

The role of social-psychological support in breastfeeding promotion among young mothers: literature review

Lina Handayani¹, Kussusanto Ditto Prihadi², Tania Vergawita¹, Isah Fitriani¹, Beddu Hafidz³,
Asa Ismia Bunga Aisyahrani⁴

¹Faculty of Public Health, Universitas Ahmad Dahlan, Yogyakarta, Indonesia

²Faculty of Psychology and Social Sciences, University of Cyberjaya, Cyberjaya, Malaysia

³Department of Community, Family and Occupational Medicine, Faculty of Medicine, Khon Kaen University, Khon Kaen, Thailand

⁴School of Education, Faculty of Social Sciences, University of Leeds, Leeds, United Kingdom

Article Info

Article history:

Received Jul 10, 2024

Revised Aug 25, 2024

Accepted Sep 3, 2024

Keywords:

Breastfeeding

Health promotion

Psychological support

Social support

Young mothers

ABSTRACT

Breastfeeding promotion is vital for improving neonatal health and reducing mortality rates, particularly in developing countries. The World Health Organization advocates for exclusive breastfeeding during the first six months of life due to its substantial benefits for infant growth, development, and immunity. Understanding the determinants of exclusive breastfeeding, such as maternal knowledge and practices, is crucial for devising effective interventions to enhance breastfeeding rates among mothers. Social-psychological interventions, including family and peer support, have demonstrated efficacy in increasing breastfeeding frequency by addressing behavioral changes in new parents. Psychological factors such as self-efficacy, postnatal depression, and stress significantly influence breastfeeding decisions. Additionally, cultural norms, social media, and healthcare professionals are critical in shaping breastfeeding practices. This literature review examines the influence of these factors and interventions, underscoring the need for comprehensive strategies to promote breastfeeding, especially among novice and young mothers. Peer support programs, education-based initiatives, and postnatal support are highlighted as effective approaches. The study emphasizes the importance of tailored socio-psychological interventions and calls for further research to address existing gaps and strengthen the validity of findings, ultimately aiming to enhance breastfeeding outcomes and the overall well-being of mothers and infants.

This is an open access article under the [CC BY-SA](https://creativecommons.org/licenses/by-sa/4.0/) license.



Corresponding Author:

Lina Handayani

Faculty of Public Health, Universitas Ahmad Dahlan,

Prof. Soepomo Street, Warungboto, Janturan, Yogyakarta, Indonesia

Email: lina.handayani@ikm.uad.ac.id

1. INTRODUCTION

The promotion of breastfeeding plays a crucial role in improving infant health and reducing mortality rates, notably in underdeveloped regions. The World Health Organization stresses the importance of exclusive breastfeeding until the age of six months due to its substantial benefits for optimal growth, development, and immune system strengthening [1]. Despite global efforts to promote breastfeeding, various factors influence women's choices, encompassing societal, cultural, and individual components. Understanding predictors of exclusive breastfeeding, such as knowledge regarding breastfeeding duration and methods, is essential for crafting efficient interventions aimed at elevating breastfeeding habits among mothers with infants [2]. Social-psychological interventions have demonstrated efficacy in increasing

breastfeeding frequencies by aiding behavioral modification among novice mothers [3]. A thorough investigation of these determinants and tactics is crucial for constructing targeted strategies to advance breastfeeding promotion and support among young mothers.

Given the urgency of the factors influencing the initiation and maintenance of breastfeeding in young mothers, this study aims to delve into how social-psychological interventions effectively support and enhance breastfeeding habits. The primary goal is to critically examine the impact of these interventions on breastfeeding rates, particularly among new mothers, while considering the validity of evidence and potential biases in the current literature. By reviewing studies employing behavior change techniques and examining education-based plans and postnatal support, this research aims to provide a comprehensive view of how social-psychological methods can improve breastfeeding outcomes. By closely analyzing existing evidence, this study seeks to highlight the impact of tailored interventions in fostering and sustaining breastfeeding habits among young mothers.

Research inquiries play a fundamental role in guiding the investigation and shaping the overall trajectory of a scholarly endeavor. By engaging with specific phenomena designated for examination, researchers can formulate a focused schema for their analysis [3]. Understanding the effectiveness of socio-psychological interventions in promoting breastfeeding among young mothers necessitates a clear articulation of key research questions. These questions should aim to disentangle the complexities surrounding the impact of these interventions on the initiation, continuation, and exclusivity of breastfeeding, particularly among novice mothers. Moreover, exploring the factors influencing breastfeeding behavior, such as maternal preferences and perceptions, can provide valuable insights into the effectiveness of support strategies in improving breastfeeding outcomes. Through the formulation of precise and targeted research questions, scholars can navigate the intricate domain of socio-psychological support in breastfeeding advocacy with a methodical and critical approach, significantly enriching the body of existing scholarship on this critical public health issue [4]. Furthermore, assessing the efficacy of behavioral interventions in reducing conduct anomalies among young children requires a meticulous examination of the intervention techniques and their effects on behavioral outcomes. Investigating social skills training programs and their influence on behavioral issues in children can elucidate the practical applicability of these studies [5].

Regarding essay structuring, it is important to consider the systematic approach employed for evaluating social-psychological interventions in enhancing breastfeeding among young mothers. The introduction section begins by detailing the significance of breastfeeding initiation and duration, highlighting the impact of behavior change techniques. Subsequent sections delve into the methodological rigor adopted in reviewing relevant studies and evaluating intervention efficacies. Here, WHO [6] provides empirical evidence of enhanced breastfeeding rates attributed to these interventions. The analysis section is crucial, as it integrates data through meta-analysis and subgroup analyses to assess the study's longitudinal impacts. Sensitivity analyses are addressed to evaluate the robustness of findings considering varying levels of study bias. Finally, the conclusion encapsulates the overarching implications regarding the role of social-psychological support in augmenting breastfeeding practices among young mothers, emphasizing the necessity for continued research and intervention implementation in this domain.

2. METHOD

This paper is based on a literature review. Online literature searches were conducted in Science Direct, Scopus databases, and Google Scholar. Search strategies included the following keywords: social support, psychological support, breastfeeding, novice mothers, young mothers, and breastfeeding promotion. Searches were conducted in English, with no limitations on the year of publication.

3. RESULTS AND DISCUSSION

3.1. Social-psychological factors influencing breastfeeding behavior

3.1.1. Social support from family and friends

The risk of failure in breastfeeding duration is determined by a variety of predictive factors, including social support. This factor is a demographic variable that can be modified. Various studies have revealed that social support from many sources, namely family, friends, and closest people, is one of the key factors in the success of exclusive breastfeeding. For example, support groups from fellow mothers or in other words peers have a high potential to improve lifelong family health cost-effectively. Things like this indirectly play an important role in increasing self-efficacy for breastfeeding as revealed by Handayani in her research [7].

Previous research also stated that social support was significantly related to breastfeeding. This is closely related to a mother's self-efficacy. When a mother gets more social support, the level of self-efficacy for breastfeeding is also higher [8]. When a husband supports his wife verbally and provides active and positive encouragement, the wife's ability and confidence in breastfeeding will be higher. However, when a

mother gets negative feedback from her husband regarding breastfeeding, the mother's self-efficacy in breastfeeding will decrease [9]. Apart from that, in research by Zhu *et al.* in 2014, self-efficacy for breastfeeding for a mother is not only influenced by the social support and attention received by those closest to her, but the history of previous breastfeeding experience and the training undertaken also needs to be considered [10].

The breastfeeding support needed by young women as young mothers is almost the same as older mothers in general. Young mothers' self-confidence and self-esteem greatly influence the breastfeeding process. Because this validates them as the responsible adults they want to be. The important role of health professionals in providing breastfeeding information in the early postnatal period and support from colleagues as other young mothers have been proven to increase young mothers' self-confidence and self-esteem [11]. For example, attending breastfeeding support groups was able to increase breastfeeding duration in British research [12]. Breastfeeding Self-Efficacy (BSE) includes self-confidence and belief in the mother's ability to breastfeed in line with Bandura's social cognitive theory [13].

