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Factors Influencing Exclusive Breastfeeding in Developing Countries: A Review

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Abstract
Purpose: The local government in many developing nations has struggled to encourage mothers to breastfeed their infants exclusively for up to 6 months. The goal of this review was to outline the factors that promote and hinder exclusive breastfeeding in developing country.
Methodology: Methodology used is literature review. To find studies from January 2012 to December 2022, searches were done in Science Direct, Proquest, Google Scholar, and PubMed. Both qualitative and quantitative research was taken into account, and analyzed using NVivo.
Results: Factors driving the success of exclusive breastfeeding are rooming-in, antenatal attendance, husband or family support, peer support, timely breastfeeding initiation. Meanwhile, the inhibiting factors for exclusive breastfeeding in developing countries are introducing food too early, maternal physical condition, working mothers, influence of grandmother, assumed insufficient breastmilk, cultural beliefs and practices, earlier bottle usage, inadequate infant weight gain, joint family, lack of family support, lack of workplace support, mode of delivery, and mother's psychological factors.
Limitations: Researchers were unable to determine if the reference used as the source was biased.
Contribution: According to this study, there are still a number of barriers that women must overcome in order to breastfeed their babies exclusively for up to six months, and there are motivating aspects that must be enhanced to promote the success of exclusive breastfeeding. The findings of this study can be applied to the creation of strategies and treatments for dealing with challenges in exclusive breastfeeding.
Keywords: *Barriers, Driving Factors, Facilitators, Exclusive Breastfeeding, Developing Countries*
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1. Introduction

Children need large amounts of nutrients because there is a very rapid growth and development process (Sutrisno & Tamim, 2023). Breastfeeding has long been recognized as a practical and cost-effective way to improve children's health and growth. Some research shows that breastfeeding improves both neonatal mortality and long-term health and growth. Children who have been breastfed for a longer period of time have lower infectious morbidity and mortality, fewer dental malocclusions, decrease in necrotising enterocoltis, protection against diarrhoea and respiratory infection, reduce the incidence of overweight and obesity, reduce the incidence of type 2 diabetes, and higher intelligence than those who have been breastfed for a shorter period of time or have not been breastfed at all (Victora et al., 2016). Formula-fed infants face higher risks of infectious morbidity in the first year of life than breastfed infants, as well as increased risks of childhood obesity, type 1 and type 2 diabetes, leukemia, and sudden infant death syndrome. In the first year of life, approximately 44% of infants will have at least one episode of otitis media, and the risk is doubled in formula-fed infants. In the first year of life, non-breastfed infants had a 3.6-fold increased risk (95% CI, 1.9-7.1) of hospitalization for lower respiratory

tract infection, as well as an increased risk of gastroenteritis and diarrhea (Stuebe, 2009). The ineffectiveness of exclusive breastfeeding can cause various problems, namely nutritional disorders and stunting (Fidiawati et al., 2022). Child and toddler health problems can be a burden for a country (Jasmine, 2022). Breastfeeding is also good for women's health. It has the potential to prevent breast cancer, improve birth spacing, and lower a woman's risk of diabetes and ovarian cancer. All of these increase human capital and country growth in low-, middle-, and high-income countries (Chowdhury et al., 2015; Rollins et al., 2016).

Although the importance of optimal infant feeding practices in contributing to normal child health, survival, and growth is well documented, out of about 136 million babies born each year, around 90 million are not exclusively breastfed for the first 6 months. Only 37% of children under the age of six months are exclusively breastfed in low- and middle-income countries. The WHO's Implementation plan on Maternal, Infant and Young Child Nutrition presented at the World Health Assembly 2012 also set a global target to increase exclusive breastfeeding rates in the first 6 months of life by at least 50%. This target implies that the current global average, estimated to be 37% for the period 2006-2010, should increase to 50% by 2025 (World Health Organization, 2018). The goal of this review was to thoroughly outline the factors that promote and hinder exclusive breastfeeding in underdeveloped nations.

