

Breastfeeding Practices among Young Mothers: A Scoping Reviews

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ABSTRACT--- *This study aims to evaluate the evidence related to breastfeeding practices among young mothers. The method of this scoping review used the Arksey & O'Malley framework which consists of 5 stages: Identifying review questions with the PICO framework; identifying of relevant studies; searching articles through relevant databases such as PubMed, Science Direct and Wiley; PRISMA Flow Chart was applied to describe the process of selecting articles transparently; conducting a critical appraisal to assess the quality of the articles; providing data charting; compiling, summarizing and reporting the results. Based on 10 articles included, there were 7 articles using qualitative methods, 2 using RCT and 1 using mix methods; 9 articles from developed countries and 1 article from LMIC. Furthermore, 4 themes were obtained, namely (1) The decision making process that is influenced by infant health reasons and support; (2) Factors affecting the success of breastfeeding practices, including young mothers' knowledge about the benefits of breastfeeding, perceived comfort of mothers in breastfeeding and relational support from professionals; (3) Obstacles in breastfeeding i.e. mothers have difficulty in giving breastfeeding, have demands for school time or work and stigma. (4) Needs of breastfeeding mothers, namely young mothers needing health care and support. It can be concluded that within LMIC show that young mothers tend to focus on breastfeeding practices and physical health issues because they have received support from the family. While within developed countries show that young mothers focus more on psychological problems.*

Keywords--- *Adolescent mothers, Exclusive Breastfeeding, Breastfeeding Practice.*

I. INTRODUCTION

The incidence of adolescent pregnancy is still very high. Around 16 million female adolescents aged 15 to 19 years and two million female adolescents under the age of 15 give birth every year [1] - [4]. Worldwide, one in five female adolescents has given birth at the age of 18. Developing countries have a higher proportion of adolescent pregnancies than developed countries. About 90% of adolescent pregnancies occur in developing countries. Indonesia ranks fifth in the top ten countries with the largest number of adolescent pregnancies in the world [2], [3].

The consequences of early marriage and childbirth in adolescent age trigger premature birth, low birth weight and mothers have more risk to experience complications such as intra-uterine fetal death, anemia, intra-uterine growth retardation, postpartum hemorrhage and postpartum depression [5] - [7]. This also has an impact on the process of parenthood which creates periods of instability that demand transitional behavior [8]. Young mothers

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will face various difficulties such as insufficiency of economic, education and the risk of being mentally unprepared to become responsible parents [7], [8]. In addition, previous studies also mentioned that young mothers have difficulty on breastfeeding their babies due to lack of knowledge, skills and sources of information needed to become a young mother.

In fact, a mother has a very important role to optimize the health status and growth and development of their children. One effort is to provide exclusive breastfeeding [8], [9].

Young mothers experience many problems such as breastfeeding problems, feeling unable to care for babies, psychological problems, and health care needs for the maternal transition. Besides, the incompetence of professional staff to identify the needs of young mothers is also an obstacle that is often faced by young mothers [8], [10]. Whereas, the important role of professionals in providing social support to adolescent mothers greatly influences the success of breastfeeding practices, for example when they start breastfeeding by taking the time to accompany and provide concrete appreciation and support. This illustrates the essence of professional staff supportive behavior [10], [11].

The results of a study conducted by [8] showed that young mothers need health counseling and psychological care from nurses in the postpartum period before leaving the hospital. This is in line with research by [12], which states that exclusive breastfeeding is a new responsibility for adolescent mothers after giving birth. However, this new duty often experiences obstacles due to lack of support. In addition, the lack of knowledge and experience of breastfeeding practice such as how is the frequency of breastfeeding, whether the sign when the baby is sufficiently breastfeeding can cause the mother to feel frustrated, then young mothers may give up easily.

