

Practical support for breastfeeding mothers in achieving exclusive breastfeeding: A scoping review

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ABSTRACT

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Breast milk is the best food for babies aged 0-6 months and can be given until two years old with complementary food after the baby is 6 months old. Exclusive breastfeeding is a condition when a baby only receives breastmilk for six months. Exclusive breastfeeding is still a global problem because of the low coverage of exclusive breastfeeding. It can be optimized through social support, especially practical support. This scoping review aimed to map the literature, identify knowledge gaps, and review scientific evidence on practical support for breastfeeding mothers in achieving exclusive breastfeeding. The method of this review applied the Arksey and O'Malley's framework. Four databases such as PubMed, Wiley Online Library, EBSCO, ScienceDirect and grey literature from google scholar were used to search relevant articles by using PEOS. The articles obtained were 1384 articles, and five articles matched the inclusion criteria. The critical appraisal for the five articles indicated four Grade A articles and one Grade B article. The research methods found in the articles were qualitative (60%), quantitative (20%) and mixed method (20%). In addition, three themes of the articles were found in this scoping review, namely the diverse forms of practical support, the benefits of practical support and the expected practical support. Practical support from husbands, families, health workers and communities is suggested for the mothers to achieve exclusive breastfeeding.

Air Susu Ibu (ASI) merupakan makanan terbaik bagi bayi usia 0-6 bulan dan dapat diberikan hingga 2 tahun dengan makanan pendamping setelah bayi berusia 6 bulan. Pemberian ASI eksklusif merupakan kondisi dimana bayi hanya menerima ASI saja selama enam bulan. Pemberian ASI eksklusif masih menjadi permasalahan global di berbagai negara karena rendahnya cakupan pemberian ASI eksklusif tersebut. Cakupan tersebut dapat ditingkatkan melalui optimalisasi dukungan sosial, terutama dukungan praktik. Scoping review ini bertujuan untuk memetakan literatur, mengidentifikasi kesenjangan pengetahuan, dan mengkaji bukti ilmiah tentang dukungan praktik bagi ibu menyusui dalam mencapai pemberian ASI eksklusif. Metode yang digunakan dalam scoping review ini yaitu framework Arksey dan O'Malley. Empat database antara lain PubMed, Wiley Online Library, Ebsco, ScienceDirect dan search engine google scholar, digunakan untuk mencari artikel yang relevan menggunakan PEOS. Artikel yang diperoleh sebanyak 1384 artikel dengan lima artikel yang sesuai kriteria inklusi. Hasil critical appraisal diperoleh empat artikel Grade A dan satu artikel Grade B. Metode penelitian pada artikel yang diperoleh yaitu kualitatif (60%), kuantitatif (20%), dan mixed method (20%). Tiga tema didapatkan dalam scoping review ini yaitu

bentuk dukungan praktik, manfaat dukungan praktik yang dirasakan ibu, dan dukungan praktik yang diharapkan ibu. Dukungan praktik baik dari suami, keluarga, tenaga kesehatan, dan masyarakat dirasakan oleh ibu dapat membantu mencapai keberhasilan pemberian ASI eksklusif. Dukungan tersebut perlu dioptimalkan untuk meningkatkan cakupan pemberian ASI eksklusif dengan melibatkan suami, keluarga, tenaga kesehatan, dan masyarakat dalam proses menyusui.

INTRODUCTION

Breast milk, is a source of nutrition for babies secreted by the breast glands, that can be produced through breastfeeding.¹ It is the best food for babies aged 0-6 months, but breastfeeding can be continued until they were two years old, supported by complementary foods. Exclusive breastfeeding is a condition when they receive breast milk only for the first six months without other additional fluids or food, except for vitamins, minerals, supplements or drugs.² Exclusive breastfeeding for them can be assessed based on the coverage of breastfeeding in a region.

