

Mother and Family's View on Exclusive Breastfeeding in Developing Country

Iqbal Pramukti¹, Michael Hill², Norehan Binti Mohammad Isa³

¹Fakultas Keperawatan Universitas Padjadjaran, ²Northumbria University, UK, ³Mahsa University, Malaysia

E-mail: iqbalrevi@gmail.com

Abstract

Exclusive breastfeeding is something which has a lot of benefit both for mother and baby. It is recommended by WHO at let for the first six months. Then it also recommended until two years and beyond. In fact, mostly mother only gave their breastmilk to their babies until two months. The method of this study using systematic review-metasyntesize which an extensive of the literature was undertaken. Database searched were: MEDLINE, CINAHL, BioMed Central, Wiley, and EMBASE. Result shown that mother's view on exclusive breast is an important part in an attempt to promote breastfeeding desire. Even though their view is influenced by her family and surroundings, but finally the decision is on her. This concurs with finding of some researcher who found women who have the experience of breastfeeding, especially within the family, are more likely to choose to breastfeed heir child.

Key words: Exclusive breastfeeding, family, mother

Pandangan Ibu dan Keluarga tentang Asi Eksklusif di Negara Berkembang

Abstrak

Pemberian ASI eksklusif adalah sesuatu yang memiliki manfaat sangat besar baik bagi ibu maupun bayi. Hal ini sangat direkomendasikan oleh WHO minimal sampai enam bulan pertama kelahiran bayi. Kemudian dapat dilanjutkan sampai usia dua tahun. Pada kenyataannya, kebanyakan ibu memberikan ASI mereka kepada bayinya hanya sampai usia bayi dua bulan. Metode yang digunakan adalah *systematic review- metasintesis* yang mana menggunakan pencarian literatur secara luas. Database yang dipilih adalah: *MEDLINE, CINAHL, BioMed Central, Wiley, dan EMBASE*. Hasil penelitian menunjukkan bahwa pandangan ibu mengenai pemberian ASI eksklusif memiliki peranan yang penting dalam usaha meningkatkan keinginan untuk menyusui. Walaupun pandangan mereka dipengaruhi oleh keluarga dan sekitarnya, namun keputusan akhir tetap berada di tangan mereka. Hal ini sejalan dengan beberapa penelitian yang sudah dilakukan oleh beberapa peneliti sebelumnya yang menyebutkan bahwa wanita yang memiliki pengalaman dalam menyusui, khususnya di dalam keluarga akan cenderung memutuskan untuk menyusui bayinya.

Kata kunci: ASI eksklusif, keluarga, ibu

Background

Breastfeeding has a lot of benefits for both mother and child. It is known as the ideal food for babies, with important health benefits for baby and for mother (Hale, 2007). Benefits include both physical and psychological aspects. Ku and Chow (2010) stated that breastfeeding is considered as the best way to give a nutrition to infant. According to World Health Organization (2012), an annual report by the UN Inter-agency Group for Child Mortality Estimation shows that in 2011, around 6.9 million children died before the age of 5 years compared to around 12 million in 1990.

Several years ago, UNICEF (United International Regulation of Children Foundation) identified seven easy, practical, and effective steps towards saving the millions of lives of these children. Exclusive breastfeeding results in a delay in return to fertility and helps space the mother's pregnancies. Furthermore, breastfeeding may lower the risk of cancers of the ovary and breast of the women (Breastfeeding Trends and Updated National Health Objectives for Exclusive Breastfeeding United States, 2007). As a result, WHO was launched a Baby Friendly Hospital Initiative (BFHI) in Ankara, Turkey in June 1991 with a view to fully support and promote breastfeeding. Then every year a date - 1st to 7th of August is declared as "Breast Feeding Week".

Exclusive breastfeeding for the first six months of life and continued breastfeeding with complementary foods for the first two years and beyond is recommended (Kramer & Kakuma, 2012; Ku & Chow, 2010). The American Academy of Pediatrics (2012) also has made similar recommendations for exclusive breastfeeding above. According to the most recent statistics released by the Centers for Disease Control and Prevention (CDC) in 2008, 74% of U.S. women initiated breastfeeding, 43% breastfed for six months, and 21% breastfed for one year. African American women with 61% initiating breastfeeding, 29% breastfeeding for six months, and only 13% breastfeeding for one year showed the greatest improvements of any population group in these statistics

but still fell far short of other groups (CDC, 2008). A study in Argentina revealed that at four months post-delivery the exclusive breastfeeding rate was 56% and at six months it was only 19% (Cernadas, Noceda, Barrera, Martinez, & Garsd, 2003). While in Georgia, Russia, the exclusive breastfeeding rate at four months was 18% (UNICEF, 2006). In a study of feeding practices in 105 counties of rural China, 98.22% of the 20,914 babies in the study were breastfed. While in the urban areas the percentage of exclusive breastfeeding was 52% in the first four months after birth and 24.35% in the rural areas (Wang, Wang, & Kang, 2005).

