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**KNOWLEDGE, ATTITUDE AND CHALLENGES OF
EXCLUSIVE BREASTFEEDING AMONG PRIMIGRAVIDAS:**

A literature review

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ABSTRACT

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Name of thesis KNOWLEDGE, ATTITUDE AND CHALLENGES OF EXCLUSIVE BREASTFEEDING AMONG PRIMIGRAVIDAS: A literature review		
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<p>The purpose of this study was to investigate types of primigravidas' knowledge regarding exclusive breastfeeding; to explore their attitudes towards and identify the possible challenges they experienced during exclusive breastfeeding period. The goal of the study was to provide knowledge for nurses and professional teams to comprehend the reasons behind early cessation of exclusive breastfeeding by new mothers, hence revising a new most competent course to boost exclusivity of breastfeeding amongst primigravidas.</p> <p>The research methodology was literature review with content analysis. Data has been obtained from CINAHL (Cumulative Index to Nursing and Allied Health Literature), Science Direct, Sage, Ovid, Books and Finnish breastfeeding articles. CINAHL and Science Direct are regularly used articles with publication period from 2005 until present day conducted in English language and within the main keywords.</p> <p>Inadequate knowledge and breastfeeding technique skills, demographic status (age, economic, marital, geographic, and culture) leads to early cessation of exclusive breast. A primigravida's breastfeeding attitude depend upon the level of confidence, intention and previously breastfed oneself. Pain, soreness, discomfort, latching difficulty, infections and nipple bleeding are the unexpected nature of physical implications primigravidas experienced. The results of the study can be used to improve information and care provided to the mother through the midwives. The recommendations include solutions in improving exclusive breastfeeding results amongst primigravidas.</p>		
Keywords Exclusive breastfeeding, primigravidas, knowledge, attitudes and challenges		

ABBREVIATIONS

ABC	Affective, Behavioural and Cognitive
AAP	American Academy of Paediatrics
BAQ	Breastfeeding Attitude Questionnaire
BSES-SF	Breastfeeding Self- Efficacy Scale Short Form
CINAHL	Cumulative Index to Nursing and Allied Health Literature
CRC	Convention on the Rights of the Child
EBF	Exclusively Breastfed
IBFAN	International Baby Food Action Network
IBM	International Business Machines Corporation
KELA	The social Insurance Institute of Finland
MHCC	Maternal Health Child Care Clinics
NGO	Non-Governmental Organization
SPSS	Statistical Package for the Social Sciences
TPB	Theory of Planned Behavior
UNICEF	United Nations Children's fund
WIC	Woman, Infant and Children
WHO	World Health Organization

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1 INTRODUCTION

Breastfeeding is a natural process of infant feeding involving two main methods; exclusive and partial with the latter being trendiest. Nevertheless, exclusivity is the absolute and suitable scheme with finest domino effect. However, a good mental, emotional and physical collaboration between the mother and her newborn for desired outcome (Khresheh 2011). Breast milk consists of basic nutrients containing proteins, vitamins and carbohydrate. However, presence of minerals fulfills micronutrient needs and maternal antibodies improves the immune system inhibiting infantile infections like gastrointestinal, respiratory and skin infections and increases physical and neurological growth of the baby. There is increased production of hormones that are responsible for uterine contraction, preventing hemorrhage and maternal mortality. Lactational amenorrhea is mentioned as a natural contraceptive benefactor following exclusivity. On the other hand, breast cancer and ovarian cancer risk prospects are reduced with weight loss preventing early cardiac morbidity and mortality. (Fairbrother & Stanger-Ross 2009.)

During 1940s, exclusive breastfeeding was a communal tradition in all corners of the globe; subsequent to the World War II the ritual instigated to diminish and converted to modern trend in the use of fabricated formula milk particularly in the western world in contemporary eras. The nutrients become inevitable as it started to become widespread despite the advice and presage from World Health Organization (WHO) which recommends exclusive infant breastfeeding for the first six months of life and continuing up to two years of age and beyond United Nations Children's Fund (UNICEF) and Baby Friendly Organization in order to restore the Primitive Tradition. (Coates 2007.)

International Baby Food Action Network IBFAN is a Non-Governmental Organization (NGO) Working with Imetyksen Tuki Ry. to protect and promote by collaborating community and legislate levels. It also collaborates with CRC (Convention on the Rights of the Child) to collect and analyze infant and child feeding in Finland. IBFAN, 2011 received a report from Hasunen and Ryyananen (2006), that demonstrated 99% of Finnish mothers initiated breastfeeding in the maternity ward, 60% mothers continued exclusively until the age of one month, and 50% mothers breastfed exclusively at three months and only 1% of the

mothers breastfed exclusively until the newborn was six months. These figures are depicted at the lowest in Scandinavian countries. Breastfeeding exclusivity differs depending on a couple of factors including; personal, physical, psycho-social maternal factors, economic factors and breastfeeding awareness. (IBFAN 2011.)

The purpose of this study was to investigate the knowledge primigravidas had regarding exclusive breastfeeding, to explore types of attitudes towards exclusive breastfeeding and to identify the possible challenges experienced during exclusive breastfeeding period. The decline in exclusive breastfeeding rates despite the efforts made by the governmental and non-governmental organizations interested the researcher in identifying the reason behind these low percentiles.

Moreover, being a nurse exposes frequent contact with the new mothers and their infants thus requires confidence in order to promote, recognize the value, shortcomings and importance of exclusive breastfeeding to this vulnerable group. Therefore, a responsibility as a nurse to provide practical support, advice and follow-up for health professionals without overlooking ethical values forced researcher to study on definite topic.

The goal of the study was to provide knowledge for nurses and professional teams to comprehend the reasons behind early cessation of exclusive breastfeeding by new mothers, hence revising a new most competent course to boost exclusivity of breastfeeding amongst primigravidas.

This study was adopted qualitative methodology of literature review, where previous studies data was considered from the theoretical background and analysis was drawn according to the researchers' quest.

2 THEORETICAL BACKGROUND

Inch (2003), describes human milk as a God-given natural phenomenon, in which the standard is valued utterly in order to provide the comprehensive nourishment to the neonate. The hormonal and immunological constituent provides growth and development to the brain contributing to the motor and sensory skills (Ackerman 2004). Moreover, according to Miller-Keane (2003), these countless advantages include emotional attachment, economically sound and physical remuneration to the mother's wellbeing. WHO assemblage (2001) stated that a newly born must receive exclusive breastfeeding up until the age of six months and it refers that nothing but the mother's milk. The continuation with the complementary will proceed until the child reaches age two. Child needs not to drink water after the sufficient feeding is provided (Inch 2003). WHO stated exclusive breastfeeding as

An ultimate health promoting disease preventing action a new mother can do to protect her newborn baby and herself (Craig & Dietsch 2010.)

Despite the support from the global health departments, the exclusivity of infant feeding, among primigravid mothers are short-lived. Meanwhile, breastfeeding initiation rates are escalating; the concern of reducing on the first 4- 8 weeks postnatal is advanced (Marrone, Vogeltanz-Holm & Holm 2008). Studies revealed that there is an ample inconsistency between the duration and the total amount of incidence that actually has been accomplished. Relatively among all the developed countries, Australian and European women were seen to breastfeed more likely in longer duration (Furber 2008).

Adequate knowledge on exclusive breastfeeding is a central implement that navigates the course of breastfeeding stability and distinctiveness amongst mothers. Insufficient and defective information with absence of support throughout this practice leads to immature cessation of breastfeeding. Primigravidas are a vulnerable group with approximately more than half of the percentage of early breastfeeding dropouts being primiparas who are deficient of involvement and dependable intelligence of exclusive breastfeeding compared to multiparas. Lack of confidence to exercise existing learnt knowledge leads to shyness, insecurity

and frustration resulting to optional infant feeding methods. Health professionals are thus, responsible for conceivable envelopments that yield to an upsurge of exclusive breastfeeding by centering extra determinations to primiparas on the significance and structuring self-confidence of breastfeeding practices and knowledge throughout the prenatal, natal and postpartum period. (Laanterä, Pölkki, Ekstrom & Pietilä 2010.)

Fairbrother & Stanger-Ross (2009) mentioned that the majority of mothers apprehend the health benefits of breast milk to their infants with correspondence to it being the ultimate meal for newborns. In addition, breast milk benefits to the immune system of infants inhibiting infantile infections like gastrointestinal and respiratory. Breast milk is well acknowledged for its abundance in minerals, maternal antibodies and basic nutrients consisting of proteins, vitamins and carbohydrate. The reconstitution being well combined, nitrifying and compatible to the baby's metabolic system making it most convenient meal for babies. Moreover, bonding and familiarizing by closeness, tender touching, seeing and smelling one another during each feed and vice versa is a mutual aim and intent for breastfeeding.

Almost all mothers pass through both short and long term physical challenges during breastfeeding. Particularly, primigravidas become exposed with the physical challenges associated with exclusive breastfeeding that seems slightly unexpected for them. Short and longer term physical impacts caused a number of women to feel surprised about the physicality of exclusive breastfeeding. Majority are astounded by the intensity and extent of discomfort and pain which might be excruciating consequently, to compromise baby-mother relationship. Occasionally, triggering hesitance to continue the practice secondary to physical vulnerability. A few may experience "sore nipples" which is the package of challenges whereas mastitis (breast infection) is also a complication that content serious emotional and physical consequences, as a outcome resulting in anatomical changes which is a great challenge. (Kelleher 2006).

On the other hand, Kelleher (2006) mentioned that other unanticipated nature of somatic implications including, increased sensations during the sucking process, leakage, latching, letdown and immobility. Among, the most commonly cited

specific forms of pain and discomfort related to exclusive breastfeeding are engorgement, nipple pain, raw breasts, cracked and bleeding nipples, blisters and uterine contractions or occasionally termed cramping or after pains.

Psychological factors in addition, influence the duration or continuation of breastfeeding. Primigravidas endure with psychological factors that directly affect exclusive breastfeeding. The first aspect is considered as mother's self confidence in her mothering ability or mothering self-efficacy, with assurance to the natural supremacy of breastfeeding, "they get great satisfaction watching her baby emptying the bottle". After delivery there comes rapid changes in mother's life where she should proof her ability to be flexible and adapt her life according to demand of new baby which becomes a great challenges for mothers to change their day to day life, a few adjust while others expect their babies to. Stress, postnatal depression, mother's level of self esteem, breastfeeding self efficacy and anxiety have also shown their influence in interval of exclusive breastfeeding. (Brien et al. 2009.)

