Family Support for Breastfeeding in Teenage Postpartum Mothers

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Abstract

Breastfeeding is considered to be the best feeding method for babies, substantially enhancing growth and development, especially for the development of the brain. However, in Thailand breastfeeding rates of babies in their first six months of life are low, at around 23%, when compared to World Health Organization (WHO) recommendations, and the Thai Ministry of Health has set a goal of 50% of babies being breastfeed for the first six months. Teenage mothers are at risk because of the potential for problems with breastfeeding. Currently in Thailand, the pregnancy rate in adolescents under 20 years old is noticeably high when compared to the birth rate in mothers of other age groups. Also, the maternal breastfeeding rate is lower in teenage mothers than that of older mothers. Teenage postpartum mothers face many physical, emotional, social and intellectual changes and adaptations, they also tend to feel anxiety and a lack of self-confidence, experience fatigue, decreased rest and sleep periods, decreased dietary intake and lack private time or even breast compression time. This can lead to these mothers feeding their baby with formula milk rather than breastfeeding.

To help teenage postpartum mothers succeed in breastfeeding, family support is regarded as important when following the Israel concept which emphasises the four aspects of emotional support, appraisal support, informational support and resource support. This helps teenage postpartum mothers gain self- worthiness, with a good attitude towards breastfeeding and an intention to breastfeed successfully.

Keywords: Family Support, Breastfeeding, Teenage Postpartum Mothers

Introduction

Breastfeeding is the best feeding method for babies because it enhances growth and development, according to the World Health Organization (WHO). The WHO and the United Nations Children's Fund (UNICEF) certify the benefits of breastfeeding. Mothers throughout the world are suggested to breastfeed for at least 6 months because this is a good time for babies to develop a healthy body. After this, the babies should be fed with a diet supplement suitable for their age along with breastfeeding until they are 2 years old or more (World Health Organization, 2011). This is due to breast milk containing 100 enzymes and antibodies which help maintain health and stimulate the baby's immune system to build up their own immunity. Breast milk is also rich in the nutrients suitable for baby's needs. It helps prevent babies from infections of the digestive and respiratory systems to prevent illness. It can also prevent allergies. Breast milk is also important for brain development. Studies have shown that the babies who are breastfeeding properly and for long enough will gain a better Intelligence Quotient (IQ) by 3 to 10 points than babies who are fed with mixed milk. Similarly, breastfed babies gain a 2 to 11 point IQ advantage over non-breastfed babies (Quality of Life, 2015). In addition to benefits for the baby's body, breastfeeding is also associated with a baby's emotional development. It helps to create a loving bond with mothers. Breastfeeding is not only beneficial for the health of the babies; it is also beneficial to mothers. While breastfeeding, the mother's body secretes oxytocin, resulting in stronger uterus contractions and a reduction in the incidence of postpartum hemorrhage. It also helps release amniotic fluid so that the mother's body and shape restore to pre-pregnancy conditions. The fat accumulated in the body during pregnancy is also used in the production of breast milk. Also, motherhood behavior is increased so mothers can play their roles more completely and will feel love for their children.

Stress is also reduced during breastfeeding, so mothers can appropriately cope with the changes that occur during breastfeeding (Panichakul, 2017, p. 31). It also helps reduce the risk of various diseases and prevents cancers such as ovarian, breast and endometrial cancer and Non-Communicable Diseases (NCDs) such as Type 2 diabetes mellitus, coronary artery disease and hypertension. It also reduces osteoporosis (Stuebe and Schwarz, 2010, p. 157). In addition, breastfeeding is convenient and a good way to save money.

Breastfeeding is a health promotion with a once only investment but results in health benefits to mother, child, family and the nation's sustainability. The rate of breastfeeding is relatively low although breastfeeding for six months is important and beneficial to mothers and babies. Therefore, Thailand has a policy of promoting breastfeeding by adopting 10 successful policy principles for breastfeeding as a national policy. It advises that newborn to six-month old babies must be only breastfed with no other food source and 30 percent water, followed by breastfeeding combined with a diet suitable for their age until they are two years old or older. According to a Reproductive Health Survey by the National Statistical Office in 2009, it was found that the rate of breastfeeding only during the first 6 months was only 15.1% in Thailand which was the lowest rate after Vietnam and Myanmar in Asian countries, while the global average was 36.8%. The country with the highest breastfeeding rate in the first six months was Cambodia at 73.52% (International Health Policy Program, 2014). However, the current rate of breastfeeding is increasing. According to the MICS 5th by UNICEF, 2015-2016, 23% of mothers were able to breastfeed for up to six months. Also, 33% were able to breastfeed for up to one year while 16% were able to breastfeed for two years (Sopontammarak, 2017). In addition, The National Child and Youth Development Plan (2012-2016) and the statistics of Department of Health, Ministry of Public Health targeted that 50% of infants must be breastfed until they are six months old. However, 71% of babies were breastfed only for three months while only 38% received breast milk alone for a period of six months. This data suggested that breastfeeding promotion still did not succeed as well as was desired.

