

## **CHAPTER 2**

### **Literature Review**

In this section, the literature review related to breastfeeding covers breastfeeding; theory of planned behavior (TPB); studies related to breastfeeding; measurement of attitudes, subjective norms, perceived behavioral control, and intention towards breastfeeding; the situation of breastfeeding in Bangladesh; and the conceptual framework used in this study.

#### **Breastfeeding**

Breast milk is a liquid produced from the breasts of a woman during pregnancy and after giving birth. It is the natural first food for infants, which provides all the energy and nutrients that the infant needs for life (WHO, 2012).

#### **Type of Breastfeeding**

The types of breastfeeding are defined according to the World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF) (Labbok, 2000) as five types of feeding: breastfeeding, exclusive breastfeeding, predominant breastfeeding, full breastfeeding, complementary feeding, and bottle feeding. Breastfeeding is a general term used when an infant directly receives breast milk from the breast. Exclusive breastfeeding is defined when an infant receives only breast milk from the mother, or expressed breast milk, and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements, or medicines. The WHO (2014) launched a global health policy and recommends exclusive breastfeeding for six months of an infant's life in both developed and developing countries. After that, to meet their developing nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while continuing to breastfeed for up to two years or beyond (WHO, 2014). Predominant breastfeeding means an infant's predominant source of nourishment is breast milk.

However, the infant may also receive water and water-based drinks (sweetened and flavored water, teas, infusions, etc.), fruit juice, oral rehydration salts solution (ORS), drop and syrup forms of vitamins, minerals, medicines, and ritual fluids (in limited quantities). Full breastfeeding is the combination of exclusive breastfeeding and predominant breastfeeding. Complementary feeding is defined as when an infant receives both breast milk and solid or semi-solid food. Last, bottle-feeding is termed when an infant receives liquid or semi-solid food from a bottle with a nipple/teat. Lawrence and Lawrence (2011) categorized breastfeeding into three categories: full breastfeeding, which includes breastfeeding; partial breastfeeding; and token.

### **Benefits of Breastfeeding**

Breastfeeding behavior of the mother, exclusive breastfeeding in particular, has benefits to infants, mothers, society, and the environment (James & Lessen, 2009). As for benefits for the infant, in receiving exclusive breastfeeding, the infant shows appropriate growth and development and the risk of infection is reduced (Hajeebhoy, Nguyen, Mannave, Nguyen, & Mai, 2014). Colostrum is a special nutrition and acts as the infant's first immunization (Afrose, Banu, Ahmed, & Khanom, 2012) as human milk contains glycine and secretory immunoglobulin, which offer protection against infectious disease. Furthermore, during the first six months of the infant's life, the digestive system does not fully function, and exclusive breastfeeding offers extra protection from illness by limiting exposure to impure foods and liquids. Thus, there is a decreased number of infant morbidity and mortality from gastrointestinal infections, namely diarrhea and necrotizing enter colitis, compared to other breastfeeding practices (Ekambaram, Bhat, & Ahmad, 2010; Kramer & Kakuma, 2002). Risks of other types of infection are also found to be lower, including respiratory infections, diarrhea, urinary tract infections, and otitis media as well as childhood obesity (Hajeebhoy et al, 2014; Khamnian, Azarfar, Ravanshed, Hashemian, & Hasanpour, 2013). Infant mortality in low-income countries reduces approximately 13% (Agho, Dibley, Odiase & Ogbonmwan, 2011). Breastfeeding during infancy is also associated with lower mean blood pressure, total serum cholesterol, prevalence of type 2 diabetes, as well as incidence of being overweight and obese during adolescence and adult life (Khamnian et al., 2013). Breastfed infants have also been shown to have higher intelligence

quotients (IQ) than those who are given other forms of milk (Jain, Jain, Gard, Sharma, & Agrawal, 2013).

Mothers who provide EBF also receive health benefits (UNICEF, 2012). For the physical health of the mother, it helps the contraction of the uterus and reduces the risk of postpartum bleeding, and it helps the mother's body figure and weight to return to their pre-pregnancy state (Jain et al., 2013). In the long term, the chance of having breast cancer, ovarian cancer, endometrial cancer, and osteoporosis is lower. Another long-term health benefit among diabetic mothers is that they require less insulin. Furthermore, it also saves time, money, and effort of a family (BEHI & UNICEF, 2014). In addition, it helps mother-and-infant bonding during breastfeeding, which gives a sense of satisfaction and stabilizes the mother's emotions after delivery.

