

SUPPORT OF HEALTH WORKERS IN THE SUCCESS OF EXCLUSIVE BREASTFEEDING: SCOPING REVIEW

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Abstract

Exclusive breastfeeding (ASI) according to the World Health Organization (WHO) is breast milk that is given to babies from birth for six months, without replacing it with other food or drinks except medicine, vitamins and minerals. Exclusive breastfeeding is constrained because the mother is not confident that she is able to breastfeed properly so that all the nutritional needs of the baby are not met. The success of exclusive breastfeeding requires support from all health workers, the government, husbands, family and peers. The purpose of the review is to review the support of health workers for the success of exclusive breastfeeding. This research method is Scoping Review using the PRISMA ScR Framework. Literature Searching uses the relevant Pubmed, Science Direct and Wiley databases, with the inclusion criteria being original English articles that can be accessed in full text in 2017 – 2021. Conducting critical appraisal using The Joanna Briggs Institute (JBI). Based on the search results of the 419 articles that have been selected, there are 10 selected literature and three themes emerged as a result of the scoping review, namely support from health workers, time and place, and forms of support for the success of exclusive breastfeeding. The research articles found came from developing countries on the Asian continent, namely China and Indonesia. Articles from developing countries on the African Continent, namely Ethiopia, Kenya, and Ghana. Articles come from the developed countries of the Australian continent, namely articles from Australia. Articles from developed countries on the European continent, namely England and Spain. From the results of the 10 articles found, there were 5 types of qualitative articles, 3 types of cross-sectional studies, 1 type of randomized controlled trial article and 1 type of quasi-experimental study article.

Keywords: Support Midwifery, Scoping Review, Breastfeeding Exclusive.

INTRODUCTION

Exclusive breastfeeding (ASI) according to the World Health Organization (WHO) is breast milk that is given to babies from birth for six months, without replacing it with other food or drinks except medicine, vitamins and minerals (WHO, 2021). Children who are breastfed show better results and are less likely to experience obesity and diabetes (Ginting & Besral, 2020). In addition, breastfeeding

also provides health, nutritional and emotional benefits for children and mothers (Fore & Ghebreyesus, 2020).

In the world, only 41% of infants aged 0-6 months are exclusively breastfed, where the figure has been set by WHO member countries to increase the coverage of exclusive breastfeeding to 50% by 2025 (WHO, 2021). In Indonesia, as a developing country, the percentage of infants aged less than 6 months who are exclusively breastfed in 2020 is 40%. The highest percentage of coverage of exclusive breastfeeding was found in the Province of West Nusa Tenggara, 87.33%, while the lowest percentage was found in the Province of West Papua, 33.96% (KEMENKES RI, 2021).

Exclusive breastfeeding is constrained because the mother is not confident that she is able to breastfeed properly so that all the nutritional needs of the baby are not met. This is partly due to the lack of knowledge of mothers, lack of family support and low public awareness about the benefits of exclusive breastfeeding. Besides that, there is a lack of support from health workers, health service facilities, and baby food manufacturers for the success of mothers in breastfeeding their babies (Chepkirui et al., 2020).

Government Regulation Number 33 of 2012 in the context of protecting, supporting and promoting exclusive breastfeeding, efforts need to be made to increase support from the government, regional governments, health service facilities and health workers, the community and families so that mothers can provide exclusive breastfeeding to babies (Kemenkes RI., 2012).

Systematic review of the support of health workers in the success of exclusive breastfeeding by (Gebremariam et al., 2021) the results of the review show that the support of health workers, the support of husbands can affect the success of mothers in the practice of exclusive breastfeeding. Husband's support, support from health workers, peers, family have a positive impact in reducing feelings of anxiety for breastfeeding mothers and increasing self-confidence in mothers in providing exclusive breastfeeding (Young et al., 2020). The results of a review by (Chepkirui et al., 2020) peers in the hospital environment also affect the results in exclusive breastfeeding.

