

Social valuation of the maternal lactation and difficulties that entails the precocious weaning in smaller infants

Valoración social de la lactancia materna y dificultades que conlleva el destete precoz en lactantes menores

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Received: August 31, 2021; Approved: December 9, 2021

What do we know about the subject matter of this study?

Different factors have been identified that influence the decrease in exclusive breastfeeding up to 6 months of life, such as younger maternal age, low educational and socioeconomic level, surgical or instrumental delivery, family dynamics, and absence of support networks, among others.

What does this study contribute to what is already known?

From a qualitative approach, it allows us to capture the significance and interpret the phenomena, based on the perceptions expressed by the mothers themselves in relation to breastfeeding, which could support the design of relevant health promotion programs.

Abstract

Breastfeeding provides all the nutrients to strengthen the immune system and the physical and mental development of the infant. It is exclusively recommended up to 6 months of age and prolonged up to two years. To increase the prevalence of breastfeeding, it must be valued by the breastfeeding women themselves. **Objectives:** To know the social valuation of the practice of breastfeeding and the difficulties that influence the early weaning in infants from five regions of Chile. **Patients and Method:** This investigation was based on the interpretive paradigm, from a phenomenological approach with a qualitative methodology. Thirty-five breastfeeding mothers participated in a semi-structured interview. The analytical strategy of grounded theory was used for the analysis. The qualitative data management software Atlas Ti, 8 was used. **Results:** It is evident that the social dimension and its categories (support network of the partner, family, and women of the family) are fundamental to maintaining EBF since weaning occurred when these were not available. **Conclusions:** Women perceive great value in the support networks of the partner, family, and female family members to maintain breastfeeding. The breastfeeding process is a complex phenomenon and not without problems, which is highly influenced by the social dimensions that generate the possibility of maintaining breastfeeding until 6 months or longer or, on the contrary, they influence its suspension.

Keywords:

Perception;
Mothers;
Breastfeeding;
Weaning;
Infants

Introduction

Breastfeeding (BF) favors optimal physical and mental development since its nutritional intake is adequate in quality and quantity for the infant. Due to its importance, the Comprehensive Child Protection System, *Chile Crece Contigo*, recommends ensuring optimal nutrition for children, promoting exclusive breastfeeding (EBF) for up to six months, and then complementing it with solid food up to two years of age¹.

In Chile, according to the Sixth National Breastfeeding Survey, applied after the entry into force of Law 20,545, which modifies the norms on maternity protection and incorporates postnatal parental leave², shows that the prevalence of EBF up to 6 months is 56.3%, with a tendency to increase in mothers 25 years and older (59.1%), compared with those under 24 years (52.4%); while the prevalence of women aged 31 to 35 years was higher (60.3%)³. According to this, the National Health Strategy established the goal of reaching 60% of EBF up to 6 months by 2020⁴. Likewise, it has been described that the reasons for the discontinuation of EBF before 6 months of age are due to poor growth or low weight of the child (8.6%), breast and nipple problems (14.7%), and the child's feeling of hunger (27.2%), among others⁵.

Therefore, there is consensus on the benefits of EBF on the health of the mother-child pair, such as its direct effect on the family economy through savings in the use of milk formulas and bottles, and indirectly on associated health costs, premature deaths, and quality-adjusted life years, among others⁶. Despite this, a study conducted in Santa Marta, Colombia, found that mothers continue to show high rates of misinformation regarding BF⁷.

Currently, there is very little national data on the causes of early weaning (EW), despite the widespread concern about the subject in the last 20 years. There is also no information on the breastfeeding situation in the private health care system, whose users account for one-third of the Chilean population⁸. Likewise, studies have significantly associated clinical factors such as type of weaning and nutritional assessment with socio-demographic factors, among them, the chronological age of the child and the age at EW⁹.

A study conducted in a rural community in Chile reported that single or cohabiting marital status, extreme educational levels, women with no previous breastfeeding experience due to being first-time mothers, and cesarean delivery are potential risk factors for EW¹⁰. Other studies report that the most frequent reason for discontinuation of BF was having little milk and the infant's nutritional status below the third percentile¹¹, as well as some biosocial factors such as maternal age (under 20 years), lower educational level, student

mothers, first-time mother, single mothers, and those with severely dysfunctional families, in addition to insufficient milk production¹².

The study by Niño et al. is noteworthy, as they point out that weaning is often related to maternal perceptions rather than to objective data, while sociodemographic variables influence successful EBF⁸. Similarly, it has been established that factors such as underage, lower educational and socioeconomic level, surgical or instrumental deliveries, and negative cultural factors are the main detriments to the maintenance of EBF¹³.

A review concluded that among the factors that protect BF are family support, partner support, and having had a positive previous experience with other children¹⁴. A study in the Araucanía Region, Chile, observed that there are elements that favor BF, among them the length of the postnatal leave period and support from the partner, the family, and health professionals¹⁵. Another review highlights that family dynamics, the constant presence of support networks, and the education received from health professional teams are also protective factors¹³.

Despite the efforts made by healthcare center teams, mothers who receive information on BF continue to show high rates of misinformation about it⁷. Therefore, it is necessary to incorporate educational programs aimed at pregnant women, specifically first-time mothers, and adolescents at high risk⁷. From this approach, this research constitutes a contribution to health teams to optimize educational initiatives aimed at promoting BF.

