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The Social and Behavioral Drivers of Exclusive Breastfeeding in Zimbabwe's Diverse Districts

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ABSTRACT

Exclusive Breastfeeding (EBF), is a practice where infants are fed solely breastmilk the first six months of life, without any food or drink, which is vital for infants' optimal growth. In Zimbabwe, despite the recognized benefits of EBF, it continues experiencing low EBF rates. Literature indicates educational role in influencing breastfeeding behaviours yet often over looks the complex social- behavioural drivers that interact across various demographic groups. Therefore, this study addresses this gap by examining deeper social dynamics and cultural practices that shape breastfeeding practices. Participatory research design was used, with 600 participants from different age groups. Key informants included Government heads of departments, traditional leaders, community leaders, and NGOs, EBF doers and non-doers. Results show that mothers who exclusively breastfed for 6 months had good understanding of EBF benefits, exhibited interest, and used it as contraceptive. Positive experiences and skills were influenced by supportive figures. Finally, cultural practices like fontanelle rituals done during pregnancy. The study concludes that education on EBF benefits is crucial, self efficacy and online resources can further support EBF practices. It is recommended that future research focus on long term impacts of cultural practices such as fontanelle rituals on EBF adoption and duration.

1. INTRODUCTION

Exclusive breastfeeding (EBF) refers to the practice of providing infants with breast milk exclusively, along with necessary medications, oral rehydration salts, and vitamins, throughout their first six months of life (Hossain & Mihrshahi, 2022). Despite the known benefits of exclusive breastfeeding for infant health and development, Zimbabwe continues to struggle with low rates of exclusive breastfeeding, in its diverse districts with approximately, 42% EBF rates which is below the regional average of 45-50%, (North et al., 2022).The global perspective on Exclusive Breastfeeding (EBF) highlights significant disparities in breastfeeding practices, with only 44% of infants under six months being exclusively breastfed, falling short of the WHO's 2025 target of 50% (UNICEF, 2023). High-income countries often achieve higher EBF rates due to robust support systems, including maternity leave and public health initiatives, while low- and middle-income countries like Zimbabwe encounter barriers such as low health literacy and sociocultural challenges that hinder breastfeeding (Agampodi et al., 2021). Recent findings from Zimbabwe indicate that 70% of mothers view a lack of family support as a major barrier to EBF, underscoring the importance of addressing social norms and support structures in public health interventions (Agho et al., 2020; Zimbabwe Breastfeeding Alliance, 2023). Thus, tailored strategies that consider local customs and family dynamics are essential for improving EBF rates and overall maternal and infant health outcomes.

The economic advantages of EBF are substantial; estimated to save Zimbabwe up to USD 144 million annually while preventing thousands of deaths among children under five. Without adequate

support for exclusive breastfeeding, an estimated 2,663 deaths occur each year (Alive & Thrive, 2022). Despite extensive research confirming the benefits of breastfeeding, many countries average rates persist below global recommendations (Mbananga et al., 2021). The issue of exclusive breastfeeding remains a priority on the global agenda, given that insufficient breastfeeding contributes to approximately 800,000 infant deaths annually, thereby complicating efforts to reduce neonatal, infant, and under-five mortality rates (Lancet, 2023). Key impediments to sustaining EBF in Africa include cultural perceptions and lack of understanding regarding EBF (Chakona, 2020). There exists a persistent conflict between traditional beliefs and EBF, which reflects a broader skepticism regarding the credibility of EBF practices (Asfaw et al., 2019). Among indigenous African populations, use of herbal and medicinal preparations is common, based on the belief that these substances ward off malevolent spirits and enhance infant survival.

However, despite all the hindrances some mothers practice Exclusive breastfeeding (EBF) which is essential for enhancing child health and reducing malnutrition, particularly in underdeveloped nations such as Zimbabwe. This matter is critically urgent, as malnutrition is directly associated with elevated morbidity and mortality rates in infants. Timely intervention in this matter can result in substantial public health advancements, decrease healthcare expenditures associated with malnutrition treatment, and improve the overall quality of life for at-risk people. The primary aim of this study therefore, is to explore and analyze the social and behavioral drivers of exclusive breastfeeding among mothers in diverse districts of Zimbabwe.

