KNOWLEDGE, PERCEPTION AND EXPERIENCES OF PRIMIPARA MOTHERS ON EARLY BREAST FEEDING INITIATION IN UNIVERSITI KEBANGSAAN MALAYSIA MEDICAL CENTER

ROHANI BINTI MAMAT

UNIVERSITI SAINS MALAYSIA

2015

KNOWLEDGE, PERCEPTION AND EXPERIENCES OF PRIMIPARA MOTHERS ON EARLY BREAST FEEDING INITIATION IN UNIVERSITI KEBANGSAAN MALAYSIA MEDICAL CENTER

by

ROHANI BINTI MAMAT

Thesis submitted in fulfillment of the requirements

for the degree of

Master of Nursing

AUGUST 2015

DECLARATION

I certify that this works does not incorporate, without acknowledgment, any material previously submitted for a degree or diploma in any university; and that of the best of my knowledge and belief, it does not contain any material previously published or written by another person except where due reference is made in the text.

Signed : _____

Date : _____

ACKNOWLEDGEMENT

In the name of Allah, Most Gracious, Most merciful. All praise and thanks to Allah, and peace and blessing be upon His Messenger. Thanks to Allah because of His blessing, I managed to complete this thesis entitled "Knowledge, Perceptions and experiences of early breastfeeding initiation (BFI) among primipara mothers in Universiti Kebangsaan Malaysia Medical Centre (UKMMC)". I know that without His divine guidance and protection I could not have accomplished my study.

I would like to acknowledge the people who have supported and guided me through this journey.

I'm heartily thankful to my one and only supervisor, Dr Soon Lean Keng, Senior Lecturer, HUSM who had given her encouragement, guidance, support and understanding from the initial to the final stage which enabled me to develop an understanding of the study topic. Her enthusiasm, continuing support and patience towards my incredibility inspire me greatly to work on this study.

I wish to thank my beloved husband, Mohamad Firdaus Abdullah, and my Children, Syakilla Suffiya, Muhammad Syairim Awizz, Syafiqa Suffiya and Qistina Suffiya for their constant support, love and understanding during this time.

My appreciation goes also to Prof Madya R. Raja Lecthumi a/p Raja Gopal and (Dr) Nik Safiah Nik Ismail for their editing support and useful comments for this research.

I also would like to thank the participants who were willing to participate and spend their time to respond to the survey questionnaire. Without their contributions, I would not have completed this research. Thank you for sharing your experiences with me.

Finally, special thanks to all my colleagues and friends in the University Kebangsaan Malaysia Medical Center who have provided useful support, suggestions, encouragement, and helped me to be brave and patient in finish up this study.

TABLE OF CONTENT

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

UKMMC	-	Universiti Kebangsaan Malaysia Medical Centre
BFHI	-	Baby-Friendly Hospital Initiative
BFI	-	Breastfeeding Initiation
EBF	-	Exclusive Breastfeeding
LDR	-	Labor and Delivery Room
TPB	-	Theory of planned behavior
WHO	-	World Health Organization
SVD	-	Spontaneous Vaginal Delivery
LSCS	-	Lower Segment Cesarean Section
PPUKM	-	Pusat Perubatan Universiti Kebangsaan Malaysia
SPSS	-	Statistical Package for Social Science

PENGETAHUAN, PERSEPSI DAN PENGALAMAN PRIMIPARA TERHADAP INISIATIF PENYUSUAN AWAL DI PUSAT PERUBATAN UNIVERSITY KEBANGSAAN MALAYSIA

ABSTRAK

Pertubuhan Kesihatan Sedunia (WHO) dan Tabung Kanak-kanak Pertubuhan Bangsa-bangsa Bersatu (UNICEF) mengesyorkan bahawa semua bayi perlu diberikan susu ibu secara eksklusif awal serta-merta dalam masa satu jam selepas kelahiran. Keputusan dan amalan untuk memulakan penyusuan (*Breastfeeding Initiation* (BFI) awal susu ibu adalah dipengaruhi oleh banyak faktor penyumbang. Diketahui umum bahawa terdapatnya pengetahuan dan amalan yang kurang berkaitan dengan pemulaan awal penyusuan di kalangan ibu-ibu. Kajian ini dijalankan untuk menilai faktor-faktor ramalan seperti pengetahuan, persepsi, amalan dan pengalaman ibu-ibu primipara serta faktor-faktor yang berkaitan ke arah memulakan penyusuan (BFI) awal di Universiti Kebangsaan Pusat Perubatan Malaysia (PPUKM). Kajian deskriptif keratan rentas telah dijalankan dengan 215 primiparas dalam wad selepas bersalin, PPUKM. '*Purposive Sampling*' digunakan untuk merekrut sampel. Data dikumpulkan dengan menggunakan soal selidik yang diedarkan dan diisi sendiri oleh responden yang diadaptasi dari *Newborn Feeding Ability* (NFA) dan *Breastfeeding Initiation Practices* (BIP) selepas mendapat kelulusan etika dari USM dan PPUKM. Soal selidik mengandungi data sosio-demografi, pengetahuan, persepsi, amalan dan pengalaman ibu-ibu primipara ke arah memulakan penyusuan susu ibu (BFI) awal. Hasil kajian menunjukkan bahawa separuh daripada responden (46.5%) mempunyai tahap pengetahuan yang lebih

