Chung Shan Medical Journal 2024; 35:75-84

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Original Article

Concept Analysis of Maternal Breastfeeding Autonomy

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Purpose: Breastfeeding is an important public health policy globally. Breastfeeding helps babies survive and thrive and is also beneficial to women's long-term health. Autonomy is an important factor that promotes individual self-determination. The initiation and maintenance of breastfeeding ultimately depend on the autonomy of the mother. However, there is still a lack of research on women's breastfeeding autonomy in foreign countries, and there is currently a lack of literature on the concept of breastfeeding autonomy in Taiwan.
Methods: We reviewed the conceptual definitions of maternal breastfeeding autonomy -including conceptual definitions, characteristics, antecedents, and consequences, constructing examples, and empirical references - according to the concept analysis methodology by Walker and Avant.
Results: Our results indicate that the defining attributes of maternal breastfeeding autonomy include: 1, breastfeeding weighing and benefit consideration; 2, conscious emotional demand for breastfeeding; 3, Breastfeeding decision-making ability; and 4, presentation of the maternal role.
Conclusion: We hope that this article will help healthcare professionals better understand maternal breastfeeding autonomy, further expand related care issues on this concept, and then facilitate development of more appropriate and demanded breastfeeding care measures to promote and support breastfeeding.

Keywords: breastfeed, autonomy, Maternal Breastfeeding Autonomy, concept analysis

1. Introduction

Breastfeeding is an important global public health policy. Both the World Health Organization (WHO) and the United Nations Children's Fund (United Nations International Children's Emergency Fund, UNICEF) promote breast milk as the best food for babies and an important source of energy and nutrition, and propose the multiple benefits of breastfeeding to infants and mothers (1), (2). To reduce child mortality and morbidity, the WHO recommends exclusive breastfeeding until 6 months of age and emphasizes that breastfeeding should continue with additional feeding until the child is 2 years of age. Breast milk is considered to be tailor-made to meet the needs of the baby, and breastfeeding is a manifestation of motherhood (3). Breastfeeding also contributes to the connection within the mother-infant relationship and the development of safe attachmentPeñacoba and Catala (4). In view of the crucial role of breastfeeding in improving child survival and promoting healthy growth and development, the continued implementation of breastfeeding remains important.

According to the theory of self-determination,

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intrinsic motivation and behavior regulation can lead to positive, sustained, and long-term behavioral changes that affect health and well-bein (3).Autonomy is considered an important factor that promotes individual self-determination. Autonomy can affect self-motivation and produce positive behavior processes. Studies have highlighted that increasing the autonomy of mothers is an important goal for improving children's nutritional status (5). Since breastfeeding plays a vital role in improving the physical health of the child and the mother and promoting their emotional connection, the initiation and maintenance of breastfeeding ultimately depend on the autonomy of the mother. Early identification of the mother's autonomy in relation to breastfeeding will help to maintain the well-being of the child and mother. In view of the lack of research on autonomy and breastfeeding, currently, although a related concept was published by Hirani & Olson in 2016, there is still a lack of related research on women's breastfeeding autonomy; There is no domestic research or systematic concept related to breastfeeding autonomy. Analysis. Construct validity is essential in the development and use of research instruments. Without operational definitions and defining attributes, conceptual measurement is futile. Therefore, the author searched the relevant literature and performed a conceptual analysis to propose a more clearly defined concept. In this article, we use the conceptual analysis steps described by Walker and Avant (2011) to explore and analyze the autonomy of mothers in the context of breastfeeding, with the aim of improving the understanding of breastfeeding of mothers. An improved understanding of the concept of autonomy in breastfeeding may help to assist the professional practice of supporting breastfeeding mothers, and may thereby enable healthcare workers to provide more suitable and appropriate breastfeeding care. Researchers are expected to refer to domestic and foreign literature and apply them widely in nursing practice. In the future, they can develop empirical reference tools related to breastfeeding autonomy and verify them in clinical practice.

2. Definition of the concept

2.1. Dictionary definitions

Breastfeeding

The term breastfeeding was first used in 1903 to refer to the breastfeeding of infant milk from the mother's breast (6) .The WHO (2015)defines breastfeeding as giving breast milk to an infant through the act of sucking the breast (7).

Autonomy

The word autonomy is rooted in the Greek words "auto" (oneself) and "nomo" (rules, laws, dominance), and autonomy implies self-discipline or self-management (8). The Sociology Dictionary defines autonomy as the ability of an individual to choose (9); the Mandarin dictionary defines autonomy as being able to act according to one's own will and power, without the interference of others(10).

