



## COGNITIVE INTERVENTION TO THE WOMEN WHO ATTEND THE "BREASTFEEDING SUPPORT GROUP"

## INTERVENCIÓN COGNITIVA A LAS MUJERES QUE ASISTEN AL GRUPO DE "APOYO DE LA LACTANCIA MATERNA"

Gerardo Fernando Fernández Soto <https://orcid.org/0000-0002-0246-0380><sup>1,2</sup>, Paola Lisbeth Tamayo Martínez <https://orcid.org/0000-0002-4252-9696><sup>3</sup>

<sup>1</sup>Career of Nursing. Research Nursery. Faculty of Health Sciences. Technical University of Ambato, Ecuador

<sup>2</sup>Researcher of the Project "Strategies for the prevention of childhood diseases: the success of modern pediatrics", Operational Research Unit of the Faculty of Health Sciences, Technical University of Ambato, Ecuador

<sup>3</sup>Student of the Nursing career. Faculty of Health Sciences. Technical University of Ambato, Ecuador

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### ABSTRACT

**Introduction:** Breast milk is the best food to meet the nutritional needs of the child, exclusively for the first 6 months and up to two years of age, favoring the establishment of the mother-child bond. **Objective:** To carry out a cognitive intervention to the women who attend the "breastfeeding support group". **Method:** Quantitative research, with a quasi-experimental design, in a census sample made up of 11 pregnant women and 19 breastfeeding women. The Iowa Infant Feeding Attitudes Scale (IIFAS) was used. **Results:** 33.30% (10) are between 33-35 years old, 63% (19) in the puerperium, 56% (17) with primary education, 60% (18) carry out agricultural / cattle raising activities, 53% (16) in free union. In the pre-intervention, the women had a positive attitude with a score of 17-48 towards artificial breastfeeding 83% (25), in the post-intervention the

positive attitude towards breastfeeding changed 87% (26), with a significant difference of  $p < 0.01$ , in the items of the IIFAS instrument in the pre-intervention a mean and standard deviation of  $2.07 \pm 1.16$ , with an increase in the post-intervention of  $4.48 \pm 0.65$ , a significance difference  $< 0.05$  in the total of questions in the pre-intervention from 35.23, increased after the intervention to 76.13, their attitude changed to exclusive breastfeeding. **Conclusions:** the cognitive intervention increased the positive attitude towards exclusive breastfeeding, highlighting that a timely educational intervention of promotion, support and accompaniment during pregnancy and postpartum guarantees the duration and exclusivity of breastfeeding.

**Keywords:** breastfeeding, breastfeeding behavior, breastfeeding, knowledge, attitudes and health practice

**Corresponding author:** Gerardo Fernández Soto, MD, PhD. Email: [gfernandez@uta.edu.ec](mailto:gfernandez@uta.edu.ec).

### INTRODUCTION

Breastfeeding in some countries has become a successful and responsible practice. However, worldwide, on-demand and exclusive breastfeeding becomes a public health problem (1,2). In this sense, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) implement actions and strategies to promote exclusive breastfeeding up to 6 months and then to start complementary feeding and maintain it for 2 years (3,4). In addition, the United Nations General Assembly (UNGA) declared the ten support actions for breastfeeding. Its main objective is to promote child nutrition, food health and avoid globally 830,000 deaths of neonates and 20,000 deaths of women due to breast cancer (2,4). If the practice of feeding with breast milk during the first hours of life of all human beings were successful, 86.5% of children would have a lower risk of mortality (5,6).

In most countries, the rates of initiation of breastfeeding are higher than 90%, but they decrease significantly after six months by 25%. In the Americas region, 38% of children are breastfed exclusively up to six months and only 32% continue breastfeeding up to 24 months (5). The health and nutrition survey in Ecuador ESANUT registered an increase of 62% during the first six months and only 40% continue breastfeeding up to two years of age (7,8). This is considered a serious problem that affects growth, psychomotor development and the immune system of infants. In Latin America, 18% of children keep this practice (3,4,9).

The exclusivity and duration of breastfeeding is linked to modifiable factors such as low level of knowledge, negative attitudes and practices, myths and customs, sociodemographic factors such as low level of education, low income, occupation, maternal age, parity, lack of support and interventions by the health system (10,11). Guaranteeing a successful practice not

only requires the mother's desire, but also timely, efficient and effective educational interventions, support and follow-up by health personnel during the prenatal, delivery and postpartum period. In this sense, the nursing staff constitute a main and regulating axis for the successful practice of breastfeeding (9,12).

