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**Perceptions about breastfeeding and sociodemographic characteristics of a group of Colombian teenage mothers**

Percepciones sobre la lactancia materna y características sociodemográficas de un grupo de madres adolescentes colombianas

Title in abstract:Breastfeeding in Adolescence

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**Abstract**

Low adherence to breastfeeding in the first six months of a baby's life is a major problema in Colombia. Investigating the perceptions of adolescent mothers is essential to encourage exclusive breastfeeding. Thus, the objective of this study was to learn about the perceptions of breastfeeding and to describe the sociodemographic characteristics of breastfeeding adolescent mothers who participated in the Growth and Development Program of the Hospital San Juan de Dios UniRemington Corporation in Colombia. This is a cross-sectional qualitative observational study conducted between 2020 and 2021 using semi-structured interviews. These were carried out according to a script of open-ended questions to teenage mothers who were breastfeeding babies under 2 years of age, using tape recorders and field diaries and sociodemographic data obtained from hospital registers. The sample and results were based on data saturation according to narratives organized into themes from the thematic analysis together with repetitions of observations and descriptions of sociodemographic data. Of the ten young women, 70% had alow level of schooling and their perception of breast feeding was related to their knowledge of the benefits of breastfeeding for baby nutrition and mother-child bond, but with many difficulties this reality has become a utopia. There was a dyad of joy and pain in the experiences. It was concluded that the perceptions were related to the lack of medical and family support for adolescent mothers.Further studies in different maternal populations are suggested.

**Keywords:** Adolescent pregnancy. Breastfeeding. Babycare. Mother-child relationships. Maternal and child health services.

Resumen

La baja adherencia a la lactancia materna en los primeros seis meses de vida del bebé es un gran problema en Colombia. Investigar las percepciones de las madres adolescentes es esencial para el incentivo a la lactancia materna exclusiva. Así, el objetivo de este estudio fue conocer las percepciones sobre la lactancia materna y describir las características sociodemográficas de madres adolescentes lactantes que participan en el Programa de Crecimiento y Desarrollo de la Corporación Hospital San Juan de Dios UniRemington en Colombia. Se trata de un estudio observacional cualitativo transversal realizado entre 2020 y 2021 mediante entrevistas semiestructuradas. Estas se realizaron según un guión de preguntas abiertas a madres adolescentes que amamantan a bebés menores de 2 años, utilizando grabadora de audio, diarios de campo y datos sociodemográficos obtenidos de registros hospitalarios. La muestra y resultados se basearon en la saturación de datos, según las narrativas organizados en temas a partir del análisis temático junto con repeticiones de observaciones y descripciones de datos sociodemográficos. De las diez jóvenes, el 70% tenía un bajo nivel de escolarización y su percepción de la lactancia estaba relacionada con su conocimiento de los beneficios de la lactancia para la nutrición del bebé y el vínculo madre-hijo, pero con muchas dificultades esta realidad se ha convertido en una utopía. Hubo una díada de alegría y dolor en las vivencias. Se concluyó que las percepciones estaban relacionadas con la falta de apoyo médico y familiar para madres adolescentes. Se sugieren más estudios en diferentes poblaciones maternas.

**Palabras clave:** Embarazo en Adolescencia. Lactancia Materna. Cuidado del lactante. Relaciones madre-hijo. Servicios de salud materno-infantil.

INTRODUCTION

Exclusive breastfeeding (EBF) is the gold standard in infant nutrition.1 Breast milk is the ideal food for newborns, meeting both immunological and nutritional needs for proper growth and development. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend EBF for the first six months of life.2 Consequently, experts worldwide develop guidelines for hospitals to promote breastfeeding based on the Ten Steps to Successful Breastfeeding.3 In low and middle-income countries, many women do not initiate breastfeeding within the first hour after delivery.4

In the case of Colombia, according to the 2015 National Survey of Nutritional Status (ENSIN), the percentages of exclusive breastfeeding have decreased from 46.9% in 2005 to 36.1% in 2015.5 It is estimated that Colombian mothers practice exclusive breastfeeding for an average of 1.8 months.6 But 19% of the population of adolescent women in Colombia are mothers,5 which also becomes a social problem because this population is specifically in a stage of full physical and emotional development that hinders decision-making and the assumption of responsibilities.7 Despite breastfeeding being considered a natural and instinctive act for mothers, there are social and familial factors that can pose challenges in the implementation of this practice.8

