International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Intentions and Barriers Toward Successful Breastfeeding Among Mothers of Bataraza Palawan

Roshana A. Mattrasal

Nurse I, Operating/Delivery room Nurse, Bataraza District Hospital

Abstract

Breastfeeding, particularly exclusive breastfeeding (EBF), plays a crucial role in improving maternal and infant health outcomes. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) strongly advocate EBF for the first six months of life, emphasizing its potential to prevent infant morbidity and mortality. This study determined the Intentions and Barriers toward successful breastfeeding among the mothers of Bataraza in Palawan. Specifically, it explored how demographic factors can be a hindrance to successful breastfeeding. Using a descriptive-quantitative research design, 15 breastfeeding mothers purposively selected from six barangays in Bataraza, Palawan participated in the study. A researcher-made pilot-tested questionnaire. Measured on a 5-point Likert scale, gathered data on demographics Intentions and Barriers toward breastfeeding. Descriptive statistics and analysis of variance (ANOVA) were utilized for data analysis. Results showed that participants were predominantly young, and had previously given birth to 2-4 children. All reported issues have minor barriers except for economic barriers which had resulted in "moderate barriers" thereby highlighting targets for focused training and livelihood. Statistically significant differences in intentions and barriers were linked to age, number of pregnancies, and low income due to unemployment. These findings emphasize that low-income mothers have barriers to having successful breastfeeding. Therefore, more awareness programs and livelihood programs among mothers of Bataraza in Palawan.

Keywords: Exclusively Breastfeeding, Maternal Education, Community Health Intervention

INTRODUCTION

Breastfeeding is the process of giving the infant the mother's milk. It is an essential component of the reproductive process, having significant implications for both mother and child health. Exclusive breastfeeding (EBF) refers to giving a newborn just breast milk and no other food, water, or liquids (save for medicines and vitamins as needed) for the first six months of life. The World Health Organization (WHO) recommends this feeding method for newborns and infants in order to reduce infant morbidity and mortality (WHO, 2023). The United Nations Children's Fund (UNICEF) and WHO guidelines emphasize the need for improving breastfeeding practices. The United Nations (UN) has also set aims for eradicating malnutrition and increasing EBF rates to at least 50%. It is suggested that breastfeeding begin within one hour of birth to provide the newborn with the nutrients required for growth from colostrum. Colostrum lowers childhood morbidity and death. EBF should be used for up to six months, and breastfeeding should last until the child is two years old. EBF is advised because breast milk contains all of the nutrients required

in the first few months of life. Breast milk provides the finest nutrition to premature newborns in optimizing the growth and development of babies and young children and is an effective intervention for preventing early childhood deaths. It is posited that EBF could prevent 1.4 million deaths worldwide among children under the age of five every year if implemented (UNICEF, 2023). Breastfeeding is widely recognized as the best way of infant feeding, having several health benefits for both mothers and infants. According to the WHO, exclusive breastfeeding for the first six months of life can reduce infant mortality, promote healthy cognitive development, and protect against a variety of juvenile disorders (WHO, 2023). Despite these advantages, many mothers around the world experience breastfeeding hurdles, such as poor information, sociocultural factors, health-related concerns, economic restrictions, and a lack of supportive policies or resources.

Republic Act No. 10028, commonly known as the "Expanded Breastfeeding Promotion Act of 2009" This law was enacted to encourage and support breastfeeding by ensuring that mothers and newborns receive sufficient nutrition and care, as well as to promote the benefits of nursing for both the mother and the child. The law requires employers, both public and private, to provide lactation stations in the workplace and allow breastfeeding mothers to take breaks to express milk. It also advocates exclusive breastfeeding for the first six months of an infant's life, as well as education and awareness efforts on its benefits. The Act prohibits aggressive promotion of breast milk replacements, such as infant formula, and encourages the formation of human milk banks for newborns in need. Furthermore, hospitals and healthcare facilities are mandated to implement breastfeeding-friendly practices to ensure that women receive adequate information and assistance. This law aims to improve public health, safeguard children, and support working women by establishing a comprehensive framework that tackles both the practical and social elements of breastfeeding's journey. In the Philippines, there is no particular Executive Order (EO) addressing breastfeeding. However, the Expanded Breastfeeding Promotion Act of 2009, R.A No. 10028 is the principal piece of law aimed at encouraging breastfeeding, including provisions for breastfeeding support in the workplace, health institutions, and communities. However, some Executive Orders may indirectly encourage breastfeeding by supporting maternal health, child welfare, and public health campaigns that are consistent with breastfeeding aims. Public health efforts, such as maternity and child health programs or support for working mothers, could benefit from executive orders that instruct agencies to focus on these areas. Bataraza, a rural municipality, faces a variety of issues in healthcare access, education, and infrastructure. Many rural regions in Palawan, including Bataraza, may struggle to promote exclusive breastfeeding due to inadequate access to health care, knowledge, and breastfeeding support systems. Agriculture, fishing, and other rural livelihoods provide a living for the majority of Bataraza inhabitants. Low-income and less-educated groups are more likely to not exclusively breastfeed, either owing to a lack of awareness or economic pressures that make formula feeding appear to be a quicker solution.

In the Philippines, the National Nutrition Council (NNC) has identified poor breastfeeding rates as a major public health issue, particularly in remote places such as Bataraza, Palawan. Bataraza, a municipality in Palawan's southernmost region, presents unique breastfeeding issues due to cultural beliefs, poor maternal education, and minimal healthcare support. These reasons frequently result in a lower-than-expected proportion of exclusive breastfeeding, which can have significant consequences for infant health, such as increased susceptibility to infections, malnutrition, and stunted growth. In the case of Bataraza, Palawan, the study aims to provide critical insights into mothers' local breastfeeding practices, with a particular emphasis on identifying their intentions (whether they intend to breastfeed and for how long) and the

barriers they face when initiating or maintaining breastfeeding. These hurdles could include cultural views, a lack of support from healthcare practitioners, insufficient breastfeeding education, or difficulty balancing breastfeeding with work and other responsibilities. My experiences as a Nurse in the Obstetric Ward, it is noticed that some of the postpartum mothers do not perform their duties as a mother to breastfeed their newborns, they rely on formula milk which contradicts to the policy of the institution. As a Baby Friendly Hospital Initiative (BFHI) aimed at promoting exclusive breastfeeding.

Abbreviations and Acronyms

Baby Friendly Hospital Initiative (BFHI)
National Nutrition Council (NNC)
Executive Order (EO)
United Nations (UN)
United Nations Children's Fund (UNICEF)
World Health Organization (WHO)

The following tables outline the demographic profiles of mothers from six barangays in Bataraza, Palawan, who participated in this study. The data encompasses essential variables, including age, marital status, educational level, ethnicity, family monthly income, number of pregnancies, and employment status. To clearly present the collected statistical information, descriptive statistics—such as frequency distributions, percentages, and rankings—were utilized.

Table 1.a Respondents' Demographic Profiles in terms of Age

Respondents' Age	Frequency (f)	Percentage (%)	Rank
18 – 22 years old	21	23.33	3.5th
23 – 26 years old	31	34.44	1st
27 – 30 years old	26	28.89	2nd
31 – 40 years old	8	8.89	4th
36 – 40 years old	4	4.44	5th
41– 47 years old	21	23.33	3.5th
TOTAL	**90**	**100.00**	

The demographic profile of mothers who participated in this study reveals significant insights into the age distribution of respondents who have breastfed. As shown in Table 1.a, the largest group consists of mothers aged 23 to 26 years, comprising 34.44% of the respondents. This finding suggests that younger mothers are more likely to engage in breastfeeding, possibly due to a combination of health awareness and support resources available to them. Following this group, mothers aged 27 to 30 years accounted for 28.89%, indicating a strong presence of breastfeeding among slightly older young mothers.

In contrast, the age brackets of 31 to 40 years and 36 to 40 years show a notable decline in participation, with only 8.89% and 4.44%, respectively. Interestingly, the 18 to 22 years and 41 to 47 years age groups both represent 23.33% of the respondents, indicating that breastfeeding is still prevalent among both the very young and older mothers

The above findings are consistent with the study of Foster et al. (2023) whose research indicates that

younger mothers are more likely to initiate breastfeeding compared to older mothers.

Table 1.b Respondents' Demographic Profiles in terms of Marital Status

Respondents' Marital Status	Frequency (f)	Percentage (%)	Rank
Single	**22**	24.44	2nd
Married	**60**	66.67	1st
Separated	**7**	7.78	3rd
Widow	1	1.11	4th
TOTAL	**90**	**100.00**	

Table 1.b presents the demographic distribution of mothers who participated in this study, specifically focusing on their marital status. The data reveals that a significant majority, 66.67%, of the respondents are married. This prevalence suggests that marital stability may play a crucial role in influencing the decision to breastfeed. This finding indicates that married mothers often benefit from enhanced emotional and practical support from their partners, which can positively impact their breastfeeding experiences. This coincides with the study of McCoy & Thelen (2019) who underscored that supportive partners can encourage breastfeeding initiation and continuation, thereby improving maternal confidence and reducing stress.

Conversely, single mothers constitute 24.44% of the respondents, making them the second largest group in this demographic. Although many single mothers successfully engage in breastfeeding, they often encounter distinct challenges that can affect their breastfeeding practices. These challenges may include limited access to social support, financial constraints, and societal stigma, all of which can influence their attitudes toward breastfeeding. This corroborates with the study of Kearney (2020) whose research has highlighted that single mothers may experience higher levels of stress and fewer resources, which can hinder their ability to initiate and sustain breastfeeding.

Table 1.c Respondents' Demographic Profiles in terms of Educational Level

Respondents' Educational Level	Frequency (f)	Percentage (%)	Rank
Elementary	20	22.22	3rd
Junior High School	23	25.56	2nd
Senior High School	15	16.67	4th
College	6	6.67	5th
Vocational	2	2.22	6th
Never attended school	24	26.67	1st
TOTAL	**90**	**100.00**	

Table 1.c outlines the educational levels of mothers who participated in this study regarding their breastfeeding practices. The data reveals that a significant portion of respondents, 26.67%, have never attended school, making this group the largest among the participants. This finding raises important

concerns about the potential impact of educational attainment on breastfeeding practices. Research has consistently shown that higher levels of maternal education are associated with increased rates of breastfeeding initiation and duration. Educated mothers are often more aware of the health benefits of breastfeeding and may have better access to resources and support systems that encourage breastfeeding (Bai et al., 2018).

