

Health determinants associated with exclusive breastfeeding: a scoping review

Ananda Larisse Bezerra da Silva¹ 

Cecilia Rafaela Salles Ferreira² 

Priscilla Guerra dos Santos¹ 

Elizabete Regina Araújo Oliveira¹ 

Maria Helena Monteiro de Barros Miotto¹ 

¹ Universidade Federal do Espírito Santo, Vitória, Espírito Santo, Brasil.

² Universidade Federal do Amapá, Macapá, Amapá, Brasil.

ABSTRACT

Purpose: to map health determinants associated with exclusive breastfeeding.

Methods: a scoping review conducted according to the JBI methodology and recommendations in PRISMA-Extension for Scoping Reviews. Data were collected in the MEDLINE/PubMed, LILACS, CINAHL, Scopus, and EMBASE databases and in the Brazilian Digital Library of Theses and Dissertations for the grey literature. The results were synthesized and organized into three theoretical models: distal, intermediate, and proximal.

Literature Review: altogether, 3,998 titles were found, of which 145 were included in the review, after all selection stages. They had various methodological designs and were published between 2002 and 2022. The following health determinants associated with exclusive breastfeeding were mapped: maternal educational attainment, family income, attendance to and frequency of prenatal care, breastfeeding guidance and practices, time until first breastfeeding, newborn's sex, maternal employment and maternity leave, pacifier use, and exclusive breastfeeding guidance at health services.

Conclusion: determinants that can facilitate or hinder exclusive breastfeeding are extrinsic and intrinsic to the mother and infant. Public policies are needed to protect every person's right to breastfeeding.

Keywords: Breast Feeding; Maternal and Child Health; Social Determinants of Health

A study conducted at Universidade Federal do Espírito Santo, Vitória, Espírito Santo, Brazil.

Financial support: Nothing to declare.

Conflict of interests: Nonexistent.

Corresponding author:

Ananda Larisse Bezerra da Silva
Avenida França, 267, São José
CEP: 68906-172 - Macapá, Amapá, Brasil
E-mail: anandalarisse@hotmail.com

Received on: September 30, 2022
Accepted on: July 31, 2023



This is an Open Access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

The World Health Organization (WHO)¹ set the goal of increasing exclusive breastfeeding (EBF) rates in the first 6 months of life to 50% by 2025. However, despite the countless efforts to promote, protect, and encourage breastfeeding, these rates are still short of recommendations.

Measures already taken by WHO include ratifying the importance of the following four main actions: establishing 6-month paid maternity leave to all working mothers and policies that encourage breastfeeding at work and public settings; strengthening health systems; supporting mothers and instructing them on EBF; and having competent agencies monitor and limit the publication of infant formulas^{1,2}.

It has been highly argued in favor of EBF up to 6 months old, then complemented with healthy foods up to 2 or more years old. EBF is known to be beneficial to both mothers and babies, protecting babies against all forms of malnutrition and mothers against diseases such as diabetes and breast cancer³.

Low EBF rates directly impact the global economy, as countries lose more than 300 billion dollars a year¹ due to low adherence to EBF. Therefore, it is essential that research monitors and guides EBF determinants in different scenarios and cultures.

Various studies have addressed the determinants associated with EBF, showing heterogeneity between countries. Mothers have an indispensable role in successful breastfeeding, although the responsibility is not exclusively theirs – rather, it is collective, involving all society⁴. Health determinants may change and/or new ones may appear with the daily changes that take place in society over the years. Thus, mapping and understanding these determinants may contribute to good breastfeeding practices, reinforcing the need for and importance of this study.

Hence, this scoping review aimed to map the health determinants associated with EBF.

METHODS

Protocol and Registry

This scoping review was conducted according to the methodology of the Joanna Briggs Institute (JBI)⁵ and the checklist recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA-ScR)⁶. The protocol was registered in the Open Science Framework (OSF), available at: <https://doi.org/10.17605/OSF.IO/74MR5>.

Research question

The PCC acronym (population, concept, and context) was used to establish the study objective, namely: P (population) = breastfeeding mothers and infants; C (concept) = health determinants; C (context) = EBF⁵. Thus, the following research question was defined: “What are the health determinants associated with EBF in breastfeeding mothers and infants?”.

Inclusion Criteria

Participants (P): This review considered studies whose samples had breastfeeding mothers and infants under 24 months old.

Concept (C): it also considered studies that addressed EBF health determinants. This review's mapping was based on an adaptation of Boccolini's conceptual model⁷, approaching the following levels: distal (characteristics of the family/home and the mother), intermediate (characteristics of the pregnancy, prenatal care, delivery, the mother during hospital stay, and the newborn), and proximal (characteristics of the family/breastfeeding mothers, infants, and health services).

Context (C): the context of this review was EBF, based on WHO recommendations – i.e., EBF is when the child is given only milk, either expressed or straight from the breasts, or human milk from another source, with no other liquid or solid foods, except for drops or syrup containing vitamins, oral rehydration salts, mineral supplements, or medications. The scenarios included health services, homes, or those using databases or population surveys¹.

Exclusion criteria

The review excluded news pieces, blogs, editorials, and articles whose methods were not clear or whose results were not aligned with this review's objective.

Source types

This scoping review considered quantitative, qualitative, mixed, and review studies. The lists of references in all eligible studies and reviews were carefully read to identify possible additional studies. This review considered primary studies, unprecedented theses and dissertations, and the grey literature. The following databases were searched: MEDLINE, via PubMed, LILACS, CINAHL, Scopus, via Elsevier, and EMBASE.

The grey literature was identified in the Brazilian Digital Library of Theses and Dissertations (BDTD), of the Brazilian Institute of Science and Technology Information. There was no restriction on their time (given the trajectory of the concept related to health determinants) or language.

Data selection

The search strategy included controlled terms and keywords related to the items that make up the PCC acronym, associated with the Boolean operators AND and OR. The search strategy, including all keywords and indexing terms identified, was adapted to each source of information (Chart 1).

Chart 1. Search strategy per database

Medline	((Breast[ti] AND (Feed*[ti] OR milk[ti])) OR Breastfeed*[ti] OR Breastfed[ti]) AND (exclusive*[tiab] OR only[tiab] OR full[tiab])) AND («associated factors»[tiab] OR aspect[tiab] OR cause[tiab] OR circumstance[tiab] OR determinant[tiab] OR «Associated Factor»[tiab]).
Lilacs	((ti:Breast AND ti:(Feed* OR milk)) OR ti:Breastfed* OR ti:Breastfeed* OR ti:amamanta* OR ti:amamenta* OR ti:aleitamento) AND tw:(exclusiv* OR only OR full OR apenas OR unicamente OR somente) AND tw:(«associated factors» OR aspect OR cause OR circumstance OR determinant OR «Associated Factor» OR «fatores associados» OR causa OR Circunstancia OR determinante OR «fator associado» OR «factores asociados» OR «factor asociado»).
CINAHL	TI ((Breast AND (feed* OR milk)) OR breastfeed* OR breastfed) AND (AB ((exclusive OR only OR full) AND («associated factors» OR aspect OR cause OR circumstance OR determinant OR «Associated Factor»)) OR TI ((exclusive OR only OR full) AND («associated factors» OR aspect OR cause OR circumstance OR determinant OR «Associated Factor»)))
Scopus	((TITLE(Breast) AND (TITLE(Feed*) OR TITLE(milk))) OR TITLE(Breastfeed*) OR TITLE(Breastfed)) AND (TITLE-ABS(exclusive*) OR TITLE-ABS(only) OR TITLE-ABS(full))) AND (TITLE-ABS(«associated factors») OR TITLE-ABS(aspect) OR TITLE-ABS(cause) OR TITLE-ABS(circumstance) OR TITLE-ABS(determinant) OR TITLE-ABS(«Associated Factor»))
EMBASE	((Breast:ti AND (Feed*:ti OR milk:ti)) OR Breastfeed*:ti OR Breastfed:ti) AND (exclusive*:ti,ab OR only:ti,ab OR full:ti,ab) AND ('associated factors':ti,ab OR aspect:ti,ab OR cause:ti,ab OR circumstance:ti,ab OR determinant:ti,ab OR 'Associated Factor':ti,ab)
BDTD	«(Todos os campos:»Aleitamento materno» OR amamentação OR Breastfeed OR Breastfed OR Breastfeeding E Todos os campos:apenas OR unicamente OR somente OR exclusivo OR «associated factors» OR aspect OR cause OR circumstance OR determinant OR «Associated Factor» E Todos os campos:»fatores associados» OR causa OR Circunstancia OR determinante OR «fator associado» OR «factores asociados» OR «factor asociado»»

Data extraction

In the process of selecting studies to comprise the scoping review, search results were sent to the Endnote Web reference manager program⁸ to have duplicates removed. Then, two reviewers (ALBS and CRSF) selected studies independently through the Rayyan selection platform⁹. Articles were initially selected through title and abstract reading; those that met the eligibility criteria by consensus of the two reviewers were separated for full-text reading to be either included in or excluded from the review. Divergences regarding study eligibility were solved by a third reviewer (PGS). If a study was excluded, the reason for it was recorded in all phases of the study selection process.

Data were extracted and transferred to tables with the following information: year of publication, origin/

country of origin, continent, study type, prevalence of EBF, and determinants.

Synthesis of Results

The studies that made up the synthesis of this review were listed in tables and a chart. The variables associated with EBF were classified according to Boccolini's conceptual model⁷, as follows: distal (characteristics of the family/home and the mother), intermediate (characteristics of the pregnancy, prenatal care, delivery, the mother during hospital stay, and the newborn), and proximal (characteristics of the family/breastfeeding mothers, infants, and health services).

Extracted data were included in the table with EBF determinants, according to their hierarchical levels (Chart 2).

Chart 2. Health determinants associated with exclusive breastfeeding according to Boccolini's theoretical model

Distal	
Characteristics of the families and homes	Characteristics that involve the support network for mothers, such as paternal age and educational attainment, family income, and housing conditions.
Characteristics of the mother	Characteristics of skin color or race, age, educational attainment, parity, previous breastfeeding experience, marital status.
Intermediate	
Characteristics of the pregnancy	Maternal nutritional status, desired pregnancy, smoking, alcoholism, prenatal attention, attendance to and frequency of prenatal care, information on breastfeeding, participation in prenatal groups, and prenatal funding.
Characteristics of delivery care	Being born at a Baby Friendly Hospital or one with a human milk bank, maternity funding, and breastfeeding guidance and practices.
Characteristics of the mother during the hospital stay	Intention to breastfeed, type of delivery, time until first breastfeeding, exclusive breastfeeding at hospital discharge.
Characteristics of the infant	Birth weight, gestational age, complications immediately after birth, and infant's sex.
Proximal	
Characteristics of the breastfeeding mother/family	Employment/maternity leave, fatigue and emotional indicators, knowledge of exclusive breastfeeding, breastfeeding difficulties, family support and relationship, and child's caregiver.
Characteristics of the infant	Age, health, pacifier use.
Characteristics of the health services	Type of primary healthcare funding, type of community health center, mother's satisfaction with support given at the service, breastfeeding instructions, follow-up at a breastfeeding-friendly health unit.