2. Methodology

Any relevant papers published between January 2012 and December 2022 were included in this review. There were qualitative and quantitative primary studies included that focused on variables impacting exclusive breastfeeding practice during the first 6 months of life. The primary databases used were ScienceDirect and Proquest, with some publications also coming from Google Scholar and PubMed. This study searched the literature using the core notion of exclusive breastfeeding. In this study, exclusive breastfeeding means that the newborn got only breast milk from his or her mother or a wet nurse, or expressed breast milk, and no other liquids or solids, with the exception of drops of syrup containing vitamins, mineral supplements, or medications, for six months (World Health Organization and the United Nations Children's Fund (UNICEF), 2021). The keywords used are "exclusive breastfeeding", "developing countries", "exclusive breastfeeding driving factors", "exclusive breastfeeding inhibiting factors", and the keyword combination to get the most relevant studies. Journal papers covering the behavior of women in exclusive breastfeeding in developing countries published in English between 2012 and 2022 were included in the review studies, which were done in developing countries. Figure 1 depicts the review process. The authors evaluated the relevance of all identified papers in light of the review's purpose. The study titles and abstracts were used in this approach. Studies that did not match the inclusion criteria were not considered. The enabling variables and impediments to exclusive breastfeeding were then categorized and presented as a narrative summary. The search yielded 1420 results. After removing duplicates and screening titles based on inclusion criteria, 150 potentially relevant titles were retrieved. Of these, 57 were chosen for full-text screening. Twenty articles met the final inclusion criteria.

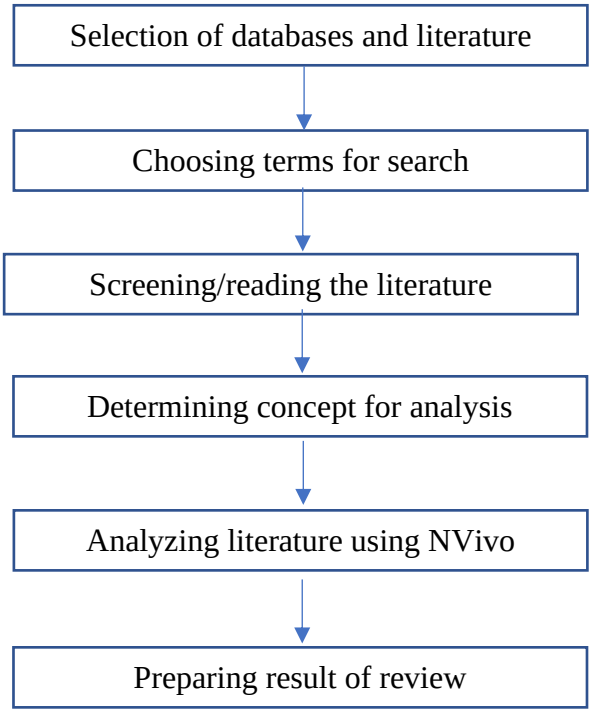

Fig.1 The process of review

3. Result and Discussions

3.1 Driving factors

3.1.1 Rooming in

There is a correlation between exclusive breastfeeding success and rooming-in care. Every month throughout the 6 months, the proportion of exclusive breastfeeding success was greater in moms receiving rooming-in care compared to non-rooming-in mothers (Dwinanda et al., 2018). The longer a newborn is apart from his or her mother, the more likely he or she will take formula milk.

3.1.2 Antenatal attendance

According to certain research, prenatal attendance can impact breastfeeding exclusivity. Breastfeeding exclusively for 6 months was three times more common among moms who received breastfeeding guidance during ANC attendance and after birth than among mothers who did not get breastfeeding counseling during the prenatal or postnatal period (Maonga et al., 2016). Non-attendance at official prenatal consultations at a health institution has been linked to early termination of exclusive breastfeeding (Okafor et al., 2013).

3.1.3 Husband or family support

Mothers with support from their husbands or families had a 6-49 times higher likelihood to successfully breastfeed exclusively for every month in the 6 months compared to mothers with no support. Lack of husband/family support reduced exclusive breastfeeding success as much as 73% in the first month, 79% in the second month, 72% in the third month, 87% in the fourth month, 90% in the fifth month, and 97% in the sixth month (Dwinanda et al., 2018).