The socioeconomic characteristics of mothers (age group, employment status, parity) and health services (medical monitoring, type of delivery), as well as the presence of human milk banks, are factors that can either facilitate or hinder breastfeeding.9 It is also important to highlight the knowledge of lactating mothers and the lack of confidence, especially regarding beliefs about insufficient milk production, breastfeeding techniques, and advice from close individuals such as family members.10 Therefore, healthcare professionals must commit to supporting mothers in promoting breastfeeding with accurate and appropriate information during pregnancy and postpartum.11

Therefore, it is of utmost importance to investigate the perceptions of lactating mothers, especially among Colombian adolescents, regarding the challenges, experiences, and achievements in breastfeeding. This research aims to provide insights for the development of health promotion strategies in collaboration with the healthcare team, particularly in the studied group in Santa Rosa de Osos, Antioquia, Colombia. Hence, the objective of this study was to understand the perceptions about breastfeeding and the sociodemographic characteristics of lactating teenage mothers who participated in the Growth and Development Program of Corporación Hospital San Juan de Dios UniRemington in Colombia.

METHODS

**Study design**

This is a cross-sectional qualitative observational study conducted between August 2020 and June 2021 at Corporación Hospital San Juan de Dios UniRemington in the municipality of Santa Rosa de Osos. Santa Rosa de Osos is a municipality with a territorial extension of around 812 km2 and healthcare support from universities, serving approximately 35,650 inhabitants.12 The research question addressed in this study is: What are the perceptions about breastfeeding and the sociodemographic characteristics of lactating teenage mothers in a Colombian hospital?

Undergraduate students from the Nutrition and Dietetics program at Corporación Universitaria de Remington conducted semi-structured interviews. The study was framed within the theoretical framework of the healthcare system13 and the definitions of breastfeeding and exclusive breastfeeding from the WHO.2 Breastfeeding involves the baby receiving breast milk either directly from the breast or expressed. Exclusive breastfeeding is defined as not providing any other food or drink, not even water. The recommendation is to exclusively breastfeed for the first 6 months (180 days) of life, with continued breastfeeding along with complementary foods up to two years of age or beyond.2

This study adopts an approach to uncover the meaning given to lived experiences, exploring individual perceptions and their relation to the surrounding environment.14 Grounded in qualitative research principles, this study seeks to produce knowledge with scientific and social relevance, analyzing human experiences through their narratives, acknowledging their uniqueness and complexity.15

Participants in the study

Qualitative research is not justified by the number of participants but by the quality, depth, and contextualization of their narratives. Thus, the data as a whole seek thematic regularities and the meanings attributed to them, adding the contextual dimension.15 Participants were selected using the snowball sampling method, with the healthcare team identifying young lactating mothers participating in the Growth and Development Program at the Hospital. This process continued until data saturation was reached. Data saturation occurs when the information collected becomes rich and diverse enough to address the study's objectives, the depth of exploration, and the characteristics of the participants to ensure homogeneity in the sample.16 In this context, the determination of the total number of participants was based on the reference framework used, the study's cutoff expressed in the main objective, the desired depth, and the characteristics of the participants to maintain homogeneity.16

The study population consisted of women attended to in this program based on eligibility criteria, which included mothers with children under 2 years who were breastfeeding at the time of participation or had provided breastfeeding in the last 2 years at the time of the study. The participants were adolescent mothers in the age range of 15 to 19 years, classified as late adolescence according to the WHO criteria,17 who had voluntarily decided to participate in the research. Mothers who did not respond to the informed consent form for participation were excluded, as well as those providing implausible answers or whose exclusion was requested by the respondents.

Data Collection

The data collection began with a preliminary contact through a call for participants using printed flyers, inviting adolescent mothers attending the Growth and Development Program at the Hospital. To gather information and obtain informed consent signatures, each mother was scheduled for a phone call at specific times to avoid crowds. The students had authorized spaces within the hospital to explain the research objective and conduct interviews. Additionally, some sociodemographic characteristics (age, education, occupation, marital status, child's age, and economic situation) were explored. This information was provided to the research team through the participants' histories, with prior authorization from the hospital and consent from the participants.