The benefits of breastfeeding go beyond what is invaluable by the population. It favors the affective mother / child bond, it promotes optimal nutrition - healthy and free of diseases thanks to its immunological components. It prevents 64% of lower respiratory diseases such as Pneumonia, acute febrile episodes, stimulates psychomotor development and reduces the risk of ovarian and breast cancer (5,8,15,13,14). For these reasons, the objective of the research work is to carry out a cognitive intervention to the women who attend the "breastfeeding support group".

## METHODS

Quantitative research, quasi-experimental design (before and after) carried out in October 2020 – January 2021 (5). It's a census-type sample that included all the women who attend the "Breastfeeding Support Group", made up of 11 pregnant women and 19 breastfeeding women.

**Intervention:** a cognitive intervention was carried out. It aimed at women who attend the "breastfeeding support group" of Quero's Type C Health Center in prenatal and puerperium consultation who gathered in the meeting and breastfeeding rooms of Quero's Type C Health Center, Tungurahua Province, Ecuador. It included 45-minute health promotion, education and support meetings on breastfeeding. The educational intervention was adjusted to a technical guide for breastfeeding training validated by health regulations of the State of Mexico in 2016 (16), and the recommendations and norms established by the WHO and the United Nations Fund UNICEF (17). The following topics were considered: breast anatomy, types of nipples, stages of breast milk, benefits for the mother and her child, breastfeeding techniques and positions, signs of effective and ineffective sucking, mode of expression, preservation and storage of human milk, breastfeeding in times of COVID-19, and the Ten Steps to Full Breastfeeding.

Materials and equipment such as a computer with a projector were used for education, a chart with positive phrases regarding breastfeeding, an information booklet on the benefits of breastfeeding on demand, a breast model, and group discussions.

### Instruments:

**Sociodemographic data questionnaire:** to collect information on: age, pregnancy period, childbirth, postpartum (puerperium), educational level, occupation, marital status, with closed and

coded answers. It underwent content validity through an expert review consultation

### The Iowa Infant Feeding Attitudes Scale (IIFAS).

Questionnaire with a Cronbach's alpha of 0.72, to evaluate attitudes towards different forms of infant feeding (positive attitude towards breastfeeding, positive attitude towards artificial feeding and neutral attitude) and to improve the intention of beginning and duration of breastfeeding in pregnant and postpartum mothers with an 82% intention to breastfeed for 24 months (3). As well as to identify the probability of breastfeeding in mothers and to assess the effectiveness of interventions in health programs. This instrument is made up of 17 items with five-point Likert-type responses, ranging from 1 (strongly disagree) to 5 (strongly agree). Eight questions in favor of breastfeeding 3,5,7,9,12,13,15,16 while the remaining nine in favor of formula feeding with inverse assessment. The total score of the questionnaire fluctuates between 17-85. The highest score regards the positive attitude towards breastfeeding 70-85, 49-69 neutral attitude, 17-48 positive attitude towards artificial feeding (18-20)

Before the cognitive intervention, the Iowa Scale of Attitudes towards Infant Feeding (pre-test) was applied to the women in the breastfeeding support group. And a week later, at the end of the educational intervention, the post-test was performed.

### Ethical considerations:

The development of the study was carried out taking into account the ethical principles for the Helsinki research. The confidentiality and anonymity of the surveyed participants was maintained and with prior authorization from the District 18D04 Ethics Committee and the Management Department of Quero's Type C Health Center (6).

The data obtained were processed through statistical software (SPSS Statistics 24.0 for windows), by calculating the numerical distribution, percentage, standard deviation, correlation coefficient and the Student's T-Test, Pearson's correlation linear regression coefficients, with statistical significance ( $p < 0.05$ ). The results will be presented using tables

## RESULTS

In the "breastfeeding support group" of Quero's Type C Health Center, 33.30% (10) are between 33-35 years old, 26.70% (8) are between 20-22 years old, 13.30% (4) ranges between 17-19 years. Regarding the period, 19 women were interviewed who were in the puerperium with 63%. Regarding the academic level, it was identified that 56% (17) have attended and completed primary school. The main economic activity 60% (18) is agriculture / cattle raising. As for the marital status 53% (16) are in common law (table 1).

