

## Facilitators for Empowering Women in Breastfeeding: a Qualitative Study

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### Abstract

#### Background

Exclusive breastfeeding for the first six months and continued breastfeeding up to 2 years or more is a desirable approach for infant's nutrition. A mother's breastfeeding empowerment is considered an important factor in promoting breastfeeding and identifying its facilitating factors can contribute to the development of effective policies and intervention. This study with a qualitative approach carried out aiming to exploring the facilitators for women's empowerment in breastfeeding.

#### Material and Methods

This study conducted by content analysis method. Thirty-four semi-structured individual interviews with 20 mothers having breastfeeding experience, 4 key family members, and 10 personnel involved in breastfeeding services were carried out. Data analysis was simultaneously performed with data collection.

#### Results

Three main categories of "Health system factors", "Family and personal factors" and "Social and cultural factors" were extracted from the participants' explanations, indicating the dimensions of facilitation for empowering women in breastfeeding.

#### Conclusion

Participants regarded the acquisition of breastfeeding skills in hospitals and breastfeeding counseling in health centers as important factors in facilitating their empowerment to early initiation of breastfeeding and its continuity. Further analysis showed "a mother's decision to breastfeed" along with her understanding of "positive attitude and her husband and family's participation in breastfeeding" boosts the breastfeeding ability and the support of the community through "positive cultural belief in breastfeeding" and "public education and information" provides an appropriate ground for the continuity of breastfeeding. In order to improve breastfeeding, a comprehensive planning with regard to women's empowerment in breastfeeding should be considered.

**Key Words:** Breastfeeding; Qualitative research; Women.

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## 1-INTRODUCTION

Breastfeeding, especially exclusive breastfeeding for the first six months and continued breastfeeding up to 2 years or more is a desirable approach for feeding infants and brings about physical and mental health of infants and mothers(1-5). American Academy of Pediatrics statement considers breast milk as the gold standard feeding for healthy infants and WHO emphasize on exclusive breastfeeding for the first 6 months of life and following it along with complementary foods up to 2 years of age. Promotion of optimal infant feeding practices could save 1.5 million infants per year and protect them against diarrhea, pneumonia, and neonatal sepsis(6-8).

Unfortunately, the infant and young children breastfeeding practices are not desirable throughout the world. According to various reports submitted from all over the world, the model of exclusive breastfeeding in the first six months of life vary widely; however, according to the WHO report in 2014, on average only 37% of children in the world, 36% of children in the Eastern Mediterranean Region, and 28% of Iranian children are exclusively breastfed for the first 6 months of age(9).

Various factors can influence the mother's decision to breastfeed and to continue it, including her knowledge on the benefits and skills of correct breastfeeding technique; support systems particularly the family; mother's social, cultural, and economic status; and health system personnel's skills (10, 11). The mother's empowerment is also an important factor. Kang et al. showed this empowerment increases breastfeeding and helps mothers in actively solving breastfeeding problems and coping with difficulties(12). In addition, empowering women leads to improvements in the quality of their maternal role and reduces family's psychological distress(13).

Since, according to experiences of mothers, families and health care providers, the identification of factors facilitating mothers' breastfeeding empowerment is important and identifying the factors can contribute to designing effective policies and interventions in order to promote breastfeeding; therefore, this study with a qualitative approach was designed and carried out aiming to exploring the factors facilitating women's empowerment in breastfeeding.

## 2-MATERIAL AND METHODS

In order to exploring women's understanding of breastfeeding empowerment, this qualitative study was designed based on naturalistic paradigm with conventional content analysis method. Purposive sampling was carried out. First, individual semi-structured interviews were run with 20 mothers having breastfeeding experience. Then, data analysis led researchers to interview with other people including 4 key family members (grandparents and father) and 10 health system personnel involved in breastfeeding services. Sampling continued until data saturation was obtained.

