EXPERIENCES OF EXCLUSIVE BREASTFEEDING IN FULL-TIME WORKING MOTHERS, THAILAND

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Abstract

The purpose of this descriptive qualitative research was to study the experiences in exclusive breast feeding in full-time working mothers before and after returning to work who living in Muang district, Surin province. The participants were selected by purposive sampling which consisted of 7 post-partum mothers who gave birth during May to June, 2016 and stated requirements to give exclusive breast feeding which using Snow ball sampling technique. The research instruments were used semi-structured. Data were collected by informal and in-depth interview during October-November, 2016. The interviewers were tape recorded and filed note. Data was analyzed by using content analysis regarding Colaizzi’s method.

The findings showed that there were 8 themes of the experiences in exclusive breast feeding of full-time working women. The findings were as following: 1) Happiness and relationship, 2) Delivering and receiving good things, 3) Intensions of exclusive breast feeding, 4) Planning on exclusive breast feeding 5) Felicity among family members, 6) Supervisors and colleagues’ assistance, 7) Limitations, and 8) Problems realization and solutions.

Recommendations: Creating a program on promoting exclusive breast feeding in full-time working mothers was needed. This program should be emphasized on the dealing with small-scale of milk secretion, stresses, health problems that caused exclusive breastfeeding, encouraging family participating by given advantage information of exclusive breast feeding, and cooperated between organizations that institutes should prepare places and time for the mothers who gave breast feeding and intensive policies that encourages breast feeding to get more success.

Keywords: Experiences, Exclusive breast feeding, Full-time working mothers

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Background

Breast feeding is essential nutrients for infants. It contains many nutrients including protein, fat, carbohydrates, minerals and vitamins that are adequate to the needs of the child. Also, promotes brain growth and good development of infants. Breast feeding for as long as possible, it is a way to influence the growth and development of the body, mind, and emotions, and reduce family expenses.

The World Health Organization (WHO) and The United Nations Children’s Fund (UNICEF) have policy to promote continuous and sustainable breast feeding during the first to six months of infants. The goal for exclusive breast feeding is at least 50%. The National Reproductive Health Survey in Thailand found 12.3% of mothers were breastfed at least 6 months (Puapornpong, 2015). Breast feeding is less than the goal. If focusing on the region of Thailand, northeastern region found 13.80% (National Statistical Office, 2010). Surin province is the lowest of exclusive breast feeding in the Health Service Region 9, which included Nakhon Ratchasima, Chaiyaphum, Buriram and Surin. (Health Center 9, Nakhon Ratchasima Department of Health, 2015)

The survey exclusive breast feeding rates among newborn baby to 1 month, 1 to 3 months and 4 to 6 months were found 30%, 15% and 12.30% respectively (Thai Breast feeding Center Foundation, 2015). So, the rate of exclusive breast feeding is related to the length of time. Over 50% of mothers work outside (Chisuwan, Prasopkittikun, Sangperm, and Payakkaraung, 2012). Full-time working mothers can rest and breast-feed for 3 months. Several studies found that career correlated with duration of breast feeding (Sangkla, 2014, Tangsuksan & Ratinthorn, 2011). Working mothers tend to breast-feed for shorter periods because of difficulty in maintaining lactation, partly due to the stress conflict involved in combining breast feeding with work such as difficulty to have time to breast pump, the workplace does not have an area to breast pump, mothers felt exposed and uncomfortable to breast pump and during working cannot breast pump every 2-3 hour. These problems and obstacles may affect the success of exclusive breast feeding.

Researchers are interested to study experiences of exclusive breast feeding in full-time working Mothers. To reach the truth about the thoughts, feelings, adaptation, and coping of breast feeding mothers who work outside.

Objective

To study the experiences of full-time working mothers who exclusive breast feeding.

Methods

Descriptive qualitative was used to study the experiences of full-time working mothers who exclusive breast feeding their babies. The participants were selected by purposive sampling which consisted of 7 post-partum mothers who gave birth during May to June, 2016 and stated requirements to give exclusive breast feeding which using Snow ball sampling technique. Semi-structured interviews were utilized by asking broad question in the interview guide such as “Tell
me about your breast feeding experience” and “How do you feel when breast feeding for your baby. In-depth interviews was chosen in order to obtain rich, in-depth information needed to understand and interpret the experiences of full-time working mothers who exclusive breast feeding. Each Informal interview lasted between 30 and 60 minutes. The setting of the interview was according to the choice of the participants.

Material

The aim was to gain an understanding of experiences of exclusive breast feeding in full-time working mothers. A semi-structured interview guide was with open questions selected based on a review of the literature and Transition theory (Meleis, 1991). Open questions related primarily to initiation of breast feeding such as attitude, feeling, meaning, and expectation. The open response format of the questions in the guide allowed for probing to clarify the experiences of exclusive breast feeding in full-time working mothers. All interviews were transcript in Thai based on audio recording. Filled-note was written in each interview for reflections and building trust.