In order to reduce morbidity and mortality rate, the breastfeeding support team must be more dynamic and vigorously up-to date with the follow ups. It is crucial for a health provider to recognize and distinguish the needs of guidance exclusively regarding the breastfeeding continuation of primigravidas until the 6 months of the baby's live (McCann et al.2010). Support of family members especially father's of new born baby play an active role in exclusive breastfeeding whereas the unsupportive behavior and negative attitude of spouse can create the situation challenging and decrease the initiation of breastfeeding in mothers. (Laanterä et al. 2010.)

2.1 Finnish maternity and child care system (Äitiyshuolto, Äitiysneuvola)

The ministry of social affairs and health in relationship with National institute for health and welfare THL and the social insurance institute of Finland KELA in conjunction with the municipal central hospitals coordinate to form a standardized protocol that runs the maternity and child health care services operating as a part

of the Finnish National Health Care clinics. This protocol is synchronized by nation-wide strategy tabulated to cater for all Finnish citizens and residing families since the 1940s. The core target is supporting expectant families perinatally, monitoring the baby's growth and developmental milestone by granting basic needs and a safe environment for the baby and its family (Kouri & Kemppainen, 2000). Endowing free maternity care for all its citizens and residing families including; promotive, preventive, curative and rehabilitative services preserves infant and maternal morbidity and mortality rate at lowest percentiles. (Ministry of social affairs and health 2011.)

The system guarantees that primigravidas get approximately 12 and 15 systemic focused antenatal visits commencing at the first trimester at eight to 12 weeks with a doctor's past medical history, gynecological-obstetric examination, monitor vital signs (blood pressure, weight, antenatal profile (hemoglobin level, blood grouping and rhesus factor, urinalysis, HIV, Syphilis and hepatitis), and biophysical profile (fetal heart rate, movement and amniotic profile). Consecutively visits are conducted by a public health nurse monthly until the third trimester followed by two weekly visits until birth. However, a total of two three visits must be carried out by a physician. Gratis ultrasonic examination to rule out any fetal abnormality and to clarify the biophysical profile is recommended at the 12th-16th week. Nevertheless, the course is dictated by the medical needs of the mother. Daily healthy living habits and proper nutrition education is offered, preferences concerning delivery and infant feeding are reviewed in particulars with accountable health professions and concluded decision is agreed upon wellbeing of both the mother and the baby. (Ministry of social affairs and health 2011.)

Delivery preparation and counseling services to both parents-to-be are offered by delivery fear specialized mid-wife who discusses the different stages of delivery and expectations with the Primigravidas. It is also possible to have psychologist appointment if the state is complex. In addition, a maternity pack, containing baby's clothing and articles crucial for new-born care or a tax-free summation of 140 Euros for one baby three packs or 420 Euros for twins and six packs or 840 Euros for triplets is an alternative granted. Maternity clinic refers clients to accessible closest delivery hospital. Approximately 99% of births in Finland are

public hospital births. Nonetheless, although Finnish health care system does not support home delivery, roughly six percent of mothers engross and prefer to deliver at home. However, in a period two weeks after delivery, a nurse appoints to the new family in their home to make sure the well-being of both the mother and newborn. Thereafter, baby's health is supervised in child care clinic (Neuvola). (The social insurance institute of Finland 2012.)

Maternity clinics systematize explicit family training for primigravida couples following the 2001 Finnish Ministry of Social Affairs and Health manual issued to maternity and child care clinic workers reinforcing the early role of fathers on child care. It emphasizes the importance of both parents as main care givers and benefits of safe Baby-father relationship in case of unexpected absence of the mother as a compensatory mechanism. In addition, Infants with two primary care givers have proved to possess sense of belonging and security comparing to infants with one primary care giver. Father groups designed to orient, mould and support anticipating fathers by familiarizing and teaching matters concerning pregnancy, delivery and fatherhood are also offered. It prolongs to postpartum period strengthening positive experience improving confidence level as new parents. This helps endorse and maintain mothers' social life outside the family circle and reduce incidences of Post-partum depression. (Kapanen 2007.)

According to Kapanen (2007), online maternity clinic has also been conventional creating efficiency to current maternity services. Net Clinic delivers advance information to families about pregnancy, delivery, nurturing infants and family welfare. However, ethical and patient rights precisely confidentiality are highly stringent.

2.2 Theory of planned behavior

Encouraging Primigravidas to exclusively breastfeed is a chief focal point of Baby Friendly Initiatives. According to the Theory of Planned Behavior (TPB) developed by Icek Ajzen in 1985, behavior is a function of intention to perform a routine. Breastfeeding outcomes are exceedingly prejudiced by social support and this

theory explains instigation, stability and period of breastfeeding being subjective. Social support however is further alienated into formal and informal execution. Breastfeeding information, demonstration and verification of current evidence based breastfeeding knowledge and practices delivered by a nurse, lactation consultant, peer counselor, nutritionist are Formal implementation methods. The mechanism engrosses single/group once or incessant sessions with a nurse throughout Women Infant Clinic WIC clinics. Emphasizing on the mothers' concerns articulated during the session crafts assurance, confidence and synergizes the verdict to breastfeeding. (Vari 2000.)

The course of social support ought to commence prenatally and persist throughout the Perinatal period therefore, harmonization of formal and informal (including; husband, mother, relatives and community) social support providers should be scrutinized in progress for preferred results. A nurse thus needs to assess and highlight components that must be taken in hand as an element of the evaluation in the theory of planned behavior consisting support provider, chances of peer interaction, prenatal support and throughout. These components influence and aid a nurse to categorize motives following the behavioral patterns and decision making of mothers on infant's feeding. Nonetheless, the significance of social support for breastfeeding is an incentive that is legitimated by health care providers. Nevertheless, the challenge remains in classifying mechanisms of support and appropriately fit them together to provide women with the most favorable prospects to advance the effects of their breastfeeding efforts. (Vari 2000.)

2.3 Theories on attitude

Fritz (2008), defines attitude as an optimistic or pessimistic reaction of people, substance, occurrence, behavior, thoughts, or anything within the surroundings. It is very essential to uncover the meaning following the reaction and its atmosphere. Usually, positive attitude improvises to success and satisfaction, whereas the negative portrays failure. Attitude in social psychology is very significant to comprehend. Moreover, attitude has numerous outcomes. Firstly, it influences

perception, performance and verbalization. Secondly, it manipulates emotional well-being both mentally and physically. Lastly, it depends upon the individual's capacity to fulfill one's objective.

According to Gagne's theory, (1985) attitude is defined as;

Acquired internal states that influence the choice of personal action toward some class of things, persons or events (Gagne 1985; Driscoll 2005.)

The original concept of attitude consists of three major components as Affective Behavioral and Cognitive (Kwon & Vogt 2010). The Affective 'A' confirms the expressions from emotions and how an individual feels toward an impact of an object. The behavioral 'B' determines the conducting manners that are reflected after how the individual has reacted towards the force of contact. Finally, the Cognition 'C' interprets the determination of the individual's belief and credence after the collision of an experience. The triumph of trio ABC consequently, accompanies how an individual's attitude toward a subject or an object. (Kwon&Vogt, 2010; Mc Leod 2009.)

According to Fritz (2008), the components of negative and positive attitudes are clearly divided, the negative consisting; laxity, unawareness, over poise, sarcasm, lethal, hasty, rage, irresponsible and languid etc. Whereas, the positive consisted; heartening, contentment, attentive, shows positive reception, supportive, forecast in advance, vigilance and preciseness (Kwon & Vogt 2010; Fritz 2008). The distinction between the positivity and negativity solely depends upon the affective branch of an attitude in which an individual echoes the reaction on the basis of precedent experiences candidly or circuitously (Kwon & Vogt 2010).

Attitude lends a hand for an individual to survive the milieu through the function knowledge and utilitarian. Similarly, expands and sustain association within the society therefore, value-expressive and impression management function of attitudes are ordinary on site (Hogg & Vaughan 2005). According to cultural variances, attitude accentuate on the individual to illustrate uniqueness in independent western cultures whereas, in inter-dependent ethnicity underlines assembly of synchronization and harmony (Wang 2012; Webb & Sheeran 2006).

According to Daniel Katz Functionalist theory of attitudes, the objective or goal of an individual depends upon the individual's attitude toward it (Wang 2012). Katz has divided into four major types; Instrumental, Knowledge, Value expressive and Ego Defensive. Instrumental attitude refers to as protruding attitude towards its depth of beneficiary. An object that fulfills the desired outcome favors the significant attitude. Knowledge favors the theoretical clarity and stability in which the environment is structured systematically. The theory of knowledge provides the individual with confidence and reliable. The complexity of life can be brought upon in a standard approach. (Hogg & Vaughan 2005). Value-expressive simplifies to adopting own individual values and rituals. Culture and society may be involved but it is depended solely upon an individual's self reflection and ease. Ego-defensive theory supply as a defense mechanism system in an individual to protect self harm and vindictive reality in the modernizing globe. (McLeod 2009; Wang 2012.)

Moreover, Katz theory describes when the functional theory is not applicable and when the individual feels barrier then it is imperative to revolutionize the principal motivational and personal requirements (McLeod 2009; Wang 2012). The learning theory derives from classical conditioning in which bilateral parties are involved in emotional reaction after learning the non-verbal reactions whether pleasant or foul. The attitude becomes habitual as it used to being learned and doesn't need the full explanation. In Instrumental conditioning derives a delightful reaction usually in positive consequences. Observational learning is similar to mimicking the learned behavior that has been repeatedly reinforced. (Webb & Sheeran 2006; Armitage & Conner 2001.) On the contrary, Cognitive dissonance theory is a theory when there is a contradiction between self-attitude, belief and behavior with the existing alternative. These relations can be consonant, dissonant and irrelevant. (Metin & Camgoz 2011.)

3 PREVIOUS STUDIES

Researcher was able to find different six studies conducted in different countries about primigravida on exclusive breastfeeding. Research were done in Cambodia to identify exclusive breastfeeding, Finland in finding attitude of Finnish mothers, Canada to find out confidence of breastfeeding in mothers, US focusing on attitudes and physiological problem related, Canada and US to find out physical and psychological problem and quantitative correlational study to find out Breastfeeding Self- Efficacy Scale Short Form (BSES-SF) respectively.

Breastfeeding has been a theme of study over years succeeding its gradual diminution in most societies of the sphere. However, many researchers emphasizes on breastfeeding promotion and intention to breastfeed largely to all mothers. Nevertheless, the figures still fail to meet the public health goals especially in the western world recording lowest values as the duration of breastfeeding increases. Researchers depict uncertainty regarding new mothers who have difficulties breastfeeding. (Sasaki et al.2010.)

