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The Relationship between Structured Health Education About Breastfeeding Against Exclusive Breastfeeding Status

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The author(s) declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

ABSTRACT

Purpose: This study investigates the relationship between structured health education and exclusive breastfeeding (EBF) status, aiming to understand how tailored educational interventions can enhance the initiation and sustainability of EBF for the recommended six months.

Research Design and Methodology: The study employs a qualitative systematic literature review (SLR) approach, analyzing peer-reviewed journal articles, conference papers, and relevant academic publications. The literature spans from 2010 to 2024, focusing on structured health education, digital health interventions, and their impact on EBF practices.

Findings and Discussion: The findings indicate that structured health education, particularly when culturally sensitive and supported by digital tools such as mobile health (mHealth) applications, significantly improves EBF outcomes. The study highlights the importance of continuous support through follow-up sessions and peer groups. Additionally, it underscores the role of workplace policies and public health infrastructure in sustaining breastfeeding practices. The results align with the Health Belief Model and the Theory of Planned Behavior, demonstrating that well-structured education can effectively promote health behaviors.

Implications: This research contributes to both scientific knowledge and practical application by emphasizing the integration of digital tools and supportive policies in health education. The study's originality lies in its comprehensive approach, offering valuable insights for healthcare providers and policymakers to enhance maternal and child health outcomes globally.

Introduction

Breastfeeding is fundamental for promoting optimal infant health, offering critical nutrients and immune protection during the first six months of life. Despite the global endorsement of exclusive breastfeeding (EBF) by the World Health Organization (WHO), adherence to these guidelines must improve in various regions worldwide, including developed and developing countries. This shortfall presents a significant public health challenge, as inadequate breastfeeding practices are closely linked to increased risks of infant mortality, childhood obesity, and the development of chronic diseases in later life (Victora et al., 2016). Structured health education for mothers is widely recognized as a pivotal intervention to improve EBF rates by providing the necessary knowledge and support to overcome common breastfeeding challenges (McFadden et al., 2019). However, the effectiveness of these educational programs could be more consistent, often hindered by cultural,

socioeconomic, and systemic barriers that prevent their uniform and widespread application (Rollins et al., 2016). Theoretical frameworks such as the Health Belief Model (HBM) and the Theory of Planned Behavior (TPB) suggest that a mother's decision to practice exclusive breastfeeding is significantly influenced by her perceived benefits, barriers, and self-efficacy, which can be shaped through structured health education (Dale et al., 2018). However, concerns are mounting that current educational strategies may need to sufficiently address the diverse needs of mothers, particularly in resource-constrained settings (Sinha et al., 2019). This underscores an urgent need to explore and understand the relationship between structured health education and EBF status to develop more effective and culturally sensitive interventions.

Recent studies have increasingly emphasized the role of health education in promoting EBF. For example, Rollins et al. (2016) demonstrated that targeted educational interventions significantly improved breastfeeding rates across various populations, particularly when tailored to accommodate cultural norms and individual preferences. In their systematic review and meta-analysis, McFadden et al. (2017) concluded that structured and personalized education and professional support were associated with higher rates of exclusive breastfeeding at six months postpartum. These findings underscore the importance of health education in influencing breastfeeding practices, primarily when the education is structured to meet the diverse needs of different populations (Rollins et al., 2016; McFadden et al., 2017). Additionally, research indicates a significant relationship between structured health education about breastfeeding and exclusive breastfeeding status (Hasriantirisna, 2023). The support from healthcare workers is also crucial, particularly among working mothers, in promoting exclusive breastfeeding (Sutrisminah et al., 2022). Furthermore, hospital-based group breastfeeding education before discharge has been shown to enhance mothers' self-efficacy and increase EBF rates (Yeşil et al., 2022). Mothers' knowledge about breastfeeding is significantly correlated with EBF behavior, with those having higher knowledge more likely to practice exclusive breastfeeding (Kartika et al., 2021). These studies collectively highlight the critical role of comprehensive breastfeeding education and continuous support from healthcare providers throughout the prenatal and postnatal periods in improving EBF rates.

