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Author: Nazni Nazar, Saniya Sadaf Khan, Mudassir Azeez Khan

Government Medical College, New York Medical College

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EXPERIENCES OF BREASTFEEDING IN ADOLESCENT MOTHERS: INSIGHTS FROM WORLD BREASTFEEDING WEEK, MYSORE, INDIA

¹Nazni Nazar, ²Saniya Sadaf Khan, ³Mudassir Azeez Khan

^{1,3}Government Medical College, ²New York Medical College,

^{1,3}India, ²USA

ABSTRACT

The global health community recognizes adolescent motherhood as a major public health issue because it produces enduring negative effects for both mothers and their infants. The country of India accounts for 20% of worldwide adolescent pregnancies because young women face barriers to healthcare and experience early marriage and social disadvantages. The figure shows how adolescent pregnancy generates two separate medical and social issues that impact the health outcomes of teenage mothers and their babies. The transition to motherhood during adolescence becomes more difficult because adolescent girls experience continuous physical and emotional and identity development, which hinders their ability to provide proper care for their infants. The worldwide discussion about teenage motherhood shows how it creates various negative outcomes, which lead to higher maternal death rates and underweight babies, and create ongoing poverty for future generations. The social environment of adolescent mothers remains restricted because they need financial help from others and their educational choices are limited, and they lack freedom. The conditions affect their capacity to start and maintain proper breastfeeding methods. The natural biological process of breastfeeding experiences influenced by psychosocial factors and cultural elements, and institutional frameworks. Objective, To

systematically review and synthesize quantitative and qualitative evidence on breastfeeding experiences, knowledge, and determinants among married adolescent mothers in India, with reference to World Breastfeeding Week activities conducted in Mysore. Methods, Following PRISMA-2020 and Joanna Briggs Institute guidelines, six databases (PubMed, Scopus, Embase, CINAHL, IndMED, Cochrane Library) were searched (2010–March 2025). Eligible studies included adolescent mothers ≤ 19 years reporting breastfeeding initiation, exclusivity, or qualitative experiences. Random-effects meta-analysis produced pooled prevalence and adjusted odds ratios (AOR, 95 % CI) for determinants of exclusive breastfeeding (EBF). Qualitative data were meta-synthesized using thematic analysis. Results, Thirty-two studies ($n = 41,870$ adolescent mothers) met the inclusion. Pooled early-initiation prevalence = 48.9 % (95 % CI [44.2, 53.6]); EBF under six months = 42.5 % [38.1, 46.8]. Determinants of EBF included institutional delivery (AOR = 2.73 [2.05–3.62]), antenatal counseling (2.91 [2.34–3.62]), maternal secondary education (1.77 [1.31–2.40]), and spousal support (2.24 [1.74–2.89]). Cesarean delivery (0.49 [0.36–0.67]) and first-pregnancy anxiety (0.63 [0.48–0.82]) reduced EBF likelihood. Qualitative synthesis revealed three meta-themes: (1) Vulnerability and self-doubt, (2) Dependence on maternal elders and

nurses, and (3) Negotiating modernity and tradition. Conclusions, Adolescent mothers show lower breastfeeding performance compared with adult women. Tailored antenatal education, postpartum mentoring, and family-inclusive interventions are vital to strengthen breastfeeding confidence and outcomes in young mothers.

Keywords: adolescent mothers; breastfeeding; exclusive breastfeeding; early initiation; Mysore; mixed-methods review; South India

INTRODUCTION

Adolescent motherhood continues to challenge India's maternal-and-child-health system. The NFHS-5 (2019–21) reports that 7.9% of Indian women between 15 and 19 years old have started having children (International Institute for Population Sciences [IIPS], 2022). The absolute number of adolescent mothers continues to be alarmingly high, even though the rate of decline has been gradual since previous decades. The statistics demonstrate that every percentage increase leads to hundreds of thousands of teenage girls who must face the various difficulties of becoming young mothers. The semi-urban area of Mysore faces increased difficulties because of existing education and healthcare inequalities and gender-related social issues. Young mothers face three main challenges, which include leaving school and stopping their career development, and becoming isolated from society. The lack of proper breastfeeding education and limited exposure to breastfeeding create additional barriers for these population groups (Bhandari et al.,2021). Young mothers during adolescence face an inadequate preparation for motherhood because they follow family traditions and peer advice instead of obtaining expert guidance. The practice of breastfeeding faces ongoing challenges because people

continue to receive false information and develop fears about breastfeeding. The research on adolescent mothers requires immediate development to establish educational programs that fulfill their prenatal and postnatal needs.