In addition, EBF practice helps to delay fertility in some women by suppressing ovulation. A breastfeeding woman may not ovulate or have regular periods during the entire lactation period. This time in which ovulation is doesn't occur is different from woman to woman as it relates to lactation amenorrhea and is important for postpartum family planning (Peterside, Kunle-Olowu, & Duru, 2013). Provision of breastfeeding can also save money from purchasing formula milk and bottles (American Academy of Pediatrics, 2005).

In determination of a society, several studies from many developed countries show that high breastfeeding rates would lower public medical expenses. Mothers of healthier infants would take less leave and thus enhance efficiency and competence at work (BEHI & UNICEF, 2014).

Lastly, BEHI and UNICEF (2014) agree that breastfeeding is the most environmentally-friendly way of infant feeding. It has no extra cost of eliminating any waste. In contrast, the dairy industry consumes a massive amount of energy to raise milk cows, and it produces a large amount of greenhouse gases. Moreover, preparation of formula milk consumes energy and clean water, and production of bottles, teats, and cans produce a lot of non-degradable solid waste.

Although breastfeeding has tremendous benefits to both infants and mothers. Globally, the number of mothers practicing breastfeeding varies. Chien et al. (2005) reported that in Taiwan the prevalence of exclusive and partial breastfeeding (to any degree) was 17.9% and 47% during hospitalization; 22.3% and 48.4% at 1 month; and 16.7% and 17.4% at 2 months; respectively. In Bangladesh, it was found that only 38% of infants aged 2 – 3 months received EBF, and 23% of infants were given complementary foods before the age of six months (Mihirshahi et al., 2007). A study in Mirzapur, northern Bangladesh, revealed that the prevalence of EBF was only 36% (Joshi et al., 2014). In addition, the rate of bottle feeding was 30% among infants aged 2 – 3 months, and the rate of infants aged 4 – 7 months being bottle-fed had almost doubled since 2000, especially in urban areas (National Institute of Population Research and Training, 2005, as cited in Mihirshahi et al., 2007). According to Tarannum and Hyder (1998), a study conducted in rural Bangladesh found that only 7% of the infants were given breast milk as a first meal. It is empirical that breastfeeding is a natural behavior of mothers to provide food to infants; however, an appropriate behavior requires knowledge and intention. Intention is the cognitive representation of a person's readiness to perform a given behavior, and it is considered to be the immediate antecedent of behavior (Ajzen, 1988).

### **Theory of Planned Behavior (TPB)**

Ajzen (1988) developed the Theory of Planned Behavior (TPB), which points out that intention to perform a certain behavior is reported to be the primary determinant of behavior performance, which is determined by the interrelated influence of attitudes, subjective norm, and perceived behavioral control. Attitudes toward the behavior are defined as the individual's positive or negative feelings about performing a behavior. It is determined through an assessment of one's beliefs regarding the consequences arising from a behavior and an evaluation of the desirability of these consequences. Subjective norm is defined as an individual's perception of whether people important to the individual think the behavior should be performed. Perceived behavioral control refers to an individual's perceptions of his/her ability to perform a given behavior. It is an accurate assessment of actual control over the behavior. When volitional control is not high, the effect of perceived behavior control declines and intention is a sufficient

behavioral predictor in situations in which volitional control over the behavior is high (Madden, Ellen, & Ajzen, 1992). In addition, perceived behavioral control is an independent determinant of behavioral intention along with attitudes toward the behavior and subjective norm. Perceived behavioral control is determined by power control beliefs concerning the presence or absence of facilitators and barriers to behavioral performance, weighted by the perceived power or impact of each factor to inhibit the behavior.

In applying the TPB to breastfeeding, the individual means the primiparous pregnant woman with the attitudes, subjective norm, and perceived behavioral control towards breastfeeding. One study was found using TPB as a conceptual framework (Thomas et al., 2015). The objective of the study was to explore the relationship of knowledge, attitudes, and self-efficacy to EBF intention among pregnant women in their third trimester in rural Bangladesh. The Breastfeeding Attrition Prediction Tool (BAPT) by Janke (1994) was used for data collection. The results showed that attitudes and self-efficacy were independently associated with EBF intention.

