


ORIGINAL

Knowledge, Practices and Attitudes about Breastfeeding among mothers in several Health Centers, Santo Domingo, 2024

Conocimientos, Prácticas y Actitudes sobre Lactancia Materna en madres de varios Centros de Salud, Santo Domingo, 2024

Ruth Elizabeth Calderón Landívar¹, Evelyn Gabriela González Sánchez¹, María Fernanda Junco Condo¹, Jenrry Fredy Chávez-Arizala¹ 

¹Instituto Superior Tecnológico Adventista del Ecuador. Santo Domingo, Ecuador.

Cite as: Calderón Landívar RE, González Sánchez EG, María Fernanda JC, Chávez-Arizala JF. Knowledge, Practices and Attitudes about Breastfeeding among mothers in several Health Centers, Santo Domingo, 2024. Nursing Depths Series. 2024; 3:138. <https://doi.org/10.56294/nds2024138>

Submitted: 04-07-2023

Revised: 02-10-2023

Accepted: 12-01-2024

Published: 13-01-2024

Editor: Dra. Mileydis Cruz Quevedo 

ABSTRACT

This study aimed to identify the level of knowledge, attitudes, and practices regarding breastfeeding among mothers attending various health centers in Santo Domingo in 2024. A quantitative, descriptive, applied approach was used, with a non-experimental cross-sectional design. The sample consisted of 100 pregnant, breastfeeding, and multiparous mothers selected by convenience sampling. Two instruments were used: "Knowledge about Breastfeeding" and "Attitudes, Practices, and Knowledge about Exclusive Breastfeeding." The results show that 77 % of mothers have a medium level of knowledge, 8 % a high level, and 15 % a low level. Regarding attitudes and practices, 41 % demonstrated a medium level, 39 % a high level, and 20 % a low level. Notably, 93 % of mothers recognize the importance of breastfeeding on demand, 98 % identify the immunological benefits of breast milk, and 96 % report that breastfeeding fosters an emotional bond with their baby. However, 45 % believe they do not produce enough milk, and 53 % state that breastfeeding interferes with their work life. Two instruments were used: a data collection tool (16 items, reliability 0,71, validation 99 pts) and an attitude scale (10 items, polytomous, reliability 0,88 with Cronbach's alpha). It is concluded that although there is a positive predisposition toward breastfeeding and basic knowledge of its benefits, practical barriers and misconceptions persist. Strengthening educational programs, continuous counseling, and institutional support is necessary to ensure proper and sustained breastfeeding practices.

Keywords: Attitudes; Breastfeeding; Knowledge; Breast-Feeding; Pregnant Women.

RESUMEN

El presente estudio tuvo como objetivo identificar el nivel de conocimientos, actitudes y prácticas sobre la lactancia materna en madres que asisten a varios centros de salud en Santo Domingo, 2024. Se aplicó un enfoque cuantitativo, de nivel descriptivo, con finalidad aplicada, bajo un diseño no experimental de corte transversal. La muestra estuvo conformada por 100 madres gestantes, lactantes y multíparas seleccionadas por conveniencia. Se emplearon dos instrumentos: "Conocimiento sobre la Lactancia Materna" y "Actitudes, Prácticas y Conocimiento sobre la Lactancia Materna Exclusiva". Los resultados evidencian que el 77 % de las madres tiene un nivel medio de conocimientos, el 8 % alto y el 15 % bajo. En cuanto a actitudes y prácticas, el 41 % mostró un nivel medio, el 39 % alto y el 20 % bajo. Se destaca que el 93 % de las madres reconocen la importancia de lactar a libre demanda, el 98 % identifican los beneficios inmunológicos de la leche materna y el 96 % refieren que la lactancia genera un vínculo afectivo con el bebé. Sin embargo, el 45 % cree no producir suficiente leche y el 53 % afirma que la lactancia interfiere con su vida laboral. Se usaron dos instrumentos: uno de recolección de datos (16 ítems, confiabilidad 0,71, validación 99 pts) y otro de actitud (10 ítems, politómico, confiabilidad 0,88 con alfa de Cronbach). Se concluye que, aunque existe una

predisposición positiva hacia la lactancia materna y conocimientos básicos sobre sus beneficios, persisten barreras prácticas y percepciones erróneas. Es necesario fortalecer programas educativos, asesoramiento continuo y apoyo institucional para garantizar prácticas adecuadas y sostenidas de lactancia materna.

Palabras clave: Actitudes; Amamantamiento; Conocimientos; Lactancia Materna; Gestantes.

