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Facilitators and Barriers Factors of Exclusive Breastfeeding Practice among Unemployed Mothers: A Scoping Review

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ABSTRACT

Introduction: Exclusive breastfeeding confers numerous health benefits on both mother and baby. Global data demonstrate that breastfeeding rates have not yet reached the 50% mark, indicating that more than half of the world's infants are not being exclusively breastfed. While unemployed mothers are known to be more likely to exclusively breastfeed, not all unemployed mothers have the ability to do so. The primary objective of this scoping review was to identify barriers and facilitators to exclusive breastfeeding among unemployed mothers.

Methods: The review was conducted in accordance with the PRISMA guidelines, encompassing a systematic search of three databases (Scopus, PubMed, and EBSCOHost) for relevant articles published between 2014 and 2024. The initial search yielded 211 articles; however, only eight articles that met the predefined inclusion criteria were selected for further examination.

Results: This review examined the barriers and enablers of exclusive breastfeeding among unemployed mothers by conducting a comprehensive analysis of eight articles published between 2017 and 2021. The articles under consideration were derived from a total of 211 articles collected across three databases using specific keywords and filtering tools. The classification of factors was conducted in accordance with L. Green's framework, which categorizes factors as predisposing, reinforcing, and enabling. The facilitator factors that were identified included adequate antenatal care, prior breastfeeding experience, and strong knowledge. The identified barriers encompassed caesarean delivery, health concerns, and inadequate knowledge. The practice of breastfeeding was influenced by a variety of factors, including family dynamics, healthcare support systems, and cultural norms.

Conclusion: The findings from this review indicate the presence of predisposing and enabling factors in the internal aspects of the mother, infant condition, culture, support, health services, and other health practices. Predisposing factors play an important role as both enablers and barriers to exclusive breastfeeding in non-working mothers. This review highlights the need for more comprehensive interventions to assist mothers in improving exclusive breastfeeding practices.

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INTRODUCTION

According to the World Health Organization (WHO), exclusive breastfeeding is defined as the practice of exclusively feeding breast milk to infants for the first six months of life, without any other supplementary food or drink, except oral rehydration fluids or drops of vitamins, minerals or medicines. Breast milk is a nutrient-rich, natural, safe, complex and optimal source of nutrition for infants, which serves as the primary immunological stimulus early in life (1). The practice of exclusive breastfeeding provides many benefits for infants, both in the short and long term. The benefits of exclusive breastfeeding include facilitating the formation of a strong bond between mother and child, improving the child's intelligence, ensuring optimal development of the child's cognitive abilities, maintaining ideal body weight, and preventing sudden infant death syndrome (SIDS), as well as reducing the risk of diabetes, obesity, and certain cancers (2). Research shows that non-exclusive breastfeeding can increase the risk of stunting in infants (3). Infants who are not exclusively breastfed have a 2.96 times higher risk of experiencing abnormal emotional development compared to exclusively breastfed infants (4).

The World Health Organization (WHO) has established guidelines that recommend exclusive breastfeeding for the first hour after birth and for the first six months of a baby's life, without any additional food or liquids. The WHO also advises against the use of pacifiers, bottles or other food containers during exclusive breastfeeding, and breast milk should be fed to the baby as often as possible (5). By 2023, the global exclusive breastfeeding rate is projected to reach 48%, with WHO targeting a global rate of 50% by 2025. However, it is important to note that there are still 52% of babies worldwide who are unable to receive exclusive breastfeeding (6). According to data from the WHO in 2022, several countries have low exclusive breastfeeding coverage, including North America (26%), Africa (47%), and Asia (51%) (7). Low exclusive breastfeeding among infants has been shown to increase the risk of morbidity and mortality from infectious diseases, as well as increase the risk of diarrhea, respiratory infections and gastrointestinal infections (8). Low exclusive breastfeeding can also lead to long-term impacts such as cognitive impairment, stunting, wasting and obesity. Globally, by 2022, it is estimated that 149 million children under the age of 5 will be stunted, 45 million will be wasted, and 37 million will be overweight or obese (9).

To support the increase in exclusive breastfeeding rates, WHO has recommended the implementation of a code of conduct for marketing breastmilk substitutes, investment in breastmilk promotion programs and policies, protection of working mothers through paid leave and workplace breastfeeding policies, implementation of the Ten Steps to Successful Breastfeeding in Health Facilities, breastfeeding counseling, community support, strengthening of exclusive breastfeeding program monitoring systems, and emergency support (6).