The interviews were conducted by an interviewer who used an audio recorder to transcribe the narratives and analyze the data. A script of open-ended questions was developed for the semi-structured interviews, covering topics related to breastfeeding and the healthcare the mother received during the prenatal, delivery, and postpartum stages. During the interviews, an observer used a field diary to note behaviors that could corroborate the interview results, such as the expression of feelings. The researchers conducted the study after undergoing training in qualitative interviews and conducting a pilot study with the team for awareness.18

Data Analysis

To analyze the data, after each interview, the interviewer and the observer transcribed the audio recordings blindly and organized them into coded files, respecting the anonymity of the interviewees' identities. The analyses were thematic,14 involving the reading of all statements from each interview to identify patterns in the meaning of the data and uncover themes. These analyses were conducted according to Kleinman's theoretical framework13 on the healthcare system, which defines healthcare systems in three sectors or subsystems: the professional curing sector, the popular curing sector, and the sector of beliefs, decisions, relationships, and institutions.13 The findings were supported by field diaries through repeated observations of the mothers' expressions.

Common themes were observed in the perceptions of the mothers, organized with quotes from the mothers' discourses and coded with numbers based on the ascending order of the interviews (e.g., M1 for the first mother). In the descriptive analysis of sociodemographic data, frequencies of categories were calculated based on hospital records. This type of study contributes information from various angles, both in terms of the context and the investigated phenomenon. It enables the identification of reality through the perception of ideas, thought processes, feelings, behaviors, and future projections.15

Ethical Considerations

This study was conducted with due ethical consideration. Prior authorization was obtained from the Hospital San Juan de Dios, and approval was granted by the Bioethics Committee of the Faculty of Health Sciences at Corporación Universitaria de Remington (Act 102020) in accordance with Resolution no. 466/2012 of the National Health Council of Brazil and Resolution 8430/1993 of the Ministry of Health of Colombia.

RESULTS

**Sociodemographic Characteristics of Adolescent Breastfeeding Mothers**

The interviews lasted between 10 and 30 minutes, with a total of ten participants interviewed. The interviews were conducted with women between the ages of 18 and 19, all of whom were residents of the municipality of Santa Rosa de Osos, Department of Antioquia, in Colombia. The identified socioeconomic strata were low and medium. The age of the children varied between 14 days and two years. 70% of the mothers had completed their education up to primary level, while the remaining 30% were high school graduates. Regarding occupation, the majority were dedicated to homemaking and completing their high school studies. Only two participants reported engaging in any paid activities. In terms of marital status, it was more common to find unmarried teenagers living with their family of origin (90%), and all were first-time mothers.

Perceptions of Breastfeeding

The duration of exclusive breastfeeding varied among the adolescent mothers, ranging from one day to six months. Several challenges were identified, including premature birth, inverted nipples, breast injuries, and a lack of support from the healthcare team. Only three mothers received guidance during the prenatal period, and two received support after the baby's birth. Beliefs played a crucial role alongside the support from the mother, mother-in-law, and sister in providing guidance on breastfeeding techniques and care.

Knowledge

All the mothers who participated in the study pointed out the benefits of breastfeeding for babies. Their discussions revolved around the composition of breast milk for healthy development, its immune-boosting properties, and the economic aspect of breastfeeding instead of using artificial milk. They also emphasized the importance of breast milk in preventing future illnesses. What was unanimous in their reports was the anxiety and fear they expressed due to lack of experience and guidance, as all participants were first-time mothers, as mentioned earlier. This aspect of knowledge was identified as a dividing line between the techniques that mothers knew (or did not know) and the benefits of breastfeeding.