tinggi berkaitan dengan permulaan awal penyusuan, namun majoriti responden (52.1%) mendedahkan tidak mendapat sokongan mencukupi daripada bidan untuk membantu mereka dalam memulakan penyusuan awal. Terdapat hubungan yang signifikan antara tahap pendidikan yang lebih tinggi dan tahap pengetahuan mengenai memulakan penyusuan susu ibu (BFI) awal ($p = 0.001$). Selain itu, terdapat hubungan yang signifikan di antara jumlah pendapatan yang lebih tinggi dan tahap persepsi BFI awal ($p = 0.015$). Dari kajian, boleh dibuat kesimpulan bahawa ibu-ibu primipara masih kurang dalam tahap pengetahuan berkaitan memulakan penyusuan susu ibu (BFI) awal manakala keinginan untuk menyusukan bayi mereka adalah kurang. Oleh itu, program latihan mengenai BFI untuk kedua-dua ibu dan bidan amat diperlukan. Kajian ini mencadangkan bahawa penilaian sistematik mengenai pengetahuan dan amalan dalam menjalankan sepuluh langkah penyusuan yang berjaya di kalangan bidan di PPUKM perlu diwujudkan untuk menilai kecekapan mereka dalam menyokong ibu-ibu menyusu bayi.

KNOWLEDGE, PERCEPTION AND EXPERIENCES OF PRIMIPARA MOTHERS ON EARLY BREAST FEEDING INITIATION IN UNIVERSITI KEBANGSAAN MALAYSIA MEDICAL CENTER

ABSTRACT

World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend that all infants should be exclusively early breastfed immediately within one hour post-delivery. The decision and practices to early breastfeeding initiation (BFI) are influenced by many contributing factors. It is well recognized that poor knowledge and practice of early breastfeeding is pronounced among mothers. This research was conducted to assess the predictive factors of knowledge, perceptions, practices and experiences of primipara mothers as well as its related factors towards early BFI in University Kebangsaan Malaysia Medical Centre (UKMMC). A cross-sectional descriptive study was conducted with two hundred and fifteen primiparas (n=215) in postnatal wards, UKMMC. Purposive sampling was used to recruit the sample. Data was collected using a self-administered questionnaires adapted from the Newborn Feeding Ability (NFA) and Breastfeeding Initiation Practices (BIP) after gaining ethics approval from USM and UKMMC. The questionnaires included socio-demographic data, knowledge, perceptions, practices and experiences of mothers towards early BFI. The results showed that half of the respondents (46.5%) had higher knowledge of early initiation of breastfeeding, however the majority of respondents (52.1%) revealed gaining insufficient support from the midwives to assist them in initiating early breastfeeding. There was a significant association between higher education and

level of knowledge on early BFI (p=0.001). Additionally, there is a significant association between higher income and level of perceptions of early BFI (p=0. 015). It can be concluded that the mothers are still lacking in knowledge of early BFI while intentions regarding breastfeeding their infants is poor. Hence, the BFI training program for both mothers and midwives is needed. This study suggests that systematic assessment of knowledge and practice of ten steps successful breastfeeding among midwives in UKMMC should be established to evaluate their competency in supporting mothers to breastfeed infants.

CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

This thesis represents a comprehensive explanation and analysis of primipara's knowledge, perceptions and experiences towards early breastfeeding initiation (BFI) in University Kebangsaan Malaysia Medical Centre (UKMMC). The study aimed to investigate primipara's knowledge towards early BFI; their perceptions and potential challenges they experienced during exclusive breastfeeding period. This chapter starts with the background to BFI in global and in Malaysia. Following, the justification for the study and ended with definition of operational terms used in this study.

1.2 BACKGROUND OF THE STUDY

Evidence regarding the key contribution that breastfeeding makes for health and development continue to increase; and the substantiated beneficial effects on the health of the infants and mothers are well documented, recognized and researched (UNICEF, 2010). Exclusive breastfeeding has a major role to play in public health, promoting health in both short and long term for the baby and mother. In addition, breastfeeding has always been recognized as the ideal feeding practices for infants.

Save the Children (Mason et al., 2013) reported that 830,000 deaths could be prevented if all infants were breastfed within an hour of birth while 22 percent of newborn deaths could be prevented if breastfeeding is commenced within an hour of birth. Mason also added that 16 percent of newborn deaths could be prevented if

breastfeeding is started within 24 hours of birth. In developed and developing countries, formula feeding has been considered the norm for generations. As reported by the United Nations International Children Fund, both low rates and early cessation of breastfeeding, means that many infants are still being deprived of the benefits of breastfeeding, both health and social. In particular, exclusive breastfeeding is universally accepted as essential elements for the satisfactory growth and development of infants as well as for prevention of childhood illness; including providing health benefits to both mothers and infants and reduces infant mortality and morbidity, particularly in developing countries, but also in more affluent societies. In recognition of these factors, the World Health Organization (WHO), in conjunction with the United Nations International Children's Fund (UNICEF), has implemented strategies to protect and promote breastfeeding globally (WHO, UNICEF Innocenti Declaration 1991; WHO 2010).

1.3 PROBLEM STATEMENT

The World Health Organization (WHO) (2008) has recommended that all newborns should be exclusively breastfed from birth to 6 months of age and six months following birth before complementary foods are commenced with continued breastfeeding up to two years of age or beyond. This recommendation has been adopted and endorsed by many countries including Malaysia. According to Kaur (2008), the BFI recommendation was that 80% of mothers should start breastfeeding their newborn within an hour of birth. Nevertheless, a lower rate of exclusivity was pronounced in Malaysia (Kaur, 2008), which concurs with the report of UNICEF where only 75 percent of mothers were breastfeeding after birth.

Data collected by the Malaysia Third National Health and Morbidity Survey (NHMS III) in 2006 on breastfeeding rates in Malaysia indicate that the prevalence of exclusive breastfeeding (EBF) below six months was only 14.5 per cent. Only 19.3 per cent of babies were exclusively breastfed below four months. According to Dr Safurah Jaafar, the Director of Ministry of Family Health Development, Malaysia, there was a significant decline of 9.7 percent in the prevalence of exclusive breastfeeding below four months babies (Kaur, 2008).

