

SCOPING REVIEW ARTICLE

Women's Knowledge of the Impact of Breastfeeding on Their own Health and the Health of Their Child

Conhecimento das Mulheres Sobre a Influência do Aleitamento Materno na Sua Saúde e na do Filho

Conocimiento por Parte de las Mujeres de la Influencia de la Lactancia Materna en Su Salud y en la de Su Hijo

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Abstract

Background: Women's knowledge of the benefits of breastfeeding on maternal and child health is an essential determinant of child and societal health and development.

Objective: To map women's knowledge of the impact of breastfeeding on maternal and child health.

Methodology: A scoping review was conducted following the methodology proposed by the Joanna Briggs Institute.

Results: The initial search yielded 459 articles, with 454 excluded after the screening phase. The review revealed that mothers have greater knowledge about the benefits of breast milk for their child's health, predominantly the biological benefits, followed by the nutritional benefits. Knowledge of the benefits for maternal health and the environment is insufficient.

Conclusion: This lack of knowledge may negatively influence the decision to breastfeed. Therefore, health professionals should develop effective strategies to promote breastfeeding and educate women about its comprehensive benefits.

Keywords: knowledge; women; breastfeeding; benefits; women's health; child health

Resumo

Introdução: O conhecimento da mulher sobre os benefícios do aleitamento materno na saúde da mãe e do filho é um fator determinante para a saúde e desenvolvimento da criança e da sociedade.

Objetivo: Mapear o conhecimento da mulher sobre a influência do aleitamento materno na saúde da mãe e do filho.

Metodologia: Foi elaborada uma *scoping review* segundo a metodologia proposta pelo Joanna Briggs Institute.

Resultados: A pesquisa inicial resultou em 459 artigos, dos quais 454 foram excluídos após o processo de seleção. A análise revelou que as mães possuem mais conhecimento sobre os benefícios do leite materno para a saúde do bebê, sobretudo no que diz respeito às vantagens biológicas e, posteriormente, nutricionais. Identificou-se uma lacuna de conhecimento nos benefícios para a própria e ambiente.

Conclusão: Este déficit de conhecimento pode influenciar negativamente a decisão de amamentar. Por isso, é essencial que os profissionais de saúde desenvolvam estratégias eficazes para promover essa prática, esclarecendo as mulheres sobre as vantagens do aleitamento materno em todas as suas dimensões.

Palavras-chave: conhecimento; mulher; aleitamento materno; benefício; saúde da mulher; saúde da criança

Resumen

Introducción: El conocimiento por parte de las mujeres de los beneficios de la lactancia materna para la salud de la madre y el niño es un factor determinante para la salud y el desarrollo del niño y de la sociedad.

Objetivo: Mapeo de los conocimientos de la mujer sobre la influencia de la lactancia materna en la salud de la madre y el niño.

Metodología: Se llevó a cabo una revisión de alcance (*scoping review*) según la metodología propuesta por el Joanna Briggs Institute.

Resultados: La búsqueda inicial permitió obtener 459 artículos, de los que 454 fueron excluidos tras el proceso de selección. El análisis reveló que las madres tienen más conocimientos sobre los beneficios de la leche materna para la salud del bebé, especialmente en lo que respecta a las ventajas biológicas y nutricionales posteriores. Se identificó una laguna de conocimiento en los beneficios para la madre y el medioambiente.

Conclusión: Este desconocimiento puede influir negativamente en la decisión de amamentar. Por lo tanto, es esencial que los profesionales sanitarios desarrollen estrategias eficaces para promover esta práctica y que informen a las mujeres sobre las ventajas de la lactancia materna en todas sus dimensiones.

Palabras clave: conocimiento; mujer; lactancia materna; beneficio; salud de la mujer; salud infantil



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Introduction

Breast milk is considered a “living, complex, complete, natural, and human-specific food” (Santos et al., 2021, p. 16). It evolves over time to meet the growing nutritional demands of child growth, varying in composition and quantity throughout the child’s life (Santos et al., 2021). In addition to its nutritional role in supporting the child’s physical growth, development, and metabolism, breast milk contains several biologically active components, including immunoglobulins, peptides, hormones, leukocytes, microbes, complex carbohydrates, milk fat globule membranes. These components protect against infection, support the immature immune system, and enable communication by transmitting complex information on how to thrive within each specific environment and culture, while taking into account a unique genetic background (Smilowitz et al., 2023).

