation by investigating, from the report of Brazilian women, how the EBF process occurs in IPV situations, aiming to understand how this phenomenon affects the subjectivity of these women and reflects on the breastfeeding process. Thereafter conferring the possibility that both health services and their professionals, and even government officials, can give visibility to the fact that IPV occurs during the breastfeeding period; therefore, it must be a time for screening and even notification, in addition to the fact that if, IPV can also be a factor that discourages breastfeeding, then it can interfere both in exclusive BF and in its duration; thus, qualitative research studies are referred to fill this gap.

In this sense, the current study aimed to identify the experience of exclusive breastfeeding and its relationship with the situation of IPV from a qualitative approach. The study sought to answer the following question: How did Brazilian women experience exclusive breastfeeding (EBF) being in situations of intimate partner violence?

2. Methodology

A qualitative study conducted in Ribeirao Preto, a large city in the inland of the state of São Paulo, Brazil, with women who received prenatal care from the 36th gestational week in a public maternity hospital of the Unified Health System.

The qualitative methodology was chosen, since this method answers the guiding question of this study and its objective. In addition, the choice for the qualitative approach is based on the perspective of exploring and understanding the singularities of an in-depth study problem (Minayo, 2008). In the health scenario, qualitative research has been translated as an

aspect that broadens the vision for the various themes in the health and disease process by promoting quality of care and integration between individual and collective knowledge, a fact that helps in the diversification of knowledge (Baixinho et al., 2019; Filho, 2020).

In order to contribute to the scientific rigor of qualitative research, it is stated that, for the design of this study, the criteria adopted by the guideline Consolidated criteria for reporting qualitative research (COREQ) were followed (Tong et al., 2007). The COREQ is a checklist with 32 items and three domains: research team and reflexivity (composition of the research team), study design (study method and context), data analysis and reporting (results, analyses and interpretations), which intend to assist in scientific rigor and in the reliability of the research.

The selected maternity hospital is located in the northern region of Ribeirão Preto, and meets the demands of this municipality and of another 26 cities belonging to the XIII Regional Health Department (Departamento Regional de Saúde, DRS). In addition to the maternity service for low and medium risk deliveries, this hospital provides services such as outpatient consultations, gynecological and obstetric hospitalization, surgical procedures, specialized exams, and assistance in special situations, involving adolescents and women who suffer violence (Mater, 2013).

The key-informants were screened by ease in approaching, speaking and bringing information on a specific theme/topic in depth (Bisol, 2012). It chose to use this form of choice to indicate a participant occurred because the thematic is delicate and not all women are willing to talk about an abusive relationship, in addition to those who do not even recognize violence as an abusive act. In this study, the key-informants were selected from a database built based on a quantitative cross-sectional study conducted with 315 women in this maternity hospital, in which the prevalence of IPV cases was identified before and during the pregnancy-puerperal cycle, by means of the data collected with a WHO instrument adapted by Schraiber et al. (2005). Thus, the 21 key-informant participants were eligible based on the following inclusion criteria: having participated in the cross-sectional study; being primiparous - not associating in this study the background of other breastfeeding processes -, having started breastfeeding; having experienced IPV in the puerperium; and having at least 180 days postpartum. It was decided to wait at least 180 days postpartum to check how EBF was configured (WHO, 2013b). There were no refusals to participate.

The standards for research with human beings established in the Brazilian resolution of the National Health Council were followed, and the research was approved by the Research Ethics Committee (REC) of the Ribeirão Preto Nursing School at the University of São Paulo. After approval by the REC, data collection was carried out between April and October 2015.