Despite breastfeeding is widely recognized to be the optimal way to nourish and nurture infants, globally and in Malaysia there is a declining trend of breastfeeding pattern in Malaysia (Kaur, 2008). The WHO (2009) recommendations on breastfeeding stipulate that breastfeeding should start immediately following delivery for the baby to get colostrums. According to Chaudary, et al.(2011) and Petit (2010), the reasons for declining breastfeeding include the lack of confidence that the child is getting enough, increased urban women work load demand that makes them to be separated from their babies for longer hours, a decline in social support, discomfort on breastfeeding in public, and intense promotion of commercial milk.

In the early 1990s, the Ministry of Health introduced a National Breastfeeding Policy in 1993. This policy followed the Baby Friendly Hospital Initiative introduced by the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) in 1991. Following, all hospitals in Malaysia were to be Baby Friendly Hospital Initiatives (BFHI) accredited. Despite various studies have reported positive breastfeeding outcomes for women and newborn child (Foster and McLachlan 2007; Soukup, and Marcos 2007; Nishimura, Suzue, and Kaji 2009; and Plenge-Böneg et

all 2010), and the BFHI accredited in 123 government hospitals, 2 defense hospitals, 2 tertiary hospitals and 6 private hospitals in Malaysia, significantly the number of BFI was reduced in time (Kaur, 2008). Despite the fact that the UKMMC addressed issues on postnatal care and provide guidance that advises all maternity care providers to implement an externally evaluated, structured program that encourages breastfeeding using the Baby Friendly Initiative (BFI); BFHI is not awarded. In addition, UKMMC have dedicated professional who can manage the implementation of BFHI and observes the BFHI ten steps successful breastfeeding policy. Since 1997, UKMMC has been in the process to obtain the accreditation.Among two Teaching hospitals accredited as baby-friendly, ironically, University Kebangsaan Malaysia Medical Centre (UKMMC) remained the only teaching hospital still have not received the BFHI-accredited (Appendix 7).

Several factors have an influence on the success of exclusively breastfeeding. One of the factors is the initiation of the early breastfeeding. According to Al-akour et al., (2010), the primipara's ability to choose to breastfeed is constrained by barriers such as no experience in breastfeeding. Studies by Wen et al., (2009) and Earle (2002) indicate that the reserved to BFI were maternal intention. Nakao et al., (2008) found that mothers who first breastfed their babies within 120 minutes postnatal will continue fully breastfed more than others. Concurring to Galvin et al., (2010), the pressure to BFI were factors relating to environmental stimuli such as hospital policies and trained staff. The rate of decline in breastfeeding was significantly slower for infants who were first suckled earlier than for those who were first suckled later. Women's breastfeeding intention and perceptions are among the strong prediction of breastfeeding initiation (Shahla et al, 2010; Petit 2010). Al-Akour, et al

(2010) found that positive attitude to breast feeding, previous breastfeeding experience and presence of supportive husbands are associated with intention to breastfeed. According to Ku and Chow (2010), they indicated that mothers needed support to initiate and continue breastfeeding. They further suggested that social support from the family and breastfeeding self-efficacy had implications for continuing the practice of breastfeeding in primiparous women. Abrahams and Labok (2009) indicated that the BHFI implementation was associated with the increase in rates of EBF in Bolivia, Brazil, Colombia, Dominican Republic, Egypt, Ghana, Indonesia, Jordan, Kenya, Mali, Niger, Peru, Uganda and Zimbabwe. The results of studies among these countries suggested that, BFHI implementation was associated with a statically significant annual increase in rates of EBF in the first two, as well as during the first six month baby.

1.4 JUSTIFICATION FOR THE STUDY

There is a universal consensus about the fundamental importance of breastfeeding for newborn's adequate growth and development and for their physical and mental health. Despite the benefits of breastfeeding for both mothers and infants have been widely recognized, efforts to encourage and initiate breastfeeding, the practice has remained low in Malaysia (Kaur, 2008). This was supported by an early study of DaVanzo, Sine, Peterson and Haaga (1994). Da Vanzo et al., (1994) found that for all population groups in Malaysia, breastfeeding duration was less than the recommended WHO standard duration of exclusive breastfeeding. They found that a duration of 4 months or more has decreased over time.

Increased breastfeeding was viewed as a result of greater awareness of the benefits of health and nutrition for breast fed infants. The information-diffusion hypothesis, state that breastfeeding has increased, but information is still lacking about the duration and timing of supplementary feeding, particularly among those less well educated. Promotion efforts should be directed to the appropriate timing and types of supplements (DaVanzo, Sine, Peterson & Haaga 1994). Despite the fact that the Ministry of Health in Malaysia has recognized the significance of breastfeeding and newborn nutrition (Kaur 2008), there is a dearth of study exploring on the Malaysian primipara' perception and experience on early BFI.

We are aware of studies that have investigated the mother's knowledge, attitude and practice about breastfeeding in Malaysia, but to date, there is a dearth of study that has investigated on the primipara' knowledge, perception and experiences of early breastfeeding initiatives in University Kebangsaan Malaysia Medical Centre (UKMMC). Hence, it led to the conduct of this research study to investigate primipara's knowledge, perception and experiences of early breastfeeding initiatives in University Kebangsaan Malaysia Medical Centre (UKMMC).