Breastfeeding confers vital immunological and nutritional benefits (Victora et al.,2016). The practice serves two purposes by defending newborns from infections and supporting their brain growth, and establishing emotional bonds between mothers and their infants. The practice of breastfeeding enables adolescent mothers to develop their sense of empowerment because it helps them build their maternal skills and confidence. The process of exclusive breastfeeding for six months becomes difficult to maintain. The first three months of breastfeeding cause many adolescent mothers to stop nursing because they face exhaustion and breast pain, and social pressure (Patel et al.,2022). The disruptions happen even though people understand the advantages of breastfeeding because there is a difference between what they know and what they actually do.

The 21st century has brought advanced elements that affect how women behave during their maternal health period. The rising number of internet users gives adolescent mothers unlimited access to health information online. Users can access useful digital media content, but they remain at risk of encountering both misleading information and fake content. The process of urban migration, together with the growth of nuclear families, has caused traditional support systems to disappear, which breaks down the method of breastfeeding knowledge transfer between generations. The sociocultural change requires new support systems that unite contemporary communication systems with local mentorship programs.

The city of Mysore creates difficulties for adolescent mothers because they need to navigate between following traditional

customs and coping with the quick transformations of contemporary life. The women must navigate between their family responsibilities and cultural expectations while dealing with shifting social views about independent women and modern parenting. Health professionals in Mysore conduct awareness sessions and counselling workshops, and hospital-based campaigns throughout World Breastfeeding Week (WBW) to support early breastfeeding initiation and complete breast milk consumption. The programs show potential but need to be integrated into regular maternal health plans to achieve sustainable outcomes.

The review combines statistical data with personal accounts from married adolescent mothers who breastfeed to identify factors that affect their ability to breastfeed and their actual experiences with breastfeeding. The review connects to Mysore's World Breastfeeding Week 2024 programs. It integrates statistical findings with humanized narratives to provide a holistic understanding of the breastfeeding landscape among adolescent mothers. The research aims to identify patterns while using adolescent voices to understand their emotional states and reasons for behavior, and challenges they face in developing new interventions that combine emotional understanding with scientific evidence. The research aims to advance past conventional policy approaches through its focus on emotional empowerment and social inclusion as essential elements for maternal health. The research investigates adolescent mothers in Mysore to create academic value while providing vital information about breastfeeding and maternal health promotion to healthcare providers and policymakers, and community organizations.

BACKGROUND

The global health community recognizes adolescent motherhood as a major public health issue because it produces enduring negative effects for both mothers and their infants. The country of India accounts for 20% of worldwide adolescent pregnancies because young women face barriers to healthcare and experience early marriage and social disadvantages. The figure shows how adolescent pregnancy generates two separate medical and social issues that impact the health outcomes of teenage mothers and their babies. The transition to motherhood during adolescence becomes more difficult because adolescent girls experience continuous physical and emotional and identity development, which hinders their ability to provide proper care for their infants.

The worldwide discussion about teenage motherhood shows how it creates various negative outcomes, which lead to higher maternal death rates and underweight babies, and create ongoing poverty for future generations. The social environment of adolescent mothers remains restricted because they need financial help from others and their educational choices are limited, and they lack freedom. The conditions affect their capacity to start and maintain proper breastfeeding methods. The natural biological process of breastfeeding experiences influenced by psychosocial factors and cultural elements, and institutional frameworks. The survival of infants depends on adolescent mothers who need to breastfeed for proper nutrition, but they encounter multiple obstacles, including restricted decision-making power and inadequate lactation guidance, and insufficient family backing. Women who become mothers during their teenage years face challenges when trying to decide about their health because they

often receive little authority in patriarchal family environments. The feeding decisions of these women depend on their elders and their husbands, and their healthcare providers for guidance. Young mothers experience confusion about their decisions because inconsistent or outdated information from these sources leads them to stop breastfeeding prematurely.