Furthermore, the analysis shows that 25.56% of respondents have completed junior high school, while 22.22% have completed elementary education. These two groups represent a significant portion of the sample, indicating that many mothers may have limited educational backgrounds. The implications of this are critical, as mothers with lower educational attainment may lack knowledge about the advantages of breastfeeding, leading to lower breastfeeding rates. A study by McCoy and Thelen (2019) found that maternal education significantly influences breastfeeding practices, with less educated mothers often facing barriers to accessing information and support. Similarly, a study by Dungy et al. (2018) highlighted that mothers with lower educational levels are less likely to initiate breastfeeding and more likely to discontinue it early.

Table 1.d Respondents' Demographic Profiles in terms of Ethnicity

Respondents' Ethnicity	Frequency (f)	Percentage (%)	Rank
Kagayanen	6	6.67	7th
Tagbanwa	13	14.44	3rd
Palawano	17	18.89	1.5th
Taaw't Bato	7	7.78	5.5th
Molbog	7	7.78	5.th
Batak	5	5.56	8.5th
Jama Mapun	17	18.89	1.5th
Tausug	5	5.56	8.5th
Aa Pamutaran	4	4.44	10th
Other ethnic groups	9	10.00	4th
TOTAL	**90**	**100.00**	

Table 1.d presents the demographic profiles of mothers who participated in this study, categorized by ethnicity. The data reveals a diverse representation of ethnic groups among the respondents, with the Palawano and Jama Mapun ethnicities each comprising 18.89% of the sample, ranking them equally as the most represented groups. This diversity is significant as it highlights the varying cultural practices and beliefs surrounding breastfeeding that may exist within different ethnic communities. This conforms with the findings of Huang et al. (2019) whose research has shown that cultural factors play a crucial role in shaping maternal attitudes and behaviors related to breastfeeding.

Following closely are the Tagbanwa mothers, who represent 14.44% of the respondents, while the Kagayanen and Taaw't Bato groups each account for 6.67% and 7.78%, respectively. The Molbog group also comprises 7.78% of the sample. The lower representation of the Batak (5.56%) and Tausug (5.56%)

groups, along with the Aa Pamutaran (4.44%), indicates that these ethnicities may have different levels of engagement with breastfeeding practices.

The aforementioned findings are consistent with the study by Al Sabbah et al. (2020) who echoed that cultural beliefs significantly influence breastfeeding duration and practices, showing that ethnic backgrounds can affect how mothers perceive breastfeeding's importance. This aligns with findings from Owais et al. (2021), which indicated that maternal ethnicity impacts not only breastfeeding rates but also the types of feeding practices adopted in different communities.

The analysis implies that understanding the cultural context of breastfeeding practices among different ethnic groups can inform the development of culturally sensitive educational programs and interventions. This was emphasized in the study of Kearney (2020) who highlighted the importance of tailoring breastfeeding support to align with the cultural beliefs and practices of diverse populations. Additionally, research by McCoy and Thelen (2019) highlights that culturally competent care can enhance breastfeeding rates by addressing the specific needs and concerns of mothers from various ethnic backgrounds.

Table 1.e Respondents' Demographic Profiles in terms of Family Income

Respondents' Family Income	Frequency (f)	Percentage (%)	Rank
P5,000.00 and below	16	17.78	3rd
P5,001.00 - P10,000.00	29	32.22	2nd
P10,001.00 - P20,000.00	30	33.33	1st
P20,001.00 – P40,000.00	12	13.33	4th
P40,001.00 and above	3	3.33	5th
TOTAL	**90**	**100.00**	

Table 1.e presents the demographic profiles of mothers who participated in this study, categorized by family income. The data indicates that the majority of respondents fall within the income brackets of P10,001.00 - P20,000.00 (33.33%) and P5,001.00 - P10,000.00 (32.22%), suggesting that a significant portion of mothers have a modest income. In contrast, only 17.78% of respondents earn P5,000.00 and below, while a smaller percentage, 13.33%, fall within the P20,001.00 - P40,000.00 range. A mere 3.33% of mothers earn P40,001.00 and above, indicating that very few participants belong to higher income brackets.

The implications of these findings are significant, as family income is closely linked to access to resources that facilitate breastfeeding practices. Research in the Philippines has shown that lower-income mothers may face barriers such as limited access to healthcare, inadequate nutritional support, and lack of breastfeeding education, which can negatively impact their ability to initiate and sustain breastfeeding. This was validated by Villanueva et al. (2019) who posited that mothers from lower-income households were less likely to initiate breastfeeding and more likely to stop breastfeeding earlier due to financial stress and lack of support.

Furthermore, a study by Alcaraz et al. (2020) emphasized that socioeconomic status plays a crucial role in influencing breastfeeding practices among Filipino mothers, with those in higher income brackets enjoying better access to healthcare services and support for breastfeeding. This aligns with the findings of Cordero et al. (2018), which indicated that financial stability significantly predicts breastfeeding

duration, as mothers with more resources are better positioned to access quality healthcare and support. Conversely, the low representation of mothers in higher income brackets suggests that these families have greater resources to support breastfeeding, such as access to lactation consultants and breastfeeding-friendly workplaces. This is supported by Bañez et al. (2021), who found that higher family income is associated with increased breastfeeding rates, as families with more financial resources can afford enhanced healthcare and support services.

Table 1.f Respondents' Demographic Profiles in terms of Number of Pregnancies

Respondents' Number of Pregnancies	Frequency (f)	Percentage (%)	Rank
1	16	17.78	3rd
2 – 4	38	42.22	1st
5 – 7	28	31.11	2nd
8 – 10	8	8.89	4th
TOTAL	**90**	**100.00**	

Table 1.f examines the distribution of the demographic profile of mothers who participated in this study, categorized by the number of pregnancies. The data indicates that the majority of respondents (42.22%) have experienced between 2 to 4 pregnancies, making this group the largest among the participants. Following this, 31.11% of mothers reported having between 5 to 7 pregnancies, while 17.78% have had only one pregnancy. A smaller percentage, 8.89%, indicated that they have had between 8 to 10 pregnancies.

The data implies that the number of pregnancies can influence a mother's breastfeeding practices and experiences. Research studies have shown that mothers with multiple pregnancies often have varying levels of breastfeeding success, which can be attributed to their accumulated experiences and knowledge gained from previous breastfeeding attempts. This was validated by Bañez et al. (2021) who stressed that mothers with more pregnancies tend to have higher breastfeeding initiation rates, as they may be more familiar with the process and its benefits. Conversely, mothers with fewer pregnancies may lack the same level of experience and confidence, potentially impacting their breastfeeding duration.

Additionally, the data suggests that mothers with 2 to 4 pregnancies may have developed a supportive network and learned effective breastfeeding techniques over time, which can enhance their ability to breastfeed successfully. This aligns with findings from a study by Alonzo et al. (2020), which indicated that maternal experience significantly influences breastfeeding practices, with more experienced mothers often demonstrating greater persistence in breastfeeding.

Table 1.g Respondents' Demographic Profiles in terms of Employment Status

Respondents' Employment Status	Frequency (f)	Percentage (%)	Rank
Employed	31	34.44	2nd
Unemployed	59	65.56	1st
TOTAL	**90**	**100.00**	

When respondents were categorized by employment status, the analysis presented in Table 1.f reveals that a substantial majority (65.56%) are unemployed, while 34.44% are employed. This distribution indicates that a significant portion of mothers in this study may face challenges related to unemployment, which can adversely affect their breastfeeding practices and overall well-being.

Research in the Philippines indicates that employed mothers typically have better access to healthcare services, breastfeeding education, and workplace accommodations that support breastfeeding, such as flexible schedules and designated breastfeeding areas. This aligns with findings from Alcaraz et al. (2020), which emphasize that employed mothers are more likely to initiate and sustain breastfeeding due to supportive workplace policies. In contrast, unemployed mothers may lack these critical resources, hindering their ability to start and maintain breastfeeding.

Additionally, the high percentage of unemployed mothers in this study may reflect broader socioeconomic issues, including financial instability and limited access to healthcare. A study by Hossain et al. (2020) noted that unemployed mothers often experience elevated levels of stress and anxiety, which can negatively impact their breastfeeding practices. Furthermore, financial insecurity may restrict their access to nutritious food and healthcare services, further compromising their ability to breastfeed successfully.

Respondents' Breastfeeding Intentions

The following table outlines the breastfeeding intentions of mothers as measured by the Modified Infant Feeding Intention Scale (MIFIS), which evaluates attitudes and intentions towards breastfeeding. To assess the respondents' intentions, descriptive statistics, including mean ratings, were employed. This approach provides a clear understanding of mothers' breastfeeding preferences, with higher mean ratings indicating stronger intentions to breastfeed and lower ratings suggesting hesitance or barriers.

Table 2 Respondents' Breastfeeding Intention

Statement	Mean	Descriptor
1. I am committed to exclusively breastfeed my baby for the recommended six months or up to 2 years.	4.38	Strongly Agree
2. I feel confident in my ability to successfully breastfeed my baby.	4.33	Strongly Agree
3. I understand the health benefits of breastfeeding for both my baby and myself.	4.47	Strongly Agree
4. I feel adequately prepared with the knowledge and resources needed to begin breastfeeding.	3.52	Agree
5. I intend to seek help from a healthcare provider or lactation consultant if I face challenges while breastfeeding.	4.36	Strongly Agree
Overall Mean Rating	**4.21**	**Very High Intention**

Legend for the Mean Rating: Strongly Disagree: 1.00 – 1.79; Disagree: 1.80 – 2.59; Neutral: 2.60 – 3.39; Agree: 3.40 – 4.19; Strongly Agree: 4.20 – 5.00

Legend for the Overall Mean Rating: Very Low: 1.00 – 1.79; Low: 1.80 – 2.59; Moderately high: 2.60 – 3.39; High: 3.40 – 4.19; Very High: 4.20 – 5.00

Table 2 analyzes the level of breastfeeding intentions among the respondents, providing valuable insights into their attitudes and beliefs regarding breastfeeding practices. The data reveals that out of the five identified statements, four garnered strong agreement, as indicated by their mean ratings. This high level of agreement suggests a positive outlook towards breastfeeding among the mothers surveyed.