**TABLE 1**  
**DISTRIBUTION ACCORDING TO SOCIODEMOGRAPHIC CHARACTERISTICS OF THE WOMEN IN THE BREASTFEEDING SUPPORT GROUP**

SOCIODEMOGRAPHIC VARIABLES	FREQUENCY		PERCENTAGE %
		Nº	
<b>Age (years)</b>	<b>17-19</b>	<b>4</b>	<b>13,30</b>
	<b>20-22</b>	<b>8</b>	<b>26,70</b>
	<b>23-25</b>	<b>2</b>	<b>6,70</b>
	<b>27-29</b>	<b>2</b>	<b>6,70</b>
	<b>30-32</b>	<b>4</b>	<b>13,30</b>
	<b>33-35</b>	<b>10</b>	<b>33,30</b>
	<b>TOTAL</b>	<b>30</b>	<b>100,00</b>
<b>Period</b>	<b>Puerperium</b>	<b>19</b>	<b>63,30</b>
	<b>Pregnancy</b>	<b>11</b>	<b>36,70</b>
	<b>TOTAL</b>	<b>30</b>	<b>100,00</b>
<b>Academic level</b>	<b>Primary</b>	<b>17</b>	<b>56,70</b>
	<b>Studying Bachillerato</b>	<b>11</b>	<b>36,70</b>
	<b>Finishing Bachillerato</b>	<b>2</b>	<b>6,60</b>
	<b>TOTAL</b>	<b>30</b>	<b>100,00</b>
<b>Activity</b>	<b>Student</b>	<b>2</b>	<b>6,70</b>
	<b>Housewife</b>	<b>10</b>	<b>33,30</b>
	<b>Farmer/Cattle raiser</b>	<b>18</b>	<b>60,00</b>
	<b>TOTAL</b>	<b>30</b>	<b>100,00</b>
<b>Civil status</b>	<b>Free Union</b>	<b>16</b>	<b>53,30</b>
	<b>Married</b>	<b>11</b>	<b>36,70</b>
	<b>Divorced</b>	<b>3</b>	<b>10,00</b>
	<b>TOTAL</b>	<b>30</b>	<b>100,00</b>

Source: Questionnaire applied to breastfeeding support group.

According to the attitude towards breastfeeding, it was evidenced in the pre-intervention that women had a positive attitude with a score of 17-48 towards artificial breastfeeding 83% (25). Only one woman had a neutral attitude with a score of 49- 69 with 3% and 13% (4) of the mothers had a positive attitude towards

breastfeeding with a score of 70-85 in the pre-intervention. In the post-intervention, the positive attitude towards breastfeeding changed 87% (26) with a significant difference of  $p < 0.01$  (Table 2).

**TABLE 2**  
**DISTRIBUTION ACCORDING TO THE TYPE OF ATTITUDE TOWARDS BREASTFEEDING OF THE WOMEN IN THE SUPPORT GROUP**

TYPE OF ATTITUDE TOWARDS BREASTFEDING	PUNTUATION	PRE-INTERVENTION		POST-INTERVENTION	
		Nº	(%)	Nº	(%)
Positive attitude towards Breastfeeding	70-85	4	13	26*	87*
Neutral Attitude	49-69	1	3	4	13
Negative attitude towards Breastfeeding	17-48	25	83	0	0
<b>TOTAL</b>		<b>30</b>	<b>100</b>	<b>30</b>	<b>100</b>

\* $p < 0,05$

Source: Iowa Infant Feeding Attitude Scale (IIFAS) applied to breastfeeding support group

Regarding the items of the IIFAS instrument provided by the participants, a mean and standard deviation of  $2.07 \pm 1.16$  was found in the pre-intervention. An increase in the post-intervention of  $4.48 \pm 0.65$  with a significant difference  $<0.05$  out of the total

of the questions in the pre-intervention. It increased from 35.23, after the intervention, to 76.13. Their attitude changed to exclusive breastfeeding (Table 3).

**TABLE 3**  
**DISTRIBUTION ACCORDING TO ATTITUDES TOWARDS CHILD FEEDING BEFORE AND AFTER COGNITIVE INTERVENTION IN THE WOMEN OF THE BREASTFEEDING SUPPORT GROUP**