Yes, at first, they told me to latch her on, to use a bottle nipple, and latch her that way, that it would work. But it didn't work because it gives them, well, it's not like formula or anything, it helps a lot with their defenses. (M3)

Because I believe that it helps them become stronger, for some reason, I imagine that... it's because, well, it's something that helps, you have to give it to the baby so that they have more strengthening because it's not the same with formula as it is with something that comes from oneself, from their mother, you know. (M10)

I would say that when she has her baby, when she is going to breastfeed, it will be one of the most beautiful stages with someone. (M2)

Yes, it's a stage, well, the first thing you want when you give birth is to see who the baby looks like and all that. Then when they hand it to you and you see it there all beautiful, giving it, it's something unforgettable, it's really beautiful, it's the first moment, the most beautiful thing one experiences as a mother. (M1)

I believe it's the best for the baby. I would have liked to breastfeed a lot, in other words, I would have saved everything I spent on formula. I think it's significant protection for babies. (M5)

Because breastfeeding is the best for children, it's much better than infant formulas, and also in terms of cost. It provides the baby with all the nutrients needed for growth. (M9)

Well, it's like the best for babies, so that they don't have any diseases later on and for their defenses. (M7)

**Experiences**

The breastfeeding experience unfolded as emotional, beautiful, concerning, anxious, joyful, and painful—an experience both beneficial for the baby and the mother, making the woman feel like a true mother. Some participating mothers chose to provide their babies with breast milk substitutes based on recommendations (or lack thereof) from family members, nurses, and doctors. Experiences also revealed the belief that some followed the advice of close relatives (e.g., mother, mother-in-law, or sister) or healthcare personnel. This extended to recommendations about the baby's feeding and even the mother's own diet, with suggestions given by nurses to different mothers, such as drinking milk with cinnamon water or milk with malt to increase breast milk production.

Those who reported family support felt encouraged to persevere through difficulties and felt less alone, such as in the case of the support from their mothers to encourage breastfeeding for their grandchildren. One mother initially had no milk but later had good production with massage instructions from the healthcare team. Another mother reported successfully breastfeeding in the hospital with the team's assistance, but faced difficulties when she returned home. All shared that this is the most beautiful moment for women, and for those who faced challenges, they mentioned that it is also a tough process.

Well, very good, it was a very nice experience even though I didn't produce much milk. (M6)

The most significant moment... Well, having that contact with my girl, being close to me, and knowing that she needed me, being able to provide her with nourishment and yes. (M4)

All of them, all were beautiful, all evoked emotion. It was hard to take them away when they fell asleep; it looked so lovely. They would fall asleep, and suddenly, they would wake up and continue nursing, looking like a very cute little thing. (M3)

No, I felt accompanied; they practically lived with me in the house, almost lived here with me. They would fight with the doorman to let them in. (M5)

Yes, even when I came here, I told my little sister, "Well, I wanted to keep feeding the baby, so when I leave here, she might not take to it or something." And she told me, "No, no, no, no, we have to make him do it because he loved nursing, and that's what I'm going to do." (M8)

My mom was with me all the time, my aunt also supported me a lot. They told me how to hold the baby, how to give him the bottle, and they tried to guide me when they saw me frustrated because I couldn't breastfeed. From the healthcare personnel, I definitely feel that I didn't have any support, but I would have liked them to be there, telling me what to do or how to manage to feed my child even with all the difficulties I faced. (M10)

Well, at the beginning, during my pregnancy, I received training regarding proper positions and techniques, the importance of breastfeeding, and everything else. But I have an acquaintance, she's about 15 years old, and she tells me that she didn't receive any kind of training. She went to the hospital for jaundice or something like that, and they sent her a bunch of tests, including a pregnancy test, and that's when she found out she was pregnant. She had no idea, and honestly, I think they didn't provide her with that kind of training because of the pandemic. (M7)

Challenges

Mothers mentioned as the main difficulties the presence of wounds, breast injuries, breast pain, inverted nipples, absence of family and friends, and lack of information from the healthcare team. In this context, they felt confused and insecure about breastfeeding techniques and how to handle situations such as blood in the milk and weaning. With the difficulties encountered in the process, only one mother managed to breastfeed exclusively for the first six months.

The lack of support from friends was emphasized, and two mothers added that they had more male friends who were not as present during that time. Only one mother reported the support of a good friend who was present during breastfeeding and made a difference. They felt a lack of support from the healthcare team both in information during prenatal check-ups and postpartum. Two mothers pointed out the introduction of infant formulas without information to their knowledge by the healthcare team, as well as not having the support of the hospital that conducts follow-up, having to travel to a distant city for treatment with the baby.