1.5 DEFINITION OF OPERATIONAL KEY TERMS

Breastfeeding	-	According to WHO, breastfeeding refers to feeding a child human breast milk (WHO, 2008). In this study, it refers to the feeding of an infant with breast milk directly from the mother's breasts.
Exclusive breastfeeding	-	According to WHO (2008), exclusive breastfeeding refers to the newborn who has received only breast milk from his/her mother, or expressed milk and no other liquids, or solids with the exception of drops or syrups consisting of vitamins, mineral

		supplements, or medicines. In this study, exclusive breastfeeding means that the infant receives only breastmilk from the mother and no other liquids or solids are given; not even water.
Early breastfeeding initiation	-	According to WHO (2008), early initiation of breastfeeding refers to the mother as having initiated breastfeeding if, within the first one hour of birth, either the mother puts the baby to the breast or the baby is given any of the mother's breast milk (WHO 2008). In this study, it is the provision of the mother's breastmilk to the infants within one hour of birth.
Skin to skin contact	-	According to Nakao, Moji, Honda, and Oishi (2008), it refers to placing of the naked baby prone on the mother bared chest within two hours after delivery (Nakao, Moji, Honda, and Oishi 2008). In this study, it refers placing the baby at birth skin to skin contact with the mother's chest, also referred to as Kangaroo Care.
Perception	-	According to Engebretsan et al., (2010), perception refers to the process of attaining awareness or understanding of sensory information (Engebretsan et al., 2010)
Primipara	-	According to Tiran (2003), it refers to a woman who has become pregnant for the first time (Tiran, 2003). In this study, it refers to a woman who is pregnant for the first time.
Knowledge	-	According to Donaldson et al., (2011), knowledge refers to the expertise, and skills acquired by a person through experience or education. (Donaldson et al., 2011).
Experience	-	According to Donaldson et al., (2011), experience refer as a general concept comprising knowledge of or skill in or observation of something or some event gained through involvement in or exposure to that thing or event. (Donaldson et al., 2011).

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The purpose of this chapter is to relate this research study to the most common issues and debates in the literature about the perceptions and experiences perceived about breastfeeding by mothers, particularly primipara, and healthcare professionals. The literatures reviewed in this chapter will form a strong theoretical base for this study and to allow in-depth discussion (Burn and Grove, 2003).

The literature was searched using electronic OVID, CINAHL (Cumulative indent to Nursing and Allied Health) and Synergy (Blackwell Science) databases. The main question of this study was the level of knowledge regarding breastfeeding and breastfeeding initiation among primipara women and their perception toward the practices of early initiation of breastfeeding within the first hour after delivery. For the whole, there is limited research on early initiation focusing on one hour postnatal especially among primiparas.

2.2 BREASTFEEDING

According to WHO (2008), breastfeeding has psychological, nutritional, and immunological benefits for the infant in addition to maternal and economic benefits; and human milk are species specific. Breastfeeding is the normal methods of providing the infants with the best nutrients necessary for healthy growth and development (WHO, 2008). This refers to feeding a human child with breast milk. Because of the benefits to both mothers and infants, breast milk is preferred for all

newborns. This includes all babies, evenprematurely and those who are sick, with rare exceptions. According to WHO (2008), breast milk is the food least likely to cause allergic reactions, inexpensive and readily available at any time during the day or night. Studies have shown there are antibodies in breast milk that can help a baby resist infections. According to Nishimura, Suzue and Kaji (2009), breastfeeding can reduce the severity of respiratory syncytial virus infection in early infancy while Plenge-Bönig et al.'s (2010) study indicates evidence of a protective concurrent effect of breastfeeding against rotavirus infection in newborns, particularly in children 6 months and younger. According to Plenge-Bönig et al.'s (2010), breastfeeding aids in diminishing rotavirus-related gastroenteritis in newborns before vaccination can be introduced (Plenge-Bönig et al.,2010).

2.3 PHYSIOLOGY OF BREASTFEEDING

According to Riordan and Wambach (2010), milk production is initiated in the breast in the post-partum period due to prolactin production and decreased estrogen and progesterone after delivery of the placenta. The onset of lactogenesis has been shown to be delayed by stressful events around delivery. Mothers who underwent an urgent Cesarean section or had a longer duration of labor before vaginal deliveries were more likely to have a delayed onset of breastfullness in the first day after delivery (Riordan & Wambach, 2010).

According to Dewey and colleagues (2003), lactation outcomes occurs in the first week of life, including the delayed onset of lactation (onset of breast fullness > 72 hours after delivery), infant weight loss > 10% at day 3 of life and breastfeeding problems at age 7 days. They indicated that the main risk factor for excess infant

weight loss by 3 days of life was delayed onset of lactation. Risk factors for delayed onset of lactation were: Stage II labor > 1 hour, prepregnant maternal BMI>27kg/m², Breastfeeding problems at day 3, and being primiparous. They also found that other factors associated with breastfeeding problems at day 7 included: flat or inverted nipples at day 7, stage II labor > 1 hour, birth weight < 3601 gms, prepregnant maternal BMI > 27 kg/m², and non-breast milk fluids given in the first 48 hours of life.

By day 3 or 4 post-partum, stimulation of the breast by suckling is required to continue milk production. Mothers produce milk between feedings due to elevated baseline levels of prolactin. They produce more milk during feedings due to the prolactin surge caused by suckling (Lawrence, 2011). Women with a prepregnant BMI > 26 kg/m² were found to have a lower prolactin response to suckling at both 48 hours and 7 days post-partum. This decreased prolactin response may cause decreased milk supply in overweight women in the first week of life. Infants of overweight women may need closer monitoring of weight gain and the mothers may need more breastfeeding support (Rasmussen, 2004).