A cross sectional survey conducted in Phnom Penh, Cambodia to identify the predictors of exclusive breastfeeding in early infancy on mothers with infants between 6 to 24 months visiting the immunization clinic in December 2005 to February 2006, showed 83% EBF (Exclusively breastfed) during the first month and 39% initiating after delivery. EBF up to 6months being at 51.3%.This percentiles are determinant of various factors chiefly unfamiliarity and ignorance therefore, researcher advocates for the significance of knowledge amongst breastfeeding mothers to subsequently advance EBF outcome. (Sasaki et al.2010.)

Laanterä et al. (2010), investigates the attitude of Finnish parents regarding breastfeeding during pregnancy and their relationship with demographic characteristics. An electronic scale measuring knowledge attitude and confidence is the tool of study targeting families between 18-31years living in southeast Finland. The researcher conducts the study in eight MHCCs (maternal health child care clinics) with the help of public health nurses who explain the purpose of the study to the participants. In addition, procedure and how to retrieve the

questionnaires from internet is sensitized with distribution of paper questionnaires to families without internet. A total of 417 questionnaires were handed out with a respond of 172 families. However, 98% of the total intended to initiate breastfeeding. Nevertheless, majority of the new mothers felt it complicated and expressed a negative attitude and fear towards breastfeeding. Father-child relationship is described to be at risk following exclusive breastfeeding and the decision towards infant feeding was crucial for primigravidas families.

Apparently, an approaching associative study under the Influence of Adolescent Mothers' Breastfeeding Confidence and Attitudes on Breastfeeding Initiation and duration were studied in Manitoba, Canada. The high rates on adolescent mothers that are about 9% were found to have an unproductive stance towards upbringing a baby who gave the prevalent rate for mortality and morbidity and the stagnant development caught the glimpse of the researcher. The result was due to the unstable social and economy in which the young mothers instigate only to halt. The young mothers breastfeeding attitude for practice rely upon the level confidence, intension, and "breastfed oneself" in which it automatically resulted upon the initiation and duration. (Mossman et al.2008.)

The point of this study was to inspect the influence, buoyancy and mind-set on breastfeeding initiation and duration to 28 days postnatal adolescent mothers. The correlation between breastfeeding self-confidence and attitudes toward breastfeeding, and additional predictors of breastfeeding initiation and duration were also examined. This learning was conduct by the Breastfeeding Self-Efficacy Theory, a consequent from Bandura's Social Learning Theory. The study was relevant due to the adolescent mothers being a parallel meaning to primigravidas, the surrounding positive and negative factors does affect on the attitude to continue the feeding. The ethical approval was validated from the University of Manitoba Research Ethics Board. (Mossman et al. 2008.)

Mossman et al. (2008), demonstrated a quantitative correlational study with 103 pregnant adolescent between 15 to 19 years considered to breastfeed. They are brought in to sample for Breastfeeding Self- Efficacy Scale Short Form (BSES-SF) and the Breastfeeding Attitude Questionnaire (BAQ). The BSES-SF is reapplied during the first week postpartum to those adolescents who initiated breastfeeding

(n = 84). Adolescents who were initiated are called for follow up after four weeks and evaluation made between initiated breastfeeding (n = 84) and those who had not (n = 16). The study concludes that, extensively many mothers who gained confidence and lasted the duration of breastfeeding were those followed up. This is results from consistent care, guidance and concern from the health personal. Therefore, the study clearly indicates the positive effects of the external factor on the new adolescent mothers.

McCann et al. (2007), investigated Hispanic and black mothers with sample 1095 who were enrolled in Woman, Infant and Children (WIC) or whose infants were enrolled in WIC in US. The research focuses on mother's breastfeeding attitudes and problems with the goal of increasing breastfeeding initiatives in the WIC program. Among them, 89% (971) of mothers were interviewed at least once during postnatal period and the information regarding breastfeeding status was reported. Interviews were administered via computer-assisted telephone interviews or computer assisted interview technology through the help of structured questionnaire. The breastfeeding mothers were interviewed at 1 month period and asked about their problems related to breastfeeding, 70% of mothers said that they experienced at least 1 of the problem among these (problems with milk or not enough milk, sore nipples, infant chokes while breastfeeding, cracked nipples, breasts are too full or breast infection), 34% of mothers said they thought they did not have enough breast milk for their new born baby and 10% said that they thought something wrong was with their milk. Half of the mothers reported problems of sore nipples.

A survey study conducted by Kelleher (2006), on women's experiences of breastfeeding physical challenges during the first month postpartum period. The study investigates 52 women from Canada and United States through semi structured, in-depth interview. The results of research focuses on 63% of all breastfeeding women (33 women) who shared their pain and discomfort experiences related to breastfeeding and explore four main findings. The first things the mothers discussed was the intensity and duration of pain, secondly pain

ranged from mild to severe, thirdly impact of breastfeeding affected the relationship of mother-child and finally the physical implications the mothers faced was influenced by health care professionals both in negative and positive way. Some mothers shared the experiences of sore nipples and some shared the experiences of three episodes of mastitis (breast infection) which was serious emotional and physical consequences for mother. For other women most of the physical implication included pain, soreness and discomfort and physical implication included specific bodily sensation related to suctioning, leakage, latching, letdown and immobility.

4 RESEARCH QUESTIONS

The purpose of this study was to investigate types of primigravidas' knowledge regarding exclusive breastfeeding, to explore attitudes they have towards and identify the possible challenges they experience during exclusive breastfeeding period. The goal of the study was to provide knowledge for nurses and the professional teams to acquire the authentic depiction regarding exclusive breastfeeding by new mothers. The research questions included:

1. What kind of knowledge primigravidas had concerning exclusive breastfeeding?
2. What were the attitudes of primigravidas towards exclusive breastfeeding?
3. What were the possible challenges that primigravidas experience during exclusive breastfeeding period?

5 METHODOLOGY

Quantitative study method was initially instigated with closed-ended likert questionnaires as a tool of measuring the key aspects. Precision of the client's most apposite response is of substance to give honest information thus single choice and multi-choice questions were used. First time delivery mothers aged between 18-45 years admitted and visiting the maternity ward in the main hospital and Neuvola(s) contained by the municipality were the focus group. In addition, it was planned to use electronic questionnaires to access more primigravidas if the total number of 120 respondents were not achieved. (Gerrish & Lacry 2006.)

However, despite the fact of persistent follow up and distribution, the deprivation of respondents seemed an immense concern. Lack of cooperation and collaboration between the public health nurses resulted in failure to outreach the primigravid mothers. Therefore, the methodology of this study has been altered into systemic literature review. Considering the time, the researchers had already invested, the latter decision was verdicted. Literature review was the alternate method that was decided. Literature Review is defined as;

A review of the evidence on a clearly formulated question that uses systematic and explicit methods to identify, select and critically appraise relevant primary research, and to extract and analyse data from the studies that are included in the review (Gerrish & Lacry 2006.)

A review is described to have a narrative character with traditional touch. It illustrates to combine outcomes and conclusion of more than two publications on a definite theme (Gerrish & Lacry 2006). A literature review is based upon following criteria such as it must be Systematic, Explicit and Reproducible (Neale 2009). An overview must be organized and directly echoing the answers to the researcher's questions. A fine review recapitulates the sources that are accessible in previous articles from unrevealed disclosure. It categorizes arguments in the literature and originates further enquiries that necessitate supplementary investigation. (Gerrish & Lacry 2006; Neale 2009.)

The method moreover, endures the researcher to inspect the narrative resourcefully, by means of handbook and programmed mode, it classifies to deposit a constructive editorial, manuscript and required permit (Neale 2009).It allocates the researcher to crucial evaluation by facilitating valid ideology of investigation to discover equitable and legitimate revision (Gerrish & Lacry 2006).

Literature review is very significant for the researcher in order to become skilled and professional researcher (Neale 2009).The critical review authorizes the researcher to make approved conclusions. The revision enables to set policy and become an expert in own field of study. It justifies the study proposal and reveals the discovery of the subject. It leads to scientific debate and discussion where the gaps may be explored for future questioning. It is the first stepping stone of innovation and communal intercession to the humanity. (Gerrish & Lacry 2006; Neale 2009.)

5.1 Inclusion and exclusion criteria

Inclusion criteria are descriptive features that contains potential subjects where it will be integrated in the future study. On the other hand, Exclusion criteria are assortments that are not entitle for forthcoming subject matter in the study. Inclusion and exclusion criterion comprises feature such as demographic facts as age, gender, ethnicity, race, geography, economy status, level of education; nature of study as explicit practices/advance/conclusion/ other occurrences. Dates of researched articles were primary or secondary resources. Type of research used for instance: all methods, experimental, definite propose and the rational for preference(s). Language that was considered throughout the research was either in English, Finnish or combination with the explanation of significant selection. Hence, comprehension of inclusion and exclusion criteria enhances the probability of genuine and authentic product that is very essential for ethical consideration and validity (Fink 2010.) The inclusion and exclusion criteria of this literature review are described below in table 1.

TABLE 1. Inclusion and Exclusion criteria

Inclusion	Exclusion
The research focused on the knowledge, attitude and challenges of primigravidas during the period of exclusive breastfeeding.	The articles which are not related to the research questions.
Most of the articles were limited from 2005 to present but a few were from 2000 following reliable content in relation to the study.	Articles not related to topic and the studies showed before 2000.
The articles were in full text, abstract and within the keywords.	The articles without full text, abstract and within the keywords
Languages used were English and Finnish.	The articles which were not in English and Finnish.
Evidence based research were used.	Articles that were not related to nursing and were not scientific.

5.2 Data collection

Knowledge, Attitude, challenge, primigravida and exclusive breastfeeding were key words used in the studies for collecting the sources. Data had been obtained from CINAHL, Science Direct, Sage, Ovid, Books, Finnish breastfeeding articles from Sosiaali ja Terveysministeriö (Ministry of social affairs and health) and Terveyden ja Hyvinvoinnin Laitos (National Institute for Health and Welfare). Sage

and Science direct are regularly used articles with publication period between 2005 to present conducted in English and within the main keywords. Few articles with publication period from 2000 had been used due to scarcity of articles related to primigravidas. WHO and statistics of Finland were also included.

