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Araştırma makalesi

Research article

"*It has not been easy, but it has been worth it*": Experiences of Tandem Breastfeeding Mothers: A Qualitative Research

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ABSTRACT

Aim: This study aimed to explore the experiences of mothers who practiced tandem breastfeeding.

Material and Methods: A phenomenological study was conducted through in-depth interviews with 18 mothers who had practiced tandem breastfeeding for over three months. Purposive sampling was used. The data were analyzed using Colaizzi's phenomenological analysis process.

Results: The study's results were categorized under six themes, including decision-making, the meaning of tandem breastfeeding, challenges, benefits, barriers, and facilitators. The choice of tandem breastfeeding was based on the promotion of bio-psychosocial health. Tandem breastfeeding was a unique and pleasant experience, but it also caused fear. The process presented both challenges and benefits to bio-psychosocial health. Cultural beliefs and negative reactions were barriers to tandem breastfeeding, whereas social support and adequate knowledge were facilitators.

Conclusion: Tandem breastfeeding is a multifaceted experience shaped by maternal decisions, family dynamics, and community influences. Breastfeeding counseling programs need to be modified to meet the needs and priorities of tandem breastfeeding mothers, and awareness programs are essential at multisectoral levels.

Keywords: Lactation, nutrition, qualitative research, tandem breastfeeding

ÖZ

"*Kolay olmadı ama buna değdi*": Tandem Emziren Annelerin Deneyimleri: Nitel Bir Araştırma

Amaç: Bu çalışma, tandem emzirme uygulayan annelerin deneyimlerini keşfetmeyi amaçlamıştır.

Gereç ve Yöntem: Üç aydan uzun süredir tandem emzirme uygulayan 18 anne ile derinlemesine görüşmeler yoluyla fenomenolojik bir çalışma yürütülmüştür. Amaçlı örnekleme kullanılmıştır. Veriler Colaizzi'nin fenomenolojik analiz süreci kullanılarak analiz edilmiştir.

Bulgular: Çalışmanın sonuçları karar verme, tandem emzirmenin anlamı, zorluklar, faydalar, engeller ve kolaylaştırıcılar olmak üzere altı tema altında kategorize edilmiştir. Tandem emzirme seçimi biyo-psikososyal sağlığın desteklenmesine dayanmaktadır. Tandem emzirme benzersiz ve hoş bir deneyim olmakla birlikte korkuya da neden olmuştur. Bu süreç biyo-psikososyal sağlık açısından hem zorluklar hem de faydalar sunmuştur. Kültürel inançlar ve olumsuz tepkiler tandem emzirmenin önündeki engeller iken, sosyal destek ve yeterli bilgi kolaylaştırıcı unsurlardı.

Sonuç: Tandem emzirme anne, aile ve toplum odaklı seçimlerden etkilenen karmaşık bir deneyimdir. Emzirme danışmanlığı programlarının tandem emziren annelerin ihtiyaç ve önceliklerini karşılayacak şekilde değiştirilmesi ve çok sektörlü düzeyde farkındalık programlarının uygulanması gerekmektedir.

Anahtar kelimeler: Beslenme, laktasyon, nitel araştırma, tandem emzirme

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INTRODUCTION

Breastfeeding is a significant health behavior that affects maternal and child health in biopsychosocial aspects. Countries that encourage long-term breastfeeding and have low contraceptive use support breastfeeding under all circumstances (Cetin et al., 2014). However, mothers are expected to stop breastfeeding in culturally dense regions if they become pregnant (World Health Organization, 2003; Cetin et al., 2014). Although Turkey is a country that widely practices and supports breastfeeding, the most significant barrier for mothers is becoming pregnant while lactating (Hacettepe University, 2019; Aker et al., 2024). Mothers often discontinue breastfeeding during pregnancy and lactation because they believe it can harm themselves, their breastfed baby, and the fetus. Also, they believe breastfeeding during pregnancy is wrong due to cultural taboos and religious beliefs (Sinkiewicz-Darol et al., 2021; Erdoğan & Turan, 2023). Despite society's perception, some mothers breastfeed their babies together, a process known as tandem breastfeeding (TBF) (O'Rourke & Spatz, 2019).

TBF is defined as a situation in which a mother breastfeeds both her newborn baby and another baby under two years of age who is still breastfeeding postpartum. Mothers and their babies face various challenges during TBF, such as increased energy needs, pain, breast tenderness, decreased human milk, insomnia, and fatigue (Cetin et al., 2014; Meek, 2017; Morns & Steel, 2018; Aker et al., 2024). Additionally, they face criticism from their relatives and social environment, leading them to continue or discontinue TBF secretly (O'Rourke & Spatz, 2019; Erdoğan & Turan, 2023).