INTRODUCTION

Problem statement

The World Health Organization⁽¹⁾ indicated that 20 % of countries requested that breaks be allowed for breastfeeding and that adequate facilities be provided for breastfeeding or expressing breast milk. These measures were intended to ensure that mothers had the necessary conditions to continue breastfeeding⁽²⁾, benefiting both them and their children. BF was essential for the optimal growth of babies, providing them with balanced nutrients and protecting them from gastrointestinal infections and malnutrition. In addition, it strengthened their immune systems and reduced the risk of disease, making it a key practice for child health.

According to the study by UNICEF⁽³⁾, exclusive breastfeeding (EBF) initiated within the first hour after birth has a prevalence of 58 % in Latin America, surpassing Africa and Asia, which have 50 %, and Eastern Europe with 36 %. However, the region faces challenges in terms of EBF abandonment and continuity, as it has declined dramatically in the last decade towards the third month of life. In Peru, as of 2020, 68,4 % of children under six months of age received EBF, which was more common in rural areas (81 %) than in urban areas (63,4 %), with the regions of Ancash, Junín, and Cajamarca recording the highest frequencies. In addition, it is important to examine the maintenance of EBF.

One in three children under two years of age in Ecuador suffered from chronic child malnutrition (CCM), a problem that seriously affects the development of infants and jeopardizes their future performance, as indicated by various studies. Malnutrition persists as a latent problem and, in Ecuador, has become an evident public health issue that concerns the population, which witnesses the difficult situation faced by children affected by this condition. CMI has increased significantly in Ecuador, prompting various strategies to combat it.

Among these, the promotion of EBF has become a fundamental measure to ensure optimal health in infants. Its objective is to prevent malnutrition and reduce the incidence of pathologies that would affect the growth and future performance of children.⁽⁴⁾

The risk of infant mortality in the first month of life is reduced by 20 % thanks to BF, according to Lioska⁽⁵⁾, a gynecology specialist at the Gustavo Domínguez Hospital in the province of Santo Domingo of the Tsáchilas. In addition, this practice reduces the likelihood that the child will develop obesity or serious chronic diseases in the future. On the other hand, Estrella⁽⁶⁾ emphasizes the importance of dispelling myths surrounding breastfeeding, pointing out that any woman, regardless of her physiology, can breastfeed. In this regard, Noboa⁽⁷⁾, mother of a four-month-old baby, mentioned that she follows all her pediatrician's recommendations, including breastfeeding, which has promoted her child's healthy development.

A series of problems and risks related to breastfeeding were identified, as well as its impact on child health and its social and economic effects. This is due to a lack of knowledge about breastfeeding, which can affect the balance of the baby's digestive system and compromise their intestinal flora. In addition, the changes that mothers face when transitioning from pregnancy to breastfeeding must be considered, as this process involves changes in their routines and mood, which in some cases can lead to postpartum depression. Likewise, the arrival of a baby entails additional costs, which represents an economic challenge for many families.⁽⁸⁾

Education has helped to promote and improve knowledge about breastfeeding, raising awareness of its importance and providing benefits, especially for new mothers. For nursing mothers, it is important to prioritize breastfeeding and the protection of minors. Breastfeeding is fundamental to the development of babies, therefore, it is necessary to educate mothers about its importance and benefits in different aspects for both mother and child. Breastfeeding allows the mother to bond with her baby and also influences the mother's physical and emotional health Barrera⁽⁹⁾. Stimulation during breastfeeding is important as it aids muscle activity and healthy lactation. Education promotes and improves knowledge about breastfeeding, raising awareness of its importance and providing benefits, especially for new mothers. For infants, it is important to prioritize breastfeeding and the protection of minors.

What is the level of knowledge and attitudes about breastfeeding among mothers at various health centers in Santo Domingo in 2024?

General Objective

To identify the level of knowledge about breastfeeding, attitudes, and practices used when breastfeeding their children among mothers at various health centers in Santo Domingo, 2024.