The coverage of exclusive breastfeeding in several countries reveals various results. Some studies indicated the exclusive breastfeeding coverage in developed countries (for example, the United States (16.8%), Spain (31.4%), Canada (13.8%) and Italy (5.5%)) and in developing countries (for example, India (34%), Turkey (38.9%), Tanzania (20.7%), Syria (12.9%) and Egypt (9.7%)).³ The coverage of exclusive breastfeeding in various countries and even globally has only reached 37%, or it is still below the recommendation (50%) of the World Health Organization (WHO). These results indicate that efforts to increase the coverage of exclusive breastfeeding are needed.²

Increased breastfeeding coverage can save more than 820,000 children (below five years old) each year, with the majority (87%) below six months old. Besides improving survival and protecting children from chronic diseases, breastfeeding can also promote optimal growth and development of children from an early age as it supports brain development associated

with children's intelligence. Breastfeeding is beneficial not only for the baby but also for the mother, which can prevent postpartum bleeding, postpartum depression, ovarian and breast cancer, heart disease and type 2 diabetes. It signifies that breastfeeding is the most effective way to protect maternally and child health and to promote optimal child development.^{4,5} However, there are still some problems faced by mothers in breastfeeding their babies and in providing exclusive breastfeeding.

Mothers' problems in exclusive breastfeeding include low or stopped breast milk production, lack of knowledge, maternal physical condition, maternal behaviour and psychology, lack of support, food security, poverty, culture and government involvement.⁶⁻⁸ These problem must be addressed comprehensively by involving all related parties, for example by increasing knowledge and support for mothers.

Furthermore, one of the efforts to overcome the problems of exclusive breastfeeding is to increase maternal knowledge through health education and counselling, support and policies that encourage the exclusive breastfeeding.^{6,9} Support for the mothers can be obtained from various parties such as husbands, families, health workers, communities and the government. Support from all the parties can reduce the problems by addressing the mothers' lack of information and increasing self-confidence of the mothers' ability to breastfeed their babies.¹⁰

The support for the mothers can be categorized into emotional/informational support and instrumental/practical support. Emotional/informational support relates to providing information and interactions, meanwhile instrumental/practical support is related to supportive behaviour such as active action and financial support.¹¹ Both emotional/informational support and instrumental/practical support are needed by mothers to increase their breastfeeding confidence.

Ogbo et al, suggests that proper husband support for the breastfeeding mothers could influence their decision to start and continue breastfeeding in the early postpartum period.¹²

Apart from support provided by husbands, support from families, health workers and communities is also very much needed by mothers. Other studies indicate that there is a relationship between family support and maternal behaviour to breastfeed exclusively. Practical support from families, especially parents and mother-in-law, includes preparing various foods to facilitate breastfeeding such as vegetables.¹³ Another study reveals a significant relationship between the midwife support and the success of exclusive breastfeeding; the better the support provided by the midwife, the higher the chances of exclusive breastfeeding being successful.¹⁴ It is in line with the WHO's recommendation that the mothers should receive practical support to strengthen breastfeeding and to overcome difficulties they face in breastfeeding.¹⁵

Based on the discussions above, the authors aim to identify how practical support is provided to the breastfeeding mothers in achieving the exclusive breastfeeding by a scoping review.

METHODS

A scoping review is a process of mapping existing literature, used to identify knowledge gaps, to establish a research agenda and to identify implications for decision making.^{16,17} The authors employed the 2005 Arksey and O'Malley's framework as a methodological step for the scoping review with some stages such as identifying review questions, identifying relevant sources, selecting studies, charting the data and then finally compiling, summarizing and reporting the results.¹⁸

Identifying scoping review questions

The authors applied the PEOS framework in compiling the scoping review questions. This framework was utilized to help identify key concepts of the questions, to develop

appropriate search terms describing problems and to define inclusion and exclusion criteria. In addition, it was employed to identify elements of qualitative research.¹⁹

Identifying relevant articles

In identifying relevant articles, the authors determined the inclusion and exclusion criteria used as the scoping review sources. The inclusion criteria are articles with original research, guidelines from WHO and UNICEF, articles from google scholar, articles published in English in the last 5 years (2015-2020), and articles discussing practical support (from husbands, families, health workers and communities) to breastfeeding mothers in achieving the exclusive breastfeeding. The exclusion criteria are review articles, opinion papers, articles discussing instruments, articles discussing the failure of providing exclusive breastfeeding, articles discussing obstacles of providing exclusive breastfeeding, and articles discussing the affecting factors for exclusive breastfeeding.