LITERATURE REVIEW

Study selection

Altogether, 3,988 references were found – 3,400 in the databases: CINAHL (n = 1,036), EMBASE (n = 597), LILACS (n = 336), MEDLINE (n = 332), and Scopus (n = 1,099), and 598 in the grey literature, via

BDTD. After screening, studies were excluded for being duplicates (2,871) and by title and abstract analysis (2,595). Thus, 276 articles were read in full text for eligibility analysis, of which 145 articles were finally selected (Figure 1).

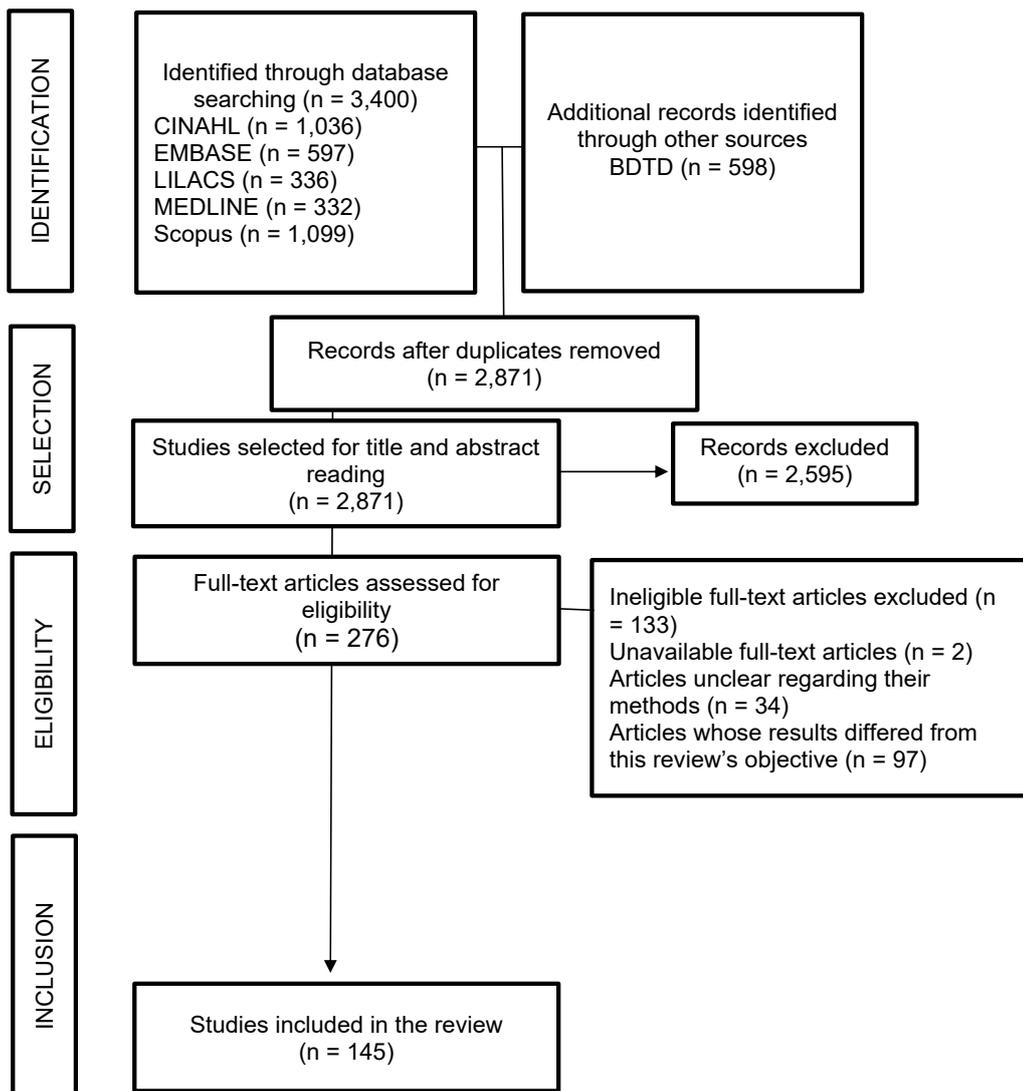


Figure 1. Flowchart of the study selection process for inclusion in the scoping review, following PRISMA-ScR recommendations⁶, 2023

Characteristics of the studies

A total of 145 studies (Appendix) were selected for this scoping review, of which 42% (61) were from South America, and 26% (38) were from Africa. As for study

type, 56% (81) were cross-sectional, and 30% (43) were cohort. Also, 37% (54) of the studies found an EBF rate of 31 to 50% (Table 1).

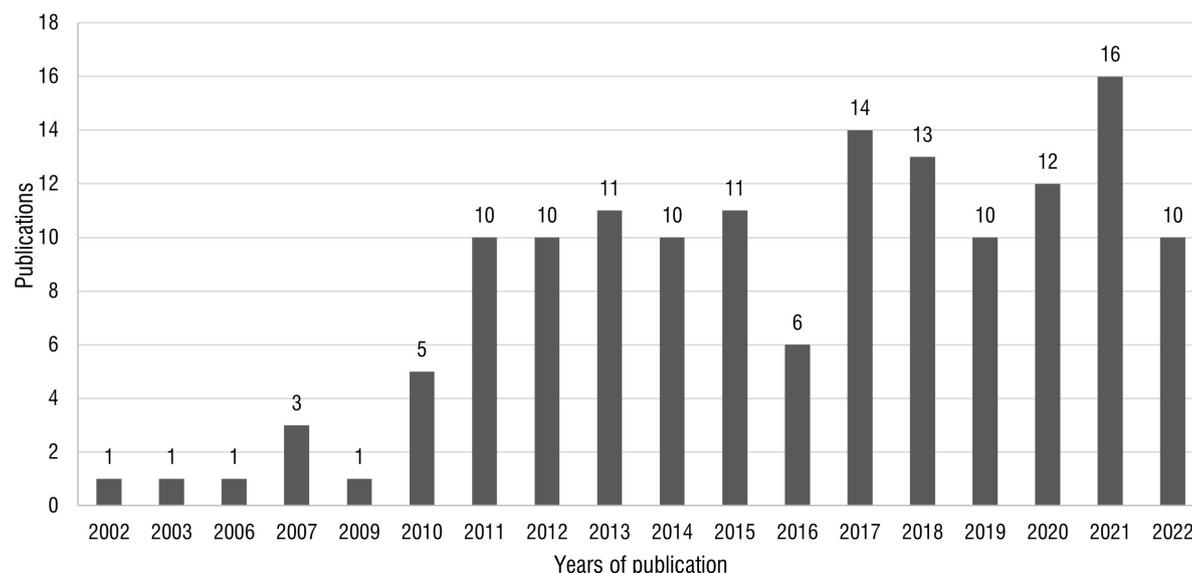
Table 1. Characteristics of the studies on health determinants associated with exclusive breastfeeding, 2023

Variables	Number of Studies	%
Continent		
Africa	38	26
Central America	5	3
North America	3	2
South America	61	42
Asia	24	17
Europe	7	5
Middle East	7	5
Study type		
Cross-sectional	81	56
Cohort	43	30
Case-control	4	3
Integrative and systematic reviews, with or without meta-analyses)	8	5
Multilevel analysis	3	2
Qualitative	3	2
Mixed method	3	2
Prevalence of exclusive breastfeeding		
0 to 30%	45	31
31 to 50%	54	37
51 to 90%	26	18
Not assessed	5	4
Not described	15	10

Caption: % percentage

The studies included in this review were published between 2002 and 2022 (Figure 2). This scientific

production was asymmetrically distributed in the last decade, reaching a peak in 2021, with 16 publications.

**Figure 2.** Distribution per year of publication of articles selected for the scoping review, 2023

Individual evidence of determinants associated with EBF

The mapping of EBF health determinants is shown in Table 2. Maternal education attainment (n = 48), in the

distal model, was the predominating determinant in the investigated studies, followed by maternal employment and maternity leave (n = 46), in the proximal model.

Table 2. Health determinants associated with exclusive breastfeeding found in the scoping review, 2023

DISTAL MODEL		INTERMEDIATE MODEL		PROXIMAL MODEL	
Characteristics of the families or homes	n	Characteristics of the pregnancy	n	Characteristics of the breastfeeding mother/family	n
Family income	36	Attendance to and frequency of prenatal care	16	Maternal employment and maternity leave	46
Housing conditions	10	Information on breastfeeding	10	Knowledge of EBF	19
Support network	8	Prenatal attention	5	Breastfeeding difficulties	13
Paternal educational attainment	2	Desired pregnancy	4	Family support and relationship	11
Paternal age	0	Maternal nutritional status	3	Fatigue and emotional indicators	8
Characteristics of the mother		Participation in prenatal groups	1	Child's caregiver	0
Educational attainment	48	Smoking	1	Characteristics of the infants	
Maternal age	37	Alcoholism	0	Pacifier use	27
Parity	25	Prenatal funding	0	Age	21
Marital status	10	Characteristics of delivery care		Infant's health	6
Previous breastfeeding experience	7	Breastfeeding guidance	3	Characteristics of the health services	
Skin color or race	1	Breastfeeding practices	3	Breastfeeding instructions	9
		Maternity funding	1	Type of primary healthcare funding	6
		Birth at a Baby Friendly Hospital or one with a human milk bank	0	Type of community health unit	4
		Characteristics of the mother during the hospital stay		Mother's satisfaction with support given by the service	2
		Time until first breastfeeding	17	Follow-up at a breastfeeding-friendly health unit	0
		Type of delivery	15		
		Intention to breastfeed	9		
		EBF at hospital discharge	1		
		Characteristics of the infant			
		Sex of the newborn	10		
		Birth weight	5		
		Gestational age	1		
		Complications immediately after birth	0		

Captions: EBF = exclusive breastfeeding; n = number of studies

EBF studies included in this scoping review were from six continents, mostly South America. Studies from underdeveloped countries point out how social and economic determinants can facilitate or hinder EBF¹⁰⁻¹², associating them with the low prevalence of EBF – which this review identified to be at 50%. The year with the most studies was 2021 when the coronavirus pandemic was ongoing. This negatively impacted various aspects related to breastfeeding, including adherence to EBF, which ratifies the need for scientific production on the topic¹³. Predominating health determinants – both protective and risk factors – are important indicators to reach the goals established

by WHO¹ and improve EBF rates. The model of EBF determinants⁷ makes it possible to investigate when and how these factors interfere with the process. The importance of mapping EBF health determinants based on Bocollini's model⁷ is justified by the diversity of breastfeeding scenarios and the need to discuss them according to the model to which determinants belong, whether distal, intermediate, or proximal.

Distal Model

Educational attainment, one of the maternal characteristics, predominated in relation to all other mapped determinants. The studies in this review pointed it out

as an EBF facilitator. In Saudi Arabia¹⁰, it was demonstrated that mothers with at least 7 years of school attendance were twice as likely to provide EBF than others with less education time. In Ethiopia¹¹, mothers who had attended at least high school were 3.86 times as likely to provide EBF. And in Brazil, adherence to EBF is greater in the South Region, due to its women's higher educational attainment¹². Although seen as a facilitating factor in developing countries, higher educational attainments and the resulting higher degrees and better work positions lead to less time at home. This results in an accelerated urban transition without appropriate support networks and public policies to protect the mother and baby, which may decrease EBF in these countries¹⁰. Nevertheless, greater knowledge enables mothers to resist to practices and pressures that expose them to the risk of early weaning, as better education helps them give greater importance to child development practices, like EBF. Therefore, this scenario must be thoroughly approached, providing quality education and equal access to job opportunities^{11,12,14}.