Factors that support young mothers in breastfeeding include support from professionals and families to overcome difficulties and to breastfeed the baby. Some of the reasons that cause young mothers to stop breastfeeding are due to nipple pain, baby's attachment difficulty and little volume of breast milk. In addition, young mothers also return to school to continue their education. Low support from the family is one of the causes of the failure of exclusive breastfeeding by schooling young mothers [13]. Based on the above background, the researcher is interested in conducting a "Scoping Review related to the Practice of Breastfeeding to Young Mothers".

II. II. METHODOLOGY

The method of this scoping review used the Arksey and O'Malley framework [14]. There are 5 stages of the review process namely (a) identification of review questions, (b) identification of relevant studies, (c) selection of studies, (d) mapping of data (data charting), and (e) compile, summarize, and report results.

A. Identification of Review Questions

The research question is: How is the practice of breastfeeding to young mothers?

Table 1: Framework Pico

Population	Young mothers, Adolescent mothers, Teenager mothers, Young moms, Young woman, Teens mother
Intervention	Breastfeeding, Exclusive Breastfeeding
Comparison	-

Outcome	Breastfeeding Practice, Implementation, Application
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B. Identification of Relevant Studies

Inclusion criteria include sorting the articles published between 2009-2019, published in English or Indonesian, original articles, peer-reviewed published in the Journal and articles discussing young mothers as the respondents. In searching for evidence, relevant databases are used such as PubMed, Science Direct, and Wiley. Boolean operators are used to set flexible search [15]-[18].

C. Selection of the Study

In the search for articles from all accessed databases, 158 articles were identified that were relevant to the scoping review question. Then the article was eliminated again after full text-reading; it was found that 10 articles can be used and reviewed independently based on predetermined inclusion and exclusion criteria. In the process of selecting the articles, the researcher used a flow chart prism to transparently describe the process that was carried out. Prism flow chart is considered appropriate because it can improve the quality of reporting publications [19]-[22]. Critical appraisal applied The Joanna Briggs Institute (JBI) Critical Appraisal Tools.