Despite widespread negative beliefs and problems, researchers showed that TBF can lead to positive experiences, increasing attachment between mother-infant and siblings, contributing to the growth and development of the older child, decreasing sibling jealousy, reducing breast problems, and providing a positive breastfeeding experience (Devecioğlu et al., 2015; Morns & Steel, 2018; O'Rourke & Spatz, 2019; Aker et al., 2024). Despite the previous studies, there is still a gap in the literature regarding TBF experiences. O'Ruorke and Spatz (2019) stated that there is a need for more studies on the problems experienced by TBF mothers. There are also limited studies that examine the experiences of practicing mothers in communities where TBF is stigmatized. However, the solution to the negative phenomenon is possible by bringing the problems to light.

Aim

The present study aimed to explore the experiences of TBF mothers during the breastfeeding process. This study sought to answer the following questions:

1. What factors influence participants' decision to practice tandem breastfeeding?
2. What challenges do participants face while tandem breastfeeding?
3. What supportive factors help participants during tandem breastfeeding?

MATERIALS AND METHODS

Study Design

Phenomenological qualitative research was applied as this study focused on understanding Turkish mothers' experiences of TBF. Phenomenological qualitative studies help obtain more detailed and comprehensive answers to research questions. It helps researchers gain a deeper understanding of the research topic and explore its various aspects (Lambert & Lambert, 2013). Also, the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist guide was followed in the study. A completed checklist is attached as Supplemantary File S1.

The present study was conducted in Siirt province in southeastern Turkey. It has small settlements, extensive farmland, and limited socio-economic opportunities, making it below national poverty and unemployment standards. Siirt province ranks 75th out of 81 provinces in socio-economic development (Turkish Republic Ministry of Industry and Technology, 2017). Breastfeeding duration in Siirt province is 17.7 months, higher than the national average (Hacettepe University, 2019). This study was conducted at the province's only healthcare facility providing secondary care, the Training and Research Hospital in Siirt.

Study Sample

All TBF mothers accompanying their babies attending the pediatric outpatient clinic at the hospital comprised the study population. A purposive sampling technique was used in this qualitative research, and qualitative samples were drawn to reflect the purpose and aim of the study (Percy et al., 2015). As a result of interviews with 18 participants, the saturation point was reached, and the data were completed.

The study sample included individuals over 18 years old, lived in Siirt province, spoke Turkish, and had been practicing TBF for at least three months. The study excluded pregnant individuals practicing TBF, mentally unstable, non-residents of the province, or unwilling to participate. Four participants did not allow their interviews to be audio-recorded, and so were excluded from the study.

Data Collection Tools

The two authors prepared a data collection form in Turkish based on existing literature (O'Rourke & Spatz, 2019; Aker et al., 2024). The form was divided into two sections. The first section of the form included seven questions about the demographic characteristics of the participants (e.g., age, education, occupation, family type, type of last birth, number of children, TBF time). The second section of the form contained four open-ended interview questions designed to gather in-depth information (Table 1). An expert in breastfeeding confirmed and evaluated the data collection form before its use.

Table 1.In-depth Interview Questions Part

Number	Questions
1	How did you decide to continue tandem breastfeeding when you found out you were pregnant?
2	What changes have occurred in your baby or your human milk while you have continued tandem breastfeeding?
3	How did the people around you react to your continued tandem breastfeeding?
4	If you become pregnant again while lactating and decide to continue your pregnancy, how do you think about continuing to tandem breastfeed your baby?

Data Collection

The research team is composed of two authors. They both have a bachelor's degree in nursing and a doctorate in obstetrics and women's health nursing and are both female. Their work revolves around topics related to breastfeeding, and they drew inspiration from the literature on TBF experiences.

A volunteer female nurse from a pediatric outpatient clinic provided a brief overview of the study to potential participants. Interested participants were asked to provide their phone numbers for future contact. Using the list of potential participants and their phone numbers provided by the nurse, the first researcher contacted them to schedule interview sessions. The first researcher interviewed participants face-to-face between January 2022 and December 2023. Participants were given information about the study's purpose before approval. Before data collection, a pilot study was conducted with four mothers to test the comprehensibility of the data collection form. No changes were made to the questions after the pilot study since the mothers provided no suggestions. These mothers were excluded from the present study.

A one-to-one, non-structured, in-depth interview was used to collect sensitive data and facilitate TBF mothers to express their views privately. Each participant was interviewed once. All interviews were undertaken in a private room of the hospital during daily working hours. Each interview lasted between 40 and 60 minutes and was recorded using an audio recording. After each interview, field notes were taken to capture context, including participant behaviors and the researcher's thoughts and feelings about the interview process. After conducting 18 interviews, data saturation was achieved. In the study, participant statements were included from time to time and the participants were numbered from one to eighteen and coded as 'Participant (P)-number'. Confidentiality of data was ensured; all hard copies of the filled questionnaires were kept in a locked cabinet in the first researcher's office, and digital copies were stored in a specific folder on the encoded computer. No identifying information was collected except for questionnaire responses.