The feeling of loneliness was reported as a discouragement amid the challenges of breastfeeding, especially among adolescents. One mother also reported the absence of the father, as she is in a single mother situation. In addition to the pandemic situation, which caused more anxiety and distance in both prenatal and postpartum support, there was difficulty dealing with the premature baby and the milk production that the healthcare team had to guide to extract and provide for her child who was in the incubator. Some of the participants mentioned that the process was affected at the beginning of the practice because their children had health problems and had to be hospitalized, which made breastfeeding and strengthening the mother-child bond challenging during the first days of life.

Oh, they told me to drink malt with milk. A nurse.(M6)

No, the baby wasn't breastfeeding, so I had to give him formula milk. (M2)

Yes, they told me to drink plenty of liquids, like sugarcane water with milk, similar to what they used. They also mentioned barley and other things that I don't remember at the moment, but yes. (M5)

Apart from the inverted nipple, I had difficulty with the nipple of the left breast because it got a little cracked, so I didn't want to breastfeed from that side because I was very afraid, and then my breast would get too full, and I was trying to get mastitis, but no. Every time I was going to breastfeed, I had to take a deep breath and that's it. (M1)

Well, it was very difficult for me because it was in the midst of the pandemic, and the nutrition area or some things like that didn't see me, so nothing, they should have more talks, explaining how one should stop breastfeeding, for pregnant women, how to do it well and everything. (M9)

For the kangaroo care process, well, it's very good because there they teach you many things, let's say if the baby stops breathing, well yes, they teach you many things. But I left because it was too difficult for me to go to Medellin. I had to go every 8 days, and well, it was super difficult. My nipples cracked, wounds appeared, and everything. I used Johnson's oil, suggested by my mother-in-law. (M6)

Well, no, my girl, as I told you, it's because I didn't produce much milk, and I was going to the doctor to prescribe me medication, but the medication they gave me didn't make me produce anything. (M4)

I didn't have much support from a specific person. My mom would sometimes ask how I was, and once I had an episode where I felt I didn't have milk; I didn't feel my milk coming down (it was in the first few days). I called my mom in desperation, crying, because I wasn't producing milk, and I wanted to breastfeed. I was desperate, and she told me, "No, calm down." I didn't have the support. (M3)

Yes, from the first day, and I pumped with a breast pump. (M7)

They taught me there at the doctor's that if the baby didn't latch on, I could pump the milk and store it for only one day because it wouldn't be good the next day. (M10)

No, I did insist, I kept insisting, and it sucked blood and milk. We didn't even know what it was. (M8)

**Suggestions**

When asked about suggestions regarding the scope of the breastfeeding experience, the mothers pointed out the need for increased communication with the healthcare team. In addition to feeling more secure, they should receive more information about breastfeeding techniques, ways to address issues, incentives for breastfeeding, comfort, and companionship. This was also suggested for companions, such as family and friends. Together with the healthcare team, they can enhance the experience even more than the act of breastfeeding itself.

Well, the doctor I consulted told me to prepare for breastfeeding and, yes, how should I put it, how to strengthen the bond with the baby so that I could produce plenty of milk. (M2)

I would like to be guided more in the breastfeeding experience, and since this is my first baby, I don't know..., how to take care of my baby, yes, things like that. (M5)

It would be very nice, just like you, I liked that you talk about how to breastfeed and all that, that they give you tips to learn more, or if you're doing something wrong, they correct it. That would also help us a lot. (M6)

I would think that improvement in maternal care with better explanations, yes, especially regarding breastfeeding because during the time I went, they didn't explain anything about that. (M1)

I think there is a need for more education; one is too inexperienced, and that is what one needs the most at that moment. (M9)

Field Diary

The field diary allowed us to understand the emotions expressed during the mothers' perceptions, such as fear, anxiety, distress, joy, euphoria, pleasure, and passion. This was complementary to the knowledge of the categories of the presented themes. A dyad was observed between the joy of the mothers when recounting the benefits of breast milk for the baby, but sadness and pain when discussing the difficulties, experiences, and lack of information they faced. Additionally, there were expressions of concern when making suggestions for improvements in healthcare teams and support from family members.

DISCUSSION

Among the ten socioeconomically vulnerable first-time mothers, the results showed that the majority breastfed for a short period (1 to 8 days) and were unemployed. The young mothers also faced challenges with their bodies and their babies (difficulty latching and injuries), a lack of support from both family members and the healthcare team, leading to moments of joy and sadness. They also lacked experience in breastfeeding techniques, although they were aware of the benefits of breast milk and the mother-child bond.

