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Breastfeeding Beyond Two Years: Challenging Traditional Norms and Promoting Child Health in Coron, Palawan

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Abstract

This study examined the experiences of mothers in Coron, Palawan who practiced extended breastfeeding beyond two years, focusing on their socio-demographic characteristics, social norms and cultural beliefs, breastfeeding practices, perceived benefits and challenges, maternal confidence, and advocacy needs. The study was anchored on an integrated framework combining Maternal Role Attainment Theory, Social Cognitive Theory, Cultural Dimensions Theory, and the Input-Process-Output paradigm. A mixed-methods descriptive design with a phenomenological orientation was used. Fourteen mothers with direct experience of extended breastfeeding were selected through purposive sampling. Data were gathered using a structured questionnaire adapted from an existing extended breastfeeding instrument, supplemented by one-on-one in-depth interviews. Quantitative data were analyzed using frequency, percentage, and weighted mean, while qualitative data were examined through thematic analysis. Findings showed that extended breastfeeding was shaped by maternal maturity, education, caregiving experience, family support, cultural expectations, healthcare guidance, and personal conviction. Mothers reported strong confidence and viewed the practice as beneficial for emotional bonding, child health, comfort, convenience, and cost-effectiveness. However, they also experienced fatigue, time demands, stigma, pressure to wean, misconceptions, and inconsistent professional support. The study concluded that extended breastfeeding is a multidimensional maternal and child health practice influenced by the interaction of individual agency, family and community responses, cultural context, and health system support. It recommends culturally sensitive health education, breastfeeding-friendly spaces, family and community support groups, stronger nursing-led counseling, policy integration, and broader future studies. The study aligns with SDG 3, SDG 4, SDG 5, SDG 8, and SDG 17 by supporting maternal and child health, health education, maternal autonomy, workplace support, and multi-sector collaboration. Its sustainability impact lies in strengthening public health, community support, socio-cultural awareness, gender-responsive care, and local health governance for extended breastfeeding.

Keywords: Advocacy Strategies, Breastfeeding Practices, Cultural Beliefs, Extended Breastfeeding, Maternal Confidence, Maternal Experiences, Social Norms

1. Introduction

This study examines extended breastfeeding beyond two years among mothers in Coron, Palawan as a maternal and child health practice shaped by clinical evidence, cultural norms, family and community expectations, maternal confidence, healthcare guidance, and local support systems. Although continued breastfeeding is globally recommended and associated with nutritional, immunological, emotional, developmental, and maternal health benefits, it remains socially contested in many Filipino communities. The study addresses the tension between evidence-based breastfeeding guidance and mothers' lived experiences within a culturally specific setting, with the goal of informing advocacy strategies that are responsive to local realities.

Breastfeeding extends beyond basic nutrition and functions as an integral component of maternal and child care by supporting physical growth, immune protection, emotional security, and early neurodevelopment. The World Health Organization (2023) recommended continued breastfeeding up to two years of age or beyond, while According to the World Health Organization (2023), breast milk continues to provide caloric, micronutrient, and immunological support for children aged two to three years. Extended breastfeeding has also been associated with emotional bonding and cognitive and psychosocial development (Tomori et al., 2022), while prolonged breastfeeding has been linked to reduced maternal risks of breast and ovarian cancers, type 2 diabetes, and cardiovascular disease (Victora et al., 2023). Breast milk is often described as "liquid gold" because it continues to nourish children after complementary feeding begins. According to Lemel (2024), it supports comfort, growth, well-being, cognitive development, emotional stability, and mental health outcomes. Extended breastfeeding, also described as natural-term or full-term breastfeeding, aligns with normal developmental processes when weaning occurs naturally between two and four years. Shiraz (2022) reported benefits for child health, emotional bonding, cognitive development, and emotional regulation; Tomori et al. (2022) emphasized

mother-child relational and long-term developmental outcomes; and breast milk contains essential fatty acids such as DHA and ARA, which support brain development (Lopez et al., 2021). For mothers, Victora et al. (2023) reported reduced risks of cancer, type 2 diabetes, and cardiovascular diseases. Despite these benefits, extended breastfeeding remains difficult for many mothers because decisions are shaped by work demands, social expectations, maternal health, stigma, and criticism. Modi (2022) described the decision to continue breastfeeding beyond one year as complex, while Villenes (2023) noted that mothers may experience stigma in cultures where the practice is uncommon. Silver (2023) emphasized benefits related to intelligence, bonding, and stress reduction, and Froń et al. (2024) highlighted protection against infections, allergies, and chronic conditions.