Data Analysis

Data analysis was conducted immediately after data collection using NVivo Version 12, QSR International. Throughout the study, both authors reflected on the analytical process as a group to reach a consensus. Two authors transcribed the interview tapes verbatim. All interview data and field notes were organized systematically according to Colaizzi's phenomenological analysis method. This method involves reading and analyzing participants' descriptions to extract significant statements, cluster meanings, and formulate an exhaustive description of the phenomena. The Collaized method is an iterative refinement process to ensure that no detail of the phenomenon is overlooked (Figure 1) (Colaizzi, 1978). To ensure validation, participants compared their experiences to the themes accurately characterized by the detailed descriptions. No new data or clarifications emerged.

The criteria for methodological rigor of credibility, dependability, confirmability, and transferability were observed throughout the process. In-depth interviews achieved credibility. Two authors analyzed the transcripts independently by bracketing data on preconceived ideas and strictly following the adapted Colaizzi's method described above. Next, the two authors compared and discussed the findings until consensus was achieved on themes, theme clusters, and categories. Transferability was ensured by considering variations of participant characteristics and sufficient quotations collected through in-depth interviews. The audit trail was maintained to ensure all analysis steps could be traced back to the original interviews. Two authors participated in the validation of the results. Each step of the analysis was questioned to check for any alternative interpretations. The analysis was discussed until an agreement was reached.

Ethical Considerations

The Helsinki Principles conducted the present study. Ethics committee approval was obtained from Siirt University Non-Interventional Clinical Research Ethics Committee (Application date: 01/09/2021, Approval number: 19741), institutional permission from Siirt Provincial Health Directorate (Application date: 15/10/2021, Approval number: E-41587693), written informed consent from all participants and the nurse who helped to the identification of potential participants.

Limitations

A limitation of the present study is that the findings were based on mothers' self-reports. Not all participants' experiences may be reflected due to the possibility of forgetting or hiding some experiences. In addition, the findings of this study were limited to mothers who breastfed their two children at the same time and did not include pregnant women who practice TBF. Finally, cultural and religious beliefs were dominant in the study's region. Therefore, it may not reflect the experiences of TBF mothers in regions

with different socio-economic and cultural characteristics. In order to better understand the experiences of TBF mothers in regions with different socio-economic and cultural characteristics, comparative quantitative studies in a larger population are needed.

RESULTS

The mean (SD) age of the participants was 26.55 (4.06) years old (range: 21-36 ages). Ten participants were primary school graduates, and nine of them were currently unemployed. Table 2 shows further details on the participants' characteristics.

From the analysis of the interviews, six themes emerged: decision-making regarding TBF, meaning of TBF, challenges of TBF, benefits of TBF, barriers of TBF, and facilitators of TBF (Figure 2).

Decision-making regarding TBF

During the discussion, participants talked about how they make decisions about TBF. Some participants mentioned that they were motivated by the natural process of TBF (eight participants), whereas others focused on choosing the most beneficial option for their children (seven participants). Additionally, some participants shared how TBF positively impacted their postpartum psychology (five participants). One participant explained that they chose the most beneficial option for their children as follows:

I faced a dilemma: feed my eldest son formula milk or breastfeed both children simultaneously. However, I was aware of the potential harm of formula milk and could not bear to choose one child over the other as both are precious to me because both are my dear (P3).

The expression of a participant stated that breastfeeding is a natural process: “I cannot breastfeed to the end, but I want it as far as it goes. Because it is the most natural”(P12).

Meaning of TBF

The theme of the meaning of TBF included three subthemes: rewarding experiences (seven participants), fears of health (five participants), and emotionalization (five participants). One participant described rewarding experiences: “Being a tandem mother is an extraordinary and self-sacrificing experience” (P5).

Participants feared for their health, their pregnancy, and their children's health due to choosing TBF. One participant said, “A mother's well-being is more important to the well-being of her children than human milk” (P9).

From the data analysis emerges the theme of emotions of TBF, not only physical. One participant said, “Tandem breastfeeding is much work, both physically and emotionally”(P1).

Challenges of TBF

All participants experienced some challenges with TBF, and these were captured under three subthemes: daily life (15 participants), breast problems (10 participants), and limited time (10 participants).

Many participants stated that the main challenge was managing their daily routine while TBF. One participant said, “It is very tiring when I spend sleepless nights, and it becomes difficult to keep up with cooking” (P18).

Some participants admitted they wanted to stop TBF because of the nipple pain they experienced. One participant stated, “There were times when my breasts were very sensitive. I have had many nipple cracks. Sometimes, I wanted to stop tandem breastfeeding because it hurt so much” (P11).

Some participants reported that there was not enough time to be able to breastfeed both children. One participant described it as follows: “Time... Maybe that is the biggest challenge. I have limited time in a day” (P7).