Addressing the whole scenario helps us understand that family income, related to family or home characteristics in this review's distal model, was a determinant that can hinder EBF. Out of the total 36 studies, 18 indicated it as a risk factor for EBF. Currently, women are more likely to wean early when they have lower educational attainment, little knowledge of the benefits of breastfeeding, low family income, little support, difficulties accessing health assistance, and employment in a job market that is unprepared to support them after delivery^{12,14-16}.

It was found that low family income in Brazil increased by 1.22 the odds of discontinuing EBF, demonstrating that social inequalities such as those involving economic issues directly impact the mother and child's health conditions¹⁷. However, other studies indicate low income as a protective factor for EBF, as breastmilk is often the only food available to infants in poor countries^{10,11}.

A study conducted in Peru also identifies low income as a protective factor for EBF. However, it highlights that the country, despite having reached 70% of the EBF recommended by WHO, has the predominant characteristic of low educational attainment and income and, since this prevalence varies between the different parts of the country, the cultural and regional differences in such prevalence must be analyzed¹⁸. The authors emphasize that EBF assessment must

not be limited to percentages – the mother and infant's quality of life should also be analyzed to ensure more successful breastfeeding.

Intermediate Model

In the intermediate perspective of the EBF model (regarding pregnancy characteristics), 16 studies indicated that the mother's attendance to prenatal care and the number of visits were determinants and that timely prenatal care, health education, and EBF guidance were the main factors.

Listening to patients is the best way to strengthen their ties with the health unit, and doing so with quality may help the mother be a protagonist of their breastfeeding, as they decide to carry it on¹⁵. Having at least six prenatal care visits was positively associated with EBF^{12,19}. Beginning such care in the 1st trimester of pregnancy, with breastfeeding guidance and health education, is a protective factor¹².

Concerning delivery care, the most investigated determinants were breastfeeding guidance and practices. The studies emphasized that deficient knowledge or the lack of guidance on breastfeeding significantly contributes to early weaning^{20,21}. Studies that identified breastfeeding practices related to successful or unsuccessful EBF reported that mothers with good such practices are more likely to provide EBF. These include mothers with adequate knowledge of colostrum and EBF and higher scores in the perception of breastfeeding benefits^{22,23}. These determinants are significantly associated with the health professionals' follow-up on this phase of the women's lives, from conception to post-partum. Every contact with such women in health services is an opportunity to instruct them about breastfeeding and its benefits, not only with information but mostly with actions implemented for them and their families²⁴.

As for the mother's characteristics during the hospital stay, what determined EBF was the time it took until the first breastfeeding, associated in 17 studies in this review. Various studies associate successful EBF, among other determinants, with beginning breastfeeding up to 1 hour after delivery^{12,22,25}. The United Nations Children's Fund along with WHO suggested this strategy, as they instituted the Baby Friendly Hospital Initiative with 10 steps for successful breastfeeding practices. The fourth one recommends providing contact between the infant and the mother immediately after delivery for at least 1 hour²⁶.

Unfortunately, this is not widely practiced yet. A study conducted in Brazil showed that early breastfeeding fell short of WHO recommendations, even though the investigation took place in a Baby Friendly Hospital. The study also revealed that normal delivery, the presence of a nurse to give assistance during delivery, and skin-to-skin contact between the mother and infant were the main factors associated with breastfeeding in the 1st hour of life²⁷.

Regarding the newborns' characteristics, the sex of the baby was the most investigated variable, approached in 10 studies. Three of these showed a positive association between females and EBF²⁸⁻³⁰, whereas one study demonstrated that female infants were more likely to have EBF discontinued early than male ones¹⁷. Thus, as in other studies' results^{7,28}, there is no consensus yet on which sex of the newborn determines EBF. This is because this determinant involves various factors, including cultural and family ones, such as the belief that male newborns have greater appetites than female ones. This would justify their greater food intake, inducing mothers to introduce complementary foods earlier. Hence, further studies are needed to better explain this phenomenon²⁸.

Proximal Model

In the proximal model, maternal employment and maternity leave were the determinants most categorically associated with EBF and took second place among determinants in Bocollini's general model⁷, detected in 46 studies. Different articles pointed out that the mother's work away from home is the main cause of discontinuing EBF before the infant is 6 months old^{29,31-33}. A study from Ethiopia also showed that stay-at-home mothers were more likely to reach EBF goals than formally employed ones.

This association results from the greater time unemployed or stay-at-home mothers have to be with their infants than those who work away from home. Thus, some measures must be taken to ensure that the latter has the availability and support to stay at home or, if they return to work, support to breastfeed in the workplace³⁴. Some examples can be cited, such as 6-month paid maternity leave and breastfeeding rooms in the workplace¹⁷. These strategies strongly protect EBF among formally employed mothers³⁵.

Moreover, using pacifiers was one of the infants' characteristics verified as a determinant markedly closer to EBF, negatively associated in 27 studies in

this scoping review. This phenomenon was likewise found in other studies^{20,21,36}.

A cohort study that aimed to investigate the relationship between early weaning and pacifier use showed that discontinuing EBF early and using pacifiers gradually increased with the infant's age. The research pointed out that by the 4th month, more than half of the babies had already weaned and used pacifiers³⁷. WHO discourages this practice in the publication "Ten steps to successful breastfeeding" and emphasizes the importance of instructing mothers on the use and risks of baby bottles, nipples, and pacifiers³⁸. This association also needs further investigation, as such a phenomenon involves other maternal, physiological, and family contexts.

Few studies investigated determinants related to the characteristics of health services. As for the investigated ones, breastfeeding guidance in these settings was the determinant most often positively associated with EBF, present in nine studies. A study conducted in Ethiopia also found this relationship, showing that women that get breastfeeding instructions in health units are twice as likely to provide EBF²⁵.

Another study, carried out in China²², addressed information on breastfeeding in health units and pointed out that these settings' and other sources' not suggesting to feed the baby with infant formula was likewise an important determinant. It showed that mothers who did not receive such instructions were more likely to provide EBF. Infant formula commercialization raises concern among organizations working for breastfeeding – such as WHO, which reinforces that, along with other norms, health services must fully comply with the International Code of Marketing of Breast-milk Substitutes, whose objectives include safe and adequate infant nutrition. It requires breastfeeding protection and promotion measures, ensuring that breastmilk substitutes are only and appropriately used when absolutely necessary, particularly based on adequate instructions³⁸.

Even though the study was rather encompassing, it was limited by not finding any public policy document or conference proceedings in the selection process. Furthermore, it identified few studies on the topic from developed countries, which may have kept the review from including some relevant studies. Therefore, to minimize such bias and possible losses, two researchers (with the participation of a third one for decision-making, when necessary) searched a wide range of databases to find as many articles as

possible to be read in full text. The quality of the studies regarding scientific rigor was not assessed because it is not a characteristic of scoping reviews. Hence, future studies should map these determinants with other methodologies.

CONCLUSION

This scoping review mapped EBF health determinants in various realities from different continents, predominating studies from South America, in countries with various social and economic facets that hinder EBF. From the perspective of the breastfeeding model used in distal determinants, it was verified that absent or low educational attainment (which was the predominant variable) and low income negatively impact EBF. Intermediate determinants, such as having prenatal care and number of such visits, EBF guidance and practices in prenatal care, and time until the first breastfeeding are measures that health professionals should take and can be put into practice with quality, increasing the odds of prolonged EBF.

Although mapped in studies, there was no consensus on the role of the infant's sex on EBF. Hence, further studies are needed to better relate these two variables. In the proximal model, maternal employment and maternity leave were the second most recurrent determinant. The role of women after being included in the job market without an adequate support network also stood out. Other determinants were identified, such as pacifier use and breastfeeding instructions. Thus, determinants that can facilitate or hinder EBF are both extrinsic and intrinsic to the mother and infant. Public policies are needed to protect every person's right to breastfeeding worldwide.

REFERENCES

1. WHO: World Health Organization. [homepage on the internet]. Global nutrition targets 2025: breastfeeding policy brief. [accessed 2023 jan 23]. Available at: https://apps.who.int/iris/bitstream/handle/10665/149022/WHO_NMH_NHD_14.7_eng.pdf?ua=1
2. Sociedade Brasileira de Pediatria. [homepage on the internet]. Guia prático de aleitamento materno. 2020. [accessed 2023 jan 24]. Available at: https://www.sbp.com.br/fileadmin/user_upload/22800f-GUIAPRATICO-GuiaPratico_de_AM.pdf
3. Wells JC, Sawaya AL, Wibaek R, Mwangome M, Poullas MS, Yajnik CS et al. The double burden of malnutrition: a etiological pathways and consequences for health. *Lancet*. 2020;395(10217):75-88. [https://doi.org/10.1016/S0140-6736\(19\)32472-9](https://doi.org/10.1016/S0140-6736(19)32472-9). PMID: 31852605.
4. Rollins NC, Bhandari N, Hajeerhoy N, Horton S, Lutter CK, Martines JC et al. Lancet Breastfeeding Series Group. Why invest, and what it will take to improve breastfeeding practices? *Lancet*. 2016;387(10017):491-504. [https://doi.org/10.1016/S0140-6736\(15\)01044-2](https://doi.org/10.1016/S0140-6736(15)01044-2). PMID: 26869576.
5. Aromataris E, Munn Z, editors. *JBI Manual for Evidence Synthesis*. JBI, 2020. Available at: <https://synthesismanual.jbi.global>.
6. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): checklist and explanation. *Ann Intern Med*. 2018;169(7):467-73. <https://doi.org/10.7326/M18-0850>. PMID: 30178033.
7. Boccolini CS, Carvalho ML, Oliveira MIC. Factors associated with exclusive breastfeeding in the first six months of life in Brazil: a systematic review. *Rev Saúde Pública*. 2015;49(91):1-15. <https://doi.org/10.1590/S0034-8910.2015049005971>. PMID: 26759970.
8. Thompson R. "EndNote 7." *EndNote 2015*. Available at: <http://endnote.com/product-details/X7>.
9. Ouzzani M, Hammady ZF, Elmagarmid A. Rayyan - a web and mobile app for systematic reviews. *Systematic Reviews*. 2016 [accessed 2023 fev 7]. 5:210. Available at: <https://rayyan.ai/>
10. Amin T, Hablas H, Al Qader AA. Determinants of initiation and exclusivity of breastfeeding in Al Hassa, Saudi Arabia. *Breastfeed Med*. 2011;6(2):59-68. <https://doi.org/10.1089/bfm.2010.0018>. PMID: 21034163.
11. Awoke S, Mulatu B. Determinants of exclusive breastfeeding practice among mothers in Sheka Zone, Southwest Ethiopia: a cross-sectional study. *Public Health Pract (Oxf)*. 2021;2:100108. <https://doi.org/10.1016/j.puhip.2021.100108>. PMID: 36101636.
12. Oliveira MG, Lira PI, Batista Filho M, Lima M de C. Factors associated with breastfeeding in two municipalities with low human development index in Northeast Brazil. *Rev Bras Epidemiol*. 2013;16(1):178-89. <https://doi.org/10.1590/S1415-790X2013000100017>. PMID: 23681334.
13. Gebretsadik GG, Tadesse Z, Mamo L, Adhanu AK, Mulugeta A. Knowledge, attitude, and determinants of exclusive breastfeeding during COVID-19 pandemic among lactating mothers in Mekelle, Tigray: a cross-sectional study. *BMC Pregnancy Childbirth*. 2022;22(1):850. <https://doi.org/10.1186/s12884-022-05186-w>. PMID: 36401204.
14. Yalçın SS, Berde AS, Yalçın S. Determinants of exclusive breastfeeding in sub-Saharan Africa: a multilevel approach. *Paediatr Perinat Epidemiol*. 2016;30(5):439-49. <https://doi.org/10.1111/ppe.12305>. PMID: 27259184.
15. Pereira NNB, Reinaldo AMS. Infants should be exclusively breastfed for the first six months of life in Brazil: an integrative review. *Rev APS*. 2018;21(2):300-19. <https://doi.org/10.34019/1809-8363.2018.v21.16281>.
16. Chimoriya R, Scott JA, John JR, Bhole S, Hayen A, Kolt GS et al. Determinants of full breastfeeding at 6 months and any breastfeeding at 12 and 24 months among women in Sydney: findings from the HSHK birth cohort study. *Int j environ res Public Health*. 2020;17(15):5384. <https://doi.org/10.3390/ijerph17155384>. PMID: 32726917.
17. Pereira-Santos M, Santana M de S, Oliveira DS, Nepomuceno RA, Lisboa CS, Almeida LMR et al. Prevalence and associated factors for early interruption of exclusive breastfeeding: meta-analysis on Brazilian epidemiological studies. *Rev Bras Saude Mater Infant*. 2017;17(1):59-67. <https://doi.org/10.1590/1806-93042017000100004>.