According to Riordan and Wambach (2010), during continued lactation, milk production is based on infant demand. The average mother's ability to produce milk is much greater than the average infant's appetite. The rate of milk production varies over the day. If a breast is not emptied at the end of the feeding, that breast will produce less milk prior to the next feeding than it would have if the breast had been emptied completely. Suckling or any nipple or breast manipulation can stimulate sensory nerves in the areola and nipple. These nerves stimulate the pituitary gland to

release oxytocin along with prolactin. A conditioned milk ejection can occur when a woman hears her baby cry. This is due to a conditioned release of oxytocin without the release of prolactin (Figure 2.1).

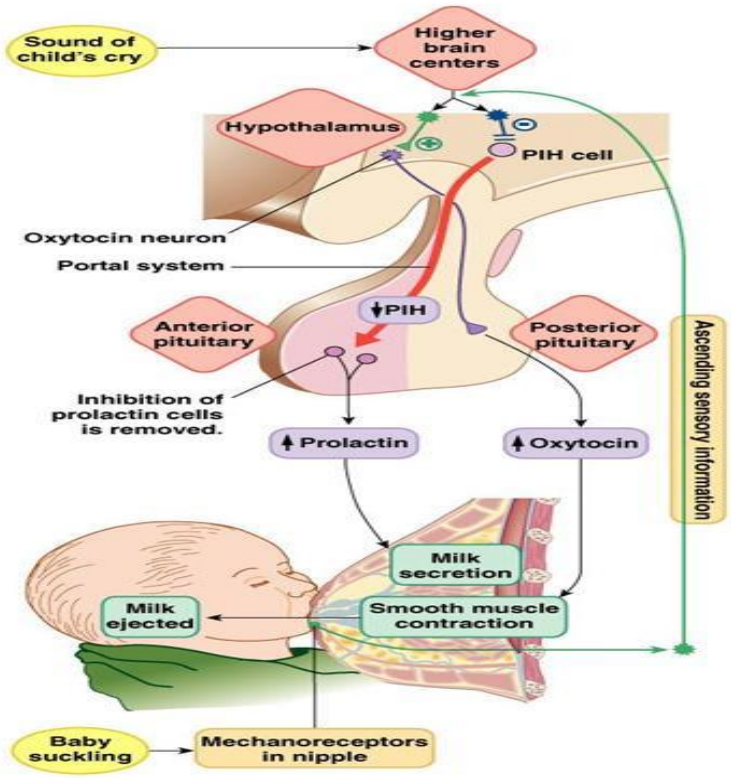

Figure 2.1 The physiology of breastfeeding

2.4 BREASTFEEDING INITIATION

According to Nakao et al., (2008), breastfeeding is an extremely time sensitive relationship. Experiences with breastfeeding in the first hours and days of life significantly influence a newborn's later feeding. Inch (2003), describes human milk as a God-given natural phenomenon. According to Miller-Keane (2003), these advantages provide the comprehensive nourishment to the neonate. Therefore, helping mothers to initiate early breastfeeding, especially within two hours is strongly recommended for child and maternal health (Nakao, Moji, Honda& Oishi

2008). They conclude that commencement of early breastfeeding was associated with the proportion of mothers who fully breastfeed their newborns up to four months. This was also supported by Chundasama, Patel, and Kavishwar's (2009) study where they identified that early breastfeeding initiation immediately after birth have positive association with early breastfeeding establishment (Chundasama, Patel, & Kavishwar, 2009).Forster, McLachlan and Lumley (2007) also reveal that strong intention to breastfeeding is one determinant in continuing breastfeeding till six months.

Nakamura and Yamanouchi (2000) found that early contact with the baby immediately after birth will promote a closer relationship between a mother and her newborn child. They indicate that early initiation of breastfeeding can give the mother a strong sense of satisfaction. Contrary to Nakamura and Yamanouchi (2000), Gill (2001) concurs that some mothers may have differing wishes concerning early contact with their newborn child. There are mothers who may want immediate and unlimited time; while some may prefer to wait until all birth-related activities are completed. Although immediate contact may be important for attachment and initiation of breastfeeding, some mothers would wish to have more support and rest than to commence early breastfeeding. Gill (2001) also supports that health care providers are in the best position to offer help to breastfeeding mothers and to identify the type of support to breastfeeding mothers in the first hour post-delivery.

The BFHI policy in Malaysia implemented in 1993 seeks to support breastfeeding initiation in hospital, especially in maternity services and it comprises ten steps to successful breastfeeding (WHO 2010)(Table 2.1). The ten steps to successful

breastfeeding have been promoted as a means of improving breastfeeding initiation and maintenance. The ten steps towards exclusively breastfeeding in hospitals have to be followed to achieve the BFHI. The BFHI's ten steps for successful breastfeeding have proven to be effective in that it offers effective support for breastfeeding mothers (WHO 2010).

Table 2.1 Ten Steps to Successful Breastfeeding, WHO/UNICEF

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 breastfeeding
4	Help mothers initiate breastfeeding within one half-hour of birth
5	Show mothers how to breastfeed and maintain lactation, even if they should be separated from their newborns
6	Give newborns no food or drink other than breast milk, unless medically indicated
7	Practice rooming-in, that is, allow mothers and newborns to remain together 24 hours a day
8	Encourage breastfeeding on demand
9	Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding newborns
10	Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

Source: World Health Organization (WHO) 2002

In Malaysia, the Ministry of Health has arranged and implemented several strategies in promoting breastfeeding since 1979. One of the strategies to promote breastfeeding is through implementing the Baby-Friendly Hospital Initiative (BFHI) as proposed by WHO. Breastfeeding is universally acknowledged as important for the well-being of mothers and babies.