Table 1. Summary of findings

No.	Author, year, location	Participants	Design/data synthesis	Main barriers/facilitators	Summary
1	Agunbiade, O. M., & Ogunleye, O. V. (2012), Nigeria	200 breastfeeding mothers	Mix method	***Facilitators:*** Perception that babies continued to be hungry after breastfeeding, maternal health problem, pressure from mother-in-law, pain, return to work	Breastfeeding mothers faced multiple challenges
2	Alzaheb, R. A. (2017), Middle East	19 studies	Systematic review	***Barriers:*** delivery mode, working mother ***Facilitators:*** rooming-in	Middle Eastern health care organizations should fully understand all the determinants of breastfeeding to provide suitable practical guidance and advice
3	Asare, B. Y. A., Preko, J. V, Baafi, D., & ... (2018), Ghana	355 mothers of children aged 0-24 months	Cross-sectional study	***Barriers:*** mothers age, mother's education, cultural belief and practices, working mother	Educational status, age and ethnicity of mothers strongly predicted maternal practice of exclusive breastfeeding.
4	Balogun, O. O., Dagvadorj, A., Anigo, K. M., & ... (2015), Nigeria	25 studies	Systematic literature review	***Barriers:*** working mothers, perception of insufficient breastmilk, cultural factors	Health care providers should be informed about the determinants of exclusive breastfeeding
5	Dorgham, L. S., Hafez, S. K., Kamhawy, H. E., & Hassan, W. B. (2014).	400 mothers	Cross sectional study	***Facilitators:*** non-working mothers, not giving prelacteal food, vaginal delivery *Barriers:* section caesarean delivery	Timely initiation of BF and exclusive breastfeeding rates in Taif, are considerably below national and international breastfeeding recommendations.
6	Dwinanda, N., Syarif, B. H., & Sjarif, D. R. (2018), Indonesia	234 mothers	Prospective cohort study	***Barriers:*** working mothers, nipple problem, earlier bottle usage ***Facilitators:*** mother's confidence in breast milk production, husband or family support, rooming-in, timely	Several factors affect the success rate for each month in the six month period

				initiation of breastfeeding	
7	Gupta, M. L., Aborigo, R. A., Adongo, P. B., Rominski, S., Hodgson, A., Engmann, C. M., & Moyer, C. A. (2015), Ghana	35 mothers of newborns, 8 traditional birth attendants and local healers, 16 community leaders and 13 healthcare practitioners, and additional 18 focus groups	In-depth interviews (IDIs) and focus group discussions (FGDs)	***Barriers:*** influence of grandmothers	Mother's decision on breastfeeding influenced by other community members
8	Hadiza Abigail, A., & Esther, E. A. (2013).	44 female recident doctors	Cross-sectional study	***Barriers:*** Working mothers, lack of family support, lack of workplace support	Conducive atmosphere should be created at the work place to encourage the female professional to practice EBF
9	Haghighi, M., & Taheri, E. (2015).	275 mothers	Cross-sectional study	***Barriers:*** caesarean section delivery	Breastfeeding in the first hour after birth has been associated with mother's educational level, gestational age greater than 37 weeks, previous history of breastfeeding, vaginal delivery, infant weighing more than 2,500 grams, lack of infant disease, lack of hospitalization in NICU, rooming in, lack of prelacteal feeding to newborns and delivery in public hospitals
10	Hidayah Putri, D., Masrul, M., & Evareny, L. (2018), Indonesia	56 mothers	Cross-sectional study	***Facilitators*****:** mother's knowledge, husband and family support	There was a significant relationship between the level of mother's knowledge and family support with exclusive breastfeeding
11	Jolly, K., Ingram, L., Khan, K. S.,	15 articles	Systematic review and meta	***Facilitators:*** peer support	Peer support increase breastfeeding continuation

	Deeks, J. J., Freemantle, N., & MacArthur, C. (2012).		regression analysis		
12	Maonga, A. R., Mahande, M. J., Damian, D. J., & ... (2016), Tanzania	316 women with infants aged 6-12 months	Cross-sectional study	***Barriers:*** perception of inadequate breastmilk, introducing food too early, cultural practices ***Facilitators:*** antennal attendance	Strategies to target beliefs that breast milk is insufficient for growth need to be strengthened in the community.
13	Negin, J., Coffman, J., Vizintin, P., & Raynes-Greenow, C. (2016)	13 articles	Systematic review	***Barriers:*** influence of grandmother	grandmothers have the capacity to influence exclusive breastfeeding.
14	Ogbo, F. A., Agho, K., Ogeleka, P., Woolfenden, S., Page, A., Eastwood, J., Homaira, N., Burrett, S., Zwi, K., Schaefer, M., Morton, N., Jaffe, A., Oei, J. L., & Gunasekera, H. (2017).	19 studies	Meta analysis	***Barriers:*** cultural beliefs and practices	Early initiation of breastfeeding and exclusive breastfeeding were significantly associated with lower risk of diarrhoea
15	Okafor, I., Olatona, F., & Olufemi, O. (2013), Nigeria	600 mothers	Cross-sectional study	***Facilitators:*** formal antenatal care	Breastfeeding initiation and exclusivity for 6 months were inadequate. Promotion of good health-seeking behavior, maternal education and family planning are recommended
16	Perera, P. J., Ranathunga, N., Fernando, M. P., Sampath, W.,	500 babies	Cohort study	***Barriers:*** working mothers, perception of insufficient breastmilk, inadequate infant	EBF up to six months does not cause growth failure. Mothers starting to work and concerns regarding