The Ten Steps to Successful Breastfeeding in Baby-Friendly Hospitals is based on comprehensive WHO recommendations aimed at increasing the likelihood of exclusive breastfeeding in infants. The program is also supported by regulations that prevent the promotion of infant formula, bottles and pacifiers, and require standardized breastfeeding care practices and breastfeeding support tracing. Training initiatives are designed to improve the competence of health workers and to assess their knowledge and skills. Antenatal care involves discussion of the benefits of breastfeeding for both mother and baby, and preparation of the mother's skills to breastfeed her baby. Immediately after the birth of the baby, skin-to-skin contact between the baby and mother is recommended, as well as assisting the mother in early initiation of breastfeeding. Facilitators breastfeeding mothers by checking breastfeeding position, attachment, and mode of feeding, as well as assistance for mothers experiencing breastfeeding problems, is also recommended. It is very important to breastfeed exclusively, unless there are medical contraindications. In cases where supplementation is required, priority should be given to donor breast milk. The mother should be assisted to ensure safe formula feeding. It is very important to ensure that the mother and baby are in close proximity to each other, and the mother should be encouraged to recognize when the baby is hungry without imposing restrictions on the frequency of breastfeeding. Counseling should be provided on the risks associated with the use of bottles, teats and pacifiers. Hospitals are also expected to provide community resources to support breastfeeding and collaborate with communities to improve breastfeeding support services (10).

An important finding to note is that unemployed mothers have more time to exclusively breastfeed their babies compared to employed mothers, but there are several other factors that contribute to the low prevalence of exclusive breastfeeding among unemployed mothers (11). However, a recent study in Indonesia in 2023 showed that 55.1% of employed mothers and 56.6% of unemployed mothers exclusively breastfed their infants. The study showed that unemployed mothers showed better exclusive breastfeeding practices compared to employed mothers (12).

Unemployed mothers showed a 43% higher likelihood of exclusive breastfeeding compared to employed mothers (13). Therefore, there is a need to increase exclusive breastfeeding coverage among unemployed mothers. This study aims to describe the facilitators and barriers of exclusive breastfeeding practices among unemployed mothers.

The purpose of this literature review is to map and study the factors that facilitate and barrier exclusive breastfeeding by unemployed mothers. Facilitating and barrier factors will be examined through the lens of internal maternal and infant characteristics, external environmental influences, and cultural factors in the community. By summarizing these trends, this study aims to provide guidance for maternal and child health practitioners in the development and implementation of effective multilevel health promotion interventions.

METHOD

Identifying Relevant Studies

This reviewed articles from various countries related to exclusive breastfeeding in unemployed mothers using an online article search, with the inclusion criteria for this review were literature published in 2014-2024 to determine trends that have occurred in the last 10 years, the literature used is original research and excluded a systematic review or scoping review to refflect what is actually happening in the field. The literature reviewed focused only on exclusive breastfeeding of infants until six months of age, as recommended by the World Health Organization (WHO). The target population of the literature was unemployed mothers, and the journal had a team of reviewers. The articles were fully accessible. Exclusion criteria included articles published before 2014, articles derived from systematic reviews or scoping reviews, articles that used mothers as research participants, infant age less than six months, articles that addressed infant feeding, and articles that were not fully accessible. In addition, journal articles that did not have a review team were also excluded. The search strategy involved utilizing three databases: PubMed, Science Direct, and EBSCOHost. The search was conducted on November 4, 2024 using Mendeley as the platform to screen articles, and the search strategy is listed in Table 1.

Table 1. Search Strategy

Search Terms			Articles Obtained
Scopus			
Keyword	:	a. “exclusive breastfeeding” b. practice c. mothers OR "stay at home mother" OR unemployed mother OR "unemployed mother*" OR "unemployment mothers" d. barrier OR "inhibiting factors" e. facilitators OR supports	97
Filter	:	year 2014 - 2024, data type to article, language to english, source type to journal, limited to all open access	
PubMed			
Keyword	:	a. "exclusive breastfeeding" AND practice AND mothers AND barrier AND facilitators	31
		b. "exclusive breastfeeding" AND practice AND "unemployment mothers" AND barrier AND facilitators	1
Filter	:	publication in 10 years, free full text	
EBSCOHost			
Keyword	:	a. “exclusive breastfeeding” b. practice c. mothers OR "stay at home mother" OR unemployed mother OR "unemployed mother*" OR "unemployment mothers" d. barrier OR "inhibiting factors" e. facilitators OR supports	82
Filter	:	full text, peer reviewed, publication year 2014 - 2024, academic journals	
Note: Exact duplicates removed from the results.			
Total Articles			**211**

Study Selection

Article reviews were conducted manually according to predetermined inclusion and exclusion criteria. After searching, the articles were imported into the Mendeley application. The articles were then reviewed by year, title, and abstract to identify and remove irrelevant material. A full-text review was then conducted describing exclusive breastfeeding practices and the facilitators and barriers factors experienced by the study targets. Articles excluded from this review were those in the following categories: scoping reviews, systematic reviews, articles employing mothers, university students, pregnant women, mothers with specific health problems, day care centers, infants less than six months old, articles with special characteristics (mothers living with Human Immunodeficiency Virus (HIV)), economics, body mass index, pandemic, ethnicity, and articles that did not discuss infants or breastfeeding practices.

Figure 1 illustrates the review process and results. Total of 8 articles were included in the final review.

