

The Support of Exclusive Breastfeeding on Adolescent Mothers

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Abstract

Breastmilk is the main source of food for infants who have not been able to consume solid food. Giving of Breastmilk is one of the important strategies for reducing mortality and malnutrition in infants and toddlers [1]. The World Health Organization (WHO) has recommended the introduction of exclusive breastfeeding in newborns up to the first six months and no additional food or other liquids except vitamins and medicines [2]. The method used in this scoping review was the Arksey and O'Malley guidelines. The findings of the 9 articles conducted a review of the types of support in the giving of exclusive breastfeeding include social support, information, instrumental, emotional, appreciation and networking. The barriers to giving exclusive breastfeeding support are the perception of mothers on breastfeeding, the impossibility to breastfeed, lack of knowledge and understanding of Breastmilk and work. The theme found in this review is the types of support in giving exclusive breastfeeding and barriers to provide exclusive breastfeeding support.

Keywords: *support, barriers, exclusive breastfeeding, adolescent mothers*

1. Introduction

Breastmilk is the main source of food for infants who have not been able to consume solid food. Giving of Breastmilk is one of the important strategies for reducing mortality and malnutrition in infants and toddlers [1]. The World Health Organization (WHO) has recommended the introduction of exclusive breastfeeding in newborns up to the first six months and no additional food or other liquids except vitamins and medicines [2]. In the first six months, Breastmilk is the most ideal food because it provides all the nutrients, including the vitamins and minerals that baby needs, meaning there is no drink or other food needed by infants other than Breastmilk. In addition, Breastmilk also contains antibodies from mothers that help fight the disease, protecting the baby from diarrhea and acute respiratory infections [3].

Some studies show that infants not given exclusive breastfeeding for 6 months are at risk of respiratory infections as much as 3.5 times such as pneumonia or asthma, 2 times more likely to be exposed to diarrhea, 1.6 times exposed to ear infections and 1.5 times more likely to obesity [4]. Globally, only 38% of infants aged 0 to 6 months are given exclusive breastfeeding. Analysis shows that the practice of giving non-exclusive Breastmilk contribute 11.6% increase mortality rate in children under 5 years [5]. Based on the United Nations Children's Fund (UNICEF), the 2019 shows that the introduction of exclusive breastfeeding was very low from the stipulated standard. From 2013 to 2018, only 43% of newborns started breastfeeding in the first hour after birth and 41% of infants under the age of six months were on exclusive breastfeeding [6].

A series of studies report only 43% of adolescent mothers who breastfed their babies versus 65% of mothers aged 20 years to 29 years as much as 75% of those older than 30 years [7]. Some studies claim that adolescent mothers are not ready to

be mothers, so they are considered to have insufficient, less responsive, and less skilled knowledge to care for their babies [8]. The age of mothers affects long and continuation of breastfeeding. Teenage mother has a lower duration of breastfeeding compared to the mother of the adult age [9]. Breastmilk feeding by breastfeeding mothers requires the support of nearby people. Support is instrumental in the success of breastfeeding and has a positive impact on maternal and infant health. Such support can be social support, instrumentals, emotional, appreciation and networking from mothers, husbands and midwives or health workers [11]. Some research on the support of exclusive breastfeeding has already been done in both developed and developing countries. The study [12] stated that family support determines the behavior of mothers in giving exclusive breastfeeding to baby. While research conducted by [13] said that husband's support is a factor that affects the practice of giving exclusive breastfeeding to adolescent mothers. Therefore, the exclusive breastfeeding support is one of the efforts to reduce mortality rates and achieve health figures in mothers and infants.

2. Methodology

This review used methods for review grouping with guidelines from [14] consisting of five stages. As for the steps done in this scoping review consist of:

2.1. Identifying Research Questions

For a scoping review of this review, the author focuses on a scoping review question i.e. How does the exclusive breastfeeding support the adolescent mothers?

2.2. Identifying Relevant Studies

2.2.1. Eligibility criteria

In the search for relevant studies, the author identified by determining the criteria of inclusion and exclusion of the articles to be searched and used as a scoping source review. The criteria for inclusion and exclusion of articles as in Table 1.

