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BREASTFEEDING PROBLEMS IN TEENAGE MOTHERS: A SCOPING REVIEW

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Abstract

Breastfeeding practices among adolescent mothers are among the lowest globally, despite the increasing proportion of adolescent mothers. Adolescent pregnancies (between the ages of 10 and 19) account for 10% of all annual maternal deaths and higher rates of infant mortality and morbidity. In low- and middle-income countries, breastfeeding is estimated to prevent approximately 13% of all deaths of children under five. Exclusive breastfeeding (EBF) has been shown to provide benefits for both mothers and babies. The purpose of this study was to examine breastfeeding issues among adolescent mothers. This scoping review research method consists of several steps, namely identifying questions about breastfeeding problems in adolescent mothers. Next, researchers conducted screening using inclusion criteria such as articles published between 2013 and 2023; articles in English and Indonesian; fully accessible articles, peer-reviewed articles, primary research, systematic reviews, scoping reviews, literature reviews, exclusion criteria such as opinion articles, blogspots, then researchers selected/selected literature that met the predetermined criteria and classified them into a flowchart. Then, data mapping, summarizing, and reporting the results based on the title, author, year, research objectives, type of research, and results. After selecting the literature, 19 articles were found. Of the 19 articles, 3 themes were found, namely low education levels, lack of maternal knowledge about breastfeeding, and lack of support for breastfeeding mothers. Conclusion: Breastfeeding problems in adolescent mothers are very diverse, such as low education levels, lack of knowledge about breastfeeding, and lack of support for breastfeeding mothers. Many adolescent mothers want to breastfeed their babies, but due to several obstacles such as lack of knowledge about breastfeeding, low education levels, and lack of breastfeeding support, so that the achievement of breastfeeding for adolescent mothers is not optimal. The problems faced by adolescent mothers are very diverse. The findings of this study can be used as a basis or input for other researchers to study more deeply other problems related to breastfeeding among adolescent mothers.

Keywords: *Breastfeeding Problems, Teenage Mother Problems, Breastfeeding Mothers*

INTRODUCTION

The World Health Organization (WHO) recommends that breastfeeding should begin in the delivery room within the first hour of life, followed by exclusive breastfeeding (EBF) for the first 6 months of life, and thereafter [1]. The first 1,000 days of life, the period from conception to a child's second birthday, are widely recognized as a critical window of opportunity for optimal child development [2],[3]. Exclusive breastfeeding (EBF) has been shown to benefit both mothers and infants. Such as increasing the baby's immune system, creating boundaries or closeness between mother and baby. Breastfeeding rates among adolescent mothers are among the lowest globally, despite an increasing proportion of adolescent mothers. Adolescent pregnancies (between the ages of 10 and 19) account for 10% of all annual maternal deaths and higher rates of infant mortality and morbidity [4]. In low- and middle-income countries, breastfeeding is estimated to prevent approximately 13% of all deaths of children under five. Several beneficial effects of EBF have been

documented worldwide, s

such as reduced postnatal mortality and sudden infant death syndrome (SIDS), reduced risk of childhood infections, and reduced risk of diabetes [5]. Breastfeeding can reduce the likelihood of developing postpartum depressive symptoms [5].

Although there is currently limited data on school dropout rates related to teenage pregnancy, approximately 36% of girls drop out of school due to pregnancy [2]. Key reports on teenage pregnancy highlight that those who become pregnant during adolescence (13-16 years) are less likely to return to school and have poorer academic performance compared to those who become pregnant during older adolescence (17-19 years). So this makes teenage mothers have low levels of education where teenage mothers are required to be mothers for their babies [2], [7]. EBF practices among teenage mothers vary globally. Exclusive breastfeeding rates for infants under six months of age are reported to be 20% in Central and Eastern European countries and 44% in South Asia [4]. However, only half of neonates (the first 30 days of life) and 30% of infants aged 1-5 months are exclusively breastfed globally [8]. Factors associated with low rates of breastfeeding among adolescents are not well understood. One study identified teenage pregnancy as a factor in discontinuing EBF. The duration of breastfeeding among adolescent mothers may be associated with demographic characteristics such as education level and multiple births. One study noted that previous pregnancies were associated with a higher likelihood of choosing to breastfeed among adolescent mothers [9].