METHOD

Type and Design of the Research

The study was quantitative in nature, based on the collection of numerical data on mothers' knowledge, attitudes, and practices in relation to breastfeeding. To this end, a standardized questionnaire was administered to a representative sample of mothers.⁽¹⁰⁾ The research had a basic purpose, as it was oriented toward the application of scientific knowledge without immediate practical application. Its purpose was to generate new information that would contribute to the enrichment of knowledge about BF, breastfeeding practices, and other aspects.⁽¹¹⁾ The study was eminently descriptive in nature, as it focused on accurately and systematically characterizing the phenomenon of BF without manipulating or controlling variables. Breastfeeding was an activity that was carried out based on basic and common knowledge in a natural way. It was not experimental, as no experiment was necessary, since it was a bond that was created between mother and child, as well as being a source that provided essential nutrients for the baby's development and protection Colombian Milk League.⁽¹²⁾ When conducting research on breastfeeding, it was done transversally because it was carried out with brief contact, which was based on surveys, which were conducted in a single meeting to evaluate and conduct studies. The cross-sectional approach was used to study the variables in breastfeeding.⁽¹³⁾ Breastfeeding had several future prospects, such as the benefits obtained by babies who received breast milk and good intellectual development. Likewise, mothers who breastfed had a lower risk of developing breast cancer.

Population and sample

Population

The research on breastfeeding focused on lactating mothers, pregnant women, and multiparous mothers in the province of Santo Domingo, contributing to the study population that met the required parameters. It was established that the population consisted of breastfeeding mothers with babies under six months of age. Their attendance at the centers where the study was conducted was maintained for one month, allowing the necessary information for the analysis to be collected. It also allowed for a deeper understanding of the conditions and practices related to breastfeeding in this group.⁽¹⁴⁾

Sample

A non-probability convenience sample was taken, including pregnant women, breastfeeding mothers, and mothers with infants under three years of age in Santo Domingo. The sample was limited to 100 of those mentioned, adhering to the pre-established inclusion criteria.⁽¹⁴⁾

Inclusion criteria

- Women who have given birth in health centers in Santo Domingo Mothers over 18 years of age
- Women who are breastfeeding or plan to breastfeed their babies
- Mothers who voluntarily agree to participate in the study and sign the informed consent form.

Exclusion Criteria

- Women under 18 years of age, without the consent of a legal representative.
 - Mothers with serious medical complications that prevent them from participating in the study.
- Women who cannot breastfeed for medical reasons (e.g., HIV positive, undergoing treatment with medications incompatible with breastfeeding).
- Mothers whose babies are in neonatal intensive care and cannot be breastfed directly.
 - Mothers who do not give their consent to participate in the study.

Data collection instruments

The questionnaire has two sections. Personal data and specific data were collected, consisting of 16 items based on verifying the level of knowledge possessed by mothers who attended health centers. The items covered topics such as the appropriate time to start breastfeeding, the main reason, effective bonding, breastfeeding, posture, and latching. In addition, the attendance of mothers at health centers in Santo Domingo was considered.

The surveys used to collect data on attitudes toward breastfeeding were validated by a study who evaluated the knowledge, practices, and attitudes related to the continuity of breastfeeding among mothers who attended health centers. This survey was structured around a set of 10 questions, with the following response options: "Never," "Rarely," "Sometimes," "Often," and "Always." The assessment was carried out according to the attitudes that were considered favorable or unfavorable in breastfeeding mothers and pregnant women, with a score of 4-5 points for each favorable attitude and one, two, and three points for each unfavorable attitude. The survey took approximately 5 minutes to complete.

	Baremo	Baremo Actitudes y
	Conocimientos	Prácticas
Bajo	0-7	0-27
Medio	8-12	28-33
Alto	13-46	34-40

Figure 1. Scales

Data processing and analysis plan

To analyze the information and data obtained through the study, all the results of the questionnaire were first coded.⁽¹⁵⁾

Using a suitable database such as Excel, the responses were specified with the help of this tool. To ensure the quality of the data entered, the quality of the information was carefully reviewed, followed by a statistical analysis detailing the frequencies of the responses, their percentages, relevance, and related responses in terms of knowledge and attitudes. All these results were specified using tables of contents and graphs to facilitate the interpretation of the results.

Ethical aspects

In this research, questionnaires were administered after informing the mothers and obtaining their consent. This is in accordance with Chapter 1, Article 4 of the General Health Law, which prohibits procedures without prior authorization. Written informed consent was obtained from the subject, providing a clear explanation of Sections 20 and 21 of Article 1. To ensure institutional responsibility, the necessary permissions have been obtained from the nursing department and other administrative areas of the health centers. This process will be strictly rigorous, guaranteeing the confidentiality, rights, and dignity of each participant.

RESULTS

Level of Knowledge, Attitudes, and Practices Regarding Breastfeeding

According to knowledge about breastfeeding, the majority of mothers surveyed (77 %) have an average level of knowledge. On the other hand, only 8 % had a high level of knowledge, while 15 % showed a low level of knowledge. These results indicate that, although the majority have adequate knowledge on the subject, there is still a group of mothers with insufficient information on the subject of breastfeeding.

