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## **Breastfeeding Needs in Adolescent Mothers**

### *A systematic review*

**Atefeh Yas,<sup>1</sup> Fatemeh Z. Karimi,<sup>2,3</sup> \*Talat Khadivzadeh<sup>2,3</sup>**

<sup>1</sup>*Faculty of Nursing and Midwifery, Mashhad University of Medical Science, Mashhad, Iran;*

<sup>2</sup>*Nursing and Midwifery Care Research Center, Mashhad University of Medical Sciences,*

*Mashhad, Iran;* <sup>3</sup>*Department of Midwifery, Mashhad University of Medical Sciences, School of Nursing and Midwifery, Mashhad, Iran.*

*\*Corresponding Author's e-mail: [tkhadivzadeh@yahoo.com](mailto:tkhadivzadeh@yahoo.com)*

### **Abstract**

Adolescent mothers face numerous challenges while breastfeeding. The purpose of the study was to assess the breastfeeding needs of adolescent mothers. Two researchers independently searched the databases Web of Science, PubMed, Scopus, Cochrane Library, SID, and Magiran. The initial search yielded 2290 studies, of which 41 were eventually included in this systematic review.

Breastfeeding requirements of adolescent mothers were categorized into eight categories: 1.

Social support from health care providers, partners, and families; 2. School support for

breastfeeding mothers, 3. Receiving breastfeeding counseling based on cultural sensitivities, 4.

Educational assistance from health providers for adolescent mothers' families 5. Changing

harmful cultural values and judgments about adolescent mothers' breastfeeding, 6. Additional

home or outpatient visits in the days following hospital discharge; 7. Peer support and peer

counseling, 8. Economic needs. To promote breastfeeding, policymakers and healthcare

providers ought to devise specifically tailored programs and interventions to cater to the specific requirements of mothers.

**Keywords:** Breastfeeding; Adolescent Mothers; Infant Feeding; Need; Qualitative Study.

## **Introduction**

Providing breast milk is the most effective method to ensure infants receive the necessary nutrients for optimal growth. Moreover, breastfeeding provides numerous benefits for infants by promoting their overall health and reducing the risk of developing several chronic diseases.

Breastfed infants have a reduction in acute otitis, gastroenteritis, severe respiratory tract infections, atopic dermatitis, asthma, obesity, type 1 and 2 diabetes, childhood leukemia, SIDS, and necrotizing enterocolitis.<sup>1,2</sup> The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of life, followed by complementary foods, and continued breastfeeding until the child reaches the age of two years.<sup>3,4</sup>

Breastfeeding mothers are affected by a variety of factors, one of which is the mother's age.<sup>5</sup> As per various studies, the rate of exclusive breastfeeding among adolescent mothers is lower than that of adult mothers, with a prevalence of 22% in Canadian adolescent mothers compared to 51% in adult mothers.<sup>6</sup> In Thailand, 19% of adolescent mothers<sup>7</sup> and 17.3% of adolescent mothers<sup>8</sup> in Bangladesh continue exclusively breastfeeding until six months. At three months, 19.3% of mothers aged 20 years in the United States exclusively breastfed their infants.<sup>9,10</sup> Adolescent mothers face numerous changes and challenges while pregnant and breastfeeding. These mothers must adjust to adult social roles, physical changes associated with puberty, and raising an infant. Most of these mothers are in poor social and economic circumstances and face numerous physical, mental, social, and spiritual challenges, such as depression, anxiety, low self-efficacy, lack of self-confidence, and multiple responsibilities. Taking care of their children and breastfeeding becomes a struggle for adolescent mothers as they encounter these obstacles.<sup>11,12</sup> A mother in adolescence is also associated with several adverse health consequences.<sup>13</sup> Evidence indicates that adolescents have a higher rate of obstetric complications and a higher rate of low-birth-weight infants, exposing their infants to disease and mortality risk.<sup>14,15</sup> Breast milk is the best nutrition for infants because it protects them from numerous diseases and strengthens their sensory and cognitive development.<sup>16</sup>

The World Health Organization also referred to adolescent mothers' breastfeeding as "feeding in exceptionally challenging circumstances," classifying them as high-risk mothers.<sup>17</sup> Therefore, it

is essential to understand their breastfeeding requirements to promote breastfeeding in this group of mothers so that health policies and interventions can be designed to their needs. No systematic review study that examines all facets of the breastfeeding requirements of adolescent mothers in qualitative studies was discovered, according to the research team's searches. Determining the breastfeeding needs of adolescent mothers in qualitative studies carried out in low, middle, and high-income countries was the aim of the current systematic review, which was conducted in light of the significance of recognizing these mothers' breastfeeding needs.