Benefits of TBF

The benefits experienced by the participants were examined under the sub-themes of increased attachment (thirteen participants), child health (ten participants), and increased milk supply (eight participants). One participant described increased attachment: “I think tandem breastfeeding created a special bond between the three of us that could last a lifetime” (P2).

Most participants emphasized that human milk benefits both of their children. One participant said, “My children do not get very sick. I think it is because of tandem breastfeeding” (P12).

Participants described pleasant experiences with the increase in human milk. A participant described this experience: “Both of my children gained weight during this time. The human milk has indeed increased” (P15).

Barriers of TBF

According to the feedback provided by the participants, specific barriers were encountered about TBF, which were grouped into three subthemes: cultural beliefs (16 participants), religious beliefs (10 participants), and negative reactions (15 participants). The participants reported receiving negative responses from their social circles, including family members and friends. Most participants expressed that the society held incorrect TBF beliefs, particularly concerning culture and religion, such as the myth that milk can become poisonous, the notion that human milk is of poor quality, and the belief that TBF is a sin. “Now human milk is toxic. The baby is poisoned…” (P3). Another participant stated: “Moreover, people say our religion is against tandem breastfeeding. Meaning the mother cannot get pregnant until her child has weaned. Tandem breastfeeding, therefore, is not done” (P17).

Of the responses, the negative reactions were one of the most frequent barriers, as can be read in one participant's experience: “When I learned that I was pregnant, the first advice of my friends and family was that I should stop breastfeeding immediately” (P10).

Facilitators of TBF

This theme describes resources on social support (13 participants) and sufficient knowledge (9 participants) that facilitate participants' TBF process. Some participants stated that the support of health professionals during the TBF process was

motivational. One participant articulated her experience: “The midwife working at the public health center informed me about tandem breastfeeding. It was challenging to apply this theory in my real life. However, with her support and guidance, I succeeded” (P1).

Half of the participants emphasized the importance of knowledge as a source of support during TBF. One participant stated her experience:

Before I decided on tandem breastfeeding, I learned that breastfeeding is a tight feedback loop based on supply and demand. So I could produce enough milk for both of my babies. It was the information that encouraged me. I think this is a significant advantage (P7).

Table 3 provides examples of significant statements related to formulated meanings, theme clusters, and emergent themes.

