

# Psycho-Social Factors Influencing Exclusive Breastfeeding Among the Primigravida Mothers at a Public Hospital in the uGu District, KwaZulu-Natal, South Africa

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## Abstract

Primigravidae, first-time mothers are generally inexperienced at motherhood, which affects breastfeeding initiation and intent. Therefore, they need frequent professional and social support that must be clinical and practical for successful exclusive breastfeeding (EBF) outcomes. The study aimed to qualitatively explore the psychosocial factors influencing exclusive breastfeeding among primigravida mothers at a public hospital in the uGu District, KwaZulu-Natal (KZN), South Africa. A qualitative phenomenological and explorative research methodology was used to conduct the study. Semi-structured interviews were conducted with 11 purposive sampled primigravida mothers from the postpartum ward from day one today to four post-delivery. Data was collected until saturation was reached. Based on Bandura's Self-Efficacy and Social Cognitive Theoretical Framework, the study has shown that personal, social, and environmental factors strongly influence maternal attitudes toward breastfeeding efficacy. Five significant themes that emerged from the data analysis were (a) factors influencing maternal self-efficacy, (b) challenges to EBF, (c) cultural influence on EBF, (d) the role of support systems to EBF, and (e) breastfeeding support strategies. The study showed that stakeholders need to apply critical clinical interventions if South Africa reaches the global nutritional target of 50% EBF by 2025. These include healthcare workers (HCWs), Policymakers, Employers, the Department of Health, the Department of

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Education, the Department of Labour, and the Department of Social Services. Access to child support grants, social services, ARVs through mobile clinic services, and frequent face-to-face antenatal care were among the study's recommendations to address doubts, fears, and anxieties around EBF intent, practice, and duration.

**Keywords:** Primigravida; exclusive breastfeeding; mixed feeding; maternal self-efficacy; psychosocial; KwaZulu-Natal

## Introduction and Background

The United Nations International Children's Emergency Fund (UNICEF) and the World Health Organization (WHO, 2019) define exclusive breastfeeding (EBF) as the infant receiving only breast milk, no other liquids or solids, including water, except oral rehydration solutions or drops/syrups of vitamins, minerals, or medicines and recommend EBF for six months, up to two years and beyond (WHO, 2018). EBF prevents 13% of childhood mortality, with approximately 1.2 million children worldwide saved annually (Ajewole, 2020). In addition, since 2011, South Africa has committed to promoting EBF for six months, regardless of HIV status, and showed improvement in the average EBF rate from less than 10% to 32% by 2016 (Nieuwoudt et al., 2019). Furthermore, the WHO set a global nutritional target of 50% EBF (2014), which is to be achieved by 2025 to meet the sustainable developmental goals (SDGs). However, despite all the national efforts to promote EBF and the known benefits of EBF to mother and child, South Africa's EBF rate remained at only 32% amidst an existing 25 history of Mother Baby Friendly Hospital Initiatives (MBFHI) (Witten et al., 2020).

According to the uGu District Profile and Analysis Report (2020), the district is challenged with high unemployment, poverty, and inequality rates. Although people are employed in the informal sector, they earn low wages and must support many family members. Other households depend on grants, which are insufficient to sustain their living levels (uGu District IUDF 2020). Additionally, 27% of the 3.1 million people living in the district are HIV-positive, of which 43.4% of pregnant women are HIV-positive (Stats SA, 2016). Single women often lived separately from their partners (National Department of Health/Statistics South Africa/South African Medical Research Council and ICF 2019). They faced pressure from family members who strongly influenced how they fed their children. Furthermore, support for common challenges in the early postnatal period ranged from supportive and correct messages to incorrect or absent advice by health workers (HCWs) (Doherty et al., 2020).

