THE FACTORS INFLUENCING EXCLUSIVE BREASTFEEDING: A SYSTEMATIC LITERATURE REVIEW

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Abstract

Globally, there are only 35% of babies who get exclusive breastfeeding in the first four months of life. In Africa, Asia, America and Caribbean countries prove that 47-57% of babies who are less than 2 months and 25-31% of babies aged 2-5 months get exclusive breastfeeding. Africa is one of the counties that have the highest prevalence of breastfeeding at the age of 1 year worldwide, but only 37% of babies who get exclusive breastfeeding less than 6 months of age. Breast milk is a good food and nutrition for babies because it contains a complete range of nutrients needed by babies for the growth and development of babies during the first 6 months of life. The aim of this study was to conclude and examine (Examine literature) the factors related to exclusive breastfeeding. Systematic Literature Review used 2 databases namely PubMed and ProQuest with the period 2008-2018. Factors influencing the discontinuation of exclusive breastfeeding were based on the experience of breastfeeding mothers, education, knowledge, age, occupation, support, culture, lack of health facilities, lack of awareness of mothers, Caesarean babies, low birth weight babies. Factors that support exclusive breastfeeding were the support of the husband or family, health care, psychological factors, social support and so forth. Overall rates of breastfeeding varied by country and region. Factors influencing exclusive breastfeeding could be seen from two aspects, namely factors that support exclusive breastfeeding and the factors that inhibit exclusive breastfeeding.

Keywords: babies, exclusive breastfeeding, breast milk

1. INTRODUCTION

Infant and child mortality rates from the 2012 IDHS are lower than the results of the 2007 IDHS. For the five-year period before the survey, the 2012 IDHS infant mortality rate was 32 deaths per 1,000 births and under-five deaths were 40 deaths per 1,000 live births. While the MDG target for infant mortality in 2015 was 23 per 1,000 live births. When compared with other countries, the infant mortality rate in Indonesia is still relatively high, such as Singapore, which is 3 per 1,000 live births, Brunei Darussalam which is 8 per 1,000 live births and Malaysia which is 10 per 1,000 live births [14] [9].

Infant Mortality Rate (IMR) is the number of infant deaths (0-11 months) per 1000 live births within a year. AKB describes the level of public health problems related to the factors that cause infant mortality, the level of antenatal care, the nutritional status of pregnant women, the success rate of MCH and KB programs, as well as environmental and socio-economic conditions. If the IMR in a region is high, then the health status in the region is low [14].

Research conducted in developed and developing countries has found a high rate of breastfeeding initiation and also that this high level of initiation then decreases exclusive breastfeeding in the first 6 months of life. Results from data from Australia in 2004-2005, although

a high initiation rate of 92% for exclusive breastfeeding, then dropped to 71% of infants with exclusive breastfeeding at 1 month of age, 56% at 3 months of age, and 14% at 6 months of age. Similarly, in Saudi Arabia, findings from research studies show that 77.8% of infants begin exclusive breastfeeding within 24 hours, decreasing to 32.9% at 2 months of age, 19.2% at 4 months of age, and 12.2 % at 6 months of age [2].

Breastfeeding has become an important feature of life during human history, although different ways of breastfeeding their babies. There is a general consensus that breast milk providing the best nutrition for healthy babies because it contains a complete range of nutrients needed by babies for the growth and development of babies in the first 6 months of life. (WHO) and (UNICEF) have recommended that new mothers start breastfeeding their babies within 1 hour of delivery, then exclusively breastfeed their babies during the first 6 months of life, and continue breastfeeding until the age of 2 years and so on [3] [8].

Globally, only 35% of babies get exclusive breastfeeding in the first 4 months of life. In Africa, Asia, America and Caribbean Countries prove that 47-57% of babies are less than 2 months and 25-31% of infants aged 2-5 months get exclusive breastfeeding. Africa is one of the highest prevalence of breastfeeding at 1 year of age throughout the world, but only 37% of babies are exclusively breastfed at less than 6 months of age. Infants who do not get exclusive breastfeeding have been associated significantly as a cause and increase in infant mortality. Thus almost 96% of all infant deaths are 1.24 million deaths due to not getting exclusive breastfeeding in the first 6 months of life, this figure is much higher in Asian and African countries. Infants who do not get exclusive breastfeeding in the first 6 months of life contribute 55% to diarrhea deaths and 53% of deaths in respiratory infections [1].