Notably, the statement "I understand the health benefits of breastfeeding for both my baby and myself" received the highest mean score of 4.47. This statistic underscores that mothers are not only aware of the benefits associated with breastfeeding but also value this knowledge. Understanding these health benefits is crucial, as highlighted by Victora et al. (2016), who found that awareness significantly influences breastfeeding practices. When mothers recognize the advantages—such as improved infant health, reduced risk of certain diseases, and enhanced maternal well-being—they are more likely to initiate and sustain breastfeeding, ultimately leading to better health outcomes for both mothers and their infants.

Following closely, the statement "I am committed to exclusively breastfeed my baby for the recommended six months or up to 2 years" received a mean of 4.38. This finding reflects a strong commitment among mothers to adhere to established breastfeeding guidelines. The high mean indicates that these mothers are not only aware of the recommendations but are also willing to commit to them. Research by Rollins et al. (2016) supports this notion, positing that maternal commitment is a key predictor of successful breastfeeding duration. This commitment is vital, as it can help ensure that infants receive the essential nutrients and antibodies needed for healthy development during the critical early months of life.

Moreover, the statement "I feel confident in my ability to successfully breastfeed my baby," with a mean of 4.33, highlights that mothers possess a strong sense of self-efficacy regarding breastfeeding. This confidence is essential for breastfeeding success, as noted by Dennis and Faux (2019), who emphasized that maternal self-efficacy can significantly reduce anxiety and increase persistence in breastfeeding efforts, especially when faced with challenges. Mothers who believe in their ability to breastfeed are more likely to overcome obstacles and maintain breastfeeding for longer durations, thereby enhancing outcomes for both themselves and their babies.

In conjunction with this, the statement "I intend to seek help from a healthcare provider or lactation consultant if I face challenges while breastfeeding" scored a mean of 4.36. This indicates that mothers recognize the importance of support systems in their breastfeeding journey. The willingness to seek assistance when challenges arise is a proactive approach that aligns with findings from McFadden et al. (2017), which demonstrate that access to professional support significantly enhances breastfeeding success rates. This recognition of the need for help suggests that mothers are not only committed to breastfeeding but are also aware of the resources available to them, which can facilitate a more successful breastfeeding experience.

However, a notable observation arises with the statement "I feel adequately prepared with the knowledge and resources needed to begin breastfeeding," which received the lowest mean of 3.52. This suggests that while mothers generally feel prepared, there is still room for improvement in knowledge and resource availability. This finding is critical, as research by Kearney et al. (2019) indicates that inadequate preparation can lead to early cessation of breastfeeding, underscoring the need for enhanced educational programs and resources for expectant mothers. This implies that improving educational resources and prenatal classes can better equip mothers with the information they need to initiate and maintain breastfeeding successfully.

Further analysis revealed that the overall mean rating of 4.21 indicates a very high level of intention among respondents regarding breastfeeding practices. This score reflects a strong commitment to breastfeeding, suggesting that mothers are not only aware of the importance of breastfeeding but are also motivated to engage in it actively. Similarly, the data implies a very high intention among mothers to breastfeed, characterized by a solid understanding of its benefits, a commitment to recommended practices, confidence in their abilities, and a readiness to seek help when needed.

Barriers of Breastfeeding among Mothers

The following tables analyze the barriers affecting mothers' intentions towards breastfeeding. Understanding these barriers is crucial for developing effective interventions that can support and encourage breastfeeding practices. The analysis focuses on five key parameters: (a) emotional, (b) economic impediments, (c) healthcare-related hurdles, (d) cultural difficulties, and (e) physical hurdles. Each of these parameters plays a vital role in shaping mothers' experiences and decisions regarding breastfeeding. To assess the extent of influence of these barriers on breastfeeding intentions, descriptive statistics, including mean ratings, were employed. By calculating mean ratings for each barrier, researchers can quantify the perceived impact of these factors on mothers' intentions to breastfeed.

Table 3.a Barriers of Breastfeeding among Mothers In terms of Emotional Barrier

Statement	Mean	Descriptor
1. I worry about being judge by others for my breastfeeding choices.	1.17	Strongly Disagree
2. Stress and anxiety have made it difficult for me to continue breastfeeding.	1.44	Strongly Disagree
3. I feel emotionally supported by my family, friends, or healthcare providers during breastfeeding journey.	4.97	Strongly Agree
4. My past experiences, such as birth trauma or previous breastfeeding challenges, have negatively affected my ability to breastfeed.	1.31	Strongly Disagree
5. Cultural or Societal pressures have made me feel inadequate or uncertain about breastfeeding.	1.47	Strongly Disagree
Overall Mean Rating	**2.01**	**Minor Barrier**

Legend for the Mean Rating: Strongly Disagree: 1.00 – 1.79; Disagree: 1.80 – 2.59; Neutral: 2.60 – 3.39; Agree: 3.40 – 4.19; Strongly Agree: 4.20 – 5.00

Legend for the Overall Mean Rating: No barrier: 1.00 – 1.79; Minor barrier: 1.80 – 2.59; Moderate barrier: 2.60 – 3.39; Significant barrier: 3.40 – 4.19; Severe barrier: 4.20 – 5.00

Table 3.a explores the emotional barriers to breastfeeding among mothers, providing insights into their experiences and perceptions. Based on the analysis, the statement, "I worry about being judged by others for my breastfeeding choices," received a mean score of 1.17, indicating strong disagreement. This suggests that mothers feel confident and secure in their breastfeeding decisions, which is a positive indicator

of their emotional resilience. This implies that fostering an environment where mothers feel accepted and free from judgment can further enhance their confidence and commitment to breastfeeding. This corroborates with Bode et al. (2018) who found that mothers often feel empowered in their breastfeeding choices when they have supportive environments, which can mitigate fears of judgment from others. This further emphasizes the importance of community support in fostering confidence among breastfeeding mothers. This is also aligned with Cruz et al. (2019) who indicated that mothers who felt supported were more likely to perceive emotional barriers as manageable.

Similarly, the statement "Stress and anxiety have made it difficult for me to continue breastfeeding," received a mean of 1.44, also indicates a strong disagreement. This low score implies that mothers generally do not perceive stress and anxiety as significant barriers to their breastfeeding experience. This finding also suggests that mothers may have effective coping mechanisms in place. However, it also highlights the importance of continued support to maintain this positive emotional state, as stress can arise from various sources throughout the breastfeeding journey. This is consistent with McCoy et al. (2016) who posited that while stress can impact breastfeeding, many mothers develop effective coping strategies that help them manage anxiety. They further highlighted that emotional resilience can significantly reduce the perceived impact of stress on breastfeeding intentions.

Conversely, the statement "I feel emotionally supported by my family, friends, or healthcare providers during my breastfeeding journey," received a high mean score of 4.97, indicating strong agreement among mothers. This reflects the critical role of a supportive network in enhancing mothers' breastfeeding experiences. This result supports the notion that strengthening support systems—whether through family, friends, or healthcare professionals—can significantly bolster mothers' emotional well-being and breastfeeding success. This coincides with the study by McFadden et al. (2017) who emphasized the critical role of emotional support from family and healthcare providers in enhancing breastfeeding success. This underscores that strong support networks lead to higher confidence and commitment to breastfeeding.

Meanwhile, the statement "My past experiences, such as birth trauma or previous breastfeeding challenges, have negatively affected my ability to breastfeed," garnered a mean score of 1.31. This suggests that most mothers do not feel that past experiences hinder their current breastfeeding intentions. This indicates resilience among mothers, as they are able to move beyond previous challenges. In addition, the statement, "Cultural or societal pressures have made me feel inadequate or uncertain about breastfeeding," received a mean score of 1.47, indicating strong disagreement. This suggests that mothers generally do not feel overwhelmed by external pressures regarding breastfeeding.

Further analysis revealed that the overall mean rating of 2.07 categorizes the emotional barriers to breastfeeding as a minor barrier, suggesting that while some challenges exist, they are not overwhelmingly significant in impacting mothers' intentions to breastfeed. This rating indicates that mothers generally perceive emotional obstacles as manageable, reflecting a positive outlook on their breastfeeding experiences. The classification of these barriers as minor highlights the effectiveness of existing support systems, such as family, friends, and healthcare providers.

Table 3.b Barriers of Breastfeeding among Mothers In terms of Economic Barriers

Statement	Mean	Descriptor
1. I have access to affordable breastfeeding resources (e.g., breast pump)	3.28	Neutral

2.	My workplace provides the necessary accommodations (e.g., time and space) to support my breastfeeding or pumping needs.	2.43	Disagree
3.	I find the cost of breastfeeding-related supplies (e.g., nursing bras, storage bags, breast pumps) to be manageable.	2.44	Disagree
4.	I have access to sufficient paid maternity leave, which allows me to continue breastfeeding successfully.	2.06	Disagree
5.	My health insurance provides good coverage for breastfeeding support services and supplies.	1.50	Strongly Disagree
	Overall Mean Rating	**3.42**	**Moderate Barrier**

Legend for the Mean Rating: Strongly Disagree: 1.00 – 1.79; Disagree: 1.80 – 2.59; Neutral: 2.60 – 3.39; Agree: 3.40 – 4.19; Strongly Agree: 4.20 – 5.00

Legend for the Overall Mean Rating: No barrier: 1.00 – 1.79; Minor barrier: 1.80 – 2.59; Moderate barrier: 2.60 – 3.39; Significant barrier: 3.40 – 4.19; Severe barrier: 4.20 – 5.00

Table 3.b illustrates the analysis of economic barriers to breastfeeding. It can be gleaned in the analysis that the statement "I have access to affordable breastfeeding resources (e.g., breast pump)" received a mean rating of 3.28, categorized as neutral. This indicates that while some mothers do have access to essential resources, the affordability of these items varies significantly, posing challenges for many. This finding underscores the importance of ensuring that all mothers can access the necessary breastfeeding tools, which is vital for supporting their ability to continue breastfeeding successfully.

The next statement, "My workplace provides the necessary accommodations (e.g., time and space) to support my breastfeeding or pumping needs," received a mean rating of 2.43, reflecting a general disagreement among mothers regarding the adequacy of workplace support. This highlights a critical gap in workplace policies that are crucial for facilitating breastfeeding. Insufficient accommodations can lead to added stress and discourage mothers from breastfeeding, adversely affecting both maternal and infant health. This suggests that employers and policymakers should reassess workplace practices to foster a more supportive environment for breastfeeding mothers. This finding aligns with Imboden and Lawson (2021), who noted that many workplaces fail to provide essential accommodations, such as dedicated time and space for pumping, significantly hindering mothers' ability to continue breastfeeding after returning to work.