2.2. Literature definitions

Autonomy

Autonomy is an individual's perception of the self's needs and goals, and based on this, an individual controls their actions toward their destination (11). Tan and Jin (2004) proposed that autonomy is an individual's ability to think independently, to make decisions for themselves with their knowledge base, and to act according to their own principles(12) .Huang (2003) defines autonomy as the goal and needs of an individual's perceived self, considering social relevance and personal values, and making choices, decisions, and other actions after rational judgment. The degree of autonomy will vary depending on the individual’s education, cognition, learning, and cultural system(13).Self-determination theory believes that autonomy is an individual's tendency to engage in activities of interest and that an individual doing so will promote optimal function and well-being (14). Autonomy or personal decision-making ability is the first key step in behavior change. When an individual is allowed to act in a healthy way according to his own conditions, the individual will maintain positive behavior and have the tools to act in the required way and develop skills and abilities (15).The concept of autonomy emphasizes that all individuals or groups associated with an individual are important elements that constitute autonomy. These interactions are mutually cooperative and maintain an appropriate balance of power relations. Therefore, it is necessary to understand the social and cultural situation of the

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individual and how their relationship contexts affect their choices and actions (16).

Breastfeeding autonomy

The method of feeding their children is a free choice and a personal decision made by mothers. Breastfeeding is promoted as the best way to feed infants and young children. Therefore, mothers and their children must be protected from the right to breastfeed, and mothers have the right to obtain relevant information, resources, and support that promote breastfeeding. Within the family, mothers play a central role in the food of their children. Infants and young children rely on their mothers to make decisions about their feeding methods. The mother's autonomous role in deciding the nutrition of her children must be protected. Studies have reported how mothers who receive breastfeeding education from medical staff believe that they are the sole decision maker of breastfeeding in the family and have autonomy (17) (18) (19).

Autonomy helps to improve ability, because the desire for change will increase the motivation of an individual to learn, and mothers can make independent decisions about the method of feeding of their children. However, autonomy can also help mothers strengthen their ability to make correct decisions and develop practical skills to perform these actions (15).The mother's degree of breastfeeding is related to her target needs. The decision to breastfeed is based on trade-offs, between self-negotiation of the time and energy spent on the process of breastfeeding versus improving the health of the baby (3, 20).Many studies have reported mothers' positive and negative feelings of mothers about breastfeeding, which shows that they continue to perform a "balanced behavior" when breastfeeding babies (20).

The mother's motivation to breastfeed is also related to her sense of happiness and self-efficacy. Women can feel positive emotions, improve their life satisfaction, and obtain happiness from the breastfeeding process (3) .The current social atmosphere related to breastfeeding during lactation indicates the achievement of 'good' motherhood practice and indicates a harmonious and intimate mother-child relationship, making mothers feel that they are indispensable and believe that breastfeeding promotes the well-being of babies and their best function as a mother. If this ideal cannot be achieved, women are likely to feel disappointed and, to some extent, may feel that they are in dereliction of their duty (3) (21) (22).

Hirani and Olson (2016) defined autonomy in the context of breastfeeding as follows: "After the mother has the ability to choose, available support and understands the alternative methods of breastfeeding, she uses her own control, independent judgment, and morality according to her own situation with reasoning, being able to make independent decisions and responsible for her choices". Overall, it is believed that autonomy to breastfeed can improve children's health, enhance parent-child connections, enable mothers to make breastfeeding decisions, and increase medical care-seeking behaviors. In the context of breastfeeding, the mother's autonomy is considered to be the ability to achieve breastfeeding goals (18).

2.3. Attributes of the concept

After understanding the concepts related to breastfeeding and autonomy from the above literature, we define breastfeeding autonomy as: the mother weighs the benefits, evaluates the target needs of self-feeding breastmilk, considers breastfeeding and its social relevance, and the mother can independently make breastfeeding choices and actions to achieve breastfeeding.