Breastfeeding involves feeding the child with human milk and is recommended exclusively for the first six months of life. It is the practice with the greatest potential for reducing child mortality and morbidity. Current guidelines recommend initiating breastfeeding within the first hour after birth and continuing it up to two years of age or beyond (World Health Organization [WHO], 2021). Breastfeeding offers short- and long-term benefits for a child’s health, nutrition, and development (WHO, 2021). It helps promote the child’s health, growth, and survival and serves as the first immunization, protecting against respiratory infections, diarrhea, obesity, delayed cognitive development, stunting, and other life-threatening conditions (WHO, 2021; Mapesa et al., 2020). Scientific evidence shows that “breast milk stimulates brain development in the first year of life and ensures better cognitive outcomes and lower infection and morbidity rates in children, with important implications for balanced child development, as children who are sick more often are more likely to have less optimal physical, intellectual, and psycho-emotional development” (Santos et al., 2021, p. 24).

Moreover, breastfeeding women benefit from lactational amenorrhea and a reduced risk of breast and ovarian cancer, hypertension, and type 2 diabetes (Boundy et al., 2023). Breastfeeding also supports more efficient postpartum weight loss, saves money, and strengthens the bond between mother and child (Neville et al., 2014; UNICEF, 2012). Promoting and strengthening a healthy mother-child bond plays a fundamental role in shaping the child’s personality as a social being. This bond positively influences emotional, social, and psychological development and helps prevent long-term behavioral problems. Therefore, it is important to emphasize that the interaction between mother and child during breastfeeding, as well as the interactions that emerge from this relationship, are essential for building a strong bond between them (Gradman & Shai, 2024; WHO, 2021).

Globally, only 48% of children aged 0-6 months are exclusively breastfed, despite a 10% increase in exclusive breastfeeding rates over the past decade (WHO & United Nations Children’s Fund [UNICEF], 2023).

When properly maintained, exclusive breastfeeding can play a critical role in boosting immunity and reducing the risk of morbidity and mortality from several communicable and non-communicable diseases, both early and later in life. Children who are not exclusively breastfed are at a greater risk of developing infectious diseases compared to those exclusively breastfed for the first six months of life (Abdulla et al., 2022). According to UNICEF (2019), breastfeeding can save the lives of 820,000 children worldwide every year.

Breastfeeding and the use of appropriate practices are essential for achieving several Sustainable Development Goals by 2030, as they contribute to improving maternal and child health, nutrition, economy, intelligence, and human capital and reducing inequalities (Sultania et al., 2019).

According to UNICEF (2019) and WHO (2023), exclusive breastfeeding rates are influenced by social, cultural, economic, and health system factors, as well as by insufficient knowledge on the topic. The main barriers include hospital and health care practices and policies that are not supportive of breastfeeding; lack of adequately trained support in health units and the community; intensive marketing of child formula, powdered milk, and other breast milk substitutes; inadequate legislation on maternity and paternity leave and other workplace policies that support breastfeeding upon a mother’s return to work; and lack of awareness of the harmful effects of not exclusively breastfeeding and the correct breastfeeding techniques among women, their partners, families, health professionals, and policymakers.

Santos et al. (2021) found that the decision to initiate breastfeeding within the first hour of life was more common among mothers who recognized its benefits. On the other hand, those who perceived social disadvantages or failed to recognize the benefits for the child were less likely to breastfeed.

Primo et al. (2016) reported that a woman’s decision to breastfeed depends not only on personal factors but also on the value that society, particularly the family, places on this practice. As a result, breastfeeding tends to be viewed more as a social obligation rather than as a rational choice based on personal beliefs about its benefits.

Increasing exclusive breastfeeding rates supports progress toward other global goals by helping to prevent stunted growth, anemia in women of reproductive age, low birth weight, overweight, and childhood wasting. It is among the most effective strategies available to policymakers for improving the health of populations and strengthening national economies. It is essential to promote interventions that encourage exclusive breastfeeding during the first six months of life (UNICEF, 2019).

Health professionals play a key role in promoting breastfeeding and should educate women about its benefits to support informed decision-making regarding child feeding. Given their privileged contact with mothers, they can organize information sessions on the impact of breastfeeding on maternal and child health, thereby contributing to an increase in breastfeeding rates and the long-term benefits associated with this practice.