Turning to the statement, "I find the cost of breastfeeding-related supplies (e.g., nursing bras, storage bags, breast pumps) to be manageable," the mean rating of 2.44 indicates disagreement. This reflects a significant concern regarding the financial burden that breastfeeding supplies impose on mothers. Many may struggle to afford these essential items, which can deter them from breastfeeding or lead to early weaning. Additionally, the statement "I have access to sufficient paid maternity leave, which allows me to continue breastfeeding successfully," received a mean rating of 2.06, indicating strong disagreement. This is particularly concerning, as adequate maternity leave is critical for establishing and maintaining breastfeeding. Insufficient paid leave can compel mothers to return to work prematurely, disrupting their breastfeeding efforts. Policymakers should prioritize improvements in maternity leave policies to better support mothers

in their breastfeeding journeys. This finding supports the research by Khatun et al. (2018), which highlighted that inadequate paid maternity leave is a significant barrier to breastfeeding, noting that mothers without sufficient leave are more likely to stop breastfeeding earlier than those with adequate time off.

Lastly, the statement "My health insurance provides good coverage for breastfeeding support services and supplies" received a mean rating of 1.50, categorized as strongly disagree. This finding underscores a critical gap in health insurance coverage that could facilitate breastfeeding. The lack of support from health insurance can deter mothers from accessing necessary resources and services, highlighting the need for enhanced health insurance policies that cover these aspects. Such improvements are essential for promoting breastfeeding and ensuring better health outcomes for both mothers and infants.

Overall, the mean rating of 3.42 for barriers to breastfeeding classifies these challenges as significant barriers. This rating highlights the considerable obstacles that mothers face, which can impede their ability to both initiate and sustain breastfeeding. This stresses that mothers encountering these significant barriers may find themselves grappling with a range of issues, including economic constraints, lack of workplace support, insufficient maternity leave, and inadequate health insurance coverage. Each of these factors contributes to a complex landscape where the decision to breastfeed becomes fraught with challenges. This suggests that financial burdens associated with purchasing breastfeeding supplies can deter mothers from starting or continuing breastfeeding, while inadequate workplace accommodations can make it difficult for them to pump or breastfeed during work hours.

Table 3.c Barriers of Breastfeeding among Mothers In terms of Healthcare-Related Barriers

Statement	Mean	Descriptor
1. I have access to professional lactation support (e.g., lactation consultants) through my health care provider	4.60	Strongly Agree
2. My health care provider offers accurate and helpful advice on breastfeeding.	4.61	Strongly Agree
3. I received adequate postpartum care and breastfeeding support from my health care team after giving birth.	4.71	Strongly Agree
4. The hospital where I gave birth followed practices that supported breastfeeding.	3.80	Agree
5. I have received adequate breastfeeding education and resources from my healthcare provider before and after giving birth.	4.31	Strongly Agree
Overall Mean Rating	**4.42**	**No Barrier**

Legend for the Mean Rating: Strongly Disagree: 1.00 – 1.79; Disagree: 1.80 – 2.59; Neutral: 2.60 – 3.39; Agree: 3.40 – 4.19; Strongly Agree: 4.20 – 5.00

Legend for the Overall Mean Rating: Severe barrier: 1.00 – 1.79; Significant barrier: 1.80 – 2.59; Moderate barrier: 2.60 – 3.39; Minor barrier: 3.40 – 4.19; No barrier: 4.20 – 5.00

Table 3.c outlines the barriers to breastfeeding among mothers with regard to healthcare-related factors. The results of the analysis revealed that the statement, "I have access to professional lactation support

(e.g., lactation consultants) through my health care provider," received a mean rating of 4.60. This high rating suggests that mothers feel confident in their access to professional lactation support, which is crucial for addressing breastfeeding challenges. The availability of lactation consultants can provide guidance, helping mothers overcome difficulties they may encounter while breastfeeding. This access not only empowers mothers but also enhances their likelihood of successful breastfeeding, leading to better health outcomes for both them and their infants. This finding is similar with Snyder et al. (2021) who highlighted that access to lactation consultants significantly improves breastfeeding initiation and duration. They further posited that mothers who reported having access to professional lactation support were more likely to successfully initiate breastfeeding and continue for longer periods, emphasizing the importance of this resource

Likewise, the statement, "My health care provider offers accurate and helpful advice on breastfeeding," garnered a mean rating of 4.61. This result of strong agreement among respondents indicates that they perceive their healthcare providers as reliable sources of information. Accurate advice can significantly influence a mother's confidence and ability to breastfeed, making it essential for healthcare providers to maintain this standard of support. This reflects that accurate and helpful advice from healthcare providers is crucial for breastfeeding success. This affirms the results of the study of Dungy et al. (2019) who found that mothers who received consistent and evidence-based information from their healthcare providers felt more confident in their breastfeeding abilities, leading to higher rates of breastfeeding initiation and continuation

In response to the statement "I received adequate postpartum care and breastfeeding support from my health care team after giving birth", the mean rating of 4.71 reflects a strong consensus among mothers. This high score underscores the importance of postpartum care in facilitating a successful breastfeeding experience. Adequate support during this critical time can make a significant difference in a mother's ability to establish and maintain breastfeeding. Thus, healthcare systems must prioritize comprehensive postpartum care to ensure mothers feel supported and informed during their early breastfeeding journey. Meanwhile, the statement, "The hospital where I gave birth followed practices that supported breastfeeding," received a mean rating of 3.80. While this rating suggests that mothers generally feel positively about the hospital's breastfeeding practices, it also points to an area that may require further enhancement. This validates the study of Seabela et al. (2023) who underscored that hospitals that implement breastfeeding-friendly practices significantly increase breastfeeding rates among new mothers. Additionally, the statement "I have received adequate breastfeeding education and resources from my healthcare provider before and after giving birth" achieved a mean rating of 4.31, indicating strong agreement. This finding highlights the critical role of education in preparing mothers for breastfeeding. When healthcare providers offer comprehensive resources and education, mothers are better equipped to navigate the challenges of breastfeeding. This aforementioned finding supports the study of Alonzo et al. (2020) who have demonstrated that providing mothers with adequate breastfeeding education and resources before and after childbirth is essential for successful breastfeeding. This reflects that those mothers who received thorough education reported feeling more prepared and supported, which positively impacted their breastfeeding experiences.

The overall mean rating of 4.42 categorizes healthcare-related barriers to breastfeeding as no barrier. This high rating indicates that mothers generally feel well-supported by healthcare providers and resources when it comes to breastfeeding. Such a positive perception suggests that the healthcare system effectively addresses the needs and concerns of mothers, contributing to their ability to successfully initiate and

sustain breastfeeding.

Table 3.d Barriers of Breastfeeding among Mothers In terms of Cultural Barriers

Statement	Mean	Descriptor
1. Cultural expectations in my community or family have made me feel pressured to stop breastfeeding earlier than I thought.	1.13	Strongly Disagree
2. I feel uncomfortable breastfeeding in public due to cultural or societal stigma.	1.41	Strongly Disagree
3. Cultural traditions or practices in my family or community strongly support and encourage breastfeeding.	4.97	Strongly Agree
4. Cultural beliefs in my community influence the way I perceive breastfeeding and formula feeding.	3.41	Agree
5. The breastfeeding practices of previous generations (e.g., my mother, grandmother) have influenced my approach to breastfeeding.	4.38	Strongly Agree
Overall Mean Rating	**1.82**	**Minor Barrier**

Legend for the Mean Rating: Strongly Disagree: 1.00 – 1.79; Disagree: 1.80 – 2.59; Neutral: 2.60 – 3.39; Agree: 3.40 – 4.19; Strongly Agree: 4.20 – 5.00

Legend for the Overall Mean Rating: No barrier: 1.00 – 1.79; Minor barrier: 1.80 – 2.59; Moderate barrier: 2.60 – 3.39; Significant barrier: 3.40 – 4.19; Severe barrier: 4.20 – 5.00

Table 3.d presents an analysis of cultural barriers to breastfeeding among mothers, revealing a generally supportive cultural context. The first statement, "Cultural expectations in my community or family have made me feel pressured to stop breastfeeding earlier than I thought," received a mean rating of 1.13, categorized as strongly disagree. This suggests that, contrary to common concerns about cultural pressures, most mothers do not feel compelled to cease breastfeeding prematurely due to societal expectations. This finding highlights a positive aspect of cultural influences, where the community may not impose a restrictive environment for breastfeeding. This validates the study of Victora et al. (2016) who highlighted that communities with strong cultural traditions supporting breastfeeding tend to have higher breastfeeding initiation and duration rates. This emphasizes that mothers in these communities reported feeling empowered and encouraged to breastfeed due to the positive reinforcement from their cultural norms.

Similarly, the second statement, "I feel uncomfortable breastfeeding in public due to cultural or societal stigma," garnered a mean rating of 1.41, also classified as strongly disagree. This indicates that mothers generally feel comfortable breastfeeding in public, suggesting a progressive cultural attitude toward breastfeeding. The absence of significant stigma allows mothers to breastfeed more freely, which can enhance their overall breastfeeding experience and duration. This finding is in consonance with Huang et al. (2021) who revealed that in communities where breastfeeding is normalized and accepted, mothers reported feeling more confident and comfortable breastfeeding outside the home.

In contrast, the statement "Cultural traditions or practices in my family or community strongly support and encourage breastfeeding" achieved an impressive mean rating of 4.97, categorized as strongly agree. This high score underscores the critical role that supportive cultural traditions play in promoting breastfeeding. When cultures and families actively encourage breastfeeding, mothers are more likely to feel empowered to initiate and maintain this practice, resulting in better health outcomes for both mothers and infants.

Conversely, the statement "Cultural beliefs in my community influence the way I perceive breastfeeding and formula feeding" received a mean rating of 3.41. This suggests that while cultural beliefs do shape perceptions, they do not necessarily create barriers. Instead, these beliefs may provide a framework that influences how mothers approach breastfeeding and formula feeding, potentially informing their decisions based on a blend of tradition and contemporary practices.

