WHAT ARE THE CAUSES OF EXCLUSIVE BREASTFEEDING FAILURE?:
A SYSTEMATIC REVIEW

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INTRODUCTION

Exclusive breast milk (ASI), defined as practice giving breast milk to baby, given by mother, since born until baby reach age six months, without food or drink other additions. Therefore, during the first 6 months of life baby, just breast milk already sufficient need nutrition, and there are none liquid or food other necessary solids (Wijaya, 2019). Exclusive breastfeeding own significant benefits for both baby nor mother. For babies, exclusive breast milk give optimal nutrition required for healthy growth and development. Breast milk also contains substance helpful immunity protect baby from infection and disease. Moreover, this practice makes it possible intertwined bond strong emotional between mother and baby through contact skin to skin during the breastfeeding process (Kusumastuti & Ediyono, 2022).

Meanwhile, share mother, breastfeeding helps in recovery womb after childbirth, reducing risk bleeding post giving birth, as well assists in the descent process post weight pregnancy. Breast milk also has potential reduce risk cancer breasts and ovaries. Apart from the health benefits, breastfeeding can also save money costs, because it doesn't require it expenditure additions such as purchasing baby formula milk. By overall, the practice of exclusive breastfeeding supports health and well-being mother and baby, as well own impact positive on the bond emotional between both (Lestari & Zulkarnain, 2021).
Based on Survey results The Indonesian Demography and Health (SDKI) conducted in
2002-2003 is known that level exclusive breastfeeding for babies below only two months old
amounting to 64% of the total babies. This percentage is decreasing as it increases age babies,
namely 46% at the age of 2-3 months and 14% at the age of 4-5 months. What is more
concerning is that 13% of babies under two months are fed formula, and one from three baby
2-3 months old already introduced to food breastfeeding companion. Although has Lots
efforts made to promote exclusive breastfeeding, a lot mothers, not only those who work
but also those who do not work, still do not provide exclusive breastfeeding to the baby.
Various reason underlying this practice (Astuti, 2015) Although the importance of exclusive
breastfeeding acknowledged in a way wide, still There is failure in practice exclusive
breastfeeding in many countries, incl the factors that cause it. This research aims to analyze
causal factors failure exclusive breastfeeding.

RESEARCH METHODS
This research uses a systematic literature review method. Systematic Literature Review
(SLR) can be defined as the process of identifying, assessing, and interpreting all available
research evidence in a way systematic with purpose give answers to questions specific
research (Latifah & Ritonga, 2020). The type of data in this research is secondary data. The
data collection technique in this research was carried out by searching literature in the Google
Scholar and Scopus databases using keywords failure giving breast milk, gift breast milk
exclusive, and failure giving breast milk exclusive with some the following criteria:

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<tbody>
<tr>
<td>1</td>
<td>Language</td>
<td>Indonesian and English</td>
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Based on criteria that have been set, the research flow and results obtained to be used in this research are depicted in the following PRISMA diagram:

![Figure 1. PRISMA Diagram (2023)](image)

The data found in the Google Scholar and Scopus databases were 5,810 research results, then the data was excluded for reasons. Retrieve the first 10 pages of data so obtained 2,128. Then the data is identified eligibility so that obtained 224, then journal chosen according to purpose study as many as 86, then journal were excluded and 15 journals were obtained which were used as material in this research. The data has been collected then analyzed using qualitative methods.
## RESULTS AND DISCUSSION