3.1.2. Psychological factors affecting breastfeeding decisions

Psychological dimensions are significant in determining young maternal units' decisions regarding breastfeeding initiation and duration. The work of [14] elucidates personal encounters, aspirations, and adversities as factors guiding adolescent maternal choices between childbearing and educational pursuits, highlighting psychological elements affecting decision-making. Additionally, [15] investigates the impact of social capital, including neighborhood trust and communal support, on mental stress and wellness in child-rearing contexts. These studies emphasize the importance of psychological aspects, such as personal convictions, attitudes, and the degree of support, in fostering effective breastfeeding habits among young mothers. Understanding the interrelation of psychological determinants can facilitate the creation of bespoke interventions tailored to address individual needs, thereby improving breastfeeding outcomes. Moreover, integrating social-psychological supportive methodologies, as reviewed in the literature, can contribute to a holistic strategy for promoting breastfeeding among young mothers by acknowledging the psychological dimensions that influence their decision-making processes and experiential realities [3].

The mother's physiological function in breastfeeding can be influenced by depression and stress disorders. Anxiety felt by the mother can affect milk production and lead to feelings of disappointment [16]. Therefore, postnatal mental health evaluation is crucial for mothers. Psychological factors, including postnatal depression, self-efficacy, breastfeeding intentions, stress, mental attitudes toward breastfeeding, and social support, play a critical role in a mother's ability to breastfeed exclusively for four to six months after birth [17]. Research shows that breastfeeding support from peers, voluntary organizations, and health professionals can increase the continuation of breastfeeding in the weeks following birth [18].

Socio-demographic factors, such as maternal age, show that older mothers have higher breastfeeding intentions and duration compared to younger mothers. Employment status also influences breastfeeding duration; for example, mothers who are entrepreneurs tend to breastfeed longer compared to those working full-time [19]. Other psychological factors, such as high self-efficacy, can increase breastfeeding duration [20]. The history of breastfeeding received by mothers as infants also plays a role; mothers who were breastfed are more likely to breastfeed their children compared to those who were formula-fed [21]. Support and advice from parents and peers are also crucial [18]. Biological factors, such as smoking habits, obesity, cesarean sections, and birth complications, can limit breastfeeding intentions and duration. Mothers who smoke tend to stop breastfeeding early due to concerns about nicotine's negative impact on milk production and the baby's sleep patterns. Obesity can limit breastfeeding intentions and duration [22]. Cesarean sections and birth complications can result in shorter breastfeeding durations [23]. This aligns with the biopsychosocial theory, which posits that physical, psychological, and social factors collectively influence breastfeeding outcomes in young mothers [24].

3.1.3. Cultural influences on breastfeeding practices

In diverse cultural contexts, influences play a crucial role in shaping the breastfeeding practices of young mothers. Cultural norms, beliefs, and traditions can either support or hinder the initiation and duration of breastfeeding. For many women, cultural factors such as family traditions, societal expectations, and peer influences significantly impact their breastfeeding decisions [25]. Understanding and addressing these cultural influences are essential for designing effective social-psychological interventions to promote breastfeeding among young mothers. Strategies that acknowledge and incorporate cultural values and norms can help tailor interventions to resonate better with the target population, thereby improving breastfeeding outcomes. By integrating cultural perspectives into breastfeeding promotion efforts, policymakers and healthcare practitioners can craft inclusive and effective initiatives that support young mothers on their breastfeeding journey.

Cultural beliefs and norms are strong determinants of breastfeeding practices [26]. Beyond knowledge and awareness of the benefits of exclusive breastfeeding, societal norms significantly influence mothers' intentions to breastfeed. One cultural belief that affects exclusive breastfeeding is the notion that women cannot engage in sexual activity while breastfeeding, which may lead to fears of husbands seeking other partners. Consequently, many mothers cease breastfeeding prematurely. Even when mothers have a high intention to breastfeed, cultural beliefs and constraints can significantly impact their breastfeeding practices [27].

Certain cultural beliefs align with or contradict WHO recommendations. Aligned beliefs include the Islamic directive for mothers to breastfeed their children for two years, the belief that colostrum is a natural medicine, and the understanding that breast milk enhances brain function and intellectual development. Conversely, some beliefs are not in line with WHO recommendations. For instance, colostrum is sometimes viewed as dirty or taboo due to its thick, yellowish appearance. Among young mothers, there is a belief that breastfeeding for an extended period causes breasts to sag and lose attractiveness. Additionally, some cultures believe that boys should be breastfed for shorter durations than girls because they consume more milk and weaken it [28]. There is also a misconception that breast milk alone is insufficient for optimal child growth, leading to the early introduction of supplementary foods before six months [29].

3.1.4. Impact of social media on breastfeeding perceptions

Modern societal constructs have been profoundly shaped by the pervasive influence of social media, particularly regarding breastfeeding behaviors and perceptions. Social media platforms serve as powerful tools for disseminating information, shaping attitudes, and creating support networks for young mothers. The immediate and expansive reach of social media allows for real-time sharing of breastfeeding experiences, advice, and resources, which can significantly influence individual perceptions and decisions. Research indicates that social media exposure can sway breastfeeding perceptions both positively and negatively, affecting mothers' confidence, understanding, and comfort levels. The intricate relationship between social media and breastfeeding attitudes is crucial for effectively using these platforms to promote breastfeeding among young mothers [25].

In addition to support from husbands, parents, and close friends, breastfeeding mothers often seek support through various social media channels. These include face-to-face support, mobile apps, and online forums. Online support mechanisms via mobile applications and social media are effective in providing breastfeeding support [30]. For instance, certain pro-breastfeeding social media groups have become vital support pillars for mothers. Research on mothers who use Facebook and join pro-breastfeeding groups shows that these groups offer opportunities for mothers to share their hopes and experiences. Participants in these groups reported that the support significantly impacted their breastfeeding success. These groups empower mothers, boosting their confidence and supporting their breastfeeding practices, especially for first-time breastfeeding mothers who may have doubts and worries [31].

Social media can enhance awareness, attitudes, knowledge, and habits regarding breastfeeding, particularly among young mothers who are tech-savvy [32]. Social media campaigns have been shown to increase awareness, visits to breastfeeding support sites, positive attitudes towards breastfeeding, high self-efficacy, and perceived social support. These interventions can effectively convey messages to target audiences and positively influence the psychological constructs of breastfeeding mothers. However, specific campaign messages on social media require careful planning and execution to avoid recall bias among the target audience [33]. Not all breastfeeding-related content on social media is positive; negative comments and cyber activities can negatively impact breastfeeding mothers. Therefore, mothers need to minimize exposure to negative content and focus on positive, supportive information [34].

3.1.5. Role of healthcare providers in providing social-psychological support

In providing socio-psychological support to young mothers, healthcare providers play a fundamental role, particularly in promoting breastfeeding [1]. By incorporating behavior modification strategies and tailored interventions into their practices, healthcare experts can significantly impact the initiation and continuation of breastfeeding among their patients [2]. Research indicates that the support offered by healthcare providers positively influences mothers' breastfeeding intentions and overall perceptions of breastfeeding, leading to improved breastfeeding outcomes. When healthcare professionals enhance their communication skills to provide empathetic and informative guidance, they can effectively address the unique needs and concerns of young mothers [35]. Through personalized support and evidence-based approaches, healthcare authorities serve as pivotal mediators in promoting effective breastfeeding practices and fostering a nurturing environment for young mothers at the start of their breastfeeding journey.