Based on a survey in Canada in 2009-2010 there were several reasons why mothers stopped breastfeeding their babies within the first 6 months of life, namely lack of breast milk intake (26.1%), feeling insufficient in breast milk so as to provide additional food (18.9%), babies who do not want to suckle (13.1%), mothers who must return to work after delivery (9%) [6] [17].

The results of the study showed that of 500 mothers who stopped breastfeeding completely before six months and gave reasons to stop, the majority (73.6%) stopped within the first six weeks. The most common reasons cited were discomfort or fatigue associated with breastfeeding (22.6%) and concerns about milk supply (21.6%). Returning to work or education makes it less time to breastfeed 20% of women who stop after six weeks of delivery [5] [7].

Promotion breastfeeding is important for public health interventions because of the low duration of exclusive breastfeeding past several weeks post-partum [1]. In the United States, the American Academy of Pediatrics recommends exclusive breastfeeding from birth to 6 months to 2 years of age with ASI companions [10] [18].

Breast milk is food and breast milk provides many good nutrients for babies because it contains a complete range of nutrients needed by babies for the growth and development of babies during the first 6 months of life. In addition to nutrition, breast milk also provides the body with resistance to infectious diseases, improves baby's nerve development, and provides the body with resistance to infectious diseases such as heart disease, diabetes, obesity, and hypertension in the future [2] [3].

2. MATERIALS AND METHODS

The author filters 2181 literature from two databases (Pubmed, Pro Quest) for review. All selected articles use quantitative research methodologies that are indexed scopus with standards Q1 and Q2. The preparation of the Systematic Literature Review is adapted to the steps of the Systematic Literature Review. The steps for preparing a systematic literature review are 1)

identification of problems, 2) prioritizing problems and questions, 3) using the framework, 4) literature searching using databases, manual searching and gray literature, 5) selecting papers based on inclusion and exclusion criteria, 6) perform critical appraisal, 7) extract data from the selected paper, 8) collect data and make maps to answer questions.

This review identifies factors that have the potential to influence breastfeeding initiation within one hour after birth and exclusive breastfeeding in the first 6 months. The results of this study that the termination factor of exclusive breastfeeding is often associated with maternal age, education, employment and referrals. With a meta-analysis that 34.3% of infants who received breastfeeding early in the first hour of life and only 20.5% of infants received exclusive breastfeeding in the first 6 months of life. Supporting factors that influence exclusive breastfeeding are support from the husband and from the immediate family, antenatal care, biomedical factors, social policy, psychosocial factors and so on [2] [3].

This review specifically aims to find out: supporting factors and inhibitors of exclusive breastfeeding in infants in the first 6 months of life. The framework used is PEOS (Population / problem, Exposure / Event, Outcomes, Study Design).

Criteria	Inclusion	Eclusion
Population/ Problem	• Exclusive termination factors for ASI • Factors that give exclusive ASI based on religion, ethnicity, culture, age, education, support, employment	• Babies who experience birth defects such as cleft lip, palate • Premature babies • Mothers who have infectious diseases • Mothers who have psychiatric disorders • Mothers who get violence
Exposure/ Event	Exclusive breastfeeding factor	• Conflict countries like Palestine, Russia etc.
Outcomes	In all countries Exclusive breastfeeding	
Study Design	Quantitative studies	

Three steps in search strategy are used. The first step is to search on a limited scope on Google Scholar, which allows to analyze the words contained in the title and abstract. The search terms included are Breastfeeding, Exclusive Breastfeeding and Family Support and Social Support. The second step is to use all identified keywords. All these keywords have been searched in Pubmed and ProQuest. The third step is a list of references from all identified reports and articles traced for additional studies. In the search for 2 databases and reference lists, there were 2181 articles, after filtering for relevance 33 articles were obtained. Then a further article was filtered to find the right and complete reference regarding the factors that influence exclusive breastfeeding and obtained 16 articles.

The author conducts critical appraisal using a checklist from Joanna Briggs Institute with a cohort study design and cohort case design. After conducting selected critical appraisal 6 articles based on the author's assessment have good quality and are in accordance with the topic, then extraction of data to include key criteria such as title, author, year of article publication, research location, research objectives, methodology, research population, and results or significant conclusions.

Selection of Relevant Studies

Selection of relevant studies and eligibility criteria PRISMA Flowchart.