### **Studies Related to Breastfeeding**

#### **Studies Related to Attitudes Towards Breastfeeding**

Attitudes have three components including affective, behavioral, and cognitive components (McLeod, 2009). The affective component involves a person's feelings/emotions about the attitude's object. The behavioral component is the way the attitude a person has influences his/her action. The cognitive component involves a person's belief/knowledge about the attitude's object. In this study, the definition of attitudes refers to the feelings of primiparous pregnant women about the benefits and outcome of breastfeeding. Few studies related to attitudes towards breastfeeding were found among pregnant women or mothers.

There were two studies related to attitudes among pregnant women. Pandey et al. (2015) conducted a study in India to compare the attitudes related to breastfeeding among two generations of Indian women. The samples comprised 256 women (128 pairs) of primiparous pregnant women aged ranging from 23 to 31 years old in their

third trimester of pregnancy and their mothers/mothers-in-law. The results of the study showed that the sample of pregnant women had good attitudes towards the benefits of colostrum. Another study of Newby, Brodribb, Ware, and Davies (2014) was conducted in Queensland, Australia. This study explored attitudes about breastfeeding among 277 women in their first pregnancy (at least 5 months of pregnancy). The Infant Feeding Practices Study II (IFPS II) was used for data collection. The results showed that 233 of the samples (85%) had the attitudes that breastfeeding was appropriate food for infants.

There were also two studies related to attitudes among mothers. Girish and Gandimathi (2015) studied the attitudes of breastfeeding, using the Iowa Infant Feeding Attachment Scale (IIFAS) among 50 primiparas in the neonatal division, department of pediatrics, in a tertiary hospital in India. The results showed that 78% of the women in the sample had positive attitudes on breastfeeding. Vaaler, Stagg, Parks, Erickson, and Castrucci (2010) conducted a study to examine whether attitudes were related to infant feeding practices among 4,080 mothers enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in Texas, using the TPB. The findings showed that 59% and 76% of mothers had positive attitudes toward the benefits of breastfeeding and acceptance of breastfeeding in public, respectively.

Few studies of attitudes in relation to intention to breastfeed were found. Persad and Mensinger (2008) provided a descriptive analysis of the socio-demographic characteristics, breastfeeding intention, and breastfeeding attitudes of 100 primiparous pregnant women at an inner city prenatal clinic. The study used the theory of reasoned action (TRA). The findings showed that breastfeeding attitudes were significantly positive associated with breastfeeding intention. Walingo and Mutuli (2014) conducted a cross-sectional study in Western Kenya to identify the relationship between attitudes of 220 mothers (both primiparous and multiparous mothers) who were joining in maternity wings of prenatally and postpartum women from a provincial hospital and intention to breastfeeding behavior. The study used the TPB as the conceptual framework. The study results showed that attitude is positively related to intention of breastfeeding. Nguyen et al. (2013) conducted a study in Vietnam to determine the degree of intention for EBF during the first six months and its predictors among 180

Vietnamese pregnant women. Attitudes were measured by six bipolar adjective pairs. The results showed that attitudes were significantly correlated to intention of breastfeeding practice.

In conclusion, the above studies used different instruments to measure attitudes. The samples comprised pregnant women and mothers, and they had good attitudes on breastfeeding. It was also found that attitudes were correlated with intention to breastfeed. In determination of pregnant women, the women in the studies were at different trimesters of pregnancy. In this study, pregnant women in their third trimester of pregnancy were studied.

### **Studies Related to Subjective Norm Towards Breastfeeding**

Subjective norm refers to the influence of the surrounding people of an individual towards his/her behaviors. In this study, the definition of subjective norm refers to the surrounding people of primiparous pregnant women whose opinion on breastfeeding behavior they value. Surrounding people are family members, health professionals, friends, and significant others. There are few studies in relation to subjective norm of breastfeeding behavior. Walingo and Mutuli (2014) studied about breastfeeding among mothers in Kenya. They found that the most influential persons on a mother's decision to breastfeed included medical professionals, traditional birth attendants, and significant others. In addition, family members, mothers' partners, and society also encouraged mothers to practice EBF. In regard to continued breastfeeding of infants in the first year of infants' lives, it was influenced by health professionals, traditional birth attendants, family members, and mothers' partners. Nguyen et al. (2013) conducted a study in Vietnam to determine the subjective norm among 180 primiparous and multiparous pregnant women towards EBF, using in the TPB. The subjective norm in the study was family members including husbands, parents and parents-in-law; friends, and/or colleagues, as well as health care providers including nurses, midwives, and obstetrician.