Actions to support, promote, and encourage breastfeeding must be undertaken by healthcare providers during prenatal, perinatal, and postnatal periods, including during scheduled immunizations, newborn screening tests, and postpartum consultations. Healthcare providers play a crucial role in listening to

and addressing mothers' doubts and concerns about breastfeeding. They are responsible for answering questions, encouraging the exchange and sharing of experiences, and providing assessments [36]. Given their qualifications and expertise, healthcare providers offer accurate and up-to-date information [37]. Breastfeeding is not only an individual process involving the mother and child but also includes the support of healthcare workers and the family.

When breastfeeding is challenging, advice from healthcare providers is invaluable to the mother. This information should also be extended through the family network of breastfeeding mothers, as they often face pressure from relatives and friends. Advice from healthcare providers aims to boost mothers' self-esteem and confidence in their ability to breastfeed [38]. According to Lawrence Green's theory, healthcare providers act as reinforcing factors in the breastfeeding process. However, the role of health workers can negatively impact a mother's decision to breastfeed if they are not adequately trained. The attitudes and behaviors of health workers are crucial in providing education, solving problems, and offering sufficient support [39].

3.2. Strategies for implementing social-psychological support in breastfeeding promotion

3.2.1. Peer support programs for young mothers

Peer support is crucial for breastfeeding mothers. A community empowerment program based on a maternal support group has been successfully implemented in Indonesia as a pilot project to promote exclusive breastfeeding. In this program, mothers can share their experiences about breastfeeding and address more complex health problems. Mercy Corps highlighted a similar initiative, the Mother Support Group (MSG) Program, which provides social support for early breastfeeding initiation and exclusive breastfeeding for six months. These programs have shown promise in achieving exclusive breastfeeding success, as evidenced by the high levels of knowledge, positive attitudes, and effective breastfeeding practices among MSG member mothers in Indonesia [40].

Peer support for breastfeeding mothers can include emotional support, assessment, and informational assistance from individuals who have similar experiences and knowledge about breastfeeding or stress triggers. Breastfeeding peer supporters, known as breastfeeding peer counselors, are experienced women who provide breastfeeding counseling within their communities or hospitals. These peer supporters are often identified and retained by health professionals. Peer support can extend the duration of exclusive breastfeeding, encourage early initiation of breastfeeding, prevent pre-lactation feeding in newborns, and enhance mothers' knowledge about breastfeeding [41].

Peer supporters help mitigate negative emotions associated with breastfeeding difficulties, foster positive emotions, and maintain calmness in facing breastfeeding challenges. They enhance self-efficacy by sharing solutions to breastfeeding problems, increasing mothers' confidence. By being approachable and warm in sharing personal experiences and emotions, peer supporters foster social acceptance and closeness with breastfeeding mothers. The advantage of peer supporters lies in their practical advice and relatable experiences, which boost maternal self-confidence and support longer breastfeeding durations [42]. Additionally, many mothers seek peer support through social media due to its flexibility in terms of time and space [43]. For example, the maternal support group program in Indonesia, based on community empowerment, allows mothers to share experiences about breastfeeding and other health issues [40].

3.2.2. Counseling and education on breastfeeding benefits

Really a significant aspect so much when extensive guidance the which includes and education about the advantages of breastfeeding impacts positively the initiation and the length of time young mothers continue breastfeeding. Very extensive information programs give vital facts about the benefits of breastfeeding not just for children but also mothers inclusive of nutritional, immune system strengthening, and mental health benefits. By correcting wrong beliefs and addressing worries, sessions of guidance can enhance confidence in the mother and develop encouraging attitudes toward breastfeeding [25]. These interventions not just upsurge the initial starting of breastfeeding but also help in carrying on this practice for long periods. Giving young mothers education about the benefits of breastfeeding gives tools essential for dealing with difficulties and making decisions informed about infant feeding, which supports a supportive scene helpful for succeeding in breastfeeding experiences.

According to WHO, educational interventions during pregnancy including peer counseling, lactation consultation, or formal breastfeeding education have been proven to increase the duration of breastfeeding in mothers [44]. Breastfeeding counseling provided by health service providers makes a significant contribution to breastfeeding performance, continuation of breastfeeding, and maternal independence including increasing maternal breastfeeding self-efficacy [45]. Prenatal counseling can increase self-efficacy and solve most breastfeeding problems in the postpartum period and influence future breastfeeding activities [46]. Breastfeeding education programs have been proven to increase adolescent knowledge, confidence and

satisfaction in breastfeeding. An outreach approach in group or individual prenatal counseling can increase the propensity to breastfeed, early initiation of breastfeeding, continuity of exclusivity of breastfeeding [47].

3.2.3. Community-based Initiatives for breastfeeding awareness

Community-based project initiation plays a crucial role in raising awareness and providing guidance on breastfeeding among adolescent mothers and individuals of childbearing potential. These projects, grounded in social-psychological principles, have proven effective in supporting the initiation and continuation of breastfeeding. By incorporating culturally tailored interventions, such as the Salsa, Sabor y Salud program targeting Latino populations, community ventures address the unique needs and cultural values of diverse demographics. These initiatives not only provide social support and linguistic alignment but also create a welcoming environment for families to engage in discussions about breastfeeding practices and receive essential advocacy [48]. Moreover, the inclusion of family and community stakeholders, as seen in programs like Kids N Fitness, enhances the sustainability and positive outcomes of breastfeeding promotion efforts, aligning with broader public health goals aimed at widespread breastfeeding endorsement.

Community-based interventions significantly impact mothers' breastfeeding experiences. These family and community-based resources expand support and promotion of breastfeeding [49]. Programs focused on community involvement positively influence breastfeeding practices, particularly by increasing the duration of breastfeeding [50]. Research indicates that community-based breastfeeding promotion programs enhance mothers' awareness of exclusive breastfeeding benefits, such as preventing diarrhea, boosting the baby's immune system, strengthening the psychoemotional bond between mother and child, and stimulating milk production through repeated breastfeeding. Community volunteer initiatives have been particularly effective in increasing exclusive breastfeeding rates [51].

3.2.4. Incorporating social-psychological support in healthcare settings

Strategizing innovative within healthcare environs whereby social-psychological backing melded possess potential markedly impactful vis-à-vis breastfeeding encouragement amid young mothers. Employing amalgamated behavior alteration methods coupled with bespoke interventions, healthcare professionals may tackle complexities plus challenges new mothers face when initiating or sustaining breastfeeding endeavors. Research underscores social-psychological interventions' pivotal involvement in bolstering breastfeeding incidences particularly with primipara, underscoring necessity for individualized support alongside education. Notwithstanding, recognizing requisite high-caliber evidence plus stringent evaluation protocols stands paramount for ascertaining intervention efficacy moreover durability in breastfeeding outcome enhancements [25]. Focalizing social-psychological buttress within healthcare backdrops could amplify coherent breastfeeding promotion success by mitigating personal attitudes, intentions, and behaviors germane to lactation activities.

Health care settings need to consider social-psychological support in supporting breastfeeding practices in mothers. This is because health services have a significant role in health status. According to L. Blum's theory, it is explained that 20% of health service factors play a role in determining the level of human health [52]. Thus, a good level of social and psychological health is a determining factor in the success of breastfeeding practices. Social support such as emotional support and information from health services is essential in maintaining breastfeeding and improving breastfeeding practice experiences [53]. Psychological support in health services by implementing psychological programs such as psychotherapy, relaxation and stress relief techniques can support the success of mothers' breastfeeding practices. Because severe stress has a negative impact on the lactation process both behaviorally and biologically. Psychological support can restart a good cycle involving the prophylactic role of breastfeeding in reducing the mother's psychological stress [54].

