

Promoting Mental and Spiritual Health among Postpartum Mothers to Extend Breastfeeding Period

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Abstract—The purpose of this study was to study postpartum breastfeeding mothers to determine the impact their psychosocial and spiritual dimensions play in promoting full-term (6 month duration) breastfeeding of their infants. Purposive and snowball sampling methods were used to identify and recruit the study's participants. A total of 23 postpartum mothers, who were breastfeeding within 6 weeks after giving birth, participated in this study. In-depth interviews combined with observations, participant focus groups, and ethnographic records were used for data collection. The Data were then analyzed using content analysis and typology. The results of this study illustrated that postpartum mothers experienced fear and worry that they would lack support from their spouse, family and peers, and that their infant would not get enough milk. It was found that the main barrier mothers faced in breastfeeding to full-term was the difficulty of continuing to breastfeed when returning to work. 81.82% of the primiparous mothers and 91.67% of the non-primiparous mothers were able to breastfeed for the desired full-term of 6 months. Factors found to be related to breastfeeding for six months included 1) belief and faith in breastfeeding, 2) support from spouse and family members, 3) counseling from public health nurses and friends. The sample also provided evidence that religious principles such as tolerance, effort, love, and compassion to their infant, and positive thinking, were used in solving their physical, mental and spiritual problems.

Keyword—health promotion, mental health, spiritual health, breastfeeding

I. INTRODUCTION

THIS research utilized Pender's health promotion model (2006) which states that the behavior of an individual is related to their beliefs, feelings, values, and innate traits. According to Pender, perceiving one's potential improves health behavior, and positive thinking also promotes behavior. Family members, friends, and health care providers influence parts of health promotion behavior, which remain permanent, if that person is determined to express such behavior [1]. Furthermore, the research employed the spiritual well-being theory which believes that spiritual well-being can lead to one's physical well-being [2]. The Buddhist principle of dependent origination is a description of the process of the arising and cessation of suffering. To live with wisdom is to live with clear awareness of the way things are, and to know how to benefit from nature (to live in harmony with nature), to know and relate to things through an understanding of the process of cause and effect [3]. In particular, the religious beliefs, feelings and values were believed to be related to the duration of breastfeeding.

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The World Health Organization suggests that breastfeeding a child at least 4-6 months is essential to developing a positive connection between mother and baby; they make eye contact and touch each other while breastfeeding [4]. For the mother, breastfeeding reduces breast engorgement and cracked nipples. Moreover, it helps her learn about motherhood, and encourages bonding with her child. For the baby, breastfeeding reduces vulnerability to infectious disease, ear and respiratory tract infection, and reduces vulnerability to chronic disease: Asthma, allergy, and obesity [5]. At present, due to economic factors, and lack of support from the workplace, spouse, or family, it was found that most mothers breastfed their child for only approximately one month subsequent to their child's birth [6]. Breastfeeding causes postpartum mothers many problems, such as cracked nipples, breast pain, infant not sucking milk, and milk leaking while at work – all of which discouraged breastfeeding. From a study of breastfeeding obstacles in 67 postpartum Canadian mothers, the two primary obstacles to breastfeeding are lack of knowledge (35.8%) and lack of support (29.9%). Barriers to exclusively breastfeeding for six months included going back to work (76.5%) and lack of support (39.2%). 98.5% of the postpartum mothers agreed that they had to be prepared during the pregnancy, 95.3% agreed that there should be a nurse at home after delivery, and 88.3% agreed that there should be a consultant during the early stages of breastfeeding. The study also found that 90.2% of the postpartum mothers breastfed their infant for four months [7]. Among women who had initiated breastfeeding, 66.8 % reported that they have received a commercial hospital discharge pack. The researcher found that women who received these packs were more likely to exclusively breastfeed for fewer than 10 weeks than were women who had not received the packs [5]. The percentage of women who initiated breastfeeding after delivery ranged from 20% to 75%. A statistically significant negative correlation was found between breastfeeding rates and levels of income. In addition to admitting a low percentage of lower income-status women, this facility had patients with a high level of participation in prenatal care, and perhaps most importantly, had a long-standing lactation consultant who was a strong advocate for breastfeeding [8]. Breastfeeding education and behavioral counseling may increase breastfeeding continuance [4]. Breastfeeding practices among adolescent and adult mothers in the Missouri WIC population research found that three fourths of the adolescent mothers and two thirds of the adult mothers reported they had either never breastfed or had done so for only 1 week. The finding showed a significant difference in the current breastfeeding status between adolescents and adults, with 19% of the adolescent mothers' breastfeeding their infants versus 68% of the adult mothers.