2. SITUATIONAL ANALYSIS

In Zimbabwe, the prevalence of exclusive breastfeeding remains concerningly low. Infant mortality rate is reported at 97 deaths per 1,000 live births (Ely & Driscoll, 2021). The 2019 Multiple Indicator Cluster Survey (MICS) revealed that less than two-thirds of newborns in Zimbabwe are breastfed within the first hour post-birth, and less than half of children aged 0 to 6 months are exclusively breastfed. The Ministry of Health and Child Care (MoHCC) in Zimbabwe promotes EBF as the recommended infant feeding practice for infants aged 0-6 months.

Several studies analyzing breastfeeding barriers in Zimbabwe have identified various motivators and obstacles to initiating and maintaining breastfeeding, predominantly linked to knowledge, attitudes, practices, and culturally entrenched social norms (Moyo et al., 2020. In certain communities, cultural myths have led to practices such as discarding colostrum, regarded as 'dirty' and harmful due to its thick consistency and dark color. Additional harmful practices include administering traditional herbs and the early introduction of watery porridges, influenced by beliefs that boys require more nourishment than girls and that breastmilk alone is insufficient. These barriers underscore the critical need for targeted social behavior change interventions.

Since the late 1990s, Zimbabwe has embraced the International Code on the Marketing of Breastmilk Substitutes (BMS), which seeks to curtail aggressive marketing practices by enhancing monitoring, enforcement, and legislative frameworks related to the Code (World Health Organization, 2019). The country has also adopted the Baby-Friendly Hospital Initiative (BFHI), which encompasses ten directives aimed at enhancing childcare and promoting breastfeeding (Clermont, 2021). These directives include facilitating immediate skin-to-skin contact, supporting mothers to initiate and sustain breastfeeding, and educating mothers about the risks associated with the use of feeding bottles and teats.

In efforts to increase EBF rates, Zimbabwe's MoHCC has implemented Care Group Model (CGM) in certain regions to enhance infant and young child feeding (IYCF) practices. Initiated in 2019 with UNICEF's support, the CGM involves health professionals and community health workers working collaboratively with volunteer women, termed lead mothers, who educate their peers on effective breastfeeding practices

(Macheka et al., 2022). Zimbabwe's EBF guidelines align with WHO directives for HIV-negative women and those of unknown status, endorsing exclusive breastfeeding for six months, followed by sustained breastfeeding up to two years with appropriate complementary feeding (Tuthil et al., 2023; Chikerema, 2020).

Initiatives to Increase EBF

The Baby- Friendly Hospital Initiatives (BFHI), established by WHO and UNICEF, aims to promote breastfeeding in hospitals and maternity facilities (CDC, 2019). However, only 30% of births occur in designated facilities (UNICEF, 2020). The challenges include funding, political will and trained staff shortage, especially in Sub- Saharan Africa. The implementation requires significant changes to hospital policies, staff education and institutional climate. Resistance from healthcare practitioners who adhere to traditional practices can undermine BFHI's successful enactment (UNICEF, 2020). To address these challenges, it is essential to bolster BFHI's implementation through increased funding, policy reinforcement, and programs directed at supporting healthcare providers and facilities aiming for Baby-Friendly designation.

Several African nations have showcased successful approaches to improving EBF rates. For instance, Ethiopia recorded an impressive EBF rate of approximately 59% in 2019, propelled by the government's launch of the National Nutrition Program, which leverages health extension workers and community mobilization efforts alongside behavior change campaigns (Alive & Thrive, 2020). Similarly, Rwanda has achieved significant growth in EBF rates, rising from 85% in 2010 to 87% in 2019, attributed to robust legislative frameworks supporting maternity leave and workplace breastfeeding policies (Kawuki et al., 2022).