N°	Attitudes (options)	Pre intervention		Post intervention	
		M	DS	M	DS
1	The nutritional benefits of breast milk are only maintained until the baby is weaned*	2,47	1,2	4,73**	0,45
2	Artificial lactation is more convenient than breastfeeding*	2,43	0,97	4,53**	0,51
3	Breastfeeding increases the emotional bond between mother and child	1,67	1,42	4,53**	0,51
4	Breastfeeding lacks iron*	2,27	0,91	4,53**	0,51
5	Infants who are fed formula are more likely to be overfed than those who are fed breast milk	1,63	1,22	4,43**	0,94
6	Artificial feeding is the best choice if the mother plans to work outside home*	2,43	1,1	4,53**	0,82
7	Mothers who feed their babies with artificial milk miss out some of the great joys of motherhood	1,8	1,21	4,37**	0,49
8	Mothers should not breastfeed in public places like restaurants*	2,27	1,01	4,4**	0,81
9	Breast-fed babies are healthier than formula-fed babies	1,73	1,28	4,43**	0,5
10	*Breastfed babies are more likely to be overfed than formula-fed babies *	2,7	1,15	4,4**	0,67
11	Parents feel left out if the mother breastfeeds*	2,23	0,86	4,27**	0,91
12	Breast milk is the ideal food for babies	1,53	1,14	4,53**	0,68
13	Breast milk is much easier to digest than artificial milk	1,9	1,49	4,57**	0,5
14	Artificial milk is as healthy for kids as breast milk*	2,33	0,99	4,57**	0,5
15	Breast milk is more convenient than artificial milk	1,63	1,3	4,5**	0,51
16	Breast milk is cheaper than formula*	2	1,7	4,63**	0,49
17	Women who occasionally consume alcohol should not breastfeed their baby*	2,2	0,76	4,17**	1,18
<b>TOTAL</b>		<b>35,23</b>	<b>19,73</b>	<b>76,13**</b>	<b>10,98</b>
<b>GENERAL AVERAGE</b>		<b>2,07</b>	<b>1,16</b>	<b>4,48**</b>	<b>0,65</b>

\*Item in favor of artificial lactation

\*\*p<0,05

Source: Iowa Infant Feeding Attitude Scale (IIFAS) applied to breastfeeding support group

## DISCUSSION

Based on the results obtained from 30 mothers in pregnancy and puerperium period of the Quero Health Center, 33-35 year olds

prevailed. However, there was also a group of adolescents, with a low educational level of primary studies, with work activity in agriculture and cattle raising; and in free union status. This was similar to the research of Ortega et al., where the average age

was from 31-35 years, but they showed that they had university studies and work outside their homes (21). Unlike Niño et al., where the average age was between 20-24 years, secondary level studies and single marital status (22). In other research projects, a greater number of adolescents was established, as is the case carried out by Quezada et al., with ages between 13-17 years, occupations as housewives, with primary education and single marital status (23). Likewise Reyes et al., in their study, they ranged ages between 15 and 19 years, secondary level of education and marital status in common law union (24). In addition to the research work of Gómez, it was reported a predominance in age from 15 to 19 years, a higher educational level, economic activity as employees and single marital status (25). López et al, stated that among the sociodemographic characteristics, the average age of the mothers was 23 years old, 68% had a university level, 40% were housewives and 76% live in common law (26). And the study by Gil-Vargas et al, evidenced an average age between 19-30 years, high school level of education and free union as marital status (27).

In the current research project, a positive attitude towards breastfeeding was found with the post-intervention in 87% of the women, with a significant difference with the pre-intervention. In a similar way, Coronado and De la Cruz and Jácome et al. , in their research they determined the existence of a significant relationship between positive attitudes towards breastfeeding and the normal anthropometric assessment of children. Therefore, encouraging these positive attitudes in mothers will allow reducing children's nutritional problems and thus promote adequate growth and development (28,29). On the other hand, Aguilar et al., showed a greater attitude towards artificial breastfeeding (30). For Hernández et al., a positive effect prevailed upon knowledge and attitudes towards breastfeeding- It is considered that breast milk, which must be given at any time,

is enough to feed their children without the need for supplementation with formula milk. It is recommended up to two years of age and that all mothers have adequate milk production to feed their child. This decreased the percentage of mothers who did not breastfeed in public places and who believed that breastfeeding produced deformities in the mammary gland (31) Also López, et al., and Aguayo et al., established that the positive attitude towards breastfeeding favors exclusive breastfeeding up to six months of age of the child (26,32). Similarly, Serrano et al, found a significant difference towards the positive action of breastfeeding after the educational intervention (33).

## CONCLUSIONS

Early weaning is related to sociodemographic factors such as maternal age and low educational level. These determinants favor the abandonment of breastfeeding and child malnutrition. During attendance at the breastfeeding support group, it was observed that a large percentage of mothers got their questions answered and they modified negative attitudes towards breastfeeding. This determines a positive impact. In addition, it is confirmed that an educational intervention is effective and favorable when promotion through education, support and interaction of the nursing staff is appropriate from conception, pregnancy, delivery and postpartum stages.

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**CONFLICTS OF INTEREST** The authors declare that they have no conflicts of interest.

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