Respondents who were currently breastfeeding were more likely to be aged between 20 to 29 years, white, married, and college-educated, with higher income levels [9].

The group of adolescent mothers claimed that they were concerned they might gain weight and lose shape; moreover, they were worried that breastfeeding would prevent them from drinking alcohol, smoking, or using drugs [10]. The statistics from the Thailand Department of Health indicated that there were 15% of mothers exclusively breastfeeding infants [6]. Community health centers in Nakhon Ratchasima province, Thailand, have been trying to promote breastfeeding, but have found that a lot of mothers were not able to exclusively breastfeed for a term of six months.

Given the aforementioned problems, the researcher studied how mental and spiritual health promotion among postpartum mothers who were breastfeeding, the participation of the mother's spouse and family, and the application of Buddhist principles to strengthen mothers' mental and spiritual health, impact the length of the breastfeeding period. The results of this research will be a guideline for health care providers working on health promotion among postpartum mothers who are breastfeeding and warm family promotion, which will lead to the infants' good health.

II. OBJECTIVES

1. To study mental and spiritual health of postpartum mothers who breastfeed.
2. To promote mental and spiritual health of postpartum mothers who breastfeed using
 - Spiritual and mental health supports and the participation from spouse, family, and Community.
 - Application of Buddhist principles.

III. METHODS

This research utilized qualitative methods to promote breastfeeding among postpartum mothers and their families residing in the responsive areas of Hua Thale Community Health Center located in the metropolitan area of Nakhon Ratchasima, Thailand. Purposive sampling was applied to select 23 qualified participants. Inclusion criteria included mothers who 1) were within six weeks after delivery; 2) received prenatal care with breastfeeding preparation during prenatal care; 3) had no contraindications for breastfeeding; and 4) were able to communicate in Thai. Moreover, spouses and relatives of the participating mothers were recruited to the study as informants. Study recruitment was conducted in the community. Postpartum depression was assessed and family folders were reviewed. This study utilized multiple interventions to promote breastfeeding. These interventions included promoting mental and spiritual

A. Sample groups' and informants' right protection

Information collection received approval from the ethics committee of the Institute of Nursing, Suranaree University of Technology, Nakhon Ratchasima, Thailand. The sample group and informants voluntarily signed an informed consent form. All information taken was treated in a strictly confidential manner.

B. Research tools

Qualitative research tools included: 1) family folder records, 2) voice recorder, and 3) unstructured interviews on mental and spiritual health of mothers who breastfeed. Spiritual assessment was conducted using in-depth interviews with open-ended questions, adjustable to situations. Samples of question are as followed:

- Mental problems - "What are the obstacles to breastfeeding?"
- Self belief - "What are your beliefs regarding breastfeeding?" "What do you do when you feel uncomfortable and discouraged while breastfeeding?"
- Religious belief - "How do you apply religious principles to breastfeeding?"

Living and nurturing purposes - "How do you expect your spouse and family to help you?" "Did things go as you expected or not, please explain?"

C. Methods of data collection

Data were collected using various methods such as prenatal profile review, interview, observation, and focus group. There were various groups of informants including postpartum mothers, spouses, families, and also people in the community. The use of multiple sources of information helps provide more precise triangulation. Spouse and family participation in breastfeeding was particularly assessed.

D. Study procedures

1. Discussed with the organizations and their members taking part in the research before, during, and after conducting the research.
2. Studied family background from the informants' profiles.
3. Assessed mental and spiritual health of postpartum mothers who breastfeed, family relationships, lifestyle, and breastfeeding problems.
4. Professionally visited postpartum mothers who breastfed, observed how the mothers breastfed and the family participation in breastfeeding, and conducted in-depth interviews. Each study subject was visited approximately three times, 35 – 40 minutes each.
5. Organized group-based intervention and provided focus group opportunities to the mothers, families, and community, along with home visiting by nurses to the mothers and public health volunteers.

E. Data analysis

Data were analyzed using the following methods.