18. Hernández-Vásquez A, Vargas-Fernández R. Socioeconomic determinants and inequalities in exclusive breastfeeding among children in Peru. *Front Nutr*. 2022 Dec 15;9:1073838. <https://doi.org/10.3389/fnut.2022.1073838>. PMID: 3659020.
19. Barbosa GEF, Pereira JM, Soares MS, Pereira LB, Pinho L, Caldeira AP. Initial difficulties with breastfeeding technique and the impact on duration of exclusive breastfeeding. *Rev Bras Saude Mater Infant*. 2018;18(3):517-26. <https://doi.org/10.1590/1806-93042018000300005>.
20. Camargo Figuera FA, Latorre Latorre JF, Porrás Carreño JA. Factores asociados al abandono de la lactancia materna exclusiva. *Hacia promoc. Salud*. 2011 [accessed 2023 fev 10];16(1):56-72. Available at: http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S012175772011000100005&lng=en
21. Lima APC, Nascimento DS, Martins MMF. The practice of breastfeeding and the factors that take to early weaning: an integrating review. *J. Health Biol Sci*. 2018;6(2):189-96. <http://dx.doi.org/10.12662/2317-3076jhbs.v6i2.1633.p189-196.2018>.
22. Duan Y, Yang Z, Bi Y, Wang J, Pang X, Jiang S et al. What are the determinants of low exclusive breastfeeding prevalence in China? A cross-sectional study. *Matern Child Nutr*. 2022;18:e13324. <https://doi.org/10.1111/mcn.13324>.
23. Mortazavi F, Mousavi SA, Chaman R, Wambach KA, Mortazavi SS, Khosravi A. Breastfeeding practices during the first month postpartum and associated factors: impact on breastfeeding survival. *Iran Red Crescent Med J*. 2015;17(4):e27814. [https://doi.org/10.5812%2Fircmj.17\(4\)2015.27814](https://doi.org/10.5812%2Fircmj.17(4)2015.27814). PMID: 26023352.
24. Lustosa E, Lima RN. Importância da enfermagem frente à assistência primária ao aleitamento materno exclusivo na atenção básica. *ReBIS*. [journal on the internet]. 2020 [accessed 2023 fev 12]; 2(2):[about 5 p.]. Available at: <https://revistarebis.rebis.com.br/index.php/rebis/article/view/96>
25. Mulatu Dibisa T, Sintayehu Y. Exclusive breast feeding and its associated factors among mothers of <12 months old child in Harar Town, eastern Ethiopia: a cross-sectional study. *Pediatric Health Med Ther*. 2020;11:145-52. <https://doi.org/10.2147/PHMT.S253974>. PMID: 32494213.
26. World Health Organization and the United Nations Children's Fund - UNICEF. (2020). Protecting, promoting and supporting breastfeeding: the Baby-friendly Hospital Initiative for small, sick and preterm newborns. Geneva.
27. Silva JLP, Linhares FMP, Barros AA, Souza AG, Alves DS, Andrade PON. Factors associated with breastfeeding in the first hour of life in a baby-friendly hospital. *Texto Contexto Enferm*. 2018;27(4):e4190017. <https://doi.org/10.1590/0104-07072018004190017>.
28. Dalcastagnè SV, Giugliani ERJ, Nunes LN, Hauser L, Giugliani C. Practice of exclusive breastfeeding and its associated factors in a suburban area in Angola: a cross-sectional study. *Sao Paulo Med J*. 2018;136(6):533-42. <https://doi.org/10.1590/1516-3180.2018.0262161118>. PMID: 30892484.
29. Al Ketbi MI, Al Noman S, Al Ali A, Darwish E, Al Fahim M, Rajah J. Knowledge, attitudes, and practices of breastfeeding among women visiting primary healthcare clinics on the island of Abu Dhabi, United Arab Emirates. *Int Breastfeed J*. 2018;13(26):1-14. <https://doi.org/10.1186/s13006-018-0165-x>. PMID: 29988693.
30. Agho KE, Dibley MJ, Odiase JI, Ogbonmwan SM. Determinants of exclusive breastfeeding in Nigeria. *BMC Gravidez Parto*. 2011;11(2):1-8. <https://doi.org/10.1186/1471-2393-11-2>.
31. Afzal Aghaee M, Mosa Farkhani E, Bahrami Taghanaki H, Mohajeri N, Tavakoli F, Kazemi SB. The factors affecting exclusive breastfeeding in 6 month-old infants: a population-based case-control study. *J Compr Ped*. 2019;11(1):e89804. <https://doi.org/10.5812/compreped.89804>.
32. Alzaheb RA. Factors influencing exclusive breastfeeding in Tabuk, Saudi Arabia. *Clin Med Insights Pediatr*. 2017;11:1179556517698136. <https://doi.org/10.1177/1179556517698136>. PMID: 28469519.
33. Asemahagn MA. Determinants of exclusive breastfeeding practices among mothers in Azezo district, northwest Ethiopia. *Int Breastfeed J*. 2016;11:22. <https://doi.org/10.1186/s13006-016-0081-x>. PMID: 27489561.
34. Adugna B, Tadele H, Reta F, Berhan Y. Determinants of exclusive breastfeeding in infants less than six months of age in Hawassa, an urban setting, Ethiopia. *Int Breastfeed J*. 2017;12(45):1-8. <https://doi.org/10.1186/s13006-017-0137-6>.
35. Rimes KA, Oliveira MIC, Boccolini CS. Maternity leave and exclusive breastfeeding. *Rev Saude Publica*. 2019;53(10):1-12. <https://doi.org/10.11606/S1518-8787.2019053000244>.
36. Hadi F, Eftkhar H, Djazayeri A, Mazloomzadeh S. Exclusive breastfeeding and its determinants in infants born in Zanjan hospitals: a longitudinal study. *J Compr Ped*. 2021;12(3):e108667. <https://doi.org/10.5812/compreped.108667>.
37. Morais SPT, Oliveira AM de, Pinto E de J, Vieira GO, Oliveira RC de, Oliveira VC de. Uso de chupeta e a interrupção do aleitamento materno exclusivo: estudo de coorte. *Rev Baiana Saúde Pública*. 2020;44(3):99-110. <https://doi.org/10.22278/2318-2660.2020.v44.n3.a2999>.
38. WHO. World Health Organization. [homepage on the internet]. Indicators for the global monitoring framework on maternal, infant and World Health Organization. Ten steps to successful breastfeeding (reviewed 2018). 2019. Available at: <https://www.who.int/nutrition/bfhi/ten-steps/en/>. Accessed 2023 fev 17.

Authors' contributions:

ALBS: study conceptualization and project, article development, data acquisition, analysis, and interpretation, and approval of the final version;
 CRSF: critical review, data acquisition, analysis, and interpretation;
 PGS: data acquisition, analysis, and interpretation;
 ERAO: critical review and approval of the final version;
 MHMBM: study conceptualization and project and approval of the final version.

