

A Study on the Prevalence, Perceptions, and Contributing Factors of Breastfeeding Cessation in Mauritius



by
**Mauritius Institute of Health
(MIH)**



in collaboration with
**Association Groupe Enfants et
Mères (GEM)**

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Ocean Creek , 3.5.2026**



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Introduction



Breastfeeding is the biological standard for baby feeding

WHO and UNICEF recommend breastfeeding should begin within an hour



Be exclusively breastfed (EBF) for six months



Be sustained for two years or longer with suitable supplemental feeding



- **High Initiation rates** but low Exclusive & Continued BF
- **National data:** Breastfeeding practices fall short of global recommendations.

Study by MIH in collaboration with GEM



Aim of the study:

To examine the prevalence, perceptions, and contributing factors associated with breastfeeding cessation in Mauritius.



Study by MIH in collaboration with GEM

Objectives of the study:

- Assess **level of knowledge & identify main sources of information on breastfeeding** among nursing mothers
- Determine **prevalence of exclusive & complementary BF** among infants aged 1-24 mths
- Explore **perceptions & attitudes of mothers regarding BF cessation** in Mauritius
- Investigate **key factors contributing to early discontinuation of BF** of these mothers
- Propose **evidence-based strategies aimed at promoting longer BF durations** in Mauritius



National survey assessing the prevalence, perceptions, and contributing factors of breastfeeding cessation in Mauritius

Study based on a nationally representative sample of 504 mothers:

- Socio-demographic factors
- Health system experiences
- Workplace conditions
- Social influences that shape BF initiation, continuation and cessation
- Lived experiences of Mauritian mothers

N.B: Health Statistics Report of MOHW: Approx 25,000 live births over the past 2 years

(2023 & 2024)



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National survey assessing the prevalence, perceptions, and contributing factors of breastfeeding cessation in Mauritius

Data were collected from 14th to 30th July 2025

- Diverse maternal experiences from various regions of the country
 - ➔ Systematic examination of **both individual and contextual influences** within this period
 - ➔ Clear and timely understanding of the **key challenges and trends shaping breastfeeding behaviours** in the country

National survey assessing the prevalence, perceptions, and contributing factors of breastfeeding cessation in Mauritius

504 mothers : Delivery between **May 2023** and **December 2024**

- Selection based on criteria ensuring representation from **both public and private** healthcare settings
- Key limitation of the study:
 - ➔ **Limited frame from the private sector**
(May underrepresent experiences from private facilities)

1. Maternal Profile

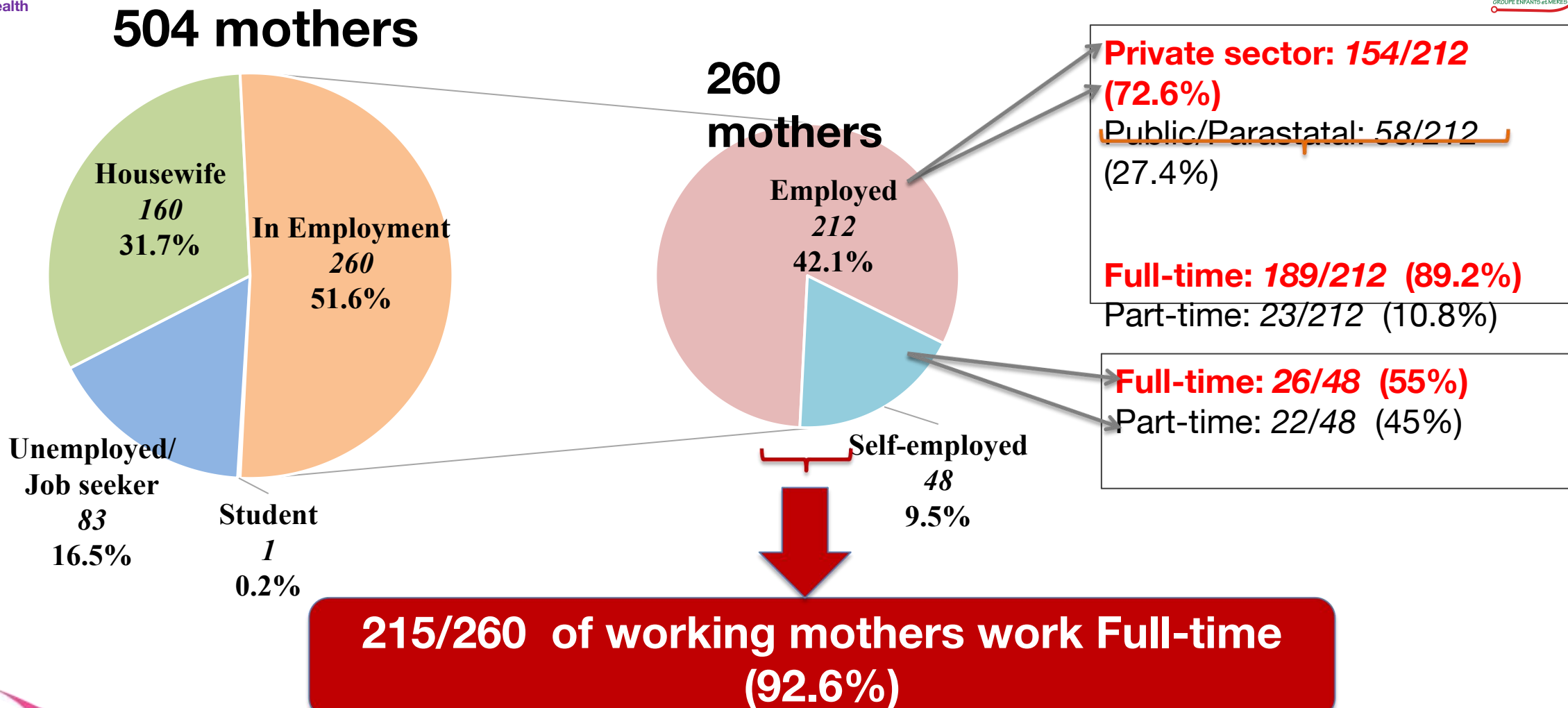
- **504 mothers:** Majority aged **25 - 34 years (57.3%)**
- Mean maternal age: **29.9 years**
- Median maternal age: **30 years**
- **91.1%** : married or in union
- **58.3%** : reside in rural areas
- **54%** had **2 - 3 livebirths** (mostly multiparous group)
- Educational attainment was relatively high:
71.1%: Secondary education > **Form 3 or Tertiary education**

