



A Qualitative Systematic Review of Family Support for a Successful Breastfeeding Experience among Adolescent Mothers

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Abstract

BACKGROUND: Family support for adolescent mothers is vital in making breastfeeding decisions and sustaining the feeding since many of these women struggle with identity crises. Therefore, it is essential to synthesize qualitative evidence about the types of family support provided to these young women.

AIM: This study aims to identify, synthesize, and recognize the qualitative evidence of family support for successful breastfeeding among teen mothers.

METHODS: A systematic review of qualitative studies was identified in six electronic databases published from 2000 to 2020. The quality of the reviewed studies was checked using The Critical Appraisal Skills Programs. The data were extracted by two investigators and analyzed using thematic analysis with three steps: coding the text line-by-line, developing the descriptive themes, and generating the analytical themes.

RESULTS: This review includes eight eligible studies. The review finds that family significantly affect the success of breastfeeding practices among adolescent mothers through their appraisal, instrumental, emotional, and informational support. The family strengthens the adolescent's breastfeeding decisions and confidence, provide financial assistance, share positive breastfeeding information and experience, encourage them to continue the feeding and motivate them to pursue their study.

CONCLUSION: Breastfeeding a baby and becoming a mother at a young age is not an easy process and need family support for a successful feeding. Health care professionals should actively involve the family in supporting adolescent mothers to breastfeed their babies optimally.

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Introduction

Successful breastfeeding can save many children and mothers globally [1]. More than 820,000 children under five can be protected by breastfeeding, which has provenly prevented an additional 20,000 breast cancer cases each year [2], [3]. Unfortunately, 3 out of 5 newborn babies do not get breast milk in the 1st h of their life. Mothers who had early breastfeeding initiation were only 42%, and it decreased to 41% in the 6th month [4]. The success of breastfeeding the baby at the beginning is not followed by the continuity of breastfeeding at a later age [4], [5]. Maternal age is one of the factors causing breastfeeding failure [6], [7], [8].

Teen mothers tend to fail to breastfeed compared to adult mothers [9], [10]. Adolescence is a critical period when self-concept, role achievement, and decision-making abilities are difficult to be achieved as developmental tasks are still in progress [11]. When becoming a mother, teenagers experience a drastic change in their lives as they must adjust to the school responsibilities and the role as a mother [12]. Many teen

mothers prefer to stop or not breastfeed their babies [7], mainly when unwanted pregnancies occur [13].

Having a baby at a young age makes teen mothers confused between the role of being a mother and the desire to continue to present themselves in society [8]. Ignorance of the benefits and how to breastfeed are the leading causes of teen mothers failing to complete breastfeed [9], [14]. They usually face obstacles in sharing time between children and other activities such as going back to school and gathering with friends [15]. Moreover, being a mother at a young age made them suffer from a negative stigma from society, including peers [14].

Family support, including from a partner, is one factor that encourages teen mothers to breastfeed their babies [16], [17]. Adolescent mothers who received support from their families took longer breastfeeding than those who did not get the support [18]. To maintain exclusive breastfeeding, 1st-time breastfed mothers need support from their families [19]. Many teen mothers still live with their families after giving birth even though they are married. Support from the closest others, especially babies' grandmothers and women's partners, is necessary

to breastfeed babies [7], [14]. The absence of support from these people impacts the behavior of mothers who do not breastfeed their babies [20]. Spouse support affects adolescent mothers' attitudes toward breastfeeding [1], [8]. The involvement of women's parents in breastfeeding activities is essential for the continuity of breastfeeding [21].

Qualitative research has been widely used in nursing and plays a key role in science development and evidence-based practice. The knowledge of the family or significant others' encouragement for adolescent mothers to successfully breastfeed will enrich family, maternal, and pediatric care services and education. Synthetic findings from recent studies can provide values from the research participants' meaning, experiences, and perspectives and develop new concepts. No systematic research [22] has been conducted to review extensive family support that influences successful breastfeeding among adolescents. This systematic review aims to identify, synthesize, and recognize the results of qualitative research related to family support of successful breastfeeding experienced by adolescent mothers in the global world. The synthesis of derivatives through thematic analysis is carried out by reading the text and coding and generating themes that describe the meaning of the data (Tong *et al.*, 2012). A better understanding of family impact in breastfeeding, particularly among adolescents, may contribute to establishing an effective breastfeeding policy and multidisciplinary health care services using appropriate and acceptable approaches for all women, particularly young mothers.

