

Psychological Interventions Enhancing Social Support for Breastfeeding Mothers in Bulawayo Clinics: The Roles of Counselling and Community Psychologists

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Abstract: Breastfeeding is critical for maternal and child health, yet rates in Bulawayo remain suboptimal due to psychosocial barriers including stress, low maternal confidence, and weak social support. Current healthcare systems often neglect integrated psychological and community-based interventions. This study examined psychosocial challenges hindering breastfeeding practices and determined how integrated counselling and community psychology interventions can strengthen social support systems in Bulawayo clinics. Guided by Bronfenbrenner's Ecological Systems Theory and Cohen and Wills' Social Support Theory, this qualitative study adopted an interpretivist philosophy and multiple case study design. Purposive sampling selected 20 breastfeeding mothers, 10 healthcare providers, and 5 counselling psychologists from Bulawayo clinics. Data were collected through semi-structured interviews and focus group discussions, and analysed using Braun and Clarke's thematic analysis framework. Two themes emerged: psychosocial challenges hindering breastfeeding, with subthemes of psychological distress and low self-efficacy, cultural beliefs and misconceptions (particularly intergenerational transmission of colostrum avoidance), and weak social support networks creating a "support vacuum". The second theme identified integrated interventions strengthening social support, including counselling psychology interventions addressing individual psychological needs, community psychology interventions reducing social isolation, and integrated collaborative approaches combining both strategies. Novel findings include the intergenerational transmission of harmful cultural beliefs and recognition that neither counselling nor community interventions alone are sufficient. Breastfeeding mothers in Bulawayo face significant psychosocial challenges requiring comprehensive support. Integrated counselling and community psychology interventions addressing both individual and systemic factors are essential but currently unavailable. Integrate counselling psychology services into routine maternal healthcare, establish community-based peer support networks, implement culturally sensitive education engaging elders and develop integrated intervention frameworks with adequate funding and training.

Keywords: Breastfeeding, psychosocial challenges, counselling psychology, community psychology, social support, integrated interventions, Bulawayo.

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1.0 INTRODUCTION

This section provides the foundational context for understanding breastfeeding as a critical maternal and child health intervention while highlighting the psychosocial barriers that mothers face. The background establishes the rationale for examining how counselling and community psychology interventions can address these challenges within the Bulawayo clinic setting.

1.1 Background to the Study

Breastfeeding is universally recognized as one of the most effective interventions for ensuring optimal maternal and child health, providing complete nutrition during the first six months of life, strengthening infant immunity, promoting cognitive development, and reducing infant morbidity and mortality. For mothers, breastfeeding is associated with reduced risks of postpartum hemorrhage, breast and ovarian cancers, type 2 diabetes, and postpartum depression. Despite these well-established benefits, many mothers encounter significant psychosocial, emotional, cultural, and structural barriers that hinder the initiation and continuation of exclusive breastfeeding, highlighting the importance of comprehensive support systems extending beyond clinical care to include psychological counseling, family involvement, peer support, and community-based interventions. The World Health Organization (2023) and the United Nations Children's Fund (2023) have consistently emphasized that breastfeeding success depends not only on biological factors but also on the psychosocial environment surrounding mothers.

The WHO recommends initiating breastfeeding within the first hour after birth, practicing exclusive breastfeeding for the first six months, and continuing breastfeeding alongside complementary feeding until at least two years of age. However, global rates of exclusive breastfeeding remain below recommended targets, with only about 48% of infants younger than six months exclusively breastfed worldwide, with substantial disparities across countries and regions. According to the WHO (2023) and UNICEF (2023), barriers include inadequate maternity protection, lack of workplace support, limited breastfeeding knowledge, social stigma, cultural misconceptions, insufficient partner support, maternal stress, and poor access to professional breastfeeding counseling. These barriers underscore the need for multifaceted interventions that address both individual and systemic factors.

Increasing evidence suggests that breastfeeding is influenced not only by biological and medical factors but also by psychosocial determinants. Breastfeeding mothers experience multiple stressors during the prenatal and postnatal periods, including physical recovery, sleep deprivation, role adjustment, financial pressures, relationship changes, and infant care concerns. According to

Dennis and McQueen (2009), these stressors may contribute to anxiety, psychological distress, low maternal self-efficacy, and postpartum depression, which negatively affect breastfeeding initiation, exclusivity, and duration. Similarly, O'Hara and McCabe (2013) established that maternal depression is associated with delayed breastfeeding initiation, impaired mother-infant bonding, and poorer infant developmental outcomes, highlighting the bidirectional relationship between mental health and breastfeeding success. Consequently, breastfeeding should be understood within a biopsychosocial framework recognizing the interaction of biological, psychological, and social influences on maternal behavior and well-being.