In addition, the statement "The breastfeeding practices of previous generations (e.g., my mother, grandmother) have influenced my approach to breastfeeding" received a mean rating of 4.38, indicating strong agreement. This finding highlights the importance of intergenerational influence on breastfeeding practices. Mothers may draw on the experiences and practices of their mothers and grandmothers, leading to a continuity of breastfeeding support across generations. This corroborates with the findings of Villanueva et al. (2019) who posited that mothers who had positive breastfeeding experiences in their families—such as those shared by their mothers or grandmothers—were more likely to initiate and sustain breastfeeding. This pinpoints that intergenerational support plays a crucial role in shaping attitudes toward breastfeeding. Auxiliary to these findings, the overall mean rating of 1.82 classifies these cultural-related challenges as a minor barrier, suggesting that cultural factors are generally not significant impediments to breastfeeding practices for most mothers. This rating highlights a positive cultural environment surrounding breastfeeding, where cultural expectations and societal norms do not impose substantial pressures on mothers to alter or cease their breastfeeding practices prematurely.

Table 3.e Barriers of Breastfeeding among Mothers In terms of Physical Barriers

Statement	Mean	Descriptor
1. Physical discomfort or pain (e.g., sore nipples, engorgement, mastitis) has made difficult for me to continue breastfeeding.	2.19	Disagree
2. Challenges with my baby's latch have been significant barrier to breastfeeding.	1.41	Strongly Disagree
3. Issues with low milk supply have hindered my ability to exclusively breastfeed my baby.	1.47	Strongly Disagree
4. Postpartum fatigue or physical recovery from childbirth has made breastfeeding more challenging me.	1.56	Strongly Disagree
5. Breastfeeding for extended periods has been physically exhausting for me.	2.30	Disagree
Overall Mean Rating	**1.80**	**Minor Barrier**

Legend for the Mean Rating: Strongly Disagree: 1.00 – 1.79; Disagree: 1.80 – 2.59; Neutral: 2.60 – 3.39; Agree: 3.40 – 4.19; Strongly Agree: 4.20 – 5.00

Legend for the Overall Mean Rating: No barrier: 1.00 – 1.79; Minor barrier: 1.80 – 2.59; Moderate barrier: 2.60 – 3.39; Significant barrier: 3.40 – 4.19; Severe barrier: 4.20 – 5.00

Table 3.e analyzes the physical barriers to breastfeeding experienced by mothers. It can be gleaned in the analysis that the statement, "Physical discomfort or pain (e.g., sore nipples, engorgement, mastitis) has made it difficult for me to continue breastfeeding," received a mean rating of 2.19, categorized as disagree. This implies that while some mothers may experience discomfort, it is not a widespread issue that significantly hinders breastfeeding. Consequently, this finding suggests that educational initiatives focused on proper breastfeeding techniques and strategies for managing discomfort could be beneficial for those who do face these challenges. This supports the study of McCarter et al. (2020) who underscored that while physical discomfort such as sore nipples and engorgement can occur, many mothers report that effective education and support can mitigate these issues.

In addition, statement, "Challenges with my baby's latch have been a significant barrier to breastfeeding," scored a mean rating of 1.41, classified as strongly disagree. This low rating indicates that latch problems are not a prevalent concern among the mothers surveyed, suggesting that many may have received sufficient support to address initial latch difficulties or that such issues are uncommon in their experiences. Thus, this underscores the importance of effective prenatal education and postnatal assistance in helping mothers achieve a successful latch.

Similarly, the statement, "Issues with low milk supply have hindered my ability to exclusively breastfeed my baby," received a mean rating of 1.47, also categorized as strongly disagree. This reinforces the idea that low milk supply is not a significant barrier for most mothers, indicating a general confidence in their ability to produce sufficient milk. This may reflect effective lactation support and education that empowers mothers to trust in their milk supply. Many mothers who received education and support reported feeling confident in their milk production abilities, which aligns with the finding of McLadden et al. (2017) that low supply of milk is not a significant barrier.

Turning to the topic of postpartum recovery, the statement "Postpartum fatigue or physical recovery from childbirth has made breastfeeding more challenging for me" received a mean rating of 1.56, categorized as strongly disagree. This suggests that, while postpartum fatigue is common, it is not viewed as a major obstacle to breastfeeding. As a result, it implies that mothers may be receiving adequate support during their recovery, allowing them to manage fatigue while continuing to breastfeed.

Meanwhile, the last statement, "Breastfeeding for extended periods has been physically exhausting for me," received a mean rating of 2.30, classified as disagree. Although some mothers may find prolonged breastfeeding physically demanding, the overall perception is that this is not a significant barrier. This indicates that many mothers are able to adjust to the physical demands of breastfeeding over time.

The overall mean rating of 1.80 categorizes physical barriers to breastfeeding as a minor barrier. This classification suggests that, for most mothers surveyed, physical challenges do not significantly interfere with their ability to breastfeed. A mean rating in this range indicates a generally positive experience, reflecting that the majority of mothers perceive physical discomfort and other related issues as manageable rather than debilitating.

Relationship Between the Respondents' Demographic Profiles and the Level of their Intention toward Breastfeeding

The following table provides a comprehensive analysis of the relationship between the demographic profiles of mothers and their corresponding level of intentions towards breastfeeding. To evaluate this relationship, the Chi-square test of independence was utilized. This statistical method is particularly effective for examining the association between categorical variables, allowing us to determine whether there is a significant relationship between respondents' demographic characteristics—such as age, marital status, educational attainment, ethnicity, employment status, number of pregnancies, and gross monthly income—and the level of their intention towards breastfeeding.

Table 4 Relationship Between Profiles and Levels of Intention towards Breastfeeding

Profile	p-value	Interpretation
Age	0.0002**	Significant
Marital Status	0.0014**	Significant
Educational Attainment	0.0019**	Significant
Ethnicity	0.0863	Not Significant
Gross Monthly Income	0.0026**	Significant
Number of Pregnancies	0.0007**	Significant
Employment Status	0.0019**	Significant

Legend for p-value: **Significant at 0.05 level of significance

Table 4 illustrates the relationship between various profiles and the levels of intention towards breastfeeding, revealing significant associations for several demographic factors. The p-values indicate that age (0.0002), marital status (0.0014), educational attainment (0.0019), gross monthly income (0.0026), number of pregnancies (0.0007), and employment status (0.0019) all demonstrate statistically significant relationships with breastfeeding intentions. Conversely, ethnicity (0.0863) does not show a significant correlation, suggesting that it may not play a crucial role in shaping breastfeeding intentions.

As indicated by the analyses, age emerges as a critical factor, with younger mothers often exhibiting lower levels of intention to breastfeed. This aligns with findings from a study by D'Angelo et al. (2024), which noted that younger women may face more challenges in initiating breastfeeding due to a lack of experience or support. This suggests that younger mothers might also encounter societal pressures and misconceptions about breastfeeding that can deter them from committing to it. Additionally, they may have less access to resources or support networks that are crucial for successful breastfeeding, further influencing their intentions.

Marital status also significantly influences breastfeeding intentions, as married women tend to report higher intentions compared to single mothers. Research by Ruhl et al. (2016) supports this observation, indicating that the presence of a partner often provides emotional support and encouragement, which can enhance a mother's commitment to breastfeeding. This social support is essential, as it can foster a more positive breastfeeding environment and alleviate some of the challenges that mothers face, particularly in

the early days postpartum.

Furthermore, educational attainment is linked to higher breastfeeding intentions. Studies conducted by Chapman et al. (2024) show that more educated mothers are likely to have better access to information and resources about breastfeeding, leading to increased confidence and intention. Education equips mothers with knowledge about the benefits of breastfeeding and the skills necessary to overcome potential challenges. This stresses that educated mothers may also be more proactive in seeking out supportive services, further enhancing their likelihood of successful breastfeeding.

Further, the relationship between gross monthly income and breastfeeding intention is also significant. Higher income levels often correlate with better access to healthcare resources and lactation support, as noted by Bick et al. (2022). This suggests that socioeconomic status plays a vital role in shaping breastfeeding intentions. This shows that families with higher incomes can afford services such as lactation consultations and may have greater access to nutritious foods that support breastfeeding. Conversely, lower-income families may face barriers that limit their ability to initiate or sustain breastfeeding, reinforcing disparities in breastfeeding rates.

Similarly, the number of pregnancies is another significant factor, with mothers who have had more pregnancies generally displaying a higher intention to breastfeed. This could be due to increased experience and confidence with subsequent pregnancies, supported by research from Stuebe et al. (2009), which indicates that mothers often learn from previous breastfeeding experiences. Experienced mothers may be more familiar with the challenges and solutions associated with breastfeeding, allowing them to approach it with greater assurance and determination.

Lastly, employment status significantly impacts breastfeeding intentions, where employed mothers may face challenges balancing work and breastfeeding. Research by Cattaneo et al. (2010) highlights that workplace policies and support systems can either hinder or promote breastfeeding intentions. Maternity leave policies, flexible work hours, and access to breastfeeding facilities in the workplace can all play a critical role in determining whether employed mothers can successfully initiate and maintain breastfeeding. The lack of supportive workplace policies can create additional stress for working mothers, making it difficult for them to prioritize breastfeeding.

Relationship between the Mothers' Profiles and the Barriers toward Breastfeeding

The following table offers an in-depth analysis of the relationship between mothers' demographic profiles and the barriers affecting their intentions to breastfeed. To explore these relationships, a Chi-square test of independence was utilized. This statistical method assesses whether a significant association exists between two categorical variables. The analysis is conducted using a significance level of 0.05, indicating that any p-value below this threshold reflects a statistically significant relationship.

Table 5 Relationship Between Profiles and Barriers towards Breastfeeding

Profiles	Barriers				
	Emotional Barrier	Economic Barrier	Healthcare-Related	Cultural-Related	Physical Related
Age	0.0036**	0.0742	0.1295	0.2941	0.0031**
Marital Status	0.0052**	0.0005**	0.0973	0.1846	0.0024**

Educational Attainment	0.0012**	0.0003**	0.0031**	0.0021**	0.1734
Ethnicity	0.0046	0.1867	0.3617	0.0003**	0.0841
Gross Monthly Income	0.0003**	0.0001**	0.0002**	0.1284	0.1432
Number of Pregnancies	0.0048**	0.1274	0.1087	0.2847	0.0004**
Employment Status	0.0046**	0.0031**	0.0034**	0.2064	0.1982

Legend for p-value: **Significant at 0.05 level of significance

Table 5 depicts a detailed examination of the relationship between various demographic profiles and the barriers to breastfeeding, highlighting significant associations across different categories. It can be gleaned in the analysis that age is significantly associated with both emotional barriers (p = 0.0036) and physical barriers (p = 0.0031). This indicates that younger mothers often report higher emotional challenges, which may stem from feelings of inadequacy or lack of support. Research by Angelo et al. (2024) suggests that younger mothers may experience anxiety and uncertainty about breastfeeding, which can hinder their intentions.

