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Iranian Women's Experiences of Breastfeeding Support: a Qualitative Study

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Abstract

Background

The positive effect of breastfeeding on the health of the mother, child and community has been globally accepted, but the rate of breastfeeding is still not at an acceptable level. Breastfeeding support can greatly influence the continuity and success of breastfeeding. This qualitative study aimed to explain the Iranian women's experiences of breastfeeding support.

Materials and Methods

This study was designed as a qualitative content analysis. The participants were selected purposefully, and 33 semi-structured interviews were conducted with 18 mothers with breastfeeding experience, 5 key family members (3 grandmothers and 2 husbands) and 10 providers of breastfeeding services. Data were analyzed by using five-step method of Hsieh and Shannon content analysis, simultaneously with data collection.

Results

The results of the analysis of the participants' description and experiences revealed four major categories: spousal support for breastfeeding, family support for breastfeeding, health professionals' support for breastfeeding and community support for breastfeeding, which indicated the dimensions of breastfeeding support.

Conclusion

In participants' experiences, spousal support and family support for breastfeeding had key role in the success of breastfeeding and made the mothers more encouraged to initiate and continue breastfeeding. Further, the participants attributed the success of breastfeeding to receiving adequate knowledge and skill for breastfeeding from the healthcare system. From their perspective, community support for breastfeeding, especially among the working women played a pivotal role in the continuity of breastfeeding.

***Key Words*:** Breastfeeding, Experiences, Qualitative study, Support.

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1-INTRODUCTION

Scientific evidence from numerous studies have emphasized the importance of breastfeeding, especially exclusive breastfeeding during the first six months and its continuation into the age of two or more as a favorable nutritional method for the infants and as a source of physical and mental health for the infants and mothers (1, 2). The statement issued by the American Academy of Pediatrics introduced breast milk as a gold standard for the newborns' and healthy infants' nutrition, and World Health Organization (WHO) has emphasized exclusive breastfeeding in the first six months of life and continuing it along with complementary foods until the age of two (3, 4). However, the nutritional methods of the infants and young children are not favorable around the world as the exclusive breastfeeding during the first six months of life is very much different according to various reports presented in different parts of the globe. According to WHO, only 37% of the children worldwide feed on breast milk exclusively until the age of six months, and the exclusive breastfeeding levels in the six-month period in Eastern Mediterranean region, American children, Australian children and Iranian children have been reported to be 36%, 16%, 10% and 28%, respectively (5).

The decision on breastfeeding and its continuation is influenced by various factors, including the mother's age, education level, Emotional Intelligence, career as well as cultural and social factors like breastfeeding support, etc.(6-8). Studies have shown that breastfeeding support has a positive impact on the continuation and success of breastfeeding so that poor support may result in early termination of breastfeeding(9). A systematic review has also indicated that all types of supports increase the chance of initiation and sustainability of breastfeeding (10). Emotional, informational and tangible supports provided by the relatives of the breast feeders, including husband, mother and close friends can be a significant factor in deciding to breastfeed and continue it. A study has shown that the husband's viewpoint along with his emotional support are important in making decision to breastfeed among the women with high socioeconomic status; while making decision to breastfeed among the women with low socio-economic status is reported to be affected by the mother and friends (11). Evidence supporting the positive effect of health professionals' support during breastfeeding has been observed in studies. These supports have been mostly provided as group training during pregnancy, home visits and individual counseling before and after delivery (12). The social-organizational support related to the working conditions among the working women is also influential in breastfeeding and its continuation. A study showed that legal and professional support of the working breastfeeding women increased the duration of breastfeeding, which was followed by longer breastfeeding by increasing the duration of maternity leave, especially among the women with higher career status (13).