	& Samaranayake, G. B. (2012)			weight gain	adequacy of breast milk were the major reasons to cease EBF.
17	Shakya, P., Kunieda, M. K., Koyama, M., Rai, S. S., Miyaguchi, M., Dhakal, S., Sandy, S., Sunguya, B. F., & Jimba, M. (2017).	47 articles	Meta analysis	***Facilitators:*** Peer support	Peer support encourage mothers to initiate breastfeeding
18	Sudfeld, C. R., Fawzi, W. W., & Lahariya, C. (2012).	13 study	Systematic review and meta-analysis	***Facilitators:*** Peer support	Peer support increase the duration of exclusive breastfeeding
19	Tamiru, D. (2013), Ethiopia	382 Mothers, 15 key informants	Cross-sectional study	***Barriers:*** introducing food too early. Lack of information	42.9% of mothers introduced complementary food before 6 months
20	Ulak, M., Chandyo, R. K., Mellander, L., Shrestha, P. S., & Strand, T. A. (2012), Nepal	Mothers of 325 infants	Cross-sectional survey	***Barriers:*** Lack of information, introducing food too early, perception of insufficient breastmilk, living in join family, working mother, influence of grandmother, cultural beliefs and practices	Exclusive breastfeeding is not common, only few mothers received information on breastfeeding

3.1.4 Peer support

A study by (Jolly et al., 2012) clarify that peer support is effective in low or middle income countries and especially for exclusive breast feeding. Peer support will be effective if given more than five times. Study of (Shakya et al., 2017) was discovered that community-based peer support for mothers increased exclusive breastfeeding duration significantly among mothers in low and middle income countries. In comparison to those who did not receive such assistance, mothers who received such assistance exclusively breastfed their infants until 3, 5, or 6 months. A meta-analysis of six trials conducted at eight study sites discovered that mothers who received peer support were approximately 30% less likely to discontinue exclusive breastfeeding at the final trial visit than control mothers. (Sudfeld et al., 2012). In study of (Thomson et al., 2011), women were given antenatal support, daily in-patient support, and ongoing post-discharge support. Over 70% of the women felt that peer supporters had helped them to continue breastfeeding.

3.1.5 Timely initiation of breastfeeding

Mothers who started nursing within the first hour of giving birth were far less likely to offer supplemental meals before 6 months (Arusei et al., 2011). Early breastfeeding initiation influenced exclusive breastfeeding success in the first two months of life. According to PAR estimates, the lack of

early beginning reduced the proportion of exclusive breastfeeding in the population by 11-39% per month up to the sixth month (Dwinanda et al., 2018).

3.2 Inhibiting factors

3.2.1 Introducing Food too Early

In Nigeria, the early drop in exclusive was mostly due to mothers introducing fluids, particularly water, during the neonatal period. The trend remained stable until three months, when some clients began giving their children supplemental meals or other fluids (Okafor et al., 2013). It's worth noting that several moms couldn't think of a cause for early meal introduction, including semi-solid porridge, showing that it's a widespread norm and spontaneous practice in the community (Ulak et al., 2012). In Tanzania, mother in law gave water early to the infant, light porridge when the infants was three months and made the porridge a bit stiff when the infant about five months (Maonga et al., 2016).

3.2.2 Maternal Physical Condition

A cross-sectional study in Tanzania discovered a link between women who did not have anatomical nipple problems and the effectiveness of exclusive breastfeeding for 6 months (Dwinanda et al., 2018). In the first and second months, mothers without inverted or flat nipples were more effective at exclusively nursing than mothers with inverted/flat nipples. Using nipple connectors, mothers with inverted or flat nipples successfully nursed exclusively for the first month.