Methods

Design

This study used a systematic review design of qualitative studies following The Enhancing Transparency in Reporting the Synthesis of Qualitative Research developed by Tong (2012) [22]. The process of article selection for this systematic review was carried out according to Nelwati, Abdullah [23] through three stages: (1) developing analytical strategies through inclusion and exclusion criteria as well as article selection, (2) conducting critical and quality assessments as well as data extraction, and (3) performing data aggregation and synthesis of findings.

Strategy

Potential qualitative articles were chosen through systematic searching and included articles published from 2000 to 2020 using web search engines: PubMed, Sage publications, Cinalh, Proquest, and Sciencedirect. The first author and second author independently used medical subject headings [24] to identify keywords.

The MESH terms used keywords: "breastfeeding" AND "adolescent mothers" OR "teen mothers" AND "family support" OR "grandmother" OR "partner" OR "father" OR "husband" AND "qualitative studies."

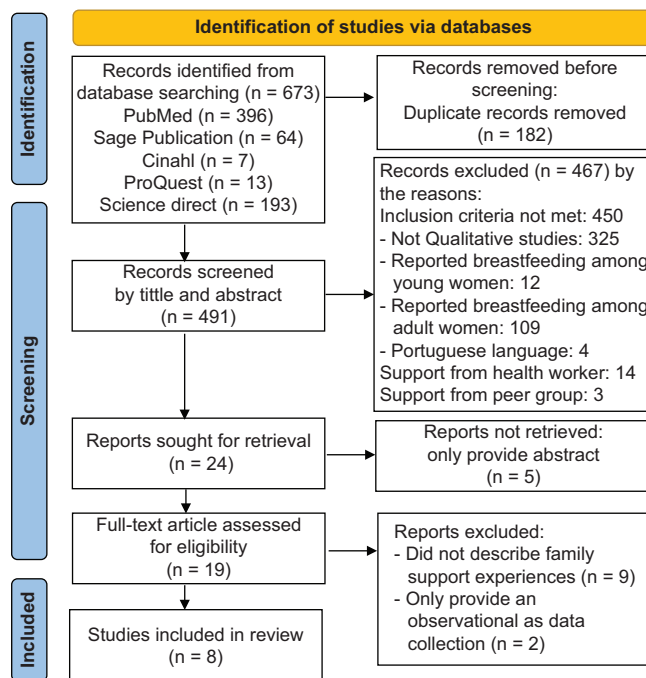


Figure 1: Process of screening and selection reviewed studies

Inclusion and exclusion criteria

The inclusion criteria of the reviewed articles were full-text qualitative studies in English and published between 2000 and 2020. The reviewed studies must also described family support for breastfeeding among adolescent mothers (age <20-years) who were either pregnant or breastfeeding. The exclusion criteria include data published in form of abstract, letters to editors, comments and editorial as well as articles that included support by non-family members.

Searching

The literature search results obtained a total of 673 articles from PubMed (396), Sage publications (64), Cinalh (7), Proquest (13), and ScienceDirect (193). The article selection process was carried out independently by the first author. The process was started by reading the title and the abstract of the potential articles. At this stage, 182 duplicate articles and 467 articles, which did not meet the inclusion criteria, were removed. The final eight papers were taken in full-text to be reviewed and stored in EndNote as the author's management tool (Table 1 and Figure 1).