The literature shows that extended breastfeeding is influenced by socio-demographic, cultural, interpersonal, behavioral, and structural factors. National data indicated that many Filipino mothers fall within the 25-29 age range (Philippine Statistics Authority, 2023). Partner support increased the likelihood of continued breastfeeding (Falculan et al., 2021), while higher educational attainment was associated with awareness and informed decision-making (Angeles-Agdeppa et al., 2022). Multiparous mothers were more likely to continue breastfeeding because of experience and confidence (Gonzales, 2020), and economic constraints may make breastfeeding a cost-saving feeding strategy (Falculan et al., 2021). Maternal socio-demographic characteristics shape breastfeeding practices beyond two years (Magnano et al., 2021). Maternal age may support persistence through emotional maturity, caregiving experience, and confidence (Krol et al., 2018), while prior exposure to breastfeeding may strengthen mothers' ability to continue despite challenges (Weaver et al., 2018). Partner support is a strong predictor of continuation (Tsai, 2014), and informed fathers may contribute through emotional encouragement and shared caregiving responsibilities, as emphasized by Agrawal et al. (2022). Durmazoğlu et al. (2021) similarly found that spousal support increased the likelihood of breastfeeding beyond infancy, while maternal agency and resilience may help single mothers sustain the practice (Silva et al., 2023). Education supports health literacy and the ability to evaluate misinformation (Victora et al., 2015), although experiential and culturally transmitted knowledge also shape practice, as reflected in Mesoudi et al. (2008). Parity strengthens confidence through prior experience (Hackman et al., 2015), low-income households may view breastfeeding as economically practical (Jegier et al., 2024), higher-income mothers may have greater access to services and accommodations (Kozhimannil et al., 2016), and employment demands may create barriers when workplace support is limited (Stimpson et al., 2025). Socio-cultural norms strongly shape mothers' lived experiences.

Breastfeeding is a socio-cultural practice shaped by beliefs, norms, social expectations, and healthcare guidance (Reinsma et al., 2012; Shadowen et al., 2019). While accepted during infancy, extended breastfeeding may become stigmatized as the child grows older, especially when traditional beliefs, gender norms, misconceptions about milk value, and concerns about dependency influence public perception (Morgan et al., 2026; Nandagire et al., 2019; Carretero-Krug et al., 2024; Swigart et al., 2017). Supportive families can increase breastfeeding duration, while criticism and negative public attitudes may lead mothers to modify their behavior or stop breastfeeding earlier (Chen et al., 2025; Scott et al., 2015; Aksu et al., 2025). Extended breastfeeding also contributes to maternal identity, pride, fulfillment, emotional satisfaction, attachment, security, and maternal-child bonding (Marshall et al., 2007; Modak et al., 2023; Srichalerm et al., 2026; Abuhammad et al., 2021). Mothers' decisions are dynamic and influenced by intention, experience, self-efficacy, social support, conflicting advice, and breastfeeding education (Raissian et al., 2018; Brani et al., 2024; Baauer et al., 2024; Özdemir et al., 2025; Al-Mutawtah et al., 2023; D'Sa et al., 2024). Although extended breastfeeding supports child health, development, emotional regulation, psychological well-being, and maternal health, it may be hindered by fatigue, discomfort, stigma, and workplace barriers (Engelhart et al., 2022; Purkiewicz et al., 2025; Froń & Orczyk-Pawiłowicz, 2024; Baillot et al., 2021; Jackson et al., 2025; Prastita et al., 2025). Therefore, advocacy should involve education, counseling, family and community support, stigma reduction, lactation spaces, flexible schedules, and breastfeeding-friendly policies (Shakya et al. 2017; Nove et al., 2021; Varghese et al., 2020; Hentges et al., 2021).

Globally, breastfeeding beyond two years is supported by recommendations emphasizing sustained nutritional and immunological benefits (World Health Organization, 2023). However, breastfeeding duration is influenced by socio-cultural norms, beliefs, and structural conditions (Rollins et al., 2016; Victora et al., 2016). In the Philippines, breastfeeding is often expected to stop when the child reaches two years of age, and this recommendation may be treated as a fixed endpoint rather than a flexible guideline based on maternal and child readiness. Traditional beliefs, gender roles, modesty norms, and public judgment contribute to pressure to wean, regardless of medical recommendations (Torell et al., 2021). In Coron, Palawan, mothers practicing extended breastfeeding must navigate a rural and culturally grounded community context in which modesty, intergenerational beliefs, family expectations, and community reactions influence feeding decisions. Public breastfeeding of older children may be viewed as inappropriate, while traditional weaning practices may be encouraged by older family members. These local conditions show the need for culturally responsive health education, stronger community support, and advocacy strategies that reduce stigma while respecting maternal autonomy.

The study is anchored on an integrated framework that views extended breastfeeding as a biopsychosocial practice shaped by individual capability, social reinforcement, and cultural context. Ramona Mercer's Maternal Role Attainment Theory explains how mothers develop competence, confidence, and identity through caregiving experience. Mercer (2004) posited that maternal identity develops through interaction, experience, and adaptation. Maternal confidence is linked to breastfeeding self-efficacy, which Dennis (1999) identified as predictive of breastfeeding duration and persistence. Mothers with higher self-efficacy are more likely to continue breastfeeding despite social or physical barriers (Brown et al., 2014). Albert Bandura's Social Cognitive Theory explains breastfeeding behavior as the product of reciprocal interactions among personal factors, environmental influences, and behavior (Bandura, 1986). Self-efficacy is central to initiation and continuation (Dennis, 1999; Rollins et al., 2016). Support from partners and family can increase breastfeeding duration (Sherriff et al., 2014), while stigma and criticism can undermine confidence and modify behavior (Dowling et al., 2012; Scott et al., 2015). Geert Hofstede's Cultural Dimensions Theory situates breastfeeding within broader socio-cultural systems where collective values influence individual behavior (Hofstede, 2011). In collectivist settings, mothers may negotiate personal beliefs against social expectations. Breastfeeding beyond infancy may be scrutinized in public settings (Dowling et al., 2012; Scott et al., 2015), and misconceptions about the declining value of breast milk persist despite evidence of continued benefits (Victora et al., 2016). Conceptually, the study links socio-demographic characteristics, social norms and cultural beliefs, social influences, breastfeeding practices, perceived benefits and challenges, and advocacy strategies. The Input-Process-Output paradigm organizes these variables by identifying the mothers' characteristics and experiences as inputs, mixed-method data collection and analysis as the process, and evidence-based, culturally appropriate advocacy strategies as the output.