### Table 2. Research Results

<table>
<thead>
<tr>
<th>No</th>
<th>Name, Year &amp; Title Study</th>
<th>Research Results</th>
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<tbody>
<tr>
<td>1</td>
<td>Angraresti , IE, &amp; Syauqy , A. (2016).</td>
<td>Factors associated with failure giving breast milk exclusive to the district Semarang. Factors associated with failure exclusive breastfeeding is knowledge mother (p value =0.000: RP=2.0: IK95%=1.43-3.00), attitude mother (p value =0.016: RP=1.5: IK95%=1.26-1.78), and support family (mother or mother in-laws) (p value =0.000: RP=2.6: IK95%=1.27-5.54).</td>
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<td>2</td>
<td>Saputri , ME, &amp; Efriska , DY (2017).</td>
<td>The research results show that there is connection support husband with failure exclusive breastfeeding (p = 0.0001), habit with failure exclusive breastfeeding (p=0.009), none social media's relationship with failure exclusive breastfeeding (p = 0.907), and there is connection availability facility with failure exclusive breastfeeding.</td>
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<td>Astawa , IGS, Syandini , NKNS, Negara, IGNMK, &amp; Mastryagung , GD (2019).</td>
<td>The research results show some big respondents own level Lack of knowledge about exclusive breastfeeding namely 103 (54.5%), some big respondents with support husbands are less, namely 90 (47.6), and respondents with employment status are not working namely 116 (61.4%). There are conclusions in this research connection between level knowledge mother, support husband, and employment status mother with failure exclusive breastfeeding.</td>
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<td>4</td>
<td>Dewi, PDPK (2020). Predictor Failure Exclusive breastfeeding in the work area Sawan I District Health Center Buleleng.</td>
<td>The results showed that 50% failed exclusive breastfeeding occurred at 78 days of age. Internal factors, namely age mother (&lt;20 years or &gt;35 years) (OR 1.86, CI 1.009-3.33 p 0.04), did not maintenance breast moment pregnant (OR 3.49, CI 1.50-8.16 p 0.01) increased failure Exclusive breastfeeding, otherwise not interested in lowering formula milk failure of exclusive breastfeeding as much as 89% (OR 0.11, CI 0.05-0.201 p 0.01). Never exposed promotion of formula milk reduces failure exclusive breastfeeding by 69% (OR 0.31, CI 0.16-0.60 p 0.01) and the offer of formula milk from health workforce increases.</td>
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<td>Reference</td>
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<td>Wahyuni, S., Madeni, B., &amp; Hasritawati, H. (2022).</td>
<td>Qualitative Study: Influencing Factors Failure Providing Exclusive Breastfeeding to Babies Aged 0-6 Months in Work Areas Public Health Center Bebesen.</td>
<td>Research results obtained that Exclusive breastfeeding for babies was hampered because breastfeeding at the same time giving formula milk and MP-ASI since early form runtung (porridge from rice juice soaking). Post mom give birth to do taboo food during the breastfeeding period, mothers delay giving breast milk to baby because before breastfeeding the baby Mother it is mandatory to shower first, there is culture giving taste by smearing honey to mouth baby.</td>
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<tr>
<td>Idawati, I., Mirdahni, R., Andriani, S., &amp; Yuliana, Y. (2021).</td>
<td>Analysis Reason Failure Providing Exclusive Breastfeeding to Babies at Tgk Regional Hospital, Chik Ditiro Regency Pidie.</td>
<td>Research results for variables knowledge obtained $p$ value = 0.000, variable attitude obtained $p$ = 0.000, variable role helper labor obtained $p$ = 0.000, variable tradition obtained $p$ = 0.000 which means variable the own relationship with exclusive breastfeeding for babies, whereas variable age Mother obtained $p$ value = 0.131, variable education obtained $p$ = 0.526, variable work obtained $p$ value = 0.576, variable income obtained $p$ = 0.271, variable parity obtained $p$ = 0.477, variable age baby obtained $p$ value = 0.560, variable behavior obtained $p$ value = 0.402 which means variable it doesn't have it relationship with exclusive breastfeeding for babies.</td>
</tr>
<tr>
<td>Fatimah, N., Mifbakhuddin, M., &amp; Kumalasari, N. (2015).</td>
<td>Factors Associated with Mothers’ Failure to Provide Exclusive Breastfeeding to Babies Aged 0-6 Months at Community Health Centers Bangetayu Semarang.</td>
<td>There is a meaningful relationship between knowledge with failure Exclusive breastfeeding, yes _ meaningful relationship between attitude to failure Exclusive and non-existent breastfeeding meaningful relationship between job with failure exclusive breastfeeding. _</td>
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<td>Ramadhani, F. (2019).</td>
<td>Determinant Factors Influencing Social Failure Providing Exclusive Breast Milk in Sraturejo, Baureno, Bojonegoro City.</td>
<td>Research results show that there is none connection between knowledge with behavior, and nothing connection between attitude with behavior. Determinant factors Other social factors found are information, methods, economics, environment, individuals and health. Determinant factors the most influential social to failure exclusive breastfeeding is a factor economics, that is working mother. _ The conclusion is that working...</td>
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What are The Causes of Exclusive Breastfeeding Failure? : A Systematic Review

Determinant Failure Providing Exclusive Breast Milk to Housewives in Marga District.
There are several factors that become reason failure exclusive breastfeeding like factors predisposition, factor enabler as well as inhibitor. So that required exists education and approach from families and health workers so that all housewives want to provide exclusive breastfeeding.

