

Breastfeeding Promotion, Challenges and Barriers: a Qualitative Research

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Abstract

Background: Breast milk is an ideal source of nutrition for growth and development of infants and has unique physiologic and emotional impacts on the health of mothers and infants. However, a few numbers of infants get exclusive breast milk and therefore, it is necessary to identify barriers to breastfeeding. The purpose of the present qualitative research was to explore challenges and barriers to breastfeeding promotion.

Materials and Methods: Fourteen nursing mothers, four key family members (grandmothers and husbands) and six personnel who provided breastfeeding counseling services participated in semi-structured individual interviews. Interviews were recorded and transcribed and then analyzed by means of conventional content analysis method.

Results: Three main categories "incompetency of breastfeeding services", "mother's inadequate breastfeeding self-efficacy" and "family's neglect to breast milk" were emerged; that reflected participants' experiences of barriers to breastfeeding promotion.

Conclusion: Participants believed that the healthcare system had the greatest portion in breastfeeding promotion and inadequate performance of baby friendly hospital, failure of prenatal centers in teaching skills to mothers and families, and inadequate support for mother after delivery had caused breastfeeding damage. They also stated that mother's breastfeeding self-efficacy and family's help and support of breastfeeding had a significant role in breastfeeding promotion. To overcome the barriers to breastfeeding promotion, it is suggested that besides reforming existing plans according to identified barriers in this research, supportive and educational programs should be provided for all individuals involved in breastfeeding including mothers, families and health workers.

Key Words: Breastfeeding, Barriers, Children, Mothers, Qualitative Research.

*Please cite this article as: Heidari Z, Keshvari M, Kohan Sh. Breastfeeding Promotion, Challenges and Barriers: a Qualitative Research. Int J Pediatr 2016; 4(5): 1687-95.

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Received date Feb 15, 2016 ; Accepted date: Mar 22, 2016

1- INTRODUCTION

Breast milk is an ideal source of nutrition for growth and development of infants and has unique physiologic and emotional impacts on the health of mothers and infants(1). During the last decades, promotion of breastfeeding has increased by health systems in line with WHO and UNICEF policies and there have been numerous efforts to support, promote and retain breastfeeding(2). Islamic teaching and Holy Quran recommended for completed the lactation period, every mother breastfeed her children for two years(3). Despite the advice and emphasis on exclusive breastfeeding for the first six months of life, the rate of exclusive breastfeeding is only 37% in the world, 36% in Eastern Mediterranean Region and 28% in Iranian infants(4).

Though wide educational programs and encouraging breastfeeding, the question that why such programs do not have significant progress remains unanswered. Research shows that breastfeeding is a complicated phenomenon and its successful accomplishment is affected by various demographic, physical, social and mental variables(5). Shakespeare et al. argued that breastfeeding difficulties and mothers' lack of preparation to face them were barriers to success of breastfeeding and that mothers demanded support of health systems when encountering breastfeeding difficulties and help in finding a way to cope with them(6). In a study by Powell et al., participants referred to lack of work environment support for working nursing mothers as a barrier to breastfeeding. Findings of this study also showed that inadequate support of breastfeeding by hospital personnel as well as lack of instructions for mothers about difficulties of breastfeeding were causes of breastfeeding damage(7).

Identification of the roots of the problems and barriers to breastfeeding promotion for developing appropriate strategies requires an in-depth investigation in the form of qualitative studies. Qualitative approach is a valuable tool for deep understanding of the why and how of phenomena(8). Since it is important to explore the barriers to breastfeeding promotion based on experiences of mothers, families and health workers and identification of these barriers could be helpful in developing effective policies and implementing interventions in order to promote breastfeeding, this qualitative research was carried out to explore the barriers to breastfeeding promotion.

2- MATERIALS AND METHODS

This research was designed with the qualitative content analysis method. Twenty-four people including nursing mothers, their families and the personnel actively involved in planning and/or offering breastfeeding counseling services (including pediatrician, midwife, pediatric-nurse, breastfeeding consultant in the hospital and the health center, and children's health policymakers) were selected through purposive sampling. Sampling continued until data saturation.