## **Materials and Methods**

The preferred reporting items for systematic reviews and meta-analyses (PRISMA) were used to perform and write the current systematic review study. The 2009 PRISMA statement was designed to assist systematic reviewers in reporting the review's motivation, the authors' methods, and their findings in a transparent manner. An update to the guideline is necessary due to developments in systematic review terminology and methodology over the past ten years. The PRISMA 2020 statement, which replaced the 2009 statement, entails new reporting guidance that reflects improvements in methods to identify, evaluate, and synthesize studies.<sup>18</sup>

### ***Data sources, search strategy***

Two researchers independently reviewed articles in both Persian and English that were written with a qualitative approach associated with the objective of the study up until December 2022. Web of Science, Pub Med, Scopus, and the Cochrane Library databases were searched for English language articles, and SID and Magiran databases were searched for Persian language articles. The key phrases comprised a combination of the following terms or their MESH counterparts, which were combined with AND, OR: breastfeeding, lactation, infant feeding, teenage mothers, adolescent mothers, young mothers, needs, and qualitative study. All the databases indicated were manually searched to retrieve the articles using the pertinent keywords. In addition, the reference sections of the relevant articles were manually examined using an electronic search to discover overlooked interventions.

### ***Eligibility criteria***

The inclusion criteria included qualitative and mixed-method studies that addressed the breastfeeding requirements of adolescent mothers with full-term, healthy newborns. The exclusion criteria included case reports, review studies, letters to the editor, systematic reviews, studies with unrelated data, quantitative studies, and lack of access to the full text of the articles. Ethnography, phenomenology, grounded theory, qualitative descriptive research, and qualitative content analysis are a few qualitative study methods frequently used in the medical and nursing sciences.<sup>19</sup>

Ethnography is the literal writing of culture, and it refers to a direct description of a community, group, or culture. Data are gathered while working in the field through participant observation, field note-taking, interviews with key informants, and document collection. Phenomenology is an approach to philosophy and a well-known qualitative research methodology. Its goal is to describe specific phenomena of daily experience as lived experience to comprehend its fundamental structure (Essence). A systematic approach to studying social processes is grounded theory (GT). Its origins are in sociology, specifically in symbolic interactionism. The development or modification of theory is the goal of the GT. In qualitative descriptions (QD), the What, Who, and Where of the experiences are the main focus. The core or foundation of QD differs from other varieties of qualitative research in that its primary focus is descriptive rather than interpretive. Qualitative content analysis is a research technique for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying categories, themes, or patterns.<sup>19</sup>

### ***Study selection and data collection process***

Studies identified in the electronic databases were sent to Endnote X8 for screening, determining, and removing duplicates. Studies found in the electronic databases were sent to endnote X8 for duplication removal, screening, and assessment. To choose the studies, two researchers (AY, FZK) independently evaluated the titles, abstracts, and keywords of the articles, as well as their eligibility criteria. In the second step, the complete text of the selected publications was independently examined by two researchers (AY, FZK), and any disagreements were resolved by discussion with the third author (TKH). The search strategy led to the inclusion

of 41 studies in this review. The process is summarized in the PRISMA flow diagram (Figure 1). Extracted data included the author's name, year of publication, country, type of qualitative approach, the title of the article, and the type of breastfeeding that needs to be reported in the article, which was conducted independently by two researchers (AY, FZK) (Table 1).

### ***Evaluation of the quality of studies***

The Critical Appraisal Skills Program for Qualitative Studies checklist (CASP) was used to assess the quality of the studies.<sup>20</sup> This tool evaluates all articles using qualitative methodology using a variety of approaches, and it is used for quality assessment in health and social care-related qualitative evidence synthesis.<sup>21</sup> The CASP checklist used in this study consisted of ten different items, including the following: aims, methodology, data collection process, reflexivity, and ethical considerations, analytical process, findings, and the value placed on the research. Two researchers independently assessed the quality of the studies (AY, FZK). Because CASP does not have a ranking system, it was decided to assign a score of zero for "no," one for "can't say," and two for "yes" to facilitate grading of the studies. The score range is between zero and 20. In the current research, all retrieved articles scored 15 or higher. The results of the all studies were valid and research design of all studies were appropriate to address the aims of the research.