In order to allow breastfeeding rates to improve and become effective for both mothers and babies, continuing promotion by nurses, physicians and public health personnel is needed, especially for mothers who are more likely to experience problems and difficulties in breastfeeding, including lower-educated mothers, mothers in low income families and teenage mothers. In Thailand, there is a high tendency for women to become mothers in their teens and the teenage pregnancy rate is high when compared to the birth rate in mothers of other age groups. This is similar to other countries, especially in the United States. In 2010, the birth rate for teenage mothers was 17.3 per 1,000 adolescent females aged 15-17 years. In addition, in adolescent females aged 15-19 years, the birth rate was 34.3 per 1,000 adolescent females. The average birth rate in adolescents aged 15-19 years was around 65 per 1,000 adolescent females. The highest rates were in South Africa, some countries in South Asia and Latin America, followed by the Middle East, North Africa, the United States and Eastern Europe. The lowest birth rate among adolescent girls was in Scandinavia, Switzerland, Japan, Korea and China (Beth Azar, 2012, p. 1838). Thailand has a population of 65 million people, with 23 million teenage girls. The teenage pregnancy in Thailand is higher than the criteria set in 71 provinces. According to the World Health Organization (WHO) criteria, the teenage pregnancy should not be higher than 10 percent. In 2009, Thailand's teenage pregnancy was the second highest in the world and number one in Asia. In addition, the breastfeeding rate was also lower than that of older mothers. At the time of breastfeeding, teenage mothers are anxious and lack self-confidence. They also think that there is not enough breast milk to feed their babies, so they feed their babies with mixed milk instead. Moreover,

teenage mothers get tired from breastfeeding and feel uncomfortable from having sore nipples while breastfeeding. Therefore, support for breastfeeding is required.

From the above information, it can be seen that teenage mothers are at risk of acquiring breastfeeding problems because they are not mature enough to be mothers. They are still self-centered and lack self-confidence in breastfeeding. They are also embarrassed to breastfeed in public areas so breastfeeding is considered to be a major obstacle or problem. They are not satisfied with breastfeeding so they exhibit incorrect breastfeeding behaviour. Therefore, health care personnel should use unique approaches to promote successful breastfeeding for teenage mothers. Photaworn et al. (2013) studied the effects of breast feeding on teenage pregnancies at Songkhla Municipality. It was found that only teenage mothers who fed their babies with breast milk together with mixed milk needed counseling and breastfeeding care at home from health personnel. These teenage mothers needed care and advice on how to produce enough milk to feed babies, how to allow babies to suck from the breast to avoid squeezing milk into other containers and how to approach inappropriate nipple conditions, such as having big or short nipples. Support from the family also helped these teenage mothers to breastfeed successfully.

Teenage Mothers with Breastfeeding

When considered physically, teenage means growing to maturity and entering adulthood. At this stage, the body is growing into complete sexual maturity. Genital organs may be fully functional, for example, females have menstruation for the first time and males begin to produce reproductive cells. The World Health Organization (WHO) defines a teenager as having three characteristics: a period of physical change in a manner that is ready to have sex, a period of mental development from childhood to adulthood and a period of transition from a state of dependency to a stage of self-responsibility and self-reliance. Teenage growth can be divided into three stages as follows.

1. Early Adolescence, aged 11-13 years: This is a period of significant physical changes, especially in girls as young girls change faster than boys. The average age at puberty is 12.5 years. Early adolescence, therefore, is dominated by physical changes resulting in mood swings. At this stage, teenagers will pay attention to building relationships with same-sex friends in order to compare the changes of their body with friends to see if they are normal and acceptable.

