DETERMINANTS OF EXCLUSIVE BREASTFEEDING AMONG LACTATING MOTHERS ATTENDING IMMUNIZATION SESSION IN CENTRAL WOMEN'S HOSPITAL (YANGON)

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M.B., B.S

Master of Hospital Administration (MHA)

University of Public Health, Yangon

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Thesis submitted to
the Postgraduate Academic Board of Studies,
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Chief Examiner

Examiner (1) **Examiner (2)**

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ABSTRACT

Exclusive breastfeeding (EBF) up to six months is an effective intervention to improve child health and survival. EBF is giving breastmilk only and no other liquids, except drops or syrups with vitamins, minerals supplement or medicine. According to Myanmar DHS data,2016, the proportion of EBF was 51% in Myanmar, increasing trend than last decades but still needed to be promoted. So, it is needed to identify the factors influencing EBF in Myanmar. Most of the previous studies in Myanmar was done in peri-urban area. Hence this study was conducted to assess determinants of EBF among lactating mothers of infants aged between six months to one year attending immunization session in Central Women Hospital, Yangon during August to November, 2019. Data collection was done through face-to-face interview using structured questionnaires among 180 lactating mothers. Most of the respondents were graduates and over 30 years. About half of the respondents were dependent, over two-thirds of the working mothers got maternity leave for less than 24 weeks. Over 60% of the respondents were primiparous and most of them were delivered by LSCS. Three-fourth of the respondents have good knowledge. Out of 180 respondents, 62.8% practiced EBF, not high in accordance with study population including graduates, those who lived in downtown area and those who delivered their babies at public and private hospitals. In Logistic regression analysis, the following factors were observed. Respondents without antenatal complications were significantly more likely to practice EBF (AOR=4.0,95%CI= 1.1,14.3). Receiving health education on EBF during postnatal care was significantly associated with practice on EBF (AOR= 3.8, 95% CI= 1.4,9.8). The respondents with good knowledge on EBF were 9.8 times more likely to practice EBF than those with low knowledge (AOR= 9.8,95%CI= 4.0,24.1). The respondents who received peers' experience sharing about EBF were 2.4 times more likely to practice EBF than others (AOR= 2.4, 95% CI=1.2,5.2). Receiving spouse's support was significantly associated with practice on EBF (AOR= 2.8,95% CI= 1.4,5.5). According to qualitative findings, misconcept of lactating mothers, lack of knowledge about breastfeeding by community, post -operative pain and stress, inadequate maternity leave for working mothers, advice of private nurse to choose formula feeding were main barriers of EBF. This study identified that giving HE about EBF in postnatal care, enough duration of maternity leave, peers' breastfeeding experience sharing, spouse's support, improving knowledge, skills and attitude of health care providers were essential for promotion of EBF in community.

CONTENTS

LIST OF ABBREVIATIONS

AMW	-	Auxiliary Midwife
ANC	-	Antenatal Care
ARI	-	Acute Respiratory Tract Infection
BFHI	-	Baby Friendly Hospital Initiative
CWH	-	Central Women's Hospital
DHS	-	Myanmar Demographic and Health Survey
EBF	-	Exclusive Breast Feeding
GE	-	Gastroenteritis
HP	-	Health Professional
IDI	-	In-depth Interview
IFPRI	-	International Food Policy Research Institute
KII	-	Key Informant Interview
LC	-	Lactation Consultant
LSCS	-	Lower Segment Caesarean Section
MCH	-	Maternal and Child Health Clinic
MD	-	Managing Director
MICS	-	Multiple Indicators Cluster Survey
MW	-	Midwife
NHP	-	National Health Plan
NICU	-	Neonatal Intensive Care Unit
NSVD	-	Normal Spontaneous Vaginal Delivery
PNC	-	Postnatal Care
RHC	-	Rural Health Center
RN	-	Registered Nurse
SBA	-	Skilled Birth Attendance
SPSS	-	Statistical Package of Social Science -
TBA	-	Traditional Birth Attendant
UNHCR	-	United Nations High Commissioner For Refugees
UNICEF	-	United Nations International Children's Emergency Fund
WHO	-	World Health Organization

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CHAPTER 1

INTRODUCTION

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants. It also affects the reproductive process, with important implications for maternal health (WHO, 2002).

The World Health Organization (WHO) recommends exclusive breastfeeding for first six months of life and continued breastfeeding up to two years of age or beyond. Promotion of exclusive breastfeeding is the single most cost-effective intervention to reduce infant mortality in developing countries (WHO, 2009).

Exclusive breastfeeding is defined as providing infants with only breast milk without the addition of water, herbal preparations or food in the first six months of life, except for vitamins, mineral supplements and medicine.

1.1 **Background Information**

World Health Organizations and United Nations International Children's Emergency Fund recommend breastfeeding as the optimal feeding method for infants, because it provides all the necessary nutrients and antibodies. Exclusive breastfeeding is known to be the most effective preventive intervention to improve child health and survival (UNICEF, 2011).

Exclusive breastfeeding is the cornerstone of child survival and child health because it provides essential, irreplaceable nutrition for a child's growth and development. It serves as a child's first immunization providing protection from respiratory disease, diarrhea and other potentially life-threatening ailments. It also protects protect against high blood pressure, diabetes, overweight and obesity in adult life, and further improve cognitive development (WHO, 2013). To emphasize the importance of breastfeeding, the Lancet Breastfeeding series have estimated that scaling up of breastfeeding could prevent 823,000 child deaths every year (Victor et al, 2016).

Breastfeeding has also been found to be beneficial for mothers because breastfeeding mothers have less risk of breast cancer, endometrial, and ovarian cancer, and osteoporosis. Breastfeeding diabetic mothers require less insulin. Breastfeeding stabilizes maternal endometriosis, reduces the risk of post-partum hemorrhage and improve birth spacing (Agunbiade, Ojo .M, Opeyemi, 2012).

So, WHO and UNICEF have promoted breastfeeding practices through development of international standard and policies, including WHO/UNICEF Joint statement "Protecting, Promoting and Supporting Breastfeeding (1982), Baby Friendly Hospital Initiative (1992).

There are 545 hospitals and 191 townships which had been implemented BFHI in Myanmar from 1993 to 2012. But only (16) public hospitals has been accredited to BFHI at 2018 after auditing by committee. The Central Women's Hospital, Yangon was one of the actively participating hospital in BFHI. It is one of the hospitals implementing Baby Friendly Hospital Initiative since 1993. Now, CWH is following the updated Guidelines from 2018 BFHI workshop in Nay-Pyi-Taw including continuous training program for BFHI, production of more trainers for BFHI, participation in auditing for BFHI.

According to Myanmar DHS (2016), the proportion of exclusive breastfeeding was 51% in Myanmar, increasing trend than MICS data (2010) (24%). But the proportion of EBF was still needed to be promoted and the studies on exclusive breastfeeding were still in need for Myanmar. So, this study was done in the Central Women's Hospital, Yangon in which BFHI had been implemented.

1.2 Problem Statement

Breastfeeding is a well established and recommended intervention for the improvement of child nutrition. Studies have demonstrated that it reduces deaths in infant and young children (WHO,2009).

It is estimated that suboptimal infant feeding practices, especially Non-EBF in the first six months of life results in 1.4 million deaths and 10% of diseases in under-fives. Evidence shows that sixty percent of under-five mortality was caused by malnutrition and two-thirds of those were associated with inappropriate infant feeding practices during infancy.

The Global Nutrition Report 2016, states that even if the nutrition situation has improved dramatically over the previous decades, the current global prevalence of malnutrition is still high, prevalence of stunting was 23.8% and prevalence of wasting was 7.5%. Looking at Southeast Asia, 25.8% of children under five are stunted and 8.4% are wasted. According to 2017 report, prevalence of stunting was highest in Cambodia, Lao PDR and Myanmar, Philippines and parts of the Indonesia (WHO, 2017).

Globally not more than 35% of children were exclusive breast fed during the first four months of their life. Proportion of EBF were 16.8% in US, 29.8% in Brazil and 37% in Pakistan and 46.4% in India (Khan et al., 2016).

In Myanmar, 29.1% of under five children are stunted, 6.8% were wasted, 18.3% were underweight. It was contributed by poverty, traditional diet that lacks food with sufficient nutrients, poor infant feeding practices, inadequate clean water and sanitation and limited agricultural crops (WHO, 2018).

Although BFHI had been implemented in Myanmar since 1993 and implementing nutrition week activity in all public health facilities, proportion of EBF was 51%, leading to increased prevalence of malnutrition, increased burden of under-five morbidity and mortality (Myanmar DHS, 2016).

1.3Justification

Several studies flashed that breastfeeding is an ideal food for healthy growth and development of infants, and a key protective factor against common childhood infectious diseases, and has short- and long-term benefits especially to prevent undernutrition, stunting and to prevent infant mortality and morbidity

Exclusive breast feeding up to six months and continued breast feeding up to two years of age were ranked number one intervention globally, with complementary feeding starting at six months. These interventions had been estimated to prevent almost one-fifth of under-five mortality in developing countries.

Low rates and early cessation of breastfeeding have important adverse effects on health, social and economic implications for women, children, the community and environment, and results in greater expenditure on national health care.

Hence, WHO and UNICEF launched the Baby-Friendly Hospital Initiative (BFHI) in 1992 as a part of global effort to protect, promote and support breastfeeding. Although there are many undesirable cultural practices associated with infant feeding BFHI has been implemented in about 16,000 hospitals in 171 countries and it has contributed to improving the establishment of exclusive breast feeding world-wide. While improved maternity services help to increase the initiation of exclusive breastfeeding, support throughout the health system is required to help mothers sustain exclusive breastfeeding (WHO, 2013).

Although BFHI had been implemented in Myanmar since 1993, exclusive breastfeeding rate was only 51% according to Myanmar DHS. Therefore, we need to

find out the determinants of exclusive breastfeeding in Myanmar. The previous studies regarding practice of exclusive breastfeeding were found limited to peri-urban area and most of the studies were community-based. Therefore, the Central Women's Hospital was selected for this study because it is the largest hospital for maternal and neonatal health in Myanmar, located in downtown area, Lan-ma-daw township, Yangon. It is 800 bedded public and tertiary teaching hospital including three main wards, Obstetric ward, Gynecological ward and Neonatal Intensive Care Unit and other supportive departments. It is one of the hospitals implementing Baby Friendly Hospital Initiative since 1993. The training program for health care staff had been implemented according to Guidelines for BFHI by WHO and UNICEF since 1993.It is also an actively participated hospital for BFHI. Due to this study, the policy makers can identify the factors which is essential for promotion of EBF such as giving health education in antenatal or postnatal care, continuum of care, reinforcing in capacity building of health care providers regarding EBF.

CHAPTER 2

LITERATURE REVIEW

Overview on guidelines of exclusive breastfeeding

The ten steps to successful breastfeeding for every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice rooming-in-allow mothers and infants to remain together24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic (WHO, 2011).

Overview of prevalence of exclusive breastfeeding

In the Southeast Asia, proportion of exclusion breastfeeding was still low even improved in socioeconomic status. Myanmar is in the exclusive breastfeeding rate (51.0%) according to Myanmar DHS, 2016, improved than previous years.

There was only 8.3% of mothers sustained EBF for six months although 78.3% initiated breastfeeding within half hour after birth, a result from cross sectional study in Tharketa township, Myanmar (Ywal-Nu-Nu-Khin,2012).

The proportion of breastfeeding (96.7%), early initiation of breastfeeding (60.2%), exclusive breastfeeding (13.8%), timely introduction of complementary food (100%), continued breastfeeding up to 2 years of age (54.5%). These were the

findings from one of the Myanmar studies done in North Okklapa township in 2009(Lwin-Mar-Hlaing, 2009) .

Another Myanmar study done in Kungyangone, Yangon region indicated that 14.5% of mothers gave exclusive breastfeeding and majority of mothers (89%) initiated breastfeeding within one hour after delivery (Khin-San-Aye, 2010).

The proportion of EBF was 20.5% and median duration was four months, a result from the cross-sectional study in peri urban area of Yangon , 2013(Myo-Moh-Moh, 2013).

Proportion of exclusive breastfeeding was suboptimal in different countries in the world. Proportion of exclusive breastfeeding was 16.8% in United States, 29.8% in Brazil but 84.8% in Cameroon and 37.0% in Pakistan, our neighborhood country (Khan et al., 2016).

The rates of exclusive breastfeeding was also low in low socio-economic countries, 2.8% in Congo and 11.7% in Algeria but slightly more in Ethiopia (52.0%), South Africa (47.1%) (Aakre et al., 2017).

Overview of socio-demographic characteristics

A cross sectional descriptive study was conducted in South Dagon township in 2013 to assess factors influencing exclusive breastfeeding among mothers. About half of mothers were between 21 to 30 years. About one third of mothers attained middle school level of education, 25.0 % had high school level education and 14.5% were graduates. In this study, most of the respondents were dependent. Among 64 working mothers, 50 mothers worked outside home but 14 mothers worked at home (Myo-Moh-Moh, 2013).

Another study in Nigeria was also a cross-sectional survey among lactating mothers who have breastfed for six months and up to two years to assess knowledge, attitude and techniques of breastfeeding. Nearly two-thirds of mothers were aged ≤30 years. Half of the respondents were below secondary school level and 48.3% passed tertiary level, only 2.1% were M.Sc. level. About their occupation, 16.2% were unemployed (Mbada et al.,2013).

The patterns and determinants of breastfeeding among mother was explored by a cross- sectional study in Pakistan. In this study, 69.0% of mothers were aged between 25-34 years, each half possess nuclear and extended family types. Illiterate was 24.0%, primary and metric level was 31.0%, above metric level was 45.0% for their educational status. Nearly two-third of the respondents were unemployed (Khan et al., 2016).

A cross-sectional study was conducted among lactating mothers with child less than 2 years in Mizan Aman town, Southwest Ethiopia. In this study, majority of the respondents were between 20 to 30 years. About 80.6% were married. According to their education, illiterate, read and write, 1-8 grade, 9-12 grade were equally distributed, and only 11.1% were university or college level. One-third of the respondents were housewives, 28.0% were government employee, 23.6% were daily laborers, 15.3% were merchant and 2.2% were students Over two-thirds of mothers earned ≥ 30 US dollars per month (Tadele et al., 2016).

A cross-sectional study in Saharawi, Algeria was done lactating mothers with infants from birth to 6 months of age. The mean age of mothers in this study was 31.4±5.9 years. About their educational status, 22.7% of mothers passed more than 10^{th}grade.Only 18.9% were working outside. The average household size was 5.1±1.9 numbers (Aakre et al., 2017).

Overview on socio-demographic characteristics of mothers influencing exclusive breastfeeding

A cross-sectional descriptive study done in Shwepyithar township, Yangon region showed the proportion of exclusive breastfeeding was 57.1% and found significant association between duration of breastfeeding and practice of mother on breastfeeding, knowledge, attitude and practice of mothers, mother's age and maternal occupation. The two most common reasons for cessation of breastfeeding was thinking of enough to stop and due to work (Tun-Tun-Win, 2006).

A cross-sectional study was done in immunization clinics of a sub metropolitan city in Western Nepal to know determinants of exclusive breastfeeding. The following factors were found to influence exclusive breastfeeding. Regarding occupation, 17.1% of housewives practiced EBF and 21.6% of working mothers practiced EBF, not so different. The rates of EBF in high school level was 17.2% and more than high school level of mothers was 19.3% (Chandrashekhar et al.,2007).

Regarding occupation, unemployed mothers practiced more on EBF. There was statistically significant relationship between occupation and practice on EBF. Mothers who did not work outside were significantly more likely to practice compared to those who worked, no significant associations were found between age, marital status, religion, education and income of mothers and family. These were the results of a previous Myanmar study in South Dagon township (Myo-Moh-Moh,2013).

A retrospective study among Egyptian mothers of infants older than six months was done. Maternal age < 25 years and single marital status has more chance to artificial feeding. Regarding the educational status, 75.0% of illiterate mother gave artificial feeding their baby but 75.7% of educated mothers gave exclusively breastfeeding. Among them, 81.5% of housewives mother practiced EBF and only 18.5% of working mother practiced EBF. Mothers with chronic disease were prone to artificial fed to baby. The married women practiced EBF than widowed or divorced (Kandeel et al., 2018).

Overview of obstetric history, characteristics of infants and social supportive factors influencing exclusive breastfeeding

In one of the Chinese study regarding EBF, the factors significantly associated with duration of EBF were living areas, ethnic group, maternal education and employment, family income, gestational age, infant birth weight, maternal age, number of family members, delivery method, when mother returned to work, whether mother of the respondents breastfed her children, using a pacifier and the time when the infant feeding method was chosen. Almost all of the mothers in the study were married. The duration of EBF was decreased when a mother returned to paid employment. The earlier the mother returned to work, the less likely she was to continue EBF. Infants who had been introduced to a pacifier before two weeks of age were less likely to be exclusively breastfed. On the other hand, women whose own mother breastfed her children and who decided feeding method before delivery were more likely to give EBF to their babies(Xu et al., 2007).

The factors which influenced the mothers' decision on exclusive breast-feeding in Nepal study were: friends' breast-feeding preferences, type of delivery and baby's first feed. Those mothers who had NSVD were more likely to breast-feed exclusively than those who had taken Caesarean section. Mothers whose friends were breast-feeding were more likely to breast-feed their baby exclusively. The babies were more likely to be exclusively breast-fed if they had received colostrum/breast milk as the first meal. Mother who took antenatal visits for >3 times were more likely to breastfeed exclusively (Chandrashekhar et al., 2007).

To explore the breastfeeding practices of mothers of 6-12 months old, a cross-sectional study was carried out in Kungyangone, Yangon Region in 2010.Majority of the respondents were 25-34 years old, primiparous, dependent and passed primary school level. There were no significant association between practice of EBF and maternal age, education, occupation and monthly family income. This study showed that proportion of infants who ever visited to clinic for diarrhea and acute respiratory tract infections (ARI) were significantly lower in exclusively breastfed infants (Khin-San-Aye, 2010).

A cross-sectional study was done in Tharketa Township to investigate practice towards EBF. This study showed that low educated mothers were less knowledgeable about EBF. Mothers who worked outside had high level of knowledge and working mothers practiced EBF. Mothers who delivered their babies in hospitals

had high knowledge. Mothers under 30 years old practiced EBF more than older age group. It was observed that mothers with high knowledge practiced EBF up to six months (Ywal-Nu-Nu-Khin, 2012).

The practice of EBF was high in mothers who delivered their babies by normal spontaneous vaginal delivery and multiparous mothers. Dependent mothers were 3.54 times more likely to practice EBF. Mothers from high knowledge were 2.24 times more likely to practice EBF than those from low knowledge. Regarding the information about EBF, 84.5% of mothers knew on EBF and 45% of mothers got information mostly from health care providers. Commonest reasons for not practicing EBF were due to insufficient breast milk and due to working outside home. The study has observed that 68.2% of mothers initiated breastfeeding within one hour after delivery. However, it is observed that majority of mothers intended to introduce weaning diet before six months among lactating mothers in South Dagon township, Myanmar (Myo-Moh-Moh,2013).

Regarding to knowledge about EBF in a study in Nigeria, 88.0% of mothers heard about exclusive breastfeeding and their main source of information was hospital. Among them, 69.5% got previous EBF Training. A study in Nigeria stated that there was significant association between previous breastfeeding training and cumulative breastfeeding knowledge score level. Parity was also significantly associated with practice of breastfeeding (Mbada et al.,2013).

The prevalence and predictors of exclusive breastfeeding among lactating mothers of infants aged between six months to one year were explored by one of the Myanmar studies. This study was done in both rural and urban hospitals of Pan-Ta-Naw township, Ayeyarwaddy Region, Myanmar. The proportion of EBF was only 15%, most mothers introduced water and rice, formula milk or cow's milk to the infant below six months of age. In this study, mothers who lived in rural area, dependent mothers, mothers who delivered their babies in health facilities, mothers who took antenatal care for at least four times, mothers who had good knowledge level were significantly more likely to give EBF (Kyi-Lynn-Wai, 2016).

A study in University hospital, of Southern Brazil stated that the prevalence of EBF was 79.5%. The factors associated with the interruption of EBF were babies ≥ 21 days, who received formula supplementation at the hospital, women with difficulties in breastfeeding after hospital discharge. These factors can help health workers create

actions for mothers with difficulties and prevent interruption of EBF (Enfermagem, 2016) .

About 26 % of the mothers were unable to correctly define EBF. The majority felt good to EBF for six months, to breastfed on demand (99.5 %) and did not have difficulties in EBF (90 %,). 42.0 % of the mothers did not give EBF to their babies .They did not practice EBF because they misunderstood certain signs of the child to mean wanting to eat food or drink water, regarded breast milk to be inadequate to meet the nutritional needs of the child and misunderstood healthcare professionals' EBF advice. Higher maternal education was associated with higher likelihood of EBF. Furthermore, higher knowledge of EBF was associated with the likelihood of EBF .These were the results of a study among lactating mothers in Ghana (Mogre, Dery and Gaa, 2016).

The Lancet breastfeeding series (2016) stated that poor government policies, lack of community support an aggressive formula milk industry mean breastfeeding practices were not as widespread as it could be. The suggestions to promote optimal infant feeding practices include promoting breastfeeding by raising awareness, improving maternity laws and establishing places to breastfeed in the workplace.

In a study done in Southwestern Ethiopia, majority of study participants had received information about EBF (93.6 %), mainly from health professionals. In concern with initiation, more than two-third of mothers replied that breast milk should be started immediately after birth. Regarding the duration of EBF, only about one third of mothers mentioned up to six months. One quarter of mothers knew that EBF for six months protects their child from diarrhea and 32 % of mothers responded that EBF can be used as a contraceptive. In Ethiopia study, the majority of participants had initiated breastfeeding immediately. Two thirds of mothers (66.6%) were breastfeeding on demand and the majority had not given any prelacteal feeds to their newborn baby. Exclusive breastfeeding was reported only by 26.4 % (Tadele et al., 2016).

A hospital-based study to assess factors associated with intention to EBF was done in Central Women's Hospital, Yangon in 2017. This study identified that working women were less likely to intend to EBF significantly. The women from rich and middle-income households, those who had high and medium breastfeeding knowledge levels and those who received information from health professionals and mobile internet had a higher intention to EBF (Myat-Pan-Hmone, 2017).

A cross- sectional study was conducted among Myanmar migrant mothers of infants aged under 12 months in Mahachai Sub-district, Thailand to determine the prevalence and factors related to six-month exclusive breastfeeding. The proportion of EBF was 37% in this study, occupation of the husband, respondents with positive attitude and previous working status of the respondents were found to be significantly associated with six-month EBF (Pitikultang, Khin and Siri, 2017).

An institution-based cross-sectional study was done among 380 mothers attending private pediatric clinics in Addis Ababa, Ethiopia. The purpose of this study was to assess EBF practice and associated factors. In this study, majority of mothers were in the age group of 26-35 years, 34.5% passed diploma level, 33.4% were graduate level and above. Nearly half of the mothers have their own income. Almost all of the mothers delivered their babies in health institutions. Among the respondents, 44.6% practiced EBF and 52.6% initiated breastfeeding within one hour of delivery. Two-third of the mothers knew that EBF was sufficient for their babies. In Logistic regression analysis, NSVD was a significant factor to practice EBF (Alamirew, 2017).

A cross-sectional hospital-based study was done among postnatal mothers in KIMS Hulbi, India, hospital inpatient department and outpatient department to determine six-month breastfeeding practices. The study found that 40% of lactating mothers initiated breastfeeding practices within one hour of delivery, 63.4% gave exclusive breastfeeding. The lactation failure (40%), unsatisfactory growth of baby (50%) and maternal illness (10%) were main reasons for early weaning.Most common cause of delayed initiation of breastfeeding was caesarean section and postpartum complications (Mise et al., 2017).

The effect of maternity practices on EBF in US hospitals was identified by a study done by Patterson et al (2018). Most maternity care practices in Infant Nutrition and care surveys were significantly related to exclusive breastfeeding rates(Patterson, Keuler and Olson, 2019).

2.5 Overview of qualitative studies about exclusive breastfeeding

Breastfeeding rates in the United States are suboptimal. Health professionals (HPs) have a unique opportunity to support breastfeeding because of the frequency and timing of their visits with mothers and infants as well as their call by professional organizations to do so. A qualitative study was conducted in two central New York counties in 2014 to understand HPs' perceived roles and experiences with providing

breastfeeding-related care. In-depth qualitative interviews were conducted with 34 HPs (managing director (MD), obstetricians, midwives, pediatricians, registered nurse (RN), and lactation consultants (LC)) who care for pregnant or lactating women.

The most commonly discussed problem was the gap in care after delivery. HPs who provided prenatal care for women typically did not see women again until 6 weeks postpartum (nurse practitioner) and pediatric care providers felt that their visits were too infrequent to support breastfeeding adequately. Gaps were evident, particularly with nursing care across time and across nursing specialties.

Time was a key barrier and prenatal care providers discussed the limitation of time at prenatal visits, hospital-based nurses and LCs discussed the mothers' postpartum exhaustion as barriers in providing adequate information and assistance (RN). It was perceived that women's breastfeeding decisions were better addressed before hospital admission (LC).

HPs also relied on others because they perceived that they lacked the right skills or because they did not consider it as part of their role. With Pediatric providers generally perceived breastfeeding care as their role but varied in their perceived skills.

The lack of continuity in care across time and across disciplines could relate to inconsistencies in breastfeeding messages, different opinions about and approaches to breastfeeding care made patients confused and detrimental to their success with breastfeeding (LC), as well as to patient–HP relationships (MD).

There was general agreement that HPs needed to provide more education and preparation prenatally for women to breastfeed. Nurses and LCs also stated that women needed to decide to give breastfeeding before hospital admission and suggested more prenatal teaching through lactation consultants, breastfeeding classes (Garner et al., 2015).

A qualitative study to assess barriers of exclusive breastfeeding was done in Ayeyarwaddy Region, Myanmar in 2015. Respondents have high level of knowledge about exclusive breastfeeding, but low adherence. One of the primary barriers was that mothers, husbands and grandmothers believed that exclusive breastfeeding was not sufficient for baby and other foods and liquids were introduced before six months of age. Other barriers were needed to return to work outside home and health related problems. Most respondents stated that decision about breastfeeding were made by mother herselves (May-Mi-Thet,2016).