### **Results**

In the initial search, 2290 studies were retrieved from various databases, of which 2053 were excluded due to duplication, 237 studies were examined for abstracts and titles, 149 studies were excluded due to not being related, 88 studies were deemed eligible and their full text was reviewed, and finally 41 studies were included in this systematic review (Figure1).. The articles were published between 2000 and 2022. Ten articles were published in the United States,<sup>22-31</sup> eight in the United Kingdom,<sup>32-39</sup> five in Canada,<sup>40-44</sup> five in Brazil,<sup>45-49</sup> three in Indonesia,<sup>50-52</sup> two in Thailand,<sup>11,53</sup> two in Ghana,<sup>54, 55</sup> two in South Africa,<sup>56,57</sup> one in Iran,<sup>58</sup> one in Iceland,<sup>59</sup> one in Belgium,<sup>60</sup> and one in Australia<sup>61</sup> (Table 1). Age range of breastfeeding mothers in all studies was 12-18 year.

After reviewing the study findings, the different breastfeeding needs of adolescent mothers were classified into the following eight categories: 1. Social support from health care providers,

partners, and families; 2. School support for breastfeeding mothers; 3. Receiving breastfeeding counseling based on cultural sensitivities; 4. Educational assistance from health providers for adolescent mothers' families 5; Changing harmful cultural values and judgments about adolescent mothers' breastfeeding; 6. Additional home or outpatient visits in the days following hospital discharge; 7. Peer support and peer counseling; 8. Economic needs.

*Social support from health care providers, partners, and families:* To overcome the physical and psychological challenges of breastfeeding, mothers require assistance from their families, sexual partners, and healthcare providers.<sup>11,40,45,52</sup> Access to health centers and guidance from healthcare professionals is imperative for these mothers. Before and after the delivery, they require support and suggestions to ensure their well-being and address any challenges they may face during breastfeeding.<sup>23,37,39,42,46,47,61</sup> Moreover, the support of family members, particularly their mothers, is crucial for these new moms during the postpartum period and breastfeeding.<sup>34,49,55,61</sup> The supportive needs reported by adolescent mothers encompass emotional support, self-esteem enhancement, practical assistance, informative resources, and dependable support networks.<sup>24,35,43</sup>

*Emotional support:* Emotional support entails expressing empathy, providing consolation, and attentively listening to someone. Adolescent mothers require healthcare providers and families to reassure them about their breastfeeding experiences, empathize with them, and listen to their problems and needs. *Esteem support:* Breastfeeding and appropriately tending to their child requires adolescent mothers to cultivate self-worth, believe in themselves, and refrain from criticizing their abilities as mothers. *Instrumental support:* Receiving instrumental assistance during breastfeeding involves obtaining tangible and practical aid. Adolescent mothers require monitoring from healthcare professionals to address their breastfeeding concerns through effective practical guidance. *Educational and informational support:* Adolescent mothers need to assess their breastfeeding knowledge and receive accurate information regarding the benefits of breast milk for infants, techniques for breastfeeding, and solutions for resolving any breastfeeding difficulties.<sup>22,23,40,44,46,48,50,52,58,60,61</sup> *Network support:* To overcome the responsibilities of caring for the infant and breastfeeding, adolescent mothers require network support from family, friends, sexual partners, and healthcare providers.<sup>26,36,38,53</sup>

School support for breastfeeding mothers: The project aimed to support adolescent mothers in their pursuit of education following childbirth. Additionally, it offers a storage facility to store their expressed milk while they attend school. These mothers require consistent guidelines regarding the timeline for returning to school after childbirth and the availability of appropriate childcare facilities.<sup>22,25,30,32,41,44,47,53,56,57</sup>

*Additional home or outpatient visits in the days following hospital discharge:* This implies that adolescent mothers will have an additional visit either at their residence or at a medical facility shortly after their hospital discharge. This additional visit will provide them with practical assistance and facilitate their ability to nurse their infants.<sup>22</sup>

*Educational assistance from health providers for adolescent mothers' families:* Due to their lack of independence, adolescent mothers have limited control over determining their baby's nutritional needs. Within the household, grandmothers make the decisions, and adolescent mothers have complete confidence in their judgment, adhering to their advice. Adolescent mothers believe grandmothers have more experience and wisdom in caring for and nursing babies, so they defer to them for advice and support. To ensure proper nourishment for the baby, grandmothers should acquire knowledge of breastfeeding and receive education on the subject.<sup>11,56</sup>

*Changing harmful cultural values and judgments about adolescent mothers' breastfeeding:* Adolescent mothers' experiences with local cultures regarding breastfeeding and infant feeding methods and the social judgments they face in society are referred to as "cultural values" and "judgments." According to some studies, adolescent mothers' breastfeeding methods are influenced by local cultures and the judgment of other members of society. According to several studies, adolescent mothers mentioned that the cultural practices in their community and the judgments of others affect their breastfeeding methods.<sup>25-28,34,41</sup> Adolescent mothers often feel obligated to breastfeed, regardless of their personal preferences, due to cultural values, wrong attitudes, and judgments of other people and health professionals. According to adolescent

mothers, they frequently receive unwanted remarks and societal stigma from strangers when breastfeeding their babies in public.<sup>47,52,61</sup>