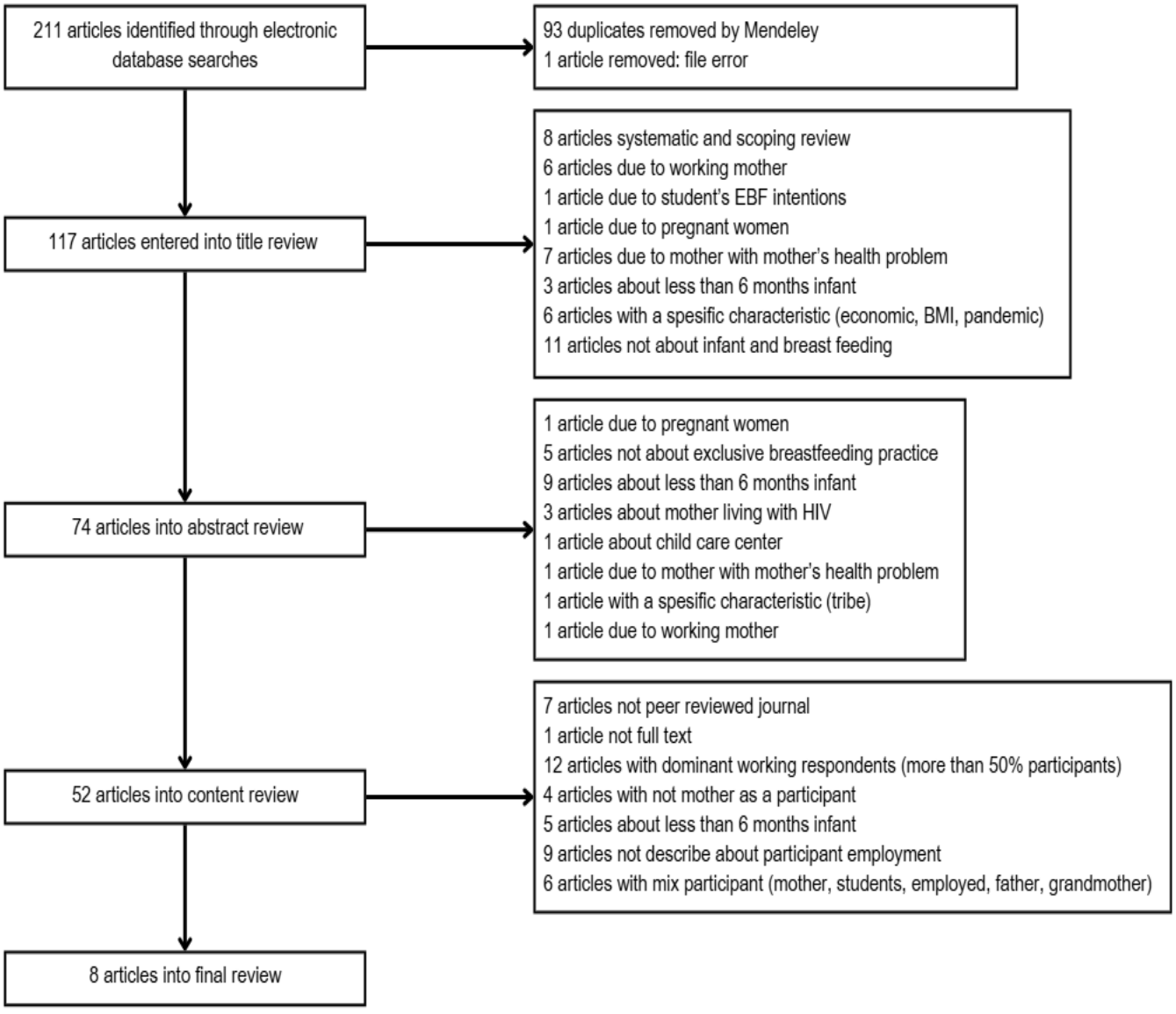

Figure 1. Flow chart for identifying eligible studies

RESULTS

211 articles collected from three databases using specific keywords and a filtering tool, eight articles were identified for mapping that addressed barriers and enablers to exclusive breastfeeding experienced by non-working mothers and 8 articles were found for mapping that addressed barriers and enablers of exclusive breastfeeding practices experienced by unemployed mothers. Table 2 shows an overview of relevant factors, including details of the geographical area where the study was conducted, target group, methodology, and key findings. The articles reviewed were published from 2017-2021, 4 articles used qualitative methods, 4 articles used quantitative methods, the research sample consisted of more than 50% unemployed mothers, and came from European, African, American and Asian countries. It was found that 7 articles addressed enabling factors and 6 articles addressed barriers to exclusive breastfeeding in unemployed mothers.

A total of 8 articles were used as the final review, which were generated based on the screening of predetermined inclusion and exclusion criteria. The results of the review of the facilitators and barriers factors of each article can be seen in Table 2. The review will be detailed according to the previous theory by L Green.

