

# Breastfeeding Experiences among Thai Adolescent Mothers: A Descriptive Qualitative Study

Sasitara Nuampa, Fongcum Tilokskulchai\*, Nittaya Sinsuksai, Crystal L. Patil, Wanna Phahuwatanakorn

**Abstract:** The benefits of breastfeeding for the health of mothers and their infants are well-recognized. In comparison to other age groups of mothers, however, adolescent mothers have lower rates of breastfeeding duration and exclusivity. To develop unique breastfeeding intervention, it is crucial to understand what adolescent mothers perceive about breastfeeding. This study explored Thai adolescent mothers' experiences related to breastfeeding for the first six months. A descriptive qualitative design was conducted using semi-structured, in-depth interviews. Twenty adolescent mothers were purposively recruited. Descriptive statistics and content analysis were used for data analysis.

The findings revealed that adolescent mothers explained their breastfeeding experiences through the following five themes: identifying positive aspects of breastfeeding; breastfeeding challenges; social support; returning to work/studies, and breastfeeding in public. These themes were found to be related to breastfeeding decisions, duration, and exclusivity. Breastfeeding experiences among Thai adolescent mothers showed complex factors involving multilevel influences of social systems. Therefore, promotion and support of successful breastfeeding should recognize the influences of personal factors of adolescent mothers and their environments simultaneously, particularly complexity of family problems. Nurse professionals should provide breastfeeding knowledge and skills during the antenatal period adding family involvement, especially infants' grandmothers. Moreover, understanding unique adolescents and their needs should be emphasized in breastfeeding promotion programs in order to reduce breastfeeding difficulties and increase breastfeeding sustainability. Planning to overcome breastfeeding barriers within schools, workplaces and the public should be supported and encouraged among adolescent mothers and their families.

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## Introduction

Children have the right to receive safe and nutritious food to ensure the highest attainable standard of health. Human breast milk is a superior food which contains many components interacting to achieve the function of nourishing and immunologically protecting infants and containing positive health outcomes for the mother.<sup>1-3</sup> Unfortunately, suboptimal breastfeeding practices remain a public health concern that result in 1.4 million deaths in children under five years-of-age.<sup>4</sup>

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In 2014, World Health Organization (WHO)<sup>5</sup> set a 2025 global target to increase at least 50% of babies to be exclusively breastfed up to six months of age. However, currently there are only 38% of exclusive breastfeeding for six months globally.<sup>6</sup> In Thailand, surveys conducted by the United Nations Children's Fund (UNICEF)<sup>7</sup> in 2016, found exclusive breastfeeding rates at six months to be 23.1% which was the lowest-ranking country in the Asia/Pacific region.

In comparison with other age groups of mothers, adolescent mothers have lower rates of initiation and exclusive breastfeeding at six months and shorter durations of breastfeeding.<sup>8-9</sup> This is similar to the pattern reported in the United States (US) that only 19% of adolescent mothers sustained breastfeeding to six months compared to 34% of mothers between 20–29 years, and 49% of mothers over 30 years.<sup>10</sup> In Thailand, there is no statistical reporting separately about the breastfeeding rate among adolescent mothers. However, it is expected that promoting breastfeeding among this population can have a potentially large impact on public health; because Thailand had the second highest rate of teenage pregnancy in Asia at 16.1% in 2012.<sup>11</sup>

Given their unique developmental situation, it cannot be expected that programs designed for adult women are equally successful for adolescents. Adolescent mothers may have difficulties with being a new parent as they encounter unanticipated stress, especially in unplanned pregnancy.<sup>12</sup> In addition, adolescence is marked by hormonal changes affecting both the mind and body including searching of self-identity, development of a self-image, and achievement of independence. Moreover, the cognitive-control system in adolescent brains is immature which limits an adolescent's abilities to plan, think ahead, control impulses, and self-regulate.<sup>13</sup> Infants born to adolescent mothers are at increased risk for complications and child abuse.<sup>14</sup>

Successful breastfeeding can provide mothers with a sense of accomplishment and happiness in the maternal role.<sup>15</sup> Unfortunately, facing numerous

challenges unique to their age, many adolescent mothers remain unaware of breastfeeding's value and have negative views on breastfeeding. Studies from the US, UK, Canada, Australian and Brazil provide insight into how adolescent mothers feel about breastfeeding. Many factors are associated with breastfeeding decisions, initiating, and maintaining breastfeeding among adolescent mothers including breastfeeding knowledge and skills,<sup>8, 16-17</sup> breastfeeding self-efficacy,<sup>18</sup> breastfeeding difficulties,<sup>17, 19-20</sup> social support,<sup>8, 21-22</sup> and returning to school or work.<sup>20</sup>

Most qualitative studies have been conducted in western countries which limit the generalizability to an eastern country like Thailand. In Thailand, little, if any, is known about Thai adolescent mothers' breastfeeding experiences in terms of how adolescent mothers generate decisions regarding infant feeding; continue breast-feeding; influencing factors; and breastfeeding support. In order to develop an effective and innovative intervention suitable for adolescent mothers, it is important to understand how they perceived of breastfeeding and learn from those experiences. Therefore, this study aimed to understand breastfeeding experiences among Thai adolescent mothers for the first six months.