Thus, after the stage of identification and selection of participants who are key-informants, their recruitment was carried out by telephone invitations. Upon acceptance, a date, time, and place for the interview were scheduled according to the availability and choice of the participant. On the day before the interview was scheduled, the responsible researcher called the participant to confirm the appointment. The interviews took place in a room of the Basic Health Unit (BHU), in a private room in the university where the study was conducted, or at the woman's residence, according to the participant's choice. When the interview took place at the BHU or at the university, the participant had the travel cost paid by the researcher. However, when the interview took place in the participant's home, two researchers moved to the place for safety reasons. In the case of the home interview, the participant was informed about the departure of two female researchers (the responsible researcher and another research collaborator who already had contact with the IPV content so that there would be no embarrassment), and the research was only carried out if the participant agreed with this condition and felt calm in proceeding; and the participant could interrupt participation at any time, without any harm. For the interview to take place smoothly, in addition to seeking a confidential environment, and away from the aggressor, the place was equipped with food, water, and toys for the babies.

Subsequently, the Informed Consent Term was signed by those over 18 years old, or the Informed Assent Term, by those under 18 years old with the authorization of a person responsible for being an intimate and private matter. A form was

applied to collect the socio-demographic, economic, and obstetric data, the type of violence perpetrated, and time in EBF, in order to characterize these participants.

A pilot study was conducted in order to assess the participants' understanding of the guiding questions in the semi-structured interview. The pilot study was initiated after project approval by the Ethics Committee, and was conducted with three postpartum women; as there was understanding and the interviews contained similar content and contributed to the research objectives, the pilot study interviews and participants were included in the final data. There was no need to adapt the instruments for data collection after conducting the pilot study.

After applying this form, the interview was started, which was recorded only once on a digital voice recorder, with a mean duration of 42 minutes. For its conduction, a semi-structured script was used, composed of the following guiding questions: “Did you go through situations of quarrels and disagreements with your partner? I would like you to tell me what it was like to experience these arguments and quarrels”, “How was it to breastfeed in the face of these situations of quarrels and disagreements?”, and “If you were not in this situation of disagreement or quarrel with your partner, how do you believe your breastfeeding experience would be?”

Sample size was determined by the theoretical saturation concept that was determined by the aspects present in the statements that started to be repeated and deepened on (Minayo, 2017) for understanding the meanings attributed to violence in the context of breastfeeding, and was reached with 21 interviews.

Due to the context of violence, at the end of the interview it was decided to offer leaflets and booklets with content on Violence Against Women (VAW) and services to combat violence in that city to all the participants. In addition to providing, when required, referral to the psychology service of a public university.

The interviews were transcribed in full, without correcting the grammar of the statements, in order to maintain the original meaning. So as to maintain anonymity, the interviews were coded by the word ‘Participant’, followed by Arabic numerals from one to 21 in the order in which they were carried out. The option to use the method of interpretation of meanings to qualitative data analysis was due to the fact this method involves techniques that were constructed based on understanding trends of social sciences and intended to analyze the data through words, acts and actions, groups, institution of interrelationships, through reflections of hermeneutics (understanding) and dialectics (criticism), in order to unveil meaning through interpretations (Gomes et al., 2014). In this way, the method of interpreting the meanings goes beyond interpretation, trespassing textual content for considering the culture and context in which this report is formulated.

This method follows some steps: (i) comprehensive reading of the collected material sought: in this stage, it is intended to view the particularities and the material as a whole and the units of meaning are established for further categorization; (ii) exploration of the material: in this phase, data deepening is initiated, in that it is sought to go beyond the text, and tends to bring out the subjective elements, search for meanings and dialog with the theoretical frameworks are initiated; and (iii) elaboration of the interpretive synthesis: in this final stage, the interpretation moment arrives, that is, what was previously compartmentalized in the units and categories starts to have a synthesis, and this synthesis begins to be worked on according to the study objectives, both with the theoretical frameworks and with empirical data (Gomes, 2008; Gomes et al., 2014). Comprehensive reading seeks the particularities and the view of the material as a whole; in this stage, the units of meaning are established for further categorization, as shown in Figure 1.

Figure 1. Sense units with the initial and intermediate codes for the construction of the final thematic category. Ribeirão Preto, SP, Brazil, 2022.