*Peer support and peer counseling:* Peer assistance and counsel are necessary for adolescent mothers during postpartum and breastfeeding. They have a greater comfort level when conversing with friends rather than professionals.<sup>25,43</sup>

*Receiving breastfeeding counseling based on cultural sensitivities:* It is crucial for healthcare providers to establish strong communication channels with adolescent mothers and have a deep comprehension of the obstacles they face while breastfeeding, ensuring appropriate support. When offering breastfeeding training and counseling, healthcare providers must acknowledge and respect an individual's cultural background and sensitivities to ensure that the support is fitting and considerate.<sup>32</sup>

*Economic needs:* Due to insufficient parental funds, teenage mothers require financial assistance to afford essential items such as medication, groceries, personal belongings, and transportation. Thus, it becomes necessary for these young mothers to seek employment to cover their expenses and provide for their children.<sup>44</sup>

## **Discussion**

The objective of this study was to determine the type of assistance that adolescent mothers require regarding breastfeeding. Information was gathered by summarizing 41 studies. The study's findings revealed eight different categories of breastfeeding needs among adolescent mothers. The need for social support from family, sexual partners, friends, and medical professionals during breastfeeding is one of the needs of adolescent mothers. The difficulties of puberty, the ensuing psychological and physical changes, and adolescent mothers' ignorance of infant care and breastfeeding all contribute to their increased dependence on others.<sup>54,62,63</sup> For mothers from Indonesia and the United States, support from family and friends, particularly parents, is essential for initiating and continuing breastfeeding. Successful breastfeeding necessitates the support of family members, the provision of accurate information, motivation, and the establishment of friendships for these mothers.<sup>31,64,65</sup>



Adolescent mothers from Thailand who receive assistance from their families are more inclined to initiate and maintain breastfeeding their children for some time.<sup>66</sup> In both America and England, adequate maternal grandmother support fosters effective parenting and adolescent adaptation to the maternal role, which simultaneously influences the benefits of breastfeeding.<sup>30,38,59</sup> Support from a sexual partner is additionally recognized as a significant facilitator of breastfeeding continuation in adolescent mothers. According to research from Ghana, Hawaii, and Indonesia, sexual partners' verbal encouragement and participation in breastfeeding are associated with mothers' ability, confidence, and self-esteem to breastfeed.<sup>27,55,67,68</sup>

Adolescent mothers require continuous support from healthcare professionals to overcome barriers to breastfeeding.<sup>24,35</sup> Formal support in the early postpartum period is beneficial for increasing knowledge, skills, self-confidence, and a sense of empowerment in adolescent mothers while breastfeeding, as well as providing a supportive setting in which to learn to breastfeed.<sup>55,69,70</sup> Ingram et al. (2008) discovered that young Somali and Afro-Caribbean women had minimal knowledge of the benefits of breast milk.<sup>71</sup> The absence of practical breastfeeding knowledge can lead to dissatisfaction, diminished self-assurance, and therefore, an early initiation of milk powder.<sup>37,44</sup> According to a survey of 53 adolescent mothers in Virginia, most mothers did not receive adequate information about the benefits of breastfeeding after giving birth.<sup>72</sup> According to the findings of a US study conducted by Wambach and Koehn (2004), adolescent mothers should be informed about breastfeeding misconceptions. Common misconceptions include the idea that breastfeeding is related to breast size, or that breastfeeding causes a mother's breasts to sag.<sup>73</sup>

Another need for breastfeeding adolescent mothers is educational support provided by health professionals to the adolescent mothers' households. Because adolescent mothers lack independence, they may live with family members, and their breastfeeding practice is impacted by grandparents' and other family members' ideas and knowledge.<sup>25,63,74</sup> Despite receiving adequate breastfeeding guidance from healthcare professionals, adolescent mothers in South Africa and Thailand were unable to breastfeed because grandmothers applied their opinions on

how to feed the infant.<sup>11,56</sup> For instance, according to 67% of Brazilian grandmothers, feeding infants younger than six months old should occur, even though doing so raises the possibility of diseases like diarrhea, which can leave a child weak, malnourished, and even critically ill.<sup>75</sup> Adolescent mothers in Thailand usually abandon exclusive breastfeeding when faced with family conflicts related to infant feeding.<sup>76</sup>

Shifting cultural norms and judgments is one of the needs of adolescent mothers during breastfeeding. Examples of behaviors that prevent breastfeeding initiation include giving the infant special foods or liquids or delaying early feedings. Studies in India and Kenya show that people believe that infants should not be given colostrum or water during the first week of life to prevent jaundice.<sup>77,78</sup>

Further research conducted in Thailand and Brazil revealed that the social stigma associated with being an adolescent mother and the judgments made by others about her ability to breastfeed make breastfeeding challenging and complex, particularly in public settings.<sup>47,52</sup> The results of a systematic review conducted by MacGregor and Hughes (2010) adolescent mothers frequently encounter challenges in breastfeeding due to concerns about judgment and potential embarrassment, resulting in decreased self-assurance.<sup>79</sup> Utilizing mass communication tools to educate the public and alter societal attitudes toward adolescent mothers can alleviate the stigma that exists in society.