## **Methods**

### **Study design**

A descriptive qualitative design was used in this study. This design is a naturalistic inquiry providing the opportunity to understand specific phenomenon from the participants' points of view and collect rich and deeply meaningful data that is important to apply in health practice.<sup>23</sup> This approach allowed the researcher to identify important themes and patterns regarding Thai adolescent mothers' perspectives on their infant feeding and breastfeeding experiences.

### **Study setting**

The adolescent mothers were recruited from one university hospital in Bangkok, Thailand. This

2,600-bed hospital serves approximately 1,000 adolescent mothers (age 15–19 years) each year with a diversity of socioeconomic status.

#### **Participants**

A list of mothers, who matched the inclusion criteria and gave birth in past six months, was developed by nurses in the postpartum unit. Then, the researcher sought participants who were willing to participate in this study without coercion according to the standard procedure set by the ethics committee. The sample consisted of adolescent mothers aged 15–19 years who were first-time mothers, having full-term infants aged six months, having breastfeeding experiences, and able to understand and speak Thai language. In addition, their infants did not have any contraindications for breastfeeding such as cleft lip, cleft palate, or severe tongue-tie. Twenty adolescent mothers were in-depth interviewed.

#### **Ethical considerations**

This study obtained ethical approval from the Ethics Committee for Research in Humans, Faculty of Medicine Siriraj Hospital, Mahidol University (EC3 070/2559). All potential participants received written and verbal explanations about the purposes of study, voluntary participation, anonymity and confidentiality issues, and the right to withdraw from the study at any time without consequences. In-depth interviews were conducted after written consent form was obtained from the participant, as well as a participant's parent if their age was less than 18 years.

#### **Data collection**

Data were collected with face-to-face semi-structured interviewed during April to May 2016. The participants were interviewed by appointment. The interview guide was used to elicit infant feeding experiences from Thai adolescent mothers. Each participant was asked permission to audio-record during each interview. There was a two-part research instrument developed by the researcher based on the literature reviews; the first part consisted of demographic background through the Personal Information Form.

It was used to extract maternal and infant information using 15 close-ended questions over 10–15 minutes. The second part was the interview guide consisting of opened and closed questions, including introductory questions, transition questions, key questions, and ending questions.<sup>24</sup> Fourteen questions focused on infant feeding experiences of adolescent mothers and their perspectives on breastfeeding decisions and practices using 45–60 minutes for interviews. For example, the key questions were “Could you tell me about your breastfeeding experiences?” “What difficulties did you experience in breastfeeding?” and the final question was “Do you have any suggestions that can help adolescent mothers breastfeed longer or exclusively?” In addition, probing questions could be asked as open-ended or specific within the context of each interview. Data collection was continued until saturation was achieved in analysis, that is when no new information emerged.<sup>23</sup>

#### **Data analysis**

For the demographic data, the analysis used descriptive statistics including frequency, mean, and percentage. The qualitative data were analyzed with content analysis.<sup>25</sup> Data collection and analysis were conducted concurrently in order to ensure that new concepts emerging across the interviews could be explored in details in the remaining interviews. Verbatim transcription of the recorded interviews was the primary step in preparing the data for analysis. In addition, field notes were taken immediately after the interviews to help the researcher be aware of important issues such as participants' facial expressions, gestures, and interviewer's reactions. The data were read line-by-line and coded, highlighting the exact words from the text appearing in order to apprehend key concepts. Small clusters of codes were aggregated into broader ideas and more meaningful categories. The sorting of various categories into themes was created by a tally sheet. Many of these items expressed similar ideas that could be formulated to themes.

### Trustworthiness

Trustworthiness of the study was accomplished utilizing Lincoln and Guba's concepts<sup>26</sup> of credibility, dependability, confirmability, and transferability. Credibility was done by member checked to confirm the researcher's interpretation. Dependability was applied using an audit trail to describe and record research processes and thick description of transcriptions and field notes to ensure accuracy of interpretation. Confirmability was conducted through audio-recordings, immediately recorded in the field notes after finishing the interviews, rigorously content analysis, and peer debriefing to ensure data accuracy. Transferability might be limited by the age of the first-time mothers;

however, the study could be replicated in a similar context or with similar participants.

## Findings

### Demographic characteristics of the participants

Maternal demographic characteristics are shown in Table 1. Adolescent mothers experienced breastfeeding in four different duration of breastfeeding: 1 month (20%, n=4), 2 months (25%, n=5), 3 months (10%, n=2), and longer than 4 months (45%, n=9). Six of adolescent mothers breastfed their infants exclusively for 1–2 weeks (30%), 8 of them breastfed exclusively for 1–3 months (40%), and 6 of them (30%) breastfed exclusively longer than 3 months.

**Table 1** Frequency and percentage of maternal demographic characteristics (n=20)

Personal Characteristics	Frequency	Percent
<b>Maternal age (years)</b>		
15–17	7	35.0
18–19	13	65.0
(Range = 15–19 years, Mean = 17.5, SD = 1.2)		
<b>Marital status</b>		
Married	16	80.0
Separated/ Divorced	4	20.0
<b>Educational level</b>		
Primary school	3	15.0
Secondary school	13	65.0
High school/Vocational certificate	4	20.0
<b>Occupation</b>		
Housewife	14	70.0
Student	2	10.0
Outside work	4	20.0
<b>Family income (1 US\$ approximately equivalents to 32 Baht)</b>		
< 10,000	6	30.0
10,000 – 20,000	12	60.0
20,001 – 30,000	2	10.0
(Range = 2,000–30,000 Baht, Mean = 13,100 Baht, SD = 7290.22)		
<b>Family characteristics</b>		
Nuclear family	2	10.0
Extended family	18	90.0
<b>Planned pregnancy</b>		
Yes	1	5.0
No	19	95.0

**Breastfeeding experiences in adolescent mothers**

From content analysis, five major themes emerged:

(i) identifying positive aspects of breastfeeding, (ii) breastfeeding challenges, (iii) social support, (iv) returning to work/studies, and (v) breastfeeding in public.