In this study, from the perspective of the breastfeeding mothers themselves, we have approached the phenomena previously described, with a regional perspective represented by women from different geographical areas, all of them are users of the Chilean public health system. The purpose of this research is to know the social valuation of the practice of breastfeeding and the difficulties that affect early weaning in young infants living in five regions of Chile.

Patients and Method

Design

This qualitative study allowed us to capture, through the theoretical and methodological assumptions of phenomenology, the significance and interpret the phenomena according to the perception expressed by the mothers themselves regarding breastfeeding¹⁶. The internal realities of individuals were addressed in order to identify the essential structures of awareness¹⁷. In addition, how women represent, learn, and socialize the practice of BF was explored, considering that the

subjectively configured meanings are only understood from the women's experience¹⁶.

Population and sample

The participants were selected through convenience sampling. As a criterion of rigor based on the participants, we started with an avalanche sampling, ending with theoretical sampling. 35 mothers aged from 18 to 42 years were recruited from 5 regions of the country, residing in urban areas (Iquique, Talca, Los Angeles, Temuco, and Puerto Montt), and users of the primary health care (PHC) centers. They were divided into two groups according to the following inclusion criteria: Group 1: 18 women, who achieved EBF up to 6 months; and Group 2: 17 women, who did not achieve EBF up to 6 months. For both groups, children aged between 6 and 12 months were considered. Exclusion criteria for both groups were extreme premature infants and associated morbidities (cow's milk protein allergy, cancer undergoing chemotherapy, HIV, or other pathologies that do not allow EBF).

Instruments and Materials

For data collection, a semi-structured interview was carried out with questions developed from a theoretical perspective, which were modified based on the participants' own accounts. Therefore, this inductive process allows designing a semi-structured interview that reflects the perceptions of this group of women and was applied in the health centers, recording each interview in MP4 format, and then transcribed *verbatim* by the team of researchers responsible and considering the field notes.

Ethical aspects

This research respected the principles of the Declaration of Helsinki (1975 and revised in 1983) and was approved by the Scientific Ethics Committee of the Araucanía Sur Health Service. In addition, it was supported and authorized by the directors of the respective CESFAMs and each interviewee signed an informed consent form, which was previously read and explained by the researcher.

Results Analysis

The analytical procedure based on Grounded Theory to achieve significance was carried out through a relational level of analysis where: a) the textual units were directly interpreted in an open categorization, giving a classification in codes and categories; b) the coded and categorized textual units were added and compared to achieve an axial coding; c) finally, selective coding was generated, organized through analysis networks that allowed an overall interpretation, to reach conclusions and respond to the research objectives¹⁸.

The interviews were analyzed and coded using the analytical support software Atlas Ti, version 8, which allows us to manage the qualitative data and perform the analytical procedure on the interviews.

Results

The analysis of the interviews allowed the identification of 3 macro-categories associated with BF (Figure 1), such as social valuation, factors related to weaning, and factors that influence breastfeeding. Each macro-category groups several categories and these, at the same time, their subcategories.

Social valuation of breastfeeding

The first macro-category is composed of 4 categories: breastfeeding mothers' perception of breastfeeding, perceived benefits of breastfeeding, perceived difficulties in the breastfeeding process, and perception of the comparison between breastfeeding and formula feeding. Within this perception about breastfeeding (Table 1), breast milk is essential for the newborn, it is a living tissue, with characteristics that enhance the experience and development of BF, whereas women with infants in the weaning period perceive their milk differently and tend to consider it insufficient. However, both groups of breastfeeding mothers agree on several benefits of breastfeeding, related to the development of the newborn and its immune system, in addition to its nutritional function and its role in the cognitive development of children.

Perceived difficulties in the BF process are present in both EBF and EW women. Interestingly, on the one hand, women with EBF were able to face these difficulties with their support network made up of their partner, family, or women in their family, and the health center; but, on the other hand, women with EW did not have such networks and ended up discontinuing breastfeeding. According to them, breastfeeding women were aware of the differences between BF and formula milk, whereas the group with EBF had a negative perception of the use of this artificial feeding, compared with those of the EW group. Regarding the incorporation of formula, some mothers who reported EW felt guilty for not maintaining breastfeeding.

Factors related to weaning

In the second macro-category, there were 5 categories: weaning event and individual, psychological, social, and cultural factors. These were constructed inductively from the accounts of the women interviewed (Figure 1). The weaning event has a single subcategory, which describes the event that causes the discontinuation of BF, which is tangentially related to other cate-

gories where biological events were observed such as frequent nipple cracks secondary to poor breastfeeding technique, as well as hypogalactia (Table 2). The individual factors category highlights problems of poor latch-on technique, nipple cracks, and pain, among others, presented in the early stages of breastfeeding and, specifically, referred to the biological aspect.

According to the report of women with EW, psychological factors overlap with individual factors, where insecurity, anguish, and negative emotions constitute an experience that alters the BF process and affects the discontinuation of BF. In addition, social factors intervene in EW, where the health system, the family network, the partner's support, and the social network in general, interact synergistically or multi-factorially to cause the weaning event, which makes visible the role of each network and the complex interaction that social factors have in favoring BF or leading to its discontinuation. Among the cultural factors, women with EW report that they perceive the baby's hunger as a cultural situation that affects them since this sensation (related to hypogalactia) is a real cause of weaning. In this cultural context, the lack of information generates certain mythology that ends the breastfeeding process, in addition to the normalization of the use of formula as part of the newborn's nutrition or as a complement to BF.