Analysis factors related to production breast milk to failure giving breast milk exclusively for babies aged 0-6 months.
Research results show that there is significant relationship between factor intake food mother with breast milk production during breastfeeding (p-value: 0.001), there is significant relationship between factor frequency breastfeeding with breast milk production during breastfeeding (p-value: 0.003), there is significant relationship between factor psychological mother with breast milk production during breastfeeding (p-value: 0.002) and there is significant relationship between factor maintenance breast mother with breast milk production during breastfeeding data (p-value: 0.001).

Factors Associated with Failure Providing Exclusive Breastfeeding to Working Mothers.
Failure biggest caused Because lack of knowledge Mother will the importance of exclusive breastfeeding and time limitations in breastfeeding.

12 Wendiranti, CI, Subagio, HW, & Wijayanti, HS (2017).
Risk Factors Failure of Exclusive Breastfeeding.
Risk factors failure of exclusive breastfeeding is a husband who does not support, giving birth in a facility health first, and giving wrong information by health workers.

Factors Associated with Mother's Failure to Provide Exclusive Breastfeeding.
Based on the results of statistical tests of variables, types employment, education, parity obtained respective p values (p=0.033, p=0.012, and p=0.001) It can be concluded there is connection between type work, education and parting with failure mothers in exclusive breastfeeding.

Reason The most dominant failure of exclusive breastfeeding is due to factor education where there were 17 respondents with education basis
| Contributing Factors | Expected health agencies in particular Public health center Oranges can always deliver counseling regarding exclusive breastfeeding by using easy language - understood by society clouds so they can press down number failure of exclusive breastfeeding and can fulfill figures targeted by the Indonesian Ministry of Health. |

| Trisnawati, E., & Widyastutik, O. (2018). | There's a relationship between treatments _ breast (p-value = 0.000), method breastfeeding (p-value = 0.010), frequency breastfeeding (p-value = 0.034), support Mother biological (p-value = 0.000), support Mother in-laws (p-value = 0.000), against failure of exclusive breastfeeding . Nothing _ connection duration breastfeeding with failure to exclusively breastfeed (p-value = 0.444). |

Based on the results of the Systematic Literature Review, it was found that reason failure giving breast milk exclusive are as follows .

**Knowledge Mother**

Breast milk is child's first immunization , giving protection from infection channel respiratory disease , disease diarrhea , and other potential illnesses threaten soul . Exclusive breastfeeding also has effect protection to obesity and non- communicable diseases (Aryotochter, Prameswari, Azinar, Fauzi, & Nugroho, 2018). Mother's milk contain rich in colostrum antibody Because Contains protein for energy stand body and killer germs in numbers tall so that Exclusive breastfeeding can reduce _ risk infant mortality and can prevent it happen nutrition bad and stunting in babies (Nurbaeti, Rahmanita, Ratnaningtyas, & Amrullah, 2021). Obstacle key to success practice exclusive breastfeeding is lacking _ knowledge Mother about exclusive breastfeeding and how proper breastfeeding . Knowledge Mother about benefits of breast milk and how Proper breastfeeding will support success breastfeeding (Aswitami & Udayani, 2019). This is also supported by research conducted by (Amalia & Sagita, 2019) which states that Mothers who are well informed have a greater chance of giving exclusive breast milk to their babies compared to mothers who have less knowledge.

**Support family ( mother or mother in-laws )**

*World Health Organization* (WHO) has reviewing more than 3,000 studies shows that breastfeeding for 6 months is the optimal period for exclusive breastfeeding . Thus , exclusive breast milk (ASI) is only for babies breastfed for 6 months without addition other fluids (Murti et al., 2016).

Practice Exclusive breastfeeding is also available regulated in the regulations good government from Ministry of Health and from regulation government . In this case , it is needed cooperation from various parties , esp Mother along with families and health workers regarding maternal and child health . This is because , by supporting success regular
breastfeeding _ Exclusive for more than 6 months, can help government national nor international in efforts lower number death Mother nor number death babies , as well as in supporting generational quality improvement programs through the first 1000 days of life , which is where it starts since newborn baby. _ Support family shared become a number of form namely , support assessment , support emotional , instrumental support , and support informational (Firnanda & Pratama, 2020).

Support husband
Support that can be provided husband can be support emotional expressed through verbal and nonverbal communication . Including support emotional including listening , empathy , giving _ calm and comforting . Through form support This emotion can help restore trust _ self or reduce feeling inadequate . _ Being from support emotional that is husband give praise to Mother after breast-feed baby and pushing mother to communicate all difficulty personal so you don't feel it alone to bear all problems they have (Wahyuni & Turisno, 2019).