In Zimbabwe, the MoHCC has rolled out the "Breastfeeding Promotion and Support Programme," a comprehensive initiative designed to enhance EBF rates through multifaceted interventions. This includes the training of healthcare professionals in breastfeeding counseling, establishment of baby-friendly health facilities, and community-driven breastfeeding promotion campaigns (UNICEF, 2020). Furthermore, the MoHCC and its partners initiated the "Bringing Back the Breast" campaign, aimed at emphasizing the advantages of breastfeeding and discouraging the dependence on breastmilk substitutes. This campaign encompasses mass media outreach through radio, television, and social media, alongside engagement with traditional and religious leaders to promote breastfeeding advocacy and work towards breastfeeding-friendly workplaces, (UNICEF Zimbabwe, 2023).

Entities like WHO and UNICEF have played a pivotal role in developing comprehensive global strategies and guidelines on infant and young child feeding, which have influenced the formulation of national breastfeeding policies and initiatives in numerous African nations. These organizations also aggregate and disseminate global data on breastfeeding benchmarks, facilitating national evaluation against these standards. Through robust advocacy, WHO and UNICEF underscore breastfeeding as a vital intervention for child survival and development, providing essential technical assistance to governments and health care systems to reinforce breastfeeding counseling and support strategies.

Zimbabwe confronts various societal, economic, and healthcare obstacles that impact maternal and infant health practices. Focusing on the social and behavioural determinants of exclusive breastfeeding enables a deeper comprehension of the obstacles and supports that mothers face across various districts. Factors such as cultural beliefs, access to healthcare, education, support systems, and economic conditions significantly influence breastfeeding practices. Identifying these drivers is essential for developing targeted interventions that resonate with the unique needs of each district.

This study significantly contributes to the understanding of exclusive breastfeeding practices in Zimbabwe by providing localized insights into the sociocultural, economic, and healthcare factors that

influence mothers' decisions across diverse districts. The findings might inform evidence-based policy recommendations, enabling healthcare policymakers to design targeted interventions that address the unique barriers faced by mothers in various regions and promote the facilitators to EBF practices. Ultimately contributing to a reduction in infant morbidity and mortality

3. METHODS

This qualitative study utilized a Participatory Research (PR) method so as to gain insights into the experiences of participants. PR emphasizes the collaborative construction of research knowledge through partnerships involving researchers, stakeholders, community members, and individuals with lived experiences (Duea, et al., 2022). Data were collected using qualitative research approaches, including Focus Group Discussions (FGDs), Key Informant Interviews (KIIs), and in-depth interviews with both EBF practitioners ("doers") and non-practitioners ("non-doers"). Data were collected from four districts found in Zimbabwe in November 2023. The criteria for district selection were based on vulnerability and accessibility, as advised by District Development Committee (DDC) stakeholders, with some areas deemed inaccessible due to cholera outbreaks. The choice of remote districts facilitated the inclusion of marginalized communities. A total of 600 participants were recruited across four districts in Zimbabwe, with 150 participants from each district. Participants were segregated according to gender as follows: - 6–9years, 10–15years, 16-24 years, and 25 years and above. Key informants such as heads of departments from relevant ministries, Health, traditional leaders, community and religious leaders, officers from NGOs and CSOs doing similar work in the areas, and other development practitioners were part of the population. In participatory research the substantial sample size is crucial so as to capture a wide range of ideas which enhances the validity and richness of the findings. Having various demographic groups help to allow for a comprehensive understanding of how individuals perceive and practice EBF. Its also important for unraveling the different social and cultural factors that influence breast feeding behaviours. The tools used for data collection were Focus Group Discussions (FGDs), Key Informant Interviews (KIIs), and in-depth interviews. Data were analyzed using thematic content analysis, guided by the socio-ecological model. The study population included all participants who physically attended the meetings.