**Theme 1: Identifying positive aspects of breastfeeding**

Adolescent mothers in this study talked about feelings and perceptions of their breastfeeding practices. They described benefits of breastfeeding for their infants and themselves, including breastfeeding can increase healthy infants with stronger immune system, advantages of breastfeeding for mothers, breastfeeding enhances maternal perception, and cost-saving benefit.

***Breastfeeding can increase healthy infants with stronger immune system***

When the researcher asked the participants, “What made you decide to breastfeed your baby?”, they often responded by framing the benefits to the infant in biomedical terms. However, few of them could really describe the biological underpinning – they seemed to repeat information they heard but did not indicate a deep understanding. One mother aged 16 years describing learning about breastfeeding, saying:

*I heard about breastfeeding, I thought about breastfeeding benefits for my baby’s health. I know breastfeeding is good for immunity.* (Pt.6)

Another mother aged 18 years similarly expressed that it was difficult to explain why breastfeeding was better, but she understood the health message – breast is best:

*I do not know the details. All I know is that breastfeeding is the best...* (Pt.20)

***Advantages of breastfeeding for mothers***

Most of the adolescent mothers said that breastfeeding benefits their emotions through practical experiences leading to continue breastfeeding. They mentioned that breastfeeding enhanced affectionate bonding and attachment. For example, one mother

aged 15 years described her positive emotions of love and attachment from breastfeeding with a sense of pride as she said:

*I am a food source for my baby and can create a healthy infant. I heard someone tell me breastfeeding is love bonding, and that’s right [crying]. We know that we love each other.* (Pt.5)

A few of the participants focused on breastfeeding happiness occurring among long-term breastfeeding mothers. One mother aged 17 years who had breastfed exclusively for five months stated:

*I am happy to share a closeness with my baby. Actually, I’m delighted, even though breastfeeding is exhausting...this tiredness is happiness.* (Pt.8)

***Breastfeeding enhances maternal perception***

Adolescent mothers seemed to use benefits of breastfeeding as a way to affirm motherhood. Many responded that breastfeeding enhances maternal perception through increasing maturity and responsibility. One mother, aged 19 years, who was a student and had breastfed for three months said:

*It [breastfeeding] makes me a more mature mother. I care for my baby...I feel breastfeeding is my responsibility in motherhood.* (Pt.15)

Another mother aged 16 years had to stop breastfeeding for one month because she had a breast abscess. For her, breastfeeding was the only chance to perform a maternal responsibility by offering her baby the best, she said:

*I think about my baby...I’ve only got one kid, so I want him to get the best thing from me and that’s my breast milk because I’ll never get to do this for him again. I think this moment is very important in my life because I just can’t freeze this moment in time or go back to it.* (Pt.11)

### **Cost-saving benefit**

Some participants recognized the cost-saving benefit of breastfeeding as alleviating financial dilemmas in families since pregnancy and financial influenced decision and continuation of breastfeeding. These mothers were able to continue EBF for 4–5 months with acceptance of the right choice. For example, a participant aged 18 years who had EBF for more than three months said breastfeeding helped her husband save on expenses while living with financial uncertainty.

*I just knew that it [breastfeeding] would really save on costs; it didn't increase my family expenses...I have to save money because my husband is the only one who has a job. (Pt.17)*

### **Theme 2: Breastfeeding challenges**

Participants often described their perceptions of breastfeeding difficulties that were sometimes barriers to breastfeeding duration and exclusivity. This theme consisted of breastfeeding is hard around the body, lack of freedom, painful experience, and breast milk is good for babies, but not good for me.

#### **Breastfeeding is hard around the body**

The participants often explained breastfeeding experiences in terms of difficulty with eating, sleeping, and fatigue. The majority of mothers focused on changes in maternal eating behavior during breastfeeding, including avoiding favorite foods, starting to eat unfavorable foods and avoiding unsafe foods. However, only one showed this issue to affect by early weaning from breastfeeding.

A participant aged 18 years decided to stop breastfeeding at one month. She perceived that maternal eating will be transferred to infant nutrition completely through breast milk– it seems worse than formula milk:

*I do not eat vegetables. I like to eat snacks, soft drinks, or unfavorable foods. So, I think I should feed formula milk, it might be better than my breast milk. (Pt.16)*

In addition, the mothers often commented on the relationship between maternal foods and infant nutrition– “whatever I’ve eaten will be transferred to my baby” (Pt.16). Some mentioned that various types of foods increased breast milk supply.