Ethics consideration

Ethics approval was from the Human Research Ethics Committee of Boromarajonani College of Nursing, Surin. Code number is S-EC 06-11-59. Informed consent was gained from each participant after explanation of the study objective, guarantee of the confidentiality of their identity and guarantee that participants would not disadvantage them in any way. An opportunity to withdraw from the study of any stage was guaranteed. Consent was obtained from each participant to audio-record interview. The names of the participants were changed to maintain anonymity. Quotations can be used to provide substantive information in the written research report.

Data analysis

Review of literature, data collection and data analysis were done simultaneously. Colaizzi’s seven stage process for data analysis was utilized (Burns & Grove, 2005).

First, the interviews were transcript then read and re-read in order to catch “a fell” of the participants described and obtained a general sense about the whole content. Second, for each transcript, extracted significant statements, lined, and the read and re-read for extracted from the whole transcripts. Third, formulate meanings from significant statements. Fourth, Coding data was grouped into categories, clusters of the themes, and themes. Fifth, the themes were integrated into an exhaustive description of the breast feeding experiences. Sixth, Themes and categories were description the breast feeding experiences. Finally, participants compared the researcher’s description and their breast feeding experiences.

Trustworthiness of the study

The trustworthiness of the study was guided by Lincoln & Guba (1985). Credibility, the data verified by participants after each an interview. Finding re-checked by full time working mother who had breast feeding experiences, and they felt that they had similar experiences.
when they were breast feeding. Dependability, Researchers did not put their own feelings and reflected the process of research methodology with researcher team and a research advisor at all stages of the research. Transferability, experiences of full-time working mothers who exclusive breast feeding can be apply in similar context, research questions. Conformability, the researchers have systematically recorded data, coded the data for easy to find and review.

**Samples**

The in-depth interview 7 participants were Infants age during 3 – 6 months. Six of seven participants have first baby. Extended family consisted of 6 participants. Two full-time working mothers did not live together with their children. Full-time working mothers work in Muang district, Surin province, Thailand, 1 teacher, 2 nurses, 2 secretaries, 2 health officers, 2 people from the Ministry of Public Health time working from 08.00 - 16.00 hr.

**Findings**

The findings showed that there were 8 themes of the experiences in exclusive breast feeding of full time working mothers. The findings were as following.

**Theme 1: Happiness and deep relationship**

1) Happiness: The happiness moment of exclusive breast feeding full-time working mothers is well-being emotional. It is a good feeling.

“I saw the baby grow up I feel happy with breast feeding”

“It is difficult to describe. I felt be loving, bonding, and eyes contact is happy when I breast feeding”

Mother's happiness is contributes to continues exclusive breast feeding. Breast feeding stimulates the secretion of oxytocin and prolactin hormones. It is often called “bonding hormone” and it relieves stress and promotes relaxation. Finally, all of felling is well-being.

2) Deep bonding: During the 3 months of leave from working. Full-time working mothers who give lots of loving care and attention to their babies help their babies develop a strong bonding. Bonding was affection your child to grow, learn, connect with others, and enjoys life.

“I feel miss my baby a lot when I go to work”

"Breastfeeding make the relationship between mother and baby"

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"Breastfeeding makes the relationship between mother and baby"
Theme 2: Delivering and receiving good things

Delivering and receiving good things divided to 2 subthemes;

1) Delivering good things: Breastfeeding is giving good nutrients that are adequate for the needs of the baby.

“Breast milk contains good of nutrients. I want to give breast milk for my baby”

"Obviously, my baby weight up consistency is probably getting the nutrients that I eat”

“My child developing by age”

“Not often sick and if have got sick, and then get well soon”

Exclusive breastfeeding makes mother saw weight up, good development and health of a baby. Evidence lets full-time working mothers think is a good direction growing a baby and continuing exclusive breastfeeding.

2) Receiving good things: Several mothers know the benefits of breastfeeding from experiences. The weight can be controlled. It is a good thing that mother's satisfaction very much. “The first time when milk pump, I ate a lot of food but the weight is decreased.”

“Weight loss rapidly”

“Weight loss does not increase”

Current research continues to support breastfeeding benefits to controlled weight (Moor, 2001)

Theme 3: Intentions to exclusive breastfeeding

The mother's intention is proper behavior for motherhood. This is influenced by many factors and the success of breastfeeding. It does not depend on an intuition of motherhood but depends on experience and learning. The positive attitude of full-time working mothers to awareness of the benefits and method of breastfeeding is the right choice for baby. So, they try breastfeeding longer. (Wongsawat, Wongsawat, Kaleang, Preban, and Hayeesae, 2014)

“Do as longer possible”

“Intention to breastfeed 6 months”

“Try to breastfeed as longer possible”

Theme 4: Planning on exclusive breastfeeding

Planning on exclusive breastfeeding divided 4 subthemes.

1) Self-preparation: Full-time working mothers are planning to stimulate milk and a lot of milk. They are concern about milk and enough milk for a baby. They plan to breast pump every 3-4 hour, use the ginger herb and hot water for stimulating milk.

"Drink a lot of hot water, a lot of hot ginger juice"

“Manage time for breast pump”
“Set a timetable to breast pump”

Thai local wisdom, ginger juice is one of herb that used to secrete milk and increase milk production (Srisuwapan, 2012).