2. Middle Adolescence, aged 14-16 years: This is a period where teenagers gain acceptance of body conditions. They also have abstract ideas, so ideals and identity for their own sake are pursued. They also try to be free from parental dependence. At this stage, teenagers begin to develop relationships with their sexual partners, but self-centeredness is retained.

3. Late Adolescence, aged 17-19 years: This is a period for facing adulthood. At this stage, teenagers have more stable moods, more reasons and responsibility for their behaviors and the consequences of their actions. They start to consider their education, occupation and the social skills needed to live in adulthood. They also have better adaptation.

Assessment of teenage mother's behaviours toward breastfeeding requires a wholistic appraisal as follows: as teenagers have to face changes and adaptation in their physical, emotional, social, and intellectual development, they face two crises: a crisis from being adolescent and a maternal crisis at the same time. The development of adolescence and the crisis of motherhood occurring at the same time causes teenage mothers to be stressed and unable to perform both tasks at the same time. Teenage mothers feel that they are too young and cannot raise their

children properly. This causes conflicts and problems in raising children and breastfeeding. Stress in teenage mothers is one of the causes of a reduction in breast milk as well as the lack of physical ability because teenage mothers are still growing. Having a baby has a negative effect on growth. Most teenagers are more interested in the changes of their bodies and beauty than anything else. Therefore, they have negative attitudes towards breastfeeding. They fear that breastfeeding will spoil the shape of their breasts. They recognize breasts as sexual organs rather than feeding organs because teenagers are very interested in sexual matters. In addition, some teenage mothers have to drop off or leave school. So, they often get a job with low income and have to rely on their mothers. As a result, teenage mothers are hesitant to accept their babies, affecting breastfeeding. These physical, emotional and social effects on teenager mothers have an influence on the right and appropriate motherhood behaviors and result in failure to breastfeed. In addition, adaptation to motherhood for teenage mothers is hampered by their lack of experience, skills and self-confidence. As a result, there is a low breastfeeding rate in teenage mothers.

Breastfeeding Problems of Teenage Mothers

Problems related to breastfeeding of teenage mothers that affect breastfeeding can be divided into four aspects: mother, newborn, family and health personnel.

1. Mother: This concerns maternal characteristics: age, maternal experience, intention to breastfeed, maternal health problems and the attitudes of teenage mothers towards breastfeeding. Nauljam et al. (2013) found that the factors influencing long-term breastfeeding and breastfeeding behaviors with statistical significance at .001 were age, marital status, educational level, occupation and household income, frequency of getting advice during pregnancy and knowledge about the benefits of breastfeeding. Young mothers who are immature usually have intense emotions and their emotions change easily. They want to be free, to be accepted by friends in the same group and by adults. Socially, they often require acceptance from a group. They also learn from experiences by trial and mistake. However, they lack consideration of the results of their actions and are self-centered. They tend to respond to their own needs rather that their children's needs. Therefore, there is less chance of success in breastfeeding for immature young mothers than in older mothers. In addition, teenage mothers are in their early teens and some have to work. After giving birth, they have to return to school or to work. This causes problems such as fatigue and exhaustion due to insufficient resting time and diet. They also have no private time or even breast milk squeezing time which causes less and dry breast milk, so they stop breastfeeding. Experience in breastfeeding is also an important issue in breastfeeding decisions. If a mother is successful in breastfeeding, they may decide to breastfeed for their next child. If the mother has bad experiences with health problems such as inflamed breasts or cracked or sore nipples from ineffective breastfeeding, they may decide not to breastfeed. In addition, the mother's experiences gained in the delivery room, including painful experiences, delivery experiences and the experiences of seeing and touching their babies are all factors affecting the mother's decision to breastfeed. In the delivery room, teenage mothers face unprecedented life experiences and both positive and negative feelings, such as stress, anxiety, excitement, joy and touch or first breastfeeding. These may be factors influencing the decision to breastfeed.

