


The Influence Of Sociodemographic Factors On The Success Of Exclusive Breastfeeding: A Narrative Review

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Article Info	ABSTRACT
<p>Keywords: Exclusive Breastfeeding, Sociodemographic Factors, Infant, Maternal</p>	<p>Exclusive breastfeeding is the best primary food for infants and lasts for 6 months. However, the practice of exclusive breastfeeding is often influenced by social, economic, and environmental factors, resulting in poor practices. This study aims to analyze the influence of sociodemographic factors on the success of exclusive breastfeeding. The research method used in this study is a literature review with the type is narrative review. The article search process in this study used the keywords "Socio-demographic factor" OR "Demographic influence" OR "Socio-demographic impact" OR "Influence socio-demographic factor" AND "Exclusive Breastfeeding" OR "Successful Breastfeeding" OR "Breastfeeding Practice" in the PubMed, ScienceDirect, Web of Science, Taylor & Francis and DOAJ databases. Inclusion criteria in this study were articles in full text, English language not in the form of literature review, systematic review or meta-analysis, and articles outside the 2019-2024 range and grey literature were excluded. The article synthesis process was carried out using the Prisma Flow Diagram. There are several factors that influence the practice of exclusive breastfeeding including maternal occupation, maternal education, socioeconomic status, ANC, infant age at breastfeeding, caesarean section, early initiation of breastfeeding, maternal age, residence, parity, education on the importance of exclusive breastfeeding, infant weight, infant gender, maternal attitude and efficacy level, and smoking status. The most significant sociodemographic factors influencing exclusive breastfeeding practices were maternal occupation, maternal education, and family socioeconomic status.</p>
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INTRODUCTION

Exclusive breastfeeding is the provision of only breast milk to an infant from the mother or wet nurse, or expressed breast milk, and no other liquids or solid foods, not even water, except oral rehydration solutions, drops or syrups consisting of vitamins, mineral supplements or medicines. The World Health Organization (WHO) recommends exclusive breastfeeding until six months of age, and then initiate adequate and safe complementary feeding, with continued breastfeeding until 2 years of age or older (Campos et al., 2015). Breast milk is considered the ideal food for infants as it contains a large amount of nutrients

such as proteins, fats, sugars, vitamins and minerals that are perfectly balanced with each other to optimize their absorption in the gut. The long-term benefits of breastfeeding for both mother and child cannot be replicated by formula milk, which does not contain the antibodies, hormones and growth factors that characterize breast milk. On the one hand, in infants, breastfeeding promotes healthy growth and supports healthy brain development with higher performance in intelligence tests. On the other hand, breastfeeding protects mothers from postpartum depression, ovarian and breast cancer, heart disease and type 2 diabetes (Magnano San Lio et al., 2021).

Based on global data, the percentage of infants under six months of age who are exclusively breastfed has reached 48%, almost reaching the WHO's 2025 target of 50%. Exclusive breastfeeding rates are ten percentage points higher than a decade earlier, indicating that significant progress is being made across regions and countries. The Global Breastfeeding Collective has set a target to reach 70% by 2030 (UNICEF and WHO, 2023). In Indonesia, there has been a significant decline in breastfeeding rates, where in 2021, less than half of Indonesian infants (48.6%) were breastfed within the first hour of life, down from 58.2% in 2018. Only 52.5% are exclusively breastfed in the first six months, which is a sharp decline from 64.5% in 2018 (UNICEF, 2023). The decline in exclusive breastfeeding rates may be due to the mother's education level, primiparity, perception of low breastmilk quantity, and return to work associated with discontinuation of exclusive breastfeeding (Chang et al., 2019). Research with similar results revealed that exclusive breastfeeding rates were influenced by the mother's lack of formal education, monthly income of less than \$100, having a daughter, lack of advice to provide exclusive breastfeeding during antenatal care and lack of husband support (Jama et al., 2020). In addition, research conducted in the country of Ethiopia, the causes of the success of exclusive breastfeeding can be influenced by the husband's education level, maternal education level, working mothers, and mothers who do not carry out control (Feleke et al., 2021). Based on several studies described above, the most dominating factor in the success of exclusive breastfeeding is caused by a person's sociodemographic factors, such as education level, occupation, income, and husband support. Knowing these sociodemographic factors is critical for developing targeted interventions and policies to support exclusive breastfeeding among diverse populations. By addressing barriers related to income, education, occupation, culture, social support, access to health services, and community resources, an environment that facilitates and supports exclusive breastfeeding will be created. Through this study, the influence of sociodemographic factors on exclusive breastfeeding success will be analyzed.