The situation among Hong Kong Chinese is not optimistic. Surveys conducted by the Hongkong government revealed that breastfeeding is very common, with 70% of the new mothers practicing breastfeeding in 2006. However, it was only 13% who practicing exclusive breastfeeding at four to six months after delivery (Ku & Chow, 2010). Another Asian country, Singapore, also shared a similar trend. The National Breastfeeding Survey 2001 in Singapore demonstrated an encouraging breastfeeding initiation rate of 94.5%, but only 21.1% of mothers continued to breastfeed after six months, with fewer than 5% breastfeeding exclusively (Foo, Quek, Ng, Lim, & Deurenberg-Yap, 2005). In Taiwan, between the 1960s and 1980s, the prevalence of breastfeeding had shown a significant decline (Chen & Chi, 2000). Chien, Chu, Tai, and Lin (2005) reported that in 2003 in Taiwan the prevalence of exclusive breastfeeding was 17.9% during hospitalization, 22.3% at one month, and 16.7% at 3 months. These low rates of exclusive breastfeeding has been a public health challenge in Taiwan.

The decreasing rates of exclusive breastfeeding in the first six months also happen in Indonesia. It fell from 40% in 2002 to 32% in 2007 (UNICEF, 2012). Recently research in 2010 undertaken by ministry of women and child protection has shown that mothers who had provided their breast milk to their babies exclusively for six months was only 14%. The average baby in Indonesia only received exclusive breastfeeding for less than two months. The results issued by

Indonesia demographic and health survey (IDHS) in the period 1997-2003 is quite alarming. Infants who breastfed exclusively were very low. About 86% of babies get food such as milk formula, solid food, or a mixture of milk and milk formula. Furthermore, Director of Public Health Nutrition at the Department of Health (MOH) Ina Hernia explained that the low breastfeeding rates would be bad for the health of affected infants. She referred to research in Ghana, which showed that if the baby is breastfed on the first day of birth, 16% of newborn deaths could be prevented. "In addition baby's life expectancy will increase to 22% if the infant is breastfed at one hour of birth," Ina said on the sidelines of world breastfeeding week campaign in Jakarta (Ministry of women and child protection, 2010). Another researcher also found nationwide data in Indonesia has shown a low rate of infant who experience early initiation of breastfeeding. It's only 39% of them who breastfed within one hour after birth and 32% are exclusively breastfed for less than six months.

The low rates of breastfeeding practices are influenced by many factors. Privacy and emotional aspect can be that factors. Leff, Gagne, and Jefferis (1994) described about the bonding aspect in breastfeeding. He stated that breastfeeding is a unique intimacy which requires togetherness between mother and baby to meet their physical and emotional needs (Leff, Gagne, & Jefferis, 1994). He added that an imbalance in the system which was not corrected was associated with unsuccessful breastfeeding (Leff, Gagne, & Jefferis, 1994). Therefore, the maternal perception of breastfeeding success seems to be a dynamic concept and changing needs must be recognized, balanced and satisfied (Leff, Gagne, & Jefferis, 1994). New mothers may find it is hard to learn breastfeed on the busy postpartum unit, when she did not get any privacy.

The decision to initiate and continue breastfeeding is influenced by many aspects. It is supported by the evidence showing that religion, maternal education, mother's comfort in breastfeeding, social class, and father's occupation are related to the decision to initiate and continue the breastfeeding

(Venancio & Monteiro, 2006; Kelly & Watt, 2005; Duong, Lee, & Binns 2005). Other aspects, such as the desires or attitudes of mothers regarding

Breastfeeding, mother-infant bonding, family support, mode of delivery and a history of smoking, are important in the initiation and sustaining breastfeeding (Beck & Watson, 2008; Chandrashekhar, et al., 2007; SCOTT, BINNS, & Aroni, 1997).

According to Beck and Watson (2008), another aspect which has an important part too in supporting women's breastfeeding is family. Similarly, Ingram and Johnson (2004) showed how family played an important role in supporting the mothers to successfully initiate and maintain breastfeeding. Graffy and Taylor (2005) has stated that it was not only health workers who responsible for mother's breastfeeding practices, but families and friends also play their part. A study of the perceptions of Swedish women about support from partners and grandmothers highlighted how the woman's social network, including grandmothers played an important part in determining a woman's ability to cope with breastfeeding (Reid, Schmied, & Beale, 2010). Furthermore, members of Swedish women's social support networks also determine the infant feeding decision. The baby's father is more likely the most influential, followed by the woman's mother, family, and friends (Humphreys, Thompson, & Miner, 1998).