Initial codes	Intermediate codes	Final theme: Category
Discouragement to breastfeed due to quarrels, disagreements, and violence perpetrated by the partner	Repercussions of intimate partner violence in setting and perpetuating breastfeeding Repercussions of the violence perpetrated in the mental, psychological, and physical health of these women and the relationship with emotional disorders and hypogalactia Impact of violence even during pregnancy and deprivation of information and advice on breastfeeding Women think that, if there were no violence, breastfeeding would have occurred in a different way and for a longer time	Intimate partner violence and its repercussions on the experience of exclusive breastfeeding
Lack of partner support beyond the violence felt		
Verbal and psychological violence and its effects on setting and perpetuating breastfeeding		
Violent partner actions and the impact on women's mental and psychological health		
Verbal and/or physical violence during breastfeeding and the repercussions for the bond between the woman and the baby		
The relationship between violence, stress, and hypogalactia		
The fear to breastfeed for remembering the violence suffered		
The perception of women that, if violence did not exist, they would have breastfed better or for longer		
The process of violence as a reason for depriving a more peaceful pregnancy and making it difficult to acquire more knowledge about breastfeeding during pregnancy		

Source: Prepared by the authors (2022).

In order to answer the study objectives and question, it was sought to work with a conceptual framework of gender in the perspective of Pierre Bourdieu, who translates this concept as a form of symbolic power translated by male domination (Bourdieu, 2002; Bourdieu, 2006). In addition, the choice to have Bourdieu (2002) as a theoretical framework is due to the fact that he reports socially-perpetrated gender inequalities, in order to transform them, a fact that corroborates to breaking with the invisibility of male domination, still present in the social world, in addition to the concept of gender being a construct that permeates both IPV and breastfeeding.

In this theoretical perspective, the concept of gender is encompassed as a categorical and variable unit according to a social unit and a cognitive structure in which the studied phenomenon develops. According to Bourdieu (2002), in the social world, a gender view is naturally incorporated in bodies, objects and habits alike, and continues to be perpetuated through the systems of perception, thought and action (Bourdieu, 2002).

Historically, the feminine condition shows that women are neglected, and that they are culturally exploited and "reified" by male social power; also in this scenario of domination, which is perpetuated as violent relationships, and which tend to be reinforced by other social spheres, such as religious institutions, schools and even the State. Dominant politics and discourse, whether in an explicit or hidden manner, contribute to the segregation and vulnerability of being a woman subordinated to being a man, in addition to reinforcing the difference between the genders.

Therefore, if male domination contributes to the maintenance of gender disparities, symbolic power, another concept studied and structured by Bourdieu (2006), shows that, as well as power, domination can be naturalized within society, a fact

that makes subjects even more susceptible to these dominant relationships. Symbolic power reinforces a social order, with relations of domination, privileges or injustice, which tend to become even more acceptable and naturalized depending on the domination time and power (Bourdieu, 2006).

In view of this background, Bordieu (2002) warns against the fact that the spread of gender violence becomes inclusive, unconscious and naturalized, since it is provided by a social order, in which men would have the power of "possession" over women, at the same time that women would have the desire to be dominated, or to subordinate to their partners (Bourdieu, 2002). The predominance of gender-based violence is intensified by the dependence on culture and socialization that men and women remain inserted in. Because of this, women are expected to devote to motherhood and to caring for the family so, if they deviate from this function, men feel no right to press for or demand such an imbued function. Actions like these are socioculturally standardized in the social world, in which work is intended for men, and the domestic environment, for women; so, subjectively, obligations pass on, demand and reinforce these social roles, domination relationships and symbolic power (Bourdieu, 2002; Bourdieu, 2006).

Finally, Bourdieu (2002) concludes that it is necessary to remodel these relationships; in this sense, as institutions that generate dominance not only over males but also over the social, in this case, the State must minimize the disparities between male/female and the School, the body responsible for the formal socialization of the individual, which must review its concepts of segregation between genders so that male domination is progressively reduced, allowing for equality between the genders.

3. Results

Characterization of the participants

The age of the 21 women who participated in the study ranged from 17 to 36 years old. Most declared themselves white- or brown-skinned (n=7 and n=5, respectively), were single (n=19), followed some religion (n=17), finished high school (n=8), and were housewives (n=12). Regarding the obstetric data, of the 21 participants, 18 were primiparous, and three had previous abortions. Of this total of participants, 13 women reported not planning their pregnancy.