Data extraction and critical appraisal

The quality of the included reviewed articles was assessed by The Critical Appraisal Skills Program

Table 1: Summary of the reviewed studies

No	Author (year), country	Design	Sample	Data collection	Research findings		Successful breastfeeding
					Source of support	Main outcomes/Themes	
S1	Acheampong et al. (2020) Ghana	A qualitative exploratory, descriptive and contextual design	30 teenage mothers	Focus group discussions (FGD)	Partner, female parent, and sister	1. Family history of positive exclusive breastfeeding outcomes 2. Support of intimate partner 3. Approval of close family members	Breastfeeding decision and exclusive breastfeeding intention
S2	Nuampa et al. (2018) Thailand	A qualitative descriptive	20 adolescent mothers	Semi structure in-depth interviews	Grandmother and female relatives	Family support for breastfeeding on giving positive information	Breastfeeding decision and exclusive breastfeeding in 1 weeks until more than 3 months
S3	Nesbitt et al. (2012) Canada	A qualitative interpretative	16 adolescent mothers	Semi-structured interviews	Partner, grandmother, and sister	The availability and quality of social support	Breastfeeding decision, initiation of breastfeeding, and breastfeeding duration in 2 days until 11 months (on going)
S4	Smith et al. (2012) USA	A qualitative prospective study	5 adolescent mothers	Semi structure Interviews	Grandmother and partner	1. Breastfeeding journeys (mixed breastfeeding messages and support) 2. Life journeys (navigating multiple role)	Breastfeeding decision and exclusive breastfeeding in 4 days until 6 months
S5	Nelson and Sethi (2005) Canada	A grounded theory	8 adolescent mothers	Informal interviews	Family, partner	1. Decision to breastfeed 2. Learning to breastfeed 3. Adjusting to breastfeeding 4. Ending breastfeeding	Breastfeeding decision and breastfeeding duration in 2 months until 17 months
S6	Wambach and Cohen (2009) USA	A qualitative descriptive	23 teens breastfeeding mothers	FGD and semi-structured interviews	Grandmother, partner, other family members	Emotional, instrumental, and informational Support	Breastfeeding decision and breastfeeding duration in one weeks until more than 6 months
S7	Dykes et al. (2003) United Kingdom	An exploratory study	20 adolescent mothers	FGD and in-depth semi structured interviews	Grandmother and partner	Support needs: Emotional, Esteem, instrumental, informational, network	Breastfeeding duration in 4 days until 6 months
S8	Hannon et al. (2000) USA	An ethnographic study	35 adolescent mothers	Semi structured ethnographic interviews and FGD	Grandmother and partner	Influential people to make decision making on breastfeeding	Breastfeeding decision and breastfeeding duration in 2 weeks until 4 weeks

(CASP) [25]. CASP is one quality assessment tool often used in qualitative research [22]. CASP consists of 10 questions where the first two questions are screening questions that can be answered quickly. The following eight questions are about research design, sampling, research issues, code of ethics, data analysis, results, and value of research data. Each question has answer options: yes, no, and can't tell [25]. The full answers for each article indicate the quality of the writing, which is divided into three levels, namely high (8–10), medium (5–7), and low (1–4) [26]. The quality assessment of the selected articles for this systematic review indicated that seven studies are of high quality, and one is of moderate quality (Table 2).

The quality assessment of the included articles was performed by the first author and was confirmed by the second and third author. If different opinions occurred, the results were decided through an open

discussion between the authors. All reviewed articles are then grouped for data extraction according to some characteristics of the reviewed studies, such as author or year of article publication, country of origin, qualitative design. The results of data extraction in each reviewed study can be seen in Table 3.

Data analysis and synthesis

The collected data were analyzed using a thematic scheme which consisted of three stages: (1) "Line by line coding of textual findings, (2) the development of "descriptive themes" by organizing free codes, and (3) the generation of analytical themes. These activities yielded new insights and interpretations of the reviewed study phenomenon [22], [27]. The data consistency and reliability were ensured by the second and third authors' debriefing and confirmation on the generated

