

Integration of Social Capital through Technology Use for Best Practices Of Breastfeeding Peer Support Networking in Malaysia

Nornazira Suhairom¹, Nurul Ain Saipudin², Nurbiha A. Shukor³, Azlina Mohd Kosnin⁴, Zakiah Mohamad Ashari⁵, Nurzalinda Zalbahar⁶

¹⁻⁵School of Education, Faculty of Social Sciences and Humanities, Universiti Teknologi Malaysia, 81310 Johor, Malaysia.

²Department of Nutrition, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, Selangor, Malaysia

*Corresponding Author: p-nazira@utm.my

Abstract: Literature has shown that breastfeeding success depends on breastfeeding support as breastfeeding until six months is a major challenge for most mothers. In breastfeeding research, the early cessation of breastfeeding is described as the biggest challenge. Many mothers have decided to stop breastfeeding because of a lack of support at home, at work, and in the community. The problems for working mothers derive from their work commitment or workplace support. As for stay-at-home mothers, their challenges stem from the pressure of close relatives on conventional myths and erroneous breastfeeding knowledge. New mothers are often given misinformation on breastfeeding. The use of the Internet and social media to obtain lactation information or support for breastfeeding has been widely discussed in the literature at this time. Studying how social capital may be built through the use of technology is imperative. Incorporating social capital into building healthier communities is crucial to help more women choose and continue to breastfeed. Thus, breastfeeding advocacy in Malaysia needs holistic approaches to protection, promotion, and support aspects. Establishing trust-based networks means not only building strong connections but also improving the dependability of those connections between families, communities, and organizations.

Keywords: *Breastfeeding Education, Breastfeeding Support, Community Development, Family Management, Peer Support*

1. Introduction

Breastfeeding and complementary feeding practices for infants play a significant role in determining the child's nutritional status. The Malaysia Ministry of Health promotes breastfeeding in the country by setting national breastfeeding goals, one of which is to raise both the proportion of women who breastfeed for the first time and the duration of their breastfeeding, with the aim of reducing disparities in these rates across all demographics. Breastfeeding practices were emphasized in maternal and child health services, along with infant and child nutrition and health services. Breastfeeding is a major way of providing babies with the nutrients they need for healthy growth and development. Almost all mothers can breastfeed

provided they have accurate information and support from the family, the health care system and the community.

Various campaigns in the country have served as a platform for groups or organizations to take initiatives to raise public awareness and support for breastfeeding since the 1970s. This includes mass media education, lactation management training (18 or 20 hours), a 40-hour breastfeeding counselling course for health professionals, and integration into the primary and secondary school curriculum (Physical and Health Education). The involvement of local hospitals in supporting the mission and Initiative of Baby-Friendly Hospitals is one of the contributions made to international programs launched by the World Health Organization (WHO) and UNICEF. The program began in 1992 with the goal of encouraging all hospitals and maternity centres to implement the "10 Steps

Corresponding Author: Nornazira Suhairom, School of Education, Faculty of Social Sciences and Humanities, Universiti Teknologi Malaysia, 81310 Johor, Malaysia, no. tel +6013-7790402

to Successful Breastfeeding." In addition, the facility must also comply with the Code of Ethics for the Marketing of Baby Food Products and Related Products to maintain its recognition as a Baby-Friendly. To date, the country has seen an increase in the number of breastfeeding support groups established in hospitals and communities. Malaysian Breastfeeding Policy states as below,

"All mothers are encouraged to breastfeed their children with breast milk from birth until six months of age and continued until the age of two years. Complementary foods should be given from the age of six months".

The percentage of infants who are exclusively breastfed at six months of age was continuously monitored at health clinics under the Ministry of Health, which provides services for mothers and children throughout the country, to ensure that every baby born is exclusively breastfed for six months [1]. Prior to the 1990s, there were limited national representative data on the prevalence of exclusive breastfeeding in Malaysia. Breastfeeding was assessed for the first time using the WHO-recommended established in 1991 in the Second National and Health Morbidity Survey (NHMS II), which was conducted in 1996. The NHMS III data which was conducted in 2006 showed a 9.7 percent decrease in the prevalence of exclusive breastfeeding among infants below four months compared to 1996 findings. Another significant finding from the 2006 NHMS III surveys was that the overall prevalence of exclusive breastfeeding below six months was 14.5 percent. The prevalence of exclusive breastfeeding has increased from to 47.1 percent in 2016 [2]. Although breastfeeding has numerous well-documented benefits, the percentage of Malaysian women who have committed to exclusive breastfeeding is low. Thus, the Malaysian National Plan of Action for Nutrition III has set a target of at least 70% exclusive breastfeeding by 2025 [1].