As for IPV, of the 21 participants, nine claimed to have suffered some type of IPV during pregnancy: five experiencing psychological violence, one experiencing sexual violence, and three experiencing associated psychological and physical violence. In the puerperium, all the participants underwent IPV; of these, five suffered psychological violence, two physical violence, 12 had associated psychological and physical violence, and two suffered psychological, physical, and sexual violence simultaneously.

As for BF, of the 21 participants, only one breastfed exclusively until the sixth month, the mean of EBF days was 54 days, while the median was 30 days and, at the end of the 180 days postpartum, 13 babies were in BF supplemented with liquids or porridge and seven were weaned.

Qualitative results

From the analysis of the reports, the following thematic category emerged: "Intimate partner violence and its repercussions on the experience of exclusive breastfeeding", which aimed to demonstrate the consequences of IPV in breastfeeding, with a focus on the discontinuity of EBF and on early weaning.

Intimate partner violence and its repercussions on the experience of exclusive breastfeeding

The participants reported that, in addition to the initial difficulties with breastfeeding, the offense, a type of psychological and verbal violence, perpetrated by the partners collaborated to discourage EBF continuation and, in some cases, led to early weaning:

> [...] I didn't have any pleasure at the beginning of breastfeeding, then I started feeling pleasure, you know?! But I wasn't happy, because he (the partner) was saying: “You will keep your tits all dropped!”, in that way, “so this is ugly, this was not cool before, now then...”. He was saying that, then this already remained in my mind, you know, then I thought: “Oh my God, how am I going to breastfeed?” [...] he (baby) stopped breastfeeding on my breast [...] because I started taking some drugs to be able to lose weight [...] (Participant 17).

[...] he even quarreled when I was breastfeeding in front of him, I was always breastfeeding the (baby) hidden because he (partner) was telling me to stop [...] (Participant 18).

The actions of the partners continued to interfere in the course of EBF when associated with disagreements between the couple, as the participants were concerned because they related violence as a risk for weaning due to hypogalactia:

[...] when I was breastfeeding V. (daughter) when these things happened (quarrels), I felt that I didn't have enough milk for V. (daughter) because she wanted to be breastfeed all the time [...] we already had a quarrel when I was giving the breast to V. (daughter), then I stopped, you know, and I was afraid of my milk getting stuck, drying out, I don't know, of running out of it and that she was hungry, I worried about her, but now I'm having more milk than before because of that [...] (Participant 5)

In this scenario, the participants reported that the lack of support from their partners, in addition to the quarrels, had an impact on the breastfeeding progress:

> [...] besides quarreling with me [...] he always left me feeling stressed [...] he demotivates me because he didn't help me, he helped in the beginning [...] but after he saw, as I said earlier, that he saw that I was doing things on my own, he stopped helping me [...] if he gave me more motivation and he never quarreled with me, it's not less quarreling, if he had not quarreled with me, I think that until the baby was six months old I would have breastfed him [...] (Participant 4)

In the reports it was possible to observe that, regardless of the type of violence perpetrated by the partner, when it occurred at the time of breastfeeding, in addition to causing disharmony in the mother-child bond, it also impacted the EBF progress:

> [...] If I hadn't been through so much, quarreling, having to stay in the room, I think I'd be another mother, I'd pay more attention to V. (daughter) [...] (Participant 5).

> [...] M. (son) would breastfeed better because he stops breastfeeding to see the quarrel [...] if I didn't have the quarrels, M. (son) would breastfeed more [...] I think he'd breastfeed more in the sense that I'd be able to breastfeed more easily [...] (Participant 6).

