

# **CHAPTER I**

## **INTRODUCTION**

### **Background and Significance of the Problem**

Nature makes breast milk the best food that can nurture newborn babies. It ensures proper development and growth so that when they grow up, they can become valuable resources of the country. In fact, breastfeeding constitutes the whole process of raising an infant. It offers food for physical, mental, and neurological development (Pipop Jirapinyo, 1995 : 185). In addition, it creates and strengthens the bonding between mothers and babies, and it is important to the development of learning abilities of the brain. Therefore, it is widely accepted that breastfeeding is beneficial both physiologically and psychosocially to both the mothers and their babies. Besides, breast milk contains all the nutrition babies need for growth and development. In particular, it ensures the speed and completion of the development of certain body organs, it offers immunity against various diseases especially those affecting the digestive and the respiratory systems, and it is a kind of food safest and easiest to digest. Most importantly, breastfeeding leads to the bonding between the mothers and their babies. During breastfeeding, the mothers hold their babies close to their body and they have a constant eye contact. This results in the mothers' feeling of love, attention, and responsibility for the babies. Also, it helps the mothers' uterus return to its normal position, reduces the chance of being overweight, is economical and convenient, and

helps reduce the chance of breast cancer. For these reasons, it could be said that breastfeeding is very beneficial, both physically and psychologically, especially during the first four to six months during which the babies should be fed exclusively with their mother's breast milk (Weerapong Chatranont, 1993 : 68).

Even though breast milk is the best food for babies, at present the rate of breastfeeding all over the world tends to decline, and the period of breastfeeding tends to be shorter. In the United States, it was reported that 32% to 58% of infants were breastfed by their mothers for six weeks in 1985, and the number decreased to only 24% in 1992 (Janke, 1992: 48-50). Furthermore, in 1985, 22% of the newborns were breastfed for six months, and the number reduced to 18.1% in the following year (Hill & Aldag, 1991: 11). In the United Kingdom in 1986, 53% and 31% of infants were breastfed for three months and six months, respectively (Jones & West, 1986: 141-146), and the numbers reduced to 29% and 13%, respectively, in 1989 (Lefebure & Ducharm, cited in Kanchana Kumdee, 1994 : 4). Likewise, in Thailand, the Department of Health reported the finding of a research study conducted in 1996 that only 3.6% of the Thai mothers breastfed their infants for at least four months without giving any other form of nutrition, and the number decreased to 3% five years after that. These reports clearly indicate that both the rate and the duration of breastfeeding have markedly reduced.

Such reduction directly affects the health status of the infants, on both their growth and development. A study reported that if the infants receive other kinds of food before they are four months old, they are likely to develop physical, mental, and emotional problems. In terms of physical problems, they can develop allergy easily, and

they are prone to infection, especially the infection of the digestive and respiratory systems. Thus, breastfeeding that lasts less than two months is considered a critical condition for the infants (Hill & Aldag, 1991: 11). For example, infants who are breastfed for less than six months are at a higher risk of diarrhea when compared to those who are breastfed for longer than six months, and they can suffer from severe malnutrition. This can adversely affect their intellectuality. In addition to this, it has been found that infants younger than three months old who are not breastfed tend to have more respiratory infection and ear infection than those who are exclusively breastfed (Lifshitz et al., 1991: 174, cited in Worrawan Patlakfah, 1997 : 3). In terms of psychological development, the attachment between the infants who are breastfed for only a short period of time and their mothers will decrease rapidly, and they tend to develop mental and emotional problems. Previous studies have revealed that infants who are not breastfed or who are breastfed for a short period of time tend to grow up to be pessimistic adults who lack trust in others (Wanpen Boonprakob, 1993 : 23). Also, Kanda Pajjakpat (1996 : 16) discovered that mothers who did not breastfeed their babies had a higher chance to become pregnant, anemic, and at risk of ovarian or breast cancer than those who breastfed their babies.