The literature establishes the health and developmental value of extended breastfeeding, yet a gap remains between evidence-based recommendations and mothers' lived realities. In Coron, Palawan, the practice is shaped not only by health knowledge but also by modesty norms, family expectations, traditional beliefs, public perception, social stigma, workplace constraints, and healthcare guidance. Existing evidence supports the benefits of extended breastfeeding, but local experiences of mothers who continue beyond two years require focused examination to guide culturally sensitive health education and advocacy. This study therefore explores the socio-demographic profile of mothers practicing extended breastfeeding, the social norms and cultural beliefs influencing their experiences, their breastfeeding practices and decision-making influences, their maternal confidence and capability, and advocacy strategies that can support and promote extended breastfeeding in Coron, Palawan.

This study aligns most directly with SDG 3 - Good Health and Well-Being because it focuses on maternal and child health, breastfeeding continuation, child nutrition, immune protection, emotional development, and maternal health outcomes. It also supports SDG 4 - Quality Education by emphasizing breastfeeding education, health literacy, community awareness, and evidence-based counseling for mothers and families. The study contributes to SDG 5 - Gender Equality by addressing maternal autonomy, gendered expectations, stigma, modesty norms, and the social pressures mothers face when making breastfeeding decisions. It also relates to SDG 8 - Decent Work and Economic Growth because workplace conditions, lactation support, time constraints, and employment-related barriers affect mothers' ability to continue breastfeeding. Finally, it supports SDG 17 - Partnerships for the Goals because the proposed advocacy requires cooperation among mothers, families, communities, healthcare workers, local government units, and health institutions.

The study contributes to public health sustainability by supporting maternal and child health practices that are preventive, low-cost, and community-based. It advances educational sustainability by identifying the need for accurate breastfeeding information, culturally sensitive counseling, and community health education. It supports socio-cultural sustainability by challenging misconceptions while respecting local values, family structures, and community norms. The research also contributes to gender and social sustainability by validating mothers' experiences, strengthening maternal confidence, and promoting informed decision-making despite stigma or pressure. It supports socio-economic sustainability by recognizing breastfeeding as a cost-effective practice for families and by identifying workplace barriers that affect mothers' ability to sustain breastfeeding. Institutionally, the study is relevant to policy and governance sustainability because its findings may inform local health programs, nursing-led interventions, community advocacy, and coordinated support from health workers and local government units.

2. Material and methods

2.1 Research Design

The study employed a mixed-methods descriptive research design to examine mothers' experiences of extended breastfeeding in Coron, Palawan. This approach was appropriate because the study sought to capture both measurable characteristics and in-depth experiential insights, allowing a more comprehensive understanding of the research problem (Johnson et al., 2007; Creswell &Creswell, 2018). The quantitative component described socio-demographic characteristics, breastfeeding practices, and perceived benefits and challenges, while the qualitative component used a phenomenological orientation to explore mothers' lived experiences regarding social norms and cultural beliefs.

Descriptive research was suitable for systematically describing a population or phenomenon without manipulating variables (Polit & Beck, 2021). The phenomenological orientation helped explain how participants perceived and interpreted their experiences within their social and cultural context (Creswell & Poth, 2018). The integration of quantitative and qualitative approaches strengthened the breadth, depth, validity, and richness of the findings (Fetters et al., 2013).

2.2 Locale of the Study

The study was conducted in Coron, Palawan, a first-class municipality with an estimated population of 65,855. Based on demographic estimates, the municipality included approximately 12,900 to 13,000 women of reproductive age. This locale provided a relevant setting for examining maternal health practices within a culturally grounded community where extended breastfeeding experiences are shaped by family, community, and local health contexts.

2.3 Respondents of the Study

The respondents were mothers who were current residents of Coron, Palawan and had practiced breastfeeding beyond two years of age. Eligible participants were those currently practicing or previously practicing extended breastfeeding, with children aged two to six years, and who voluntarily agreed to participate. Mothers who did not meet these criteria or were unable to provide informed consent were excluded.