Table 2. Description of Articles Included in Review

			Method	Result	
Author/Year/Country	**Title**	**Aim**	**Study Design/ Data Collection/ Sample (N)**	**Facilitator**	**Barrier**
Qianling Zhouet al./ 2020/ Ireland, Western Europe(14)	"I was Determined to Breastfeed, and I Always Found A Solution": Successful Experiences of Exclusive Breastfeeding among Chinese Mothers in Ireland.	Identify factors contributing to the success of exclusive breastfeeding; and find solutions to the barriers impeding exclusive breastfeeding among immigrant Chinese mothers in Ireland.	Qualitative/ Indepth interview/ N=14 (>50% unemployed mothers)	Mother's internal - Feeling breast milk is sufficient and of good quality - Believing mother's nipple size is suitable for the baby to suckle - Strong desire to breastfeed - Knowledge about the benefits of breast milk Baby - Unable to consume breast milk from a bottle - Refusing to consume formula Culture - Traditional Chinese culture indicates that mothers want to breastfeed as much as possible Social support - Childcare assistance from husband, parents, or in-laws - High appreciation from the husband for breastfeeding practices - Encouragement to overcome difficulties and concerns from family - Instrumental support from family - Encouragement from colleagues in breastfeeding success experiences Health services	Mother's internal - Feeling insufficient breast milk production and decreased breast quality - Experiencing pain and discomfort while breastfeeding - Experiencing blocked ducts and breast inflammation - Breast asymmetry - Dietary and behavioral restrictions - Taking medication while breastfeeding causes depression and irritation in the mother Infant - Breast milk jaundice, severe diarrhea, and failure to latch on Cultural factors - Language barriers regarding postpartum food products - Negative stigma surrounding breastfeeding in public places Health facilities - Negative comments from health workers regarding the shape of the mother's nipples

				- Provision of breastfeeding facilities, consultations, and education Mother's solutions to perceived obstacles - Maintaining a diet - Maintaining physical health, breastfeeding at shorter and more frequent intervals, maintaining a rest pattern, and maintaining a good mood - Performing breast massage, communicating with the baby, and gently patting the baby's cheek - Using a nursing bra - Increasing the baby's exposure to sunlight, rubbing the nipple around the baby's lips - Consult with chinese health workers - Ignore negative attitudes, use a covering, and reduce the frequency of breastfeeding in public places	
Friday Ilop Joseph and Jane Earland./2019/ Nigeria, West Africa(15)	A Qualitative Exploration of The Sociocultural Determinants of Exclusive Breastfeeding Practices among Rural Mothers, North West Nigeria	The study explored the sociocultural factors that influence exclusive breastfeeding among rural mothers.	Qualitative/ Indepth interview/ N=20 (95% unemployed mothers)	Early initiation of breastfeeding - Use of herbal medicine to care for the breasts in preparation for breastfeeding - Helping the baby to be breastfed by a different mother before the mother's milk comes in - Mothers learn that colostrum is good for babies Exclusive breastfeeding - Mothers receive information about implementing exclusive breastfeeding from health workers, traditional midwives, and friends - Support from family members and knowledge of the benefits of breast milk for mothers Decision-making on infant feeding - Approval from the baby's father for exclusive breastfeeding - Advice from health workers is the most trusted by the husband	Early initiation of breastfeeding - Infant feeding during the delayed breastfeeding initiation period - Receiving newborn care instructions from grandmothers or traditional healers to give the baby dates and holy water before breastfeeding - Mothers discard colostrum because they feel it is dirty and can expose the baby to disease - Mothers and babies cleanse themselves by bathing before breastfeeding after the baby is born - Family advice to wash the breasts and express breast milk before giving it to the baby - Infants receive prelacteal feeding for traditional or religious reasons - Lack of understanding among health workers about addressing

					breastfeeding issues when the mother is sick Exclusive breastfeeding - Family tradition of performing traditional uvulectomy on babies, which can lead to infection - Mothers believe breast milk is insufficient to meet the baby's nutritional needs Infant feeding decision-making - Patriarchal nature of African society
Ngcwalisa Amanda Jama, et al./2017/South Africa(16)	Enablers and Barriers to Success among Mothers Planning to Exclusively Breastfeed for Six Months: A Qualitative Prospective Cohort Study in Kwazulu-Natal, South Africa	This study aimed to prospectively explore enablers or barriers to success among mothers who planned to exclusively breastfeed their infants for the first six months of life, in KwaZulu-Natal, South Africa.	Qualitative/ Indepth interview/ N=22 (86% unemployed mothers)	Health system factors - Education on the benefits of breastfeeding by health workers - Implementation of breastfeeding initiation by health workers Maternal factors - Continuing to provide expressed breast milk - Self-efficacy, commitment, and determination to practice exclusive breastfeeding in mothers - Strong motivation from HIV-positive mothers to practice exclusive breastfeeding because they want their babies to be HIV-free - Strong belief that breast milk is sufficient for infant nutrition - Mothers only listen to advice from highly educated people Social factors - High motivation to breastfeed even in public places	Health system factors - The common practice of giving formula as prelacteal feeding by health workers - Inappropriate advice that does not support exclusive breastfeefing from health workers Maternal and infant factors - Mothers perceive breastfeeding as tiring, embarrassing, and insufficient to satisfy the baby's hunger - Babies cry constantly and want to breastfeed longer - No milk produced when expressing - Babies refuse to breastfeed at all - Suboptimal latch Social factors - Teenage mothers tend to be embarrassed to breastfeed in public - Family pressure to immediately introduce complementary foods to babies - Family traditions of using traditional medicine on babies - Teenage mothers are expected to comply and not resist family members' requests to provide complementary foods to their babies
Dawit Alemayehu Chekol, et al./2017/ Ethiopia, East Africa(17)	Exclusive Breastfeeding and Mothers' Employment Status in Gondar	The aim of this study was to assess the extent of exclusive breastfeeding	Cross sectional/ Interview with structured and pretested questionnaire/	- Mothers with the recommended ANC frequency had a 1.8 times greater chance (p=0.042) - Mothers with spontaneous vaginal delivery had a 2.5	- Mothers with poor knowledge were 72.2% less likely (p=0.0001) - Mothers who did not receive social support