Key Informant Interviews

Key Informant Interviews were conducted with heads of relevant governmental ministries, traditional leaders, community and religious leaders, and representatives from NGOs and civil society organizations (CSOs) engaged in similar initiatives. A total of eight KIIs were carried out (four males and four female) across the four districts. Purposive sampling was utilized for recruiting key informants, allowing for the selection of individuals who could provide rich, informative insights into the drivers and barriers surrounding EBF.

In-Depth Interviews with Doers and Non-Doers

In-depth interviews with eight doers and non doers were done, including EBF practitioners and non- practitioners, to explore the factors that promotes exclusive breastfeeding decisions and capabilities. Convenience sampling was used to select participants. Demographic data was analyzed using descriptive statistics, and qualitative data was coded inductively to EBF facilitators.

Ethical Approval

Ethical clearance was secured from the University Faculty of Medicine and Health Sciences Ethics Committee. Permission was obtained from the Ministry of Local Government and Public Works, the Minister of State for Provincial Affairs, the DDC, and local leadership. The assessment adhered to several

ethical principles including informed consent, non-maleficence, confidentiality, honesty, and accountability.

4. FINDINGS AND DISCUSSIONS

This section present findings from the fieldwork where the objective of the study was to investigate the social and behavioral drivers of exclusive breastfeeding in Zimbabwe's diverse districts. The findings of this study aligns with established theoretical frameworks Social Ecological Model (SEM) and the Behaviour Drivers Model. The study captured drivers of exclusive breastfeeding (EBF) into proximal, intermediary, and distal levels, the multi-dimensional influences that promotes mothers' breastfeeding practices.

Exclusive Breastfeeding Drivers

Proximal Drivers

1. Knowledge about EBF benefits

Benefits to the child – The results showed that the nursing mothers who knew the benefits of EBF had high chances of practicing EBF for six months. Other participants gave the following explanations as to why some nursing mothers can perform EBF. They indicated that it is inexpensive, includes all the nutrients required for the baby's health, and requires no preparation. This aided in carrying out EBF in practice. Women's intention to EBF was also raised when they were aware of the harmful effects of introducing solids. Some participants expressed concern that introducing solids to a child too early could result in ailments like diarrhoea due to improper digestion of solid foods in the infant's stomach. Some EBF doers noted the following benefits from their experiences.

"I was educated that if you EBF children, they will be intelligent and grow up physically fit because breast milk has all the required nutrients. So, I told myself there was no need for any other supplements (Doer, Beitbridge)."

"Breastfeeding exclusively makes the child grow really well; even the skin will be smooth. However, if the mother happens to mix and dilute breast milk with something else, the baby's skin gets rough (Doer, Masvingo)."

These findings are consistent with similar studies conducted in various contexts that emphasize the importance of knowledge and education regarding breastfeeding benefits. For example, a study by Alizadaeh- Dibazari et al., (2023) in Eastern Europe found that mothers who attended prenatal education classes were more likely to initiate and maintain EBF due to increased confidence and knowledge about its benefits. Similarly, a study in South Africa by Nkwanyana et al., (2020) emphasized that the knowledge of the health benefits of EBF significantly influenced mothers' breastfeeding practices and highlighted the role of community health workers (CHWs) in providing ongoing support and education.

Benefits to the mother - Some study participants mentioned knowledge of benefits to the nursing mother as aiding EBF. For example, it helps her lose baby fat and get a toned body without strenuous exercise. Maintaining an ideal weight and fitness was said to be a goal of young mothers, especially those residing in urban areas. However, those in rural areas indicated that they did a lot of manual work that would automatically lead to weight loss.

Attachment - Another positive gain that made EBF appealing was the knowledge that skin-to-skin contact with the baby fostered attachment between the baby and the mother. Nursing mothers who had practised EBF said they wanted to create a bond with their babies and promote the habit of exclusive breastfeeding. However, some FGD participants were unaware that skin-to-skin contact helps build a bond with the child but did not have any information on the benefits of this interaction. Some who had heard about this benefit could not articulate why bonding with the child was important. They felt the baby

neither had the capacity to benefit from the closeness nor to draw meaning from it. Some mothers indicated that the process of breastfeeding was calming and relaxing to them, and it temporarily distracted them from everyday stressors. This helped build interest to keep on with EBF.

