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Case Study

Evaluating the autonomy of mother in infant feeding decision: A case study

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ABSTRACT

Introduction: Exclusive breastfeeding is widely recognized as the optimal method to feed infant up to six months of age. However, mothers often encountered social barriers that challenge the ability to provide exclusive breastfeeding. A significant obstacle was the tendency of grandmothers to be decision-makers in infant care, including feeding. Only a few studies explored maternal autonomy in making the decision about feeding infant based on individual cases.
Objective: This case study aimed to describe the ethical dimension in breastfeeding, focusing on maternal autonomy in infant feeding decision and how this was influenced by family and cultural beliefs.
Case: A 22-year-old mother with a four-month-old infant followed her grandmother's advice to provide homemade porridge mixed with soup stock. The practice was considered safe because it had been passed down through generations. For decisions regarding infant care, the mother consistently relied on her grandmother's knowledge and experience.
Conclusion: Exclusive breastfeeding was not achieved because the grandmother advised early introduction of complementary feeding, showing that family influence strongly determined feeding practices. Guidance from nurses was essential to counteract misinformation and support informed breastfeeding decisions. Strengthened post-natal counselling, delivery of intensive information through the media, and participation in monthly growth monitoring were strategies that improved infant feeding practices in line with health recommendations.

Keywords: case study; exclusive breastfeeding; decision-making; infant feeding; maternal autonomy

INTRODUCTION

Exclusive breastfeeding is the optimal method to feed the infant. In general, the World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF) recommends exclusive breastfeeding until the infant is six months old, followed by complementary feeding while continuing breastfeeding for two years or more (WHO & UNICEF, 2021). The period from birth to 24 months is considered the golden period for the growth and development of infant and toddler in terms of physical, intellectual, and behavioural aspects. Therefore, ensuring proper complementary feeding during infancy is important for preventing malnutrition and safeguarding the health and development of infant (WHO, 2009). The global prevalence of exclusive breastfeeding in the first six months of life has increased by 10% over the past few decades, reaching 48% in 2023, getting closer to the World Health Assembly target of 50% by 2025 (WHO & UNICEF, 2023).

In Indonesia, the percentage of infants aged 0–5 months receiving exclusive breastfeeding has shown a positive trend in recent years. In 2023, the rate reached 73.97%, increasing from 71.58% in both 2021 and 2022 (Direktorat Statistik Kesejahteraan Rakyat, 2023). The percentage has also exceeded the 2022 target of 45% for exclusive breastfeeding (Indonesia Ministry of Health, 2022). The rate of exclusive breastfeeding in urban areas is lower (73.42%) compared to rural areas (74.61 %). Although the prevalence of exclusive breastfeeding shows fluctuations based on economic status, there is a general trend of declining rates as economic status increases.

A study conducted in the United States found that lack of knowledge and access to laws and policies, along with harmful cultural norms or stigmas about breastfeeding, were significant barriers to exclusive breastfeeding among black women (Tran et al., 2023). Another study in Vietnam identified three main factors contributing to the failure of exclusive breastfeeding, namely maternal, infant, and social factors. The most frequently reported barriers included feelings of shame, insufficient milk supply, infant illness, maternal mood swings, limited knowledge of breastfeeding techniques, and inadequate family support (Nguyen et al., 2021).

Nurses play a significant role in promoting, protecting, and supporting exclusive breastfeeding while helping mothers navigate these barriers (Neifert & Bunik, 2013). The success of breastfeeding is deeply connected to maternal autonomy. However, in clinical practice, maternal autonomy often conflicts with healthcare professionals' recommendations for infant well-being (Hirani & Olson, 2016). Another factor that further complicates maternal autonomy is family influence.

More than half of mothers' feeding choices are influenced by grandmothers (Doğan et al., 2019). Previous studies examining autonomy and infant feeding decision among African adolescent mothers showed that adolescent mothers were often excluded from decision-making. Older female family members often assumed primary responsibility for decisions about infant feeding. Maternal age and financial

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dependency further reduced autonomy, limiting the ability to influence practices or resist inappropriate recommendations. Much of the advice provided by family members was unsuitable, contributing to poor feeding practices among teenage mothers (Jama et al., 2018).

Nurses should respect maternal autonomy while ensuring the well-being of the patients. Since an infant cannot make feeding choices, nurses must consider whether the mother's decision regarding feeding can cause harm (Hirani & Olson, 2016). Previous studies on maternal autonomy in infant feeding have primarily used quantitative methods to explore factors related to feeding decision (Saaka, 2020). Qualitative methods were used to understand autonomy and barriers (Duran et al., 2021; Jama et al., 2018). However, only a few studies have explored maternal autonomy in infant feeding decision through individual cases. The most basic form of descriptive studies focuses on individuals, contributing to health knowledge, offering educational value, and pointing to the need for changes in clinical practice or prognosis (El-Gilany, 2018; Nissen & Wynn, 2014; Sayre et al., 2017).

