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Assessment of Factors Affecting Exclusive Breastfeeding among Lactating Mothers at Senkatana and Maseru District Hospitals in Lesotho: A Quantitative Study

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ABSTRACT

The purpose of this study was to assess factors affecting Exclusive Breastfeeding (EBF) among lactating mothers at Senkatana and Maseru District Hospital in Lesotho.
A quantitative, cross-sectional study was carried out to describe the challenges lactating women face regarding exclusive breastfeeding. The sample was drawn from Senkatana, a HIV/AIDS and cancer clinic, and the Maseru District Hospital in Lesotho. The two places were selected to provide access to both the HIV-positive and HIV-negative mothers to enable an all-inclusive understanding of the challenges faced by lactating mothers. Sixty (60) lactating mothers who were willing to participate in the study were included. Convenience sampling was used to select the sample of lactating mothers who came to the clinics for check-up during the time of the study. A structured questionnaire with closed-ended questions was administered to the participants by the researcher. Data were analyzed using Microsoft Excel after being checked for accuracy. Results were summarized using tables and graphs. Results revealed that the majority of women had good knowledge and a positive attitude towards breastfeeding and its benefits. However, this gain was offset by challenges preventing successful EBF. These included, (1) demographic and psychosocial variables such as young age, single parenthood, employment issues and family and peer pressure, (2) physiological barriers e.g., milk insufficiency, (3) low self-efficacy and confidence caused by inadequate practical skills for milk expression and (2) poverty leading to lack of milk expression pumps and proper physical storage facilities to keep the expressed milk.

Key Words: Breastfeeding knowledge, Attitude towards exclusive breast feeding, Prevalence of breastfeeding, Challenges to exclusive breastfeeding

INTRODUCTION

There is no other better way to safeguard an infant's health in the first 6 months of their life than exclusive breastfeeding. In slang, they say, 'it is as sure as the mother's milk.' Ensuring optimal nutrition through early breastfeeding is vital for the infant's mental development and overall health.[1] Exclusive breastfeeding and introduction of appropriate complementary feeding at the right time is mostly recommended.[2]
According to the World Health Organization (WHO) and the United Nations Children's

Fund (UNICEF), globally, only 37% of children under 6 months of age are exclusively breastfed. Despite the evidence on the importance of breastfeeding, particularly within the first 1000 days of an infant's life, rates both globally and in Europe are still very low; and despite higher rates of breastfeeding in Sub-Saharan Africa, under-five child deaths still surpass those of Europe and the globe, causing a high burden on health and social services[3].

In South Africa for example, the percentage of exclusive breastfeeding is declining annually, decreasing from 34% to 32% in 2020, while mixed feeding with infant formula increased from 17% to 30.6% in the same year; thus falling short of achieving the World Health Assembly (WHA) target of 50% by 2030.[4]

In Lesotho, the general prevalence of lactating mothers who are exclusively breastfeeding their infants under 6 months had increased, from 36% in 2004 to 67% in 2014. However, according to the Lesotho Demographic Health Survey 2023-2024,[5] the percentage of breastfeeding mothers decreased from 67% to 61% in 2024. Therefore, Lesotho is now showing slow progress towards achieving the 2030 goal of a 70% rate of exclusive breastfeeding compared to the last decade. Although recent policies have sought to increase the rates of exclusive breastfeeding and continued breastfeeding for HIV exposed infants, there are still mothers who choose not to breastfeed due to certain barriers.[6] This study therefore set out to identify those barriers.

1.2 Problem Statement

As reported by the Lesotho Demographic and Health Survey 2023-2024, the prevalence of exclusive breastfeeding among children under 6 months has declined over time. However, despite the different strategies that are in place to try to attain the 70% exclusive breastfeeding rate by 2030, women still face challenges to breastfeed their infants exclusively. These include, but are not limited to, socioeconomic challenges, cultural beliefs, inadequate knowledge, limited family support and workplace constraints. Therefore, the purpose of this study is to assess the barriers to exclusive breastfeeding among lactating mothers at Senkatana Clinic and Maseru District Hospital.