The majority of adolescent mothers complained about insufficient sleep at night, while most of them breastfed with sitting position at night which was the key influence on short-term EBF. For example, one mother aged 17 years decided to add formula milk early at the first week combined breastfeeding during the daytime until five months, she explained:

*I had to sit for breastfeeding and sleep in a sitting position. I was not skilled in the side-lying position. I told my husband to help buy formula milk because I could not do this anymore. (Pt.7)*

#### **Lack of freedom**

Some expressed that breastfeeding required them to stay with the infants all the time because they required breastfeeding on demand or at unpredictable times. So, they had to decide between their needs and their infant’s health. For example, a mother aged 18 years expressed negative feelings like they were isolated in a door-closed cage during the first three months:

*I cannot go anywhere. I have to close the door like a cage. Breastfeeding requires me to stay home only. I have to be concerned when my baby is hungry when I would rather go out. (Pt.14)*

#### **Painful experience**

Nearly all of the participants complained about sore and cracked nipples. Most of them faced with pain after discharge. Adolescent mothers who decided to continue breastfeeding explained their tolerance of these problems. For example, one mother aged 19 years who had breastfed her infant for three months talked about her decision to face nipple pain at the first week postpartum. The tolerance seemed to represent



the responsibility of motherhood to respond infant's demand:

*It [breastfeeding] is so difficult because it's painful. I have to breastfeed my baby because he will be hungry. (Pt.15)*

***Breast milk is good for babies, but not good for me***

Most of mothers in this study faced difficulties and discomforts with over milk production which they could not manage resulted in breast engorgement and breast milk leakage. For example, one 18 year old mentioned discomfort in her daily activities due to a lot of breast milk during the first two months that she breastfed baby. She seemed to face the difficulty of balancing between the positive and negative aspects of trying to breastfeed as a new mother, but she expressed that breast milk is good for babies, but not for her:

*I wondered why breastfeeding had to be so difficult with breast milk leakage all day. It was dirty, wet, smelly, and uncomfortable. I thought I shouldn't have breast milk; that's what I thought at the time. Breast milk is good for babies, but not good for me. (Pt.20)*

**Theme 3: Social support**

Social support in breastfeeding noticeably influenced breastfeeding decisions and outcomes. The participants mentioned two sources of social networks for breastfeeding, family support and health professional support.

***Family support for breastfeeding***

Breastfeeding practice was often influenced by women in families who had childbirth experiences. Seven mothers received breastfeeding support from their own mothers, while five received breastfeeding support from female relatives.

Most of the positive information came from the women in family who emphasized that breastfeeding benefits for infant's health. Five adolescent mothers said that positive breastfeeding information affected

their intention and decision to continue breastfeeding. For example, one mother aged 18 years lived within a nuclear family, but received information support from her mother via telephone:

*I would like to breastfeed because my family told me that breastfeeding is better. My mom prohibited me from adding formula milk because some infants may have an allergy to cow's milk. So, I've continued breastfeeding until now. (Pt.18)*

In regard to negative aspect, most adolescent mothers explained that information from family members might affect the duration of EBF. Family members typically suggested them to add water and supplementary foods early in addition to adding formula milk. Eight of the adolescent mothers obtained the same suggestions from their older family members that water could help reduce or prevent jaundice symptoms of their infants.

***Health professional support for breastfeeding***

Adolescent mothers who faced breastfeeding problems and had a short duration of breastfeeding expressed that they lack support for breastfeeding from nurses. On the other hand, adolescent mothers who could provide long-term breastfeeding perceived positive breastfeeding support.

The mothers needed breastfeeding preparation for main skills and important information during late pregnancy. Correct positioning and good latching on were key breastfeeding skills. In addition, easy information and easy access via internet function were needed. For example, one mother aged 19 years said that she accepted this as an innocent mother during early postpartum period, she could not do anything:

*Actually, I had wanted to get breastfeeding information since pregnancy. After childbirth, I couldn't do anything... I felt that they [nurses] weren't helping me. I had to do and learn by myself. (Pt.2)*

Another mother aged 18 years requested continuous support at home with easy access to information and technology for communication to avoid uncomfortable situations. In her words:

*I need some information, helping me with easy understanding, like a webpage. It is easier and more convenient. I don't like to talk to anyone via cell-phone. I think that typing is easier than talking directly, it will make me nervous. (Pt.1)*

Moreover, all of adolescent mothers required friendly, caring nurses whom they could trust to provide breastfeeding support. They also needed intensive understanding and private counseling that facilitated emotional draining for entire problems. For instance, one mother aged 19 years offered special counseling for adolescent mothers who lacked social support, as she said:

*I think it's good to have counseling on breastfeeding. Some adolescent mothers get breastfeeding problems, but nobody can help them. Because some of them cannot consult family members, they may have conflicts. (Pt.10)*

Most participants needed confirmation and feedback on their breastfeeding skills to enhance their confidence. For example, a mother aged 15 years who had been able to breastfeed exclusively for two weeks explained about the lack of feedback from nurses to assure her confidence:

*She said I have to do it like this. I put the nipple into baby's mouth, the nurse suddenly walked away. I needed someone to give feedback to me. I still lacked self-confidence about that. (Pt.9)*

#### **Theme 4: Returning to work/studies**

Most mothers had to balance breastfeeding with work or study simultaneously. Four young mothers had to work during the first six months, while another two had decided earlier to continue studying in regular programs. Nearly all of them had short-term breastfeeding

and exclusivity with difficult experiences in balancing work/study together. This theme consisted of reasoning behind decisions and lack of breastfeeding support from workplace/school.