METHODS

This study used a narrative review research design. Narrative review is a type of research that aims to summarize or synthesize existing literature on a particular topic, but does not aim to achieve generalization or cumulative knowledge from the reviewed literature. This research uses the Prisma Flow Diagram in synthesizing the desired articles. In the Prisma Flow Diagram, there are 3 stages to select suitable articles. The first stage is identification, the second stage is screening, and the last stage is included.

In the identification stage, articles were searched in databases (PubMed, ScienceDirect, Web of Science, Taylor & Francis, and DOAJ) with the keywords "Socio-demographic factor" OR "Demographic influence" OR "Socio-demographic impact" OR "Socio-demographic factor influence" AND "Exclusive Breastfeeding" OR "Successful Breastfeeding" OR "Breastfeeding Practice" in the period of article publication from 2019 to 2024. Articles that have been selected at the identification stage are then removed using the Mendeley application.

In the screening stage, articles were selected based on the inclusion and exclusion criteria. The inclusion criteria for this study were that the published articles were full text articles, in English, not in the form of a literature review, systematic review or meta-analysis. The exclusion criteria for this study were articles that were outside the range of 2019 to 2024 and gray literature was excluded.

In the last step, the included stage, the existing data was analyzed and synthesized. The analysis method used used a narrative summary analysis method by collecting, summarizing, combining, organizing, and comparing the evidence that had been collected from the extracted studies.

RESULTS AND DISCUSSION

The process of collecting the selected articles is visualized in Figure 1. Furthermore, the 14 articles that have been selected are detailed in Table 1.