Objectives

- To determine the challenges to exclusive breastfeeding
- To assess breastfeeding knowledge among mothers
- To assess the prevalence of exclusive breastfeeding
- To determine the attitude of mothers towards breastfeeding

METHODOLOGY

A quantitative, cross-sectional study was carried out to describe the challenges lactating women faced regarding exclusive breastfeeding. The sample was drawn from Senkatana, a HIV/AIDS and Cancer Clinic, and the Maseru District Hospital in Lesotho. The two places were selected to provide access to both the HIV-positive and HIV-negative mothers to enable an all-inclusive understanding of the challenges faced by lactating mothers. Fifty (50) lactating mothers who were willing to participate in the study were included. Convenience sampling was used to select a sample of lactating mothers who came to the clinics for check-up during the time of the study. A structured questionnaire with closed-ended questions was administered to the participants by the researcher. Data were analyzed using Microsoft Excel after being checked for accuracy. To ensure reliability and validity, a standardized questionnaire that aligned with an intensive literature review and consultations was used to collect data. The study limitations arose from limited time and finances, leading to a compromise of a smaller number of participants. A pilot study was also carried out to ascertain the feasibility or otherwise of the study.

RESULTS

Table 1: Demographical data

According to table 1, the majority of the participants, 24(40%) were aged between 25 and 35 years, followed by 19(31.7%) aged 15 to 25 years, while 17(28.3%) were 35 to 55 years. Most participants 40(66.7%) were single, 17(28.3%) were married, while 3(5%) were divorced. Most participants, 35(58.3%) had completed LGCSE, 9(15%) held a diploma, 5(8.3%) had a degree, while 11(18.3%) had no formal education. Employment status showed that 26 participants (43.3%) were employed, while the majority, 34 (56.7%), were not employed.

Table 1: demographic data

Characteristic	number	Percentages
Age		
15-25	19	31.7
25-35	24	40.0
35-55	17	28.3
Marital status		
Single	40	66.7
Married	17	28.3
Divorced	3	5.0
Widowed	none	
Education level		
LGCSE	35	58.3
Diploma	9	15.0
Degree	5	8.3
None	11	18.3
Employment status		
Working	26	43,3
Not working	34	56.7

Figure 1: Knowledge regarding exclusive breastfeeding

According to Figure 1 below, most participants, 59 (98.3%), reported that they have heard of exclusive breastfeeding, while only 1 (1.7%) had not. Regarding whether exclusive breastfeeding is important, 56 (93.3%) participants reported that was important, and 4 (6.7%) reported that it was not. Similarly, 56 participants (93.3%) reported that they had received education on exclusive breastfeeding, while 4 (6.7%) reporting they had not. When asked if breastmilk alone is enough for infants under six months, 50 participants (83.3%) agreed, whereas 10 (16.7%) disagreed.