Still, due to the partner's history of violence, some participants correlated the sensitivity/pain generated by the baby's sucking, and even nipple fissures, as an act of violence that the child caused in them, as the pain generated brought them to mind the feeling of being “hurt” or “mistreated” again, a fact that disturbed not only the maternal psychological, but also the

desire to breastfeed:

> [...] I, there were times that I couldn't breastfeed, because I was anxious to breastfeed, many things [...] he was going to suckle again to hurt me [...] (Participant 17)

> [...] every time I went to breastfeed my son, I felt that pain, I felt a very strong pain [...] (Participant 18)

In the reports, it was common to observe signs of emotional and psychological changes in the participants' behavior, almost always referred to by them as ‘stress’ or as a ‘strange thing’. For them, these changes caused by IPV were also generating interference in EBF:

> [...] I didn't feel like breastfeeding because I felt that I was going to pass the stress on to my daughter [...] (Participant 15)

> [...] when I got angry in arguing, I thought: “oh, get this girl out of here.” That bad thing was already there no matter how happy I was and playing with her. [...] (Participant 13)

> [...] there was a time when I couldn't even take my breast out to give the breast to the baby, there was a time when the person held my child so I gave milk in the bottle because I couldn't [...] once a voice was speaking to me to give (the breast), it was a very strange thing that happened to me. [...] (Participant 18).

It is highlighted that the participants also related that, when perpetrated during pregnancy, IPV impaired the relationship with pregnancy, therefore affecting the preparation for childbirth and breastfeeding since, due to the quarrels, they stressed not feeling like participating in the educational activities, in addition to having no desire to seek information:

> I don't know if it influences a good pregnancy, and as I didn't have it, then, I think it hindered me enough to breastfeed. [...] I think I'd have time to get better guidance, to have sought more help. I think it would have been different! [...] Breastfeeding would have been easier. I think everything influences, yes. [...] (Participant 20)

Although the repercussions of IPV in discontinuity or even weaning are clear for these women, there was an opposite situation for one of them, in which hypogalactia, as a result of violence, made her act differently, and strengthen herself so that she could maintain BF. This participant believes that however negative the experience of violence may have been, in her case, it strengthened her to continue breastfeeding, even if not exclusively:

> [...] my milk, when he was born, from so much stress, he became very weak. Very moderate! [...] it was quite reduced [...] wanting it or not, it helped me to change, in a certain way, I changed my mind a lot, even though it was negative, but it turned out to be positive. If I hadn't been through that [...] I believe I would've given up, and I wouldn't be breastfeeding today, I'd be in the bottle [...] (Participant 10)

4. Discussion

This qualitative study brought as a major contribution, both to science and to the practice, the possibility of deeply

understanding the repercussions that the situation of violence by the partner generated on the process of exclusive breastfeeding of a group of women in the inland of Brazil.

When analyzing the participants' socioeconomic, personal and obstetric characterization and in view of a national study on factors associated with violence among puerperal women, it is observed that such data have shown little relevance and associative relationship with the spread of IPV (Marcacine et al., 2017). Upon entering all aspects of human differences, in the international sphere and regardless of the age, race/skin color or ethnicity variables, and of other sociodemographic factors, IPV affects both women and men; however, lethality or severity increases in women of reproductive age (Hahn, Gilmore, Aguayo, & Rheingold, 2018). Historically, women are seen as inferior to men, since it is up to the male figure to be responsible for family income and maintenance. This symbolic violence, which strengthens gender disparities between women and men, remains invisible and contributes to intensifying women's economic and financial dependence on their partners, a fact that can negatively interfere in coping with IPV (Bourdieu, 2006).

According to the WHO, the importance of EBF is in place and ratified for the health of the binomial; however, between 2013 and 2017, 43% of the newborns received breast milk (BM) in the first hour of life, and only 43% remained in EBF for up to 180 days. In this study, only one participant reached EBF until the baby's sixth month of life, while the others had a mean of 54 days of exclusive breastfeeding (WHO, 2019); a fact that demonstrates how much EBF falls short of that recommended by international and national health bodies.