An understanding of maternal autonomy in infant feeding decisions is essential for advancing knowledge, shaping maternal–child nursing practices, and designing strategic interventions to strengthen autonomy in breastfeeding. Autonomy refers to an individual's capacity to make decisions about personal well-being. Within the context of maternal and infant health, maternal autonomy directly influences the well-being of the infant (Hirani & Olson, 2016). Therefore, this case study aimed to explore an ethical issue in breastfeeding, focusing on mothers' autonomy in infant feeding decision and how this autonomy is influenced by family and cultural beliefs.

CASE PRESENTATION

A 22-year-old mother with a four-month-old infant participated to show the influence of family advice's on infant feeding practices. This patient was a housewife from a lower-income family, living in a rural area. The mother had completed secondary education when she was 18 years old and currently lives with the grandmother. Feeding practices were assessed using indicators of infant and young child feeding through structured interviews (WHO & UNICEF, 2021). Additionally, all information related to maternal autonomy in making feeding decision, breastfeeding practices, and family influence was collected through in-depth interviews.

Regarding infant feeding, the mother reported continued breastfeeding. However, complementary feeding was also provided to meet nutritional needs. Homemade porridge mixed with soup stock was introduced. The mother observed that the infant stopped crying after being fed, appeared to sleep better, and gained weight. Breastfeeding was limited to morning and evening because the infant was considered full after the additional feeding.

During pregnancy, regular antenatal visits were completed more than four times. After giving birth, there were infrequent visits to the *Posyandu* (Integrated Health Service Post), a community center providing pre- and post-natal health care for women and children under five years old. Visits to the Community Health Centre occurred only when the infant was ill. During these consultations, healthcare professionals advised exclusive breastfeeding and delaying the introduction of solid food until six months of age. The mother admitted that she felt her breast milk was insufficient and continued giving complementary foods to the infant. Feeding decisions were not made independently, as family members, particularly the grandmother, exerted strong influence. The grandmother often recommended giving foods other than breast milk, such as soft meals or formula, in larger amounts to keep the infant full. Her guidance was consistently followed, with reliance placed on her experience and knowledge of infant care. As a result, family advice was prioritized over healthcare recommendations, and feeding practices were largely determined by elderly family members.

RESULTS

Exclusive breastfeeding was not achieved because the grandmother advised early complementary feeding to promote health and growth, as reflected in the mother's statement, "*Grandma told me to give liquid food to my baby so that my baby would be healthy and grow quickly*."

The mother's decision to breastfeed tends to be influenced by the grandmother and the family, relying on the knowledge and experience in infant care of the elderly rather than health professionals. This perspective was expressed in the following statement: "*My grandmother decides what the baby should eat, and I dare not oppose her. My grandmother has better knowledge and experience in child care. Therefore, I always consult my grandmother about my baby's care*."

The infant did not receive exclusive breastfeeding, as complementary foods were introduced at four months of age. The mother fed the infant porridge twice a day. In addition, formula milk was also given to meet the nutritional needs, and the infant was breastfed in the morning and evening. The infant could lie on the stomach and hold the head up. The infant's weight was 7.4 kg, exceeding the standard deviation according to age and suggesting a potential risk of being overweight. Based on the case, several ethical issues were identified, including:

Nutritional needs of the infant (Infant rights)

The infant in this case study was introduced to complementary foods earlier than recommended, contrary to established guidelines. According to the WHO and UNICEF's global recommendation, there were two strategies for optimal infant feeding, namely exclusive breastfeeding for six months and complementary feeding alongside breast milk from six months up to two years (WHO, 2009). Indonesia Health Law No. 36/2009 stated that every infant had a right to get exclusive breastfeeding from birth to six months of age, except in cases where medical indications prevent it.

Mother's Autonomy in Infant Feeding Decision

Autonomy referred to an individual's ability to regulate behaviour as part of developing independence and self-guided action (Collins et al., 1997). Maternal autonomy was typically categorized into four dimensions, namely healthcare, decision-making within the household, movement, and financial autonomy. Healthcare autonomy was defined as a woman's autonomy regarding the infant and healthcare (Saaka, 2020). The results of this case study showed that the mother did not have autonomy to manage her infant's health, particularly in terms of making breastfeeding decision according to the guidelines.