The purpose of this scoping review is to map the existing evidence about the support of health workers in the success of exclusive breastfeeding, so the research question is how to support health workers in the success of exclusive breastfeeding.

RESEARCH METHODS

This study uses the scoping review method which is a systematic review that can be used to interpret results based on evidence, mapping the concepts underlying the research area, sources of evidence, and types of evidence available (Tricco et al., 2018). PRISMA-ScR was chosen by researchers as a reference for compiling a literature study because it has a complete drafting checklist.

RESULT AND DISCUSSION

Results

Based on the charting data, 10 international articles were obtained based on the database, then the researchers made the study characteristics as follows:

1. Characteristics by Country

From the results of the 10 articles found, they came from developing countries on the Asian continent, namely China and Indonesia. Articles from developing countries on the African Continent, namely Ethiopia, Kenya, and Ghana. Articles come from the developed countries of the Australian continent, namely articles from Australia. Articles from developed countries on the European continent, namely England and Spain.

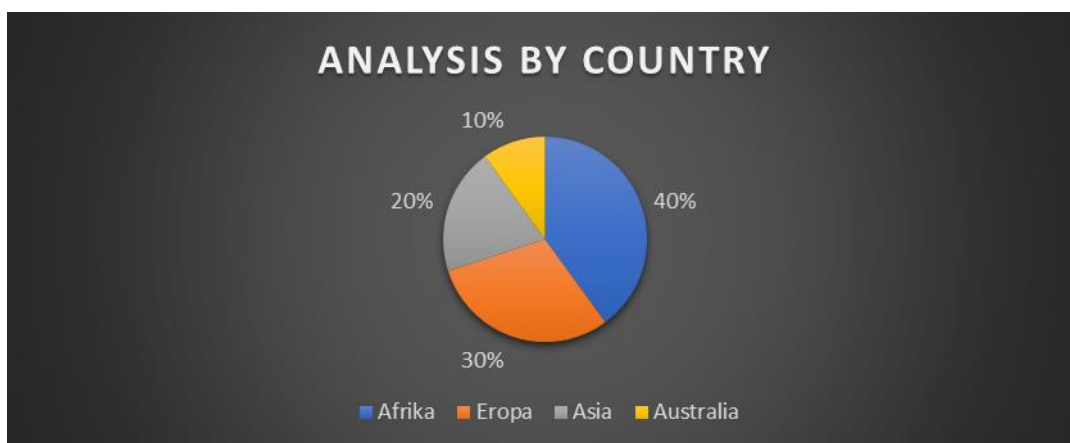


Figure 2. Analysis of Articles by Country

2. Study Characteristics Based on Types of Articles

From the results of the 10 articles found, there were 5 types of qualitative articles, 3 types of cross-sectional studies, 1 type of randomized controlled trial article and 1 type of quasi-experimental study article.