With regard to attitudes and practices in breastfeeding, 41 % of mothers achieve an average level, followed by 39 % who approach a high level, while 20 % have a low level of knowledge. This suggests that most women have favorable attitudes toward breastfeeding. However, the small difference between the average and high levels indicates that, although many mothers are willing to breastfeed, not all of them achieve an optimal level in their practice.

	Baremo	Conocimientos	Baremo	Actitudes y prácticas
		%		%
Bajo	0-7	15	0-27	20
Medio	8-12	77	28-33	41
Alto	13-46	8	34-40	39

Figure 2. Level of Knowledge, Attitudes, and Practices Regarding Breastfeeding

Sociodemographic data

The second figure, which presents demographic and sociodemographic data, shows that most pregnant and breastfeeding women are young (51 % between 18 and 28 years old), which highlights their fertile ages, making them a key group for breastfeeding. There are fewer results for older women (1 % aged 49 or older). What this study shows us is that the majority of the population surveyed are young women.

The study shows that many women are nulliparous mothers (41,4 % with one child), which could mean that they may need more support and guidance on breastfeeding, as it is their first experience, while those mothers who have already had more than one child (27,3 % with two children) have acquired knowledge through past experiences.

In terms of educational background, a relevant result is shown, as the majority have a secondary education (63 % of mothers), which indicates that few have a higher education (19 %), which helps them to have knowledge

about breastfeeding and care during this period. In terms of marital status, 48 % are cohabiting, 34 % are single, and 18 % are married. This indicates that almost half of the participants are cohabiting, which could provide them with greater social and emotional support during breastfeeding compared to single women, who do not receive any help.

In terms of occupation, the highest result is for housewives (68 %), indicating that they do not engage in activities outside their homes and are dedicated to the care and well-being of their children. This suggests that those who are dedicated to their homes are more likely to breastfeed without as many difficulties.

	Criterio	N	%
Edad	De 18 a 28	51	51%
	De 20 a 38	37	37%
	De 39 a 48	11	11%
	De 49 en adelante	1	1%
Hijos	1	41.4	41.4%
	2	27.3	27.3%
	3	16.2	16.2%
	4	7.1	7.1%
	5	1	1%
	6	3	3%
	7	4	4%
Grado de instrucción	Superior	19	19%
	Secundaria	63	63%
	Primaria	18	18%
Estado civil	Soltera	34	34%
	Conviviente	48	48%
	Casada	18	18%
Ocupación	Ama de casa	65	65%
	Trabajadora	19	19%
	Estudiante	13	13%
	Desempleada	3	3%

Figure 3. Sociodemographic Data

Knowledge about breastfeeding

The results show that only 18 % of mothers believe that breastfeeding should not continue beyond six months, which indicates limited knowledge about its benefits. On the other hand, the vast majority (93 %) believe that babies should be breastfed on demand, which indicates a good understanding of the infant's needs.

Nipple preparation is considered essential by most mothers, as it facilitates the breastfeeding process (96,98 %). Regarding breast cancer prevention, 90 % of respondents recognize that breastfeeding helps reduce this risk. In addition, 98 % of mothers believe that breast milk strengthens the baby's immune system by providing defenses against disease.

Sixty-six percent of respondents believe that breastfed children are more intelligent than those fed with formula. Likewise, 100 % of mothers recognize the importance of the emotional bond that is created with their children through breastfeeding, highlighting its emotional impact. On the other hand, 40 % of mothers say that giving water to a baby during exclusive breastfeeding is not appropriate.

Eighty-nine percent of women agree that breast milk is free of microbes. Regarding the mother's diet during breastfeeding, 53 % believe that she can eat any food, while only 5 % consider that there are dietary restrictions. In addition, 53 % of mothers think that they should eat twice as much in order to adequately feed their children. Regarding the balance between work and breastfeeding, 65 % of breastfeeding women say it is possible to breastfeed while working. Ninety-eight percent of mothers recognize that suckling by their babies stimulates breast milk production. Finally, only 26 % of women believe that breastfeeding helps reduce postpartum bleeding.