Factors influencing breastfeeding

In this macro-category, there were 4 categories: individual, psychological, social, and cultural factors. These are associated with their respective subcategories constructed inductively from the accounts of the interviewees with EBF (Table 3).

The individual factors are related to bonding, previous positive experiences, and those related to the biological, good technique, and the feeling of well-being during breastfeeding which are factors perceived as important by women with EBF. Psychological factors establish that security, positive emotions, and well-being are recurrent at the time of breastfeeding, which facilitates EBF beyond 6 months. In relation to social factors, according to the mothers' perception, formal work as an obstacle to maintaining BF is not a determining factor since it does not prevent successful breastfeeding; and regarding family network, the support of the partner, and the friends' network are fundamental factors in facing the problems of breastfeeding and maintaining BF.

The interviewees from the five regions of the country coincided in most of the aspects reported, except for the women from the La Araucanía Region, who highlighted cultural factors associated with the Mapuche ethnic group, which is relevant due to the traditional knowledge that protects BF, and which shows that

the Mapuche worldview is transversally present in the community, a situation that was not observed in the perception of the interviewees from other regions.

The intercultural component is visible in the contexts where the research was carried out. In this line, the interviewees stated that the cultural context in which BF occurs determines how society sanctions or favors breastfeeding in public or breastfeeding as a social phenomenon.

Finally, there are common categories for both groups, which are influenced by other categories (Figure 2). These categories present a positive and/or negative view of BF, where breastfeeding women agree that there are difficult experiences during the breastfeeding process; however, social factors (support networks) have a direct influence on the decision to maintain or discontinue BF. It is observed that both groups value breastfeeding and have a positive perception of it, however, multiple factors such as individual, psychological, social, and cultural interact synergistically causing, in some cases, EW or a successful EBF.

Discussion

Previous research has described that the factors that favor EBF are psychosocial, such as family and health personnel support networks^{7,19}, achieving a correct latching on with the baby, and early initiation of breastfeeding²¹. In this study, it was clearly shown that, as indicated in the literature, knowing the benefits of BF makes the mother empowered in her role and willing to give EBF to her baby. In addition, having a support network during the breastfeeding period is a protective factor that affects both the emotional and physical well-being of women.

On the other hand, normal delivery is one of the factors that influence the breastfeeding process, as well as the family structure²², weight, height, and physical health of the mother²³. However, in this study, we did not find anything similar; in fact, the mothers interviewed did not associate it with BF.

Several studies, such as that of Cañas and Yany, mention that many mothers know the benefits of BF, but even so, they discontinue it,^{7,24} as occurred in this study where, among the results obtained, it was observed that EW occurred even when mothers knew the benefits of BF for their children since they referred to its importance for the physical development and health of the infants. However, there are many factors associated with EW²⁵, such as the findings of this research, which agree and support that there is no isolated factor that causes weaning before 6 months of age, but rather a group of factors that cause mothers to discontinue breastfeeding earlier than recommended.