TABLE 2. Data collected before analysis

	Knowledge	Attitude	Challenge	Primigravida	Exclusive Breastfeeding
Science Direct	1,712	881	1,288	10	2,493
Sage	625	1,484	416	6	1,112
CINAHL	67	72	9	1	559
Ebrary	1	1	3	0	1

Maximum data were collected from Science Direct, Sage, CINAHL, Ebrary and few from PubMed in the analysis. The number of sources collected from Science Direct, SAGE, CINAHL, Ebrary and PubMed were 23, 17, 8, 6 and 4 respectively. Some of the Finnish breastfeeding articles were furthermore used including WHO, statistics of Finland and governmental and non-governmental organizational research.

5.3 Data analysis

Content analysis is distinct as study method for the intention, disciplined, and extensive narration of the evident material through various different source of communication. It can be carried out in spoken, written, motion picture or simply illustration. Content Analysis is popularly used in social sciences as it has been convenient to gather access from the media and answer tool. Content analysis aids to compare in which a message is relayed to be more persuasive and

relative. The study during the data collection for the analysis allows the researcher profoundly knowledgeable. (Neale 2009.)

Researchers found convenient to analyze gathered information in a systematic way, avoiding any repetition or spurious interpretations. However, the researchers were not able to use previous articles from Finnish language as it may escort to mistranslation. The core language that the studies were searched was preferably English. Content analysis was used by the researcher to develop the knowledge regarding study. Information was acquired from discussion, result and abstract in the study. These aid researchers in finding the results according to the research questions. Information collected was related to research question to find accurate findings. Self-knowledge regarding research question was applied while searching the articles to recognize the applicable and inapplicable information. Finally, the collected data was analyzed according to research questions whether it gives answer to the questions or not in addition, conclusion was ended in relation to findings.

6 RELIABILITY AND VALIDITY

Moule & Goodman (2013) describes validity as the measure of the accuracy of the data collecting method in relation to its projected purpose. The content of this research was validated by providing a copy of the research questions and questionnaires to a breastfeeding consultant in the school department. However, further criticizing and scrutinizing was conducted by the supervisors along the course of research progress. In addition, criterion related validation a common element of research validity as described by Polit and Beck (2008), was illuminated by the researcher by content analysis method. Comparing of relevant evidence based findings conducted in previous studies was completely scrutinized before adjudication of the final findings in this research study.

Reliability on the other hand, is defined as the consistency of the data collection tool in respect to the study. It increase the trustworthiness of the research findings and analysis by four criteria namely; credibility, dependability, conformability and transferability (Moule & Goodman 2013). The research was conducted in accordance to authenticity throughout to end of the research. Numerous articles were gathered from available school and local library databases. Articles were chosen according to the inclusion and exclusion criteria mentioned in methodology to yield accurate evidence based results relating to the study and avoid biasness.

The sources were obtained from the most recent articles and reviews. Evidenced based resources were used in nursing context. The articles and reviews that were generated in this study were from related research questions. The references used in this research are listed in the reference list with the writer's name and the page number of the article. (Griffiths 2009.)

7 FINDINGS

7.1 The knowledge of primigravidas on exclusive breastfeeding

Knowledge on the technique: Precise breastfeeding technique encompasses proper positioning, latching of the infant to the areola and comfort for both the infant and mother. Several approaches of positioning tactlessly are identified, however majority of primigravidas being new in the skill embrace the single trained position. The common position is cradling which might be awkward especially in cases of caesarian primigravidas. Proper positioning and latching of the nipples minimizes friction and pressure limiting sore nipples. New mother prerequisite satisfactory information on breastfeeding process to synergize the outcome of effective exclusive breastfeeding. (Stuart–Macadam & Detwyler 2005, 222.)

Unfortunately, primigravidas have deficient wit of the process. This follows inadequate and late education offered by educators, negligence and inappropriate choice of techniques. Nurses should have sufficient knowledge on the technique and ought to demonstrate effective technique to Primigravidas. Perinatal breastfeeding demonstrations and education ought therefore to be introduced earlier at the antenatal clinic to prepare the new mothers for the reality ahead. All positioning methods should be habituated with assistance to pick out the most appropriate position at the ease of the baby and mother in natal and postnatal periods with constant follow ups. This aids sufficient milk flow and painless feeding facilitating exclusivity of breastfeeding amongst this vulnerable group. (Stuart–Macadam & Detwyler 2005, 222.)

7.2. Factors affecting knowledge of breastfeeding.

In spite of the knowledge on the significance and technique of breastfeeding, a number of aspects affect this knowledge. Negatively impelling influences are reflected as challenges consequently posing a possibility of premature termination of breastfeeding, early weaning or both (Manhire et al. 2012).

Neonatal factors: Newborn medical elements comprising; prematurity, poor weight gain or loss, failure to thrive, congenital malformations; for example cleft palate, refusal to suckle and neonatal sepsis are postnatal impacts that tests a new mother's prevailing actualities of breastfeeding. These aspects grounds interferences to satisfactory breastfeeding as new mothers despair to nurse their anguishing infants as a result introduces formula feeds as holdup. Therefore, regardless of medical intervention for the infant, new mothers oblige for psychotherapy and reassurance to persist breastfeeding as a stimulant for the premature babies and a more rapidly infection resolution. Delivery of malformed baby intrudes ability to breastfeed thus overshadowing the knowledge of breastfeeding importance. In addition, the mother requires ample sustenance to convince the initiation and continuity of breastfeeding if no health risk is posed as reconstruction surgery anticipates. Conversely, counseling and education by a nurse on proper positioning and coping methods is an ultimate way to continue EBF. (De Jager et al. 2013.)

Baby cues appears to be predicaments to various new mothers who remains disarrayed when their babies cry, screech, fussiness and refusal to sleep or even sleep during breastfeeding resulting to poor feeding .This might ultimately cause a slow or low weight setting a risk for diseases. A primipara might get petrified to breastfeed by virtue of baby's irritability. As a result, this consequents to stress and anxiety that instigates poor milk production. However, several new mothers might elect the use of artificial formula feeds to satisfy the infant's needs producing further harm. This thus necessitates for help from a nurse. For instance, as a nurse it is anticipated to support new mothers access infant satisfaction by demonstrating diaper count, baby waking patterns and observing and listening to infant swallowing. (Inch 2003, 244-248.)

Maternal factors: Maternal medical factors affect the attitude and the intention of breastfeeding causing supervises of enduring information. Personal effects like breast tenderness and discomfort during pregnancy is jeopardy to commencement of breastfeeding to new young mothers who are appear traumatized in the factual suckling. In addition, self-assurance and confidence is eschewed specifically to new youthful mothers due to their new large breast size. Initiation period not only poses physical challenges but also a knock-back with poor breast milk flow arises

uncertainties to new mothers learnt knowledge of the option. (Tahir & Al-Sadat 2013.)

Mastitis and breast engorgement cause discontinuity of breastfeeding at the post-natal period amongst primiparas seconding fright of transferring the infection over to their babies (Tahir & Al-Sadat, 2013). Nurses should have adequate wit and skills to exhibit effective positioning and correct ineffective positioning and attachment routinely and precisely. This enhances good milk flow satisfying the needs of the infant. On the other hand, relieving painful breastfeeding session and cracked nipples reducing the risks of engorgement and mastitis. Nonetheless, in cases of an ongoing infection nurses should refer accordingly and ensure treatment is prompt and effective. Furthermore, in cases of prolonged remedial phase or ineffective medical attention leaves the mothers notional of other infant feeding methods. (Moe 2013.)

Demographic factors depicts that 80% of married mother practiced EBF compared with 46% of single mothers ($P= 0.04$). This shows evidence that partner involvement is a key factor in the success of EBF. It is a special focus that results to continuity of interest to procure new breastfeeding knowledge. This empowers women thus promoting of EBF campaign (Wojcickil et al. 2010). A new mother obtains a sense of belonging increasing self-confidence and enthusiasm to inquire and follow up through the whole course of EBF. Nevertheless, negligence from partners and family causes emotional and psychological stress dishonoring the quest of love. This on the other hand, might instigate reduced milk production and abandonment of breastfeeding (Manhire et al. 2012).

Initiation of formula milk in newborn units and postnatal maternity ward is a leading influence to non-exclusive breastfeeding amongst primigravidas. In Finland this is a common practice. Primigravidas acquire the perception of formula feeds despite the attained knowledge on the value of breast milk. Health workers' illustration impacts on a primigravidas' knowledge of EBF. Conveying contradicting information, technique and practices emanates conflict amongst new mothers refuting the meaning of EBF (De Jager et al.2013). Nurses in collaboration with breastfeeding specialists ought to provide regular support, avoiding the use of artificial milk and dummies with illustrating realistic expectations of EBF should be

the main focus on promoting continuity of EBF to ultimate period of 6 month. (Moe 2013).

Misguiding advice from experienced mothers with inadequate knowledge affects the outcome of EBF. This follows convincing arguments of experiences with uneducated mothers leading to draining acquired knowledge to cultural practices and norms hence practicing poor infant feeding despite previous knowledge acquired at the WIC programs. (Tahir & Al-Sadat 2013.) Lack of breastfeeding public facilities is a major limitation to EBF and an aspect of up- surging use of formula and early weaning. Majority of primigravidas experience ignominy to breastfeed in the midst of friends and in public areas. Absence of these facilities constrains proper feeding of infants in a number of circumstances limiting primigravidas to elect formula feeding over EBF in public. Employment is a global upcoming problem due to industrialization, urbanization and the deteriorating economy limiting both Primi- and multiparas to practice non-exclusive breastfeeding to meet infant needs, regardless of sufficient knowledge on the significance of EBF. (Manhire et al. 2012.)

Environmental factors: chemicals including foods and dietary supplements are major upcoming concern affecting the knowledge of EBF. Recently majority of medication and food are produced from environmental chemicals. There is a controversy with the amount of consumption of this inevitable products and the level of damage transferred to an infant upon EBF. Other alarming compounds include; Heavy metals, insecticides and inhaled hydrocarbons that may be concentrated in human milk causing toxic long term effects to both the mother and the infant. (Berlin & Van den Anker 2013.)

Primigravidas amongst multiparas are terrified on the effects of the substances and the ambiguity of the researches conducted. This as a result, grounds dilemmas on the best infant feeding method. Therefore, nurses are assigned the role of using tactic knowledge to guide and demonstrate the best infant feeding method without dispiriting EBF. Explaining the effects of medications, foods and other chemicals on the lactating process is crucial. A nurse ought to discourage self medication and avoidance of dietary supplements during EBF. On the contrary, attaining a doctor's prescription and applauding Primigravidas to remark

breastfeeding to the prescriber is a desirable solution to reducing the hazards. Extending the maternity leaves for EBF Primigravidas is another key that limits inhalation and handling of dangerous fumes while breastfeeding. Nevertheless, nurses should promote use of protective gears to mothers who must report to work and still breastfeed. (Berlin & Van den Anker 2013.)