Ítem	Si	No	Total
	%	%	%
La lactancia materna exclusiva debe prolongarse más de 6 meses	82	18	100
El niño debe recibir lactancia cada vez que desee	93	7	100
Todas las mujeres están preparadas para dar de lactar a sus bebés	44	56	100
La preparación de pezones facilita la lactancia	97	3,1	100
La lactancia materna ayuda a prevenir el cáncer de mamas.	90	10	100
La lactancia materna proporciona al bebé defensas contra las enfermedades	98	2	100
Los niños lactados a pecho son más inteligentes que los alimentados por biberón	66	34	100
La lactancia materna ayuda a establecer una relación afectiva entre madre y su hijo	100	0	100
La lactancia materna exclusiva es dar pecho y agüita al bebe	40	60	100
La leche materna está libre de microbios	89	11	100
La mujer que da de mamar puede comer de todo	53	47	100
La mujer que da de mamar puede beber de todo	5	95	100
Hay que comer el doble para poder dar de mamar	53	47	100
Cuando una mujer empieza a trabajar, es posible dar de lactar	65	35	100
La succión por parte del niño estimula la secreción de leche en la madre.	98	2	100
La lactancia materna disminuye la posibilidad de sangrado inmediatamente al parto	26	74	100

Figure 4. Knowledge about breastfeeding

Attitudes and Practices Regarding Breastfeeding

Ítems	A				Total
	Nunca	veces	menudo	Siempre	
	%	%	%	%	%
¿Para usted la lactancia materna conlleva un lazo afectivo entre madre y el niño?	1	2	1	96	100
¿Usted siente que le causa problemas o le perjudica el pezón al momento de amamantar a su niño?	29	49	7	15	100
¿Al brindar la lactancia materna exclusiva le perjudica el tiempo de su trabajo?	33	37	14	16	100
¿Para usted la razón principal de la lactancia materna es prevenir enfermedades?	8	15	5	72	100
¿Para usted lavarse las manos y realizar la higiene de su pezón antes de amamantar a su niño es importante?	2	14	8	76	100
¿Usted siente incomodidad de dar de amamantar a su niño en una zona pública cuando su niño lo pide?	40	25	4	31	100
¿Para usted la suspensión de la lactancia materna conlleva a tener mal crecimiento y desarrollo en su niño?	14	32	8	46	100
¿Para usted la leche materna es un alimento más completo para el niño que la leche artificial?	1	14	3	82	100
¿Usted piensa que su niño abre bien la boca para que amamante?	1	20	1	78	100
¿Piensa usted que no tiene la suficiente leche para alimentar a su niño?	21	25	9	45	100

Figure 5. Attitudes and Practices Regarding Breastfeeding

This figure shows that 96 % of mothers develop an emotional bond with their children through breastfeeding, which promotes emotional attachment. Sixty-five percent of mothers mention that they experience nipple pain when breastfeeding, which is one of the main reasons for giving up breastfeeding. When breastfeeding exclusively, 53 % of respondents indicate that breastfeeding interferes with their work life, highlighting the difficulty of balancing work and breastfeeding. Regarding the benefits of breast milk, 72 % of mothers recognize that it helps prevent disease, reflecting a good level of knowledge on the subject. Seventy-six percent of mothers emphasize the importance of proper nipple hygiene before breastfeeding, however, 24 % do not consider this practice essential. Regarding breastfeeding in public places, 46 % of mothers indicate that they do not feel embarrassed when breastfeeding in open spaces, while 31 % do experience discomfort when doing so. Forty-six percent of mothers also point out that stopping breastfeeding affects the baby's development.

The majority of mothers, 82 %, consider breast milk to be superior to formula, indicating a good understanding of its properties. However, 18 % are still completely unaware of these benefits.

Seventy-eight percent of mothers believe that their children have an adequate latch on the nipple. However, 22 % still face difficulties with this technique, which can lead to problems such as cracked nipples or ineffective breastfeeding.

Finally, 45 % of mothers feel that they do not produce enough milk to feed their children, while 25 % consider their production to be irregular.

DISCUSSION

This study aimed to determine the knowledge, attitudes, and practices of breastfeeding in women with nursing children treated at the centers. Breastfeeding is essential for child development and maternal health, providing immunological, nutritional, and emotional benefits. However, its prevalence and quality can be affected by factors such as the level of knowledge of mothers and their social environment. The results showed that 56 % of mothers have an average level of knowledge about breastfeeding, 24 % have a high level, and 20 % have a low level. In terms of practices, 67 % of mothers maintain adequate practices, while 33 % showed deficiencies.

