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# Peer Support and Breastfeeding Practices Among Postpartum Mothers in Selected Cities of Negros Occidental, Philippines

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**A B S T R A C T**

Breastfeeding is widely recognized as the optimal method for infant nutrition, immunity, and development; however, sustaining recommended practices remains a challenge in many settings. This study examined the relationship between peer support and breastfeeding practices among postpartum mothers in selected cities of Negros Occidental, Philippines. A quantitative correlational design using a survey method was employed. A total of 120 postpartum mothers were selected through purposive sampling based on defined inclusion criteria. Data were collected using a structured questionnaire measuring breastfeeding practices (early initiation, exclusivity, and duration) and peer support intervention (participation, sources, frequency, and perceived helpfulness). Descriptive statistics and Pearson Product-Moment Correlation Coefficient were used for analysis. Findings revealed that breastfeeding practices were generally high, with strong performance in early initiation and exclusivity, but moderate in duration. Peer support intervention was moderate overall, with higher ratings in helpfulness and types of support, but lower in participation and accessibility. Significant positive relationships were found between peer support and breastfeeding practices, particularly in exclusivity and duration. The study concludes that peer support plays a significant role in improving breastfeeding outcomes. Strengthening community-based peer support systems through structured and accessible interventions is recommended.

**KEYWORDS:** *breastfeeding practices, exclusive breastfeeding, maternal health commas peer support, postpartum mothers*

## INTRODUCTION

Breastfeeding remains the optimal method for infant nutrition, providing essential nutrients, immunological protection, and developmental benefits that significantly improve infant survival and health outcomes. Early initiation of breastfeeding and exclusive breastfeeding during the first six months are widely recommended practices; however, adherence to these recommendations remains below global and national targets (Saniel et al., 2021; World Health Organization [WHO], 2020).

Among the factors influencing breastfeeding practices, social support has been identified as a critical determinant of maternal behavior. Peer support, defined as assistance provided by individuals with shared experiences, offers emotional, informational, and practical support that complements formal healthcare services (Chapman et al., 2010; Nutrition International, 2021). Unlike traditional health education models, peer support emphasizes shared experiences, relatability, and continuous engagement, making it particularly effective in addressing real-life challenges encountered by mothers.

Globally, evidence indicates that peer support interventions significantly improve breastfeeding outcomes, particularly in promoting exclusive breastfeeding and extending breastfeeding duration (Bengough et al., 2022; Abrmanová et al., 2023; Can et al., 2025). In the Philippine context, participation in breastfeeding support groups has been associated with higher rates of early initiation and exclusive breastfeeding (Guirindola et al., 2017; Saniel et al., 2021). However, despite these efforts, gaps remain in accessibility, consistency, and sustained participation in peer support programs, particularly in community settings.

In Negros Occidental, structural challenges such as limited postpartum counseling and fragmented peer support systems contribute to suboptimal breastfeeding outcomes (Saniel et al., 2021). These conditions highlight the need to examine how peer support influences breastfeeding practices at the local level.

This study aimed to determine the level of breastfeeding practices and peer support intervention among postpartum mothers and to examine the relationship between these variables. The findings are expected to inform the development of community-based interventions to improve maternal and child health outcomes.

## OBJECTIVES OF THE STUDY

This study aimed to determine peer support and breastfeeding practices among postpartum mothers. Specifically, it sought to answer the following:

1. What is the socio-demographic profile of postpartum mothers in terms of:
   a. age;
   b. number of children;
   c. educational attainment; and
   d. employment status?
2. What is the level of peer support intervention available and accessible to postpartum mothers?
3. What is the level of breastfeeding practices among postpartum mothers in terms of:
   a. early initiation;
   b. exclusivity; and
   c. duration?
4. Is there a significant relationship between peer support intervention and breastfeeding practices?
5. What evidence-based recommendations can be derived to optimize peer support programs for improved breastfeeding practices in similar facility-based settings?

## MATERIALS AND METHODS

### Research Design

This study employed a quantitative correlational design using a survey method. The correlational approach was appropriate for examining the relationship between peer support intervention and breastfeeding practices without manipulating variables.

### Participants and Sampling

The respondents consisted of postpartum mothers from selected cities in Negros Occidental who had delivered within the last six months. A facility-based purposive sampling method was used to select respondents who met the inclusion criteria. A total of 120 participants were included based on eligibility, accessibility, and availability during the data collection period.

### Research Instrument

A structured questionnaire was used, consisting of three sections: socio-demographic profile, breastfeeding practices, and peer support intervention. A 5-point Likert scale was used, with interpretation as shown in Table 1.