**Knowledge
alone
does not
ensure
sustained BF!**



... but optimal BF practices remained limited!!!

2. Socio-economic and Employment Status



2. Socio-economic and Employment Status

	Frequency	Percent (%)
Job category		
Manual/ semi-skilled	102	40.5
Technical/Clerical/ Administrative	105	41.7
Professional/ Managerial	45	17.9
Total	252*	100.0
Work Location		
Work from home	38	15.1
Office (Outside home)	214	84.9
Total	252*	100.0

	Frequency	Percent (%)
Type of Job shift		
Day only	196	78.4
Night only	5	2.0
Both day and night shift	49	19.6
Total	250*	100.0
Working hours daily/per night		
Less than 5	13	5.2
5-7	80	31.7
8-10	149	59.1
More than 10	10	4.0
Total	252*	100.0

252* *missing responses* (8 missing responses)

2. Socio-economic and Employment Status

- Employment status was significantly associated with exclusive breastfeeding
($p = 0.003$) with unemployed mothers more likely to exclusively breastfeed

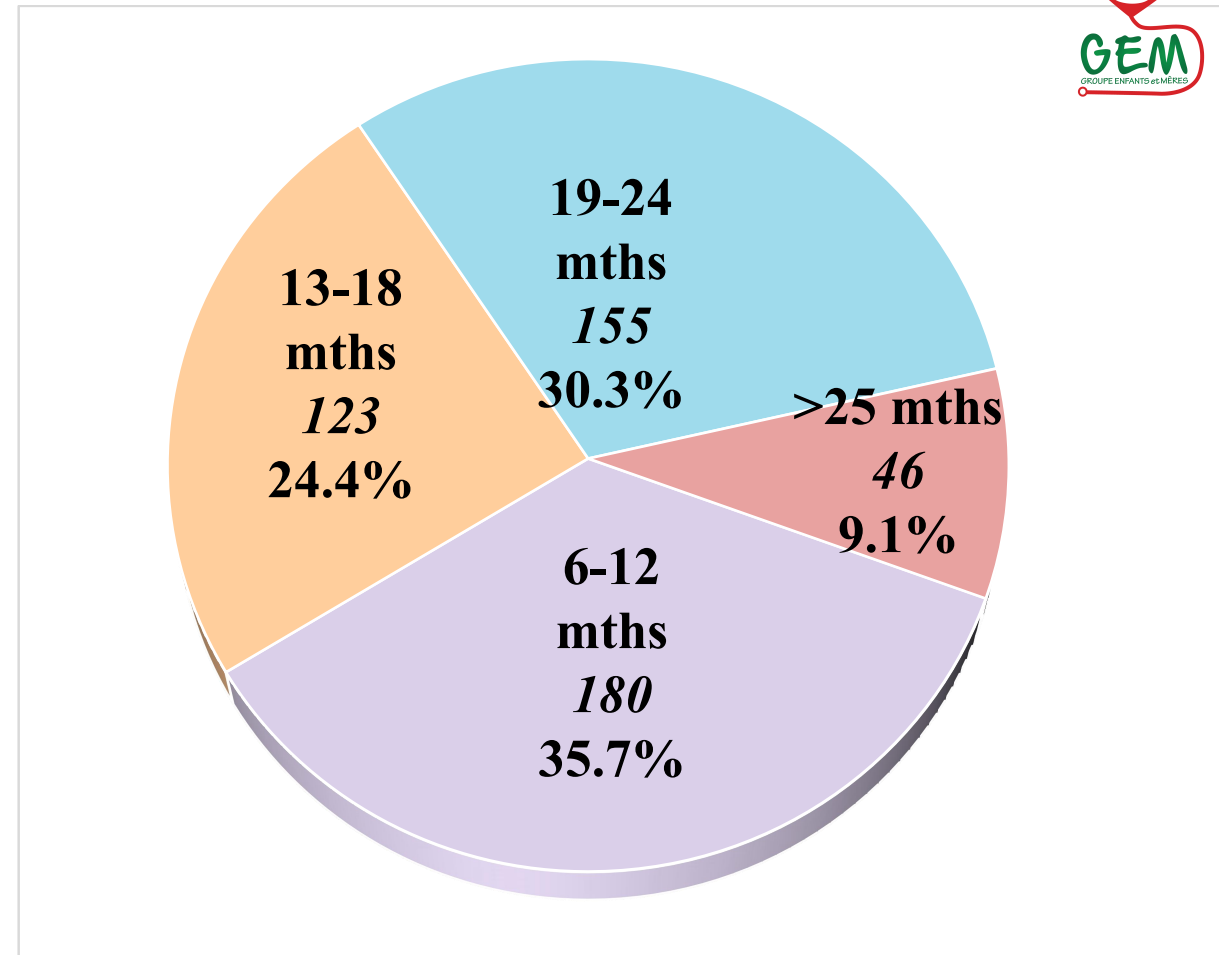
**Early return to work :
Major structural barrier to sustained breastfeeding**