Despite the positive outcomes reported in these studies, several limitations have yet to be identified. Many studies focus primarily on short-term outcomes, such as breastfeeding initiation and continuation at three months postpartum, without considering the sustainability of these practices over the entire recommended six-month period (Victora et al., 2016). Additionally, most research has been conducted in high-income settings, with limited data available from low- and middle-income countries where barriers to EBF may be more significant. Moreover, while structured education is acknowledged as a beneficial intervention, there is no consensus on the most effective formats and delivery methods, such as whether group sessions, one-on-one counseling, or digital platforms yield the most substantial impact on EBF rates (Rollins et al., 2016). These limitations highlight the need for more comprehensive and context-specific studies to understand better how structured health education influences exclusive breastfeeding across different settings.

Given the identified gaps in the literature, this systematic literature review aims to address the following research questions: (1) What is the long-term impact of structured health education on exclusive breastfeeding status? (2) How do socioeconomic, cultural, and healthcare access factors influence the effectiveness of health education interventions? (3) What role do family dynamics play in supporting or hindering exclusive breastfeeding practices? (4) How can theoretical models, such as the Health Belief Model and the Theory of Planned Behavior, be more effectively integrated into the design of breastfeeding education programs? The primary objective of this research is to systematically analyze existing studies on structured health education and exclusive breastfeeding, identify the key factors contributing to successful EBF practices, and propose a theoretical model that can guide future interventions. The novelty of this research lies in its comprehensive approach to examining the relationship between structured health education and EBF status. Unlike previous studies that have often focused on isolated factors or short-term outcomes, this review will provide a holistic analysis that considers the long-term, multi-dimensional, and context-specific aspects of breastfeeding education. Additionally, by integrating theoretical models into the analysis, this

research aims to bridge the gap between theory and practice in maternal and child health, offering actionable insights for healthcare providers, policymakers, and researchers.

Literature Review

Influence of Education on Health Behaviors

Education is crucial in shaping health-related behaviors like breastfeeding, significantly impacting maternal and infant health. The Health Belief Model (HBM) and the Theory of Planned Behavior (TPB) suggest that structured health education can influence maternal decisions regarding exclusive breastfeeding (EBF) by shaping beliefs about outcomes, perceived barriers, and self-efficacy (Rosenstock, 1974; Ajzen, 1985). Research shows that comprehensive, culturally sensitive education improves EBF initiation and continuation rates by increasing maternal knowledge, correcting misconceptions, and building confidence (Wouk et al., 2017; Schafer et al., 2021). However, the effectiveness of these programs depends on their structure and delivery, with personalized, interactive approaches proving more effective than traditional models (Jiang et al., 2020; Meedya et al., 2020). Cultural sensitivity is essential, as breastfeeding practices are often embedded in cultural norms, and programs that address these practices with culturally acceptable alternatives are more successful (Wouk et al., 2017). Additionally, socio-economic factors, such as the need to return to work or access to support services, significantly affect the success of health education, highlighting the importance of a holistic approach supported by structural systems (Schafer et al., 2021). Sustaining EBF requires continuous support, which can be facilitated through follow-up sessions, peer support groups, and resources like lactation consultants (Meedya et al., 2020).

Cultural and Socio-Economic Factors in Health Education Effectiveness

Cultural and socio-economic factors play a crucial role in the effectiveness of health education programs, particularly in promoting exclusive breastfeeding (EBF). Breastfeeding practices are deeply embedded in cultural beliefs and traditions, making it essential for health education to be culturally sensitive and tailored to address the specific norms of different populations (Sinha et al., 2019). For instance, the early introduction of water or herbal teas to infants in some cultures contradicts EBF guidelines. If addressed, health education programs may need to help convince mothers to follow EBF practices (Victora et al., 2016). Moreover, socio-economic factors like education level, income, and access to healthcare significantly impact a mother's ability to maintain EBF. Mothers from lower socio-economic backgrounds face additional barriers, such as the need to return to work soon after childbirth or the lack of support services, making it challenging to sustain EBF despite awareness of its benefits (Rollins et al., 2016). Thus, a one-size-fits-all approach to health education is likely to fail; instead, programs must be designed with a deep understanding of the diverse cultural and socio-economic contexts in which mothers live. By involving community leaders and using culturally respected communication channels, health educators can foster greater trust and engagement among mothers, leading to better breastfeeding outcomes (McFadden et al., 2019; Sinha et al., 2019).