Peer support and peer counseling were another requirement of adolescent mothers while breastfeeding. Adolescent mothers who have formal or informal relationships with their peers are more likely to succeed in exclusively breastfeeding their infants. Even supportive friends who may lack knowledge about breastfeeding play a crucial role in boosting confidence and sustaining adolescent mothers' commitment to breastfeeding.<sup>25,80</sup>

It is often crucial to provide adolescent mothers with tailored support and counseling on breastfeeding based on their cultural and individual backgrounds. Breastfeeding support is crucial for assisting adolescent mothers in discussing their feelings and worries regarding their infant's feeding. Gaining insight into the individual requirements of adolescent mothers, offering

them emotional support, and enhancing their self-esteem is imperative. Encouraging them to breastfeed presents a valuable opportunity to foster a strong connection between mother and baby.<sup>32</sup> Healthcare professionals conducting breastfeeding counseling sessions should display empathy and respect toward the individual requirements of each adolescent mother while also acknowledging and valuing their cultural beliefs.<sup>81,82</sup>

While breastfeeding, adolescent mothers require assistance from their educational institution. Collaboration between the education and health departments is needed to assist adolescent mothers in continuing their education while also breastfeeding. Their responsibility is to ensure that these mothers breastfeed their infants exclusively and receive the necessary support to return to school.<sup>56,83</sup> In the United States, Canada, and South Africa, the lack of school support for adolescent mothers during breastfeeding led to the discontinuation of exclusive breastfeeding.<sup>44,57,84</sup> To facilitate the return of adolescent mothers to school after giving birth, a kindergarten can be opened next to several schools in a city to care for their children, and the cost of child care can also be waived. Adolescent mothers in this scenario have the option of leaving their children at the facility while they attend school. Teachers can provide knowledge to adolescent mothers through online platforms or in-person interactions.

Adolescent mothers require financial support during breastfeeding. These adolescent mothers experienced poverty and economic needs due to a lack of academic qualifications for specific job positions, a lack of financial support from their impoverished parents, a lack of funds to initiate a small business, or a struggle to secure employment due to pregnancy or having a child, which poses obstacles to their employment prospects.<sup>44</sup> Training in earning skills such as farming and handicrafts can thus be an option for improving the economic status of these mothers.<sup>85</sup> It is significant to mention that if the adolescent mother has financial means, her access to food will increase. Also, because the mother is growing older, breastfeeding will not deplete the mother's body reserves, and the mother can safely breastfeed.<sup>86</sup> Furthermore, if the adolescent mother has financial means, she will not have to work, giving her more time to fulfill her motherly responsibilities.

The focus of this study was to examine various research that contribute to our understanding of adolescent mothers' breastfeeding needs, which is the study's strength. The findings of this study may not apply to poorer countries because most of the included studies were conducted in developed and high-income countries, which is a limitation of the present study.

### **Recommendation**

Policymakers in the health system should pay attention to these mothers' breastfeeding needs and design the necessary programs and interventions to meet those needs. The Ministry of Education should enact the necessary policies and laws to encourage mothers to return to school. It is suggested that NGOs provide financial assistance to adolescent mothers. It is suggested that future studies design and implement the necessary interventions based on the current research findings to address the breastfeeding needs of adolescent mothers.

### **Conclusion**

According to the current study's findings, teenage mothers require a variety of factors to ensure successful breastfeeding. Their family, partners, friends, and healthcare providers play a vital role in providing the necessary support for breastfeeding success. Furthermore, they must change cultural values and social stigma associated with being an adolescent mother, so supportive efforts should be made to support breastfeeding in public, reduce the stigma associated with parenting adolescents, and create a culture in which breastfeeding is accepted as a norm for all mothers. These mothers require assistance from the school to return to school after giving birth and exclusively breastfeed their babies. The current study's findings reveal that healthcare providers should improve adolescent mothers' breastfeeding training and knowledge to help them breastfeed more effectively.