Conceptual framework

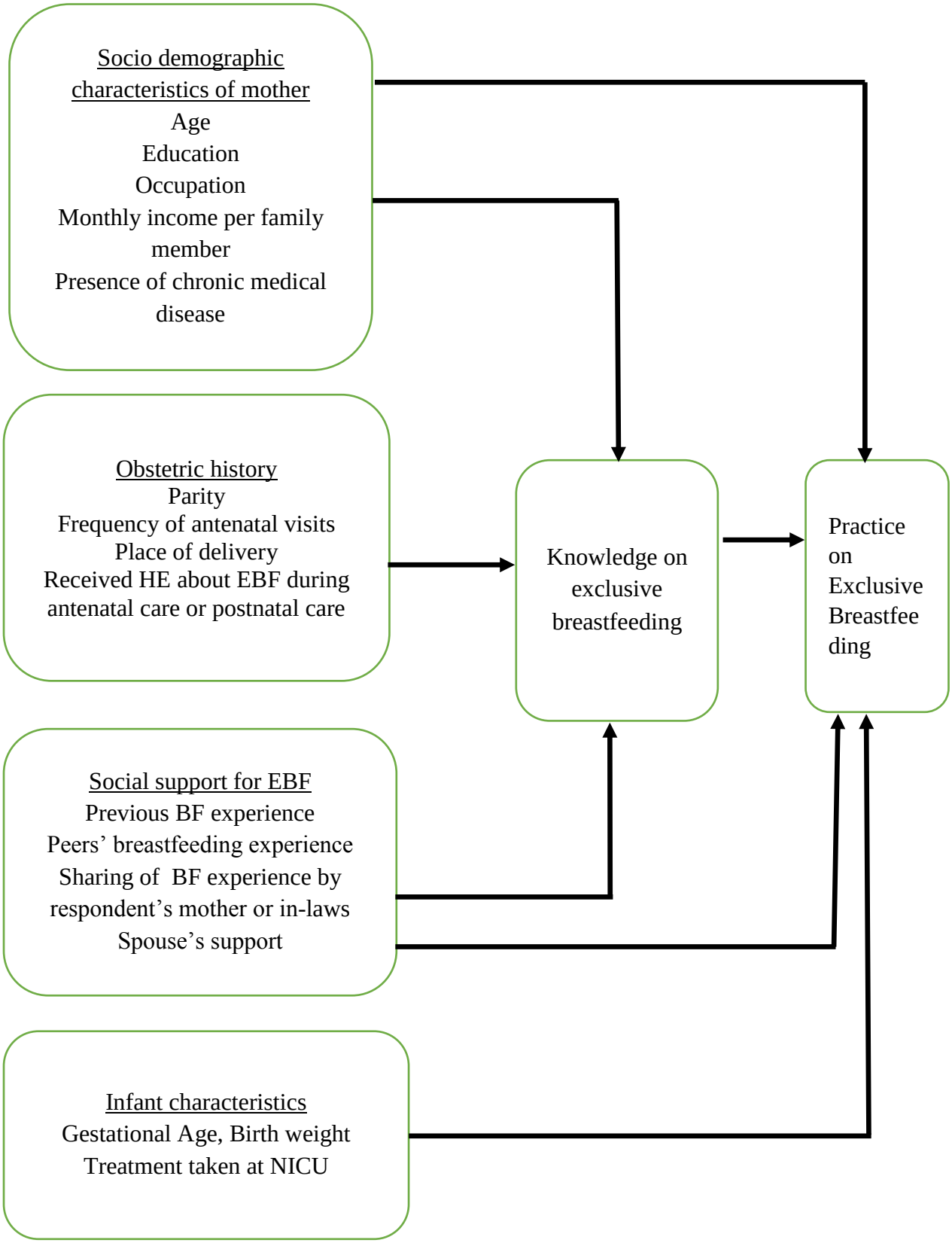

Figure (2.1) Conceptual framework

CHAPTER 3
OBJECTIVES

3.1 General Objectives

To identify the influencing factors of exclusive breastfeeding among lactating mothers of infants aged between six months to one year attending immunization session in Central Women's Hospital, Yangon

3.2 Specific Objectives

1. To identify the proportion of exclusive breastfeeding among lactating mothers of infants aged between six months to one year attending immunization session
2. To identify knowledge and practice of exclusive breastfeeding among lactating mothers of infants aged between six months to one year attending immunization session
3. To determine the factors influencing exclusive breastfeeding among lactating mothers of infants aged between six months to one year attending immunization session
4. To explore the barriers and enablers of exclusive breastfeeding among lactating mothers of infants aged between six months to one year attending immunization session and to explore barriers and enablers in promotion of EBF among health care providers and hospital administrator

CHAPTER 4
RESEARCH METHODOLOGY

4.1 Study design

This study was a hospital-based cross-sectional study with mixed methods.

4.2 Study area

This study was carried out in Immunization session in Central Women's Hospital, Yangon.

4.3 Study period

The study period was from August to November 2019.

4.4 Study population

For quantitative study, the study population was lactating mothers of infants aged between six months to one year attending Immunization session in CWH.

Inclusion Criteria: Lactating mothers of infants aged between six months to one year

Exclusion Criteria: Mothers of infants to whom breastfeeding was contraindicated by medical professionals.

For qualitative study, hospital administrator, WHO Lactation Consultant, one consultant OG, one consultant from Neonatal Intensive Care Unit, each sister from Obstetric ward and Neonatal Intensive Care Unit were involved in Key Informant Interview (KII), In-depth Interviews (IDI) were done among two mothers who gave exclusive breastfeeding and four mothers who gave non-exclusive breastfeeding.

4.5 Sample size calculation

$n = z^2 pq/d^2 = (1.96)^2 (0.51) (0.49) / (0.08)^2 = 150$

n = minimum required sample size

d =precision (margin of error) = 0.08

p = percentage of exclusive breastfeeding up to six months = 51%

[Source: Myanmar DHS (Demographic and Health Survey) (2016)]

q =1- p = 1- 0.51 = 0.49

z = reliability coefficient (95% CI) = 1.96

Myanmar DHS data was community based, but there was no data source about proportion of exclusive breastfeeding for hospital-based study. So, sample size calculation was based on Myanmar DHS (2016) and total 165mothers of infants aged

between six months to one year were included in this study after adding non-response (10%).

4.6 Sampling procedure

Consecutive sampling was done to required sample size.

4.7 Data collection methods and tools

For quantitative study, data was collected using structured questionnaires which sought such information as socio-demographic characteristics, obstetric history of respondents, infant's characteristics, social supportive factors, knowledge level of mothers, and practice on exclusive breastfeeding of mothers, the respondents were face to face interviewed.

To assess knowledge about exclusive breastfeeding, nine knowledge questions were adopted from a KAP study from Ethiopia. The questionnaire for practice of breastfeeding was also based on this study and modified.

For qualitative study, health professionals including hospital administrator, WHO Lactation Consultant, one consultant OG, one consultant from Neonatal Intensive Care Unit, each sister from Obstetric ward and Neonatal Unit were appointed for Key Informant Interview and Interviews were done in private place. Two mothers who gave exclusive breastfeeding and four mothers who gave non-exclusive breastfeeding were interviewed in private place for In-depth Interview.

4.8 Data management and analysis

Data Entry was done by Epidata and data was analyzed using SPSS version 16.0. The chi-square test was used to examine the association between EBF and different socio-demographic and other factors. Multiple logistic regression analysis was performed with those variables that showed significance level of p value <0.2 in bivariate analysis. Adjusted OR were used to predict the effect of socio-demographic and other factors on EBF.

For quantitative data analysis, total 9 marks had been given for knowledge questions. Average of responses on knowledge variables was done by computing variables and mothers who scored less than average was marked as poor knowledge, those who scored equal to or more than average was marked as good knowledge.

For qualitative study, In-depth Interview and Key Informant Interview were recorded, transcribed verbatim, and checked to ensure accuracy, conducted thematic analysis of transcripts.

4.9 Ethical considerations

The study was conducted according to the guidelines issued by University of Public Health. The ethical approval was applied to the Institutional Ethical Review Board, University of Public Health. Approval Certificate number was [UPH-IRB (2019/MHA/11)]. The information about the study including purpose of the research, voluntary participation, no direct benefits was explained to the respondents for both quantitative and qualitative study. The knowledge which was received by the study and all personal information was kept private and access only to responsible persons for this study.

CHAPTER (5)

FINDINGS

A study on determinants of exclusive breastfeeding was done among 180 lactating mothers of infants aged between six months to one year old attending immunization session at Central Women's Hospital, Yangon during August to November, 2019. Data was collected by face-to-face Interview method using structured questionnaires.

Table (5.1) Sociodemographic characteristics of respondents

Characteristic	**Frequency (n=180)**	**%**
Age of mothers in completed years		
<30	77	42.8
≥30	103	57.2
Education		
Read and write	1	0.6
Primary school level	17	9.4
Middle school level	34	18.9
High school level	24	13.3
Diploma, graduate level and above	104	57.8
Marital status		
Married	178	98.9
Divorced	2	1.1
Occupation		
Dependent	96	53.3
Company staff	32	17.8
Own business	31	17.2
Government employee	12	6.7
Manual worker	2	1.1
Others	7	3.9
Getting maternity leave		
Yes	44	24.4
No	136	75.6

Table (5.1) Sociodemographic characteristics of respondents(continued:)

Characteristic	Frequency (n=180)	%
Duration of maternity leave (n=44)		
<24 weeks	30	68.2
≥24 weeks	14	31.8
Monthly own income (Kyats) (n=84)		
<300,000	29	34.5
≥300,000	55	65.5
Monthly income per family members (Kyats)		
< median	87	48.3
≥ median	93	51.7
Number of family members		
2-5	143	79.4
>5	37	20.6
Presence of chronic medical illness since before pregnancy and within six months after delivery		
Yes	20	11.1
No	160	88.9

Mean age of the respondents was 30.7 (5.5). Youngest age was 20 years and oldest age was 46 years. More than half of the respondents were over 30 years. Among the respondents, 56.1% were graduates, only 9.4% were primary school level. and almost all of the respondents were married. Out of 180 respondents, over half of the mothers were dependent,17.8% were company staff, 17.2% had own business, 6.7% were government employee and only 1% were manual workers. Others were tuition teachers and teachers from religious schools. Among them, all of the government employees and company staff got maternity leave, over two-third of them got leave for less than 24 weeks. Regarding monthly own income, mean of monthly own income was 559738 (787404),median income was 300,000 kyats.Most of the respondents earned 300,000 kyats and above. Median income per family member was 1.5 lakhs and IQR was 160000 kyats. Minimum income per family member was 25000 kyats and maximum income was 2666667 kyats. There were 2-5 household members in majority of the respondents and more than 5 household members in others (Table 5.1).

Table (5.2) Obstetric history of respondents for the last child

Obstetric history	Frequency(n=180)	%
Parity		
1	109	60.6
≥2	71	39.4
Number of alive children		
1	109	60.6
2	54	30.0
3	15	8.3
4	2	1.1
History of taking antenatal care for this pregnancy		
Yes	180	100.0
No	0	0.0
Frequency of AN visit		
<4 times	3	1.7
≥4 times	177	98.3
Type of AN care provider (Multiple Response)		
Specialist in OG	178	98.9
Doctor	2	1.1
Midwife	3	1.7
Facility where AN care was taken (Multiple Response)		
CWH. Yangon and other public hospital	56	31.1
Private hospital	135	75.0
RHC and MCH	3	1.7
Receiving health education about EBF at AN visit		
Yes	112	62.2
No	68	37.8
Presence of antenatal complication in this pregnancy		
Yes	13	7.2
No	167	92.8
Place of delivery		
CWH, Yangon	99	55.0
Other public hospital	4	2.2
Private hospital	77	42.8
Mode of delivery		
NSVD and instrumental delivery	64	35.5
Elective LSCS	75	41.7
Emergency LSCS	41	22.8

Table (5.2) Obstetric history of respondents for the last child (continued:)

Obstetric history	Frequency(n=180)	%
Presence of intrapartum complication		
Yes	35	19.4
No	145	80.6
Type of postnatal care provider		
Specialist OG	178	98.9
Doctor	2	1.1
Frequency of PN care		
<4 times	18	10.0
≥4 times	162	90.0
Receiving HE about EBF during postnatal care		
Yes	151	83.9
No	29	16.1
Receiving supervision for EBF in PN care		
Yes	147	81.7
No	33	18.3
Presence of postpartum complication		
Yes	3	1.7
No	177	98.3

Most of the lactating mothers in this study were primiparous, about 40% were multiparous. All of the respondents took AN care and almost all received it for four times and above. The specialist in Obstetrics and Gynecology (specialist in OG) was the major antenatal care provider (98.9%).

Three-fourth of the respondents took AN care at private hospitals, and over 30% took AN care at CWH, and other public hospital. Over 60% received health education about EBF during antenatal period. Only 7.2% of respondents suffered from antenatal complications.

Their main place of delivery was Central Women's Hospital, Yangon and the second was other private hospital and third was public hospital. Regarding mode of delivery, 41.7% of respondents delivered their babies by Elective LSCS, 35.5% by NSVD and instrumental delivery, 22.8% by Emergency LSCS.

Out of 180 respondents, 19.4% of respondents had faced intrapartum complications. Almost all of them received postnatal care at specialist in OG, and received postnatal care for more than four times. More than 80% received health education about EBF and supervision for EBF (Table 5.2).

Table (5.3) Characteristics of infants

Characteristic of infant	Frequency (n= 180)	%
Gestational age		
Term	168	93.3
Preterm	12	6.7
Birth weight		
≥ 2500 g	163	90.6
< 2500 g	17	9.4
Sex		
Male	91	50.6
Female	89	49.4
Treated for neonatal jaundice		
Yes	50	27.7
No	130	72.3
Admitted to neonatal intensive care unit for other illness		
Yes	14	7.8
No	166	92.2
Causes for admission (n=14)		
Preterm, low birth weight	12	85.8
Meconium aspiration syndrome	1	7.1
Neonatal sepsis	1	7.1

Majority of the infants were term infants, only 7% werepreterm infants. So, only 9.4% of babies were low birth weight. Sex distribution of infants was not so different. Among them, one-third of infants took treatment at neonatal unit for neonatal jaundice. Fourteen infants were admitted to NICU for preterm low birth weight, meconium aspiration syndrome, neonatal sepsis (Table 5.3).

Table (5.4) Social supportive factors for EBF

Supportive factors	Frequency (n=180)	%
Previous breastfeeding experience		
EBF	47	26.1
Non-EBF	23	12.8
No previous experience	110	61.1
Receiving peers' breastfeeding experience sharing		
EBF	84	46.7
Non-EBF	21	11.7
Not received	75	41.7
Receiving respondent's mother or mother-in-law breastfeeding experience sharing		
EBF	101	56.1
Non-EBF	11	6.1
Not received	68	37.8
Receiving spouse's support		
Yes	126	70.0
No	54	30.0

Nearly 30% of the respondents had previous experience in EBF among experienced mothers. About half of the respondents received peers' breastfeeding experience sharing about EBF and only 11.7% received about Non-EBF. Regarding sharing breastfeeding experience by respondent's mother or mother -in-laws, 56.1% of respondents received experience sharing about EBF. There was 70% of respondents who received spouse's support in this study (Table 5.4).

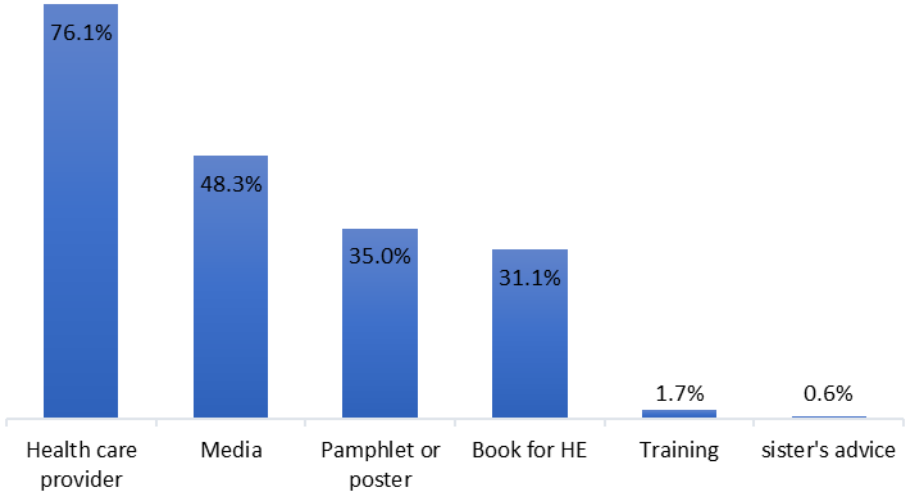

Figure (5.1) Sources of EBF information (n=180, multiple response)

With regards to source of information about EBF, their main source of information was health care provider, media in the second position, pamphlet or poster was in third position and educational book about infant feeding practice was fourth, the others were training and sister's advice (Figure 5.1).

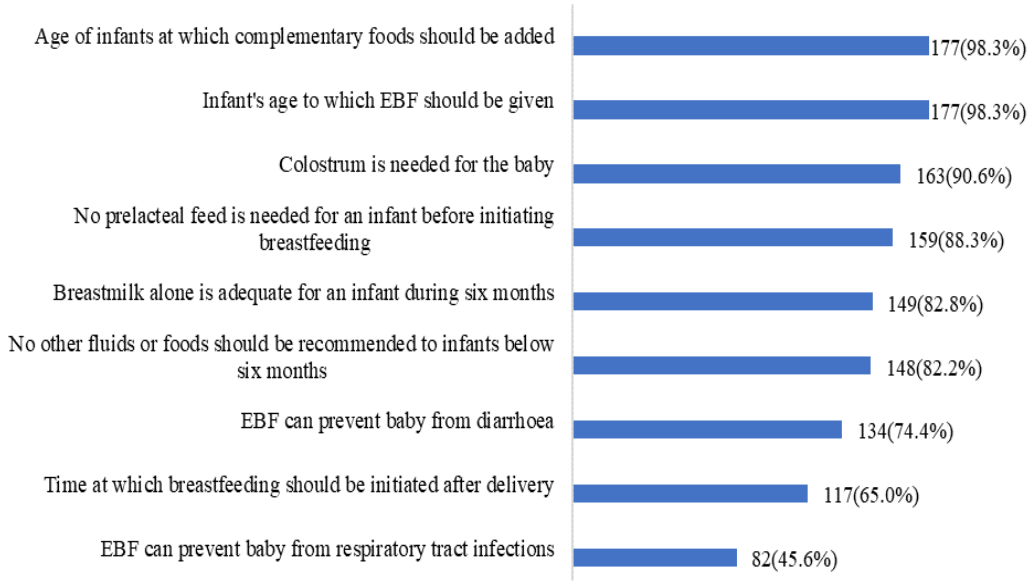

Figure (5.2) Knowledge on exclusive breastfeeding by respondents (n=180)

Almost all of the respondents 98.3% can answer the questions that ask about infant's age to which EBF should be given and age of infant at which complementary food should be added. The least correct response by respondents was got by the question that EBF can prevent baby from respiratory tract infection.

About two-thirds of mothers knew the time at which initiation of breastfeeding should be done after delivery, 25% didn't know the answer and the remaining gave the wrong answer. About 90% of mother knew that colostrum is needed for baby, the others don't know it.

Majority of the mothers 82.2% knew that no fluids or food should be fed to infants below six months. Among 180 respondents, 159 respondents 88.3% knew that no prelacteal feed was needed for an infant before initiating breastfeeding, 18 respondents (10%) thought that prelacteal feed was needed and three (1.7%) don't know this fact.

Over 80% of the respondents knew the correct answer that breastmilk alone is adequate for an infant during 6 months, the remaining thought the opposite is correct. Most of the respondents 74.4% knew that EBF can prevent diarrhea, 24.4% didn't know this fact, 1.0% answered that EBF cannot prevent diarrhea (Figure 5.2).

Table (5.5) Knowledge level of respondents on EBF

Knowledge level	Frequency(n=180)	%
Good knowledge (≥7)	135	75
Poor knowledge (<7)	45	25

According to reference questions and scoring, there will be total 9 marks given for knowledge questions, an average of responses on knowledge variables was calculated by computing variables. Minimum was 3 marks and maximum was 9 marks. Mean knowledge score was 7.3 (1.6) which was not mentioned in table. Thus, mothers who scored less than average (<7) was marked as poor knowledge, those who scored equal to or more than average (≥7) was marked as good knowledge. Three-fourth of mothers were in the group of good knowledge and the remaining was in the group of poor knowledge (Table 5.5).

Table (5.6) Practice on exclusive breastfeeding by respondents

Practice	Frequency (n=180)	%
Presence of skin-to-skin contact of mother and baby for at least half an hour after birth		
Yes	125	69.4
No	48	26.7
Don't recognize	7	3.9
Feeding of colostrum to baby		
Yes	162	90.0
No	18	10.0
Time of initiation of breastfeeding after birth		
Within one hour	96	53.3
After one hour	67	37.3
No breastfeeding	17	9.4
Giving exclusive breastfeeding up to six months		
No	67	37.2
Yes	113	62.8
Giving water to baby below six months of age		
No	151	83.9
Yes	29	16.1
Feeding of additional food to baby below six months of age		
No	130	72.2
Yes	50	27.8
Frequency of breastfeeding to baby		
On demand	124	68.8
With schedule	56	31.2
Rooming-In of mother and baby		
Yes	177	98.3
No	3	1.7

Nearly 70% of mothers experienced skin to skin contact between mother and baby for at least half an hour after delivery, 26.7% did not experienced it, only 3.9% did not recognize it.

Except from one-tenth of mothers, the respondents gave colostrum to their babies. Among them, 53.3% can gave colostrum within one hour after delivery. About 37.3% gave colostrum to their babies after one hour of birth.

In this study, 62.8%of mothers practiced EBF, the remaining practiced Non-EBF. About 29 respondents (16.1%) gave water to baby before six months of age, due to the reasons that the parents thought that baby will be thirsty, some gave water to baby for oral medication, some gave water to baby due to hot weather, the other reasons were constipation, hiccough of baby and mother's advice (not mentioned in table).

Almost one-third of the respondents fed additional food to their babies before six months of age. The top additional food was formula milk, the second was preterm formula, the third was rice, the others were Nestle and banana (not mentioned in table). Regarding frequency of breastfeeding, 68.8% breastfed their babies on demand. Almost all of the mothers practiced rooming-in (98.3%) (Table 5.6).

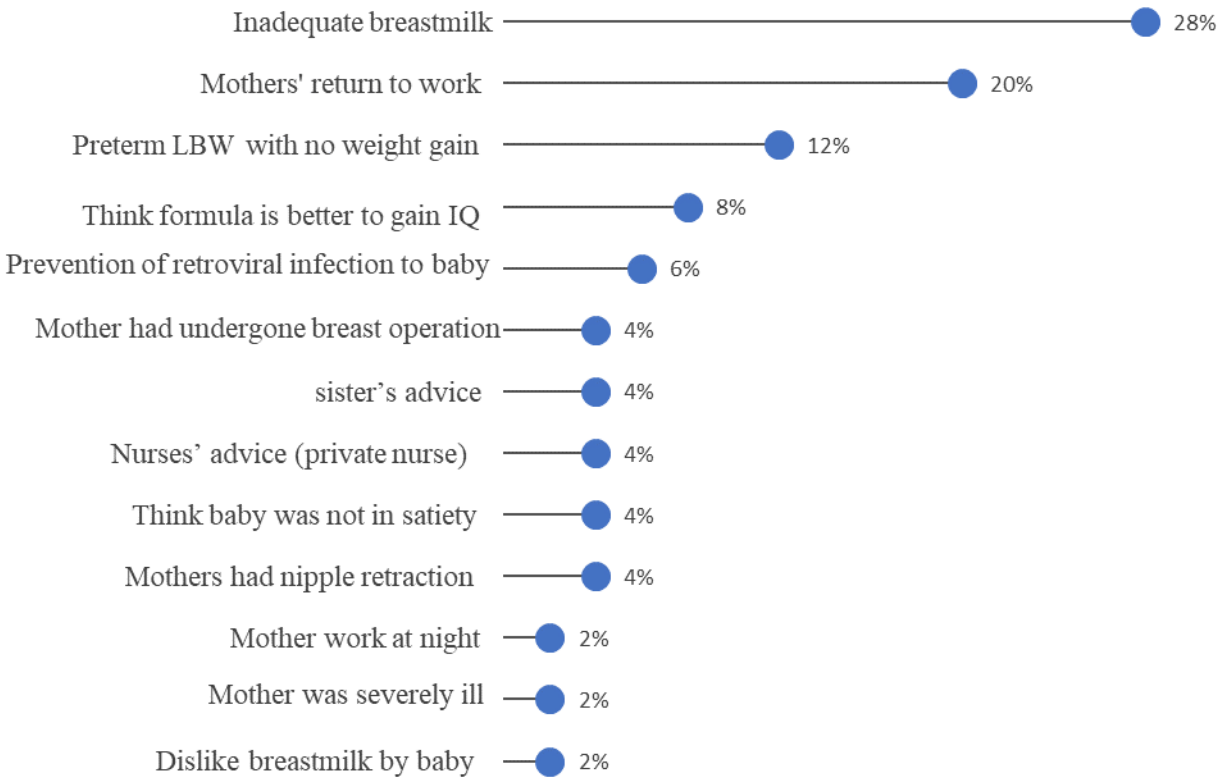

Figure (5.3) Reason for feeding additional food to infant below six months of age (n=50)

The most common reasons for feeding of additional food to baby below six months of age were inadequate breastmilk production (28%) and mothers' return to work (20%).The least common reason were maternal illness, night-time work of mother and dislike breastmilk by baby, each corresponded for 2% only(Figure 5.3).

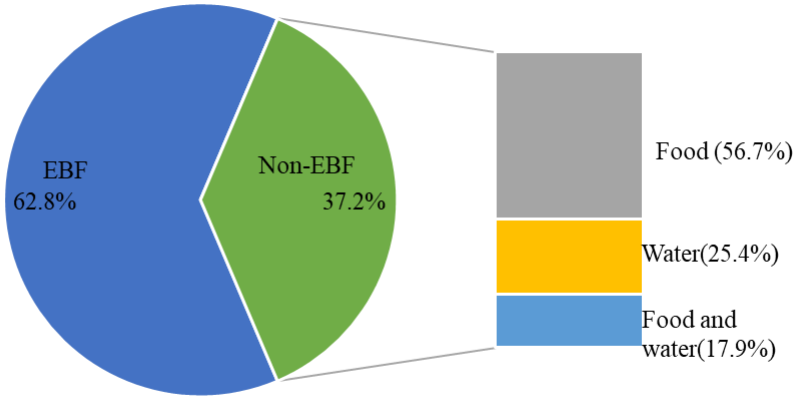

Figure (5.4) Proportion of exclusive breastfeeding(n=180)

Out of 180 respondents, 113 respondents practiced EBF and 67 respondents did not practice EBF. Nearly two-thirds of the respondents practiced EBF in this study. Among the respondents who practiced Non-EBF, 56.7% gave additional food to their babies, 25.4% gave only water to and 17.9% gave both food and water to their babies (Figure 5.4).

Table (5.7) Bivariate analysis of knowledge level on EBF with sociodemographic characteristics of respondents (n=180)

Characteristic	Pop	Good knowledge n (%)	*P* value
Age of mother in completed years			
<30	77	57 (74.0)	0.794
≥30	103	78 (75.7)	
Education			
Middle school level and below	52	37 (71.2)	0.735
Matriculation	24	18 (75.0)	
Graduate level and above	104	80 (76.9)	
Marital status			
Married	178	134 (75.3)	0.439*
Divorced	2	1 (50.0)	
Occupation			
Dependent	96	77 (80.2)	0.215
Work at home	40	27 (67.5)	
Work outside home	44	31 (70.5)	
Duration of maternity leave			
<24 weeks	30	18 (60.0)	**0.046**
≥24 weeks	14	13 (92.9)	
Dependent and work at home	136	104 (76.5)	
Monthly income per family member			
< median	87	68 (78.2)	0.344
≥ median	93	67 (72.0)	
Presence of chronic medical illness since before pregnancy and within six months after delivery			
Yes	20	13 (65.0)	0.273
No	160	122(76.2)	

*Fisher's exact test

The duration of maternity leave had significant association with knowledge level (*P* value =0.046). The other factors had no significant association with knowledge level. According to education level, knowledge level on EBF was increased. Good knowledge was found in 76.9% of graduates ,75% of Matriculation and 71.2% of middle school level and below. About 80.0% of dependent mothers had better knowledge than other working groups. The percentage of good knowledge in mothers who had chronic medical illness before pregnancy was less than those without chronic medical disease (Table 5.7).