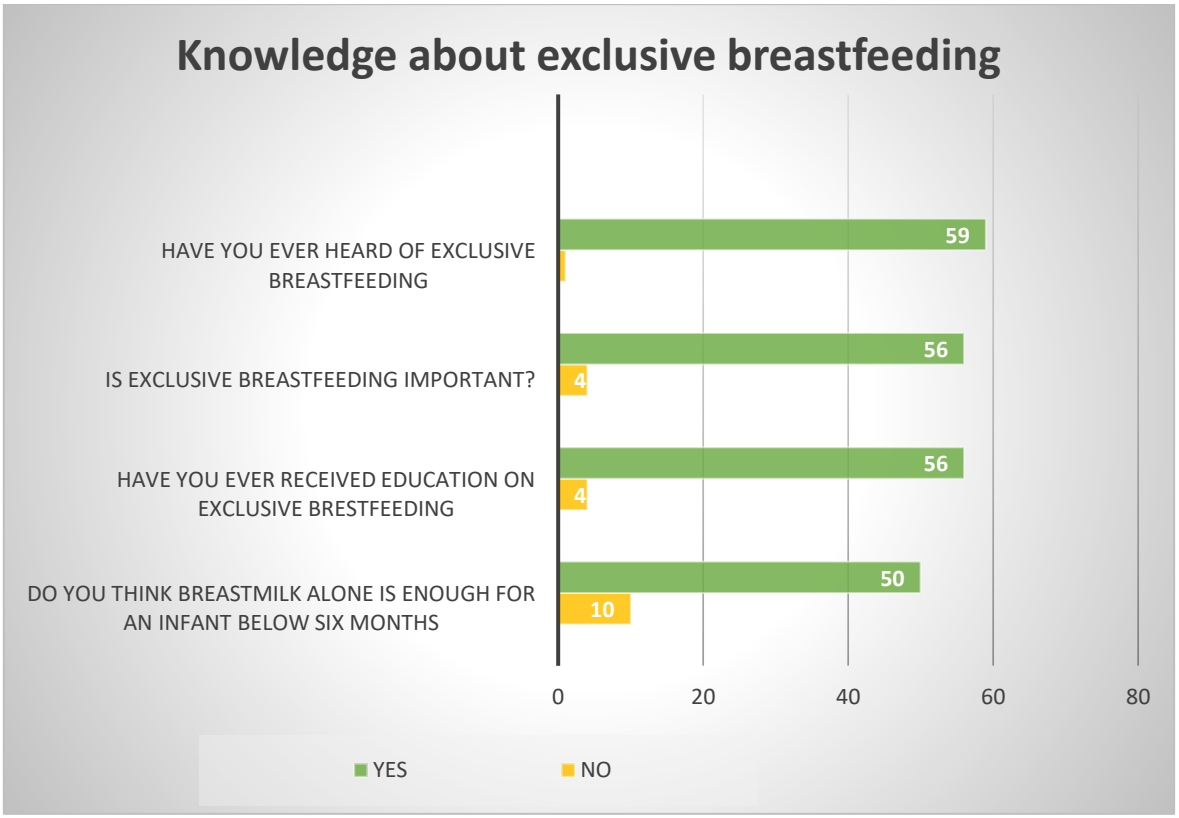

Figure 1: Knowledge regarding exclusive breastfeeding

Table 2: Attitudes towards exclusive breastfeeding

Table 2 displays the participants' attitudes toward exclusive breastfeeding. The majority of participants, 44 (73.3%), believed they could exclusively breastfeed for six months, while 16 (26.7%) disagreed. Only a small portion, 4 (6.7%), reported that breastfeeding was embarrassing, with most participants, 56 (93.3%), reporting that they did not agree. Almost all participants, 59 (98.3%), reported being comfortable breastfeeding in public. Most participants, 49 (81.7%), reported that breastfeeding changed a woman's body appearance, while 11 (18.3%) did not share this belief. One 1(1.7%) participant reported that exclusive breastfeeding was a waste of time, while the majority, 59 (98.3%), did not. Regarding mixed feeding, 19 (31.7%) participants reported that it speeded up an infant's growth, while 41 (68.3%) reported that they disagreed. Most participants, 50 (83.3%), reported that they recommended exclusive breastfeeding to other lactating mothers. However, 12 (20.0%) participants reported that they were pressured by family or friends to introduce other foods to the infant, while 48 (80.0%) did not report such pressures.