Given that increasing breastfeeding rates is one of WHO's key goals and considering the limited evidence on women's knowledge of the benefits of breastfeeding for maternal and child health, this scoping review aims to map the available evidence on women's knowledge of the impact of breastfeeding on maternal and child health, which is the objective of the study.

Methodology

A scoping review was conducted in accordance with the Joanna Briggs Institute (JBI) Manual for Evidence

Synthesis (Aromataris & Munn, 2021) to answer the following research question: "What is women's knowledge of the benefits of breastfeeding for their health and the health of their child?". This method involves synthesizing evidence through a systematic process that identifies and maps the breadth of knowledge available on a given topic (Amendoeira, 2022).

Inclusion/exclusion criteria

Inclusion criteria were selected using the Participants, Concept, and Context (PCC) framework, as outlined in the JBI's manual (Aromataris & Munn, 2021; Table 1).

Table 1

Inclusion criteria for study selection

Selection criteria	Inclusion criteria
Participants	Women
Concept	Impact of breastfeeding
Context	Maternal and child health

Language and time restrictions were applied as part of the search strategy. Articles were included only if written in Portuguese, Spanish, or English since these are the languages in which the authors were fluent. Articles published in other languages were not included to avoid bias associated with mistranslation into Portuguese. Regarding time frame, the search was limited to articles published between 2019 and 2024 to ensure inclusion of the most recent evidence on the topic. Data were collected between November 2023 and February 2024. Only full-text articles were included following exhaustive efforts to obtain them.

Search strategy and Identification of information sources

To conduct this study, a set of descriptors was identified and validated using Health Science Descriptors (DeCS), which are compatible with Medical Subject Headings (MeSH) and CINAHL Subject Headings. However, due to convergence of terms, the descriptors were stabilized and combined using Boolean operators (AND and OR) to create a single search expression applicable to both data aggregators. The final search expression was as follows: (mother* OR woman OR women OR puerp* OR post-part* OR post part*) AND (breastf* OR exclus* breastf*) AND (mother* health OR child* health OR baby health OR woman health OR women health OR child* wellbeing

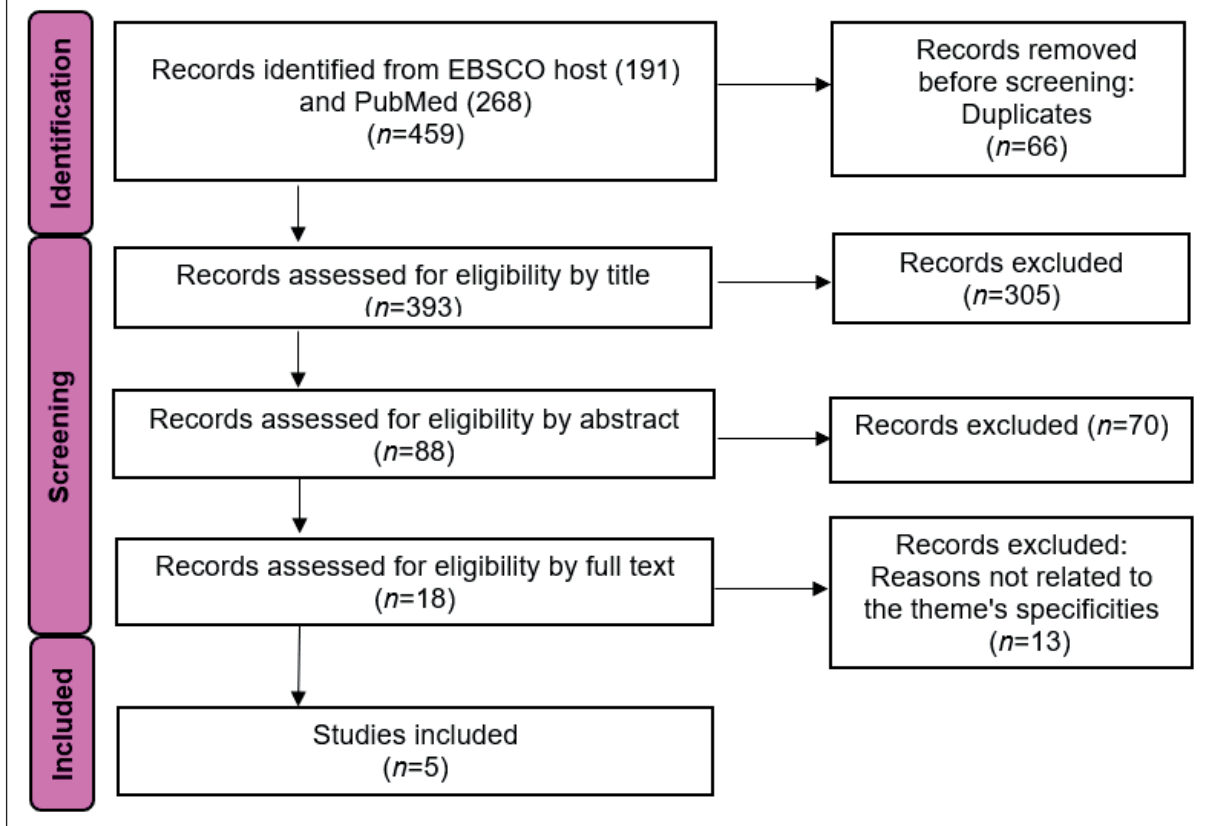
OR child* well-being OR child* well being OR infant* health OR newborn* health) AND (know* OR education OR recognition OR perception OR cognition OR comprehension OR consciousness). The descriptors were cross-referenced using the advanced search form available on EBSCO host (CINAHL Complete, Nursing & Allied Health Collection, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, Cochrane Methodology Register, Library, Information Science & Technology Abstracts, MedicLatina, Cochrane Clinical Answers, and MEDLINE Complete) and PubMed.