Table (5.8) Bivariate analysis of knowledge level on EBF with obstetric history of respondents (n=180)

Obstetric history	Pop	Good knowledge n (%)	*P* value
Parity			
1	109	73 (67.0)	**0.002**
≥2	71	62 (87.3)	
Frequency of AN visit			
<4 times	3	1 (33.3)	0.155*
≥4 times	177	134 (75.7)	
Receiving health education about EBF at AN visit			
Yes	112	88 (78.6)	0.156
No	68	47 (69.1)	
Presence of antenatal complication in this pregnancy			
Yes	13	6 (46.2)	0.2
No	167	129 (77.2)	
Place of delivery			
CWH, Yangon and other public hospital	103	81 (78.6)	0.192
Private hospital	77	54 (70.1)	
Mode of delivery			
NSVD and Instrumental delivery	64	55 (85.9)	**0.012**
LSCS	116	80 (69.0)	
Presence of intrapartum complication			
Yes	35	24 (68.6)	0.328
No	145	111 (76.6)	
Type of postnatal care provider			
Specialist OG	178	133 (74.7)	1*
Doctor	2	2(100.0)	1*
Frequency of PN care			
<4 times	18	16 (88.9)	0.249*
≥4 times	162	119 (73.5)	

Table (5.8) Bivariate analysis of knowledge level on EBF with obstetric history of respondents(n=180) (continued:)

Obstetric history	Pop	Good knowledge n (%)	*P* value
Receiving HE about EBF during postnatal care			
Yes	151	117 (77.5)	0.079
No	29	18 (62.1)	
Receiving supervision for EBF in PN care			
Yes	147	115 (78.2)	**0.035**
No	33	20 (60.6)	
Presence of postpartum complication			
Yes	3	2 (66.7)	1*
No	177	133 (75.1)	

*Fisher's exact test

There was significant association between parity and knowledge level. Multiparous mothers were more likely to have good knowledge than primiparous mothers (*P* =0.002). Mothers with NSVD had significantly better knowledge than mothers with LSCS *(P* =0.012). Nearly 80% of mothers who received supervision for EBF during postnatal care had good knowledge and significant association was also present between them (*P* =0.035). Mothers who had no antenatal complications was more likely to have good knowledge than those who had. Regarding HE about EBF during postnatal care, 77.5% of mothers who received HE had good knowledge but there was no significant association between knowledge level and other factors in obstetric history (Table 5.8).

Table (5.9) Bivariate analysis of knowledge level on EBF with social supportive factors for EBF (n=180)

Supportive factor	Pop	Good Knowledge n (%)	*P* value
Previous breastfeeding experience			
EBF	47	43 (91.5)	**0.005**
Non-EBF	23	18 (78.3)	
No previous experience	110	74 (67.3)	
Receiving peers' breastfeeding experience sharing			
EBF	84	69 (82.1)	0.114
Non-EBF	21	14 (66.7)	
Not received	75	52 (69.3)	
Receiving respondent's mother or mother-in-law's breastfeeding experience sharing			
EBF	101	81 (80.2)	**0.001**
Non-EBF	11	3 (27.3)	
Not received	68	51 (75.0)	
Receiving spouse's support			
Yes	126	103 (81.7)	**0.001**
No	54	32 (59.3)	

There was significant association between previous breastfeeding experience and knowledge level. Mothers who had previous breastfeeding experience and practiced EBF was significantly more likely to have good knowledge level (p=0.005). If the respondent received their mother or mother-in-law's experience sharing about EBF, they were significantly more likely to have good knowledge (p=0.001). Spouse's support was also significantly associated with knowledge level (p=0.001) (Table 5.9).

Table (5.10) Bivariate analysis of practice on EBF with sociodemographic characteristics of respondents (n=180)

Characteristic	Pop	EBF n (%)	*P* value
Age of mother in completed years			
<30	77	52 (67.5)	0.254
≥30	103	61 (59.2)	
Education			
Middle school level and below	52	31 (59.6)	0.640
Matriculation	24	17 (70.8)	
Graduate level and above	104	65 (62.5)	
Marital status			
Married	178	112 (62.9)	1*
Divorced	2	1 (50.0)	
Occupation			
Dependent	96	66 (68.8)	0.2
Work at home	40	23 (57.5)	
Work outside home	44	24 (54.5)	
Duration of maternity leave			
<24 weeks	30	14 (46.7)	0.123
≥24 weeks	14	10 (71.4)	
Dependent and work at home	136	89 (65.4)	
Monthly income per family member			
<median	87	54(62.1)	0.894
≥ median	93	59 (63.4)	
Presence of chronic medical illness since before pregnancy and within six months after delivery			
Yes	20	9 (45.0)	0.081
No	160	104 (65.0)	

*Fisher's exact test

Regarding education, mothers with Matriculation level of education practiced EBF than other groups. The married mothers practiced EBF more than divorced mothers. More dependent mothers practiced EBF than mothers who worked at home and those who worked outside home. There was no significant association between other factors and practice on EBF. Mothers who had chronic medical illness practiced less EBF than those who had not (Table 5.10).

Table (5.11) Bivariate analysis of practice on EBF with obstetric history of respondents (n=180)

Obstetric history	Pop	EBF n (%)	*P* value
Parity			
1	109	66 (60.6)	0.444
≥2	71	47 (66.2)	
Frequency of AN visit			
<4 times	3	1 (33.3)	0.556*
≥4 times	177	112 (63.3)	
Receiving health education about EBF at AN visit			
Yes	112	74 (66.1)	0.241
No	68	39 (57.4)	
Receiving health education about EBF at AN visit			
Yes	112	74 (66.1)	0.241
No	68	39 (57.4)	
Presence of antenatal complication in this pregnancy			
Yes	13	4 (30.8)	**0.018**
No	167	109 (65.3)	
Place of delivery			
CWH and other public hospital	103	69 (67.0)	0.176
Private hospital	77	44 (57.1)	
Mode of delivery			
NSVD and Instrumental delivery	64	47 (73.4)	**0.028**
LSCS	116	66 (56.9)	
Presence of intrapartum complication			
Yes	35	22 (62.9)	0.991
No	145	91 (62.8)	
Type of postnatal care provider			
Specialist OG	178	112 (62.9)	1*
Doctor	2	1 (50.0)	
Frequency of PN care			
<4 times	18	13 (72.2)	0.382
≥4 times	162	100(61.7)	
Receiving HE about EBF during postnatal care			
Yes	151	103(68.2)	**0.001**
No	29	10 (34.5)	

Table (5.11) Bivariate analysis of practice on EBF with obstetric history of respondents (n=180) (continued:)

Obstetric history	Pop	EBF n (%)	*P* value
Receiving supervision for EBF in PN care			
Yes	147	97 (67.0)	0.06
No	33	16 (48.5)	
Presence of postpartum complication			
Yes	3	1 (33.3)	0.556
No	177	112(63.3)	

*Fisher's exact test

The presence of antenatal complication in this pregnancy was found to be significantly associated with practice of EBF. The rate of practice of EBF in women with antenatal complication was half of those who had not (*P* =0.018). Mothers with NSVD were significantly more likely to practice EBF than those with LSCS (*P* =0.028). There was also significant association between receiving HE about EBF in postnatal care and practice on EBF (*P* =0.001). The proportion of mothers who practiced EBF among mothers taking AN visits for more than four times was double of the proportion of mothers taking AN visits for less than four times. If mothers had got supervision in PN care about EBF, proportion of practice of EBF was more likely to be increased (Table 5.11).

Table (5.12) Bivariate analysis of practice on EBF with characteristics of infants (n=180)

Characteristic of infant	Pop	EBF n (%)	*P* value
Gestational age			
Term	168	108 (64.3)	0.132*
Preterm	12	5 (41.7)	
Birth weight			
≥ 2500 g	163	104 (63.8)	0.378
< 2500 g	17	9 (52.9)	
Sex			
Male	91	62(68.1)	0.133
Female	89	51(57.3)	
Treated for neonatal jaundice			
Yes	50	34 (68.0)	0.369
No	130	79 (60.8)	
Admitted to neonatal intensive care unit for other illness			
Yes	14	5 (35.7)	**0.029**
No	166	108 (65.1)	

*Fisher's exact test

There was significant association between admission to NICU for neonatal illness and practice on EBF. The infants who was admitted to NICU for illness were significantly less likely to be exclusively breastfed than those who was not (P =0.029). The term infants, the babies weighing 2500g and above, male infants, the babies treated for neonatal jaundice were found to be more exclusively breastfed than opposite groups (Table 5.12).

Table (5.13) Bivariate analysis of practice on EBF with social supportive factors for EBF (n=180)

Factor	Pop	EBF n (%)	*P* value
Previous breastfeeding experience			
EBF	47	37(78.7)	**0.002**
Non-EBF	23	8(34.8)	
No previous experience	110	68(61.8)	
Receiving peers' breastfeeding experience sharing			
EBF	84	61(72.6)	**0.027**
Non-EBF	21	13(61.9)	
Not received	75	39(48.0)	
Receiving respondent's mother or mother- in-laws breastfeeding experience sharing			
EBF	101	71(70.3)	**0.029**
Non-EBF	11	4(36.4)	
Not received	68	38(55.9)	
Receiving spouse's support			
Yes	126	89(70.6)	**0.001**
No	54	24(44.4)	

The mothers who practiced EBF previously were more likely to practice EBF than those who did not. There was significant association between previous breastfeeding experience and practice on EBF for this child (*P* =0.002). If the peers of respondents shared their experience about exclusive breastfeeding, the respondents were more prone to exclusively breastfeed their babies. The significant association was present between receiving peers' breastfeeding experience about EBF and practice on EBF (*P* =0.027). There was significant association between receiving respondent's mother or mother -in-law's experience sharing about EBF and practice on EBF (*P* =0.029). The other significantly associated factor for practice on EBF was spouse's support (*P* =0.001) (Table 5.13).

Table (5.14) Bivariate analysis of practice on EBF with knowledge level of the respondents on EBF (n=180)

Knowledge level	Pop	EBF n (%)	*P* value
Good knowledge	135	103(76.3)	**<0.001**
Poor knowledge	45	10(22.2)	

There was significant association between knowledge level and practice on EBF (*P* <0.001). The group of good knowledge on EBF was more likely to practice EBF than that of poor knowledge (Table 5.14).

Table (5.15) Bivariate analysis between initiation, skin to skin contact, feeding of colostrum, rooming-in and practice on EBF (n=180)

Factor	Pop	EBF n (%)	*P* value
Presence of skin-to -skin contact			
Yes	125	86(68.8)	**0.012**
No	55	27(49.1)	
Feeding of colostrum to baby			
Yes	162	110(67.9)	**<0.001**
No	18	3(16.7)	
Initiation of breastfeeding			
Within one hour	96	70(72.9)	**<0.001**
After one hour	67	40(59.7)	
No breastfeeding	17	3(17.6)	
Frequency of breastfeeding			
On demand	124	100(80.6)	**<0.001**
With schedule	56	13(23.2)	
Presence of Rooming-In of mother and baby			
Yes	177	112(63.3)	0.556
No	3	1(33.3)	

There was significant association between presence of skin to skin contact and practice on EBF (*P* = 0.012). Mothers who had skin to skin contact to baby for at least half an hour after birth practiced EBF more than those who had not. If the respondents can initiate breastfeeding within one hour after birth, they were more likely to practice EBF than others significantly (*P* <0.001). There was significant association between feeding of colostrum to baby and practice on EBF (*P* <0.001). Breastfeeding on demand was significantly associated with practiceon EBF (*P* <0.001) (Table 5.15).

Table (5.16) Multiple logistic regression between knowledge level on EBF and influencing factors

Factor	Adjusted OR	95% CI	*P value*
Education			
Graduate vs middle school	1.3	(0.6, 2.7)	0.596
Matriculation vs middle school	1.2	(0.4, 4.1)	
Duration of maternity leave			
Dependent and work at home vs <24 weeks	1.7	(0.7, 4.3)	0.243
≥24 weeks vs <24 weeks	5.8	(0.6, 52.3)	0.116
Parity (≥ 2)	4.3	(1.9, 10.0)	**0.001**
Frequency of AN visit (≥ 4 times)	7.4	(0.4,13.6)	0.182
HE about EBF in AN care (Received)	1.7	(0.8, 3.3)	0.153
AN complication (absent)	3.9	(1.2,13.2)	**0.026**
Place of delivery (CWH and public hospital vs private hospital)	1.1	(0.5,2.3)	0.910
Mode of delivery (NSVD and Instrumental delivery)	3.2	(1.4,7.5)	**0.008**
HE about EBF in PN care (Received)	1.5	(0.6,4.0)	0.374
Supervision for EBF during PN care (Received)	2.0	(0.8,4.9)	0.133
Previous breastfeeding experience			
EBF vs No experience	4.2	(1.3,13.6)	**0.017**
Non-EBF vs no experience	2.0	(0.6,6.6)	0.250
Receiving peers' experience sharing			
EBF vs not received	2.0	(0.9,4.6)	0.112
Non-EBF vs not received	0.7	(0.2,2.4)	0.597
Receiving BF experience sharing by respondent's mother			
EBF vs not received	1.5	(0.6, 3.3)	0.369
Non- EBF vs not received	0.2	(0.03, 0.8)	0.030
Spouse's support (received)	3.2	(1.5,6.8)	**0.002**

Multiple logistic regression was performed with those variables that showed significant level of p value<0.2 in bivariate analysis. The parity, mode of delivery, absence of antenatal complication, previous EBF experience and spouse's support were significantly associated with knowledge level on EBF.

The multiparous mothers were 4.3 times more likely to have good knowledge than primiparous mothers (AOR=4.3, 95% CI= 1.9,10.0). The respondents who had not faced antenatal complications were 3.9 times more likely to have good knowledge than the opposite group. There was also significant association (AOR= 3.9, 95% CI= 1.2, 13.2).

The odds of having good knowledge in respondents with NSVD was 3.2 times compared to that of good knowledge in respondents with LSCS (AOR= 3.2, 95% CI= 1.4,7.5). The respondents who had previous EBF experience were 4.2 times more likely to have good knowledge than those who did not have (AOR= 4.2, 95% CI= 1.3, 13.6). The respondents who received spouse's support were more likely to have good knowledge than the opposite group significantly (AOR= 3.2, 95% CI = 1.5, 6.8).The other factors were no significant association with knowledge level after adjusting covariates in logistic regression (Table 5.16).

Table (5.17) Multiple logistic regression between practice on EBF and influencing factors

Factor	Adjusted OR	95% CI	*P* value
Occupation			
Dependent and work at home vs work outside home	1.6	(0.8, 3.5)	0.190
Duration of maternity leave			
Dependent and work at home vs <24 weeks	1.4	(0.5, 3.8)	0.482
≥24 weeks vs <24 weeks	2.0	(0.4, 9.3)	0.401
Chronic medical illness (Absent)	1.9	(0.7, 5.1)	0.223
AN complication (absent)	4.0	(1.1,14.3)	**0.034**
Place of delivery (CWH and public hospital vs private hospital)	1.1	(0.6,2.6)	0.733

Table (5.17) Multiple logistic regression between practice on EBF and influencing factors (continued:)

Factor	Adjusted OR	95% CI	*P* value
Mode of delivery (NSVD and Instrumental delivery)	1.9	(0.8, 4.1)	0.121
HE about EBF in PN care (Received)	3.8	(1.4,9.8)	**0.007**
Supervision for EBF during PN care (Received)	1.2	(0.5,2.9)	0.716
Gestational age (Full term vs preterm)	1.3	(0.02,8.9)	0.820
Sex (Male)	1.9	(0.3,2.5)	0.078
Admitted to NICU (No)	1.9	(0.4,8.9)	0.373
Previous breastfeeding experience			
EBF vs No experience	1.8	(0.8, 4.3)	0.190
Non-EBF vs no experience	0.4	(0.1,1.0)	0.050
Receiving peers' experience sharing			
EBF vs not received	2.4	(1.2,5.2)	**0.020**
Non-EBF vs not received	1.9	(0.6,6.1)	0.233
Receiving BF experience sharing by respondent's mother			
EBF vs not received	1.4	(0.7,3.0)	0.338
Non- EBF vs not received	0.6	(0.1, 2.6)	0.486
Spouse's support (received)	2.8	(1.4,5.5)	**0.003**
Knowledge level on EBF (good)	9.8	(4.0,24.1)	**<0.001**
Skin-to-skin contact between mother and baby (present)	2.0	(1.0,4.2)	0.064
Feeding of colostrum to baby (Yes)	9.4	(2.5, 34.7)	**0.001**
Initiation of BF after birth			
Within one-hour vs no breastfeeding	3.2	(0.3,50.0)	0.365
After one hour and no breastfeeding	2.8	(0.2,36.3)	0.428
Frequency of breastfeeding (On demand)	15.8	(6.9,35.8)	**<0.001**

After adjusting covariates in logistic regression, the following factors were found to be significantly associated with practice of exclusive breastfeeding.

The respondents without antenatal complications were 4 times more likely to practice EBF than those with antenatal complications (AOR= 4.0, 95% CI= 1.1, 14.3). The odds of having practice of EBF was 3.8 times in the respondents who received HE about EBF in postnatal care compared to opposite group (AOR= 3.8, 95% CI= 1.4, 9.8).

Receiving EBF experience sharing by peers made the respondents practiced EBF significantly (AOR= 2.4, 95% CI= 1.2, 5.2). The respondents who received spouse's support were 2.8 times more likely to practice EBF than the opposite group significantly (AOR= 2.8, 95% CI= 1.4, 5.5).The group of respondents who had good knowledge on EBF was 9.8 times more likely to practice EBF than that of poor knowledge (AOR= 9.8, 95% CI= 4.0, 24.1).

Feeding of colostrum to baby cause the respondents to practice EBF 9.4 times compared to those who did not (AOR= 9.4, 95% CI= 2.5, 34.7). The respondents who gave breastfeeding on demand were 15.8 times more likely to practice EBF than other respondents (AOR= 15.8, 95% CI= 6.9, 35.8).

QUALITATIVE FINDINGS

Key informant interviews (KII) and in-depth interviews (IDI) were done for describing determinants of exclusive breastfeeding among lactating mothers attending immunization session in CWH, Yangon and exploring the experiences and barriers and enablers in giving exclusive breastfeeding.

IN-DEPTH INTERVIEW

Table (5.18) Characteristics of respondents of In-depth Interview

No	Age(years)	Educational level	Occupation	Practice on breastfeeding
1	36	Graduate	Company staff	EBF
2	32	Graduate	Dependent	Non-EBF
3	25	Graduate	Dependent	Non-EBF
4	28	Middle school level	Dependent	EBF
5	20	University student	Tuition teacher	Non-EBF
6	41	Graduate	Company staff	Non-EBF

In-depth interview to six mothers were done, four mothers who practiced Non-EBF and two mothers who practiced EBF. There was varying degree of educational levels among respondents. They reported various types of occupation.

A total of four themes were identified from In-depth Interview:

1. Experience in breastfeeding
2. Barriers of practice on exclusive breastfeeding
3. Enablers of practice on exclusive breastfeeding
4. Opinion in exclusive breastfeeding

(1) Experience in breastfeeding

All of the respondents shared their experience in exclusive breastfeeding, some gave exclusive breastfeeding but some did not. Some respondents had previous experience of exclusive breastfeeding and one practiced exclusive breastfeeding in second child. Another one had good knowledge about exclusive breastfeeding and practiced exclusive breastfeeding in first child but could not practice in second child for other reasons.

“ပထမကလေး၊ သမီးလေးမွေးကတည်းက မိခင်နို့တစ်မျိုးတည်းကို (၆)လ တိတိ တိုက်ခဲ့ပြီးကလေးလည်း ကြီးထွားလာတာပဲ။ အစ်မသားလေးဆိုရင်လည်း သူများကလေးတွေထက် ဖွံ့ဖြိုးတာ မြန်တယ်။ (၃)လမှာ မှောက်တယ်။ (၉)လမှာ သူလမ်းစမ်း လျှောက်နေပြီ။ (၁၀)လမှာ သူလမ်း ကောင်းကောင်း လျှောက်နေပြီ၊ စကားတွေလည်း ကောင်းကောင်း ပြောနေပြီ။ သားကိုလည်း (၆)လထိ မိခင်နို့တစ်မျိုးတည်း ပဲ တိုက်ခဲ့တယ်”

(အသက်(၃၆)နှစ်ရှိ၊ ဘွဲ့ရ၊ မွေးစမှ(၆)လအထိ မိခင်နို့တိုက်ကျွေးခြင်း ရှိသောမိခင်)

“I had given exclusive breastfeeding up to six months to my first baby, my daughter. She had grown well. I had also given exclusive breastfeeding up to six months to my son, the second baby. I found him seemed to have faster development than other babies. He crawled at three months old, he started to walk at 9 months, he could walk well and speak well at 10 months of age.”

(36 years old, Graduate, EBF mother)

“သက်ဦးမွေးတုန်းကတော့ မွေးစကနေ (၆)လထိ မိခင်နို့တစ်မျိုး တည်းတိုက်ခဲ့ တယ်။ ကလေးကလည်း အမေနို့ကို ကြိုက်တယ်ပေါ့နော်။ အခုလက်ရှိ အငယ်လေးကျတော့ မွေးစကတည်းက မိခင်နို့တိုက်ရ နည်းနည်းခက်တယ်။ သူအိပ်တဲ့အချိန်မှာမှ ရွေးပြီး တိုက်ရင် ကောင်းကောင်းစို့တယ်။ ပြီးတော့နို့ဖူးနဲ့တိုက်ရင် တိုက်ရလွယ်တယ်။ အဲ့ဒါကြောင့် သူတစ်လ ကျော်တည်းက အမေနို့ကိုညှစ် ပြီးတော့ နို့ဖူးနဲ့ထည့်တိုက်ခဲ့တာ ပေါ့နော်၊ (၃)လခွဲလောက်ကျတော့ အဲ့လိုတိုက်တာကို သိပ်မသောက်တာနဲ့ Similac ပြောင်းတိုက်ခဲ့ပါတယ်။ ရက်ပိုင်းပဲတိုက်ကြည့်ပြီး ကလေးက သိပ်မသောက်ချင် တာနဲ့ သူများတွေလည်း ညွှန်းလို့ Aptamil ကိုတိုက်ဖြစ်ခဲ့ပါတယ်။”

(အသက်(၃၂)နှစ်ရှိ၊ ဘွဲ့ရ၊ မွေးစမှ(၆)လအထိ မိခင်နို့တိုက်ကျွေးခြင်းမရှိသောမိခင်)

“I had given exclusive breastfeeding to my first baby and she liked the breastmilk. But I had found some difficulties in giving breastfeeding to this baby since after birth. He sucked breastmilk well while he was asleep, he also like bottle feeding. I gave the breastmilk using bottle since had been one month old. But he refused breastmilk at 3.5 months old, so, I tried to use Similac instead of breastmilk for a few days. My baby disliked Similac and Aptamil was substituted, also recommended by peers.’’

(32 years old, Graduate, Non-EBF mother)

(2) Barrier of exclusive breastfeeding

The respondents described their misbelief about the breastfeeding and bottle feeding, misbelief about transmission of infection via breastmilk, advice to formula feeding by private nurse as barriers of exclusive breastfeeding. Some working mothers could not give exclusive breastfeeding due to unfavorable working environment. Actually, chronic medical illness of mother, post-operative pain and exhaustion by mothers, unfavorable neonatal condition became obstacles for exclusive breastfeeding.

(2.1) Misbelief about breastfeeding and bottle feeding

One-third of the respondents said that they had chosen formula feeding for preferring to its composition.

"Similac နို့မှုန့်ကိုတော့ မွေးပြီးရက်ပိုင်းအတွင်းမှာပဲတိုက်ခဲ့တာပေါ့ Similac ကိုရွေးတာ ဘာကြောင့်လဲဆိုတော့ DHA လဲပါတယ်။ Infant formula လည်းဖြစ်တယ်။ Similac တိုက်ဖို့ကိုဆုံးဖြတ်ချက် ကတော့ ပတ်ဝန်းကျင်က ပြောတာတွေ တော့မပါဘူး။ မိသားစုဝင်အချင်းချင်း အကြံဉာဏ် ပေးတာတော့ပါတယ်။"

(အသက်(၂၅)နှစ်ရှိ၊ ဘွဲ့ရ၊ မွေးစမှ(ဖ)လအထိ မိခင်နို့တိုက်ကျွေးခြင်းမရှိသောမိခင်)

"I had given formula feeding (Similac) within 2-3 days after birth. I chose Similac among formula milk because it contained DHA and Infant formula. My decision to give formula feeding (Similac) to my baby was influenced by family members, not influenced by others."

(25 years old, Graduate, Non-EBF mother)

(2.2) Chronic medical illness of mother

One respondent mentioned that one of the reasons to give up EBF was medication for her illness prescribed by physicians.

"အခုဆိုရင်ညီမဆရာဝန်တွေနဲ့ ပြနေရတယ်၊ Hyperthyroid ဖြစ်နေတာရယ်၊ စိတ်ကျ ရောဂါတစ်ခုလည်းရှိတယ်၊ အဲ့ဒီဆေးတွေသောက်နေရတဲ့အတွက် ဆရာဝန် ကလည်း မိခင်နို့မတိုက် သင့်ဘူးဆိုပြီးဖြတ်ခိုင်းပါတယ်။ အဲ့ဒါကြောင့်လည်း ပါပါ တယ်။"

(အသက်(၃၂)နှစ်ရှိ၊ ဘွဲ့ရ၊ မွေးစမှ(ဖ)လအထိ မိခင်နို့တိုက်ကျွေးခြင်းမရှိသောမိခင်)

"I was consulting with physicians for medical illnesses now, hyperthyroidism and depression. They advised me to stop breastfeeding due to medication for my illness."

(32year old, Graduate, Non-EBF mother)

(2.3) Unfavorable neonatal condition

One-third of the respondents told that they could not give EBF according to unfavorable neonatal condition.

"ဆေးရုံမှာ ကလေးအထူးကုက ပြောတာပေါ့နော်။ သမီးလေးက မွေးရာပါလျှာခင် တွဲနေတာ လည်းရှိတယ်၊ အစ်မနို့ကလည်း သိပ်မလိုက်ဘူး။ အဲ့လိုတွေကြောင့် မတိုက် ဖြစ်တာပါ။"

(အသက်(၄၁)နှစ်ရှိ၊ ဘွဲ့ရ၊ မွေးစမှ(၆)လအထိ မိခင်နို့တိုက်ကျွေးခြင်းမရှိသောမိခင်)

"My pediatrician told me that my daughter had congenital anomaly, tongue tie. My breastmilk was also inadequate for her. So, I couldn't give exclusive breastfeeding."

(41 years old, Graduate, Non-EBF mother)

"ညီမလေးရဲ့ ကလေးကို ဒီဗဟိုအမျိုးသမီးဆေးရုံမှာပဲ မွေးခဲ့ပါတယ်၊ မွေးပြီးပြီးချင်းတော့ မိခင်နို့မတိုက်လိုက်ရဘူး။သူပေါင်မပြည့်လမစေ့တဲ့အတွက် သူ့ကို Baby Unitကိုပို့ခဲ့ရတယ်။ မွေးပြီး(၃)ရက်သားကတည်းက သူ့ရဲ့အခြေအနေအရ ပေါင်တက်နို့မှုန့်ကူခဲ့ ရပါ တယ်။"

(အသက်(၂၀)နှစ်ရှိ၊ တက္ကသိုလ်ကျောင်းသူ၊ မွေးစမှ(၆)လအထိ မိခင်နို့တိုက်ကျွေးခြင်းမရှိ သောမိခင်)

"My baby was delivered at this hospital, Central Women's Hospital, Yangon. I couldn't initiate breastfeeding since after birth because he was admitted to NICU for preterm, low birth weight. Humana Preterm formula was given to him since he had been three days old according to his condition."

(20 years old, University student, Non-EBF mother)

(2.4) Misbelief about transmission of infection via breastmilk

Some respondents chose formula feeding due to misbelief about transmission of infection via breastmilk.