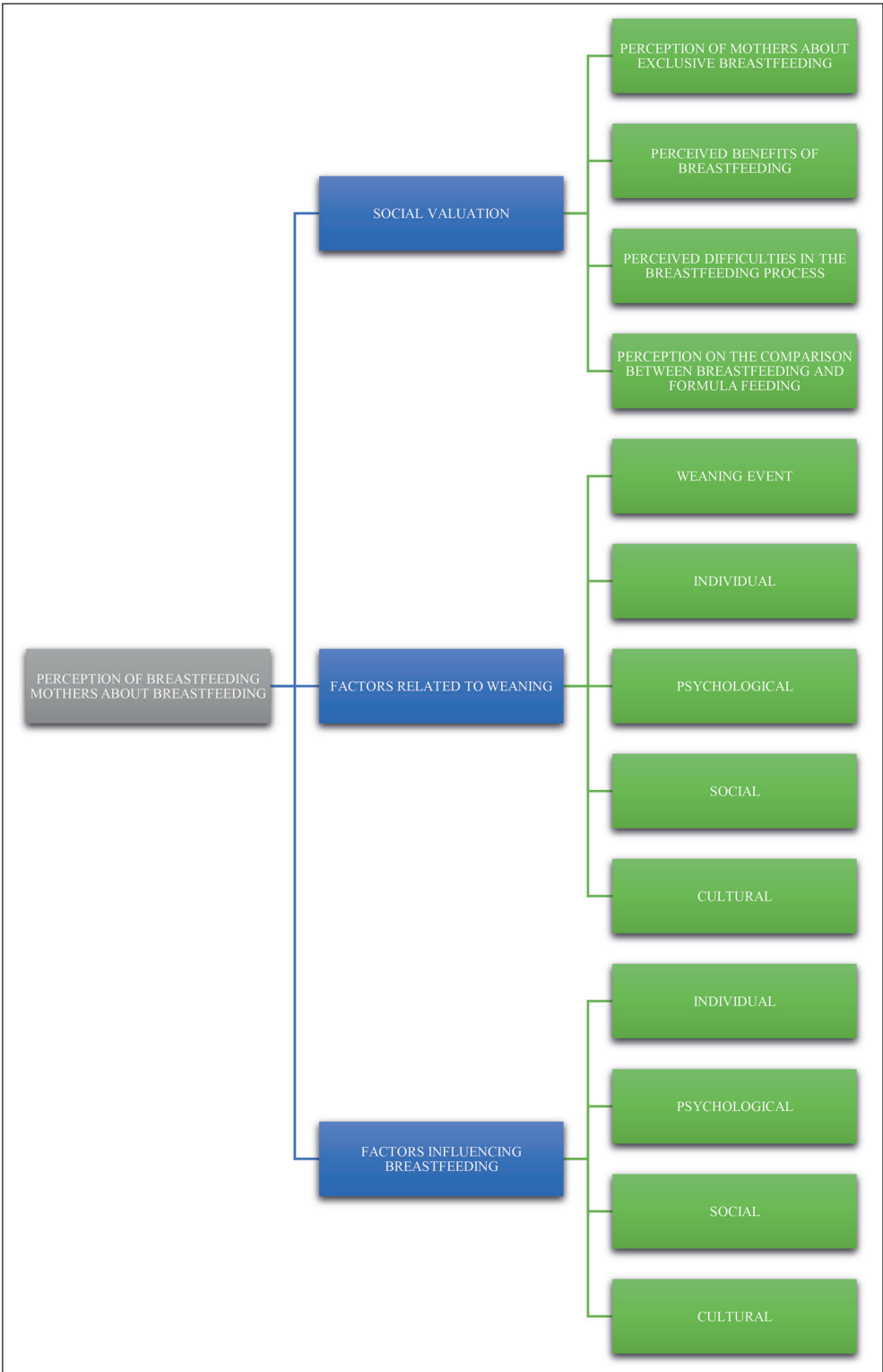


Figure 1. Macrocategorías, categorías and subcategorías associated with the perception of wet nurses.

Some studies affirm that mothers with difficulties during breastfeeding are at higher risk of postpartum depression, early weaning, and somatization, which cause greater difficulties during BF, the baby’s own self-regulation, and latch-on difficulties²⁶. Our study

reaffirmed these findings, where mothers who presented physical difficulties, such as mastitis and cracks in their nipples, as a result of poor latching on, present feelings of frustration that interfere with successful BF. It was observed that the discontinuation of BF was

Table 1. Categories and subcategories associated with the social valuation of breastfeeding.

Macrocategory: social valuation		
Categories	Subcategory	
Wet-nurses' perception of breastfeeding	<ul style="list-style-type: none"> - Self-perception of abundant milk - Self-perception of security by couple support - Positive self-perception as a wet nurse - Positive self-perception of own milk - Positive self-perception of breastfeeding - Self-perception of milk color - Rating of milk as thin - Rating of milk as thick - Rating of milk as fat with fat - Rating of milk as insufficient - Characteristics of good sml - Positive characteristics of milk - The power of milk itself 	<ul style="list-style-type: none"> - Excess milk production - Breastfeeding is a gift for newborns - Breastfeeding is essential - Milk is a living tissue that changes over time - Milk is alive - Breast milk is powerful and personalized - Breastfeeding contributes to newborn growth - Breastfeeding is a gift - Breast milk is right for the newborn - Breast milk is at the right temperature - Breast milk comes prepared and ready - Perception of relationship between attachment and breastfeeding
Perceived benefits of breastfeeding	<ul style="list-style-type: none"> - Calcium in breast milk - Vitamin intake in breast milk - Nutritional value of breastfeeding - Low cost of breastfeeding - Maternal benefits of breastfeeding - Creation of antibodies against diseases - Psychomotor development 	<ul style="list-style-type: none"> - Immunological - Maternal weight loss - Disease protection - Future health with breastfeeding - Newborn health - Types of milk according to breastfeeding time - Normal intestinal transit
Perceived difficulties in the breastfeeding process	<ul style="list-style-type: none"> - Social ignorance of the importance of breastfeeding - Lack of knowledge of the benefits of breastfeeding. - Difficulty due to modesty - Lack of pre and postnatal rest - Inconvenience of breastfeeding in public - Need for support for young mothers - Need for social understanding of breastfeeding as a process 	<ul style="list-style-type: none"> - Need for social understanding of breastfeeding mothers. - Need for government policies that support breastfeeding. - Need for social appreciation of breastfeeding - Need to breastfeed in public places - Fear of breastfeeding in public places - Newborn reflux
Perception on the comparison between breastfeeding and formula feeding	<ul style="list-style-type: none"> - Causes of refill use - Comparison of breast milk and formula - Knowledge about formula milk - Lack of knowledge of the difference between sml and fillers - Filling as a cause of infant illness - Constipation in the newborn - Demand for the use of fillers 	<ul style="list-style-type: none"> - Negative experiences with formula - Information on formula characteristics - Information about milk - Information about breastfeeding - Perception of addiction with formula milk - Perception of benefit of formula - Perception of milk as natural and formula as chemical

not caused by an isolated factor. It was observed that functional family dynamics allow for a successful BF process, which is a fundamental part of the mother-child pair as other studies have described, since it is considered a basic institution of society and plays an important role in the transmission of ethical and cultural values, and influences the psychosocial development of its members²⁵. Likewise, our findings showed that problems in the family dynamics and criticism of the breastfeeding process by family members cause feelings of frustration, anguish, and uneasiness in

the mothers, which influence the discontinuation of the EBF. Therefore, the presence of family support networks is a fundamental factor in establishing a successful BF²⁶.