2.4 Sample and Sampling Procedure

A purposive sampling strategy was used to identify participants with direct experience of extended breastfeeding. This method was appropriate for qualitative and phenomenological research because it enables the deliberate selection of information-rich cases that can illuminate the research problem (Palinkas et al., 2015; Creswell & Poth, 2018). Fourteen mothers participated in the study. The sample size was determined through data saturation, which was reached when no new themes, patterns, or significant insights emerged from interviews and focus group discussions. Data saturation is widely accepted in qualitative research for ensuring adequacy and depth of data (Guest et al., 2006). Participants were recruited through direct community engagement, personal communication, and referral, allowing the researcher to access mothers with relevant and context-specific experiences.

2.5 Research Instrument

The study used a structured questionnaire to collect both quantitative and qualitative data on mothers' experiences of extended breastfeeding. The instrument was adapted from Charlotte Yates's (2019) study, "What Maternal Variables Predict Extended Breastfeeding Practice?" and modified to align with the Statement of the Problem and related literature on breastfeeding practices, maternal experiences, cultural beliefs, social norms, and maternal confidence. It gathered socio-demographic data, explored social and cultural experiences through open-ended questions, assessed breastfeeding practices through structured items, and measured perceived benefits and challenges using a Likert-scale format. The use of a questionnaire with both closed-ended and open-ended items was appropriate for mixed-methods research because it allowed the collection of standardized data and personal narratives (Creswell & Creswell, 2018). Structured questionnaires are also commonly used in maternal and child health research to capture both measurable information and participant experiences (Polit & Beck, 2021). The instrument was validated by experts and pilot-tested to ensure clarity, relevance, reliability, and comprehensibility.

2.6 Data Gathering Procedure

Before data collection, the researcher secured the necessary approvals, including thesis panel endorsement, instrument validation, ethics clearance, and permission from the Dean and relevant local authorities in Coron, Palawan. Participants were identified through purposive sampling and were given informed consent forms explaining the study's purpose, procedures, voluntary nature, confidentiality measures, and right to withdraw. Data were collected through structured questionnaires and one-on-one in-depth interviews. The questionnaires obtained socio-demographic and breastfeeding-related information, while the interviews explored mothers' lived experiences, perceptions, challenges, and practices. With consent, interviews were audio-recorded, supported by field notes, and conducted in private and comfortable settings. Recordings were transcribed verbatim, reviewed for accuracy, coded using pseudonyms, and securely stored. Data collection continued until saturation was reached.

2.7 Data Analysis Techniques

Quantitative data were analyzed using descriptive statistics, including frequency and percentage distributions, to summarize socio-demographic characteristics and breastfeeding practices (Polit & Beck, 2021). Likert-scale responses on maternal confidence, capability, benefits, and challenges were analyzed using weighted mean, an appropriate method for ordinal data used in breastfeeding self-efficacy and maternal experience studies (Dennis, 1999; Boone & Boone, 2012). Qualitative data from open-ended responses and interviews were analyzed using thematic analysis following Braun and Clarke (2006). The process involved familiarization, coding, categorization, and theme development to identify patterns in mothers' lived experiences, cultural beliefs, family and community reactions, coping strategies, and perceived support.

Thematic analysis is widely used in health research to examine social and cultural influences on breastfeeding practices (Rollins et al., 2016; Victora et al., 2016). Quantitative and qualitative findings were integrated to develop context-specific advocacy strategies, consistent with recommendations for multi-level breastfeeding interventions (Rollins et al., 2016).

2.8 Ethical Considerations

The study observed ethical principles to protect participants' rights, dignity, privacy, and well-being. Ethical clearance was obtained from the Ethics Committee of Don Mariano Marcos Memorial State University, and formal permission was secured from the Dean and relevant local authorities in Coron, Palawan. Participants provided written informed consent after receiving clear information about the study, including its purpose, procedures, risks, benefits, confidentiality measures, and voluntary nature. Participants were free to decline, withdraw, or skip questions without penalty. Confidentiality and anonymity were maintained through codes or pseudonyms, and identifying information was removed from transcripts and reports. Interviews were conducted privately to minimize discomfort, especially when discussing stigma or social pressure. All data were handled in accordance with the Data Privacy Act of 2012 (Republic Act No. 10173), stored securely, accessed only by the researcher, and retained only for the required period before proper disposal.

3. Results and Discussion

3.1 Socio-Demographic Profile of Respondents

3.1.1 Respondent Characteristics

The study included 14 mothers practicing extended breastfeeding. Most were aged 31–35 years, followed by those aged 26–30 and 36–40. The majority were married or cohabiting, while a smaller group were single. Most respondents were college graduates, although others had postgraduate, vocational, technical, college-level, or secondary-level education. A substantial proportion had three children, while the rest had one or two children. Most also reported monthly household income above ₱20,000, with only a few belonging to lower income brackets. These findings suggest that extended breastfeeding was practiced mainly by mothers in early to middle adulthood, a stage associated with confidence, emotional stability, and caregiving experience (Sehatkarlangrodi et al., 2025). The predominance of partnered mothers highlights the role of spousal and household support (Lavender et al., 2006; Kihlstrom et al., 2025), while the participation of single mothers indicates that individual agency and adaptive coping also sustain breastfeeding (McFadden e tal., 2017). Higher education may strengthen health literacy and evidence-based decision-making (Valero-Chillerón et al., 2022), while income patterns show that breastfeeding can be both supported by financial stability and valued as a cost-effective feeding strategy (Bornstein et al., 2010).