Table 1. Framework Criteria of Inclusion and Exclusion

Inclusion Criteria	Exclusion Criteria
1. Articles published between 2009 – 2020	1. Letter and book review
2. Articles in English language or Indonesian language	2. Opinion article
3. Primary research or article review published in peer-review journals	
4. Documents/reports/policy drafts/guidelines from WHO/certain formal organizations	
5. The research conducted in developed countries and advanced countries	

2.2.2. Database

As for the tools used to search the relevant articles in drafting scoping review there are 4 databases including Pubmed, Science Direct, Ebsco and Wiley Online Library.

2.2.3. The strategy of searching the data and keywords

There are several steps in the search paper/article. First, looked for paper in general in some databases. Second, after getting keywords searched for paper in the

pubmed, sciencedirect, ebsco and wiley online library databases. The keywords used to search for paper on pubmed are (((((((("exclusive breastfeeding ") OR "exclusive breastfeed ") OR "exclusive suckle ") OR "exclusive lactate ") OR breastfeeding) AND support) OR endorsements) AND "adolescent mother ") OR "adolescent mother ") OR "teenage mother ") OR "young mother ") OR "teen mother ".

2.3. Article Selection

Results from literature study of 4 databases obtained as many as 457 articles, then deleted 125 articles that are double/duplicated, became 332 articles. A total of 332 articles were filtered based on the title and abstract of articles relating to the support of exclusive breastfeeding in adolescent mothers, and obtained 258 articles that were irrelevant, so that remaining 74 articles were relevant. The next stage was carried out fulltext screening of 74 articles identified by Breastmilk based on the contents of the article as well as inclusion and exclusion criteria. Results from content filtering articles, the accuracy of the population, methods, and results obtained as many as 9 articles that will be used as a reference for scoping review. The Flowchart Prism is described in Figure 1.

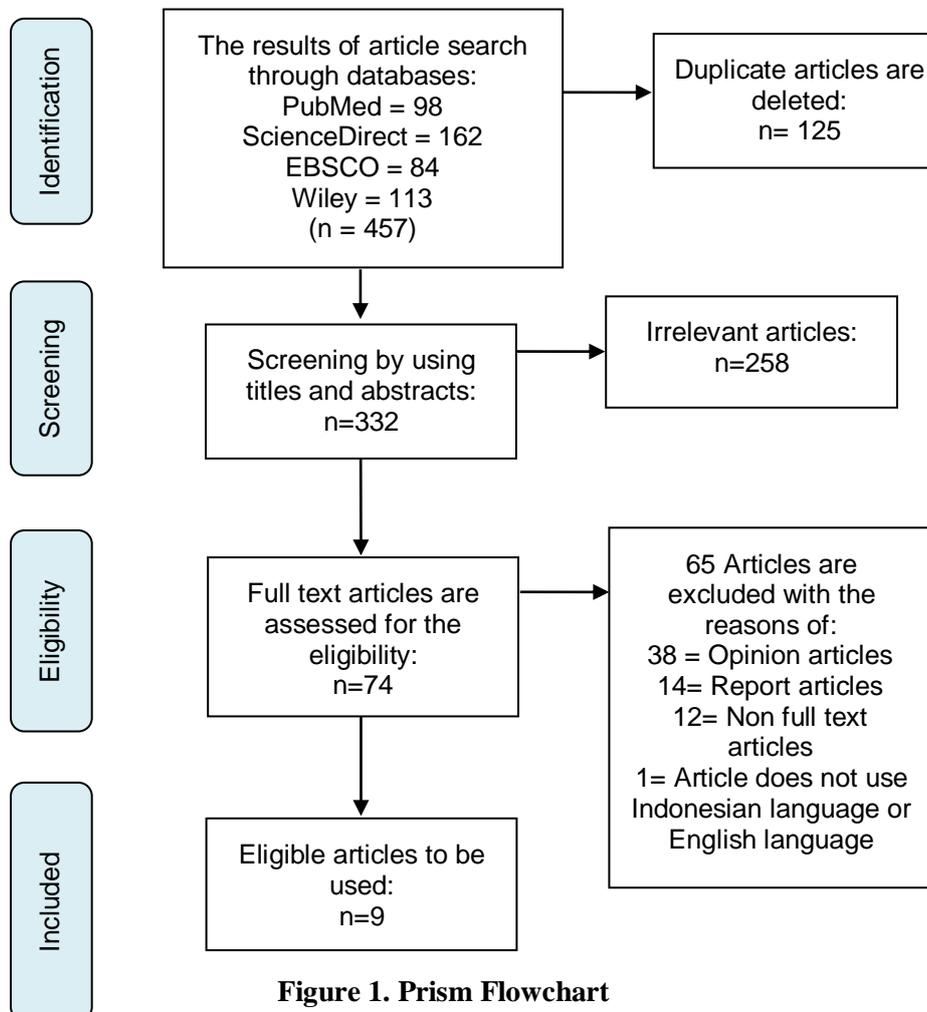


Figure 1. Prism Flowchart

2.4. Data Charting

Charting data conducted by researchers were collecting, sorting, describing selection result of articles in the form of tables grouped by author's name, year of

publication, state, research design, method, number of samples and results. As described in Table 2.