"ညီမတို့ တိုက်ရဲ့(၂)လွှာမှာ ကလေးမိခင်အစ်မကြီးတစ်ယောက်ရှိတယ်။ ပထမ ကလေး တုန်းက မိခင်နို့ရော၊ နို့မှုန့်တွေရောတိုက်လို့ ဝမ်းလျှောတယ်ပေါ့နော်။ အခု ဒုတိယကလေး ကျတော့ မိခင်နို့ပဲတိုက်မယ်ဆိုပြီးတိုက်နေတယ်။ ဒါပေမယ့် အခုသူဆင်တုပ်ကွေး ဖြစ်နေ တော့နို့မှုန့်ကူရတော့တာပဲ။ မိခင်နို့တစ်မျိုးတည်း ခေါင်းမာပြီးတိုက်နေရင် သူဖြစ်တဲ့ ရောဂါ ကလေးကို ကူးသွားမယ်လေ။ ညီမဆိုလဲ နေမကောင်းဖြစ်တဲ့အချိန်တွေမှာ မိခင်နို့တိုက်ရင် ကလေးကို ရောဂါကူးစက်မှာစိုးလို့ Similac တိုက်ခဲ့ပါတယ်"

(အသက်(၂၅)နှစ်ရှိ၊ ဘွဲ့ရ၊ မွေးစမှ(၆)လအထိ မိခင်နို့တိုက်ကျွေးခြင်းမရှိသောမိခင်)

"There was one lactating mother in the second floor of our block. She had given mixed feeding to her first child, and so her child suffered from loose motions. Therefore she decided to give exclusive breastfeeding to the present child but she couldn't do that when she suffered from Chikungunya infection. If she continued to breastfeed her child exclusively, the Chikungunya infection could be transmitted to her child. I also used formula milk to prevent transmission of infection to my baby via breastmilk."

(25 years old, Graduate, Non-EBF mother)

(2.5) Postoperative pain and exhaustion

Half of the respondents expressed their non-EBF due to postoperative pain and postural change for breastfeeding.

"မိခင်နို့တိုက်ရတော့ အိပ်ရေးပျက်တယ်။ နောက်ပြီးတော့ချုပ်ရိုးလည်းရှိတဲ့ အတွက်ကြောင့် ကသိကအောက်ဖြစ်တယ်ပေါ့နော်၊ ကုန်းကုန်းထပြီး တိုက်ရတဲ့အချိန်မှာ ချုပ်ရိုးကနာနေတော့ အခက်အခဲရှိတယ်။"

(အသက်(၂၅)နှစ်ရှိ၊ ဘွဲ့ရ၊ မွေးစမှ(၆)လအထိ မိခင်နို့တိုက်ကျွေးခြင်းမရှိသောမိခင်)

"The other fact was disturbance of sleep by breastfeeding. I felt discomfort due to LSCS Scar, and I felt pain due to position change for breastfeeding. These were my difficulties for exclusive breastfeeding."

(25 years old, Graduate, Non EBF mother)

"အစ်မကလေ ခွဲပြီးတည်းက ချုပ်ရိုးကနာနေတော့ တော်တော်နဲ့ မတိုက်နိုင်ဘူး"

(အသက်(၄၁)နှစ်ရှိ၊ ဘွဲ့ရ၊ မွေးစမှ(၆)လအထိ မိခင်နို့တိုက်ကျွေးခြင်းမရှိသောမိခင်)

"I couldn't initiate breastfeeding for a long time after birth due to post-operative pain."

(41 years old, Graduate, Non-EBF mother)

(2.6) Advice to formula feeding by private nurses

One of the respondents was advised by a private nurse to give formula feeding within hours after delivery.

"အခုသားဦးလေးကို ပုဂ္ဂလိကဆေးရုံမှာ နေ့စေ့လစေ့မှ ခွဲမွေးခဲ့ပါတယ်။ ဒါပေမယ့် ခွဲပြီး တည်းက ချုပ်ရိုးကနာနေတော့ တော်တော်နဲ့မတိုက်နိုင်ဘူး ကလေးကလည်း ဆာနေတော့ သူနာပြု ဆရာမလေးက Similac တိုက်ပေးခဲ့ တယ်ပေါ့နော်။

(အသက်(၄၁)နှစ်ရှိ၊ ဘွဲ့ရ၊ မွေးစမှ(ဖ)လအထိ မိခင်နို့တိုက်ကျွေးခြင်းမရှိသောမိခင်)

"I had delivered my first, present baby at term at private hospitals by LSCS. I couldn't breastfeed to my baby for a long time and she was hungry, so private nurse gave formula feeding (Similac) to my baby."

(41 years old, Graduate, Non-EBF mother)

(2.7) Unfavorable working environment

One-third of the respondents could not give EBF due to her return to work after maternity leave and unfavorable working environment.

"အစ်မကလေးကို (ဖ)လအထိ မိခင်နို့မတိုက်နိုင်တဲ့ အဓိကအခက်အခဲကတော့ ကိုယ်က လည်း အလုပ်ပြန်သွားရမယ်၊ ကုမ္ပဏီကလည်း ခွင့်က(၁၂)ပတ်ပဲ ရတယ်လေ။"

(အသက်(၄၁)နှစ်ရှိ၊ ဘွဲ့ရ၊ မွေးစမှ(ဖ)လအထိ မိခင်နို့တိုက်ကျွေးခြင်းမရှိသောမိခင်)

"Main difficulties for non-EBF was that I had to return to my work because I had got only 12 weeks as maternity leave from my company."

(41 years old, Graduate, Non-EBF mother)

(3) Enablers of exclusive breastfeeding

Some respondents practiced exclusive breastfeeding due to their good knowledge, their beliefs on exclusive breastfeeding. The favorable working environment was an enabler of exclusive breastfeeding for working mothers. If the respondents did not suffer from any chronic illness and if the baby's condition was favorable, mothers would give exclusive breastfeeding.

(3.1) Favorable working environment

One of the staff mothers and had given EBF due to enabling working environment.

“အစ်မက ကုမ္ပဏီမှာလည်း လုပ်တာကြာပြီဆိုတော့ ခွင့်ကလည်း (၆)လ ရတဲ့အပြင်၊ နားလည်မှုလည်းပေးတယ်။ တချို့အရေးကြီးတဲ့ရက် တွေမှသွား ရတယ်။ Meeting တွေ တက်ရတယ်ပေါ့နော်။ ရုံးမှာကလည်း Family type ဆိုတော့ ကလေးပါခေါ်သွားတယ်။ နို့ တိုက်မပျက်ဘူးပေါ့နော်။”

(အသက်(၃၂)နှစ်ရှိ၊ ဘွဲ့ရ၊ မွေးစမှ(၆)လအထိ မိခင်နို့တိုက်ကျွေး ခြင်းရှိသော မိခင်)

“I had been working in this company for many years. So, I had got maternity leave for six months and my working environment was favorable. I needed to go to my office to attend meetings and to do important issues. I could give exclusive breastfeeding due to the chance of staying together with my baby in family type working environment.”

(36 years old, graduate, EBF mother)

“ကျွန်ုပ်က အိမ်မှာပဲ သင်တာဆိုတော့လေ။ အနီးနားက ကလေးတွေ လာတယ်။ သူတို့ကို သင်ရင်းနဲ့ ကလေးကိုနို့တိုက်တယ်။ အဆင်ပြေတယ်။ ဆာတဲ့အချိန်တိုင်း တိုက်နိုင်တယ်။”

(အသက်(၂၀)နှစ်ရှိ၊ တက္ကသိုလ်ကျောင်းသူ၊ မွေးစမှ(၆)လအထိ မိခင်နို့တိုက်ကျွေးခြင်းမရှိ သောမိခင်)

“I teach the students nearby in the tuition at my home. So, I can breastfeed my baby during my working hours, I can give breastfeeding on demand by the baby.”

(20 years old, University student, Non-EBF mother)

(3.2) Beliefs in exclusive breastfeeding

One-third of the respondents gave EBF due to their beliefs.

“အမေနို့တိုက်တာ မိခင်နှင့်ကလေး ကျန်းမာရေးအတွက် ကောင်းတယ် လို့ထင် တယ်။ ယုံကြည်ချက်လည်း ရှိတယ်။”

(အသက်(၂၈)နှစ်ရှိ၊ အလယ်တန်းအောင်၊ မွေးစမှ(၆)လအထိ မိခင်နို့တိုက်ကျွေး ခြင်းမရှိသောမိခင်)

“I thought that exclusive breastfeeding was good for the health of mother and baby, and I believed in it.”

(28 years old, Middle school level, EBF mother)

“အဓိကတော့ ကိုယ်ယုံကြည်တာရော၊ ရုံးက Family type ဖြစ်တဲ့အတွက် ရောပေါ့နော်။”

(အသက်(၃၆)နှစ်ရှိ၊ ဘွဲ့ရ၊ မွေးစမှ(၆)လအထိ မိခင်နို့တိုက်ကျွေးခြင်းရှိသောမိခင်)

"I gave exclusive breastfeeding to my baby because of my belief and favorable working environment."

(36 years old, Graduate, EBF Mother)

(3.3) Knowledge about EBF

Three-fourth of the respondents had received health education and had good knowledge about EBF, but some did not practice EBF.

"ဗိုက်အပ်တော့ ဆရာမတွေပြောပြလို့ သိတာပေါ့နော်။ ကလေးကို မွေးပြီးပြီးချင်း နာရီဝက်အတွင်း စောနိုင်သမျှ စောစောတိုက်ရမယ်လို့ပြောတယ်။ မိခင်နို့ တစ်မျိုးတည်း တိုက်တဲ့အတွက် မိခင်လည်းကျန်းမာရေးကောင်းတယ်။ ရင်သားကင်ဆာတွေ ဘာတွေ မဖြစ်ဘူး။ ပေါင်ရိုးကျိုးတာတွေ မဖြစ်ဘူး။ ကလေး ကို(ဖ)လအတွင်း မိခင်နို့တစ်မျိုးတည်း တိုက်ရမယ်ပေါ့နော်။ (ဖ)လမပြည့်ခင် တခြားအစားအစာတွေ ကျွေးရင် ကလေး အူယောင်တတ်တယ်ပေါ့။ အဲ့ဒါကြောင့် (ဖ)လအတွင်း မိခင်နို့ တစ်မျိုး တည်းတိုက်ခဲ့တယ်။"

(အသက်(၂၈)နှစ်ရှိ၊ အလယ်တန်းအောင်၊ မွေးစမှ(ဖ)လအထိ မိခင်နို့တိုက်ကျွေးခြင်းရှိသော မိခင်)

"I had received health education at antenatal visits. I must initiate breastfeeding immediately to half an hour after birth, as early as possible. Exclusive breastfeeding made mothers healthy. It can prevent breast cancer, osteoporosis. We need to breastfeed our babies up to 6 months exclusively If other food was given before six months of age, it can cause gastroenteritis. So, I gave exclusive breastfeeding up to six months."

(28year old, middle school level, EBF mother)

"အသိပညာကတော့ ညီမသက်ဦးမွေးကတည်းက ကလေးပြုစုနည်း စာအုပ်တွေ ဖတ်တယ်။ မိခင်နို့က ပိုကောင်းတယ်ဆိုတာကို ဆေးရုံ ဆေးခန်း က Pamphlet တွေကတဆင့် ရယ်၊ ညီမရဲ့ အမေဆီကရယ် သိခဲ့တယ်ပေါ့။ မိခင်နို့တစ်မျိုးတည်း (ဖ)လအထိ တိုက်ရမယ်ဆိုတာကိုလည်းသိတယ်။ အမေနို့ကို Freezer ထဲမှာ ထည့်ပြီး ပြန်တိုက်လို့ရတယ်ဆိုတာကတော့ ဆိုရှယ် မီဒီယာကနေ တဆင့်သိတာပါ။"

(အသက် ၃၂နှစ်ရှိ ဘွဲ့ရ၊ မွေးစမှ (၆လ)အထိ မိခင်နို့တိုက်ကျွေးခြင်းမရှိသော မိခင်)

"I had got knowledge on EBF through infant feeding guide after my first baby had been delivered. I had known that breastfeeding was better than others through pamphlets of hospitals and my mother's words. I'd also known that exclusive breastfeeding should be given to six months after birth. I'd received information about feeding of stored breastmilk in freezer through social media."

(32 years old, Graduate, Non-EBF mother)

"အသိပညာကတော့ ကိုယ်ဝန်ရှိပြီဆိုတာနဲ့ ကလေးနဲ့ပတ်သက်တဲ့ Facebook ပေါ်မှာ Application တွေ အများကြီးရှိတယ်။ ဥပမာ "ကျားလေး" ဆိုတဲ့ Application ပေါ့။ အဲ့ကနေလေ့လာရတယ်။ မိခင်နို့တိုက်ကျွေးရင် ဘယ်လိုကောင်းတယ် ဆိုတာတွေကို လေ။"

(အသက် ၂၀ နှစ်ရှိ၊ တက္ကသိုလ်ကျောင်းသူ၊ မွေးစမှ (၆)လအထိ မိခင်နို့တိုက်ကျွေးခြင်း မရှိသောမိခင်)

"I received information about benefits of breastfeeding through many applications from social media (e.g;kyarlay) since I had been in early pregnancy."

(20 years old, University student, Non-EBF mother)

(3.4) Absence of chronic medical illness of mothers and favorable neonatal condition

One-third of the respondents told that they would give exclusive breastfeeding if the baby was in favorable condition or they have no chronic medical illness.

"ဘယ်လိုအခြေအနေတွေရှိမလဲဆိုတော့ သူမွေးကတည်းက လစ့ေပြီးတော့ ပေါင်ပြည့် မွေးတယ်ဆိုရင် မိခင်နို့တိုက်ချင်တယ်ပေါ့။ အဲလိုဆိုရင် အာဟာရတွေလည်း ပြည့်၊ သူ့ခန္ဓာကိုယ်လည်း ဖွံ့ဖြိုးပြီး ပိုလည်းကောင်းမယ်လို့ ထင်တယ်။"

(အသက် ၂၀နှစ်ရှိ တက္ကသိုလ်ကျောင်းသူ၊ မွေးစမှ (၆လ)အထိ မိခင်နို့တိုက်ကျွေးခြင်းမရှိသော မိခင်)

"If he were term and had normal birth weight, I would give exclusive breastfeeding so that he would be nutritious or well-nourished and well developed, I thought it would be better."

(20 years old, University student, Non-EBF mother)

"ညီမမှာသာ ရောဂါတွေမရှိခဲ့ဘူးဆိုရင်၊ ကလေးကလည်း စို့ချင်တယ်ဆိုရင်တော့ တိုက်ဖြစ်မယ်လို့ ထင်မိပါတယ်။"

(အသက် ၃၂ နှစ်ရှိ၊ ဘွဲ့ရ၊ မွေးစမှ (၆လ)အထိ မိခင်နို့တိုက်ကျွေးခြင်းမရှိသောမိခင်)

"I would give exclusive breastfeeding to my baby, if I had no chronic medical illness, and my baby wanted to suck the breastmilk willingly."

(32 years old, Graduate, Non-EBF mother)

(4) Opinion in exclusive breastfeeding

All of the respondents expressed their opinion on exclusive breastfeeding, most of the respondents regarded that breastfeeding could increase spiritual bonding between mother and baby, breastfeeding could prevent infectious diseases naturally .Some respondents explained that breastfeeding should be given exclusively up to six months but some thought that formula feeding should be given before six months of age depending on baby's demand.

"မိခင်နို့ကို တိုက်ကျွေးသင့်တယ်ပေါ့နော်။ တစ်ချို့ဆိုကလေး (ဖ)လမပြည့်သေး ဘူး။ ထမင်းကျွေးလို့ ကလေးအသက်ဆုံးရှုံးတာလဲ ကြားဖူးတယ်ပေါ့နော်။ ပြီးတော့ ကလေးက ရေလည်း မတိုက်သင့်သေးဘူး။ မိခင်နို့ထဲမှာပါတဲ့ ရေဓါတ်နဲ့တင် လုံလောက်တယ် ပေါ့နော်။ အသီးတွေဘာတွေဆိုလည်း မလိုလောက်သေးဘူးပေါ့နော်။ (ဖ)လပြည့်မှပဲ ကျွေးသင့်တယ် လို့ ထင်တယ်။"

(အသက် (၂၀)နှစ်ရှိ၊ တက္ကသိုလ်ကျောင်းသူ၊ မွေးစမှ (ဖ)လအထိ မိခင်နို့တိုက်ကျွေးခြင်းမရှိ သောမိခင်)

"I heard the news that loss of infant due to inappropriate feeding practice before six months of age .Water should not be given to baby because breastmilk was adequately hydrated. Fruits should not be given to baby because it was not required. So, exclusive breastfeeding should be given up to 6 months."

(20 years old, University student Non-EBF mother)

"အစ်မအနေနဲ့ကတော့ မိခင်တိုင်းတိုက်စေချင်တယ်။ ကလေးနဲ့ မိခင်ကြားမှာ သံယောဇဉ် တွေ ပိုများမယ်၊ ရင်းနှီးမှုတွေ ပိုများတယ်။ ပိုလည်း ခင်တွယ်မယ် ဆေးပညာအနေနဲ့တော့ မဟုတ်ဘူးပေါ့နော်။ အဲ့လိုလေးထင်ပါတယ်။"

(အသက် (၃၆)နှစ်ရှိ၊ ဘွဲ့ရ၊ မွေးစမှ (ဖ)လအထိ မိခင်နို့တိုက်ကျွေးခြင်းရှိသောမိခင်)

"I want to recommend exclusive breastfeeding. I consider that exclusive breastfeeding can increase mother and baby bonding, it can increase intimacy between mother and baby."

(36 years old, Graduate, EBF mother)

“အဲ့ဒါကတော့ညီမရယ်၊ Demand ပေါ်ပဲမူတည်တယ်ပေါ့နော် ကိုယ်ရဲ့မိခင်နို့ကမှ မလုံလောက်ရင် နို့မှုန့်ကူသင့်ရင်ကူရမှာပဲ၊ နို့ဦးရည်ကိုတော့ မွေးပြီးပြီးချင်း တိုက်သင့်တယ်လို့ သိထားပါတယ်။ မိခင်နို့ဟာဆိုရင်လည်း သဘာဝအတိုင်း ဖြစ်တည်လာပြီးကလေးရဲ့ Immune system အတွက် ကောင်းပြီး ရောဂါတွေ မဝင်လွယ်ဘူးပေါ့နော် ဒါလောက်ပါပဲ။”

(အသက် (၄၁)နှစ်ရှိ၊ ဘွဲ့ရ၊ မွေးစမှ (၆)လအထိ မိခင်နို့တိုက်ကျွေးခြင်းမရှိသောမိခင်)

“I think that type of feeding depended upon baby’s demand. Formula feeding should be given if breastmilk is not adequate for baby. I have known the fact that colostrum should be given immediately after birth. Breastmilk is occurred naturally, it is very good for immune system of the baby, and it can prevent infections. That was all of my opinion.”

(41 years old, Graduate, non-EBF mother)

KEY INFORMANT INTERVIEW

Table (5.18) Characteristics of respondents of key informant interview

No	Age (Years)	Rank	Total service (Years)
1	42	DDMS	14
2	50	Senior Consultant OG	23
3	39	Junior Consultant Neonatologist	13
4	63	Lactation Consultant	42
5	51	Sister	26
6	45	Sister	24

Key Informant Interviews to one hospital administrator, one consultant OG, one consultant neonatologist, the Lactation Consultant from WHO and each sister from NICU and OPD to explore the barriers and enablers in promotion of EBF to mothers from their antenatal period to six months postpartum. All of the respondents are females. They reported total service ranging from 13 years to 42 years.

A total of two main themes were identified from Key Informant Interview as follows:

1.Barriers in promotion of exclusive breastfeeding

2. Enablers in promotion of exclusive breastfeeding

(1) Barriers in promotion of EBF

Most of the respondents assumed that traditional misbelief by attendances or family members and lack of knowledge by community were barriers in promotion of EBF. About half of the respondents flashed that lack of knowledge, poor attitude, lack of skills regarding EBF by health care professionals were barriers in promotion of exclusive breastfeeding. Some respondents told that promotion by formula companies, practice of non-exclusive breastfeeding in private hospitals were also barriers. One-third of the respondents discussed on other barriers, unfavorable neonatal condition and infant feeding practice of non-WHO guidelines by mothers.

(1.1) Traditional misbelief by attendances or family members

Majority of the respondents mentioned about the traditional misbeliefs and taboos in infant feeding practice. The decision making in infant feeding practice were influenced by the family members or beliefs by community.

"လူနာစောင့်တွေရဲ့ ရှေးရိုးအယူအဆပေါ့နော်၊ အဓိကပြဿနာက အိမ်ကပါ လာတဲ့ သူတွေက နို့မှုန့်တိုက်ချင်တာ။ မွေးပြီးပထမရက်၊ ဒုတိယရက် တွေမှာ နို့မထွက်သေးဘူး ဆိုရင်တခြားနို့မှုန့် တိုက်ချင်တယ်၊ ရေတိုက်ချင်တယ်။ နောက်ပြီးတော့ လူနာစောင့် ကလည်း အမျိုးမျိုးပြောင်းတယ်၊ မနက်က ပြောပြီးသားကို ညနေလာတဲ့ သူကမသိလို့ ဆိုပြီး နို့မှုန့်တိုက်ချင်ပြန်ရော"

(လုပ်သက် (၁၃)နှစ်ရှိ ကျန်းမာရေးစောင့်ရှောက်မှုပေးသူ)

"The main problem is traditional misbelief by attendances. The attendances want to give formula feeding or water to their babies if the mothers cannot produce adequate milk at postnatal Day 1 or2.The turnover of attendances is also a problem. We have explained the attendances in the morning but other ones in the evening want to give formula feeding due to lack of knowledge."

(a health care provider with total service for 13 years)

"တစ်ခုရှိတာ၊ ရှေးတုန်းက အယူအဆတွေ ခုထိရှိနေတုန်းပဲ။ ဟိုနေ့ကမှ ပျားရည်တိုက် လိုက်လို့ချက်ချင်းကလေးက ဝမ်းလျှောပြီး ရောက်လာတာ၊ HE ကောင်းကောင်းပေး နိုင်ရင်တော့ ကောင်းတာပေါ့။ ကျွန်မတို့ကဒီမှာ ကလေးမိခင်တွေကိုပဲ ပြောနိုင်တာလေ၊ သူတို့ ရဲ့အမေတွေ၊ ယောကျ်မတွေကို အိမ်ရောက်တော့ မလွန်ဆန် နိုင်ဘူး။"

(လုပ်သက် (၂၄)နှစ်ရှိ ကျန်းမာရေးစောင့်ရှောက်မှုပေးသူ)

"As you know, there was traditional beliefs in the community. Recently had an infant acute gastroenteritis due to feeding honey to him. The EBF can be improved by better health education. We can give HE only to lactating mothers. But they cannot resist on influence by their mother or mother-in-law at home"

(a health care provider with total service for 24 years)

(1.2) Lack of knowledge on EBF by community

Some of the respondents described that lack of knowledge on EBF in community was a barrier in promotion of EBF.

"မွေးမိခင်နှင့် သူရဲ့မိသားစုဝင်တွေ၊ ရပ်ကွက်၊ ပတ်ဝန်းကျင်ရှိ လူထုရဲ့ မိခင်နို့တိုက်ကျွေးရေးနှင့် ပတ်သက်တဲ့ ကျန်းမာရေးအသိပညာမရှိခြင်းဟာ မိခင်နို့ တစ်မျိုးတည်းတိုက်ကျွေးခြင်း အဆင့်မြှင့်တင်ရာမှာ အတားအဆီး၊ အခက်အခဲ များဖြစ်ပါတယ်။"

"One of the facts are Ignorance of the family or ward. Lack of knowledge, Lack of education about the practice of exclusive breastfeeding is a barrier in promotion of exclusive breastfeeding."

(The Lactation Consultant with total service for 42 years)

"လူနာစောင့်ကပြောင်းသွားလို့ အမေတိုင်းတော့ သိသွားတယ်။ လူနာစောင့်တိုင်း တော့ မသိဘူး နေ့လည်လာတဲ့ အမေကို နို့မှုန့်မတိုက်ရဘူးလို့ပြောမိတယ်ဆို၊ ညရောက်လာတဲ့ ယောကျ်ားမက တစ်ခါတိုက်ချင်ပြန်ရော။ အဓိကက လူနာစောင့်တွေကအပြောင်းအလဲလည်း ရှိတယ်၊ သူတို့ရဲ့ အသိညဏ်ကို လိုက်ပြင်လို့ မရတော့ဘူးဖြစ်သွားတယ်။"

(လုပ်သက်(၁၃)နှစ်ရှိ ကျန်းမာရေးစောင့်ရှောက်မှုပေးသူ)

"Every puerperial mother at CWH had got knowledge on EBF but not every attendance had got. We explained the respondent's mother not to give formula feeding in the afternoon but respondent's mother-in-law wanted to give formula feeding at night. We could not correct their information due to turnover of attendance."

(a health care provider with total service for 13 years)

(1.3) Lack of knowledge of health care professionals on EBF

One of the respondents described about lack of knowledge on health care professionals as a barrier in promotion of EBF.

"သူနာပြုသင်တန်းကျောင်း၊ သားဖွားသင်တန်းကျောင်းတွေမှာ မိခင်နို့တစ်မျိုးတည်းတိုက်ကျွေးရေးနှင့် ပတ်သက်ပြီးတော့ သတင်းအချက်အလက်တွေ ဘယ်လောက် မှန်မှန်ကန်ကန်ရထားတယ်ဆိုတာ ကျွန်မမသိဘူး။ အဲ့ဒီတော့ သူတို့တွေကမိခင်တွေကို ဘယ်လောက်ထိ မိခင်နို့တိုက်ကျွေးရေးနှင့်ပတ်သက်ပြီး ကူညီပေးနိုင်မယ် ဆိုတာ မသိဘူး။"

"I don't know about nursing training and midwives, how much correct breastfeeding information they got, how they can help the moms to be able to breastfeed."

(The Lactation Consultant with total service for 42 years)

(1.4) Poor attitude of health care professionals for dedication to EBF

Out of six respondents, half of the respondents strongly told that dedication to EBF was necessary for health care professionals.

"တစ်ခါတလေ၊ ကလေးက Medically Indicated မဟုတ်ပဲနဲ့ Warmer ပေါ်မှာ တင်ထားတဲ့ အခါကျတော့ မွေးနေတဲ့သူ၊ Epi ချုပ်နေတဲ့ ဆရာဝန်က ကလေးကို အမေနဲ့ ရင်ဘတ်ပေါ်မှာ ကပ်ထားရမယ် ဆိုတာမျိုး ပြောရမှာပေါ့။ သူကလည်း Epi ချုပ်တဲ့အလုပ်ပဲ အာရုံစိုက်နေတယ်။ ကလေးကိုအမေ့ရင်ဘတ်နားကပ်ထားလား၊ မကပ်ထားလားဆိုတာမသိတာမျိုးလည်း တွေ့ရတယ်ပေါ့နော်။ skin-to-skin-contact ရမှ အမေနို့ကို စောစောစီးစီး စို့နိုင်မယ်၊ နို့ထွက်အား ကောင်းလာမယ်၊ ဒီလိုအမေနို့ကို ဂရုစိုက်ပြီး တိုက်ခြင်းအားဖြင့် နိုင်ငံရဲ့ Health Impact ကဘယ်လောက်ထိ Promote ဖြစ်နိုင်တယ်ဆိုတာမျိုးကို သဘောမပေါက်ဘူးပေါ့။ အဲ့လိုဆိုတော့ သူတို့တွေရဲ့ Attitude တွေက အစပြင်ထားဖို့တော့လိုတယ်။"

(လုပ်သက်(၂၃)နှစ်ရှိ ကျန်းမာရေးစောင့်ရှောက်မှုပေးသူ)

"Sometimes, I found the baby placed under the warmer without medical indication immediately after birth. The doctor who conducted the labor might order to give skin-to-skin contact between mother and baby after birth. The health care providers needed to be minded their good attitude to EBF because some did not understand the benefits of skin-to-skin contact such as early initiation, promote production of breastmilk, increase baby's willingness to breastfeed, improve EBF and health impact of the country."

