

## Perceived Family Support among Successful Mothers in Exclusive Breastfeeding, a Qualitative Study

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**Background:** Breastfeeding is a complex phenomenon and its duration is influenced by several factors. Since proper family support may affect the length and quantity of exclusive breastfeeding, this study aimed to explain the supportive role of families based on experience of successful mothers in exclusive breastfeeding.

**Methods:** This qualitative study was done in 2015 with conventional content analysis approach. Overall, 16 successful mothers in exclusive breastfeeding were chosen by purposeful sampling from healthcare centers affiliated to Golestan and Mazandaran Universities of Medical Sciences. Data were collected by in-depth semi-structured interview and data analysis was done using comparative analysis. Lincoln and Guba criterion was used to evaluate accuracy and robustness of data.

**Results:** The experiences and perception of successful mothers in exclusive breastfeeding were categorized into four classes of emotional support from grandmothers, effective training role of grandmothers, cooperation of husband's family, and participation of breastfeeding mother's family.

**Conclusion:** Considering the supportive role of family members in various emotional and informational aspects of exclusive breastfeeding by mothers, it is recommended to seriously consider the role and position of this group and implement strategies using their potential in policymaking for breastfeeding.

**Keywords:** Exclusive Breastfeeding, Support, Family, Qualitative Study

## Introduction

Breastfeeding is a complex phenomenon and its duration is influenced by demographic, physical, social and psychological factors (1). Several domestic and foreign studies have shown that supporting mothers significantly increases the possibility of exclusive breastfeeding (2-7). Successful feeding by mother's breast milk requires receiving necessary support at hospital and its continuance at home (8). Health- medical caregivers have an important role in caring and training, but since they are not always available, the care strategy implemented by them may not be sufficient on its own (9). Thus, the presence of caregivers outside usual clinical visiting hours is necessary to respond to mothers' training needs after childbirth to promote exclusive breastfeeding (10). In this regard, Gill et al. (2007) indicated that family members affect successful period of breastfeeding by mothers (11). Similarly, most studies on family mentioned frequent and increased communication of family members with their grandmothers. Due to financial reasons, most married couples live with their original families, especially the husband's family. Therefore, attitudes and beliefs of grandmothers may influence breastfeeding (12). Several other studies also indicated grandmothers as the main group that affect breastfeeding period and support new mothers the most (12, 13). Moreover, Barona-Vilar (2009) showed that breastfeeding is a cultural practice, and traditions and messages from previous generations may affect breastfeeding (14).

Considering the effects of sociocultural factors on exclusive breastfeeding, influence of family members on the lactation period and lack of published studies in Iran on this issue, this qualitative study was conducted to explain the supporting role of family members on success rate of exclusive breastfeeding. The results of this study could be used for planning to promote the health of child and family.

## Methods

This qualitative study was carried out in 2015 with conventional qualitative content analysis approach. The participants were chosen by purposeful sampling from

primiparous or multiparous breastfeeding mothers with children aged less than one year at time of the study that experienced successful exclusive breastfeeding for their suckling children. The mothers with children under age of one year were selected because recalling the experiences of breastfeeding during the early six months might be more accurate and complete. Furthermore, subjects included mothers with rich experience of the phenomenon and good speaking abilities who were willing to participate. These successful mothers were selected according to healthcare files and feedbacks given by the personnel of healthcare- medical centers affiliated to the Golestan and Mazandaran Universities of Medical Sciences from the population under their coverage. Overall, 16 mothers were interviewed. The interview lasted about 35-90 minutes. The participants were chosen with maximum variation (in terms of age, number of children, type of delivery, education, occupation, economic status, and place of residence).

Data were mainly collected by the semi-structured in-depth interview using open-ended questions. All subjects were interviewed by the first author. The subjects were interviewed individually in a calm environment at interviewer or interviewee's home. It initially started by a number of open-ended questions such as 'Could you explain why you succeeded in exclusive breastfeeding your child? Who had a role in your success? Did your family members have any role in your success? How did they help you?' Then, with respect to the answers, the author asked follow-up and exploratory questions for further clarification of the answers. For example, 'Could you explain this more? What do you mean? Could you give an example so I can understand it better?'

All interviews were recorded on tape and immediately typed and analyzed word by word. Data analysis was done simultaneously with data collection and using qualitative content analysis technique based on the algorithm suggested by Graneheim and Lundman (2004) and in form of constant comparison analysis (15). First, data were prepared by typing the interview text. Words, sentences and paragraphs that included

relevant and important point were selected as semantic units that were later coded by converting them into more summarized statements to express the given concept. These statements were reviewed to determine similarities and differences, and later merged into similar modes of subclasses. At next step, the subclasses were categorized according to similarity, fittingness and difference, and then the main class of study was extracted (15). The researcher noted down any thoughts and subjective ideas related to the obtained data and used them for the next interviews.