**Table 1.** *Scoring System and Interpretation*

| Scale Value | Descriptive Rating | Interpretation |
|---|---|---|
| 4.21–5.00 | Strongly Agree | Very High / Highly Practiced |
| 3.41–4.20 | Agree | High / Practiced |
| 2.61–3.40 | Neutral | Moderate / Sometimes Practiced |
| 1.81–2.60 | Disagree | Low / Rarely Practiced |
| 1.00–1.80 | Strongly Disagree | Very Low / Not Practiced |

### Data Analysis

Descriptive statistics (frequency, percentage, mean, SD) and Pearson Product-Moment Correlation Coefficient were used.

## RESULTS AND DISCUSSION

### Socio-Demographic Profile of Respondents

Table 2. *Socio-Demographic Profile of Postpartum Mothers*

| Variable | Frequency | Percentage |
|---|---|---|
| Age | | |
| 18–24 years | 32 | 26.7 |
| 25–29 years | 41 | 34.2 |
| 30–34 years | 29 | 24.2 |
| 35 years and above | 18 | 15.0 |
| Number of Children | | |
| 1 child | 38 | 31.7 |
| 2–3 children | 56 | 46.7 |
| 4 or more children | 26 | 21.6 |
| Educational Attainment | | |
| Elementary | 21 | 17.5 |
| High School | 49 | 40.8 |
| College | 46 | 38.3 |
| Postgraduate | 4 | 3.4 |
| Employment Status | | |
| Employed | 38 | 31.7 |
| Self-employed | 21 | 17.5 |
| Unemployed / Homemaker | 61 | 50.8 |

Table 2 shows the socio-demographic characteristics of the respondents (n = 120). In terms of age, the largest group of postpartum mothers fell within the 25–29 years category (n = 41, 34.2%), followed by those aged 18–24 years (n = 32, 26.7%) and 30–34 years (n = 29, 24.2%). The smallest proportion consisted of mothers aged 35 years and above (n = 18, 15.0%). This distribution indicates that most respondents were in their prime reproductive years, which are typically associated with active childbearing and caregiving roles.

In terms of parity, most respondents had 2–3 children (n = 56, 46.7%), followed by mothers with 1 child (n = 38, 31.7%) and those with 4 or more children (n = 26, 21.6%). This pattern suggests that a substantial proportion of the respondents already had prior maternal experience, which may influence their breastfeeding practices and familiarity with available support systems.

Regarding educational attainment, most respondents completed high school (n = 49, 40.8%), followed closely by those with a college education (n = 46, 38.3%). A smaller proportion completed elementary education (n = 21, 17.5%), while only a few attained postgraduate education (n = 4, 3.4%). This distribution indicates that most respondents had at least a secondary level of education, which may contribute to their understanding of breastfeeding practices and health-related information.

In terms of employment status, more than half of the respondents were unemployed or homemakers (n = 61, 50.8%), while 31.7% (n = 38) were employed and 17.5% (n = 21) were self-employed. This pattern suggests that a significant proportion of mothers may have more time available for childcare and breastfeeding. However, it may also reflect underlying economic conditions that could influence access to healthcare services and support networks.

### Level of Breastfeeding Practices

Table 3 shows that the overall level of breastfeeding practices among postpartum mothers was high (M = 3.48, SD = 0.76). Among the indicators, early initiation had the highest mean (M = 3.85, SD = 0.74), interpreted as high. This finding suggests that, on average, the respondents generally practiced timely initiation of breastfeeding.

Exclusivity also showed a high level (M = 3.42, SD = 0.81), indicating that many mothers practiced exclusive breastfeeding to a considerable extent. In contrast, duration had the lowest mean (M = 3.18, SD = 0.88), interpreted as moderate. This result suggests that although mothers tended to initiate breastfeeding early and practice exclusivity, they were less consistent in sustaining breastfeeding over a longer period.

Table 3. *Level of Breastfeeding Practices Among Postpartum Mothers*

| Indicator | Mean | SD | Interpretation |
|---|---|---|---|
| Early Initiation | 3.85 | 0.74 | High |
| Exclusivity | 3.42 | 0.81 | High |
| Duration | 3.18 | 0.88 | Moderate |
| Overall | 3.48 | 0.76 | High |

The pattern of results indicates that breastfeeding practices were generally favorable; however, the practice weakened as breastfeeding progressed over time. The high mean for early initiation (M = 3.85) is notable, as early initiation is typically the first breastfeeding behavior established immediately after birth, particularly when mothers receive facility-based guidance and immediate postpartum support. Recent evidence continues to emphasize that initiation within the first hour remains a key global recommendation because it supports breastfeeding establishment and infant health, although global performance remains below target levels. The World Health Organization recommends initiating breastfeeding within the first hour after birth, yet recent global summaries indicate that early initiation remains below the 70% target. Thus, the high level observed in this indicator represents a positive finding (World Health Organization [WHO], 2019; Shin, 2024).