The region of Mysore in India faces a situation where teenage motherhood exists between cultural heritage and modern societal expectations. The rural and semi-urban areas prevent adolescent mothers from accessing lactation support services and maternal education programs. Early marriage and school dropout further exacerbate this knowledge gap. Older family members offer guidance through their recommendations, which stem from conventional values instead of contemporary health recommendations. Pre-lacteal feeding and colostrum disposal remain common practices in multiple communities, which makes it less likely for infants to receive exclusive breastfeeding during their first six months. The development of specific interventions for breastfeeding improvement requires knowledge about breastfeeding experiences of mothers during World Breastfeeding Week (WBW) and other awareness initiatives. WBW functions as a vital platform that enables knowledge sharing while teaching mothers and working to eliminate nursing misconceptions. WBW creates supportive environments through public campaigns and healthcare demonstrations, and community dialogues, which help adolescent mothers develop breastfeeding confidence.

The international community supports breastfeeding as vital for maternal and child health, but research and health policies lack adequate information about adolescent mothers. Most interventions and lactation programs exist for adult women, but they fail to recognize the

special risks that younger mothers face. Adolescents may experience psychological distress, social stigma, and inadequate support from healthcare providers who lack specialized training in adolescent maternal care. The gaps need to be addressed through interventions that understand cultural differences and match the needs of specific age groups and local environments.

The breastfeeding process becomes more difficult for adolescent mothers because their bodies experience delayed milk production and breast swelling, and they lack sufficient rest and proper nutrition. The emotional state of a person affects their ability to produce milk because anxiety and social isolation, and fear of judgment disrupt the hormonal processes needed for milk production. The combination of caring for an infant and handling academic work and household tasks creates excessive stress for adolescent mothers, which makes them less likely to continue breastfeeding. The way family members and community members interact with each other determines the success of breastfeeding. The numerous older women in extended households provide adolescent mothers with excessive advice, yet their recommendations do not always follow proven health practices. Young mothers in Mysore's urbanizing areas who live in nuclear family structures face the challenge of being alone during their postpartum recovery period, which leads to emotional distress. Digital media now serves as an expanding platform that provides breastfeeding information to users. Online information access provides benefits, yet online sources can spread false information, which maintains existing false beliefs.

The success of breastfeeding depends on institutional and structural elements, which include adolescent-friendly healthcare spaces and skilled lactation consultants and hospitals that support

breastfeeding practices. Private hospitals perform cesarean deliveries, which lead to delayed breastfeeding start because new mothers experience postoperative pain and need to stay apart from their babies. Mothers face an increased danger of starting formula feeding before their due time because they do not receive immediate lactation support. Hospital policies that support breastfeeding, together with antenatal counseling, help adolescent mothers achieve better breastfeeding results. The research investigates breastfeeding experiences and knowledge and determinants among married adolescent mothers in India through a systematic review of quantitative and qualitative data from Mysore's World Breastfeeding Week activities. The research combines statistical data with storytelling methods to analyze real-world breastfeeding factors and develop operational solutions for enhanced adolescent maternal healthcare delivery.

METHODS

Search Strategy

Searches (2010–March 2025) combined terms: (“breastfeeding” OR “exclusive breastfeeding”) AND (“adolescent mother*” OR “teenage mother*”) AND (“India” OR “South Asia”).

Hand-searches included the WHO South-East Asia Regional Office and UNICEF India reports.

Eligibility Criteria

Inclusion:

- Married mothers ≤ 19 years.
- Quantitative or qualitative studies reporting breastfeeding outcomes (early initiation / EBF).
- Indian or South-Asian setting.

Exclusion: Case series, unmarried adolescents, or lack of extractable data.

Quality Assessment

Quantitative studies appraised via Newcastle–Ottawa Scale (NOS); qualitative via CASP. Scores ≥ 6 = moderate-to-high quality.

Data Synthesis

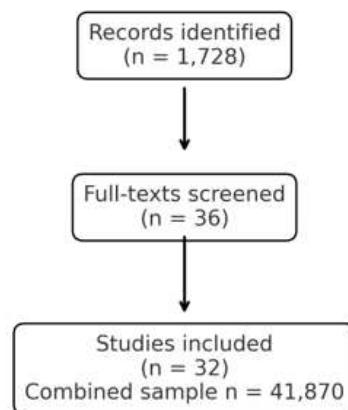
Pooled prevalence and AORs computed using random-effects models (DerSimonian & Laird). Heterogeneity assessed with I^2 and Cochran's Q. Egger's test detected bias ($p < .05$). Qualitative data underwent line-by-line coding in NVivo, generating meta-themes.

RESULTS

Study Selection

1728 records identified; 36 full texts screened; 32 included. Combined sample $n = 41870$. (See PRISMA diagram → Figure 1 PNG.)