Within this context, counselling psychology plays a critical role in promoting the psychological well-being of breastfeeding mothers by emphasizing personal strengths, resilience, coping skills, and psychological adjustment during life transitions. The transition to motherhood represents a significant developmental change often accompanied by emotional vulnerability and increased need for psychosocial support. The American Psychological Association (2023) recognizes that counselling psychologists help mothers manage stress, anxiety, depression, breastfeeding difficulties, feelings of inadequacy, and parenting concerns through evidence-based therapeutic approaches including cognitive-behavioral therapy, psychoeducation, interpersonal counseling, and solution-focused interventions. Counselling interventions strengthen maternal confidence, referred to as breastfeeding self-efficacy, which Dennis (1999) defines as a mother's confidence in her ability to breastfeed successfully. Mothers with higher breastfeeding self-efficacy are more likely to initiate breastfeeding early, exclusively breastfeed longer, and overcome breastfeeding challenges. Counselling psychologists contribute to improving breastfeeding self-efficacy by helping mothers develop realistic expectations, effective problem-solving skills, emotional regulation strategies, and positive coping mechanisms.

Maternal mental health is another important area where counselling psychology contributes significantly. The postpartum period is characterized by increased risk of mood disorders, with approximately one in five women experiencing significant psychological distress during the perinatal period, according to the WHO (2022). As O'Hara and McCabe (2013) demonstrated, maternal depression has been associated with delayed breastfeeding initiation, reduced breastfeeding duration, impaired mother-infant bonding, and poorer infant developmental outcomes. Early psychological assessment, counseling, and referral services therefore play an essential role in protecting both maternal mental health and successful breastfeeding practices.

While counselling psychology focuses primarily on individual psychological functioning, community

psychology emphasizes the broader social, environmental, and systemic factors influencing health and well-being. As Jason et al. (2019) explain, community psychology promotes empowerment, social justice, prevention, community participation, and collective action by strengthening the environments in which individuals live. From this perspective, breastfeeding success is influenced not only by mothers' personal characteristics but also by the quality of family relationships, community support networks, workplace policies, healthcare systems, and cultural norms.

One central concept in community psychology is social support, which Cohen and Wills (1985) define as emotional, informational, instrumental, and appraisal assistance provided through interpersonal relationships and community networks. Social support has consistently been identified as one of the strongest predictors of successful breastfeeding. Emotional support from partners, family members, friends, peer counselors, and healthcare providers enhances maternal confidence, reduces stress, and encourages persistence. Informational support provides accurate knowledge and practical guidance, while instrumental support includes practical assistance with household responsibilities and childcare. Appraisal support reinforces mothers' confidence through positive feedback and reassurance. Community psychology interventions therefore focus on building supportive environments through peer-support groups, mother-to-mother support networks, community education programs, home-visiting services, father involvement initiatives, workplace breastfeeding support, and community advocacy campaigns. As Bronfenbrenner (1979) and Jason et al. (2019) emphasize, these interventions recognize that breastfeeding is a shared social responsibility rather than solely an individual maternal responsibility.

The Ecological Systems Theory developed by Bronfenbrenner (1979) provides an important framework for understanding how multiple environmental systems influence breastfeeding outcomes. The theory proposes that human development is shaped through interactions within nested environmental systems, including the family (microsystem), healthcare institutions and workplaces (mesosystem), community organizations (exosystem), and broader cultural values and policies (macrosystem). Breastfeeding outcomes are therefore influenced by interactions among individual psychological factors, family support, healthcare services, workplace environments, and societal attitudes toward breastfeeding. Similarly, Cohen and Wills' (1985) Social Support Theory suggests that strong support networks buffer individuals against stress by providing emotional reassurance, practical assistance, and access to valuable resources. For breastfeeding mothers, social support reduces psychological distress while enhancing coping abilities, maternal confidence, and persistence during breastfeeding difficulties.

The integration of counselling psychology and community psychology offers a comprehensive approach to strengthening social support systems for breastfeeding mothers. Counselling psychologists address individual psychological challenges by promoting resilience, emotional well-being, and adaptive coping strategies, whereas community psychologists strengthen interpersonal relationships, mobilize community resources, advocate supportive public policies, and empower communities to create breastfeeding-friendly environments. Together, these complementary approaches address both personal and environmental determinants of breastfeeding success. Research increasingly demonstrates the effectiveness of integrated psychosocial interventions, with McFadden et al. (2017) finding that peer counseling programs consistently improve breastfeeding initiation, exclusivity, and continuation rates, particularly among socially disadvantaged mothers. Community-based mother support groups provide opportunities for shared learning, emotional encouragement, and normalization of breastfeeding challenges, reducing isolation and enhancing maternal confidence. Likewise, Dennis and McQueen (2009) demonstrated that counseling interventions targeting postpartum depression and anxiety have shown positive effects on breastfeeding outcomes by improving maternal psychological well-being and strengthening mother-infant attachment.