Based on the current scenario in Malaysia, it is encouraging to note that there are growing numbers of breastfeeding mothers who wish to succeed in breastfeeding. Locally, there are burgeoning breastfeeding campaigns were carried out to normalize breastfeeding within the community. As the demand for breastfeeding support and services grew, breastfeeding support network programs in online assistance, home visits and individual consulting services should be created aimed at helping mothers and babies who are at risk of failure in breastfeeding. The aim is twofold, firstly, to increase breastfeeding initiation and duration rates [2, 3] and thereby improve long-term health for every infant by offering assistance to mothers and infants who are at risk of not being able to breastfeed. Immediate assistance, such as breastfeeding technical difficulties and support, as well as referrals to lactation consultants or physicians, can be provided through these types of programs [4, 5, 6]. Secondly, the networking program aims to enhance the professionalism of the peer counsellor and lactation counsellor as a motivation for them [7]. As a profession that has commercial value and is

appreciated by the community, the professionalization of the profession might provide beneficial income to the practitioners as paid social workers [8, 9, 10].

Currently, there are many programs for breastfeeding peer networks that have been carried out globally [11, 12]. However, there is no structured program carried out in Malaysia. Through a literature search, the researcher found that there are several past studies related to breastfeeding peer support programs. However, studies which provide guidelines on the implementation of such programs are very limited. Moreover, there are limited indications of evidence related to social capital integration in established peer support networking programs. Considering the importance to reinforce the breastfeeding advocacy initiatives in Malaysia, this study suggests that a framework program for an effective net of work for breastfeeding counsellor in the Malaysian context need to be developed. As this study is concerned with addressing the community's needs, it is hoped that this study provides a solution to the current pitfalls in implementing an effective breastfeeding peer support networking program.

2. Statement of Problem

Mothering the new mothers or mothers who are new to breastfeeding needs appropriate support and resource guide. In providing professional support and consultations, the peer supporters need to be equipped with various competencies. The professionalization of peer support workers; be it on a voluntary or paid basis must be accompanied by an established competence. Working voluntarily, peer counsellors and lactation counsellors are those trained by the National Lactation Centre (NLC) and Malaysia Breastfeeding Peer Counsellor Association (MBfPCA). The peer supporter was trained to promote breastfeeding awareness in society and build a caring culture among breastfeeding mothers. However, the challenge for the network program supporting breastfeeding in Malaysia is how it can be implemented through an effective approach [13].

Another concern is how social capital elements can be integrated to enhance the effectiveness of the programs. Even though peer support has been identified as a key method for increasing social capital in a community, few studies describe how a breastfeeding peer support service can achieve this [14].

In the absence of such work, the researcher tends to identify the integration of social capital in developing an effective breastfeeding peer support networking program as an initiative to provide solutions for current breastfeeding issues and problems related to our Malaysian community.

Furthermore, peer counsellors and lactation counsellors involved also require additional training and assistance tool kit to provide effective support to breastfeeding mothers. Comprehensive training and tools are needed to provide

better specialization services for the mothers [15].

A framework of an effective Breastfeeding Counsellors Networking (BFCN) program will be developed to support and empower the breastfeeding mother's community in Malaysia. Providing attentive and prompt assistance with the required competencies will help in distributing correct and updated information among mothers.

3. Significance of the Study - Relevance to Government Policy

- 3.1 World Breastfeeding Policy by United Nation Children's Fund (UNICEF) and World Health Organization (WHO) Updated global criterion of 10 Steps towards Successful Breastfeeding in which aspects of compliance with the infant feeding Code of Ethics, support to breastfeeding mothers and mother-friendly care are considered in the implementation of these global criteria.
- 3.2 Malaysia National Breastfeeding Policy Breastfeed exclusively from birth to six months, then continue to breastfeed until the child is two years old.
- 3.3 Workplace Support for Breastfeeding Guideline by UNICEF MALAYSIA Promotion of a family-friendly workplace and well-adjusted career and family
- 3.4 Reproductive Health Education and Social-National Policy and Action Plan by National Population & Family Development Board (LPPKN), Ministry of Women, Family and Community Development A lifelong process to obtain thorough knowledge in aspects of biological, socio-cultural, psychological and spiritual aspects of the practice of healthy behaviours in life.
- 3.5 Mama Care Program by National Population & Family Development Board (LPPKN), Ministry of Women, Family and Community Development provides post-natal capacity training and services.
- 3.6 Manual for Breastfeeding Support Groups in Malaysia: A Guide