***Findings corroborate MIH (2017):
Persistent challenge of aligning maternal employment with BF
recommendations***

3. Infant Profile

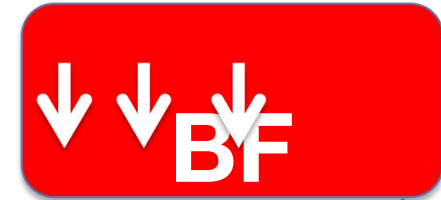
At the time of survey:

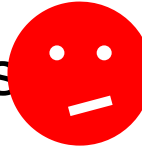
- Age at survey: 6 – 27 mths
- Mean age: 16.3 mths
- Median age: 16 mths
- 50.4% male / 49.6% female
- Birth Weight: 2.5 - 4 kg (79.7%)
- Birth Weight: <2.5 kg (18.9%)
- 6.2% NICU admissions
- 48% needed nursery care
- 97.2% vaccinated at public facilities



Distribution of babies by age in months

4. Antenatal Care and Delivery



- **98.8%** attended antenatal care (ANC) → Strong maternal health engagement
- Most mothers delivered in **public hospitals : 89.5%**
- CS rate: **61.9%** (Higher than global averages )
- Early initiation of BF (within one hour): **low at 14.2%**
- Extremely low early initiation among caesarean births in public hospitals (**2.7%**)
→ Missed opportunity for optimal BF outcomes!
- Antenatal BF counselling reported by **68.5%** of mothers

Earlier studies

CS: 25-30%

Antenatal counselling alone did not ensure optimal BF practices

→ Gaps in counselling quality and continuity



5. Breastfeeding Information and Knowledge

- **77.4%** of mothers received BF-related information
- Sources of breastfeeding information:
 - Antenatal clinics: **68.5%**
 - Postnatal wards: **57.2%**
 - Both antenatal and postnatal periods: **47.9%**
- High knowledge levels:
 - **87.7%** understood the importance of colostrum
 - **96.6%** recognised the health benefits of breastfeeding
 - **91.1%** are aware that BF protects the baby against diseases
- Low awareness of the “**First 1000 Days**” concept (**26%**) : Communication gap