Interview sessions were held in health centers or any other place participants intended to. Interviews lasted 30 to 90 minutes. Semi-structured interactive interviews were used. They began with the question "please describe your experience of breastfeeding" and participants' answers directed following questions. Interviews were recorded and immediately transcribed. Data were analyzed by means of Graneheim and Lundman method(9). First transcriptions were reviewed several times and broken into codes. Then, the codes were reviewed several times such that similar codes were grouped into subcategories and categories.

Credibility of data was reinforced by means of maximum variation sampling and long involvement with data, review of the codes by participants and peer review by supervisor and advisor professors. Expert review was used to increase confirm ability; raw interviews, analyses and results were given to several researchers who were familiar with qualitative research and they confirmed the procedure. The research was approved by the research committee of the Isfahan University of Medical Sciences and all ethical considerations were observed such as introducing the researcher to participants, explaining the objectives of the study, obtaining written informed consent, voluntary withdrawal of the study at any time, confidentiality of information.

3- RESULTS

Twenty-four in-depth interviews were carried out. Fourteen nursing mothers aged 22 to 37 years old were selected with 1 to 47 months of breastfeeding experience to 1 to 3 infants. The majority of mothers had high school diploma and were housewives. In addition, 4 key family members (grandmother and husband) and 6 personnel who provided breastfeeding counseling services with 3 to 34 years of professional experience participated in the study. Analysis of data revealed three main categories of "Incompetency of breastfeeding services", "Mother's inadequate breastfeeding self-efficacy" and "Family's neglect of breast milk" indicating the barriers to breastfeeding promotion (**Table.1**).

Table 1: Main categories and sub-categories for participants' experiences of barriers to breastfeeding promotion

Main category	Sub-category
Incompetency of breastfeeding service	Inadequate performance of baby friendly hospital.
	Incompetency of health centers in promoting knowledge and skills of breastfeeding.
	Lack of support and solution for breastfeeding problems.
	Conflicting advices and information by the health provider about breastfeeding.
Mother's inadequate breastfeeding self-efficacy	Mothers' inadequate knowledge and skill for breastfeeding.
	Unpreparedness for overcoming the role of taking care of the baby and breastfeeding.
Family's neglect to breast milk	Family's confusion in helping mother for breastfeeding.
	Family's inadequate support for breastfeeding continuity.

3-1. Incompetency of breastfeeding services

Analysis of participants' views showed that "Inadequate performance of baby friendly hospital", "Incompetency of health centers in promoting knowledge and skills of breastfeeding", "Lack of support and solution for breastfeeding problems", and "Conflicting advices and information by the health provider about breastfeeding" are dimensions of

"Incompetency of breastfeeding services" and damages to breastfeeding.

3-1-1. Inadequate performance of baby friendly hospital

Participants attributed the key role to the function of baby friendly hospital in breastfeeding promotion and its success and continuance. They suggested that the ten steps of baby friendly hospitals should

be included in all strategies and processes of hospital services. For instance, although early skin-to-skin mother-infant contact and breastfeeding has positively affect to success and persistency of breastfeeding, the early contact and breastfeeding become delayed because of near 60% rate of C-section deliveries and associated pains and effects of anesthetic drugs. Therefore, participants recommended that contact and breastfeeding should be as early as possible for all mothers and infants even for women having C-section. A middle manager of breastfeeding care said: "one thing that should be done is care during the first hour after the birth so that when the baby is born even through C-section, one of the personnel should put the baby on mother's breast to establish skin-to-skin contact and suckling".

Participants referred to neglect and failure to allocate sufficient time for teaching breastfeeding techniques in hospital as other barriers to breastfeeding promotion and stated that unless mothers are supported at the onset of breastfeeding and practically trained for breastfeeding skills, they will experience confusion and stress and probably succumb to problems and difficulties of breastfeeding. A 32-year-old housewife said: "teaching breastfeeding in hospital is very important. For example, for my first child, a middle aged woman came and seemed not interested in teaching me; she impatiently said hold the baby like this, do this and went quickly. Lack of these skills caused me a hard time during breastfeeding".

Another important initiative in baby friendly hospitals is to train personnel about the importance and value of breastfeeding and increase their skills to practically help mothers. Participants' comments, however, showed indicated that lack of emphasis on the importance of breastfeeding and personnel's counseling abilities is one of the aspects of inadequate performance of baby friendly hospital such

that if the personnel lack sufficient knowledge, motivation and skill of providing breastfeeding services, they will not be able to properly teach mothers breastfeeding techniques and this will make mothers fail in breastfeeding. One pediatrician stated: "some of the personnel are not completely skilled in breastfeeding counseling, for example the type of their teaching and behavior toward mothers is wrong because they can't answer mother's questions. If we empower them, in workshops for instance, they could do better in teaching and counseling".