APPENDIX

List of references of studies included in the scoping review

1. Marisleydis AS, Manuel De la RFJ. Causas que determinan la interrupción de la lactancia materna exclusiva en los barrios Santa Cruz y Propicia I en Esmeraldas, Ecuador. *AMC [journal on the internet]*. 2018 [accessed 2023 fev 19; 22(4):[about 15 p.]. Available at: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S102502552018000400452&lng=es
2. Adugna B, Tadele H, Reta F, Berhan Y. Determinants of exclusive breastfeeding in infants less than six months of age in Hawassa, an urban setting, Ethiopia. *Int Breastfeed J*. 2017;12(45):1-8. <https://doi.org/10.1186/s13006-017-0137-6>.
3. Afzal Aghaee M, Mosa Farkhani E, Bahrami Taghanaki H, Mohajeri N, Tavakoli F, Kazemi Sima B. The factors affecting exclusive breastfeeding in 6 month-old infants: a population-based case-control study. *J Compr Ped*. 2020;11(1):1-6. <https://doi.org/10.5812/compred.89804>.
4. Agho KE, Dibley MJ, Odiase JI, Ogbonmwan SM. Determinants of exclusive breastfeeding in Nigeria. *BMC Gravidez Parto*. 2011;11(2):1-8. <https://doi.org/10.1186/1471-2393-11-2>.
5. Al Ketbi MI, Al Noman S, Al Ali A, Darwish E, Al Fahim M, Rajah J. Knowledge, attitudes, and practices of breastfeeding among women visiting primary healthcare clinics on the island of Abu Dhabi, United Arab Emirates. *Int Breastfeed J*. 2018;13(26):1-14. <https://doi.org/10.1186/s13006-018-0165-x>. PMID: 29988693.
6. Al Sabbah H, Assaf EA, Taha Z, Qasrawi R, Radwan H. Determinants of exclusive breastfeeding and mixed feeding among mothers of infants in Dubai and Sharjah, United Arab Emirates. *Front Nutr*. 2022;10(9):1-12. <https://doi.org/10.3389/fnut.2022.872217>. PMID: 35619950.
7. Alyousefi NA. Determinants of successful exclusive breastfeeding for Saudi mothers: social acceptance is a unique predictor. *Int J Environ Res Public Health*. 2021;18(10):5172. <https://doi.org/10.3390/ijerph18105172>. PMID: 34068140.
8. Alzaheb RA. Factors influencing exclusive breastfeeding in Tabuk, Saudi Arabia. *Clin Med Insights Pediatr*. 2017;11:1179556517698136. <https://doi.org/10.1177/1179556517698136>. PMID: 28469519.
9. Amin T, Hablas H, Al Qader AA. Determinants of initiation and exclusivity of breastfeeding in Al Hassa, Saudi Arabia. *Breastfeed Med*. 2011;6(2):59-68. <https://doi.org/10.1089/bfm.2010.0018>. PMID: 21034163.
10. Andrade FF, Martins LA, Dias Ávila Vargas IM, Salvador M. Fatores associados ao desmame precoce do aleitamento materno. *Revista CUIDARTE [journal on the internet]* 2014 jun [accessed 2023 fev 18]; 5(1):[about 8 p.]. Available at: <https://www.redalyc.org/articulo.oa?id=359533180011>
11. Asare BY, Preko JV, Baafi D, Dwumfour-Asare B. Breastfeeding practices and determinants of exclusive breastfeeding in a cross-sectional study at a child welfare clinic in Tema Manhean, Ghana. *Intern breastf jour*. 2018;13(12):1-9. <https://doi.org/10.1186/s13006-018-0156-y>. PMID: 29541153.
12. Asemahagn MA. Determinants of exclusive breastfeeding practices among mothers in Azezo district, northwest Ethiopia. *Int Breastfeed J*. 2016;11:22. <https://doi.org/10.1186/s13006-016-0081-x>. PMID: 27489561.
13. Avalos González MM, Mariño Membrives ER, González Hidalgo JA. Factores asociados con la lactancia materna exclusiva. *Rev Cubana Med Gen Integr [journal on the internet]* 2016 [accessed 2023 mar 3]; 32(2):[about 7 p.]. Available at: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S086421252016000200004&lng=es.
14. Awoke S, Mulatu B. Determinants of exclusive breastfeeding practice among mothers in Sheka Zone, Southwest Ethiopia: a cross-sectional study. *Public Health Pract (Oxf)*. 2021;2:100108. <https://doi.org/10.1016/j.puhip.2021.100108>. PMID: 36101636.
15. Ayalew T. Exclusive breastfeeding practice and associated factors among first-time mothers in Bahir Dar city, North West Ethiopia, removed: a community based cross sectional study. *Heliyon*. 2020;6(9):E04732. <https://doi.org/10.1016/j.heliyon.2020.e04732>.
16. Ayawine A, Ae-Ngibise KA. Determinants of exclusive breastfeeding: a study of two sub-districts in the Atwima Nwabiagya District of Ghana. *Pan Afr Med J*. 2015;22(248):1-10. <https://doi.org/10.11604/pamj.2015.22.248.6904>. PMID: 26958111.
17. Azeze GA, Gelaw KA, Gebeyehu NA, Gesese MM, Mokonnnon TM. Exclusive Breastfeeding Practice and Associated Factors among Mothers in Boditi Town, Wolaita Zone, Southern Ethiopia, 2018: a community-based cross-sectional study. *International journal of pediatrics*. 2019;2019:1-11. <https://doi.org/10.1155/2019/1483024>.
18. Bal N, Boulom S, Van Brakel KA, Kounnavong S, Essink DR. How do the determinants of exclusive breast-feeding change over time? A multi-survey quasi-longitudinal study in Lao People's Democratic Republic. *Public Health Nutr*. 2022;25(9):2380-94. <https://doi.org/10.1017/s1368980022001380>. PMID: 35657684.
19. Balamint T, Sousa MI de, Gomes ALM, Christoffel MM, Leite AM, Scochi CGS. Breastfeeding in premature infants discharged from baby-friendly hospitals in southeastern Brazil. *Rev Eletrôn de Enf*. 2018;20:1-14. <http://dx.doi.org/10.5216/ree.v20.50963>
20. Balogun OO, Dagvadorj A, Anigo KM, Ota E, Sasaki S. Factors influencing breastfeeding exclusivity during the first 6 months of life in developing countries: a quantitative and qualitative systematic review. *Mater & child nutr*. 2015;11(4):433-51. <https://doi.org/10.1111/mcn.12180>. PMID: 25857205.
21. Pereira NNB, Reinaldo AMS. Infants should be exclusively breastfed for the first six months of life in Brazil: an integrative review. *Rev APS*. 2018;21(2):300-19. <https://doi.org/10.34019/1809-8363.2018.v21.16281>.
22. Barbosa GEF, Pereira JM, Soares MS, Pereira LB, Pinho L, Caldeira AP. Initial difficulties with breastfeeding technique and the impact on duration of exclusive breastfeeding. *Rev Bras Saude Mater Infant*. 2018;18(3):517-26. <https://doi.org/10.1590/1806-93042018000300005>.

23. Bbaale E. Determinants of early initiation, exclusiveness, and duration of breastfeeding in Uganda. *J of health, pop and nutr [journal on the internet]* 2014; [accessed 2023 fev 21]; 32(2):[about 11 p.]. Available from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4216961/>. PMID: 25076662.
24. Belachew A, Tewabe T, Asmare A, Hirpo D, Zeleke B, Muche D. Prevalence of exclusive breastfeeding practice and associated factors among mothers having infants less than 6 months old, in Bahir Dar, Northwest, Ethiopia: a community based cross sectional study, 2017. *BMC research notes*. 2018;11(1):1-6. <https://doi.org/10.1186/s13104-018-3877-5>
25. Bennett D, Gilchrist CA, Menzies RL, Harwood M, Kingi TK, Atatoa Carr P et al. Determinants of exclusive breastfeeding for wāhine Māori. *NZ Med J*. 2022 [accessed 2023 fev 21]; 135(1555):[about 14 p.]. Available at: <https://pubmed.ncbi.nlm.nih.gov/35728237/>. PMID:35728237.
26. Blanco E, Otero GL. Perceived facilitating and hindering factors to exclusive breastfeeding among Latin American immigrant women living in Colmenar Viejo (Community of Madrid, Spain). *Health & social care in the community*. 2022;43(02):994-1006. <https://doi.org/10.1111/hsc.13503>.
27. Boccolini CS, Carvalho ML, Oliveira MIC. Factors associated with exclusive breastfeeding in the first six months of life in Brazil: a systematic review. *Rev Saúde Pública*. 2015;49(91):1-15. <https://doi.org/10.1590/S0034-8910.2015049005971>. PMID: 26759970.
28. Brand GP, Brito AMA, Leite CC de, Marin LG. Factors associated with exclusive breastfeeding in a maternity hospital reference in humanized birth. 2021;43(02):91-6. <https://doi.org/10.1055/s-0040-1718450>. PMID: 33465789.
29. Brecailo MK, Corso ACT, Almeida CCB, Soares BA, Schmitz TZ. Fatores associados ao aleitamento materno exclusivo em Guarapuava, Paraná. *Rev Nutr*. 2010;23(4):553-63. <https://doi.org/10.1590/S1415-52732010000400006>.
30. Camargo Figuera FA, Latorre Latorre JF, Porras Carreño JA. Factores asociados al abandono de la lactancia materna exclusiva. *Hacia promoc. Salud [journal on the internet]*. 2011 [accessed 2023 fev 10];16(1):56-72. Available at: http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S012175772011000100005&lng=en.
31. Carrascoza KC, Possobon RF, Ambrosano GMB, Costa Júnior ÁL, Moraes ABA de. Determinantes do abandono do aleitamento materno exclusivo em crianças assistidas por programa interdisciplinar de promoção à amamentação. *Ciênc saúde coletiva*. 2011;16(10):4139-46. <https://doi.org/10.1590/S1413-81232011001100019>.
32. Cavalcanti SH, Caminha MF, Figueiroa JN, Serva VM, Cruz R de S, de Lira PI et al. Factors associated with breastfeeding practice for at least six months in the state of Pernambuco, Brazil. *Rev Bras Epidemiol.*; 2015;18(1):208-19. <https://doi.org/10.1590/1980-5497201500010016>. PMID: 25651022.
33. Chimoriya R, Scott JA, John JR, Bhole S, Hayen A, Kolt GS et al. Determinants of full breastfeeding at 6 months and any breastfeeding at 12 and 24 months among women in Sydney: findings from the HSHK Birth cohort study. *Int J Environ Res Public Health*. 2020;17(15):5384. <https://doi.org/10.3390/ijerph17155384>. PMID: 32726917.
34. Cox K, Giglia R, Binns CWM. Breastfeeding beyond the big smoke: Who provides support for mothers in rural Western Australia? *Aust J Rural Health*. 2017; 23(08):369-75. <https://doi.org/10.1111/ajr.12362>. PMID: 28834003.
35. Dachew BA, Bifftu BB. Breastfeeding practice and associated factors among female nurses and midwives at North Gondar Zone, Northwest Ethiopia: a cross-sectional institution based study. *Int Breastfeed J*. 2014;9(11):1-7. <https://doi.org/10.1186/1746-4358-9-11>. PMID: 25057283.
36. Dalcastagnê SV, Giugliani ERJ, Nunes LN, Hauser L, Giugliani C. Practice of exclusive breastfeeding and its associated factors in a suburban area in Angola: a cross-sectional study. *Sao Paulo Med J*. 2018;136(6):533-42. <https://doi.org/10.1590/1516-3180.2018.0262161118>. PMID: 30892484.
37. França GVA de, Brunken GS, Silva SM da, Escuder MM, Venancio SI. Determinantes da amamentação no primeiro ano de vida em Cuiabá, Mato Grosso. *Rev Saúde Pública*. 2007;41(5):711-8. <https://doi.org/10.1590/S0034-89102007000500004>.
38. Souza SNDH, Migoto MT, Rossetto EG, Mello DF. The prevalence and factors associated with exclusive breastfeeding in babies younger than six months in the city of Rolândia-PR. *Acta paul enferm*. 2012;25(1):390-7. <https://doi.org/10.1590/S0103-21002012000100006>.
39. Dearden K, Altaye M, De Maza I, De Oliva M, Stone-Jimenez M, Morrow AL et al. Determinants of optimal breast-feeding in peri-urban Guatemala City, Guatemala. *Rev Panam Salud Publica*. 2002;12(3):185-92. <https://doi.org/10.1590/s1020-49892002000900007>. PMID: 12396637.
40. Debnath F, Mondal N, Deb AK, Chakraborty D, Chakraborty S, Dutta S. Determinants of optimum exclusive breastfeeding duration in rural India: a mixed method approach using cohort and content analysis design. *Int Breastfeed J*. 2021;16(13):1-7. <https://doi.org/10.1186/s13006-021-00359-3>. PMID: 33478560.
41. Dede KS, Bras H. Exclusive breastfeeding patterns in Tanzania: do individual, household, or community factors matter? *Int Breastfeed J*. 2020;15(32):1-11. <https://doi.org/10.1186/s13006-020-00279-8>. PMID: 32321557.
42. Demétrio F, Pinto E de J, Assis AM. Fatores associados à interrupção precoce do aleitamento materno: um estudo de coorte de nascimento em dois municípios do Recôncavo da Bahia, Brasil. *Cad saúde pública*. 2012;28(4):641-50. <https://doi.org/10.1590/s0102-311x2012000400004>.
43. Dhammika B, Gunawardena N. Knowledge, practices and concerns regarding exclusive breastfeeding for six months among mothers of infants in a suburban setting in Sri Lanka. *Sri Lanka Journal of Child Health*. 2012;41(1):9-14. <http://dx.doi.org/10.4038/sljch.v41i1.4130>.
44. Mulatu Dibisa T, Sintayehu Y. Exclusive breast feeding and its associated factors among mothers of <12 months old child in Harar Town, Eastern Ethiopia: a cross-sectional study. *Pediatric Health Med Ther*. 2020;11:145-52. <https://doi.org/10.2147/PHMT.S253974>. PMID: 32494213.

