

## CHAPTER 5

### Conclusions, Implications, and Recommendations

In this chapter, the conclusion of the study is presents on the basis of findings and discussions and recommendations are also addressed.

#### Conclusion

The purpose of this descriptive comparative study was investigate breastfeeding practice among first-time Nepalese adolescent mothers within six months of postpartum period, and to compare breastfeeding self-efficacy scores among three group of the mothers who practiced different types of breastfeeding within six weeks among adolescent mothers. Purposive sampling technique was used to select first-time adolescent mothers from Well Baby Clinic in Paropakar Maternity and Women's hospital, Katmandu, Nepal. It consisted of 114 adolescent mothers who visited to the well-baby clinic to immunize their children at six weeks to 8 weeks. This study was approved by ethical review committee of the Faculty of Nursing, Chiang Mai University. In addition, it was received permission from the Research Committee of Paropakar Maternity and Women's hospital to conduct the study in the Nepal. Data collection was carried out the first-time from May 21th, to July 6th, 2015. They were face to face interviewed about breastfeeding self-efficacy and breastfeeding practice at six weeks. After that, the later follow up on breastfeeding practice was conducted with 111 mothers at three months (during August 16th, to September 8th, 2015) and with 100 adolescent mothers at six months (during October 28th to November 5th, 2015). The instruments used in this study were BSES-SF and Breastfeeding Practice Form. The BSES-SF developed by Cindy Lee Dennis (2002), it consisted of 14 items and score ranging from 14-70. The Breastfeeding Practice Questionnaire developed by Susanha Yimyam (2013). The original valid BSES-SF instrument was used after taking the permission from author and no modification was done. In this study, the BSES-SF and Breastfeeding Practice Questionnaire were tested for reliability with 20 adolescent

mother who visited Well Baby Clinic in Paropakar Maternity and Women's hospital, Katmandu, Nepal. The coefficient alpha of the BSES-SF was 0.86. The reliability of test-retest for breastfeeding practice questionnaire was 1.00.

Descriptive statistics were used to describe the demographic data of the first-time Nepalese adolescent mothers. The normality assumption was tested using Kolmogorov-Smirnov Test (KS). After it found that the distribution of breastfeeding self-efficacy scores was normal, the analysis of Variance (ANOVA) was used to investigate the differences of breastfeeding self-efficacy scores among mothers who gave different types of feeding

The findings of this study are as follows:

1. Demographic data of the first-time Nepalese adolescent mothers of this study at six weeks revealed that the majority of mothers was 18 years old. Almost of them were housewives (80.0%), and the largest group of mothers came from extended family (55.0%) and 58.0% of their family monthly income fall up to 20,000 Nepali rupees. The majority of them attended up to primary education (46.0%). Only few adolescent mothers received breastfeeding education either prenatal or postnatal periods (25.0%).

2. The rate of exclusive breastfeeding practice were very high; especially at six weeks (93.9%) and three months (93.7%); whereas a few mothers chose partial breastfeeding or no breastfeeding since they perceived not enough breast milk. The reason for high breastfeeding practice among adolescent mothers within three months of age could be due to the initiation and adaptation of “Baby Friendly Hospital Initiation” program in the Well Baby clinic of Paropakar Maternity and Women's hospital, providing ten steps for successful breastfeeding. Since this hospital is the tertiary central maternity hospital of the country and majority of this study's mothers have given birth at this hospital. It has been organizing regular programs and activities to train and to update the hospital's staff's competency and prioritizing the importance of breastfeeding and breastfeeding promotion. This program incorporated lactation counselling sessions to pregnant women both at the hospital and communities. However, exclusive breastfeeding was sharply decreased at six months of postpartum into. 69.0%. Among twelve mothers who stopped breastfeeding at six months, nine of

them gave their reason to wean their infants because of resuming work or school, whereas, the three of them gave “not enough breast milk” as the reason to stop or introduce formula before six weeks of postpartum. In this hospital, before delivery mothers only stay a day, and after normal vaginal delivered mother only stays until 24 hours of delivery. It showed the only a day of breastfeeding counselling after birth at hospital is just limit of time to support for continuing exclusive breastfeeding at least six months of infant’s age. It is necessary to further expand the community lactational program and counselling incorporating with hospital to promote breastfeeding beyond six months of infants’ age.