The intention to breastfeed: Mothers with a willingness to breastfeed are associated with a longer duration of breastfeeding (Meedya et al., 2010, p. 4). Teenage mothers who do not intend to breastfeed thought that breastfeeding was inconvenient, especially when they had to study or work outside the home. It was difficult to only breastfeed. In addition, it was found that the attitude towards breastfeeding intention alone in 6 months was

at a high level. That is, teenage mothers with positive attitudes towards breastfeeding are more likely to breastfeed longer, but teenage mothers with negative attitudes towards breastfeeding. For example, those who think that breastfeeding will cause loose and unattractive breasts or those who are embarrassed to breastfeed in public often decide to feed their children with mixed milk. Furthermore, the health status of teenage mothers is also a major problem for teenage mothers to successfully breastfeed. If mothers are healthy and strong, they will be ready to breastfeed. If mothers have unhealthy conditions with little milk or no appetite and have problems with breasts such as inflamed breasts or cracked nipples, they may choose to feed their babies with mixed milk. Apart from physical problems, mental health problems also result in unsuccessful breastfeeding. Common mental health problems include postpartum depression and high stress or anxiety which can make teenage mothers lack confidence in breastfeeding.

2. **Newborn:** Infants having health problems such as preterm infants, low birth weight infants and infants with various diseases need special care or they may not be breastfed. Therefore, they have to be fed through a feeding tube. Some infants have severe health problems, especially infants with gastrointestinal diseases such as diaphragmatic hernia, achalasia, and necrotizing enterocolitis. They are abstained from food and get nutrients from their bloodstream instead. These causes decrease the chance of infants to breastfeed. This problem also occurs in the infants with poor sucking or swallowing abilities. As they can only suck a little breast milk at a time, they have to suck far more which is considered ineffective sucking. This is commonly found in preterm infants, possibly during the first 2 weeks postpartum. It is a stressful situation for teenage mothers (Nauljam et al., 2013).

3. **Family:** Social support from family in terms of information support, material support or psychological support is needed for breastfeeding mothers. This support includes emotional support such as family members showing respect and satisfaction and expressing concern for teenage mothers in breastfeeding. Appraisal support, giving feedback, approval of practices or telling the mother of good results from breastfeeding are also recommended. Information support in breastfeeding, such as giving advice or providing information via the news to breastfeeding teenage mothers is also important. Resource support, such as helping to raise the baby so that the mother can take a rest and have breastfeeding time is suggested. Breastfeeding success depends not only on mothers but also support from people around them such as family members, relatives, neighbors, and friends who are also part of the success of breastfeeding. In many families, it has been found that fathers play an important role in the decision to breastfeed and greatly influence the success of breastfeeding. The study found that if the father is provided with knowledge of breastfeeding before the mother gives birth, breastfeeding is supported. This increased the success of the breastfeeding rate from 14 percent to 74 percent while the breastfeeding rate for six months increased from 15 percent to 25 percent (Uerpairojkit, 2017, p. 51).

4. **Health Personnel:** The attitudes, beliefs and knowledge or skills of the involved health personnel are very important in the decision of teenage mothers to breastfeed, especially for nurses who care for both mothers and infants. How much information is provided to mothers and their families, or how much support and encouragement is provided for mothers and families to solve breastfeeding problems depends on the depth of knowledge and understanding of health personnel. This affects the confidence of mothers in breastfeeding. Positive attitudes or beliefs held by health personnel on breastfeeding will also result in positive messages being sent to mothers. Therefore, this is a positive contributing factor in encouraging mothers to decide to breastfeed and continue to breastfeed when they return home.

According to the problems of breastfeeding for teenage mothers, the mother and infant issues are unique. However, family support can help mothers to succeed in breastfeeding with the help of the health personnel team.

Guidelines for Family Support for Breastfeeding of Teenage Postpartum Mothers

Families support can contribute to the success of breastfeeding for teenage postpartum mothers. Sritongbai (2016) studied the effectiveness of promoting family participation in a breastfeeding program of primigravida pregnant women in order to compare the intention and the duration of breastfeeding in primigravida pregnant women participating in the program. The samples were divided into control and experimental groups. The results showed that the experimental group had a high level of intention, and the duration of breastfeeding was significantly increased than that of the control group. A study by Tumchuae and Plodpluang (2015) on a breastfeeding promotion program utilising family support called the GIFT Program, consisted of four steps: Step 1: provision of knowledge of breastfeeding, Step 2: practices with return demonstration, Step 3: breastfeeding skill enhancement and Step 4: confirmation of the accuracy of breastfeeding skills of postpartum mothers. The main issues in promoting breastfeeding with family support were: 1) self-awareness, 2) worthiness, and 3) having a good time. The family support approaches for breastfeeding of postpartum mothers was based on the concept of House (Israel, 1985, p. 66) which consists of four aspects: emotional support, appraisal support, information support and resource support as follows.