5. Breastfeeding Information and Knowledge

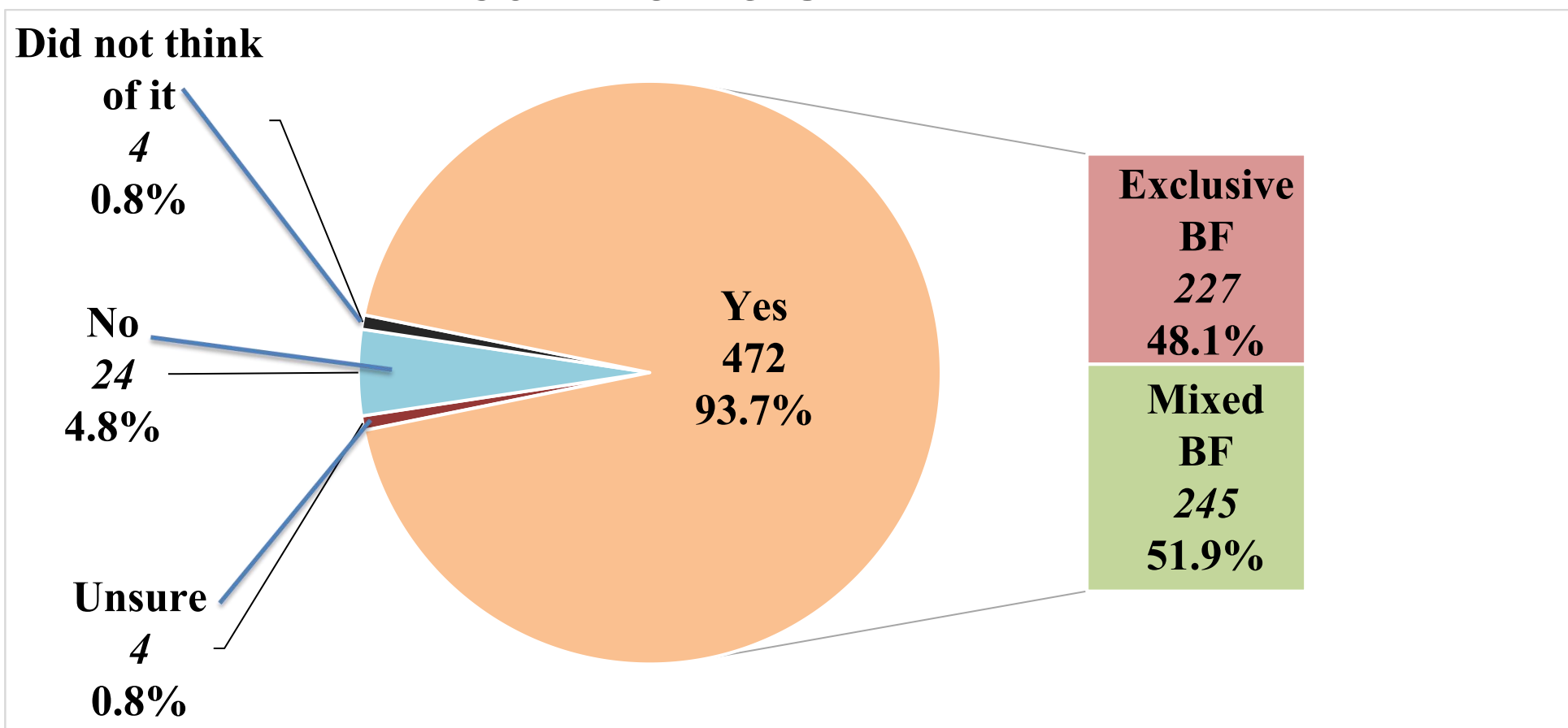
- **77.4** Despite High exposure to BF information:
- Source **No significant association with exclusive BF ($p = 0.278$)**
 - A
 - F (Same findings in MIH 2017)
 - B

- High **Clear « Knowledge – Practice » gap**
 - 8
 - 9
 - 9

- Low awareness of the **“First 1000 Days”** concept (**26%**) : Communication gap

6. Prenatal BF intentions among expectant mothers

504 mothers



Mother's intentions to breastfeed prior to delivery and by type of breastfeeding

7. Reasons for having decided not to breastfeed

	Frequency	%
Reasons for deciding not to breastfeed before delivery (multiple response)		
Concerned about pain or discomfort	4	16.7
Perceived insufficient milk supply	5	20.8
Medical condition or medication	6	25.0
Lack of support or medication	3	12.5
Was afraid of exclusive breastfeeding	4	16.7
Fear of body change	2	8.3
Past negative experiences	1	4.2
Had to resume work	5	20.8
Total	24	

8. Breastfeeding and Exclusive BF Prevalence

	Frequency	Percent (%)
Ever breastfed baby		
Yes	(472)	96.4
No	(24)	3.6
Total	504	100
Reasons for never breastfeeding baby (multiple responses)		
No milk	4	22.2
Baby not accepting breast	9	50.0
Substitutes available/affordable	1	5.6
Mother's sickness	7	38.9
No help at maternity and home	1	5.6
Caesarean section/painful	1	5.6
Work-related reasons	1	5.6
Total		18




8. Breastfeeding and Exclusive BF Prevalence

- Breastfeeding initiation rate: **96.4%**
- **Exclusive BF** prevalence at six months: **19.2% (Far below WHO targets!!!)**
- **Among mothers who initiated BF, 24.2% continued it for 6 months**

Exclusive breastfeeding significantly associated with:

- Household income ($p < 0.001$)
- Employment status ($p = 0.003$)
- Type of delivery ($p = 0.010$)
- Assistance to initiate breastfeeding ($p = 0.004$)