Most of the studies on breastfeeding support have been done quantitatively with limitations in identifying the comprehensive supporting factors involved in breastfeeding in the sociocultural context of the given region. In addition, although quantitative studies are able to explain the cause-effect relationship especially in intervention studies, it is possible to produce rich data through qualitative studies by gaining a full understanding of the phenomena in normal conditions and getting to know why and how these phenomena occur (14). Support is a subjective concept, depends on the understanding and experience of a person

and varies depending on the sociocultural context. Moreover, Iran is currently following the policy of encouraging fertility and increasing the number of births. On the other hand, approximately 60% of the deliveries are done through cesarean (15), most of which are selective and mothers have the problem of delay in the process of milk production, and suffer from the side effects of anesthesia and surgery. Therefore, understanding the concept of support from their perspective is of great significance.

While breastfeeding benefits on baby, mother and community health, it is necessary to have the others support to help mothers reach breastfeeding national goals (13). There is often a gap between what women expect to receive about breastfeeding support from their society and family, and the services that provided by them. Furthermore, it is important to understand experiences and support needs of mothers in relation to their unique context, for quality improvements of care during breastfeeding. Most research about breastfeeding support was conducted by quantitative methodology. This type of methodology has a limited ability to identify dimensions of breastfeeding support in mind the complexity of the socio cultural model in which the woman is immersed.

The low level of exclusive breastfeeding in the first six-month in Iran and world, in addition no qualitative research study has been conducted on the support concept of breastfeeding from Iranian women's perspective, suggest a need to reconsider and reevaluate our current understanding of breastfeeding support in viewpoint of Iranian women. Therefore, for promote the breastfeeding rate and owing to the limitations of quantitative methodology, we designed this study to gain a holistic understanding of the breastfeeding support experience of mothers in their situations and circumstances by using a qualitative content analysis approach. The purpose of this qualitative study was to evaluate the Iranian women's experiences of breastfeeding support.

2- MATERIALS AND METHODS

This study was conducted from February 2014 to November 2015. The study was conducted in Isfahan city (a metropolitan and multicultural region in center area of Iran).

2-1. Study Design and Population

In this study, the women's experiences of breastfeeding support were explained through qualitative content analysis. The study population included the women with breastfeeding experience in Isfahan city and data analysis guided the researchers to other members, including key members of the family and the personnel who provided breastfeeding counseling services.

2-2. Methods

Samples were selected among those who attending to health centers and hospital of Isfahan city. Thus, researcher referred to these centers and got a phone number from themselves or their family's member. In some cases, the staff of these centers got the telephone numbers of families/potential clients, who has considered eligibility criteria, and gave these numbers to researcher. After that researcher telephoned them, explained the aim of the study, checked inclusion criteria and asked about their willingness to participate in study. Each interview location was determined by the participants, e.g., in medical centers, at the workplace, or somewhere else.

Sampling was first performed as purposeful among the volunteers and then was continued with maximum diversity sampling (in terms of age, education, employment, number of children and success or failure of breastfeeding).

2-3. Measuring tools

The data collection was performed by semi-structured interviews. The interview sessions were held according to the opinions of the participants, whether in the healthcare centers or any other location they wished. Before the start of the interview, the study objectives, confidentiality of the information and recording the interview were explained to them. The interview was initiated with open-ended questions: "Please talk about the early days of your breastfeeding", "Describe about your breastfeeding experience", "In your opinion, what is breast-feeding support?" and "What role of Breastfeeding your support in success/failure your breastfeeding?" Follow-up questions were then asked to clarify the study concept, for example "Please explain more about it" or "Please describe more about this"

The interview took about 20-90 minutes and the interviews were recorded with a digital recorder. Notes were also taken from the discussion and reactions of the participants.

2-4. Inclusion criteria

The inclusion criteria for mothers were having breastfeeding experience, being Iranian and able to speak Persian, tendency to participate in the study and inclination to recount their experiences. The inclusion criteria for the personnel were having one year experience of breastfeeding counseling.

2-5. Exclusion criteria

Exclusion criteria were: lack of participant's willingness to continue cooperation in every stage of the study.