Selection of information sources

A total of 459 studies were initially identified, of which 66 were excluded because they were duplicates. The remaining 393 articles were screened, with 305 excluded based on their titles and 70 based on their abstracts. The remaining 18 articles were reviewed in full and assessed against the inclusion and exclusion criteria, resulting in the exclusion of 13 studies. Finally, five studies were included in the review.

Data extraction

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA; Page et al., 2021) checklist was used to provide a clear overview of the study screening process (Figure 1).

Figure 1*Identification and inclusion of articles — PRISMA flow diagram (adapted)*

The PRISMA flow diagram was strictly followed throughout the study selection process. To ensure consistency, critical appraisal, data extraction, and data synthesis were performed independently by two reviewers. Any disagreements were resolved with the help of a third reviewer.

Data synthesis

The Rayyan web-based systematic review management platform (<https://www.rayyan.ai/>) was used for effective collaboration and organization of the study screening and data extraction processes. In addition, the tool facilitated the identification and resolution of potential conflicts or discrepancies between reviewers.

Results

Table 2 shows the main characteristics of the five studies included in this review. All of them had been published between 2019 and 2022 and originated from different geographical regions. Three studies were conducted in Africa, two in East Africa (Kenya) and one in West Africa (Nigeria). The other two studies were conducted in Asia (Malaysia) and Europe (Italy). The participants in all studies were mothers or women responsible for child feeding. In terms of methodology, all studies used quantitative approaches. However, one study used a qualitative approach, offering deeper insights into the phenomenon under analysis.

Table 2*Characteristics of included studies*

Code	Author(s)	Title	Year of publication	Country of origin	Research method	Participants
S1	Abdullah & Saleh	“Breastfeeding knowledge among indigenous Temiar women: A qualitative study”	2019	Malaysia	Qualitative	33 mothers (12 from Pos Pulat and 21 from Rancangan Pengumpulan Semula [RPS])
S2	Cascone, Tomassoni, Napolitano & Giuseppe	“Evaluation of knowledge, attitudes, and practices about exclusive breastfeeding among women in Italy”	2019	Italy	Quantitative	506 mothers
S3	Uusimäki, Schneider, Lubeka, Kimiwe & Mutanen	“Mothers’ knowledge and practices on breastfeeding and complementary feeding in an urban slum area and rural area in Kenya: A cross-sectional interview study”	2022	Kenya	Quantitative	779 mothers (415 from Nairobi and 364 from Machakos)
S4	Anaba, Johansson, Abegunde, Adoyi, UmarFarouk, Abdu-Aguye, Hewett & Hutchinson	“The role of maternal ideations on breastfeeding practices in northwestern Nigeria: A cross-sectional study”	2022	Nigeria	Quantitative	3039 mothers
S5	Schneider, Kosola, Uusimäki, Ollila, Lubeka, Kimiwe & Mutanen	“Mothers’ perceptions on and learning from infant and young child-feeding videos displayed in mother and child health centers in Kenya: A qualitative and quantitative approach”	2021	Kenya	Mixed	Qualitative study: 43 mothers and Quantitative study: 547 mothers

Table 3 shows the findings on women’s knowledge of the impact of breastfeeding on maternal and child health,

as reported in the five studies included in this scoping review.