Searching for the articles, the authors used relevant databases of PubMed, Wiley Online Library, EBSCO, ScienceDirect and grey literature (Google Scholar search engine and Guidelines of WHO and UNICEF). The keyword for searching the articles was written by using advanced search by adding Boolean, "OR" and "AND". After inserting the keyword (((("practical support") OR ("behavioural support")) OR ("supportive behaviour")) AND ("breastfeeding mothers")) OR ("breastfeeding women")) AND ("exclusive breastfeeding ") OR (" exclusive breast-feeding "), the authors added a filter of the last five years (2015-2020) and the original type of research article. Then the articles from the search results were downloaded and saved to the reference manager.

Table 1. PEOS Framework

P (Population)	E (Exposure)	O (Outcomes)	S (Study)
Breastfeeding mothers	Practical support	Exclusive breastfeeding	Original research with qualitative or quantitative methods

Selecting Studies

The search results for articles through four databases were 1,384 articles (263 articles from PubMed, 345 articles from Wiley, 140 articles from EBSCO, 384 articles from ScienceDirect, 302 articles from grey literature with google scholar and one article from WHO. Initial screening was performed by using Mendeley and covidence.org.²⁰ Of the total articles obtained, the screening was implemented based on the title, and 1172 irrelevant articles

and 171 duplications were found. Then a total of 41 articles were screened for full text, and it obtained 5 articles with full text. Thus, the articles used in the scoping review were five articles. Next, the search results were documented in the PRISMA Flowchart focusing on reporting reviews that evaluate randomized trials but can also be used as a basis for reporting systematic reviews of other types of research, particularly the evaluation of interventions.²¹