Studies regarding the relationship of subjective norm to intention towards breastfeeding were found in both developed and developing countries. Hill, Arnett, and Mauk (2008) conducted a study in Texas to provide a better understanding of the

process used by 88 low-income pregnant women when deciding whether to breastfeed or not. The framework in the study was the theory of reasoned action. It was measured with two items. Each item was measured on a 3-point Likert scale (*agree to disagree*). It was found that subjective norm was related positively to intention towards breastfeeding. Nguyen et al. (2013) conducted a study in Vietnam to determine the relationship of subjective norm to intention for EBF, using in the TPB, among 180 primiparous and multiparous pregnant women. The result of the study showed no relation of subjective norm and intention to EBF.

In conclusion, the results from the literature review regarding the subjective norm showed various influencing persons on pregnant women or mothers on EBF and breastfeeding. Furthermore, the results of the relationship between subjective norm and intention towards breastfeeding were inconsistent.

### **Studies Related to Perceived Behavioral Control Towards Breastfeeding**

In literature review, perceived behavior control means an individual's beliefs about the ability to perform a task. In this study, it refers to the feeling of primiparous pregnant women towards their ability to perform breastfeeding. The review of literature found one study among pregnant women. Teklehaymanot et al. (2013) conducted a study in a community based on a cross sectional study to assess the perceived behavioral control on EBF among 709 pregnant women in Medebay Zana district, North West of Tigray, North Ethiopia. The study used the TPB. The findings showed that they had high levels of perceived behavioral control on EBF. One study of perceived behavioral control was conducted among mothers about breastfeeding. Khoury et al. (2005) conducted the study in Mississippi, USA, to examine perceived behavioral control on breastfeeding among 733 low-income postpartum women, using the TPB. The findings showed that 82.1% of the women in the sample had confidence to breastfeed even if they went to work or school.

In determination of the relationship of perceived behavioral control and intention, Gross (2008) conducted a study to determine the relationship between perceived behavioral control and intention towards breastfeeding, using the TPB. The sample comprised 289 adolescent primiparous pregnancies (32 – 36 weeks of gestation). The



study showed a positive relationship between perceived behavioral control and intention on breastfeeding at a moderate level ( $r = .54, p = .01$ ).

In conclusion, the above literature review regarding perceived behavioral control showed that the samples were different (pregnant women and mothers) and had perceived behavioral control on EBF and breastfeeding. However, perceived behavioral control was on going back to work or school and on EBF during pregnancy. In addition, there is a relationship between perceived behavioral control and intention among adolescent primiparous pregnant women.

### **Studies Related to Intention Towards Breastfeeding**

There are few studies related to intention towards EBF and breastfeeding in developed and developing countries. Sipsma et al. (2013) conducted a cross-sectional analysis to examine breastfeeding intentions among 592 adolescent pregnant women (14 – 21 years) (second or third trimester of pregnancy) from obstetrics and gynecological, and ultrasound clinics in four university-affiliated hospitals in Connecticut, USA. Self-reported questionnaires were used to collect data. The results found that 73% of the women in the sample showed intention on breastfeeding. Chertok, Luo, Culp, and Mullett (2011) analyzed the population-based data of West Virginia, USA, to examine prenatal intention to breastfeed among rural pregnant women (primiparous or multiparous; at least 20 weeks of gestation). The study results showed that both types of pregnant women had intention to breastfeed.

Lau (2010) conducted an exploratory, cross-sectional study among 2,178 Chinese pregnant women in their second trimester (18 weeks of gestation) of pregnancy to estimate the prevalence of three forms of feeding intention in six of Hong Kong's regional hospitals. This study used a Chinese questionnaire but mentioned none of the framework. Three responses were presented to indicate feeding intention: breastfeeding, mixed feeding, and artificial feeding. Another study, Wang, Lau, Chow, and Chan (2013) conducted a study to explore the breastfeeding intention among 2,098 primiparous pregnant women (older than 25 years) in the second and third trimester (13 – 24 and 25 – 36 weeks of gestation) in antenatal clinics of five regional hospitals, Hong Kong. Self-administered questionnaires were used to measure breastfeeding intention.

Study findings showed that 85.3% of primiparous mothers showed breastfeeding intention.