The high level of exclusivity (M = 3.42, SD = 0.81) further suggests that respondents were able to follow recommended exclusive breastfeeding practices during the early postpartum period. This finding aligns with recent studies showing that exclusive breastfeeding improves and is sustained when mothers receive structured postpartum support. For instance, a 2024 study on postpartum breastfeeding support groups found that such interventions effectively maintained exclusive breastfeeding at six months and improved perceived self-efficacy (Rodríguez-Gallego et al., 2024). Similarly, a 2025 randomized study reported that immediate postpartum counseling positively influenced both early initiation and exclusive breastfeeding practices (Beyene et al., 2025). These findings support the present result, indicating that exclusivity remained relatively strong among the respondents.

However, the moderate level of breastfeeding duration (M = 3.18, SD = 0.88) suggests that maintaining breastfeeding over time may be more challenging than initiating it. This finding is consistent with recent literature showing that breastfeeding rates commonly decline as the postpartum months progress. A 2024 review reported that only 48% of infants under six months are exclusively breastfed globally, highlighting the ongoing difficulty in sustaining breastfeeding despite strong recommendations (UNICEF & World Health Organization, 2024). Similarly, Shahrani et al. (2021) found that exclusive breastfeeding decreased from 37.5% during the first two weeks postpartum to 19% at six to eight weeks. These findings help explain why duration in the present study was lower than early initiation and exclusivity.

The results may also reflect the nature of postpartum breastfeeding behavior. Mothers may initiate breastfeeding and sustain it in the short term; however, continued breastfeeding requires sustained support, effective problem-solving, and favorable home and community conditions. Recent studies indicate that breastfeeding continuation is influenced by ongoing counseling, social support, delivery-related factors, and maternal confidence. For example, a 2023 study found that the frequency of postpartum breastfeeding counseling was associated with feeding outcomes at six months (Hassounah et al., 2023), while a 2024 analysis reported that breastfeeding duration

may be affected by delivery-related factors such as cesarean birth (Mallick & Shenassa, 2024). These findings support the present result, which shows that duration remains the most difficult breastfeeding dimension to sustain.

**Level of Peer Support Intervention**

Table 4. *Level of Peer Support Intervention Among Postpartum Mothers*

| Indicator | Mean | SD | Interpretation |
|---|---|---|---|
| Participation & Availability | 3.36 | 0.82 | Moderate |
| Sources & Types | 3.52 | 0.79 | High |
| Frequency & Accessibility | 3.29 | 0.85 | Moderate |
| Helpfulness & Content | 3.61 | 0.77 | High |
| Overall | 3.45 | 0.78 | Moderate |

Table 4 shows the level of peer support intervention among postpartum mothers. The overall level of peer support was moderate (M = 3.45, SD = 0.78). Among the indicators, helpfulness and content had the highest mean (M = 3.61, SD = 0.77), interpreted as high, followed by sources and types (M = 3.52, SD = 0.79), also interpreted as high.

In contrast, participation and availability showed a moderate level (M = 3.36, SD = 0.82), while frequency and accessibility had the lowest mean (M = 3.29, SD = 0.85), also interpreted as moderate.

The relatively high score for helpfulness and content (M = 3.61, SD = 0.77) is consistent with recent literature showing that mothers value peer support because it provides psycho-emotional reassurance, practical breastfeeding knowledge, and behavior-focused encouragement. One study found that mothers perceived peer support positively because it helped them obtain emotional support, acquire knowledge and skills, and improve feeding perceptions and behaviors. The same review concluded that mothers generally viewed peer support as beneficial, particularly when it responded to their individual needs (Yang et al., 2024).

Similarly, the high level of sources and types (M = 3.52, SD = 0.79) suggests that mothers were exposed to multiple forms of peer support, such as group-based, community-based, and possibly online or blended approaches. This finding aligns with recent evidence indicating that breastfeeding support can be delivered through trained peer counselors, lay community volunteers, health professionals, doulas, and midwives. Successful programs often combine these support channels across the prenatal and postnatal periods (Blanco et al., 2024). A 2025 scoping review further emphasized that mothers benefit from a continuum of care delivered by both health workers and community-based peer counselors.

The moderate level of participation and availability (M = 3.36, SD = 0.82) suggests that not all mothers were equally engaged in peer support activities or consistently reached by available services. Recent literature explains this pattern. A 2025 qualitative systematic review reported that breastfeeding participation and support experiences are influenced by social inequalities, local service provision, and competing life pressures, particularly among mothers in underserved communities (Evans et al., 2025). The review also noted that limited awareness, difficulty accessing services, and low-intensity program delivery can reduce mothers' engagement with peer support, even when such services exist.