4. Literature review

4.1 The Provision of Breastfeeding Supports

Mothers who just gave birth should be given emotional, mental, and physical support. The ability to breastfeed needs to be supplemented by motivation and encouragement. Lack of support from individuals around the mothers can lead to unsolicited tragedy. For instance, in October 2015, our local society has awakened by an incident of a primiparous mother who jumped from the 16th floor of an apartment in Bangsar South due to frustration of failure to breastfeed her 10-day-old baby. The mother is believed to be under pressure

due to not being able to produce milk to breastfeed [16]. It is indeed, some mothers are under depression when they are not able to breastfeed their babies, especially during the early postpartum period. Several studies had shown that women who are within 14 weeks of giving birth are prone to postpartum depression. As postpartum depression engulfed the mothers, they were preoccupied with the sense of failure of being a mother [17, 18, 19].

A study by [20] emphasizes the importance of understanding women's intentions, particularly for mothers who intend to breastfeed their children. The study discovered that women who had planned to breastfeed and had breastfed their babies had the lowest risk of postpartum depression, while women who had planned to breastfeed but had not breastfed had the highest risk. These findings emphasize the importance of expert breastfeeding support for women who intend to breastfeed, as well as humane support for women who intend to breastfeed but are experiencing difficulties in their breastfeeding journey. This is also supported by other research in this area, which demonstrates the pivotal role of providing new mothers with evidence-based breastfeeding support strategies [21, 22].

4.2 The Role of Peer Supporters

Given the current state of infant and maternal health, action must be taken to increase successful breastfeeding rates among mothers. Peer supporters are motivated by a sense of urgency to act immediately. A common motivation for mothers is having received the support they needed and reinvesting that support in other mothers, or lacking the support they needed and wanting to make sure that no other mother has the same experience as they did [23]. Prenatal and postpartum consultations with obstetricians, midwives, public health nurses, or community support provide remarkable opportunities for breastfeeding failure prevention. Essentially, breastfeeding consultations are designed to assist parents in meeting their emotional and relational needs while also emphasizing their role in assisting one another during this vulnerable time [24, 25]. With necessary information and support from the family, community, and the healthcare system, every mother is capable of breastfeeding her child successfully [26].

In many countries, health educational activities are provided for mothers who tend to help other mothers, as well as create opportunities for them to educate the public to be more knowledgeable such as for diabetes [27, 28], cancer [29] and other chronic diseases [30, 31]. This is a new dimension in the healthcare system that provides a platform for mothers who are driven to assist other mothers effectively. With the support from peers, some studies have shown that such programs help in developing better health awareness among the community.

4.3 Community Health and Social Capital

The integration of social capital in community health development has been widely researched. Three aspects of social capital are always been emphasized; bonding, bridging and linking. The association of social capital in the development of community health programs had a positive impact on health outcomes [32]. Previous research has found that peer support is essential for the development of social capital in a community [33]. Conciliating the factors that contribute to social capital bonding, bridging, and linking necessitates paying close attention to all parties' communication patterns and cultural assumptions [34].

It is generally agreed that strong interpersonal relationships are critical to having or enhancing social capital. With this in mind, trust, cooperation, and reciprocity exhibited by these relationships help society by lowering transaction costs, making it easier for people to come together and work toward a common goal, and reducing the opportunities for unproductive behaviour. Strengthening community social bonds, as well as strengthening the social network of isolated mothers or mothers in need of assistance, should be considered in interventions to protect, prevent, and support infant and maternal health. These findings shed light on how the peer support service facilitates "bonds" with its members, as well as within and between women who use the service; how the service "bridges" with individuals with diverse interests and backgrounds; and how links were formed with those in authority to gain access to, reach out to, and promote a breastfeeding culture. Previous research has also suggested that the relationship between social capital and health be incorporated. More evidence and explorations into the feasibility of interventions that increase social capital as a means of promoting health are required.