2.5 KNOWLEDGE, PERCEPTION AND PRACTICE OF BREASTFEEDING INITIATION

According to Riordan and Wambach (2010), the ability of a mother to attach her baby correctly to her breast seems likely to be a learned and predominantly manual skill, which the mother must acquire from observation and practice.

An early study by Grover, Chhabra, and Aggarwal (1997) conducted in a rural area of east Delhi revealed that the majority of the respondents had good knowledge and a positive attitude towards breastfeeding. The majority (71.7%) agreed that breastfeeding protects the" children from infection "and is the healthiest food for children. All of them had breastfed their children, but the breastfeed was given within 1 hour by only 9.1 percent of the mothers.Pre-lacteal feeds were given by 82 per cent of mothers, jaggery, 'ghutti' being the most, popular form. Colostrum wasthought to be harmful for the baby according to 52% of the mother (Grover, Chhabra,& Aggarwal, 1997).The majority (83.5%) of the children were breastfed till one year of age. The mothers also expressed that breastfeeding is not embarrassing (78:2%) or not old fashioned (82%) and does not lead to loss of figure (97.3%). According to Grover, Chhabra, and Aggarwal (1993), literate mothers were more likely to initiate breastfeeding early and gave pre-lacteal feeds less often. Illiterate's mothers breastfed for longer duration and on demand.

According to Kishore, Kumar, and Aggarwal's (2009) study conducted in a rural population of northern India showed that 39% of the mothers had 'satisfactory' breastfeeding knowledge. Out of the 77 mothers, 30% and 10% exclusively

breastfed their infants till 4 and 6 months of age, respectively. There was ‘good attachment’ in 42% mother–infant pairs and infants were held in ‘correct position’ by 60% mothers (Kishore, Kumar, and Aggarwal, 2009). Hence, valuable information about breastfeeding knowledge and perceptions is necessary so that interventions to promote breastfeeding accordingly.

A study in Taiwan indicated that breastfeeding attitude was positive after prenatal breastfeeding education intervention (Lin, Chien, Tai & Lee, 2008). According to Kiman-Murage, Madise, Fotso, Kyubutungi, Mutua, Gitau et al., (2011), British studies have found that positive prenatal attitudes in mothers are linked to the intention and initiation of breastfeeding (Kiman-Murage, Madise, Fotso, Kyubutungi, Mutua, Gitau et al., (2011).

According to WHO (2010), optimal infant and young child feeding practices include initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first six months of life and addition of appropriate and adequate family foods for complementary feeding after six months, together with continued breastfeeding for two years or beyond (WHO, 2010).

According to Roy, Dasgupta and Pal (2009), breastfeeding practices in the community are strongly influenced by what people know, think, and believe about these issues. Human is also strongly affected by social circumstances, economic factors, and other forces beyond an individual's intention and ideas. This social cultural effect on breastfeeding also supported in a study done by Kelly, Watt and Nasroo (2006). They reveal that in United Kingdom the highest breatsfeeding rates

are among black and Asian mothers compared to white mothers. They did suggested that to whom will implement future policies to pay attention to the different social, economic and cultural profiles of all racial and ethnic groups. Hence, Christopher (2012) suggested the same in his study after his reveal that there is a conection and influence of cultures and race with perceptions and attitude of mothers towards breastfeeding practices. He also suggested that this issue should be considered when dealing with the idea of breastfeeding perceptions and successfully exclusive breastfeeding.

Studies in Muslim ethnicity were significantly associated with bottle and formula feeding. Bottle feeding was also significantly higher among mothers with a low level of education and among employed mother. According to Sinhababu et al.'s (2010) study in Bankura district, West Bengal, India showed that the proportions of infants with early initiation of breastfeeding (13.6%) and exclusive breastfeeding under six months (57.1%) and infants who received complementary feeding at the age of 6-8 months (55.7%) were low (Sinhababu, Mukhopadhyay, Panja, Saren, Mandal and Biswa, 2010).

A study by Gupta et al.(2010) found that the 69.8% mothers initiated breastfeeding within 24 hours (Gupta, Srivastava, Kumar, Jain, Masood, Ahmad et al., 2010). Similarly, early study of Ramkrishna (2000) found that 64% of mothers initiated breastfeeding within 24 hour of birth (Ramkrishna, 2000). A study by Singh (2002) showed that about 36.8% mothers have no milk secretion as the reason for not giving colostrum.

2.6 FACTORS INFLUENCING EARLY BREASTFEEDING

WHO (2008) indicates that evidence shows that breastfeeding plays a major role in promoting health and in preventing disease in both the short and long term for both mothers and their newborn child. According to Dyson et al., (2006), exclusive breastfeeding is considered safe, economical and emotionally satisfying means of feeding a newborn child (Dyson et al 2006). However, breastfeeding a newborn child can be complex; some new mothers find it hard to commence early breastfeeding while others encounter problems in breastfeeding (Whalen & Cramton, 2010).

According to Ku and Chow (2010), adequate time is needed by both the healthcare providers and mothers in learning how to handle difficult feelings and dilemmas towards breastfeeding. They indicate that initiation of breastfeeding can be influenced by individual factors, social factors and mother's internal perceptions. According to Arora et al.'s (2000) study, maternal education, paternal education and healthcare professional education had a positive association for influencing decision on exclusive breastfeeding. This means that variable such as education has an impact influencing the choice to breastfeed (Arora et al. 2000).