The Influence of Family and Cultural Belief on Maternal Autonomy

Family was the most influential factor in the decision to breastfeed. The influence of family influence was defined as knowledge, opinions, and experiences related to infant

feeding shared by people related by blood or marriage (Street & Lewallen, 2013). In this case, the mother was not yet able to decide independently about feeding the infant. The decision to introduce complementary foods earlier was influenced by the grandmother's advice. Additionally, cultural traditions passed down through generations within the family further reduced maternal autonomy in making a decision about feeding the infant. The mother believed that early complementary feeding would promote the baby's health and growth. This condition contradicts the mandate of the health law no. 35 paragraph 2 that family members, community, and government should support mothers in exclusive breastfeeding by providing adequate time and facilities.

DISCUSSION

This case study explores ethical issues related to breastfeeding, focusing on maternal autonomy in infant feeding decision and the influence of family or cultural beliefs. A previous scoping review identified several ethical issues related to breastfeeding and lactation interventions. These issues included the normative assumptions of motherhood, maternal autonomy and informed choice, information disclosure, balancing risks and benefits, counselling practices, stigma and social context, the ethics of health communication in breastfeeding campaigns, and the ethical acceptability of financial incentives (Subramani et al., 2023). The results of this study were consistent with these issues, particularly regarding maternal autonomy, familial, and cultural impacts on decision-making process.

Maternal autonomy in infant feeding decision

This study found that the mother prioritizes family advice, particularly from the grandmother, over healthcare recommendations when making infant feeding decision. For example, the mother chose early complementary feeding for the infant based on familial guidance, potentially risking malnutrition and undermining exclusive breastfeeding.

Similar results were reported among adolescent mothers in KwaZulu-Natal, South Africa, where mothers did not have autonomy in caring for the babies, including feeding (Jama et al., 2018). However, a Kenyan study showed that mothers had autonomy in feeding the babies without asking others (Schneider et al., 2017). This difference was potentially the result of variations in study timing, design, and cultural characteristics. Maternal autonomy is shaped by factors such as support availability, decision-making competence, and feeding alternatives (Hirani & Olson, 2016). Teenage mothers often face limited autonomy due to financial dependence, lack of knowledge, and insufficient support (Jama et al., 2018). Meanwhile, older mothers tended to search for more information and exercise greater autonomy in infant feeding (Ihudiebube-Splendor et al., 2019).

A qualitative study in Kenya showed that mothers of reproductive and advanced maternal age had considerable autonomy in infant feeding, both breastfeeding and complementary feeding. The mothers felt competent due to the education received from health professionals. Although advice was obtained from mothers and mothers-in-law, autonomy in deciding how to feed the babies was still retained (Schneider et al., 2017).

Every pregnant woman has the right to get accurate information to assist the mother in making informed decision about the most appropriate feeding method. Some choices, such as exclusive breastfeeding, partial breastfeeding, or not breastfeeding at all, may contradict other opinions. The mother could decide what is best for herself and the baby, which could change over time (Sigman-Grant, 2019).

Empowering mothers requires: 1) providing accessible information, 2) offering emotional and practical support, 3) providing a supportive environment through peer counselling, home visit programs, and clinic appointments, and 4) advocating workplace policies that support breastfeeding. Health professionals play a key role in facilitating an informed decision by addressing barriers, such as pain, lifestyle change, and public breastfeeding discomfort, during antenatal care. This strategy also offers alternative support from family and friends to promote breastfeeding (Nelson, 2012). Respecting maternal choices in feeding decision is essential for everyone without condemning, judging, or criticizing mothers. Infant feeding decision is about choices and include the mother's entire social, cultural, and economic structure (Sigman-Grant, 2019).

Family and cultural influences on maternal autonomy

Family and cultural beliefs significantly influence maternal autonomy. Grandmothers are often considered authoritative figures in infant care, and these individuals play a crucial role in shaping feeding practices. Mothers in the study did not oppose advice from grandmothers, as the experience of the elderly was considered more valuable than professional guidance (Jama et al., 2018).

Several factors impact decision-making, including maternal competence, support systems, environmental settings, and the availability of feeding alternatives (Hirani & Olson, 2016). Previous breastfeeding experience and maternal education greatly determine the decision to breastfeed (Ballesta-Castillejos et al., 2020). According to a previous study, family support and maternal knowledge about the benefits of exclusive breastfeeding are solid factors motivating mothers to breastfeed the babies exclusively (Joseph & Earland, 2019). This decision is further shaped by social contexts including husbands, grandmothers, traditional birth attendants, and healthcare professionals. However, the level and the quality of these influences vary depending on an individual's exposure to health promotion regarding breastfeeding, the position in the social hierarchy, and time with the mother (Joseph & Earland, 2019). In cultural contexts, grandmothers play an essential role in helping to establish cultural roles and supporting practices (Jama et al., 2018). The beliefs about feeding babies are passed down through generations, including giving complementary foods early or traditional foods to babies to prevent disease, some of which may be harmful (Buser et al., 2020; Jama et al., 2018).