2. Interest in EBF

Participants believed that for nursing mothers to effect EBF, they should have great interest and curiosity in engaging in the behaviour. Participants indicated that with the amount of education given to nursing mothers by healthcare workers at the health centres, almost all nursing mothers should be doing EBF. However, some do not take an interest in executing EBF. Some participants indicated that due to their interest, they searched for more information and understood that EBF was in the child's best interest. One nursing mother said:

"I tried to EBF with the hope of stopping once along the way. However, I discovered that there was nothing difficult with EBF. My baby did not cry a lot; throughout the six months, he was never ill (Doer, Beitbridge)". Other participants indicated that for nursing mothers to have a positive attitude towards EBF, they must understand that even most animals survive with milk until they can eat other foods.

3. EBF as contraception

Some participants believed they had to stick to exclusive breastfeeding and prolonged child feeding because it helped as contraception. However, there were mixed reactions, as some women indicated that they got pregnant while breastfeeding. A woman from the apostolic sect in Mutare spoke highly about EBF as aiding child spacing, given that they are not allowed to take contraception at their church. This finding present both confirming and unexpected results regarding factors influencing EBF practices. One significant contradiction emerged around the perceptions of breastfeeding as a form of contraception. The study aligns with findings by Mufdlilah, et al (2021), who noted that exclusive breastfeeding inhibits ovulation, thus serving as an effective form of birth control during the first six months postpartum when practiced correctly. While some participants viewed EBF as an effective contraceptive method, others reported becoming pregnant while exclusively breastfeeding. This highlights a knowledge gap and suggests that reliance on breastfeeding for child spacing could lead to unintended pregnancies, thus emphasizing the need for comprehensive education on reproductive health alongside EBF promotion.

4. Past EBF experience

Previous personal EBF experience or experience by significant others is a key factor in promoting a positive attitude towards EBF – Some participants whose mothers or mother in laws practiced EBF found it easier to also engage in EBF. One participant highlighted that:

My mother-in-law had three sons. She EBF, two of them, the other one she did not manage because she got ill. When I stayed with her, she told me I should try EBF; I was a student at university, but she really helped me with EBF. My mother-in-law told me that her mother used to use EBF and that helped her get a positive attitude towards EBF (Doer, Mutare). This result supports the notion that women who had successfully practiced EBF previously felt more confident and competent to repeat the experience (Gebrekidan, et al., 2021). Many participants reported that prior challenges, coupled with well-informed support networks, helped them navigate their current breastfeeding journeys. The broader literature indicates that maternal confidence stemming from past experiences can create a positive feedback loop, wherein successful breastfeeding leads to a greater commitment to EBF in future endeavors (Finlayson et al., 2020). Therefore, interventions aimed at boosting maternal confidence through shared experiences can considerably enhance breastfeeding rates.

5. Decision autonomy

Most participants noted that they made the decision while pregnant that they would have EBF. Thus, the need for EBF should be a conscious decision for it to succeed. The belief that one is capable is instrumental in EBF. Participants agreed that most people failed EBF and that in-laws interfered because the parents would not have agreed or reached a consensus. Advocating helps to strengthen decisions for EBF. Advocating was reported to be done by village health care workers and health care workers at health institutions. According to KII, organisations like the Takunda project in Mutare are helping women to initiate EBF through programs like the community care group model where model women teach other women about EBF. In these groups, women who would have successfully done EBF teach other women to consider EBF.

One EBF practitioner said she had three kids who could breastfeed for up to four months. She tried EBF with her fourth child, and this is what she had to say: "I had heard all the teachings from Community Health Workers (CHW). For my fourth baby, I told myself that I needed to experiment with EBF. To my surprise, the milk flow was enough for six months (Doer, Female, Mutare)".