3-1-2. Incompetency of health centers in promoting knowledge and skills of breastfeeding

Like other health domains, education has an important role in breastfeeding promotion. As recommended by WHO, pregnancy is a key period for educations in order to prepare mothers for breastfeeding. Participants stated that inadequate instruction during pregnancy in health centers was a critical barrier to breastfeeding in that mothers who had not been trained properly had less successful and persistent breastfeeding and more problems. Therefore, they recommended that during pregnancy, all mothers and their families should be trained about appropriate breastfeeding techniques in health centers and offices of pediatricians and midwives. A 28-year-old housewife said: "teaching the right way of breastfeeding is very important, there were breastfeeding classes during pregnancy that taught the right way of holding and breastfeeding the baby which helped me a lot and I could breastfeed easily".

Participants also stated that inadequate breastfeeding support and mother lonely in breastfeeding process were other barriers to breastfeeding promotion, and that continuity breastfeeding would decrease due to shortage of breastfeeding counseling centers and mothers' lack of

awareness of such centers and their services. They recommended that mothers should be supported continuously by health centers during breastfeeding process to increase successful and persistent breastfeeding. A midwife said: "mothers should be supported and there should be centers for them to express and solve their problems and concerns".

3-1-3. Lack of support and solution for breastfeeding problems

Data analysis showed that another determinant factor for breastfeeding promotion is neglect of mothers' concerns and problems. Participants stated that mother lonely in solving breastfeeding problems in the first week of birth, lack of follow-up visits due to shortage of breastfeeding counseling centers and morning-only services in these centers, and lack of instructions and follow-up support for breastfeeding problems in offices midwives and pediatrician led to inadequate handling of breastfeeding problems and consequently to reduced rate of breastfeeding. Therefore, they recommended that besides follow-up and appropriate treatment, there should be instructions for mothers and their families about common problems of breastfeeding and preventive skills. One midwife stated: "breastfeeding should be monitored after delivery and the best places for this are centers specialized for breastfeeding counseling because these consultants are specialized and have no other job, they can help better. These counseling sessions are very effective, but the numbers of these counseling centers are still low and all healthcare centers don't offer breastfeeding counseling".

3-1-4. Conflicting advices and information by the health provider about breastfeeding

Analysis of participants' descriptions showed that contradictory advices and information by private sector doctors and

public center personnel would make mothers confused about breastfeeding and right solutions to its problems and consequently would undermine their breastfeeding abilities. Participants said that some obstetricians and midwives would not pay attention to the appropriate programs and offer no training about breastfeeding during pregnancy. Most pediatricians do not have time for teaching and counseling when they examine babies. A midwife stated: "sometimes a mother refers to a doctor and says I think my milk supply is low and that doctor prescribe formula without examining her, but when she refers to us and we examine signs of adequate milk supply and say it is ok, she gets confused and says why the doctor prescribed formula".

In this regard, the personnel mentioned that easy access to formula in pharmacies without any permission from a breastfeeding consultant is another barrier to breastfeeding promotion. They recommended that formula should not be in public display in pharmacies and mothers who want to buy should be provided with counseling. A pediatrician said: "sometimes mothers refer to us who have bought formula and started to feed their babies without consulting the health team. There should be special regulations in pharmacies for selling formula to prevent these cases".

3-1-5. Mother's inadequate breastfeeding self-efficacy

Data analysis shows that breastfeeding is heavily affected by mother's breastfeeding self-efficacy and participants stated that "mothers' inadequate knowledge and skill of breastfeeding" and "unpreparedness for overcoming the role of taking care of the baby and breastfeeding" are important barriers to breastfeeding promotion.

3-1-6. Mothers' inadequate knowledge and skill for breastfeeding

From the perspective of participants, mothers' adequate knowledge, analysis and skills of breastfeeding play an important role in their breastfeeding self-efficacy. Therefore, they recommended that mothers should be instructed about benefits and the right techniques of breastfeeding and examining the adequacy of milk supply during pregnancy and breastfeeding status should be checked after delivery. A midwife said: "mother doesn't even know breastfeeding technique and how to hold her baby causes problems in breastfeeding process; for example, a little fissure of nipple would make her unable to properly breastfeed; and these may even affect her feeling of milk adequacy. These are all causes of inadequate breastfeeding self-efficacy".