The defining characteristics of the mother's breastfeeding autonomy are summarized as follows: (1) Weigh and consider the benefits of breastfeeding—the mother's choice of breastfeeding is weighed, and the best benefits to the child and the self are considered, and breastfeeding is implemented to achieve the goal. (2) The conscious emotional needs of breastfeeding: The mother perceives the need to breastfeed herself, and through the emotional connection between the breastfeeding experience and the child, breastfeeding meets these needs. (3) Ability to make decisions and actions for breastfeeding: The mother has the ability to access breastfeeding information, resources, and support. (4) Demonstration of the maternal role: the mother believes that breastfeeding meets social and cultural standards, regards breastfeeding as a manifestation of the maternal role, and believes that breastfeeding will promote the health of the baby and its best functions as a mother.

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2.4. Introduction of Cases

Model case: A case that fully meets all the defining characteristics of the concept.

Mrs. Wang planned to breastfeed to promote the health of the baby and her own health and save money by not having to buy formula milk (weigh the benefits of breastfeeding). Before birth, she actively participated in parent-child classes to obtain breastfeeding knowledge and information, and her family members also supported her decision to breastfeed (with decision-making power for breastfeeding). She gave birth to a baby boy by emergency caesarean section after a car accident at 29 weeks of gestation. Both her and the baby were admitted to the intensive care unit for treatment. The baby started to be fed through a nasogastric tube one week after delivery. Mrs. Wang started to express milk in the intensive care unit under the encouragement of the nurses, and the breast milk was sent to the NICU. Although her family hoped that she would concentrate on her own treatment and take care of her body, Mrs. Wang was convinced that the premature baby was more important than her own. Mother's milk is needed to promote health, which at the time—was the only thing she could do for her baby as a mother (showing the role of motherhood). After the baby's condition stabilized, she began to feed her baby breastmilk on demand in the intensive care unit to meet the baby's nutritional needs. She enjoyed the breastfeeding process and the baby's closeness, and felt happiness (conscious emotional needs of breastfeeding). This case fully meets the four defining characteristics.

Borderline case: A case that meets part of the concept but not all of the defining characteristics.

Mrs. Li gave birth to a girl at 30+1 weeks pregnant. She believed that breastmilk is healthier and more nutritious for premature babies. She planned to care for the baby full-time in the future, so she chose to breastfeed (weighing the benefits of breastfeeding). She learned breastfeeding knowledge and skills from nurses and also received support from her spouse. In the first month, she could express breast milk and sent it to the neonatal intensive care unit to maintain exclusive breastfeeding (with decision-making power for breastfeeding). Later, she tried to breastfeed herself. During the process, the baby was irritable and cried, and Mrs. Li always found it difficult to continue breastfeeding. Although the nurse continued to encourage her, Mrs. Li felt very frustrated, thinking that the baby did not like to suck her breasts, so she gradually became less active in breastfeeding. Although she knew that breastmilk is better for the baby, Mrs. Li thought that she could not successfully breastfeed her baby. Over time, at home, she gradually became too busy or too tired to express her milk. She started formula milk due to insufficient breast milk production. As her separation from the baby increased, the maternal role gradually became less prominent.

Contrary case: A case that does not have any defining characteristics of the concept at all and is contrary to the concept

Mrs. Lin delivered a healthy baby girl by caesarean section at 38 weeks of gestation. She refused to take her child to the same room due to wound pain and exhaustion, so the baby was cared for in the nursery. Her mother-in-law thought that she would not be able to produce breast milk immediately after giving birth, so Mrs. Lin listened to her mother-in-law's suggestion to choose formula milk. Several days after delivery, the nurse asked Mrs. Lin if she would start sharing the room with her baby and learn to breastfeed. Mrs. Lin said that she wanted to take a good rest and restore her body, and she needed to return to the workplace afterward. She thought that breastfed children are too clingy to their mothers, so she did not share the same room or breastfeed her child during the hospitalization period. This case does not meet any of the defining characteristics.

2.5. Antecedents and consequences of breastfeeding autonomy

Antecedents refer to the preconditions that must be possessed before the concept is formed; consequences refer to the situational conditions that occur after the concept is formed (23). The antecedents and consequences of mother's breastfeeding autonomy can be summarized as follows:

2.6. Antecedents

Expectations of mothers to breastfeed

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The degree of breastfeeding autonomy is related to motivation. A mother can choose to breastfeed for the health of her baby, to not let her partner down, to become a good mother, to restore her pre-pregnancy weight more quickly, or to save the cost of formula milk (3). Mothers who understand the health benefits of breastfeeding significantly increase the intensity of their breastfeeding intentions (24); mothers with a strong desire to breastfeed have a significantly lower risk of discontinuing exclusive breastfeeding after delivery and are most likely to succeed (25).