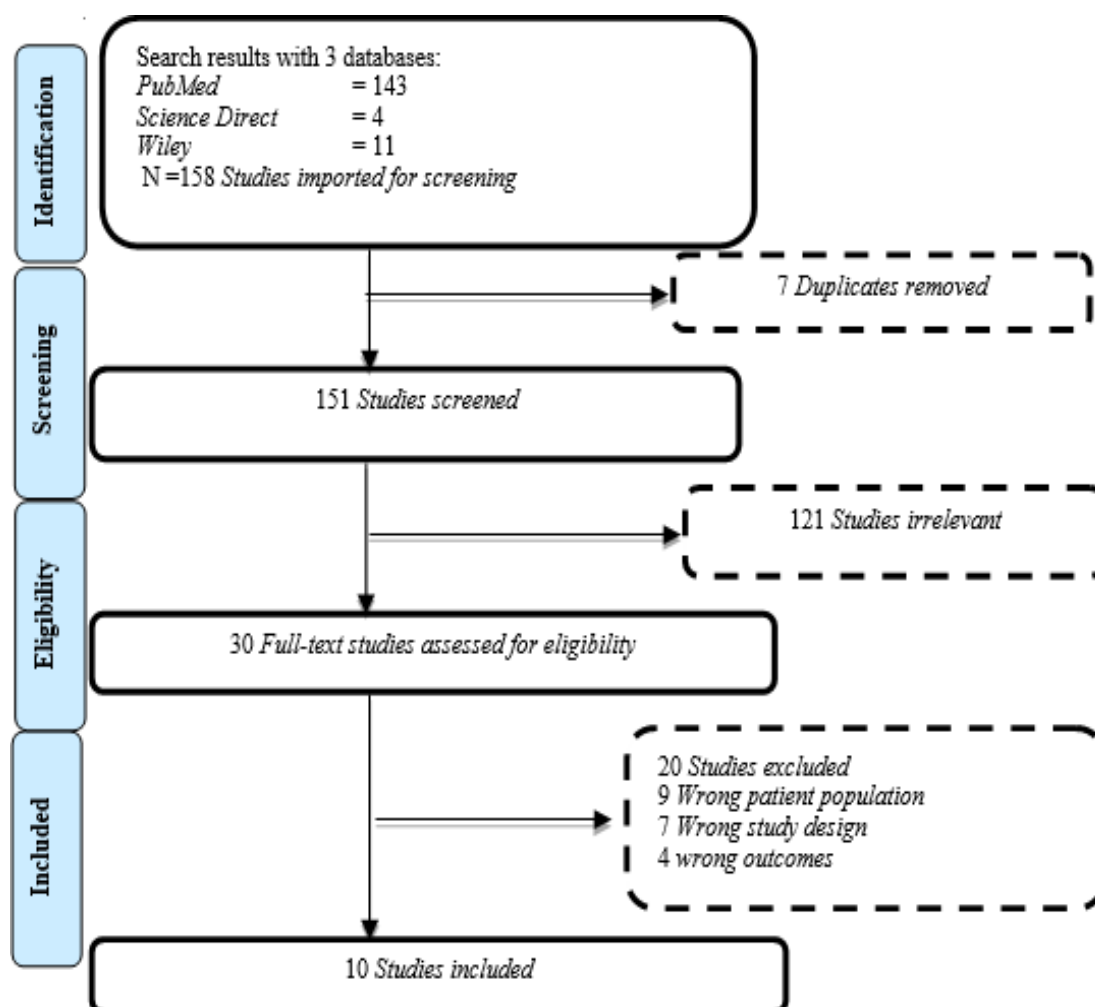


Figure 1: Prisma Flow Chart

D. Data Charting

Table 2: Data Charting

<i>No.</i>	<i>Author/Year/Grade /Title</i>	<i>Country</i>	<i>Aim of Study</i>	<i>Type of Research</i>	<i>Method</i>	<i>Results</i>
1	Pentecost and Grassley/ 2014/ A/ Adolescents' Needs for Nurses' Support When Initiating Breastfeeding	Idaho, USA	To identify the needs of adolescent mothers for social support when initiating breastfeeding from nurses.	A qualitative Study	Sample Size: 90 adolescents Data Collection: 2 open-ended questions Data analysis: Secondary qualitative content analysis	Instrumental, informational, emotional, and appraisal support
2	Monteiro et al./ 2014/ A (Qualitative) / C (Cross Sectional)/ Breast feeding among Brazilian adolescents: Practice and needs	Brazil	To characterize breastfeeding practices and identify the needs of breastfeeding Brazilian adolescents.	Mix Method (Cross sectional and qualitative approach)	Analysis data from the Second National Survey of Breastfeeding Prevalence (229 adolescent mothers) based on descriptive statistics and a qualitative approach (10 adolescent mothers) in primary care unit. The data transcribed and organized using thematic content analysis.	Three themes: Concern for the child's health; breastfeeding difficulties; family support and health professionals.
3	Wambach and Cohen/ 2009/ A/ Breastfeeding Experiences of Urban Adolescent Mothers	Kansas, USA	To test urban adolescent mothers breastfeeding experience use a combination of focus groups and	Qualitative descriptive study	Sample Size: 23 teens mother Data Collection: Focus group discussion and semi-structured interviews. Data analysis: Analysis of	Adolescent mothers chose breastfeeding for infant health reason and bonding. Barriers on breastfeeding such as nipple

			semi-structured interviews.		verbatim audiotape transcripts and field notes.	pain, time demands of work or school, perceptions of insufficient milk supply, problems with pumping and feeling frustrated and overwhelmed.
4	Nesbitt et al./ 2012/ A/ Canadian adolescent mothers' perceptions of influences on breastfeeding decisions: A qualitative descriptive study	Canada	To test the facilitating influences and barriers adolescent mothers to initiating, and continuing breastfeeding in Durham Region, Ontario, Canada	Qualitative Study	Sample Size: 16 adolescent mothers Data Collection: Semi-structured, interview. Data Analysis: Conventional content analysis, transcribed verbatim and used software program N-Vivo 8.0.	information and support are factors that influence adolescent's decision to try and continue breastfeeding. Other factors are the benefits of breastfeeding, the availability of support, mother's knowledge, mothers' perceived sense of comfort in breastfeeding.
5	Hunter, Magill-Cuerden and Mc-couert/ 2015/ A/ Disempowered, passive and isolated: How teenage mothers' postnatal inpatient experiences in	London, UK	To explore inpatient experiences of adolescents who gave birth influenced their breastfeeding decisions and breastfeeding support.	A qualitative study	Data Recruitment: Handing out leaflets. Sample size: 15 participant young women. Data Collection: Focus group discussion and semi structured. Data Analysis: The data were	Young mothers need support from health professionals and peers because they felt disempowered and passive.