Despite growing recognition of these interventions, many healthcare systems continue to emphasize biomedical approaches while underutilizing psychosocial services. Counseling support is often unavailable or inadequately integrated into maternal healthcare, particularly in low- and middle-income countries. Community-based breastfeeding support programs frequently depend on limited funding, volunteer participation, or short-term projects, reducing sustainability and accessibility. These gaps contribute to inadequate social support for breastfeeding mothers despite overwhelming evidence of its importance. Furthermore, existing research often examines counseling psychology or community psychology interventions separately rather than exploring their combined contribution to strengthening social support systems. Limited empirical evidence exists regarding how integrated psychological and community-based approaches can simultaneously improve maternal mental health, breastfeeding self-efficacy, family support, community engagement, and breastfeeding outcomes. Understanding these interactions is particularly important within diverse cultural settings where family structures, gender roles, social norms, and healthcare resources may shape breastfeeding experiences differently. Given these knowledge gaps, this study examines the role of counselling psychology and community psychology interventions in strengthening social support systems among breastfeeding mothers attending Bulawayo clinics.

1.2 Purpose of the study

The purpose of this study was to identify the psychosocial challenges hindering breastfeeding practices among mothers attending Bulawayo clinics and determine how integrated counselling and community psychology interventions can strengthen social support systems to improve breastfeeding outcomes.

1.3 Statement of the Problem

Despite proven benefits, breastfeeding rates in Bulawayo remain suboptimal due to psychosocial barriers like stress, low maternal confidence, and weak social support. Current healthcare often neglects integrated psychological and community-based interventions. This study addresses the gap by examining how counselling and community psychology can collectively strengthen support systems to improve maternal mental health, self-efficacy, and breastfeeding outcomes in Bulawayo clinics.

1.4 Research Objectives

1. To identify the psychosocial challenges (including stress, low self-efficacy, and weak social support) that hinder breastfeeding practices among mothers attending Bulawayo clinics.
2. To determine how integrated counselling and community psychology interventions can strengthen social support systems and improve breastfeeding outcomes in Bulawayo clinics.

1.5 Research Questions

1. What psychosocial challenges do breastfeeding mothers face in Bulawayo clinics that hinder successful breastfeeding practices?
2. How can integrated counselling and community psychology interventions strengthen social support systems to improve breastfeeding outcomes in Bulawayo clinics?

1.6 Significance of the Study

This study is significant as it will provide valuable insights for multiple stakeholders. For breastfeeding mothers, the findings will help improve access to psychological and social support, reducing stress and enhancing confidence to breastfeed successfully. Healthcare providers and counselors will benefit from evidence-based guidance on effective integrated counselling and community interventions. Policy makers and health program planners can use the findings to develop maternal health policies that incorporate psychological services into routine antenatal and postnatal care. Community leaders and families will gain awareness of their crucial role in creating breastfeeding-friendly environments. Additionally, academic researchers will benefit from the contribution of new knowledge addressing existing gaps on integrated psychosocial interventions for

breastfeeding support in resource-limited settings like Bulawayo.

2.0 REVIEW OF RELATED LITERATURE

This section reviews empirical literature on psychosocial barriers to breastfeeding and integrated psychological interventions strengthening social support systems. The review is organized around two thematic areas derived from the research objectives: psychosocial challenges hindering breastfeeding practices, and the roles of counselling and community psychology interventions in enhancing social support. The section concludes with identification of gaps in existing literature, particularly the absence of research on integrated interventions in Zimbabwean contexts.

2.1 Theoretical Framework

This study is grounded in the integration of two complementary theoretical frameworks: Bronfenbrenner's Ecological Systems Theory (1979) and Cohen and Wills' Social Support Theory (1985). These frameworks collectively provide a comprehensive lens for understanding how counselling and community psychology interventions can strengthen social support systems for breastfeeding mothers in Bulawayo clinics.

2.1.1 Ecological Systems Theory

Bronfenbrenner's Ecological Systems Theory posits that human development is shaped through interactions within nested environmental systems: the microsystem (family, peers, and healthcare providers), the mesosystem (interactions between microsystems such as clinic-family linkages), the exosystem (community organizations and workplace policies), and the macrosystem (cultural values and societal norms). Snyder et al. (2021) applied this framework to breastfeeding research, demonstrating that breastfeeding outcomes are influenced across multiple levels: individual psychological factors (stress, self-efficacy), interpersonal relationships (family and peer support), community norms, organizational policies, and broader legislative environments. This framework is particularly relevant to the Bulawayo context, where cultural beliefs, family structures, and healthcare system constraints interact to shape breastfeeding experiences.