45. Nascimento MBR, Reis MAM, Franco SC, Issler H, Ferraro AA, Grisi SJ. Exclusive breastfeeding in southern Brazil: prevalence and associated factors. *Breastfeed Med*. 2010 Apr; 5(2):79-85. <https://doi.org/10.1089/bfm.2009.0008>. PMID: 19929698.
46. Duan Y, Yang Z, Bi Y, Wang J, Pang X, Jiang S et al. What are the determinants of low exclusive breastfeeding prevalence in China? A cross-sectional study. *Matern Child Nutr*. 2022; 18:e13324. <https://doi.org/10.1111/mcn.13324>.
47. Liaschi DA, Oliveira VT, Mendes TMTG, Hegeto SSN, Reis TB. Prevalência e fatores associados ao aleitamento materno exclusivo em menores de seis meses no município de Rolândia - PR. *Rev Min Enferm*. 2013;17(2):381-9. <http://dx.doi.org/10.5935/1415-2762.20130029>.
48. Duong DV, Lee AH, Binns CW. Determinants of breast-feeding within the first 6 months post-partum in rural Vietnam. *J Paediatr Child Health*. 2005;41(7):338-43. <https://doi.org/10.1111/j.1440-1754.2005.00627.x>. PMID: 16014137.
49. El Shafei AM, Labib JR. Determinants of exclusive breastfeeding and introduction of complementary foods in rural Egyptian communities. *Glob J Health Sci*. 2014;6(4):236-44. <https://doi.org/10.5539/gjhs.v6n4p236>. PMID: 24999140.
50. Emmanuel A, Clow SE. Determinants of exclusive breastfeeding and overall duration of breastfeeding among mothers in Plateau, Nigeria. *African Journal of Midwifery and Women's Health*. 2021;15(2):1-11. <https://doi.org/10.12968/ajmw.2019.0027>.
51. Oliveira MG, Lira PI, Batista Filho M, Lima M de C. Factors associated with breastfeeding in two municipalities with low human development index in Northeast Brazil. *Rev Bras Epidemiol*. 2013;16(1):178-89. <https://doi.org/10.1590/S1415-790X2013000100017>.
52. Ferreira HLOC, Oliveira MF, Bernardo EBR, Almeida PC, Aquino PS, Pinheiro AKB. factors associated with adherence to the exclusive breastfeeding. *Cien Saude Colet*. 2018 Mar; 23(3):683-690. <https://doi.org/10.1590/1413-81232018233.06262016>. PMID: 29538549.
53. Finnie S, Pérez-Escamilla R, Buccini G. Determinants of early breastfeeding initiation and exclusive breastfeeding in Colombia. *Public Health Nutr*. 2020; 23(3):496-505. <https://doi.org/10.1017/FS1368980019002180>. PMID: 31587670.
54. Gaal DA. Barriers to exclusive breastfeeding among mothers with children aged 6-9 months in Mogadishu City, Somalia. *Journal of Pharmaceutical Negative Results*. 2022;13:473-6. <https://doi.org/10.47750/pnr.2022.13.S05.76>.
55. Ganle JK, Bedwei-Majdoub VM. Discontinuation of exclusive breastfeeding in Ghana: a longitudinal, one-group observational study of postnatal mothers with children 0-6 months old. *J Hum Lact*. 2020;36(3):461-470. <https://doi.org/10.1177/08903344198710>. PMID: 31465696.
56. Gebretsadik GG, Tadesse Z, Mamo L, Adhanu AK, Mulugeta A. Knowledge, attitude, and determinants of exclusive breastfeeding during COVID-19 pandemic among lactating mothers in Mekelle, Tigray: a cross sectional study. *BMC Pregnancy Childbirth*. 2022;22(1):850. <https://doi.org/10.1186/s12884-022-05186-w>. PMID: 36401204.
57. Ghanbarnejad A, Abedini S, Taqipoor L. Exclusive breastfeeding and its related factors among infants in Bandar Abbas City, Iran. *J Babol Univ Med Sci* 2014;16(1):85-91. <https://doi.org/10.18869/ACADPUB.JBUMS.16.1.85>.
58. Ghosh P, Rohatgi P, Bose K. Determinants of time-trends in exclusivity and continuation of breastfeeding in India: An investigation from the National Family Health Survey. *Soc Sci Med*. 2022 Jan;292:114604. <https://doi.org/10.1016/j.socscimed.2021.114604>. PMID: 34864276.
59. Gómez-Aristizábal LY, Díaz-Ruiz CE, Manrique-Hernández RD. Factores asociados con lactancia materna exclusiva hasta el sexto mes en madres adolescentes. Medellín, 2010. *Rev. salud pública [journal on the internet]*. 2013 [accessed 2023 fev 13]; 15(3):[about 11 p.]. Available at: http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S012400642013000300005&lng=en.
60. Avalos-Gonzalez M, Mariño-Membribes E, González-Hidalgo J. Factores asociados con la lactancia materna exclusiva. *Revista Cubana de Medicina General Integral [journal on the internet]*. 2016 [accessed 2023 fev 18]; 32(2):[about 4 p.]. Available at: <https://revmgj.sld.cu/index.php/mgi/article/view/77>.
61. González-Cossío T, Moreno-Macías H, Rivera JA, Villalpando S, Shamah-Levy T, Monterrubio EA et al. Breast-feeding practices in Mexico: results from the Second National Nutrition Survey 1999. *Salud Publica Mex* 2003;45(Suppl 4):477-89. <https://doi.org/10.1590/s0036-36342003001000004>. PMID: 14746042.
62. Guimarães C. Tendência temporal do aleitamento materno e alimentação complementar em crianças menores de um ano em Barra Mansa, RJ [dissertation]. Rio de Janeiro (RJ): Universidade do Estado do Rio de Janeiro; 2012.
63. Moraes de Gusmão A, Béria JU, Petrucci GL, Fachel LA, Braun SL. Prevalência de aleitamento materno exclusivo e fatores associados: estudo transversal com mães adolescentes de 14 a 16 anos em Porto Alegre, RS, Brasil. *Ciênc saúde coletiva*. 2013;18(11):3357-68. <https://doi.org/10.1590/S1413-81232013001100025>.
64. Hadi F, Eftkhar H, Djazayeri A, Mazloomzadeh S. Exclusive breast feeding and its determinants in infants born in Zanjan hospitals: a longitudinal study. *J Compr Ped*. 2021;12(3):e108667. <https://doi.org/10.5812/compreped.108667>.
65. Hamade H, Chaaya M, Saliba M, Chaaban R, Osman H. Determinants of exclusive breastfeeding in an urban population of primiparas in Lebanon: a cross-sectional study. *BMC Public Health*. 2013;13:702. <https://doi.org/10.1186/1471-2458-13-702>. PMID: 23902627.
66. Hegazi MA, Allebdi M, Almohammadi M, Alnafie A, Al-Hazmi L, Alyoubi S. Factors associated with exclusive breastfeeding in relation to knowledge, attitude and practice of breastfeeding mothers in Rabigh community, Western Saudi Arabia. *World J Pediatr*. 2019;15(6):601-9. <https://doi.org/10.1007/s12519-019-00275-x>. PMID: 31214890.
67. Hernández MIN, Riesco ML. Exclusive breastfeeding abandonment in adolescent mothers: a cohort study within health primary services. *Rev Lat Am Enfermagem*. 2022;30(spe):e3786. <https://doi.org/10.1590/1518-8345.6252.3786>. PMID: 36351091.