	the UK impact on the initiation and continuation of breastfeeding/A				recorded, transcribed verbatim and analysis thematically.	
6	Erfina et al./ 2019/ A/ Exploring Indonesia adolescent women's healthcare needs as they transition to motherhood: A Qualitative Study	Indonesia	To explore the experience of adolescent mothers after giving birth inpatient and need care during the transition process to become a mother	Descriptive qualitative design	Sample size 11 adolescent mothers Data Collection In-depth interviewed with semi-structured questionnaire. Data Analysis Analysis using thematic analysis and verbatim transcribed.	Breastfeeding problems, disempowerment in caring for the baby, health care needs of young motherhood transitions.
7	Muelbert and Giugliani/ 2018/ B/ Factors associated with the maintenance of breastfeeding for 6, 12, and 24 months in adolescent mothers	Brazil	To identify factors associated with breastfeeding maintenance for at least 6, 12, and 24 months in young mothers.	Randomized control trial	Provide counseling to 323 adolescent mothers	Breastfeeding education and support during different stages of breastfeeding need to be tailored for adolescent mothers.
8	Edwards et al./ 2017/ A/ Factors Influencing the Breastfeeding Practices of Young Mothers Living in a Maternity Shelter: A	Canada	To answer the research question, "What factors influence the breastfeeding practices of young mothers who live or have lived in a	A qualitative Study	Data recruitment: Participants were recruited via short presentations and posters displayed at maternity shelter. Sample size: 9 participants Data collection: Semi-structured	Autonomy choose, breastfeeding mothers are special and unique, importance of early postpartum, and ongoing supports.

	Qualitative Study		maternity shelter?"		interview and were digitally recorded. Data analysis: Inductive content analysis	
9	Chopel et al./ 2019/ A/ Multilevel Factors Influencing Young Mothers' Breastfeeding: A Qualitative CBPR Study	USA	To identify breastfeeding motivations, social and structural barriers that young mothers encounter.	A qualitative Study	Data recruitment: Recruited via service organizations, flyers, word of mouth, or personal introduction in the case of key informants. Sample size: Stakeholder experts (n = 9) and dyads (n = 6) consisting of a young mother and her decision-making partner. Data collection: Three stages (the key informant interviews, the dyadic interviews, and the community mapping groups stage). Data analysis: Inductive-deductive analysis process used social phenomenological and grounded theory approaches	Stigma is one of the obstacles that need support. So that policies and programs are needed that can increase breastfeeding rates and be able to overcome the obstacles found

10	Wambach et al./ 2011/ B/ A Randomized Controlled Trial of Breastfeeding Support and Education for Adolescent Mothers	Kansas, USA	To verify the hypotheses that lactation consultant–peer counselor team providing education and counseling interventions could increase breastfeeding initiation and duration for 6 months when compared to control group and explore the effects of exclusive breastfeeding.	Randomized controlled trial	Sample size: 390 Randomly Assigned: Experimental Group (n = 128), Attention Control Group (n = 128), Usual Care Group (n = 134). Data collection: The Breastfeeding Attrition Prediction Tool (BAPT) is based on the TPB and measures all breastfeeding behavior. Data analysis: The SAS program (version 9.1.3).	Factors influencing breastfeeding initiation are prenatal intention to give exclusive breastfeeding, knowledge, the time when deciding to breastfeed (before pregnancy, during pregnancy), and professional and social support.
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III. RESULTS AND ANALYSIS