Employment status Mother
Employment status specifically work Mother is one _ factors that become barriers to exclusive breastfeeding (Farida & Setiawan, 2022). Lots of it the role played by the mother Work so that impact on exclusive breastfeeding . _ Most not only working mothers _ breast-feed the baby . This includes timetable busy work where the mother does not have time to breastfeed , work hard , trip far away , problem breast mother , delayed breastfeeding , tired mother mentally , mom doesn't know method squeeze and way store it properly (Rahadian, Rohanda, & Anwar, 2014). One way to overcome challenges faced Mother work is expressing breast milk at home before leaving work . Expressed breast milk can be stored in the refrigerator or freezer. Storing breast milk is a step important next after expressing breast milk (Wulandari, Laksono, Prasetyo, & Nandini, 2022).

Maintenance breast
Maintenance breast is something very important action to care for breast especially to facilitate breast milk. Maintenance Breasts are very important, one of them guard cleanliness breasts , especially nipple hygiene to avoid from infection , soften as well as repair shape the nipple so The baby can breastfeed well, stimulate glands and hormones prolactin and oxytocin to increase smooth breast milk production (Aulya & Supriaten, 2021). Treatment goals breasts is as one efforts to prevent breast milk dam , namely with care breast or breast care. Maintenance breast aims to launch circulation blood and prevent it's blocked channel breast milk production so expedite breast milk production (Gustirini, 2021).

Simultaneous breastfeeding provide formula milk and MP-ASI
Mother's milk (ASI) as food natural is the best food a person can give Mother to her newly born child . Apart from the composition suitable for growth and development changing baby _ according to needs baby on every when , breast milk also contains substance protector who can avoid baby from various disease infection . Not only breast milk, food Complementary breastfeeding (MPASI) also needs to be received attention to fulfillment nutrition for grow development child (Maryanti & Aisyah, 2018). To achieve grow optimal flowering , according to WHO/UNICEF exists three things to do namely : first give breast milk (ASI) to baby immediately within 30 minutes after baby born . Second provide exclusive breastfeeding that is only breast milk (ASI) . since born until baby 6 months old , third give Food A nutritious companion to Mother's Milk (MP-ASI). according to needs grow the flower
since baby aged 6 months to 24 months, and fourth and 4) continue breast-feed child until aged 24 months or more (Oktaviasari & Nugraheni, 2021). Research conducted by (2021) states that exists The relationship between formula milk and exclusive breastfeeding. The provision of formula milk must comply with the Minister of Health Regulation number 39 of 2013. Breast milk substitute given based on indications medical supplies for ages 0-6 months are called formula milk. Promotion from formula milk has regulated in Minister of Health Regulation (Permenkes) Number 39 of 2013. Substitute for breast milk given of course based on indications medical (PP/ Regulation Government Number 33, 2012). Medical indications condition a baby is a baby who experiences galactosemia, maple syrup urine disease, phenylketonuria; baby birth weight low less than 32 weeks, risky hypoglycemia after fail responds to breast milk. Whereas indication medical condition Mother that is HIV-infected mothers with conditions where formula milk is acceptable, feasible, affordable, sustainable and safe; and forced mothers stop breastfeeding temporarily due to severe illness, herpes simplex infection in the breast, getting treatment psychotropics, types tranquilizers, radioactive, iodine and cytostatics (PP No. 33, Article 7, 2012).

**Breast milk production during breast-feed**

Breast milk production will be optimal by pumping 5 times/day during the first month after giving birth. Mother with baby enough months to show that frequency breastfeeding approximately 10 times/day during the first 2 weeks after give birth to associated with improvement breast milk production. Based on this is recommended breastfeeding at least 8 times/day during the period beginning after giving birth (Muliawati, 2019).

**CONCLUSION**

Based on research results obtained that exclusive breastfeeding very important. According to WHO, exclusive breastfeeding is giving breast milk for 6 months without giving fluid other. Breastfeeding has a good impact on Newborn babies are one of them as food the baby will strengthen immunity baby so that spared from various disease and infection. However, some factors that can hinder regular breastfeeding exclusive, factors that is knowledge Mother baby, support family including mother, mother-in-laws, and husband, employment status mother, care breast, breastfeeding combined with formula milk and MPASI, as well as breast milk production during breastfeeding.

**BIBLIOGRAPHY**


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