2.1.2 Social Support Theory

Cohen and Wills' Social Support Theory distinguishes four functions of support: emotional support (care, empathy, trust), informational support (advice, guidance), instrumental support (tangible assistance), and appraisal support (feedback and affirmation). The theory proposes that strong support networks buffer individuals against stress by providing these resources. Dennis (1999) integrated this theory with breastfeeding self-efficacy, demonstrating that mothers with higher perceived social support report greater confidence and longer breastfeeding duration. Recent

research confirms that family support, peer networks, and healthcare professional support are critical determinants of breastfeeding outcomes.

This integrated framework is justified for three reasons. First, it addresses the study's dual focus on both individual psychological factors (counselling psychology) and broader social-environmental determinants (community psychology). Second, it recognizes that psychosocial barriers to breastfeeding in Bulawayo operate across multiple ecological levels, from maternal stress and low self-efficacy to weak community support networks and cultural norms. Third, this framework has been empirically validated in breastfeeding research. Wu et al. (2025) demonstrated the effectiveness of ecological and social support perspectives in designing psychosocial interventions that enhance maternal mental health and breastfeeding outcomes through professional breastfeeding education, interpersonal social support networks, and personalized counseling services.

2.2 Psychosocial Challenges Hindering Breastfeeding Practices

Research from Western nations has extensively documented psychosocial barriers to breastfeeding. Dennis and McQueen (2009) identified that maternal stress, anxiety, low self-efficacy, and postpartum depression predict early breastfeeding cessation within the first six weeks postpartum. Pezley et al. (2022) confirmed that maternal mental health disorders, particularly depression and anxiety, are strongly associated with reduced breastfeeding intention, initiation, exclusivity, and duration. They found that approximately one in five women experience significant psychological distress during the perinatal period, negatively affecting breastfeeding through neuroendocrine mechanisms involving oxytocin, prolactin, and cortisol regulation. O'Hara and McCabe (2013) established that maternal depression is associated with delayed breastfeeding initiation, impaired mother-infant bonding, and poorer infant developmental outcomes, highlighting the bidirectional relationship between mental health and breastfeeding success.

Social support deficits have also been identified as critical barriers. Cohen and Wills (1985) demonstrated through Social Support Theory that inadequate emotional, informational, and instrumental support increases stress vulnerability and reduces coping abilities. Lutenbacher et al. (2018) found that among Hispanic mothers in the United States, weak social support networks were associated with increased stress, depressive symptoms, and reduced breastfeeding self-efficacy. However, a significant gap exists in Western literature regarding how multiple psychosocial challenges interact simultaneously to hinder breastfeeding.

European scholars have contributed valuable insights. Kenyon et al. (2016) in the United Kingdom identified that

young mothers with social risk factors face compounded barriers, with 15% of participants having a clinical diagnosis of past or present mental illness. Franco Antonio et al. (2022) in Spain demonstrated that postpartum depression negatively affects breastfeeding self-efficacy and duration. Vidas et al. (2011) in Croatia revealed that maternal anxiety and stress are significant predictors of breastfeeding difficulties. Handayani et al. (2025) noted that cultural beliefs, workplace constraints, and limited partner support create significant barriers in Europe.

Research from Asia and Australia has extensively examined psychosocial barriers. Zhao et al. (2020, 2021) in China identified that maternal stress, low breastfeeding self-efficacy, and anxiety are significant barriers to exclusive breastfeeding, with postpartum depression rates affecting approximately one in five mothers. Montazeri et al. (2020) in Iran demonstrated that maternal anxiety during pregnancy predicts breastfeeding difficulties postpartum. Buultjens et al. (2018) in Australia identified that first-time mothers face unique challenges including role adjustment, sleep deprivation, and reduced breastfeeding confidence. Handayani et al. (2025) documented that cultural beliefs, such as viewing colostrum as dirty, fears that breastfeeding causes breast sagging, and misconceptions that breast milk alone is insufficient, significantly hinder exclusive breastfeeding practices.

African research has identified multiple psychosocial barriers. Gureje et al. (2019) in Nigeria found that perinatal depression significantly barriers exclusive breastfeeding, with 12-15% of mothers experiencing clinically significant depressive symptoms. Rossouw et al. (2021) in South Africa demonstrated that low socioeconomic status, unemployment, and stressful psychosocial environments are associated with reduced breastfeeding self-efficacy. Sosseh et al. (2023) identified beliefs such as food avoidance during breastfeeding and misconceptions about milk supply significantly hinder exclusive breastfeeding. Kimani-Murage et al. (2011) found that social stigma, pressure from extended family members, and traditional feeding practices contribute to suboptimal breastfeeding outcomes. Shakya et al. (2017) demonstrated that community-based peer support can improve breastfeeding outcomes, but programs often depend on limited funding. A critical gap in African literature is the absence of studies examining how counselling and community psychology can work together to address multiple barriers.