Gonzalez et al. mention that the mother's confidence in the breastfeeding process is an essential factor for its success²⁶, which was confirmed by Galleguillos et al. who maintain that functional family dynamics, the presence of support networks, and education by health professionals are essential factors in establishing and maintain breastfeeding¹³. In this line, it was ob-

Table 2. Categories and subcategories associated with weaning-related factors.

Macrocategory: weaning-related factors	
Categories	Subcategory
Weaning event	- Lactation termination event
Individuals	<ul style="list-style-type: none"> - Cessation of breastfeeding - Drug use - Negative experience of breastfeeding with cesarean section - Lack of knowledge about the benefits of breastfeeding - Lack of breastfeeding experience - Cracked nipple - Hospitalization of the child - Impossibility of breastfeeding
Psychological	<ul style="list-style-type: none"> - Initiation of breastfeeding with problems of newborn jaundice - Initiation of lactation with nipple problems - Poor breastfeeding technique - Non-acceptance of breastfeeding advice - Poor preparation for breastfeeding in pregnancy - Prematurity as a problem - Baby's sleep as a difficulty in breastfeeding - Sadness and physical pain
	<ul style="list-style-type: none"> - Anguish and fear due to the newborn's health status - Contradiction in the desire to breastfeed - Blaming the mother for poor feeding of the premature infant - Insecurity when starting breastfeeding - Insecurity of the new mother
Socials	<p>Health system (subcategory)</p> <p>(Microcategory)</p> <ul style="list-style-type: none"> - Difference in breastfeeding support between health centers. - Difference between hospital and cesfam - Lack of breastfeeding support from health professionals - Lack of breastfeeding counseling in the hospital - Lack of empathy in hospital breastfeeding clinic - Physicians as obstacles to sbi - Physicians prescribe filled formula - No information on breastfeeding in pregnancy - Little information on breastfeeding benefits - Little information on breastfeeding in well-child checkups - Little information on breastfeeding to maintain lactation - Indication of formula in hospital - Indication of low birth weight filler <p>Family network (subcategory)</p> <p>(Microcategory)</p> <ul style="list-style-type: none"> - Family supports use of formula - Family does not support breastfeeding - Influence of comments about own milk <p>Partner network (subcategory)</p> <p>(Microcategory)</p> <ul style="list-style-type: none"> - Perception of lack of partner support for breastfeeding. - Society's negative perception of breastfeeding <p>Social network (subcategory)</p> <p>(Microcategory)</p> <ul style="list-style-type: none"> - Valuation of formula at the societal level - Violation of breastfeeding rights - Infringement of pregnancy rights
Cultural	<ul style="list-style-type: none"> - Baby hunger - Breastfeeding myths - Normalization of the use of stuffing

Table 3. Categories and subcategories associated with factors influencing breastfeeding

Macrocategory: factors influencing lactation	
Categories	Subcategory
Individuals	<ul style="list-style-type: none"> - Good breastfeeding technique - Co-sleeping as a breastfeeding facilitator - Decision to continue breastfeeding beyond one year - To give up formula feeding - Duration of breastfeeding without limits - Mother's moods due to lack of sleep - Being with newborn day and night - Positive breastfeeding initiation experience - Previous positive breastfeeding experiences - Positive experiences of the breastfeeding process - Early initiation of eml
Psychological	<ul style="list-style-type: none"> - Free demand - Maternal role in breastfeeding in premature infants - Mother-infant relationship - Breastfeeding routines maintained over time - Sensation of full breasts - Sucking stimulates lactation - Time for breastfeeding - Use of nipple shield - Use of nipple crack ointment - Value of breastfeeding based on experience - Positive valuing of breastfeeding for mother-child bonding
	<ul style="list-style-type: none"> - Acquisition of confidence as a wet nurse over time - Joy as a breastfeeding emotion - Well-being when breastfeeding - Comparison of breastfeeding emotion with falling in love - Maternal connection with the baby - Development of self-confidence and self-esteem through breastfeeding - Positive emotions about breastfeeding - Looking forward to breastfeeding - Satisfaction with breastfeeding process - Feeling of happiness
Socials	<p>Work (subcategory)</p> <p>(Microcategory)</p> <ul style="list-style-type: none"> - Leave work due to childbearing - Adaptation of breastfeeding to working hours <p>Health care system (subcategory)</p> <p>(Microcategory)</p> <ul style="list-style-type: none"> - Support for breastfeeding during the postpartum period after cesarean section - Support for breastfeeding women - Support from the midwife for breastfeeding - Support for breastfeeding from health care professionals - Support during the first month - Support for attachment - Cesarean section support for attachment - Professional breastfeeding support based on previous breastfeeding experiences - Personalized attention in phc health centers - Health center provides information on breastfeeding - Breastfeeding clinic as a supportive space - Breastfeeding clinic to increase preterm weight gain - Breastfeeding counseling debunks breastfeeding myths - Pregnancy checks support breastfeeding - Breastfeeding rights - Referral to early stimulation workshops - Information on eml provided - Hospital supports breastfeeding initiation - Information on benefits of breastfeeding - Physicians as a breastfeeding support network - Nutritionists provide information on breastfeeding when there are weight problems - Positive reinforcement of eml by health professionals - Follow-up to preterm infant hospital lactation clinic