#### **Reasoning behind decisions**

Several reasons for seeking work or returning to school consisted of family pressure, need for independence from family, and need to prove herself to family. For example, a mother aged 17 years described how work was important for her. Work could make some money for lots of things, not just formula milk. She could prove her maturity as a mother, helping her family, and promoting her independence as she said:

*I had to think about finding work and earning some money, because I didn't want to depend on anyone. I had to earn money for diapers. In addition, I didn't want my baby to be a burden on my family, because I'm his mother (Pt.19)*

#### **Lack of breastfeeding support from workplace/school**

The working mothers explained their difficult situations in pumping breast milk in the workplace, which led to discomfort with breast engorgement pain, rapid reduction of milk supply, and early weaning from breastfeeding. Lack of workplace support on breastfeeding typically consisted of no private place for pumping milk, no equipment to stock milk, and busy working schedules. For example, a mother aged 18 years, shared her experiences on working in a restaurant:

*Most adolescent mothers have low educational status, right! Some of them work at shopping malls, or restaurants that may not provide time to pump...working at a restaurant makes that impossible. (Pt.20)*

One mother aged 19 years who returned to study at the second week postpartum, breastfed exclusively for 2 months and continued breastfeeding



for 3 months. She explained the difficulty balancing study and ongoing breastfeeding, as follows:

*I suffered breast engorgement; it was particularly painful while I was studying. I had to express my breast milk in the restroom and throw it away. I could not stock anywhere because I was a student. (Pt.15)*

#### **Theme 5: Breastfeeding in public**

Breastfeeding in public involves the moral decision to balance motherhood and social norms. Breastfeeding in public is associated with the duration of EBF. The participants in this study can be divided into two groups, as follows:

Nine perceived breastfeeding in public as a social norm and refused to be embarrassed, resulting in their EBF for 3–5 months. For example, a mother aged 17 years who gave EBF for five months talked about her experience when breastfed in public. She perceived the relationship between social norms and motherhood – breastfeeding is a natural part of motherhood as she described:

*I can go out. I can breastfeed my baby by using a cloth cover. I think everybody will understand me as a mother. Breastfeeding is natural for motherhood. There's no way would think about embarrassment while my baby is starving. (Pt.8)*

On the other hand, 11 mothers perceived breastfeeding in public as not being a social norm and embarrassing, resulting in EBF less than or equal to one month. For example, a participant aged 18 years who had provided EBF for one month perceived breastfeeding in public as not being a social norm. She might have had someone look down on her or blame her for inappropriate behavior, as she said:

*I think breastfeeding is inconvenient. I feel shy. I think breastfeeding in public would make me stand out too much. Normally, I see other mothers bottle-feed in public. (Pt.13)*

## **Discussion**

In this study, nearly all of the adolescent mothers had unintended pregnancies. Most of them decided to drop out of school and had uncertain plans and living with dependency status. These difficult situations could help explain the challenges in their breastfeeding experiences. They disclosed several factors influencing their breastfeeding decisions and continuation of this that consisted of personal and environmental aspects. Moreover, the results of present study presented outstanding adolescent mothers' needs for balancing breastfeeding accompany with their developmental stage and multiple roles such as being a new mother, daughter, wife, student/worker and teenage lifespan. In our findings, breastfeeding support from grandmothers and health professionals were a mediator and a vigorous factor influencing the participants' breastfeeding decisions and practices. Returning to study/work was little mentioned during the first six months post-childbirth.

In Western countries, several studies revealed that adolescent breastfeeding mothers explained most barriers by way of an intrapersonal aspects such as breast-related problems (nipple pain, breast engorgement, milk leakage),<sup>8,17</sup> lack of breastfeeding knowledge and skills,<sup>21,27</sup> independence,<sup>8,21</sup> and embarrassment.<sup>8,16,21</sup> In contrast, some studies presented promoting factors such as breastfeeding benefits for infants<sup>17,21</sup> and a sense of comfort.<sup>21</sup> In addition, the role of social support was and outstanding influence for breastfeeding practices; however, adolescent mothers often encountered deficient supports.<sup>8,16,19,21</sup>

This current study found that adolescent mothers emphasized emotional advantages encouraging them to sustain breastfeeding duration which contrasted from previous studies.<sup>17,21</sup> Long-term breastfeeding mothers expressed their “happiness with breastfeeding” taking place with closeness and positively infant responsiveness. Previous evidence demonstrated that the psychological benefits of breastfeeding can explained through the function of breastfeeding hormones including prolactin creating a calmness in

mothers, and oxytocin involving sensitive maternal behaviors that affected breastfeeding duration and infants' outcomes.<sup>28</sup> Breastfeeding can also create a bond that formed an important part of maternal identity and boosted self-esteem;<sup>16</sup> which might be essential for unintended adolescent mothers. Antenatal classes should encourage adolescent mothers about the comprehensive benefits of breastfeeding for both mothers and infants to promote their breastfeeding decisions and durations, especially emphasized psychological benefits of breastfeeding on motherhood.

