

FACTORS INFLUENCING BREASTFEEDING LOYALTY AMONG MOTHERS: A LITERATURE REVIEW

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ABSTRACT

Background: Breastfeeding loyalty among mothers is shaped by a multifaceted interaction of socio-cultural, economic, and individual determinants.

Objective: This review aims to systematically examine various factors influencing breastfeeding loyalty to inform the design of effective interventions for promoting sustainable breastfeeding practices.

Methods: This study is a narrative literature review synthesizing empirical and theoretical findings related to variables affecting breastfeeding loyalty. Literature searches were conducted through PubMed, Scopus, and Google Scholar using the keywords “breastfeeding loyalty”, “exclusive breastfeeding”, “cultural factors”, and “maternal support”, limited to publications between 2010 and 2024. From the total identified articles, 25 studies met the inclusion criteria and were analyzed.

Results: Key findings indicate that: (1) family support and cultural norms significantly influence breastfeeding continuation; (2) low socioeconomic status and work-related constraints, including inadequate maternity leave and limited workplace breastfeeding facilities, are major barriers; and (3) prior breastfeeding experience and quality interactions with healthcare professionals enhance mothers’ confidence and commitment.

Discussion: The review highlights that barriers to breastfeeding loyalty are not only individual but also structural, thus requiring comprehensive, context-specific, community-based interventions supported by adequate public policies.

Keywords: breastfeeding loyalty, socio-cultural factors, economic influences, personal experience, maternal support

1. Introduction

Breastfeeding is regarded as the optimal standard for infant nutrition, as advocated by the World Health Organization (WHO, 2020), which recommends exclusive breastfeeding for the initial six months of an infant's life. Notwithstanding extensive advocacy efforts, global statistics concerning exclusive breastfeeding remain inadequate, with premature cessation frequently occurring (UNICEF, 2021). In order to elucidate this disparity between established guidelines and actual practices, scholars have introduced the notion of breastfeeding loyalty, which encapsulates the dedication and resilience of mothers to persist in breastfeeding despite encountering various challenges (Primo et al., 2016).

The choice to engage in breastfeeding transcends mere biological or individual considerations, being profoundly situated within intricate social, cultural, and economic frameworks. Maternal decision-making is significantly shaped by influences from family members, healthcare infrastructures, workplace environments, and prevailing societal norms. Furthermore, factors such as maternal self-efficacy, prior experiences, and psychological elements play a crucial role in shaping breastfeeding behaviors (Hamouda, 2023).

This review aims to consolidate evidence regarding the determinants of breastfeeding loyalty among mothers, delineate prevalent themes across varied contexts, and offer insights for interventions designed to enhance prolonged breastfeeding practices.

2. Literature Review

a. Sociocultural Influences

Family Support: A plethora of empirical investigations underscores the essential role of spousal and familial support in the perpetuation of breastfeeding practices (Halida & Andriani, 2021; Dadzie et al., 2023). Particularly, supportive partners augment maternal self-assurance and diminish the probability of premature weaning (Fatmawati et al., 2020). **Cultural Norms and Beliefs:** Societal expectations frequently shape maternal attitudes towards breastfeeding. In certain cultural contexts, breastfeeding is regarded as a traditional and vital practice, whereas in alternative environments, it may be stigmatized as antiquated or associated with socioeconomic disadvantage (Machila et al., 2021). These cultural norms exert a direct influence on the fidelity to breastfeeding practices. **Social Networks and Community Support:** The encouragement from peers, the presence of role models, and affirmative social reinforcement significantly bolster maternal determination (Liao et al., 2023).

b. Economic Influences

Socioeconomic Status: Mothers from low-income backgrounds frequently encounter obstacles such as food insecurity, restricted access to lactation support services, and competing economic imperatives (Moore et al., 2022). **Employment Challenges:** The absence of maternity leave, inflexible workplace conditions, and the nonexistence of breastfeeding accommodations within workplaces are substantially correlated with premature weaning practices (AlSedra & AlQurashi, 2022; Paramashanti et al., 2023).

c. Personal and Healthcare-Related Influences

Maternal Self-Efficacy: Elevated levels of confidence in breastfeeding capabilities are predictive of enhanced commitment to breastfeeding practices (Asih & Nurlaila, 2022; Yakubu et al., 2023). **Previous Breastfeeding Experience:** Multiparous women who have had successful prior breastfeeding experiences demonstrate a greater likelihood of sustaining breastfeeding (Hamouda, 2023).