Interview sessions were held in health centers or any other place they desired (such as houses). Before interviewing, the purpose of study and confidentiality of information and recording interviews were explained to participants. All interviews were conducted by researcher. The duration of the interviews was between 30 to 90 minutes. Interviews were started with posing this question "Please describe your breastfeeding experience" and their answers directed us to the following questions. The interviews were recorded and they along with their nonverbal communication were written down. Data analysis was performed using Grantham and Landman's methods (14). Thus, after

reviewing the transcribed text of interviews several times, meaning units were formed and then key phrases and concepts were extracted as codes. Then, the codes were read several times to be placed in categories and sub-categories based on their semantic similarity. The initial texts and final categories were reviewed for several times until when the researchers and participants reached a common sense of satisfaction.

Data credibility was increased after the manuscripts were reviewed by the participants and peer reviewed by the supervisor, consultant, and colleagues and by maximum variation in sampling. To strengthen confirm ability, the texts of a number of interviews, codes and extracted categories were reviewed by several quality researchers and a good deal of agreement was obtained. The study was approved by the Ethics Committee of the Isfahan University of Medical Sciences-Iran. Moreover, written informed consents were obtained from the participants and the participants were opting to not continue participating in each phase of the study.

### 3-RESULTS

Thirty-four interviews with 20 mothers having breastfeeding experience, 4 key family members, and 10 personnel involved in breastfeeding services (including: pediatrician, midwife, pediatrics nurse, lactation consultant at the hospital and health center, and policy makers) were carried out.

Mothers were aged 22 to 37 and had 1- 47 months of breastfeeding experience for 1-3 term and premature children. The majority of mothers were housewives holding diploma. Work experience of breastfeeding service providers was 3 to 34 years.

Six-hundred initial codes were extracted from deep and rich description of the participants. After reviewing, the codes were summarized and classified on the basis of similarity and congruence. Analyzing and comparing their inner meaning, three main categories including "Health system factors," "Family and personal factors" and "Social and cultural factors" were obtained, indicating the facilitators of mothers' breastfeeding empowerment (Table.1).

**Table 1:** Facilitators of women's breastfeeding empowerment

| Sub-category   | Main category                 |
|--|-------------------------------|
| Hospital breastfeeding services  | The health system factors     |
| Breastfeeding services in health centers                                   |                               |
| Mother's decision to breastfeeding   | Individual and family factors |
| Positive attitude and participation of husband and family in breastfeeding |                               |
| positive cultural beliefs to the breastfeeding                             | Social and cultural factors   |
| Providing public education and information                                 |                               |

#### 3-1.The health system factors

Analysis of the participants' views showed that the health system play an important role in breastfeeding empowerment and its improvement as the provision of breastfeeding services in hospitals and health centers facilitate the breastfeeding empowerment.

##### 3-1-1. Hospital breastfeeding services

Participants mentioned that hospitals have a key role in the initiation and proper skills training of breastfeeding. They pointed out to the need for practical help and proper advice to establish breastfeeding in the first few days after parturition and emphasized on the important role of such support in strengthening their breastfeeding empowerment. They also

stated that hospital breastfeeding consultants should immediately have post-partum training for newly delivered mothers on the importance of breastfeeding and correct techniques of breastfeeding, and on how to milk and store it. A 32-year-old mother said: "There was no training on breastfeeding for my first child. At the hospital, a nurse came and said only few points. I did not receive any practical help. But there was a very good training for my second child. She came close to me to watch the way I breastfeed and then she training me practically".

From the perspective of breastfeeding consulting service providers, child-friendly hospital steps such as skin contact between mother and infant has a significant role in facilitating breastfeeding. The analysis of mothers' experiences and recommendations of breastfeeding service providers confirms the importance of these ten steps of baby-friendly hospitals. For example, skin contact between mother and infant at early hours of childbirth and early initiation of breastfeeding even for the cesarean section delivery has a positive impact on the success and continuity of breastfeeding and mothers should be helped to immediately start contact and breastfeeding after birth as soon as possible. The director of breastfeeding care said, "Something that should be seriously considered is the care at the first hour. That means, after the childbirth, even when the child is born by caesarean surgery, a nurse should put the infant on mother's breast for breast sucking and skin contact to be started" .