This scoping review aims to better understand the challenges faced by adolescent breastfeeding mothers. The aim of this study was to identify breastfeeding challenges experienced by adolescent mothers.

METHOD

The methodological framework used by the researcher in this study is supported and upheld by proponents of scoping, who state that all methods used are phased and conducted with rigorous and transparent selection. This study follows a scoping review methodology. In this process, the researcher began a three-month literature search (August-October 2025). The literature search was based on predetermined criteria. The researcher then documented the findings in detail, enabling the study to be replicated by other researchers. This explicit approach can enhance the findings, ensuring that this study does not introduce methodological errors [10].

The adopted method serves as a guideline for identifying literature in a scoping review to achieve in-depth and comprehensive results. The scoping review method is used to identify all relevant literature.

In this study, the researcher aims to re-identify the literature search specifically and in-depth. The researcher's goal is to avoid placing overly narrow or narrow boundaries on the literature search, identification of relevant studies, or initial selection. The following are the stages of the adopted methodological framework for conducting the literature review: Step 1: Identifying the scoping review question; Step 2: Identifying relevant literature sources; Step 3: Selecting literature; Step 4: Data mapping; Step 5: Compiling, summarizing, and reporting the results.

Step 1: Identifying the Scoping Review Question

The starting point for identifying the research question to be addressed is based on the literature search guide. Therefore, it is crucial to identify aspects of the research question, such as the study population, intervention, or outcome. Researchers use the Population, Exposure, Outcome, or Theme (POE) framework to formulate research questions and can also be used in a literature search.

This step aims to identify concepts and key elements for effective or relevant searches. The research question for this scoping review is: What does the scoping review reveal about breastfeeding issues among adolescent mothers?

Table 1. Framework PEO

Populasi	Eksposure	Outcome
Breastfeeding mothers of teenagers	Breastfeeding	Problem

Step 2: Identifying Relevant Literature Sources

Identifying relevant literature sources is done after identifying the scoping review question and meeting the inclusion and exclusion criteria.

Table 2. Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
1. Articles published from 2013-2023	1. Opinion articles
2. Articles published in English and Indonesian	2. *Blogspot*
3. Articles discussing breastfeeding experiences during the Covid-19 pandemic	3. Articles that do not discuss breastfeeding experiences during the Covid-19 pandemic
4. Articles discussing factors that influence exclusive breastfeeding during the Covid-19 pandemic	4. Articles that do not discuss factors influencing exclusive breastfeeding during the COVID-19 pandemic.
5. Fully accessible articles, peer reviewed articles, primary research, systematic reviews, scooping reviews, literature reviews	

The article search used databases such as Pubmed, Google Scholar, and Science Direct. The keywords used in the scoping review research literature search were Breastfeeding Mother OR Mother Breastfeeding OR Breastfeeding Women OR Female Breastfeeding, breastfeeding adolescent mother, breastfeeding teen mother, Exclusive breastfeeding OR successful exclusive breastfeeding.