There is a different understanding about supportive. William (2005) cited in Reid, et al. (2010) stated that new mothers and grandmothers have different understandings about what is supportive. Meyerink and Marquis (2002) cited in Reid, et al. (2010) identified that influence of the grandmother is more felt by low income women. It also stated that women themselves report emotional support for breastfeeding is crucial. This demonstrates the need to understand the grandmother's role in providing support for new mothers to achieving a positive breastfeeding experience.

South Asian mothers were more likely than white mothers to have received their advice about pregnancy and baby feeding from other family members. Mothers in all

ethnic minority groups received most advice about baby feeding from their own mother or mother-in-law (Thomas & Avery 1997). Previously we have shown that if a mother feels that she is encouraged and supported to continue breastfeeding by all family members and health professionals she is much more likely to be breastfeeding her baby at six weeks (Ingram, Johnson, & Greenwood, 2002).

Since the lack of family member support of breastfeeding could be contributing to women choosing to breastfeed their children not exclusively, it is conceivable to evaluate the available evidence about the effectiveness, benefits and possible disadvantages for the use of family member support for breastfeeding and identify if there are gaps in mainstream practice.

Furthermore it is timely and worthwhile to produce a systematic appraisal of qualitative studies to identify gaps and summarize the existing literature exploring women's and family member views, on breastfeeding and how family member support the women breastfeed their babies exclusively. Understanding factors that influence women's decision about the breastfeeding whether exclusive or not may also inform strategies to address misconceptions about breastfeeding.

Systematic reviews summarize critically appraised research evidence related to a specific question. Such reviews employ and document comprehensive search strategies and rigorous, transparent appraisal methods. Bias is minimized when applying standardized methods to the review process were done by a group of experts, rather than individuals (Dearholt & Dang, 2012). It involves the application of strategies which limit bias in the assembly, critical appraisal, and synthesis of all relevant studies on a specific topic (Chalmers, Hedges, and Cooper, 2002 cited in Wholey et al, 2011). The word bias has several meanings. Identifying and depending only on reports which suit the reviewer's ideological or theoretical preference is an obvious source of bias (Wholey et al, 2011). Systematic reviews are scientific research, and also the application of common sense. They identify studies which relevant to a particular question, then appraise and assess

the eligibility of these studies, and finally they summarize them using statistical techniques to combine their results. Without systematic reviews, we are faced with an ever increasing number of individual studies (Webb & Roe, 2008).

Metaanalysis or metasynthesis often use in systematic reviews to summarize the results of independent studies. When systematic reviews summarize the results of independent quantitative studies, they are referred to as a metaanalysis. Metaanalysis provides a more precise estimate of the effects of health care interventions than those derived from individual studies included in the review (Higgins and Green, 2011 cited in Dearholt & Dang, 2012). Through the use of statistical methods, metaanalysis aids in understanding the consistency of evidence across studies. When a systematic review summarizes the results of independent qualitative studies, they are referred to as a metasynthesis. In a systematic review with a metasynthesis, an attempt is made to combine results from a number of qualitative studies to arrive at a deeper understanding of the phenomenon under review. Metasynthesis produces a broader interpretation than can be gained from a single qualitative study (Dearholt & Dang, 2012). Systematic reviews are needed both to place the research in context and also to ensure that new research is designed and implemented in the most appropriate way (Webb & Roe, 2008)

Research Aim and Question

Based on the data shown above, the objective and aims of the appraisal are to collate qualitative evidence concerning factors which promote or inhibit the update and maintenance of breastfeeding practices.

The specific objective include: to explore published evidence of women's views on exclusive breastfeeding in developing countries and to explore published evidence concerning the interaction between women and family members regarding supporting exclusive breastfeeding in developing countries.

There are the specific questions include: what specific factors might influence women's views on exclusive breastfeeding, what generalizations can be made about the

Table 1 Selection of Studies: Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Qualitative studies of experience (including but not limited to design such as surveys, interview studies, focus group studies, ethnography, phenomenology, grounded theory, and narrative text.	Experimental research including randomized controlled trial (RCTs) and control trial
English language papers	Non – English language papers
Primary research papers	Review of primary research papers,
Availability of full text articles	Abstract only
Papers published between the years 1990 and the present	Papers published before the years 1990

women's view on exclusive breastfeeding, what generalizations can be made about a family member's view on exclusive breastfeeding, what generalizations can be made about how family members influence women's view on exclusive breastfeeding, and what generalizations can be made about how family members provide support for exclusive breastfeeding practices.