Table 2: Attitudes towards exclusive breastfeeding

Attitudes		Frequency	Percent (%)
Those who think they can exclusively breastfeed for six months	YES	44	73.3
	NO	16	26.7
Those who think breastfeeding is embarrassing	YES	4	6.7
	NO	56	93.3
Those who can breastfeed in public	YES	59	98.3
	NO	1	1.7
Participants who think breastfeeding changes the body appearance	YES	49	81.7
	NO	11	18.3
Those who think exclusive breastfeeding is a waste of time	YES	1	1.7
	NO	59	98.3
Participants who think mixed feeding speeds up the growing process of an infant	YES	19	31.7
	NO	41	68.3
Those who can recommend exclusive breastfeeding to other lactating mothers	YES	50	83.3
	NO	10	16.7
Those pressured by family and friends to introduce other foods to the infant	YES	12	20
	NO	48	80

Figure 2: Challenges to exclusive breastfeeding

According to figure 2, 31 out of 60 participants (51.7%) reported that their work schedule affected their ability to exclusively breastfeed, 20 (33.3%) reported no impact while 9 (15.0%) were uncertain. Eighteen 18 (30.0%) participants reported that they experienced health problems related to exclusive breastfeeding, while the majority, 42 (70.0%), did not. Moreover, 38 (63.3%) participants reported experiencing limited milk supply, while 22 (36.7%) did not. Furthermore, only 5 (8.3%) participants reported that cultural practices (e.g., feeding the infant water (sugared) in between feeds, soft porridge, cow milk, tea with milk and sugar, sometimes told to stop breastfeeding as soon as they have sex and being told by friends that their breasts will ''fall" (will be disfigured) made it difficult to breastfeed their infants, with the remaining 55 (91.7%) reporting no such difficulties.