Step 3. Literature Selection

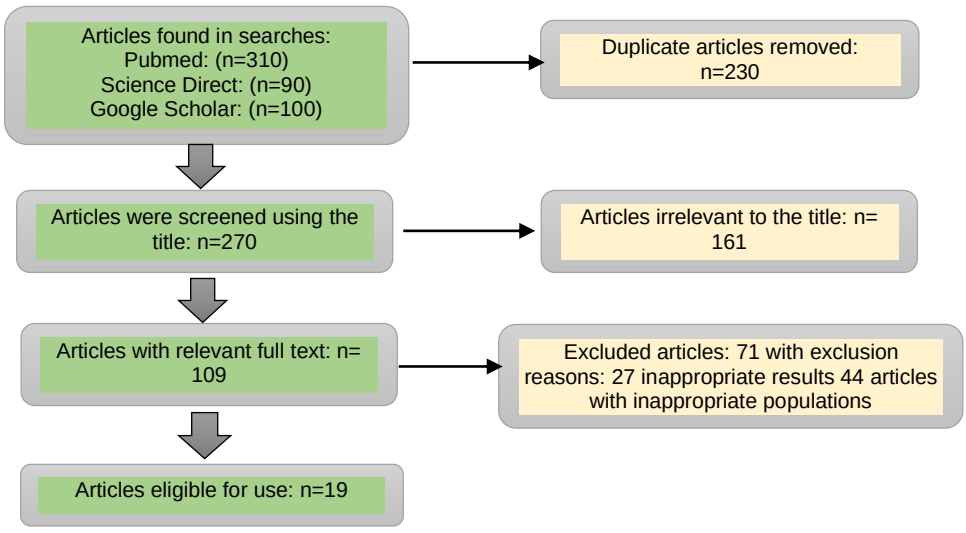

Figure 1. Prisma Flowchart

Based on the Prisma Flowchart, 500 articles were imported into Zotero for screening. After that, 19 articles were selected for use, obtained through article screening. To assess the articles, critical appraisal was performed.

Step 4: Data Charting

Table 4. Data Charting

No	*Title/Author/Year*	*Country*	*Aim*	*Type Of Research*	*Result*
1.	Breastfeeding, bottle feeding and risk of malocclusion in mixed and permanent dentitions: a systematic review [11] (Abreu et al,. 2016)	Brazil	to seek scientific evidence regarding the relationship between breastfeeding and bottle-feeding and the risk of malocclusion in the mixed and permanent dentition.	*Systematic review*	Children with mixed and permanent dentition who were breastfed for more than 6 months showed greater average mandibular incisor protrusion and maxillary incisor inclination compared to children who were breastfed for less than 6 months or bottle-fed ($p < 0.05$).
2.	Time trends and determinants of breastfeeding practices among adolescents and young women in Nigeria, 2003–2018 [12]. (Benova et al., 2020)	Nigeria	examined key breastfeeding practices in Nigeria over a 15-year period, comparing adolescent mothers with young women.	quantitative	Teenage mothers consistently had lower prevalence rates for three of the six key breastfeeding indicators: early breastfeeding initiation, exclusive breastfeeding for <6 months, and no pre-lactational feeding. Compared with teenage girls, teenage mothers had a higher prevalence of continued breastfeeding at 1 and 2 years of age. In multivariate analysis, we found that maternal age group was not associated with early breastfeeding initiation or exclusive breastfeeding for <6 months.
3.	Counselling sessions increased duration of exclusive breastfeeding: a randomized clinical trial with adolescent mothers and grandmothers [13]	Brazil	to evaluate the efficacy of breastfeeding counseling for adolescent mothers and their children in increasing the duration of EBF.	quantitative	The intervention increased the duration of EBF by 67 days for the group that excluded grandmothers (HR = 0.64; 95% CI = 0.46-0.90) and by 46 days for the group that excluded

No	*Title/Author/Year*	*Country*	*Aim*	*Type Of Research*	*Result*
	(Dias de Oliveira et al., 2014)				grandmothers (HR = 0.52; 95% CI = 0.36-0.76). Counseling sessions during the first four months of a child's life were shown to be effective in increasing the duration of EBF in adolescent mothers.
4.	The effect of midwife-oriented breastfeeding counseling on self-efficacy and performance of adolescent mothers: a clinical trial study [14]. (Fahim et al., 2023)	Iran	To determine the effect of breastfeeding counseling based on the Ready Set Baby (RSB) educational program on breastfeeding self-efficacy and performance in adolescent mothers.	quantitative	After the intervention, self-efficacy and breastfeeding performance scores were measured and adjusted for confounding factors. The mean scores for self-efficacy were 116.03(20.64) and 100.02(20.64) (P<0.005), with an effect size of 0.77 [MD=16.01 (95% CI: 5.34,26.67)], and the mean scores for breastfeeding performance were 6.30(2.07) and 4.12(2.07) (P<0.002), with an effect size of 1.05 [MD=2.18 (95% CI: 1.11,3.24)] in the intervention and control groups, respectively.
5.	Factors Associated with Adherence to the Exclusive Breastfeeding[15] (Fereira et al., 2018)	Brazil	To verify the relationship between maternal variables and exclusive breastfeeding in a specialized outpatient clinic in the state of Ceará, Brazil.	quantitative	Most women were young, had partners, had a good education, were multigravida, and had attended six or fewer antenatal care visits at a health center. There was a significant association between multiparity and exclusive breastfeeding, which