Socials	Partner network (subcategory)	(Microcategory) <ul style="list-style-type: none"> - Partner support for breastfeeding in public - Partner support - Partner connection for breastfeeding - Partner conflicts over breastfeeding appropriateness - Partner conflict over formula feeding - Partner support for infant care - Partner as breastfeeding facilitator - Partner's concern about mother's feeding - Partner's concern for mother's rest
	Friends network (subcategory)	(Microcategory) <ul style="list-style-type: none"> - Friends as breastfeeding support network - People's support for breastfeeding
	Family network (subcategory)	(Microcategory) <ul style="list-style-type: none"> - Breastfeeding support with advice from women in the family - Family as breastfeeding support network - Family avoids breastfeeding failure - Family positively reinforces the breastfeeding process - Positive family comments on breastfeeding - Comparison between breastfeeding with family support and without family support - Mother as breastfeeding support - Women's family support network for breastfeeding
	Social network (subcategory)	(Microcategory) <ul style="list-style-type: none"> - Characteristics of social support for breastfeeding - The importance of social valuation of breastfeeding - Increased information at the social level about the benefits of breastfeeding - Participation in breastfeeding internet communities - The importance of social valuing of breastfeeding - Use of the internet for breastfeeding advice - Use of internet for breastfeeding information - Breastfeeding assessment at the level.
Cultural	Mapuche culture (subcategory)	(Microcategory) <ul style="list-style-type: none"> - Valuing breastfeeding in the mapuche culture - Support for breastfeeding with advice from the mapuche culture - Wise advice on breastfeeding - Tips for milk let-down in mapuche culture - Mapuche cultural practices for breastfeeding <p>Use of matico for cracked nipples</p>
	Cultural context of breastfeeding (subcategory)	(Microcategory) <ul style="list-style-type: none"> - Breastfeeding valued in the past - Greater current social valuation of breastfeeding - Overcoming modesty in breastfeeding in public - Covering the baby and breast when breastfeeding in public - Transformation of the value of breastfeeding in society

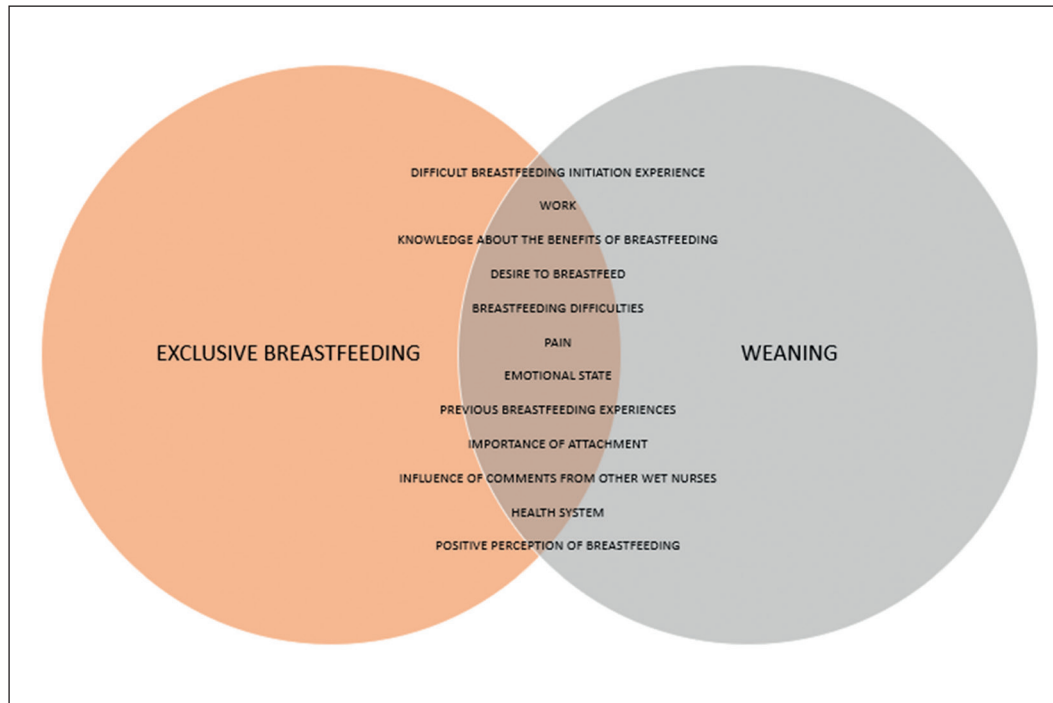


Figure 2. Categories shared by exclusively breastfeeding and weaning wet nurses.

served that the low confidence of mothers is a limiting factor that generates anguish, anxiety, and frustration, in addition to a health system that does not always intervene on time to facilitate the breastfeeding process. In this context, health professionals are a fundamental support network for the maintenance of EBF. A case-control study by Gorrita et al. showed that educational intervention is effective since it leads to better EBF breaks, lower morbidity, and higher weight and height-for-age percentiles in the group undergoing intervention²⁷.

Another determinant factor associated with EW is a low weight gain in infants¹³, which is reaffirmed when mothers express that they stopped breastfeeding when their children are not having an adequate weight gain, so they began to have negative perceptions of BF and decided to introduce formula milk, which is valued by them and affects the EBF condition.

Conclusions

In the process of pregnancy and breastfeeding, it is important to have a support network that facilitates physical and mental well-being for the mother, favoring a successful BF process.

The emotions generated by the breastfeeding process are positive, that is, it generates a moment of happiness and satisfaction in the mother-child contact.

Mothers need to be aware of the great variety of benefits of BF in order to facilitate exclusive breastfeeding during the first 6 months of life.