In Bangladesh, a study focused on intention of EBF with a sample of 2,400 pregnant women in their third trimester of pregnancy, using the TPB (Thomas et al., 2015). The results showed that 83.9% of pregnant women had high intention of EBF.

In conclusion, the studies about intention were on both EBF and breastfeeding. The samples comprised both primiparous and multiparous pregnant women and mothers. The results showed intention towards EBF, breastfeeding, mixed feeding, and artificial feeding. There are a number of factors that can influence primiparous pregnant women breastfeeding including age, education, income level, and psychological factors.

In addition, few studies have reviewed the factors affecting duration of EBF and breastfeeding. The focuses of those studies have been related to EBF. A study among 514 Turkish mothers, using a cross-sectional study, was conducted to determine factors affecting exclusive breastfeeding of healthy infants aged zero to four months old. It was found that 250 (50.6%) of the mothers gave EBF; however, frequent crying of the infants increased the likelihood of mothers to provide complementary food (Karacam, 2008). Another study, a community-based cross-sectional study was conducted in Ethiopia from March to February 2010 involving both quantitative and qualitative data. A total of 608 mothers were randomly recruited with the convenience sampling technique. Data were collected by both quantitative and qualitative methods. The results showed that the median duration of exclusive breastfeeding was three months and employed mothers were less likely to practice exclusive breastfeeding (Setegn et al., 2012). Another study in Dhaka, Bangladesh, used peer counselors as the intervention by home-based counseling visits to 363 pregnant women in their third trimester of pregnancy for breastfeeding promotion. The recommendation on the duration of EBF of counseling was 5 months (Haider, Ashworth, Kabir, & Huttly, 2000). The results showed that pregnant women in the intervention group increased the initiation and duration of EBF.

## Measurement of Attitudes, Subjective Norm, Perceived Behavioral Control and Intention to Breastfeeding

In this study, the Breastfeeding Attrition Prediction Tool (BAPT) by Janke (1992) was used because it was appropriate for the situation of Bangladesh. The original version was developed in the year 1992 and included 40 items of attitudes, 12 items of perceived behavioral control, and 11 items of subjective norm. This version included none of intention. The report of internal consistency of the instrument using Cronbach's alpha coefficients for positive attitudes, perceived behavioral control, and subjective norms were .75, .86, and .78, respectively. However, the researcher asked for permission to use the tool from the author. The author provided the BAPT version from the year 2008. The version covers variables of attitudes, perceived behavioral control, social and professional support scales, subjective norms, and intention. To be used in this study, the tool included four components, namely attitudes, subjective norm, perceived behavior control, and intention. The tool was measured by a 6-point Likert scale in the parts of attitudes, subjective norm, and perceived behavior control.

### Attitude Scale

The attitudes scale of the BAPT has 58 items. The attitudes part has positive breastfeeding sentiment (PBS) with 14 pairs on the attitudinal scale. Each set uses a 6-point Likert scale. The number 1 is *strongly disagreeing* or *not important to me* and number 6 are *strongly agreed* or *important to me*. The calculation of the obtained score was provided by the original author as follows Positive Breastfeeding Sentiment (PBS) Attitudinal Scale.

i. Multiply each belief score by its corresponding outcome evaluation. The items to be multiplied are as follows: 1,43; 4,46; 5,47; 8,50; 9,51; 12,54; 13,55; 16,58; 17,59; 20,62; 23,65; 24,66; 25,67; 28,70.

Example: a person scores a 2 for item 5 "Breast milk is healthy for the baby" and a 6 for item 47 "Using a feeding method that is healthy for my baby is...". These scores are multiplied for an item attitudinal score of 12.

ii. Sum all multiplied scores for the "Positive Breastfeeding attitudinal score.

iii. The higher the score, the greater the positive breastfeeding sentiment.

### **Subjective Norm Scale**

The original BAPT had 13 items. The scale was answered by 6-point Likert scale from 1 to 6 and 0 for *not applicable*. Number 1 means *do not care at all* and 6 is *care very much*.

### **Perceived Behavioral Control Scale**

The original BAPT had 10 items. It was measured by 6-point Likert scale from 1 is *strongly disagreeing* and 6 are *strongly agreed*.

### **Intention Scale**

This part included three questions. The first question is “what is the primary method of infant feeding are you going to use with your new baby?” the answer to this question is a selection of one choice from either “breastfeeding” or “formula feeding”. The second question is “how long do you intend to do the breastfeeding as you select in question number 1?”, the answer to this question is a selection of one choice from either “less than 6 months” or “more than 6 months”. The last question is “what will be the main reasons you chose to breastfeed? The answer to this question is a narrative form based on the views of the subjects.