Moreover, the participants claimed that positive attitude and practical help of hospital personnel for early breastfeeding has an important role in initiation of

breastfeeding and hospital personnel should help mothers to start breastfeeding soon after the childbirth and teach skills practically. A 32-year-old mother said: "I gave birth in a baby-friendly hospital and at the first moment of the delivery, they put the breast into child's mouth. After the childbirth, a midwife brought my infant to be breastfed. I was still lying on the delivery bed. She squeezed my breast and it milked. That midwife helped me a lot" .

In this regard, the participants insisted on special protection of mothers with difficult breastfeeding conditions such as nulliparous mothers, cesarean mothers, and the ones having twin babies. They say nulliparous women need more help for breastfeeding and the mothers, especially if having cesarean, are not in good physical and mental conditions and need the support from trained breastfeeding counselors. In this regard, a midwife said: "In Iran, many cesarean deliveries are done and the staff should spend more time training mothers and their families so they can have a successful breastfeeding".

### **3-1-2. Breastfeeding services in health centers**

The participants emphasize on the important role of breastfeeding counseling centers and said that these centers should help women to cope with breastfeeding difficulties. A midwifery academic member stated that "breastfeeding counseling centers having personnel with special training can help a lot. Sometimes, the mother may need to have enough time to talk about her problem and may be need of expert advice. So if the breastfeeding counseling units are more invested, they will certainly be more effective" .

Participants also stated that, due to the prevalence of breastfeeding difficulties over the first days after childbirth, training

mothers to prevent and treat breastfeeding difficulties and offering practical advice on breastfeeding difficulties are major factors in the continuity of breastfeeding and facilitating the breastfeeding empowerment. A breastfeeding consultant with 20 years of experience in this field, said: "Many mothers face problems like mastitis, breast engorgement and fissures after the childbirth. We try to prevent and treat these problems. If the case is breast engorgement, we try to squeeze milk out of the breast. We teach them how to milking and store it. We even train them how to feed their infants milk by cup and spoon. However, it depends on mothers' visiting us because most mothers seek help from doctors and they do not offer good advice in this regard" .

Participants recommended that counseling centers provide adequate training on breastfeeding in pregnancy to prevent and treat common breastfeeding problems. In this way, they will be prepared to face these problems and health system supports them when dealing with breastfeeding problems and helps them to find ways to cope with breastfeeding problems.

In this regard, the analysis of participants' perspectives showed that an emphasis on the evaluation of breastfeeding in mother and child during routine care, play an important role in facilitating mothers' breastfeeding empowerment and breastfeeding models for all mothers should be observed and their breastfeeding status should be evaluated and analyzed, and necessary strategies should be offered for improving their breastfeeding. A counselor said: "For each mother who comes to visits us, we fill out the check list on her breastfeeding technique and any way she has learned it. Then, we give

some suggestions in order to make them be better prepared for breastfeeding.

### **3-2. Individual and family factors**

The results of the data analysis shows that breastfeeding is greatly influenced by individual and family factors and the participants said, "Mother's decision to breastfeeding" and "positive attitude and participation of husband and family in breastfeeding continuity" are among important factors in facilitating the empowerment of breastfeeding.

#### **Mother's decision to breastfeeding**

From the perspective of the participants, mother's decision and desire to breastfeeding plays a key role in the initiation and continuity of breastfeeding, so if the mother believes that her milk is the best food for her baby and has sufficient knowledge and skills, it leads to her decision to breastfeeding. A 33-year-old mother once said: "We need to educate and inform mothers to believe the positive effects of breastfeeding. They become more determined in breastfeeding if such a belief is established in them".

Moreover, breastfeeding service providers also expressed that if mothers believe the positive effects of breastfeeding and are determined for breastfeeding, they attempts to get education and counseling about breastfeeding. Thus, addresses of breastfeeding counseling centers, websites and resources must be available to mothers so that they access them when necessary. One midwife once said: "Mothers must be notified of addresses of breastfeeding counseling centers and education and services they provide so that they access them in case of occurrence of a problem and need for advice".

### **3-2-2. Positive attitude and participation of husband and family in breastfeeding**

From the perspective of the participants, family has a great contribution in breastfeeding continuity and husbands' and families' positive attitudes as well as their participation regarding breast milk is among key factors in facilitating the empowerment of breastfeeding. Also, if members of a family have enough knowledge and skills to support breastfeeding, they can provide an effective support.