### **Authors' Contribution**

AY and FZK collected the data and drafted the manuscript. TKH critically reviewed and edited the original manuscript. All authors revised the manuscript and approved the final version.

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## Conflict of Interest

The authors declare no conflict of interest.

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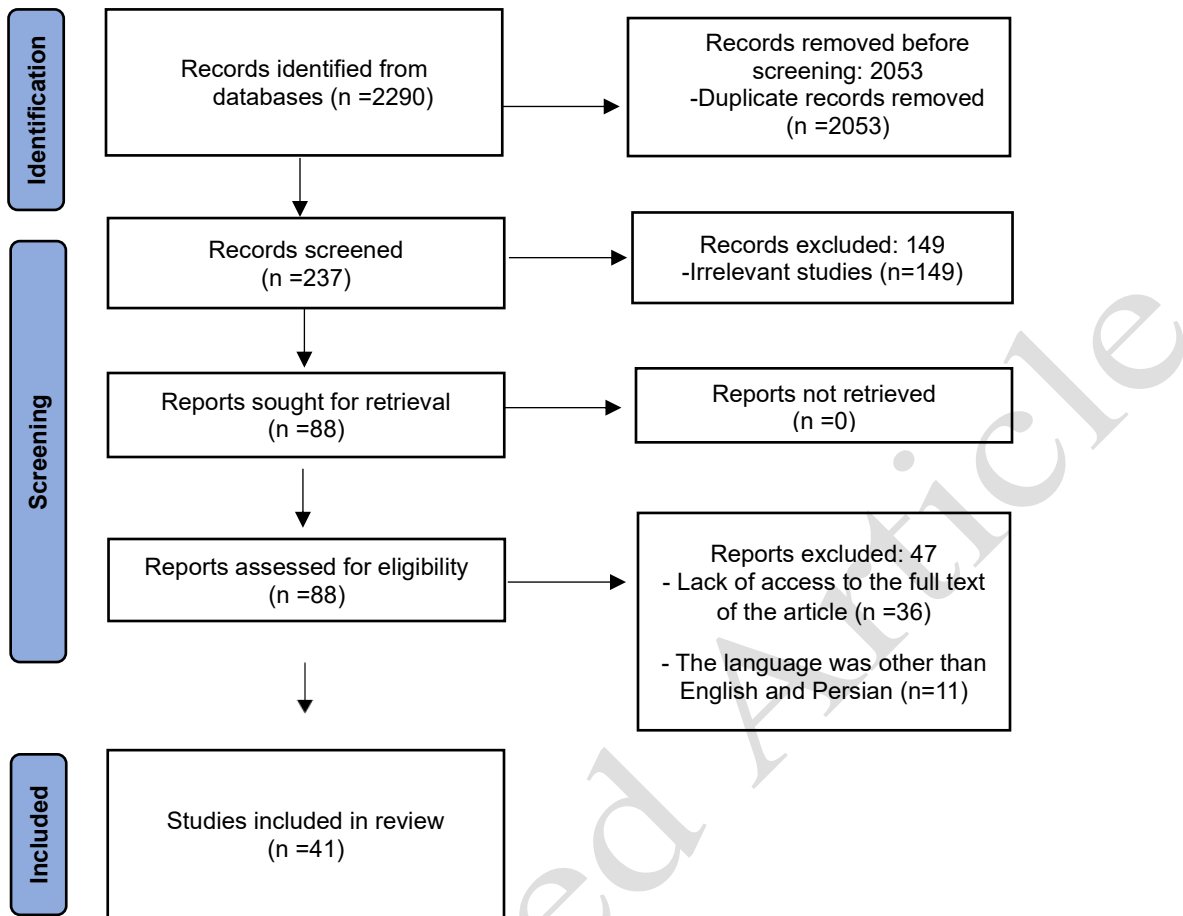
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Accepted Article