There is a notable absence of published research specifically examining psychosocial challenges hindering breastfeeding practices in Zimbabwe. While breastfeeding rates in Bulawayo remain suboptimal due to barriers including stress, low maternal confidence, and weak social support, no empirical studies have systematically investigated these challenges in Zimbabwean contexts. Research from neighbouring countries suggests similar challenges exist

across the region, including cultural misconceptions and insufficient support (WHO, 2023; UNICEF, 2023). This study addresses this gap by identifying psychosocial challenges hindering breastfeeding practices among mothers attending Bulawayo clinics.

2.3 Integrated Counselling and Community Psychology Interventions Strengthening Social Support Systems

Western research has demonstrated the effectiveness of integrated psychosocial interventions. Pezley et al. (2022) systematically reviewed 30 behavioural interventions and found that interventions extending across pregnancy and postpartum periods, offering individualized support from multidisciplinary teams including mental health professionals, lactation specialists, and peer supporters, were most successful in improving both mental health and breastfeeding outcomes. Lutenbacher et al. (2018) in the United States demonstrated that peer mentor programs significantly reduced depressive symptoms and stress while improving breastfeeding self-efficacy among Hispanic mothers.

Counselling psychology interventions focusing on individual functioning have shown effectiveness. Dennis and McQueen (2009) found that cognitive-behavioural therapy, psychoeducation, and interpersonal counselling significantly improved maternal mental health and breastfeeding self-efficacy. Johnston et al. (2004, 2006) demonstrated that risk-based interventions incorporating home visits and phone support improved breastfeeding duration and reduced depressive symptoms. However, a significant gap exists in Western literature regarding integration of counselling and community psychology approaches, as most studies examine interventions separately.

European research has examined psychological interventions, though integrated approaches are less common. Franco Antonio et al. (2022) in Spain found that motivational interviewing improved breastfeeding duration and reduced depressive symptoms. Vidas et al. (2011) in Croatia demonstrated that autogenic training improved exclusive breastfeeding rates and reduced anxiety. Kenyon et al. (2016) in the United Kingdom found that pregnancy outreach worker services improved bonding outcomes and reduced depressive symptoms. Handayani et al. (2025) noted that peer support programs in Europe provide opportunities for shared learning and emotional encouragement. However, European literature reveals gaps in comprehensive interventions that systematically integrate counselling and community psychology.

Asian and Australian research has explored various interventions with some emphasis on integrated approaches. Zhao et al. (2020, 2021) in China developed a prenatal individualized mixed management intervention incorporating psychoeducation, mental health support, and

breastfeeding guidance, significantly improving breastfeeding outcomes and reducing postpartum depression. Shafaei et al. (2020) in Iran found that prenatal counselling significantly improved breastfeeding self-efficacy. Buultjens et al. (2018) in Australia examined psychoeducational group programs, finding reduced depressive symptoms but mixed results for breastfeeding exclusivity. Handayani et al. (2025) documented that community-based mother support groups in Indonesia have successfully promoted exclusive breastfeeding through community empowerment principles.

African research on integrated interventions is limited but some studies have examined individual counselling and community-based approaches separately. Gureje et al. (2019) in Nigeria evaluated stepped-care psychological treatment for perinatal depression, finding that interventions delivered by non-specialist primary maternal care providers improved exclusive breastfeeding rates at six months postpartum and reduced depressive symptoms at twelve months. Shakya et al. (2017) systematically reviewed community-based peer support programs and found they effectively improved breastfeeding practices, particularly among socially disadvantaged mothers. Handayani et al. (2025) documented that mother support groups and community empowerment programs in African countries promote exclusive breastfeeding. However, a critical gap exists in African literature regarding integration of counselling psychology and community psychology approaches. No studies have systematically examined how individual psychological counselling and community-based support can be combined to strengthen social support systems.

Sub-Saharan African research on integrated psychosocial interventions remains sparse. Balaluka et al. (2012) in the Democratic Republic of Congo found that community volunteers significantly improved breastfeeding. Handayani et al. (2025) emphasized that breastfeeding promotion interventions should be implemented across multiple settings including healthcare, family, community, and workplaces, but healthcare professionals often lack skills-based training in providing psychosocial support. There is a complete absence of published research examining integrated counselling and community psychology interventions for breastfeeding mothers in Zimbabwe. While current healthcare in Bulawayo often neglects integrated psychological and community-based interventions, no empirical studies have investigated how these approaches can be systematically implemented in Zimbabwean clinics. The theoretical frameworks of Bronfenbrenner's Ecological Systems Theory (1979) and Cohen and Wills' Social Support Theory (1985) provide a foundation for understanding integrated interventions but have not been applied in Zimbabwean contexts. This study addresses this significant gap by determining how integrated counselling and

community psychology interventions can strengthen social support systems and improve breastfeeding outcomes in Bulawayo clinics.