1. Emotional Support: This can be done by teaching families to listen to what teenage mothers want to discuss about their suffering or distress after delivery. Families must also be the ones who give advice and help to solve problems. They must understand and give moral support to teenage postpartum mothers, and help the mothers to improve motherhood roles, such as encouraging them in raising their children. Families must gradually empower teenage postpartum mothers in order to allow them to perceive how to handle and manage breastfeeding situations. This can be done by encouraging these mothers to make their own decisions and giving compliments when they perform activities correctly. Families should show care, concern and give moral support to teenage mothers to breastfeed, such as waking up with teenage mothers while they are breastfeeding at night and participating in breastfeeding. Comforting teenage mothers when they are exhausted, tired or discouraged, and listening to their problems as well as giving appropriate suggestions are also recommended in order to provide encouragement and self-esteem as well as positive attitudes towards breastfeeding.

2. Appraisal Support: This can be done by teaching families to observe the behaviors of teenage postpartum mothers and provide feedback as well as encourage the mothers to express their opinions about their behaviors. This can make postpartum mothers more confident and recognize their self-esteem. Families must help teenage mothers to be confident in what they are doing and accept the practices of teenage postpartum mothers in order to help them to relax and reduce stress in breastfeeding and understand the obligations in what they are doing.

3. Information Support: Families are required to provide useful information about breastfeeding to teenage postpartum mothers such as finding books or documents on breastfeeding and other sources of knowledge, including information provided by telephone, radio and articles. Providing suggestions or consultations on various matters and assistance from families in teaching and giving advice about the skills to carry babies for example on how to breastfeed, position babies for breastfeeding and practical skills in proper child care will help teenage mothers release stress and increase confidence in breastfeeding.

4. Resource Support: Families can provide support to teenage postpartum mothers by providing assistance in finance, labor or time and home activities for raising babies. Providing essential items for teenage postpartum mothers and infants, such as lingerie suitable for breastfeeding, breast milk storage bags, horseshoe-shaped pillows for breastfeeding and diapers or toys suitable for babies is also needed. Families can also provide a comfortable environment for mothers and babies such as preparing seats or pillows for teenage mothers to breastfeed, preparing hand washing equipment for mothers to wash their hands before breastfeeding, preparing water, milk or juice and useful food for mothers after breastfeeding. In addition, families can also help to share the workload of mothers by helping to raise the babies when the mothers do other tasks such as holding babies erect after breastfeeding, bathing, changing clothes, cleaning and giving general care and health care for babies, stimulating progress continuously, helping mothers with housework while they are breastfeeding, taking care of babies to allow mothers to rest and helping to feed babies with milk cups while their mothers are studying or working outside the home. In addition, families can help to alleviate household chores, such as cooking, purchasing food, helping to take care of housework while mothers are breastfeeding as well as giving time to teenage postpartum mothers by staying with them or running some errands for them in order to allow them to take a rest, reduce anxiety and increase the secretion of milk.

Conclusion

At present, it is acknowledged that breast milk is the best and most appropriate diet for early life because it contains complete nutrients for the growth of the baby's body and brain. No foods can replace breast milk. Although there are campaigns for mothers to start breastfeeding alone for the first six months, the breastfeeding rate is relatively low at about 23 percent compared to the goal set by the World Health Organization. In addition, the Ministry of Public Health requires 50 percent of babies to be breastfed for six months. However, teenage postpartum mothers face a great deal of changes and adaptation to physical, emotional, social and intellectual conditions. They face two crises at the same time: a crisis from being adolescence and a maternal crisis. For these reasons, teenage mothers are stressed and feel that they are too young and cannot raise their children properly. These cause conflicts and problems in breastfeeding. In addition, the period of providing knowledge on the benefits of breastfeeding and teaching breastfeeding skills from health care staff at the hospital is very short. Therefore, when they return home, teenage mothers still lack confidence, maturity and experience in breastfeeding. This causes breastfeeding problems where the rate of breastfeeding is lower and the duration of breastfeeding is shorter. Also, they are not able to apply the knowledge of breastfeeding to breastfeed their babies for a long time as per the set goal.