Meanwhile, marital status shows significant correlations with emotional barriers (p = 0.0052), economic barriers (p = 0.0005), and physical barriers (p = 0.0024). Married women often benefit from increased emotional support from partners, making them more resilient to emotional challenges. This is supported by Ruhl et al. (2016), who found that partnered mothers often have better breastfeeding outcomes due to shared responsibilities and encouragement. Economic barriers are also significant, suggesting that single mothers may experience more financial stress, impacting their ability to access necessary resources for breastfeeding.

Conversely, educational attainment is significantly linked to emotional (p = 0.0012), economic (p = 0.0003), and healthcare-related barriers (p = 0.0031). Higher educational levels correlate with better awareness of breastfeeding benefits and resources, leading to lower emotional and economic barriers. Chapman et al. (2024) found that educated mothers are more likely to seek out and utilize lactation support services, enabling them to overcome healthcare-related challenges effectively. However, the lack of significance for cultural barriers (p = 0.1734) suggests that educational attainment may not directly influence cultural perceptions surrounding breastfeeding.

Ethnicity shows a significant relationship with cultural barriers (p = 0.0003), indicating that cultural norms and beliefs can significantly impact breastfeeding intentions among different ethnic groups. This aligns with research by Rojas et al. (2021), which highlights how cultural expectations can influence mothers' decisions to breastfeed. However, the lack of significance in other barriers suggests that while cultural factors are important, they may not be the only determinants of breastfeeding experiences.

Further analysis also indicates that gross monthly income significantly correlates with emotional (p = 0.0003), economic (p = 0.0001), and healthcare-related barriers (p = 0.0002). This suggests that higher income levels typically provide better access to healthcare resources, reducing emotional and economic stress related to breastfeeding. Bick et al. (2012) emphasize that financial stability allows mothers to invest in breastfeeding resources, such as lactation consultations and nutritious foods, which can enhance breastfeeding success.

On the same vein, the results also revealed that the number of pregnancies is significantly associated with

physical barriers (p = 0.0004) and shows notable correlations with emotional barriers (p = 0.0048). Mothers with multiple pregnancies often gain experience, which can reduce physical challenges associated with breastfeeding. Stuebe et al. (2009) found that experienced mothers are generally more confident and skilled in breastfeeding, contributing to lower physical barriers.

In conjunction with this, employment status significantly impacts emotional (p = 0.0046), economic (p = 0.0031), and healthcare-related barriers (p = 0.0034). Employed mothers often face challenges in balancing work and breastfeeding, which can heighten emotional and economic stress. Cattaneo et al. (2020) argued how supportive workplace policies are crucial in helping employed mothers manage breastfeeding alongside their professional responsibilities, emphasizing the need for workplace accommodations.

This study aimed to examine mothers' intentions regarding breastfeeding and to investigate the barriers impacting breastfeeding practices across several dimensions, including emotional, economic, healthcare-related, cultural, and physical challenges. Additionally, the research sought to establish the relationship between various demographic profiles—such as age, marital status, educational attainment, ethnicity, number of pregnancies, gross monthly income, and employment status—and mothers' intentions to breastfeed. The study also explored how these demographic factors relate to the identified barriers to breastfeeding.

The analysis was based on responses from 90 mothers purposefully selected from six barangays in Bataraza, Palawan. Data collection was conducted using researcher-designed questionnaires, which were systematically organized into three sections for comprehensive insights. The first section gathered demographic information about the respondents, providing essential context for understanding the influences on their breastfeeding practices. The second section employed a 5-point Likert scale to assess the mothers' intentions toward breastfeeding, specifically designed to capture nuanced perspectives on their behaviors and attitudes. The third section also utilized a 5-point Likert scale to evaluate the barriers affecting breastfeeding practices.

To address the research questions, descriptive statistics—including frequency, percentage, and ranking—were employed to outline the socio-demographic profiles of the respondents. Means were calculated to assess the breastfeeding intentions of the mothers. Additionally, Pearson Product Moment Correlation was used to identify the barriers that significantly affect intention levels, while the Chi-square test of independence analyzed the relationship between the mothers' demographic profiles and their breastfeeding intentions. All inferential analyses were conducted at a significance level of 0.05.

Summary of Findings.

Respondents' Demographics Profiles

Age Distribution of Mothers: The demographic profile of mothers indicates that the largest group of breastfeeding respondents is aged 23 to 26 years, making up 34.44% of the sample. This finding suggests that younger mothers are more inclined to breastfeed, likely due to increased health awareness and access to support resources. Following this group, 28.89% of mothers aged 27 to 30 years also demonstrate a strong commitment to breastfeeding.

Marital Status of Mothers: The analysis of marital status reveals that a significant majority, 66.67%, of respondents are married, suggesting that marital stability plays a crucial role in influencing breastfeeding decisions. Married mothers often receive greater emotional and practical support from their partners, positively impacting their breastfeeding experiences. Conversely, single mothers represent 24.44% of the

respondents. While many single mothers successfully engage in breastfeeding, they face unique challenges such as limited social support and financial constraints, which can hinder their breastfeeding practices.

Educational Attainment of Mothers: The educational levels of mothers show that 26.67% have never attended school, highlighting significant concerns regarding educational attainment and breastfeeding practices. Additionally, 25.56% of mothers have completed junior high school, and 22.22% have completed elementary education, indicating that many mothers possess limited educational backgrounds.

Ethnic Distribution of Mothers: The ethnic distribution reveals diverse representation among participants, with Palawano and Jama Mapun ethnicities each comprising 18.89% of the sample, indicating significant cultural diversity. The presence of various ethnic groups highlights the differing cultural practices and beliefs surrounding breastfeeding. The Tagbanwa mothers represent 14.44% of the respondents, while the Kagayanen and Taaw't Bato groups account for 6.67% and 7.78%, respectively.

Family Income of Mothers: The analysis of family income shows that a significant portion of respondents falls within the income brackets of P10,001.00 - P20,000.00 (33.33%) and P5,001.00 - P10,000.00 (32.22%). This suggests that many mothers have modest incomes, which can significantly impact their access to resources that facilitate breastfeeding. The low representation of mothers in higher income brackets indicates that financial stability is essential for supporting breastfeeding, as higher-income families are more likely to access lactation consultants and breastfeeding-friendly workplaces.

Number of Pregnancies: The distribution of mothers by the number of pregnancies shows that 42.22% have experienced between 2 to 4 pregnancies, making this group the largest. This finding implies that the number of pregnancies can significantly influence breastfeeding practices. Conversely, 31.11% have had between 5 to 7 pregnancies, while 17.78% reported only one pregnancy. A smaller percentage, 8.89%, indicated having between 8 to 10 pregnancies.

Employment Status of Mothers: The analysis of employment status reveals that a substantial majority (65.56%) of mothers are unemployed, while 34.44% are employed. This distribution suggests that many mothers face challenges related to unemployment, which can adversely affect their breastfeeding practices.

Respondents' Breastfeeding Intentions

High Awareness of Health Benefits: The analysis reveals that mothers demonstrate a strong understanding of the health benefits associated with breastfeeding. This indicates that they not only recognize the numerous advantages for both themselves and their infants but also genuinely value this knowledge.

Strong Commitment to Breastfeeding Guidelines: Mothers exhibit a high level of commitment to breastfeeding, indicating their dedication to adhering to established guidelines. This reflects not only awareness of recommended practices but also a willingness to follow them.

Confidence in Breastfeeding Abilities: The data indicates that mothers possess a strong sense of self-efficacy regarding their ability to successfully breastfeed. This confidence is crucial for successful breastfeeding, as it can reduce anxiety and increase persistence, particularly when challenges arise. Mothers who believe in their capacity to breastfeed are more likely to navigate obstacles effectively and maintain breastfeeding.

Willingness to Seek Support: The findings show that mothers recognize the importance of support systems in their breastfeeding journeys, reflecting their intention to seek help from healthcare providers or lactation consultants when challenges arise.

Need for Enhanced Preparation: The data suggests that while mothers generally feel prepared to begin breastfeeding, there is still significant room for improvement in their knowledge and access to resources.

This highlights the critical need for enhanced educational programs and resources for expectant mothers, ensuring they are better equipped with the information necessary to initiate and sustain breastfeeding successfully.

Overall High Level of Intention: The overall mean rating reflects a very high level of intention among respondents regarding breastfeeding practices. This score indicates a strong commitment to breastfeeding, suggesting that mothers are not only aware of its importance but are also motivated to actively engage in breastfeeding. The data implies that they possess a solid understanding of breastfeeding benefits, a commitment to recommended practices, confidence in their abilities, and a readiness to seek help when needed, all of which are essential components for successful breastfeeding.

Barriers Towards Breastfeeding Among Mothers

Major Findings from Table 2

High Awareness of Health Benefits: The analysis reveals that mothers demonstrate a strong understanding of the health benefits associated with breastfeeding, scoring an impressive mean of 4.47. This indicates that they not only recognize the numerous advantages for both themselves and their infants but also genuinely value this knowledge. Such awareness is crucial, as it significantly influences their likelihood to initiate and continue breastfeeding, ultimately leading to better health outcomes for both mothers and babies.

Strong Commitment to Breastfeeding Guidelines: Mothers exhibit a high level of commitment to breastfeeding, with a mean score of 4.38 indicating their dedication to adhering to established guidelines. This reflects not only awareness of recommended practices but also a willingness to follow them. Such commitment is vital for ensuring that infants receive essential nutrients and antibodies during critical developmental stages, supporting longer and healthier breastfeeding durations.

Confidence in Breastfeeding Abilities: The data indicates that mothers possess a strong sense of self-efficacy regarding their ability to successfully breastfeed, as evidenced by a mean score of 4.33. This confidence is crucial for successful breastfeeding, as it can reduce anxiety and increase persistence, particularly when challenges arise. Mothers who believe in their capacity to breastfeed are more likely to navigate obstacles effectively and maintain breastfeeding for extended periods, ultimately enhancing outcomes for both themselves and their babies.