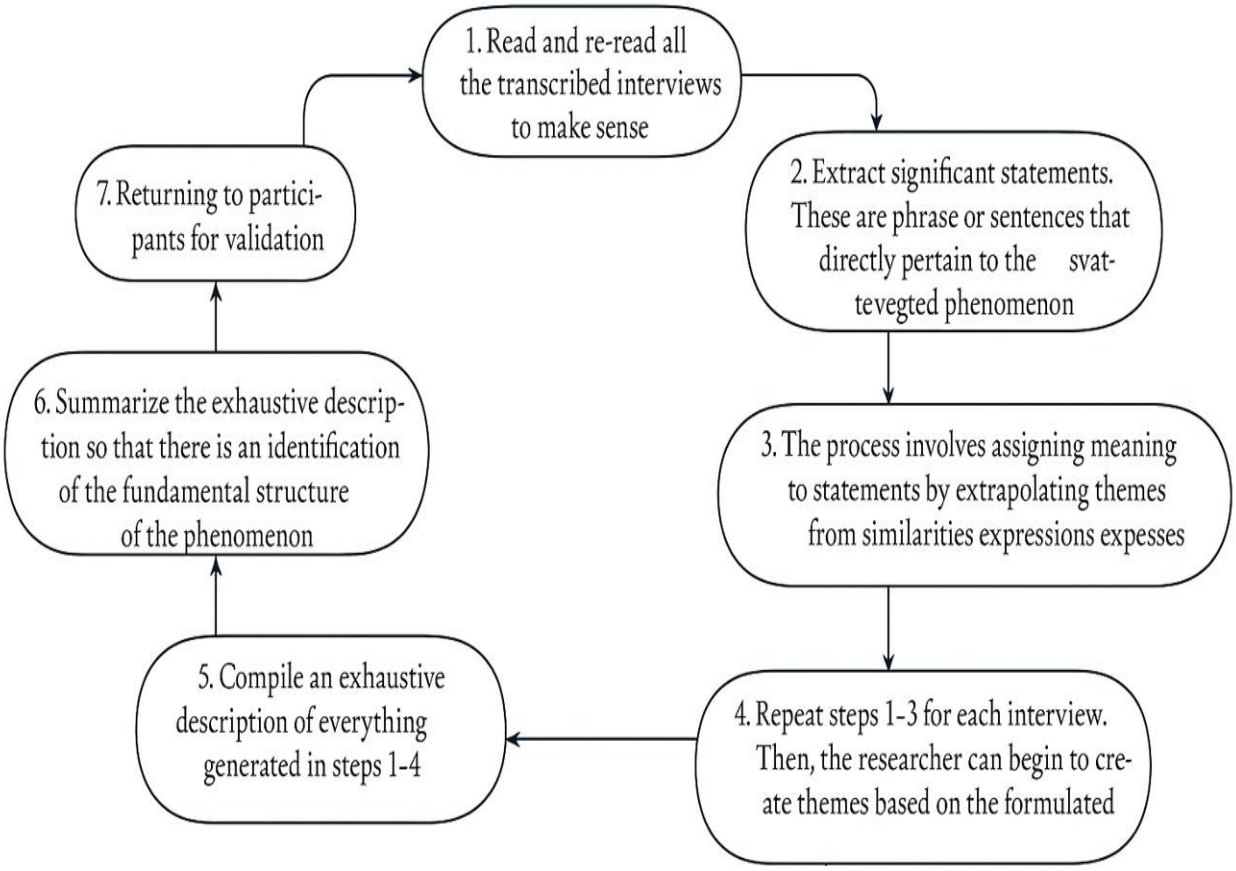

Figure 1. A Modified Colaizzi’s Seven-step Method for Data Analysis

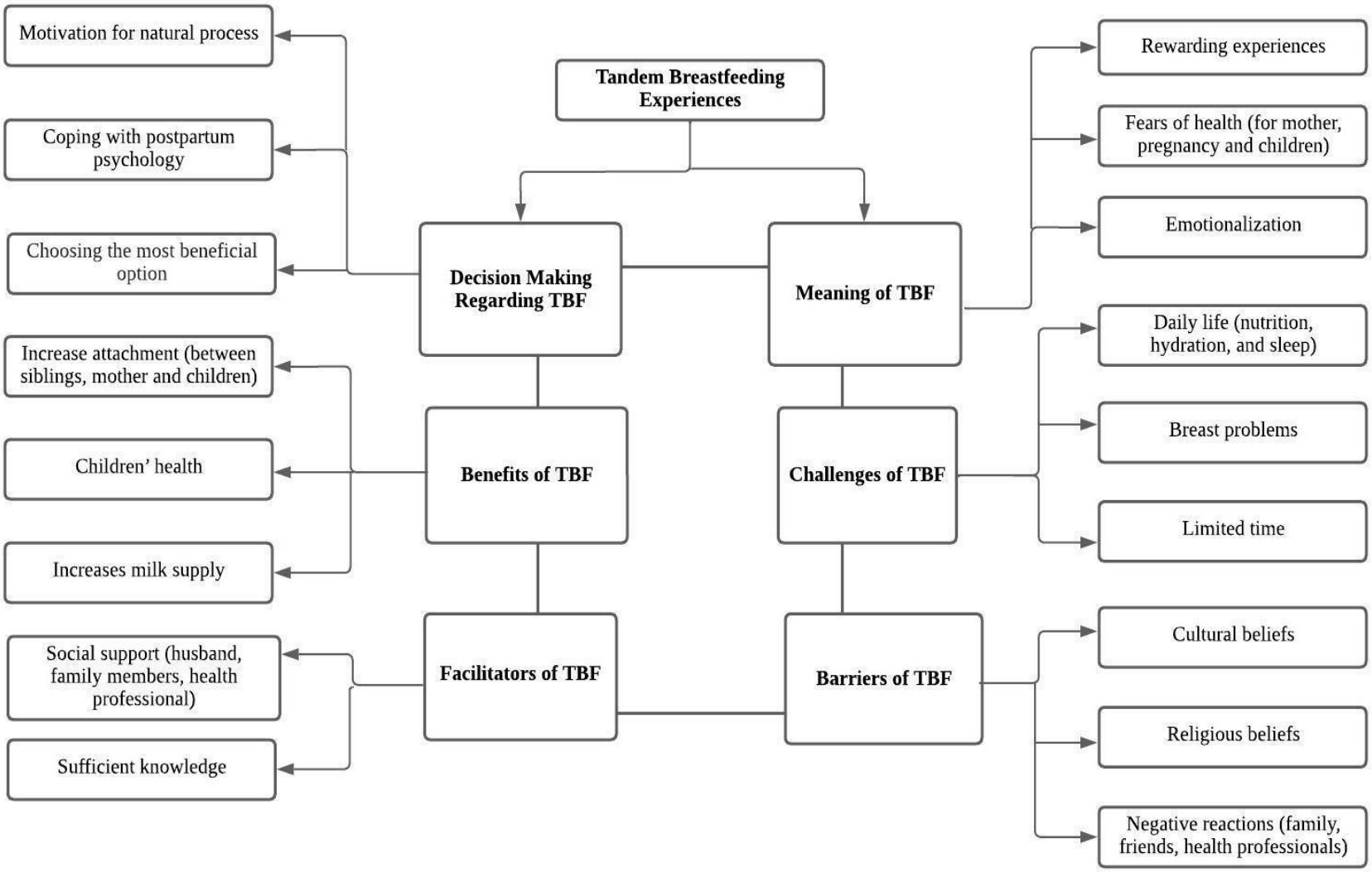

Figure 2. The Fundamental Structure of the Phenomenon and the Six Themes regarding Tandem Breastfeeding Experiences