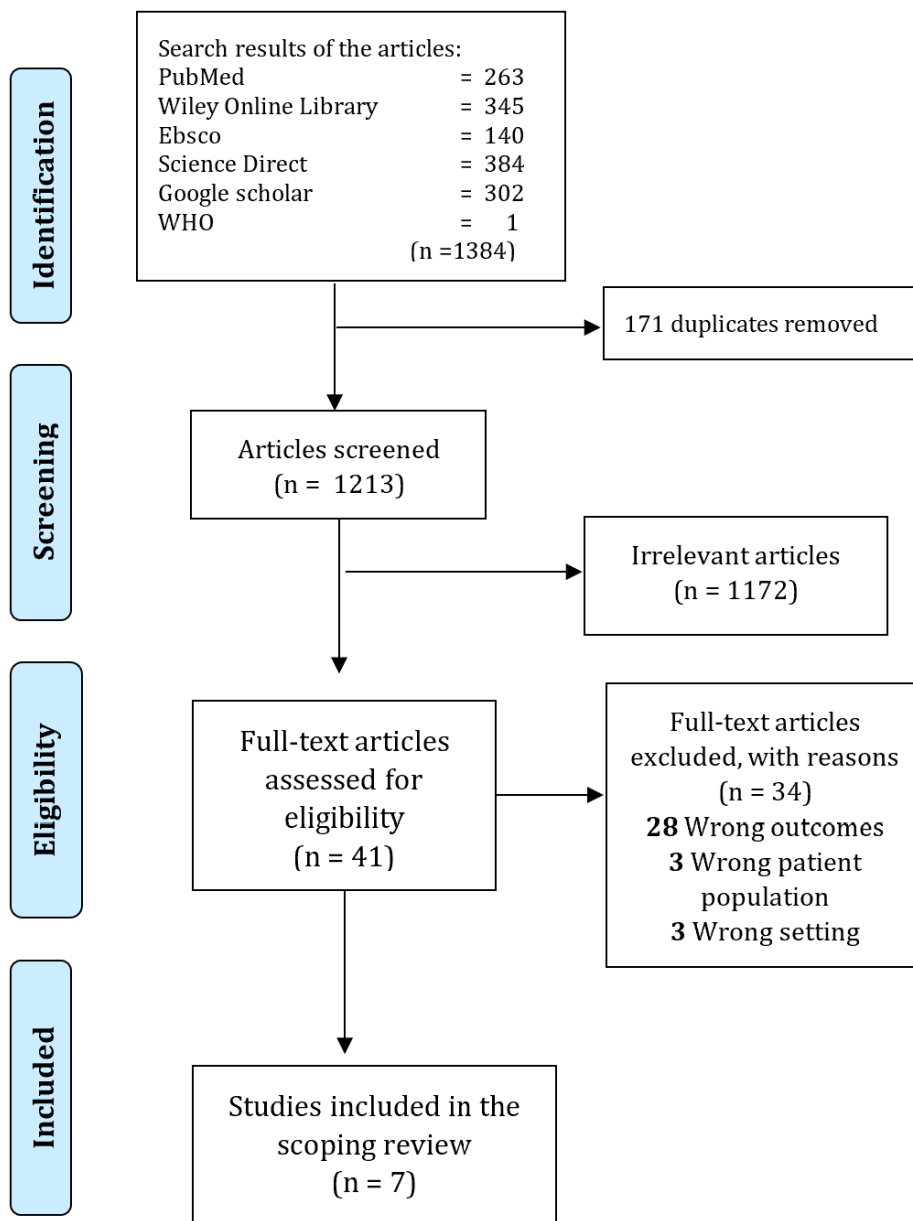


Figure 1. PRISMA Flowchart of the Scoping Review

Table 2. Data Charting

No	Title/Author/Year	Country	Aim	Type of Research	Data Collection	Participants/Sample Size	Result
1	Women's advice to healthcare professionals regarding breastfeeding: "offer sensitive individualized breastfeeding support" an interview study/ Blixt, et al/2019 ²²	Sweden	Exploring mothers' perceptions about advice or expectation to health professionals regarding support to continue breastfeeding for at least 6 months.	Qualitative/ exploratory study design.	Data were obtained via audio-recorded telephone interviews in Swedish or English. Interviews were conducted with interview guides that had been tested before.	139 women who had breastfeeding experience at least 6 months or who were still breastfeeding in 6-12 months. The participants were chosen based on snowball sampling.	This study showed that health workers were expected to provide support for the mothers to increase positive experiences in breastfeeding. The kinds of support included providing care services based on empirical evidence, helping women to become parents during the pregnancy, establishing mutually respectful communication, providing solutions to any breastfeeding problems, and providing practical support.
2	Associations of Father's Breastfeeding Attitude and Support With the Duration of Exclusive Breastfeeding Among First-time Mothers/ Phua, et al/ 2020 ²³	Malaysia	Identifying the relationship between father's attitude and support with the duration of exclusive breastfeeding for new parents.	Quantitative/ cross-sectional study.	Data were collected by giving questionnaires to husband and wife. Husbands were asked to fill out questionnaires about sociodemographic data, attitudes support to the breastfeeding mothers. The mothers were given questionnaires containing breastfeeding practices.	The respondents are mothers and husbands who have healthy babies aged 6 to 12 months. There were 104 respondents.	The coverage of exclusive breastfeeding was 27.9%. The mean score of the fathers' attitude indicated a positive attitude towards breastfeeding. The mean scores of paternal breastfeeding support for subjective norms and overall support indicated frequent paternal involvement and support in breastfeeding. Duration of exclusive breastfeeding was positively related to paternal attitude ($\beta = 0.235, p = 0.027$), and overall mean score for the breastfeeding support was ($\beta = 2.166, p = 0.028$), but negatively associated with support strategies score ($\beta = -2.203, p = 0.026$).
3	A qualitative exploration of breast feeding support groups in Ireland from the women's perspectives/ Quinn, et al/ 2019 ²⁴	Ireland	Exploring mothers' experiences of breastfeeding with support from a support group in Ireland.	Qualitative/ exploratory study design.	Interviews were conducted online by using skype that supported by interview guides.	Participants in this study were 15 breastfeeding mothers based on predetermined criteria. Participants are mothers who have breastfeeding experience within 12 months.	The results showed that six key themes can be identified, namely the 'complexity of breastfeeding support', 'community and connections', 'impact of culture on breastfeeding needs', 'the journey', 'passing on' and 'what mothers want'. The mothers were mainly met other mothers, although they did not always experience problems, to get practical advice to meet their own needs. This social aspect of a support group can foster a sense of community, long-term friendship and ongoing support.