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## **The Situation of Breastfeeding in Bangladesh**

Bangladesh is predominantly a developing country with around 160 million people, and the vast majority of them live under poverty. The country has a structure of health service delivery system from central to the grassroots level. In Bangladesh all the three levels (primary, secondary, and tertiary) provide health education on breastfeeding during antenatal care and counseling service at postnatal care. In the community, the government provides breastfeeding counseling and postnatal care services free of charge, but in the hospital level they take a minimum amount of 10 Bangladeshi taka (BDT) (100 US dollar = 8,000 BDT) for the breastfeeding counseling and postnatal services. Moreover, many private sectors and non-governmental organizations (NGO) also offer maternity services in Bangladesh.

In Bangladesh, a study in Mirzapur, northern Bangladesh, found that the prevalence of EBF was only 36% (Joshi et al., 2014). The results of study were consistent with the figure that global EBF is about 38% among infants 0 – 6 months old (Wolde et al., 2014). From the above data, it may imply that there are many forms of breastfeeding among mothers in Bangladesh. The review of literature has shown that 23% of infants are given complementary foods before the age of six months (National Institute of Population Research and Training; 2005 as cited in Mihrshahi et al., 2007). In addition, the rates of bottle feeding are high with 30% of infants aged 2 – 3 months, and the rate of infants aged 4 – 7 months bottle-fed had almost doubled since 2000, especially in urban areas (National Institute of Population Research and Training, 2005 as cited in Mihrshahi et al, 2007).

### **ANC Service on Breastfeeding**

In this section, the provision of antenatal care service narrates only the picture of the Comilla Medical College Hospital, in an urban area of Bangladesh. The hospital does not claimed itself as a baby-friendly hospital as recommended by the WHO. The hospital offers ANC every day from 9 a.m. to 2 p.m., except on Fridays and holidays. There were approximately 20 pregnant women visiting the ANC unit each day, and the service was provided by only one senior nurse. The majority of them were in their third trimester of pregnancy, and there were approximately 3 – 5 cases of primiparous

pregnant women per day. Daily service for pregnant women included checking blood pressure, measuring height, body weight, and testing the urine for sugar and albumin. In addition, health education to pregnant women visiting ANC unit was offered every working day. The content of the health education covered maternal nutrition, the benefits of breastfeeding, immunization, family planning, and personal hygiene. Health education was conducted in a group of five pregnant women and was run by a senior staff nurse of the ANC unit in the morning at 10.00 a.m. once a day.

Health education in relation to breastfeeding emphasized benefits of breastfeeding, colostrum, initiation of breastfeeding, and duration of breastfeeding (EBF for 6 months). A senior staff nurse delivered information by lecture and used media such as books, wall posters, and flip charts containing information regarding nutrition, breastfeeding, and benefits of breastfeeding. There was no multimedia available. Thus, pregnant women listened to the lectures and looked at the posters or flip charts. Duration of health education lasts approximately 15 – 20 minutes. After finishing the sessions, senior staff nurse evaluated by asking the question “do you understand everything?” Then a senior staff closed the sessions with the sentence “if you have any questions about the information given, please ask me, or ask me in the next visit to the ANC unit” (A. Lucky, personal communication, May 4, 2015). In addition, only pregnant women who came to the ANC unit in the morning would receive health education. Those who came later would miss valuable information on their visit. It can be inferred that pregnant women who visited the ANC unit may not have gotten sufficient information to clearly understand about breastfeeding.

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## Conceptual Framework

This study used the TPB to explore intention towards breastfeeding among primiparous pregnant women. The TPB illustrates the relationship of attitudes, perceived behavioral control, and subjective norms to intention in performing certain behaviors. In this study, breastfeeding is the behavioral intention of primiparous pregnant women toward breastfeeding. The intention is determined by their attitudes about the outcomes of breastfeeding including the benefits and barriers. In regard to subjective norms, it is the beliefs of primiparous pregnant women about people in their surroundings influencing their intended breastfeeding behavior. Perceived behavioral control is the confidence of primiparous pregnant women towards breastfeeding. In this study, the variables of attitudes, subjective norms, perceived behavioral control, and intention towards breast feeding were examined.



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