## Problem Statement

Problems faced in the uGu district that impact the public hospital selected for the study include raised unemployment rates, low-income households, a high rate of teenage pregnancies, and more female child-headed homes with a high prevalence of 43.4% of

pregnant women being HIV-positive (Stats SA, 2016; uGu District IUDF 2020). Early cessation of breastfeeding and mixed feeding were common standards of practice among young primigravida mothers as most returned to school, leaving their infants with their caregivers. HCWs lacked adequate knowledge to support EBF and thus could not thoroughly support and guide mothers on EBF practice (Doherty et al., 2020). Hence, the current study seeks to explore the psychosocial factors influencing EBF among the primigravida mothers in this public hospital and recommends initiating, promoting, and supporting EBF for six months, up to 2 years and beyond (WHO, 2018).

## Aim of the Study

This study explored the psychosocial factors influencing EBF among primigravida mothers at a public hospital in the uGu District, KZN, South Africa.

## Methodology

A phenomenological explorative qualitative design was used to conduct the study. The study was conducted at a selected public hospital in the uGu district in KZN, South Africa. Participants were selected using purposive sampling. A total of 11 primigravida mothers aged 18 years and above who attended antenatal care and were delivered at the selected hospital for study, spoke English or isiZulu, and were immunocompromised were selected. All were South African Nationals who belonged to two race groups, namely two Indians and nine Blacks. The ethnicity of Indian participants was Hindu and Muslim, and Zulu and Xhosa among the Black participants. Four participants were HIV-positive. The researcher recruited a research assistant from the selected hospital to help with language translations from English to isiZulu and isiZulu to English. Data was collected over two months through face-to-face semi-structured interviews with 11 primigravida mothers in the postpartum ward from day one to day four post-delivery. The research instrument was an interview guide consisting of sections A and B. Section A had participants' demographic data, and section B consisted of open-ended questions guided by the theoretical framework's elements of Bandura's Theory of Self-Efficacy (Bandura, 1986).

Creswell's six steps of qualitative thematic data analysis (Creswell, 2014) were applied to analyse the data, which was consolidated to generate themes and subthemes and create headings and subheadings. The four elements of Bandura's Theory of Self Efficacy (Bandura, 1986), namely, "Performance accomplishment, " Vicarious Experience"; "Social Persuasion", and "Physiological and Emotional State," were used to arrange the results. The results were grouped into the following themes: 1) factors influencing maternal self-efficacy, 2) challenges to EBF, 3) cultural influence on EBF, 4) the role of support systems to EBF, and 5) breastfeeding support strategies.

## **Trustworthiness**

The nature of this study, being a qualitative design, utilised methods of enhancing trustworthiness. Guba's four credibility, transferability, and dependability strategies were applied (Lincoln & Guba, 1985).

## **Ethical considerations**

Ethics approval was obtained from the Durban University of Technology's Ethics Committee (REC 282/22).

## **Demographic Data**

The demographic details that were enquired about from the 11 participants were race, ethnic group, marital status, highest education level, employment status, income level, and risk factors. Nine (n9) participants were Blacks (82%), of whom eight (n8), 89% were Zulus, and one (n1) 11% was of Xhosa ethnicity. Two (n2) were Indians, 18%, of whom one (n1), 9%, was Muslim, and the other (n1), 9% of Hindu ethnicities. Five(n5), 45% of the participants were between ages 18-20 years, and six (n6), 55% were between ages 22-32years. Eight (n8), 73% of participants were single mothers, unemployed, which includes two mothers n(2) on child support grant < R1000.monthly(25%). Three (n3) participants had no income (38%), one (n1) used a student allowance of R1500 (12.5%), and two (n2) with partner support of R1500≥ R2500 (25%). However, two participants (n2) were married with a household monthly income >R2500 (18.%). Only one participant (n1), 9%, was a single working mother with a household income of > R2500, cohorting with her partner for support. Highest education included two (n2) participants (18%) with tertiary degrees, whilst three(n3), 27% held post-school certifications, five (n5) were still at school between grades 10 and 12 (46%), and one (n1) still at college (9%). Four mothers (n4) were HIV positive (36%), of which one(n1) got infected at the age of 12, one (n1) at the age of 3 through infected breast milk, and two (n2), at ages30 (since 2020), and 31 (since 2022).