68. Hernández-Vásquez A, Vargas-Fernández R. Socioeconomic determinants and inequalities in exclusive breastfeeding among children in Peru. *Front Nutr*. 2022;9: 1073838. <https://doi.org/10.3389/fnut.2022.1073838>. PMID: 36590201.
69. Hossain M, Islam A, Kamarul T, Hossain G. Exclusive breastfeeding practice during first six months of an infant's life in Bangladesh: a country based cross-sectional study. *BMC Pediatr*. 2018;18(93):1-9. <https://doi.org/10.1186/s12887-018-1076-0>.
70. Hunegnaw MT, Gezie, LD, Teferra AS. Exclusive breastfeeding and associated factors among mothers in Gozamin district, northwest Ethiopia: a community based cross-sectional study. *Int Breastfeed J*. 2017;12:30. <https://doi.org/10.1186/s13006-017-0121-1>. PMID: 28702071.
71. Jeyakumar A, Jungari S, Nair R, Menon P, Babar P, Bhushan B et al. Prevalence and determinants of Early Initiation (EI), Exclusive Breastfeeding (EBF), and Prolactal Feeding among children aged 0-24 months in Slums of Pune City, in Maharashtra. *Ecol Food Nutr*. 2021;60(3):377-93. <https://doi.org/10.1080/03670244.2020.1858407>. PMID: 33334182.
72. Jiang X, Jiang H. Factors associated with post NICU discharge exclusive breastfeeding rate and duration amongst first time mothers of preterm infants in Shanghai: a longitudinal cohort study. *Int Breastfeed J*. 2022;17(1):34. <https://doi.org/10.1186/s13006-022-00472-x>. PMID: 35501877.
73. Joseph FI, Earland J. A qualitative exploration of the sociocultural determinants of exclusive breastfeeding practices among rural mothers, North West Nigeria. *Int Breastfeed J*. 2019;14(38):1-11. <https://doi.org/10.1186/s13006-019-0231-z>. PMID: 31452669.
74. Kasahun AW, Wako WG, Gebere MW, Neima GH. Predictors of exclusive breastfeeding duration among 6-12 month aged children in gurage zone, South Ethiopia: a survival analysis. *Int Breastfeed J*. 2017;12(20):1-9. <https://doi.org/10.1186/s13006-017-0107-z>. PMID: 28439290.
75. Kusriani I, Ipa M, Laksono AD, Fuada N, Supadmi S. The determinant of exclusive breastfeeding among female worker in Indonesia. *Sys Rev Pharm [journal on the internet]* 2020 [accessed 2023 fev 14]; 11(11):[about 5 p.]. Available at : <https://www.sysrevpharm.org/articles/the-determinant-of-exclusive-breastfeeding-among-female-worker-in-indonesia.pdf>
76. Lenja A, Demissie T, Yohannes B, Yohannis M. Determinants of exclusive breastfeeding practice to infants aged less than six months in Offa district, Southern Ethiopia: a cross-sectional study. *Int Breastfeed J*. 2016;11(32):1-7. <https://doi.org/10.1186/s13006-016-0091-8>. PMID: 27990174.
77. Pereira-Santos M, Santana M de S, Oliveira DS, Nepomuceno RA, Lisboa CS, Almeida LMR et al. Prevalence and associated factors for early interruption of exclusive breastfeeding: meta-analysis on Brazilian epidemiological studies. *Rev Bras Saude Mater Infant*. 2017;17(1):59-67. <https://doi.org/10.1590/1806-93042017000100004>.
78. Perera PJ, Ranathunga N, Fernando MP, Sampath W, Samaranyake GB. Actual exclusive breastfeeding rates and determinants among a cohort of children living in Gampaha district Sri Lanka: a prospective observational study. *Int Breastfeed J*. 2012;7(21):1-6. <https://doi.org/10.1186/1746-4358-7-21>.
79. V Pino JL, E López MA, I Medel AP, S Ortega A. Factores que inciden en la duración de la lactancia materna exclusiva en una comunidad rural de Chile. *Rev chil nutr*. 2013 Mar; 40(1):48-54. <http://dx.doi.org/10.4067/S0717-75182013000100008>.
80. Polido CG, Mello DF, Parada CMGL, Carvalhaes MABL, Tonete VLP. Vivências maternas associadas ao aleitamento materno exclusivo mais duradouro: um estudo etnográfico. *Acta paul enferm*. 2011;24(5):624-30. <https://doi.org/10.1590/S0103-21002011000500005>.
81. Quispe-Illanzo MP, Oyola-García AE, Navarro-Cancino M, Silva-Mancilla JA. Maternal characteristics associated with abandonment of exclusive breastfeeding. *Rev Cubana Med Gen Integr [journal on the internet]*. 2017 [accessed 2023 fev 10]; 33(4):[about 12 p.]. Available at: <https://www.medigraphic.com/pdfs/revcubmedgenint/cmi-2017/cmi174c.pdf>.
82. Rapingah S, Muhani N, Besral B, Yuniar P. Determinants of exclusive breastfeeding practices of female healthcare workers in Jakarta, Indonesia. *Kesmas: Jurnal Kesehatan Masyarakat Nasional (National Public Health Journal) [journal on the internet]* 2021 [accessed 2023 fev 10]; 16(1):[about 6.]. Available at: <http://dx.doi.org/10.21109/kesmas.v16i1.2715>
83. Robert E, Coppieters Y, Swennen B, Dramaix M. Breastfeeding duration: a survival analysis-data from a regional immunization survey. *Biomed Res Int*. 2014; 2014:1-8. <https://doi.org/10.1155/2014/529790>.
84. Robert E, Coppieters V, Swennen B, Dramaix M. Facteurs associés à l'allaitement maternel à la maternité en Région bruxelloise [Determinants of breastfeeding in the Brussels Region]. *Rev Med Brux*. 2015;36(2):69-74. Available at: <https://pubmed.ncbi.nlm.nih.gov/26164964/>. PMID: 26164964.
85. Rosa NM, Gioconda SE, Eduardo AS. Factores asociados a la lactancia materna exclusiva. *Rev Chil Pediatr* 2012; 83(2):161-169. <http://dx.doi.org/10.4067/S0370-41062012000200007>.
86. Rosada Navarro Y, Delgado MW, Meireles OMY, Figueredo GLL, Barrios GAI. Factores de riesgo que influyen en el abandono de la Lactancia Materna. 2017-2018. *Multimed [journal on the internet]* 2019 [accessed 2023 fev 9]; 23(6):[about 15 p.]. Available at: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S102848182019000601278&lng=es
87. Saffari M, Pakpour AH, Chen H. Factors influencing exclusive breastfeeding among Iranian mothers: a longitudinal population-based study. *Health Promot Perspect*. 2016; 7(1):34-41. <https://doi.org/10.15171/hpp.2017.07>. PMID: 28058240.
88. Salustiano LP, Diniz AL, Abdallah VO, Pinto Rde M. Fatores associados à duração do aleitamento materno em crianças menores de seis meses. *Rev Bras Ginecol Obstet*. 2012;34(1):28-33. <https://doi.org/10.1590/S0100-72032012000100006>.
89. Sansana AF, Niederauer JM, Agostinho LS, Rosa TSC, Castro e Souza RV, Arcoverde TL. Aleitamento materno exclusivo nos seis primeiros meses de vida de lactentes nascidos em um hospital geral. *Arq. Catarin. Med*. 2012;41(3):32-7. Available at: <http://www.acm.org.br/revista/pdf/artigos/941.pdf>.
90. Espírito Santo LC, Oliveira LD, Giugliani ERJ. Factors associated with low incidence of exclusive breastfeeding for the first 6 months. *Birth*. 2007 Sep;34(3):212-9. <https://doi.org/10.1111/j.1523-536X.2007.00173.x>. PMID: 17718871.

91. Shi H, Yang Y, Yin X, Jia Li, Fang J, Wang X. Determinants of exclusive breastfeeding for the first six months in China: a cross-sectional study. *Int Breastfeed J*. 2021;16(40)(2021):1-12. <https://doi.org/10.1186/s13006-021-00388-y>.
92. Shofiya D, Sumarmi S, Ahmed F. Nutritional status, family income and early breastfeeding initiation as determinants to successful exclusive breastfeeding. *J Public Health Res*. 2020 Jul 3; 9(2):1814. <https://doi.org/10.4081/jphr.2020.1814>. PMID: 32728560.
93. Tewabe T, Mandesh A, Gualu T, Alem G, Mekuria G, Zeleke H. Exclusive breastfeeding practice and associated factors among mothers in Motta town, East Gojjam zone, Amhara Regional State, Ethiopia, 2015: a cross-sectional study. *Int Breastfeed J*. 2016;12(2):1-7. <https://doi.org/10.1186/s13006-017-0103-3>.
94. Tiwari R, Mahajan PC, Lahariya C. The determinants of exclusive breast feeding in urban slums: a community based study. *J Trop Pediatr*. 2009;55(1):49-54. <https://doi.org/10.1093/tropej/fmn037>. PMID: 18499736.
95. Tsegaw SA, Dawed YA, Amsalu ET. Individual level and community level factors affecting exclusive breast feeding among infants under-six months in Ethiopia using multilevel analysis. *Ital J Pediatr*. 2021;47(1):106. <https://doi.org/10.1186/s13052-021-01062-z>. PMID: 33952331.
96. Ukegbu AU, Ukegbu PO, Onyeonoro UU, Ubajaka CF. Determinants of breastfeeding patterns among mothers in Anambra State, Nigeria. *East Afr J Public Health*. 2011;8(3):226-31. Available at: <https://www.ajol.info/index.php/sajchh/article/view/73429>. PMID: 23120962.
97. Venancio SI, Monteiro CA. Individual and contextual determinants of exclusive breast-feeding in São Paulo, Brazil: a multilevel analysis. *Public Health Nutr*. 2006; 9(1):40-6. <https://doi.org/10.1079/PHN2005760>. PMID: 16480532.
98. Villarreal-Verde C, Placencia-Medina MD, Nolberto-Sifuentes VA. Exclusive breastfeeding and associated factors in mothers who attend health establishments of Lima, Peru. *Rev Fac Med Hum*. 2020;20(2):287-94. <https://doi.org/10.25176/RFMH.v20i2.2765>.
99. Warkentin S, Taddei JA de AC, Viana K de J, Colugnati FAB. Exclusive breastfeeding duration and determinants among Brazilian children under two years of age. *Rev Nutr*. 2013;26(3):259-69. <https://doi.org/10.1590/S1415-52732013000300001>.
100. Yalçın SS, Berde AS, Yalçın S. Determinants of exclusive breast feeding in sub-Saharan Africa: a multilevel approach. *Paediatr Perinat Epidemiol*. 2016;30(5):439-49. <https://doi.org/10.1111/ppe.12305>. PMID: 27259184.
101. Yeboah JY, Forkuor D, Agyemang-Duah W. Exclusive breastfeeding practices and associated factors among lactating mothers of infants aged 6–24 months in the Kumasi Metropolis, Ghana. *BMC Res Notes*. 2019;12(1):689. <https://doi.org/10.1186/s13104-019-4723-0>. PMID: 31651368.
102. Yeneabat T, Belachew T, Haile M. Determinants of cessation of exclusive breastfeeding in Ankesha Guagusa Woreda, Awi Zone, Northwest Ethiopia: a cross-sectional study. *BMC Pregnancy Childbirth*. 2014;14(262):1-12. <https://doi.org/10.1186/1471-2393-14-262>.
103. Prado J del PL. Tendencias y factores asociados a lactancia materna exclusiva el Perú: Estudio basado en datos de ENDES 1996 – 2011 [dissertation] Lima/PERU: Universidad Nacional Mayor de San Marcos. 2014. Available at: https://cybertesis.unmsm.edu.pe/bitstream/handle/20.500.12672/3711/Lihim_pj.pdf?sequence=1&isAllowed=y.
104. Lima APC, Nascimento DS, Martins MMF. A prática do aleitamento materno e os fatores que levam ao desmame precoce: uma revisão integrativa. *J Health Biol Sci*. 2018;6(2):189-96. <http://dx.doi.org/10.12662/2317-3076jhbs.v6i2.1633.p189-196.2018>.
105. Lindau JF, Mastroeni S, Gaddini A, Di Lallo D, Fiori Nastro P, Patanè M et al. Determinants of exclusive breastfeeding cessation: identifying an "at risk population" for special support. *Eur J Pediatr*. 2015; 174(4):533-40. <https://doi.org/10.1007/s00431-014-2428-x>.
106. Magnano San Lio R, Maugeri A, La Rosa MC, Cianci A, Panella M, Giunta G et al. The Impact of socio-demographic factors on breastfeeding: findings from the "Mamma & Bambino" Cohort. *Medicina (Kaunas)*. 2021;57(2):103. <https://doi.org/10.3390/medicina57020103>. PMID: 33498814.
107. Machado MCM, Assis KF, Oliveira F de CC, Ribeiro AQ, Araújo RMA, Cury AF et al. Determinants of the exclusive breastfeeding abandonment: psychosocial factors. *Rev Saude Publica*. 2014;48(6):985-94. <https://doi.org/10.1590/S0034-8910.2014048005340>. PMID: 26039402.
108. Mahmud NU, Abdullah T, Arsunan AA, Bahar B, Hadju V, Muis M et al. Determinants of exclusive breastfeeding in 6 months old infant in Jeneponto District. *Indian Journal of Public Health Research & Development*. 2019 Out; 10(10):1487-1492. <http://dx.doi.org/10.5958/0976-5506.2019.03047.X>.
109. Malik N, Nohsheen F, Afzal A. Determinants of exclusive breastfeeding in Pakistan: an examination of the 2012-2013 demographic and health survey. *RMJ*. 2020; 45(1):172-175. Available at: <https://www.bibliomed.org/mnsfulltext/27/27-1540667057.pdf?1687817429>.
110. Maliszewska KM, Bidzan M, Świątkowska-Freund M, Preis K. Socio-demographic and psychological determinants of exclusive breastfeeding after six months postpartum - a Polish case-cohort study. *Ginekol Pol*. 2018;89(3):153-9. <https://doi.org/10.5603/gp.a2018.0026>. PMID: 29664551.
111. Manyeh AK, Amu A, Akpakli DE, Williams JE, Gyapon M. Estimating the rate and determinants of exclusive breastfeeding practices among rural mothers in Southern Ghana. *Int Breastfeed J*. 2020;15(1):7. <https://doi.org/10.1186/s13006-020-0253-6>. PMID: 32033567.
112. Maranhão TA, Gomes KRO, Nunes LB, Moura LNB de. Fatores associados ao aleitamento materno exclusivo entre mães adolescentes. *Cad saúde colet*. 2015;23(2):132-9. <https://doi.org/10.1590/1414-462X201500020072>.
113. Martins FA, Ramalho AA, Andrade AM de, Opitz SP, Koifman RJ, Silva IF da. Breastfeeding patterns and factors associated with early weaning in the Western Amazon. *Rev Saude Pública*. 2021;55(21):1-16. <https://doi.org/10.11606/s1518-8787.2021055002134>. PMID: 34008778.