Regarding attitudes, 70 % expressed a positive stance toward breastfeeding, although some sociocultural barriers persist. Previous research has found similar trends, such as the study conducted at the Motupe University Health Center, which showed that 70,7 % of mothers had a fair level of knowledge, 20,7 % had a good level, and 8,5 % had a low level, while 87,8 % of mothers practiced it adequately and 12,2 % inadequately.⁽¹⁵⁾ Similarly, another study of first-time mothers showed that more than 55 % had insufficient knowledge, which was reflected in a shorter duration of EBF.⁽¹⁶⁾

From a theoretical perspective, social learning theory posits that knowledge about breastfeeding is acquired through observation and interaction with the environment,⁽¹⁷⁾ implying that mothers with access to reliable information and social support are more likely to develop adequate breastfeeding practices. In this regard, the WHO recommends educational strategies and awareness campaigns to strengthen knowledge and promote appropriate practices. The results highlight the need to strengthen education on BF, since, although most mothers have positive attitudes and appropriate practices, there are still gaps in their knowledge. Implementing maternal education and community support programs could be key to improving EBF rates and duration, positively impacting long-term infant and maternal health.

Regarding the first objective of the study, "To analyze the breastfeeding practices used by mothers in their daily lives, identifying possible difficulties and factors that influence their application," the results revealed that 56 % of mothers have an average level of knowledge about breastfeeding, while 24 % have a high level of knowledge and 20 % have a low level. One finding suggests that, although most mothers have basic knowledge about BF, there are still gaps in their understanding, which could affect the correct implementation of this practice.

These findings are consistent with previous studies, such as that by Gómez Lisseth et al.⁽¹⁸⁾, which have shown that knowledge about BF tends to be insufficient in populations with less access to health information or advice, where 60 % of participants had moderate knowledge and 25 % had low knowledge. Similarly, a study conducted in primary care units found that 57 % of mothers had insufficient knowledge, affecting their decision to continue exclusive breastfeeding beyond the first three months.⁽¹⁹⁾ This could be explained by the lack of educational programs aimed at mothers in primary health centers.

According to Ausubel's theory of meaningful learning, knowledge acquisition is most effective when new information is related to prior knowledge. In this context, breastfeeding education should be structured progressively and applied in practical situations so that mothers can effectively integrate this knowledge into their daily lives.

To improve the level of knowledge about BF, it is recommended to implement maternal education strategies in health centers, including interactive sessions, accessible teaching materials, and support from professionals trained in breastfeeding counseling. These results underscore the need to strengthen breastfeeding education

by promoting interventions aimed at improving knowledge levels and ensuring that mothers receive clear and accurate information that promotes exclusive breastfeeding for an optimal period of time.

Regarding the second objective of the study, “To identify mothers’ attitudes toward breastfeeding, considering beliefs, perceptions, and level of acceptance of this practice,” it was found that 70 % of mothers had a positive attitude toward breastfeeding, while 30 % had doubts or barriers to its practice. This finding indicates that, although there is a favorable predisposition toward breastfeeding, cultural factors persist, such as certain cultures that consider colostrum to be spoiled milk due to its structure, as well as work and social factors that can affect its continuity. The study by Rodríguez⁽²⁰⁾ found that, although 65 % of mothers expressed a positive attitude toward breastfeeding, only 50 % maintained exclusive breastfeeding beyond six months. This suggests that external factors, such as access to breastfeeding counseling or social pressure to introduce infant formula, may influence adherence to breastfeeding. It is essential to promote educational strategies that reinforce positive attitudes toward breastfeeding and help overcome the barriers faced by some mothers.

Regarding the third objective of the study, “To provide information on the benefits, proper techniques, and recommendations for breastfeeding in various health centers in Santo Domingo,” it was found that 67 % of mothers maintain proper breastfeeding practices, while 33 % have difficulties or practice breastfeeding improperly. This finding shows that, although most mothers have developed appropriate breastfeeding habits, there is still a significant group that faces difficulties in implementing them. The study by Torres Borris et al.⁽²¹⁾ identified that 70 % of mothers maintained EBF, while 30 % introduced other foods before six months due to misperceptions about the insufficiency of breastfeeding and inadequate recommendations from family members or health professionals.^(22,23)

According to Pender’s health promotion model, healthy behaviors are influenced by personal, social, and environmental factors. In the context of breastfeeding, education, partner support, and the mother’s perception of self-efficacy play a key role in the continuity of exclusive breastfeeding.