No	*Title/Author/Year*	*Country*	*Aim*	*Type Of Research*	*Result*
					emerged as a protective factor against this practice. Most mothers who exclusively breastfed reported not receiving any breastfeeding guidance during their prenatal visits, suggesting the presence of other external factors supporting exclusive breastfeeding.
6.	Associations of breastfeeding with bulimic behaviors and eating disorders among adolescents [16]. (Iron-Segev et al., 2013)	Amerika Serikat	To use a life course framework to examine the relationship between breastfeeding duration and the risk of developing bulimic behavior or a diagnosed eating disorder.	quantitative	There was no significant association between breastfeeding duration and purging, binge eating, and self-reported history of eating disorder diagnosis.
7.	The Association between Breastfeeding Duration and Lipid Profile among Children and Adolescents [17] (Li et al., 2021)	China	To investigate the association between breastfeeding duration and lipid profiles in children and adolescents, a cross-sectional survey using random cluster sampling was conducted, and a nationwide sample was collected from 12,110 Chinese children and adolescents aged 5-19 years.	quantitative	With increasing duration of breastfeeding, the magnitude of the association between breastfeeding and lipid profiles increased. -8.390, -4.059), 1.956 (95% CI: -3.709, -0.204), 1.273 (95% CI: -2.106, -0.440) mg/dL, and 0.072 (95% CI: -0.129, -0.015), respectively, compared to those who were not breastfed. The associated risk of high TC decreased by 43% (aOR: 0.570, 95% CI: 0.403, 0.808).
8.	Association between postpartum depression level, social support level	Turki	to determine the relationship between the level of self-efficacy	quantitative	The mean age of the participants was 28.61±5.72 (Min: 18, Max: 44), and

No	*Title/Author/Year*	*Country*	*Aim*	*Type Of Research*	*Result*
	and breastfeeding attitude and breastfeeding self-efficacy in early postpartum women [18]. (Mercan and Tari Selcuk, 2021)		for breastfeeding in postpartum mothers and the level of depression, level of social support, and breastfeeding attitudes in the early postpartum period.		the mean score obtained from the BSES-SF was 55.13±8.39. Statistically significant differences were detected between the BSES-SF scores of the participants and their age groups, employment status, perceived income level, and number of living children (P<0.05).
9.	Factors associated with the maintenance of breastfeeding for 6, 12, and 24 months in adolescent mothers [19]. (Muelbert and Giugliani, 2018)	Brazil	The aim of this study was to identify factors associated with maintaining breastfeeding for at least 6, 12, and 24 months in adolescent mothers.	quantitative	Other factors evaluated were related to breastfeeding maintenance at only one time point assessed: 6 months, maternal skin color (black/brown); 12 months, breastfeeding support for the daughter and her partner; and 24 months, older paternal age and multiparity.
10.	Factors related to exclusive breastfeeding in Thai adolescent mothers: Concept mapping approach [20] (Nuampa et al., 2019)	Thailand	to determine the factors produced by adolescent mothers that are related to exclusive breastfeeding at the age of 6 months. The mixed method design was carried out through concept mapping.	quantitative	The results of the study showed that teenage mothers brainstormed approximately 104 statements about factors related to exclusive breastfeeding at 6 months of age. These factors can be categorized into the following six main groups: (a) benefits of breastfeeding; (b) supporting factors and necessary skills; (c) promotion and support needed; (d) community and