Table 2: Critical appraisal skills programme (CASP) of the reviewed articles

CASP Items	S1	S2	S3	S4	S5	S6	S7	S8
Was there a clear statement of the aims of the research?	+	+	+	+	+	+	+	+
Is the qualitative methodology appropriate?	+	+	+	+	+	+	+	+
Was the research design appropriate to address the aims of the research?	+	+	+	+	+	+	?	+
Was the recruitment strategy appropriate to the aims of the research?	+	+	+	+	+	?	+	?
Was the data collected in a way that addressed the research issues?	+	+	+	+	+	+	+	+
Has the relationship between researcher and participants been adequately considered?	?	?	?	?	?	-	-	?
Have ethical issues been taken into consideration?	+	+	+	+	+	+	+	+
Was the data analysis sufficient rigorous?	+	+	+	+	+	+	+	+
Is there clear statement of finding?	+	+	+	+	+	+	+	+
How valuable is the research?	+	+	+	+	+	+	+	+
Score/10	9	9	9	9	9	8	8	8

+: yes (clearly met); -: No (clearly not met); ?: cannot tell.

data and contextualized findings. The authors discussed the emerging themes to reveal their full meaning and themes. Concurrent discussion and consensus among three authors were conducted to solve discrepancy in data analysis and synthesis process.

Results

Studies characteristics

The eight reviewed studies represented five countries, namely, Ghana, Thailand, USA, UK, and Canada. The studies were conducted qualitatively using descriptive, exploratory, interpretative, and grounded theory research designs. The numbers of research samples are 5–35 participants who were adolescent mothers aged 14–19 years. The qualitative data were collected through focus group discussions, semi-structured interviews, and in-depth interviews. The family members who supported successful breastfeeding were female parents, spouses, or other family members such as siblings. The success of breastfeeding in adolescent mothers was indicated by the adolescent mothers' intention to breastfeed their babies since pregnancy and their abilities to initiate early breastfeeding, breastfeed exclusively, and maintain breastfeeding continuity from just 2 days to maximum 17 months (Table 1).

Table 3: Common themes among reviewed articles

Themes	S1	S2	S3	S4	S5	S6	S7	S8
Appraisal Support								
Family members as role model								✓
Encouragement			✓		✓	✓		✓
Self esteem						✓	✓	
Increasing self-confidence					✓			
Family history of positive breastfeeding outcomes	✓		✓	✓			✓	✓
Norms and past experience			✓					✓
Instrumental Support								
Help to address constraints				✓			✓	✓
Manage breastfeeding difficulties			✓					
Sharing the load							✓	
Financial assistance	✓			✓				
Continue education				✓			✓	
Assist and guidance			✓			✓		
Emotional Support								
Time availability							✓	
Approval of breastfeeding	✓							✓
Providing space and time to both mother and baby				✓		✓		
Caring			✓	✓			✓	
Breastfeeding in public area				✓				
Felling obligated in the family	✓		✓					
Informational Support								
Positive information	✓	✓			✓		✓	✓
Good advice				✓		✓	✓	

Methodology quality

The results of methodological quality analysis using CASP showed that all studies had clear research objectives and accurate qualitative methodologies. The qualitative research design was chosen in accordance with the research objectives, but there was one reviewed study that did not explain

why this research design was used [28]. The research objectives that were set in each reviewed study showed what strategy was used to select the research participants. All studies had conducted an ethical test and provided informed consent to participants before the data was taken, but they did not explain the roles of each researcher and participant. The qualitative data found in the studies were analyzed thematically or by content to develop the research findings. Almost all studies illustrate the importance of their research results. The qualitative data generated from the reviewed articles were integrated and synthesized into four types of support given by the families to breastfeeding adolescent mothers, which are emotional, informational, instrumental, and appreciation support, as described in Table 3.

Appraisal support

Seven reviewed studies indicated that appreciation was the direct support given by the family to adolescent mothers to breastfeed their babies [14], [28], [29], [30], [31], [32], [33]. Breastfeeding experience of family members, the family norm of breastfeeding, and family encouragement for breastfeeding increased teen mothers' self-confidence to breastfeed their babies. Appraisal for the women's efforts in breastfeeding also improved their self-image that they felt better when breastfeeding and decided to continue breastfeeding their babies [33].