No	Title/Author/Year	Country	Aim	Type of Research	Data Collection	Participants/Sample Size	Result
4	Breastfeeding support at an Australian Breastfeeding Association drop-in service: a descriptive survey/ Burns, et al/ 2020 ²⁵	Australia	Examining mothers' experiences and accessing breastfeeding peer support services provided by trained peer counsellors (volunteers) from the Australian Breastfeeding Association (ABA).	Mixed method	Questionnaires and interviews used 16 closed questions. Two open-ended questions asked women to describe their experiences with breastfeeding services and to provide additional feedback about the services.	53 participants of breastfeeding mothers for babies of 1-12 months who have experience in participating in breastfeeding services.	The results of the study showed that 95% of the respondents rated the ABA services as "very helpful" or "extraordinarily helpful". 90% of them reported that ABA drop-in services had helped them achieve their breastfeeding goals. Based on the research results from qualitative data, the predominant presenting problems identified were sore/damaged nipples, difficulties with infant latching to the breast, or concerns about using nipple shields. Analysis of the open text qualitative responses revealed one overarching theme 'Support to continue breastfeeding' and four subthemes: 'feeling listened to and not judged'; 'emotional support and confidence building'; 'the importance of face-to-face, practical support'; and 'the need for ongoing, free access'.
5	New Zealand women talk about breastfeeding support from male family members/ Aliamoghaddam, et al. / 2017 ²⁶	New Zealand	Investigating the influence of husbands and the husbands' family members on the initiation and duration of exclusive breastfeeding.	Qualitative/ exploratory study design	Data were obtained through face-to-face interviews with mothers followed by telephone interviews which were recorded every month for 6 months.	Participants of 30 postpartum mothers who plan to breastfeed exclusively.	The resulting themes include: Lack of knowledge of husbands about breastfeeding. Husband wants to play a role in feeding /breastfeeding the baby. Husband supports emotionally and practically in breastfeeding the baby. Support to provide breast milk in public places (find a place and look after it). Support from other family members.

After charting the data, the authors assessed the articles' quality by critical appraisal, a method of examining a study carefully and systematically to assess its reliability, meaning and relevance to identify the importance of practice, decision-making related to evidence and health policy.²⁷ The five articles were assessed by using the Hawker checklist, one of tools for assessing articles.²⁸ The total score of the assessment results were categorized with the following grades. Grade A means Good (score 28 – 36). Grade B means Good Enough (score 19 – 27). Grade C means Poor (score 10 – 18), and Grade D means Bad (score 1 – 9). Based on the assessment, the highest score was articles of A1, A4 and A5 with a score of 33, and the lowest score was article of A2 with a score of 27.

RESULTS

Study Characteristics

The articles used in this scoping review consisted of one article (20%) in 2017, two articles (40%) in 2019 and two articles (20%) in 2020. Of the five articles, three (60%) of them applied qualitative methods, and one study (20%) was quantitative methods, and one study (20%) utilized mixed methods. The articles' characteristics based on their locations showed that the five research articles were located in Sweden, Ireland, Australia, New Zealand and Malaysia. In more details, four studies (80%) were conducted in developed countries and one study (20%) in developing countries. Based on the critical appraisal for the five articles, its results uncovered four articles (80%) with grade A and one article (20%) with grade B.

Table 3. Mapping Themes

Themes	Sub Themes	
Forms of practical support	Husband's practical support	A2, A5
	Family's practical support	A5
	Health worker's practical support	A1
	Community's practical support	A3, A4
Benefits of practical support	Self-efficacy	A1, A3, A5
	Maintaining breast milk	A1, A2, A5,
	Achieving exclusive breastfeeding	A4, A5
	Extending the duration of breastfeeding	A2, A5
The expected practical support	Breastfeeding assistance	A1, A2, A5
	Services in breastfeeding	A1, A3
	Empowerment	A1, A5

DISCUSSION

Based on the five articles analysed, the authors identify three themes of them: forms of practical support, benefits of practical support and expected practical support.

Forms of Practical Support

Husband support for the breastfeeding mothers was found to be relatively high in the study of Phua et al.²³ The support includes the husbands' involvement in the breastfeeding

process. They can be actively involved in the breastfeeding process by accompanying their wives while breastfeeding and being responsive to their needs. Another form of involvement can also be assistance, both in household activities and caring activities for their babies.²³ The husbands can support the breastfeeding process by giving direct praise to their wives, helping to prepare for breastfeeding and caring for their children. Besides, they can help their wives find a safe and comfortable place when breastfeeding

in the public and can take care of their wives and babies during the breastfeeding process.²⁶

The results of this review align with a previous study stating that the forms of practical support by husbands includes providing assistance to mothers in breastfeeding positions, helping breastfeeding at night, helping with childcare, helping with household chores and seeking health services to address breastfeeding problems.²⁹ The husbands can also provide assistance by providing all the needs of mothers during breastfeeding to make it easier for their wives to breastfeed comfortably and adequately, by preparing balanced nutrition to meet their wives' needs and helping care for their babies and their other children.³⁰ Therefore, ideally, the husbands should provide practical support to their wives in the breastfeeding process naturally.