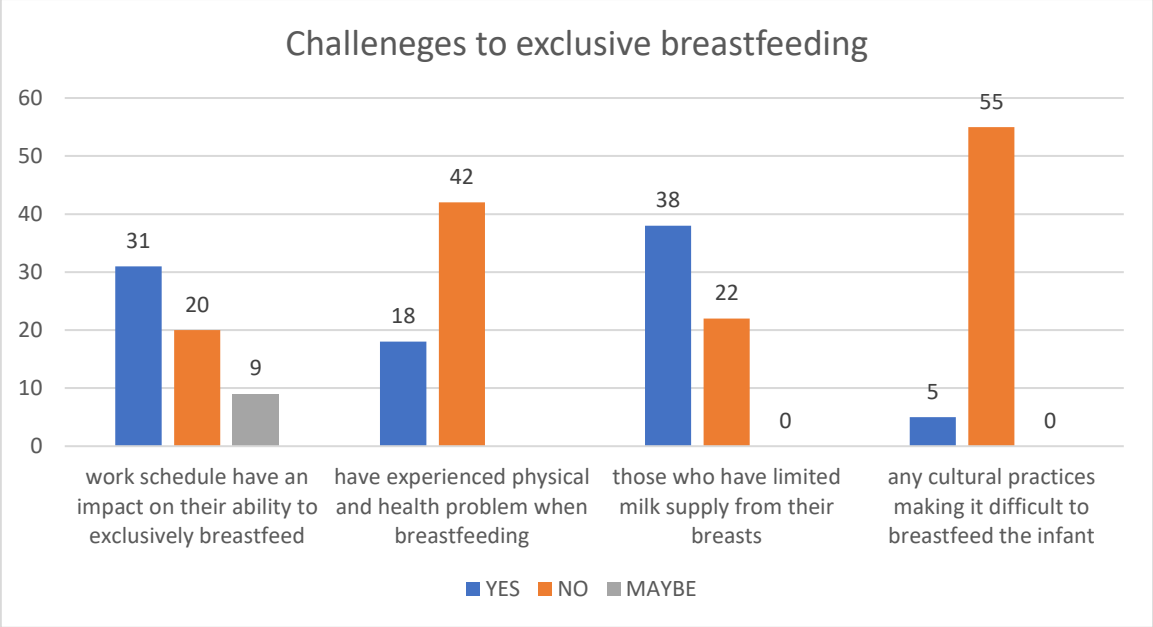

Figure 2: Challenges to exclusive breastfeeding

Table 2: Milk expression practices

Table 3 below shows that, less than half of the participants, 28 (46.7%), reported having ever expressed breast milk, while 32 (53.3%) had not. Among those who had expressed milk, 20 (71.4%) mothers reported that they most commonly used a hand pump to express milk, followed by those who reported using manual expression 7 (25.0%), and 1 (3.6%) used an electric pump. Most participants, 42 (70.0%), reported knowing the guidelines for proper milk storage, while 18 (30.0%) did not. A large majority, 52 (86.7%), reported that they considered it suitable to express milk while at work or away from their infants. Among the 28 who had expressed milk, 16 (57.1%) reported experiencing challenges, while 12 (42.9%) did not. Finally, 47 participants (78.3%) expressed the need for more education and training on milk expression, compared to 13 (21.7%) who reported that there was no need for further training.

Table 3: Milk expression practices

		Frequency	**Percentage (%)**
Have you ever expressed milk before?	YES	28	46.7
	NO	32	53.3
If yes, what method did you use? N=28	Only applicable for mothers who have expressed milk		
	Hand pump	20	71.4
	Manual expression	7	25
	Electric pump	1	3.6
Do you know the guidelines for proper storage of expressed milk?	YES	42	70.0
	NO	18	30.0
Do you find it suitable to express milk while at work or away from infant?	YES	52	86.7
	NO	8	13.3
Do you sometimes experience challenges expressing milk? N=28	Only applicable for mothers who have expressed milk		
	YES	16	57.1
	NO	12	42.9
Do you need more education and training on milk expression?	YES	47	78.3
	NO	13	21.7

DISCUSSION

5.1 Demographic Data

The age range of the participants aligns with both national and global reproductive age norms, with most lactating women falling between 15 and 45 years of age. Sexual and reproductive health challenges within this age group are well documented, as are the issues related to exclusive breastfeeding. The marital status of participants increasingly reflects a higher number of single mothers, either never married or divorced. This situation often makes it difficult for young mothers to balance exclusive breastfeeding with their role as the primary breadwinner. Ranneileng (2013)[7] argues that a traditional home composed of a mother and father provides a conducive environment for good nutrition. This would presuppose a supportive environment for breastfeeding. Additionally, the participants' generally low levels of education tend to correlate with low employment rates or unemployment, as the results indicate. This situation exacerbates the challenges to exclusive breastfeeding, including financial difficulties that limit access to sufficient and nutritious food essential for healthy breastfeeding.

5.2 Knowledge regarding exclusive breastfeeding

The study found that almost all the participants knew about breastfeeding and its importance thereof from the community and the education they received from the antenatal clinics. This suggests that inadequate knowledge cannot be classified as a barrier to exclusive breastfeeding, reflecting that awareness and knowledge alone cannot effect health behaviour change. Myths and misconceptions are fed by misinformation, for example, that the bodies of the women change due to breastfeeding, as evidenced in this study and others worldwide, like those of Adedokun et al. (2021)[8] and Mekuria and Edris (2015).[9]

5.3 Attitudes towards exclusive breastfeeding

This study revealed mainly positive attitudes toward EBF among participants, evidenced by the majority of the participants' reports that they believed they could breastfeed for six months exclusively and that they would be comfortable with it in public. These results indicate that there is social acceptance of BF predicting a critical role in the success of public health interventions including BF. The small percentage that felt that breastfeeding in public was embarrassing signals a growing acceptance and confidence in breastfeeding practices among Lesotho women. However, despite this positive perception, the majority of the mothers believe that breastfeeding changes the bodily looks of the mother hence most of them decide not to breastfeed and consider mixed feeding to accelerate the growth of their infants. The cosmetic consideration therefore supersedes the health benefits of both the mother and the child. The 'important other' contribution represented by families or friends, however small, still plays an important role in pressuring women into introducing other foods to their infants early in life. Such attitudes could go against exclusive breastfeeding as posited by Mphaka et al. (2020)[10] who found similar evidence pointing to the role of culture and family belief systems in influencing patterns of EBF.