Stage 5: compiling, summarizing and reporting the results

A. Characteristics of Articles

Based on the articles obtained, as many as 10 articles were selected using qualitative methods with Grade A as many as 7 articles, mix methods (qualitative methods with Grade A & cross sectional with Grade C) as many as 1 article and RCT (Randomized Control Trial) with Grade B as many as 2 articles. Among the articles, there is one article from a developing country that is from the Indonesia. While 9 articles were from developed countries such as Canada (2 articles), Brazil (2 articles), USA (4 articles), and United Kingdom (1 article).

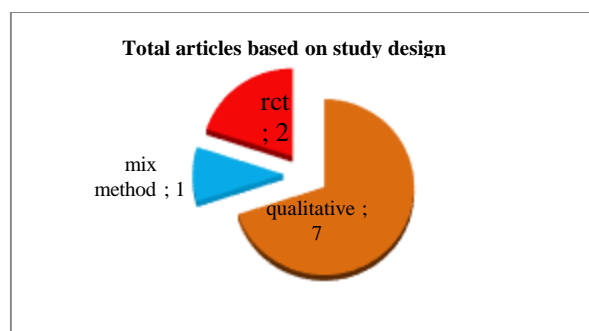


Figure 2: Study Design

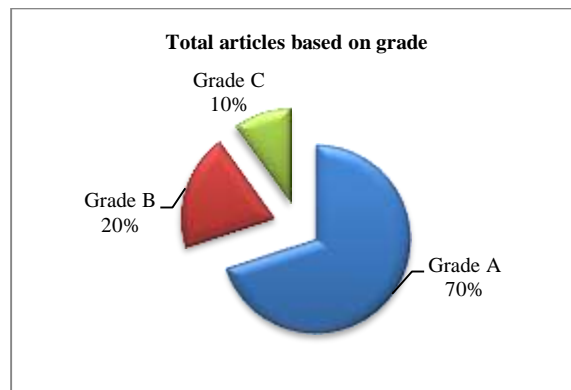


Figure 3: Grade

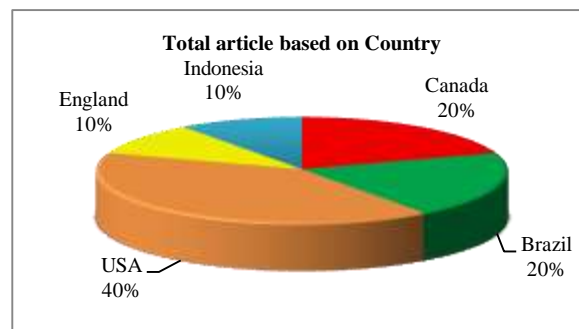


Figure 4: Country

B. Themes

Table 3: Decision Making Process

No.	Decision Making Process	Articles
1	Baby's health reasons	2,3,4
2	family members support, peer support	2,3,4,5,8,9

Table 4: Factors Affecting the Success of Breastfeeding Practice

No.	Factors Affecting the Success of Breastfeeding Practice	Articles
1	Knowledge	4,10
2	Mothers' perceived sense of comfort in breastfeeding	4
3	Relational support from Professional	1,2,3,4,5

Table 5: Barriers on Breastfeeding

No.	Barriers on Breastfeeding	Articles
1	Breastfeeding difficulties	2,3,4,6
2	Time demands of school or work	3,9
3	Stigma Social	4,9

Table 6: The Needs of Breastfeeding Mothers

<i>No.</i>	<i>The Needs of Breastfeeding Mothers</i>	<i>Articles</i>
1	Health care needs of adolescent motherhood transitions	6,7
2	Support	1,2,3,4,5,6,7

IV. DISCUSSION

A. Decision Making Process

1. Baby Health Reasons

Young mothers consider to do breastfeeding because it is beneficial for baby's health and development. Young mothers realize that breastfeeding is a positive thing, focusing on the welfare of the baby. Breastfeeding means giving more protection to children, making babies fatter, smarter and more active and making mothers happy. Maternal commitment in breastfeeding is a key factor in the success of breastfeeding with a long duration and foster closeness between young mothers and infants [10], [12], [23].