Methods were employed during the study to ensure accuracy and reliability of data and findings to meet criteria such as credibility, dependability, fittingness and conformability suggested by Lincoln and Guba (1994) (16).

One of the best techniques for creating credibility is long-term involvement with the topic. In this study, researcher was involved with the study topic, related data and breastfeeding mothers for one year. Before the interview, the researcher visited the participants several times to gain their trust and prepare the appropriate and necessary conditions for an in-depth interview. The findings were reviewed by the participants by returning some of the related encoded text to the interviewees to verify their comments. The observers also revised the findings. Similarly, findings were shared with some nursing mothers who did not participate in this study and they confirmed fittingness of the findings. This study implemented the sampling technique with maximum variation that might contribute to fittingness or transferability of findings. Furthermore, researcher accurately recorded and reported the study processes and trends in order to facilitate research follow-up for others.

Ethical considerations including official correspondences, obtaining necessary permissions, complete and adequate explanation of the objectives, methods, confidentiality of data, and the right for participation or exclusion from the study were considered. Written consent was obtained from all subjects.

## Results

Overall, 16 subjects with age range of 24-42 years (average age of 30.91 years) were

studied. In terms of education, two participants had Master's degree, eight had Bachelor's degree, one had Associate degree, and five subjects had high school diploma. In terms of occupational status, seven participants were housekeepers, eight were employees and one was an academic student. In terms of type of delivery, nine gave birth by Caesarean section and seven participants had natural delivery. Four participants were living in villages and 12 were city dwellers. After deletion of repeated codes and merging similar cases in analysis of interviews, 250 codes with 60 subclasses were obtained and 10 subclasses in four main classes were obtained after constant comparison and analysis (Table 1).

### ▪ Category 1. Emotional support from grandmothers

This class is composed of two subclasses, encouraging presence and admiration by family members.

#### - Encouraging presence

Mothers expressed that the family members were beside them during the first two months of breastfeeding based on customs and traditions. This eased their mind so that the mothers considered such presence valuable and an encouraging factor for continuing breastfeeding.

"The members of my family and particularly my mother kept in touch with me constantly during subsequent months. She asked about child's status and me, and mentioned the fact that I should definitely breastfeed the child and not to give supplementary food. It is accustomed to visit the lactating mother frequently. It was quite good. Their presence was comforting. They encouraged and motivated me for breastfeeding my child because I realized I was not alone in this path and they were along with me. Their presence was very valuable to me." (24-year old mother)

#### - Admiration by family members

The mothers expressed in their experiences that some family members have made them happy by giving them gifts and such appreciation has doubled their motivation for exclusive breastfeeding.

"A day in the fifth month, my sister came to our home and brought a gift (clothing fabric) for me. At first, I was surprised because there

was no special occasion. Afterwards, she said oh my honey sister I love you a lot. I give this gift to you because so far you exclusively breastfed your child. She made me too happy thereby. I was surprised. I got amazed. I had never thought of it. It was a nice thing to do and I enjoyed that she surprised me this way. All these increased my motivation to continue breastfeeding.” (31-year old mother)

▪ **Category 2. Effective training role of grandmothers**

This class is composed of three subclasses including presentation of correct beliefs related to breastfeeding, conveying their own successful experiences regarding proper breastfeeding technique, and training of proper nutrition during lactation period.

- **Presentation of correct beliefs related to breastfeeding**

The mothers expressed that grandmothers constantly mentioned the correct beliefs related to breastfeeding.

“My mother-in-law frequently said me to breastfeed the child by foremilk from the beginning and not to throw it away because it has many benefits for the child.” (32-year old mother)

- **Conveying their own successful experiences regarding proper breastfeeding technique**

Most mothers acknowledged that grandmothers have reminded them of their own successful experiences such as how to embrace the suckling while feeding and the proper position of mother for breastfeeding and to ensure the implementation of these given experiences.

“She was all in all with me. She just saw me breastfeeding after one or two weeks to ensure I could do it properly on my own. She told me in -and- out of breastfeeding; for example, how to breastfeed the child and in what position, so that I could become competent with no problem at all.” (29-year old mother)

- **Training of proper nutrition during lactation period**

The mothers believed that grandmothers provided them with the necessary, effective and applied trainings about nutrition during the lactation period.

“My mother told me to eat soup along with meals and she suggested me to add which

ingredients to my soup to increase my milk for breastfeeding.” (29-year old mother)

▪ **Category 3. Cooperation of husband’s family**

This class is composed of two subclasses including grandmothers’ assistance in preparation of mothers for breastfeeding and preparation of mother’s needs and necessities for breastfeeding.

- **Grandmothers’ assistance in preparation of mothers for breastfeeding**

Most mothers mentioned the assistance of family members, particularly grandmothers in preparation of mothers for breastfeeding and expressed them as comforting and relaxing.