2-6. Ethical considerations

The study protocol was approved by the ethical committee of Isfahan University of Medical Sciences, Iran (ID code of 393472). In addition, before the start of the interview, the aim of the study, confidentiality of the information and recording the interview were explained to the participants, and written informed consent was taken from them. Furthermore, it was explained to the participants that they were given the right to withdraw from the study in any stage they wished. In addition, numerical codes were assigned to the recorded interviews for protect the anonymity of the subjects, and all interviews were kept confidential.

2-7. Data analyses

Data were analyzed by using five-step method of Hsieh and Shannon content analysis. Immediately after recording each interview, they were played back, general ideas were extracted, and the interview was written word by word and read line by line. An analysis unit was established where the transcripts were read line by line, the important sentences and phrases were underlined, and the main ideas derived from them and labeled as codes (16). Then, the similar codes were mixed and primary classification was obtained. The descending trend in reducing the data was applied to all analytic units until the main categories were revealed.

For example two conceptual codes including "Spousal support against false beliefs" and "Spousal help to improve breastfeeding" has been emerged from this meaning unit "Husband supported mother against comment of the people around to give infant artificial milk. Husband support, help mother to have a good breastfeeding", and then these two conceptual codes formed the sub-category "spousal belief towards breastfeeding".

In the next step, the main category "Spousal support for breastfeeding", were formed from four sub-categories "Spousal participation in taking care of the infant", "Spousal belief towards breastfeeding", "Appropriate marital interactions" and "Spousal participation in solving breastfeeding problems."

To credibility the data maximum variation sampling was applied, and an external supervisor was used for ensured dependability of the study. To strengthen the confirm ability, the participants reviewed parts of transcripts, codes, to check out whether they were consistent with their real experiences and perceptions. In addition the supervisor, advisor and academic members reviewed the codes and findings.

In order to support the study credibility, the scripts of several interviews, codes and extracted categories were reviewed by several qualitative researchers, who did not participate in the research and an appropriate agreement was made.

3- RESULTS

A total of 33 interviews were conducted with 18 mothers with breastfeeding experience, 5 key family members (3 grandmothers and 2 husbands) and 10 breastfeeding counseling providers (2 pediatricians, 1 midwife, 2 pediatric nurses, 3 breastfeeding counselors of hospital and healthcare center, and 2 pediatric health policymakers).

The age of the mothers ranged from 22 to 37 and they had 1-47 months of experience of breastfeeding 1-3 infants. The majority (30 %) of mothers had diploma and were homemakers. The providers of breastfeeding services had 2.4 to 34 years of working experience.

The analysis of rich and deep descriptions of participants revealed four major categories of breastfeeding support, including "Spousal support for breastfeeding", "Family support for breastfeeding", "Health professionals' support for breastfeeding" and "Community support for breastfeeding (**Table.1**).

Table-1: The main categories and sub-categories for Iranian women's experiences of breastfeeding support

Main categories	Sub-categories
Spousal support for breastfeeding	Spousal participation in taking care of the infant Spousal belief towards breastfeeding Appropriate marital interactions Spousal participation in solving breastfeeding problems
Health professionals' support for breastfeeding	Providing breastfeeding knowledge and skills during pregnancy Practical help of the hospital personnel for early breastfeeding Sustainable support for breastfeeding
Family support for breastfeeding	Family presence to care for the infant and breastfeeding Practical assistance of family for solving breastfeeding problems
Community support for breastfeeding	Society's valuation for breastfeeding Presence of social services for breastfeeding

3-1. Spousal support for breastfeeding

The analysis of the participants' description showed that the Iranian mothers considered an important role for their husbands in the success of breastfeeding, and spousal support included the subcategories of participation in taking care of the infant, believing in breastfeeding, maintaining appropriate marital interactions and participation in solving the breastfeeding problems.