The husband support is an essential aspect of exclusive breastfeeding. A previous study stated that 93.5% of mothers felt no change in attention from their husbands due to changes in role and body shape, and the husbands asked their wives to continue breastfeeding (80.6%).³¹ Another study also affirmed that the husband support is associated with exclusive breastfeeding.³² A positive husband support would also have a positive impact on exclusive breastfeeding.³³

In addition to the husband support, the breastfeeding mothers also need family support. Family is the second closest source of support after the husband. Sources of support from family include grandmother, grandfather, and siblings. Forms of support obtained from the family include helping in preparing meals, helping with household chores and helping to care for their other children so that the mothers can have sufficient rest time and focus on breastfeeding their babies.²⁶

Previous studies asserted that support from family could affect the success of mothers in providing exclusive breastfeeding as they would feel supported to achieve better breastfeeding results.^{33,34} This family support can keep them breastfeeding their baby for six months. This condition makes them have high enthusiasm to learn about exclusive breastfeeding, ways

to overcome problems and the satisfaction of babies given exclusive breastfeeding.³⁵

Moreover, practical support from health workers felt by the mothers when early initiation of breastfeeding as they are shown baby's position and attachment, breastfeeding techniques, and ways to overcome problems in the breastfeeding process.³⁶ Support of health workers can further influence mothers' intention and beliefs in giving exclusive breastfeeding.³⁷ Also, the health workers can provide their practical support in the form of counselling, demonstrations and home visits.

Counselling provided by health workers can support the success of exclusive breastfeeding. Another study found that counselling for the mothers could increase the success of exclusive breastfeeding.³⁸ Counselling started during pregnancy increased the chance of exclusive breastfeeding by 2.76 times.³⁹ Therefore, health workers are expected to have skills in providing counselling to the mothers. The form of counselling that must be provided by them is by applying persuasive communication. They can pay attention and build good relationships to encourage and motivate the mothers in exclusive breastfeeding.⁴⁰ Counselling that can motivate the mothers to provide exclusive breastfeeding focuses on improving skills so that there is a demonstration process as a form of practical support from health workers.

One form of demonstration counselling is to assist the mothers in the early initiation of breastfeeding. A previous study asserted that mothers who got support from health workers could increase exclusive breastfeeding six times.⁴¹ Mothers who were taught adequate breastfeeding techniques could overcome the discomfort they experienced during the breastfeeding process as proven by a study indicating that mothers could breastfeed their babies confidently and comfortably after being taught the adequate breastfeeding techniques or practices.⁶

Meanwhile, community support can be obtained more from the community or peer groups. This can be done by experienced mothers

who breastfeed exclusively to provide mutual support by providing assistance in overcoming breastfeeding difficulties, facilitating mothers to feel safe and comfortable in breastfeeding, and sharing about breastfeeding success.^{24,25} Peer group support could influence the mothers' intention to breastfeed, by support that can increase confidence because peer groups are the same group for these breastfeeding mothers. This review's results are in accordance with a previous study that showed peer support or peer groups could reinforce the mothers.⁴²

A previous study revealed that peer groups reinforce the mothers for exclusive breastfeeding.³⁷ Another study also mentioned that practical support in the form of community behaviour towards the mothers is also a crucial factor in strengthening the mothers' confidence in breastfeeding their babies.⁴³ The community support is actually received by the mothers from the mothers who have experience in giving exclusive breastfeeding.

Benefits of Practical Support

The social aspect of a support group fosters a sense of community, long-term friendship and support.²⁴ In Australia, the Australian Breastfeeding Association drop-in service is a form of service that provides full support for exclusive breastfeeding, that was felt by breastfeeding mothers (95%) to help achieve exclusive breastfeeding.²⁵ Besides, the support of a husband could increase a mother's confidence in giving exclusive breastfeeding.^{33,36} It is consistent with a previous study that there was a significant relationship between breastfeeding self-efficacy and the husband's support scale; mothers who received support from their husbands were ten times more likely to be confident in breastfeeding than mothers who did not receive the support.²⁹

The mothers' self-confidence are obtained from the response to positive stimuli in the form of practical support received from husbands, families, health workers and communities. The practical support is considered a strong motivation by the mothers to change attitudes and behaviours in exclusive breastfeeding.^{40,41}