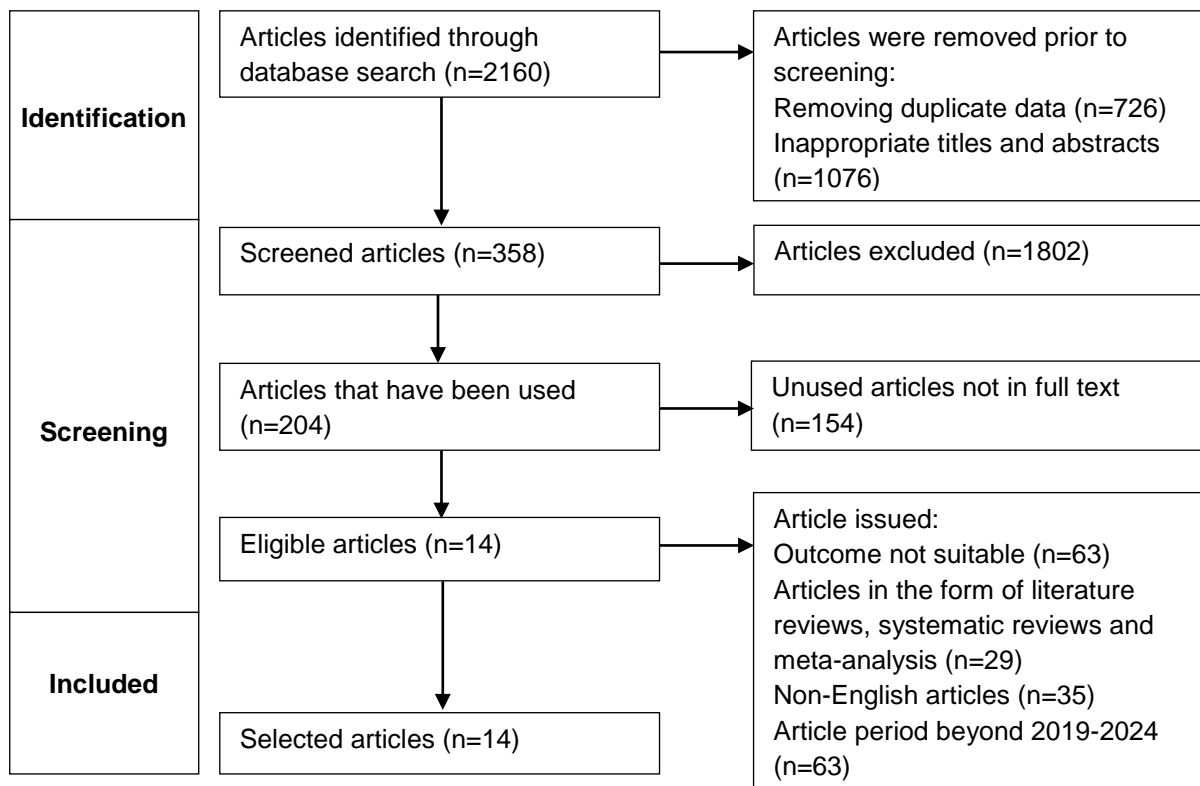


Figure 1. Prisma Flow Diagram

Table 1. Literature Review Matrix

No.	Title, Researcher, and Year	Research Design	Population	Results
1	Socio-Demographic and Clinical Correlates of Exclusive Breastfeeding practices up to Six Months of Age Mathew et al. (2019)	Cross-Sectional	Mothers with children under 4 years old	The results suggested that mothers of younger age (15-24 years) and those with lower socioeconomic status had a negative association with exclusive breastfeeding practices for infants up to six months of age.
2	Factors associated with duration of breastfeeding in Bangladesh: evidence from Bangladesh demographic and health survey 2014 Ayesha et al. (2021)	Cross-Sectional	Married women aged 15-49 years	Multiple regression analysis showed that maternal age, number of children, maternal age at first birth, ANC visits, maternal occupation, and geographic location were important predictors of exclusive breastfeeding.
3	Factors associated with exclusive breastfeeding practice among mothers in nine community health centers in Nanning city, China: a cross-sectional study Li et al. (2021)	Cross-Sectional	Mothers who have children aged 0-5 months	Exclusive breastfeeding prevalence was influenced by high education level (AOR 2.15; 95% CI 1.24, 3.71), and early breastfeeding initiation (AOR 2.06; 95% CI 1.29, 3.29) was positively associated with exclusive breastfeeding practice.
4	Determinants of exclusive breastfeeding of infants under six months among Cambodian mothers Um et al. (2020)	Cross-Sectional	Women aged 15-49 years	Findings showed that among mothers with infants under six months, exclusive breastfeeding was more likely if they lived in rural areas (AOR = 2:28; 95% CI 1.23-4.23) and if they gave birth in public hospitals (AOR = 2:64; 95% CI 1.28-5.47). On the other hand, mothers with middle economic status practiced less exclusive breastfeeding compared to mothers with low economic

No.	Title, Researcher, and Year	Research Design	Population	Results
				status (AOR = 0.58; 95% CI 0.34-0.99). As expected, the analysis confirmed that the older the infant, the less likely the infant was to be exclusively breastfed compared to infants less than one month old (2-3 months: AOR = 0.49; 95% CI 0.26-0.92; 4-5 months: AOR = 0.25; 95% CI 0.15-0.43).
5	Duration and Sociodemographic Factors Associated with Exclusive Breastfeeding Among Mothers in Urban and Semi-Rural Areas of Libreville and Lambaréné in Gabon Minto'o et al. (2024)	Case Control	Mothers and infants aged 0 to 11 months	Factors influencing exclusive breastfeeding were the father's education level (p=0.025), marital status (p=0.011), and region of residence (OR=3.40, p<0.001).
6	Sociodemographic and Personal Predictors of Exclusive Breastfeeding in Pregnant Mexican Women Using Public Health Services Serrano-Alvarado et al. (2022)	Cross-Sectional	Pregnant mom	Factors influencing exclusive breastfeeding were mothers who had high levels of attitude and self-efficacy. were four times more likely to have a high intention to breastfeed exclusively (OR 4.2, 95% CI [2.4, 7.4]). Working mothers were associated with decreased intention to exclusively breastfeed (OR 0.61, 95% CI [0.37, 0.98]).
7	Factors Influencing Exclusive Breastfeeding in Saudi Arabia Alissa & Alshareef, (2024)	Cross-Sectional	Mothers with babies aged 6 - 24 months	This study revealed factors that influence the duration of exclusive breastfeeding, namely early initiation of breastfeeding, provision of breastfeeding information before birth, and mothers

No.	Title, Researcher, and Year	Research Design	Population	Results
				who gave birth by caesarean section.
8	Exclusive Breastfeeding and Associated Factors among Mothers with Twins in the Tamale Metropolis Tahiru et al. (2020)	Cross-Sectional	Mothers of twins aged 6-23 months	Mothers who were not confident that they could produce enough breast milk were 83% less likely to exclusively breastfeed compared to mothers who were confident that they could produce enough breast milk (AOR = 0.17; CI = 0.04, 0.73; p-value = 0.017). In addition, mothers who did not have access to radio were 87% less likely to exclusively breastfeed (AOR = 0.13; CI = 0.02, 0.79; p-value = 0.027).
9	Determinants of Optimal Breastfeeding Practices in Indonesia: Findings From the 2017 Indonesia Demographic Health Survey Nurokhmah et al. (2022)	Descriptive Study	Mothers of infants aged 0-24 months	The risk of delayed initiation of early breastfeeding was higher in infants who were born smaller, the first child, born by cesarean section, and did not have direct skin-to-skin contact (p<0.01). Infant age, birth pattern, economic status, maternal occupation and smoking status were predictors of exclusive breastfeeding (p<0.05). Exclusive breastfeeding in the first year was less common among first-time mothers and those working in the non-agricultural sector, mothers from wealthier families, and mothers who had a caesarean delivery (p<0.01). Infant age was negatively