(a health care provider with total service for 23 years)

(1.5) Lack of skills of health care professionals regarding EBF

Half of the respondents found that the health care professionals should be competent in promotion of EBF.

"တကယ်လို့ ကျန်းမာရေးစောင့်ရှောက်မှုပေးသူတွေမှာ မိခင်နို့တိုက်ကျွေးရေးနှင့် ပတ်သက်တဲ့ တတ်ကျွမ်းမှုတွေ အလုံအလောက် မရှိခဲ့ဘူးဆိုရင် နို့တိုက်မိခင် တွေကို နည်းပညာပိုင်းဆိုင်ရာ ထောက်ပံ့ပေးရာမှာ ဘယ်တော့မှ အောင်မြင်မှာ မဟုတ်ဘူး။

ကျန်းမာရေး စောင့်ရှောက်မှုပေးသူတွေကို မိခင်နို့တိုက်ကျွေးရေးနှင့် ပတ်သက်ပြီး သင်တန်းတွေ ထပ်ပေးရမယ်လို့ ကျွန်မထင်တယ်။ ”

“If the health care workers have no adequate skills, they’ll never succeed in providing breastfeeding regarding support. I think I should have to do training for health care professionals.”

(The Lactation Consultant with total service for 42 years)

“အရေးကြီးတဲ့အချက်တစ်ချက်ကတော့ Health care Provider ဘက်ကလည်း Position Attachment လူနာကို မှန်အောင်သင်ရမယ်။ သင်ဖို့အတွက်ဆို Position မှန်တာကဘယ်လို Attachment မှန်တာကဘယ်လို ဆိုတာမျိုး၊ သူ့တို့ကိုယ်တိုင်က အရင်သိထားဖို့လိုတာလေ အမေတယောက် နို့တိုက်တဲ့ ပုံစံမှား နေတာကို သူကမှားလား၊ မှန်လား မသိဘူးဆိုရင် သူမပြင်နိုင်ဘူးပေါ့နော်။”

(လုပ်သက် (၂၃)နှစ်ရှိ ကျန်းမာရေးစောင့်ရှောက်မှုပေးသူ)

“One of the important facts is that health care providers can guide the correct position and attachment. They should have the skills to teach others. They can do nothing if they do not know whether the mother’s breastfeeding position is right or wrong.”

(a health care provider with total service for 23 years)

(1.6) Practice of Non-EBF in private hospitals

One-third of the respondents explained that practice of Non- EBF should be considered as a challenge in promotion of EBF.

“ပုဂ္ဂလိကဆေးရုံတွေမှာ နို့မှုန့်တိုက်ခြင်း အလေ့အထဟာ ယဉ်ကျေးမှုတစ်ခု လိုတောင် ပျံ့နှံ့နေပါတယ်။ ဒီနေရာဟာ ကျွန်မတို့ ကလေးလေးတွေကို မိခင်နို့ တိုက်ကျွေးခြင်း ခံရအောင် လုပ်ဆောင်ရာမှ ကျရှုံးတဲ့နေရာပါပဲ။ ကျွန်မတို့နိုင်ငံမှာ နို့မှုန့်သုံးစွဲမှုကို မလျှော့ချ နိုင်ဘူးဆိုရင် မွေးကင်းစကလေးများ ရောဂါခံစားရခြင်း နှင့် သေဆုံးခြင်းတို့လည်း လျော့မှာ မဟုတ်ဘူး။”

“The culture of formula feeding is widely spread in private hospitals. This is the most vulnerable area, that is where battle area we’re losing our children. We cannot decrease the infant mortality and morbidity if we don’t reduce formula feeding in our country.”

(The Lactation Consultant with total service for 42 years)

“နောက်တစ်ချက်က အပြင်ဆေးခန်းတွေမှာ OG တွေနဲ့ပြပြီးဒီဆေးရုံမှာ လာမွေးတယ်။ အဲလိုလူမျိုးတွေကျတော့ အပြင်ဆေးခန်းတွေမှာ Exclusive Breastfeeding ပတ်သက်လို့ သူတို့ဘယ်လောက် HE ရထားလဲ ဆိုတာကို မသိရဘူးပေါ့လေ။ မွေးတဲ့အချိန်မှ ဗိုက်နာမှ ဆေးရုံတက်လာတယ်၊ အဲဒါမျိုး ကျတော့လဲ သူတို့မှာ Knowledge အခံဘယ်လောက် ထိရှိမယ်ဆိုတာ မပြောတတ်ဘူး၊ သိတဲ့သူလည်းရှိမယ်၊ မသိတဲ့သူလည်း ရှိနိုင်တာပေါ့နော်။”

(လုပ်သက် (၂၃)နှစ်ရှိ ကျန်းမာရေးစောင့်ရှောက်မှုပေးသူ)

“The next factor was that the pregnant moms consulted with OGs at private clinics and delivered their baby at CWH, Yangon.Some admitted to the hospital at the onset of labour. We could not estimate how much information about EBF was got during antenatal period, some might have good knowledge and some might have poor knowledge.”

(a health care provider with total service for 23years)

(1.7) Promotion by formula companies

Some respondents found that promotion by formula companies was also a barrier in promotion of EBF.

“မွေးစမှ (၆)လအထိ မိခင်နို့တစ်မျိုးတည်း တိုက်ကျွေးခြင်းအဆင့်မြှင့်တင်ရာမှာ စိန်ခေါ်မှုတစ်ခုကတော့ နို့မှုန့်ကုမ္ပဏီတွေရဲ့ ထောက်ပံ့ကူညီပေးခြင်းပါပဲ။ ဗဟိုအမျိုးသမီးဆေးရုံကြီးကတော့ ကိုယ်ဝန်ဆောင်တွေကို မိခင်နို့တိုက်ကျွေးရေးနှင့် ပတ်သက်လို့ အသိပညာပေးတာ အရမ်းကောင်းပါတယ်။ နို့မှုန့်ကုမ္ပဏီတွေရဲ့ ထောက်ပံ့ကူညီမှုကို လုံးဝ လက်မခံဘူး။ ပုဂ္ဂလိကဆေးရုံတွေမှာကျတော့ နို့မှုန့် ကုမ္ပဏီတွေရဲ့ ထောက်ပံ့ ကူညီမှုကို လက်ခံတယ်။ ဒါကြောင့် ကိုယ်ဝန်ဆောင်တွေ ဟာ နို့မှုန့်နဲ့ ပတ်သက်ပြီး ရင်းနှီး ပြီးသားဖြစ် နေပြီး သုံးစွဲမှုပိုများလာတယ်။”

“The challenge is of another thing, sponsorship by formula companies. CWH is very good at prenatal education, and no sponsorship by formula companies, (not accepted). In other private hospitals, prenatal education is usually promoted by formula companies, so pregnant moms are being exposed to formula.”

(The Lactation Consultant with total service for 42 years)

(1.8) Challenges to EBF due to neonatal condition

One-third of the respondents discussed on the neonatal care especially for preterm, low birth weight infants in which exclusive breastfeeding could not be achieved.

"အစ်မတို့က မွေးကင်းစကလေး (၁၄) ရက်သားလောက်ကျတော့ Prem နို့ထည့်ပြီး သွားတဲ့အခါ Feeding ကောင်းကောင်း လက်ခံပြီးဆို အပိုထပ်ထည့်ရတယ်။ ပေါင်တက် နို့မှုန့် ခေါ်တာပေါ့။ Preterm Formula, Human milk fortifer သဘောမျိုးလေး။ ညှစ်ထားတဲ့ အမေနို့ထဲမှာ Preterm Formula လေးတွေ နည်းနည်းထပ်ဖြည့်ပြီး တိုက်ရတာ ရှိတယ်။"

(လုပ်သက် (၁၃)နှစ်ရှိ ကျန်းမာရေးစောင့်ရှောက်ပေးသူ)

"We have to add Humana preterm formula, human milk fortifier at Day 14 if preterm babies accepted feeding, Preterms can be given mixed feeding with preterm formula."

(a health care provider with service for 13 years)

(1.9) Practice of commercially motivated infant feeding guidelines

One respondent told that non-EBF could occur as a result of following non-WHO Guidelines by mothers.

"အန်တီရဲ့လူနာတွေလေ၊ ဆရာဝန်တွေတောင်မှပဲ၊ မွေးစကနေ (၆)လအထိ မိခင်နို့တိုက်ကျွေးတာမတွေ့ရဘူး။ သူတို့တွေတောင် နို့မှုန့်တွေ တိုက်နေကြတာ တွေ့ရတယ်။ သူတို့က WHO Guideline မဟုတ်တဲ့ မွေးကင်းစကလေး ပြုစုစောင့်ရှောက်ရေး လက်စွဲတွေအတိုင်း လိုက်လုပ်နေကြတာလေ။ အဲ့ဒီတော့ (၂)လဆိုရင် နို့မှုန့်စတိုက်ပြီး နို့ဗူးနဲ့၊ (၁)နှစ်ဆိုရင် နို့လုံးဝမတိုက် တော့ဘူး။ အဲလိုပြောင်းလဲနေတာ။"

"My patients, who are doctors, even them, they are not breastfeeding, they choose formula feeding & practicing on infant feeding guidelines that is not according to WHO. So, they practice bottle feeding over the age of 2 months, they don't give the milk at one year of age, and that is the trend."

(The Lactation Consultant with total service for 42 years)

(2) Enablers of exclusive breastfeeding

Promotion of health education about EBF in the community was regarded as an important enabler by most of the respondents. Some respondents told that health education about weaning period and health education about storage of breastmilk especially for staff mothers were also enablers in promotion of EBF. Empowering mothers who practiced EBF and enabling working environment were described by some of the respondents to promote EBF. One respondent assumed the decision of EBF by mothers during their antenatal period as an enabler in promotion of EBF.

(2.1) Promotion of health education about EBF in the community

Majority of the respondents agreed on requirement of health education in community to promote EBF.

"နောက်တစ်ချက်က HE ပေးဖို့ဆိုတာလည်း ကျွန်မတို့က ဆေးရုံမှာပဲ HE ပေးနိုင်တာလေ။ Community ထဲမှာလည်း HE လေးပေးဖို့လိုတယ်ထင်တယ်။"

(လုပ်သက် (၂၄) နှစ်ရှိ ကျန်းမာရေးစောင့်ရှောက်မှုပေးသူ)

"We can give health education only to the mothers attended to our hospital's service. Health education should be given to the community widely."

(a health care provider with total service for 24 years)

(2.2) Empowering mothers who practiced exclusive breastfeeding

One-third of the respondents told that empowering mothers who practiced EBF was an enabler of exclusive breastfeeding.

"အန်တီတို့တွေဟာ မိခင်နို့တိုက်ကျွေးတဲ့ မိခင်တွေကို တိုက်တွန်းအားပေးရမယ်၊ အားဖြည့်ပေးရမယ်၊ အခုထက်ထိတော့ ဒီနိုင်ငံမှာ သူတို့ကို ဘာမှမလုပ် ပေးနိုင်သေးဘူး။ တခြားနိုင်ငံတွေမှာဆိုရင် မွေးစကနေ(၆)လအထိ မိခင်နို့ တစ်မျိုးတည်း တိုက်ကျွေးတဲ့ အမေတွေဟာဆိုရင် Promotion တွေအများကြီး ရတာပေါ့နော်။"

"We have to empower families to breastfeed, we haven't done that, we haven't help them in our country. In other counties, breastfeeding mothers have a lot of promotions."

(The Lactation Consultant with total service for 42 years)

(2.3) Decision of exclusive breastfeeding by mothers during antenatal period

One respondent wanted to describe that decision of EBF was necessary since she had been in antenatal period.

"မိခင်တွေကလည်းမမွေးခင်ကတည်းကမှ အမေနို့ကိုတိုက်ကိုတိုက်မယ်ဆိုတဲ့ ဆုံးဖြတ်ချက်ခိုင်ခိုင်မာမာရှိတယ်ဆိုရင် Breastfeeding အောင်မြင်ဖို့အတွက်က အရေးကြီးတဲ့ အချက်တစ်ခုပေါ့။ အစတည်းက နို့တိုက်ရင်ကောင်းမလား၊ နို့မှုန့် တိုက်ရင်ကောင်းမလား ဇဝေဇဝါဖြစ်နေတဲ့ အမေမျိုးဆိုရင်တော့ နို့ထွက်တာလည်းနည်းတယ်၊ ကလေးက နို့မဝတော့ဘူးထင်တယ်၊ နို့ဗူးပဲတိုက်ကြည့်ရင် ကောင်းမယ်ဆိုတဲ့ စိတ်မျိုးဝင်လာပြီး နို့ဗူးပဲတိုက်ဖြစ်သွားတာပေါ့နော်။"

(လုပ်သက် (၂၃)နှစ်ရှိ ကျန်းမာရေးစောင့်ရှောက်မှုပေးသူ)

"An important fact to enable exclusive breastfeeding is strong decision to EBF by mothers during their antenatal period. If mother is wavy and she think whether her baby should be breastfed or formula fed, they are prone to give formula feeding due to inadequate breastmilk and baby's hunger."

(a health care provider with total service for 23 years)

(2.4) Enabling working environment for exclusive breastfeeding

One-third of the respondents discussed on the issue of maternity leave to promote EBF.

"တချက်ရှိတာက ဝန်ထမ်းအမေတွေပေါ့ မိခင်နို့(ဖ)လတိုက်ရမယ်လို့ ပြောပေမယ့် အရင် Maternity leave က မွေးပြီး (၁)လခွဲပဲရတယ်။ အခု (၄)လခွဲဆိုတော့ အရင်ထက်စာရင် တိုးတက်လာတယ်။ ဒါပေမဲ့(၄)လခွဲမှာ အလုပ်ပြန်တက်ရတော့ ကျန်တဲ့(၁)လခွဲကတော့နို့ဗူးနဲ့ပဲထားခဲ့ရတာပေါ့နော်။ အဲ့လိုဆိုတော့ အစိုးရဘက်ကလည်း မိခင်တွေ (ဖ)လထိ မိခင်နို့တိုက်နိုင်အောင်ဆောင်ရွက် ပေးနိုင်ဖို့ စဉ်းစားသင့်တယ်လို့ထင်တယ်။"

(လုပ်သက်(၂၃)နှစ် ရှိ ကျန်းမာရေးစောင့်ရှောက်မှုပေးသူ)

"The issue on the maternity leave of staff mothers should be considered. Previously they got maternity leave for one and half months but they get it for four and half month nowadays. Therefore, they choose formula feeding at four and half months of infant's age. So, this point should be considered by the government to give exclusive breastfeeding by the staff mothers."

(a health care provider with total service for 23 years)

(2.5) Health education about weaning period

One respondent described the importance of knowledge about weaning period.

"မိခင်တွေကို weaning ကလဲ (၆)လမှစရမယ်ဆိုတဲ့ Knowledge ကိုလည်း သေချာပြော ပေးရမယ်။ ဘာလို့လဲဆိုတော့ စောစောစီးစီး (၃)လ၊ (၄)လနဲ့ ဖြည့်စွက်စာကျွေးနေတော့ Exclusive Breatfeeding မရပြန်ဘူးလေ။"

(လုပ်သက် (၂၃)နှစ် ကျန်းမာရေးစောင့်ရှောက်မှုပေးသူ)

"The mothers must be given knowledge that weaning should be started after six months of infant's age. We can't achieve exclusive breastfeeding due to early weaning at 3-4 months of infant's age."

(a health care provider with total service for 23 years)

(2.6) Health education about storage of breastmilk to give EBF

One-third of the respondents replied that the staff mothers should know how to feed their stored breastmilk during working hours and how to store it.

"ဝန်ထမ်းအမေတွေပေါ့နော် အလုပ်ပြန်ဝင်မယ်ဆိုရင် ပုံမှန်အားဖြင့်တော့ အမေနို့ ကိုညှစ်ထားခဲ့ရင် အခန်းအပူချိန်မှာ ၄ နာရီ (သို့) ၆ နာရီ၊ ရေခဲသေတ္တာ ထဲမှာဆိုရင် ခဲထားရင် (၂၄) နာရီထားလို့ရတယ်။ ဒီတော့မိခင်အလုပ်သွားရင် ကလေးကို မိခင်နို့တိုက်ဖို့ နို့ညှစ်ပြီး ထားခဲ့လို့ရတယ်။ အဲဒါလေးတွေကို ပိုပိုပြီး အသိပညာပေးလိုက်ရင် ပိုမို တိုးတက် လာမယ်လို့ထင်ပါတယ်။"

(လုပ်သက် (၁၃)နှစ်ရှိ ကျန်းမာရေးစောင့်ရှောက်မှုပေးသူ)

"The staff mothers can store their breastmilk in a sanitary container for 4-6 hours at room temperature, or store for 24 hours in freezer to give EBF up to 6 months even they return to work. In my opinion, EBF can be promoted by sharing this information more to the community."

(a health care provider with total service for 13years)

CHAPTER 6
DISCUSSION

Knowledge on EBF

In the current study, most of the respondents may have higher overall knowledge level. So, their awareness regarding exclusive breastfeeding may be higher than other studies. In this study, almost all of the respondents (98.3%) gave the correct response to the question about infant's age to which EBF should be given and age of infants to which complementary food should be added. This finding was inconsistent with other Myanmar studies, 57% (Kyaw-Than-Oo, 2008) , 77.9% (Myo-Moh-Moh, 2013).This response rate was higher than one of the studies in India (Krishnendu and Devaki, 2017) and Nigeria (Osibogun, Olufunlayo and Oyibo, 2018).

About two-third of the respondents knew about the early initiation of breastfeeding, less than one of the Myanmar studies (98.1% in Ywal-Nu-Nu-Khin,2012), 73.7%in Ethiopia study (Tadele et al., 2016). So, we should give more information about early initiation of breastfeeding. Over 90% of the respondents knew that colostrum was needed for baby. This result was higher than an Indian study (Krishnendu and Devaki, 2017), a Nigerian study (Mbada et al., 2013).

Out of the 180 respondents, over 80% knew the breastmilk alone is adequate for an infant during six months. In contrast to our study, another Myanmar study had found the lower correct response rate (Ywal-Nu-Nu-Khin, 2012), also in Ethiopia study (Tadele et al., 2016) but a study in Nigeria (Osibogun, Olufunlayo and Oyibo, 2018) showed the higher response rate.

About three-fourth of the respondents got the information that EBF can prevent diarrhea. This finding was congruent to that of previous Myanmar studies (Myo-Moh-Moh,2013) (Ywal-Nu-Nu Khin, 2012), but incongruent to a Nigerian study (Mbada et al., 2013).The least correct response to our knowledge question was that EBF can prevent baby from infections (45.6%), lower than a study done by Myo-Moh-Moh, 2013 in Myanmar (80.6%), a study in Nigeria by Osibogun, Olufunlayo and Oyibo, 2018 (95.5%) and a study in Italy by Cascone et al., (2019)

(84.8%).Hence, this information should be prioritized in giving health education about EBF.

Since our study was hospital- based study, and most of the respondents were graduates, Three-fourth of the mothers were in the group of good knowledge in the current study. The respondents may have relatively higher knowledge level than previous community-based studies in Myanmar (Ywal-Nu-Nu-Khin, 2012) , a study in Nigeria among bankers (Osibogun, Olufunlayo and Oyibo, 2018).

Determinants of knowledge on EBF

Regarding education, knowledge level of EBF was increased according to educational levels. But there was no significant association between maternal education and knowledge on EBF, not consistent with other Myanmar studies (Ywal-Nu-Nu-Khin, 2012). Multiparous mothers had significantly better knowledge than primiparous mothers in the current study. This finding was in line with the study done by Ywal-Nu-Nu-Khin (2012) in Myanmar, the study done by Mbada et al (2013) in Nigeria .It was reasonable because of own experience of multiparous mothers and getting more frequent HE about EBF.

The respondents who had undertaken NSVD and instrumental delivery had better knowledge level and significant association was present. Plausible reasons may be more concentration on health education about EBF without postoperative pain and stress.

The respondents who practiced EBF previously had better knowledge about EBF due to their own experience. The previous breastfeeding experience was significantly associated with knowledge level on EBF in this study.

Practice and proportion of EBF

The proportion of EBF was 62.8% in the current study, showing increasing trend than Myanmar DHS (2016) (51%), and other previous Myanmar studies, 14.5%

(Khin-San-Aye, 2010) and 20.5% (Myo-Moh-Moh, 2013) ,higher than the value of the studies in our neighborhood countries, 46.4%, in India (Krishnendu and Devaki, 2017), 37.7% in Pakistan also than other countries, 16.8% in the United States(Khan et al., 2016),11.7% in Algeria (Aakre et al., 2017), 33.3% in Italy, 32% in Canada, 33.5% in Nigeria (Cascone et al., 2019)This result can occur because this study was a hospital-based study, proportion of EBF may be relatively higher than some community-based studies.

Nearly 70% of respondents got the practice of skin-to-skin contact between mother and baby after delivery in this hospital-based study.90% of mothers gave the colostrum to their babies. This rate of feeding of colostrum was much higher than other studies in Pakistan (Khan et al., 2016), in Ethiopia (Tewabe et al., 2017) , lower than one of the previous studies in Myanmar (Khin-San-Aye, 2010), in Bangladesh (Joshi et al., 2014).

Regarding initiation of breastfeeding, most of the respondents (59.3%) practiced initiation of breastfeeding within one hour in this study, lower figure than the studies done in Myanmar (Myo-Moh-Moh, 2013) and (Khin-San-Aye, 2010). According to WHO Global report, the rates of early initiation (within one hour) was 59.9% in China, 52.6% in Thailand, 55.1% in Uganda, 58.7% in Kenya. Our study showed the similar result as these countries, but lower than other countries such as 86.5% in Nepal, 78.3% in Nigeria, 69.8% in Brazil (WHO report,2018). So, early initiation of breastfeeding practice should be promoted in Myanmar.

About 16% of infants were given water before six months of age in the present study due to medication and parental perception that the baby will be thirsty. Thus, parents must be given health education that breastmilk can give adequate hydration for babies and water need not be added. In this study, 30% of the respondents introduced additional food to their babies below six months of age, in decreasing trend than 58% in the study done by Kyaw-Than-Oo in Myanmar(2008), 42% in the study done by Khin-San-Aye in Myanmar(2010), 76% in the study done by Khan et al in Pakistan (2016). In our study, reasons for giving complementary food to their babies were inadequate breastmilk production, mother's return to work, preterm low birth weight with no weight gain, misconception of mothers for preferring formula milk, prevention of retroviral infection, rejection of breastmilk by babies, breast and nipple problems of mother and maternal chronic illness.

According to qualitative findings, postoperative pain and exhaustion, unfavorable neonatal condition, unfavorable working environment, chronic medical illness of mothers, advice to formula feeding by private nurse and maternal misbelief about composition of breastmilk and transmission of infection via breastmilk were perceived barriers of EBF. The previous studies in Myanmar (May-Mi-Thet, 2016) and Bangladesh (Khatun et al., 2019) described quite similarly as this study. Some of the respondents gave up EBF due to mother's return to work and duration of maternity leave they got was not enough to give exclusive breastfeeding. This

qualitative finding was the same as one of the Myanmar studies (Myat-Pan-Hmone, 2017) and one of the Bangladesh studies (Khatun et al., 2019).

Determinants of practice on EBF

There was significant association regarding HE about EBF during postnatal care and practice on EBF. Similarly, a study in Tanzania observed that postnatal counselling on EBF was significantly associated with practice on EBF. It was possible because mothers became more interested in breastfeeding after delivery of their babies.

The respondents without antenatal complications practiced EBF more than their counterparts in this study. It may be due to experience of less stressful condition, less psychosocial illness and no chronic complication.

Receiving spouse's support was significantly associated with practice on EBF. This finding was in line with other studies in Ethiopia (Tewabe et al., 2017), in Malaysia (Tan, 2011) but unlike one of the Nepal studies (Chandrashekhar et al., 2007). The current study found the receiving peers' EBF experience sharing made the respondents practice EBF more than their counterparts significantly. One of the Nepal studies also found this fact (Chandrashekhar et al., 2007).This finding matched up with modern age because people believed more in peers .

The higher the respondent's knowledge level on EBF, the more they practiced EBF. It was a significantly associated factor in this study. This finding was reasonable and consistent with previous Myanmar studies (Tun-Tun-Win,2006) and (Ywal-Nu-Nu-Khin, 2012) , a Tanzania study (Maonga, Msuya and Damian, 2016) but not consistent with an Italian study (Cascone et al., 2019).

Feeding of colostrum to babies gave many advantages to baby and it was significantly associated with practice on EBF. The respondents who gave breastfeeding on demand were significantly more likely to practice EBF. These factors also included in ten steps to successful breastfeeding.

According to qualitative results, traditional misbelief and lack of knowledge by community, promotion of formula companies and practice of Non-EBF in private hospitals, practice of commercially motivated infant feeding guidelines were perceived barriers in promotion of EBF. In this study, three-fourth of the respondents took antenatal care at private hospitals and may prefer formula feeding due to promotion by formula companies at private clinic. This is also an issue to be considered for promotion of EBF.

In the current study, the respondents pointed out lack of skills, poor attitude and insufficient knowledge of health care professionals regarding EBF as a barrier in promotion of EBF. One of the study in United States also expressed that the health care professionals lacked the right skills and varied in perceived skills regarding EBF (Garner et al., 2015).

This study showed that working mothers who got maternity leave for ≥24 weeks practiced EBF more than those who got maternity leave for < 24 weeks. This fact was also found in in-depth interviews and key informant interview and indicated the importance of duration of maternity leave. There was a similar finding in Nigeria study among bankers (Osibogun, Olufunlayo and Oyibo, 2018).

CHAPTER 7

CONCLUSION

The current study was a hospital-based study with mixed method. It was conducted among 180 lactating mothers of infants aged between six months to one year attending immunization session in Central Women's Hospital, Yangon. Out of 180 lactating mothers, three-fourth of them had good knowledge on exclusive breastfeeding (EBF). Parity, presence of antenatal complications, mode of delivery. previous experience in EBF, receiving spouse's support were significantly associated with knowledge level on EBF.

Regarding practice on EBF, 62.8% practiced EBF and 37.2% practiced Non-EBF, showing higher proportion of EBF than other previous studies in Myanmar. The two major problems disturbing exclusive breastfeeding were giving water and giving additional food to baby below six months of age. The respondents gave water to baby due to parental misconcept to relieve baby's thirst and for medication. Reason for feeding of additional food to baby were inadequate breastmilk, mother's return to work, preterm low birth weight with no weight gain, prevention of retroviral infection to baby, parental perception that formula is better to gain weight, maternal illness and breast and nipple problems of mothers. So, it is needed to give health education about nutritional composition of breastmilk and no additional water or food was needed for an infant below six months of age.

Receiving health education about EBF in postnatal care, knowledge level of the respondents, receiving spouse's support, receiving peer's experience sharing about EBF, presence of antenatal complication, feeding of colostrum to baby, frequency of breastfeeding were significantly associated with practice on EBF. So, the findings of this study flashed out the important issues in promotion of EBF.

According to qualitative findings, we have to overcome the barriers in exclusive breastfeeding by promoting health education about EBF in community, by creating favorable working environment for breastfeeding including enough maternity leave and by giving regular training regarding exclusive breastfeeding to health care providers in order to improve their knowledge ,skills and attitude on exclusive breastfeeding. Finally, the proportion of EBF was still needed to be promoted in the community by giving HE especially during postnatal care, giving HE not to start early weaning, empowering mothers who gave exclusive breastfeeding, making policies about duration of maternity leave in private sector, participation of private hospitals in promotion of EBF.

CHAPTER 8

RECOMMENDATIONS

1. Policy makers should emphasize on giving health education about EBF during postnatal care, giving breastfeeding related information to mothers, highly respected family members and community to promote EBF.
2. The mothers who gave exclusive breastfeeding should be empowered for promotion of EBF.
3. The rate of unnecessary LSCS should be reduced because post-operative pain and exhaustion were barriers in promotion of exclusive breastfeeding.
4. The peers' breastfeeding experience sharing about EBF and giving spouse's support regarding breastfeeding should be encouraged to promote EBF.
5. Knowledge about EBF of all health care providers should be improved by regular continuous medical education program and regular training program on EBF.