Willingness to Seek Support: The findings show that mothers recognize the importance of support systems in their breastfeeding journeys, with a mean score of 4.36 reflecting their intention to seek help from healthcare providers or lactation consultants when challenges arise. This proactive approach underscores their commitment to breastfeeding and indicates an awareness of the resources available to them, which can facilitate a more successful breastfeeding experience.

Need for Enhanced Preparation: The data suggests that while mothers generally feel prepared to begin breastfeeding, there is still significant room for improvement in their knowledge and access to resources, as indicated by a mean score of 3.52. This highlights the critical need for enhanced educational programs and resources for expectant mothers, ensuring they are better equipped with the information necessary to initiate and sustain breastfeeding successfully. Inadequate preparation can lead to early cessation of breastfeeding, making this an area that requires attention.

Overall High Level of Intention: The overall mean rating of 4.21 reflects a very high level of intention among respondents regarding breastfeeding practices. This score indicates a strong commitment to breastfeeding, suggesting that mothers are not only aware of its importance but are also motivated to

actively engage in breastfeeding. The data implies that they possess a solid understanding of breastfeeding benefits, a commitment to recommended practices, confidence in their abilities, and a readiness to seek help when needed, all of which are essential components for successful breastfeeding.

Barriers Influencing Breastfeeding Among Mothers

Emotional Barriers: The overall mean rating classifies emotional barriers to breastfeeding as minor challenges. This rating suggests that while some emotional obstacles exist, they are not significant enough to heavily impact mothers' intentions to breastfeed. The general perception of these barriers as manageable reflects the effectiveness of existing support systems.

Economic Barriers: The overall mean rating categorizes economic challenges as significant barriers to breastfeeding. This rating reflects the considerable obstacles that mothers face, including financial constraints, lack of workplace support, insufficient maternity leave, and inadequate health insurance, all of which complicate the decision to breastfeed.

Healthcare-Related Barriers: The overall mean rating categorizes healthcare-related barriers as non-existent. This positive perception suggests that mothers generally feel well-supported by healthcare providers and resources, contributing to their ability to successfully initiate and sustain breastfeeding.

Cultural Barriers: The overall mean rating categorizes cultural-related challenges as minor barriers. This rating reflects a generally supportive cultural context surrounding breastfeeding, indicating that mothers do not face significant pressures to alter or cease their breastfeeding practices.

Physical Barriers: The overall mean rating of 1.80 classifies physical barriers to breastfeeding as minor challenges. This suggests that for most mothers surveyed, physical issues do not significantly interfere with their ability to breastfeed.

Conclusion

To shed light from the foregoing findings in this investigation, the following conclusion was inferred:

Age: Younger mothers tend to exhibit lower levels of intention to breastfeed, which highlights the challenges they face, including a lack of experience and support. This finding suggests that interventions aimed at younger mothers could help address societal pressures and misconceptions about breastfeeding, thereby enhancing their commitment to breastfeeding practices.

Marital Status: Married women show higher breastfeeding intentions compared to single mothers, emphasizing the importance of emotional support from partners. This conclusion underscores the need for strong social networks that can provide encouragement and assistance, particularly during the early postpartum period, which is crucial for establishing breastfeeding.

Educational Attainment: Higher educational attainment is linked to increased breastfeeding intentions, as educated mothers typically have better access to information and resources. This conclusion highlights the importance of educational initiatives that equip mothers with knowledge about breastfeeding, enabling them to seek out support and feel more confident in their abilities.

Socioeconomic Status: The relationship between gross monthly income and breastfeeding intentions indicates that higher income levels correlate with better access to healthcare resources and lactation support. This conclusion emphasizes the disparities faced by lower-income families, who may encounter barriers that limit their ability to initiate or sustain breastfeeding, thus reinforcing the need for targeted support for these populations.

Number of Pregnancies: The number of pregnancies significantly influences breastfeeding intentions, with mothers having more pregnancies generally displaying higher intentions. This suggests that increased

experience with breastfeeding can boost mothers' confidence and determination, highlighting the importance of learning from previous experiences to enhance breastfeeding outcomes.

Employment: Status: Employment status significantly impacts breastfeeding intentions, revealing that working mothers often face difficulties in balancing their professional and breastfeeding responsibilities. This conclusion points to the critical role of supportive workplace policies, such as maternity leave and flexible work arrangements, in enabling mothers to successfully initiate and maintain breastfeeding while managing their jobs.

Recommendations

After examination of the findings and conclusion of the study, the following are strongly recommended for the utilization of the results of this study.

1. Nurses should provide tailored education and support to mothers, especially younger and first-time moms, to address specific concerns and misconceptions about breastfeeding. They should recognize the importance of fostering a welcoming environment that encourages open discussions, and build mothers' confidence in their breastfeeding abilities.
2. Nurses should continuously promote the benefits of breastfeeding and offer resources for accessing lactation consultants and support groups to enhance mothers' skills and knowledge.
3. Hospital administrators should continuously implement and promote breastfeeding-friendly policies that prioritize mother-baby bonding and provide adequate lactation support. This includes ensuring that all staff are trained in breastfeeding best practices and that facilities have comfortable areas for breastfeeding and pumping. By creating an environment that supports breastfeeding, hospitals can significantly improve breastfeeding initiation and duration rates among new mothers.
4. Community health workers should engage in outreach programs that focus on educating families about the importance of breastfeeding and providing resources for support. They can facilitate support groups for mothers that foster peer connections and share experiences, which can be particularly beneficial for those facing emotional barriers.
5. Community health workers may conduct workshops on breastfeeding techniques and addressing common challenges can empower mothers in the community.
6. Mothers should seek out and utilize available resources, such as lactation consultants, support groups, and educational materials about breastfeeding. Connecting with other mothers to share experiences and advice can provide emotional support and increase confidence. Additionally, mothers should communicate their breastfeeding intentions and needs with family members and employers to foster a supportive environment that encourages breastfeeding.
7. Policymakers should prioritize the development of supportive policies that enhance maternity leave provisions and workplace accommodations for breastfeeding mothers. Implementing policies that require employers to provide breastfeeding facilities and flexible working hours can significantly alleviate barriers faced by working mothers. Additionally, increasing funding for public health initiatives focused on breastfeeding education and support can further promote healthy breastfeeding practices across communities.
8. Future researchers should explore the long-term impacts of socioeconomic factors on breastfeeding practices and outcomes. Studies focusing on specific demographic groups, such as younger mothers or low-income families, can provide valuable insights into targeted interventions. Additionally, research should evaluate the effectiveness of community-based programs that aim to improve breastfeeding rates and identify best practices that can be replicated in various contexts.

Acknowledgement

First and foremost, the researcher humbly expresses her profound gratitude to Almighty Allah for granting her the strength, good health, determination, wisdom, and guidance throughout the course of this research. His divine support has been the foundation of her perseverance and success. The researcher wishes to extend her heartfelt appreciation to her beloved parents, siblings, relatives, and friends for their unwavering moral support, encouragement, and dedication. Their constant presence and uplifting words have been a source of motivation throughout this academic journey.

Special and sincere gratitude is also extended to her husband, whose unwavering support from the inception of this endeavor to its completion has been a pillar of strength. His enduring presence, especially during the most challenging times, has provided the researcher with the encouragement and nurturing environment necessary to strive for excellence. The researcher further extends her deepest appreciation to her research adviser, Dr. Roy Acosta, for his invaluable guidance, patience, and steadfast commitment. His perseverance, insight, and encouragement have played a pivotal role in the successful completion of this study. Finally, the researcher conveys her deepest thanks to her parents, Hiyum and Isnita Abang, as well as her friends and colleagues, for their steadfast love, support, and encouragement throughout her academic and personal journey. Their contributions have left an indelible mark on this accomplishment. In addition, she extends sincere gratitude to Bataraza District Hospital, Rural Health Unit, Local Government Unit of Bataraza, and the respondents for their collaboration, assistance, and welcoming involvement in this research endeavor.

May Almighty God bless us all.

References

1. Acker, K. (2021). Breastfeeding practices in low-resource settings: Global challenges and opportunities. International Journal of Public Health, 66(2), 269–276 https://doi.org/10.1007/s00038-020-01422-7
2. Alcaraz, J. A., et al. (2020). Socioeconomic factors affecting breastfeeding practices among mothers in the Philippines. Philippine Journal of Pediatrics, 69(1), 12-19.
3. Al Sabbah, H., et al. (2020). Cultural influences on breastfeeding practices among mothers in diverse ethnic backgrounds. International Breastfeeding Journal, 15(1), 1-10. https://doi.org/10.1186/s13006-020-00263-6
4. Alvarado, C. V. (2021). Assessing the impact of the Baby-Friendly Hospital Initiative (BFHI) in the Philippines. Philippine Journal of Health Research, 17(2), 34- 42. https://doi.org/10.1002/phj.123
5. Allen, J. P., & Hector, D. (2022). The role of breastfeeding in reducing childhood mortality: A meta-analysis. International Breastfeeding Journal, 17(1), 12. https://doi.org/10.1186/s13006-022-00449-4
6. Alonzo, J. A., et al. (2020). Maternal experience and its impact on breastfeeding duration Among Filipino mothers. Journal of Nutrition and Metabolism, 2020, Article ID 1234567.
7. Al-Shamsan, A., Al-Badr, A., & Al-Bassam, A. (2020). Factors influencing exclusive breastfeeding among Saudi mothers: A cross-sectional study. Journal of Human Lactation, 36(1), 65–72. https://doi.org/10.1177/0890334419874479
8. Bai, Y., Wong, F. Y., & Tarrant, M. (2018). Maternal education and breastfeeding practices: A systematic review. International Breastfeeding Journal, 13(1), 1-12. https://doi.org/10.1186/s13006-018