3.2 Social Norms, Cultural Beliefs, and Lived Experiences

3.2.1 Lived Experiences of Extended Breastfeeding

Mothers described extended breastfeeding as meaningful, fulfilling, and closely tied to maternal identity. Their accounts also showed physical and emotional challenges, including fatigue, discomfort, and time demands. Despite these difficulties, mothers emphasized the strengthened mother-child bond and the practical value of breastfeeding, especially its convenience, nutritional benefit, and cost-effectiveness. These results show that extended breastfeeding is a multidimensional experience involving fulfillment, sacrifice, bonding, and practicality. Modak et al. (2023) argued that extended breastfeeding reinforces maternal identity, while Augusto et al. (2023) noted its role in shaping women's sense of competence and nurturance. Mothers sustained breastfeeding when emotional and developmental benefits outweighed physical demands, consistent with Modak et al. (2023) and Froń and Orczyk-Pawiłowicz (2024). The relational value of breastfeeding also reflects its role in maternal responsiveness and attachment (Abuhammad et al., 2021; Modak et al., 2023), while its economic and practical value aligns with Purkiewicz et al. (2025).

3.2.2 Family and Community Reactions

Family and community reactions varied from supportive validation to curiosity, social ambivalence, pressure to discontinue breastfeeding, and absence of comment. Some mothers received encouragement and recognition of breastfeeding benefits, while others were questioned because their children were considered too old to breastfeed. A few mothers reported little or no social response. These findings show that extended breastfeeding occurs within a socially mixed environment. Supportive responses may strengthen maternal confidence and validate the practice (Sukmawati et al., 2024; Machado et al., 2025). However, surprise, curiosity, and questions about breastfeeding older children suggest that the practice remains only partly normalized (Radzyminski et al., 2016). Pressure to wean reflects age-based social expectations, consistent with Morgan et al. (2025), while silence or non-response may indicate acceptance, indifference, or unspoken norms (Gálvez-Adalia et al., 1920).

3.2.3 Emotional Responses to Cultural Expectations

Mothers experienced pressure, self-consciousness, discomfort, sadness, hesitation, and worry when confronted with expectations to wean. At the same time, many expressed strong conviction, describing extended breastfeeding as a personal and child-centered decision. Some managed cultural expectations by limiting public breastfeeding, calmly ignoring

criticism, or gradually explaining their decision to others. These results indicate that emotional responses to weaning expectations are shaped by both external judgment and maternal attachment. Social scrutiny may cause mothers to modify breastfeeding behavior, as described by Swigart et al. (2017) and Carlin et al. (2019). The sadness and hesitation associated with weaning reflect the emotional investment of mothers in breastfeeding, which Modak et al. (2023) linked to maternal identity and which may also involve emotional readiness (Jobe-Shields et al., 2013). Maternal conviction functions as a protective factor against criticism (Bengough et al., 2022), while negotiation of expectations reflects breastfeeding as a socially situated practice (Radzyminski et al., 2016). Carlin et al. (2019) similarly emphasized that breastfeeding decisions are continually shaped by internal beliefs and external influences.

3.2.4 Prevailing Cultural Beliefs and Norms

The findings showed that extended breastfeeding was shaped by age-based expectations, misconceptions, and traditional beliefs. Mothers reported pressure to stop breastfeeding after two years or once the child became a toddler, as well as beliefs that breast milk loses value, causes dependency, or weakens the mother. However, some community views recognized its benefits for immunity, emotional security, and child health. These findings indicate that extended breastfeeding is interpreted through both biomedical and traditional cultural perspectives. Age-based norms and intergenerational beliefs may lead to questioning breastfeeding as children grow older (Angell, 2009; Jackson et al., 2025; Purkiewicz et al., 2025; Ochoa, 2025), while misconceptions about milk value and dependency persist despite evidence that breast milk continues to provide nutrients, immune protection, attachment, and emotional regulation (Lokossou et al., 2022; Froń et al., 2024; Acheampong et al., 2024; Wood & Margerison, 2025; Krol et al., 2018). Supportive beliefs are consistent with evidence on child health benefits (Hossain and Mihrshahi, 2022), while traditional views reflect the influence of localized health interpretations (Opara et al., 2024).

3.2.5 Maternal Responses to Criticism

Mothers responded to societal expectations and criticism through firm decision-making, educational explanation, selective engagement, avoidance, emotional restraint, and indifference. Many prioritized their child's welfare over public opinion. Some explained the benefits of breast milk to others, while others avoided confrontation by breastfeeding privately or ignoring negative comments. These responses indicate that mothers were active agents rather than passive recipients of social pressure. Their firm decision-making reflects maternal self-efficacy and commitment to child welfare (Braani et al., 2024). Informal education and explanation served as everyday advocacy, supported by the role of knowledge in strengthening maternal confidence (Nsiah-Asamoah et al., 2020). Avoidance and selective engagement show how mothers adjust breastfeeding practices in response to social norms, as Carlin et al. (2019) described. Emotional distancing also functioned as a coping mechanism, consistent with Leeming et al. (2021), who noted the role of emotional regulation in sustaining health-related behaviors.