The teenage mother requires attention without preconceived labels of incapacity to care for her child, taking into account the specificities of adolescence and challenges such as breastfeeding and difficulty in baby latching.19 Teenagers demonstrate an understanding of breast milk and its importance, as it provides the necessary nutrients for the baby's healthy growth and development.20 Mothers are aware of the nutritional and immunological importance of breastfeeding for children. However, there are factors that can either increase or decrease the amount of milk produced by the breast, as is the case with exclusive breastfeeding. In this scenario, women's lack of knowledge about practices such as baby positioning and breast switching can be detrimental to the timely initiation and maintenance of breastfeeding.21 Most of them do not receive or receive little guidance from health professionals on the subject. Additionally, the origin of knowledge about breastfeeding reported by women is not mainly from health services or professionals but from people close to them.20

With high rates of maternal misinformation regarding breastfeeding, it is necessary to develop and establish educational programs to educate this population of breastfeeding mothers, especially first-time mothers and adolescents22 and those vulnerable from a socioeconomic perspective.23 In line with the results of this study, low maternal schooling23 in Argentina and the low per capita income in Brazil.24 The identified issues should be emphasized to create strategies for access to information to promote exclusive breastfeeding.23,24 In addition to other difficulties observed in this study, such as premature births and the separation of mother and child after birth.23

Counseling on breastfeeding is the main strategy to support, promote, and maintain breastfeeding, as reflected in the high prevalence of this essential practice, which can be a predictive factor from pregnancy through postpartum hospitalization.25 But the search for other care sectors can be explained by people's need to seek someone with popular knowledge and biomedical knowledge, revealing the plurality of understanding for achieving health.13 The results were in line with the theoretical framework used,13 in which the characters in the professional healing sector were constituted by health care professionals, while in the sector of popular healings, the family appears in the informal sector as support.13 This demonstrates the importance of qualitative studies to understand the real-life experiences and personal perspectives, which can inform the development of health interventions.10,11,15

By associating breastfeeding with cultural models, women are influenced by cultural discourses and practices that are sometimes contradictory. Understanding these factors will allow the design of effective strategies to promote breastfeeding.26 Especially with the participation of the community in the assessment of local knowledge for endogenous development.11 Social support is an important aspect to consider in supporting breastfeeding mothers, especially in the early months of the baby's life. As part of this, the dimension of positive/affectionate social interaction may be the most crucial for breastfeeding at six months.27 In general, the difficulties encountered are mainly incorrect latch, cracks in the breast, pain during breastfeeding, and the baby's rejection of the breast. There is a clear need to implement actions capable of meeting the needs of this population to prevent early weaning.20

The predominance of adolescent mothers between 18 and 19 years old with a secondary education level is something that has been drawing attention in recent studies, such as this one.28 Therefore, the abandonment of breastfeeding can often occur due to insufficient information about the advantages of exclusive breastfeeding. Additionally, in the mothers' discussions in that study, health intervention studies recommend promoting the active involvement of the family in maintaining exclusive breastfeeding.29 Therefore, community-based primary health care can be a valuable contribution to improving maternal and child health.30

The qualitative study is valuable to support the development of future actions, both in the hospital of the conducted study and in broader contexts within the country or other countries. The interviews were essential for understanding the perceptions of breastfeeding adolescent mothers and their sociodemographic data for real-life experiences. Although one limitation of the study may be that the sample of young breastfeeding women is from the same care facility, which limits knowledge of other locations. Therefore, further studies are suggested to explore the different realities of various age groups of women, locations, and countries.

CONCLUSION

While gathering an understanding of the perceptions of breastfeeding, what has become clear is despite Columbian adolescent mothers being aware of the benefits of providing babies with breast milk these mothers face challenges that prevent or interrupt this from happening. The dyad of pain, between access to information and support from the health team, family, and friends that fragmented, was the joy of the mother-child bond. This may be exacerbated by the fact that young mothers come from vulnerable socioeconomic strata, are unemployed, and are first-time mothers. Further qualitative research on the subject with different age groups of mothers and across countries is suggested to support breastfeeding promotion strategies.