3-1-1. Spousal participation in taking care of the infant

The participants reported that taking care of the infant by their husband played a major role in the success of breastfeeding so that the women considered this participation a support for themselves in breastfeeding. A 34-year-old mother said "my husband encouraged me to breastfeed. He also helped to take care of the newborn, for example he held and soothed the newborn and burp her". Moreover, the participants pointed out that the podiatrist emphasis on their husbands' participation in caring for the infants encouraged them to cooperate more in taking care of the newborn, which consequently played a major role in tendency to breastfeed. They suggested that health care for the newborn be performed with simultaneous presence of the father and mother.

3-1-2. Spousal belief towards breastfeeding

Spousal belief towards breastfeeding and encouraging the mother to breastfeed were other significant dimensions of breastfeeding support in the opinion of the participants. They thought the husband's belief towards breastfeeding and his awareness of the advantages of breast milk would increase the possibility of the success and continuation of breastfeeding. A 23-year-old mother stated "sometimes I was not inclined to breastfeed my child and my husband encouraged me to do it. He said nothing can replace breast milk, so I was determined to breastfeed my baby".

Further, the participants reported that husband plays a major role in helping the mother to cope with the false beliefs of the people around her about breastfeeding and his knowledge of these false ideas greatly affects the continuation of breastfeeding.

3-1-3. The Appropriate marital interactions

The participants stated that good marital interactions provided peace for the mother, helped to improve breastfeeding and enabled the mother in breastfeeding and taking care of the newborn so that the emotional and psychological support of the father reinforced the feeling of having a companion and support and increased the empowerment of mother in breastfeeding. In addition, given the role of the mother's psychological comfort in the success of breastfeeding, the respondents emphasized that the fathers should be trained to maintain the tranquility and reduce the mother's anxiety. A 27-year-old mother said that "the doctor told me that happiness or sadness and anxiety affect my breastfeeding. I told this to my family and my husband, in particular, tried to behave so as to reinforce my spirit and remove my anxiety and anger in order not to have any effect on my breastfeeding".

3-1-4. Spousal participation in solving breastfeeding problems

In the opinion of the participants, the husband's companionship with mother in solving the breastfeeding problems influenced the continuation of breastfeeding so that cooperation in preventing and solving the breastfeeding problems could support breastfeeding. A 25-year-old mother stated "in the early days of breastfeeding when my husband noticed my breast abscess, he thanked me for taking too much trouble for the sake of our child and tried to do anything for me to recover sooner".

3-2. Family support for breastfeeding

The participants believed family support for breastfeeding and practical help provided by them to solve the breastfeeding problems were the major factors of breastfeeding support.

3-2-1. Family presence to care for the infant and breastfeeding

Although, most of the families are nuclear in Iran, the extended family members come to help each other when a new baby is born, so family plays a pivotal role in

caring for the newborn and breastfeeding in the early days of the birth. The presence of the breastfeed mother after delivery to support and help the breastfeeding mother is evident in most of the Iranian families. The presence of grandmother beside the breastfeeding mother, in addition to having a supportive role, leads to exchanging the experiences and the breastfeeding mother adapts to breastfeeding using the experiences of her mother. On the other hand, the grandmothers, thanks to negative and positive experiences regarding their breastfeeding and their children, can play a dual role in exclusive breastfeeding and breastfeeding. The podiatrist told "grandmothers are very important in breastfeeding, because they have had many experiences in breastfeeding their children and grandchildren. That is why if these experiences are positive, they can be very helpful and if they are negative, they can be very harmful". The participants recommended that healthcare centers train the key family members such as grandmother during pregnancy in addition to the mother. Furthermore, the participants asserted that family belief towards breastfeeding is another key factor in the continuation and success of breastfeeding.

Despite the significant role of family in breastfeeding support in Iranian society, some families have still false beliefs about breastfeeding. Given the influence of these beliefs on some breastfeeding mothers, they should be identified and reformed as much as possible. A midwife stated "there are false beliefs about breastfeeding in our culture, which can be an obstacle to breastfeeding. The mothers and families should be informed of these false beliefs".