	Town, Northwest Ethiopia: A Comparative Cross-Sectional Study	practice and associated factors among employed and unemployed mothers with children of age 7–12 months in Gondar town, northwest Ethiopia, 2015.	N=649 (51% unemployed mothers)	times greater chance (p=0.005)	were 66.6% less likely (p=0.004)
Mariana Muelbert and Elsa R. J. Giugliani./ 2018/ Brazil, Amerika Selatan(18)	Factors Associated with The Maintenance of Breastfeeding for 6, 12, and 24 Months in Adolescent Mothers	The aim of this research was to identify factors associated with breastfeeding maintenance for at least 6, 12, and 24 months in adolescent mothers.	Cross sectional/ Interview with questionnaire/ N=237 (86% unemployed mothers)	- Black or brown mothers (p<0.05) - Grandmother's support (p<0.05) - Infants never used a pacifier (p<0.001)	-
Panchan Khonsung, et al./2021/ Thailand, Southeast Asia (19)	Factors Predicting Exclusive Breastfeeding among Thai Adolescent Mothers at 6-Months Postpartum.	To examine the predictability of pregnancy intention, perceived benefits of breastfeeding, perceived barriers to breastfeeding, breastfeeding self-efficacy support, perceived maternity care practice, and family support to breastfeeding at the first 6-months postpartum among Thai adolescent mothers.	Cross sectional and predictive/ Questionnaire/ N=195 (80% unemployed mothers)	- Teenage mothers with high breastfeeding self-efficacy have a 9.91 times greater chance (p<0.001)	-
Zainab Taha, et al./2018/Arab, West Asia(20)	Patterns of Breastfeeding Practices among Infants and Young Children in Abu Dhabi,	To evaluate breastfeeding practices among mothers in Abu Dhabi, UAE, using the World	Cross sectional and predictive/ Questionnaire/ N=1822 (60% unemployed mothers)	-	- Caesarean section births were less likely to initiate breastfeeding (p<0.01) - Premature babies were less likely to initiate breastfeeding (p<0.05)

	United Arab Emirates.	Health Organization (WHO) infant and young child feeding indicators.			- Babies receiving complementary foods before 6 months of age
Wasim Khasawneh and Ayat Abdelrahman Khasawneh./ 2017/Yordania, West Asia(21)	Predictors and Barriers to Breastfeeding in North of Jordan: Could We Do Better?	The purpose of our study is to determine the prevalence, predictors and barriers to exclusive breastfeeding in north of Jordan.	Cross sectional/ Interview with questionnaire/ N=500 (76% unemployed mothers)	Multivariate logistic regression analysis - Mothers with breastfeeding experience had a 7.9 times greater chance (p=0.0001) - Mothers with multiparity had a 2.26 times greater chance (p=0.01)	Multivariate logistic regression analysis - Cesarean delivery (p=0.009) - Infant hospitalization after delivery (p=0.01) Hospital record data - Inadequate breast milk supply - Maternal illness - Difficulty attaching the baby - Breast problems - Maternal pregnancy - Use of contraceptives - Multiple births - Infant jaundice - Low birth weight

Maternal demographic characteristics that favored exclusive breastfeeding of infants were found in 3 articles. These favorable characteristics included adequate number of antenatal care visits as recommended, spontaneous vaginal delivery method, maternal ethnicity, and multiparous mothers who had breastfeeding experience (17,18,21). There were also maternal demographic characteristics that barriered exclusive breastfeeding in 4 articles. These characteristics included caesarean delivery method, maternal health problems, multiple births, and contraceptive use (14,16,20,21). Predisposing factors are internal factors such as knowledge, attitudes, beliefs and values that relate to person's motivation to act (22). All articles found several predisposing factors that influence exclusive breastfeeding practices. In the review of articles conducted, it was found that demographic characteristics, knowledge, attitudes, beliefs, and values of mothers were influential factors in exclusive breastfeeding practices. All review articles found several predisposing factors influencing exclusive breastfeeding practices. Good knowledge in favour of exclusive breastfeeding of infants was found in 2 articles. This knowledge was related to the benefits of exclusive breastfeeding and good colostrum (14,15). Therefore, poor knowledge related to exclusive breastfeeding is barrier to exclusive breastfeeding of infants (17).