7.3 Attitudes of primigravidas during exclusive breastfeeding

Breastfeeding is vital in nurturing a child for healthy growth and development. Mother plays a major role in providing an infant's nutrition needs. Infant breastfeeding has at all times been the principle scheme in meeting the child's wellbeing. The maternal and neonatal continues to bond in relation with breastfeeding even after the umbilical cord is incised. According to Kolezco (2000), breastfeeding is referred as the best symbol of maternal fidelity and infantile sanctuary. Breastfeeding has always been respected as infant vital needs, the culture and tradition has accepted as norm in most parts of the world. On the other hand, the rising science and high technology has dominated the ancient norms. The historical monuments and statues solutes the mythical Roman, Greek and Egyptian mothers feeding the infant, portraying the power of mother's milk within. The attitude towards the latter proposal solely depends upon the maternal intention towards the breastfeeding initiation. (Koletzco, Michaelsen & Hernell 2000.)

Less than 35% of infants internationally, are provided exclusive breastfeeding up until the first four months of their lifetime. The early cessation and initiation of complementary foods leading to malnourished child, growing rate of child mortality and morbidity rate is major health threat to the nation. (Mannel, Martens, & Walker 2013.) In 1979 alarming and disheartening news provoked the whole world when there was sky-rocket of un-requiring mortality rate among the newborn accountable to industrialized made bottle feeding due to botulism and lack of hygiene. The news aroused UN, WHO and UNICEF to hold a global meeting regarding the infant and child artificial uses of feeding culture. In conclusion, the UNICEF and WHO generated the ten steps to successful breastfeeding in order to prevent danger-related actions. Since the foundation, Baby Friendly Hospital

Initiatives (BFHI) has been using as the central part of their objectives. (Kolezco 2000; WHO 2003; Mannel et al. 2013; Cadwell 2013.)

The BFHI was intended to get rid of artificial infant feeding in the hospital premises and encourage exclusive breastfeeding. The program was first launched in Ankara, Turkey in June 1991 anchored by WHO and UNICEF for the International Pediatric Associations. It was aimed to remove barriers that may cease the initiation and duration of exclusive breastfeeding. BFHI obtained a protocol of ten steps to breastfeeding that was distributed internationally. (WHO 2009; Mannel et al. 2013; Cadwell 2013.)

In the month of May 2002, WHO launched a campaign for global strategy for Infant and young child nutritional feeding. The campaign focused on duration of exclusive breastfeeding and prevention from mother-to-child transmission of human immunodeficiency virus (HIV). In 2002, WHO and UNICEF mutually formulated the Global Strategy (GS) for Infant and Young Child Feeding. (Mannel et al. 2013; Dykes & Moran 2009.) The GS advocated internationally;

To formulate, implement, monitor and evaluate a comprehensive national policy on infant and young children feeding (WHO 2003.)

Concurrent to GS, the suitable feeding policies comprise exclusive breastfeeding until 6 months of age, judiciously time appropriate in initiating the nutritional needs of the child with continuous breastfeeding until two years along with complementary food. Proper nutritional management in various clinical situations and challenges like Low birth weight, HIV mothers, malnourished infants. The GS has laid a strategical foundation for appropriate action in public. (Mannel et al. 2013; Dykes& Moran 2009.)

International Board Certified lactation consultant (IBCLC) is an international healthcare provider that provides skillful expertise who supports in human lactation. It promotes special education regarding knowledge on breastfeeding, techniques, clinical practices and exam that certifies breastfeeding expertise. The aim of this is to assure public safety and healthy welfare. It endures to keep professionalism into practice. The major principles are to provide services

professional and diligent. Maintaining personal integrity, protect, promote and support breastfeeding, preserving client's confidentiality, records precisely documented, autonomous opinion and conflict free. Communication is utilized for corrective measures and upholds ethical consideration. (IBLCE 2011; Mannel et al. 2013; Brooks, Stehel, & Mannel 2013; Dykes et al. 2009.)

Communication is one of the ideal tools that are used to fill in the gaps between the mothers and infant feeding. The weight of message received by the mothers fully depends upon the message given by the health facilitator. It is very necessary for the counselor to be artistic and skillful into producing effectual counseling to the young mothers. The proper utilization enhances the mothers to achieve respective supports and aims to boost confidence. The level of acknowledgement by the mother(s) depends upon the advance and attitude of the counselor. Therefore, the rapport between the counselor and the mother by far is very ideal for the development and education. (Mannel et al.2013.)

A study has revealed that women are very sensitive to facial and body gestures. The perception can rely upon a short glimpse. (Brizendine 2006.) A warm smile can bring hospitability and uncover many confusions and fear by opening a door to uncover the queries (Lauwers 2013; Mannel et al.2013).

An assumption in socio-health psychology presumes that the intention of an individual consequences the outcome of a behavior. Intentions are person directed activity to execute meticulous manner of conduct to achieve definite conclusion. It becomes an objective goal of an individual when it predicts how much efficiency is needed in order to achieve it for satisfied end result. Intention triggers the motivating factor that manipulates persuasion. (Ajzen 1991; Webb & Sheeran 2006.)

According to Fishbein & Ajzen (1975), the constructive attitude might not be projected positively in action due to barrier from external social factors. It has been suggested that the social norm must also be considered for an individual to react a significant behavior. In other words, a behavior is therefore influenced due to personal and societal norms and values. Moreover, the attitude and the

individual's standard shape the manner in the course of conclusion and purpose to operate. The theory of reason action suggests that the intentional behaviors are adjacent to verify behavior, attitude, norms and peripheral variable such as demographic characteristics. (Webb & Sheeran 2006.)

According to Denmark (1977), women psychology is defined to be as relating psychological concern and familiarity that women exposes herself during her lifetime be it as from adolescent, menstruation, pregnancy, breastfeeding and menopause. However, it studies the behavior of a woman during her life experiences. During a lifetime a woman experiences multiple stages which are influenced by various factors like sexuality, reproduction, nurturing, motherhood, childbearing, sexual value, age, religion, race, and ethnicity. Social influence is very important, numerous studies reveals that an individual is not merely as independent as contemplated. Hence, the decision comes to conclusion according to the social norms and values which makes an individual quite dependent. (Fiske et al. 2010.)

Newly mothers or primigravidas are categorized as vulnerable group. Insufficient messages and lack of enthusiasm may lead to failure to achieve the goal. There are several points that a good counselor needs to consider as; the body gesture and a strong tone re considers the interest of the mother and build self esteem and confidence. (Nichols, Schutte, & Brown 2009.) Positive words, good listening and emotional support are valuable learning atmosphere. Listening and responding with sensitivity gives a chance to amplify logic of significance and be in command of self decision. It is significant that the counselor achieves adequate information about the subject. (Mannel et al.2013.)

The Principle of learning aspect covers transparency between the educator and the learner, the decision must be made through informed choices. Positive environment conveys constructive conclusion. Seven percent of the message is actually obtained from a speech by a listener for instance; avoiding use of medical phrases, direct impacting words as *should* be prevented. The tone of voice and rate of volume covers 38% and 55% is from the body gestures. Body language is vital as it communicates non-verbally thus, it is extremely imperative to reflect positive postures for the viewer's perception. Hence, the message in

communication is verified according to these three factors: the original message, the tone of voice that is spoken and non-verbal idiom. (De Vito 1989; Lauers 2013; Mannel et al.2013.)

During the learning process, it is central to comprehend one's capacity of learning and attitude. An individual's behavior depends upon the attitude towards learning. Attitude can be calculated from a delicate incident or other external impending factors. A temperate and concerned attitude confirms fidelity and trust. Unproductive statement may arouse apathy and impassive attitude. The lack of commitment of the health care provider may promote to artificial feeding. An efficient therapy executes self-empowerment and confidence for the newly mothers. (O'Brien et al. 2008; Nichols et al. 2009.)

Moreover, education and support aids to achieve goal and sustain breastfeeding duration (Betzold et al. 2007). The sense of confidence changes the attitude of positive perception and builds security which persuade to successful exclusive breastfeeding. By means of granting apparatus to intervene and managing the potential challenges whether physical or psychological. (Kang, Choi & Ryu 2008.) A good counseling encloses guiding, leading and follow-up (Brammer 1973; Lauwers 2013; Mannel et al.2013).

A study was conducted in the United States, revealing that there was a vast gap between the baby-friendly hospital method and actual practices. The practices of artificial feeding seemed to be promoting in higher rank. The evidence declared that hospital took charge on affecting exclusive breastfeeding and longer duration. (Murray Ricketts & Dellaport 2007.)

An investigation was dispatched by Centers For Disease Control and Prevention CDC in the year of 2007, it pronounced that less than 80% of American Maternity health facility employed Evidence Based breastfeeding care, resulting 63 points out of 100 potential points. The quality of the breastfeeding care and support affirmed underprivileged. The protocol created by BFHI promises to increase the duration and initiation of exclusive breastfeeding, however, ironically, less than 3% of hospitals are pursuing it. Unfortunately, the endemic of early child's mortality and morbidity rate is hence promoted among strong nations where everything is feasibly available. The nations that are depended upon the BFHI comprise sturdy

supervision, control and support from health facilitator and government. (Bartick, Shealy, Walker, & Grummer-Strawn 2009; BFHI 2009; CDC 2007; WHO 1998a, 1998b.)

The American Academy of Pediatrics (AAP) and WHO are actively striving to secure exclusive breastfeeding campaign. However, less than 12 % Of American infants are breastfed exclusively until half year of life. Moreover, less than 21% are breastfed under first year of life (WHO 1998a.) Despite, the active contact with public health care system the velocity of exclusive breastfeeding is declining. The majority of health care system participated in commercial feeding which associated to alternative feeding fashion. The formula feeding embraces an immense suppliance for early cessation of breastfeeding initiation and duration. A study revealed that 93% of health facilities practiced distribution of commercial discharge packs for mothers that included industrialized milk formula. (Bartick 2009.)