They recommended that key members of the family should be educated in providing practical help to mothers in infant care and breastfeeding as well as adequate support of mothers in resolving breastfeeding problems, so that they are able to help mothers in breastfeeding continuity and in facilitating their empowerment. A pediatrician once said, "Support is very important in breastfeeding and if husband and family believe in breastfeeding and support mothers in breastfeeding, the probability of breastfeeding continuity increases, so such supports should be taught and reinforced".

### **3-3. Social and cultural factors**

The analysis of the data showed that participants believed that social and cultural factors to play a key role in breastfeeding and said "Positive cultural belief to the breastfeeding" and "Providing public education and information" would lead to facilitating the empowerment of breastfeeding.

#### **3-3-1. Positive cultural beliefs to the breastfeeding**

The participants expressed that appreciation of religious teachings towards breastfeeding is an important factor for women' and families' decision for

breastfeeding, and given that majority of Iranian families are Muslims and Islam emphasizes the importance of breastfeeding and, it has been frequently seen in many verses of the Holy Quran and the Hadith and sayings of religious leaders. The participants recommended that in order to facilitate the ability of mothers in breastfeeding, mothers and families should informed of Islam recommendations to breastfeeding.

A 33-year-old woman once said: "I think when Islam has much talked about usefulness and benefits of breastfeeding and many rewards are for breastfeeding that for example, each time a mother breastfeeds her child, her sins are forgiven and all such encouragements for a mother to certainly do this, show that there are definitely some good points about it. There must be some benefits behind it by God that is emphasized so much".

From the perspective of the participants, the community's awareness of the value of breastfeeding also plays a key role in facilitating the empowerment of breastfeeding and expressed that the community's awareness of the positive effects of breastfeeding on mothers' and children's health leads to continuity and promotion of the breastfeeding condition and plays an important role in empowering breastfeeding. Therefore, they recommended that in breastfeeding public information, new findings of positive effects of breastfeeding on mother's and child's health and parent and child relationship and bonding and attachment should be mentioned. A policy maker said: "When in educational programs you say breastfeeding raises children's IQs, or it decreases violence toward child and better family, their faith in breastfeeding grows stronger. New findings should be emphasized in educational programs".

### 3-3-2. Providing public education and information

The role of education on the importance of breastfeeding through the media in facilitating the empowerment of breastfeeding was mentioned by the participants. They stated that the media plays an important role in education and creating positive beliefs in society to encourage and promote breastfeeding, then led to improved public attitude towards breastfeeding and supporting it. From their perspective, if the public view of the society towards breastfeeding is positive and supportive, breastfeeding is promoted and encouraged and then it increases families' and mothers' desire to breastfeed their babies. A 23-year-old woman said: "I have seen some TV programs discussing about breastfeeding and side effects and complications of formula. These programs encouraged my husband and me towards breastfeeding".

In addition, participants stressed on need to provide educational material about breastfeeding, access to the internet and social networking to public education the benefits of breastfeeding to encourage society towards breastfeeding support. A grand mother said, "I did some search on the internet about breastfeeding and I learned about the advantages of breastfeeding and then I support my family for breastfeeding".

In addition, participants expressed that holding workshops on promoting breastfeeding for the staff and physicians, have enabled them to help mothers and families and is considered among other key factors in facilitating the empowerment of breastfeeding. A policy maker of breastfeeding services said: "We should hold purposeful breastfeeding workshops for the personnel that contain theoretical and practical issues. Theoretical workshops are important in their place, specifically, in the discussion of the

advantages of breastfeeding and that our personnel should gain a strong belief in it. However, workshops need to be practical as well as the kind of behavior of the personnel with mothers and the kind of trainings they provide are influenced by their practical skills and their empowerment. A more important point to note is that such a retraining should be repeated and continuous".

## 4-DISCUSSION

This study was conducted for the first time with the aim of investigating the perception of Iranian women for the empowerment facilitators of breastfeeding. The participants described the facilitators for the empowering women in breastfeeding in three aspects of health system factors, individual and family factors, and social and cultural factors. The results of a study by Kang et al. showed that the empowerment in breastfeeding plays a key role in promoting breastfeeding, so that by raising the empowerment level of breastfeeding, the rate of exclusive feeding as well as breastfeeding continuity are increased(12).