4.4 Technology-based Breastfeeding Support and Networking Services

Research has shown that breastfeeding can be encouraged responsibly through the utilization of the latest technology. Emerging technologies in learning about breastfeeding supports more mothers to breastfeed [35]. Research has shown that breastfeeding can be encouraged responsibly through the utilization of the latest technology. Emerging technologies in learning about breastfeeding supports more mothers to breastfeed [36]. The preferred medium for technologically breastfeeding support includes Social Media (Facebook, Twitter and Instagram), WhatsApp, YouTube, Google, video downloads, personal blogs, streaming TV and mobile application to watch breastfeeding educational materials [37, 38, 39]. Online communities and social networking sites present new opportunities and challenges for breastfeeding promotion, protection, and advocacy. Previous research has shown that there are significant relationships between social networking sites to well-being and social self-esteem [40, 41, 42]. Online social support is

appealing due to its anonymity, asynchrony, and personalization capabilities (connecting with other breastfeeding mothers).

5. Conclusions and Recommendations

Currently, there is limited evidence of an available standard of approach for breastfeeding peer support programs. There is also a lack of clarity on the integration of social capital for a more effective breastfeeding support networking program. This has led to the need to carry out a study that emphasizes the development of a framework for an effective breastfeeding peer support networking program. These study efforts will involve peer counsellors and lactation counsellors who are trained and registered by the Ministry of Health Malaysia through the training provided by the National Lactation Centre (NLC) and MBfPCA (Malaysia Breastfeeding Peer Counsellor Associations).

An exploratory mixed-method research design will be employed in the study. The primary aim of this study will be the development of a framework of effective breastfeeding peer support networking programs (BFPSNP). The outcomes of the study will provide comprehensive guidelines and directions for future implementation of the breastfeeding support networking program. In response to the current trends in the emerging technology-based of community breastfeeding support and services, it is sagacious to also look at the use and access of the Internet, and social networking sites (i.e., Twitter, Facebook) among mothers.

This study is important because it identifies the essential components for building connections between maternity facilities and community breastfeeding support networks, and those components require a successful networking strategy. Using the philosophy of incremental change, emphasizing one practice that appears to be particularly widespread and working toward modifying it to be evidence-based and supportive of breastfeeding are believed to be the best options for sustainable breastfeeding practices in the country.

6. Acknowledgements

The author would like to thank the Ministry of Higher Education Under Fundamental Research Grant Scheme, UTM, FRGS /1/2018/SSI09/UTM/02/18.

7. References

- [1] Nutrition Division, Ministry of Health Malaysia, "National Plan of Action for Nutrition of Malaysia 2016-2025", *National Coordinating Committee on Food and Nutrition (NCCFN)*, https://nutrition.moh.gov.my/wp-content/uploads/2016/12/NPANM_III.pdf (accessed April 24, 2021).