According to Barclay et al.'s (2009) study, there are other various factors that influenced breastfeeding, such as type of labor, after pain of childbirth, environment were identified as risk factors for the initiation and interruption of early exclusive breastfeeding during the babies' first week of life (Barclay et al 2009), which concur with Carvalhaes et al., (2007) who reported similar findings in their study. Sakha

and Behbahan (2005), conclude any stress such as due to modes of delivery as caesarean section may delayed milk injection where will effect the success of breastfeeding by the mother. These factors also supported by Saeed, Fakhar, Imran, Laila and Abbas (2011) where they concluded in their study that the mode of delivery had a significant impact on infant feeding practices. They found that when there was an increase in the rate of surgical delivery, the use of bottles as a way of breastfeeding also higher. Onah et al (2014) reveal that mothers who had non operational deliveries were 2.6 times more probable to practice EBF than those who delivered through operation.

According to Swanson and Power (2005), the perceived influence of other people's view include the views of women's partner and health care professionals are important predictor of infant feeding behavior. They agree that the influence of subjective norms on women's decision may be different for feeding initiation and continuation, since the nature and circumstances of these decisions vary. They also suggest that women with no previous child (primipara) subjective norms may be important as she may be more likely to seek another opinion in making her initial choice and may lack confidence in her decision to continue breastfeeding (Swanson and Power 2005).

CHAPTER 3

RESEARCH QUESTIONS, OBJECTIVES, HYPOTHESES, & CONCEPTUAL FRAMEWORK

3.1 INTRODUCTION

This chapter will present the research questions, aims and objectives, and hypotheses of the study. In this chapter, the conceptual framework adapted in this study was presented.

3.2 RESEARCH QUESTIONS

The research question is the most critical part of a research. It defines the whole process and informs the researcher's arguments and inquiry, and provokes the interests of the reader (Moule & Goodman, 2014). This study plans to address the following research questions:

(a) What are the primipara women's knowledge, perceptions, practices and experiences of an early Breastfeeding Initiatives (BFI) in University Kebangsaan Malaysia Medical Center (UKMMC)?

(b) What are the associative of knowledge of early BFI among primipara women in UKMMC?

(c) What are the associative of perceptions early BFI among primipara women in UKMMC?

(d) What are the associative of primipara women's experience among primipara women who practicesearly BFI in UKMMC?

3.3 AIMS OF THE STUDY

According to WHO (2008), although breastfeeding is the natural way of feeding and infants benefit from breastfeeding, mothers often encounter significant problems as they are beginning to breastfeed. This decreases their perception of breastfeeding effectiveness. Primiparas being a vulnerable group with approximately more than half of the percentage of early breastfeeding dropouts, they are deficient of involvement in exclusive breastfeeding compared to multiparous. The lack of confidence to exercise existing learnt knowledge leads to shyness, insecurity and frustration resulting in optional infant feeding methods. According to Mulder and Johnson (2010), no tool adequately measures the primipara's perception of breastfeeding effectiveness during the postpartum hospitalization (Mulder & Johnson, 2010). The aims of this study are to assess the primipara's knowledge, perception and experiences of early breastfeeding initiatives in UKMMC.

3.3.1 General Objectives

To determine the knowledge, perceptions and experiences towards early breastfeeding initiation (BFI) among primipara women in University Kebangsaan Malaysia Medical Centre (UKMMC).

3.3.2 Specific Objectives

The specific objectives of this study are as follows:

(a) To determine the level of knowledge, perceptions, and experiences of breastfeeding initiation among the studied ppopulations.

(b) To determine the association between selected socio-demography variables (age, Ethnicity, education level, occupation and monthly income) and level of

knowledge, perceptions and experience towards breastfeeding initiation among studied populations.

(c) To determine the association between knowledge and perceptions towards breastfeeding initiation among studied populatiuons.

(d) To determine the association between knowledge and experiences towards breastfeeding initiation among studied populatiuons.

3.4 RESEARCH HYPOTHESES

The alternative hypotheses of each specific aims are described below:

Specific Aim (a)	:	Not applicable.
Specific Aim (b)	:	There is a significant association of selected socio-demography factors on knowledge of early BFI among primipara women in UKMMC. (H_{A1})
Specific Aim (c)	:	There is a significant association of selected sociodemography factors on knowledge of early BFI among primipara women in UKMMC. (H_{A2})
Specific Aim (d)	:	There is a significant association of selected socio-demography factors on perceptions of early BFI among primipara women in UKMMC. (H_{A3})
Specific Aim (e)	:	There is a significant association of selected socio-demography factors on experience among primipara women who practices early BFI in UKMMC. (H_{A4})
Specific Aim (f)	:	There is a significant association between knowledge and perceptions towards BFI among primipara women. (H_{A5})
Specific Aim (e)	:	There is a significant association between knowledge and experience towards BFI among primipara women. (H_{A6})

3.5 BREASTFEEDING CONCEPTUAL FRAMEWORK

Hector, King, Webb and Heywood (2005) presented an expanded conceptual framework on factors affecting breastfeeding practices. The conceptual framework details a range of factors which influence breastfeeding in women. The conceptual framework consists of three factors that influence breastfeeding practices: individual, group and society which can influence mother's perception regarding initiation of early breastfeeding. This framework is appropriate because its outline possible courses of action or can present a preferred approach to breastfeeding initiation that will inform this study (Figure 3.1).