Resources for breastfeeding

A mother's breastfeeding decision-making ability is affected by the breastfeeding resources obtained, such as breastfeeding education and support. It is necessary to train mothers in the context of breastfeeding, including providing long-term breastfeeding information, skills guidance, and support to establish correct and complete breastfeeding knowledge and skills, which can help increase the duration of breastfeeding (26).Studies have shown that parents lack confidence in their ability to breastfeed successfully. Although they are motivated to breastfeed, they often stop breastfeeding early due to lack of sufficient information and support (22) (27). Mothers must be taught and ensure that they have the skills and knowledge required to maintain breastfeeding. Professional early assessment and effective support must be provided, and knowledge about infant and young child feeding can be shared with mothers and their families to help mothers succeed and continue breastfeeding (28) (29, 30).Breastfeeding support can be provided by both professionals and non-professionals, such as partners, relatives, and friends. Emotional or educational support will increase the mother's decision-making ability and make breastfeeding more likely (3) (31) (32).

Social Relevance of Breastfeeding

Breastfeeding is related to social culture and perceptions of the role of motherhood. In the current social environment, breastfeeding is considered the gold standard for infant nutrition and optimal motherhood. To understand mothers' experience of not breastfeeding in a breastfeeding culture, scholars conducted semi-structured interviews with mothers who stopped breastfeeding early; these mothers believed that they did not meet social expectations, thought that stopping breastfeeding seemed illegal, and did not receive balanced information for alternative feeding method (33). Cultural and perceptions of the role of motherhood are key factors that affect whether mothers continue breastfeeding. In the context of breastfeeding, women hope to be as good a mother as other women and worry about the impact of not being able to provide breast milk to their children (21).

2.7. Consequences

Motivation for breastfeeding is related to the mother's sense of happiness and self-efficacy. Breastfeeding can make the mother feel like her child, give the mother satisfaction and happiness from the process of breastfeeding, and also improve the mother's ability in her maternal role (3, 22, 34).Breastfeeding is also a symbol of motherhood. Through interaction during breastfeeding, the mother can feel close to the child and enjoy and promote an emotional connection with her child (21) (35). Studies have noted that the higher the mother's self-efficacy, the stronger their intention to breastfeed and the stronger their behavior to start and continue breastfeeding (36) (37) (38). Mothers also feel that their children will be safer as a result of their decisions and actions. Children can obtain maternal antibodies to improve immunity, reduce infections and allergic diseases, and overall improve their health and promote development; at the same time, breastfeeding also improves the health outcomes (3) (24) (39). Maternal autonomy was examined as a determinant of breast feeding and infant growth in children, which means that improving maternal autonomy could have a positive impact on infant feeding and growth outcomes (40).

The consequences of the mother's autonomy in breastfeeding summarized above affect whether a mother will initiate and maintain breastfeeding, and include bringing the benefits of breastfeeding to the child and mother, improving the health of the child and mother, promoting the parent-child relationship, and fulfilling the role of motherhood.

Based on the review of the literature review, this article proposes a conceptual framework diagram for the of mothers of breastfeeding autonomy (Figure 1).

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2.8. Empirical references

The empirical reference index can verify the actual phenomenon of the concept and the concept can be concretized using an evaluation tool (Walker & Avant, 2011). However, currently there is a lack of tools for measuring autonomy in the context of breastfeeding. Below, we describe some measurement tools for similar concepts, and empirical studies related to women's autonomy and child nutrition are listed below.

2.9. The Iowa Infant Feeding Attitude Scale

Mora et al. (1999) developed the Iowa Infant Feeding Attitude Scale (IIFAS), which aims to understand parents' attitudes towards newborn breastfeeding and to predict the relationship between feeding attitudes and the duration of breastfeeding. A total of 17 questions are scored on a five-point Likert scale. The total score ranges from 17 to 85; A higher score reflects a more positive attitude towards breastfeeding; a lower score indicates the mother is more inclined to choose formula milk. The internal consistency (Cronbach's coefficient) of the IIFAS is .86 (41).

2.10. The Breastfeeding Self-Efficacy Scale-Short Form

Dennis (2003) developed the short form breastfeeding self-efficacy scale (BSES-SF) to assess a mother's confidence in her breastfeeding ability and assess the risk of stopping breastfeeding early. The 14 questions, including two dimensions of "nurturing skills" and "personal inner thinking", are scored using a five-point Likert scale as "very unconfident" (1 point) to "very confident" (5 points). The total score ranges from 14 to 70 points; A higher score indicates higher confidence with breastfeeding. The internal consistency (Cronbach's α) of the BSES-SF is .94 (n = 667) (42).