In the macro-category of difficulties associated with weaning, individual, psychological, social, and cultural factors were identified; however, these were not a factor that triggered the discontinuation of BF.

As expressed by the interviewees, EW occurred even when mothers were aware of the benefits of BF for their children.

There is no isolated factor that generates weaning before six months of age, but rather a set of factors. According to the findings of this research, dysfunctional family dynamics and the absence of support networks, among which the commitment of the health teams is not always evident, cause a negative perception that, according to the mothers, evolves from pain to anguish, which leads to low maternal confidence, low infant weight gain, and physical problems for the mothers.

The interviewees in La Araucanía expressed perceptions associated with the Mapuche worldview as an element favoring successful BF, a component that was not observed in the other regions.

Finally, it is suggested that research should be conducted to deepen the ancestral practices of territorial cultures in BF and that they can be observed, valued, and incorporated as a protective factor of EBF.

Ethical Responsibilities

Human Beings and animals protection: Disclosure the authors state that the procedures were followed according to the Declaration of Helsinki and the World Medical Association regarding human experimentation developed for the medical community.

Data confidentiality: The authors state that they have followed the protocols of their Center and Local regulations on the publication of patient data.

Rights to privacy and informed consent: The authors have obtained the informed consent of the patients and/or subjects referred to in the article. This document is in the possession of the correspondence author.

Conflicts of Interest

Authors declare no conflict of interest regarding the present study.

Financial Disclosure

This project has been funded by an internal competition of Complementary Lines, Universidad Santo Tomás, Chile.

Aknowledgments

We acknowledge the contribution of the women who have shared their breastfeeding experience. In this text are their desires, perceptions and opinions, represented through this bond of love with their children. We thank each of them for their generosity in participating in this research. We would also like to thank the academics of the Universidad Santo Tomás for conducting the interviews and the directors of the CESFAMs in the 5 regions, especially the CESFAM Metodista in Temuco for their contribution.

References

- Ministerio de Salud de Chile. Chile Crece Contigo. Orientaciones técnicas para la atención en clínicas de lactancia materna [Internet] 2016;1-66 Disponible en: <http://www.crececontigo.gob.cl/wp-content/uploads/2018/01/OT.CLM-VF-4.pdf>
- Ley 20545 Modifica las normas sobre protección a la maternidad e incorpora el permiso postnatal parental. Ministerio del Trabajo y Previsión Social; Subsecretaría del Trabajo 2021;1-11. Disponible en: <https://www.bcn.cl/leychile/navegar?idNorma=1030936>
- CEFEMINA - IBFAN LAC CHILE. 1er Informe Nacional 2016. Pura Vida MadreBebé [Internet] 2016;1-62. Disponible en: http://www.ibfan-alc.org/WBTi/inf_2016/Chile%20WBTi%202016.pdf
- Ministerio de Salud, Subsecretaría de Redes Asistenciales. Resolución 700 Exenta, fija metas sanitarias y de mejoramiento de la atención para las entidades administradoras de salud municipal para el año 2022;(2021):1-6. Disponible en: <https://www.bcn.cl/leychile/navegar?idNorma=1165435>
- Rosso F, Skarmeta N, Sade A. Informe técnico: Encuesta nacional de la lactancia materna en la atención primaria ENALMA Chile 2013;47. Disponible en: http://web.minsal.cl/sites/default/files/INFORME_FINAL_ENALMA_2013.pdf
- Brahm P, Valdés V. Beneficios de la lactancia materna y riesgos de no amamantar. Rev. chil. pediatr. [Internet] 2017 [citado 24 Sep 2021];88(1):7-14. Disponible en: http://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0370-41062017000100001&lng=es. <http://dx.doi.org/10.4067/S0370-41062017000100001>
- Borre YM, Cortina C, González G. Lactancia materna exclusiva: ¿la conocen las madres realmente?. Rev Cuid. 2014;5(2):723-30. Disponible en: <http://dx.doi.org/10.15649/cuidarte.v5i2.84>
- Niño M Rosa, Silva E Gioconda, Atalah S Eduardo. Factores asociados a la lactancia materna exclusiva. Rev. chil. pediatr. [Internet]. 2012 [citado 24 Sep 2021];83(2):161-9. Disponible en: http://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0370-41062012000200007&lng=es. <http://dx.doi.org/10.4067/S0370-41062012000200007>
- Montero YR, María R, Uría A, et al. Factores clínicos y sociodemográficos en lactantes con destete precoz. Rev Cubana Pediatr. 2020;92(4):1-16. Disponible en: <http://revpediatria.sld.cu/index.php/ped/article/view/671>
- Pino JL, López MA, Medel AP, et al. Factores que inciden en la duración de la lactancia materna exclusiva en una comunidad rural de Chile. Rev. chil. nutr. [Internet] 2013 [citado 24 Sep 2021];40(1):48-54. Disponible en: http://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0717-75182013000100008&lng=es. <http://dx.doi.org/10.4067/S0717-75182013000100008>
- Bebert AY, Medina M, Torres IE, et al. Lactancia materna y efecto del destete precoz en el estado nutricional y morbilidad de los lactantes en municipio Ribas, Venezuela. Rev. inf. cient. [Internet] 2018 [citado 24 Sep 2021];97(2):315-23. Disponible en: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1028-99332018000200315&lng=es
- Rivera E, Bauta LL, Fornaris A, et al. Factores determinantes de la lactancia materna exclusiva: Policlínico “Aleida Fernández”. 2015. Rev haban cienc méd [Internet]. 2017 [citado 24 Sep 2021];16(6):879-90. Disponible en: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1729-519X2017000600005&lng=es
- Valenzuela S, Vásquez E, Gálvez P. Factores que influyen en la disminución de la lactancia materna exclusiva hasta los 6 meses de vida: Revisión temática y contexto en Chile. Rev Int Salud Matern Fetal [Internet] 2016;1(7):12-9. Disponible en: <http://repositorio.uchile.cl/bitstream/handle/2250/143158/Factores-que-influyen.pdf?sequence=1&isAllowed=y>
- Becerra-Bulla F, Rocha-Calderón L, Fonseca-Silva DM, et al. El entorno familiar y social de la madre como factor que promueve o dificulta la lactancia materna. Rev Fac Med. 2015;63(2):217-27. Disponible en: <http://dx.doi.org/10.15446/revfacmed.v63n2.44051>
- Baeza B, Henríquez F, Prieto R. Descanso