Therefore, one way to promote infants' development and growth is to promote exclusive breastfeeding, especially among the mothers who live in an urban area. This is because the majority of urban mothers have a tendency not to breastfeed their babies. This may be due to social or economic conditions, lack of appropriate knowledge and understanding of breastfeeding, or lack of support from family and community. The Ministry of Public Health, WHO, and UNICEF have all paid particular attention to this

issue and provided support to a breastfeeding promotional campaign through the Baby Friendly Hospital Initiative (Which in Thai means 'maternal and child bonding') in all provinces based on the following Ten Steps to Successful Breastfeeding:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff;
2. Train all health care staff in skills necessary to implement this policy;
3. Inform all pregnant women about the benefits and management of breast feeding;
4. Help mothers initiate breast feeding within a half hour of birth;
5. Show mothers how to breast feed and how to maintain lactation even if they should be separated from their infants;
6. Give newborn infants no food nor drink other than breast milk ,unless medically indicated;
7. Practice rooming-in, allow mothers and infants to remain together 24 hours a day;
8. Encourage breast feeding on demand;
9. Give no artificial teats or pacifiers to breast feeding infants; and
10. Foster the establishment of breast feeding support groups and refer mothers to them on discharge from the hospital or clinic.

According the Ninth National Health Development Plan (2002-2006), the operational goal is make at least 30% of the postpartum mothers exclusively breastfeed their infants for at least four months. Maharaj Nakhon Si Thammarat Hospital is a center hospital which takes part in the Baby Friendly Hospital Project as it has become

aware of the value of breastfeeding and promoted breastfeeding since 1991, with the goal to make 10% of the postpartum mothers exclusively breastfeed their infants for at least four months. However, the number of postpartum mothers who exclusively breastfeed their infants for at least four months has decreased, as evidenced by the follow-up of four-month-old babies who sought services at the Well Baby Clinic at the hospital in 1999, 2000, and 2001, when the numbers of the children who received nothing but their mothers' breast milk were equal to 33%, 30%, and 28%, respectively. In 2001, a comparison was conducted and it revealed that 96% of the newborns were breastfed before hospital discharge, but the number sharply decreased to 28% at four months after discharge. This finding was consistent with the findings of the studies carried out in other parts of Thailand which indicated that breastfeeding tended to decrease in an urban area. Even though postpartum mothers may breastfeed their newborns during their hospital stay, the rate of breastfeeding decreased rapidly after the discharge and at one month after the discharge. One study indicated that in 1988, 70%, 68%, and 52%, of the infants were breastfed at one, two, and three months after the hospital discharge, respectively (Somchai Durongdej & Rujira Mungkalasiri, 1991:11).

At present, Maharaj Nakhon Si Thammarat Hospital carries out activities to promote breastfeeding together with all Primary Care Units based on the Ten Steps to Successful Breastfeeding. The hospital adheres to a principle that promotes breastfeeding among pregnant women who seek check-up services from the hospital as well as among all patients who have child delivery at the hospital. The hospital tries to convince these mothers to breastfeed their infants for at least four to six months. When the mothers give birth to their newborns, if it is a normal labour, the postpartum

mothers will be stimulated to perform breastfeeding immediately or within half an hour after the delivery. In cases of C-section, the medical staff will bring the newborn babies to the mothers immediately after the mothers become conscious or within one hour after the mother becomes conscious. The mothers will be told to hold the newborns closely to their body for at least 30 minutes, and after the mothers and the babies are transferred to the ward, the staff will demonstrate and assist the mothers to enable them to perform breastfeeding properly based on three principles—fast sucking, frequent sucking, and correct sucking. In addition, water or formula milk will not be given to the babies unless there is a medical requirement. After the mothers have been discharged from the hospital, the Primary Care Unit staff will pay a visit to their houses.

The success of breastfeeding is providing nothing else except breast milk to the newborn infants for at least four to six months and giving supplementary foods together with breast milk until the infants are two years old (Kanda Pajjakpat, 1996 : 1). Therefore, various factors need to be taken into consideration when considering the success of breastfeeding. Pimolchan Satayawuthipong (1997 : 11-16) points out that the factors which promote breastfeeding include maternal factor, infant factor, and supporting factor. As for the maternal factor, the mothers need preparation during their pregnancy prior to childbirth. In terms of the infant factor, the infants need to have a good health status and they need to be able to suck their mothers' breasts. Finally, for the supporting factors, medical and public health personnel need to promote and support pregnant women's decision to breastfeed and conduct a follow-up during pregnancy, child delivery, and after the discharge. If the services are provided appropriately and continuously with home visits after the postpartum mothers have