Table 2. Data Charting

No.	Ref.	Author/Year/ Country/Grade	Study Design/ Methods/Sample	Results
1	[15]	Palupi and Devy, 2018, Indonesia, A	In-depth interview/Qualitative/ Mothers aged ≤ 20 years, having child aged 6-12 months	Social support has been positively impactful but still low, it makes mothers stop to breastfeed as they face obstacles that are difficult to overcome
2	[16]	Pentecost and Grassley, 2014, United States of America, A	Open Interview/Qualitative/ Adolescent mothers aged 15 - 20 years.	Two themes that appear are : spare time for mothers, support from nurses include instrumental support, informational, emotional and award
3	[17]	Doherty et al., 2020, South Africa, B	Focus Group Discussion (FGD)/ Qualitative/ Mothers having child less than 6 months	Support of breastfeeding provided by healthcare personnel starting at pregnancy, after childbirth until a newborn
4	[18]	Wambach et al., 2011, United States of America, A	Breastfeeding Knowledge Questionnaire (BKQ)/Quantitative/ Adolescent mothers aged 15 - 20 years	Adolescents in the treatment group are planning to return to school after give birth rather than a regular control group
5	[19]	Bootsri and Taneepanichskul, 2017, Thailand, B	Direct Interview/Quantitative/8 4 adolescent mothers aged 10-19 years and 84 grandmothers aged 35-60 years	Adolescent mothers on the intervention group get higher social support from grandma compared to in the control group. Granny who participated in ELESSS program has better skills and knowledge to support teen mothers in breastfeeding
6	[20]	Louise and Med, 2011, United States of America, A	Audio recorded interviews, semi structured interviews/Qualitative/ 2 partisipant mothers aged 16 and 17 years	One participant gets enough support, while lack of support can prevent in giving Breastmilk
7	[21]	Mgongo et al., 2019, Tanzania, A	Focus group discussions (FGDs) and probes/ Qualitative/Adolescent mothers having a child aged 0-12 months	Most mothers respond positively to the practice of giving exclusive breastfeeding. Positive assumptions against exclusive breastfeeding can encourage mothers to continue doing exclusive breastfeeding
8	[22]	Hawley et al., 2015, United States of America, A	Semi-structured Interview/Qualitative/ 18 mothers after 16-32 days of childbirth	Mother's desire to give exclusive breastfeeding is not proven in practice, there are still many mothers who give formula milk despite wanting to give Breastmilk on her baby

9	[1]	Thet et al., 2016, Myanmar, A	Semi-structured Interview/Qualitative/ Mothers having a child aged 6-12 months	Mothers face barriers giving exclusive breastfeeding for having to return to work to meet the economic and health-related needs
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2.5. Arranging, Summarizing and Reporting the Results

At this step the author approaches through three phases to compile, summarize, and report the results based on the steps taken by [23]. First, a descriptive numerical analysis provided that includes the article count, publication year, and type of study. The second, strength and immolation in the literature was identified through the thematic analyses of the studies included in the report. The final phase of this stage was a review of the implications of findings in relation to research.

3. Results and Discussion

3.1. Types of Support in Giving Exclusive Breastfeeding

3.1.1. Social support

Based on the results of the study by [15] discussed breastfeeding support in adolescent mothers comes from husbands and families. A husband encourages mothers to give exclusive breastfeeding during lactation and helps mothers find information on how to heal the nipples of mothers who blister because breastfeeding to peers, social media and health workers. While the results of the study by [11] stated that the adolescent mothers need special intervention after childbirth. Providing a centered intervention provides breastfeeding support in the form of discussions from health workers or peers to get advice and information so that mothers can breastfeed longer and have a better breastfeeding experience.