Method

An extensive of the literature between 1990 and present using all identified keywords and index terms used by respective databases was undertaken. This is because the literature before 1990 considered to be too old to be

taken, so therefor it could be bias for the result. The following literature databases were searched using these key words, such as: breastfeeding, exclusive breastfeeding, infant breastfeeding, factors influencing exclusive breastfeeding, family role, family support, social support, benefit of breastfeeding, experience and expectation of breastfeeding. Database searched were: medical literature analysis and retrieval system online (MEDLINE, 1971–2011), cumulative index to nursing and allied health literature (CINAHL, 1965 – 2012), BioMed central (1974–2010), Wiley (1987–2011), and ecerpta medical database (EMBASE, 1981–2010). Publications were limited to English language only. Search were performed of the references of the key papers included in the

Table 2 The Included Studies and Their Labels

Study Title	Authors	Label As
Engaging and supporting fathers to promote breastfeeding: a new role for Health Visitors?	Sherif & Hall (2010)	S1
Exploring women's views of breastfeeding: A focus group study within an area with high levels of socioeconomic deprivation	McFadden & Toole (2006)	S2
Grandmother Breastfeeding Support: What Do Mothers Need and Want?	Grassley (2010)	S3
'I only give advice if I am asked': Examining the Grandmother's potential to influence infant feeding Decisions and parenting practices of new mothers	Reid, Schmied, & Beale, 2010	S4
Practices and beliefs about exclusive breastfeeding by women living in Commune 5 in Cali, Colombia	Hernández, L., & Vásquez, M. L. (2010)	S5
Psychosocial factors underlying the mother's decision to continue exclusive breastfeeding for 6 months: an elicitation study	Bai, Middlestadt, Joanne Peng, and Fly (2009)	S6

review.

The etymology of the word evidence is rooted in the concept of experience, relating to what is real and clear (Upshur, 2001). Various definitions of evidence-based practice (EBP) have emerged in the literature. It has been defined as the conscientious, explicit, and judicious use of the current best evidence in making decisions about the care of individual patients (Sackett, Rosenberg, Gray, Hayes, & Richardson, 1996). Then, Burns & Grove (2006) stated that EBP is the conscientious integration of best research evidence with clinical expertise and patient values and needs in the delivery of quality, cost effective health care. Best research evidence is produced by the conduct and synthesis of numerous, high quality studies in a specific health area (Burns & Grove, 2006).

The evidence based practice movement defines a hierarchy of research methods suitable for addressing the clinical question. At the top of the hierarchy is quantitative randomized controlled trial (RCT) known as the gold standard. Large scale quantitative studies especially RCTs have become the accepted paradigm for the construction of medical knowledge.

As the breastfeeding experience of a woman is too complex and multifaceted to be appropriately considered within trials alone, this appraisal includes qualitative studies of experience (including but not limited to design such as surveys, interview studies, focus group studies, phenomenology, and narrative text) on women's and family member's view on exclusive breastfeeding. Evidence from the qualitative studies which collected and reported using randomized trials would be difficult to retrieve. The component of the review will consider studies that include the following outcomes, such as factors influence women's view on exclusive breastfeeding, women's view on exclusive breastfeeding, family member's view on exclusive breastfeeding, and family member's support on women on exclusive breastfeeding practices.

The searching of related literature was conducted using Boolean search terms included 'and' which retrieves only article with both words (example exclusive

breastfeeding and family support), and 'or' which would located all articles with either words. Author searching was conducted by searching each database for the name of authors of relevant reports to ascertain if they published other or similar work on the topics of interest. Publications were limited to the English language only. The following search terms were used in all databases as listed in the identifiers below. The identifiers were combined with the phenomenon and design with 'and'.

It is important to set out the inclusion criteria in the protocol, to ensure that the boundaries of the review question are clearly defined (CRD, 2009). The inclusion and exclusion criteria determine the focus, nature, and limits of the review. In order how were the studies selected, a strict inclusion and exclusion criteria checklist (Table 1) was used. Studies were eligible for inclusion if they met the following criteria to determine whether each paper was suitable for further quality checking.

Result

The search yielded 341 citations. Of these 324 were ineligible after review of the title and abstract. Papers excluded were those that had a quantitative assessment only (n=186), did not include women or family's view on exclusive breastfeeding (n= 48), non-primary research (n=36), duplicate articles (n=21), and intervention studies (n=26). The eleven full text papers that were excluded were either because the focus was on qualitative assessment (n=8) and non-primary research (n=3).

The studies used focused group and indepth semi structure interview from 105 mothers, eight fathers, and 11 grandmothers who gave their views, preference experience, and expectations on exclusive breastfeeding. The studies were carried out in Columbia (n=15), North-east of England (n=35), Brighton and Hove – UK (n=8), North America (n=30), Indiana – USA (n=25), and New South Wales – Australia (n=11). Four studies had women as their study participant (S1, S2, S4, S5) while fathers were participants for one study

(S3) and grandmothers were participant for another one study (S6).