In this regard, participants stated that mothers' concerns about the adequacy of milk quantity and inability to properly evaluate milk supply would lead to use of formula without consulting the health system. A midwife said: "mothers' concern about low supply milk and lack of awareness of the signs of milk adequacy would make them feed their babies with formula without a doctor's prescription. We should teach mothers so they could be able to identify signs of milk adequacy".

In addition, participants mentioned that mothers' inadequate knowledge of the importance of complementary feeding and how to wean the baby was another effective factor of breastfeeding self-efficacy in that not knowing the right time and way to start complementary feeding would cause numerous problems even early cessation of breastfeeding. A midwife said: "mothers don't know the techniques of how to feed their babies with complementary food, which is why they go through lots of problems. We should teach them".

3-1-7. Unpreparedness for overcoming the role of taking care of the baby and breastfeeding

A new child in the family is considered a crisis, especially when parents should take various roles. Participants recommended that parents should be prepared for these roles during pregnancy. However, most of these instructions do not exist in Iran and parents would forget and pay less attention to breastfeeding among different caring roles. One 31-year-old housewife said: "when my first child was born, I wasn't prepared at all, the baby cried too much and wanted milk and screamed all the time, she was hungry, I had a C-section and could not look after her and myself".

Participants also stated that some women think that there is contradiction between body fitness and breastfeeding such that this dual feeling might make mothers avoid breastfeeding. They recommended that mothers should be taught about the importance of breast milk for the health of mother and baby, harms of formula feeding and methods of keeping fitness while breastfeeding. A midwife said: "there are mothers who say breastfeeding deforms their breasts. We talk and try to persuade them to breastfeed".

3-2. Family's neglect to breast milk

Participants believed that family would play an important role in breastfeeding and that "family's confusion in helping mother for breastfeeding" and "family's inadequate support for breastfeeding continuity" were key factors in preventing breastfeeding promotion.

3-2-1. Family's confusion in helping mother for breastfeeding

Participants said that unless family members have sufficient knowledge and skill to help breastfeeding, they cannot provide effective support for breastfeeding and since they have multiple tasks of taking care of the mother and her baby in the early days after the birth, and since most mothers have had C-section and need

more care, family members pay more attention to the mother than her baby and they also lack enough skill to practically help breastfeeding. A pediatrician said: "families are important for breastfeeding, but don't have enough knowledge and skill. There should be instructions for them and they should participate in educational classes for mothers during pregnancy and after delivery".

3-2-2. Family's inadequate support of breastfeeding continuity

Participants stated that family and friends have a key role in breastfeeding continuity and their inadequate support when mothers have breastfeeding problems and try to adapt to them might reduce successful and persistent breastfeeding. A 33-year-old working mother said: "in the first months after the birth, my husband did not help me at all in taking care of the baby and this single-handedness caused me a hard time when breastfeeding". Participants recommended that key family members should be instructed to practically help mothers in taking care of babies and breastfeeding and support them in overcoming breastfeeding difficulties so that they could help mothers with breastfeeding continuity. A pediatrician said: "breastfeeding support is very important and unfortunately it is very poor in our society because people sometimes even don't know its meaning; these kinds of supports should be taught and reinforced".

4- DISCUSSION

Findings show that "incompetency of breastfeeding services", "mother's inadequate breastfeeding self-efficacy" and "family's neglect to breast milk" are the key barriers to breastfeeding promotion. From the viewpoints of participants, inadequate performance of baby friendly hospital, failure of prenatal centers in teaching skills to mothers and families, and inadequate support for

nursing women after delivery had caused breastfeeding damage. In addition, participants stated that "mothers' inadequate knowledge and skill for breastfeeding" and "unpreparedness for overcoming the role of taking care of the baby and breastfeeding" are important barriers to successful breastfeeding. On the other hand, "family's confusion in helping mother for breastfeeding" and "family's inadequate support for breastfeeding continuity" would lead to "family's neglect to breast milk" and reduce persistent breastfeeding. As participants mentioned, support and practical instructions for mothers in hospitals during the first days after the birth significantly contribute to breastfeeding and baby friendly hospitals play an important role in this regard. They referred to personnel's skills and capabilities, their beliefs and how these would be transferred to mothers, lack of enough time and starting formula in the NICU as barriers to breastfeeding. Findings of Daglas et al. also show that supportive behaviors of hospitals and personnel's counseling skills affect the start and continuity of breastfeeding(10).