returned to the community, the mothers may experience warmth and have a chance to receive the knowledge that directly satisfies their immediate needs, leading to the success of breastfeeding (Benjawan Kaewprasert, 1995 : 23). Another important factor is support from society, especially support from close persons such as fathers, mothers, husbands, or neighbors. A study of Kaysorn Luxitanont (1989) found that the duration of breastfeeding is closely related to support from the husband. Likewise, Kanchana Kumdee (1994) investigated factors associated with the period of breastfeeding of working mothers and concluded that those factors are intention to breastfeed of the mothers, advice and assistance from public health personnel, attachment with the infants, the awareness of the value of breast milk, and examples from relatives or neighbors who breastfeed. In addition, Worrawan Patlakfah (1997 : 26-36) discovered that the factors which are associated with breastfeeding include the hospital's policy; advice and services related to breastfeeding provided during pregnancy, child delivery, and postpartum periods; the mothers' experience and perceptions; and intention and support within the family.

The researcher was a member of the healthcare team providing services and care to postpartum mothers. Based on the personal experience, the researcher believed that there were still a number of problems and obstacles which may prevent postpartum mothers from exclusively breastfeeding their infants even though they were able to perform breastfeeding before hospital discharge. It was believed that these problems could be solved, and the researcher was well aware of the significance of promoting the postpartum mothers to exclusively breastfeed their infants for at least four months. With such personal beliefs, the researcher had studied the duration and the rate of

exclusive breastfeeding as well as breastfeeding together with providing formula milk or other supplementary foods of postpartum mothers who used healthcare services at Maharaj Nakhon Si Thammarat Hospital. The researcher also explored factors which may make breastfeeding fail or succeed by studying factors related to healthcare behavior based on the conceptual framework PRECEDE which analyzed internal and external factors of individuals (Green et al., 1980: 71). It was believed that these factors affected the postpartum mothers' childrearing behavior as well as the duration of breastfeeding practices. It was anticipated that the findings of the present study could be used in developing preventive measures to promote exclusive breastfeeding. The findings were also expected to be used to devise operational systems suitable for the local condition, which would be an important foundation promoting postpartum mothers who sought services at Maharaj Nakhon Si Thammarat, Maung District, Nakhon Si Thammarat Province to enable them to effectively breastfeed their infants to ensure the good health of Thai children, foster warmth in the family, and comply with the breastfeeding promoting projects of the Ministry of Public Health, WHO, and UNICEF.

### **Research Questions**

1. What is the duration and rate of breastfeeding of postpartum mothers during the first four months after discharge from Maharaj Nakhon Si Thammarat Hospital?
2. What are the factors associating breastfeeding practices of postpartum mothers during the first four months after discharge from Maharaj Nakhon Si Thammarat Hospital?



## **Research Objectives**

### **1. General objective**

To study breastfeeding practices during the first four months after discharge and factors associating breastfeeding practices of postpartum mothers who sought services at Maharaj Nakhon Si Thammarat Hospital.

### **2. Specific objectives**

- 2.1 To study the duration and rate of breastfeeding during the first four months after discharge by dividing breastfeeding practices into exclusive breastfeeding and non-exclusive breastfeeding.
- 2.2 To study predisposing factors, enabling factors regarding the mothers and infants, and reinforcing factors regarding support from family members or others and medical and public health personnel associating breastfeeding practices of postpartum mothers at Maharaj Nakhon Si Thammarat Hospital.
- 2.3 To study the relationship between breastfeeding practices and predisposing factors, enabling factors, and reinforcing factors.
- 2.4 To study problems and obstacles of mothers opting for exclusive breastfeeding or non-exclusive breastfeeding.
- 2.5 To propose the pattern of a project to promote exclusive breastfeeding for at least four months among pregnant women seeking services from Maharaj Nakhon Si Thammarat Hospital and Primary Care Units under the network of Maharaj Nakhon Si Thammarat Hospital based on the problems identified in the present study.