In this sense, this study brought qualitative results such as that IPV during the pregnancy-puerperal cycle is a determinant that negatively impacts the practice of EBF. In this context, violence was a factor responsible for generating the rupture in exclusive breastfeeding until the child's sixth month of life, and contributed to early weaning. A similar scenario was observed in an Indian study, in which severe physical violence was associated with decreased EBF in the group of children from zero to six months of age (Metheny & Stephemon, 2019). A pioneering Brazilian study, which involved IPV and self-efficacy in breastfeeding, showed the association between such phenomena, and pointed out violence as adverse conditions for breastfeeding (Mariano et al., 2016).

It is observed that psychological violence increases the chance for discontinuing EBF (Martin, Velasco, Luna-Del-Castillo, & Khan, 2019), regardless of whether the violence occurs before or after pregnancy, it subtly decreased the onset of breastfeeding and contributed to stop it more quickly (Silverman et al., 2006). A literature review of observational studies identified that, of 12 original studies, eight demonstrated the following: lesser intention to breastfeed, lower chance of maintaining EBF for up to six months of the baby's life and, consequently, greater chance of early initiation of food introduction (Mezavilla et al., 2018).

In this study, all the women started breastfeeding and had the intention of maintaining it. However, in view of verbal and even physical arguments, the observed behavior was to interrupt breastfeeding. A similar fact was observed in a Brazilian study, developed from a qualitative perspective on self-care in the postpartum period of women in situations of domestic violence. Such a study, carried out in Rio de Janeiro, identified that the participants weaned their children so that they would not be exposed to violence (Lourenço & Deslandes, 2008). Similar results could be observed in an international retrospective study involving 47 states, which used the Risk monitoring system during pregnancy. Among the outcomes observed, it was identified that, even though breastfeeding was started, when associated with IPV, there was 18% more chance of this act being interrupted in the first eight weeks after delivery (Wallenborn et al., 2018).

It was possible to identify that, when violence was psychological and/or emotional, the participants were afraid of these acts affecting milk production, a fact that contributed to the introduction of the bottle, and, therefore, to EBF discontinuity. In this perspective, an international study conducted in Andalusia, Spain, concluded that women in situations of psychological violence were more likely to interrupt breastfeeding (Martin et al., 2019). The cohort of 429 children with a

mean age of 20 days old developed by researchers in the city of Rio de Janeiro, Brazil, identified that in contexts of severe IPV, the introduction of liquids and solids, in addition to BM, was likely to occur twice as often, until the baby's third month of life (Hasselmann et al., 2016).

It is evident that IPV acts as a barrier to the initiation and continuation of BF, since the environment in which breastfeeding is established is chaotic due to the disagreements and quarrels caused by IPV, a fact that corroborates for an interference in the practice of BF (Cerulli et al., 2010). The typical feelings and sensations of "depressive" processes also permeate the IPV atmosphere and interfere with EBF, as seen by researchers in their study of postpartum depressive symptoms and EBF interruption (Hasselmann et al., 2008). The same authors report that the relationship between living with the partner and having postpartum depression increases the risk of early weaning by 40%.

Exposure to IPV during prenatal care contributed to a decrease in the uptake of information and knowledge about breastfeeding during pregnancy and contributed to EBF cessation. According to an international study that took place in a city in Indiana, United States of America, it was identified that lower participation in prenatal care due to the violence perpetrated by the partner corroborated for the early cessation of breastfeeding, as well as it accentuated the lack of preparation of these women for childbirth and breastfeeding during pregnancy (Miller-Graff et al., 2018).

Early weaning was observed in situations in which, in addition to violence, the participants felt intimidated in remaining breastfeeding against their partner's desire. Similar situations are seen in the literature, and they also seem to be related to stress and depressive problems propagated by the greater proximity of the partner and the low satisfaction with their relationships (Kendall-Tackett, 2007).

A systematic review of paternal support and the practice of BF pointed out that assistance, as well as verbal encouragement by the partner, positively influence both the beginning and the continuity of breastfeeding; in this sense, in adverse scenarios, the effects found can be the opposite result to that identified by these authors (Ogbo et al., 2020).