They perceive practical support as a source of strength to survive and increase self-confidence to provide breastfeeding exclusively in any various conditions and obstacles experienced during breastfeeding.⁴⁴

Self-confidence has a positive relationship with exclusive breastfeeding.⁴⁵ Another study stated that self-confidence and self-efficacy determine the mothers' success in giving exclusive breastfeeding.⁴⁶ Self-confidence makes them increase positive efforts to provide and maintain their babies to get exclusive breastfeeding. Supported by a previous study, the mothers' self-confidence can affect the duration of breastfeeding.⁴⁷

Furthermore, the family support can influence the mothers to exclusively maintain breastfeeding for their baby. Family support can effectively help them overcome problems in the breastfeeding process. Therefore, problems, such as hopelessness and inability to provide exclusive breastfeeding, can be avoided with the practical support of the family that can increase their confidence.⁴⁸ Practical support from the family has also been shown to influence their decision to continue breastfeeding exclusively.

In addition, practical support by husbands' involvement in providing assistance to the mothers during breastfeeding has been shown to have an impact on longer breastfeeding duration.²³ In line with a study of Saratu et al., the involvement of the husbands in providing support to their wives could extend the duration of breastfeeding by six months.⁴⁹ Another study has also reported that mothers who got support from their husbands were four times more likely to breastfeed exclusively.³²

Expected Practical Support

The expected form of practical support, as discussed by Blixt et al., include health workers that can provide services according to the latest science information based on empirical evidence, that provide counselling and assistance as long as a pregnant woman prepares to become a mother, that can have therapeutic communication making the mothers feel valued

and respected, and that become a problem solver for the problems of breastfeeding. They also hope that health workers will be able to assist them as long as they breastfeed their babies and give them the opportunity to try breastfeeding for the first time.³⁶

Limited knowledge and skills of husbands and families make the mothers expect more significant practical support from health workers, especially in the early stages of breastfeeding. It was proven in a previous study revealing that mothers who received support from health workers would exclusively breastfeed 5,627 times.⁴² They also want support from the breastfeeding support groups to overcome challenges and meet breastfeeding goals²⁴. In line with the study by Van Dellen et al., the mothers who followed the breastfeeding support groups (BSG) showed longer breastfeeding duration and could achieve exclusive breastfeeding, and practical support provided was to assist the mothers to improve their ability to breastfeed.⁵⁰

The mothers expect that the practical support will enable them to provide exclusive breastfeeding.^{26,36,51} The mothers who have the desire to breastfeed their babies but are hampered by the ability to breastfeed can cause them to stop breastfeeding.⁵² Practical support expected by them is how they feel comfortable in breastfeeding, thereby contributing to exclusive breastfeeding.

CONCLUSION

Practical support is a main aspect in achieving the success of exclusive breastfeeding. The benefits of practical support felt directly by the mothers include increasing self-confidence in breastfeeding, maintaining breastfeeding and overcoming problems in exclusive breastfeeding. The gap found in the articles used in this scoping review is that practical support was mostly studied from the mothers' perspective. Only one study (17%) involved husbands in the data collection process, so future studies may involve husbands, families, health workers and the communities. In addition, most of the studies was conducted (83%) in developed countries;

further research may focus on breastfeeding in developing countries.

Furthermore, the scoping review indicated that the mothers could felt practical support from husband, family, health workers and community during the breastfeeding process in achieving exclusive breastfeeding. Therefore, the authors recommend that husbands, the closest sources for the mothers, can actively provide practical support which can be directly felt by them such as accompanying to breastfeed, preparing breastfeeding equipment, helping with other household chores, caring for their other children, and giving praise for the success of breastfeeding. As the mothers' closest system, the family is also expected not to recommend complementary feeding and other foods before the baby is six months old because these can reduce their motivation to breastfeed exclusively. The family can actively provide nutrition the mothers' needs in breastfeeding, be alert and responsive to help overcome breastfeeding problems and prepare all breastfeeding needs. Meanwhile, the health workers can increase services during pregnancy until breastfeeding period as practical support for the mothers. The services may include counselling, mentoring, home visits, and health workers' readiness to provide assistance to the mothers who experience breastfeeding problems.

CONFLICT OF INTEREST

There is no conflict of interest.

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