- postnatal parental: experiencia en lactancia materna de madres trabajadoras usuarias del sistema público de salud en la Región de la Araucanía, de Chile. *Rev. chil. nutr.* [Internet] 2016 [citado 24 Sep 2021];43(2):131-7. Disponible en: http://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0717-75182016000200004&lng=es. <http://dx.doi.org/10.4067/S0717-75182016000200004>
16. Guerrero M. La investigación cualitativa. *Qualitative research. INNOVA Res J.* [Internet] 2016;1(2):1-9. Disponible en: <https://repositorio.uide.edu.ec/bitstream/37000/3645/3/document.pdf>
 17. Salgado A. Evaluación Del Rigor Metodológico Y Retos. *Liberabit.* 2007;13(1729-4827):71-8. Disponible en: http://www.scielo.org.pe/scielo.php?script=sci_arttext&pid=S1729-48272007000100009&lng=es&tlng=en
 18. Bernard S. La Teoría Fundamentada. Una metodología cualitativa. Universidad de Aguas Calientes 2016;254. Disponible en: https://www.researchgate.net/publication/337447546_la_teor%C3%ADa_fundamentada_una_metodolog%C3%ADa_cualitativa/link/5dd828a4458515dc2f43a29c/download
 19. Cardalda E, Martínez J, Alcalá A, et al. Factores facilitadores y dificultades para una lactancia exitosa en diferentes grupos ocupacionales de madres puertorriqueñas. *Rev Puertorriquena Psicol.* 2012;23(1):91-108. Disponible en: https://www.researchgate.net/publication/317461636_Factores_facilitadores_y_dificultades_para_una_lactancia_exitosa_en_diferentes_grupos_ocupacionales_de_madres_puertorrique%C3%9As
 20. García PK, Coronado IA, Valencia C, et al. Contacto piel a piel al nacimiento. *Perinatol y Reprod Humana* 2017;31(4):170-3. Disponible en: <https://doi.org/10.1016/j.rprh.2018.03.011>
 21. Gorrita R, Ortiz D, Hernández L. Tiempo de lactancia materna exclusiva y estructura familiar. *Rev cubana Pediatr.* [Internet] 2016 [citado 24 Sep 2021];88(1). Disponible en: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0034-75312016000100006&lng=es
 22. Odar Stough C, Khalsa AS, Nabors LA, et al. Predictors of Exclusive Breastfeeding for 6 Months in a National Sample of US Children. *Am J Heal Promot.* 2019;33(1):48-56. Disponible en: <https://doi.org/10.1177/0890117118774208>
 23. Avalos MM, Mariño ER, González JA. Factores asociados con la lactancia materna exclusiva. *Rev Cubana Med Gen Integr.* [Internet] 2016 Jun [citado 24 Sep 2021];32(2):170-7. Disponible en: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0864-21252016000200004&lng=es
 24. Cañas M, Yany L. Factores asociados con el abandono precoz de lactancia materna exclusiva en lactantes hospitalizados de 0 a 6 meses [Internet]. Universidad de Carabobo 2018. Available from: <http://mriuc.bc.uc.edu.ve/bitstream/handle/123456789/7603/ycanas.pdf?sequence=1>
 25. Bouchet-Horwitz J. Ensuring Breastfeeding Success. *Infant, Child, Adolesc Nutr.* 2015;7(4):208-11. Disponible en: <https://journals.sagepub.com/doi/full/10.1177/1941406415595077>
 26. Ramiro González MD, Ortiz Marrón H, Arana Cañedo-Argüelles C, et al. Prevalence of breastfeeding and factors associated with the start and duration of exclusive breastfeeding in the Community of Madrid among participants in the ELOIN. *An Pediatr (English Ed)* 2018;89(1):32-43. Disponible en: <https://reader.elsevier.com/reader/sd/pii/S2341287918300796?token=C9451FBE3739FC71C579AC00023A1A72104257C27CE6CD380881D5ED92EFCDCD7453364C30C1A007BB6CDE1D2BBDD3EB&originRegion=us-east-1&originCreation=20210924215556>
 27. Gorrita R, Brito D, Ruiz Hernández E. Intervención educativa sobre lactancia materna en los primeros seis meses de vida. *Rev Cubana Pediatr.* [Internet] 2016 [citado 24 Sep 2021];88(2). Disponible en: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0034-75312016000200003&lng=es