3.2.3 Working Mothers

According to (Ulak et al., 2012) one-third of Nepalese women reported working outside the home, and half of them stated that this was the reason they were not exclusively nursing. Most working women in Indonesia returned to work or school after a two-month maternity leave, however a minority percentage returned after only one month. Mothers who went back to work or school generally began supplementing with formula in the second month as a preparation for returning to work. Beginning in the third month, the mother's employment situation had a substantial impact on the effectiveness of exclusive breastfeeding. Returning to work was the most prevalent cause for moms discontinuing exclusive breastfeeding (Dwinanda et al., 2018). Mother's return to work and the short maternity leave for women in formal employment in some countries were reasons for discontinuing EBF as early as 2 months of newborn age (Perera et al., 2012). Working had a substantial impact on the success of solely breastfeeding in the third month, which continued until the sixth month. (P=0.001-0.022). When compared to working or schooling moms, non-working or schooling mothers had a 6-14 times greater risk of exclusively breastfeeding in the third to sixth months (Dwinanda et al., 2018). At 6 months, mothers who were formally employed or worked outside the house were less likely to exclusively breastfeed (Alzaheb, 2017; Asare et al., 2018). Mothers who have ample time to spend with their newborns and very young infants are more likely to exclusively breastfeed them than mothers who do not have enough time in their daily routines owing to their employment or for any other reason (Alzaheb, 2017).

3.2.4 Influence of Grandmother

In some countries, the infant's grandmothers (either the maternal or paternal mother) play an important role in pregnancy and child rearing decision-making (Negin et al., 2016). According to a study (Ulak et al., 2012), grandmothers in Nepal made the decision to give other foods before six months of age for 42% of the 94 infants (29%). In Nepal, grandmothers fed porridge to their infants on the assumption that porridge would give them strength. According to a study conducted in Nigeria, paternal grandmothers pressured 25% of mothers to not exclusively breastfeed (Negin et al., 2016). Grandmothers frequently regard themselves as primary providers and decision-makers (Gupta et al., 2015). Mothers are more likely to initiate breastfeeding if their grandmothers' attitudes toward or experiences with breastfeeding are favorable. A negative opinion, on the other hand, has the potential to reduce the likelihood of breastfeeding.

3.2.5 Assumed Insufficient Breastmilk

A sufficient amount of breast milk can increase the frequency of breastfeeding in infants (Sanjaya et al., 2022). One of the primary reasons for introducing other foods at six months of age was a lack of

breast milk. (Ulak et al., 2012; World Health Organization and the United Nations Children's Fund (UNICEF), 2021). Women who believed they had enough milk for their infants were significantly more likely to exclusively breastfeed their children. Mothers assumed that breast milk was insufficient to satisfy an infant's hunger. There was a widespread belief that breast milk alone was insufficient for infant growth during the first six months of life (Maonga et al., 2016) When the infants continued to cry, porridge was given because it was assumed that breast milk was insufficient.

3.2.6 Cultural Beliefs and Practices

The failure of exclusive breastfeeding in some countries is due to cultural influences. (Asare et al., 2018; Ogbo et al., 2017). In Tanzania, it is believed that some concoctions/local herbs, known as "uji wa bada," are required when a child is born for cultural reasons as well as to relieve gastrointestinal upset. The child must then be given sugar and vinegar to understand that the world contains both sweet and bitter things/experiences. To prevent colic, the child must also be given'mavumba' or local herbs. Every child experiences pain, but if mavumba is administered early, the child will not experience abdominal problems. (Maonga et al., 2016). In Nigeria, the Yoruba and Edo communities believe that exclusive breastfeeding is harmful to an infant's health. (Negin et al., 2016). Mothers, primarily from Ghana's Northern ethnic groups, believed that the breast was filled with breast milk on the third day after birth, delaying the start of breastfeeding. (Asare et al., 2018). According to local belief, mashed nuts, particularly dates (chokda) and nutmegs (jaiphal), given to infants will soothe the baby and aid in normal sleep. (Ulak et al., 2012).

3.2.7 Earlier Bottle Usage

Because the first days of an infant's life are so important, earlier bottle use may result in a shorter duration of exclusive breastfeeding. According to a Brazilian epidemiological study, bottle usage was 56% in the first week and 74% in the first month. Bottle use in the first week of life was also associated with failure to exclusively breastfeed. Because of the difference in shape and contour of the bottle nipple and the mother's nipple, the effect of bottle usage can cause nipple confusion and indolence (Dwinanda et al., 2018).

3.2.8 Inadequate Infant Weight Gain

The main reason for discontinuing exclusive breastfeeding was maternal anxiety about insufficient breast milk, while inadequate weight gain was the most common reason between two and four months. (Perera et al., 2012).