**Figure 1:** PRISMA 2020 Flow diagram of the studies identified in the systematic review

**Table 1:** Characteristics of 41 articles included in study

Row	Author	Year	Design study	Country	Study title	Type of needs	CASP score
1	Patricia R. Hannon <sup>(28)</sup>	2000	Qualitative descriptive study	USA	African-American and Latina Adolescent Mothers' Infant Feeding Decisions and Breastfeeding Practices: A Qualitative Study	- Changing cultural values and judgments -Educational and skills needs about breastfeeding	16
2	Fiona Dykes <sup>(35)</sup>	2003	Qualitative exploratory study	United Kingdom	Adolescent Mothers and Breastfeeding: Experiences and Support Needs—An Exploratory Study	Social support from health providers, partners and grand mothers	17
3	Alison Nelson <sup>(42)</sup>	2005	Grounded theory	Canada	The Breastfeeding Experiences of Canadian Teenage Mothers	-Social support from health providers	18
4	Victoria Hall Moran <sup>(33)</sup>	2006	Qualitative descriptive study	United Kingdom	Breastfeeding support for adolescent mothers: similarities and differences in the approach of midwives and qualified breastfeeding supporters	- Social support	18
5	Angela Arthur <sup>(36)</sup>	2007	Phenomenology	England	Teenage mothers' experiences of maternity services: a qualitative study	Social support from health providers and family	17
6	Lynn Morrison <sup>(27)</sup>	2008	Qualitative study	USA	Determinants of Infant-Feeding Choice Among Young Women in Hilo, Hawaii	- Social support from health providers, partners and grand mothers - Changing cultural values and judgments	16
7	Karen A. Wambach <sup>(29)</sup>	2009	Qualitative descriptive study	USA	Breastfeeding Experiences of Urban Adolescent Mothers	-Educational and skills needs about breastfeeding -Schools support Social support	16
8	Antonia M. Nelson <sup>(59)</sup>	2009	Qualitative exploratory study	Island	Adolescent attitudes , beliefs and concerns regarding breastfeeding	-Educational and skills needs about breastfeeding -Social support from health providers	16

9	Isabelle Aujoulat <sup>(60)</sup>	2010	Qualitative exploratory study	Belgium	Adolescent mothers' perspectives regarding their own psychosocial and health needs: A qualitative exploratory study in Belgium	-Educational and skills needs about breastfeeding	18
10	Christine M	2011	Mixed Methods study	USA	Infant feeding experiences among teen mothers in North Carolina: Findings from a	- Extra home - School support form breastfeeding mothers	19
11	Lauren Hansen <sup>(30)</sup>	2011	Qualitative descriptive study	USA	Exploring barriers to exclusive breastfeeding among adolescent Latina women	-Schools support -Family support	16
12	Paige Hall Smith <sup>(23)</sup>	2012	Qualitative prospective study	USA	Early breastfeeding experiences of adolescent mothers: a qualitative prospective study	-Educational and skills needs about breastfeeding - Social support from health providers and partner	18
13	Sherry A Nesbitt <sup>(40)</sup>	2012	Qualitative descriptive	Canada	Canadian adolescent mothers' perceptions of influences on breastfeeding decisions: a	-Social support -Educational and skills needs about breastfeeding	18
14	Nikki Keene Woods <sup>(26)</sup>	2013	Qualitative study	USA	Describing Adolescent Breastfeeding Environments Through Focus Groups in an Urban Community	- Changing cultural values and judgments -Social support from health providers	15
15	Louise Condon <sup>(34)</sup>	2013	Qualitative descriptive study	United Kingdom	But is it a normal thing? Teenage mothers' experiences of breastfeeding promotion and support	-Educational and skills needs about breastfeeding - Changing cultural values and judgments about breastfeeding of adolescent mothers	15
16	Ryoko Pentecost <sup>(24)</sup>	2014	Qualitative content analysis	USA	Adolescents' Needs for Nurses' Support When Initiating Breastfeeding	-Social support from health providers	18
17	Jo Bettison <sup>(37)</sup>	2014	Phenomenology	England	Health visitors' perceptions of encouraging and supporting teenage mothers to breastfeed	Educational and skills needs about breastfeeding -Social support from health providers	17
18	Louise Hunter <sup>(38)</sup>	2014	Qualitative study	England	Supporting teenage mothers to initiate breastfeeding and developing a support intervention to increase breastfeeding rates in	-Social support from health providers	16
19	J.C.S. Monteiro <sup>(45)</sup>	2014	Mixed-Method	Brazil	Breast feeding among Brazilian adolescents: Practice and needs	-Social support from health providers, partner and family	17