No	*Title/Author/Year*	*Country*	*Aim*	*Type Of Research*	*Result*
					social influences; (e) internal and external barriers; and (f) major problems in the family.
11.	Breastfeeding duration, mixed feeding and health risk in Costa Rican children and adolescents [21] (Nunez-Rivas et al., 2022)	Amerika Serikat	To examine the association between breastfeeding duration and mixed feeding with obesity, cardiometabolic risk, body fat, risky dietary behaviors, and physical activity in children and adolescents.	quantitative	The mean age was 11.4 ± 2.6 years, and 50.9% were male. 55.5% of the population was middle class; 60% were sedentary, and 16% were obese. Approximately 20% were breastfed without formula before 6 months of age, 13% were never breastfed, and more than 60% were breastfed for 6 months or more. Children who were exclusively breastfed or combined with formula for ≥6 months showed a lower percentage of obesity compared to children who were breastfed only or in combination with formula for ≥6 months.
12.	What does a doctor need to know about breastfeeding and adolescent health and pregnancy? [1] (Nunes et al., 2023)	Brazil	to discuss the current scientific evidence on the benefits of BF on women's health, as well as specific situations that may arise in women's health that contraindicate BF, some medications whose use is prohibited during BF, and concluding with an addressing of integral concerns regarding	quantitative	Adolescents as subjects who have rights and respecting them is important to face the challenges of providing comprehensive health services.

No	*Title/Author/Year*	*Country*	*Aim*	*Type Of Research*	*Result*
			adolescent health and pregnancy.		
13.	Breastfeeding and behavior disorders among children and adolescents: a *systematic review* [22] (Poton et al., 2018)	Brazil	aims to assess the available evidence regarding Association between breastfeeding and behavioral disorders in childhood and adolescence.	*systematic review*	Eighteen studies met the inclusion criteria. Breastfeeding for a duration equal to or greater than three or four months appears to be inversely associated with conduct disorder and total behavior in childhood; however, its association with other conduct disorders remains unclear. Only four studies assessed conduct disorder in adolescence, and when an association was found, it was likely positive. The duration of breastfeeding appears to be more important than whether breastfeeding is exclusive or non-exclusive.
14.	Trends and Determinants of EBF among Adolescent Children Born to Adolescent Mothers in Rural Bangladesh [4] (Rahma et al., 2020)	Bangladesh	To understand EBF practices among adolescent mothers and their determinants in the Health and Demographic Surveillance System (HDSS) service area of the International Center for Diarrheal Disease Research, Bangladesh (icddr,b) (ISA) and the government service area (GSA) in rural Matlab, Bangladesh.	quantitative	A trend toward lower EBF in ISA compared to GSA was observed in bivariate analysis. However, after adjusting for confounding variables, EBF status in GSA was 15% lower than in ISA (HR: 0.85, 95% CI: 0.72–0.99). Paternal education differed significantly between the two populations. In both study areas, EBF coverage among adolescent mothers was lower than the national average

No	*Title/Author/Year*	*Country*	*Aim*	*Type Of Research*	*Result*
					(42% vs. 65%).
15.	Effect of breastfeeding on postpartum depressive symptoms among adolescent and young adult mother. [23] (Spisma et al., 2018)	Amerika Serikat	To describe the association between breastfeeding and postpartum depressive symptoms among a sample of adolescent and young adult mothers and to determine whether breastfeeding difficulties moderate this association.	quantitative	Postpartum depressive symptoms were not significantly associated with breastfeeding duration or breastfeeding at 6 months. Early breastfeeding difficulties moderated the association between depressive symptoms and breastfeeding at 6 months. Among young mothers still breastfeeding at 6 months, mothers who reported no early breastfeeding difficulties had the lowest depression scores, and mothers who reported early breastfeeding difficulties had the highest depression scores at 6 months.
16.	Breastfeeding knowledge and relation to prevalence [24] (Suarez Catelo et al., 2019)	Spanyol	To determine the level of maternal knowledge about breastfeeding and analyze its influence on breastfeeding intentions after the introduction of baby food at weeks 6 and 16, as well as at 6 months postpartum.	quantitative	This study involved 297 pregnant women, of whom 90.4% intended to exclusively breastfeed their babies, but only 28.2% continued breastfeeding beyond six months. Knowledge about breastfeeding was relatively consistent and known to influence newborn feeding intentions and practices, making it a crucial factor to consider when developing educational strategies aimed at