3.0 MATERIALS AND METHODS

This study adopts an interpretivist research philosophy, which recognizes that social realities are constructed through subjective meanings and experiences (Creswell & Poth, 2024). This philosophy is appropriate as it allows for in-depth exploration of breastfeeding mothers' lived experiences, psychosocial challenges, and perceptions of social support in Bulawayo clinics. A qualitative research approach will be employed to gain rich, contextual understanding of participants' perspectives (Braun & Clarke, 2022). Qualitative methods are suitable for exploring complex psychosocial phenomena and capturing the nuanced experiences of breastfeeding mothers within their cultural and social contexts (Merriam & Tisdell, 2020).

The study uses a multiple case study design to examine breastfeeding mothers' experiences across selected Bulawayo clinics (Yin, 2024). This design enables in-depth exploration of how counselling and community psychology interventions strengthen social support systems, while allowing comparison across different clinic settings (Stake, 2020). The target population comprises breastfeeding mothers attending postnatal clinics, healthcare providers (nurses and midwives), and counselling psychologists in Bulawayo clinics. A purposive sampling technique will be used to select participants who can provide rich, relevant data (Patton, 2023). The sample will include 20 breastfeeding mothers, 10 healthcare providers, and 5 counselling psychologists. Inclusion criteria for mothers include having an infant under six months and attending Bulawayo clinics. Purposive sampling ensures selection of information-rich cases relevant to the study objectives (Palinkas et al., 2023).

Data will be collected through semi-structured interviews and focus group discussions (FGDs). Semi-structured interviews will be conducted with healthcare providers and counselling psychologists, allowing flexibility to probe emerging themes (Kallio et al., 2024). Three FGDs will be conducted with breastfeeding mothers, each comprising 6-8 participants, to generate collective insights on psychosocial challenges and support needs (Nyumba et al., 2022). Data collection will continue until thematic saturation is achieved (Guest et al., 2020). Data will be analysed using thematic analysis following Braun and Clarke's (2022) six-phase framework: familiarisation, coding, generating themes, reviewing themes, defining themes, and writing up. NVivo software will assist in managing and coding data systematically. Themes will be identified inductively from participants' narratives and deductively guided by the theoretical frameworks (Nowell et al., 2023).

Ethical approval will be obtained from relevant institutional and health authorities. All participants will provide informed consent after receiving comprehensive information about the study (World Medical Association, 2024). Anonymity and confidentiality will be maintained through pseudonyms and secure data storage (Iphofen & Tolich, 2023). Participants will be informed of their right to withdraw at any time without consequences. Ethical sensitivity will be observed when discussing potentially distressing experiences, with referral pathways established for participants requiring psychological support.

4.0 RESULTS AND DISCUSSION

The data analysis revealed two overarching themes that capture the breastfeeding experiences of mothers attending Bulawayo clinics and the potential interventions to address their challenges. The first theme focuses on the psychosocial barriers that hinder breastfeeding practices, while the second theme examines how integrated counselling and community psychology interventions can strengthen social support systems.

4.1 Theme 1: Psychosocial Challenges Hindering Breastfeeding Practices

Within the first theme on psychosocial challenges hindering breastfeeding practices, three distinct subthemes emerged from participants' narratives. These subthemes collectively illustrate the multifaceted nature of barriers that breastfeeding mothers in Bulawayo encounter, beginning with psychological distress and low self-efficacy.

4.1.1 Subtheme: Psychological Distress and Low Self-Efficacy

Mothers reported significant emotional struggles impacting breastfeeding confidence. One participant stated: *"I felt so stressed and thought my milk was not enough for my baby"* (FGD1, Mother, 24). Another expressed: *"I wanted to give up many times because I felt I was failing as a mother"* (FGD2, Mother, 29). Healthcare providers confirmed these observations: *"Many mothers present with anxiety and low confidence, which directly affects breastfeeding continuation"* (HP1, Nurse). These findings reveal that psychological distress and low breastfeeding self-efficacy are pervasive among breastfeeding mothers in Bulawayo. The mothers' expressions of stress, self-doubt, and feelings of failure indicate that breastfeeding challenges are not merely physical but deeply psychological. This aligns with Dennis and McQueen (2009) who established that maternal stress and low self-efficacy predict early breastfeeding cessation. The finding that mothers question their milk supply reflects the psychological dimension of breastfeeding, where perceived insufficiency often stems from anxiety rather than physiological inadequacy. What is particularly significant is the intensity of emotional distress expressed, suggesting that mothers internalize breastfeeding

difficulties as personal failures, which compounds their psychological burden. This represents an important finding for Bulawayo, as it highlights the need for psychological interventions that address maternal self-efficacy and emotional regulation.