Execution on the protocols recommended by BFHI, the obligation to bargain erratic mind-set and values about breastfeeding. The tradition of fulfilling a child's nutrition has dramatically converted. Acknowledging the attitude of the individual is essential and vital. A current revision analysis discovered that 45% of pediatricians agreed that breastfeeding and formula feeding are equally acceptable methods for infant feeding. In the other hand, several visualized infant feeding as a purchaser preference, not an adaptable wellbeing conduct, therefore hesitant to drive mothers to breastfeed. Endeavor to revolutionize breastfeeding practices force to encompass to concentrate on apprehension amid emphasize on therapeutic commendation and regarding mother's sovereignty. (Rock & Grummer-Strawn 2007; Feldman-Winter, Schanler, O'Connor & Lawrence 2008; Bartick 2009; WHO 1998b.)

Furthermore, countless bicker that motherhood care possess diminutive otherwise no impact on breastfeeding accomplishment, in addition to they necessitate to be swayed that practice transforms the issue. In conclusion, since breastfeeding tuition in medical and nursing edification is restricted due to pricely demand in the clinical settings, loss of 18-21 hours of training for perinatal nurse seemed demandingly unaffordable. Thus, health care providers may possibly be deficient

in the proficiency to tackle indispensable breastfeeding care requirements. A barrier to access the minimum educational recommendation in achievement to the BF certification can be emphasized. (Li & Grummer-Strawn 2008; Batrick 2009.)

7.4 Challenges of primigravidas during exclusive breastfeeding

Mothers needs care and support as childbirth is a conclusive biological, social and psychological event, associated with physiological, interpersonal and intra-psychic demands, and they must justify their new roles as care takers (Evcimen & Sudak 2003). Postpartum period is considered as multifaceted stage of women's perinatal experience involving breastfeeding (Wojnar 2004). Breastfeeding has added its popularity over the previous year at least through the early week of birth. But still it does not meet the recommendation (WHO) of exclusive breastfeeding. Study showed (Hall & Hauck, 2007) that the breastfeeding initiation is high up to 83.8% then at 3 months decrease to 61.8% and finally 49.9% at six months. Generally, new mothers fail to initiate or continue breastfeeding because breastfeeding appear across their expectations and difficulties. (Hall & Hauck 2007.)

Physiological: Wojnar (2004), stated that mothers have to experience several difficulties during the process of breastfeeding. In addition, the decision regarding continuity of breastfeeding is based in the perception of mothers' experience of their breastfeeding. Hall & Hauck (2007), described that new mother uttered of not receiving enough information of difficulties related with breastfeeding as they were told it is natural and easy which it is not. Unexpected complications were experiences which were upsetting including infections, pain and low supply. Then, usually new mothers give up when it come across their expectations. Sore nipple or cracked nipples, latching difficulty or insufficient milk supply are the major problems of early postpartum linked with discontinuation of breastfeeding process.

The physical impacts with intensity and duration of discomfort and pain which was shorter or longer both triggered numerous women to feel surprised about the physicality of breastfeeding. Pain and discomfort range traversed the expectancy of mothers which were unbearable; as a result relationship of mother and baby

was affected. Consequently, hesitance interfered in continuation of practice due to feelings of physical susceptibility. (Hall & Hauck, 2007.) The unexpected nature of physical implications mothers' faces included more generalized pain, soreness, discomfort, specific bodily sensations related to suctioning, leakage, latching, nipple bleeding and uterine contraction as cause for weaning (Fraser & Cullen 2006; Wambach & Cohen 2009).

Psychological: In contest of Finland, the midwives working in maternity ward seems lack of training even though have received the WHO 20 hours training in breastfeeding because even the simplest problems in breastfeeding are often not resolved (Kuoppala, 2011) along with Strong (2013), stated that main barriers to exclusive breastfeeding had been identified due to insufficient training and knowledge of midwives.

The breastfeeding primigravidas get tackle with problems during breastfeeding which are often linked to low self-esteem and lack of support. Usually the first support mothers receive after delivery is from hospital stay period which has shortened and the amount of guidance and support that newly mothers can receive from hospital has been limit. The advice and support given from hospital was insufficient and contradictory because some parents are discharged from hospital with the feeling of insecure as a result newly mothers have to face several difficulties during breastfeeding. (Hannula, Kaunonen & Tarkka 2008.)

The negative perception of mother "with bottle feeding" that the baby is enough feed with bottle feeding in comparison to breast feed. Furthermore, considers breastfeeding as time consuming and do not get enough time to sleep (Dykes 2005). Besides, commercial promotion of infant formula feeding had a significant effect on mothers' choice of infant feeding before advertisement and after advertisement. Practice of exclusive breastfeeding was affected through infant formula advertisement. Onyechi & Nwabuzor, 2010 showed that after the advertisement of milk substitute 5,3% breastfeeding rate declined, formula feeding rate increased by 0,95% and increased by 4,5% of mixed feeding rate. Thus, the result showed that there is a significant effect of advertisement on mothers' feeding practice. (Onyechi et al. 2010.)

Breastfeeding is not a common practice for a certain reason because it makes restriction from normal lifestyle which is a big deal for mothers (Reeves, Close, Simmons & Hollis 2006). Decreased in mother's confidence can lead to discontinuation of breastfeeding wherein feeling judged by others was highlighted that decrease the level of confidence (Wambach et al. 2009). While comparing the confidence of primiparous and multiparous women in breastfeeding, the studies shows that multiparous women are more confident than primiparous women. Hall & Hauck (2007) mentioned that factors decreasing the mothers' confidence were physiological factors such as engorgement, nipples sore, flat or inverted nipples, blocked ducts and breast infections. Physiological factors directly affect the psychological factors of the mothers. (Hall & Hauck 2007.)

The studies showed that support should be both nonprofessional and professional in which nonprofessional indicates spouses, relations and friends who has experienced breastfeeding, municipal members and internet chat groups in addition professional includes nurses, midwives, child health nurse, lactation and consultants. Support make mothers feel positive and motivated similarly sad and pain when they are ignored from whom they expected the support. Some mother has expressed that the comments of husband and mother-in-law of baby not getting sufficient milk from breastfeeding and not gaining proper weight has stressed her and affected her self-esteem. (Hall & Hauck 2007.)

Likewise, lack of knowledge disturb the psychology of the mothers for instance, some mothers expressed the feelings of guilty and depression of not being able to breastfeed due to lack of acknowledgement. Desperately wanting to breastfeed but experience unsuccessful which makes them feel over whelming, hopeless, exhausted, and unhappy thus results to postnatal depression. (Hall & Hauck 2007.)

External: Epidural analgesia was introduced in Swedish labour wards (Wiklund et al.2009) in the mid-1970s. It has become commonly used during labour and birth, since its introduction, without sufficient evaluation regarding the effects on mother and newborn baby interaction and initiation of breast feeding. A research revealed that several types of analgesia (EDA) given to the mother during normal delivery interfered with the baby's natural breast seeking and breastfeeding behaviours

and newborn babies were given an artificial milk supplement during their hospital stay, as a result delayed initiation of breast feeding create the situation more challenges for mothers. (Wiklund et.al. 2009.)

Mothers are anxious about their body image like breasts will sag, will have difficulty in finding the right clothes and feels left out especially by their husband (Wambach et al. 2009). Most of the mothers are concerned with their work and school that they cannot join back again. Such types of interference in breastfeeding make the condition more challenging for the mothers (Dykes 2005). Life style factors such as fatigue at night due to breastfeeding, loss of self and restriction associated with breastfeeding make them give up as they feel breastfeeding is extremely restrictive (Hall & Hauck, 2007).

8 Discussion

8.1 Inadequate knowledge

Deficient knowledge on the benefits breast milk with partial compliance to EBF is a vital influencing key identified in the study. This is a significant rule that should be embraced and notified as a crucial strategy for maternity care during pre and postnatal period for successful EBF results. In addition, primigravidas have inadequate knowledge and acquaintance to maternal values of the breastfeeding process. Apart from familiarity with their baby's behaviors and cues, hormones responsible for this process are of assistance in the contraction of the uterus back to its normal size after delivery preventing hemorrhage and maternal mortality. (Thomea et al. 2006.)

Understanding breast infections, cracked nipples and engorgement can be reduced by frequently breastfeeding depending on the baby's demands. Nevertheless, breast engorgement and cracked nipples are leading nurturing challenges to majority of primigravidas who expresses anxiety succeeding stories from friends and family member victims. This stands a risk to ideal and elite breastfeeding. Therefore, nurses ought to encircle the challenge by medical caution, counseling. Explaining the benefits of frequent breastfeeding aids moisturizing the nipples thus reduces the pain. (Fair brother& Stanger-Ross 2009.)

On the contrary, increased level of knowledge on the benefits EBF as demonstrated by Thomea et al. (2006), has shown the positive upsurge on the EBF. Knowledge is however described to strive an affirmative influential role on the conflicting factors associated with premature EBF. For instance, perception of difficult babies following misinterpretation of baby cues is less likely to be regarded as a demanding baby if the mother sufficiently understands the right technique and needs of the baby. Therefore, exclusivity is attained unlikely a primigravida who has insufficient knowledge on the technique and demands of her baby. This is precise evidence that maternal adequate knowledge on EBF inflects the attitude of EBF in a positive surge. Nurses are encouraged to continuously employ primigravidas in dialogue regarding infant feeding with emphasis on EBF from the antenatal sessions throughout the EBF period. (Moe 2013.)

Knowledge and the attitude of the exclusive breastfeeding are directly connected with the challenges in which the situation becomes more challenging for the mother in exclusive breastfeeding. Lack of knowledge regarding breastfeeding makes situation more problematic for mother expressing guilty about not being able to feed lead to depression. Therefore, antenatal class must cover all materials related with breastfeeding with her partner. Furthermore, exclusive breastfeeding is affected through age and education too. Secondary factors associated with attitude such as lifestyle and relationship factors (involvement of partner and family members) also interfere with exclusive breastfeeding. The studies showed (Hall & Hauck 2007) that the multiparous women seems more confident in comparison to primigravidas in exclusive breastfeeding because of experience of their previous baby and succeed better. It shows that primigravidas needs more support through midwives.

8.2 Partner involvement

Tahir & Al-Sadat (2013), On the other hand, has classified perinatal support as a main factor that influences EBF and its outcomes. Involvement of partners during decision making on the infant feeding method is really crucial especially among mothers who are at higher risk including primigravidas. Inadequate support has been associated with early cessation and negative attitudes towards EBF. Further support by close family, friends and nurses has shown to increase exclusive breastfeeding. Nurses should therefore involve partners while educating primigravidas. Evidence-based illustrations on accurate EBF techniques should be notified. Identifying clients that necessitate comprehensive counseling for instance; single primigravidas should be made and continuous consistence follow up delivered throughout the progress of EBF. Paternal leaves should be advocated and granted upon request. In addition nurses should encourage partners to visit Neuvolas, maternity clinic and doctor's visits. This creates environment for the partner learn the importance of EBF and their role in promoting EBF (THL 2009).