As reported by several studies, breastfeeding failure stems common problems of poor knowledge and skills such as nipple pain,<sup>17, 27</sup> exhaustion from frequency of feeds,<sup>21</sup> and independence.<sup>8</sup> The results of current study found some similar breastfeeding troubles consisting of pain with nipple damage and lack of freedom. However, some breastfeeding problems were remarkable in this study as a key barrier in daily activities obstacle balancing between adolescents' needs and breastfeeding, such as concerning maternal eating, sleep pattern, and problems with oversupply of breast milk leading to breast engorgement pain, leakage, or limiting their outing activities. Especially, some adolescent mothers said "suffering" for them was encountering painful breasts and milk leakage that gave a reason for weaning from breastfeeding. This weaning reason was different from some studies which reported inadequate milk supply, as the main reason for discontinued breastfeeding.<sup>8, 20</sup> Unfortunately, there were incorrect solutions of this problem caused by real insufficient milk supply. Adolescent mothers need to obtain knowledge and skills about how to solve breast engorgement. Effective management of breast milk stock and pumping may be needed to enhance maternal comfort.

Regarding eating behaviors of breastfeeding mothers in Thailand, cultural factors played a fundamental role in the identification, value, and use of food. However, limited existing evidence in adolescent mothers was mentioned in this issue. The evidence

reported the stage of adolescence associated with this issue as being because adolescent eating behaviors involved restricting certain foods, more frequency to eat snacks, missed meals, and dieting, especially among females.<sup>29</sup> However, many traditional foods were not confirmed by scientific evidence; maternal foods should be flexible and rational in order to reduce breastfeeding difficulties, particular adolescent mothers.

In addition, the results of this study showed the participants felt exhaustion with sleep deficit at night that brought about early weaning from breastfeeding. Similarly, the study of Nesbitt et al.<sup>21</sup> revealed that most young mothers felt tired and exhausted while holding the primary responsibility of waking up at night to breastfeed like a 24-hour food bank. As stated by the physical development of adolescents, teens frequently sleep longer because they needed more sleep according to the physiology of adolescent growth.<sup>29</sup> This problem would be solved by practicing breastfeeding skills and creating a breastfeeding log.

The previous evidence displayed that social support was an essential component in successful breastfeeding among adolescent mothers.<sup>17, 19, 30</sup> According to the results of this recent study, breastfeeding support from grandmothers and nurses was outstanding on breastfeeding outcomes. Interestingly, social support could increase positive perceptions of breastfeeding and decrease breastfeeding difficulties; in addition, it could be a cause of returning to study/work and encourage breastfeeding in public.

The adolescent mother encounters the challenges of hormonal changes, unanticipated stresses, and social stigma.<sup>31</sup> The theory of social support is a multifaceted concept that might reduce the adverse psychosocial impact of exposure to difficult life events.<sup>32</sup> Similar to this study, a previous study demonstrated that the most of adolescent mothers were more likely to drop out of high school, which limited their vocational opportunities and incomes.<sup>27</sup> It was not surprising

that they depended on their family members, especially infants' grandmothers. Such dependency might increase the salience of the opinions and expectations of their extended family.<sup>27</sup> This study's result was similar to prior study which found that the infants' grandmothers were the sources of traditional infant-feeding practices barrier exclusive breastfeeding duration.<sup>20</sup> On the other hand, grandmothers have been found to be positively inclined towards breastfeeding, resulting in effects of between 1.6 to 12.4 times more likely to exclusively breastfeed, or refrain from introducing solid foods.<sup>33</sup> Breastfeeding intervention that seek to influence EBF should include key family members, particular grandmothers, in their programs to attain maximum impact.

In health professional support for breastfeeding, nurses were significant health care providers with breastfeeding support. Accordingly, several studies emphasize the importance of breastfeeding support from nurses and describe the positive effects in face of barriers and negative effects to wean.<sup>30,34</sup> Adolescent mothers required four types of breastfeeding supports including informational, practical, emotional, and appraisal supports.<sup>30</sup> However, the results of this study disclosed adolescent mothers needed breastfeeding support corresponding with adolescent development and new motherhood.

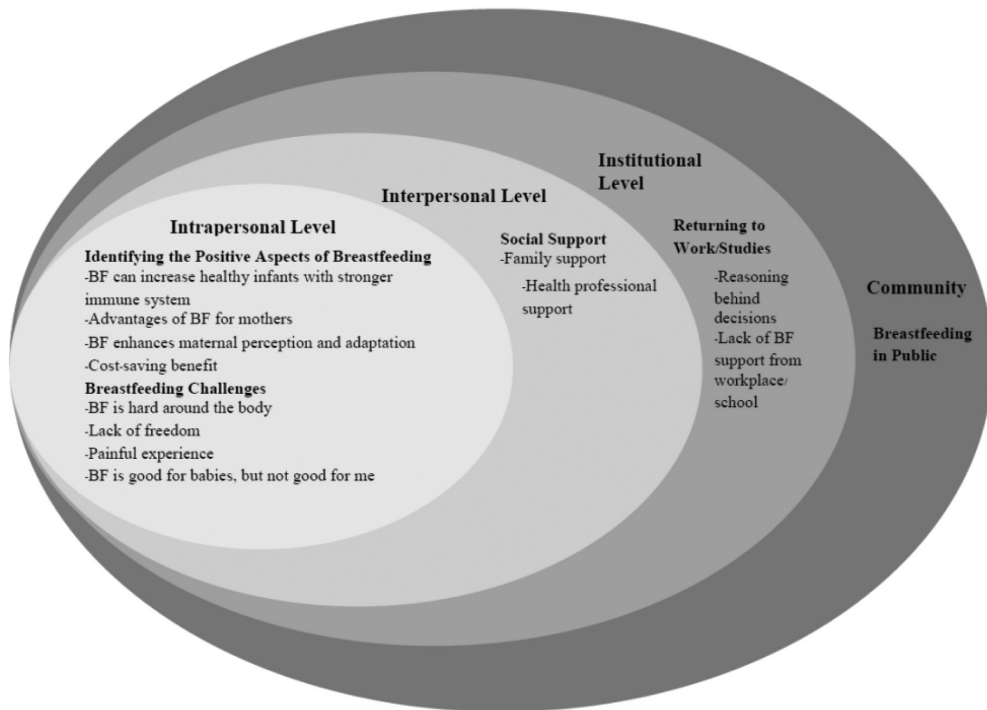
Several studies supported the importance of emotional support in adolescent mothers in that non-judgmental and empathic support was essential to facilitating breastfeeding success.<sup>30</sup> Nurses need to know the context of the breastfeeding mother's life and support in accordance with that context.<sup>35</sup> Adolescent mothers in this study often required nurses to support them both families' conflict and private problems along with breastfeeding. The gap between adolescent mother and family should be sealed for optimizing breastfeeding outcome through establishment of breastfeeding goal together, particular with grandmothers of the infants.