This study has some limitations that should be considered when interpreting the results. First, the theoretical limitations lie in the scarcity of previous research on breastfeeding in similar populations, which made it difficult to establish solid comparisons with reference studies and contextualize the findings within a broader framework of scientific evidence. In terms of methodological limitations,^(26,27) The cross-sectional design of the studies allowed information to be captured at a single point in time, which limits the analysis of the evolution of knowledge, attitudes, and practices of breastfeeding. For future research, a longitudinal design could provide a better understanding of how these factors change over time and how they influence the duration and exclusivity of breastfeeding.^(28,29)

Some participants found it difficult to interpret certain items in the questionnaire, possibly due to their educational level or familiarity with the terms used. This may have led to less accurate or inconsistent responses, suggesting the need for pilot testing or adaptation of the language of the instruments in future studies.⁽³⁰⁾ Likewise, temporal limitations include the possible variability of breastfeeding practices due to changes in health policies or medical recommendations during the data collection period.⁽³¹⁾ Due to course restrictions, the sample was limited to certain health centers, which could affect the representativeness of the findings in populations with different socioeconomic characteristics. Future research should consider larger and more diverse samples to improve the generalization of the results.⁽³²⁾

CONCLUSIONS

It is concluded that mothers’ knowledge and attitudes toward BF are determinants of its successful practice. It is observed that a greater understanding of its benefits, such as strengthening the emotional bond, favors its exclusive and prolonged implementation. However, emotional, social, and work factors act as significant barriers, limiting its effectiveness. This underscores the need to identify and address these obstacles to improve breastfeeding rates. Continuing education and emotional support are key tools for overcoming these difficulties and promoting appropriate practices.

The results of the studies respond to the research objectives by identifying the attitudes, knowledge, and barriers that influence breastfeeding. It is noteworthy that, despite widespread recognition of its benefits, it is essential to address practical and emotional difficulties to ensure its success. The implementation of comprehensive investments, including education and adaptation to social and work contexts, is presented as a single effective solution. This approach would not only improve breastfeeding practices but also promote child health and development.

The study reveals that 67 % of mothers maintain adequate breastfeeding practices, while 33 % face challenges that hinder their implementation. Although most recognize the benefits of breastfeeding, doubts and limitations persist that affect its effectiveness. These findings highlight the importance of implementing strategies for ongoing counseling and support. The combination of education and emotional support could significantly improve the duration and effectiveness of breastfeeding. This would contribute to the well-being of both mother and baby.

RECOMMENDATIONS

The benefits of breastfeeding should be promoted and disseminated so that mothers and society in general are better informed, free of myths, and able to fully develop this practice. This should be done not only by state agencies, but also in private settings, working together for a practice that benefits society as a whole.

Promote and propose qualitative studies in urban and rural areas on the situations experienced by mothers to identify the reasons why they stop breastfeeding, mix it with other foods, among other practices. This will make it possible to influence this reality and provide better information, presenting alternatives and solutions.

Encourage health professionals to learn more about this topic so that they can provide adequate advice and guidance to mothers who require this service. Health personnel play a key role in promoting breastfeeding, providing information, support, and accompaniment to mothers to ensure successful breastfeeding.

BIBLIOGRAPHIC REFERENCES

1. Organización Mundial de la Salud. Amamantar y trabajar: ¡hagamos que sea posible! Ginebra: OMS; 2021. <https://www.who.int/es>
2. Organización Mundial de la Salud. Semana Mundial de la Lactancia Materna. Ginebra: OMS; 2019.
3. Fondo de las Naciones Unidas para la Infancia (UNICEF). Lactancia materna exclusiva en Latinoamérica: una revisión sistemática. Scielo; 2022.
4. Tamayo S. La salud materno infantil y la lucha por reducir la desnutrición crónica en el país se discutieron en el Foro “Los primeros 1.000 días”. Industria Farmacéutica de Investigación (IFI); 2022 jul 11. <https://ifi-promesa.com.ec/la-salud-materno-infantil-y-la-lucha-por-reducir-la-desnutricion-cronica-en-el-pais-se-discutieron-en-el-foro-los-primeros-1-000-dias/>
5. Lioska. Actividades por la semana de la lactancia materna. 2022 ago 3. <https://www.lahora.com.ec/santo-domingo/actividades-por-la-semana-de-la-lactancia-materna-2/>
6. Estrella. Actividades por la semana de la lactancia materna. 2022 ago 3. <https://www.lahora.com.ec/santo-domingo/actividades-por-la-semana-de-la-lactancia-materna-2/>
7. Noboa M. Actividades por la semana de la lactancia materna. 2022. <https://www.lahora.com.ec/santo-domingo/actividades-por-la-semana-de-la-lactancia-materna-2/>
8. Delgado A. Lactancia materna: cómo mantenerla y aumentarla. Madrid: Aula Magna Proyecto Clave McGraw Hill; 2019.
9. Barrera M. La importancia de la lactancia materna. Ocronos; 2020.
10. Ñaupas H, Mejía E, Novoa A, Villagómez A. Metodología de la investigación cuantitativa - cualitativa y redacción de la tesis. Bogotá: Ediciones de la U; 2014.
11. Peña G, Cañoto Y. Introducción a la psicología general. Caracas: AB Ediciones; 2018.
12. ALLC. El arte femenino de amamantar. Bogotá: Grijalbo; 2017.
13. Rasinger S. La investigación cuantitativa en lingüística. Madrid: Ediciones Akal; 2020.
14. Napa E. Muestreo de población. 2020 mar 12. https://repositorio.urp.edu.pe/bitstream/handle/20.500.14138/3637/zT030_44842935_T%20NAPA%20FÉLIX%20ROSA%20DEL%20PILAR.pdf?sequence=1&isAllowed
15. Guachizaca Sanmartín M, Paredes L, Rojas C. Conocimientos y prácticas de lactancia materna en mujeres con hijos lactantes atendidas en el Centro de Salud Universitario de Motupe. Dialnet; 2023.
16. Paredes Juárez A, Hernández G, Morales M, García L. Conocimiento y práctica sobre lactancia materna de mujeres primigestas derechohabientes de una Unidad de Medicina Familiar. Rev Enferm Inst Mex Seguro Soc. 2018.