2.11. Women's Autonomy Questionnaire

Ziaei et al. (2015) to evaluate associations of women's autonomy and social support with infant and young child feeding practices and nutritional status. Women's autonomy was evaluated using a 17-item questionnaire covering dimensions of financial independence, household, child, reproductive, and health-related decision making and freedom of movement. The Cronbach's alpha is 0.91 , which is high reliability (43).

2.12. Self-reported Maternal Autonomy Questionnaire

Shroff et al. (2011) examined the association of different dimensions of maternal autonomy with the exclusivity of breastfeeding, as with well as infant growth, in the first 3 to 5 months of life(n=600). measured the various dimensions of autonomy using a self-reported 47-item questionnaire. The seven dimensions were household decision making, child-related decision making, financial independence, permission for mobility reverse scored to reflect mobility autonomy, actual mobility, non-acceptance of domestic violence, and experience of domestic violence. The research result showed that mothers with higher levels of financial autonomy were more likely to exclusively breastfeed (40).

3. Conclusions

Breastfeeding has always been an important public health issue worldwide. The initiation and maintenance of breastfeeding depend on the autonomy of the mother and whether the mother is confident in the ability to overcome problems, which has a very critical impact on the success of breastfeeding. The role of healthcare professionals is to provide education and their support to mothers and families to assist them in making judgments and decisions. In the context of breastfeeding, the mother still has the autonomy to make and control personal decisions. Through the conceptual analysis, this article provides a specific definition of breastfeeding autonomy, which we hope will encourage professionals to understand the concept of breastfeeding autonomy. However, currently there is a lack of measurement tools for breastfeeding autonomy. In the future, it is necessary to develop measurement tools and further explore the relationship between breastfeeding autonomy and practical needs of breastfeeding in order to establish a standard of care that better meets the needs of breastfeeding women.

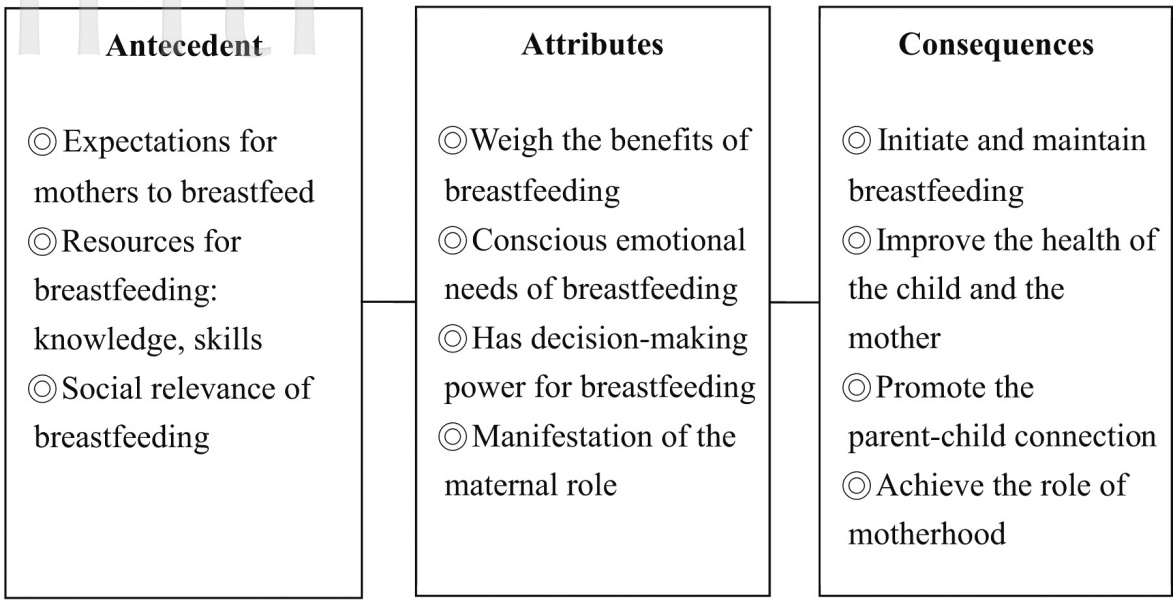


Figure 1. Conceptual diagram of mother's breastfeeding autonomy

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