3.2.5. Utilizing technology for virtual support networks

Strategizing within healthcare environments by incorporating social-psychological support can have a significant impact on breastfeeding encouragement among young mothers. Utilizing a combination of behavior modification methods and tailored interventions, healthcare professionals can address the complexities and challenges new mothers face when initiating or sustaining breastfeeding. Research highlights the crucial role of social-psychological interventions in increasing breastfeeding rates, particularly among first-time mothers, emphasizing the need for individualized support and education. It is paramount to recognize the necessity for high-quality evidence and rigorous evaluation protocols to determine the effectiveness and sustainability of these interventions in enhancing breastfeeding outcomes [25]. Focusing on social-psychological support within healthcare settings could enhance the success of breastfeeding promotion by addressing personal attitudes, intentions, and behaviors related to lactation.

Healthcare settings need to consider social-psychological support in supporting breastfeeding practices among mothers, as these services play a significant role in health status. According to L. Blum's

theory, 20% of health service factors determine the level of human health [52]. Therefore, a high level of social and psychological health is crucial for successful breastfeeding practices. Social support, such as emotional backing and information from healthcare services, is essential in maintaining breastfeeding and improving mothers' breastfeeding experiences [53]. Psychological support through health services, including programs such as psychotherapy, relaxation, and stress relief techniques, can also support the success of breastfeeding practices. Severe stress negatively impacts the lactation process both behaviorally and biologically, but psychological support can initiate a positive cycle by reducing maternal psychological stress, thereby promoting successful breastfeeding [54].

3.3. Challenges and barriers to providing effective social-psychological support

3.3.1. Stigma associated with breastfeeding in public

Disinclination and unease related to public breastfeeding stem from the existing stigmatization associated with this natural behavior. Societal pressures to conform to ingrained norms regarding modesty and privacy often amplify the challenges faced by women who choose to breastfeed in public. Research has shown that negative perceptions of public breastfeeding can induce feelings of humiliation and anxiety in mothers, discouraging them from feeding their infants outside the secure confines of their homes. This significant stigmatization not only impedes the normalization of breastfeeding but also undermines mothers' self-assurance and autonomy, limiting their ability to care for their children optimally. Addressing and challenging these stigmas through socio-psychological methodologies and community-support initiatives is crucial for empowering women to breastfeed in public comfortably, ultimately fostering positive health outcomes for both maternal and child welfare [3].

Public breastfeeding is often considered taboo because it is viewed as a private act that should not be done in public. Due to work constraints, many women stop breastfeeding because they feel uncomfortable doing so in public places. Women's education, employment outside the home, and exposure to foreign cultures negatively impact public perceptions of breastfeeding [55]. However, women are more likely to breastfeed in public if they receive support from their family or husband. Many people believe that breastfeeding in public should be normalized because it is not just about a woman's right to breastfeed but also a child's right to eat. They feel that if more mothers breastfeed in public, it will raise awareness of the importance of exclusive breastfeeding and normalize the practice [56].

Media reports indicate that women often experience stigma in the form of verbal and physical harassment when breastfeeding in public places [57]. Research shows that most women believe they should breastfeed wherever their child needs it and do not find it difficult to do so. However, some women struggle because they feel uncomfortable breastfeeding in public. They believe that public breastfeeding is acceptable as long as it is done discreetly without making others or themselves uncomfortable. Women who find it difficult to breastfeed in public often feel embarrassed and uncomfortable exposing their breasts. Negative reactions from people, especially in workplaces, also influence their willingness to breastfeed publicly. Therefore, they feel that breastfeeding women should be provided with privacy or cover while breastfeeding [55].

3.3.2. Lack of awareness about breastfeeding benefits

A deficiency in understanding the benefits of breastfeeding significantly obstructs its promotion among young mothers. Numerous investigations have evidenced that limited comprehension regarding breastfeeding advantages, such as the provision of vital nutrients and the strengthening of mother-child bonding, contributes to diminished initiation and continuation rates. Pedagogical interventions that emphasize heightened awareness of these benefits have been found effective in improving breastfeeding compliance within this demographic. Addressing misconceptions and providing evidence-based information helps young mothers make informed breastfeeding decisions. Health campaigns should focus on distributing accurate, culturally relevant information to support new mothers on their breastfeeding journey [25]. Raising awareness about the benefits of breastfeeding sufficiently empowers young mothers to make healthy choices for themselves and their children.

Awareness among mothers that breast milk is the best food for babies is quite high. Among young mothers, awareness of the benefits of colostrum and early initiation of breastfeeding tends to be higher. In contrast, older mothers are more aware of the indirect benefits of breastfeeding for themselves and the correct breastfeeding techniques [58]. Research shows that while most mothers know about the benefits of breastfeeding, many believe that these benefits are only for the baby, overlooking the advantages for the mothers themselves. Factors influencing the lack of awareness about breastfeeding benefits include the mother's age, low skills and education, and low socio-economic status. These issues are often due to a lack of capacity to understand health problems and a stressful psychosocial environment, indicating that vulnerable groups need education on the importance of optimal breastfeeding. Improved awareness of the benefits of

breastfeeding can lead to better practices, increased rates of exclusive breastfeeding, and longer breastfeeding durations, positively impacting child morbidity and mortality rates [59].

3.3.3. Socioeconomic factors influencing access to support

Socioeconomic factors significantly influence access to breastfeeding support among young mothers. Research indicates that women from lower socioeconomic strata face considerable barriers in obtaining breastfeeding support services, such as financial constraints, lack of flexible work arrangements, and limited access to high-quality healthcare facilities. These obstacles hinder their ability to receive expert advice or participate in support groups, ultimately affecting their breastfeeding efforts. Additionally, socioeconomic disparities can exacerbate differences in breastfeeding initiation and continuation rates among various demographic groups. Addressing these socioeconomic factors is essential for ensuring equitable access to support services and improving breastfeeding outcomes for all mothers. Efforts to provide tailored support programs and address systemic barriers can help mitigate the impact of socioeconomic disparities on breastfeeding practices.

Mothers' satisfaction with breastfeeding is often influenced by the level of social support they receive from partners, family, and healthcare workers. Economic and social status play crucial roles in a mother's breastfeeding success, particularly in providing personal support [60]. For instance, research shows that families with low economic levels struggle to afford adequate nutrition, resulting in poor breast milk supply. Additionally, domestic violence and partners who consume alcohol can interfere with the breastfeeding process. Low employment status, limited education, marrying at a very young or old age, and minimal income levels affect mothers' capacity to understand health issues and access education and support related to breastfeeding, especially from professional healthcare workers [61]. Therefore, the role of the government and healthcare professionals is critical in developing strategies to increase access to high-quality postnatal health services, particularly breastfeeding support, for vulnerable socioeconomic groups [62].

3.3.4. Cultural beliefs and practices hindering breastfeeding

Deeply entrenched cultural doctrines and practices retrograde can formidable obstructions to efficacious breastfeeding practices in juvenile mothers. Such societal customs, often intergenerationally bequeathed, may sustain inaccuracies regarding breastfeeding, precipitating reluctance or evasion of such a natural procedure. For example, within certain cohorts, exists the belief that formula feeding is preeminent to breastfeeding, adversely affecting the assurance and proclivity of nascent mothers to nurse their offspring. Furthermore, societal prohibitions concerning public breastfeeding might repulse mothers from nourishing their infant's exterior to domiciliary boundaries, thereby abridging the tenure and exclusivity of breastfeeding. Mitigating these cultural impediments necessitates meticulous interventions that intricately tread the convolutions of ancestral credence whilst promulgating the empirically derived merits of breastfeeding. Tactical approaches enveloping culturally astute support matrices and pedagogical campaigns bespoke to particular ethnocultural milieus can recast these deterrents and inculcate beneficial breastfeeding practices among heterogenous demographics.