Although young mothers understand that breastfeeding is very important for baby's health, unfortunately young mothers breastfeed for a short duration because when their babies are 2 months old sometimes their babies are fussy, unwilling to breastfeed and young mothers believe that breast milk alone is not enough to meet their baby's nutritional needs. Thus, young mothers feel nervous in dealing with their babies and then they start adding complementary foods to their baby's food when they believe that breast milk is not enough to meet the nutritional needs of their babies [10], [12], [23].

2. Support from Family Members, Peer and Professional Health Care

Family support becomes an important aspect in increasing self-confidence, increasing morale and motivation of adolescent mothers. This is related to the condition of young mothers who are vulnerable and need guidance. Family members such as biological mothers, stepmothers, grandmothers, sisters and aunts who previously have breastfeeding experiences are reported to be the greatest providers of support for adolescent mothers in breastfeeding [12], [24].

This is not in line with Wambach's research (2009) that the role of family support and peer support is not found, while professional support is found to be more important and must be continued after discharge from the hospital by doing home visit by nurses. Breastfeeding counselors can also help in supporting young mothers who breastfeed after returning from the hospital as an important source of emotional support for young mothers. Relational support is fundamental for receiving support or other interventions [23], [25], [26].

B. Factors Affecting the Success of Breastfeeding Practice

1. Knowledge

Mother's knowledge about the benefits of breastfeeding and the correct way of breastfeeding is one of the factors that influence the success of breastfeeding in young mothers. Mothers who have high knowledge about breast milk will breastfeed their children exclusively compared to mothers who have low knowledge, and knowledge of the mother can increase her confidence in breastfeeding [23], [27], [28].

The existence of a different understanding of exclusive breastfeeding raises confidence in young mothers that exclusive breastfeeding is important for the baby. Perceptions and beliefs of adolescent mothers about exclusive

breastfeeding greatly influence the success of breastfeeding practices, and education about breastfeeding must be continued so that young mothers continue to breastfeed their babies for up to 24 months [29].

This is in line with research by Nesbit (2012) mentioning that young mothers' lack knowledge about breastfeeding include how often babies breastfeed and how to check babies who have gotten enough milk. In addition, some participants mentioned that the mother's nutritional intake could affect the quality of breast milk and the lack of knowledge about the signs of a baby being full causes frustration [12].

2. Perception of Maternal Comfort in Breastfeeding

Mother's perception is influenced by knowledge about the benefits of breast milk for mother, baby and her family. The perception of young mothers that breastfeeding is very important for baby's health, so that mothers feel happy, comfortable and proud because they can breastfeed their own babies. Happy and proud is part of a positive mother's self-concept as a mother because mothers can play an optimal role in caring of their babies [30].

3. Relational Support from Professionals

The forms of relational support from professionals received are varied such as instrumental support, information, emotional support and appreciation. Support provided increases the self-efficacy of adolescent mothers to feel abler and empowered in providing breast milk [10] - [12], [23], [25].

This is not in line with Nesbit's (2012) study that adolescents do not need professional help so they do not actively access professional support. Adolescents felt they already have enough support through informal networks and therefore do not access other support. Moreover, sustainable support for nursing mothers is very important to support the success of breastfeeding until the baby is 24 months old [12], [29].

C. Obstacles to Breastfeeding

1. The Difficulty of Young Mothers in Breastfeeding

Difficulty in breastfeeding such as pain and fear sometimes cause young mothers to feel insecure about their ability to breastfeed because their breasts are enlarged so that the baby is having difficulty getting milk. On the other hand, at the beginning of breastfeeding, young mothers feel pain when breastfeeding their babies, if they do not breastfeed, their breasts become hard and sore. Hence, those conditions make them a little afraid to breastfeed their babies, and young mothers feel sad, guilty of giving formula milk. Another difficulty is that adolescent mothers experience stress. Anxious and stress mothers can inhibit the performance of the hormone prolactin so that milk production is reduced, and it can cause pain during breastfeeding. These are the obstacles encountered by young mothers in breastfeeding which causes young mothers to sometimes feel unsure of their ability to breastfeed their babies [8], [10].