3.2.9 Joint family

Because a mother does not usually have a decision-making role in a typical joint family structure in Nepal, a child's feeding patterns may be influenced by advice from other family members or relatives. Infants from joint families were more likely to receive herbal drops than infants from nuclear families or families staying in their own home, as opposed to those staying in rental homes. (Ulak et al., 2012).

3.2.10 Lack of Family Support

According to two separate studies, mothers in Ghana and Nigeria considered a lack of support from their partners to be important factors that led to the discontinuation of exclusive breastfeeding. (Balogun et al., 2015). According to (Hidayah Putri et al., 2018), the most widely available forms of family support are mothers, including mothers who support exclusive breastfeeding (96.4%), husbands or families of mothers who frequently help with domestic work while nursing mothers (94.6%), husbands who participate in wake up accompanying when the mother is nursing the baby at night (75%), and the family provides breastfeeding information (57.1%). Family support is required to help the mother gain confidence in breastfeeding her child.

3.2.11 Lack of information

In Nepal, three-quarters of mothers received no breastfeeding information, indicating an urgent need for exclusive breastfeeding promotion. Only one-quarter of them reported receiving breastfeeding information during their antenatal visit. It is because the antenatal visit setting is primarily focused on pregnancy, and there is no system or guidelines for breastfeeding education (Ulak et al., 2012). Mothers

who reported knowing the WHO recommendations on early infant feeding were significantly more likely than those who did not know to practice exclusive breastfeeding. (Tamiru, 2013; Ulak et al., 2012).

3.2.12 Lack of workplace support

Lack of support for exclusive breastfeeding due to a lack of proper infrastructure revealed by studies of (Hadiza Abigail & Esther, 2013). Breastfeeding facilities are frequently unavailable in workplaces. (Alzaheb, 2017). Failure to breastfeed exclusively was caused by a lack of support and commitment at work or school (Dwinanda et al., 2018).

3.2.13 Maternal physical condition

In African studies, morbid conditions such as maternal sickness were reported. (Agunbiade & Ogunleye, 2012) and breast issues such as breast/nipple infections as reasons to stop exclusive breastfeeding. Study of (Dwinanda et al., 2018) showed that mothers who did not have cracked nipples or breast engorgement had a higher percentage of exclusive breastfeeding success in the first month, but this was not statistically significant. A cross-sectional study in Tanzania found a significant correlation between mothers who did not have anatomical nipple disorders and exclusive breastfeeding success for 6 months. Their multivariate analysis revealed that mothers who did not have anatomical nipple problems had a 7 times higher likelihood of successful exclusive breastfeeding for 6 months than mothers who did.

3.2.14 Mode of delivery

Caesarean section deliveries are a risk factor that prevents breastfeeding from starting within the first hour of life. (Dorgham et al., 2014; Haghighi & Taheri, 2015). Caesarean section delivery was identified as a significant barrier to breastfeeding initiation within the first hour of life. According to some studies, caesarean births are associated with lower exclusive breastfeeding rates at 6 months of age. (Alzaheb, 2017).

3.2.15 Mother's psychological factors

Mothers who did not feel stressed, confused, worried, afraid, or depressed had a four times greater chance of exclusively breastfeeding for three months (RR 3.50 to 3.98). This was the most important factor in the first month of breastfeeding success. Mothers who were stressed, confused, worried, afraid, or depressed had 71% success in the first month, 67% in the second month, and 70% in the third month exclusively breastfeeding (Dwinanda et al., 2018). Evidence suggests that depressed mothers are less likely to breastfeed and breastfeed for a shorter period of time. The mechanisms mediating the effect of depression on breastfeeding are unknown, but several mechanisms are likely to be involved. Depressed mothers spend less time cuddling, smiling at, or talking to their babies. As a result of the relationship between maternal sensitivity and continued breastfeeding, depressed mothers are less contingent and sensitive to their infants than non-depressed mothers. This latter effect may result in mothers failing to interpret their babies' signals to breastfeed. (Jonas & Woodside, 2016).

4. Conclusion

According to the literature review conducted, there are several factors were found to be drivers and inhibitions of exclusive breastfeeding in developing countries. Factors driving the success of exclusive breastfeeding are rooming-in, antenatal attendance, husband or family support, peer support, timely breastfeeding initiation. Meanwhile, the inhibiting factors for exclusive breastfeeding in developing countries are introducing food too early, maternal physical condition, working mothers, influence of grandmother, assumed insufficient breastmilk, cultural beliefs and practices, earlier bottle usage, inadequate infant weight gain, joint family, lack of family support, lack of workplace support, mode of delivery, and mother's psychological factors.

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