Sustainability of Breastfeeding Practices

A critical challenge in promoting exclusive breastfeeding (EBF) is ensuring its sustainability over the recommended six months, as fewer studies have explored the factors contributing to maintaining EBF than those focusing on initiation and short-term continuation (Victora et al., 2016). Sustaining EBF, much like maintaining customer loyalty in marketing, requires continuous support from healthcare providers and the mother’s social environment. Structured health education is essential for this sustainability, providing initial knowledge and ongoing support through follow-up sessions, peer support groups, and access to lactation consultants, which have proven successful in maintaining EBF (Jiang et al., 2021). External factors like workplace policies, social support systems, and public health infrastructure also influence the sustainability of breastfeeding. Supportive workplace policies, such as providing time and private spaces for milk expression, significantly increase the likelihood of mothers sustaining EBF (Bai & Wunderlich, 2013). Additionally, social support from family, friends, and peers plays a vital role in helping mothers overcome barriers to sustained

breastfeeding, with structured education programs that involve the mother's support network further enhancing EBF sustainability (Tomori et al., 2018). Public health infrastructure, including accessible lactation support and public health campaigns, also contributes to creating a breastfeeding-friendly environment, which is essential for the long-term success of EBF (Jiang et al., 2021).

Innovation in Educational Delivery Methods

Innovation in health education delivery, akin to marketing, is vital for effectively influencing behavior, particularly in breastfeeding. Traditional methods like pamphlets and lectures may not engage modern mothers, who increasingly seek information through digital platforms, reflecting a broader shift toward technology-driven communication (Lupton, 2018). This evolution necessitates incorporating innovative methods, such as mobile health (mHealth) technologies, which provide accessible and engaging formats for structured health education. Mobile apps, for example, offer personalized breastfeeding education, track feeding schedules, and provide real-time support, bridging the gap between knowledge and practice (Brown, 2019). Social media platforms also play a crucial role in creating virtual communities for peer support and empowering mothers in their breastfeeding journey (Tomfohrde & Reinke, 2016). However, the success of these digital tools depends on their accessibility, particularly for mothers in low-resource settings where digital literacy and technology access may be limited (Mehra et al., 2018). To address this, simplifying app interfaces and integrating these tools with existing healthcare infrastructure can make them more accessible. Partnerships with telecommunications companies and NGOs could help subsidize costs, ensuring equitable access to these innovations, ultimately leading to better breastfeeding outcomes on a broader scale (Chen et al., 2019; Crawford et al., 2020).

Research Design and Methodology

This study employs a qualitative systematic literature review (SLR) design to explore the relationship between structured health education and exclusive breastfeeding (EBF) practices. The SLR approach is chosen to synthesize existing research, identify patterns, and critically evaluate the findings from multiple studies to understand the topic comprehensively. The sample population for this research consists of peer-reviewed journal articles, conference papers, and relevant academic publications focusing on health education and breastfeeding practices. The literature selected spans from 2010 to 2024, including recent studies that reflect current trends and innovations in health education delivery. Data collection involves a systematic search of electronic databases, including PubMed, Scopus, and Web of Science, using specific keywords such as "structured health education," "exclusive breastfeeding," and "digital health interventions." Inclusion criteria are applied to select empirical, peer-reviewed studies written in English. The instrument development process includes a data extraction form to systematically gather information on study design, sample size, methodologies, and critical findings. Data analysis uses thematic analysis to identify recurring themes, patterns, and gaps within the literature. This involves coding the extracted data, categorizing themes, and synthesizing findings to draw meaningful conclusions. The analysis also critically examines the methodologies and limitations of the included studies to ensure the robustness of the review's conclusions. The SLR approach provides a rigorous and comprehensive synthesis of existing knowledge, contributing valuable insights into the effectiveness of structured health education on EBF practices.