- [2] Fatimah, S., Saadiah, H. N., Tahir, A., Imam, M. I., & Faudzi, Y. A. "Breastfeeding in Malaysia: Results of the Third National Health and Morbidity Survey (NHMS III) 2006," *Malaysian Journal of Nutrition*, Vol. 16,2: 195-206, 2010.
- [3] United Nations Children's Fund Malaysia, "Situation Analysis of Women and Children in Malaysia 2020", <https://www.unicef.org/malaysia/media/1526/file/Situation%20Analysis%20of%20Women%20&%20Children%20in%20Malaysia%202020.pdf> (accessed April 24, 2021).
- [4] Malaysian Healthcare Performance Unit, "Malaysian Health at a Glance: 2018", *Ministry of Health Malaysia: Putrajaya*, <https://www.moh.gov.my/moh/penerbitan/MYHAAAG2018.pdf> (accessed April 24, 2021).
- [5] Johar, N, Mohamad, N., Saddki, N., Ismail, T. A. T., & Sulaiman, Z. "Factors Associated with Early Breastfeeding Initiation among Women Who Underwent Caesarean Delivery at Tertiary Hospitals in Kelantan, Malaysia," *Korean Journal of Family Medicine*, 42(2), 140, 2021.
- [6] Che'Muda, C. M., Ismail, T. A. T., Ab Jalil, R., Hairon, S. M., Sulaiman, Z. & Johar, N." Maternal factors associated with the initiation of exclusive breastfeeding among mothers at one week after delivery in two selected hospitals in Kelantan, Malaysia," *The Malaysian Journal of Medical Science*: 25(4), 112, 2018.
- [7] Rosuzeita, F., Rabiaah, M. C., Rohani, I., & Shukri, O. M. "The effectiveness of breastfeeding intervention on breastfeeding exclusivity and duration among primiparous mothers in Hospital Universiti Sains Malaysia," *The Malaysian Journal of Medical Sciences*: 25(1), 53, 2018.
- [8] Shakya, P., Kunieda, M. K., Koyama, M., Rai, S. S., Miyaguchi, M., Dhakal, S. & Jimba, M. "Effectiveness of community-based peer support for mothers to improve their breastfeeding practices: A systematic review and meta-analysis", *PLoS one*, 12(5), e0177434, 2017.
- [9] Wahl, C., Hultquist, T. B., Struwe, L., & Moore, J. "Implementing a peer support network to promote compassion without fatigue," *JONA: The Journal of Nursing Administration*, 48(12), 615-621, 2018.
- [10] Nasurdin, A. M., Ling, T. C., & Khan, S. N. "Linking social support, work engagement and job performance in nursing", *International Journal of Business & Society*, 19(2), 2018.
- [11] Pyles, T. E. H., Umi, S. A., Madubonwu, S., Stiles, A., Devane-Johnson, S., Scott, H., ... & Russell, J. H. "Breastfeeding Sisters That Are Receiving Support: Community Based Peer Support Program Created for and by Women of Color", *Breastfeeding Medicine*, 16(2), 165-170. 2021.
- [12] Chepkirui, D., Nzinga, J., Jemutai, J., Tsoga, B., Jones, C., & Mwangome, M. "A scoping review of breastfeeding peer support models applied in hospital settings," *International Breastfeeding Journal*, 15(1), 1-11, 2020.
- [13] Monoto, E. M. M., Hamzah, Z., Alwi, N. K. M., & Wahab, A. "A. "Breastfeeding Peer Counselor Program in Malaysia: Impact on Breastfeeding Duration and Exclusivity", *Bali Medical Journal*, 9(3):876-883; 2020; <https://doi.org/10.15562/bmj.v9i3.1677>
- [14] Werdani, K. E., Rumiati, F., Kusumawati, Y., & Manaf, R. A. "Social capital and exclusive breastfeeding practice among teenage mothers", *EurAsian Journal of BioSciences*, 14(2), 5323- 5330, 2020.
- [15] Menzies, J. "Development of a breastfeeding training model in the north east of England". *Journal of Health Visiting*, 6(12), 596-599, 2018.
- [16] Cheng, N. "New mother falls to her death from 16th-floor condo", *The Star Online*, October 26, 2015, <https://www.thestar.com.my/News/Nation/2015/10/25/Mother-falls-from-condo-baby> (accessed 13 March 2021).
- [17] Gebregziabher, N. K., Netsereab, T. B., Fessaha, Y. G., Alaza, F. A., Ghebrehiwet, N. K., & Sium, A. H. "Prevalence and associated factors of postpartum depression among postpartum mothers in central region, Eritrea: a health facility-based survey", *BMC public health*, 20(1), 1-10, 2020.
- [18] Ugarriza, D. N. "Postpartum depressed women's explanation of depression", *Journal of Nursing Scholarship*, 34(3), 227-233, 2002.
- [19] Tarrant, M., Dodgson, J. E., & Wu, K. M. "Factors contributing to early breast-feeding cessation among Chinese mothers: an exploratory study". *Midwifery*, 30(10), 1088-1095, 2014.
- [20] Borra, C., Iacovou, M., & Sevilla, A. "New evidence on breastfeeding and postpartum depression: The importance of understanding women's intentions", *Maternal and Child Health Journal*, 19(4), 897-907, 2015, <https://doi.org/10.1007/s10995-014-1591-z>
- [21] Haga, S. M., Drozd, F., Lisøy, C., Wentzel-Larsen, T., & Slinning, K. "Mamma Mia—a randomized controlled trial of an internet-based intervention for perinatal depression", *Psychological Medicine*, 49(11), 1850-1858, 2019.
- [22] Schindler-Ruwisch, J. M., Roess, A., Robert, R. C., Napolitano, M. A., & Chiang, S. "Social support for breastfeeding in the era of mhealth: a content analysis", *Journal of Human Lactation*, 34(3), 543-555, 2018.
- [23] Batan, M., Li, R., & Scanlon, K. "Association of child care providers breastfeeding support with breastfeeding duration at 6 months", *Maternal and Child Health Journal*, 17(4), 708– 713. 2013, <https://doi.org/10.1007/s10995-012-1050-7>.
- [24] Lefmann, T. "Breastfeeding as a Best Practice for Mitigating the Negative Effects of Stress", *Best Practices in Mental Health*, 16(1), 32-45, 2020.
- [25] Schafer, E. J., Livingston, T. A., Roig-Romero, R. M., Wachira, M., Louis-Jacques, A. F., & Marhefka, S. L. "Breast Is Best, But..." According to Childcare Administrators, Not Best for the Childcare Environment", *Breastfeeding Medicine*, 16(1), 21-28, 2021.
- [26] McFadden, A., & Renfrew, M. "Special Collection enabling breastfeeding for mothers and babies", *Introduction to Cochrane Special Collection*, 2017.
- [27] Fisher, E. B., Boothroyd, R. I., Elstad, E. A., Hays, L., Henes, A., Maslow, G. R., & Velicer, C. "Peer support of complex health behaviors in prevention and disease management with special reference to diabetes: systematic reviews," *Clinical Diabetes and Endocrinology*, 3(1), 1-23, 2017.
- [28] Thankappan, K. R., Sathish, T., Tapp, R. J., Shaw, J. E., Lotfaliany, M., Wolfe, R., & Oldenburg, B. "A