Various data collection method were used with one study using more than one method, which included in-depth interview (S1 & S3), semi-structure face to face interview (S6), focus group (S2, S4, S6), and open-ended questionnaire (S5). All six studies specified the sample size and characteristic of the participants (S1,S2,S3,S4,S5,S6).

Discussion

The first theme of result studies is about positive or negative view on breastfeeding. A central theme that links other themes and sub-themes are positive and negative view on exclusive breastfeeding. Most mothers were viewed breastfeeding as an important thing to do. It has a lot of benefit both for infant and the mother itself (S1, S2, S5). Two studies found that infant who had breastfed will be healthier and smarter in the future (S1 & S2). Then one study mentioned that one of the advantages of breastfeeding is helping mother to have bonded with the baby (S5). For emotional aspect, one study stated that women place a very high value on the emotional and health benefits of continued exclusive breastfeeding for six months (S5). In contrast, there are also some view about a disagreement of exclusive breastfeeding by the mothers. One study found that some mothers were not preferred breastfeed the baby if it makes the baby feel not comfort as manifested by continues weeping (S1). Again this study found that some mothers felt breast milk was not enough for the baby which can make baby remaining hungry. It induced them to start the child with a complementary diet prior to six months of age. Then another study found that bottle feeding was perceived to be easier, incurring fewer problems and resulting in infants that were more settled, chubbier and needing less frequent feeds (S2). About reason why some mothers did not offer exclusive breastfeeding, one study found that the reason is remembering the process as something painful and difficult (S1). They assured that the most painful moment was breastfeeding the baby and not childbirth.

Many of the women appeared tentative in their decision to breastfeed because they anticipated problems and lacked confidence in their ability (S2). Then in this study also found the impact of breastfeeding on lifestyle was significant for some mothers. Examples included the lack of freedom to travel, socialize and continue education and work. These issues were particularly significant for the adolescent women and were quoted as a reason for choosing bottlefeeding. Then about factors which underpin mothers breastfeed their child, one study found that women who chose breastfeeding having been breastfed themselves, or had sibling who had been breastfed (S2).

Mother's view on exclusive breastfeeding is an important part in an attempt to promote breastfeeding desire. Even though their view is influenced by her family and surroundings, but finally the decision is on her. A researcher found that the single most influential motivator for breastfeeding is the mothers desire her selves (Burns & Grove, 2009). Then these views also influenced by the mother's experience of breastfeeding. This concurs with the finding of some researcher who found women who have the experience of breastfeeding, especially within the family, are more likely to choose to breastfeed their child (Hoddinott & Pill 1999). The view on this breastfeeding also involving how the mothers see the role of her family and surroundings in supporting them breastfeed the babies exclusively. Schmied, Beake, Sheehan, McCourt, & Dykes (2011) stated that women who breastfeed their babies mentioned an advantage of peer supporters was that they could spend enough time with the woman to make a difference, to provide feedback and tips or information that was centered on the personal needs of the mother and baby. Meanwhile, Burns and Grove (2009) also found that the majority of women who breastfeed their babies identified breastfeeding as a natural and this is important for making bonded attachment between mother and baby.

The view on breastfeeding in this systematic appraisal also involves the family member's view. Family member of the mother of this systematic appraisal mostly are grandmother

and the spouse of the mother. There are varying views on exclusive breastfeeding. In one study found that breastfeeding considered as the best nutrition for the baby. It stated that breastfeeding is natural, free, and normal (S3). In other side, mostly the family member (spouse) on the study were unable to articulate clearly the benefits of breastfeeding and its nonequivalence with formula. They mentioned that any literature about breastfeeding are needed, because it was meant for them to understand clearly what is exclusive breastfeeding and what is the role of the spouse to facilitate the mother breastfeed the baby exclusively (S3). In three studies found that exclusive breastfeeding considered as an important thing which is involving the mother's family and surroundings to encourage and motivate her breastfed the baby exclusively (S2, S3, S6). This concurs with the finding of the authors who found that the attitude of partner, mother, and peer groups are the factors that influence the initiation of breastfeeding (Protheroe et al, 2003). It also concurs with another researcher who found that in Bristol, grandmothers have a key role to support and influence mothers to breastfeed (Ingram, et al., 2003).