The early introduction of food or fluids may increase the risk of diarrhoea and malnutrition in an infant. A qualitative study conducted in Padang City, Indonesia, explored the experiences of ten mothers who introduced solid food before the infant reached six months of age. Mashed bananas and commercial infant porridge were the most commonly introduced first foods. The primary reason for early complementary feeding was adherence to hereditary cultural practices (Yeni et al., 2023).

A previous study suggested that health professionals must identify early complementary feeding practices and infant food restrictions influenced by sociocultural influences, as these may contribute to nutritional problems in children later in life (Herman et al., 2024). Consequently, promoting exclusive breastfeeding requires multifaceted strategies,

including health education, counseling, and social support from family, relatives, and friends.

Incorporating cultural perspectives into infant feeding recommendations is crucial for improving practices. Considering the significant role of family and cultural beliefs in mothers' decision-making, healthcare professionals should adopt culturally sensitive methods when providing health education regarding infant feeding. This includes understanding family members' beliefs and opinions about infant feeding before offering recommendations. Furthermore, the participation of family members in nutritional counseling interventions and infant feeding education can strengthen support systems for mothers. According to a previous study, integrating maternal and child health programs within a cultural context can enhance family commitment to infant welfare (Aubel et al., 2004).

Implication for Practice

Maternal autonomy is positively associated with appropriate feeding practices and protecting children from stunting (Saaka, 2020). Previous studies have shown that high maternal autonomy positively impacts the mean height-for-age Z-score (Shroff et al., 2011). Increasing this variable in making decision can positively affect child feeding and child growth (Carlson et al., 2015; Saaka, 2020; Schneider et al., 2017; Shroff et al., 2011).

This study recommends that mothers continue breastfeeding the babies and delay the introduction of complementary feeding until six months. Nurses need to enhance mothers' knowledge about the importance of exclusive breastfeeding, including its impact on infant growth, brain development, immune system enhancement, and health in general. Additionally, exclusive breastfeeding helps prevent various infectious diseases, such as diarrhea and respiratory tract infections. This study also recommends that nurses educate mothers during health facility visits, with the participation of family members, such as grandmothers, husbands, and relatives, to integrate support into the public health system. WHO (2018) showed ten steps for successful breastfeeding, which included 1) establishing health service facility policies, 2) ensuring staff competence, 3) discussing breastfeeding and its management for pregnant women and families, making early contact and breastfeeding of newborns, 5) supporting mothers to initiate, maintain and overcome breastfeeding difficulties, 6) ensuring newborns receive only breast milk without prelacteal feeds, 7) enabling the mother and the infant to remain together and to practise rooming-in 24 hours a day, 8) supporting mothers to recognize and respond to infant's signals to breastfeed, 9) avoiding the provision of pacifiers or artificial teats, and 10) coordinating hospital discharge to ensure continued breastfeeding support.

Strengths and limitations

This study allows for the exploration of maternal autonomy in infant feeding and the influence of family factors on decision-making in greater depth. The rich information and detailed insight contribute to a broader understanding of the context of maternal autonomy in infant feeding. However, there are several limitations associated with this study. As a single case study, the results may not apply widely, limiting external validity and potentially reducing applicability to other settings or populations. Furthermore, the subjective nature of a case study increases the risk of bias, where personal viewpoints or preconceived notions may influence data collection and interpretation.

CONCLUSION

In conclusion, exclusive breastfeeding is essential for an infant, as it fulfills the nutritional needs for optimal growth and development. Breast milk should be provided exclusively until the infant reaches six months of age. Healthcare professionals play a significant role in increasing the achievement of exclusive breastfeeding, with maternal autonomy being a key factor influencing this practice. However, mothers' decision about infant feeding are often affected by social and cultural beliefs. Healthcare professionals should consider including families in exclusive breastfeeding promotion to empower mothers in making independent breastfeeding choices. Mothers also require accurate information and knowledge about infant feeding to make informed decision. In general, the decision of the mother regarding infant feeding deserves respect, as it reflects individual circumstances, cultural influences, and knowledge available at the time.

Declaration of Interest

There is no known conflict of interest to disclose.

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Data Availability

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

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