There are quite a few cultural beliefs or convictions that reduce breastfeeding rates and discourage mothers from breastfeeding. From the research results, some of them believe that foods that should be avoided when breastfeeding are green leafy vegetables (cassava leaves, lettuce, cabbage, potato leaves) and liquid foods that cause diarrhea in babies and hot foods that cause fever in babies and bloating. Apart from that, there are still many mothers who believe in the cultural belief that breastfeeding can reduce the mother's weight because the baby sucks up nutrients from the mother's body, excessive sucking can cause inflammation of the nipples, breastfeeding at night can cause headaches the next morning, small breast size cannot produce adequate milk according to the baby's needs and demands, causing them to supplement with baby food to fulfill it [63]. Other beliefs, such as that women who are menstruating should not touch their babies, have caused some mothers to give their babies formula milk and fruit even though they are only one month old. Giving mushroom soup and sugar water to babies is because of the belief that babies will not be satisfied if they are only given breast milk and mushroom soup can prevent stomach cramps in babies. Most mothers practice this cultural belief because they do not want to ignore their mother-in-law's orders. If this is done, it will actually hinder the practice of giving exclusive breastfeeding to babies, which is actually the best food for them [64].

3.3.5. Inadequate training of healthcare professionals in providing social-psychological support

In the healthcare field, a crucial responsibility lies in supporting mothers throughout their breastfeeding journey. However, the lack of sufficient educational training in providing socio-psychological support has emerged as a significant barrier [1]. A deficiency in recognizing the importance of the emotional and cognitive aspects of breastfeeding can hinder healthcare practitioners from effectively assisting new mothers who face challenges or uncertainties. Without the necessary knowledge and skills to address the

social and psychological dimensions of breastfeeding, healthcare providers may struggle to offer personalized and comprehensive support to mothers, potentially affecting breastfeeding initiation and continuation rates. Enhancing training programs to include socio-psychological advocacy could better equip healthcare professionals to meet the diverse needs and concerns of young mothers, thus fostering a supportive environment that promotes successful breastfeeding outcomes.

While breastfeeding awareness continues to grow, the role of health professionals in providing psychosocial support to breastfeeding mothers remains critical. Previous research indicates that the knowledge and skills of health professionals in supporting breastfeeding practices are still lacking [65]. This shortfall is due to insufficient skills-based training for health professionals and the absence of standardized breastfeeding education among healthcare workers. Consequently, inconsistencies and inaccuracies in the information and advice provided by health professionals about breastfeeding difficulties are common [66].

This lack of training may stem from the inadequacy of prior education and a failure to implement training requirements that ensure health workers have the necessary knowledge before receiving skills training [67]. As a result, healthcare professionals often lack the skills and time needed to address the breastfeeding problems experienced by mothers effectively. Without adequate training, the knowledge and attitudes of health professionals towards breastfeeding practices cannot guarantee the provision of appropriate social and psychological support to mothers. Negative attitudes from health workers can increase stress for breastfeeding mothers, and judgmental views may hinder mothers' decisions, intentions, and motivation to breastfeed [39].

3.4. Future direction

3.4.1. Implications for breastfeeding promotion programs

The importance of incorporating social-psychological dimensions in breastfeeding promotion programs has been highlighted in various research studies. Understanding factors that influence breastfeeding behavior, such as intentions and attitudes, can help tailor approaches to better support mothers. Evidence suggests that combining education-based interventions with postpartum support is effective in promoting and sustaining breastfeeding practices [3].

Breastfeeding promotion interventions should be implemented across multiple settings, including the healthcare system, home and family environments, community settings, workplaces, and a combination of these contexts. Family-based interventions have been shown to increase mothers' knowledge and attitudes towards breastfeeding. Programs that combine educational lectures with practical skills training can reduce breast swelling and improve exclusive breastfeeding rates. Mobile health information platforms that provide education and guidance have also been found to enhance breastfeeding knowledge, skills, and attitudes, leading to increased long-term exclusive breastfeeding rates [68]. The implementation of exclusive breastfeeding promotion programs can boost the self-efficacy of breastfeeding mothers, enabling them to optimize their breastfeeding practices [69].

3.4.2. Recommendations for future research

Further inquiries into socio-psychological strategies for promoting breastfeeding among young mothers are essential to address gaps in current research. Building on the findings of [70], which highlight the importance of considering both the costs and benefits of breastfeeding to enhance intervention efficacy, future studies should explore the multifaceted factors influencing maternal decisions on infant feeding. Understanding the dynamic interplay between self-care and infant care, and examining how mothers manage the trade-offs associated with breastfeeding, would enrich the existing body of knowledge.

Given the critical importance of breastfeeding and its extensive benefits for both infants and mothers, health promotion programs related to exclusive breastfeeding should be enhanced using a variety of or combined interventions. These programs should encompass not only mothers but also husbands, parents, family members, peers, and the broader community. Technological interventions should be updated and evaluated for their effectiveness in increasing mothers' awareness, knowledge, skills, attitudes, and motivation regarding breastfeeding practices [45]. Additionally, future research should consider the practice of breastfeeding in public places and explore potential solutions, including facilities or intervention strategies, while addressing health implications and social stigma [56]. Considering the critical importance of breastfeeding and its vast benefits for both babies and mothers, health promotion programs related to exclusive breastfeeding should be enhanced using various or combined interventions. These programs should include not only the mothers but also husbands, parents, family members, peers, and the broader community. Technological interventions should be updated and tested for their effectiveness in increasing mothers' awareness, knowledge, skills, attitudes, and motivation regarding breastfeeding practices [45]. Future research should also consider the practice of breastfeeding in public places and explore potential solutions, including facilities or intervention strategies, while addressing health implications and social stigma [56].

2.4.3. Importance of integrating social-psychological support in public health initiatives

Integrating social-psychological support into public health plans shows great potential for enhancing the effectiveness of breastfeeding promotion programs among young mothers. By understanding the psychosocial factors that influence breastfeeding behaviors, interventions can be tailored to address personal attitudes, beliefs, and intentions about breastfeeding. Research has shown that social-psychological approaches can positively impact breastfeeding initiation and duration rates, particularly for first-time mothers. These strategies provide essential support during the antenatal and postnatal periods, helping mothers overcome challenges and make informed decisions about breastfeeding. However, it is important to acknowledge the limitations in current evidence, which is often susceptible to bias and based on lower-quality studies [1]. Addressing these gaps through rigorous research and targeted strategies can strengthen the impact of social-psychological support on breastfeeding outcomes among young mothers.

Biological, social, and psychological factors, as described by the biopsychosocial theory, highlight the interconnectedness of these elements in relation to human health. According to this theory, a person's health condition must be understood holistically. Biological, psychological, and social conditions can act as both risk and protective factors in health recovery [71]. It is crucial to integrate these three factors in health initiatives and programs to achieve comprehensive health improvements. This includes enhancing physical resilience, improving well-being through access to education and fulfilling work, and fostering a happy family life with the support of family and community-based involvement. Such integration aids in promoting and maintaining overall health and well-being [72].

4. CONCLUSION

When examining the importance of supporting young mothers in their breastfeeding journey, it becomes clear that personalized socio-psychological measures play a crucial role in enhancing the initiation, duration, and exclusivity of breastfeeding within this demographic. The effectiveness of these measures underscores the importance of proactive actions in fostering positive breastfeeding outcomes. By addressing factors such as maternal resolve and attitudes toward breastfeeding, these measures can significantly influence the breastfeeding practices of young mothers. However, as highlighted in the analysis, the quality of evidence and the risk of bias in current studies remain areas that need attention. Thus, further research is necessary to strengthen the credibility of outcomes. Encouragingly, public health campaigns increasingly recognize the value of educational measures and postnatal support in improving global breastfeeding rates, emphasizing the ongoing need for comprehensive support frameworks for young mothers navigating the complexities of breastfeeding. Bridging the gap between intent and implementation in supporting young mothers through targeted interventions can lead to measurable improvements in breastfeeding outcomes and enhance the overall well-being of both mothers and infants.