3.1.2. Information support

Based on research [16] explain the support received by the mother in the form of advice, advice and direction to overcome her problems in giving exclusive breastfeeding to her baby. Adolescent mothers reveal the importance of information support to prepare in delivering and sustaining in order to provide exclusive breastfeeding. Such support that gives time to explain the benefits of breastfeeding in the baby and answer the mother's questions appropriately to support the needs of the mothers ' maternal information. Another study by [17] suggested that most mothers receive information that newborns should not be fed porridge until the age of six months and tell that exclusive breastfeeding is the best food so the baby is spared from illness.

3.1.3. Instrumental support

Based on research [16] revealed that healthcare professionals give mothers the confidence to care for babies and be patient to give exclusive breastfeeding to babies. A mother is taught how to carry the baby properly, how to calm the baby while crying, help the mother arrange the position of the baby with various positions while breastfeeding and ask which position is the most comfortable.

3.1.4. Emotional support

Research [11] expressed emotional support in the form of health professional empathy associated with the introduction of exclusive breastfeeding in infants. The important domain of emotional support is to keep a privacy when breastfeeding her baby and show respect by asking for permission before touching the mother's breast

to help breastfeeding and be patient and calm while helping the mother of milk is the difficulty of breastfeeding [16].

3.1.5. Award support

Based on research [24] revealed that giving mothers a compliment is a very beneficial effort to empower and motivate teen mothers to breastfeed their babies exclusively. The teenage mother will be more confident and feel independent that she is able to give Breastmilk to her baby. Another study by [18] stated that peer-to-peer telephone calls provide support and advice on barriers to giving exclusive breastfeeding, such as breastfeeding problems and poor maternal Breastmilk intake, confident that they can face obstacles and have a positive way of breastfeeding.

3.1.6. Network support

The importance of receiving network support from health workers as well as nearby people like family. Based on the study [19] revealed that adolescent mothers expressed encouragement from parents and grandmother to give Breastmilk to their babies. Another study by [25] identified support provided by peers is proven to have a huge impact on the introduction of exclusive breastfeeding. Peer support can help mothers to achieve exclusive nursing objectives through verbal praise and mothers more comfortable when having to share experiences with someone who has similar experiences.

3.2. Barriers in Providing Support Exclusive Breastfeeding

3.2.1. Mother's perception of breastfeeding

Based on research by [20] revealed that most mothers are afraid, not confident and worried when breastfeeding will hurt their babies because they are not trained to carry babies. For some mothers, they assume that breastfeeding is a heavy process [21]. While another study by [1] stated that mothers consider additional foods or other meals better than giving Breastmilk to their babies.

3.2.2. Rejection for breastfeeding

Research by [21] revealed that most mothers do not want to breastfeed because they are lazy and others mention that Breastmilk has a bad smell that can be smelled by other people around them. Many research participants felt pain and nipples were blocked so that the production of Breastmilk was lacking, consequently they provided formula milk as a better alternative and comfortable when the mother felt that she could not give Breastmilk on her baby [22]. In developed countries, mothers report that they are ashamed to be nursing in public, when they are outside their home giving a sweet milk in a dot in order to be given at any time but when they are in their homes giving Breastmilk to the baby [1].

3.2.3. Lack of knowledge and understanding of Breastmilk

Based on research [1] stated that lack of knowledge of mothers about the benefits of breastfeeding adversely impacts infants. The practice of feeding Breastmilk in infants is often influenced by culture and myth. Some mothers report they believe in the myth that giving extra food and water before the six-month-old baby can keep their babies healthy and spared from illness.

3.2.4. Job

Most mothers say that they have trouble giving Breastmilk to her baby. The obstacles that mother and her husband often say are related to job problems. Most of

the mothers gave Breastmilk to her baby, but have not reach six months because there are some working mothers who could not give Breastmilk until the age of six months. Many mothers consider while working and have to give the baby Breastmilk are very troublesome so they give extra food on her baby while working outside [1].

4. Conclusion

Based on results of review of 9 articles found the types of support in the giving of exclusive breastfeeding namely social support, information, instrumentals, emotional, support and networking. Obstacles are often met while providing support to mothers for breastfeeding is the perception of mothers of breastfeeding, the inability to give Breastmilk, lack of knowledge and understanding of Breastmilk and work. As for the literature gap on the review of this article is giving of exclusive breastfeeding in developing countries influenced by the belief of local myths and cultures whereas in the developed world consider that breastfeeding in public is a taboo thing.

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