114. Mateus Solarte JC, Cabrera Arana GA. Factors associated with exclusive breastfeeding practice in a cohort of women from Cali, Colombia. *Colomb Med (Cali)*. 2019;50(1):22-9. <https://doi.org/10.25100%2Fcm.v50i1.2961>. PMID: 31168166.
115. Matias SL, Nommsen-Rivers LA, Dewey KG. Determinants of exclusive breastfeeding in a cohort of primiparous periurban Peruvian mothers. *J Hum Lact*. 2012;28(1):45-54. <https://doi.org/10.1177/0890334411422703>. PMID: 22058120.
116. Mhrshahi S, Kabir I, Roy SK, Agho KE, Senarath U, Dibley MJ, South Asia infant feeding research network. Determinants of infant and young child feeding practices in Bangladesh: secondary data analysis of Demographic and Health Survey 2004. *Food Nutr Bull*. 2010;31(2):295-313. <https://doi.org/10.1177/156482651003100220>. PMID: 20707235.
117. Mog C, Luwang N, Das S. A comparative cross sectional study on prevalence of exclusive breastfeeding and its associated factors among primiparous and multiparous mothers in an Urban Slum, Agartala, Tripura, Northeast India. *Journal of Midwifery and Reproductive Health*. 2021;9(3):2798-804. <https://doi.org/10.22038/jmrh.2021.52088.1645>.
118. Mogre V, Dery M, Gaa PK. Knowledge, attitudes and determinants of exclusive breastfeeding practice among Ghanaian rural lactating mothers. *Int Breastfeed J*. 2016;11(12):1-8. <https://doi.org/10.1186/s13006-016-0071-z>. PMID: 27190546.
119. Mohamed MJ, Ochola S, Owino VO. A qualitative exploration of the determinants of Exclusive Breastfeeding (EBF) practices in Wajir County, Kenya. *Int Breastfeed J*. 2020;15(1):44. <https://doi.org/10.1186/s13006-020-00284-x>. PMID: 32423487.
120. Vafae A, Khabazkhoob M, Moradi A, Najafpoor AA. 2010. Prevalence of exclusive breastfeeding during the first six months of life and its determinant factors on the referring children to the Health Centers in Mashhad, Northeast of Iran-2007. *Journal of Applied Sciences*. 2010;10(4):343-8. <https://doi.org/10.3923/jas.2010.343.348>.
121. Ortega Moreno MDC, Castillo Saavedra EF, Reyes Alfaro CE. Factors associated with exclusive breastfeeding abandonment in a Peruvian City. *Rev Cubana Enfermer [journal on the internet]* 2020 [accessed 2023 fev 16]; 36(2):[about 14 p.]. Available at: http://scielo.sld.cu/scielo.php?pid=S086403192020000200008&script=sci_abstract&lng=en.
122. Mosquera PS. Prevalência e fatores associados ao aleitamento materno exclusivo no primeiro mês de vida em Cruzeiro do Sul, Acre [dissertation]. São Paulo: Universidade de São Paulo, Faculdade de Saúde Pública; 2018.
123. Mundagowa PT, Chadambuka EM, Chimberengwa PT, Mukora-Mutseyekwa F. Determinants of exclusive breastfeeding among mothers of infants aged 6 to 12 months in Gwanda District, Zimbabwe. *Int Breastfeed J*. 2019;14(30):1-8. <https://doi.org/10.1186%2Fs13006-019-0225-x>. PMID: 31333755.
124. Tampah-Naah AM, Kumi-Kyereme A. Determinants of exclusive breastfeeding among mothers in Ghana: a cross-sectional study. *Int Breastfeed J*. 2013;8(1):13. <https://doi.org/10.1186/1746-4358-8-13>. PMID: 24119727.
125. Najafi-Sharjabad F, Mohammadi S. The prevalence and determinants of exclusive breastfeeding during first three months of infant's life in Bushehr, Iran: a cross-sectional community-based study. *Journal of Midwifery and Reproductive Health*. 2021 Apr; 9(2):2744-2752. <https://doi.org/10.22038/jmrh.2021.55233.1674>.
126. Nascimento EN, Leone C, de Abreu LC, Buccini G. Determinants of exclusive breast-feeding discontinuation in southeastern Brazil, 2008-2013: a pooled data analysis. *Public Health Nutr*. 2021;24(10):3116-23. <https://doi.org/10.1017/s1368980020003110>. PMID: 32924912.
127. Namera B, Merga H. Exclusive breastfeeding practice and associated factors among rural mothers with 6–12-month-old children in west Oromia, Ethiopia. *African Journal of Midwifery and Women's Health*. 2021;15(2):1-8. <https://doi.org/10.12968/ajmw.2020.0021>.
128. Niño MR, Silva EG, Atalah SE. Factores asociados a la lactancia materna exclusiva. *Rev chil pediatr*. 2012;83(2):161-9. <http://dx.doi.org/10.4067/S0370-41062012000200007>.
129. Nishimura H, Krupp K, Gowda S, Srinivas V, Arun A, Madhivanan P. Determinants of exclusive breastfeeding in rural South India. *Int Breastfeed J*. 2018;13(40):1-7. <https://doi.org/10.1186/s13006-018-0178-5>. PMID: 30181763.
130. Ogbo FA, Page A, Agho KE, Claudio F. Determinants of trends in breast-feeding indicators in Nigeria, 1999-2013. *Public Health Nutr*. 2015;18(18):3287-99. <https://doi.org/10.1017/s136898001500052x>. PMID: 25784191.
131. Ogbo FA, Agho KE, Page A. Determinants of suboptimal breastfeeding practices in Nigeria: evidence from the 2008 demographic and health survey. *BMC Public Health*. 2015;15(259):1-12. <https://doi.org/10.1186/s12889-015-1595-7>. PMID: 25849731.
132. Ogbo FA, Eastwood J, Page A, Arora A, McKenzie A, Jalaludin B et al. Prevalence and determinants of cessation of exclusive breastfeeding in the early postnatal period in Sydney, Australia. *Int Breastfeed J*. 2017;12(16):1-10. <https://doi.org/10.1186/s13006-017-0110-4>.
133. Oribe M, Lertxundi A, Basterrechea M, Begiristain H, Santa Marina L, Villar M et al. Prevalencia y factores asociados con la duración de la lactancia materna exclusiva durante los 6 primeros meses en la cohorte INMA de Guipúzcoa. *Gac Sanit*. 2015;29(1):4-9. <https://dx.doi.org/10.1016/j.gaceta.2014.08.002>.
134. Patel A, Badhoniya N, Khadse S, Senarath U, Agho KE, Dibley MJ, South Asia infant feeding research network. Infant and young child feeding indicators and determinants of poor feeding practices in India: secondary data analysis of National Family Health Survey 2005-06. *Food Nutr Bull*. 2010;31(2):314-33. <https://doi.org/10.1177/156482651003100221>. PMID: 20707236.
135. Pereira-Santos M, Santana M de S, Oliveira DS, Nepomuceno RA, Lisboa CS, Almeida LMR et al. Prevalência e fatores associados à interrupção precoce do aleitamento materno exclusivo: metanálise de estudos epidemiológicos brasileiros. *Rev Bras Saude Mater Infant*. 2017;17(1):1-8. <https://doi.org/10.1590/1806-93042017000100004>.

136. Vieira TO. A prática do aleitamento materno e seus determinantes em Feira de Santana, Bahia [thesis]. Salvador (BA): Universidade Federal da Bahia; 2017. <http://repositorio.ufba.br/ri/handle/ri/24187>.
137. Nuñez Hernández MI. Abandono de la lactancia materna exclusiva en madres adolescentes: estudio de cohorte [thesis]. São Paulo (SP): Universidade de São Paulo; 2017. <https://doi.org/10.11606/T.7.2018.tde-27102017094431>.
138. Demitto MO. Aleitamento materno entre usuárias da rede pública de saúde em município da região Sul do Brasil [dissertation]. Maringá (PR): Universidade Estadual de Maringá; 2011. <http://repositorio.uem.br:8080/jspui/handle/1/2293>.
139. Bauer DFV. Aleitamento materno exclusivo: um estudo de coorte de nascimento no norte do Paraná [dissertation]. Londrina (PR): Universidade Estadual de Londrina; 2017. <http://www.bibliotecadigital.uel.br/document/?code=vtls000217128>.
140. Medina CLP. Fatores associados à prática do aleitamento materno exclusivo em crianças menores de seis meses de vida no município de Niterói -2006 [dissertation]. Rio de Janeiro (RJ): Escola Nacional de Saúde Pública Sergio Arouca, Fundação Oswaldo Cruz; 2010. <https://www.arca.fiocruz.br/handle/icict/2287>.
141. Raven FGC. Fatores associados ao aleitamento materno exclusivo aos 6 meses de vida da criança [thesis]. Piracicaba (SP): Universidade Estadual de Campinas; 2013. <https://doi.org/10.47749/T/UNICAMP.2013.915271>.
142. Neves ACM. Preditores do aleitamento materno exclusivo, Amazônia Legal e Nordeste, Brasil, 2010 [dissertation]. Brasília (DF): Universidade de Brasília; 2012. <http://repositorio.unb.br/handle/10482/12319>.
143. Gouveia MTO. Prevalência do aleitamento materno exclusivo em três distritos sanitários na cidade do Recife [dissertation]. Recife (PE): Universidade Federal de Pernambuco; 2007. <https://repositorio.ufpe.br/handle/123456789/9593>.
144. Queluz MC. Prevalência e determinantes do aleitamento materno exclusivo no município de Serrana-SP [dissertation]. São Paulo (SP): Universidade de São Paulo; 2011. <https://doi.org/10.11606/D.22.2011.tde-18072011-111322>.
145. Carneiro EPMS. Prevalência e fatores associados ao aleitamento materno exclusivo em menores de seis Meses [dissertation]. Recife (PE): Universidade Federal de Pernambuco; 2013. <https://repositorio.ufpe.br/handle/123456789/13310>.