Findings and Discussion

Findings

The relationship between structured health education and exclusive breastfeeding (EBF) status has been the focus of increasing scholarly attention, as the benefits of EBF for both mother and child are well-documented. EBF for the first six months of life is recommended by the World Health Organization (WHO) as the optimal feeding practice, providing infants with essential nutrients and antibodies while reducing the risk of infections and chronic conditions later in life. Despite these benefits, global adherence to EBF guidelines remains suboptimal, particularly in low- and middle-

income countries where socio-economic and cultural barriers often impede breastfeeding practices. Structured health education has emerged as a critical intervention to improve EBF rates, aiming to equip mothers with the knowledge, skills, and confidence necessary to initiate and sustain breastfeeding. This systematic literature review reveals that structured health education significantly impacts EBF status, particularly when the education is tailored to address the specific needs and challenges of different populations. Rollins et al. (2016) emphasize that targeted educational interventions can substantially increase breastfeeding initiation and continuation rates, particularly in diverse populations where cultural norms and individual preferences influence maternal decisions. This study, along with others, highlights the importance of culturally sensitive education that provides information and addresses the specific cultural beliefs and practices that may hinder EBF. For instance, in some cultures, introducing water or herbal teas to infants is a common practice that contradicts EBF principles. Structured health education programs that recognize and address these cultural practices are more effective in promoting adherence to EBF guidelines (Rollins et al., 2016).

The mode of delivering structured health education is critical in its effectiveness. While informative, traditional methods such as pamphlets and lectures may need to be revised to engage modern mothers who increasingly rely on digital platforms for information and support. The rise of mobile health (mHealth) technologies has provided new opportunities to deliver structured health education in more accessible and engaging formats. McFadden et al. (2019) found that mobile apps offering breastfeeding education, tracking feeding schedules, and providing real-time support from lactation consultants are becoming increasingly popular and effective. These digital tools can be personalized to meet the individual needs of mothers, offering tailored advice and reminders based on their progress and challenges. Such personalization is crucial in ensuring that the education provided is relevant and applicable to the mother's specific circumstances, thereby increasing the likelihood of sustained EBF.

In addition to the delivery format, the content of structured health education is pivotal in influencing EBF outcomes. Comprehensive education about breast milk's nutritional and immunological benefits, the risks associated with formula feeding, and practical advice on overcoming common breastfeeding challenges is particularly effective. Victora et al. (2016) underscore the importance of such detailed and practical education, noting that mothers who are well-informed about the benefits and practicalities of EBF are more likely to initiate and continue breastfeeding exclusively for the recommended six months. This finding aligns with the Health Belief Model (HBM), which posits that individuals are more likely to engage in health-promoting behaviors when they perceive the benefits of those behaviors to outweigh the barriers (Ajzen, 1991). However, the effectiveness of structured health education is determined by the content and delivery method and the support systems available to mothers. The findings indicate that continuous support from healthcare providers, family members, and peer groups is crucial in sustaining EBF. Structured health education that includes follow-up sessions, peer support groups, and access to lactation consultants is more likely to result in sustained EBF. McFadden et al. (2019) highlight that such ongoing support is analogous to post-purchase marketing engagement, where continuous customer interaction fosters loyalty and encourages repeat behavior. In the context of breastfeeding, this ongoing support helps mothers navigate the challenges that arise over the six-month EBF period, reinforcing the education they receive and helping them maintain their breastfeeding practices.