## **Findings and Discussion**

The results were aligned according to the four processors of Badura's theoretical framework, the Theory of Self-Efficacy, which was used to guide the study. Themes and subthemes are discussed below, using literature to argue and support current findings.

### **Theme 1: Factors Influencing Maternal Self-Efficacy**

Maternal attitude, psychological factors influencing EBF, lack of maternal knowledge on EBF and its benefits for the mother and the baby, and mothers' practices on EBF

(intent to EBF) emerged as the factors influencing maternal self-efficacy. The findings are explained in the sub-themes below.

### **Sub-Theme 1.1 Mothers' Attitude Towards Exclusive Breastfeeding**

Maternal education is associated with EBF knowledge, attitude, and duration. Previous studies by Laksono et al. (2021) and Tang et al. (2019) revealed that mothers with higher educational levels were more likely to EBF than mothers with little or no education, and highly educated mothers can easily accept, promote and implement information about exclusive breastfeeding, which supported the findings of the current study. Mothers with a positive maternal attitude to EBF had tertiary qualifications and job skills and received encouragement from influential people such as mothers, grandmothers, and Breastfeeding Apps. The following participant's excerpts allude to the above:

“Instagram played a big part in my pregnancy, ladies who shared their experiences, on how to breastfeed, how to express your breast milk, how to label your expressed milk storage sachets, and which brassiere to buy in support of breastfeeding.” (P# 11)

### **Sub-Theme 1.2: Psychosocial Factors Influencing Maternal Self-Efficacy**

A desire for social acceptance and pressure to maintain an ideal body shape among younger women were among the factors for EBF non-adherence (Mudau, 2022). Krol and Grossmann (2018) revealed that psychological disorders that occur among young pregnant and lactating mothers affect the relationship between mother and baby and the duration of EBF, which confirms the current findings of younger mothers being fearful of their body image altered by being either too “fat” or too “thin” and opted for early cessation of EBF. Another mother felt EBF beyond six months was a limitation to her freedom, whilst another faced the dilemma of prioritising between the roles of being a mother and a scholar, which led to mental confusion and mixed feeding. The Participants expressed their views as follows:

“Yes, I don't like it because I'm studying. Even if I was not studying, I wasn't going to give my baby breast milk. Some are eating too much. Fear of being fat. Yes, and losing shape. It affects me emotionally with low self-esteem. I like to maintain my body.” (P#1)

“So, when I am breastfeeding the baby while I am going to school, my mind will be confused because at school, I have homework to do. I must breastfeed the baby; I must do the homework. The baby won't be sleeping; how am I going to do my homework now?” (P#10)

Additionally, not all HIV-positive mothers were adequately knowledgeable about PMTCT postpartum; hence, their anxiety over possible cross-infection of the virus to their babies through breast milk. This result was consistent with a previous study in South Africa by (Remmert et al., 2020), indicating a need to strengthen breastfeeding education and support prenatally. The Participant expressed her views as follows:

“I have so thought about that; what if I infect the child? Is it healthy? I am so scared about that because it looks like the milk can spread the virus to a child, but I don’t know, you never know, but yes, I will do my best.” (P#8)

### **Sub-Theme 1.3: Lack of Maternal Knowledge of EBF and its Benefits for the Mother and the Baby**

The current study showed that mothers' attitudes and intent to practice EBF were influenced by adequate knowledge of EBF. Mothers perceived breastfeeding to be suitable; however, ten out of eleven mothers did not know the benefits for the mother. In addition, one mother had yet to learn everything about breastfeeding, while another associated small breasts with inadequate milk supply, and Participant # 11 thought colostrum was water and discarded it.