4.1.2 Subtheme: Cultural Beliefs and Misconceptions

Cultural practices emerged as significant barriers. A mother shared: *"My grandmother told me colostrum is dirty and I should not give it to my baby"* (FGD3, Mother, 22). Another stated: *"Some believe breastfeeding makes breasts sag, so they stop early"* (FGD1, Mother, 27). Counselling psychologists noted: *"Cultural beliefs about food restrictions and colostrum negatively impact exclusive breastfeeding rates"* (CP2). These findings demonstrate that cultural beliefs profoundly influence breastfeeding practices in Bulawayo. The belief that colostrum is "dirty" contradicts scientific evidence that colostrum is nutrient-dense and rich in antibodies essential for newborn immunity (WHO, 2023). The misconception that breastfeeding causes breast sagging reflects body image concerns that lead to early breastfeeding cessation. These findings corroborate Handayani et al. (2025) who identified similar cultural barriers in African contexts, including beliefs about food avoidance and colostrum. However, a new finding emerging from this study is the specific intergenerational transmission of these beliefs, where grandmothers and elders perpetuate misconceptions. This extends existing knowledge by highlighting that cultural barriers in Bulawayo are deeply embedded in family structures and traditional knowledge systems. The study reveals that addressing breastfeeding challenges requires culturally sensitive interventions that engage elders and traditional leaders.

4.1.3 Subtheme: Weak Social Support Networks

Inadequate support systems were widely reported. A mother lamented: *"My partner says breastfeeding is my responsibility alone, I get no help at home"* (FGD2, Mother, 31). Another added: *"There is no one to talk to when I struggle with breastfeeding"* (FGD3, Mother, 26). Healthcare providers acknowledged: *"Many mothers lack emotional and instrumental support from partners and extended family"* (HP2, Midwife). The findings indicate severe deficits in social support for breastfeeding mothers in Bulawayo. The perception that breastfeeding is solely a maternal responsibility reflects gender role expectations that isolate mothers and increase their burden. The absence of emotional support and someone to talk to suggests that mothers experience significant isolation during the postpartum period. This supports Cohen and Wills' (1985) Social Support Theory, which posits that inadequate emotional and instrumental support increases stress vulnerability and reduces coping abilities. A novel finding is the combination of weak partner support and lack of peer networks, creating a "support vacuum" for mothers. Unlike

studies that focus on either partner support or peer support separately (Lutenbacher et al., 2018), this study reveals their combined absence exacerbates breastfeeding difficulties. This finding underscores the need for community psychology interventions that strengthen multiple support sources simultaneously.

4.2 Theme 2: Integrated Interventions Strengthening Social Support

Within the second theme on integrated interventions strengthening social support, three subthemes emerged that highlight different but complementary approaches to supporting breastfeeding mothers. The first subtheme focuses specifically on counselling psychology interventions that address individual psychological needs.

4.2.1 Subtheme: Counselling Psychology Interventions

Participants identified psychological support as critical. A psychologist stated: *"Cognitive-behavioural therapy helps mothers manage stress and build breastfeeding confidence"* (CP1). A healthcare provider noted: *"Psychoeducation groups would empower mothers with knowledge and emotional regulation skills"* (HP3). Mothers expressed desire for counselling: *"I wish someone had talked to me about my feelings; I felt alone"* (FGD1, Mother, 23). These findings highlight the perceived value of counselling psychology interventions in supporting breastfeeding mothers. The recognition that CBT addresses stress and confidence building aligns with Dennis and McQueen (2009) who found cognitive-behavioural therapy effective in improving maternal mental health and breastfeeding self-efficacy. The desire for emotional support expressed by mothers indicates a significant unmet need for psychological services. A critical finding is that mothers themselves recognize the need for psychological support, yet such services are currently unavailable in Bulawayo clinics. This gap represents a missed opportunity for early intervention. The study extends knowledge by demonstrating that mothers' preference for counselling reflects their awareness that psychological distress is a significant barrier requiring professional support, not merely practical breastfeeding assistance.

4.2.2 Subtheme: Community Psychology Interventions

Community-based approaches were emphasized. A psychologist stated: *"Peer support groups create safe spaces for mothers to share experiences and learn from each other"* (CP3). Healthcare providers noted: *"Mother-to-mother networks would strengthen social support and reduce isolation"* (HP1). One mother affirmed: *"I would love to meet other mothers; we could encourage each other"* (FGD2, Mother, 28). The findings demonstrate strong support for community-based interventions that address social isolation. Peer support groups and mother-to-mother networks are perceived as valuable mechanisms for shared

learning and emotional encouragement. This aligns with Shakya et al. (2017) who found community-based peer support effectively improves breastfeeding practices. A significant finding is that mothers' desire for peer connections reflects their unmet need for social belonging and validation. The study reveals a new dimension: mothers seek not just information but emotional solidarity with others experiencing similar challenges. This extends the literature by showing that community psychology interventions in Bulawayo must prioritize relationship-building and emotional support, not merely education.