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ANNEXES

Annex (1) Operational definitions of Variables

Variables	Operational definition	Measurement scale
Age of mother	Mother's age in completed year	Ratio
Respondent's education	Level of attended schooling of respondents 1.Illiterate 2.Read and Write 3.Primary School level 4.Middle School level 5.High School Level 6.Graduate level and above 7.Others	Ordinal
Respondent's occupation	Stated current occupation of the respondents	Nominal
Monthly own income	Average income of respondent per month in kyats	Ratio
Monthly income per family member	Average monthly income of each family member in kyats	Ratio
Presence of chronic medical illness	A health condition or disease that is persistent in its effects 1.Diabetes 2.Hypertension 3.Epilepsy 4.Chronic infection 5.Heart Disease 6.Mental illness 7.Others	Nominal

Parity	Number of children that woman had delivered	Ratio
Frequency of antenatal visit	Number of achieving education, checking mother's health and fetal health, provision of necessary interventions and care during pregnancy	Ratio
AN care provider	The person who gave AN care for the last child 1.Specialist in OG 2.Doctor 3.Nurse 4.Midwife 5.AMW 6.Other	Nominal
Facility for delivery	Place of the last child born 1.CWH, Yangon 2.Other public hospital 3.Private hospital 4.RHC 5.Home by midwife 6.Home by TBA	Nominal
Mode of Delivery	The method how the last child was delivered 1.Normal spontaneous vaginal delivery 2.Instrumental delivery 3.Emergency LSCS 4.Elective LSCS	Nominal
Received HE about EBF during ANC are and PN care	The information that an infant must be fed with breast milk alone below 6 months and	Nominal

	benefits of exclusive breastfeeding during care during pregnancy or after delivery	
Previous breastfeeding experience	Experience of breastfeeding faced by mother before delivery of this child	Nominal
Peers' breastfeeding experience	Experience of breastfeeding faced by friends of respondent	Nominal
Spouse's support	Helping mother by her husband to give EBF psychosocially or attending breastfeeding classes	Nominal
Source of information about EBF	Place of getting facts about exclusive breastfeeding 1.Health care provider 2.Pamphlet or poster 3.Training or class 4.Book 5.Media 6.Others	Nominal
Infant	A child whose age is between six months to one year in this study	Nominal
Gestational age	Age of fetus from last menstrual period of mother to delivery	Ratio
Birth weight	The weight of a baby at birth	Ratio
Exclusive Breastfeeding	Giving breast milk only and no other liquids, except drops or syrups with vitamins, mineral supplements or medicine for six months duration	Nominal

Knowledge on EBF	The expertise and skills of EBF acquired by a person through experience and education Poor knowledge-< mean score Good knowledge ≥mean score	Ratio
Practice on EBF	A habit of doing EBF	Nominal

Annex (2) Consent Form (Myanmar and English)

သုတေသန လုပ်ငန်းတွင် ပါဝင်ဆောင်ရွက်ရန် သဘောတူညီချက်တောင်းခံခြင်းပုံစံ

သုတေသနည်းပညာနှင့် ကျင့်ဝတ်ကော်မတီ

ပြည်သူ့ကျန်းမာရေးတက္ကသိုလ် (ရန်ကုန်)

ဤသဘောတူညီချက်မှာ ဗဟိုအမျိုးသမီး ဆေးရုံကြီးရန်ကုန်သို့ ကာကွယ်ဆေးထိုးနှံရန် လာရောက်သော ကလေးမိခင်များအနက် ကလေးအသက် (၆)လမှ (၁)နှစ်ထိ ကလေးမိခင် များအား မိခင်နို့တစ်မျိုးတည်း တိုက်ကျွေး ခြင်းနှင့် ပတ်သက်၍ အသိပညာနှင့် လက်တွေ့ လုပ်ဆောင်ခြင်းအား လေ့လာရန် သုတေသနပြု လုပ်ရာတွင် ပါဝင်ဆောင်ရွက်ရန် ဖိတ်ခေါ်ခြင်း ဖြစ်ပါတယ်။

အဓိကသုတေသီအမည် - ဒေါက်တာလှမျိုးသွယ်

ဌာန - ပြည်သူ့ကျန်းမာရေး တက္ကသိုလ် (ရန်ကုန်)

သုတေသနခေါင်းစဉ် - ဗဟိုအမျိုးသမီး ဆေးရုံကြီး(ရန်ကုန်)သို့ ကာကွယ်ဆေးထိုးနှံ ရန် လာရောက်သော ကလေးမိခင်များအနက် ကလေးအသက် (၆)လမှ (၁)နှစ်ထိ ကလေးမိခင် များအား မိခင်နို့တစ်မျိုးတည်း တိုက်ကျွေး ခြင်းနှင့် ပတ်သက်၍ အသိပညာနှင့် လက်တွေ့ လုပ်ဆောင်ခြင်းအား လေ့လာရန် သုတေသနပြု လုပ်ခြင်း

အပိုင်း(က) သုတေသန နှင့်သက်ဆိုင်သောအချက်များ

၁။ မိတ်ဆက်နိဒါန်း

ကျွန်မသည် ဒေါက်တာလှမျိုးသွယ်၊ ဆေးရုံအုပ်ချုပ်မှုဆိုင်ရာ မဟာဘွဲ့ သင်တန်းသူ၊ ပြည်သူ့ကျန်းမာရေး တက္ကသိုလ်၊ရန်ကုန်မှ ဖြစ်ပါတယ်။ ကျွန်မအနေနဲ့ ဗဟိုအမျိုးသမီး ဆေးရုံကြီး(ရန်ကုန်)သို့ ကာကွယ်ဆေးထိုးနှံရန် လာရောက်သော ကလေးမိခင်များအနက် ကလေး အသက် (၆)လမှ တစ်နှစ်ထိ ကလေးမိခင် များအား မိခင်နို့တစ်မျိုးတည်း တိုက်ကျွေးခြင်းနှင့် ပတ်သက်၍ အသိပညာနှင့် လက်တွေ့ လုပ်ဆောင်ခြင်းအား လေ့လာရန် သုတေသန တစ်ခု ဆောင်ရွက်လိုပါသည်။ သုတေသနအကြောင်းကို ရှင်းပြပြီး သင့်အား ပါဝင်ရန် ဖိတ်ခေါ် လိုပါသည်။ သင့်အနေနှင့် မရှင်းလင်းသည်များ ရှိပါက မေးမြန်းနိုင်ပါသည်။

၂။ ရည်ရွယ်ချက်

ဤသုတေသန၏ ရည်ရွယ်ချက်မှာ ဗဟိုအမျိုးသမီး ဆေးရုံကြီး(ရန်ကုန်)သို့ ကာကွယ် ဆေးထိုးနှံရန် လာရောက်သော ကလေးမိခင်များအနက် ကလေးအသက် (၆)လမှ

(၁)နှစ်ထိ ကလေးမိခင် များအား မိခင်နို့တစ်မျိုးတည်း တိုက်ကျွေး ခြင်းနှင့် ပတ်သက်၍ အသိပညာနှင့် လက်တွေ့ လုပ်ဆောင်ခြင်းအား လေ့လာရန် ဖြစ်ပါသည်။

၃။ သုတေသနဆောင်ရွက်ပုံအမျိုးအစား

ဤသုတေသနသည် သင့်အား သုတေသီက မေးသော မေးခွန်းများကို ဖြေဆိုရမည် ဖြစ်ပြီး မိနစ် ၃၀ခန့် ကြာမြင့်မည် ဖြစ်ပါသည်။

၄။ ပါဝင်မည့်သူများရွေးချယ်ခြင်း

သင့်အား ဤသုတေသန တွင်ပါဝင်ရန် ဖိတ်ခေါ်ခြင်းမှာ မွေးစမှ (၆)လအထိ မိခင်နို့ တစ်မျိုးတည်း တိုက်ကျွေး ခြင်းနှင့် ပတ်သက်၍ အသိပညာနှင့် လက်တွေ့ လုပ်ဆောင်ခြင်းအား ဆန်းစစ်ရာတွင် အထောက်အကူပြုမည်ဟုယူဆသောကြောင့် ဖြစ်ပါသည်။

၅။ မိမိဆန္ဒ အလျောက်ပါဝင်ခြင်း

ဤသုတေသနတွင် သင် ပါဝင် ကူညီခြင်းသည် သင်၏ သဘော ဆန္ဒအလျောက်သာ ဖြစ်ပါသည်။ ပါဝင်ခြင်း၊ မပါဝင်ခြင်းမှာ သင်၏ ဆန္ဒအတိုင်း ရွေးချယ်မှုသာဖြစ်ပါသည်။

၆။ လုပ်ဆောင်ပုံ

ဤသုတေသနတွင် ပါဝင်ဖို့ သင်သဘောတူမည် ဆိုလျှင် သင့်ကို သုတေသီက မေးသော မေးခွန်းများကို ဖြေဆိုရမည် ဖြစ်ပြီး မိနစ် ၃၀ခန့်ကြာမြင့် မည်ဖြစ်ပါသည်။ သင်သည် သီးသန့် နေရာ တခုမှာ ဖြေဆိုရမှာဖြစ်ပြီး သင်၏လူမှုရေး အချက်အလက်များ၊ သားဖွားခြင်းရာဇဝင်နှင့် သက်ဆိုင်သော အချက်အလက်များ၊ ကလေးနှင့်ပတ်သက်သော အချက်အလက်များ၊ အထောက် အကူပြုသော ပတ်ဝန်းကျင်ဆိုင်ရာ အချက်အလက်များ နှင့် ပတ်သက်သော သဘောထား အမြင်အား မေးမြန်းမှာဖြစ်ပါသည်။ မေးခွန်းများဖြေဆိုရာတွင် စိတ်အနှောင့်အယှက်ဖြစ်၍ မဖြေ ဆိုလိုသော မေးခွန်းများရှိပါက သင့်ဆန္ဒ အလျောက် မဖြေဆိုဘဲ ငြင်းဆိုနိုင်ပါသည်။

၇။ အကျိုးကျေးဇူးများ

ဤသုတေသနတွင် ပါဝင်သောကြောင့် သင့်အတွက် တိုက်ရိုက်အကျိုး ကျေးဇူးရရှိမည် မဟုတ်ပါ။ သို့သော် သင်၏ပါဝင်မှုသည် မွေးစမှ (၆)လအထိ မိခင်နို့ တစ်မျိုးတည်း တိုက်ကျွေး ခြင်းနှင့် ပတ်သက်၍ အသိပညာနှင့် လက်တွေ့ လုပ်ဆောင်ခြင်းအား ဆန်းစစ်ရာတွင် အထောက်အကူပြုမည်ဖြစ်ပါသည်။

၈။ အချက်အလက်များသိမ်းဆည်းထားရှိခြင်း

ဤသုတေသနမှ ကောက်ယူရရှိသည့် အချက်အလက်များကို လုံခြုံစွာထား ရှိမှာ ဖြစ်ပါသည်။ သင့်ထံမှ သိရှိရသည့်အချက်များကို သုတေသနအဖွဲ့မှ တပါးအခြားမည်သူမှ မသိ စေရပါ။

၉။ သုတေသနရလဒ်များကို ဖြန့်ဝေခြင်း

ဤသုတေသန၏ တွေ့ရှိချက်များကို စိတ်ဝင်စားသူများမှ သိရှိနိုင်စေရန် ရလဒ်များကို သာ ဖြန့်ဝေမှာဖြစ်ပါသည်။

၁၀။ ဆက်သွယ်ရမည့်ပုဂ္ဂိုလ်

အကြောင်းတစ်စုံတစ်ရာမေးမြန်းလိုလျှင်ဒေါက်တာလှမျိုးသွယ် ၊ဖုန်း ၀၉-၄၃၀၁၄၉၉၁ ကိုဆက်သွယ်နိုင်ပါသည်။ ဤသုတေသန ကို လူပုဂ္ဂိုလ်များအပေါ် သုတေသနပြုမူဆိုင်ရာ ကျင့်ဝတ်ကော်မတီ မှ ခွင့်ပြုချက်ရရှိပြီး ဖြစ်ပါသည်။

အပိုင်း (ခ) သုတေသနတွင်ပါဝင်ရန် သဘောတူညီမှုပုံစံ

ကျွန်ုပ်သည် ဗဟိုအမျိုးသမီး ဆေးရုံကြီး(ရန်ကုန်)သို့ ကာကွယ်ဆေးထိုးနှံရန် လာရောက် သော ကလေးမိခင်များအနက် ကလေးအသက် (၆)လမှ (၁)နှစ်ထိ ကလေးမိခင် များအား မိခင်နို့ တစ်မျိုးတည်း တိုက်ကျွေးခြင်း အပေါ် လွှမ်းမိုးသော အချက်များအား လေ့လာရန် ပြုလုပ်သော သုတေသနတွင် ပါဝင်ရန် ဖိတ်ခေါ်ခြင်းခံရပါသည်။ ဤသုတေသနတွင် ပါဝင်သောကြောင့် ကျွန်ုပ်အတွက် တိုက်ရိုက်အကျိုးကျေးဇူး မရရှိပါ။ ကျွန်ုပ်သည် သုတေသီက မေးသော မေးခွန်း များကို ဖြေဆိုရမည်ဖြစ်ပြီး မိနစ်(၃၀)ခန့်ကြာမြင့်မည်ဖြစ်ကြောင်းနှင့် လူမှုရေး အချက်အလက် များ၊ သားဖွားခြင်းရာဇဝင်နှင့် သက်ဆိုင်သော အချက်အလက်များ၊ ကလေးနှင့် ပတ်သက်သော အချက်အလက်များ၊ အထောက်အကူပြုသော ပတ်ဝန်းကျင်ဆိုင်ရာ အချက်အလက်များနှင့် ပတ်သက်သော သဘောထားအမြင်အား မေးမြန်းမှာဖြစ်ကြောင်း သိရှိရပါသည်။ ဤသုတေသန တွင် ကျွန်ုပ်သည် အထက်ဖော်ပြချက်များကို ဖတ်ရှုပြီးဖြစ်ပါသည်။ မရှင်းလင်းသည့် မေးခွန်း များကိုလည်း မေးမြန်းနိုင်၍ ၎င်းတို့ကို ကျွန်ုပ်သည် ကျေနပ်စွာဖြေဆို ပေးပါသည်။ ကျွန်ုပ် ဆန္ဒ အလျောက် ဤသုတေသန တွင်ပါဝင်ရန် သဘောတူပါသည်။

သုတေသနတွင်ပါဝင်သူအမည် ----------

သုတေသနတွင်ပါဝင်သူလက်မှတ် ----------

ရက်စွဲ ----------

အပိုင်း(၈) သုတေသန နှင့်သက်ဆိုင်သောအချက်များ

၁။ မိတ်ဆက်နိဒါန်း

ကျွန်မသည် ဒေါက်တာလှမျိုးသွယ်၊ ဆေးရုံအုပ်ချုပ်မှုဆိုင်ရာ မဟာဘွဲ့ သင်တန်းသား၊ ပြည်သူ့ကျန်းမာရေး တက္ကသိုလ်(ရန်ကုန်)မှ ဖြစ်ပါတယ်။ ကျွန်မအနေနဲ့ ဗဟိုအမျိုးသမီး ဆေးရုံကြီး(ရန်ကုန်)သို့ ကာကွယ်ဆေးထိုးနှံရန် လာရောက်သော ကလေးမိခင်များအနက် ကလေး အသက် (၆)လမှ တစ်နှစ်ထိ ကလေးမိခင် များအား မိခင်နို့တစ်မျိုးတည်း တိုက်ကျွေးခြင်းနှင့် ပတ်သက်၍ အသိပညာနှင့် လက်တွေ့ လုပ်ဆောင်ခြင်းအား လေ့လာရန် သုတေသန တစ်ခု ဆောင်ရွက်လိုပါသည်။ သုတေသနအကြောင်းကို ရှင်းပြပြီး သင့်အား ပါဝင်ရန် ဖိတ်ခေါ် လိုပါသည်။ သင့်အနေနှင့် မရှင်းလင်းသည်များ ရှိပါက မေးမြန်းနိုင်ပါသည်။

၂။ ရည်ရွယ်ချက်

ဤသုတေသန၏ ရည်ရွယ်ချက်မှာ ဗဟိုအမျိုးသမီး ဆေးရုံကြီး(ရန်ကုန်)သို့ ကာကွယ် ဆေးထိုးနှံရန် လာရောက်သော ကလေးမိခင်များအနက် ကလေးအသက် (၆)လမှ (၁)နှစ်ထိ ကလေးမိခင် များအား မိခင်နို့တစ်မျိုးတည်း တိုက်ကျွေး ခြင်းနှင့် ပတ်သက်၍ အသိပညာနှင့် လက်တွေ့ လုပ်ဆောင်ခြင်းအား လေ့လာရန် ဖြစ်ပါသည်။

၃။ သုတေသနဆောင်ရွက်ပုံအမျိုးအစား

ဤသုတေသနသည် သင့်အားအသေးစိတ်မေးခွန်းများအား မေးမြန်းပြီး ၁၅မိနစ်ခန့် ကြာမြင့်မည် ဖြစ်ပါသည်။

၄။ ပါဝင်မည့်သူများရွေးချယ်ခြင်း

သင့်အား ဤသုတေသန တွင်ပါဝင်ရန် ဖိတ်ခေါ်ခြင်းမှာ မွေးစမှ (၆)လအထိ မိခင်နို့ တစ်မျိုးတည်း တိုက်ကျွေးခြင်းနှင့် ပတ်သက်၍အသိပညာနှင့် လက်တွေ့ လုပ်ဆောင်ခြင်း အား ဆန်းစစ်ရာတွင် အထောက်အကူပြုမည်ဟုယူဆသောကြောင်း ဖြစ်ပါ သည်။

၅။ မိမိဆန္ဒ အလျောက်ပါဝင်ခြင်း

ဤသုတေသနတွင် သင် ပါဝင် ကူညီခြင်းသည် သင်၏ သဘော ဆန္ဒအလျောက်သာ ဖြစ်ပါသည်။ ပါဝင်ခြင်း၊ မပါဝင်ခြင်းမှာ သင်၏ ဆန္ဒအတိုင်း ရွေးချယ်မှုသာဖြစ်ပါသည်။

၆။ လုပ်ဆောင်ပုံ

ဤသုတေသနတွင် ပါဝင်ဖို့ သင်သဘောတူမည် ဆိုလျှင် သင့်အား အသေးစိတ် မေးမြန်းမှုများကို ဖြေဆိုရမည် ဖြစ်ပြီး မိနစ် ၁၅ခန့်ကြာမြင့် မည်ဖြစ်ပါသည်။ သင်သည် သီးသန့် နေရာ တခုမှာ ဖြေဆိုရမှာဖြစ်ပြီး မွေးစမှ (၆)လအထိ မိခင်နို့တိုက်ကျွေးခြင်းနှင့် ပတ်သက်သော အတွေ့အကြုံ၊ အခက်အခဲ၊ စိန်ခေါ်မှုများနှင့် အောင်မြင်စေသောအချက်များ၊ ထင်မြင်ယူဆချက်များအား မေးမြန်းမှာဖြစ်ပါသည်။ မေးခွန်းများဖြေဆိုရာတွင် စိတ်အနှောင့်

အယှက်ဖြစ်၍ မဖြေ ဆိုလိုသော မေးခွန်းများရှိပါက သင့်ဆန္ဒ အလျောက် မဖြေဆိုဘဲ ငြင်းဆိုနိုင်ပါသည်။

၇။ အကျိုးကျေးဇူးများ

ဤသုတေသနတွင် ပါဝင်သောကြောင့် သင့်အတွက် တိုက်ရိုက်အကျိုး ကျေးဇူး ရရှိမည် မဟုတ်ပါ။ သို့သော် သင်၏ပါဝင်မှုသည် မွေးစမှ (၆)လအထိ မိခင်နို့ တစ်မျိုးတည်း တိုက်ကျွေး ခြင်းနှင့် ပတ်သက်၍ အသိပညာနှင့် လက်တွေ့ လုပ်ဆောင်ခြင်းအား ဆန်းစစ်ရာတွင် အထောက်အကူပြုမည်ဖြစ်ပါသည်။

၈။ အချက်အလက်များသိမ်းဆည်းထားရှိခြင်း

ဤသုတေသနမှ ကောက်ယူရရှိသည့် အချက်အလက်များကို လုံခြုံစွာထား ရှိမှာ ဖြစ်ပါသည်။ သင့်ထံမှ သိရှိရသည့်အချက်များကို သုတေသနအဖွဲ့မှ တပါးအခြားမည်သူမှ မသိ စေရပါ။

၉။ သုတေသနရလဒ်များကို ဖြန့်ဝေခြင်း

ဤသုတေသန၏ တွေ့ရှိချက်များကို စိတ်ဝင်စားသူများမှ သိရှိနိုင်စေရန် ရလဒ်များကို သာ ဖြန့်ဝေမှာဖြစ်ပါသည်။

၁၀။ ဆက်သွယ်ရမည့်ပုဂ္ဂိုလ်

အကြောင်းတစ်စုံတစ်ရာမေးမြန်းလိုလျှင်ဒေါက်တာလှမျိုးသွယ်၊ဖုန်း၀၉-၄၃၀၁၄၉၉၁ ကိုဆက်သွယ်နိုင်ပါသည်။ ဤသုတေသန ကို လူပုဂ္ဂိုလ်များအပေါ် သုတေသနပြုမှုဆိုင်ရာ ကျင့်ဝတ်ကော်မတီ မှ ခွင့်ပြုချက်ရရှိပြီး ဖြစ်ပါသည်။

အပိုင်း (ဃ) သုတေသနတွင်ပါဝင်ရန် အသေးစိတ်မေးမြန်းခြင်းအတွက်သဘောတူညီမှုပုံစံ

ကျွန်ုပ်သည် ဗဟိုအမျိုးသမီး ဆေးရုံကြီး(ရန်ကုန်)သို့ ကာကွယ်ဆေးထိုးနှံရန် လာရောက် သော ကလေးမိခင်များအနက် ကလေးအသက် (၆)လမှ (၁)နှစ်ထိ ကလေးမိခင် များအား မိခင်နို့ တစ်မျိုးတည်း တိုက်ကျွေးခြင်း အပေါ် လွှမ်းမိုးသော အချက်များအား လေ့လာရန် ပြုလုပ်သော သုတေသနတွင် ပါဝင်ရန် ဖိတ်ခေါ်ခြင်းခံရပါသည်။ ဤသုတေသန တွင် ပါဝင်သောကြောင့် ကျွန်ုပ်အတွက် တိုက်ရိုက်အကျိုးကျေးဇူး မရရှိပါ။ ကျွန်ုပ်သည် မွေးစမှ(၆)လထိ မိခင်နို့ တစ်မျိုးတည်း တိုက်ကျွေးခြင်းနှင့်ပတ်သက်၍ အသေးစိတ်မေးခွန်း များကို ဖြေဆိုရမည်ဖြစ်ပြီး (၁၅)မိနစ်ခန့်ကြာမြင့် မည်ဖြစ်ကြောင်း သိရှိရပါသည်။ ဤသုတေသန တွင် ကျွန်ုပ်သည် အထက်ဖော်ပြချက်များကို ဖတ်ရှုပြီးဖြစ်ပါသည်။ မရှင်းလင်းသည့် မေးခွန်း များကိုလည်း မေးမြန်းနိုင်၍ ၎င်းတို့ကို ကျွန်ုပ်သည် ကျေနပ်စွာ ဖြေဆိုပေးပါသည်။ ကျွန်ုပ် ဆန္ဒအလျောက် ဤသုတေသန တွင်ပါဝင်ရန် သဘောတူပါသည်။

သုတေသနတွင်ပါဝင်သူအမည် ----------

သုတေသနတွင်ပါဝင်သူလက်မှတ် ----------

ရက်စွဲ ----------

Informed consent form (English)

Instituitional Review Board

University of Public Health, Yangon

Name of Investigator – Dr Hla Myo Thwe

Title of research – "Determinants of Exclusive Breastfeeding among Lactating Mothers attending Immunization Session in Central Women's Hospital, Yangon (2019)"

Part (A) Informed consent form for face-to-faced interview with structured questionnaires

1. Introduction

I am Dr Hla Myo Thwe, a candidate of Master of Hospital Administration attending at University of Public Health, Yangon. I am doing research on "Determinants of Exclusive Breastfeeding among Lactating Mothers attending Immunization Session in Central Women's Hospital, Yangon (2019)".

2. Purpose of the research

This study is to assess "Determinants of Exclusive Breastfeeding among Lactating Mothers attending Immunization Session in Central Women's Hospital, Yangon (2019)".

3. Type of Research Intervention

This research will involve your participation in face-to-face interview with structured questionnaires about thirty minutes.

4. Participant Selection

You are being invited to take part in this research because we feel that you will interest in "Determinants of Exclusive Breastfeeding among Lactating Mothers attending Immunization Session in Central Women's Hospital, Yangon (2019)".

5. Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether participate or not.

6. Procedure

I would like to invite you to take part in this research project. If you accept, you have to answer in face-to-face interview with structured questionnaires about thirty minutes. It will be taken at a place which is comfortable for you. The questionnaires will include information about your socio-demographic factors, obstetric history, characteristics of infants, social supportive factors**,** knowledge on

breastfeeding and practice on breastfeeding. You do not have to answer any question or take part in the discussion if you feel the issue(s) are too personal or if talking about them makes you uncomfortable.

7. Benefits

Participation in this study will not benefit the participant directly how but your participation is likely to help us find out more about "Determinants of Exclusive Breastfeeding among Lactating Mothers attending Immunization Session in Central Women's Hospital, Yangon (2019)".

I will not be sharing information about your participation in this study to anyone outside. The information that I collect from this research project will be kept private.

9. Sharing the Results

The knowledge that I get from research will be only to the persons who have the responsibility for this study. I will then publish the results to be read only by the interested people.

10. Who to contact

If there are any queries before, during and after the study you can directly contact the investigator Dr Hla Myo Thwe, Phone – 0943014991 or via email lilyhtwe2016sn@ gmail.com. This proposal had been reviewed and approved by the Institutional Review Board, University of Public Health, Yangon which is a committee whose task is to make sure that research participants are protected from harm. If you wish to find out more about the committee, contact the secretary of the committee at University of Public Health, Yangon, No. 246, Myoma Kyaung Street, Latha Township, Yangon, 11311. Office phone +95 1395213, +95 1395214 ext:23/25.

Part (B) Consent form

I have been invited to participate in research about "Determinants of Exclusive Breastfeeding among Lactating Mothers attending Immunization Session in Central Women's Hospital, Yangon (2019)". I know that I will have to answer the face-to-face interview with structured questionnaires about thirty minutes. I am aware that there may be no benefit to me personally. The questionnaires include sociodemographic characteristics, and obstetric history, characteristics of infants, social supportive factors**,** knowledge on breastfeeding and practice on EBF. I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked to my satisfaction. I consent voluntarily to be a participant in this study.

Name of participant ----------

Signature of participant ----------

Date ----------

Part (C) Informed consent form for in depth interview

1. Introduction

I am Dr Dr Hla Myo Thwe, a candidate of Master of Hospital Administration attending at University of Public Health, Yangon at University of Public Health, Yangon. I am doing research on "Determinants of Exclusive Breastfeeding among Lactating Mothers attending Immunization Session in Central Women's Hospital, Yangon (2019)".

2. Purpose of the research

This study is to assess "Determinants of Exclusive Breastfeeding among Lactating Mothers attending Immunization Session in Central Women's Hospital, Yangon (2019)".

3. Type of Research Intervention

This research will involve your participation for in depth interview about fifteen minutes.