Although mothers thought they had a fair knowledge of EBF, significant knowledge deficits still exist, namely, EBF benefits to mother and baby, including colostrum identification, mixed feeding with formula preparation and the dangers of bottle-feeding, EBM technique, and preservation, and when and how to use breast pump, indicating a need for EBF support and education, which correlated with similar studies (Dukuzumuremyi et al., 2020; Cascone et al., 2019; Hamze et al., 2019; Edemba et al., 2022; Monge-Montero et al., 2020; Papadopoulos et al., 2022; and Wisner, 2023). The following excerpts allude to the above:

“The baby grows well, healthy, strong. It doesn’t need a salary. You don’t have to spend much money to buy milk.” (P#2)

“I do not have much knowledge because I have just started breastfeeding.” (P#3)

“I was just like nurse this is still watery, she is like yes, I was like it is not milk, so it means I do not have milk, she was like no it is how it starts.” (P#11)

“It will depend on if the milk is there. I have very small breasts; I don’t know if I will have a lot...” (P#8)

### **Sub-Theme 1.4: Mothers’ Practices on EBF (Intent to EBF).**

The study showed that the more educated the mother was, the more enthusiastic she was about employing EBF knowledge. Additionally, ethnicity, previous EBF experience of being breastfed, and positive family and partner support in EBF strongly influenced intent to EBF. These findings were consistent with the findings of similar studies (Naja et al., 2022; Shohaimi et al., 2022). Interestingly, maternal age (Adebayo et al., 2021; Ogbo et al., 2019) and marital status Muluneh (2023) significantly impacted EBF intent and confirmed the current study findings, where younger mothers (18 to 22years ) who were to return to school or college opted for mixed feeding, while mothers aged 30 and 32 either married or single with partner support, appeared more passionate, and intended to EBF for two years and beyond The participant expressed her views as follows:

“My partner wants breastfeeding. His opinion was it is going to be breastfeeding. We are not putting baby on formula at all.” (P#4)

“She said after seven months, she will mix the breast and the tin from the store, like the milk from the store. She said that her grandmother knows how to make the bottle for the baby, and, like, she will stop the baby completely from breastfeeding him.” (Interpreter for P#6)

## Theme 2: Challenges to EBF

Mothers face different challenges to EBF at an individual and societal level. Breastfeeding problems can be painful and stressful for a new mom, which can cause a baby to become fussy, agitated, and frustrated during breastfeeding. Furthermore, a mother becomes anxious and fearful when faced with an unexpected problem that she does not know how to solve, sometimes leading to early weaning (Murray, 2020). Challenges that emerged in the study findings are discussed as follows:

### **Sub-Theme 2.1: Post-Operative Pain**

The findings of the current study showed that irrespective of the mode of delivery and the experience of fatigue and postoperative pain from a cesarean section or episiotomy, mothers were determined to continue EBF, even if it was after the first hour of birth and showed no signs of altered mood swings or postnatal depression. The following participant response alludes to the above:

“... at the moment, it is very hard to put the baby on my stomach because of the pain or the cut, the incision. But other than that, I am not really facing any challenges except having the baby to latch on.” (P#4)

### **Sub-Theme 2.2: Working Mothers, Demanding Careers, Nipple Confusion**

The study's findings showed that despite the South African government legislature on maternity leave offered by CCMA (2022), working mothers believed returning to work was not conducive to breastfeeding, and four months of maternity leave was not enough to spend quality time with the baby. In addition, South African working mothers lacked the support of EBF at the workplace (Maponya et al., 2021). The following excerpts allude to the above:

“... as a working woman as well, I think it is so unfair if you have to work and be a mom at the same time. So, work would be an issue because, like I said, I travel a lot with my line of work. I wish you just stayed at home, but I am glad that I was given the time for four months to do this.” (P#11)

### **Sub-Theme 2.3: Lack of Access to the Local Clinic for ARV Collection**

The study findings showed that P# 9, who had no source of income, feared that she might be unable to afford transport to collect her ARVs at the local clinic, which could

increase the risk of HIV transmission to her baby through breast milk, with the decision to stop exclusive breastfeeding. The following excerpts allude to the above:

“Like if I don’t have the money to go to the clinic and collect my pills, I will fall sick. My baby will fall sick. So bad, because I don’t want my baby to fall sick, just like me. I will stop feeding.” (P#9)