No	*Title/Author/Year*	*Country*	*Aim*	*Type Of Research*	*Result*
					increasing breastfeeding rates.
17.	Association between breastfeeding and eczema during childhood and adolescence: A cohort study [25] (Wang et al., 2017)	United Kingdom	To determine the relationship between breastfeeding and eczema during childhood and adolescence.	quantitative	The prevalence of current eczema decreased from 36% in children aged 1 year to 18% in children aged 10–17 years. Breastfeeding was not associated with current eczema. Compared with children who had never been breastfed, the adjusted odds ratio for current eczema at all ages was 1.02 (95% confidence interval 0.90–1.15) for children who had been breastfed for 0–3 months, 0.97 (0.82–1.13) for children breastfed for 4–6 months, and 0.98 (0.85–1.14) for children breastfed for >6 months.
18.	Breastfeeding during infancy and neurocognitive function in adolescence: 16-year follow-up of the PROBIT cluster-randomized trial [26] (Yang et al., 2018)	United Kingdom	To determine breastfeeding during infancy and neurocognitive function in adolescence	RCT	Children who were exclusively breastfed for 3 (versus <3) months had 3.5 points (95% CI 0.9-6.1) higher verbal function, but no differences were observed in other domains.
19.	Adolescent girls' perceptions of breastfeeding in two low-income periurban communities in South Africa [2] (Zweigenthal et al., 2019)	Afrika Selatan	To determine adolescent girls' perceptions of breastfeeding in two low-income peri-urban communities in South Africa.	quantitative	Participants were aware of the arguments for and against breastfeeding and formula feeding, but in practice, mixed feeding occurs soon after birth. Despite the strong emphasis on high school education, exclusive breastfeeding is seen as impractical.

No	*Title/Author/Year*	*Country*	*Aim*	*Type Of Research*	*Result*
					Congruent educational policies and infant feeding policies/guidelines must address the challenges and contexts of adolescent mothers.

Results And Discussion

Based on the characteristics of the articles obtained, 19 articles were suitable for use in this scoping review using the method with articles from developing countries, namely Brazil with 6 articles, the United Kingdom with 2 articles, the United States with 3 articles, Thailand with 1 article, Turkey with 1 article, Nigeria with 1 article, Iran with 1 article, China with 1 article, Spain with 1 article, Bangladesh with 1 article, South Africa with 1 article.