3-2-2. Practical assistance of family for solving breastfeeding problems

Another supporting factor reported by the participants was the key role of family and its members in the prevention and treatment of breastfeeding problems. They reported that practical help of the family while the breastfeeding problems occur play an important role in continuation of breastfeeding. Further, if the family members are trained or have breastfeeding experience or sufficient knowledge about the prevention and treatment methods of breastfeeding problems, they can have a supportive role in the continuation of breastfeeding. A 31-year-old mother said "I sometimes wanted not to breastfeed my child owing to nipple fissure but my mother and others told me not to worry and continue breastfeeding. Everybody has had these problems. This made me get along with my problems and continue my breastfeeding". The participants suggested these key individuals should be trained to gain adequate knowledge and skill to help the mother solve her breastfeeding problems.

3-3. Health professionals' support for breastfeeding

The third major category focused on the support for breastfeeding provided by the breastfeeding counselors, and participants attributed their initial successful breastfeeding to providing breastfeeding knowledge and skill during pregnancy and receiving practical help from the hospital personnel for early breastfeeding immediately after delivery. They also expected to receive sustained support of breastfeeding to enhance the possibility of maintaining breastfeeding.

3-3-1. Providing the breastfeeding knowledge and skills during pregnancy

The results of the analysis of participants' experiences indicated the necessity of acquiring breastfeeding knowledge and skill during pregnancy. The participants expected to receive training on the advantages of breastfeeding, how to hold the infant properly, breastfeeding technique, signs of adequate breast milk,

strategies to increase milk, milking and saving the milk, caring for the newborn, etc. They asserted that these trainings increase their capability and self-confidence in implementing the proper techniques of breastfeeding and enhance the possibility of breastfeeding after delivery. A 28-year-old mother pointed out that "it is very important to educate the correct way of breastfeeding. In breastfeeding courses during pregnancy, how to hold a baby and how to breastfeed a newborn correctly were taught, that helped me a lot to easily start breastfeeding". The participants' remarks showed that teaching the pregnant women how to breastfeed in healthcare centers played an important role in making them decide to start breastfeeding. However, they believed these trainings were not adequate and they expected to receive these trainings more effectively, regularly and purposefully at the end of their pregnancy.

3-3-2. Practical help of the hospital personnel for early breastfeeding

The participants reported that conditions at the time of delivery are considered a significant factor in the initiation and continuation of breastfeeding and these conditions should be so provided that they prepare the mother emotionally, psychologically and physically for breastfeeding. The breastfeeding counselor stated that "to promote breastfeeding, private rooms should be allocated to improve breastfeeding in obstetrics and gynecology wards and mothers receive emotional and psychological support".

The personnel also emphasized the necessity of supportive care for breastfeeding and stated that the mothers' practical skills of breastfeeding should be ensured. A midwife stated "I think each person who is responsible to take care of a mother in a labor or a ward should believe that every mother who is discharged from hospital has to know correct breastfeeding technique, have enough information and be referred to counseling centers in the case of any problem".

In the first day after delivery, the breastfeeding counselors of the hospital teach mothers the importance of breastfeeding, correct technique of breastfeeding and correct milking and saving. The respondents referred to the necessity of receiving practical assistance and correct counseling to stabilize breastfeeding in the first few days after delivery and considered a significant role for this support in reinforcing the self-efficiency of breastfeeding. A 34-yesr-old mother mentioned "I was not taught how to breastfeed my first child. Even in the hospital, a nurse came and quickly said something and left. However, the hospital in which my second child was born was very good, the nurse came to me, sat beside me, observed my breastfeeding and guided me". In addition, the participants expected the breastfeeding counselors have appropriate communication skills and allocate sufficient time to teach the practical skills of breastfeeding to the mothers.