#### **Sub-Theme 2.4: Inverted Nipples**

The challenge often associated with inverted nipples is getting a baby to latch onto the breast, with the risk of reduced milk production (Murray, 2022). P#4 has inverted nipples and found latching the baby onto the breast difficult, which caused frustration in the baby and tension in the mother whilst attempting EBF. The following excerpts allude to the above:

“At the moment my nipples are inverted, so that is the issue that I am having with the baby, which he is not being able to latch on, but there is milk if I squeeze. We are trying to get the nipple out because I do want to breastfeed.” (P#4)

#### **Sub-Theme 2.5: Nipple Pain**

Sore breasts or nipples were risk factors associated with early weaning of EBF (Aldalili et al., 2021), and this finding correlated with the current study where a mother shared her sibling's experience of painful breasts and nipple pain, with the resultant effect of early cessation of EBF within the first month after birth. This experience generated fear in the participant, and thus, she chose to EBF using EBM. The following excerpts allude to the above:

“...my sister did not breastfeed. So, she said her nipples were sore, and it felt like the baby was biting, I do not know how, with no teeth. So, she stopped immediately after birth, like she did not even last a month.” (P#11)

#### **Sub-Theme 2.6: Early School Dropouts**

Mothers who were scholars faced their inability to remain in school while pregnant. P#3 and #6 dropped out of school as early as grades 10 and 11. They all desired to return to school to complete their education and planned to wean their babies onto formula feeding by their caregivers. The following excerpts allude to the above:

“I’m living at the res currently because I’m going to stay with my baby for maybe three weeks or two, and then I’m going to go back to school, and then she’s going to be left with my mother and the nanny.” (P#3)

“I dropped Grade 11 this year because I want to spend the time with my child. There is no one to look after the baby.” (P#6)

### **Sub-Theme 2.7: Unemployment, Single Mothers, and Low-Income Households**

While it is true that "money cannot buy happiness," insufficient money can cause stress, anxiety, and limited choices to live happier, healthier lives (Parenthood Times, 2023). Mothers feel guilty for not providing for their families, which appeared consistent with current study findings, that showed eight mothers, aged 18 to 22 were single moms from low-income households, needed financial security, with some mothers in need of employment to meet their basic needs, which led to mixed feeding and early cessation. The following excerpt alludes to the above:

“I’m getting NSFAS. I’m getting R1500.00 student allowance. And it’s only accommodating groceries only. The father of the baby and my mother, they’re going to provide for me because I won’t be able to afford it, honestly.” (P#1)

### **Theme 3: Cultural Influence on EBF**

Belief systems of individuals, families, significant others, and society play a vital role in mothers' decision-making about infant feeding practices, including EBF (Modjadji et al., 2023). This confirms current study findings that show South Africa has diverse cultures, and all cultures sought to support EBF in their unique traditional practices, myths, and beliefs, explained below.

#### **Sub-Theme 3.1: Hindu Myths, Beliefs, and Practices**

A cultural trait of aroma therapy is the lighting of “Laban” (scented stones on hot charcoal), practised amongst Hindus, who believe it chases away evil and harmful spirits, thus allowing peace and restful sleep for the mother and baby. Additionally, they indulge in traditionally prepared meals that are believed to produce milk and help with wound healing. The following excerpts allude to the above:

“So, I am going to his aunt’s house, and she is preparing the butter masala curry, and she is doing the, the soya seeds, the jeera powder, that ought to help me heal faster. So, I will be able to breastfeed without any pain at the bottom, where the incision is.” (P#4)

#### **Sub-Theme 3.2: Muslim Myths, Beliefs, and Practices**

Likewise, Muslims also practice aroma therapy and believe the lighting of “Laban” helps relieve pain and heal sutures instead of chasing away evil spirits. Interestingly, placing a small amount of crushed date on a baby’s tongue called “Taneek” helps to exercise the mouth muscles and promote blood circulation in the mouth to help the baby breastfeed and prevent neonatal hypoglycaemia (Jubara, 2019). The following excerpt alludes to the above:

“We do put “Laban”. It relieves the pain, and it heals the stitching.” (P#7)

### **Sub-Theme 3.3: Zulus and Xhosa Myths, Beliefs, and Practices**

However, among the Black ethnicities, the traditional healer provides health services based on his community's culture, religious beliefs, knowledge, and attitudes (Josephine-Ozioma et al., 2019), which confirms the findings of this study since mothers reported that they consult their community herbalist to treat breast conditions, milk supply issues, and cessation of breastfeeding. Black tea and mealie meal porridge cooked for several hours were believed to increase milk supply, and cabbage leaves are believed to stop milk flow. The following excerpts allude to the above:

“For your breast to have milk, you have to drink black tea and eat porridge, the mealie meal porridge and it must be cooked for hours; it makes the milk inside for the child, so he can drink whenever she wants.” (P#8)

“She said that her father is an herbalist. Herb, called “iNhlaba”, is used, which is wrapped in the tit, to stop the baby from drinking the breast milk. (Interpreter for P#5)

## **Theme 4: The Role of Support Systems to EBF**

First-time mothers are generally inexperienced at motherhood, which affects breastfeeding initiation. Hence, they require timeous professional and social support that must be clinically practical for successful EBF outcomes (Theodora et al., 2021). The current study identified two support systems, as alluded to by the participants, namely, 1) family and partner support and 2) healthcare worker support.

### **Sub-Theme 4.1 Partner and Family Support**

Support from partners or fathers and families plays a vital role in a mother's decision to initiate, continue, or cease breastfeeding postpartum (Ogbo et al., 2020). Fathers (Agrawal et al., 2022) and grandmothers (Gharai et al., 2020) are key in determining the intent to EBF. These findings aligned with the current study findings, which showed family and partner responses to EBF as supportive and caring irrespective of immune status, marital status, cultural values or norms, and socioeconomic status, and whether EBF was for twelve months only, directly from the breast or expressed breast milk fed in a bottle. The following excerpts allude to the above:

“They also think it is the best if I breastfeed, as long as my viral load is not high, to infect the child, then I can do the breastfeeding.” (P#8)

### **Sub-Theme 4.2 Lack of Health Care Worker Support**

Despite several MBFHI-accredited hospitals across South Africa and large-scale antenatal clinics where mothers should be well prepared for EBF for up to two years and beyond, mothers remained unsupported of EBF practice (Witten et al., 2020). This study's findings confirm the current study, as many mothers described their

dissatisfaction with HCW's support toward EBF. Mothers lacked both theoretical knowledge and practical skills for EBF initiation and support. In addition, the educational booklet on EBF created a language barrier as it was in isiZulu, a language, not all could understand and read through. Furthermore, there was a lack of EBF handouts, no antenatal classes, and long waiting times with no EBF education. Nurses had a lack of interest in teaching EBF, and some showed bad attitudes toward HIV-positive mothers. The following excerpts allude to the above:

“They never taught us; they just gave us the book and the sheets. I do read, but sometimes I am not finishing it.” (P#10)

“How about you show me how to hold the breast while breastfeeding, I have seen the posters;” but it is something I would like to know more about.” (P#8)

“So, the first clinic that I went to, which was close to my home, I felt it was inadequate care, especially with having HIV and just being a first-time mom. I had a fallout with a nurse because she was just rude and condescending, and this is what also makes people not want to come out and speak.” (P#11)

## Theme 5: Breastfeeding Support Strategies

The current study allowed participants to suggest what strategies HCWs can employ to improve EBF support. The participants' responses were grouped into three sub-themes, namely, 1) behavioural changes in health care workers' attitudes, 2) improved antenatal classes, effective utilisation of long waiting times at ANC, and 3) educational material hand-outs.