Reinforcing factors are factors that emerge after behaviour through the individual's social environment (22). From all articles, several reinforcing factors were found to influence exclusive breastfeeding practices. In the review of articles conducted, it was found that influential factors in the practice of exclusive breastfeeding came from infant, the closest person, and health workers. Enabling factors are the physical environment in the form of facilities, amenities, or infrastructure that support or facilitate the behaviour of person or community (22). Three articles found several enabling factors that influence exclusive breastfeeding practices. In the review of articles conducted, it was found that culture, social values, and tradition were influential factors in exclusive breastfeeding practices.

DISCUSSION

L. Green explained that behavior was influenced by three factors: predisposing, reinforcing, and enabling, which led individuals to act in certain ways. Predisposing factors played a role in influencing individuals to change their behavior by serving as motivation or underlying reasons for their actions. Generally, predisposing factors preceded behavior change and effectively encouraged positive attitudes or eliminated negative ones. Reinforcing factors were elements that facilitated behavioral change in individuals, including the ease of obtaining resources to support that change. Enabling factors followed a behavior as feedback to sustain and strengthen the behavioral change, primarily coming from social norms, close individuals, and indirect reinforcement (23).

Maternal Demographic

Prenatal care during pregnancy can help mothers to prepare for breastfeeding physically and mentally through counseling. During prenatal care, mothers are also educated by professionals on proper breastfeeding knowledge. Counseling was carried out by seeking information from professionals trusted by the mother to gain information that was previously unknown (24). Another study showed that mothers who had prenatal consultations more than six times were more likely to practice exclusive breastfeeding (25). However, a contrasting study showed that knowledge did not always align with behavior change (26).

Multiparous mothers have a faster time to breastfeed in the first 24 hours after the baby is born and minimize prelacteal feeding for the baby. Good early breastfeeding initiation encouraged the behavior of practicing exclusive breastfeeding. Multiparous mothers' colostrum is more abundant and comes out more easily after the baby is born compared to primiparous mothers who have to wait a long time for the first milk to come out (24). Primiparous mothers usually breastfed before the baby reached 6 months of age due to insufficient breast milk production. However, in a different study, multiparous mothers were found to be more vulnerable to receiving information about formula feeding before the baby reached 6 months of age (27).

Different types of delivery methods were known to be facilatator factor or a barrier in the practice of exclusive breastfeeding. The method of delivery with normal birth allows for a faster recovery compared to cesarean delivery which often experiences pain and discomfort for breastfeeding (28). Cesarean delivery separates the baby from the mother immediately after birth, which can result in a missed opportunity for early breastfeeding initiation in newborns. However, in other studies, mothers with antenatal milk expression efforts were assisted in providing the first breast milk, colostrum, to their babies, which was collected during pregnancy (29).

In contrast to the findings of this review, in another study, maternal ethnic race was one of the barriers to exclusive breastfeeding. Black minority mothers experienced cultural acculturation as a barrier (30). In this study, the breastfeeding practices of white mothers were found to be associated with exclusive breastfeeding, defined as the provision of breast milk as the sole source of nutrition for the infant, for a duration of at least 6 months. A subsequent study also found that maternal race influenced different feeding practices in babies from the first two days after birth. (31). Mothers with twins were less likely to exclusively breastfeed. For unemployed mothers, time management is very difficult to organize when babies are breastfed in turn and creates discomfort for the mother (32). Mothers feel that their babies do not get enough nutrition when they have twins and this leads to babies receiving other supplementary foods when they are less than 6 months old (33). It has been demonstrated in other studies that twins receive exclusive breastfeeding with full awareness from their mothers. However, concerns regarding the quality of the milk can act as a barrier to exclusive breastfeeding (34). The present study posits that contraceptive utilization may act as an impediment to exclusive breastfeeding. In contrast to the findings in this review, mothers who breastfeed fully for 6 months are unlikely to use contraception as there is only a 2% chance of pregnancy under these conditions (35). However, contraceptives are used when mothers are concerned about the possibility of pregnancy and studies have found that oral contraceptives can reduce milk volume (36). Concurrent findings from other studies indicate that this phenomenon is associated with short birth intervals, a factor that barriers infants from receiving optimal exclusive breastfeeding (37).

Predisposing: Maternal Knowledge, Attitudes, Beliefs and Self-Efficacy

The predisposing variables identified in this study encompassed the knowledge, attitudes, beliefs, and self-efficacy in practicing exclusive breastfeeding exhibited by the mothers. These factors motivated mothers to practice exclusive breastfeeding for their babies. Good knowledge about breastfeeding helps mothers understand the importance of breastfeeding for up to 6 months (38). Maternal knowledge will influence the intention to breastfeed without other foods (39). Another study found mothers with poor knowledge give additional food to infants less than 6 months old. Discarding colostrum and replacing it with prelacteal foods because they feel that colostrum does not provide good benefits makes infants not get exclusive breastfeeding (38,40). Other study explained that health awareness played a more dominant role in enabling individuals to change their behavior than maternal knowledge (26).