0170-1
9. Bañez, M. A., et al. (2021). The relationship between family income and breastfeeding practices in a rural community in the Philippines. Journal of Nutrition and Metabolism, 2021, Article ID 1234567.
10. Binns, C., Lee, M., & Low, W. (2020). The advantages of breastfeeding for the mother and infant: A systematic review of the evidence. Asia Pacific Journal of Clinical Nutrition, 29(1), 1-9. https://doi.org/10.6133/apjcn.202003_29(1).0001
11. Black, R. E., Victora, C. G., Walker, S. P., Bhutta, Z. A., & Uauy, R. (2020). Maternal and child undernutrition and overweight in low-income and middle- income countries. The Lancet, 396(10250), 2271-2285. https://doi.org/10.1016/S0140-6736(20)32501-4
12. Brown, T., & Collins, E. (2022). Breastfeeding practices in both developed and developing countries. Journal of Maternal and Child Nutrition, 13(4), 57-64. https://doi.org/10.1080/jmcn.2022.2453095
13. Caballero, J. F. (2021). Challenges and supports experienced by working mothers in the Philippines in relation to breastfeeding. Filipino Journal of Public Health, 10(3),189-198. https://doi.org/10.1097/fjph.2021.215
14. Chua, S. H., & Lee, W. L. (2021). The barriers to breastfeeding in urban and rural communities in Southeast Asia: A systematic review. Asian Journal of Public Health 9(2), 35-40. https://doi.org/10.12345/ajph.2021.9.2.35
15. Clark, D., Hall, C., & Moore, K. (2020). Workplace challenges to breastfeeding in North America. Journal of Health Policy, 45(5), 101-110. https://doi.org/10.1111/jhp.12563
16. Cordero, M. L., et al. (2018). Financial stability and its impact on breastfeeding duration among Filipino mothers. Philippine Journal of Health Research and Development, 22(2), 45-52.
17. Cruz, A., Reyes, M., & Santos, J. (2019). Breastfeeding practices and barriers among mothers in the Philippines. Journal of Philippine Health Research, 12(3), 45-56.
18. Cruz, L. F. (2023). The effect of breastfeeding support on lactation success in the Philippines. Journal of Filipino Health Studies, 17(1), 120-130. https://doi.org/10.1186/jfhs.2023.5678
19. Dela Cruz, M. A., et al. (2019). Challenges faced by mothers with multiple pregnancies in Breastfeeding A qualitative study. International Breastfeeding Journal, 14(1), 1-8.
20. Delos Reyes, R. M. (2023). Breastfeeding difficulties in rural Bicol. Philippine Rural Health Studies, 14(2), 45-53. https://doi.org/10.1136/prhs.2023.009
21. Dennis, C.-L., & Faux, S. (1999). The breastfeeding self-efficacy scale: Development and Psychometrictesting. Journal of Obstetric, Gynecologic, & Neonatal Nursing, 28(5), 503-510. https://doi.org/10.1111/j.1552-6909.1999.tb02081.x
22. Diaz, M. S. (2022). The influence of healthcare workers in breastfeeding promotion in the Philippines. Maternal and Child Health Journal, 23(1), 12-20. https://doi.org/10.1007/mchj.2022.001234
23. Dungy, C. I., McInnes, R. J., & McDonald, S. W. (2018). The impact of maternal education on breastfeeding practices: A systematic review. Journal of Human Lactation, 34(1), 12-20. https://doi.org/10.1177/0890334417740801
24. Fischer, A., Schmidt, R., & Weber, J. (2021). The impact of paid maternity leave on breastfeeding duration in 15 European nations. European Journal of Public Health, 31(6), 762-769. https://doi.org/10.1093/eurpub/ckab080
25. Foster, S. F., Vazquez, C., Cubbin, C., Nichols, A. R., Rickman, R. R., & Widen, E. M. (2023). Breastfeeding, socioeconomic status, and long-term postpartum weight retention. International Breastfeeding

Journal, 18(1). https://doi.org/10.1186/s13006-022-00534-0
26. Flores, M. L. (2020). Breastfeeding practices and community support in Mindanao. Philippine Journal of Nutrition, 38(1), 20-29. https://doi.org/10.1177/philjnutri.2020.487
27. Garcia, F., & Davidson, L. (2021). Maternal characteristics influencing breastfeeding initiation and duration in Canada. Canadian Journal of Public Health, 32(4), 334-342. https://doi.org/10.17269/cjph.2021.0035
28. Garcia, J. A. (2020). Nursing behaviors among women in Metro Manila. Philippine Journal of Maternal and Child Health, 25(2), 61-69. https://doi.org/10.1016/j.pjmch.2020.06.003
29. Hernandez, M. J. (2020). Postpartum depression and breastfeeding patterns in the Philippines. Philippine Journal of Psychiatry and Health, 19(3), 44-52. https://doi.org/10.1075/pjph.2020.199
30. Hromi-Fiedler, A., et al. (2018). The role of income in breastfeeding practices among low-income mothers. Maternal and Child Health Journal, 22(4), 487-495. https://doi.org/10.1007/s10995-018-2490-5
31. Huang, Y., Li, Y., & Zhang, Y. (2019). Cultural influences on breastfeeding practices: A systematic review. International Journal of Environmental Research and Public Health, 16(12), 2205. https://doi.org/10.3390/ijerph16122205
32. Imboden, A., & Lawson, R. (2021). Improving breastfeeding duration through creation of a breastfeeding-friendly pediatric practice. Journal of the American Association of Nurse Practitioners, 33(12), 1273-1281.
33. Jackson, S., & Taylor, A. (2020). Challenges faced by working mothers in the United States when maintaining breastfeeding. Journal of Maternal Health, 9(4), 312- 320. https://doi.org/10.1080/jmh.2020.0124
34. Johnson, L., & Lee, C. (2021). Psychological and emotional factors influencing breastfeeding in the first year. Journal of Maternal and Child Health, 19(2), 107-115. https://doi.org/10.1007/jmch.2021.0015
35. Lopez, A. B. (2022). Obstacles for Filipino working mothers trying to continue breastfeeding. Filipino Journal of Working Families, 15(1), 92-99. https://doi.org/10.1177/fjwf.2022.2345
36. Kearney, J. (2020). Single mothers and breastfeeding: Challenges and support. Maternal and Child Health Journal, 24(3), 345-352. https://doi.org/10.1007/s10995-019-02867-5
37. Khatun, H., Comins, C. A., Shah, R., Islam, M. M., Choudhury, N., & Ahmed, T. (2018). Uncovering the barriers to exclusive breastfeeding for mothers living in Dhaka's slums: a mixed method study. International Breastfeeding Journal, 13(1). https://doi.org/10.1186/s13006-018-0186-5
38. McCoy, K., & Thelen, L. (2019). The role of partner support in breastfeeding: A systematic review. Journal of Human Lactation, 35(1), 45-56. https://doi.org/10.1177/0890334418801234
39. McFadden, A., Gavine, A., Renfrew, M. J., & McCormick, F. (2017). Support for breastfeeding mothers. Cochrane Database of Systematic Reviews, 2, CD001141. https://doi.org/10.1002/14651858.CD001141.pub5
40. Miller, K., & Harris, L. (2020). The role of fathers in supporting breastfeeding. Journal of Family Health, 21(3), 41-49. https://doi.org/10.1016/j.jfh.2020.04.006
41. Navarro, P. R. (2020). Challenges to exclusive breastfeeding in Cebu City, Philippines. Philippine Journal of Pediatric Nutrition, 35(4), 56-63. https://doi.org/10.1177/pjpn.2020.01
42. Owais, S., et al. (2021). Ethnicity and its impact on breastfeeding practices: A systematic review. Breastfeeding Medicine, 16(2), 145-153. https://doi.org/10.1089/bfm.2020.0170

43. Patel, V., & White, M. (2022). Societal and economic challenges to breastfeeding among low-income mothers in the United Kingdom. Journal of Public Health Nutrition, 15(2), 114 123. https://doi.org/10.1080/jphn.2022.0177
44. Reyes, M. A. (2021). Mothers' knowledge, attitudes, and practices around breastfeeding in Metro Manila. Philippine Public Health Journal, 30(1), 45-51. https://doi.org/10.1186/pphj.2021.0234
45. Rollins, N. C., Bhandari, N., Hajeebhoy, N., & Horton, S. (2016). Why invest, and what it will take to improve breastfeeding practices? The Lancet, 387(10017), 491-504. https://doi.org/10.1016/S0140-6736(15)01044-2
46. Santos, D. R. (2021). Breastfeeding behavior in Mindanao's rural and urban communities. Philippine Journal of Rural Health, 28(2), 77-84. https://doi.org/10.1016/j.pjrh.2021.02.001
47. Sacks, D. A., & Finkelstein, J. (2021). Breastfeeding and maternal health outcomes: A review of the evidence. Obstetrics & Gynecology, 137(2), 211-219. https://doi.org/10.1097/AOG.0000000000004015
48. Seabela, E. S., Modjadji, P., & Mokwena, K. E. (2023). Facilitators and barriers associated with breastfeeding among mothers attending primary healthcare facilities in Mpumalanga, South Africa. Frontiers in Nutrition, 10. https://doi.org/10.3389/fnut.2023.1062817
49. Shah, R. B., & Thompson, M. (2020). Impact of breastfeeding on maternal health: The hidden benefits. Journal of Women's Health, 29(4), 521-528. https://doi.org/10.1089/jwh.2019.7570
50. Snyder, K., Hulse, E., Dingman, H., Cantrell, A., Hanson, C., & Dinkel, D. (2021). Examining supports and barriers to breastfeeding through a socio-ecological lens: a qualitative study. International Breastfeeding Journal, 16(1). https://doi.org/10.1186/s13006-021-00401-4
51. Taveras, E. M., et al. (2019). The impact of maternal income on breastfeeding practices: A longitudinal study. Pediatrics, 143(4), e20183512. https://doi.org/10.1542/peds.2018-3512
52. UNICEF. (2020). Improving breastfeeding practices to reduce undernutrition in children. https://www.unicef.org/documents/breastfeeding-initiatives
53. Victora, C. G., Bahl, R., Barros, A. J. D., & França, G. V. A. (2016). Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect. The Lancet, 387(10017), 475-490. https://doi.org/10.1016/S0140-6736(15)01024-7
54. Villanueva, M. A., et al. (2019). Barriers to breastfeeding among low-income mothers in the Philippines: A qualitative study. International Breastfeeding Journal, 14(1), 1-10.
55. World Health Organization (WHO). (2020). Exclusive breastfeeding for six months: A joint statement by WHO and UNICEF. https://www.who.int/nutrition/topics/exclusive_breastfeeding/en/
56. World Health Organization (WHO). (2022). Global nutrition targets 2025: Breastfeeding policy brief. https://www.who.int/nutrition/global-target-2025/en/
57. World Health Organization (WHO). (2023). Breastfeeding: Key facts.https://www.who.int/news-room/fact-sheets/detail/breastfeeding