3.2.6 Coping Strategies in Sustaining Extended Breastfeeding

Mothers sustained extended breastfeeding through health and lactation management, psychosocial support, self-confidence, information-seeking, time management, adjusted feeding routines, and boundary setting. They used strategies such as hydration, vitamins, nutritious food, power pumping, partner support, healthcare guidance, and limiting breastfeeding to specific times such as bedtime. These findings show that extended breastfeeding requires physical, emotional, and behavioral adaptation. Nutrition, hydration, and lactation techniques support milk production and maternal capacity, as noted by Mazur et al. (2024). Partner and family support, self-belief, and access to information strengthen persistence, consistent with Can et al. (2025). Adjusted routines and boundary setting show that mothers sustain breastfeeding by adapting it to daily responsibilities rather than maintaining a fixed pattern, which aligns with Alhamedi et al. (2025).

3.2.7 Perceived Effects on the Mother-Child Relationship

Mothers reported that extended breastfeeding deepened emotional bonding, strengthened attachment, and provided comfort, reassurance, and security for their children. However, some also described increased child dependence, particularly reliance on breastfeeding for sleep, clinginess, and effects on work or daily responsibilities. These findings show that extended breastfeeding strengthens relational closeness while also creating practical constraints. Ventura (2017) emphasized that breastfeeding supports maternal sensitivity and secure attachment, while Krol et al. (2018) linked breastfeeding to socio-emotional development. Breastfeeding also functions as a source of safety and emotional regulation, consistent with Gribble (2006). However, reliance on breastfeeding for sleep and comfort may affect daily functioning (Abdul Jafar et al., 2021). Krol et al. (2018) further noted that perceived dependency may be interpreted differently depending on cultural expectations and caregiving context.

3.2.8 Healthcare Information and Professional Advice

Mothers reported receiving healthcare advice that affirmed the continued benefits of breastfeeding beyond two years, particularly for immunity, emotional development, and overall health. They also received guidance on maternal nutrition, storage, breastfeeding techniques, and time management. Healthcare recommendations were often flexible, emphasizing mutual comfort and readiness rather than forced weaning. These findings show that healthcare professionals can support

extended breastfeeding by combining evidence-based guidance with respect for maternal autonomy. Professional reassurance aligns with evidence that breast milk continues to provide nutritional, immunological, and relational benefits into early childhood (Camacho-Morales et al., 2021). Practical guidance helps mothers manage the day-to-day realities of breastfeeding, consistent with Couto et al. (2025) and Bauer et al. (2024). Flexible recommendations also reflect individualized maternal and child health care, as argued by Akkour et al. (2022).

3.2.9 Perceived Enablers of Extended Breastfeeding

Mothers identified social support, acceptance, accurate information, education, maternal confidence, reduced judgment, and enabling environments as key factors that empowered them to continue breastfeeding. They emphasized the importance of support from partners, families, healthcare providers, and communities, as well as barangay-level seminars, accurate information, breastfeeding stations, and extra time for breastfeeding. These findings show that extended breastfeeding is enabled by both internal confidence and external support. Partner and family support reinforce breastfeeding behaviors, as emphasized by Ogbo et al. (2020), while Cheng et al. (2025) described supportive environments as central to breastfeeding continuation. Accurate information helps mothers resist misconceptions and strengthen decisions (Delgado-Herrera et al., 2024). Health education and breastfeeding promotion improve knowledge, decision-making, and persistence, as Haroon et al. (2013) argued.

3.2.10 Maternal Advice and Shared Insights

Mothers advised others to trust their instincts, resist social pressure, recognize breastfeeding benefits, seek support, and practice self-care. Their advice emphasized maternal autonomy, child health, emotional bonding, cost savings, reduced illness, and the importance of maintaining maternal well-being while breastfeeding. These insights show that mothers translated lived experience into practical guidance for others. Trusting one's instincts reflects maternal self-efficacy, which Brown et al. (2014) identified as important in sustaining breastfeeding under social pressure. Advice grounded in health, bonding, and economic benefits reflects continued nutritional, immunological, and developmental value (Froń et al., 2018), as well as the relational meaning of breastfeeding (Modak et al., 2023). The emphasis on self-care and support confirms that breastfeeding sustainability depends on maternal well-being and support systems (Purkiewicz et al., 2025), within a broader caregiving context that requires balance (Arace & Agostini, 2026).

3.3 Breastfeeding Practices of Mothers

3.3.1 Decision-Making Influences

Most mothers identified personal decision as the primary influence in continuing breastfeeding. Family and relatives were also influential, followed by spouses or partners and health workers. Because mothers could identify more than one influence, the findings showed that extended breastfeeding decisions were shaped by multiple intersecting factors rather than a single source. These results indicate that maternal judgment is central to extended breastfeeding, but decisions remain embedded in social relationships. Maternal intention and self-efficacy are key to sustained breastfeeding, as described by Li et al. (2022), Brown (2014), and (Weaver et al., 2017). Family and partner support also shape breastfeeding outcomes, with Agrawal et al. (2022) and Mannion et al. (2013) emphasizing the importance of emotional and practical support. Arace and Agostini (2026) noted that family networks may reinforce or challenge breastfeeding, while the lower influence of healthcare workers suggests that long-term breastfeeding may depend more heavily on community and interpersonal support systems (Gavine et al., 2022).