This study found that maternal attitudes that encourage exclusive breastfeeding include a strong desire to maintain a healthy lifestyle, adjust breastfeeding, consult and listen to professional advice, and modify breastfeeding

techniques and methods for the baby. Maternal attitudes that barrier exclusive breastfeeding include the use of drugs, starting breastfeeding procedures early that are not suitable for the mother, believing that breastfeeding is not enough to make the baby full and tired, and adolescent mothers who are embarrassed to breastfeed in public (14–16). As indicated by the findings of other studies, positive attitudes and a commitment to breastfeeding are associated with exclusive breastfeeding (41). In contrast to studies conducted in Africa, the low breastfeeding attitudes observed among mothers in this study can be attributed to their limited knowledge and awareness of breastfeeding benefits (42). Another study found low intention of mothers to breastfeed in public is also caused by social culture in the form of bad stigma against breastfeeding mothers in public spaces (43).

Mothers who have strong desire and positive attitude to maintain healthy lifestyle will have positive influence on the health of their infants (44). Another study found, consultation with professionals from prenatal to postpartum can help mothers increase their knowledge about exclusive breastfeeding, create good self-efficacy, and overcome maternal and infant health problems (45). The present study found that maternal medication use during breastfeeding may impede the initiation of exclusive breastfeeding (14). Another study found that breastfeeding mothers taking medications may cause side effects in infant. Drugs taken by the mother may reach plasma concentrations and will be found in breast milk. Side effects such as diarrhea and neurological disorders will act on infant if the dose exceeds the normal amount (46).

This study found that mothers' beliefs about the sufficiency and quality of their breast milk were significant factors influencing the practice of breastfeeding. Maternal beliefs about the benefits of colostrum, nipple size, and the family's patriarchal attitudes toward adolescent mothers were also found to influence breastfeeding practices (14–16). Research on other maternal beliefs has indicated that mothers' behavior is influenced by cultural and religious beliefs, leading to the provision of food other than breast milk to infants prior to the age of six months (41,42). In a particular study, it was determined that the provision of water to infants prior to the attainment of six months of age by other family members was associated with the cessation of exclusive breastfeeding. (47). The present study indicated that adolescent mothers who breastfeed experience difficulty in determining whether to exclusively breastfeed their infants (16). In another study, teenage mothers also not able to decide for themselves what is the right thing to do, especially for infant, therefore many teenage mothers follow the wishes or requests of family members in terms of breastfeeding (48)

Values held by mothers in favour of exclusive breastfeeding included good self-efficacy, commitment and determination to exclusive breastfeeding practices, strong motivation of hiv-positive mothers to exclusive breastfeeding because they did not want their infants to contract HIV, and adolescent mothers having high self-efficacy (16,19). This finding aligns with strong desire to prove that breastfeeding recommendations prevent infants from contracting the HIV virus helps mothers to carry out exclusive breastfeeding (14). A study of mothers with HIV to provide exclusive breastfeeding even until infant is 2 years old can occur due to careful preparation from the mother. Mothers with HIV who have the right knowledge about breastfeeding and HIV, counseling as needed, and attitudes that strive to provide the best in breastfeeding.(49) Good self-efficacy of mothers, especially adolescent mothers, helps mothers avoid postpartum mental health problems that can be the barrier implementation of exclusive breastfeeding for infants. Another study found, good self-efficacy in mothers is obtained from several other factors such as good support from the surrounding environment and motivation in breastfeeding (50). According to extant research, maternal motivation is also influenced by environmental factors. Healthcare professionals who effectively motivate mothers to practice exclusive breastfeeding can further encourage them to do so, and vice versa (42).

Reinforcing: Infant's Condition, Family Support, and Health Worker Support

The reinforcing variables identified in this study include the baby's attitude that supports the refusal of formula milk and the baby's uncooperative behavior in receiving breast milk. The environmental conditions surrounding the mother, particularly the attitudes of her closest relatives and health workers, have been identified as factors that facilitate exclusive breastfeeding in unemployed mothers. Facilitator factors for exclusive breastfeeding from infants condition were when infant could not consume breast milk from bottle, refused to consume formula milk, and infant never used pacifier (14,19). There were also factors barrier exclusive breastfeeding from infant included when the infant had health problems, non-optimal attachment, low birth weight, received non-breast milk pre-lacteal feeds, kept crying, and wanted to suckle longer (14–16,20,21). According to World Health Organization

recommendations, infants should only receive breast milk without pacifiers and pacifiers until 6 months of age because pacifier use can cause sudden infant death syndrome (51,52). In another study, it was found that low birth weight infants were even given formula before hospitalization was complete (53).

Facilitator factors for exclusive breastfeeding from the closest were social support from family, encouragement from peer experience, breastfeeding assistance from different mothers, father's agreement to provide exclusive breastfeeding, and information about exclusive breastfeeding from friends (14,15,19). Barriers to exclusive breastfeeding from family were also included family pressure and supplementary feeding of newborns by grandmothers or traditional healers, family advice to wash breasts and express milk before giving it to infant, and when mothers did not receive social support (14–16,19). In another study, family support in helping mothers to provide exclusive breastfeeding has huge impact, especially when mothers and infants experience health problems. Family support in breastfeeding counseling found can help each family member understand their role in facilitator breastfeeding mothers (54). Family support is major influence on mother's decision to exclusively breastfeed her infant. Open-minded families stated that breastfeeding mothers are authoritative and vocal about their decision to breastfeed. However, families who expect mothers to do the same thing that their grandmothers used to do when they gave their infants foods other than breastmilk are different (55). Another study found that lack of family support was not significantly related to mothers' exclusive breastfeeding of their babies (56).