One of the personnel insisted that the mother has no favorable physical and mental conditions after delivery, especially cesarean and a balance should be made between the personal needs of mother, caring for the infant and breastfeeding. She also stated "the mother suffers from pain after delivery and she has problems that may make her not be able to concentrate on the trainings delivered to him. Therefore, it is necessary to provide her with practical help in the first days of birth in addition to the trainings, and these trainings should be continued during breastfeeding".

3-3-3. Sustainable support for breastfeeding

The participants regarded healthcare centers and doctors' offices an appropriate place for counseling and following breastfeeding after being discharged from hospital. According to the national programs for the healthy child, the mother usually refers to the healthcare center 3-5 days after delivery, her breastfeeding style is observed and its problems are discussed and analyzed. A breastfeeding counselor with 23 years of experience stated that "we observe and record the mothers' breastfeeding status and provide them with suggestions to improve their problems". However, most of the mothers were not able to receive consultation due to few healthcare centers, presentation of the breastfeeding services in the morning shift and impossibility of commuting. They also asserted that the podiatrists' offices did not have a favorable condition to follow their breastfeeding status.

Furthermore, the mothers complained about their confusion and inability to handle their breastfeeding problems in the first few days after delivery and asserted that such breastfeeding problems as breast congestion, sore nipple, etc. especially in the early days of breastfeeding were much prevalent and were considered as the factors that reduced their ability in breastfeeding. They declared that mothers should be taught the common problems of breastfeeding as well as the skills required to prevent and solve them. A 31-year-old mother said "mothers should be taught how to breastfeed their newborns because I did not know how my nipples got sore when my first child was born".

The breastfeeding counselors reported the feeling of lack of breast milk to provide the needs of the infant as the greatest cause of concern and referral of mothers to the healthcare centers. Therefore, by analyzing the sufficiency of the mother milk, the health personnel should assure the mother about her ability of breastfeeding and adequacy of her breast milk to meet the requirements of the infant exclusively for six months. The breastfeeding counselor declared that "we teach the signs of adequate milk to the mothers because mothers mostly refer to us for lack of breast milk. We analyze the indications of adequate milk and control the weight of the newborn again during one week for greater certainty. If the child's weight is increased 100-200 grams over a week, it shows the mother's breast milk is enough for the infant. That is we support her breastfeeding by ensuring the adequacy of her breast milk".

In addition the participants believed that breastfeeding counseling services should be presented to mothers all night and day. They also stated a 24-hour telephone counseling for breastfeeding would be supportive for the mothers and would make them more adaptable to breastfeeding.

The participants expected the healthcare centers to train the family members to support and participate in breastfeeding. They also recommended that the family participate in the training courses of breastfeeding along with the mother to learn how to assist the mother in breastfeeding and support her emotionally and psychologically. Moreover, the healthcare personnel should also have the ability to run regular training programs for the families to support breastfeeding. A 25-year-old mother told "the breastfeeding counselor taught me and my mother the advantages of breastfeeding and breastfeeding support, which helped me a lot consequently".

3-4. Community support for breastfeeding

In the opinion of participants, community valuation and presence of social services for breastfeeding indicated the community support for breastfeeding and contributed to its success and continuation.

3-4-1. Society's valuation for breastfeeding

The majority of Iranian families are Muslim and Islamic teachings have emphasized breastfeeding in numerous verses of Quran, for example verse 233 of Baqarah Surah (17) has clearly stated that the breastfeeding right is fulfilled completely by two years of breastfeeding. The dominant view in Iranian culture and belief has been emphasizing breastfeeding. The religious leaders have also highlighted the significance of breastfeeding in their sayings, for example Prophet Muhammad has stated that "no milk is better than the mother's milk for the child" (18). A 36-year-old father said "in the tradition of Imams' trainings, the advantages of breastfeeding for the mother and child have been recounted and emphasized and all these are a source of encouragement and support".