The moderate level of frequency and accessibility (M = 3.29, SD = 0.85) also aligns with current evidence indicating that access to regular and sustained peer contact remains a practical challenge. A 2021 systematic review on group breastfeeding support reported substantial variation in the periodicity and structure of support interventions, suggesting that although support groups can be effective, consistency of contact and ease of access vary widely across settings (Rodríguez-Gallego et al., 2021). More recent work in 2025 (Ikonen & Niela-Vilen, 2025) found that accessibility improves when support is integrated into mothers' daily lives through flexible and real-time channels. This suggests that traditional or infrequent support arrangements may partly explain the moderate scores observed in this indicator.

**Relationship Between Peer Support and Breastfeeding Practices**

Table 5 presents the relationship between peer support intervention and breastfeeding practices among postpartum mothers. The results show that all correlations are statistically significant ($p < 0.01$), indicating that peer support is significantly associated with breastfeeding behaviors.

Peer support showed a positive correlation with early initiation of breastfeeding ($r = 0.31$, $p = 0.001$), indicating a low to moderate relationship. This finding suggests that higher levels of peer support are associated with an increased likelihood of initiating breastfeeding within the recommended period after birth.

Peer support demonstrated the strongest relationship with exclusivity ($r = 0.42$, $p < 0.001$), indicating a moderate positive correlation. This result implies that mothers who received greater peer support were more likely to sustain exclusive breastfeeding for the recommended duration.

Table 5. *Correlation Between Peer Support Intervention and Breastfeeding Practices*

| Variables | r | p-value | Interpretation |
|---|---|---|---|
| Peer Support – Early Initiation | 0.31 | 0.001 | Significant |
| Peer Support – Exclusivity | 0.42 | 0.000 | Significant |
| Peer Support – Duration | 0.36 | 0.002 | Significant |
| Peer Support – Overall Practices | 0.39 | 0.000 | Significant |

In terms of breastfeeding duration, peer support also showed a positive correlation ($r = 0.36$, $p = 0.002$), reflecting a moderate relationship. This finding indicates that increased peer support is associated with longer continuation of breastfeeding.

Overall, peer support and breastfeeding practices showed a moderate positive correlation ($r = 0.39$, $p < 0.001$), indicating that higher levels of peer support were generally linked to better breastfeeding outcomes.

These results suggest that peer support significantly influences breastfeeding-related maternal behaviors, particularly in sustaining exclusive feeding and extending the duration of breastfeeding.

**Proposed Intervention Program**

The **B.E.S.T. START Program (Breastfeeding Engagement and Support Through Strategic Training and Responsive Assistance)** is a community-based initiative designed to improve exclusive breastfeeding and its duration among postpartum mothers through structured, accessible, and sustained peer support interventions. Anchored on the findings of the study, which revealed that both peer support and breastfeeding practices were at a moderate level but significantly related, the program primarily aims to strengthen sustained breastfeeding beyond early initiation. It provides continuous and coordinated support through barangay-based peer groups, trained peer counselors, and the active involvement of healthcare providers. The program integrates both face-to-face and digital platforms to ensure accessibility and consistency of support, complemented by early postpartum follow-ups conducted at critical periods such as Day 3, Week 2, Month 1, and monthly thereafter until six months.

To address key barriers identified in the study—including limited access, lack of awareness, and time constraints—the program incorporates multiple components: (1) barangay-based peer support circles composed of small groups of mothers facilitated through regular sessions; (2) a peer counselor training program involving experienced mothers and barangay health workers equipped with competencies in breastfeeding knowledge, counseling, and problem-solving; (3) a structured postpartum follow-up system to ensure continuous monitoring and guidance; (4) a family inclusion strategy that engages fathers and household members through breastfeeding education and participation in support sessions; (5) a health worker–peer integration model that strengthens referral systems between healthcare providers and peer groups; and (6)

awareness and mobilization campaigns conducted through community assemblies, health center materials, social media, and prenatal education sessions.

Through these integrated strategies, the program seeks to increase participation in peer support, improve exclusive breastfeeding rates within six months, enhance accessibility and frequency of support, and ultimately promote the continuity of breastfeeding practices, contributing to improved maternal and child health outcomes.

## CONCLUSION AND RECOMMENDATION

Breastfeeding practices among postpartum mothers were generally favorable but declined over time. Peer support was found to significantly influence breastfeeding outcomes, particularly in sustaining exclusive breastfeeding. Strengthening peer support systems is essential for improving maternal and child health outcomes.

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