4.2.3 Subtheme: Integrated Collaborative Approaches

Participants highlighted the need for integration. A counselling psychologist stated: "*We need both individual counselling and community mobilisation to address all barriers comprehensively*" (CP1). Healthcare providers concurred: "*Collaboration between psychologists, nurses, and community health workers is essential*" (HP2, Midwife). The findings reveal that integrated approaches addressing both individual and systemic factors are essential for effective breastfeeding support. This aligns with Pezley et al. (2022) who found multidisciplinary interventions most successful in improving breastfeeding outcomes. A novel contribution of this study is the explicit recognition by practitioners that neither counselling nor community interventions alone are sufficient; comprehensive support requires simultaneous psychological and community-based strategies. This extends existing knowledge by providing empirical evidence from a Zimbabwean context supporting integrated approaches. The finding that healthcare providers acknowledge collaboration gaps represents new knowledge about systemic barriers in Bulawayo's healthcare system. This study contributes original insights by demonstrating that integrated interventions must address not only maternal psychological well-being but also family dynamics, cultural norms, healthcare systems, and community structures—a holistic approach not previously documented in Zimbabwean breastfeeding research.

5.0 CONCLUSION

This study concludes that breastfeeding mothers in Bulawayo clinics face significant psychosocial challenges, including psychological distress, low self-efficacy, cultural misconceptions about colostrum, and weak social support networks. A novel finding is the intergenerational transmission of harmful cultural beliefs perpetuated by elders, and the combined absence of partner and peer support creating a "*support vacuum*" that exacerbates breastfeeding difficulties. The study also concludes that integrated counselling and community psychology interventions can strengthen social support systems by simultaneously addressing individual psychological needs and community-level determinants. A novel contribution is the recognition that neither approach alone is sufficient;

comprehensive support requires combined individual counselling and community mobilization strategies, currently unavailable in Bulawayo clinics, representing critical systemic gaps requiring policy attention.

6.0 RECOMMENDATIONS

This study recommends that:

1. The Ministry of Health and Child Care should integrate counselling psychology services into routine antenatal and postnatal care in Bulawayo clinics by employing counselling psychologists to provide individual and group psychological support addressing maternal stress, anxiety, and low breastfeeding self-efficacy.
2. Healthcare providers and clinic administrators should establish community-based peer support groups and mother-to-mother networks to address social isolation and create safe spaces for shared learning, emotional encouragement, and validation among breastfeeding mothers.
3. Community leaders, traditional elders, and healthcare workers should collaborate on culturally sensitive community education programs that address harmful intergenerational beliefs about colostrum and breastfeeding misconceptions, while respecting cultural contexts and engaging grandmothers as allies.
4. Policy makers and health program planners should develop integrated intervention frameworks that combine counselling psychology (individual support) and community psychology (community mobilization) approaches, with adequate funding, training for healthcare workers, and sustainable implementation strategies for Bulawayo clinics.

REFERENCES

1. American Psychological Association. (2023). *Clinical practice guideline for the treatment of depression and psychological health*.
2. Bronfenbrenner, U. (1979). *The Ecology of Human Development*. Harvard University Press.
3. Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357.
4. Dennis, C.-L. (1999). Theoretical underpinnings of breastfeeding confidence: A self-efficacy framework. *Journal of Human Lactation*, 15(3), 195–201.
5. Dennis, C.-L., & McQueen, K. (2009). The relationship between infant-feeding outcomes and postpartum depression. *Journal of Human Lactation*, 25(4), 386–397.
6. Jason, L. A., Glantsman, O., O'Brien, J. F., & Ramian, K. N. (2019). *Introduction to Community Psychology: Becoming an Agent of Change*. Rebus Community.
7. McFadden, A., Gavine, A., Renfrew, M. J., et al. (2017). Support for healthy breastfeeding mothers with

- healthy term babies. *Cochrane Database of Systematic Reviews*, (2), CD001141.
8. O'Hara, M. W., & McCabe, J. E. (2013). Postpartum depression: Current status and future directions. *Annual Review of Clinical Psychology*, 9, 379–407.
 9. World Health Organization. (2022). *World Mental Health Report: Transforming Mental Health for All*.
 10. World Health Organization. (2023). *Infant and Young Child Feeding*.
 11. United Nations Children's Fund. (2023). *Infant and Young Child Feeding*.