Regarding social environment, breastfeeding in public was mentioned frequently as a cause of

breastfeeding difficulties among adolescent mothers. Obvious evidence showed that sexuality symbol of the breasts and the complex issue of body image often hinders breastfeeding in public among younger mothers.<sup>8, 16, 21</sup>

On the other hand, nearly half of adolescent mothers in this study who could breastfeed exclusively with long-term duration accepted breastfeeding in public as normal, maternal responsibility, and reflecting a good motherhood. This result was consistent with the study of Hunter and Magill-Cuerden<sup>16</sup> which found that successful breastfeeding mothers learned to see body contact as a nurturing, rather than a purely sexual activity. To encourage long-term breastfeeding, adolescent mothers should be provided with strategies for breastfeeding in public without risking exposure and encouraging self-pride in motherhood. Intensive advice about how to use breast milk stock in temporary situation should also be taught to adolescent mothers to make more choices to facilitate breastfeeding duration.

The results of this study disclosed adolescent mothers' voices on their breastfeeding experiences within multi-component levels in Thai context. The Ecological Model for Health Promotion proposes that behavior is determined by influences at multiple levels: intrapersonal, interpersonal, and institutional factors, along with community and public policy interacting across these different levels.<sup>36</sup> This model provides a comprehensive approach to understanding determinants influencing adolescents' decisions to initiate or continue breastfeeding. The entire ideas of breastfeeding experiences could document into four levels, as shown in the Figure 1. However, adolescent mothers in this study did not mention public policy which might be far from their familiarities. There was little, if any, known in previous study that allowed to identify factors for breastfeeding support through the lens of ecological model. The study of Bueno-Gutierrez and Chantry<sup>37</sup> reported the experiences of mothers and their families that main healthcare service included breastfeeding obstacles such as erroneous information, lack of training, and giving free formula at hospitals. Outstandingly, the



Note: BF=Breastfeeding

**Figure 1:** Adolescent Mothers' Breastfeeding Experiences

results of this study illustrated breastfeeding experiences among adolescent mothers through emphasizing the role of social support as a mediator factor and also direct effect on breastfeeding practices. The conclusion of present study was corresponding to several breastfeeding interventions for adolescent mothers which have been conducted including professional counseling, plus grandmother support intervention, to prevent early introduction of water,<sup>38</sup> other foods,<sup>39</sup> and promote breastfeeding.<sup>40</sup> The intervention results could delay giving water by 23 days,<sup>38</sup> postpone the introduction of non-breast milk by 58 days;<sup>39</sup> but not statistically different in breastfeeding duration before 12 months.<sup>40</sup> Adolescent breastfeeding mothers might need more specific information and help to balance adolescent development and breastfeeding accompanies with normal daily activities in order to reduce breastfeeding

difficulties. At the same time, information about breastfeeding advantages might encourage the maternal role through the aspects of emotional benefit. Programs should concern the complexity in their families with the dependent status of adolescent mothers; infant-feeding agreement and appropriate support from their families, especially grandmother of the infants; and to prevent conflict in their families. Moreover, breastfeeding management and encouragement when adolescent mothers desired to balance breastfeeding and social activities should be addressed in any program.

#### Limitations for the study

In this study, the participants were first-time Thai adolescent mothers living in Bangkok Metropolitan, aged between 15–19 years. The findings will inform understanding experiences of adolescent breastfeeding mothers only in similar situations and characteristics.

## Conclusion

Breastfeeding experiences among Thai adolescent mothers showed the complexity involving multilevel influences of social systems. Promotion and support of successful breastfeeding should recognize the influences of personal factors of adolescent mothers and their environments simultaneously, particular concerning complexity of family problems and balancing adolescent development and breastfeeding.

### Implications for Nursing Practice

The major findings suggested implications for practices in several ways in order to achieve optimal breastfeeding. Adolescent mothers should receive effective breastfeeding preparation since the antenatal period. Educational class should add comprehensive benefits for breastfeeding, particular maternal emotional benefits. Family members, especially grandmothers of the infants, should be persuaded to participate in programs to train suitable supports, update infant-feeding recommendation, and plan for breastfeeding with adjustments in daily activities. Moreover, the skills for positive negotiations with family should be added into strategies to help adolescent mothers express their demands and reducing family conflicts.