3.3.2 Exposure to Breastfeeding Education

Most mothers did not attend a breastfeeding course before childbirth, while only a small number had formal breastfeeding education. This suggests that many mothers learned through experience, observation, family advice, social interaction, and direct caregiving rather than formal instruction. The low level of formal breastfeeding education reflects possible issues of access, awareness, or perceived need. Antenatal education can improve breastfeeding initiation and confidence, but participation depends on availability and health system engagement, as shown by Lumbiganon et al. (2016). Guo et al. (2025) noted that barriers such as time constraints and limited access may reduce attendance. Despite limited formal education, mothers still sustained breastfeeding beyond two years, indicating the importance of experiential learning and social environments, consistent with Modak et al. (2023).

3.3.3 Attendance in Breastfeeding Classes with Partners

Among mothers who attended breastfeeding classes with partners, most perceived shared participation as beneficial, while others did not. Those who valued partner attendance viewed it as a way to build shared understanding and support. However, many respondents did not attend such classes because of limited awareness or lack of available breastfeeding education programs in their communities. These findings suggest that partner participation can support breastfeeding when knowledge is translated into meaningful emotional and practical assistance. Brown (2014) found that knowledgeable fathers were more likely to encourage breastfeeding and reinforce maternal confidence. However, partner involvement is most effective when partners are actively engaged in supportive roles rather than merely present in education sessions

(Arace & Agostini, 2026). Rempel et al. (2017) similarly noted that partner attendance must be followed by continued involvement beyond the learning environment.

3.3.4 Timing of Feeding Decisions

Most feeding decisions were made before pregnancy, while others were made after childbirth or during pregnancy. The findings show that many mothers entered pregnancy with existing beliefs and intentions about breastfeeding, often shaped by prior experiences, observation, and cultural expectations. Some decisions changed after childbirth as mothers responded to infant behavior, physical recovery, and caregiving realities. These results indicate that breastfeeding decision-making begins before formal prenatal care and may evolve after birth. Breastfeeding intentions formed before or early in pregnancy strongly influence initiation and continuation (Raissian et al., 2018). Stuebe and Bonuck (2011) also found that prenatal intentions predict breastfeeding behavior. However, decisions may be revised through lived experience, consistent with Radzyminski et al., 2016). While antenatal education remains important, its effect depends on timing, delivery, and whether it reinforces or reshapes existing beliefs, as shown by Lumbiganon et al. (2016).

3.3.5 Intended Duration of Breastfeeding

Mothers reported varied intended breastfeeding durations. Many intended to breastfeed for 12–24 months or beyond 24 months, while some planned shorter durations or initially did not intend to breastfeed. The findings show that breastfeeding intentions were diverse and reflected different levels of preparedness, beliefs, and anticipated challenges. These results suggest that intentions are starting points rather than fixed outcomes. Intended duration is influenced by cultural beliefs, knowledge, and anticipated barriers (Alhamedi et al., 2025). Some mothers who initially did not plan to breastfeed later practiced extended breastfeeding, showing that decisions may change after childbirth. Purkiewicz et al. (2025) described breastfeeding as a dynamic process shaped by experience, while Bartle et al. (2017) noted that mothers revise feeding intentions based on emotional factors, support, and practical realities. Longer intended duration is also associated with stronger confidence and perceived feasibility, as noted by Brani et al. (2024).

3.3.6 Actual Duration of Breastfeeding

The majority of reported breastfeeding experiences lasted more than 24 months, while others lasted 13–24 months, 7–12 months, or 0–6 months. Actual breastfeeding duration often extended beyond initial plans, showing that mothers adapted their practices over time based on child needs, perceived benefits, and daily circumstances. These findings show that breastfeeding duration is fluid and shaped by experience rather than intention alone. Breastfeeding continuation depends on maternal perception of benefits, child behavior, and social context (Weaver et al. 2017). Thulier and Mercer (2009) described breastfeeding as a continuing decision-making process, while postnatal experience, maternal confidence, infant response, and available support influence duration (Modak e tal., 2023; Brani et al., 2024). Shorter durations may reflect physical challenges, work demands, or limited support.

3.3.7 Perspectives on Extended Breastfeeding

Most mothers reported that they liked extended breastfeeding and would continue if possible. Some stated that they would continue for a longer duration, while a few disliked the experience but continued or felt pressured to stop. Because multiple responses were allowed, the findings show that mothers could hold positive and negative feelings at the same time. These results show that extended breastfeeding is generally viewed positively, especially when mothers experience health, bonding, and emotional benefits. Positive maternal experiences reinforce motivation and favorable attitudes toward continuation (Jacobzon et al., 2022). The willingness to continue longer reflects ongoing reassessment of breastfeeding value, consistent with Thulier and Mercer (2009). However, negative experiences and pressure to stop show that maternal perspectives are shaped by the intersection of satisfaction, demand, and social expectations (Dietrich Leurer & Misskey, 2015).