1. Utilized descriptive statistics including frequency, mean, and standard deviation to analyze quantitative data such as estimated average age of the informants who are postpartum mothers.
2. Investigated frequency distribution, calculated the percent of the factors that help the mothers breastfeed for 6 months and the factors that are obstacles to breastfeeding.

For qualitative data, transcribed tape-recorded interviews word by word, assigned data codes, selected important messages, gave meanings and built typologies, analyzed content, wrote and interpreted the meanings into a complete essay.

IV. RESULTS

The results of the study will be presented in three parts: personal information, mental and spiritual health of postpartum mothers, and health promotion interventions.

A. Part 1 personal information

Among the 11 women in the primiparous postpartum mother group, two of them were adolescents without a spouse. The other group, which was non-primiparous, was composed of 12 women. The average age of both study groups was 25 years old.

B. Part 2 mental and spiritual health of postpartum mothers who breastfeed

Including all postpartum participants, six identified that they had breastfeeding difficulties. Physical barriers for breastfeeding included short nipples, inadequate milk, and breast engorgement. For mental barriers, the mothers were worried that their infant would not get enough milk and were unhappy with breastfeeding. They were also worried about their financial well-being due to work and the spouse's salary. (Table 1)

TABLE I
BREASTFEEDING PROBLEMS

Age (year)	status	Physical barrier	Mental barrier
15	No spouse	Short nipples	Worried that she might not be able to breastfeed the infant
16	No spouse	Inadequate milk	Worried that the infant might not get enough milk
22	With spouse	Inadequate milk	Worried that the infant might not get enough milk
24	With spouse	None	Worried about work and the spouse's salary
20	With spouse	Breast engorgement	unhappy with breastfeeding
19	With spouse	Short nipples	Disappointed with the difficulty of breastfe

Part 3 Mental and spiritual health promotion of postpartum mothers as received from spouse, family members, community, public health nurses, friends, and Buddhist principles

1. Participation of spouse and family members in mental and spiritual health promotion of postpartum mothers.

It was found that most of the postpartum mothers wanted their spouse to help raise the child, encourage them, and share household chores. Contrarily, four postpartum mothers (two of which had no spouse) whose spouse and family members did not much participate in promoting breastfeeding had the following viewpoints:

"He normally helps me doing our household chores since we've been married. Moreover, he helps raise the baby, encourages me when I breastfeed, and look after the baby when he cries at night. I am happy that he takes care of his wife and son. I am worried that he may be too tired because he also has his own work to do, but he said it's alright. He works hard; he has only one day off every week. So I think he's done enough and I let him take a rest on that day and I take the baby as my responsibility."(A 24 year old postpartum mother)

"I don't expect much from him because I believe I can raise my baby on my own. Most men are normally like that: lack of responsibility. But I try to talk to him about everything so that he can understand my problems and feelings. Then we try to adapt ourselves to each other. I don't expect much from him because I know that he lacks leadership and is unemployed. So I'll try to raise the baby on my own but still want his help."(A 22 year old postpartum mother)

2. Length of breastfeeding period – the factors to success and failure.

The results of this research have shown that 81.82% of primiparous mothers and 91.68% of non-primiparous mothers breastfed for a period of six months (Table II). The main success factor was both the physical and mental support received from their spouse. Other factors were the awareness of the importance of breast milk, and the support received from friends together with the assistance of the public health volunteer networks (Table III). The obstacles to women who were not able to breastfeed for six months included working outside the home, and the lack of moral support from spouse family members. (Table IV)

TABLE II
THE TOTAL DURATION OF BREASTFEEDING ACCORDING TO THE PARTICIPANTS INVOLVED (n=23)

Duration (month)	Primiparous mothers		Non-primiparous mothers	
	Number	Percent	Number	Percent
3 months	1	9.09	0	0
4 months	1	9.09	1	8.33
6 months	9	81.82	11	91.67
Total	11	100	12	100

TABLE III
THE FACTORS TO SUCCESS IN BREASTFEEDING FOR SIX MONTHS

No.	Factors	Number*
1	Mental health support from spouse	10
2	Awareness of value of breast milk	8
3	Support from public health volunteers	6
4	Tolerance and determination of postpartum women	5
5	Having knowledge of milk preservation techniques for the work hours	5
6	Support from other postpartum women	2
7	Mental health support from postpartum woman's mother	2