9. Breastfeeding Practices and Early Support

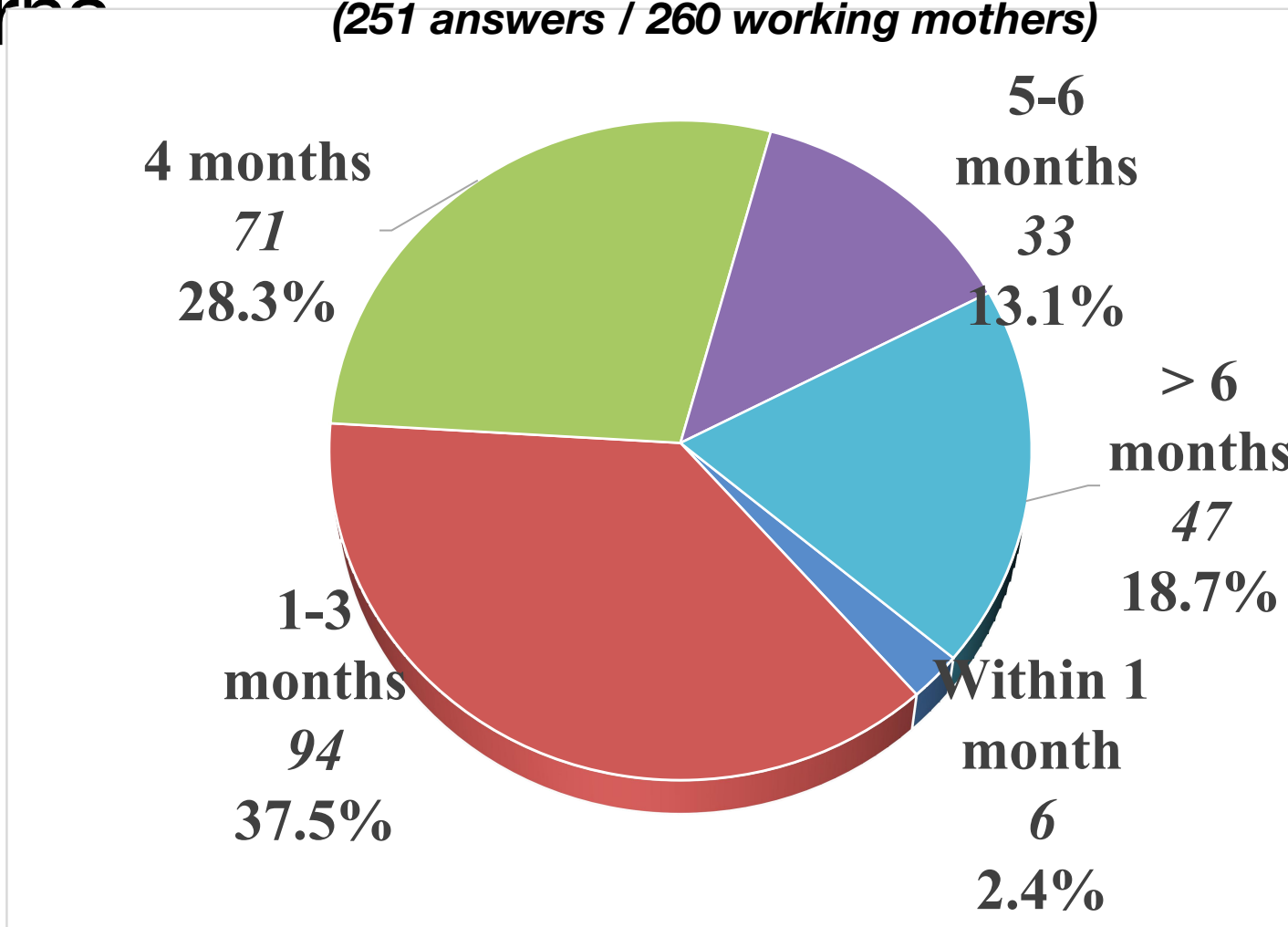
- BF initiation was almost universal (**96.4%**) 
- Early initiation within one hour of birth was low (**14.2%**)
 - Normal delivery: **31.7%** 
 - Caesarean section: **2.7%**
- Only **28.6%** of mothers were physically assessed for BF
- **54.3%** received assistance to initiate BF 
- Support from lactation consultants was minimal (**1.2%**)

Assistance to initiate BF significantly associated with exclusive BF (p = 0.004)



10. Post-Maternity Leave Return to Work Patterns

(251 answers / 260 working mothers)



Age of baby at mothers' resumption of work

11. Milk Expression and Workplace Support

- Fewer than **10%** of mothers reported expressing breastmilk
- Among employed mothers, **only 43.4%** had **time or facilities at work** to breastfeed or express milk.

**Limited workplace accommodation
contributed to
Early breastfeeding cessation**

12. Introduction of Fluids

- Mean age of first introduction of other food/liquid: **2.4 months**
- Main reasons reported:
 - Perceived insufficient milk supply: **51.3%**
 - Infant crying/refusal: **41.3%**
 - Return to work: **32.1%**
 - Personal choice: **43.2%**

13. Current Feeding Practices

- **Infant feeding practices** characterised by **early supplementation**
- **Exclusive breastfeeding: Not the dominant feeding practice!**

14. Mixed Feeding Practices

- **Among mothers who had stopped breastfeeding (n = 271):**
 - **93.0%** : Mixed feeding !!!
 - **7.0%** : Exclusive breastfeeding
- **Factors contributing to early mixed feeding:**
 - Baby perceived as too demanding (48.1%)
 - Colic/wind issues (16.6%)
 - Perceived insufficient milk (5.9%)
 - Return to work (3.8%)



15. Cessation of Breastfeeding

- **55.8%** : BF stopped at the time of the survey
- **Mean age at BF cessation: 4.6 months**
- **> 50% infants stopped BF between 1–5 months of age**
- Main reasons for cessation:
 - Perceived lack of milk (**51.3%**)
 - Baby refusing the breast (**41.3%**)
 - Return to work (**32.1%**)
 - Maternal fatigue (**23.6%**)
 - Insufficient health-system support (**17.0%**)
 - Limited maternity leave (**14.8%**)

Reflects interplay of physiological, psychological, and structural challenges.