The participants regarded the overall view of community toward breastfeeding positive and supportive and stated that positive view toward breastfeeding and encouraging and promoting breastfeeding make mothers turn to breastfeeding. The major role of the media in educating and creating positive beliefs in the society is another factor that respondents pointed out. They reported that education and spreading information in the society and media to encourage breastfeeding changed the public attitude toward breastfeeding.

In addition, the respondents highlighted the necessity of supplying educational books about breastfeeding, access to the Internet and social networks to educate the advantages of breastfeeding, to encourage the mothers to breastfeed and to describe the positive role of mothers in breastfeeding support.

3-4-2. Presence of social services for breastfeeding

The description of the participants showed that the community supports for the breast feeders such as maternity leave, short leave for breastfeeding, kindergarten, flexibility in the work schedule of working mothers like part-time jobs and an assistant nurse provide a suitable ground for women to adapt themselves to breastfeeding. Hence, they believed in the necessity of adherence to the rules that emphasized the support for breastfeeding mothers like establishing nursery schools close to their workplace and using breastfeeding leave during working hours. A 37-year-old working mother said "the six-month maternity leave can help the mother very much to have exclusive breastfeeding, and the working environments should support breastfeeding as much as they can". Furthermore, the analysis of the participants' experiences indicated that paternity leave for the first few days after delivery can be a supportive factor for the start and continuation of breastfeeding. A 28-year-old mother stated "it would be great for the fathers to have maternity leave the same as mothers because they could help the mothers in the first few days after delivery".

4- DISCUSSION

The results of the analysis of participants' experiences showed that they searched for breastfeeding support from many sources, including spousal, family, health professionals and community support for breastfeeding. According to the experiences of Iranian mothers, husband plays a key role in supporting breastfeeding so that the mother will have a better experience in breastfeeding and the possibility of its success increases. It seems that too many responsibilities of the mother and lack of preparation to take care of her newborn and herself make her tired and confused, and if the husband takes some of these responsibilities, the mother will have adequate time for rest and breastfeeding. Moreover, the findings of

this study indicated that the father's awareness and attitude toward breastfeeding plays an important role in his support for breastfeeding. The participants in the study by Barona-Vilar highlighted the key role of fathers in breastfeeding support (11).

The breastfeeding mother's support and use of family members' help was another finding in this study. The participants stated that most of the mothers give birth to their children through selective cesarean and cannot properly take care of their newborns due to surgical and anesthetic problems, which seriously necessitate the presence of family members to care for the infant. In addition, owing to early discharge of mother from the hospital, lack of referral to the healthcare centers and receiving breastfeeding counseling and mother's presence in the family in the early days of birth, mothers need to have capable families to support them in breastfeeding. Therefore, the participants suggested the healthcare centers to regularly teach the key family members how to help in the early start and continuation of breastfeeding, provide them with educational packages at home or visit the breastfeeding mothers at home. Other studies indicated too that the support provided by the family during pregnancy and after delivery is very important for women. In fact, the women become hopeful and delighted and feel more secure when they are valued by the family members, especially their husbands (19, 20). In the opinion of the participants of this study, the mother's ability and self-confidence to make use of the correct techniques of breastfeeding were important factors in embarking upon breastfeeding after delivery, so that the women with previous experience of breastfeeding or the women who had received enough training during their pregnancy had started breastfeeding immediately and suggested that correct techniques of breastfeeding be taught practically at the end of pregnancy period. Results in Saljughi et al. study showed breastfeeding education during pregnancy increase mother's self-efficacy and ultimately exclusive breastfeeding (21). Breastfeeding education can be done with electronic method and one study showed this method had a higher effect on level of awareness about postpartum breast feeding among mothers compared to paper based method (22).

Participants also emphasized the significance of the support provided by the breastfeeding counselors in the first few days after delivery and asserted repeated training and practical guidance of breastfeeding at birth are vital in reinforcing the self-efficacy of the mothers to continue their breastfeeding. In another study, the midwives and nurses stated that the support and trainings of the healthcare providers play a pivotal role in the promotion of breastfeeding (23).