3. In this study, the mothers’ breastfeeding self-efficacy was assessed at six weeks of postpartum period. Among 114 adolescent mothers, the mean score of breastfeeding self-efficacy was quite high as 48.3 (S.D. = 5.4). Among the three types of breastfeeding practice within six months, adolescent mothers who gave exclusive breastfeeding have highest breastfeeding self-efficacy score at three point of time (at six weeks, three months, and six months).

When comparing between each pair type of breastfeeding practices within six months, it revealed that there were different breastfeeding self-efficacy. At six weeks and at three months, there was not difference in breastfeeding self-efficacy between mothers who gave exclusive breastfeeding and those who gave partial breastfeeding. Mothers who gave exclusive breastfeeding or partial breastfeeding had higher score of breastfeeding self-efficacy than those who gave no breastfeeding.

At six months, there was no difference in breastfeeding self-efficacy between mothers who gave partial breastfeeding and those who gave no breastfeeding. However, mothers who gave exclusive breastfeeding have higher breastfeeding self-efficacy score than those who gave partial breastfeeding or no breastfeeding. In addition, the most common reason for weaning before six months among adolescent mothers who initiated breastfeeding at six weeks was resuming work or school. In this study, majority of mothers who discontinued breastfeeding before six months thought that the exclusive breastfeeding until four or five months of baby’s age is enough for the babies. These findings conclude that self-efficacy is one of the key factors for her decision to initiate breastfeeding and continuing breastfeeding until three months among adolescent

mothers. At six months, not only breastfeeding self-efficacy but also the work condition may another important factor in continuing breastfeeding; however, mothers who have very high score could manage and continue breastfeeding. Perhaps, the breastfeeding self-efficacy is the most important factor in initiation of breastfeeding but for continuing breastfeeding, work condition and breastfeeding self-efficacy might be the important factors.

### **Implication for Maternal and Child Health Nursing**

The suggestion for nursing implications that the findings of this study could be use as important information for developing appropriate strategies to improve the rate of exclusive breastfeeding among Nepalese adolescent mothers, especially exclusive breastfeeding rate at six months. Nursing professional should work towards improving the breastfeeding self-efficacy among adolescent mothers by developing some activities and strategies. As other studies (NNFSB, 2010; Smith et al, 2012; Otsuka et al., 2014), the results of this study could be concluded that improvement of breastfeeding self-efficacy among these adolescent mothers might enhance their breastfeeding duration and exclusively.. Within three months of postpartum, breastfeeding self-efficacy strategies should focus on to manage maternal concern of “insufficient breast milk”. For continuing breastfeeding practice, the breastfeeding self-efficacy strategies should emphasize on combined breastfeeding and their work or study.

### **Recommendations for Future Research**

Based on the findings in this study, the researcher proposes the following as possible areas for future research:

1. This study may also be replicated in other Nepal’s hospitals and health centres; thereby conducting a comparative study, reflecting different geographical areas, ethnic groups and different cultural influences.

2. A qualitative study on breastfeeding practice and breastfeeding self-efficacy among first-time Nepalese adolescent mothers may elicit an in-depth analysis of what contributes to findings in this study.

3. A predictive study on factors related to exclusive breastfeeding practice may be done in the future. Not only breastfeeding self-efficacy, but also other predictive factors such as work condition should be consider to investigate.

4. From this finding, future researcher may also predict the influencing factors of breastfeeding practice in relation to the breastfeeding self-efficacy not only among the Nepalese adolescent mothers but also among the Nepalese general mothers.



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