TABLE IV
THE FACTORS TO FAILURE IN BREASTFEEDING FOR SIX MONTHS

No.	Factors	Number*
1	Working outside the home	3
2	Lack of moral support from spouse or family	2
3	Having no spouse or raising the child alone	1
4	Lack of mental health support from spouse	1

3. The key elements to successful breastfeeding

Breastfeeding problems can be resolved by frequent health provider visitation and mental support provided by both other postpartum mothers and experienced public health volunteers. The following are statements made by mothers, their families and volunteers during a focus group:

“While being at the hospital, my advice is to draw breast milk, keep it in a special sac that has a lid because common sacs may be easily broken, and then store the sac in a freezer. When going to work, parcel out the milk in a sac, store in the office’s refrigerator and collect it in a flask when it’s time to go home. These must be done before going to work.” (A 32 year old postpartum mother)

“I don’t like Kaeng Lieng. I used to try to swallow it but I couldn’t. So I changed to Kaeng Som that I like. I made it less spicy and sour for the baby, and there’s no problem with my breast milk” (An 18 year old postpartum mother)

“I like fried pork and hate vegetables, but I’ll try them since you told me to do so” (A 16 year old postpartum mother)

Experiences were shared through group discussion in order to assist breastfeeding. The following statements reflect some of the sharing experiences.

“My daughter has short nipples and she couldn’t feed her baby. At first, she had decided to change to artificial feeding but I disagreed and told her to try other techniques. She had pinched her nipples as the doctor suggested but failed, so she used chopsticks to pull them from their base. Although she was hurt, she was happy to be able to feed her baby. I’ve been helping her in everything from washing diapers, cooking, looking after the baby and cheering my daughter up” (An informant’s mother)

“Short nipples? It’s easy, just let’s your husband suck them first! Sorry nurse, I didn’t mean to be rude but this method was used in the past. It’s natural and doesn’t need any technology. The problem is the husband must agree to do so because the milk is kind of stinky. A couple must help each other, or, ma’am, it’s okay to ask my man for help.....” (Public health volunteer)

“When I was young and had my first baby, my mom cooked me cabbage soup, mung beans and grilled fish. My baby could have breast milk almost a year. Doctors in the past did this to keep a baby healthy” (Public health volunteer)

“I wish workplaces and factories would provide their employees a nursery so that a mother can feed her baby any time, or at least provide a refrigerator for them to store lk.

This’d help postpartum mothers a lot...” (Public health volunteer)

Postpartum mothers have gained experiences from their partners and the volunteers. As a consequence, postpartum teenage women who suffered from problems which may shorten breastfeeding period, including short nipples, backaches, nipple pains and lack of breast milk, can breastfeed their child for at least four months. This resulted from the great efforts of the mothers and public health volunteers. Advised by her friends and nurses, a depressed single postpartum teenage mother was able to breastfeed her child for three months; though it was not the proper six-month period, the result was more than the expectation of her family. In addition, another postpartum mother could successfully breastfeed her baby for six months although she had to continue working after her three-month maternity leave.

4. Spiritual health support according to in-depth interviews

• Faith and Belief

Believing that their child will be healthy and have good immune system, the majority of postpartum mothers prefer breastfeeding. A 30 year old postpartum mother stated:

“I feel like I am giving my baby more love and intimacy when I’m breastfeeding. It also makes me happy being with my child all the time. Moreover, it saves me money because I don’t need to pay for formula milk. My baby will be healthy, loved, intimate with me, and will be clever as breast milk is nutritive. The more the baby consumes milk, the more it improves”

• Religious Belief

As a guide to raise their baby, religious beliefs benefit postpartum women. The Buddhist Paramitra of Kshanti, or Tolerance, is mostly applied to breastfeeding. A 25 year old postpartum mother reflected:

“I rely on Kshanti when taking care of my baby. It guides me in how to endure with problems and difficulties. Sometimes, it is painful and I might not be able to sleep or have to sit with a backache, but I am happy. I read Dhamma books, for I would be calm and comfortable. Love and compassion strengthen my heart and I am not biased against breastfeeding anymore. I should be optimistic and bring my child and family to temple, make merit and chant at home. It is the five precepts that I spend my life according to. I always think carefully when facing problems and remind myself that no matter what, I have to look after my child. I believe that, when he grows up, my baby will realize my great efforts. Let the problems go, whatever will be, will be.”