### **Sub-Theme 5.1: Behavioural Change in Health Care Workers' Attitudes.**

HCWs are both morally and ethically obligated to uphold the standards of their profession as regulated by the South African Nursing Council (SANC 2021) and must take the time to address the patients professionally to empower these soon-to-be mothers around breastfeeding self-efficacy and safe motherhood practices; however, this contrasted with current study findings, where participants felt they should not be shouted at, instead take time to empower them. The following excerpts allude to the above:

“If she came here at the hospital for the first time, she is young; she does not have information about how things work here when you are pregnant. She said that maybe nurses should stop shouting at them and try to sit down and explain how things work and what she should do.” (Interpreter for P#5)

### **Sub-Theme 5.2: Improved Antenatal Services**

The study showed that HIV-positive mothers requested EBF education through antenatal classes to allow a sense of belonging and oneness, with the instructions

provided in one language, that will erase the stigma of being HIV-positive. EBF education must include practices for both antenatal and postnatal periods. In addition, they recommended that EBF education be supported by effectively utilising waiting times at the antenatal clinic. The following excerpts allude to the above:

“.... because I used to come very early in the morning to wait in the queue, so I do not have to sit the whole day. So, in that period, I am waiting, if somebody could speak and say, this is how you do it for inverted nipples; so, this is how you do it if your baby is not latching on.” (P#4)

### **Sub-Theme 5.3: Postpartum: Educational Material Hand-Outs and Pain Relief**

Betschart et al. (2019) mentioned that educational materials that are well-formulated and well-presented on health information encourage self-care and improve clinical care effectiveness; therefore, the findings of the above studies support the participants' requests for the issue of informational booklets on EBF to improve and support EBF. Other suggestions included nipple creams should be provided to treat sore and cracked nipples; in-service education on the transition of milk to correct the misinterpretation of clear colostrum perceived as water and not breast milk; and encouraging the use of supportive wedge pillows during breastfeeding to alleviate pain on post-cesarean incisional line.

## **Conclusion**

This study's findings highlighted the psychosocial stressors of poor maternal mental health due to fear of altered body image, unemployment, low-income households, being young, unmarried, poorly educated single mothers with little to no partner, and healthcare worker support, which negatively impacted EBF intent, practice, and duration. Adequate maternal knowledge of EBF, and in the context of HIV, as well as partner support and finances, were essential for successful EBF outcomes six months and beyond, up to two years. Therefore, the findings suggest the need for critical clinical interventions to be applied by healthcare workers at healthcare facilities, policymakers, the Department of Health, the Department of Education, the Department of Labour, the Department of Social Services, and Employers if South Africa wants to reach the global nutritional target of 50% EBF by 2025.

## **Recommendations**

The study findings show that a positive maternal attitude, with adequate physical, workplace, and psychological support, is needed to successfully EBF for up to six months and beyond. Therefore, it is recommended that healthcare workers provide face-to-face, frequent antenatal care (ANC) services for both the mother and family to alleviate doubts, fears, myths, and anxiety around EBF, including ongoing supportive care in the management of breast conditions and breastfeeding in the context of HIV.

Nursing attitudes should focus on education and support rather than discrimination, judgment, and humiliation. Educational material must be written in the correct languages to promote cognition of EBF knowledge. It should include the benefits of EBF, common breast condition care, how to express breast milk and storage, and contact details of lactation consultants for referrals and follow-up appointments. Information booklets on EBF must be reinforced at each ANC visit to boost breastfeeding self-efficacy and maternal self-confidence. Fear and anxiety from unwanted or unplanned pregnancies can be prevented through the implementation of long-acting contraceptives. Social services support through counselling, child support, and welfare grants will support mental stability and meet the nutritional needs of both mother and baby. In addition, the South African government and employers should re-evaluate employment policies to support working mothers who want to continue working and allow six months of paid maternity leave. The HIV-positive, financially challenged patients who are unable to reach their local clinics to collect their ARVs should be identified by HCWs and reached with mobile services in their communities.

### Limitations of the Study

The study's limitation was that the sample was limited to the primigravida mothers of the local hospital of uGu District, KZN. Therefore, the findings must be expounded cautiously and not generalised to all public healthcare facilities. Although the sample size for this study was limited to 10 participants, eleven participants were interviewed until data saturation was reached.

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