5.4 Challenges to exclusive breastfeeding

Work-related barriers are a major concern, with more than half of working mothers stating that their work schedules interfered with EBF. This indicates that structural challenges remain a barrier for many mothers, especially those without maternity protections or breastfeeding facilities at work. Ranneileng & Rathipe (2021),[11] found that all the mothers working in the textile industries could only exclusively breastfeed for a few weeks as their scheduled three months of maternity leave was divided into six weeks of prenatal period, and 6 weeks of antenatal period. Another significant issue

was limited milk supply, experienced by the majority of the participants. This could be linked to maternal stress, inadequate nutrition, or infrequent breastfeeding—all factors exacerbated by physical exhaustion from work and other social pressures. HIV/AIDS status of the mother also appears to be a barrier to EBF, as Nyofane et al, (2025)[12] found that EBF prevalence was much lower among these mothers, and that they were more susceptible to misconceptions.

A small number of mothers cited cultural practices as a challenge, which may reflect changing social norms or underreporting due to the normalization of such practices. Physical problems related to breastfeeding were reported by 30%, indicating that some mothers experience discomfort that could discourage sustained breastfeeding. These results align with studies from Ghana,[13] Ethiopia,[9] Lesotho,[14] and Sub-Sahara Africa[15] as a whole, that also emphasize both institutional and personal challenges.

These modern challenges are heavily compounded by changing norms and a breakdown of the social fabric. In the past, traditional Basotho customs strongly supported EBF. Under these customs, a new mother and her family were protected and relieved of all household chores for at least 90 days, during which the new mother would stay inside the house, breastfeeding the newborn, and never showing her face outside (*a lula ka lehlakeng*), lest she bring harm to the community's physical environment as we were made to believe. During this period, the family would focus on feeding the mother to produce more milk for the baby. The presumed, fear-inducing consequences were just a way for the elders to enforce compliance. Today, modern lifestyles lack this communal protection, making it highly difficult for mothers to adapt to the competing pressures of work and infant care.

5.5 Milk Expression Practices

Although most participants (86.7%) believed expressing milk at work or away from the infant was a good idea, and that 70% of these knew the correct milk storage guidelines, fewer than half (46.7%) reported that they had ever expressed breast milk, mostly using a hand pump. This shows a major gap in practical skills for milk expression on the one hand, and confidence needed to do so on the other, both of which are vital for the successful expression of milk. Among the mothers who had ever expressed milk, 57.1% faced difficulties, and 78.3% stated that they needed more education on the topic. This proves that while mothers understand the theory of exclusive breastfeeding (EBF), they lack hands-on skills for milk expression and storage. Research shows that mothers with these practical skills are far more likely to continue EBF when separated from their babies due to work or travel. This is because their self-efficacy[16] in expressing milk would be bolstered by the practical skills they acquired.

CONCLUSION

The study's findings indicate that although knowledge and attitudes toward EBF are generally positive, several barriers remain. Demographic factors including age, employment, and marital status influence EBF practices, while misconceptions and cultural pressures continue to affect mothers' confidence in breastmilk sufficiency and body image. These issues highlight a gap between knowledge and behavior, suggesting the need for more personalized, targeted support. Challenges including demanding work schedules, limited milk supply, and lack of training in milk expression further hinder EBF. The relatively low uptake of milk expression and associated difficulties suggest that practical guidance is often overlooked in breastfeeding education. Additionally, social influences from family members and peers (the important others) play a role in undermining positive EBF intentions. No differences were observed between the HIV-negative and the HIV-positive mothers as this was beyond the scope of this study. These findings underline the complexity of breastfeeding behaviours, just as the other health behaviours, and the need for a broader

environmental approach to improve EBF rates.

Declaration by Authors

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