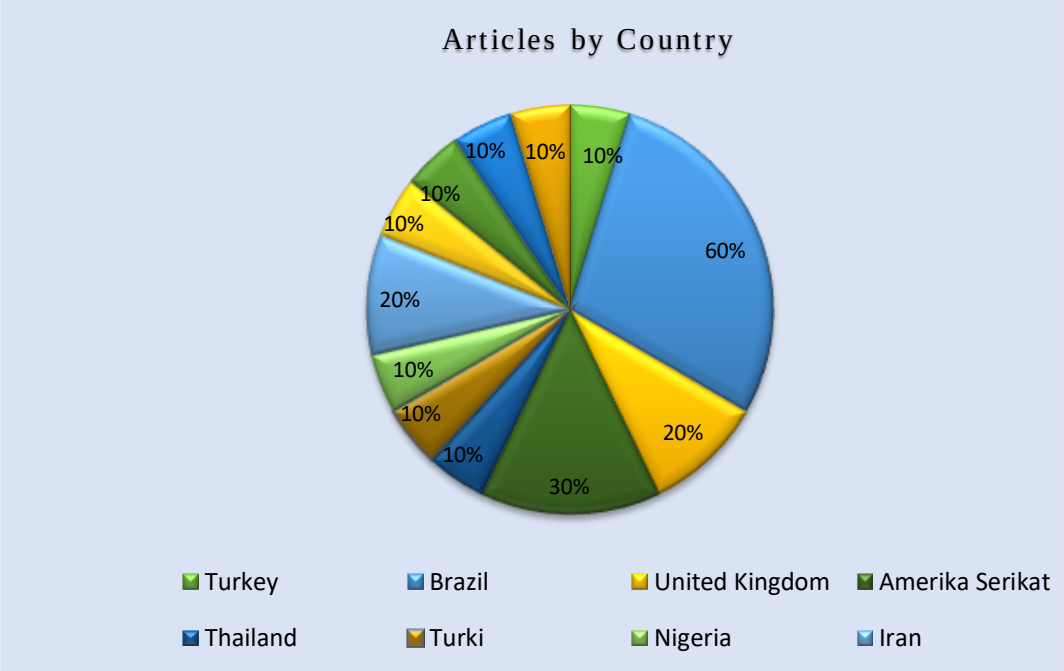

Figure 1. Articles by Country

Discussion

The results of the review of 19 articles found 3 themes, namely low levels of education, lack of support for breastfeeding mothers and mothers' lack of knowledge about breastfeeding.

1. Low Education

Research conducted in Brazil, Turkey, Thailand, China, and Spain [1], [11], [13], [15], [17], [18], [19], [20], [22] indicates that low education levels can impact adolescent mothers' knowledge about breastfeeding. This is evident in the findings that lack of breastfeeding experience and low education levels in primiparous adolescent mothers are associated with low self-efficacy, which can lead to mothers not breastfeeding their babies.

Low education levels are closely related to adolescent mothers' knowledge about breastfeeding their babies. Especially during adolescence, when adolescents should still be searching for their identity or identifying their character, they are also expected to become mothers,

primarily by providing breast milk or nursing their babies [27].

Adolescent breastfeeding mothers are a vulnerable group in breastfeeding practices, especially if they have a low level of education. Education plays a crucial role in shaping knowledge, attitudes, and health behaviors, including understanding the benefits of breastfeeding, proper breastfeeding techniques, and decision-making regarding maternal and infant health.

Low levels of education among adolescent breastfeeding mothers often result in a lack of knowledge about the importance of exclusive breastfeeding during the first six months of a baby's life. Adolescents with low levels of education tend to lack comprehensive health information, making them more susceptible to myths, traditional beliefs, or inaccurate information about breastfeeding. This can lead to suboptimal breastfeeding practices, such as introducing complementary foods too early, using formula without medical indications, or stopping breastfeeding early [28].

Furthermore, limited education also impacts adolescent mothers' ability to understand proper breastfeeding techniques, such as proper positioning and latch. Incorrect breastfeeding techniques can lead to various problems, including sore nipples, breast pain, engorgement, and the perception of insufficient milk production. These conditions can lower adolescent mothers' self-confidence and lead to failure in exclusive breastfeeding [29].

Adolescent breastfeeding mothers with low levels of education also tend to have limited access to health services and evidence-based information. A lack of understanding of the importance of postpartum visits, lactation counseling, and infant growth monitoring prevents mothers from receiving optimal support during breastfeeding. However, support from health workers, particularly midwives, is crucial for improving breastfeeding success in adolescents.

The long-term impact of low education among adolescent breastfeeding mothers is felt not only by the mothers but also by their babies. Babies who are not exclusively breastfed are at higher risk of infection, growth disorders, and suboptimal development. Therefore, maternal education is a crucial determinant in efforts to improve maternal and child health.

The role of midwives and other health workers is strategic in addressing this issue through ongoing health education, communication approaches appropriate to the age and level of understanding of adolescent mothers, and empowering mothers to make informed decisions regarding breastfeeding. Simple education, using visual media, and intensive support have proven effective in improving breastfeeding knowledge and skills among adolescent mothers with low levels of education.