**REFERENCES**

1. Zielińska MA, Sobczak A, Hamułka J. Breastfeeding knowledge and exclusive breastfeeding of infants in first six months of life. Rocz Panstw Zakl Hig. 2017;68(1):51-9. PMID: 28303701
2. Butte FN, Lopez-Alarcon GM, Garza C. Expert Consultation on the Optimal Duration of Exclusive Breastfeeding ‎2001: Geneva, Switzerland)‎. 2002‎. Nutrient adequacy of exclusive breastfeeding for the term infant during the first six months of life. World Health Organization. ISBN: 9241562110
3. World Health Organization; United Nations Children's Fund (‎UNICEF)‎. Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: the revised baby-friendly hospital initiative. 2018. World Health Organization. ISBN: 9789241513807.
4. Balogun OOO, Sullivan EJ, Mcfadden A, Ota E, Gavine A, Garner CD, Renfrew MJ, Macgillivray S. Interventions for promoting the initiation of breastfeeding. Cochrane Database Syst Rev. 2016;11(11): CD001688. https://doi.org/ 10.1002/14651858.CD001688.pub3
5. Colombia. Ministerio de Salud y Protección Social, Departamento de Prosperidad Social. Instituto Nacional de Salud. Instituto Colombiano de Bienestar Familiar. Universidad Nacional de Colombia. 2017. Encuesta Nacional de Situación Nutricional. ENSIN 2015. [acceso en 2022 Set 20]. Disponible en: https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/ED/GCFI/ensin-colombia-2018.pdf
6. Pinilla E, Domínguez C, García A. Madres adolescentes, un reto frente a los factores que influyen en la lactancia materna exclusiva. Enferm. glob. 2014;13(33):59-70.ISSN 1695-6141.
7. Colombia. Congreso de la República. Ley 1804 de 2016 (agosto 2): Por la cual se establece la política de Estado para el Desarrollo Integral de la Primera Infancia de Cero a Siempre y se dictan otras disposiciones. 2016. Bogotá D.C.: Diario Oficial 49953. ISBN 152152.
8. Wouk K, Tully KP, Labbok MH. Systematic Review of Evidence for Baby-Friendly Hospital Initiative Step 3. J Hum Lact. 2017;33(1):50-82. https://doi.org/10.1177/0890334416679618.
9. Ortelan N, Venancio SI, Benicio MHD. Determinantes do aleitamento materno exclusivo em lactentes menores de seis meses nascidos com baixo peso. Cad. de Saúde Pública. 2019;35(8):e00124618. https://doi.org/10.1590/0102-311X00124618.
10. Amaral LJX, Sales SS, Carvalho DPSRP, Cruz GKP, Azevedo IC, Júnior MAF. Fatores que influenciam na interrupção do aleitamento materno exclusivo em nutrizes. Rev. Gaúcha Enferm. 2015;36(esp):127-34. https://doi.org/10.1590/1983-1447.2015.esp.56676.
11. Almeida JM, Luz SAB, Ued FV. Support of breastfeeding by health professionals: integrative review of the literature. Rev Paul Pediatr. 2015;33(3):355-62. https://doi.org/10.1016/j.rpped.2014.10.002.
12. Colombia. Informaciones municipales, Alcaldía Santa Rosa de Osos, 2022. [acceso en 2022 Set 20]. Disponible en: https://www.santarosadeososantioquia.gov.co/MiMunicipio/Paginas/Informacion-del-Municipio.aspx
13. Kleinman A. Concepts and a model for the comparison of medical systems as cultural systems. Soc Sci Med. 1978;12(2B):85-95. https://doi.org/ 10.1016/0160-7987(78)90014-5.
14. Souza LK. Pesquisa com análise qualitativa de dados: conhecendo a Análise Temática. Arq. bras. psicol.  2019;71(2):51-67.
15. .Moré Cloo. A entrevista semiestruturada ou de profundidade, no contexto da saúde, dilemas epistemiológicos e desafios da sua construção e aplicação. Atas. 2015;1(3):07-21.[acceso en 2022 Set 20]. Disponible en: https://proceedings.ciaiq.org/index.php/ciaiq2015/article/view/158