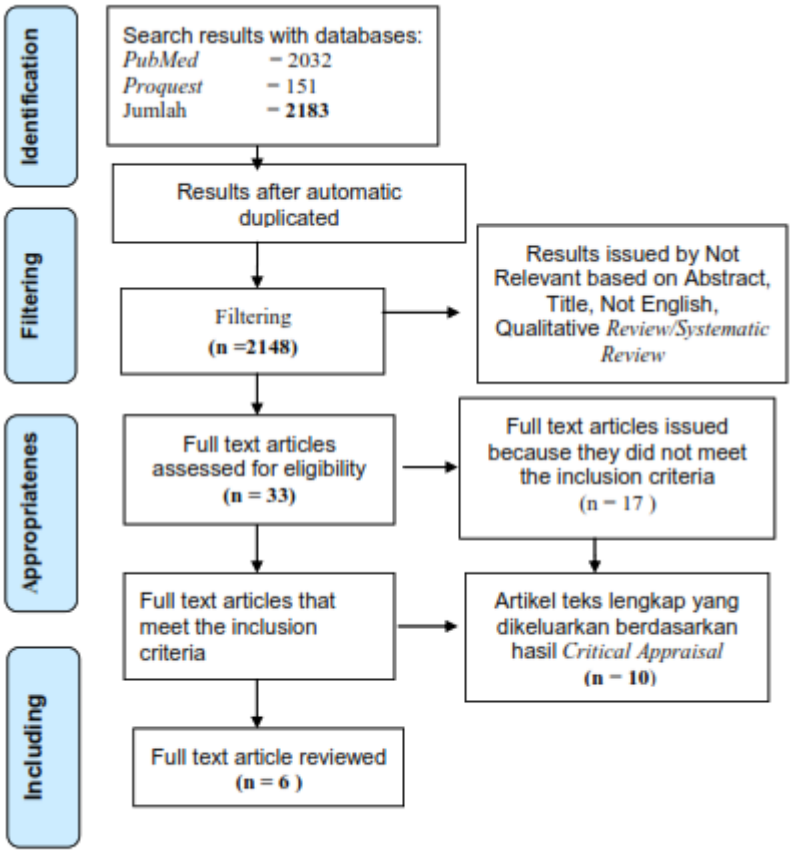

Chart 2.1. *Prisma Flow Chart*

DATA EXTRACTION

No	Author, Year, Title	The place	Research purposes	Types of research	Data collection	Sample	Results
1	Alebel et al., 2018 Exclusive breastfeeding practice in Ethiopia and its association with antenatal care and institutional delivery: a systematic review and metaanalysis/ Q1	Ethiopia	To analyze is there an ANC relationship with exclusive breastfeeding	Quantitative	Use a questionnaire and do an interview indeep on each respondent	23,543 breastfeeding women from 9 regions	The collected prevalence of exclusive breastfeeding in Ethiopia is 59.3% (95% confidence interval [CI] 53.8,64.8). Subgroup analysis showed that the highest prevalence was observed in the Afar region (65.6%), followed by SNNP (63.8%), and later with Oromia (61.8%). In addition, mothers who attended ANC were 2.1 times more likely to practice exclusive breastfeeding than those who did not (Odds Ratio [OR] 2.1; 95% CI 1.5, 2.8). In addition, mothers who give birth at a health institution are 2.2 times more likely to do exclusive breastfeeding compared to mothers who give birth at home (OR 2.2; 95% CI 1).
2	Riyadh A Alzaheb, 2017 Factors Influencing Exclusive Breastfeeding/ Q1	Saudi Arabia	To analyze factors of exclusive breastfeeding	Quantitative	n all, 614 mothers were invited to participate in the study, and 589 mothers were eligible and interviewed in a structured manner. Interviews were carried out during the clinic	589 respondents	The results of a survey of 589 mothers in urban areas, including 31.4% who carried out exclusive breastfeeding during the first 6 months of life. Caused by cultural factors, economic status, housing and education.