16. Support for Breastfeeding

- **Family support** reported by **85.9%** of mothers 
- **87.5%** indicated that family members believed BF was beneficial
- **Professional support: Inconsistent : Only 28.6%** received a physical BF assessment
- **Workplace support uneven: Only 42.4%** had access to BF facilities 
- Postnatal health system support:
 - Received by **64.1%**
 - Not received by **35.9% !!!**

Workplace support for BF:
Limited and inconsistent

“Mothers Know Breastfeeding Matters, ... but Gaps Remain”

- **77.4% knew about breastfeeding**
- **87.7% knew colostrum is vital**
- **88.1% understood exclusive breastfeeding benefits**
- **93.7% intended to breastfeed**
- **96.4% ever breastfed**
- **26% heard of the “1000 Days” concept**



Observations

- **Breastfeeding cessation in Mauritius** is influenced by interconnected **individual, health-system, and structural factors.**
- **High caesarean section rates** contribute to **delayed initiation** and **lower exclusive breastfeeding rates.**

Key points

- **Common challenges include:**
 - Perceived milk insufficiency
 - Maternal fatigue
 - Infant feeding difficulties
 - Lack of early professional support
- **Structural barriers** further hinder breastfeeding continuation:
 - Limited maternity leave
 - Inconsistent workplace facilities
 - Weak postnatal guidance



Actions to follow

**Coordinated multisectoral action
to improve breastfeeding outcomes
and meet global health targets**

Multi-level interventions:

- Strengthen hospital-based breastfeeding practices
- Enhance workplace protections and facilities
- Improve maternal education and public awareness
- Reinforce family and community support



Recommendations







Target key factors:

- Limited postnatal support
- Delayed initiation
- Short maternity leave
- Workplace barriers

Focus on:

- Strengthening health services, community and family support
- Workplace policies
- Public awareness to improve breastfeeding practices and maternal-child well-being

Recommendations Linked to Identified Breastfeeding Gaps

Recommendation	Specific Gaps Addressed	Action Points / Strategies
 Strengthen Postnatal & Lactation Support	Delayed initiation, Caesarean births, Early cessation	<ul style="list-style-type: none"> • Hands-on support, • Lactation consultants, • Follow-up visits
 Enhance Antenatal Counselling	Knowledge–practice gap, Perceived insufficient milk	<ul style="list-style-type: none"> • Interactive, family-involved sessions
 Public Education Campaigns	Misconceptions, Social norms	<ul style="list-style-type: none"> • Media campaigns, • Community outreach
 Improve Maternity & Workplace Support	Early return to work, Workplace barriers	<ul style="list-style-type: none"> • Extended leave, • Breastfeeding facilities
 Address Caesarean Birth Challenges	High C-ction rates, Delayed initiation	<ul style="list-style-type: none"> • Post-op support, • Skin-to-skin contact
 Build Health System Capacity	Limited trained staff, Inconsistent care	<ul style="list-style-type: none"> • Training, • Lactation audits



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Recommendations Linked to Identified Breastfeeding Gaps

Recommendation	Specific Gaps Addressed	Action Points / Strategies
 Strengthen Policy & Monitoring	Establish national monitoring and evaluation system	<ul style="list-style-type: none"> • Breastfeeding indicators
 Engage Communities & Families	Passive family support, Cultural myths	<ul style="list-style-type: none"> • Peer support, • Family training
 Education in Schools & Workplaces	Low awareness, Generational gaps	<ul style="list-style-type: none"> • School lessons, • Workplace seminars
 Conduct Research & Evaluation	High-risk groups, Ineffective programs	<ul style="list-style-type: none"> • Targeted studies, • Program evaluation
 Promote Multi-Sectoral Collaboration	Fragmented efforts, Lack of coordination	<ul style="list-style-type: none"> • Health, labor, education partnerships
 Ensure Sustainability & Impact	Funding gaps, Need for continuity	<ul style="list-style-type: none"> • Dedicated funding • Digital innovations



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1


STRENGTHEN POSTNATAL & LACTATION SUPPORT

Delayed initiation,
CS, Early cessation



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Recommendation	Specific Gaps Addressed	Action Points / Strategies
 Strengthen Postnatal & Lactation Support	Delayed initiation, Caesarean births, Early cessation	<ul style="list-style-type: none">• Hands-on support,• Lactation consultants,• Follow-up visits