V. DISCUSSION

According to this study, mental and physical barriers are interrelated, deficient milk consumption might occur owing to maternal anxiety due to problems such as short nipples and scant breast milk. According to a supporting research study, 30 to 70 percent of postpartum mothers suffered from postnatal depression for the first ten days to one month after giving birth. It resulted from symptoms which negatively affected breastfeeding, including hormone changes, lack of

sleep and depression from being an amateur mother [4]. As a member of an extended family, most of the sample postpartum women were likely to have less postnatal depression than unprepared and unassisted teenage mothers whose pregnancy was unwanted.

Spiritually, postpartum mothers believed that breastfeeding would bring about a strong infant, good immune system, intelligence and closeness. Kshanti was the religious principle to trust in when breastfeeding because the mothers had to deal with pain, lack of sleep and lack of encouragement. This conforms to the research on the effects of self-efficacy training related to breastfeeding programs. This research revealed that those who had been self-efficacy trained, breastfed their babies more often than those who had not received such training [11]. After the program, every mother who breastfed her child was proud of her success. One of them said that it was because of her tolerance and endeavor: "To feed my baby isn't that hard and I am happy" According to the findings, nine primiparous mothers (81.2%) succeeded in breastfeeding their child for the recommended six months, while the remaining two participants of this group achieved breastfeeding terms of four and three months, respectively. On the other hand, for non-primiparous mothers, 11 (91.67%) were able to breastfeed their child for six months, while the remaining group member was able to do so for four months. The data differs from the aforementioned study conducted by the Thailand Department of health in that the latter indicates that only 15% of women breastfed their child during the first six months [6]. As this immediate project was an in-depth qualitative research study, the sample size of the participants was minimal so that they could be individually studied and nurtured in every aspect. Furthermore, most of the mothers were housewives. Among primiparous postpartum mothers who worked outside the home, two were adolescents, both unable to breastfeed for six months. Among non-primiparous postpartum mothers working outside the home, two successfully breastfed for six months while one did so for four months. Thereby, the main barriers against successful breastfeeding in the teenage mothers were physical and mental health, working outside the home and lack of encouragement from spouse and family. Most of the successful cases were as a consequence of mental encouragement from spouse and family, the fact that they considered breastfeeding important, and advice and help received from attending the project where nurses and volunteers were intimately supportive.

VI. CONTINUITY, SUSTAINABILITY AND MAXIMIZATION

1. Family contribution, peer network, and public health volunteer participation will be provided and promoted by nurses from community health center in order to assist mental and spiritual health of postpartum women.

2. Advice, help and access to a peer network will be given to postpartum mothers through the public health volunteers. Methods resulting from the project will be applied to further breastfeeding support projects in each volunteer's community, cooperating with sanitarians that are responsible for mother and infant health support of each community.

3. Activities related to postpartum mental and spiritual health supports, including residential visit during family nursing class are launched by participating students of Institute of Nursing, Suranaree University of Technology, Nakhon Ratchasima, Thailand.

4. Everyone would be healthier if the provided mental and spiritual health support, physical health care, and child and family-member health are more attended and given priority. Not to mention nurses and nursing students who would gain knowledge about how mental and spiritual health influences physical health.

5. Postpartum-women-support projects are expanded to other communities by improving mental and spiritual health support methods.

SUGGESTION

1. Public health personnel should realize the importance of physical, mental and spiritual health care as such is important to breastfeeding. Six-month breastfeeding provides good mother-infant relationship as it positively affects the infant by providing good physical, mental and spiritual health when growing up.

2. Good communication and understanding from family to postpartum women are required for good physical and mental health since an essential factor to efficiently breastfeeding are spouse and family support.

3. Peer network is necessary so that experienced women who succeeded in breastfeeding may help, understand and support primiparous mothers given that public health officers are quantity-limited and cannot completely look after all postpartum women.

4. Companies and factories should provide facilities for mothers who want to collect their milk, and build a nursery, for the accommodation of their employees, some of which are postpartum women.

RECOMMENDATION

1. There should be a study of mental and spiritual health promotion among postpartum adolescent mothers who breastfeed, and should be conducted since pregnancy period

2. There should be a study of mental and spiritual health promotion among postpartum mothers who work in the factories that have a newborn nursery

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