ACKNOWLEDGEMENTS

The authors thank Universitas Ahmad Dahlan for the valuable supporting efforts through the Professorship acceleration program.




REFERENCES

- [1] Doris B. Katana, Abela Z. Tw'inomjuni, Eliasaph K. Mwana, Nyamizi Julius, and Josephine Manase, "Predictors of exclusive breastfeeding among mothers with children aged 6 to 12 months In Mkuranga District, Coast Region-Tanzania," *EPRA International Journal of Multidisciplinary Research (IJMR)*, pp. 152–168, 2021. doi: 10.36713/epra7008.
- [2] K. Bernie, "The factors influencing young mothers' infant feeding decisions: the views of healthcare professionals and voluntary workers on the role of the baby's maternal grandmother," *Breastfeeding Medicine*, vol. 9, no. 3, pp. 161–165, 2014.
- [3] P. Davie, J. Chilcot, Y. S. Chang, S. Norton, L. D. Hughes, and D. Bick, "Effectiveness of social-psychological interventions at promoting breastfeeding initiation, duration and exclusivity: a systematic review and meta-analysis," *Health Psychology Review*, vol. 14, no. 4, pp. 449–485, 2020, doi: 10.1080/17437199.2019.1630293.
- [4] D. M. Al-Badayneh, A. Ben Brik, and A. Elwakad, "A partial empirical test of the general strain theory on cyberbullying victimization among expatriate students," *Journal of Criminological Research, Policy and Practice*, vol. 10, no. 1, pp. 35–52, 2024, doi: 10.1108/JCRPP-03-2023-0013.
- [5] Ayatkadan, "Promotion of social skills for treating behavior disorders among arab children in second grade in Israel." 2021. 2021. Accessed: Jul. 05, 2024. [Online]. Available: <https://www.semanticscholar.org/paper/0abc746248026a0e0705b50b3746e0b76f2559e1>.
- [6] World Health Organization and UNICEF, "Global strategy for infant and young child feeding," *World Health Organization and UNICEF*, no. 1, p. 5, 2003. Accessed: Jul. 05, 2024. [Online]. Available: <https://iris.who.int/bitstream/handle/10665/42590/9241562218.pdf?sequence=1>.
- [7] L. Handayani, A. M. Kosnin, and Y. K. Jiar, "Social support, knowledge, attitude, and self-efficacy as predictors on breastfeeding practice," *Proceeding, EDUPRES, Faculty of Education, University Teknologi Malaysia*, vol. 18, p. 19, 2010.
- [8] N. Maleki-Saghooni, M. Amel Barez, and F. Z. Karimi, "Investigation of the relationship between social support and breastfeeding self-efficacy in primiparous breastfeeding mothers," *Journal of Maternal-Fetal and Neonatal Medicine*, vol. 33,




- no. 18, pp. 3097–3102, 2020, doi: 10.1080/14767058.2019.1568986.
- [9] C. Mannion and D. Mansell, “Breastfeeding self-efficacy and the use of prescription medication: a pilot study,” *Obstetrics and Gynecology International*, vol. 2012, pp. 1–8, 2012, doi: 10.1155/2012/562704.
 - [10] J. Zhu, W. C. S. Chan, X. Zhou, B. Ye, and H.-G. He, “Predictors of breastfeeding self-efficacy among Chinese mothers: a cross-sectional questionnaire survey,” *Midwifery*, vol. 30, no. 6, pp. 705–711, 2014.
 - [11] H. L., M.-C. J., and M. C., “Disempowered, passive and isolated: how teenage mothers’ postnatal inpatient experiences in the UK impact on the initiation and continuation of breastfeeding,” *Maternal and Child Nutrition*, vol. 11, no. 1, pp. 47–58, 2015.
 - [12] A. Brown, P. Raynor, and M. Lee, “Young mothers who choose to breast feed: the importance of being part of a supportive breast-feeding community,” *Midwifery*, vol. 27, no. 1, pp. 53–59, 2011, doi: 10.1016/j.midw.2009.09.004.
 - [13] A. Bandura, “Self-efficacy: toward a unifying theory of behavioral change,” *Psychological Review*, vol. 84, no. 2, pp. 191–215, 1977, doi: 10.1037//0033-295x.84.2.191.
 - [14] J. A. Naranjo *et al.*, “Assessing biomedical and psychosocial factors in a cross-sectional study of school dropouts among pregnant adolescents and young mothers in Quito, Ecuador,” *Cureus*, 2024, doi: 10.7759/cureus.55958.
 - [15] N. Kaneko, M. Nishijo, K. Agawa, K. Ishigaki, and Y. Nishino, “The effects of neighborhood trust and support on parenting stress of mothers with young children in Japan,” *Journal of Primary Care and Community Health*, vol. 15, 2024, doi: 10.1177/21501319241237056.
 - [16] N. A. Alsayed, J. F. Altayyeb, L. S. Althuniyyan, S. K. Alzubaidi, and F. Farahat, “Prevalence of postpartum depression and associated risk factors among women in Jeddah, Western Saudi Arabia,” *Cureus*, 2021, doi: 10.7759/cureus.14603.
 - [17] E. de Jager, H. Skouteris, J. Broadbent, L. Amir, and K. Mellor, “Psychosocial correlates of exclusive breastfeeding: a systematic review,” *Midwifery*, vol. 29, no. 5, pp. 506–518, 2013, doi: 10.1016/j.midw.2012.04.009.
 - [18] L. L. Oakley, J. Henderson, M. Redshaw, and M. A. Quigley, “The role of support and other factors in early breastfeeding cessation: an analysis of data from a maternity survey in England,” *BMC Pregnancy and Childbirth*, vol. 14, no. 1, 2014, doi: 10.1186/1471-2393-14-88.
 - [19] L. Attanasio, K. B. Kozhimannil, P. McGovern, D. Gjerdingen, and P. J. Johnson, “The impact of prenatal employment on breastfeeding intentions and breastfeeding status at 1 week postpartum,” *Journal of Human Lactation: Official Journal of International Lactation Consultant Association*, vol. 29, no. 4, pp. 612–626, 2013.
 - [20] M. Iliadou *et al.*, “Psychometric properties of the Greek version of the breastfeeding self-efficacy scale and correlation with depressive symptomatology,” *Archives of Hellenic Medicine*, vol. 37, no. 5, pp. 656–662, 2020.
 - [21] V. E. Di Mattei *et al.*, “Identification of socio-demographic and psychological factors affecting women’s propensity to breastfeed: an Italian Cohort,” *Frontiers in Psychology*, vol. 7, no. NOV, 2016, doi: 10.3389/fpsyg.2016.01872.
 - [22] J. Mäkelä, J. Vaarno, A. Kaljonen, H. Niinikoski, and H. Lagström, “Maternal overweight impacts infant feeding patterns—the STEPS Study,” *European journal of clinical nutrition*, vol. 68, pp. 43–49, 2014.
 - [23] J. Ayton, I. Van Der Mei, K. Wills, E. Hansen, and M. Nelson, “Cumulative risks and cessation of exclusive breast feeding: Australian cross-sectional survey,” *Archives of Disease in Childhood*, vol. 100, no. 9, pp. 863–868, 2015, doi: 10.1136/archdischild-2014-307833.
 - [24] E. Asimaki, M. Dagla, A. Sarantaki, and M. Iliadou, “Main biopsychosocial factors influencing breastfeeding: a systematic review,” *Maedica*, vol. 17, no. 4, pp. 955–962, 2022, doi: 10.26574/maedica.2022.17.4.955.
 - [25] M. Muzik, “Motherhood in the face of trauma: pathways towards healing and growth (integrating psychiatry and primary care).” Springer, 2018. Accessed: Jul. 07, 2024. [Online]. Available: <https://www.amazon.com.au/Motherhood-Face-Trauma-Integrating-Psychiatry-ebook/dp/B077QFGYCC>.
 - [26] N. C. Rollins *et al.*, “Why invest, and what it will take to improve breastfeeding practices?,” *The Lancet*, vol. 387, no. 10017, pp. 491–504, 2016, doi: 10.1016/S0140-6736(15)01044-2.
 - [27] K. Reinsma, N. Bolima, F. Fonteh, P. Okwen, D. Yota, and S. Montgomery, “Incorporating cultural beliefs in promoting exclusive breastfeeding,” *African Journal of Midwifery and Women’s Health*, vol. 6, no. 2, pp. 65–70, 2012, doi: 10.12968/ajmw.2012.6.2.65.
 - [28] E. W. Kimani-Murage *et al.*, “Patterns and determinants of breastfeeding and complementary feeding practices in urban informal settlements, Nairobi Kenya,” *BMC Public Health*, vol. 11, 2011, doi: 10.1186/1471-2458-11-396.
 - [29] B. Olang, A. Heidarzadeh, B. Strandvik, and A. Yngve, “Reasons given by mothers for discontinuing breastfeeding in Iran,” *International Breastfeeding Journal*, vol. 7, 2012, doi: 10.1186/1746-4358-7-7.
 - [30] C. Ferrell, J. Pope, K. Anguah, and P. Liu, “The effect of social support on breastfeeding initiation and continuation,” *Journal of the Academy of Nutrition and Dietetics*, vol. 117, no. 9, p. A96, 2017, doi: 10.1016/j.jand.2017.06.098.
 - [31] K. R. Skelton, R. Evans, J. LaChenaye, J. Amsbary, M. Wingate, and L. Talbott, “Exploring social media group use among breastfeeding mothers: qualitative analysis,” *JMIR Pediatrics and Parenting*, vol. 1, no. 2, 2018, doi: 10.2196/11344.
 - [32] T. Wolynn, “Using social media to promote and support breastfeeding,” *Breastfeeding Medicine*, vol. 7, no. 5, pp. 364–365, 2012, doi: 10.1089/bfm.2012.0085.
 - [33] J. Niederdeppe, “Meeting the challenge of measuring communication exposure in the digital age,” *Communication Methods and Measures*, vol. 10, no. 2–3, pp. 170–172, 2016, doi: 10.1080/19312458.2016.1150970.
 - [34] L. M. Sanchez *et al.*, “Social media intervention for promoting breastfeeding among WIC participants,” *Food Science and Nutrition*, vol. 11, no. 11, pp. 6945–6954, 2023, doi: 10.1002/fsn3.3620.
 - [35] National Academies of Sciences Engineering and Medicine; Health and Medicine, “Review of WIC food packages: improving balance and choice: final report.” Washington DC, p. 929, 2017.
 - [36] A. L. Watkins and J. E. Dodgson, “Breastfeeding educational interventions for health professionals: a synthesis of intervention studies,” *Journal for Specialists in Pediatric Nursing*, vol. 15, no. 3, pp. 223–232, 2010, doi: 10.1111/j.1744-6155.2010.00240.x.
 - [37] L. Barclay *et al.*, “The professionalising of breast feeding—where are we a decade on?,” *Midwifery*, vol. 28, no. 3, pp. 281–290, 2012, doi: 10.1016/j.midw.2011.12.011.
 - [38] A. Aiken and G. Thomson, “Professionalisation of a breast-feeding peer support service: issues and experiences of peer supporters,” *Midwifery*, vol. 29, no. 12, 2013, doi: 10.1016/j.midw.2012.12.014.
 - [39] S. Radzyski and L. C. Callister, “Health professionals’ attitudes and beliefs about breastfeeding,” *The Journal of Perinatal Education*, vol. 24, no. 2, pp. 102–109, 2015, doi: 10.1891/1058-1243.24.2.102.
 - [40] L. Handayani, A. Mohd Kosnin, and Y. Kee Jiar, “Breastfeeding education in term of knowledge and attitude through mother support group,” *Journal of Education and Learning (EduLearn)*, vol. 6, no. 2, pp. 65–72, 2012, doi: 10.11591/edulearn.v6i2.148.
 - [41] P. Shakya *et al.*, “Effectiveness of community-based peer support for mothers to improve their breastfeeding practices: a systematic review and meta-analysis,” *PLoS ONE*, vol. 12, no. 5, 2017, doi: 10.1371/journal.pone.0177434.
 - [42] Y. Yang, H. Liu, X. Cui, and J. Meng, “Mothers’ experiences and perceptions of breastfeeding peer support: a qualitative