Provide structured, hands-on lactation support **immediately after birth:**
(caesarean section /experience postnatal illness)

- **Routine assessment of BF technique / early identification of BF difficulties**
- **Bedside guidance / practical demonstrations** for positioning, attachment, and milk expression
- **Trained lactation consultants or specialised nurses in all maternity facilities**
- **Proactive follow-up visits for mothers at risk of early cessation**
- **Standardized postnatal protocols and checklists to ensure consistency in BF support**



2

ENHANCE ANTENATAL BREASTFEEDING COUNSELLING

Knowledge-practice gap,
Perceived insufficient milk



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Structured, interactive, and personalized antenatal education to address knowledge-practice gaps:

- **Individualised counselling sessions** that anticipate common challenges (Perceived insufficient milk supply, infant feeding behaviour, and family or workplace pressures)
- **Practical demonstrations of BF techniques and problem-solving scenarios**
- **Incorporation of fathers and family members in antenatal education**
- **Distribution of clear, evidence-based educational materials** (brochures, videos, apps)



3

EXPAND PUBLIC EDUCATION & AWARENESS CAMPAIGNS

Misconceptions,
Social norms



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National & community-based campaigns: **To promote BF as a cultural & health priority:**

- **Address misconceptions** : milk sufficiency, mixed feeding, and early supplementation
- **Mass media** (TV, radio, social media), **community workshops & health facility posters**
- **Engage local leaders, religious institutions, & community influencers** to endorse BF
- **Provide targeted messaging** for fathers, grandparents, and other caregivers

Seasonal or thematic campaigns aligned with World BF Week to sustain

4

IMPROVE MATERNITY PROTECTION & WORKPLACE ACCOMMODATIONS

Early return to work,
Workplace barriers



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Employment-related barriers are a major contributor to early cessation:

- **Legislate or enforce maternity leave** of at least 6 months
- **Flexible working hours, part-time options, or telework** for BF mothers
- **Dedicated, hygienic, and private spaces** for BF or milk expression at workplaces
- **Educate employers** about BF-friendly policies & provide incentives for compliance
- **Encourage labour unions & professional associations** to advocate for workplace BF accommodations

5

ADDRESS CAESAREAN BIRTH CHALLENGES

High CS rates,
Delayed initiation



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Recommendation	Specific Gaps Addressed	Action Points / Strategies
 Address Caesarean Birth Challenges	High C-ction rates, Delayed initiation	<ul style="list-style-type: none">• Post-op support,• Skin-to-skin contact

High CS rates & associated delayed initiation : Coordinated clinical interventions:

- **Review & reduce non-essential CS procedures** (without compromising maternal & infant safety)
- **Post-operative protocols** to facilitate early skin-to-skin contact and BF initiation
- **Train maternity staff** to provide additional support to caesarean mothers (pain management, positioning assistance, hands-on guidance)

Follow-up services for post-CS mothers to ensure continuity of BF support at home

6

BUILD HEALTH SYSTEM CAPACITY

Limited trained staff,
Inconsistent care



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Sustained improvements require investment in the workforce and service quality:

- **Comprehensive training** to midwives, nurses, and doctors
- **Refresher courses, CPD portfolios, certification programs, & mentorship schemes**
- **Increase No. of trained lactation consultants** in hospitals /community health centres
- **Periodic audits and monitoring** to assess quality of breastfeeding support services



7

STRENGTHEN POLICY & MONITORING

Establish national
monitoring
and evaluation system



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Policy interventions to create an enabling environment for breastfeeding:

- **Establish a national monitoring and evaluation system** to track: BF initiation, exclusive BF rates, early cessation, & barriers to practice
- **Link monitoring data with actionable policy responses** to address identified gaps promptly
- **Include BF indicators in national health surveys** to assess trends over time

8

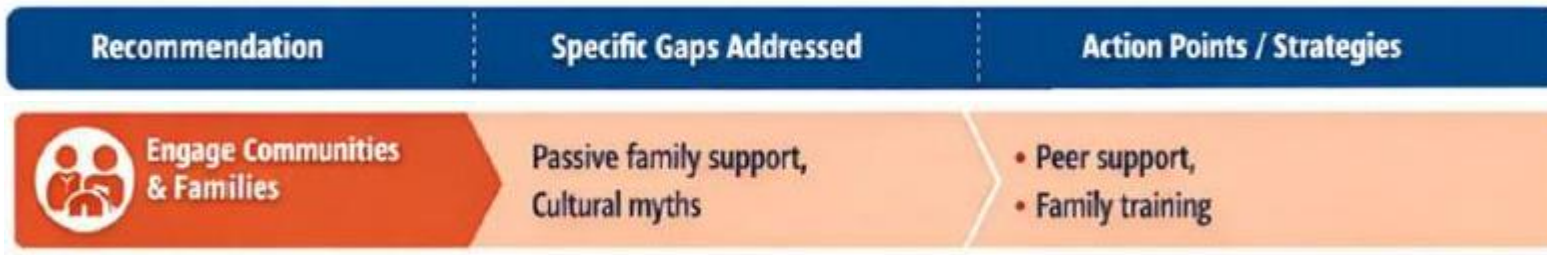
ENGAGE COMMUNITIES & FAMILIES FOR PRACTICAL SUPPORT

Passive family support,
Cultural myths



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Community and family engagement : Critical for sustained BF practices:

- **Structured programs to train family members** in practical support strategies: (feeding cues, avoiding early supplementation, emotional encouragement)
- **Establish peer-support networks**, mother-to-mother groups, community volunteers
- **Promote male involvement programs**: Empower fathers in supporting BF mothers
- **Religious institutions, local NGOs, & community centres**



9

IMPLEMENT EDUCATION PROGRAMS IN SCHOOLS & WORKPLACES

Low awareness,
Generational gaps



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Long-term BF support requires cultural and generational shifts:

- **BF education into school curricula:**
 - Teach adolescents about benefits of BF and parenting skills
- **Workplace seminars and workshops :**
 - Educate supervisors and colleagues on accommodating BF mothers
- **Recognition or certification for workplaces demonstrating BF-friendly practices**
- **Encourage intergenerational knowledge transfer through educational campaigns**
 - Target families with young children



10

CONDUCT TARGETED RESEARCH & EVALUATION

High-risk groups,
Ineffective programs



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Continuous research & evaluation to inform evidence-based interventions:

- **Studies focusing on high-risk groups** : employed mothers and CS-born infants
- **Explore maternal perceptions, family influences, and cultural norms** through qualitative research to understand barriers and facilitators
- **Evaluate impact of interventions, campaigns, & workplace policies** on BF initiation & continuation.
- **Quarterly hospital scorecards and annual community BF monitoring reports**



11

PROMOTE MULTI-SECTORAL COLLABORATION

Fragmented efforts,
Lack of coordination



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Improving breastfeeding outcomes requires coordination across sectors:

- Strengthen collaboration between the Ministry of Health and Wellness, Ministry of Labour, NGOs, private sector, and community organisations
- Develop integrated programs linking health facilities, workplaces, schools, and community initiatives to create a supportive ecosystem
- Foster partnerships with international agencies to access technical support, training, and best-practice models

12

ENSURE SUSTAINABILITY & LONG-TERM IMPACT

Funding gaps,
Need for continuity



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Allocate dedicated funding for BF programs, including health facility support, public campaigns, and workforce training.

- Incorporate BF objectives into broader maternal, child, & nutrition policies
- Establish regular reporting & accountability mechanisms at local and national levels
- **Encourage innovation** (digital platforms or mobile applications):
→ Provide accessible BF guidance and peer support



**We won the War!
Make our country
Great Again.**



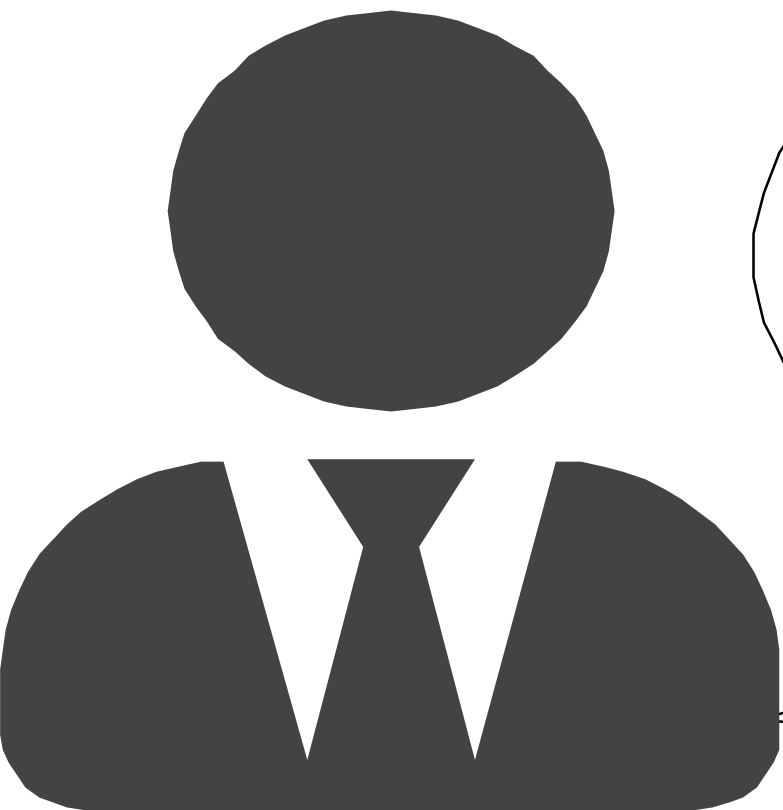
**Together We can win
the Breastfeeding
War!**

**Make Mauritius
Great Again.**



Thank you





**We won the War!
Make our country
Great Again.**



Thank you