20	Verônica de Azevedo	2014	Qualitative exploratory	Brazil	Influence of social support networks for adolescent breastfeeding Mothers in the	-Social support from health providers, partner, family	18
21	Louise Hunter <sup>(39)</sup>	2015	Qualitative study	England	Disempowered, passive and isolated: how teenage mothers' postnatal inpatient experiences in the UK impact on the initiation	-Social support from health providers	15
22	Kristy M. Hackett <sup>(41)</sup>	2015	Qualitative descriptive study	Canada	A qualitative study exploring perceived barriers to infant feeding and caregiving among adolescent girls and young women	-Educational and skills needs about breastfeeding Schools support - Changing cultural values and judgments	18
23	Amanda Cordeiro Oliveira <sup>(47)</sup>	2016	Qualitative descriptive study	Brazil	Breastfeeding exclusive breastfeeding: interruption of causes in mothers of teens perception	-Educational and skills needs about breastfeeding -Support and flexibility at work and school - Changing cultural values and judgments about	16
24	Silvana Souza <sup>(48)</sup>	2016	Qualitative study	Brazil	Breastfeeding: factors affecting the early weaning between adolescent mothers	-Educational and skills needs about breastfeeding	17
25	Beverly Rossman <sup>(31)</sup>	2017	Qualitative study	USA	Human Milk Provision Experiences, Goals, and Outcomes for Teen Mothers with Low-Birth-Weight	- Social Support from health providers and grand mothers -Educational and skills needs about breastfeeding	18
26	Rosann Edwards <sup>(43)</sup>	2017	Qualitative content analysis	Canada	Factors influencing the breastfeeding Practices of young mothers living in a Maternity shelter: A Qualitative Study	Social and emotional support from health providers and peers.	18
27	Lurian de Bairros Tamara <sup>(46)</sup>	2017	Qualitative descriptive study	Brazil	Support received by adolescent mothers in the maternal breastfeeding process	-Educational and skills needs about breastfeeding - Social support from health providers, partner and family	16
28	Massoumeh Mangeli <sup>(58)</sup>	2017	Qualitative content analysis	Iran	Exploring the challenges of adolescent mothers from their life experiences in the transition to motherhood	-Educational and skills needs about breastfeeding -Social support	18



29	Josephine Nabugoomu <sup>(44)</sup>	2018	Qualitative descriptive study	Canada	Needs and barriers of teen mothers in rural eastern Uganda: stakeholders' perceptions regarding maternal/child nutrition and health	-Schools support -Educational and skills needs about breastfeeding -Economic needs	17
30	Sasitara Nuampa <sup>(53)</sup>	2018	Qualitative descriptive Study	Thailand	Breastfeeding Experiences among Thai Adolescent Mothers: A Descriptive Qualitative Study	-Social support from family and health providers -Schools support - Changing cultural values and judgments	18
31	Ngcwalisa Amanda Jama <sup>(56)</sup>	2018	Qualitative longitudinal design	South Africa	Autonomy and infant feeding decision making among teenage mothers in a rural and urban setting in KwaZulu-Natal, South Africa	- Support from health providers for family of adolescent mothers -School support form breastfeeding mothers	18
32	Alison Chopel <sup>(25)</sup>	2019	Qualitative prospective study	USA	Multilevel Factors Influencing Young Mothers' Breastfeeding: A Qualitative CBPR Study	-Peer support and peer counseling -Schools support - Changing cultural values and judgments	19
33	Erfina Erfinaa <sup>(51)</sup>	2019	Phenomenology	Indonesia	Exploring Indonesian adolescent women's healthcare needs as they transition to motherhood: A qualitative study	-Educational and skills needs about breastfeeding - Social support from health providers	19
34	Thongmixay <sup>(57)</sup>	2020	Qualitative study	South Africa	Isolation: The experience of adolescent motherhood	School support form breastfeeding mothers	16
35	Kimberly Jamiea <sup>(32)</sup>	2020	Qualitative study	United Kingdom	Healthcare practitioner relationships, cultural health capital and breastfeeding support for	-Receiving breastfeeding counseling based on the cultural sensitivities	18
36	Sasitara Nuampa <sup>(11)</sup>	2020	Qualitative descriptive	Thailand	Breastfeeding challenges among Thai adolescent mothers: hidden breastfeeding	-Support from health providers for family of adolescent mothers	17
37	Angela K. Acheampong <sup>(54)</sup>	2020	Qualitative exploratory study	Ghana	Perceived enablers of exclusive breastfeeding by teenage mothers in Ghana	-Social supports from health providers and family - Educational and skills needs about breastfeeding	18
38	Wulan Wijaya <sup>(50)</sup>	2021	Phenomenology	Indonesia	Qualitative Study of Breastfeeding Practice Experiences of Teenager Mothers	-Social support from health providers, partner, family	17

39	Andari Wuri Astuti <sup>(52)</sup>	2021	Qualitative exploratory study	Indonesia	A Qualitative Study on the Breastfeeding Experiences of Young Mothers	-Educational and skills needs about breastfeeding - Social support from family, partner and peers - Changing destructive cultural values	18
40	Reuben Foster	2021	Phenomenology	Ghana	Childcare practices among teenage mothers in Ghana: a qualitative study using the ecological	-Social support from health providers, partner, family	18
41	Christa Buckland <sup>(61)</sup>	2022	Qualitative Study	Australia	Experiences of young Australian mothers with infant feeding	-Social support from health providers and peer -Educational and skills needs about breastfeeding - Changing cultural values and judgments	19