16. Francis JJ, Johnston M, Robertson C, Glidewell L, Entwistle V, Eccles MP, Grimshaw JM. What is an adequate sample size? Operationalising data saturation for theory-based interview studies. Psychol Health. 2010; 25(10):1229-45. http://doi.org/10.1080/08870440903194015.
17. World Health Organization. Young People´s Health – a Challenge for Society. Report of a WHO Study Group on Young People and Health for All. Technical Report Series 731. 1986. Geneva: WHO. ISBN: 9241207310
18. Gonzalez Rey FL. Pesquisa Qualitativa em Psicologia: Caminhos e Desafios. São Paulo: Cengage Learning, 2011.
19. Camarotti CM, Nakano AMS, Pereira CR, Medeiros CP, Monteiro JCS. Perfil da prática da amamentação em grupo de mães adolescentes. Acta Paul Enferm. 2011;24(1):55-60. https://doi.org/10.1590/S0103-21002011000100008
20. Costa RSL, Rocha ETC, Oliveira EL, Chaves MML. Percepções de mães adolescentes sobre aleitamento materno. Rev Enferm Contemp. 2021;10(1):60-6. http://doi.org/10.17267/2317- 3378rec.v10i1.3355
21. Carvajal R, Mateus S, Julio C, Cabrera G. Conocimientos acerca de la lactancia materna en el Valle del Cauca, Colombia. Rev. Fac. Nac. Salud Pública. 2003;21(1):27-41. ISSN: 0120-386X.
22. Ortiz YMB, Ruíz GG, Navarro CC. Lactancia materna exclusiva: ¿La Conocen las madres realmente? Rev. Cuid. 2014;5(2):723-30. ISSN: 2216-0973.
23. Mangialavori GL, Tenisi M, Fariña D, Abeyá Gilardon EO, Elorriaga N. Prevalencia de lactancia materna en el sector público de salud de Argentina, según la Encuesta Nacional de Lactancia Materna, 2017. Arch Argent Pediatr. 2022;120(3):152-7. http://doi.org/10.5546/aap.2022.152
24. Tavares AMC, da Silva FR, Callou MAM, da Silva RF, de Morais MPS, Rocha ÉMB. Factors that interfere in the duration of breastfeeding of children in the Metropolitan Region of Cariri, Ceara. Demetra.2020;15(1):1-12. http://doi.org/10.12957/demetra.2020.47367
25. Bernal J, Castillejo Padilla NP, Agudelo Martínez MA, Gomez Velasquez S. Práctica de la lactancia materna y factores asociados entre mujeres jóvenes y adultas en el Municipio de Envigado, Antioquia-Colombia: Práctica de lactancia materna. Nutr Clín Diet Hosp. 2022;42(01):175-85. https://doi.org/10.12873/421bernal
26. Torres-Montalvo A, Suárez-Conejero JE, Cerros-Aristorena MR. Perspectiva de mujeres mexicanas sobre lactancia materna asociada al cambio del modelo cultural. Enferm. Univ. 2020;17(2):148-61. https://doi.org/10.22201/eneo.23958421e.2020.2.767
27. Bertoldo L, Boccolini C, Faerstein E. Dimensões do apoio social e prática de aleitamento materno: estudo pró saúde. Demetra. 2019;14(1):e43037. https://doi.org/10.12957/demetra.2019.43037.
28. Barrios AS, Rivadulla RR, Guzmán ED, Domínguez BH, Ramos NA. Caracterización de la lactancia materna en madres adolescentes. Rev Ciencias Médicas. 2014;18(4):574-89. ISSN: 1561-3194.
29. Puente-Perpiñán M, Alvear-Coquet N, de-los-Reyes-Losada A, Ricardo-Falcón T. ¿Por qué las madres adolescentes abandonan la lactancia materna exclusiva? **Rev Cubana de Aliment Nutr [internet].** 2010;20(2):280-6. [acceso en 2022 set 20]. Disponible en: https://www.imbiomed.com.mx/articulo.php?id=77915
30. Black RE, Taylor CE, Arole S, Bang A, Bhutta ZA, Chowdhury AMR et al. Comprehensive review of the evidence regarding the effectiveness of community-based primary health care in improving maternal, neonatal and child health: 8. summary and recommendations of the Expert Panel. J Glob Health. 2017;7(1):010908. https://doi.org/10.7189/jogh.07.010908

Contributors

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