External factors such as workplace policies and public health infrastructure also play a significant role in the relationship between structured health education and EBF status. It's crucial for healthcare professionals, researchers, policymakers, and educators in the field of maternal and child health to be aware of these factors. Mothers who return to work shortly after childbirth often face difficulties in continuing EBF, particularly if they lack access to facilities for pumping and storing breast milk. Rollins et al. (2016) found that when workplace policies support breastfeeding—by providing time and space for milk expression—mothers are more likely to sustain EBF. This finding underscores the importance of integrating structured health education with broader policy initiatives that support breastfeeding mothers in the workplace and the community. Public health infrastructure that normalizes and facilitates breastfeeding, such as breastfeeding-friendly public spaces and clear information on the rights of breastfeeding mothers, is also crucial in supporting sustained EBF. The

intersection of cultural, socio-economic, and systemic factors creates a complex environment where structured health education must be tailored to be effective. Sinha et al. (2019) emphasizes that a one-size-fits-all approach to health education is unlikely to succeed in such a diverse context. Instead, educational programs must be designed with a deep understanding of the specific cultural norms, socio-economic challenges, and external barriers that mothers face. This approach requires a multidisciplinary effort, involving not only healthcare professionals but also sociologists, anthropologists, and policymakers, to ensure that the education provided is both scientifically sound and culturally appropriate.

Discussion

The findings of this research offer a comprehensive insight into the profound impact of structured health education on exclusive breastfeeding (EBF) status. By analyzing multiple studies, this systematic literature review reveals that structured health education significantly enhances the likelihood of mothers initiating and sustaining EBF for the recommended six months. The results align with fundamental marketing principles, where targeted, personalized, and consistent communication strategies are more effective in driving consumer behavior. In this context, the "consumers" are mothers, and the desired "behavior" is the adoption and continuation of EBF. The research indicates that when health education is structured to meet the specific needs of mothers, taking into account cultural, socio-economic, and individual factors, it leads to better breastfeeding outcomes. This finding supports the basic tenet of the Health Belief Model (HBM), which posits that individuals are more likely to engage in health-promoting behaviors when they perceive the benefits of those behaviors to outweigh any barriers (Ajzen, 1991). For instance, when mothers are educated about the significant health benefits of EBF for their infants—such as reduced risks of infections, allergies, and chronic conditions—they are more motivated to overcome challenges such as initial breastfeeding difficulties or social pressures to introduce formula feeding (McFadden et al., 2019).

Integrating digital tools, such as mobile health (mHealth) applications, into structured health education has emerged as a particularly effective strategy. These tools provide personalized, real-time support, crucial in reinforcing the education provided during initial healthcare interactions. Using digital platforms allows for continuous engagement, which is essential for sustaining behavior over time—a concept well-established in marketing and consumer behavior studies. The ability to personalize content to mothers' specific needs, such as breastfeeding reminders or tips on managing common issues, mirrors the tailored marketing strategies that have proven successful in driving customer loyalty (McFadden et al., 2019). In interpreting these results, it is evident that structured health education significantly contributes to higher EBF rates, aligning well with the study's hypothesis that tailored and consistent education improves breastfeeding outcomes. This finding supports and enhances the understanding of how structured interventions can lead to sustained health behaviors. The evidence suggests that structured health education is a crucial facilitator in overcoming the barriers many mothers face in adhering to EBF guidelines. This reinforces the concept that well-designed educational interventions can significantly alter health behaviors, like how strategic marketing can shift consumer preferences and actions.

The research findings are consistent with established theories in health education and behavior change. The Theory of Planned Behavior (TPB) provides a solid theoretical foundation for understanding how structured health education influences EBF practices. According to TPB, an individual's intention to perform a behavior is the most significant predictor of whether they will do so, and this intention is shaped by their attitudes, subjective norms, and perceived behavioral control (Ajzen, 1991). The studies reviewed demonstrate that structured health education positively influences these factors by improving mothers' knowledge, addressing social norms around breastfeeding, and increasing their confidence in their ability to breastfeed exclusively. This theoretical alignment further validates the effectiveness of structured health education as a tool for promoting EBF. When comparing these findings with previous research, it is clear that this study builds upon and extends the existing literature. Previous studies have consistently highlighted the importance of breastfeeding education in improving initiation rates, but fewer have focused on the long-term sustainability of EBF practices. The current research addresses this gap by emphasizing the

role of continuous support, facilitated through digital tools and follow-up interventions, in maintaining EBF for the entire recommended period. This focus on sustainability is crucial as it moves beyond the initial decision to breastfeed and explores the factors contributing to ongoing adherence to EBF guidelines (Victora et al., 2016).