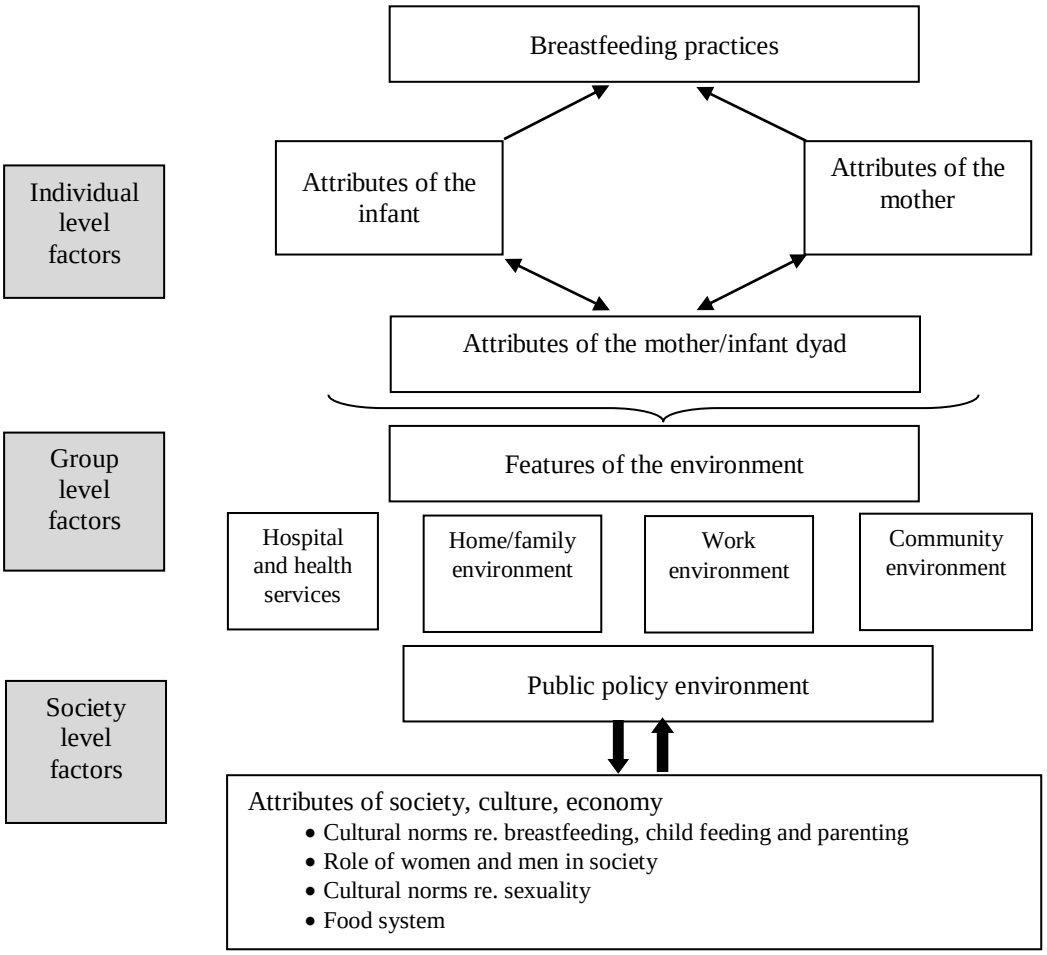

Figure 3.1 Conceptual framework of factors influencing early initiation of breastfeeding

Source: Hector, King, Webb and Heywood (2005)

3.5.1 Individual Level Factors

According to Hector, King, Webb and Heywood (2005), this level relates directly to the mother and newborn which includes the mother's intention to breastfeed, mother's knowledge, skill and parenting experience, the birth experience, health and risk status of the mother and newborn, and the nature of early interaction between mother and newborn. Each of these factors can directly influence the early initiation of breastfeeding. These factors also can be correlated with social and demographic variables (Hector, King, Webb & Heywood, 2005).

3.5.2 Group Level Factors

According to Hector, King, Webb and Heywood (2005), the group level factors are the attributes of the environment in which mothers and newborns find themselves, the attributes that enable mothers to breastfeed. The labor and delivery room environment with a direct influence on mothers and newborns consists of practices and procedures such as routine separation of cleaning and anthropometry measurement, skin–to–skin contact and providing professional support with breastfeeding technique difficulties can also influence the early breastfeeding experience. The number of midwives on duty and the activities around the labor room also can affect the initiation of early breastfeeding (Hector, King, Webb & Heywood, 2005).

3.5.3 Society Level Factors

According to Hector, King, Webb and Heywood (2005), the third level factors that can influence mothers to initiate early breastfeeding are the social factors. These social factors can influence the acceptability and expectation about early breastfeeding and provide the background or the context in which newborns early

feeding takes place. These include cultural norms regarding breastfeeding such as ‘poisons’ of colostrum or the need to give water first before feeding. The social factors that can influence the midwives comprise the health services, policies and practices (Hector, King, Webb & Heywood, 2005).

3.6 THEORY OF PLAN BEHAVIOR (TPB)

The theory of planned behavior (TPB), was outline by Icek ajzen in 1988. This theory is an extension of the theory of reasoned action in which it identifies the importance of assessing the amount of control an individual has over behaviours and attitudes. The TPB takes into account that all behaviour is not under volitional control and that behaviours are located at some point along a continuum that extends from total control to complete lack of control. Control factors include both internal fators and external factor. The components of the model, as they relate to behavioral intention, include attitude towards the behaviour subjective norms a perceivce behavioral control (Ajzen, 1991). Because of the appropriateness relating to behavioral attention and attitude towards the behavior, the TPB will be used to inform this study. According to Swanson and Power(2005) the perceived influence of others peoples view including the views of women's partner and health care professional is an important pridictor of infants feeding behaviour (Swanson & Power, 2005). Swanson and Power (2005), agreed that the influence of subjectives norm in a woman’s decision maybe deference for intentions and continoutions, since the nature and circumstances of the decision vary. They also suggest that women with no previous child (primipara) subjective norms maybe important as she may be more likely to seek other opinion in making her initial choice and may lack confident in her decision to continue breastfeeding (Swanson and Power, 2005)