Four studies in Ghana, Canada, North Carolina, and North West of England described the positive breastfeeding experienced of the family members motivated the adolescent mother to take the same feeding method [14], [28], [29], [30]. By providing breastmilk for the baby, one study described the baby grew up with love and got close to the mother [29]. The women's mother and sister were the family members who shared positive breastfeeding experiences and became role model for adolescent mothers to choose exclusive breastfeeding to breastfeed for babies [32]. The encouragement to breastfeed is another form of support given by the family, as mentioned by four studies among Canadian, American, and Latina-African-American adolescent mothers [30], [31], [32], [33]. All family members wanted these adolescents to breastfeed their babies [33]. The women's partners supported them to breastfeed their babies and convinced them to perform this feeding method optimally [30]. Besides, women's parents were the primary motivator for the breastfeeding practice [31] as the family norms suggested that every woman had to breastfeed their baby [30]. Moreover, adolescent mothers feel full support from those closest to them [28] [31].

Instrumental support

The synthesis results of six reviewed articles conducted in Ghana, Canada, the USA, and England

suggested forms of instrumental breastfeeding support provided by the family, including helping to identify and manage difficulties encountered during breastfeeding, taking over some household chores, providing opportunities to continue education, and assisting or guiding the breastfeeding process [14], [28], [29], [30], [31], [32]. The family helped teen mothers when facing difficulties in breastfeeding, such as improving the breastfeeding position of the mother and baby, so they were in a comfortable position, and the babies were calm [28]. When breastfeeding in public places, the family initiated to cover up the adolescent mother's position that it could not be seen by others and the women would not feel ashamed of breastfeeding their babies [32]. If teen mothers experience breastfeeding problems, the family would come and provided necessary assistance [30]. Sharing responsibilities were also indicated by families, especially couples. Couples are beneficial to mothers when breastfeeding, especially at night [28].

Opportunity to continue education is another crucial support showing by the family in the study by Smith and colleagues (2012) and Dykes and colleagues (2003). The reviewed studies described that women's parents picked up pumped breast milk to campus to give to the baby or brought the baby to campus to be breastfed [14]. The family is a facilitator for teen mothers who can still breastfeed their babies even at school [28]. All the needs of mothers and babies, such as buying baby equipment, are met by the family [14]. Women's partners took part in fulfilling financial needs, so these teen mothers could focus on breastfeeding until the baby is 6 months old [14], [29].

Emotional support

The synthesis results of five reviewed articles affirmed that breastfeeding approval, a caring family, supporting breastfeeding in public places, and the availability of time and space for mothers and babies are forms of emotional support provided by the family [14], [28], [29], [30], [31]. Families, including partners, usually sit near the teen mothers during breastfeeding and show their care to the adolescent breastfeeding [28]. When breastfeeding in public areas, adolescent mothers always remember the advice of their parents to ensure that the mother's breasts are covered [14]. The female parents look after the baby while the teen mothers go to school [32]. At home, families often facilitate teen mothers and babies to spend time together [14].

Families believe that the bond between mother and baby was formed through the act of breastfeeding [31]. Teen mothers tended to follow the words of female parents, including about the baby's breastfeeding [29]. Teen mothers are free to breastfeed as long as they want [30]. When breastfeeding the baby, partners always prepared beverages or drinks for teen mothers [30].

These young women felt the emotional support shown by partners who always provided breastfeeding assistance to the women whenever they needed them [14].

Informational support

According to the analysis results of six reviewed articles, information about breastfeeding and advice related to breastfeeding are the informational support provided by the family to the breastfeeding adolescent mothers [14], [28], [29], [31], [32], [34]. The success in breastfeeding was influenced by the information given by the families that breastfeeding is the best feeding method to make babies healthy [32]. Breastfeeding became easy for adolescent mothers because of the information given by their families [33]. The women's mother delivered information about exclusive breastfeeding that these young mothers completed the feeding [29]. These teen mothers relied on positive information from people who had experienced breastfeeding [28]. Women's parents and partners taught and provided some advice related to breastfeed [31]. Furthermore, women's parents suggested breastfeeding when they were not at home [14], [28].