No.	Title, Researcher, and Year	Research Design	Population	Results
				associated with exclusive breastfeeding for 2 years (adjusted odds ratio [aOR], 0.85; 95% [CI], 0.74 to 0.99). Mothers who attended college were less likely to practice exclusive breastfeeding compared with mothers who did not attend school or did not complete primary school (aOR, 0.45; 95% CI, 0.26 to 0.77). Postnatal visits were not a risk factor for exclusive breastfeeding at 1 year and 2 years ($p < 0.05$).
10	Exclusive Breastfeeding Practice in Indonesia: A Population-Based Study Gayatri (2021)	Cross-Sectional	Mothers who have babies under 6 months old	The proportion of exclusive breastfeeding was 52.3% (95% confidence interval [CI], 0.498-0.548). Parity, antenatal care visits, early breastfeeding initiation, low-income households, and rural areas were significant factors associated with increased odds of exclusive breastfeeding. However, working status (adjusted odds ratio [aOR], 0.70; 95% CI, 0.57-0.86) and delivery by caesarean section (aOR, 0.75; 95% CI, 0.57-0.99) were factors associated with lower odds of exclusive breastfeeding.
11	The Impact of Socio-Demographic Factors on Breastfeeding: Findings from the "Mamma & Bambino" Cohort	Cohort	Mothers who have babies under 6 months old	The results of logistic regression analysis showed that middle (OR = 3.171; 95% CI = 1.285-7.822; $p = 0.012$) and high (OR = 4.549;

No.	Title, Researcher, and Year	Research Design	Population	Results
	Magnano San Lio et al. (2021)			95% CI = 1.525-13.570; p = 0.007) education levels were positively associated with breastfeeding when compared to low education levels. In contrast, among women who had breastfed, the proportion of adherence to WHO recommendations was higher among those with secondary and higher education levels and those who were employed. In line with this, we showed that full-time employment (OR = 2.158; 95% CI = 1.033-4.508; p = 0.041) and secondary education level (OR = 4.632; 95% CI = 1.227-17.484; p = 0.024) were positively associated with exclusive breastfeeding for the first six months.
12	Socioeconomic inequality in exclusive breastfeeding behavior and ideation factors for social behavioral change in three north-western Nigerian states: a cross-sectional study Abegunde et al. (2021)	Cross-Sectional	Mothers with children under 2 years old	Results from this study revealed that mothers from middle to upper economic status were more likely to practice exclusive breastfeeding (CIx = 0.1236, pvalue = 0.00). Attendance of at least four antenatal visits (ANC 4+) was the most significant contributor CIx = 0.0307 (p-value = 0.00) to the estimated inequality in exclusive breastfeeding practices. The husband's role in the decision to practice exclusive breastfeeding influenced the decision to

No.	Title, Researcher, and Year	Research Design	Population	Results
				breastfeed and ANC 4+ by 0.1484 (p-value = 0.00) and 0.0825 (p-value = 0.000), respectively.
13	Sociodemographic and health-related factors associated with exclusive breastfeeding in 77 districts of Uganda Kimuli et al. (2023)	Cross-Sectional	Mothers who have babies under 6 months old	Exclusive breastfeeding was more common among mothers aged 20-24 years, 25-29 years and 30+ years (aOR 1.4; 95% CI 1.2, 1.6), (aOR 1.4; 95% CI 1.1, 1.6), and (aOR 1.3; 95% CI 1.1, 1.5) compared with teenage mothers. In addition, exclusive breastfeeding was more likely among mothers living in rural areas compared to urban areas (aOR 1.1; 95% CI 1.0, 1.3) and those attending antenatal care (ANC) (aOR 2.2; 95% CI 1.5, 3.1). In contrast, exclusive breastfeeding was less common among children aged 3-5 months compared to younger (aOR 0.5; 95% CI 0.5, 0.6) and children receiving Vitamin A supplementation (aOR 0.7; 95% CI 0.6, 0.8).
14	Socio-demographic factors influencing the practice and awareness of exclusive breastfeeding benefits among women of reproductive age attending maternal and child health clinic in tudor sub county hospital. Machila et al. (2021)	Cross-Sectional	Mothers with children under 2 years old	Four sociodemographic factors were found to influence exclusive breastfeeding practices. These factors were child gender, education level, marital status and parity. Two sociodemographic factors were found to influence awareness of the benefits of exclusive

No.	Title, Researcher, and Year	Research Design	Population	Results
				breastfeeding. These factors were education level and occupation.