- systematic review," *International Breastfeeding Journal*, vol. 19, no. 1, 2024, doi: 10.1186/s13006-024-00614-3.
- [43] S. Regan and A. Brown, "Experiences of online breastfeeding support: Support and reassurance versus judgement and misinformation," *Maternal and Child Nutrition*, vol. 15, no. 4, 2019, doi: 10.1111/mcn.12874.
- [44] World Health Organization, "Breastfeeding education for increased breastfeeding duration," e-Library of Evidence for Nutrition Actions (eLENA). [Online]. Available: <https://www.who.int/tools/elena/interventions/breastfeeding-education>.
- [45] J. P. C. Dukuzumuremyi, K. Acheampong, J. Abesig, and J. Luo, "Knowledge, attitude, and practice of exclusive breastfeeding among mothers in East Africa: a systematic review," *International Breastfeeding Journal*, vol. 15, no. 1, 2020, doi: 10.1186/s13006-020-00313-9.
- [46] F. S. Shafaei, M. Mirghafourvand, and S. Havizari, "The effect of prenatal counseling on breastfeeding self-efficacy and frequency of breastfeeding problems in mothers with previous unsuccessful breastfeeding: A randomized controlled clinical trial," *BMC Women's Health*, vol. 20, no. 1, 2020, doi: 10.1186/s12905-020-00947-1.
- [47] S. H. Fahim, F. Kazemi, S. Z. Masoumi, and M. Refaei, "The effect of midwife-oriented breastfeeding counseling on self-efficacy and performance of adolescent mothers: a clinical trial study," *BMC Pregnancy and Childbirth*, vol. 23, no. 1, p. 672, Sep. 2023, doi: 10.1186/s12884-023-05982-y.
- [48] E. R. Bailey, "The rationale for a family-and community-based program to prevent and reduce childhood obesity among Latinos in Buncombe County." 2010. Accessed: Jul. 07, 2024. [Online]. Available: <https://doi.org/10.17615/xe0m-bq20>.
- [49] World Health Organization. Department of Child and Adolescent Health and Development, *Community-based strategies for breastfeeding promotion and support in developing countries*. World Health Organization, 2003. Accessed: Jul. 07, 2024. [Online]. Available: <https://www.who.int/publications/i/item/9241591218>.
- [50] M. M. Thet, T. Aung, N. Diamond-Smith, and M. Sudhinaraset, "The influence of a community-level breast-feeding promotion intervention programme on breast-feeding practices in Myanmar," *Public Health Nutrition*, vol. 21, no. 16, pp. 3091–3100, 2018, doi: 10.1017/S1368980018001799.
- [51] G. B. Balaluka *et al.*, "Community volunteers can improve breastfeeding among children under six months of age in the Democratic Republic of Congo crisis," *International Breastfeeding Journal*, vol. 7, 2012, doi: 10.1186/1746-4358-7-2.
- [52] J. A. Andersen *et al.*, "Best of intentions: influential factors in infant feeding intent among marshallese pregnant women," *International journal of environmental research and public health*, vol. 19, no. 3, 2022.
- [53] A. Chambers, E. Emmott, S. Myers, and A. Page, "Emotional and informational social support from health visitors and breastfeeding outcomes in the UK," *International Breastfeeding Journal*, vol. 18, no. 1, 2023, doi: 10.1186/s13006-023-00551-7.
- [54] C. Isiguzo *et al.*, "Stress, social support, and racial differences: dominant drivers of exclusive breastfeeding," *Maternal and Child Nutrition*, vol. 19, no. 2, 2023, doi: 10.1111/mcn.13459.
- [55] J. B. Coomson and R. Aryeetey, "Perception and practice of breastfeeding in public in an urban community in Accra, Ghana," *International Breastfeeding Journal*, vol. 13, no. 1, 2018, doi: 10.1186/s13006-018-0161-1.
- [56] P. M. Paul and A. Anand, "Stigmatization and confrontation of breastfeeding in public," *EPRA International Journal of Research and Development (IJRD)*, vol. 8, no. 9, pp. 141–146, 2023.
- [57] K. O'Neill, "Mother breastfeeding in public park is berated by angry couple in shocking video," *Mirror*, Apr. 2015.
- [58] D. Pandey, P. Sardana, A. Saxena, L. Dogra, A. Coondoo, and A. Kamath, "Awareness and attitude towards breastfeeding among two generations of Indian women: a comparative study," *PLoS ONE*, vol. 10, no. 5, 2015, doi: 10.1371/journal.pone.0126575.
- [59] R. O. Adah, C. John, S. E. Okpe, and S. N. Okolo, "Awareness of the benefits of breastfeeding among mothers and its influence on the breastfeeding practices in Jos," *Jos Journal of Medicine*, vol. 11, no. 2, pp. 47–52–52, 2017.
- [60] K. Ford, "What socioeconomic factors influence breastfeeding rates?," The University of Rhode Island, 2022.
- [61] G. Scarpa *et al.*, "Socio-economic and environmental factors affecting breastfeeding and complementary feeding practices among Batwa and Bakiga communities in south-western Uganda," *PLOS Global Public Health*, vol. 2, no. 3, 2022, doi: 10.1371/journal.pgph.0000144.
- [62] E. W. Kimani-Murage *et al.*, "Factors affecting actualisation of the WHO breastfeeding recommendations in urban poor settings in Kenya," *Maternal and Child Nutrition*, vol. 11, no. 3, pp. 314–332, 2015, doi: 10.1111/mcn.12161.
- [63] S. A. L. Sosseh, A. Barrow, and Z. J. Lu, "Cultural beliefs, attitudes and perceptions of lactating mothers on exclusive breastfeeding in The Gambia: an ethnographic study," *BMC Women's Health*, vol. 23, no. 1, 2023, doi: 10.1186/s12905-023-02163-z.
- [64] W. H. Nandagire, C. Atuhaire, A. T. Egeineh, C. N. Nkfusai, J. M. Tsoka-Gwegweni, and S. N. Cumber, "Exploring cultural beliefs and practices associated with weaning of children aged 0-12 months by mothers attending services at maternal child health clinic kalisizo hospital, Uganda," *Pan African Medical Journal*, vol. 34, 2019, doi: 10.11604/pamj.2019.34.47.16940.
- [65] O. Holtzman and T. Usherwood, "Australian general practitioners' knowledge, attitudes and practices towards breastfeeding," *PLoS ONE*, vol. 13, no. 2, 2018, doi: 10.1371/journal.pone.0191854.
- [66] C. Cross-Barnet, M. Augustyn, S. Gross, A. Resnik, and D. Paige, "Long-term breastfeeding support: failing mothers in need," *Maternal and Child Health Journal*, vol. 16, no. 9, pp. 1926–1932, 2012, doi: 10.1007/s10995-011-0939-x.
- [67] H. Mulcahy, L. F. Philpott, M. O'Driscoll, R. Bradley, and P. Leahy-Warren, "Breastfeeding skills training for health care professionals: a systematic review," *Heliyon*, vol. 8, no. 11, 2022, doi: 10.1016/j.heliyon.2022.e11747.
- [68] Y. Q. Ouyang *et al.*, "Effectiveness of a breastfeeding promotion intervention model based on society ecosystems theory for maternal women: a study protocol of randomized controlled trial," *Reproductive Health*, vol. 20, no. 1, 2023, doi: 10.1186/s12978-023-01719-4.
- [69] S. Haroon, J. K. Das, R. A. Salam, A. Imdad, and Z. A. Bhutta, "Breastfeeding promotion interventions and breastfeeding practices: a systematic review," *BMC Public Health*, vol. 13, no. SUPPL.3, 2013, doi: 10.1186/1471-2458-13-S3-S20.
- [70] K. P. Tully and H. L. Ball, "Understanding and enabling breastfeeding in the context of maternal-infant needs," in *Breastfeeding: new anthropological approaches*, Routledge, 2018, pp. 199–211.
- [71] D. Bolton and G. Gillett, *The biopsychosocial model of health and disease: new philosophical and scientific developments*. Palgrave Pivot, 2019.
- [72] E. M. Latinsky-Ortiz and L. B. Strober, "Keeping it together: the role of social integration on health and psychological well-being among individuals with multiple sclerosis," *Health and Social Care in the Community*, vol. 30, no. 6, pp. e4074–e4085, 2022, doi: 10.1111/hsc.13800.