On the other hand, Laanterä et al.(2010), stated that the attitude of Finnish parents regarding breastfeeding during pregnancy and post delivery expressed negative attitude and fear. The anxiety was concerned on failure to father-child relationship. Thus decision of alternate feeding was preferred. Hence, Ego defensive attitude (McLeod 2009) of the primigravid mothers allowing discontented reality by ignoring the infant's prior needs for proper nutrition. (McLeod 2009; Wang 2012.)

8.3 Professional support

Mothers have shared experience of lack of professional support (midwives) during the hospital stay as their baby were given bottle feeding without attempting for breastfeed by midwives. Similarly, lack of information about difficulty of breastfeeding during antenatal period was noticed which resulted in worse due to unexpected distressing environment. Midwives must successfully transfer both mixed messages (negative and positive) to new mothers with its management for negative effects as it helps them to prepare mentally before. Most of the mothers have complained that breastfeeding famous as natural, easy and convenient but in real it is not. According to them, it was beyond their expectation and never told by anyone (Hall & Hauck, 2007).

Especially, primigravidas receive more epidural anaesthesia (EDA) in comparison to multiparous mother. Nevertheless, EDA has negative impact during the first 24 hours on breastfeeding in result baby is given formula feeding during hospital period. Pain relief should be discussed with mothers in antenatal period to allow proper decision making without the influence of EDA. Mothers should be informed about negative affect of pain relief medication given during labor. (Wiklund et al.2009.) Correspondingly, breast milk substitute advertisement shows negative effect on exclusive breastfeeding as advertisement shows that breastfeed is not easy and also baby needs additional foods with breast milk. As a result, mothers turn to formula feeding. Kuoppala (2011), stated that international code of marketing of breast milk substitutes has only partly accepted in Finland but still government must be strict on it and must put the limitation in advertisement. Mothers have negative perception of bottle feeding and also breastfeeding was practiced as excessive painful and bottle feeding was only option.

Mossman et al. (2008), reveals a quantitative correlational study with pregnant adolescent between 15 to 19 years of age. The study concludes that, mothers who gained confidence and lasted the duration of breastfeeding were those followed up. This is an outcome from consistent care (McLeod 2009), guidance (Wang 2012) and concern from the health personal. Therefore, the study clearly indicates the positive effects (McLeod 2009) of the external factor on the new adolescent mothers. ((Kwon & Vogt 2010; Mossman et al. 2008.)

8.4 Effects of attitude

A cross sectional survey previously mentioned in previous studies, conducted in Phnom Penh, Cambodia identified the predictors of exclusive breastfeeding between 6 to 24 months, verified only 83% unknown and lack of knowledge therefore, resulted to failure to breastfeeding. (Sasaki et al.2010.) According to Daniel Katz Functionalist theory of attitudes, the result of the objective is therefore fulfilled according to the attitude acquired by the mother(s) herself (Wang 2012). Lack of proper knowledge promoted the discontinuity of exclusive breastfeeding. In order for structured surrounding, it is essential to obtain thorough information and full comprehension to function in a controlled arrangement. These structured assumptions grant the primigravid with self-confidence and steadfast (Hogg & Vaughan 2005).

Under the Influence of Adolescent Mothers' Breastfeeding Confidence and Attitudes on Breastfeeding Initiation and Duration studied in Manitoba, Canada. The high rates on adolescent mothers became prevalent rate for mortality and morbidity due to the unsound social and financial system. The young mothers breastfeeding attitude for practice rely upon the level of confidence, intention, and previously breastfed oneself in which it automatically affected upon the initiation and duration. (Mossman et al.2008.) The level of confidence lacks due to the lack of knowledge and support, people learn to observe and are taught in the similar practice in a culture or tradition they value most. (Wang 2012; Webb & Sheeran 2006; Armitage & Conner 2001.)

McCann et al. (2007) focuses on Hispanic and black mothers enrolled in Woman, Infant and Children (WIC) in United States. The research focuses on mother's breastfeeding attitudes (Kwon & Vogt 2010; McLeod 2009.) and problems occurring while breastfeeding, 70% of mothers experienced crisis as inadequate milk production, sore or cracked nipples, aspirations while breast feeding, breasts engorgement, and mastitis (McCann 2007). Among which 34% of mothers assumed inadequacy of breast milk and 10% contemplated milk was not appropriate or edible for the child. (Kwon & Vogt 2010; McLeod 2009). The components attitude is clearly spotted with the use of assertive, behavioral and Cognitive. Despite the knowledge and support, a positive acceptance to a rightful goal cannot be forced upon the individual. The functional Katz theory of Ego-defensive theory is replayed to veil from the authenticity, the irrational reasoning of inadequacy and inedible self milk production. (McLeod 2009.)

According to a cross-sectional study in Jordan and Syria, the factors affecting the mother's intention to feed depended upon the maternal age, level of education, economic status, knowledge, marital status, occupational status, experience and social support. Syrian mother under 25 years of age, working class and primigravidas intended positive attitude (Wang 2012) towards breastfeeding, the study also concluded that the young generation adopted the trend of breastfeeding by the means of promotive medias and school education (Kwon & Vogt 2010; McLeod 2009). In the other hand, Jordanian mothers who were less educated and those who lived away from in laws intended to positive feeding attitude (McLeod 2009). Achieving education in this culture referred to as a "bread winner" and working class identified less intension to breastfeed. (Wang 2012; Webb & Sheeran 2006.) However, the positive attitude in evaluating both countries strongly indicated the value of partners support. (Al-Akour et al. 2010).

An experimental evaluation study by Fairbrother 2010, evaluated the relationship between knowledge and attitude towards infant breast feeding among reproductive aged women. The study reported that studies among a group of Indonesian students in an Australian university preferred to breastfeed and owned a positive attitude despite the knowledge attained. Similarly, in Canadian study by Marion et al. 2008, provided an illustration of women breastfeeding was positively driven by

the participants than the mother bottle feeding. However, the vision of public breastfeeding appears to at a halt and has proclaimed to claim a social norm. (Fairbrother et al. 2010; Marion et al. 2008).

A study by Mc Cann 2007 on women, infant and children (WIC) revealed that participants in WIC program illustrated that intension of infant feeding concerned more about whether the child was provided sufficient milk, due to other. Estimated 61% of mothers showed concern about infant health and well being. Breastfeeding was declared convenient and accessible by 50%. Three fourth of mothers believed that breastfeeding a newborn is sufficient. However, 76% claimed that it was convenient to bottle feed milk and to know whether the infant gets sufficient nutrition. Other concerning behavioral attitude mothers adhered were; pain, time consuming (McCann, Baydar & Williams, 2007.) fear of public breastfeeding (Li. Et al. 2007), breast sagging, excessive breast milk leakage, husband will feel left out, unable to purchase special clothes. Few apprehensive attitudes concerned interference in sexual life, Nipple too small to feed and being a student or working (McCann et al. 2007).

According to suitor (2010), the major obstruction in breastfeeding attitude is adopted to be as maternal false perception (Mc Leod 2009) believing of inadequate milk provision to the infant hence, supplementation of formula milk is introduced. The next proposal of attitude among low economic status convinced that breastfeeding became excessively painful and bottle feeding was considered alternate option. Similarly, the Latin cultured women seemed to replace breastfeeding as being painful, returning to work and also modesty in public premises. Although the grandparents or in laws encourage the tradition, supplement feeding via formula is considerably not discouraged. (Suitor 2010.)

It is imperative for a researcher to guarantee that the study they conduct is evidence based and with the most up-to-date information. Conducting the study was an interesting experience to the researcher considering the subject of study was of interest and relevance to the researcher and the entire Finnish community .However, the process of carrying of the research especially during data collection

tools was demanding than primarily predicted. Nevertheless, the researcher was flexible to provide accurate and authentic results by opting the qualitative literature review methodology as opposed to the initially proposed quantitative methodology. The latter suited the researchers need to solve the problem as posed in the research questions in an experiential description of similar studies conducted on the topic. The study however enabled the researcher to generate own theory into an all-inclusive systematic study. Nonetheless, time factor and language barrier were major study limitations encountered.

Moreover, majority of the articles retrieved from the scientific databases focused more on multiparas and breastfeeding and the few that were conducted on primigravidas focused on breastfeeding overlooking the importance of exclusivity amongst the primigravidas. Future studies on this topic are highly recommended especially on the solutions to improving exclusive breastfeeding results amongst primigravidas through improving knowledge primigravidas and nurses, positive attitude and solutions for psychological and physical challenges strategies.

9 CONCLUSIONS

This study has been conducted with the aim of identifying knowledge, attitudes and challenges that primigravid women experience during the period of exclusive breastfeeding. The elements have been identified to be the fundamental predictors determining the outcome of EBF among this vulnerable group. The study will assist nurses amongst other health professionals involved in the ,maternity clinics, child welfare clinics and breastfeeding clinics to clearly identify this factors and enumerate knowledge on this problems that fabricate premature cessation of EBF amongst Primigravidas .Moreover, it will also augment knowledge to counsel and assist primigravidas with exclusive breastfeeding problems thus increasing the duration of EBF to recommended Six months as per the WHO recommendations in Finland. (De Jager et al.2013.)

On the other hand, continuous education of nurses is a significant aspect to enhance EBF. Nurses should be proficient in skills and knowledgeable to promote and produce standard recommendations of EBF. Client interaction pre and postnatally is provision of accurate information regarding the benefits of breastfeeding .Nurses however are expected to initiate a discussion that in return will actively involve primigravidas and create a trustworthy relationship. In addition, providing written information including pamphlet and other written describing the benefits of EBF predominantly explaining the health benefactors of both the child and the of mother should be distributed at the Neuvolas, maternity clinics and during home visits .However, evidence-based demonstrations open discussion and telephone follow ups should be continue to avoid monotony. (Moe 2013.)

The attitude can be evaluated towards an object by a subject according to the three apparatus of ABC in which individual feeling stimulates the action into believing the fact. Moreover, it aids the individual to cope within the external environment and articulate the internal identification. Therefore the strengthening and changing the attitude is broken by persuasion in which it is maintained by superficially or systematically. Persuading is acceptance of what has been felt positive, familiar, belief in expertise.