Conversely, one study stated something contrast with studies found above. It found that grandmothers view breastfeeding as an obstacle to mothers getting enough rest. It mentioned that breastfeed the baby especially at midnight will interfere with mother's bedtime. One mother described how she felt pressured to give formula to her infant as the solution to getting more sleep. She felt pressured because the grandmother forced her to prefer giving formula milk rather than breastfeeding (S4). Then it also found that mothers want the grandmothers to confront myths about breastfeeding. The influence of grandmother as a family of the mother is strong. One study which has concurred with this found that family and friends were cited most frequently as being influential in the women's decision of infant feeding method (S1). This is also concur with another study which found grandmothers are an important part of the support network for new mothers and can potentially be an influencing factor in terms of their breastfeeding and parenting

decisions (S6). So it can be seen how strong the influence of the grandmother of the mother. Sometimes it will be not good for the mother, because the grandmother's era is not always the same with the mother's era. This is in accordance with the finding of one study which is found that grandmothers bring their own infant feeding practices and beliefs to their support of new mothers (S4). This is concurring with another study which is found if they use the power they have from the other levels of interaction they may not be able to preserve a good relationship with the new mother (S6). Nevertheless, the grandmothers still have a good view about breastfeeding. One study found that grandmothers valued breastfeeding when they offer a loving encouragement (S4).

Associated with stopping breastfeeding, one study discussed about the reason of this (S2). It found that based on mother's spouse's opinion, stopping breastfeeding may stem from feelings of frustration and guilt, and also efficacy on behalf of the father about 'not being able to help'. Therefore by changing to formula can sometimes be seen as an easier option. They thought it would reduce the guilt feeling (S2).

It is reasonable to assume that mother viewed the exclusive breastfeeding as an important part of many things. For emotional aspect, it can create bonding-attachment between mother and baby. This concurs with finding of the researcher who found that mother-child relationship as an integrated whole. Breastfeeding is seen as an important emotional bond between mother and child to be encouraged and supported as much as possible (Zwedberg & Naeslund, 2011). It showed how the mothers would feel so close to the babies when breastfeed them. Bonding attachment is something which is very important for a mother and child relationship. This can foster feelings of affection between them which will lead to the formation of harmonious relationship within the family. Furthermore, this can be seen breastfeeding is based on collaboration between mother and child. Then another reason why mother view exclusive breastfeeding as an important thing is the understanding of the mother about benefits of breastfeeding. This agrees

with the finding of the researcher who stated that women acknowledge the benefits of breastfeeding for the baby including the nutritional or nourishing aspects and the provision of the immunity (Burns & Grove, 2009).

Mother's view on exclusive breastfeeding has some implication for certain things. For nursing practice, it will stimulate the community nurse or midwives to modify strategies to facilitate mother breastfeed the baby exclusively. The varying view of the mother would make nurses and midwives think about the best way to encourage the mothers to breastfeed the baby exclusively. This is a responsibility of the nurse and midwives as a health care provider to facilitate the process. As WHO recommendation which stated that breastfeeding should be done for 6 months exclusively, the nurses and midwives will find the best way to make it happen.

The second theme of this study is family's influence and support on exclusive breastfeeding practices. Family member is an important part of continued breastfeeding until six months. One study found that exclusive breastfeeding greatly depends on the relationship between mother and her family and surroundings. The mothers stated that family role is very important to support them offer exclusive breastfeeding (S1). Then another study found that friends and family members were frequently mentioned as salient social referents. Then spouse and friends have been the most frequently mentioned approving referents (S5).

Regarding support on exclusive breastfeeding, two studies found that the family of mothers is very interested in providing support in breastfeeding. They really want to be involved more broadly (S3 & S6). One study which is using father (mother's spouse) as the participant found that the fathers are really interested and want to be involved more broadly in preparation for, and supporting of exclusive breastfeeding (S3). Another study which is using grandmothers as the participant found that the grandmothers are very positive in providing support and they really want to be available to help (S6). They felt they had to help with breastfeeding directly because

the mothers did not get the help they needed from midwives and other health professionals. Grandmothers may position themselves as being accessible for advice and support they did not want to be too intrusive (S6). Then in another study, Grandmothers communicated that they valued breastfeeding when they offered loving encouragement (S4). Those studies showed how much support given by the family of the mother to encourage mothers breastfeed their baby exclusively. This concurs with the previous study which is found grandmothers have a key role in supporting and influencing mother to breastfeed (S2). In one study, it is shown how the serious father (mother's spouse) to provide support for breastfeeding for the mothers. It found that in term of antenatal provision, they had attended the antenatal classes (S3). Then still in this study, it found if the fathers were not able to attend the class, this is caused by conflict with works. Most of them then mentioned the session of antenatal classes for working fathers should be accessible (S3). Meanwhile, although the fathers supported their partners' decision to breastfeed, they also felt that using formula could allow them to be more involved in feeding, assist them to bond, help the baby sleep through the night, and help to monitor how much the baby was taking (S3). It described how big the desire of the father to be involved in breastfeeding. Therefore they thought by using formula milk, the involvement of them will be seen. They can give the formula directly to the baby by their own hand. Then in another study, it also described about a little disagreement of breastfeeding as mentioned. It found that grandmother sometimes were disagreeing with breastfeeding method when the mother would like to feed the baby. It mentioned that the mother would be better if she use formula milk rather than breastfeeding as this breastfeeding could make the mother woke up in the night and make her tired because of less sleep (S4). It showed how the grandmothers felt so worried about the condition of the mother when feeding the baby.