Poor education and breastfeeding follow-up were other barriers pointed out by participants such that they mentioned inadequate breastfeeding instructions for mothers, because of various reasons including doctors' lack of time to teach breastfeeding as an important barrier to successful breastfeeding. They said that building a breastfeeding counseling center to teach and support breastfeeding would help a lot to overcome this barrier. Other studies also have underscored the necessity of breastfeeding education, dependency of mothers on such educations and their role in breastfeeding promotion(7, 11). Another barrier was lack of support and follow-up solutions to breastfeeding problems and participants referred to mothers' breastfeeding problems such as nipple fissure and sore nipple during breastfeeding especially in early days after

the birth as reasons why women had not successful and persistent breastfeeding. They said that mothers usually have little knowledge of breastfeeding problems and how to prevent and treat them, and that teaching during pregnancy and after delivery cares would better prepare and empower them for breastfeeding. In a study in UK, participants also pointed out the breastfeeding problems in early days after the birth and recommended that mothers should be instructed about preventing and overcoming such problems(6). Conflicting advices and information were other barriers to breastfeeding such that participants pointed out prescription of artificial formula without examining indications of milk adequacy as key barriers to breastfeeding promotion. They recommended that the health personnel and policymakers should first believe in benefits of breast milk and then transfer this belief to mother and families. Research shows that the most common reasons of stopping breastfeeding in Iranian under six month babies are doctor's advice and inadequate milk supply (actual or self-diagnosed) (12). Labarere et al. also referred to the important role of doctors and health personnel in encouraging and supporting mothers and breastfeeding continuity(13).

Participants in the present study pointed out mothers' inadequate breastfeeding self-efficacy as a challenge to breastfeeding in that their inadequate knowledge of breastfeeding benefits, lack of skills of using appropriate breastfeeding techniques, belief of low milk supply, and little confidence in their breastfeeding abilities cause disruptions in breastfeeding continuity. Findings of Henshaw et al. showed that mothers' self-efficacy plays an important role in successful and persistent breastfeeding and preventing functions which negatively affect breastfeeding (14). In a study by

Abolghassemi et al., participants referred to mothers' belief of low milk supply as the reason of breastfeeding cessation or using formula(15). In other studies in Iran there was a significant direct and positive correlation between mother knowledge, attitude and practice about breastfeeding (16, 17). Moreover, findings of the present study showed that mothers' participation in analysis and interpretation of child growth charts, as recommended by WHO (18) would bring about confidence and breastfeeding self-efficacy. Participants thought of "family's neglect of breastfeeding" as a barrier to breastfeeding promotion and stated that family members actively play a role in supporting and deciding about child's nutrition, therefore, they recommended that family's presence and learning in breastfeeding and health care educational classes should facilitated. According to Barona-Vilar's study from the perspective of mothers, emotional and objective support by husband had a positive effect on decision making and the length of breastfeeding. They also referred to the important role that grandmothers play as sources of emotional, objective and informational support. It was shown in that study that as sociocultural level increased, the role of grandmothers became blurred and conversely, the role of grandfathers became stronger (19). Result of one qualitative study showed husband and family positive attitude and participate in breastfeeding are facilitator factors in breastfeeding continuity (20).

5- CONCLUSION

Participants thought that the health system had the greatest portion in breastfeeding promotion while inadequate performance of baby friendly hospital, failure of prenatal centers in teaching skills to mothers and families, and inadequate support for nursing women after delivery had caused breastfeeding damage. In addition, they also believed that mother's breastfeeding self-efficacy and family's

help and support of breastfeeding had a significant role in breastfeeding promotion. To overcome the barriers to breastfeeding promotion, it is suggested that besides reforming existing plans according to identified barriers in this research, supportive and educational programs should be provided for all individuals involved in breastfeeding including mothers, families and health workers.

6- CONFLICT OF INTEREST: None.

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