2. Demands for School or Work Time (Social Barrier)

Young mothers with multiple roles of being mothers, children, students / workers and spouses / wives make mothers face obstacles in each role. When returning to school or work, young mothers play an important role in making the decision to continue or stop breastfeeding. Therefore, young mothers should know how to prepare

themselves to go back to school or work. They are trying to determine how to care for their baby and pump breast milk while at school or at work. Adolescent mothers need dialogue and obtain support from professionals, teachers, and families [23], [31], [32].

3. Social Stigma

Stigma is the judgment of others when breastfeeding in public, because they need to pump their breast milk at school or work, or even breastfeed in a private room in front of others. Adolescent mothers are often criticized by others when breastfeeding at school or in public places. Young mothers feel ashamed to breastfeed in public because their breasts are exposed, and they feel that they are being watched as teenagers who are breastfeeding. In consequence, they tend to pull themselves away from public places to breastfeed in a quiet place. Thus causes young mothers to have difficulty in breastfeeding. This shows the need for public education to better support and accept teenage mothers who are breastfeeding [12], [31], [33].

D. Breastfeeding Mothers Needs

1. The Health Care Needs of Breastfeeding Mothers

The health care needs of breastfeeding mothers are related to the helplessness of young mothers both physically and psychologically. Adolescent mothers need midwives / nurses to teach them how to breastfeed properly and are a sign of a baby being hungry or full. Unfortunately, in [8] states that interactions and care by nurses or midwives on the ward is very limited. They only treat the mother to the extent of blood pressure checks, administration of drugs and lack of assessing the needs of adolescent mothers especially psychological support.

This is not in line with research from western countries that adolescent mothers report positive experiences while in the hospital by sharing information from nurses, recognizing the needs of adolescent mothers, providing health care both physically and psychologically, accepting good behavior of the nurses, having good communication and mutual respect and getting home visits from nurses after young mothers return from the hospital [8], [25], [29].

2. Support

Young mothers are very vulnerable and need support to increase self-confidence in the establish a role as a capable breastfeeding mother. When such support does not come, young mothers tend to be passive and childish and disempowered. The sense of vulnerability of young mother further manifests in distrust of the motivations of nurses who care for them and is easily offended by little things [10], [12], [23].

Young mothers need support, such as information, emotional, instrumental and appreciation support. Professionals need to know how to promote effective breastfeeding practices. Recognizing the needs of young mothers in breastfeeding, and their self-confidence are things that need to be done in guiding and facilitating young mothers inbreastfeeding. Furthermore, the involvement of family and friends is very important [10]-[12], [25]. This is in contrast to the results of [34], receiving different information and advice from health professionals causes confusion for young mothers. This is in line with [25] mentioning that young mothers feel tired and confused after giving birth, feelings of dependency and passive encouragement when midwives take control [11], [25]

V. CONCLUSION

Based on the results of a scoping review, it shows that adolescent mothers in Indonesia tend to focus on breastfeeding practices and physical health problems because they have received support from the family. While, the results of research in western countries show that adolescent mothers focus on psychological problems. The research gap found between the results of a review of articles in western countries and developing countries (Indonesia). Among 10 articles, none articles discussed male participants, all of whom were breastfeeding mothers. Thus, further research needs to involve male or husband participants in supporting breastfeeding mothers. In addition, social care support in this study is only discussed by one article, so it is necessary to conduct research that deals with social care support. Then, this research focuses on developed countries with 9 articles and 1 article from developing countries. Thus, further research needs to examine the same issues in developing countries.

VI. ACKNOWLEDGMENTS

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