Another doer mentioned that: "I am related to would come to my home every day to ask how I was doing with the baby and had time to discuss the issues that were of concern, which was very helpful (FGD, 16-24 years, Female, Masvingo)". One strategy that can help boost EBF adoption is the availability of CHW to assist EBF in communities. This gives nursing moms a platform to ask questions, receive appropriate guidance, and access a ready supply of information.

Intermediary drivers

1. Social influence

One nursing mother who has successfully practiced EBF mentioned that the knowledge that she got from the hospital that constant breastfeeding leads to the production of more milk helped her to consider EBF. She mentioned that this was a turning point for her as most of the narrative in the community pointed to the fact that breast milk was never enough. She mentioned that:

The health workers taught us that the more one breastfeeds, the more one gets milk in one's breasts. In other words, when you breastfeed milk, it develops, but milk production decreases if you give porridge. What was also helpful was knowing that I was not supposed to wait for the child to cry so that I could feed it. It made it easier for me to breastfeed exclusively (FGD, 25 years - above, Female, Beitbridge).

This finding aligns with the work of Orchard & Nicholls, (2022), who emphasized the importance of social networks in promoting breastfeeding behaviors. The influence of partners is particularly significant, as shared decision-making within families contributes to a supportive environment for EBF (Kimani-Murage et al., 2021). Consequently, fostering positive social support systems and encouraging open discussions about breastfeeding within communities can significantly enhance EBF adoption rates.

2. Influence of power holders

Support from mothers - Study participants mentioned that biological parents, husbands and mothers-in-laws as power holders greatly impacted whether an individual continues with EBF. Support from biological parents, especially the mother-in-law, was key to adopting EBF, especially for the first-time mother. One of the participants mentioned that:

When I gave birth to my first child at my mother's house – I would express milk before bedtime – she would sleep with the baby and feed her during the night so that I could have time to sleep since I was going to work (FGD, 25 Years, Female, Beitbridge).

Most participants noted that the mothers-in-law were key in promoting EBF and had a big say in whether mothers maintained EBF. Their decision was found to be binding, and their support was

instrumental. Group participants noted that for the promotion of EBF, there was a need for couples to make a conscious decision and preparation to tell their in-laws that they have decided to EBF. There was a strong feeling among participants that families needed to normalize discussions of EBF. One woman from the urban area indicated that;

Now that we have practices like gender reveal parties, these are opportunities to announce the parents' decision to EBF and to ask relatives for support. Prior notification of in-laws is very helpful; when they get to hold the baby, you hear them saying: '…he/she is the one whose parents said no additional food.' I believe people understand that as long as husband and wife have committed, they communicate and are brave enough to face the negative consequences (KII, Beitbridge).

3. Fontanelle rituals that promote EBF

Although fontanelle rituals are known to hinder EBF, especially in Zimbabwe, it was noted that some participants/groups of people would do baby fontanelle rituals while the mother was pregnant. Participants mentioned that the mother was given some herbs to prevent fontanelle-related ailments while pregnant. This treatment (received while the mother was pregnant) was said to be effective for six months, which coincided with the recommended time for EBF. In some cultures, fontanelle treatments only involved putting medicine on the baby's head and not ingesting anything else. FGD participants had something to say:

We believe that the 'nhova' (fontanelle) is too big when the child is born. The father and mother have rituals that they do to reduce the size – smaller size means less air going into the child through the head and thus less sickness. Failure to reduce size will lead to ailments like flue and the need to wash a child's mouth with herbs and water. Reducing the size of the fontanelle is done by smearing some burnt herbs mixed with Vaseline on the baby's head. Such children will never get issues with their fontanelle (FGD, 25+ Years, Female, Mbire).