The findings also revealed that consistent support for breastfeeding after delivery by the healthcare system was not adequate and mothers were left with breastfeeding problems and concerns regarding inadequate breastfeeding. In Iran, along with the cares provided in the healthcare centers during pregnancy, breastfeeding counseling and training at the end of pregnancy period are briefly presented only to the mothers; in the hospital however this counseling is slightly provided. It is presented again in the breastfeeding counseling centers after discharge from the hospital, but most of the mothers do no refer to these centers. Thus, breastfeeding trainings are recommended to be presented more consistently and purposefully and more effective methods are needed to be presented to the mothers and family members. Also, by increasing the number of counseling centers and their working hours, special programs are suggested to be designed for regular referral of the

mothers during critical breastfeeding periods. In fact, continuation and success of breastfeeding can be improved through the development of an appropriate supportive network for the breastfeeding mothers. Other studies has also emphasized the importance of health system and regular breastfeeding counseling in continuation of breastfeeding (24, 25). In addition the pregnancy and postpartum period offers a perspective of opportunity to healthcare professionals to train and correct lifestyle and its different aspects of mothers in order to improve the health of the mother and infant (26).

Furthermore, most of the participants had experienced the feeling of loneliness and inability to solve the breastfeeding problems such as breast engorgement and nipple fissure, and pointed out the necessity of access to the breastfeeding counselors to receive practical guidance for solving these problems. The results of the study performed by Hegney et al. showed that supporting the mothers to solve their breastfeeding problems is a factor in breastfeeding success(27).

Another supporting factor is community valuation of breastfeeding; so that if families, especially girls have a positive attitude toward breastfeeding from the very childhood and while benchmarking the maternal behavior, the breastfeeding rate will be increased. The results of a meta-analysis also highlighted the role of community attitude in breastfeeding rate (20). In another qualitative study, social and cultural factors are important factors in breastfeeding success (28).

The organizational support for the working breastfeeding women was another element that was reported by the participants so that increased maternity leave and flexibility of the working hours played a pivotal role in the breastfeeding of the working women. Other studies has also emphasized the importance of organizational supports in breastfeeding (13, 29). In the programs of promoting breastfeeding in Iran that administered by healthcare centers, no special training is performed for the fathers, which prevents Iranian fathers to participate in breastfeeding programs. The respondents of the current study recommended that breastfeeding training courses be held for both mothers and fathers. In addition, the result demonstrated that to promote the breastfeeding status, not only breastfeeding support is required by the spouse, family, healthcare system and society, but also this support should be planned completely and the service providers should have received sufficient training and skill to present an efficient support. This study for the first time assessed the dimensions of breastfeeding support from women's experiences in Iran.

5- Limitation of the study

A limitation of this study was relatively small sample size that limits the general applicability of the results. Further studies suggest with participants selection from different provinces, context and working backgrounds that investigated and compare the experience of other women of breastfeeding support in Iran. In addition suggested study about the breastfeeding services and personnel's counselor skills with imply the support need of breastfeeding mothers, and assure they receive appropriate quality of services.

6- CONCLUSION

From the viewpoint of the participants, spousal support for breastfeeding play a key role in the success of breastfeeding and made the mothers more encouraged to begin and continue breastfeeding. Further, family support for breastfeeding could help the mothers to overcome the breastfeeding problems and exclusive breastfeeding so that they could get help from the family members if required. Moreover, the participants believed their

successful breastfeeding was dependent upon receiving breastfeeding support from the healthcare professionals.

They also thought community support for breastfeeding, especially among the working women play a major role in the continuation of breastfeeding. Based on the results of this study, it seems that specific programs are needed to be designed to reinforce different dimensions of breastfeeding support mentioned in this study in order to provide a ground for early initiation and success of breastfeeding.

7- CONFLICT OF INTEREST: None.

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