Table 3*Answers to the review question by study*

Study	Answer to the review question
S1	This study revealed a knowledge gap between rural and semi-urban women despite sharing the same sub-ethnic background. Mothers in RPS Kuala Betis seemed to be more aware of the benefits of breastfeeding compared to those in Pos Pulat. Some women identified its role in protecting against a variety of infections and supporting children's health and growth. Only one woman mentioned that breast milk contains antibodies, and another woman noted that it contains vitamins. In Pos Pulat, women believed that colostrum should be discarded because it was dirty and contained bacteria, whereas most women in RPS Kuala Betis gave colostrum to their children. Women in RPS Kuala Betis identified several advantages, including the delayed return of regular ovulation, convenience of breastfeeding over bottle feeding, and its cost-free nature due to the completeness of the female body. In contrast, women in Pos Pulat were unaware of the benefits for women, with only one woman mentioning that it strengthens the bond between mother and child.
S2	This study concluded that while most mothers had adequate knowledge about exclusive breastfeeding and its benefits for both child and mother, not all of them practiced it. Almost all participants (92.9%) knew that breast milk contains antibodies that are transferred to the child, and 84.8% knew that breast milk reduces the risk of certain infectious diseases. In addition, 57.5% of women correctly identified that breastfeeding reduces the risk of some non-communicable diseases (asthma, obesity, and diabetes), while only 45.5% and 31% of women correctly indicated that it reduces the risk of breast cancer and some non-communicable diseases (diabetes, obesity, and osteoporosis), respectively, for mothers.
S3	This study found that 94.7% of women in Nairobi and 91.8% of women Machakos knew that newborns should initially be given colostrum. Most women, 87% in Nairobi and 85.4% in Machakos, knew that breast milk differs from cow's milk. Finally, mothers were less aware of the benefits of colostrum, with 52.8% in Nairobi and 56.9% in Machakos.
S4	This study revealed that 50.8% of women spontaneously reported no benefit from breastfeeding, while 63.1% spontaneously mentioned that immediate breastfeeding helps to protect the newborn's health after birth. Most women (84.5%) somewhat or strongly agreed that breast milk contains all the nutrients a child needs during the first six months of life. However, around 29.5% of women strongly or somewhat believed that breast milk after childbirth is "bad" milk. Among the reasons cited for not breastfeeding during the first six months after birth, 16% of women said that breast milk was inadequate for newborns, and 21.2% said it was unnecessary.
S5	This study found that 35.1% of women were unaware of the benefits of giving colostrum to the child, while 44.8% were aware that colostrum is nutritious for the child, and 34.9% and 38.4% were aware that colostrum and breast milk, respectively, prevent diseases and infections. Only 5.7% of women believed that breast milk supports the development of the child's gut microbiome, and 30.4% indicated that breastfeeding contributes to the child's development. Women reported few differences between breast milk and cow's milk: 6.4% of women mentioned differences in protein contents, 13.7% mentioned differences in nutritional composition, and 14.8% were unaware of any difference between breast milk and cow's milk.

The results obtained from the included studies were or- ganized into categories, as shown in Table 4.

Table 4*Categorization of the results obtained from the included studies*

Category	Results	Studies
Mother's biology	Delays the return of regular ovulation	S1
	Reduces the risk of breast cancer	S2
	Reduces the risk of some non-communicable diseases	S2
Child's biology	Protects against non-communicable diseases	S2, S4, S5
	Protects against infections	S1, S2, S4, S5
	Promotes the child's health and growth	S1, S4, S5
	Supports the development of the child's gut microbiome	S5
Emotional	Strengthens the mother-child bond	S1
Financial	Cost-free	S1
Child's nutrition	Contains antibodies	S1, S2
	Provides the child with all the necessary vitamins during the first six months of life	S1
	Provides the child with all the essential nutrients during the first six months of life	S4, S5
	Breast milk differs from cow's milk	S3
Misconceptions	Colostrum must be avoided because it is dirty milk and has bacteria	S1
	Breast milk is inadequate and unnecessary for the child	S4
	Breast milk does not differ from cow's milk	S5

Discussion

Most studies indicate that mothers are more aware of the benefits of breast milk for their child's health, especially its biological and nutritional benefits. Breastfeeding protects and supports the development of the child's gut microbiome, prevents infections, and reduces the risk of mortality from diarrhea and other illnesses and the likelihood of overweight or obesity. It is also associated with better performance on intelligence tests, higher school attendance, and higher income in adulthood (WHO, 2023; Schneider et al., 2021).