On the other hand, systematic approach consumes time and adequate information with arguments requiring motivation from self-awareness for accuracy, relevance and personality differences. Hence, cognitive competency derives from character variances, state of sentiment, universal cognitive capability and liberated interruption. Knowledge and skill is imperative, nevertheless, the finest scrutiny is to verify outlook in self-identification. The input to accomplishment is personal optimistic motivational attitude. A good confidence is built if one has good self-esteem. One way to succeed is to keep it in constant pace. (Fritz, 2008; Kwon & Vogt 2010.)

Therefore, lack of proper education leads to self-assumption, effecting the self-esteem and confidence (Hogg & Vaughan 2005) that promotes irrational reasoning. (McLeod 2009). The intention, affects upon the initiation and duration. (Mossman et al.2008.) The level of confidence lacks due to the lack of knowledge and support. Culture values or tradition endorse the choice of the primigravid mother (Wang 2012; Webb & Sheeran 2006; Armitage & Conner 2001). Demographic status as women's age, economic, social class, education, marital status are demanded in order to trigger an individual's attitude. Few apprehensive attitudes concerned interference in sexual life, physical challenges and appearances.(McCann et al. 2007). The involvement of social support is vital and public acceptance and working flexibility allows the women achieve her goal of choice. (Suitor 2010).

Nevertheless, a few mothers do not similar experience physical challenges. However, the evidence shows that breastfeeding has potential to involve physicality of women in a more devastating way than during childbirth. Perhaps, it is searing pain and discomfort for the primigravidas mothers than multigravidas' mothers. Confidence as well appeared to be surplus in multigravidas women in comparison to primigravidas. The psychological and emotional states were associated with their physical conditions and also impact of their health condition affect the relationship of mother and child. At the beginning period of child birth, mother act as a primary caregiver of their child focusing more about child health. Consequently, mothers' health become secondary and is ignored. However, maternal health as well must be considered. (Hall & Hauck 2007.)

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APPENDIX 1



Hei !

Olemme sairaanhoitaja opiskelijoita ammattikorkeakoulussa, ja valmistumme joulukuussa 2013. Olemme tekemässä opinnäytetyötä ensimmäistä lastaan odottanen imetyskokemuksista.

Tämän opinnäytetyön toivomme antavan lisää tietoa sairaanhoitajaopiskelijoille kuinka he voivat työssään tunnistaa imettämiseen liittyviä tekijöitä ja pyrkiä edistämään täysimetyksen toteutumista hoitotyössä.

Osallistumisesi on erittäin tärkeää ja vie ainoastaan 15-20 minuuttia ajastasi.

Vakuutamme että yksityisyytesi on turvattu koko tutkimuksen ajan, ja kaikki tutkimukseen käytetty materiaali (kyselylomakkeet) tuhotaan tutkimuksen päätyttyä.

Tästä huolimatta sinulla säilyy oikeus päätöksen tekoon annettujen vastausten käyttämisestä. Pyydämme että täytätte kyselylomakkeen 30/08/2013 mennessä, ja toimitatte sen omalle kättilöllenne tai terveydenhoitajalle.

Kunnioitamme toiveitanne, jos haluatte kysyä tutkimuksesta lisää, ota yhteyttä seuraavaan sähköpostiosoitteeseen: liljen121782@gmail.com.

Jos haluatte saada tutkimuksen tulokset, kirjallinen raportti on saatavilla joulukuussa 2013.

Säilytä tämä kirje mahdollisia yhteyden ottoja varten!

Kiitos etukäteen.

Terveisin,

Jharna Neupane

Regina Kiragu

Sudha Kandel

APPENDIX 1/1

KYSYMYKSET

1. Ikä

- Alle 18
- 18-28 vuotta
- 29-39 vuotta
- 40 ja yli

2. Siviilisääty

- Naimisissa
- Naimaton
- Eronnut
- Parisuhteessa

3. Koulutuksesi

- Peruskoulu
- Lukio
- AmmatikouluAmmattikorkeakoulu/yliopisto

4. Mikä on työllisyysasteesi?

- Työssä
- Työtön
- Yrittäjä
- Joku muu

5. Kuinka vanha on lapsesi?

- 0-28 päivää
- 1-3 kuukautta
- 3-5 kuukautta
- 6 kuukautta ja enemmän

APPENDIX 1/2

6. Oliko synnytykeksi,

- Normali synnytys
- Epänormali synnytys
- Suunniteltu sectio
- Häätäsectio

7. Toteutuiko ensi-imetys heti synnytyksen jälkeen?

- Kyllä
- Ei

8. Mikä on täysimetys?

- Imetän ainoastaan
- Lapseni saa rintamaitoa sekä vähän vettä
- Lapseni saa sekä rintamaitoa että äidinmaidon korviketta
- En tiedä

9. Täysimetys on ainoa terveellinen vauvan ruokintatapa (Ympyröi numero) (Alla ovat numerot tarkoittavat: 1 = Vahvasti erimieltä 2 = Erimieltä 3 = ei mielipidettä 4 = Samaa mieltä 5 = Vahvasti samaa mieltä)

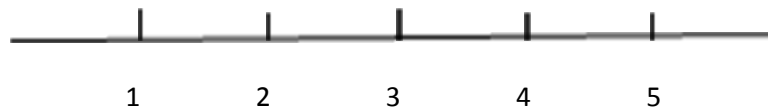


10. Vauvani korvikeruokinta on yhtä hyvä tapa ruokkia lapseni kuin täysimetys



APPENDIX 1/3

11. Veden antaminen vauvalle on osa suositeltavaa täysimetystä



12. Kuinka monta kuukautta täysimetystä suositellaan

- 1 kuukausi
- 3 kuukautta
- 6 kuukautta
- Yli vuode

13. Mitkä koet täysimetyksen eduiksi? (Rastita sinua koskevat kohdat)

- Vähentää infektion mahdollisuutta lapsessa
- Parantaa lapsen immuniteettia
- Edesauttaa kiintymyssuhteen luomista
- Auttaa kohdun supistumisessa imetyksen jälkeen
- Vähentää munasolu- ja kohtusyövän riskiä
- Imettäminen on ilmaista
- Rintaruokinta on helposti saatavilla
- En tiedä
- Kaikki yllämainitut

14. Äitiysneuvola käyntien aikana (Rastita sinua koskevat kohdat)

- Osallistuit perhevalmennukseen, jossa puhuttiin täysimetyksen tärkeydestä
- Sait ohjausta täysimetyksen oikeasta toteuttamisesta
- Terveystenhoitaja/kätilö rohkaisi sinua täysimetykseen
- Kaikki yllämainitut
- Ei mitään yllämainituista

APPENDIX 1/4

15. Imetän lastani, koska (Rastita sinua koskevat kohdat)

- uskon sen olevan parasta lapselleni
- minulle on kerrottu täysimetyksen olevan parasta lapselleni
- se on luonnollista
- minulla ei ole ollut vaikeuksia.
- se on osa kulttuuriani
- ei erityistä syytä

16. Imettäminen tulisi aloittaa heti synnytyksen jälkeen (Ympyröi numero) (Alla ovat numerot tarkoittavat: 1 = Vahvasti erimieltä 2 = Erimieltä 3 = ei mielipidettä 4 = Samaa mieltä 5 = Vahvasti samaa mieltä)



17. Imettämisen aloittaminen on kivuliasta ja odottamatonta



18. Imettämisen aikana koin (Rastita sinua koskevat kohdat)

- Arat, rikkinäiset ja verta vuotavat nännit
- Kivuliaat ja turvonneet rinnat
- Ongelmia lapseni imettämisasentojen kanssa
- Lapseni ei saanut otetta nännistäni

APPENDIX 1/5

19. Täysimetys on alussa vaikeampaa kuin kuvittelin. (Ympyröi numero) (Alla ovat numerot tarkoittavat: 1 = Vahvasti erimieltä 2 = Erimieltä 3 = ei mielipidettä 4 = Samaa mieltä 5 = Vahvasti samaa mieltä)



20. Imettäminen julkisesti on häpeällistä



21. Mieheni on tukenut minua täysimetyksen aikana.



22. Keneltä olet sannut apua imetyksen toteuttamisessa? (Rastita sinua koskevat vaihtoehdot)

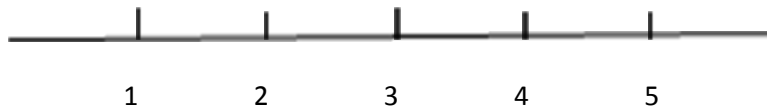
- Mieheltäni
- Lääkäreiltä
- Imetysasiantuntijoilta
- Ystäviltä
- Neuvolan terveydenhoitajalta
- Samassa elämäntilanteessa olevilta henkilöiltä
- Imetys tukihenkilöiltä
- Kätilöiltä/sairaanhoitajilta

APPENDIX 1/6

23. Mieheni tuki vaikutti päätökseeni imettää (Ympyröi numero) (Alla ovet numerot tarkoittavat: 1 = Vahvasti erimieltä 2 = Erimieltä 3 = ei mielipidettä 4 = Samaa mieltä 5 = Vahvasti samaa mieltä)



24. Imettäminen vaikuttaa siihen, että tunteeni vaihtelevat voimakkaasti.



25. Toisinaan haluan lopettaa täysimetyksen koska (Rastita sinua koskevat vaihtoehdot)

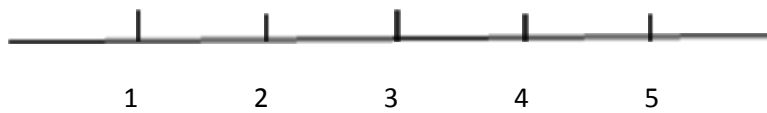
- lapseni itkee jatkuvasti, enkä tiedä mitä tehdä.
- mielestäni rintamaitoni ei riitä, mutta lisään korviketta tyydyttääkseni lapseni.
- kukaan ei ole tukenut minua imettämässä.
- olen menossa takaisin töihin tai opiskelemaan kohta
- olen sairaana
- lapseni on sairas
- tunnen oloni häpeälliseksi
- koen imettämisen räsittäväenä
- koen itseni liian usein väsyneeksi

APPENDIX 1/7

26. Täysimetyksen onnistuminen saa minut tuntemaan itseni hyväksi äidiksi. (Ympyröi numero) (Alla ovat numerot tarkoittavat: 1 = Vahvasti erimieltä 2 = Erimieltä 3 = ei mielipidettä 4 = Samaa mieltä 5 = Vahvasti samaa mieltä)



27. Jos saisin lisää lapsia, kokisin täysimetyksen erittäin tarpeellena.



28. Koen itseni hyväksi äidiksi valkкен imettäisikään.