In this study, it can be seen that, in addition to violence, the absence of a partner who offered support to the breastfeeding process, as well as the partners who discouraged breastfeeding by prioritizing the woman's body as something belonging to them, reveals the permanence of the symbolic power in the unequal relations inherent to gender; therefore, the imperceptible perpetuation of gender violence transmitted through the relations between man and woman is evidenced (Bourdieu, 2002; Bourdieu, 2006).

Still in this line of reflection through the achieved results, it can be undertaken that women are still expected to fulfill their reproductive and maternal function, in addition to companionship and house chores and that, when they do not fulfill these duties imbued by gender, and being inferior to the man in a still patriarchal social model, from the moment a woman deviates from the standard, the partner feels the right to pressure, demand, and "educate" this woman through slogans or in a punitive way (Bourdieu, 2002). Based on these results, the need arises to face and break with this patriarchal model and of perpetuation of symbolic, subtle, and imperceptible violence, so that motherhood as well as breastfeeding are experienced more smoothly, and that they enable this woman break this cycle of violence, and remain on exclusive breastfeeding, a fact that was achieved only by one of the study participants.

This study signals the complexity of the relationship between EBF and the IPV experience in the investigated population, but it has as a limitation inherent to qualitative studies the non-generalization of the data, since they can be modified from different regional and local contexts as well as in different populations addressed as participants. In order to minimize this limitation, it is important to disseminate this study so as to encourage the replication of new research studies with these themes, but from the qualitative approach in different regions and populations to visualize how this event occurs, in particular, with the particularities of each context. The inclusion criterion which limited inviting to participate women who experienced the breastfeeding process for the first time can be seen as a limitation; however, the objective of this criterion was

that there was no confusion with an unsuccessful experience with previous BF, as this could have an impact on the establishment and continuity of the new breastfeeding process. It is believed that other studies considering women who have had previous experience with breastfeeding can contribute to expanding the results on the subject matter.

This study contributes in the practice, both academic and professional, by making it evident that, in the context of this study, IPV had a negative impact on the breastfeeding experience, as well as that it contributed to EBF discontinuity, and even to early weaning. Through this problem, the need to include these themes is identified, related to public health, which, when worked together in this study, evidenced these harmful outcomes for the health of women and children. Therefore, it is believed that these results should be explored and discussed both in academic teaching as well as with professionals and social and health services to improve the identification of violence during the pregnancy-puerperal cycle, with a view especially in the moment of breastfeeding, and in ways of coping with this violence, as well as ways to encourage and promote breastfeeding even in adverse contexts. Finally, there are also implications for the scientific world, since this process must be investigated in different contexts and populations, and may be the target of studies for researchers who are interested in the themes involved in this study.

5. Final Considerations

This study sought to understand how the practice of EBF was manifested in women from a city in the inland of Brazil, who were in some IPV situation. Even with the limitations imposed by the qualitative method, the results evidenced in this study reveal that the IPV situation may have been a factor hindering EBF maintenance; so much so that, in the participants' speeches, predominance can be observed of situations of food supplementation or early weaning. These events could have occurred due to situations such as: limited support from the partner; maternal stress; psychological, emotional and physical disorders that could have reduced the production of breast milk due to the violence perpetrated by the partner during the postpartum period.

Qualitative studies concomitantly involving these two objects of study (IPV and EBF) remain little explored, in this sense, the importance of other qualitative studies is reinforced in order to reveal the outcomes of violence against breastfeeding from different territorial and cultural contexts, which imply different populations. Thus, it is hoped that this article will stimulate further studies, especially in the qualitative aspect with other populations to seek to understand the effects of this phenomenon in regions and cultures different from the researched one.

In view of EBF in this scenario, awareness-raising actions regarding the difficulties that IPV could impose on the lives of women and newborns must be stimulated and discussed since professional training, and also in the services aimed at this population. It is also expected that the subject matter can be treated with greater relevance in the academic, governmental and research spheres, with the purpose of strengthening the confrontation of violence and its reflexes on maternal and child health, in addition to encouraging women to remain on exclusive breastfeeding until the child's sixth month of life, and up to two years in a complementary manner, in order to seek to contribute both in the achievement of the benefits of breastfeeding for women and children and in the improvement of the EBF rates.

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