2. Mother's knowledge about breast milk

Research conducted in the United Kingdom, Nigeria, Bangladesh, and South Africa by [2], [4], [12], [24], [25], [30] indicates that breastfeeding mothers' knowledge about breastfeeding is lacking. This is evident in the findings that adolescent mothers lack experience in the new role of parenting and carrying out caregiving functions. Therefore, their decision to breastfeed is heavily influenced by family members. Many adolescent mothers lack knowledge about breastfeeding, which sometimes leads to the decision not to breastfeed. Breastfeeding.

The knowledge that mothers have is part of a belief of teenage mothers regarding the risk or non-risk of problems or diseases or health problems and their perception of understanding how to take action to avoid bad things that might happen to their baby's condition, so that it will influence their readiness to take action [7].

The knowledge of adolescent mothers is closely related to how people learn something after sensing a particular object. Sensing occurs through the senses of sight, hearing, smell, taste, and touch. This is reinforced by the recommendation to breastfeed until six months of age, followed by supplementary feeding until

two years of age.

Based on the theory proposed by Notoatmodjo (2010), it explains that many teenage mothers have knowledge about breastfeeding. People learn about something after they sense a particular object. Sensing occurs through the senses of sight, hearing, smell, taste, and touch. [31].

3. Lack of Support from Breastfeeding Mothers

Research conducted in the United States and Iran by [16], [23], [26] found that one factor contributing to adolescent mothers not breastfeeding their babies is a lack of support from family members. Support reflects whether breastfeeding is accepted by all family members, such as parents, husbands, the community, and health professionals. The support a person receives from others who understand, care for, and pay attention to them can lead to feelings of appreciation, love, acceptance, and attention.

Adolescent breastfeeding mothers are a vulnerable group to breastfeeding failure, partly due to a lack of breastfeeding support from their environment. Breastfeeding support includes emotional, informational, instrumental, and appraisal support provided by family, partners, healthcare providers, and the social environment. For adolescent mothers, this support is often suboptimal due to limited experience, dependence on parents, and immature psychosocial conditions.

Lack of family support, particularly from partners and parents, is a major factor affecting breastfeeding success in adolescent mothers. Many adolescent mothers still live with their parents, so decisions regarding infant care, including breastfeeding, are often dominated by older family members. If families lack knowledge or still believe myths, such as the belief that breast milk is insufficient or that babies need supplementary feeding from an early age, adolescent mothers tend to follow these decisions, even if they conflict with the principles of exclusive breastfeeding [31].

In addition to family support, limited support from health professionals also plays a role in low breastfeeding success in adolescent mothers. Adolescent mothers need more intensive support, empathetic communication, and education tailored to their level of understanding and emotional well-being.

Social support from peers is also often inadequate. Adolescent mothers may experience social stigma, shame, or psychological stress due to their young motherhood. This can reduce motivation to breastfeed and lead mothers to choose alternatives, such as formula, which are perceived as more practical and socially acceptable. Lack of emotional support can increase the risk of stress and anxiety, which ultimately negatively impact breast milk production and sustainability [31].

Lack of breastfeeding support for teenage mothers directly impacts the health of both mothers and babies. Babies are at risk of not being exclusively breastfed, making them more susceptible to infections, growth and developmental disorders, and nutritional problems. Meanwhile, teenage mothers are at risk of breastfeeding failure, low self-confidence as mothers, and increased psychological burden during the postpartum period.

Therefore, the active role of midwives and health workers is essential in establishing a comprehensive breastfeeding support system for teenage mothers. These efforts include lactation education and counseling from pregnancy, family involvement in the education process, and ongoing emotional support.

In the practice of breastfeeding, encouragement from husbands and family is essential, as this can motivate mothers to breastfeed their babies, especially as parents who always help and support them from infancy through adulthood. Furthermore, support from the surrounding environment is thought to be able to change adolescent mothers' breastfeeding behavior.

Acknowledgement

Thank you to all family members who helped in the preparation of this scientific article. This article was completed successfully and published, making it useful for readers. Further research is needed regarding breastfeeding problems that occur among

adolescents, such as the surrounding culture and the influence of peers or the environment in the residential area.

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