BIOGRAPHIES OF AUTHORS

Lina Handayani    is an associate professor at the Faculty of Public Health, Universitas Ahmad Dahlan, Yogyakarta, Indonesia. She has more than 20 years of teaching experience at the university. Her field of specialization, research areas, publication, and presentation covers a wide range of health education and promotion-related aspects. Among these are breastfeeding promotion and education; health behavior; technology and behavior; and parenting. She can be contacted at email: lina.handayani@ikm.uad.ac.id.






Kususanto Ditto Prihadi    is an Associate Professor in the Faculty of Psychology and Social Sciences, The University of Cyberjaya in Cyberjaya, Selangor, Malaysia. Most of his works focused on the implication of the sense of mattering, interpersonal relationship, and social media in the area of workplace psychology and mental health improvement. He can be contacted at email: prihadi@cyberjaya.edu.my.






Tania Vergawita    is a student of the Public Health Faculty, at Universitas Ahmad Dahlan. She is involved in several academic activities with her lecturers such as research, writing papers, and translating English. She can be contacted at email: tania1500031031@webmail.uad.ac.id.






Isah Fitriani    is a master's student in public health at Universitas Ahmad Dahlan, Yogyakarta, Indonesia. Research associates in the same affiliation. Involved in various journalistic activities and research projects in the field of tobacco control, community empowerment, and public policy. Her research interests are in the fields of health promotion and behavioral science. She is an active member in the field of Public Relations and Protocol at Ahmad Dahlan University as a Supporting Student. Author of several national peer review publications on waste management, stunting, scabies, cigarettes, and reproductive health. She can be contacted at email: isahftrn@gmail.com.



Beddu Hafidz    is a PhD student in Program Community Health Development, Department of Community, Family and Occupational Medicine, Faculty of Medicine, Khon Kaen University, Thailand. He focuses on human behavior, prevention behavior, quality of life, community health development, and related to community medicine. He can be contacted at email: Beddu.h@kkumail.com.



Asa Ismia Bunga Aisyahrani    is a master student in childhood studies at the University of Leeds, Leeds, United Kingdom, following her bachelor's in psychology with human resource development at Universiti Teknologi Malaysia, Johor, Malaysia. In addition, she has hands-on experience in research focusing on interdisciplinary neuroscience at Academia Sinica, Taipei, Taiwan. Her research interests span family psychology, child and youth studies, parenting, developmental psychology, Islamic psychology, positive psychology, social psychology, neuroscience, and education. Apart from academics, she is also passionate about human resources and leadership management. She works seasonally as an Events and Outreach Manager at Intelektual Pustaka Media Utama, Yogyakarta, Indonesia. She can be contacted at email: asaismiabunga@gmail.com.