In terms of nutrition, breast milk provides all the essential nutrients for child development during the first six months of life and is a vital source of energy and nutrients for children aged six to 23 months (WHO, 2023).

For mothers, breastfeeding has been associated with a reduced risk of breast and ovarian cancer, greater postpartum weight loss, lower blood pressure compared to not breastfeeding, delayed return of regular ovulation, improved birth spacing, and reduced risk of some non-communicable diseases (WHO, 2023; Abdullah & Saleh, 2019; Cascone et al., 2019). However, some of these benefits were identified in only two studies (S1 and S2), suggesting that the positive effects of breastfeeding for women are often overlooked, and only the benefits for the infant are considered. As a result, many women are unaware of these benefits.

Breastfeeding is a fundamental moment for strengthening the bond between mother and child due to the release of oxytocin, also known as the love hormone, which is associated with the desire for closeness and contact. This

process supports the development and improvement of the child's cognitive and relational abilities and promotes the mother's well-being (Corrêa, 2019). However, this aspect was only mentioned in only one study (S1).

In addition, breastfeeding allows for a reduction in the costs associated with child nutrition (S1), and the resulting improvements in child development are linked to lower healthcare costs. These factors generate economic benefits for both families and countries (WHO, 2023).

There are a variety of artificial formulas, usually derived from cow's milk, that differ from breast milk in terms of energy, protein, and micronutrients. In addition, they lack the biological benefits that breastfeeding provides to mother and child (Brown et al., 2019). Despite its importance, this difference was only mentioned in one study (S3).

However, some mothers mentioned that breast milk was "inadequate or unnecessary for the child" and "does not differ from cow's milk" (S4 and S5).

Another advantage of breast milk over artificial formula is the environmental impact, which was not addressed in any of the included studies.

The production of formula milk involves the use of plastic, metal, and paper packaging and requires substantial energy and water resources. In addition, it generates polluting and non-biodegradable waste. In contrast, breast milk is a renewable food that is produced and delivered without significant environmental impact, making it a sustainable and non-polluting option (Abreu et al., 2019).

The included studies show that women's awareness of the various benefits of breastfeeding for maternal and child health varies significantly. Even those who are aware do

not always choose to breastfeed. In some cases, the continuation or discontinuation of breastfeeding is influenced by cultural factors. For example, in one study (S1), some women discarded colostrum because they believed it was impure and contained bacteria.

Conclusion

Promoting breastfeeding can make a significant contribution to child health and development, as well as to maternal health and national economies.

This scoping review about women's knowledge of the impact of breastfeeding on their own health and their child's health identified several gaps. The included studies indicate that women have a greater knowledge of the benefits of breast milk for child health, particularly from a biological and nutritional perspective. However, not all women are aware of the benefits of breastfeeding for their own health, and even those who are do not always choose to breastfeed, influenced by cultural and social factors. In addition, the review highlights that the emotional, economic, and environmental benefits of breastfeeding were not widely recognized or addressed by women in the studies reviewed. It also emphasizes the importance of providing scientifically accurate and culturally sensitive information on the benefits of breastfeeding for child and maternal health as a means to improving maternal and child health.

A notable limitation of this study relates to the scarcity of scientific evidence available concerning women's knowledge of the impact of breastfeeding on their own health and the health of their child. Further research is needed to study how the lack of knowledge about the benefits of breastfeeding to child and maternal health influences the decision to breastfeed or not. Furthermore, it is essential to examine the effects of implementing educational programs on breastfeeding and its benefits, not only for women but also for their families and friends, who can play a crucial role in this decision. As the included studies did not mention whether women's knowledge of colostrum collection during pregnancy was assessed, future research should address it, given the benefits of this practice.

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