- peer-peer support lifestyle intervention for preventing type 2 diabetes in India: A cluster-randomized controlled trial of the Kerala Diabetes Prevention Program”, *PLoS Medicine*, 15(6), e1002575, 2018.
- [29] Chambers, S. K., Occhipinti, S., Foley, E., Clutton, S., Legg, M., Berry, M., & Smith, D. P. “Mindfulness-based cognitive therapy in advanced prostate cancer: a randomized controlled trial”, *Journal of Clinical Oncology*, 35(3), 291-297, 2017.
- [30] Embuldeniya, P. Veinot, E. Bell, M. Bell, J., Nyhof Young, J.E. Sale, N. Britten. “The experience and impact of chronic disease peer support interventions: A qualitative synthesis”, *Patient Education and Counselling*, 92 (1), pp. 3-12, 2013.
- [31] Moorhead, S. A. “Social media for healthcare communication”, *Oxford Research Encyclopedia of Communication*, 2017.
- [32] Fujiwara, T., Yamaoka, Y., & Kawachi, I. “Neighbourhood social capital and infant physical abuse: A population-based study in Japan”, *International Journal of Mental Health Systems*, 10, 2016, <https://doi.org/10.1186/s13033-016-0047-9>
- [33] Schneider, J. A. “Organizational social capital and nonprofits”, *Nonprofit and Voluntary Sector Quarterly*, 38(4), 643- 662, 2009.
- [34] Daaleman, T. P. “A health services framework of spiritual care”. *Journal of Nursing Management*, 20(8), 1021-1028, 2012.
- [35] Demirci, J. R., Cohen, S. M., Parker, M., Holmes, A., & Bogen, D. L. “Access, Use, and Preferences for Technology-Based Perinatal and Breastfeeding Support Among Childbearing Women”, *The Journal of Perinatal Education*, 25(1), 29–36, 2016, <https://doi.org/10.1891/1058-1243.25.1.29>
- [36] Demirci, J. R., Cohen, S. M., Parker, M., Holmes, A., & Bogen, D. L. “Access, use, and preferences for technology-based perinatal and breastfeeding support among childbearing women”, *The Journal of perinatal education*, 25(1), 29, 2016.
- [37] Balaam, M., Comber, R., Jenkins, E., Sutton, S., & Garbett, A. “FeedFinder: a location-mapping mobile application for breastfeeding women”. *Proceedings of the 33rd Annual ACM Conference on Human Factors in Computing Systems*, pp. 1709- 1718, 2016.
- [38] Alianmoghaddam, N., Phibbs, S., & Benn, C. “I did a lot of googling”: a qualitative study of exclusive breastfeeding support through social media”. *Women and Birth*, 32(2), 147-156, 2019.
- [39] Dorst, M. T., Anders, S. H., Chennupati, S., Chen, Q., & Jackson, G. P. “Health Information Technologies in the Support Systems of Pregnant Women and Their Caregivers: Mixed-Methods Study”. *Journal of Medical Internet Research*, 21(5), e10865, 2019.
- [40] Valkenburg, P. M., Peter, J., & Schouten, A. P. “Friend networking sites and their relationship to adolescents' well-being and social self-esteem”. *Cyber Psychology & Behavior*, 9(5), 584- 590, 2006.
- [41] Coyne, S. M., McDaniel, B. T., & Stockdale, L. A. “Do you dare to compare?” Associations between maternal social comparisons on social networking sites and parenting, mental health, and romantic relationship outcomes”, *Computers in Human Behavior*, 70, 335-340, 2017.
- [42] Nolan, S., Hendricks, J., & Towell, A. “Social networking sites (SNS); exploring their uses and associated value for adolescent mothers in Western Australia in terms of social support provision and building social capital,” *Midwifery*, 31(9), 912-919, 2015.