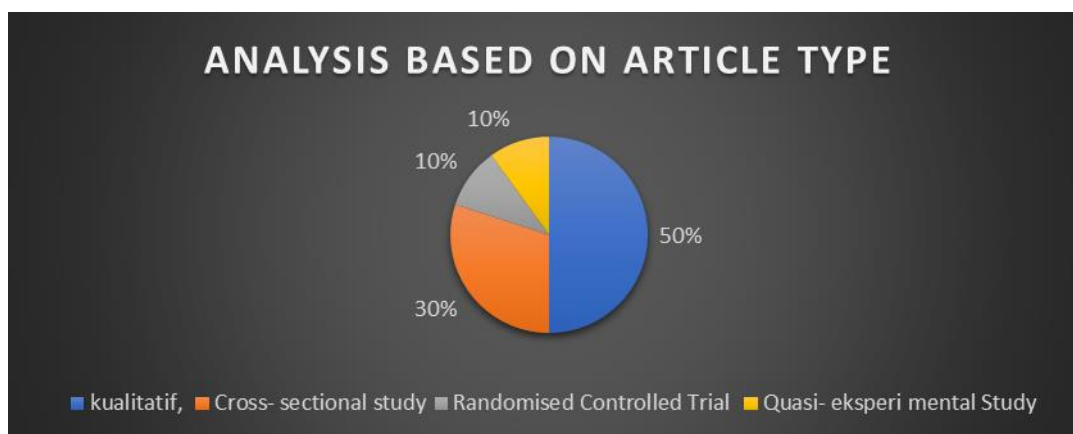


Figure 2. Analysis Based on Article Type

3. Characteristics Based on Themes

From the 10 articles obtained, the researcher made a mapping by mapping them into 1 theme, namely Exclusive Breastfeeding and there were 3 sub-themes of sources of support for health workers in the success of Exclusive Breastfeeding, Place and time of providing support in the success of Exclusive Breastfeeding, and forms of support in the success of Exclusive Breastfeeding, where The mapping is described in the following table:

Table 2. Theme Mapping

Theme	Sub Themes	Artikel
Exclusive breastfeeding	1. Support of health workers in the success of exclusive breastfeeding: a. Information Support b. Emotional Support c. Family support d. Peer support	A1, A2, A3,
	2. Place and time of providing support in the success of exclusive breastfeeding	A4, A6, A7, A9,
	3. Forms of support in the success of exclusive breastfeeding	A5, A8, A10

4. Critical Appraisal Results

Based on search results from three databases Pubmed, ScienceDirect, and Willey Critical Appraisal results using The Joanna Briggs Institute (JBI) (peter M, Godfrey M Christina, Mcinerney P, 2015) there are 10 articles, 5 types of qualitative articles, 3 cross-sectional studies, 1 type of Randomized Controlled Trial article and 1 type of Quasi- mental Study article. Articles A4, A9, A10 obtained imperfect results because confounding factors were not explained in this study. Whereas in articles A1, A2, A3, A5, A6, A7, A8 the results of the answers and peritem questions were answered perfectly from the start of data collection, data collection and analyzing the data obtained.

Discussion

1. Synthesis of Evidence

Based on the 10 selected articles, it was found that articles were in accordance with the purpose of the scoping review, namely discussing the support of health workers for the success of exclusive breastfeeding, including the following:

a. Support of health workers in the success of exclusive breastfeeding:

The results of a review of the support of health workers in the success of exclusive breastfeeding are found in articles A1, A2, A3 which include information support, emotional support, family support, peer support and spiritual support. Article A1 states that information support can be provided in the form of education or counseling about exclusive breastfeeding which can increase the prevalence of exclusive breastfeeding which is higher. This is in line with research conducted by (Pemo et al., 2020) that information support from health workers by approaching breastfeeding mothers is very important. By providing counseling, mothers can understand and understand more. Apart from that, with this approach, mothers can be open and feel comfortable. Breastfeeding is a natural process that requires teaching and learning so it is important for health workers to provide informational and emotional support early after delivery (Mcfadden et al., 2017).

Articles A1, A2 namely emotional support in this study found that emotionally breastfeeding mothers who get support from family, relatives, peers, husbands, and health workers will have a higher prevalence of exclusive breastfeeding than mothers who do not receive emotional support. This is in line with research conducted by (Mohamed et al., 2020)

breastfeeding support can encourage mothers to breastfeed exclusively, especially support received from husbands. Support from the government also affects the success rate of exclusive breastfeeding, that every mother is required to provide exclusive breastfeeding to her baby for a full 6 months of exclusive breastfeeding until the age of 2 years with complementary foods (Kemenkes RI., 2012).