17. Bandura A, Walters RH. Aprendizaje social y desarrollo de la personalidad. 1963. http://www.soyanalistaconductual.org/aprendizaje_social_desarrollo_de_la_personalidad_albert_bandura_richard_h_walters.pdf
18. Gómez L, Ramírez P, Sánchez M. Propuesta de intervención educativa sobre lactancia materna exclusiva para las gestantes adolescentes. Rev Cubana Aliment Nutr. 2022.
19. Martínez J, Pérez J. Efectividad de una intervención educativa sobre el nivel de conocimiento de lactancia materna en gestantes. INFOMED; 2021.
20. Rodríguez LE. Conocimientos, actitudes y prácticas sobre lactancia materna en minorías étnicas colombianas. Nutr Clin. 2021.
21. Torres Borrís J, Sánchez M, Álvarez L, et al. Factores que influyen en la disminución de lactancia materna exclusiva hasta los 6 meses de vida. 2022. PDF.
22. Aparicio JM. Lactancia materna y nodrizas. León Felipe; 2020.
23. Arias D, Cangalaya L. La tesis: mitos y errores. Bogotá: Ediciones de la U; 2024.
24. Bautista M, Pérez A, Rodríguez L. Conocimientos y actitudes sobre la lactancia materna en madres. 2017.
25. Cañamero I. Guía de la lactancia materna para padres. Málaga: ICB Editores; 2017.
26. Hernández A. Manual para la enseñanza práctica de la salud sexual y reproductiva. Madrid: Elsevier; 2023.
27. Lucchini C, Márquez F. Lactancia materna. Santiago de Chile: Ediciones Universidad Católica de Chile; 2015.
28. Raile M. Modelos y teorías en enfermería. Barcelona: Elsevier Health Sciences; 2018.
29. Restrepo M, Gómez L, Arango A, et al. Alimentación y nutrición de la mujer en etapas de gestación y lactancia. Medellín: Universidad de Antioquia; 2021.
30. Rivera L, Talayero P. Manual de lactancia materna. Buenos Aires: Editorial Médica Panamericana; 2015.
31. Rodgers C, Kline N, Hockenberry M, et al. Enfermería pediátrica. Barcelona: Elsevier; 2019.
32. Sears M. El libro de lactancia materna. Barcelona: Ediciones Obelisco; 2020.

FINANCING

None.

CONFLICT OF INTEREST

Authors declare that there is no conflict of interest.

AUTHORSHIP CONTRIBUTION

Conceptualization: Ruth Elizabeth Calderón Landívar, Evelyn Gabriela González Sánchez, María Fernanda Junco Condo, Jenrry Fredy Chávez-Arizala.

Data curation: Ruth Elizabeth Calderón Landívar, Evelyn Gabriela González Sánchez, María Fernanda Junco Condo, Jenrry Fredy Chávez-Arizala.

Formal analysis: Ruth Elizabeth Calderón Landívar, Evelyn Gabriela González Sánchez, María Fernanda Junco Condo, Jenrry Fredy Chávez-Arizala.

Drafting - original draft: Ruth Elizabeth Calderón Landívar, Evelyn Gabriela González Sánchez, María Fernanda Junco Condo, Jenrry Fredy Chávez-Arizala.

Writing - proofreading and editing: Ruth Elizabeth Calderón Landívar, Evelyn Gabriela González Sánchez, María Fernanda Junco Condo, Jenrry Fredy Chávez-Arizala.