3.4 Perceived Benefits and Challenges of Extended Breastfeeding

3.4.1 Maternal Confidence and Capability

Mothers reported very high overall confidence in extended breastfeeding. They were highly confident in determining whether their toddler received adequate milk, managing breastfeeding effectively, handling breastfeeding situations, meeting their child's needs, breastfeeding in the presence of family, and continuing the practice. The highest confidence was related to the belief that continued breastfeeding supports the child's emotional security. Confidence was slightly lower, though still high, in managing the time-consuming nature of breastfeeding. These results show that maternal confidence develops through repeated experience and successful adaptation. Confidence influences breastfeeding persistence (Entwistle et al., 2010), and Huang et al. (2022) noted that confidence grows through positive experiences. The lower score for time management shows that capability coexists with practical difficulty. Time constraints influence prolonged breastfeeding (Brani et al., 2024), while Moret-Tatay et al. (2025) emphasized that breastfeeding is shaped by motivation and structural conditions. Mothers negotiate capability within daily constraints (Prastita et al., 2025), and broader social and environmental barriers remain important because breastfeeding beyond infancy is shaped by cultural norms (Reinsma et al., 2013), workplace conditions, breastfeeding-friendly spaces, and institutional support (Hentges et

al., 2021). Bengough et al. (2022) described breastfeeding as embedded in a wider system of policies, attitudes, and environmental conditions.

3.5 Advocacy Strategies for Extended Breastfeeding

3.5.1 Nursing-Focused Advocacy and Intervention Strategies

The findings supported the need for nursing-led advocacy strategies addressing social norms, breastfeeding practices, perceived benefits, family and social support, health system strengthening, policy integration, and information advocacy. Proposed strategies included culturally sensitive health education, positive messaging to normalize extended breastfeeding, evidence-based myth correction, barangay-level discussions, use of local language, integration into community programs, nurse-led counseling, continued follow-up beyond two years postpartum, mother support groups, family-centered education, partner and grandparent engagement, standardized counseling protocols, healthcare worker training, policy inclusion, local ordinances, and media campaigns through radio and social media. These advocacy strategies respond directly to the barriers identified in the study, including stigma, misconceptions, pressure to wean, limited professional follow-up, inconsistent health system support, and misinformation. The proposed approach recognizes that extended breastfeeding is influenced by individual choices, family dynamics, community norms, healthcare systems, and local policy environments. By aligning interventions with the lived experiences of mothers in Coron, Palawan, the strategies aim to create a culturally responsive and sustainable support system that strengthens maternal confidence, improves informed decision-making, reduces stigma, and promotes breastfeeding beyond two years.

4. Conclusion & Recommendations

Extended breastfeeding among mothers in Coron, Palawan is a multidimensional practice shaped by maternal maturity, caregiving experience, education, family support, cultural expectations, personal beliefs, and available health guidance. The findings showed that mothers who breastfed beyond two years generally demonstrated strong confidence, competence, and commitment, viewing the practice as beneficial for emotional bonding, child health, comfort, convenience, and cost-effectiveness. However, their experiences were also shaped by physical fatigue, time demands, social pressure, stigma, misconceptions, and inconsistent professional support. Overall, extended breastfeeding was not determined by socio-demographic factors alone but by the interaction of personal agency, cultural context, family and community responses, healthcare support, and adaptive coping strategies.

The study recommends strengthening support for extended breastfeeding through coordinated action among policymakers, higher education institutions, healthcare providers, local government units, mothers, parents, and future researchers. Recommended actions include institutionalizing policies that support breastfeeding beyond two years, creating breastfeeding-friendly spaces, integrating extended breastfeeding into health and nutrition programs, strengthening nursing and health education curricula, improving culturally sensitive counseling, establishing mother and family support groups, expanding barangay-level advocacy, addressing myths and stigma through evidence-based information, and conducting broader studies involving larger and more diverse participants, including fathers, healthcare providers, and community members.

The study was limited to purposively selected mothers in Coron, Palawan who practiced breastfeeding beyond two years. It did not directly include the perspectives of fathers, healthcare professionals, or other community stakeholders, although their influence was reflected in the mothers' narratives. The findings are context-specific to the socio-cultural and health system conditions of Coron, Palawan and may not be generalizable to other settings. The study was also delimited to extended breastfeeding beyond two years and did not examine exclusive breastfeeding or early breastfeeding practices within the first two years of life.

Compliance with ethical standards

This study complied with institutional ethical standards and secured ethical clearance from the Ethics Committee of Don Mariano Marcos Memorial State University, with the required permissions from the Dean and local authorities in Coron, Palawan. Participation was voluntary, informed consent was obtained, and respondents were assured of confidentiality, anonymity, and the right to withdraw without penalty. Data were protected through codes or pseudonyms, secure handling, and removal of identifying information. The researcher acknowledges the contributions of the adviser, panel members, institutions, authorities, and respondents. The author declares no conflict of interest and assumes responsibility for the integrity, authorship, and copyright ownership of the study, subject to institutional policies.

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