The findings suggest that breastfeeding hospital services have a serious impact on facilitating the empowerment of breastfeeding and the existence of a special unit for breastfeeding training and advising in the hospital, focusing on skin contact between mother and baby in the hospital, an emphasis on early onset of breastfeeding in the hospital and referring problematic cases to the breastfeeding counseling unit lead to the formation of the empowerment to breastfeed. The participants in the study by Ong et al. (2014) also considered hospital breastfeeding services among key factors in breastfeeding and emphasized educating mothers and ensuring their breastfeeding practical skills before they leave the hospital(15). The results of the study by Daglas et al. show that supportive

behaviors of hospitals and counseling skills of their staff are very effective in the initiation and continuity of breastfeeding (16). Moreover, the results of this study showed that providing breastfeeding counseling services in health centers is a key dimension for facilitating the empowerment of breastfeeding so as the availability of breastfeeding counseling centers, offering practical advice and resolving breastfeeding problems and assessment of breastfeeding status during caring for the mother and the child resulted in enhancing the empowerment in breastfeeding. In another study, the knowledge and skills of a mother to face breastfeeding was among breastfeeding facilitators and mothers were more successful in breastfeeding by the support of the health system from them in the process of breastfeeding and helping them to cope with difficulties(17).

The participants in the study gave a special place for the decision of the mother in breastfeeding so that if a mother believes in breastfeeding and is determined towards the pursuit of knowledge and skills and counseling for successful breastfeeding, she can cope with breastfeeding difficulties and problems. Another study also showed that a mother's decision to breastfeed played a significant role in her success in breastfeeding and increased the probability of breastfeeding initiation and continuity (18).

In the participants' opinion, in this study the positive attitude and participation of the husband and the family in breastfeeding continuity, resulted in the stabilization of the empowerment of breastfeeding. They also regarded the support of the husband and the family in the breastfeeding process and the participation in caring for the baby and breastfeeding as important factors in the empowerment of breastfeeding. These findings are in line with the qualitative study by Abolqasemi and Khoei in which

the mother's, family members and society members' beliefs of breastfeeding are among the important and effective factors in facilitating breastfeeding(19).

In the present study, participants believed that positive cultural belief towards breastfeeding is an important factor in breastfeeding empowerment, so that the emphasis on breastfeeding in religious teachings and breastfeeding valuation lead to facilitating the empowerment of breastfeeding; For example, in verse 233 of Surah Baqarah in Holy Quran, it is stated that breastfeeding for whole 2 years, makes the right of breastfeeding to be fully performed and the "Prophet of Islam has also said: "There is no milk better than breast milk for a child". The findings of other studies also show that cultural belief and attitude play important roles in breastfeeding initiation and continuity and in facilitating the empowerment of mothers in breastfeeding (20-22).

According to the participants in this study, educating and informing the community is a key factor in breastfeeding empowerments and training the importance of breastfeeding through the media and holding workshops for personnel and physicians in order to promote breastfeeding would contribute to continuity and facilitation of the breastfeeding empowerment. Barona's study has also emphasized on the role of social support associated with breastfeeding to increase the duration of breastfeeding(23). The results of the Labarere's et al. study revealed the important role of physicians and other health care providers in encouraging and supporting the breastfeeding continuity (24).

## 5-CONCLUSION

Participants regarded "the acquisition of breastfeeding skills in hospitals" and "counseling centers in health centers" as important factors in facilitating their



empowerment to early initiation of breastfeeding and its continuity. Further analysis showed "a mother's decision to breastfeed" along with her understanding of "positive attitude and her husband and family's participation in breastfeeding" boosts the breastfeeding ability and the support of the community through "positive cultural belief in breastfeeding" and "public education and information" provides an appropriate ground for the continuity of breastfeeding. In order to improve breastfeeding, a comprehensive planning with regard to women's empowerment in breastfeeding should be considered.

**6- CONFLICT OF INTEREST:** None.

## 7-ACKNOWLEDGMENT

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