## **Scope of the Study**

The present study aimed at investigating breastfeeding practices of postpartum mothers residing in Muang District, Nakhon Si Thammarat Province, who took their four-to-six-month-old infants to be vaccinated at Maharaj Nakhon Si Thammarat Hospital from July 1 to August 31, 2003.

## **Assumption**

The data obtained from the subjects of the study was completely accurate.

## **Limitations**

1. The present study was conducted with the subjects who gave birth at Maharaj Nakhon Si Thammarat Hospital, so the findings cannot be generalized to other groups of population in other settings.
2. There might be a recall bias in this study, as the definition of exclusive breastfeeding is four months. Keeping this in mind, the researcher always tried to reduce this bias by interviewing factual and relevant and easily communicable and understandable questions to the postpartum mothers.
3. The present study did not involve breastfeeding support groups in community.

## **Operational Definitions**

1. Breastfeeding practices refers to behavior related to breastfeed the infants of postpartum mothers during the first four months after delivery which could be further divided into:

- 1.1 Exclusive breastfeeding means the infants are fed only with the mothers' breast milk with no other food or water except for medicines and vitamins.
  - 1.2 Non-exclusive breastfeeding means the infants receive their mothers' breast milk as well as other forms of nutrition such as water or fruit juice.
2. Success in breastfeeding refers to exclusive breastfeeding with no other water or food throughout the first four month after childbirth as specified by WHO, UNICEF, and the Ministry of Public Health, which is the goal of the Baby Friendly Hospital.
3. Knowledge refers to the postpartum mothers' ability to memorize the values and benefits of breastfeeding which both the mothers and the infants can reap. If the mothers breastfed their infants, their practice would be measured by the questionnaire constructed by the researcher.
4. Attitudes means beliefs, feelings, and intention to uniformly practice breastfeeding as measured by the Attitude Survey Form developed by the researcher using the Likert scale.
5. Predisposing factors refer to the factors leading to motivation to breastfeed including the mothers' knowledge, attitudes toward breastfeeding practices, and demographic information such as age, religion, educational background, occupation, income, intention to breastfeed, and plan to breastfeed.
6. Enabling factors refer to factors which are resources and skills which enable the postpartum mothers to breastfeed including ante-natal care, place of

ante-natal care, type of childbirth, characteristic of nipples, experience with breastfeeding, health status of the mother and infant, birth weight of the infant, current weight of the infant, type of formula the infant received during hospital stay, and problems and obstacles in breastfeeding.

7. Reinforcing factors refer to factors promoting and supporting breastfeeding behavior and practice of postpartum mothers such as support, knowledge, advice, and moral support from family members, other persons, medical staff, and public health personnel.

## **Variables**

1. Independent variables included
  - 1.1 Predisposing factors related to the mothers included age, religion, occupation, income, knowledge, attitudes toward breastfeeding practices, intention to breastfeed, and plan to breastfeed.
  - 1.2 Enabling factors related to the mothers and the infants were ante-natal care, place of ante-natal care, type of child delivery, characteristics of the nipple, experience with breastfeeding, health status of the mother and infant during the first four months, birth weight, current weight of the infant, and problems and obstacles in breastfeeding practices.
  - 1.3 Reinforcing factors related to support from family members and others and the services from medical and public health personnel included advice received and promotion and support in breastfeeding during ante-natal care, child delivery, and postpartum periods.

2. Dependent variables were exclusive breastfeeding and non - exclusive breastfeeding.

### **Expected Outcomes and Benefits**

1. The research findings could be used to develop the pattern of the project to effectively promote breastfeeding practices for at least four months postpartum of Maharaj Nakhon Si Thammarat Hospital and Primary Care Units under the network of Maharaj Nakhon Si Thammarat Hospital.
2. The present research could be used as a guideline in providing health education and services as well as in improving the quality of services to make mother and child care more effective and beneficial.
3. The research findings could be proposed to the Director of Maharaj Nakhon Si Thammarat Hospital to be applied in the development of a breastfeeding promotion project in the network of the hospital and subsequently expanded to related agencies and organizations.
4. The study offered recommendations and suggestions for Health Promotion Bureau, Department of Health, in devising and modifying the projects to promote breastfeeding under the national Baby Friendly Hospital Project.