					working hours so the questionnaire was answered without losing their place on the waiting list.		
3	Riyadh A Alzaheb, 2017. A Review of the Factors Associated With the Timely Initiation of Breastfeeding and Exclusive Breastfeeding/ Q1	the middle East	This review identifies factors that have the potential to influence initiation in one hour after birth and exclusive breastfeeding in the first 6 months	Quantitative	Interviews	200 respondent	The meta-analysis determined that 34.3% (confidence interval [CI]: 20.2% -51.9%) Middle East newborns received by mothers practiced breastfeeding initiation within one hour of birth, and only 20.5% (CI: 14.5% -28.2%) were fed only breast milk for the first 6 months. 8 Studies exploring breastfeeding initiation are most often associated with the following: referral, maternal work, rooming-in, and supplementary food. Investigating exclusive breastfeeding is most often associated with: mother's age, mother's education, mother's work, and referral.
4	Dagher et al. 2016. Determinants of breastfeeding initiation and cessation among employed mothers: A prospectiev cohort study/Q1	United States of America	To identify barriers related to workplaces and facilitators related to initiation of breastfeeding and termination in the first 6 months postpartum	Quantitative	These women were followed up Use telephone interviews at 6 weeks, 12 weeks and 6 months after giving birth. The main study results were breastfeeding initiation, measured during hospital enrollment, and breastfeeding cessation by 6 months after delivery.	817 respondent	Termination of exclusive breastfeeding is higher in women who return to work for 6 months postpartum, higher in women with lower education and higher termination of exclusive breastfeeding in women who do not get support
5	Karkee et al, 2014. A community-based prospective cohort study of exclusive breastfeeding/Q 1	Central Nepal	This study examined the level of exclusive breastfeeding, and compared the duration of exclusive breastfeeding between rural and urban mothers	Quantitative	Through repeated interviews using a validated questionnaire. The risk of discontinuing exclusive breastfeeding was assessed by Cox regression analysis.	638 respondent	Most women receive information on breastfeeding (74%) and are encouraged to breastfeed by health workers or family members (81%). Urban women experienced significantly shorter (p = 0.02) duration of exclusive breastfeeding (meaning 104.5, 95% CI 95.8 for 113.1 days) and were more likely to stop exclusive breastfeeding (hazard ratio (HR) 1.28, 95% CI 1.03-1.60) than their rural counterparts (meaning 144.7, 95% CI 132.3-157.1 days).
6	Catherine R.L. Brown, 2014. Factors influencing the reasons why mothers stop breastfeeding/Q 1	Canada	To explore the reasons why women stop breastfeeding fully before their baby is six months old and to identify factors,associated with cessation and time of cessation.	Quantitative	By telephone or face-to-face interview. And collect information when returning from the hospital and at one week, six weeks, two months, four months, and six months after postpartum.	500 respondent	Of the 500 mothers who stopped breastfeeding completely before six months and gave reasons to stop, the majority (73.6%) stopped within the first six weeks. The most common reasons cited were discomfort or fatigue associated with breastfeeding (22.6%) and concerns about breast milk supply (21.6%). Return to work or school is associated with the length of time that babies are breastfed: 20% of women stop after six weeks.

3. RESULTS AND DISCUSSION

3.1 Factors that influence exclusive breastfeeding

Factors that inhibit exclusive breastfeeding

1. Education

Usually higher education is associated with modern or more advanced thinking. The higher the mother's education, the lower the exclusive breastfeeding. Education has a great influence on behavior. Someone who is highly educated will behave differently from someone who is less educated. In this study, although highly educated mothers did not make the mother to change the behavior of giving exclusive breastfeeding to her baby [11] [12].

2. Work

Between work and breastfeeding may be related for the simple reason that mothers who are able to spend time with their babies are more likely to breastfeed exclusively than mothers who do not have sufficient time in their daily schedule because of work. In addition, in Middle Eastern countries working mothers are only given 2 months leave and facilities for breastfeeding at work are not available.

3. Social culture

Lawrence Green, who stated that socio-culture is included in predisposing factors or facilitating factors to form a behavior because these positive factors facilitate the realization of behavior. In general, a person seeking approval and support from his social group (friends, neighbors or coworkers) and the approval and support given will affect the beliefs of the individual. The results of the study were also not in accordance with Arifin's opinion stating that in a society where the culture does not condemn compilation, then suctioning by the baby would be unlimited and "du demand" would help the breastfeeding out, so this would motivate the mother to continue giving breast milk to If the thought of breastfeeding is considered impolite and embarrassing, then "let down reflex" (outgoing reflex) will be hampered so that it will cause the mother to be reluctant to give exclusive breastfeeding to her baby [13].

4. Age

Age is a decisive factor in breastfeeding in terms of production, mothers aged 19-23 years generally can produce enough milk compared to older people because of the physiological body that is still good.

5. LBW

There is confidence, especially among mothers without counseling from health workers, that low birth weight babies need additional food besides breast milk to encourage weight gain and furthermore, that mothers cannot produce enough milk for their needs. This belief leads to supporting complementary foods given too early in the life of the baby. Therefore, mothers must be sure that breast milk alone is sufficient to meet even the nutritional needs of babies born with low weight so that they do not feel the need to supplement breast milk with other foods.