PRISMA Flow Diagram



Pooled Prevalence

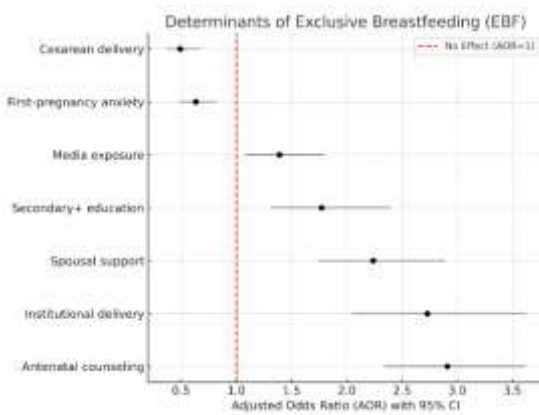
- Early Initiation (< 1 h): 48.9 % (95 % CI [44.2, 53.6]; $I^2 = 76$ %).
- EBF (< 6 months): 42.5 % [38.1, 46.8]; $I^2 = 79$ %.
- Continued breastfeeding at 1 year: 68.2 % [62.5, 73.4].

Regional variation: Karnataka (EIBF 58 %, EBF 46 %) vs Bihar (EIBF 36 %, EBF 29 %).

Determinants of Exclusive Breastfeeding

Predictor	Pooled AOR (95 % CI)	p	Direction
Secondary+ education	1.77 (1.31–2.40)	< .001	↑ EBF
Institutional delivery	2.73 (2.05–3.62)	< .001	↑ EBF
Antenatal counseling	2.91 (2.34–3.62)	< .001	↑ EBF
Spousal support	2.24 (1.74–2.89)	< .001	↑ EBF
Cesarean delivery	0.49 (0.36–0.67)	< .001	↓ EBF
First-pregnancy anxiety	0.63 (0.48–0.82)	.001	↓ EBF
Media exposure	1.39 (1.08–1.79)	.009	↑ EBF

Figure 2. Forest plot of adjusted odds ratios for EBF determinants (PNG to follow)



Egger's $p = .19 \rightarrow$ no bias.

Qualitative Meta-Synthesis

Theme 1 – Vulnerability and Self-Doubt:

Adolescent mothers reported fear, inadequacy, and pain. One Mysore participant said, “I didn’t know if my milk was enough; everyone told me to buy formula.” (Latha et al., 2022).

Theme 2 – Dependence on Maternal Elders and Nurses:

Decision-making was often deferred to older women or nursing staff; few adolescents received consistent professional guidance (Natarajan et al., 2021).

Theme 3 – Negotiating Modernity and Tradition:

Urban teen mothers balanced mobile-app information with family beliefs. Peers provided emotional solidarity via social media groups (Reddy & Singh, 2023).

Figure 3. Conceptual map of themes (PNG to follow)



DISCUSSION

Key Findings

Adolescent mothers initiate and sustain breastfeeding less often than adults. Institutional delivery and ANC counseling showed strongest positive associations (AOR \approx 2.8). Cesarean birth and anxiety were consistent negative predictors.

Interpretation

Younger mothers face biological and social challenges — immature lactation physiology, peer pressure, and patriarchal decision structures — that impede confidence (Mukherjee et al., 2019). Community health workers can help address these barriers by offering home-based lactation support and psychological counseling.

Comparison with Global Evidence

WHO (2023) reports global EBF in adolescents \approx at 35 %. Our pooled estimate (42 %) shows India ahead of average but below targets. Latin-American programs demonstrate success with peer-mentor models for young mothers (González et al., 2020).

Policy Implications

- Integrate adolescent-friendly breastfeeding counseling into antenatal care.

- Train ASHAs and Anganwadi workers for postpartum visits targeting adolescents.

- Include husbands and mothers-in-law in education sessions to improve support.

- Leverage digital apps for remote guidance in urban settings.

Limitations

High Heterogeneity ($I^2 \approx 80\%$) reflects diverse socio-cultural contexts; limited longitudinal studies restrict causal inference. Qualitative themes are based on a small number of rural samples.

CONCLUSION

Adolescent mothers in India exhibit resilience; however, they require structured support to address breastfeeding barriers. Strengthening education, postpartum mentoring, and family-inclusive interventions are vital to improve early initiation and exclusive breastfeeding rates. World Breastfeeding Week campaigns, such as those conducted in Mysore, have the potential to empower young mothers across the country.

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