HUHEMFAD-JOHUFON 2025,12(1), 26-37

Table 2. Participants haracteristics (n=18)

Participant	Age (years old)	Education	Occupation	Family Type	Type of Last Delivery	Number of Children	Age (months) of First Breastfed Child	Age (months) of Second Breastfed Baby
Participant 1	23	Primary school	Chef	Nuclear	Vaginal	2	17	4
Participant 2	22	Primary school	Housewife	Extended	Cesarian	3	15	5
Participant 3	21	Primary school	Housewife	Nuclear	Vaginal	2	15	4
Participant 4	28	High school	Officer	Nuclear	Cesarian	3	18	5
Participant 5	23	Primary school	Housewife	Extended	Cesarian	3	20	8
Participant 6	21	Primary school	Housewife	Extended	Vaginal	2	23	5
Participant 7	25	University	Officer	Nuclear	Vaginal	2	17	4
Participant 8	27	University	Teacher	Nuclear	Cesarian	2	18	5
Participant 9	24	Primary school	Cashier	Nuclear	Vaginal	2	21	8
Participant 10	30	High school	Nurse	Nuclear	Cesarian	2	24	6
Participant 11	36	Primary school	Hairdresser	Nuclear	Cesarian	3	20	5
Participant 12	32	University	Teacher	Nuclear	Cesarian	2	15	3
Participant 13	27	Primary school	Housewife	Extended	Vaginal	2	17	4
Participant 14	25	Primary school	Tailor	Nuclear	Vaginal	2	22	5
Participant 15	31	High school	Housewife	Nuclear	Vaginal	2	19	7
Participant 16	26	Primary school	Housewife	Extended	Vaginal	2	18	5
Participant 17	28	High school	Housewife	Nuclear	Vaginal	2	18	6
Participant 18	29	High school	Housewife	Nuclear	Vaginal	3	20	6

HUHEMFAD-JOHUFON 2025,12(1), 26-37

Table 3. Examples of Significant Statements related to Formulated Meanings, Theme Clusters, and Emergent Themes

Sentences	Meaning	Cluster Theme	Theme
"The most natural is human milk and comes as the child suckles. I wanted this" (P18)	Natural human milk is tempting.	Motivation for the natural process	Decision-Making Regarding TBF
"For my older child, the idea of giving up breastfeeding and feeding formula milk was scary." (P10) "I did not want it to affect my baby's development, but it was unfortunate to deprive my eldest child of human milk." (P9)	The development of children must not be adversely affected.	Choosing the most beneficial option	
"It was an unplanned pregnancy. I thought I would have more postpartum regret. Postpartum psychology is bad… I thought that tandem breastfeeding would be good for my psychology." (P13)	TBF reduces the regret of unplanned pregnancy.	Coping with postpartum psychology	
"I am pleased that I have breastfed both my children until now. This process has given me a lot." (P6)	TBF creates positive experiences.	Rewarding experiences	Meaning of TBF
"The doctor said if it triggers premature birth. This did not happen to me. However, I was so scared for my baby." (P1) "The thought that my human milk would poison my first child was frightening." (P16)	There are concerns that TBF depletes the mother and harms the fetus and human milk.	Fears of health (for mother, pregnancy, and children)	
"The emotionality of being a mother who breastfeeds two children sometimes rises." (P14) "Let me tell you this: it has not been easy, but it has been worth it. Emotions play a role in this situation. Moreover, isn't that the best thing for me?" (P8)	TBF process makes you feel emotional	Emotionalization	
"When I gave birth to my first baby, I had much support from my family. However, I did not get much support when I gave birth to my second baby. During this period, I focused on being a mother to my family of four. When I breastfeed two children simultaneously, I cannot do most of the daily chores." (P4)	It becomes challenging to keep up with the physical demands.	Daily life (nutrition, hydration, and sleep)	Challenges of TBF
"My breasts are susceptible right now, and my kids' teeth push me." (P2) "My eldest daughter's molars are popping and pattering, so I have nipple pain." (P13)	There are complaints of breasts becoming too sore from much TBF.	Breast problems	
"I spend my days breastfeeding and counting milk. If you do not have someone to help you, 24 hours is not enough." (P14) "I do not know what to do put together in this process because I do not have any time. This is the most important problem. Tandem breastfeeding is nice, but I have trouble with time difficulties." (P1)	Lack of time makes TBF difficult.	Limited time	
"It also prevented the feeling of jealousy among babies." (P8) "I had spoken to my eldest child before. It was easier for her to share breastfeeding with a new sibling. His devotion to me and his brother increased." (P15)	TBF establishes strong mother-child bonds and older-newborn child intimacy.	Increase attachment (between siblings, mother, and children)	Benefits of TBF

Table 3.Examples of Significant Statements related to Formulated Meanings, Theme Clusters, and Emergent Themes (Continue)