Participants agreed that fontanelle rituals that are done before birth and those done on the crown aid EBF in that no substances are given to the child. Most African traditions encourage using medicinal herbs for infants in keeping with traditional practices, and mothers must follow these traditions (Ngere et al., 2022). However, the current study has revealed safer fontanelle rituals, which, if adopted, can promote EBF. While cultural practices surrounding fontanelle rituals were initially perceived as barriers to EBF, this study revealed that certain adaptations could actually promote breastfeeding. Some participants noted that rituals performed during pregnancy, aimed at preventing fontanelle-related issues, could enable mothers to exclusively breastfeed without introducing supplementary liquids (Ngere et al., 2022).

4. Organisations working in health

Participants in Mutare noted that CSOs like Takunda project and Ministry of Health staff were instrumental in promoting EBF. They helped to educate nursing mothers and their spouses. Through the care group model by Takunda, Mothers had a chance to interact with other nursing mothers who had done EBF, which gave them the confidence to imitate the behaviour. In some areas, health workers would talk about EBF during home visits and these visits allowed mothers to discuss their concerns and experiences. One EBF doer indicated that:

I started going to the clinic for check-ups every month since I was three months pregnant. From seven months onwards, I would go twice a month. When I gave birth, the local health worker would come often to check if I was doing EBF. During the hospital visits HCW would emphasise the need to practise EBF. This motivated me and I managed to conduct EBF (Doer, 25 Years- above, Female, Mutare).

5. Seclusion of nursing mothers

Some participants mentioned practices that can enhance EBF by allowing women to stay at home for the first three months after giving birth. As reported by the participants, in some religious circles, women only attend church after three months post-delivery. For three months, they will be said to be unclean. Although being labelled unclean has negative connotations, staying home allows the mother time to concentrate on the bay. Traditionally, some families also believed that children should not go outside the house for the first three months. This aids EBF as the mother can have time to feed the baby, and familiarity with the indoor environment can contribute to a calm baby. This practice aligns with findings from the literature that suggest a secluded setting allows mothers to prioritize breastfeeding without external stressors, leading to successful EBF (Van Ryneveld et al., 2020). However, while these practices can support EBF, it is essential to balance them with the need for maternal social support and community engagement to ensure comprehensive care for both mothers and infants.

Distal drivers

Online support

Some young nursing mothers from urban areas mentioned that social media helped to influence EBF positively. They had found information on Facebook and Twitter supporting EBF and personal stories of people who managed to EBF. However, nothing was said about the promotion of breastmilk substitutes. On these Facebook groups, group members had the chance to ask questions about child-rearing in general, and experts from the groups provided information. This was a source of readily available information to the young nursing mothers. It helped in building their confidence in EBF. This is similar to another study results which showed that online support plays a crucial role in promoting exclusive breastfeeding (EBF) by providing mothers with access to vital information, peer encouragement, and professional advice (Bai et al., 2019). Through online communities and social media platforms, mothers can connect with others who share similar experiences, allowing for the exchange of tips, troubleshooting strategies, and emotional support (Heaperman & Andrews, 2020). This accessibility helps to alleviate feelings of isolation and empowers mothers with the confidence to overcome challenges associated with breastfeeding (Bai et al., 2019).

5. CONCLUSION

The study concludes that mothers are more likely to practice exclusive breastfeeding (EBF) if they are aware of its advantages, have previous experience, and have supportive social networks. These customs can also be strengthened by cultural components, such as fontanelle rites during pregnancy. However, the quality of healthcare support, financial level, and community culture all have a big impact on EBF uptake. Promoting EBF requires involving mother in laws, their families, and especially males in public discussions. The qualitative character of the study and its dependence on self-reported data are among its shortcomings, which could restrict the findings' applicability to Zimbabwe's various people. Future studies should look into partner support dynamics, examine EBF practices in various cultural contexts, and evaluate the efficacy of culturally sensitive breastfeeding promotion techniques. Future research should aim to investigate EBF practices in varying cultural contexts, explore partner support dynamics, and assess the effectiveness of culturally sensitive breastfeeding promotion strategies. By addressing these factors, tailored interventions can be developed to enhance EBF adoption in specific communities.

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