Family and peer support in article A3 explains that family and friend support can strengthen individual behavior, in practical implications the presence of family members such as grandmothers of babies can provide support for exclusive breastfeeding (Young et al., 2020). Support from health workers in the form of informative support regarding exclusive breastfeeding given to breastfeeding mothers, as well as support for breastfeeding practices with peers can increase success in breastfeeding (Li et al., 2020). Apart from being in the form of breastfeeding counseling, health workers can also provide knowledge to breastfeeding mothers about breastfeeding techniques in the postnatal period (Amoo et al., 2022). Spiritual support during breastfeeding is support that comes from religious beliefs about breastfeeding for two years that encourage mothers to breastfeed (Murad et al., 2021).

b. Place and time of providing support in the success of exclusive breastfeeding

In articles A4, A6, A7, A9, discuss the place and time of providing support in the success of exclusive breastfeeding. in article A4 there are local socio-cultural factors that hinder the success of exclusive breastfeeding. Mothers receive midwife support. The results of a research journal (Njue et al., 2022) state that exclusive breastfeeding for 6 months provides short-term and long-term benefits for babies and mothers. This is related to reducing the risk of morbidity and mortality in infants, and to improving maternal health. The results of the study (Laksono et al., 2021) show that there is an increased effect on the attitude of breastfeeding mothers from the support of health workers related to success in exclusive breastfeeding, including many mothers who give positive perceptions of the support of health workers or professionals. Mothers reported that the support of health workers was more influential than the support of parents, in-laws and spouses. Mothers report that there is increased support for exclusive breastfeeding for 6 months without any additions so that mothers feel there is a stronger bond between mother and baby when breastfeeding, as well as increasing the frequency of breastfeeding is higher (Ramadani, 2017).

Article A6 Exclusive breastfeeding support can be provided at health facilities or by home visits. In research (Awoke & Mulatu, 2021) the support of health workers in providing exclusive breastfeeding counseling can be provided at health centers and hospitals. In study A7 Improved attitudes in the health profession made mothers more satisfied with health workers. In addition, the increase in professional health workers supports the improvement of mother's feeling and relationship with her baby, earlier initiation, and higher frequency of breastfeeding for 24 hours, and longer duration of breastfeeding. This is reinforced by a cochrane review of the association between the support provided by professionals or health workers and the duration of breastfeeding showing that additional professional support is effective in extending the duration of each breastfeeding, but the effect of

additional professional support on exclusive breastfeeding is still unclear (Rodríguez-Gallego et al., 2021).

Meanwhile, article A7 states that husband support tends to make mothers more confident in giving exclusive breastfeeding. Health workers as providers have an important role in providing education to couples, families and the role of the community. This is closely related to service quality. Service quality can be improved by increasing the available human resources and without large investments. This increase can reduce maternal and infant mortality and morbidity (Padashian et al., 2021). Article A9 IBCLCs provide instructional support in addition to home visits as well as telephone and text messages to breastfeeding mothers. In research (Ichsan et al., 2020) it is explained that support for exclusive breastfeeding during the postpartum period and support for government programs one of which is to provide health promotion about exclusive breastfeeding in the mass media which can be accessed via mobile phones so that mothers can increase knowledge in increasing the success of exclusive breastfeeding .

c. Forms of support in the success of exclusive breastfeeding

Based on research articles A5, A8, A10 it is known that in addition to having the benefit of increasing mother's confidence and satisfaction, the support of health workers can also add to mother's insight and knowledge in the success of exclusive breastfeeding (Rujumba et al., 2020). This is supported by article A5 that breastfeeding practices provided by health workers can increase breastfeeding success. In article A8, the support of health workers in the success of exclusive breastfeeding is not only provided by husbands, family, peers, government and community support. This article explains that the success of mothers is supported during pregnancy, delivery at health services and postpartum support can be through home visits or carried out at health services. Government support is provided by providing a special room for breastfeeding in public places, which is very much needed for breastfeeding mothers, because mothers feel uncomfortable breastfeeding in public places (Li et al., 2020). In article A10, mothers' concerns about breastfeeding can reduce the prevalence of breastfeeding. This requires the support of health workers who are given in the postnatal period, can increase mother's knowledge about correct breastfeeding techniques and increase self-efficacy for mothers (Nabulsi et al., 2019).