After childbirth, breastfeeding skills consisting of correct positions and good latching on are important skills with emphasis on side-lying position. Furthermore, breastfeeding management with milk oversupply, correct breast pumping, and compression are necessary to allow adolescents temporary separation from infants. Before discharge, breastfeeding in public should be examined through conducting scenarios. The common method of using a cloth cover may not be sufficient among adolescent mothers. Several choices should be provided for them such as using alternative method for breast milk feeding temporarily to compromise choices.

Nurses are the key healthcare providers involved in breastfeeding promotion. The policy of nursing ought to encourage and facilitate nursing professionals to be leaders in this area. Breastfeeding training centers

should be established to train novice nurses and update them on new trends in breastfeeding policy, knowledge, and skills for nursing professionals. In addition, adolescent-family based care will be strengthened and unique for adolescent mothers who have complex dilemmas concerning both breastfeeding and maternal transition. Moreover, effective homecare teams and follow-up technology should be made available for some cases requiring help and consultation.

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# ประสบการณ์การเลี้ยงลูกด้วยนมแม่ในมารดาวัยรุ่นไทย: การศึกษาเชิงคุณภาพแบบบรรยาย

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**บทคัดย่อ:** เป็นที่ทราบกันดีว่าการเลี้ยงลูกด้วยนมแม่นั้นมีประโยชน์ทั้งต่อมารดาและทารก อย่างไรก็ตามพบว่ามารดาวัยรุ่นเป็นกลุ่มที่มีระยะเวลาการเลี้ยงลูกด้วยนมแม่ที่สั้นและอัตราการเลี้ยงลูกด้วยนมแม่อย่างเต็มที่ต่ำเมื่อเทียบกับมารดาวัยอื่น การพัฒนาโปรแกรมสนับสนุนการเลี้ยงลูกด้วยนมแม่ที่เหมาะสมสำหรับมารดาวัยรุ่น มีความจำเป็นอย่างยิ่งที่จะต้องเข้าใจประสบการณ์ และการรับรู้การเลี้ยงลูกด้วยนมแม่ในมารดาในกลุ่มนี้ การศึกษานี้มีวัตถุประสงค์เพื่อศึกษาประสบการณ์การเลี้ยงลูกด้วยนมแม่ในมารดาวัยรุ่นระยะ 6 เดือนแรกหลังคลอด ใช้ระเบียบวิธีวิจัยเชิงคุณภาพแบบบรรยาย ทำการสัมภาษณ์เชิงลึกมารดาวัยรุ่นที่มีประสบการณ์การเลี้ยงลูกด้วยนมแม่ จำนวน 20 ราย วิเคราะห์ข้อมูลโดยใช้สถิติเชิงบรรยาย และการวิเคราะห์เนื้อหา

ผลการศึกษาพบว่า มารดาวัยรุ่นอธิบายประสบการณ์การเลี้ยงลูกด้วยนมแม่ใน 6 เดือนแรกผ่าน 5 ประเด็นหลัก ได้แก่ การระบุงการเลี้ยงลูกด้วยนมแม่ในด้านบวก ความท้าทายของการเลี้ยงลูกด้วยนมแม่ การสนับสนุนทางสังคม การกลับไปทำงานหรือเรียน และการเลี้ยงลูกด้วยนมแม่ในสถานที่สาธารณะ ประสบการณ์ทั้งหมดนี้มีผลต่อการตัดสินใจเลี้ยงลูกด้วยนมแม่ ความต่อเนื่องในการเลี้ยงลูกด้วยนมแม่ และการเลี้ยงลูกด้วยนมแม่อย่างเต็มที่ ความเข้าใจประสบการณ์การเลี้ยงลูกด้วยนมแม่ในมารดาวัยรุ่นไทย จะพบความซับซ้อนของปัจจัยที่เกี่ยวข้องในหลายระดับของระบบสังคม ดังนั้นการส่งเสริม สนับสนุน ความสำเร็จในการเลี้ยงลูกด้วยนมแม่ในมารดาในกลุ่มนี้ควรต้องคำนึงถึงการส่งเสริมความร่วมมือทั้งมารดา และระบบสิ่งแวดล้อมทางสังคมที่เกี่ยวข้องไปพร้อมกันโดยเฉพาะอย่างยิ่งปัญหาความซับซ้อนในครอบครัว ของมารดาวัยรุ่น พยาบาลควรให้ความรู้และพัฒนาทักษะแก่มารดาวัยรุ่นตั้งแต่ระยะตั้งครรภ์โดยการมีส่วนร่วมของครอบครัวโดยเฉพาะยายของทารก นอกจากนี้ควรให้ความสำคัญกับคุณลักษณะเฉพาะ และความต้องการของวัยรุ่นในโปรแกรมการส่งเสริมการเลี้ยงลูกด้วยนมแม่ เพื่อลดอุปสรรคของการเลี้ยงลูก ด้วยนมแม่และเพิ่มความต่อเนื่องของการเลี้ยงลูกด้วยนมแม่ในมารดาวัยรุ่น นอกจากนี้ควรมีการวางแผน การแก้ไขปัญหา การให้ความช่วยเหลือ และให้กำลังใจทั้งมารดาวัยรุ่นและครอบครัว ในการเลี้ยงลูกด้วย นมแม่ในสถานศึกษา/สถานประกอบการ และในที่สาธารณะ

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