“Continuing to breastfeed made my daughter gain weight quickly. Her weight was not enough before." (P6)	TBF babies have few illnesses.	Children's Health	
“My eldest son had much fun. This pleasure was due to the increase in human milk." (P17) “Human milk is produced by supply and demand. So human milk increased." (P13) “When my son entered the fourth month, he rejected the breast. It still does not voluntarily suck. The human milk would have decreased if my eldest daughter had not breastfed. However, since she continues to suckle, I also have human milk." (P5) “Much colostrum came in, as was said. My human milk was more than enough for both of my babies. Sometimes, I feel that if I have a third baby, he will be well-fed.” (P6) “My eldest child has only told me a few times that human milk is 'bitter.' Other than that, I do not remember any complaints. On the contrary, my human milk has increased a lot.” (P13)	TBF increases human milk and its quality.	Increases milk supply	
“Overcoming anxiety about breastfeeding two children simultaneously is a challenge that needs to be addressed. Countless babies are deprived of human milk due to cultural misunderstandings and prejudices.” (P16)	There are cultural taboos for TBF.	Cultural beliefs	Barriers of TBF
“People who saw me said that I should not breastfeed my older baby for religious reasons such as " the other baby does not develop, she becomes underweight. You are sinning." (P7) “The first child will mainly take the milk the baby needs, the rich, creamy hind milk. In our religion, this is called violating the right.” (P3)	TBF is religiously sinful.	Religious beliefs	
"Everybody is treating you like a cow in the tandem breastfeeding process. This has worn me out much.” (P8) “You stop breastfeeding immediately," said the doctor, who announced that I was pregnant. The reason was abortus risk. These were not evidence-based statements.” (P1) “For mothers who saw me, it was almost impossible for me to breastfeed both of my babies simultaneously.” (P11)	Prejudices of the public negatively affect TBF mothers.	Negative reactions (family, friends, health professionals)	
“The experiences of mothers (her friends) who have experienced this process have helped me a lot.” (P14) “My husband knows best what I need while breastfeeding, and I am grateful for my husband's support.” (P2)	The presence of helpers is essential.	Social support (husband, family members, health professional)	Facilitators of TBF
“The breast is not a warehouse. The milk does not run out when the big baby sucks the breast. As the baby suckles, the milk continues to come, and people are unaware of it." (P9)	TBF knowledge is associated with increased intent to TBF.	Sufficient knowledge	

Abbreviation: P, participant; TBF, tandem breastfeeding.

DISCUSSION

This study examines the experiences of 18 TBF mothers and contributes to the limited but growing literature investigating TBF. This study revealed the difficulties experienced by mothers from the beginning of the decision-making process for TBF and their personal management strategies for the TBF process. The results emphasize that TBF is a complex phenomenon and a special one for mothers, and the findings from the six themes contribute to a better understanding of the TBF experience: decision-making, the meaning of TBF, challenges, benefits, barriers, and facilitators.

In this study, mothers' decision to tandem breastfeeding practice was influenced by choosing the most beneficial option for their babies and themselves, coping with postpartum psychology, and seeing TBF as a natural motivation source. Aker et al. (2024) reported that mothers preferred TBF to strengthen the immune system of both babies, prevent breast rejection, ensure human milk secretion, and reduce breast problems. The statement mentions that TBF was motivated by the desire to be a societal role model, knowledge gained through social media, and support from health professionals (Aker et al., 2024) . Sinkiewicz-Darol et al. (2021) reported that family support played a crucial role in the mother's decision to breastfeed both children simultaneously. Mothers wanted to wait until the older child was ready to stop breastfeeding alone. In parallel with the literature, the present study's findings showed that many health-based factors influenced mothers' preference for TBF.

TBF is different for every mother (Göncü Serhatlıoğlu & Yılmaz, 2000; Aker et al., 2024). In this study, mothers perceived TBF as a rewarding experience, fear, and an emotional process. Devecioğlu et al. (2015) reported that mothers who became pregnant while breastfeeding were worried that continuing breastfeeding was unfair to their child, that their milk would decrease, and that they would experience breastfeeding problems. Aker et al. (2024) found that mothers perceived TBF as happiness, love, satisfaction, and heroism but also worried about jealousy and the potential adverse effects of human milk on infants. Säilävaara (2020) reported that TBF mothers felt emotionally rewarded in this process. Therefore, TBF can be described as a sensitive process that elicits ambivalent feelings in mothers.

Many mothers experience various challenges during TBF (Göncü Serhatlıoğlu & Yılmaz, 2000; Rodríguez Vázquez et al., 2023). In this study, mothers experienced difficulties such as difficulty performing daily activities, breast problems, and lack of time. Meek (2017) stated that TBF required extra energy. Aker et al. (2024) reported that TBF mothers experienced problems such as uterine contraction, difficulty in stopping breastfeeding, problems between babies during breast sharing, pain and tenderness in the breasts, decreased human milk, frequent breastfeeding at night, insomnia, and fatigue. The findings revealed that TBF was not easy, and mothers needed support in coping.