Discussion

Based on the results of the data extraction of 14 articles, it was found that the sociodemographic factors that most influenced the implementation of exclusive breastfeeding were maternal occupation, maternal education, and family socioeconomic status.

Working mothers are often the most common predictors of exclusive breastfeeding. Working mothers are often a barrier to exclusive breastfeeding due to the time and willingness of mothers to provide exclusive breastfeeding, support from the work environment, and high workloads that cause stress and lack of knowledge and education related to exclusive breastfeeding (Kebede & Seifu, 2021). In addition, factors that influence working mothers in breastfeeding are the lack of safe breastfeeding spaces in the workplace, lack of manager flexibility for breastfeeding breaks, the distance of the workplace from home, long working hours per day, and the absence or shortness of maternity leave (Rimes et al., 2019). This is in line with research conducted by Amer & Kateeb (2023) which states that mothers who have full-time jobs reduce the chance of 30% in exclusive breastfeeding. A mother's full-time job is a determining factor in abandoning exclusive breastfeeding before 6 months. Research conducted by Zewdie et al. (2022) also had similar results, namely the prevalence of exclusive breastfeeding among working mothers was 54.8% (95% CI 48.5-61.4%) which was lower than the practice of exclusive breastfeeding among non-working mothers which was 73% (95% CI 66.8-78.7%). This significant difference may be due to the fact that working mothers may not have sufficient time to breastfeed their babies during working hours compared to non-working mothers. Since, non-working mothers usually have flexible working hours unlike working mothers, which might contribute to a relatively higher adherence to exclusive breastfeeding practices than working mothers.

Maternal education can influence the mother's decision in exclusive breastfeeding. Higher education is associated with the mother's awareness and knowledge in making choices for her family's health. Good knowledge can increase a person's awareness so that a person can know what is good for him and be able to make decisions without interference from others. The mother's ability to make good decisions for herself and her family is associated with having good self-efficacy (Gizaw et al., 2022). This is in line with research conducted by Laksono et al. (2021) which states that better education tends to give mothers more possibilities to practice exclusive breastfeeding. Similar research results were found on the African continent which found that a statistically significant positive association was observed between primary education level and exclusive breastfeeding. Mothers with primary education were more likely to practice exclusive breastfeeding

compared to mothers with no education (Wako et al., 2022). However, in this literature review, different results were found, maternal education did not contribute to exclusive breastfeeding practices in Iran (Esfahani & Fathizadeh, 2011). The difference in results may be due to differences in demographic and epidemiological profiles between countries. For example, maternal health levels, prevalence of certain diseases, and access to health care may vary significantly between countries.

Socioeconomic level and maternal occupation are interrelated factors in the context of exclusive breastfeeding. A high socioeconomic level influences the type of work mothers have so that it can provide time flexibility so that mothers can spend a lot of time with their babies (Scarpa et al., 2022). This is in line with research conducted by Ajami et al. (2018) which states that maternal nutritional status and duration of exclusive breastfeeding practices are associated with the state of socioeconomic level ($p < 0.050$). A similar study revealed that exclusive breastfeeding practices were significantly influenced by socioeconomic level (Hernández-Vásquez & Vargas-Fernández, 2022).

CONCLUSION

Based on the results of data extraction from 14 research articles, it can be concluded that the most significant sociodemographic factors influencing exclusive breastfeeding practices are maternal occupation, maternal education, and family socioeconomic status. Maternal occupation is often the most commonly found predictor factor related to exclusive breastfeeding. Working mothers face challenges in providing exclusive breastfeeding due to limited time, support from the work environment, high workload, and lack of knowledge and education related to exclusive breastfeeding. Furthermore, the maternal education level affects the decision to provide exclusive breastfeeding. Higher education is related to mother's knowledge, awareness, and ability to make good decisions regarding family health, including exclusive breastfeeding practices. In addition, the socioeconomic level of the family influences the mother's type of work, access to health services, time flexibility, and the family's ability to provide support in exclusive breastfeeding practices.

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