Factors that support exclusive breastfeeding

1. Support your closest husband or family

Support from the family, especially support from the baby's father and parents, results in babies not getting exclusive breastfeeding. To be able to exclusively provide ASI, a mother must get support from various parties. The family in this case the husband, plays an important role in supporting the wife for exclusive breastfeeding and the father is a vital part in the success or failure of breastfeeding. The involvement of a father will motivate mothers to breastfeed. The process of giving milk to babies involves three human relationships. Mothers who give ASI, the child given and father as - balancing relationship [15] [16].

2. Health facilities

Enabling factors in exclusive breastfeeding are the place to give birth and the availability of space for breastfeeding. The closeness of the mother occurs when the process of labor. Likewise the birth place (health facility) that supports exclusive breastfeeding programs will support and

encourage the mother to give exclusive breastfeeding to her baby, but must be supported by the mother's desire to give the best to the baby.

3. Support of health workers

Childbirth help is the main key to the success of early breastfeeding and prevention of prelacteal or vice versa. This is because when the newborn is born, the role of childbirth helper is very dominant. The key to implementing the ten steps of breastfeeding is the commitment of the birth attendant to initiate early breastfeeding and not to give any food other than breast milk to newborns including the provision of formula milk and food or drinks as prelacteal.

3.2 Discussion

Based on the research of Rajendra Karkee, Andy H Lee, Wisnu Khanal and Colin W Binns Journal with the title "A community-based prospective cohort study of exclusive breastfeeding" This study examined the level of exclusive breastfeeding and compared exclusive breastfeeding between mothers living in rural areas and cities. The results of this study were that most women received breastfeeding information (74%) and were encouraged to breastfeed by health workers or family members (81%). Urban women experienced significantly shorter ($p = 0.02$) duration of exclusive breastfeeding (meaning 104.5, 95% CI 95.8 for 113.1 days) and were more likely to quit Exclusive Breastfeeding (hazard ratio (HR) 1.28, 95% CI 1.03-1.60) than their rural counterparts (meaning 144.7, 95% CI 132.3-157.1 days). Therefore women who live in the village have a higher rate of exclusive breastfeeding than women who live in this city due to different castes, education, employment, support, culture, information or counseling about exclusive breastfeeding [12].

The results of the study showed that of 500 mothers who stopped breastfeeding completely before six months and gave reasons to stop, the majority (73.6%) stopped within the first six weeks. The most common reasons cited were discomfort or fatigue associated with breastfeeding (22.6%) and concerns about milk supply (21.6%). Return to work or education makes it less time to breastfeed 20% of women who stop after six weeks of delivery [4].

The results of this study are mothers who carry out ANC more than 2 times or more will get information or counseling provided by health professionals about exclusive breastfeeding and mothers giving birth at hospitals or other health institutions will also get support from health workers to provide early breastfeeding initiation compared mothers who do not do ANC and give birth at home. Antenatal Care (ANC) is one of the fundamental strategies recommended to reduce the risk of maternal and infant mortality both in the developing and developed countries. This is one of the opportunities for health workers to provide information and convey information about various health and information about the importance of breastfeeding. Exclusive and techniques for how to breastfeed properly to create comfort for mothers and babies, and mothers also get the awareness that breast milk is very important for baby's development and [2] [3].

Based on Riyadh A Alzaheb Journal's research entitled "A Review of the Factors Associated With the Timely Initiation of Breastfeeding and Exclusive Breastfeeding" This review identifies factors that have the potential to influence breastfeeding initiation within one hour after birth and exclusive breastfeeding in the first 6 months . The results of this study that the termination factor of exclusive breastfeeding is often associated with maternal age, education, employment and referrals. With a meta-analysis that 34.3% of infants who received breastfeeding early in the first hour of life and only 20.5% of infants received exclusive breastfeeding in the first 6 months of life. This journal explains the supporting factors that influence exclusive breastfeeding, namely the support of the husband and the immediate family, antenatal care, biomedical factors, social policy, psychosocial factors and so on [2].

4. CONCLUSION

Overall rates of exclusive breastfeeding vary by country and region. And various factors that influence the termination of exclusive breastfeeding are based on the experience of breastfeeding mothers, education, knowledge, age, occupation, support, culture, lack of health facilities, lack of awareness of mothers, Caesarean babies, low birth weight babies. There are several factors that support exclusive breastfeeding, namely the support of the closest husband or family, health care, psychological factors, social support and so forth.

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