Healthcare Interactions: Interactions with healthcare professionals exert a profound influence on breastfeeding decisions. Supportive counseling is conducive to the enhancement of breastfeeding practices, whereas insufficient or inconsistent guidance can critically undermine maternal dedication (Primo et al., 2016; Jónsdóttir et al., 2022).

3. Methodology

This research utilized a narrative literature review methodology. Relevant articles were identified through comprehensive searches in databases such as PubMed, Scopus, and Google Scholar employing the following keywords: breastfeeding loyalty, exclusive breastfeeding, maternal support, sociocultural determinants, economic influences, and breastfeeding self-efficacy.

Inclusion criteria:

Published within the timeframe of 2010–2024. Peer-reviewed articles encompassing quantitative, qualitative, or mixed-methods research. Concentrated on determinants affecting breastfeeding loyalty, exclusive breastfeeding, or the continuation of breastfeeding.

Exclusion criteria:

Commentaries or opinion pieces lacking empirical substantiation. Investigations that do not address maternal breastfeeding practices. Ultimately, a total of 25 articles were incorporated and synthesized through thematic analysis, categorizing the findings into sociocultural, economic, and personal/healthcare-related domains.

4. Results

From the reviewed studies, three major themes emerged:

a. Sociocultural Factors

- 1) Husband's support (Halida & Andriani, 2021; Fatmawati et al., 2020).
- 2) Cultural norms either encourage breastfeeding or discourage it due to stigma (Machila et al., 2021).
- 3) Peer and community support networks strengthen breastfeeding loyalty (Liao et al., 2023).

b. Economic Factors

- 1) Low household income and food insecurity are correlated with shorter breastfeeding duration (Moore et al., 2022).
- 2) Employment barriers, including absence of lactation rooms and inflexible schedules, reduce breastfeeding continuation (AlSedra & AlQurashi, 2022).

c. Personal and Healthcare-Related Factors

- 1) Maternal self-efficacy strongly predicts breastfeeding loyalty (Asih & Nurlaila, 2022).
- 2) Prior positive breastfeeding experiences enhance commitment (Hamouda, 2023).
- 3) Professional counseling and rooming-in practices support sustained breastfeeding (Jónsdóttir et al., 2022).

5. Discussion

This review confirms that breastfeeding loyalty is multifactorial:

- a. Sociocultural Dimension: Family members, especially husbands and grandparents, act as pivotal enablers. Interventions targeting entire households rather than mothers alone are more effective.
- b. Economic Dimension: Employment emerges as a consistent barrier across contexts. Policy-level solutions such as paid maternity leave, breastfeeding-friendly workplaces, and national breastfeeding regulations are crucial.
- c. Personal and Healthcare Dimension: Maternal confidence, informed decision-making, and supportive healthcare systems play a vital role. The quality of antenatal and postnatal counseling significantly determines breastfeeding outcomes.

The discussion also highlights disparities: mothers in high-income countries often struggle with workplace constraints, while those in low-income settings face food insecurity and limited healthcare access. Hence, interventions must be context-specific and equitable, recognizing both structural and individual barriers.

6. Conclusion

Breastfeeding loyalty is shaped by a dynamic interaction of sociocultural, economic, and personal factors. Strong family support, cultural acceptance, socioeconomic stability, workplace accommodations, and healthcare guidance enhance maternal commitment. Conversely, stigma, poverty, employment barriers, and inadequate professional support hinder breastfeeding continuation.

Policymakers, healthcare professionals, and communities must collaborate to design multifaceted interventions that address both individual and structural barriers. Strengthening maternal self-efficacy, promoting supportive family involvement, and ensuring workplace and healthcare system readiness are essential for improving breastfeeding loyalty and achieving global breastfeeding targets.

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