Discussion

The results of this qualitative systematic review highlight that family significantly contributes to the success of breastfeeding practices among adolescent mothers through their appraisal, instrumental, emotional, and informational support. This study suggests that family as role models, family encouragement, family breastfeeding history, and family norms are related appreciation support from the families to adolescent mothers. Another study in Thailand supports these findings, which explains that adolescent mothers generally become mothers for the 1st time. They lack confidence when interacting with babies and experience various childbearing issues, including breastfeeding difficulties. Thus, most times, these adolescents require full attention from the family [35]. Families and fathers of infants also encourage mothers to breastfeed their babies [36]. Partners are one of the primary motivators of young mothers to breastfeed their babies [37]. These family members' help adolescents make breastfeeding decisions and convince them that they made the right decision by breastfeeding [38]. Further, parents and in-laws share the precious experience of breastfeeding and how it creates a bond with the babies [14].

This present review describes that families usually share their baby's feeding experience with the adolescent mothers, which positively affects the adolescents' confidence and behaviors toward

breastfeeding. This statement is supported by Tucker and colleagues' study (2011) in North Carolina, America, which describes that family members, who have positive breastfeeding experience influence the mother's decision to initiate early breastfeeding. Unfortunately, some other studies indicate that not all family members have a positive attitude towards breastfeeding. For example, a study in an urban setting in the USA found that the family experience of giving only formula milk to the babies impacted adolescent mothers' attitudes toward breastfeeding as it was perceived not causing problems to the children [17]. This situation can lead to conflict between teen mothers and their families because these young women do not have the power to negotiate, are under pressure, and experience stress in dealing with situations between the desire to breastfeed and the lack of confidence in breastfeeding [39].

Findings of this present study also reported that family assistance to overcome breastfeeding difficulties and problems, complete house chores, solve financial constraints, support educational completion, and accompany and guide the breastfeeding process is essential instrumental encouragement needed and received by the adolescent mothers to maintain the breastfeeding. According to Wambach [10], adolescent breastfeeding mothers lack the initiative to breastfeed and cannot sustain breastfeeding compared to adult breastfeeding mothers. The family who live in the same house, especially female parents and sisters, are always actively involved in motivating and reminding teen mothers to continuously breastfeed their babies [1]. Incongruent with this present review, other studies found partners' role to remind the young mothers about their responsibility to provide breast milk and participate in the process of breastfeeding the baby (such as helping to position the baby for breastfeeding and provide drinks and snacks for the mother during the breastfeeding). When the adolescent does not want to breastfeed their baby, female parents will force her to breastfeed and help her with household duties [19], [40].

In line with this present review, another study describes that during breastfeeding, teen mothers face many barriers between focusing on infant care and returning to school or work [7]. Some teen mothers intend to finish their school and continue studying for higher education, so they can make their parents proud of them. Additionally, these women show their desire to be good a parent for their babies, marry, and take care of their family [14]. To achieve their future goals, teen mothers share their house responsibilities with their female parents, who are happy to support the teen mothers by helping babysit at night and giving pumped breast milk [2].

One of the key findings of this qualitative review is that women's partners play a crucial role in successful breastfeeding. Supporting this finding, the research conducted by Rempel *et al.* (2017) in Canada

illustrates that the form of support provided by partners is sensitive and needs a family teamwork approach to mothers in breastfeeding. The results of this study are also in line with research conducted by Ogbo *et al.* (2020) suggested that the sensitivity of partners and the ability to solve problems during the breastfeeding process is essential for successful breastfeeding. Partners who are aware of the teen mothers will involve in helping the teen mothers take care of the baby, participate in the breastfeeding process, and do house chores. The role of the partners is as a parent to their child and as a partner/husband in the breastfeeding process [37]. Furthermore, personal support is also provided by the partner, where the partners mitigate not only the physical but also psychological needs of adolescent mothers [15]. Support from partners influences mothers to initiate early breastfeeding and subsequent breastfeeding [5]. Thus, the breastfeeding practice should be decided by both the adolescent mother and her partner [15].