2) Equipment preparation: After 3 months of maternity leave, parents must be ready for their return to work. The mother has no time to breastfeed. Full-time working mothers need some equipment help to a manual breast pump for stock milk. The automatic pump is convenient, take less time, and portable.

“Use electronic breast pump, it is easy and takes short time. After finish, pour milk into a bag of milk and then take into the refrigerator.

“Before storage of breast milk in the refrigerator, I write the day, time, and amount.”

3) Preparing the parental helpers: Mothers who have to work out of their home full time cannot leave during work. Some of them cannot take care of their own children after work because they live in another place far from home. They come back to take care her baby in a weekend. They are required to have family members to raise their children such as husband, grandmother, or grandfather. They prepared family members for breastfeeding and breast feeding, as they will face different beliefs or ways of thinking. Prepare family members by adjusting the exclusive breastfeeding attitude. Providing the information about the benefits of exclusive breastfeeding, how to using stored milk and cup feeding. A family support is important for taking a long time in exclusive breastfeeding especially grandmothers who effect on duration of exclusive breastfeeding Chisuwan, Prasopkittikun, Sangperm, & Payakkaraung, 2012). In addition, adjusting the attitude to understand the importance of breastfeeding is essential (Tumdee, 2016).

“I train my grandmother to prepare milk storages before cup feeding”

4) Finding breastfeeding information:

Finding breastfeeding information divided 4 subthemes.

4.1) Friends: Friends who have experienced breastfeeding is important to source information on exclusive breastfeeding. They can guide trick to storage milk, how to have enough milk. In addition, mothers can talk openly and informally.

“Get advice from friends who have experienced breastfeeding”

“If I got insufficient milk, I call to consult my friend”

4.2) Healthcare professional: The mother identified nurses as the most significant source of support for exclusive breastfeeding (Chisuwan, Prasopkittikun, Sangperm, & Payakkaraung, 2012). Nurses make full-time working mothers confidence in breastfeeding (Boonsong and Maliwan, 2016).

“Nurses recommend breastfeeding for at least 6 months”

“Nurses teach bow to do when breast ergot, decrease milk secrete, and cracked nipple”

“Nurses training bow to breast expression, storage of expression milk, cup feeding ”
4.3) Social media: Breastfeeding webpage and social media sites that celebrate breastfeeding also draw many viewers. In the space of Facebook, Group line, breastfeeding mother’s post, share, discuss breastfeeding benefit, stories of shamed public breastfeeding and other relevant topics (Foss, 2017)

“Breastfeeding discuss in group line”

“Search webpage to learn how to express breast milk.”

“Share breastfeeding experience in group line”

**Theme 5: Solidarity among family members**

Family support has been found to be associated with exclusive breastfeeding (Sriwichai & Suriyachai, 2015). They are giving a lot of love and caring for full-time working mothers and baby. Full-time working mothers are confidence in herself family can provide well caring for a baby. So, the results showed that the rate of breastfeeding increased. (Rungreang, Prachusilpa, 2007)

“If I do anything, family support me everything”

“All of my family encourages me to exclusive breastfeeding”

**Theme 6: Supervisors and colleagues’ assistance**

Every full-time working mother needs our support at a workplace. Many full-time working mothers need to continue breastfeeding after returning to work to ensure optimum nutrition for their baby. Hence there is the need to facilitate breastfeeding at work. Supervisors and colleagues understand the need for a full-time working mother in benefit of breastfeeding help them to breastfeed longer. Workplace support impact on the rate of breastfeeding (Calne, 2010).

“Supervisors and colleagues understanding me”

“Allowing flexible scheduling to support breast pump during work”

**Theme 7: Limitations**

Limitations divided 2 subthemes.

1) Distance: Full-time working mother and babies are far from each other, the mothers have to plan to stimulate a lot of milk. They plan to a breast pump for enough milk every day or week. Perhaps they take a baby to care for relatives. They plan to freeze pumped milk in a storage bag and transport it by bus weekly. So, all of this is a critical condition which is the barrier to breastfeeding (Thamdee, 2013).

“I live in different provinces with children”

“I come back to visit my son twice a week”

2) No place for breast pump in the workplace: There is a similar obstacle such as no corner or place to have privacy in the breast pump (Tumdee, 2016)
“No private corner to breast pump”

Theme 8: Problems realization and solutions

The several problems during breastfeeding have to solve. It is an important point that full-time working mothers should solve problems step by step in order to continue breastfeeding for baby.

“If I have a continuous job and cannot break, I will breast pump at noon”

“If I’m stressed, milk reduces”

Recommendations

1. Creating a program on promoting exclusive breastfeeding in full-time working mothers was needed.

2. The program should be emphasized on the dealing with small-scale of milk secretion, stresses, health problems that caused exclusive breastfeeding, encouraging family participating by given advantage information of exclusive breastfeeding.

3. Institutes should be prepared places and time for the mothers who give breastfeeding and intensive policies that encourage breastfeeding to get more successful.
Reference