4. Participant Selection

You are being invited to take part in this research because we feel that you will interest in "Determinants of Exclusive Breastfeeding among Lactating Mothers attending Immunization Session in Central Women's Hospital, Yangon (2019)".

5. Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether participate or not.

6. Procedure

I would like to invite you to take part in this research project. If you accept, you have to answer for in depth interview about fifteen minutes. It will be taken at a place which is comfortable for you. The questionnaires will include
experience, barriers and enablers, opinion about EBF. You do not have to answer any question or take part in the discussion if you feel the issue(s) are too personal or if talking about them makes you uncomfortable.

7. Benefits

Participation in this study will not benefit the participant directly but your participation is likely to help us find out more about how to promote exclusive breastfeeding.

8. Confidentiality

I will not be sharing information about your participation in this study to anyone outside. The information that I collect from this research project will be kept private.

9. Sharing the Results

The knowledge that I get from research will be only to the persons who have the responsibility for this study. I will then publish the results to be read only by the interested people.

10. Who to contact

If there are any queries before, during and after the study you can directly contact the investigator Dr Hla Myo Thwe, Phone – 0943014991 or via email lilyhtwe2016sn@ gmail.com. This proposal had been reviewed and approved by the Institutional Review Board, University of Public Health, Yangon which is a committee whose task is to make sure that research participants are protected from harm. If you wish to find out more about the committee, contact the secretary of the committee at University of Public Health, Yangon, No. 246, Myoma Kyaung Street, Latha Township, Yangon, 11311. Office phone +95 1395213, +95 1395214 ext:23/25.

Part (D) Consent form for in depth interview

I have been invited to participate in research about "Determinants of Exclusive Breastfeeding among Lactating Mothers attending Immunization Session in Central Women's Hospital, Yangon (2019)." I am aware that there may be no benefit to me personally and that I will be paid only for my time spent. I have read the facts thoroughly. I have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Name of participant ----------

Signature of participant ----------

Date ----------

Annex (3) Data collection forms (Myanmar and English)

မိခင်နို့တစ်မျိုးတည်း တိုက်ကျွေးခြင်းဆိုင်ရာ အလေ့အကျင့်နှင့် သက်ဆိုင်သော မေးခွန်းလွှာ

ဖြေဆိုသူ၏အမှတ်စဉ် –

မေးမြန်းသည့်နေ့စွဲ –

မေးမြန်းသည့်အချိန် –

အပိုင်း (၁)

မိခင်၏ လူမှုစီးပွားဆိုင်ရာ အခြေခံအချက်အလက်များ

အမှတ်စဉ်	အကြောင်းအရာ	ရွေးချယ်ရန်အဖြေ	Code No
S – 1	မိခင်၏ပြည့်ပြီးအသက်(နှစ်ဖြင့်ဖော်ပြရန်)		
S – 2	မိခင်၏ ပညာအရည်အချင်း	(၁) စာမတတ် (၂) ရေးတတ် ဖတ်တတ် (၃) မူလတန်းအောင် (၄) အလယ်တန်းအောင် (၅) အထက်တန်းအောင် (၆) ဘွဲ့ရ နှင့်အထက် (၇) အခြား	
S – 3	အိမ်ထောင်ရေး အခြေအနေ	(၁) လက်ရှိအိမ်ထောင်ရှိ (၂) အိမ်ထောင်ကွဲ (၃) အိမ်ထောင်ဘက်ကွယ်လွန် (၄) လက်ထပ်ထားခြင်းမရှိ	

		(၅) အခြား	
S – 4	မိခင်၏အလုပ်အကိုင်	(၁) အစိုးရဝန်ထမ်း (၂) ကုမ္ပဏီဝန်ထမ်း (၃) ကိုယ်ပိုင်လုပ်ငန်း (၄) နေ့စား/ကျပန်း (၅) မှီခို (၆) အခြား	
S –5	မိခင်၏ အလုပ်မှ သားဖွားခွင့်ရ/မရ	(၁) ရရှိ (၂) မရရှိ	
S –6	ရရှိပါက အချိန်ကာလအား ဖော်ပြရန်		
S – 7	မိခင်၏ တစ်လပျမ်းမျှ ကိုယ်ပိုင်ဝင်ငွေ		
S – 8	မိသားစု၏ တစ်လ ပျမ်းမျှဝင်ငွေ		
S – 9	မိသားစုဝင် အရေအတွက်		
S – 10	မိခင် ခံစားရသော နာတာရှည်ရောဂါ	(၁) ရှိ (၂) မရှိ	
S – 11	နာတာရှည်ရောဂါရှိပါက ဖော်ပြရန်		

အပိုင်း (၂) သားဖွားခြင်းရာဇဝင်နှင့်ပတ်သက်သော အချက်အလက်များ

အမှတ်စဉ်	အကြောင်းအရာ	ရွေးချယ်ရန်အဖြေ	Code No
O – 1	ကလေးမွေးဖွားသည့် အကြိမ်အရေအတွက်		
O – 2	သက်ရှိကလေး အရေအတွက်		

၀ – ၃	ကိုယ်ဝန်ဆောင်စောင့်ရှောက်မှု ခံယူခြင်း	(၁) ရှိ (၂) မရှိ	
၀ – ၄	ကိုယ်ဝန်ဆောင်စောင့်ရှောက်မှု ခံယူသည့် အကြိမ်ပေါင်း		
၀ – ၅	ကိုယ်ဝန်ဆောင်စောင့်ရှောက်မှုပေးသော ကျန်းမာရေးဝန်ထမ်း	(၁) သားဖွားနှင့် မီးယပ်အထူးကု ဆရာဝန် (၂) ဆရာဝန် (၃) သူနာပြု (၄) သားဖွားဆရာမ (၅) အရံသားဖွား (၆) အခြား	
၀ – ၆	ကိုယ်ဝန်ဆောင်စောင့်ရှောက်မှု ခံယူသည့် နေရာ/ဌာန	(၁) ဗဟိုအမျိုးသမီးဆေးရုံကြီး (ရန်ကုန်) (၂) ပြည်သူ့ဆေးရုံ (၃) ပုဂ္ဂလိကဆေးရုံ (၄) ကျေးလက်ကျန်းမာရေးဌာန (၅) မိခင်နှင့်ကလေး ကျန်းမာရေး ဌာန (၆) အခြား	
၀ – ၇	ကိုယ်ဝန်ဆောင်စောင့်ရှောက်မှုခံယူစဉ် တွင်မိခင်နို့တိုက်ကျွေးခြင်းနှင့်ပတ်သက်၍ အသိပညာပေးခြင်း ရရှိခဲ့ပါသလား။	(၁) ရရှိ (၂) မရရှိ	

၀ – ၈	ကိုယ်ဝန်ဆောင်စဉ်နှင့်မမွေးဖွားမီ အန္တရာယ်အခြေအနေများကြုံတွေ့ရခြင်း ရှိ/မရှိ (ရှိပါက ဖော်ပြရန်)	(၁) ရှိ (၂) မရှိ	
၀ – ၉	နောက်ဆုံးကလေးကို မွေးဖွားခဲ့သောနေရာ	(၁) ဗဟိုအမျိုးသမီးဆေးရုံကြီး (ရန်ကုန်) (၂) ပြည်သူ့ဆေးရုံ (၃) ပုဂ္ဂလိကဆေးရုံ (၄) ကျေးလက်ကျန်းမာရေးဌာန (၅) သားဖွားဆရာမ နှင့် အိမ်တွင် မွေးဖွားခြင်း (၆) အရပ်လက်သည်နှင့်အိမ်တွင် မွေးဖွားခြင်း	
၀ – ၁၀	မွေးဖွားခဲ့သည့် နည်းလမ်း	(၁) ရိုးရိုးမွေးဖွားခြင်း (၂) အထောက်အကူ/ညှပ်ဆွဲ/ လေစုပ်၍ မွေးဖွားခြင်း (၃) အရေးပေါ်ခွဲစိတ်၍ မွေးဖွားခြင်း (၄) ကြိုတင်ပြင်ဆင်ထားသော ခွဲစိတ်မွေးဖွားခြင်း	
၀ – ၁၁	မွေးဖွားနေစဉ်အန္တရာယ်အခြေအနေ ကြုံတွေ့ရခြင်းရှိ/မရှိ (ရှိပါက ဖော်ပြရန်)	(၁) ရှိ (၂) မရှိ	
၀ – ၁၂	နောက်ဆုံးကလေးကို မွေးဖွားပြီးနောက်	(၁) သားဖွားနှင့်မီးယပ်အထူးကု	

	မွေးပြီးမိခင်စောင့်ရှောက်မှုပေးသော ကျန်းမာရေးဝန်ထမ်း	ဆရာဝန် (၂) ဆရာဝန် (၃) သူနာပြု (၄) သားဖွားဆရာမ (၅) အရံသားဖွား (၆) အခြား	
0 – 13	မွေးပြီး မိခင် စောင့်ရှောက်မှု ခံယူခဲ့သောအကြိမ်ပေါင်း		
0 – 14	မွေးပြီး မိခင် စောင့်ရှောက်မှု ခံယူစဉ်တွင်မိခင်နှို့ တိုက်ကျွေးခြင်း နှင့်ပတ်သက်၍ အသိပညာပေးခြင်း ရရှိခဲ့ပါသလား။	(၁) ရရှိ (၂) မရရှိ	
0 – 15	မွေးပြီးမိခင်စောင့်ရှောက်မှု ခံယူချိန်တွင် မိခင်နို့တိုက်ကျွေးခြင်းနှင့်ပတ်သက်၍ နည်းပညာပိုင်းဆိုင်ရာအထောက်အပံ့ပေး ခြင်းရရှိခဲ့ပါသလား။	(၁) ရရှိ (၂) မရရှိ	
0 – 16	မွေးပြီး မိခင်ကြုံတွေ့နိုင်သော အန္တရာယ် အခြေအနေများ ကြုံတွေ့ရခြင်း ရှိ/မရှိ (ရှိပါက ဖော်ပြရန်)	(၁) ရှိ (၂) မရှိ	

အပိုင်း (၃) ကလေးနှင့် ဆိုင်သော အချက်အလက်များ

အမှတ်စဉ်	အကြောင်းအရာ	ရွေးချယ်ရန်အဖြေ	Code No
I – 1	မွေးဖွားသည့်အချိန်တွင်သန္ဓေသား၏ ကိုယ်ဝန်သက်	(၁) လစေ့ (၂) လမစေ့	
I – 2	မွေးဖွားသည့်အချိန်တွင်ရှိသော ကလေး၏ ကိုယ်အလေးချိန်	(၁) ၂.၅ကီလိုဂရမ်နှင့်အထက် (ပေါင်ပြည့်) (၂) ၂.၅ကီလိုဂရမ်အောက် (ပေါင်မပြည့်)	
I – 3	ကလေး၏ လိင်အမျိုးအစား	(၁) ကျား (၂) မ	
I – 4	မွေးကင်းစကလေးအသားဝါရောဂါ အတွက်မွေးကင်းစကလေးကုသဆောင်တွင် ကုသမှုခံယူခြင်း	(၁) ရှိ (၂) မရှိ	
I – 5	အခြားသောအကြောင်းရင်းကြောင့် မွေးကင်းစကလေးကုသဆောင်တွင် တက်ရောက်၍ ကုသမှုခံယူခြင်း ရှိ/မရှိ	(၁) ရှိ (၂) မရှိ	

အပိုင်း (၄) အထောက်အကူပြုသော လူမှုရေးအချက်အလက်များ

အမှတ်စဉ်	အကြောင်းအရာ	ရွေးချယ်ရန်အဖြေ	Code No
E –1	ယခင်ကမိခင်နို့တိုက်ကျွေးခြင်းနှင့်	(၁) ရှိ	

	ပတ်သက်သော အတွေ့အကြုံ	(၂) မရှိ	
E – 2	ရှိပါက	(၁) မွေးစမှ(၆)လအထိမိခင်နို့တစ်မျိုးတည်းသာတိုက်ခြင်း (၂) မွေးစမှ(၆)လအထိမိခင်နို့တစ်မျိုးတည်းမဟုတ်ဘဲ အခြားအစားအစာ/ရေများရောနှောတိုက်ကျွေးခြင်း	
E – 3	မိမိ၏မိတ်ဆွေကလေးမိခင်မှသူမ၏မိခင်နို့တိုက်ကျွေးခြင်းနှင့်ပတ်သက်သောအတွေ့အကြုံများမျှဝေပေးခြင်း	(၁) ရှိ (၂) မရှိ	
E – 4	ရှိပါက	(၁) မွေးစမှ(၆)လအထိမိခင်နို့တစ်မျိုးတည်းသာတိုက်ခြင်း (၂) မွေးစမှ(၆)လအထိမိခင်နို့တစ်မျိုးတည်းမဟုတ်ဘဲ အခြားအစားအစာ/ရေများရောနှောတိုက်ကျွေးခြင်း	
E – 5	မိမိ၏မိခင်(သို့)ယောကျ်ားမမှ သူမ၏မိခင်နို့တိုက်ကျွေးခြင်းနှင့်ပတ်သက်	(၁) ရှိ (၂) မရှိ	

	သောအတွေ့အကြုံများမျှဝေပေးခြင်း		
E – 6	ရှိပါက	(၁) မွေးစမှ(၆)လအထိမိခင်နို့တစ်မျိုးတည်းသာတိုက်ခြင်း (၂) မွေးစမှ(၆)လအထိမိခင်နို့တစ်မျိုးတည်းမဟုတ်ဘဲအခြားအစားအစာ/ရေများရောနှောတိုက်ကျွေးခြင်း	
E – 7	မွေးစမှ (၆)လအထိ မိခင်နို့ တစ်မျိုးတည်း တိုက်ကျွေးရန် ခင်ပွန်းမှထောက်ပံ့ ကူညီပေးခြင်း	(၁) ရှိ (၂) မရှိ	
E – 8	မွေးစမှ(၆)လအထိမိခင်နို့တစ်မျိုးတည်းတိုက်ကျွေးခြင်းနှင့်ပတ်သက်သောသတင်းအချက်အလက်ရရှိသည့်နေရာ	(၁) ကျန်းမာရေးဝန်ထမ်း (၂) လက်ကမ်းစာစောင် (၃) သင်တန်း (၄) ပညာပေးစာအုပ် (၅) မီဒီယာ (၆) အခြား	

အပိုင်း (၅) မိခင်နို့တိုက်ကျွေးခြင်းဆိုင်ရာ ဗဟုသုတ

အမှတ်စဉ်	အကြောင်းအရာ	ရွေးချယ်ရန်အဖြေ(အဖြေများကို ဖတ်ပြခြင်းမပြုပါ)	Code No
K – 1	ကလေးအသက်မွေးစမှမည်မျှလအထိ အခြားမည်သည့် အရည်များ၊ အစားအစာများ မတိုက်ကျွေးပဲ မိခင်နို့တစ်မျိုးတည်းသာ တိုက်ကျွေးရန် လိုအပ်ပါသလဲ။		
K – 2	မိခင်နို့ကို ကလေးမွေးဖွားပြီးမည်သည့် အချိန်တွင်စတင်တိုက်ကျွေးသင့်ပါသလဲ။		
K – 3	နို့ဦးရည်ကိုတိုက်ကျွေးရန်လိုအပ်ပါသလား။	(၁) လိုအပ်ပါသည်။ (၂) မလိုအပ်ပါ။ (၃) မသိပါ။	
K – 4	ဖြည့်စွက်စာကို မည်သည့်အချိန်တွင် ကျွေးသင့်ပါသနည်း။ (ကလေး၏ ပြည့်ပြီးအသက်ဖြင့် ဖော်ပြရန်)		
K – 5	မွေးစမှ အသက် (၆) လ ထိ မိခင်နို့အပြင်အခြားအစားအစာ(သို့) အရည်များတိုက်ကျွေးရန် လိုအပ်ပါသလား။	(၁) မလိုအပ်ပါ။ (၂) လိုအပ်ပါသည်။ (၃) မသိပါ။	
K – 6	မိခင်နို့မတိုက်ကျွေးမီ အခြားအစားအစာ/အရည်များ	(၁) မလိုအပ်ပါ။ (၂) လိုအပ်ပါသည်။	

	တိုက်ကျွေးရန် လိုအပ်ပါသလား	(၃) မသိပါ။	
K – 7	မွေးစမှ(၆)လထိ မိခင်နို့ တစ်မျိုး တည်းတိုက်ကျွေး ခြင်းသည် ကလေးအာဟာရအတွက် လုံလောက်ပါသလား။	(၁) လုံလောက်ပါသည်။ (၂) မလုံလောက်ပါ။ (၃) မသိပါ။	
K – 8	မွေးစမှ (၆)လထိ မိခင်နို့တစ်မျိုး တည်းတိုက်ကျွေးခြင်းသည် ကလေးအား ဝမ်းပျက်ဝမ်းလျှောဖြစ်ခြင်းမှ ကာကွယ်ပေးပါသလား။	(၁) ကာကွယ်ပေးသည် (၂) မကာကွယ်ပေးပါ။ (၃) မသိပါ။	
K – 9	မွေးစမှ(၆)လအထိ မိခင်နို့ တစ်မျိုး တည်းတိုက်ကျွေးခြင်းသည် ကလေးအား အသက်ရှူလမ်းကြောင်းဆိုင်ရာ ပိုးဝင်ခြင်းမှ ကာကွယ်ပေးပါသလား။	(၁) ကာကွယ်ပေးသည်။ (၂) မကာကွယ်ပေးပါ။ (၃) မသိပါ။	

အပိုင်း (၆) မိခင်နို့တိုက်ကျွေးခြင်းဆိုင်ရာ အလေ့အကျင့်

အမှတ်စဉ်	အကြောင်းအရာ	ရွေးချယ်ရန်အဖြေ	Code No
P – 1	မွေးဖွားပြီးစအချိန်တွင် မိခင်နှင့်ကလေး အသားချင်း ထိကပ်မှု ရှိခဲ့ပါသလား။	(၁) ရှိပါသည်။ (၂) မရှိပါ။ (၃) မမှတ်မိပါ။	
P – 2	ကလေးအားနို့ဦးရည်တိုက်ကျွေး ခဲ့ပါသလား။	(၁) တိုက်ကျွေးခဲ့ပါသည်။ (၂) မတိုက်ကျွေးခဲ့ပါ။	
P – 3	မိခင်နို့ကိုမွေးဖွားပြီး မည်သည့်		

	အချိန်တွင် စတင် တိုက်ကျွေး ခဲ့ပါသလဲ။		
P – 4	ကလေး၏အသက်မည်မျှအထိ မိခင်နို့ တစ်မျိုးတည်း တိုက်ကျွေး ခဲ့ပါသလဲ။ (ပြည့်ပြီးလဖြင့်ဖော်ပြရန်)		
P – 5	မွေးစမှ(၆)လအတွင်းကလေး အား ရေတိုက်ခဲ့ပါသလား။	(၁) မတိုက်ခဲ့ပါ။ (၂) တိုက်ခဲ့ပါသည်။	
P – 6	မွေးစမှ(၆)လအတွင်းဖြည့်စွက် စာ ကျွေးခဲ့ပါသလား။	(၁) မကျွေးခဲ့ပါ။ (၂) ကျွေးခဲ့ပါသည်။	
P – 7	ကျွေးခဲ့ပါကမည်သည့် အစားအစာ/အရည်အား တိုက်ကျွေးခဲ့ပါသလဲ။		
P – 8	ကျွေးခဲ့ပါကမည်သည့် အကြောင်းကြောင့် ကျွေးခဲ့ပါသလဲ။		
P – 9	ကလေးငယ်အားမည်ကဲ့သို့သော အကြိမ်အရေအနှင့် မိခင်နို့တိုက်ကျွေးခဲ့ပါသလဲ။	(၁) ကလေးဆာလောင်သည့်အချိန် တိုင်းမိခင်နို့ တိုက်ကျွေးခြင်း (၂) မိခင်နို့အားအချိန်ဇယား နှင့်တိုက်ကျွေးခြင်း (၃) အခြား	
P – 10	မိခင်သည် ကလေးနှင့် တစ်ခန်း ထဲတွင် အတူနေထိုင်ခြင်း ရှိ/မရှိ	(၁) ရှိပါသည်။ (၂) မရှိပါ။	

Questionnaire form

Determinants of exclusive breastfeeding among lactating mothers of infants between sixmonths to oneyear age group

Section-1 Sociodemographic characteristics of mother

No	Questions	Choice of Answer	Code No
S-1	Age (completed years)		
S-2	Education	1.Illiterate 2.Read and write 3.Primary school level 4.Middle school level 5.High school level 6.Graduate level and above 7.Others	
S-3	Marital status	1.Married 2.Divorced 3.Widowed 4.Unmarried 5.Others	
S-4	Occupation	1.Government employee 2. Company staff 3. Own business 4. Manual worker 5. Dependent 6. Others	
S-5	Getting any maternity leave from work	1. Yes 2. No	
S-6	Duration of maternity leave (expressed in weeks)		
S-7	Monthly own income (MMK)	----------	

S-8	Monthly family income (MMK)	----------	
S-9	Number of household members		
S-10	Presence of chronic medical Illness	1. Yes 2. No	
S-11	Describe if present		

Section 2-Obstetric history of mother

No	**Questions**	**Choice Answer**	**Code No**
O-1	Parity	_____	
O-2	Number of alive child	_____	
O-3	AN care taken or not	1.Yes 2.No	
O-4	Frequency of AN visit		
O-5	Type of AN care provider	1.Specialist in OG 2.Doctors 3.Nurse 4.Midwife 5.AMW 6.Others	
O-6	Facility where AN Care was taken	1.CWH, Yangon 2.Other public hospital 3.Private hospital 4.RHC 5.MCH 6.Others	
O-7	HE about EBF received or not during AN care	1.Yes 2.No	
O-8	Any antenatal complication (describe if present)	1.Yes 2.No	
O-9	Place of delivery	1. CWH, Yangon	

		2.Other public hospital 3.Private hospital 4.RHC 5.Home delivery by midwife 6. Home delivery by TBA	
O-10	Mode of delivery	1.NSVD 2.Instrumental Delivery 3.Emergency LSCS 4.Elective LSCS	
O-11	Any Intrapartum complication (describe if present)	1.Yes 2.No	
O-12	Type of PN care provider	1.Specialist in OG 2.Doctor 3.Nurse 4.Midwife 5.AMW 6.Others	
O-13	Frequency of PN Care	_____	
O-14	HE about EBF received or not during PN care	1.Yes 2.No	
O-15	Supervision for EBF in PN care	1.Yes 2.No	
O-16	Any postpartum complication (describe if present)	1.Yes 2.No	

Section 3 . Characteristics of Infant

No	Question	Choice Answer	Code No
I-1	Gestational age	1. Term 2. Preterm	
I-2	Birth weight	1.≥ 2500g 2.<2500g	
I-3	Sex	1.Male 2.Female	
I-4	Treated for neonatal jaundice	1.Yes 2.No	
I-5	Admitted to NICU for other illness	1.Yes 2.No	

Section 4. Social Supportive Factors

No	Question	Choose Answer	Code No
E-1	Previous breastfeeding experience	1.Yes 2. No	
E-2	If Yes,	1.EBF 2.Non-EBF	
E-3	Receiving peers' breastfeeding experience sharing	1.Yes 2. No	
E-4	If Yes,	1.EBF 2.Non-EBF	
E-5	Receiving experience sharing about BF by respondent's mother or mother-in-law	1.Yes 2.No	
E-6	If Yes,	1.EBF 2.Non-EBF	
E-7	Getting spouse's support for EBF	1.Yes 2.No	
E-8	Source of EBF Information	1.Health care provider 2.Pamphlet or poster 3.Training or class	

		4.Book for health education 5.Media 6.Others	

Section 5. Knowledge on EBF

No	Question	Choose Answer	Code No
K-1	How many months should an infant be exclusively breastfed?		
K-2	When should breastfeeding be initiated after delivery? (expressed in hours)		
K-3	Should you feed first milk or colostrum to your baby?	1.Should feed to baby 2.Should not feed to baby 3. Don't know	
K-4	What is right time to start complementary food in addition to breast milk? (completed age of infant in months)		
K-5	Is there any food or fluids recommended to give a child under six months?	1.No 2.Yes 3. Don't know	
K-6	Is pre-lacteal feeding needed for an infant before starting breastfeeding?	1.No 2.Yes 3.Don't know	
K-7	Is breast milk alone without other liquid or food enough for an infant during six months?	1.Yes 2.No 3.Don't know	
K-8	Does EBF for six months prevent baby from diarrhea?	1.Yes 2.No 3.Don't know	
K-9	Does EBF for six months prevent baby from respiratory tract infections?	1.Yes 2.No 3.Don't know	

Section 6. Practice on EBF

No	Question	Choose answer	Code No
P-1	Is there any skin- to -skin contact between mother and baby for at least 30 min since after delivery?	1.Yes 2.No 3. Don't recognize	
P-2	Did you feed colostrum to your baby?	1.Yes 2.No	
P-3	When did you initiated BF since delivery? (expressed in hours)		
P-4	How many months of infant's age did you give breastmilk only to your baby?		
P-5	Had you given water to your baby before six months of age?	1.No 2.Yes	
P-6	Had you given any additional food to your baby before six months of age?	1.No 2.Yes	
p-7	If yes, which type of food?		
P-8	If yes, why?		
P-9	How many times did you give BF to your baby in a day?	1.On demand 2.With schedule 3.Others	
P-10	Is mother staying together with baby (Rooming-In)?	1.Yes 2.No	

Annex (4) Scoring for knowledge on EBF

No	Question	Choose Answer	Score
K-1	How many months should an infant be breastfed exclusively?	1.6months 2.Others	1 0
K-2	When should breastfeeding be initiated after delivery?(expressed in hours)	1.Immediately to onehour 2. Others	1 0
K-3	Should you feed first milk or colostrum to your baby?	1. Should feed to baby 2.Should not feed to baby 3. Don't know	1 0 0
K-4	What is right time to start complementary food in addition to breast milk? (completed age of infant in months)	1. ≥ 6months 2. < 6 months 3.Don't know	1 0 0
K-5	Is there any food or fluids recommended to give a child under six months?	1.No 2.Yes 3.Don't know	1 0 0
K-6	Is pre-lacteal feeding needed for an infant before starting breastfeeding?	1.No 2.Yes 3.Don't know	1 0 0
K-7	Is breast milk alone without other liquid or food enough for an infant during six months?	1.Yes 2.No 3.Don't know	1 0 0
K-8	Does EBF for six months prevent baby from diarrhea?	1.Yes 2.No 3.Don't know	1 0 0
K-9	Does EBF for six months prevent baby from respiratory infections?	1.Yes 2.No 3.Don't know	1 0 0

Annex (5) Gantt Chart

Month	August				September				October				November				December			
Week	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**
Protocol preparation																				
Protocol defend																				
Pilot study – Preparation for data collection																				
Data collection																				
Data entry and analysis																				
Preparation for Grand Presentation																				
Thesis preparation																				
Submission of Thesis (Draft)																				
Thesis defend																				
Correction and Submission of thesis																				

Annex (6) Guideline for In-depth Interview (IDI) for Patient

Respondent Person -

Date -

Introduction

I am postgraduate candidate of University of Public Health, Yangon. I have to prepare a research paper of "Determinants of Exclusive Breastfeeding among Lactating Mothers attending Immunization Session in Central Women's Hospital, Yangon (2019)" for the degree of Master of Medical Science in Hospital Administration and Health Management. The facts in this interview will be used to promote proportion of exclusive breastfeeding. Your suggestion will be very useful for us. Thank you for your time. You can give your suggestion freely without any control. Can I use your suggestion in my thesis? And also allow me to take record of your voice suggestion to listen for the facts that I can miss to hear.