The present review highlights the role of the adolescent mother's partner in providing breastfeeding support and helping to finalize housework. The results of this study are in line with the research conducted by de Lacerda, Lucena de Vasconcelos [15] in Brazil, which describes partners provide support for mothers to breastfeed starting from the antenatal period. Since the mother was pregnant, the partners always motivated the mother to breastfeed. Family, particularly partners, provide financial support to teen mothers because the majority do not work, have low incomes, so they choose to breastfeed their babies to reduce expenses [41]. Women's partners also help with financing health such as care services consulting fees, and medicines, so these teen mothers can focus on taking care and breastfeeding the baby [30]. Most teen mothers are successful in breastfeeding because of the support from their significant families. The families and partners' involvement in the breastfeeding program is required as one of the strategies in promoting breastfeeding, especially among young women.

The process of breastfeeding in adolescent mothers with unwanted pregnancies can cause mental distress due to ignorance of the baby's existence. Due to the stress, in most occurrences, breast milk does not come out and becomes a reason for teen mothers not breastfeeding their babies [6]. The results of this study are in line with research conducted by Afyanti and Juliastuti (2012) in Indonesia which showed that lack of trust in breastmilk production caused some mothers to give additional food and or other drinks to babies. However, partners who know the benefits of breastmilk to a baby's health want their teen mothers to breastfeed. In the present systematic review, all studies were conducted in the middle to high-income countries that the partners had a high understanding of the importance of breastfeeding that most partners provided positive breastfeeding information and support to teen mothers.

Hence, it is supposed to be noticed that the research conducted by James *et al.* (2020) illustrates that not all information provided by families about breastfeeding is correct. Lack of informational coherence between teen mothers and their families may yield mental distress for these women because of informational differences received and believed. It requires breastfeeding enhancement from health care professionals to minimize unsolved breastfeeding issues.

Limitation

This study has limitations in the number of articles found and being reviewed. Very few articles discuss the types of family and partner support related to the success of breastfeeding among adolescent mothers. Even if there are articles available, there are still few that discuss in depth the forms of support and the role of families and partners regarding the success of breastfeeding carried out by adolescent mothers. Most of the findings show that there is support and there is a role of the family, but it is not explained in more detail what kind of support and role is needed by these women.

Summary

A systematic review has been carried out to contextualized; the extended family support given to adolescent mothers in achieving optimal breastfeeding. Successful breastfeeding occurs with the presence of family members as role models and motivators that build a positive self-image of adolescent mothers. The family also helps these women overcome difficulties to balance childbearing and schooling activities and financial hardship. This positive family support among adolescent women in the developed countries should be adopted by other women in developing countries to improve child health. Multidiscipline professionals, such as family nurses, midwives, pediatricians, psychologists, community leaders, teachers, and policymakers, should establish collaboration in manage the breastfeeding issues among young women that these women's educational and reproductive rights and needs are fulfilled. Thus, maternal and child health increases. Further research should be conducted to explore the family support for adolescent women in the developing world and develop breastfeeding programs that are sensitive to adolescent mothers' needs with their family's involvement.

Key points

- The success of breastfeeding is seen from the decision to breastfeed, early initiation

of breastfeeding, the continuation of breastfeeding, and exclusive breastfeeding

- An adolescent breastfeeding mother is breastfeeding a baby when the mother is between 14 and 19 years old.
- The support of the closest person is the support that is obtained from people who have blood ties to the teen mothers and the biological father of the baby.
- Family support in the form of appreciation support, instrumental support, emotional, and informational support is associated with successful breastfeeding in adolescent mothers.

Contribution

VP initiated the concept for the paper and search the related publication. All authors (VP, YA and DJ) have substantially contributed to the design, data extraction, analysis, and appraisal of the quality of these articles. The article was drafted by VP and all authors (VP, YA and DJ) revised for important content.

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