It is reasonable to assume that if the family give a strong support, the mother are more likely to successfully initiate and maintain breastfeeding (Ingram & Johnson, 2004).

The mother will feel more confidence if they are supported by the family. This can be seen that mother's behavior often influenced by family, especially adolescent mothers who had less experience on breastfeed a baby. It has some positive impact which is finally contributed to exclusive breastfeeding practices. A recent research found that mother who got a support from her spouse would have a partner to share about a decision of infant feeding (Burns et al, 2009a). Then the researcher also found that having a mother who breastfed and was supportive also facilitated sustainable breastfeeding for women in initiating exclusive breastfeeding for 6 months as recommended by World Health Organization.

The implication of the family involvement in supporting mothers to breastfeed for nursing practice is the more needs of mother and family to be facilitated in harmonizing the relationship within them. They need nurses to give them support and encouragement, especially about transferring knowledge and feeling about the importance of breastfeeding.

Conclusion

It is reasonable to assume that if the family give a strong support, the mother are more likely to successfully initiate and maintain breastfeeding. The mother will feel more confidence if they are supported by the family. This can be seen that mother's behavior often influenced by family, especially adolescent mothers who had less experience on breastfeed a baby. It has some positive impact which is finally contributed to exclusive breastfeeding practices. A recent research found that mother who got a support from her spouse would have a partner to share about a decision of infant feeding. Then the researcher also found that having a mother who breastfed and was supportive also facilitated sustainable breastfeeding for women in initiating exclusive breastfeeding for six months as recommended by World Health Organization.

The implication of the family involvement in supporting mothers to breastfeed for nursing practice is the more needs of mother and family to be facilitated in harmonizing the

relationship within them. They need nurses to give them support and encouragement, especially about transferring knowledge and feeling about the importance of breastfeeding.

References

Bai, Y. K., Middlestadt, S. E., Joanne Peng, C. Y., & Fly, A. D. (2009). Psychosocial factors underlying the mother's decision to continue exclusive breastfeeding for 6 months: An elicitation study. *Journal of Human Nutrition and Dietetics*, 22(2), 134–140.

Beck, C. T., & Watson, S. (2008). Impact of birth trauma on breast-feeding: A tale of two pathways. *Nursing Research*, 57(4), 228–236.

Burns, N & Grove, SK, (2006). *Understanding nursing research* (4th ed.). Missouri: Elsevier Inc.

Centers for Disease Control and Prevention. (2008). *Breastfeeding report card*. Atlanta. Retrieved from http://www.cdc.gov/breastfeeding/data/report_card2.htm.

Burns, E., Schmied, V., Sheehan, A., & Fenwick, J. (2009). A meta-ethnographic synthesis of women's experience of breastfeeding. *Maternal & Child Nutrition*. Available through: CINAHL with Full Text database.

Cernadas, J. M. C., Noceda, G., Barrera, L., Martinez, A. M., & Garsd, A. (2003). Maternal and perinatal factors influencing the duration of exclusive breastfeeding during the first 6 months of life. *Journal of human lactation*, 19(2), 136–144.

Chandrashekhar, T. S., Joshi, H. S., Binu, V. S., Shankar, P. R., Rana, M. S., & Ramachandran, U. (2007). Breastfeeding initiation and determinants of exclusive breastfeeding: A questionnaire survey in an urban population of western Nepal. *Public Health Nutrition*, 10(02), 192–197.

Chen, C. H., & Chi, C. S. (2000). Factors associated with maternal decision regarding

infant feeding. *Clin Neonatol*, 7, 24–29.

Chien, L. Y., Chu, K. H., Tai, C. J., & Lin, C. Y. (2005). National prevalence of breastfeeding in Taiwan. *Journal of Human Lactation*, 21(3), 338–344.

Duong, D. V., Lee, A. H., & Binns, C. W. (2005). Determinants of breastfeeding within the first 6 months postpartum in rural Vietnam. *Journal of Pediatrics and Child Health*, 41(7), 338–343.

Foo, L. L., Quek, S. J. S., Ng, S. A., Lim, M. T., & Deurenberg-Yap, M. (2005). Breastfeeding prevalence and practices among Singaporean Chinese, Malay and Indian mothers. *Health Promotion International*, 20(3), 229–237.