Family support from family members, relatives, friends and neighbors is part of breastfeeding success. In breastfeeding, teenage mothers need family support in terms of emotional support, acceptance and satisfaction from family members and expressions of concern. Appraisal support by providing feedback, approval of practices and informing of the good results of breastfeeding is also needed. Information support in breastfeeding, such as giving advice and warnings and providing information to teenager mothers is also essential. Resource support, such as helping to raise babies so that mothers can take a rest and have breastfeeding time is also required. Breastfeeding success does not only depend on teenage mothers, families are also important in helping teenage postpartum mothers to have an intention to breastfeed successfully.

References

Beth Azar, M. A. (2012). Adolescent Pregnancy Prevention Highlights from a Citywide Effort. *American Journal of Public Health, 102*(10), 1837-1841.

International Health Policy Program. (2014). *Breastfeeding Boosting for the Best.* Retrieved from http://www.sem100library.in.th/medias/9941.pdf

Israel, B. A. (1985). Social Networks and Social Support: Implications for National Helper and Community Level Internations. *Health Education Quarterly, 12*(1), 65-80.

Meedya, S., Fahy, K., & Kable, A. (2010). Factors That Positively Influence Breastfeeding Duration to 6 Months: A Literature Review. *Woman and Birth, 23(4)*, 135-145.

Nauljam, P., Poomlittikul, P., Mattavangkul, C., Khamros, W., Chancharoen, K., Hongkrailert, N., Romnukun, N., Udomsri, T., & Ngoamoon, S. (2013). *Factors Affected to Behavior and During Time for Breastfeeding of Pasi Charoen Persons* (Research report). Retrieved from http://rcfcd.com/wp-content/uploads/2014/01/2_นมแม่_เพ็ญรุ่ง_รวมเล่ม.pdf

Panichakul, P. (2017). Breastfeeding and IQ. In S. Sawadiworn (Ed.), *The 6th National Breastfeeding Conference: "Sustaining Breastfeeding Together", 8-10 November 2017* (pp. 31-32). Nonthaburi: PNS-Creation. Retrieved from https://dlibrary.thaibreastfeeding.org/bitstream/handle/023548404.11/451/TBC-TNBC-2017-Proceeding.pdf?sequence=1

Photaworn, P., Pensuwan, A., & Sriyannalak, N. (2013). Breastfeeding among Teenage Mothers in Muang Songkhla Municipality. *Nursing Journal of the Ministry of Public Health, 23*(3), 45-52.

Quality of Life. (2015, August 7). Embrace the Baby add EQ: Prevent Illness. *Manager Online*. Retrieved from http://www.manager.co.th/qol/ViewNews.aspx?NewsID=9580000089320

Sopontammarak, A. (2017, August 7). *The Power to Create a Sustainable Breast Milk Society*. Retrieved from http://www.thaihealth.or.th/Content/38063-รวมพลังสร้างสังคมนมแม่ให้ยั่งยืน%20%20.html

Sritongbai, N. (2016). *Effectiveness of Promoting Family Participation in Breastfeeding Program of Primigravida Pregnant Women*. (Master's thesis). Faculty of Nursing, Burapha University, Chonburi. Retrieved from http://digital_collect.lib.buu.ac.th/dcms/files/52920255.pdf

Stuebe, A. M., & Schwarz, E. B. (2010). The Risks and Benefits of Infant Feeding Practices for Women and their Children. *Journal of Perinatology, 30*(3), 155-162.

Tumchuae, S., & Plodpluang, U. (2015). A Development of Breastfeeding Promotion Program by Family Support. *Journal of Prapokklao Hospital Clinical Medical Education Center, 32*(1), 6-17.

Uerpairojkit, S. (2017). Breaking the Barriers: Breastfeeding at the Beginning. In S. Sawadiworn (Ed.), *The 6th National Breastfeeding Conference: "Sustaining Breastfeeding Together", 8-10 November 2017* (pp. 50-58). Nonthaburi: PNS-Creation. Retrieved from https://dlibrary.thaibreastfeeding.org/bitstream/handle/023548404.11/451/TBC-TNBC-2017-Proceeding.pdf?sequence=1

World Health Organization. (2011, January 15). *Exclusive Breastfeeding for Six Months Best for Babies Everywhere*. Retrieved from http://www.who.int/mediacentre/news/statements/2011/breastfeeding_20110115/en/