1. **Background Information**
    - Age (completed in years)
    - Education
    - Occupation
    - Monthly family income
    - Number of alive child
2. Current status of exclusive breastfeeding
3. Experience about breastfeeding
4. Difficulties and challenges about breastfeeding
5. Enablers of exclusive breastfeeding
6. Belief's and opinion on exclusive breastfeeding

ဗဟိုအမျိုးသမီးဆေးရုံကြီး(ရန်ကုန်)သို့ ကာကွယ်ဆေး ထိုးနှံရန် လာရောက်သော
ကလေးမိခင်များ၏
မိခင်နို့တစ်မျိုးတည်း တိုက်ကျွေးခြင်းအပေါ် လွှမ်းမိုးသော အချက်များအား လေ့လာသော
သုတေသန (၂၀၁၉)
In-Depth Interview Guide

ဆေးရုံအမည် - ဗဟိုအမျိုးသမီးဆေးရုံကြီး (ရန်ကုန်)

မိတ်ဆက်စကားပြောရန်

ကျွန်မသည် ဒေါက်တာလှမျိုးသွယ် ဆေးရုံအုပ်ချုပ်မှု ပညာဘွဲ့လွန် ကျောင်းသူ၊ ပြည်သူ့ကျန်းမာရေးတက္ကသိုလ်ရန်ကုန်မှ ဖြစ်ပါတယ်။ ဗဟို အမျိုး သမီးဆေးရုံကြီး(ရန်ကုန်) သို့ ကာကွယ်ဆေးထိုးနှံရန် လာရောက်သော ကလေးမိခင် များ၏ မိခင်နို့တစ်မျိုးတည်း တိုက်ကျွေးခြင်းအပေါ်လွှမ်းမိုးသော အချက်များ အား လေ့လာသော သုတေသန စာတမ်း ပြုစုရန်ဖြစ်ပါတယ်။

( )မှ ဖြေကြားပေးသော အကြံဉာဏ်များမှာ အလွန်အသုံးဝင်မှာ ဖြစ်ပါတယ်။ အချိန်ပေးပြီးဖြေကြားပေးတဲ့အတွက်ကျေးဇူးတင်ပါတယ်။ စိတ်ထဲရှိတဲ့ အတိုင်း သိထားတဲ့အတိုင်း ထင်မြင်ချက်များကို လွတ်လပ်စွာ ဆွေးနွေးပေးစေလိုပါ တယ်။ ဆွေးနွေး ချက်များကိုအသံသွင်းခွင့်ပြုပါ။ ကျွန်မတို့ မကြားလိုက်ရတဲ့ လွတ်သွားသော အကြောင်းအရာများကို ပြန်ဖွင့်ပြီး နားထောင်ချင်လို့ဖြစ်ပါတယ်။ အဲ့ဒီဆွေးနွေးချက်ကို စာတမ်းပြုစုမည့် ကိစ္စတွေမှာပဲ အသုံးပြုမှာဖြစ်ပါတယ်။ သုတေသနပြီးဆုံးပါက အသံဖိုင်များအား ပြန်ဖျက်လိုက် မှာဖြစ်ပါတယ်။

ဆွေးနွေးရန် မေးခွန်းများ

၁။ လူနေမှုဘဝဆိုင်ရာ အချက်အလက်များ
- အသက်(ပြည့်ပြီးနှစ်)
- ပညာအရည်အချင်း
- အလုပ်အကိုင်
- မိသားစု တစ်လပျမ်းမျှဝင်ငွေ
- သက်ရှိကလေးအရေအတွက်

၂။ **Current Status of exclusive Breast feeding**

အခုလက်ရှိ နောက်ဆုံးကလေးကို မိခင်နို့တိုက်ခဲ့ပါသလား။ ကလေးသက် ဘယ်နှစ်လ အထိတိုက်ခဲ့ပါသလဲ။

၃။ **Experience of breast feeding**

အစ်မရဲ့မိခင်နို့တိုက်ကျွေးခြင်းနှင့် ပတ်သက်တဲ့အတွေ့အကြုံတွေကို မျှဝေပေး ပါ။

၄။ **Difficulties and challenges**

မိခင်နို့တိုက်ကျွေးရာတွင် အခက်အခဲ၊ ပြဿနာများရှိပါသလား။ ရှိခဲ့လျှင် အဓိက အခက်အခဲများကို ပြောပြပေးပါ။

၅။ **Enablers of exclusive breastfeeding**

ဘယ်လိုအခြေအနေတွေရှိမယ်ဆိုရင် မွေးစမှ(၆)လအထိ မိခင်နို့တစ်မျိုးတည်း တိုက်ကျွေးဖြစ်မယ်ဆိုတာ ပြောပြပေးပါ။

၆။ **Beliefs and opinion on exclusive breastfeeding**

မိခင်နို့တစ်မျိုးတည်း တိုက်ကျွေးခြင်းနှင့် ပတ်သက်ပြီး ယုံကြည်ချက် ထင်မြင် ယူဆချက်များကို ပြောပြပေးပါ။

Annex (6) Guideline for Key Informant Interview (KII)

Hospital Administrator

Respondent Person -

Date -

Introduction

I am postgraduate candidate of University of Public Health, Yangon. I have to prepare a research paper of "Determinants of Exclusive Breastfeeding among Lactating Mothers attending Immunization Session in Central Women's Hospital, Yangon (2019)" for the degree of Master of Medical Science in Hospital Administration and Health Management. The facts in this interview will be used to promote proportion of exclusive breastfeeding. Your suggestion will be very useful for us. Thank you for your time. You can give your suggestion freely without any control. Can I use your suggestion in my thesis? And also allow me to take record of your voice suggestion to listen for the facts that I can miss to hear.

1. **Background Information**
   - Age (completed in years)
   - Gender
   - Designation/Position
   - Years of total service
   - Years of service in Central Women's Hospital, Yangon
2. **Opinion on exclusive breastfeeding**

   May I know your opinion on exclusive breastfeeding.

   (Probe - Prevalence of exclusive breastfeeding in Myanmar
   - Benefits of exclusive breastfeeding)
3. **Activities to promote exclusive breastfeeding in your hospital**

   Describe about activities to promote exclusive breastfeeding in your hospital

   (Probe- BFHI
   - Training program
   - Health education about exclusive breastfeeding)
4. **Difficulties and challenges in this activities based on experience**
5. **Promotion of prevalence of exclusive breastfeeding using the system**

(Probe- Production of trainers

- Appointment of adequate staff to give HE and technical support
- Continuity of care among health care providers
- Balanced work load of staff)

ကျန်းမာရေးစောင့်ရှောက်မှုပေးသူများအတွက် Key Informant Interview မေးခွန်းလွှာပုံစံ

Hospital Administrator

ဖြေဆိုသည့် ပုဂ္ဂိုလ် -

ရက်စွဲ -

မိတ်ဆက်စကားပြောရန်

ကျွန်မသည် ပြည်သူ့ကျန်းမာရေးတက္ကသိုလ်တွင် ဆေးရုံအုပ်ချုပ်မှုနှင့် ကျန်းမာရေး စီမံခန့်ခွဲမှုပညာ ဘွဲ့လွန်သင်တန်း တက်ရောက်နေသော သင်တန်းသူ ဖြစ်ပါသည်။ တက်ရောက်နေသော ဘွဲ့လွန်သင်တန်းနှင့် ပတ်သက်ပြီး ဗဟိုအမျိုး သမီးဆေးရုံကြီး၊ ရန်ကုန်သို့ကာကွယ်ဆေးထိုးနှံရန် လာရောက်သော ကလေးမိခင် များအနက် မိခင်နို့တစ်မျိုးတည်း တိုက်ကျွေးခြင်း အပေါ်လွှမ်းမိုးသော အချက် များအား လေ့လာခြင်းသုတေသနနှင့် ပတ်သက်ပြီး စာတမ်းပြုစုမှာ ဖြစ်ပါတယ်။ ယခုမေးမြန်း တာတွေကို မြန်မာနိုင်ငံ၏ မွေးစမှ (၆)လအထိ မိခင်နို့တစ်မျိုးတည်း တိုက်ကျွေးရေး အဆင့်မြှင့်တင်ရာတွင် ပြန်လည်အသုံးပြု မှာ ဖြစ်ပါတယ်။

( )မှ ဖြေကြားပေးသော အဖြေများနှင့် အကြံဉာဏ်များမှာ အလွန်အသုံး ဝင်မှာ ဖြစ်ပါတယ်။ အခုလိုအချိန်ပေးပြီးဖြေကြားပေးတဲ့အတွက် ကျေးဇူးတင် ပါတယ်။ စိတ်ထဲရှိတဲ့အတိုင်း သိထားတဲ့အတိုင်း ထင်မြင်ချက်များကို လွတ်လပ်စွာ ဆွေးနွေးပေးစေ လိုပါတယ်။ ဆွေးနွေးချက်များကို အသံသွင်းခွင့်ပြုပါ။ ကျွန်မတို့ မကြားလိုက်ရတဲ့ လွတ်သွားတဲ့ အကြောင်းအရာတွေကို ပြန်ဖွင့်ပြီး နားထောင်ချင်လို့ ဖြစ်ပါတယ်။ အခုဆွေးနွေးချက်တွေကို စာတမ်းပြုစုမယ့် ကိစ္စတွေမှာပဲ အသုံးပြုမှာ ဖြစ်ပါတယ်။

၁။ ဖြေဆိုသူ၏အကြောင်းအရာ

- အသက်
- ကျား/မ
- ရာထူး
- ပညာအရည်အချင်း
- စုစုပေါင်းလုပ်သက်
- ဤဆေးရုံတွင်နေ့အထိတာဝန်ထမ်းဆောင်လျက်ရှိသောစုစုပေါင်းလုပ်သက်

၂။ မွေးစမှ(၆)လအထိ မိခင်နို့တစ်မျိုးတည်းတိုက်ကျွေးခြင်းအတွက် မြန်မာနိုင်ငံ ၏ လက်ရှိအခြေအနေနှင့် ထင်မြင်ယူဆချက်ကိုပြောပြပါ။

၃။ လက်ရှိ ဆေးရုံတွင် မိမိတို့ဌာန အနေဖြင့် မွေးစမှ(၆)လအထိ မိခင်နို့ တစ်မျိုးတည်း တိုက်ကျွေးခြင်းနှင့် ပတ်သက်ပြီး ပိုမိုတိုးတက်လာစေရန် လုပ်ဆောင်နေမှုများအား ပြောပြပါ။

Probe – BFHI

– သင်တန်းပေးခြင်းရှိ၊ မရှိ

– လူနာများအားကျန်းမာရေး အသိပညာပေးခြင်း ရှိ၊ မရှိ

၄။ အတွေ့အကြုံပေါ်အခြေခံ၍ ထိုလုပ်ငန်းနှင့် ပတ်သက်ပြီး အခက်အခဲ စိန်ခေါ်မှု များကို ပြောပြပေးပါ။

၅။ စနစ်တစ်ခုကို အသုံးပြုပြီးမွေးစမှ(၆)လအထိ မိခင်နို့တစ်မျိုးတည်း တိုက် ကျွေး ခြင်းနှင့် ပတ်သက်ပြီးပိုမိုတိုးတက်လာစေရန် လုပ်ဆောင်နိုင်သည်များကို ပြောပြ ပေးပါ။

Probe – သင်တန်းဆရာများမွေးထုတ်ခြင်း

– လုံလောက်သော ဝန်ထမ်းအင်အားနှင့် နည်းပညာပိုင်းဆိုင်ရာ ထောက်ပံ့ ကူညီပေးခြင်း။

Annex (6) Guideline for Key Informant Interview (KII)

Health Care Provider

Respondent Person -

Date -

Introduction

I am postgraduate candidate of University of Public Health, Yangon. I have to prepare a research paper of "Determinants of Exclusive Breastfeeding among Lactating Mothers attending Immunization Session in Central Women's Hospital, Yangon (2019)" for the degree of Master of Medical Science in Hospital Administration and Health Management. The facts in this interview will be used to promote proportion of exclusive breastfeeding. Your suggestion will be very useful for us. Thank you for your time. You can give your suggestion freely without any control. Can I use your suggestion in my thesis? And also allow me to take record of your voice suggestion to listen for the facts that I can miss to hear.

1 **Background Information**

- Age (completed in years)
- Gender
- Designation/Position
- Years of total service
- Years of service in Central Women's Hospital, Yangon

2 **Activities to promote exclusive breast feeding in your department**

Describe about activities to promote exclusive breastfeeding in your department.

(Probe - Training program

- Health education about exclusive breastfeeding during AN care or PN care)

3 **Difficulties and challenges in this activities based on experience**

4 **Enabling conditions in promotion of exclusive breastfeeding**

(Probe- Production of trainee

- Adequate consultation time
- Coordination among health care providers)

ကျန်းမာရေးစောင့်ရှောက်မှုပေးသူများအတွက် Key Informant Interview မေးခွန်းလွှာပုံစံ

Health Care Provider

ဖြေဆိုသည့် ပုဂ္ဂိုလ် -

ရက်စွဲ -

မိတ်ဆက်စကားပြောရန်

ကျွန်မသည် ပြည်သူ့ကျန်းမာရေးတက္ကသိုလ်တွင် ဆေးရုံအုပ်ချုပ်မှုနှင့် ကျန်းမာရေး စီမံခန့်ခွဲမှုပညာ ဘွဲ့လွန်သင်တန်း တက်ရောက်နေသော သင်တန်းသူ ဖြစ်ပါသည်။ တက်ရောက်နေသော ဘွဲ့လွန်သင်တန်းနှင့် ပတ်သက်ပြီး ဇဟို အမျိုးသမီးဆေးရုံကြီး၊ ရန်ကုန်သို့ကာကွယ်ဆေးထိုးနှံရန် လာရောက်သော ကလေး မိခင်များအနက် မိခင်နို့တစ်မျိုးတည်း တိုက်ကျွေးခြင်း အပေါ်လွှမ်းမိုးသော အချက် များအား လေ့လာခြင်းသုတေသနနှင့် ပတ်သက်ပြီး စာတမ်းပြုစုမှာ ဖြစ်ပါတယ်။ ယခုမေးမြန်းတာတွေကို မြန်မာနိုင်ငံ၏ မွေးစမှ (၆)လအထိ မိခင်နို့တစ်မျိုးတည်း တိုက်ကျွေးရေးအဆင့်မြှင့်တင်ရာတွင် ပြန်လည်အသုံးပြု မှာ ဖြစ်ပါတယ်။

( )မှ ဖြေကြားပေးသော အဖြေများနှင့် အကြံဉာဏ်များမှာ အလွန်အသုံးဝင်မှာ ဖြစ်ပါတယ်။ အခုလိုအချိန်ပေးပြီးဖြေကြားပေးတဲ့အတွက် ကျေးဇူးတင်ပါတယ်။ စိတ်ထဲရှိတဲ့အတိုင်း သိထားတဲ့အတိုင်း ထင်မြင်ချက်များကို လွတ်လပ်စွာဆွေးနွေးပေးစေ လိုပါတယ်။ ဆွေးနွေးချက်များကို အသံသွင်းခွင့်ပြုပါ။ ကျွန်မတို့ မကြားလိုက်ရတဲ့ လွတ်သွားတဲ့ အကြောင်းအရာတွေကို ပြန်ဖွင့်ပြီး နားထောင်ချင်လို့ ဖြစ်ပါတယ်။ အခုဆွေးနွေးချက်တွေကို စာတမ်းပြုစုမယ့် ကိစ္စတွေမှာပဲ အသုံးပြုမှာ ဖြစ်ပါတယ်။

၁။ ဖြေဆိုသူ၏အကြောင်းအရာ

- အသက်
- ကျား/မ
- ရာထူး
- ပညာအရည်အချင်း
- စုစုပေါင်းလုပ်သက်
- ဤဆေးရုံတွင်နေ့အထိတာဝန်ထမ်းဆောင်လျက်ရှိသောစုစုပေါင်းလုပ်သက်

၂။ လက်ရှိဆေးရုံတွင် မိမိတို့ဌာန အနေဖြင့် မွေးစမှ(၆)လအထိ မိခင်နို့ တစ်မျိုးတည်း တိုက်ကျွေးခြင်းနှင့် ပတ်သက်ပြီး ပိုမိုတိုးတက်လာစေရန် လုပ်ဆောင်နေမှုများအား ရှင်းပြပါ။

Probe – သင်တန်းပေးခြင်းရှိ၊ မရှိ

– လူနာများအားကျန်းမာရေး အသိပညာပေးခြင်းရှိ၊ မရှိ

– သင်တန်းတက်နိုင်သော အခွင့်အရေးရှိ၊ မရှိ

၃။ အတွေ့အကြုံပေါ်အခြေခံ၍ ထိုလုပ်ငန်းနှင့် ပတ်သက်ပြီး အခက်အခဲ စိန်ခေါ်မှုများကို ပြောပြပေးပါ။

၄။ မွေးစမှ(၆)လအထိ မိခင်နို့တစ်မျိုးတည်း တိုက်ကျွေးခြင်းနှင့်ပတ်သက်ပြီး ပိုမိုတိုးတက်လာစေရန် လုပ်ဆောင်နိုင်သည်များကို ရှင်းပြပေးပါ။

Probe – သင်တန်းဆရာများ မွေးထုတ်ခြင်း

– နို့တိုက်မိခင်များနှင့်ဆွေးနွေးရန်လုံလောက်သော အချိန်ရရှိခြင်း။

– ကျန်းမာရေးစောင့်ရှောက်မှုပေးသူအချင်းချင်းကောင်းမွန်စွာ ချိတ်ဆက်နိုင်ခြင်း။

Annex (6) Guideline for Key Informant Interview (KII)

Lactation Consultant

Respondent Person -

Date -

Introduction

I am postgraduate candidate of University of Public Health, Yangon. I have to prepare a research paper of "Determinants of Exclusive Breastfeeding among Lactating Mothers attending Immunization Session in Central Women's Hospital, Yangon (2019)" for the degree of Master of Medical Science in Hospital Administration and Health Management. The facts in this interview will be used to promote proportion of exclusive breastfeeding. Your suggestion will be very useful for us. Thank you for your time. You can give your suggestion freely without any control. Can I use your suggestion in my thesis? And also allow me to take record of your voice suggestion to listen for the facts that I can miss to hear.

1. **Background Information**
   - Age (completed in years)
   - Gender
   - Designation/Position
   - Years of total service
2. **Opinion on exclusive breastfeeding**

   May I know your opinion on exclusive breastfeeding.

   (Probe - Prevalence of exclusive breastfeeding in Myanmar
   - Knowledge status on EBF among lactating mothers in Myanmar)
3. **Activities to promote exclusive breastfeeding in Myanmar**

   Describe about activities to promote exclusive breastfeeding in Myanmar
4. **Difficulties and challenges in this activities based on experience**

   Describe about difficulties and challenges in this activities based on experience
5. **Enablers of exclusive breastfeeding in Myanmar**

   Describe about enablers of exclusive breastfeeding in Myanmar

ကျန်းမာရေးစောင့်ရှောက်မှုပေးသူများအတွက် Key Informant Interview မေးခွန်းလွှာပုံစံ

Lactation Consultant

ဖြေဆိုသည့် ပုဂ္ဂိုလ် -

ရက်စွဲ -

မိတ်ဆက်စကားပြောရန်

ကျွန်မသည် ပြည်သူ့ကျန်းမာရေးတက္ကသိုလ်တွင် ဆေးရုံအုပ်ချုပ်မှုနှင့် ကျန်းမာရေး စီမံခန့်ခွဲမှုပညာ ဘွဲ့လွန်သင်တန်း တက်ရောက်နေသော သင်တန်းသူ ဖြစ်ပါသည်။ တက်ရောက်နေသော ဘွဲ့လွန်သင်တန်းနှင့် ပတ်သက်ပြီး ဗဟိုအမျိုး သမီးဆေးရုံကြီး၊ ရန်ကုန်သို့ကာကွယ်ဆေးထိုးနှံရန် လာရောက်သော ကလေး မိခင်များအနက် မိခင်နို့တစ်မျိုး တည်း တိုက်ကျွေးခြင်း အပေါ်လွှမ်းမိုးသော အချက်များအား လေ့လာခြင်းသုတေသနနှင့် ပတ်သက်ပြီး စာတမ်းပြုစုမှာ ဖြစ်ပါ တယ်။ ယခုမေးမြန်းတာတွေကို မြန်မာနိုင်ငံ၏ မွေးစမှ (၆)လအထိ မိခင်နို့ တစ်မျိုး တည်း တိုက်ကျွေးရေးအဆင့်မြှင့်တင်ရာတွင် ပြန်လည်အသုံးပြုမှာ ဖြစ်ပါတယ်။

( )မှ ဖြေကြားပေးသော အဖြေများနှင့် အကြံဉာဏ်များမှာ အလွန်အသုံး ဝင်မှာ ဖြစ်ပါတယ်။ အခုလိုအချိန်ပေးပြီးဖြေကြားပေးတဲ့အတွက် ကျေးဇူးတင်ပါ တယ်။ စိတ်ထဲရှိတဲ့အတိုင်း သိထားတဲ့အတိုင်း ထင်မြင်ချက်များကို လွတ်လပ်စွာ ဆွေးနွေးပေးစေလိုပါတယ်။ ဆွေးနွေးချက်များကို အသံသွင်းခွင့်ပြုပါ။ ကျွန်မတို့ မကြားလိုက်ရတဲ့ လွတ်သွားတဲ့ အကြောင်းအရာတွေကို ပြန်ဖွင့်ပြီး နားထောင်ချင်လို့ ဖြစ်ပါတယ်။ အခုဆွေးနွေးချက်တွေကို စာတမ်းပြုစုမယ့် ကိစ္စတွေမှာပဲ အသုံးပြုမှာ ဖြစ်ပါတယ်။

၁။ ဖြေဆိုသူ၏အကြောင်းအရာ

- အသက်
- ကျား/မ
- ရာထူး
- ပညာအရည်အချင်း
- စုစုပေါင်းလုပ်သက်
- ဤဆေးရုံတွင်နေ့အထိတာဝန်ထမ်းဆောင်လျက်ရှိသောစုစုပေါင်းလုပ်သက်

၂။ မွေးစမှ(၆)လအထိ မိခင်နို့တစ်မျိုးတည်း တိုက်ကျွေးခြင်း အတွက် မြန်မာ နိုင်ငံ၏ လက်ရှိအခြေအနေနှင့် ပတ်သက်ပြီး ထင်မြင်ယူဆ ချက်ကိုပြောပြပေးပါ။

၃။ မြန်မာနိုင်ငံတွင်မွေးစမှ(ဖ)လအထိ မိခင်နို့တစ်မျိုးတည်း တိုက်ကျွေးခြင်းနှင့် ပတ်သက်ပြီး ပိုမိုတိုးတက်လာစေရန် လုပ်ဆောင်နေမှုများအား ရှင်းပြပါ။

၄။ အတွေ့အကြုံပေါ်အခြေခံ၍ ထိုလုပ်ငန်း များလုပ်ဆောင်ရာတွင် ကြုံတွေ့ရ သော အခက်အခဲစိန်ခေါ်မှုများအား ရှင်းပြပေးပါ။

၅။ မြန်မာနိုင်ငံ၏ မွေးစမှ(ဖ)လအထိ မိခင်နို့တစ်မျိုးတည်း တိုက်ကျွေးခြင်းနှင့် ပတ်သက်ပြီး ပိုမိုတိုးတက်လာစေရန် လုပ်ဆောင်နိုင်သည်များကို ရှင်းလင်း ပြောကြားပေးပါ။

Annex (7) Multiple logistic regression between knowledge level on EBF with influencing factors (Unadjusted)

Factor	Crude OR	95% CI	*P* value
Education			
Graduate vs middle school	1.4	(0.6, 2.9)	0.434
Matriculation vs middle school	1.2	(0.4, 3.7)	0.728
Duration of maternity leave			
Dependent and work at home vs <24 weeks	2.2	(0.9, 4.9)	0.068
≥24 weeks vs <24 weeks	8.7	(1.0,75.2)	**0.050**
Parity (≥ 2)	3.4	(1.5,7.6)	**0.003**
Frequency of AN visit (≥ 4 times)	6.2	(0.6,70.4)	0.139
HE about EBF in AN care (Received)	1.6	(0.8, 3.2)	0.157
AN complication (absent)	4.0	(1.2, 12.5)	**0.019**
Place of delivery (CWH and public hospital vs private hospital)	1..6	(0.8,3.1)	0.194
Mode of delivery (NSVD and Instrumental delivery)	2.8	(1.2,6.2	**0.014**
HE about EBF in PN care (Received)	2.1	(0.9,4.9)	0.083
Supervision for EBF during PN care (Received)	2.3	(1.1,5.2)	**0.038**
Previous breastfeeding experience			
EBF vs No experience	5.2	(1.7,15.7)	**0.003**
Non-EBF vs no experience	1.8	(0.6,5.1)	0.304
Receiving peers' experience sharing			
EBF vs not received	2.0	(1.0, 4.3)	0.061
Non-EBF vs not received	0.9	(0.3,2.5)	0.81

Multiple logistic regression between knowledge level on EBF with influencing factors (Unadjusted) (**Continued:)**

Factor	**Crude OR**	**95% CI**	***P* value**
Receiving BF experience sharing by respondent's mother			
EBF vs not received	1.4	(0.6, 2.8)	0.424
Non- EBF vs not received	0.1	(0.03, 0.5)	0.005
Spouse's support (received)	3.1	(1.5,6.2)	**0.002**

Multiple logistic regression between practice on EBF with influencing factors (Unadjusted)

Factor	Crude OR	95% CI	*P* value
Occupation			
Dependent and work at home vs work outside home	1.6	(0.8, 3.1)	0.195
Duration of maternity leave			
Dependent and work at home vs <24 weeks	2.2	(1.0,4.8)	0.058
≥24 weeks vs <24 weeks	2.9	(0.7,11.2)	0.131
Chronic medical illness (Absent**)**	2.3	(0.9, 5.8)	0.087
AN complication (absent)	4.3	(1.3,14.3)	**0.021**
Place of delivery (CWH and public hospital vs private hospital)	1.5	(0.8,2.8)	0.177
Mode of delivery (NSVD and Instrumental delivery)	2.1	(0.9, 4.4)	0.096
HE about EBF in PN care (Received)	4.1	(1.7,9.4)	**0.001**
Supervision for EBF during PN care (Received)	2.1	(0.9,4.4)	0.096
Gestational age (Full term vs preterm)	2.5	(0.8,8.3)	0.128
Sex (Male)	1.6	(0.9,2.9)	0.134
Admitted to NICU (No)	3.4	(1.1,10.5)	**0.037**
Previous breastfeeding experience			
EBF vs No experience	2.3	(1.0,5.1)	0.042
Non-EBF vs no experience	0.3	(0.1,0,.8	**0.021**
Receiving peers' experience sharing			
EBF vs not received	2.5	(1.3,4.7)	**0.008**
Non-EBF vs not received	1.5	(0.6,4.0)	0.422
Receiving BF experience sharing by respondent's mother			
EBF vs not received	1.9	(1.0,3.6)	0.056
Non- EBF vs not received	0.5	(0.1, 1.7)	0.237

Multiple logistic regression between practice on EBF with influencing factors (Unadjusted) (Continued:)

Factor	Crude OR	95% CI	*P* value
Spouse's support (received)	3.0	(1.6,5.8)	**0.001**
Knowledge level on EBF (good)	11.3	(5.0, 25.3)	**<0.001**
Skin-to-skin contact between mother and baby (present**)**	2.3	(1.2,4.4)	**0.013**
Feeding of colostrum to baby (Yes**)**	10.6	(2.9, 38.1)	**<0.001**
Initiation of BF after birth			
Within one-hour vs no breastfeeding	12.6	(3.3,47.3)	**<0.001**
After one hour and no breastfeeding	6.9	(1.8, 26.4)	**0.005**
Frequency of breastfeeding (On demand)	13.8	(6.4,29.6)	**<0.001**

Curriculum Vitae

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