Graffy, J., & Taylor, J. (2005). What information, advice, and support do women want with breastfeeding?. *Birth*, 32(3), 179–186.

Grassley, J. S. (2010). Adolescent mothers' breastfeeding social support needs. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 39(6), 713–722.

Hale, R. (2007). Infant nutrition and the benefits of breastfeeding. *British Journal of Midwifery*, 15(6), 368–371.

Hernández, L., & Vásquez, M. L. (2010). Practices and beliefs about exclusive breastfeeding by women living in Commune 5 in Cali, Colombia. *Colombia Médica*, 41(2), 161–170.

Ku, C. M., & Chow, S. K. (2010). Factors influencing the practice of exclusive breastfeeding among Hongkong Chinese women: A questionnaire survey. *Journal of Clinical Nursing*, 19(17–18), 2434–2445.

Humphreys, A. S., Thompson, N. J., & Miner, K. R. (1998). Intention to breastfeed in low income pregnant women: The role of social support and previous experience. *Birth*, 25(3), 169–174.

Ingram, J., & Johnson, D. (2004). A feasibility study of an intervention to enhance family

support for breast feeding in a deprived area in Bristol, UK. *Midwifery*, 20(4), 367–379.

Ingram, J., Johnson, D., & Greenwood, R. (2002). Breastfeeding in Bristol: Teaching good positioning, and support from fathers and families. *Midwifery*, 18(2), 87–101.

Kramer, M. S., & Kakuma, R. (2012). Optimal duration of exclusive breastfeeding. *The Cochrane Library*.

Ku, C. M., & Chow, S. K. (2010). Factors influencing the practice of exclusive breastfeeding among Hongkong Chinese women: A questionnaire survey. *Journal of clinical nursing*, 19(17–18), 2434–2445.

Kelly, Y. J., & Watt, R. G. (2005). Breastfeeding initiation and exclusive duration at 6 months by social class results from the Millennium Cohort Study. *Public Health Nutrition*, 8(04), 417–421.

Leff, E. W., Gagne, M. P., & Jefferis, S. C. (1994). Maternal perceptions of successful breastfeeding. *Journal of Human Lactation*, 10(2), 99–104.

Protheroe, L., Bull, J., Mulrihill, C. (2003). The effectiveness of public health interventions to promote the initiation of breastfeeding: Evidence briefing. *Health Development Agency*. United Kingdom.

Reid, J., Schmied, V., & Beale, B. (2010). 'I only give advice if I am asked': Examining the grandmother's potential to influence infant feeding decisions and parenting practices of new mothers. *Women and Birth*, 23(2), 74–80.

Schmied, V., Beake, S., Sheehan, A., McCourt, C., & Dykes, F. (2011). Women's perceptions and experiences of breastfeeding support: A metasynthesis. *Birth*, 38(1), 49–60.

Scott, J. A., Binns, C. W., & Aroni, R. A. (1997). The influence of reported paternal attitudes on the decision to breastfeed. *Journal of Paediatrics and Child Health*, 33(4), 305–307.

Thomas, M., & Avery, V. (1997). Infant feeding in Asian families: Early feeding practices and growth. Stationery Office.

UNICEF. (2006). UNICEF in Georgia. Diakses dari http://www.unicef.org/georgia/Broshura_final2.pdf.

UNICEF. (2012). Innocenti Declaration: On the protection, promotion, and supporting of breastfeeding. Retrived from <http://www.unicef.org/programme/breastfeeding/innocenti.htm>.

Upshur, R. E. (2001). The status of qualitative research as evidence. *The Nature of Qualitative Evidence*, 5–26.

Venancio, S. I., & Monteiro, C. A. (2006). Individual and contextual determinants of exclusive breastfeeding in São Paulo, Brazil: A multilevel analysis. *Public Health Nutrition*, 9(01), 40–46.

Wang, X., Wang, Y., & Kang, C. (2005). Feeding practices in 105 counties of rural China. *Child Care, Health and Development*, 31(4), 417–423.

Webb, C., & Roe, B. (2008). Reviewing research evidence for nursing practice . Wiley Blackwell.

Wholey, J. S., Hatry, H. P., Newcomer, K. E. (2011). *Handbook of practical program evaluation*. Available through: MyiLibrary web <http://lib.myilibrary.com/SearchResults.aspx>.

World Health Organization. (2012). *Accelerating progress on child survival*. Retrieved from <http://www.who.int/en/>.

Zwedberg, S., & Naeslund, L. (2011). Different attitudes during breastfeeding consultations when infant formula was given: A phenomenographic approach. *International breastfeeding journal*, 6(1), 1.