TBF contributes positively to the biopsychosocial development of mothers and infants (Göncü Serhatlıoğlu & Yılmaz, 2000; Sinkiewicz-Darol et al., 2021). In the present study, the benefits expressed by TBF mothers were increased attachment between mother and children, increased milk supply, and healthier children. Foss (2017) stated that TBF effectively protected babies from diseases due to the nutrients and antibodies passing through human milk. Mothers and babies appeared happier, more peaceful, and more pleasant while breastfeeding. Aker et al. (2024) reported that mothers' concerns about the perception of insufficient milk experienced in their first pregnancy decreased during TBF. The positive experiences expressed by mothers during the TBF process might be practical in TBF (Aker et al., 2024).

Regarding barriers to TBF, the main findings in the present study were cultural and religious beliefs and negative reactions from family, friends, and health professionals. Different researchers reported that TBF was outside accepted cultural/religious parameters, TBF mothers were criticized by the social environment, especially family members, and practitioners were stigmatized (O'Rourke & Spatz, 2019; Rodríguez Vázquez et al., 2023; Aker et al., 2024). In addition, the lack of sufficient knowledge of health care providers about TBF and their prejudiced attitudes caused mothers to avoid sharing TBF with health care providers (Baranowska et al., 2019; Göncü Serhatlıoğlu & Yılmaz, 2000; Sinkiewicz-Darol et al., 2021; Erdoğan & Turan, 2023). In light of the available information, the cultural/religious pressures reflected by society, especially by health professionals, on TBF were not supportive of the process of TBF mothers.

In this study, the facilitators stated by the mothers were social support from family members and health professionals and sufficient information. Similarly, researchers reported that support from family members and health care providers facilitated TBF (Meek, 2017; Gianni et al., 2019; O'Rourke & Spatz, 2019; Sinkiewicz-Darol et al., 2021, Rodríguez Vázquez et al., 2023). In addition, the experiences of mothers who have experienced TBF on social media increased the knowledge of other TBF mothers and helped to solve breastfeeding problems (O'Rourke & Spatz, 2019; Rosenberg et al., 2021). The findings supported by this study indicated that supportive factors played a vital role in successfully practicing TBF.

This study has several implications for health care providers providing breastfeeding care and counseling regarding the TBF process. TBF mothers' decisions were influenced by maternal, family, and community-oriented choices. Participants also stated that having information about TBF was helpful. Breastfeeding counseling programs should include aspects of TBF and strengthen the ability of health care providers to provide accurate and transparent information on the subject. With increased awareness, TBF may become a common practice that mothers may choose for themselves and their children. This message is consistent with other studies reporting a need for information on TBF (O'Rourke & Spatz, 2019; Sinkiewicz-Darol et al., 2021; Erdoğan & Turan, 2023). Like the studies reviewed, TBF presented a complex picture with ambivalent feelings for mothers (Rodríguez Vázquez et al., 2023; Aker et al., 2024). For the participants, the wonderful experience of TBF is not without its challenges. Support is essential for success. In addition to the contributions of the above-mentioned study to these applications; to the best of our knowledge, this study is one of the few that has only sampled TBF mothers and analyzed their experiences. In this respect, it is essential for

health care providers who offer counseling on TBF. In addition, this study provides specific information as it was conducted in a disadvantaged region with low socio-economic status and high fertility.

CONCLUSION

This study provides essential insights for health care providers to enhance the experience of TBF mothers. The preference for TBF was influenced by human milk's nutritional and immunological value and psychosocial support for breastfeeding. The TBF mothers who described their experiences made it clear that TBF was a complex and emotionally ambivalent process for themselves and their children. Mothers' experiences should be acknowledged and appreciated, not dismissed. While there were several benefits of practicing TBF, such as promoting attachment, enhancing the children's health, and increasing human milk production, some challenges arose, such as dealing with breast problems, managing daily life obstacles, and struggling to find enough time. Another topic is that religious and cultural attitudes towards TBF were barriers for TBF mothers. Healthcare providers also displayed prejudice in their response to TBF. Finally, despite these barriers, social support and adequate knowledge were essential sources of support for TBF.

Healthcare providers should provide unbiased information that centers on the needs and priorities of TBF mothers and supports their awareness of options. Breastfeeding specialists have a unique opportunity to ensure that society respects the autonomy of mothers and families to make TBF decisions. Family and community-centered awareness activities should be planned with religious leaders, wise people, teachers, and others to support these decisions. Counseling should be provided to expectant mothers about the TBF process during the perinatal period, and social support networks should be created for TBF mothers to share experiences. Further research is needed to understand what motivates mothers to continue TBF despite barriers, which could help normalize TBF for a broader population.

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Author contributions

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