Previous research by Rollins et al. (2016) supports the current study's findings, particularly regarding the importance of culturally sensitive education. Rollins et al. emphasized that breastfeeding practices are deeply embedded in cultural norms and beliefs and that education must be tailored to address these cultural factors to be effective. The current study corroborates this by showing that when structured health education is culturally tailored, it is more successful in promoting EBF. This suggests that a one-size-fits-all approach to health education will likely fail in diverse populations. Instead, programs adaptable to the cultural contexts in which they are delivered are more likely to achieve positive outcomes. However, while the current findings align with much of the existing literature, they also challenge some of the earlier assumptions about the effectiveness of traditional educational methods. Earlier studies often relied on pamphlets and lectures to convey breastfeeding information, assuming that providing information alone could change behavior. The current study's findings suggest otherwise, indicating that these traditional methods may only partially engage modern mothers, who increasingly seek information and support through digital platforms. This shift underscores the need for innovation in educational delivery methods, a concept well-recognized in marketing but less so in public health education. The rise of mHealth tools offers a promising avenue for making health education more engaging, interactive, and accessible, particularly in a digital age where information is often consumed online (Sinha et al., 2019).

The practical implications of these findings are significant. First, healthcare providers and policymakers should prioritize developing and implementing structured health education programs that are culturally sensitive and tailored to the individual needs of mothers. These programs should not only focus on the initial stages of breastfeeding but also provide continuous support throughout the six-month EBF period. By doing so, they can help mothers overcome common challenges and sustain breastfeeding practices, leading to better health outcomes for both mothers and their infants. Second, there is a clear need to integrate digital tools into health education strategies. Mobile apps, online support groups, and social media platforms can play a crucial role in extending the reach of traditional health education methods. These tools offer a platform for continuous engagement, allowing mothers to access information and support whenever needed. This approach enhances the effectiveness of health education and aligns with the preferences of modern mothers, who are increasingly turning to digital sources for health information (McFadden et al., 2019). The findings suggest that workplace policies should be designed to support breastfeeding mothers. Providing time and space for milk expression in the workplace can significantly increase the likelihood of sustained EBF. This support is crucial for mothers who return to work shortly after childbirth, as it helps them balance their professional responsibilities with their breastfeeding goals. Policymakers should consider these findings when developing maternal health policies, ensuring that breastfeeding support is integrated into broader public health strategies (Rollins et al., 2016).

Conclusion

This research systematically reviewed the relationship between structured health education and exclusive breastfeeding (EBF) status, revealing that tailored educational interventions significantly enhance the likelihood of mothers initiating and sustaining EBF for the recommended six months. The study's findings demonstrate that when health education is culturally sensitive, delivered through innovative methods such as mobile health (mHealth) tools, and supported by continuous engagement, it effectively promotes better breastfeeding outcomes. This review also highlighted the importance of integrating health education with broader policy initiatives and social support systems to address breastfeeding mothers' diverse challenges.

The value of this research lies in its contribution to both scientific knowledge and practical application. By synthesizing findings across various studies, this research offers a comprehensive understanding of how structured health education can be optimized to improve EBF practices. The originality of this study is reflected in its emphasis on integrating digital tools and the continuous

support required to sustain breastfeeding. Practically, the findings suggest that healthcare providers and policymakers should develop and implement structured education programs that are not only tailored to the individual needs of mothers but also supported by workplace policies and public health infrastructure. These insights have significant implications for enhancing maternal and child health outcomes globally.

However, this study has limitations. The reliance on secondary data from existing studies means that the findings are subject to the limitations inherent in those original studies, such as sample size and geographic focus. Additionally, while the review covers a broad range of studies, there is a need for more longitudinal research to understand the long-term impact of structured health education on EBF. Future research should explore the effectiveness of these educational interventions in diverse cultural contexts and investigate how emerging technologies can further enhance the delivery and impact of health education. Researchers and practitioners are encouraged to build on these findings by conducting more in-depth studies that address these gaps, ultimately contributing to more effective strategies for promoting and sustaining exclusive breastfeeding.

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