2. Summary of Evidence

a. Support of health workers in the success of exclusive breastfeeding

The 10 articles found discussed the support of health workers in the success of exclusive breastfeeding, namely articles A1, A2 and A3. Support from health workers in the form of counseling about exclusive breastfeeding and breastfeeding techniques is needed by mothers in the success of exclusive breastfeeding, collaboration between health workers can be sought in providing lactation support to breastfeeding mothers (Idris et al., 2020). Research (Alfaridh et al., 2021) states that providing more intense and comprehensive support can increase exclusive breastfeeding.

The World Health Organization (WHO, 2021) states that breastfeeding counseling can help mothers build confidence, this counseling can empower women to overcome challenges and prevent feeding practices that can

interfere with exclusive breastfeeding. according to research (Ingram et al., 2020) The support provided by the family, especially husbands and mothers, is very much needed by breastfeeding mothers in exclusive breastfeeding, husbands can provide emotional support to mothers, while mothers can share their experiences about breastfeeding, so breastfeeding mothers are more confident and mentally strong in exclusive breastfeeding. As well as support from the government is needed to provide lactation support to breastfeeding mothers in exclusive breastfeeding. Support from the government by promoting breastfeeding through mass media and initiating social and policy changes (Chen et al., 2021).

b. Place and time of providing support in the success of exclusive breastfeeding

Articles that discuss the place and time of providing support in the success of exclusive breastfeeding are found in articles A4, A6, A7, A9. In a research article (Rosidawati, 2019) the support provided by health workers and peers given since the antenatal visit can increase exclusive breastfeeding. At the time of Antenatal Care (ANC) it is very appropriate to provide lactation counseling, especially in TM III pregnancy, so it is hoped that at the time of delivery the milk will come out, so that it is ready to be given ASI in the first hour of birth and continue until the baby is 6 months old. In the study (Lumbiganon et al., 2016) Breastfeeding counseling can also be given in the postpartum period, as the results of the study stated that the prevalence of exclusive breastfeeding. in research (Awoke & Mulatu, 2021) also explained that breastfeeding support in the postpartum period can improve the psychosocial support of mothers in breastfeeding.

c. Forms of support in the success of exclusive breastfeeding

The results of 10 articles discussing forms of support in the success of exclusive breastfeeding are in articles A5, A8, A10. In research (Murad et al., 2021) emotional support from peers is needed by breastfeeding mothers to increase self-confidence and be mentally strong in exclusive breastfeeding. Government support is in accordance with regulations (Kemenkes RI., 2012) that mothers have an obligation to provide exclusive breastfeeding to their babies. Self-support is obtained from husbands, family and friends to form mental strength in mothers in breastfeeding (Chen et al., 2021). Support from health workers Support from health workers in the form of counseling about exclusive breastfeeding and breastfeeding techniques is very much needed by mothers in the success of exclusive breastfeeding, collaboration between health workers can be sought in providing lactation support to breastfeeding mothers (Idris et al., 2020). Research (Alfaridh et al., 2021) states that providing more intense and comprehensive support can increase exclusive breastfeeding.

CONCLUSION

Based on the results of this scoping review, it can be concluded that the support of health workers regarding the success of exclusive breastfeeding is a form of informative and instructional support that is urgently needed by breastfeeding mothers, both during pregnancy, childbirth and Post Natal Care (PNC). The success of exclusive breastfeeding can be supported by health workers through information support, support for health facilities, support for home visits and

through the mass media, support from family, peers and spiritual can increase mothers' confidence during breastfeeding as well as support from the government and workplaces by providing regulations regarding Exclusive breastfeeding and providing a breastfeeding-friendly workplace are urgently needed by mothers in exclusive breastfeeding.

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