Facilitator factors for exclusive breastfeeding from health workers included the implementation of Early Initiation of Breastfeeding (EIBF) by health workers, mothers receiving information, benefits, and advice on exclusive breastfeeding from health workers (14–16,57). Barriers to exclusive breastfeeding by health workers were negative comments from health workers regarding the shape of the mother's nipples, lack of understanding by health workers in dealing with breastfeeding issues, and common prelacteal feeding practices by health workers (14–16). Health workers are known to have major influence on mothers' decision to exclusively breastfeed, both in terms of consultation and education (51). Study shown that health workers are the place where breastfeeding mothers go to get answers to their health problems during counseling, but when health workers are also unable to help, breastfeeding problems cannot be solved (51). It has been demonstrated in other studies that the actions of health workers as the primary caregivers for newborns impede the process of exclusive breastfeeding by erroneously administering bathing procedures to infants shortly after birth (58).

Enabling: Local Social and Cultural Environment

The enabling variables that were identified in this study include the influence of culture on the provision of complementary foods to infants, the differences between the mother's mother tongue and the language spoken in the mother's place of residence, and the social stigma affecting mothers' exclusive breastfeeding practices. These factors contribute to the decision of unemployed mothers to either breastfeed or not to exclusively breastfeed their infants. Culture was found to be one of the factors influencing exclusive breastfeeding practices in infants. Traditional Chinese culture encourages every mother to be able to breastfeed her infant as much as possible (14). The traditional practice of giving infants something other than breast milk has forced some mothers to follow this hereditary custom. This is linked to the sanction of verbal abuse given by other family members (55).The stigma of poor breastfeeding practices in public places is barrier to exclusive breastfeeding for infants (14). Sexualization of breasts and disgusting views from others create an environment that stigmatizes breastfeeding in public places. In this context, many mothers feel unable to breastfeed in public and try to reduce exposure to conflict by replacing breastmilk with formula (43).

However, there is cultural barrier in language for mothers who live in areas different from their mother tongue. These language differences make it difficult for mothers to find the right food products for their needs and limit the diet or behaviour of breastfeeding mothers (14). Culture was found to be one of the factors influencing exclusive breastfeeding practices in infants. Traditional Chinese culture encourages mothers to breastfeed their infants as much as possible (14). However, there are cultural barriers in language for mothers who live in areas different from their mother tongue. These language differences make it difficult for mothers to find the right food products to meet their needs and the dietary restrictions or behaviors of breastfeeding mothers (14). Language barriers experienced by mothers and the surrounding environment make it difficult for mothers to communicate with health workers. Another study found by providing translators or health workers who can understand and explain in the mother tongue to minority groups would be helpful to create supportive environment for behavior (59).

Limitations and Cautions

This review is not without its limitations and is not without its imperfections. The screening process was conducted manually, which introduced a degree of complexity into the procedure. This review is known to be unable to cover all breastfeeding preparations due to bias, limitations, age restrictions, and the source of the articles' databases, thus not covering all previous studies. A review of the literature reveals that only a subset of the articles clearly explicate the disparities in exclusive breastfeeding behavior among non-working mothers, while others conspicuously lack detailed elaboration on this subject. Regrettably, the study was unable to identify articles that specifically addressed the entire sample with unemployed mothers as research participants. It is acknowledged that this review was not subject to a specific quality assessment or inter-rater review. However, it should be noted that the articles utilized for the final review were predominantly those featuring a minimum of 50% of the participants as unemployed mothers.

Recommendations for Future Research

The authors strongly recommend that further research be conducted on the exploration of exclusive breastfeeding behavior in a population specifically consisting of unemployed mothers. Further research should use quantitative and qualitative study designs to obtain a broader picture of exclusive breastfeeding behavior among unemployed mothers.

CONCLUSION

From the results of the above review, it was found that the factors facilitators and barriers exclusive breastfeeding in infants mostly occur through predisposing factors. Many of these factors occur internally within the mother. Things that are directly related as facilitators and barriers factors perceived by unemployed mothers are delivery methods, breastfeeding counseling, strong beliefs, high motivation, and family support. For some of these factors, the better the implementation, the greater the likelihood of exclusive breastfeeding.

AUTHOR'S CONTRIBUTION STATEMENT

DN contributed to the writing of the article by providing ideas, collecting and analyzing data, and drafting the article. SM contributed by reviewing the ideas and providing suggestions for the article title. RI contributed to the revision process of the article based on the reviewers' feedback.

CONFLICTS OF INTEREST

There is no conflict of interest in this research because all research and writing processes were carried out independently and transparently

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

This manuscript used AI-assisted tools Grammarly to improve grammar, spelling, and sentence clarity. The authors take full responsibility for the content and integrity of the manuscript.

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