“Especially at first months, my mother and/or my sister were with me most of the times. At night, they took care of the child until I wake up to breastfeed the child and became alert for lactation.” (42-year old mother)

- **Providing the mothers’ needs and necessities for breastfeeding**

Many mothers stated that their husband’s family cooperated with them in providing their needs during this period.

“Because of his job, my husband was able to visit me once a month. During his absence, my mother-in-law visited me frequently and cooperated with me and provided me with the necessities such as diapers and groceries so that I was able to breastfeed the child better.” (32-year old mother)

▪ **Category 4. Participation of the breastfeeding mother’s family**

This class comprises of three subclasses including participation of older child, help by nursing mother’s brothers and sisters, and accompaniment of family members at time of healthcare-medical visits.

- **Participation of older child**

The mothers acknowledged that they were napping and resting during the day to compensate for the lack of sleep due to nighttime awakenings and they asked the older child for help.

“Whenever I frequently had to get up to breastfeed the child, I felt sleepy the next morning. I sometimes told my older child to take care of the child for half an hour so that I could take a nap and the older child participated in this task.” (42-year old mother)

- **Help from mother’s brothers and sisters in breastfeeding**

Many mothers mentioned the breastfeeding-related tips and instructions by family members including brothers and sisters, and expressed that they followed up for implementation of the recommended measures.

“My brother frequently called me up and asked me whether I breastfed the child or not. He persisted me to breastfeed the child exclusively and not to give anything else. He told me to say a prayer for successful and easy breastfeeding the child.” (26-year old mother)

**- Accompaniment of family members at time of healthcare-medical visits**

Many mothers acknowledged that they have been accompanied by family members upon visits to the related healthcare-medical center for self-control and –evaluation, or child growth monitoring and vaccination. Such participations had been effective in providing comfort for the mothers.

“When my baby was two months old and I wanted to visit my gynecologist, most of the times my family members i.e. my mother or sister accompanied me to keep the child while I am examined and thereby I was at ease of mind for breastfeeding.” (31-year old mother).

Table 1: Classes and subclasses of experiences of successful mothers in exclusive breastfeeding, in terms of family members’ participation

Main class	Subclass
Emotional support from grandmothers	Encouraging presence Admiration by family members
Effective training role of grandmothers	Presentation of correct beliefs related to breastfeeding Conveying their own successful experiences regarding proper breastfeeding technique Training of proper nutrition during lactation period
Cooperation of husband’s family	Grandmothers’ assistance in preparation of mothers for breastfeeding Providing the mothers’ needs and necessities for breastfeeding
Participation of the breastfeeding mother’s family	Participation of older child Help from mother’s brothers and sisters in breastfeeding Accompaniment of family members at time of healthcare-medical visits

**Discussion**

The family members participated in the breastfeeding process by their encouraging presence, conveying effective information based on personal experience, cooperation, and supporting in different aspects. Thus, such interventions and provided care with respect to the nature, similarity and fittingness and role, indicate that mothers benefit from family members’ traditional and empirical support at different times during the lactation period. Therefore, they have been conceptualized in a more abstract category titled ‘benefitting from traditional and empirical care of family’.

According to mothers’ experiences, the grandmothers provided the appropriate conditions for constant exclusive

breastfeeding of the baby based on their own experiences and knowledge. In this regard, results of McLorg et al. (1989) study in Canada have shown that the period of exclusive breastfeeding is longer in females who have benefited from the families’ support and such supports influenced decision making for breastfeeding before pregnancy (17). Similarly, Hoddinott (1999) qualitative study conducted by group interviews with low-income females reported that the presence of experienced family members or friends increases the confidence and self-efficacy of females and their potential for breastfeeding their children. It was also expressed that their operational and practical knowledge has more influence on women in comparison with theoretical knowledge in

decision making for breastfeeding (18). In South Africa, Almoth et al. (2000) stated that grandmothers encourage mothers for exclusive breastfeeding by considering it hazardous and unnecessary to use any type of supplementary such as water and tea for feeding baby during the first six months (19). In addition to their training role based on experience and through encouragement, frequent follow up by phone-calls or visits by grandmothers during this period have caused a sense of assurance and increased motivation to maintain lactation by the mothers. In this regard, Grassley et al. (2008) qualitative study in Texas (US) to determine needs of lactating mothers from grandmothers showed that grandmothers are supportive and express such support through encouragement and considering breastfeeding valuable. Although such supports are considered notable and important by new mothers, some of them have expressed their concern about the negative impact of some grandmothers' recommendations based on their cultural beliefs and ideas on breastfeeding (20). Several studies indicated that grandmothers who exclusively breastfed their children have applied and practical knowledge about breastfeeding, which can increase confidence of new mothers toward exclusive breastfeeding. Furthermore, this experience affects the decision-making in new mothers to start and continue breastfeeding (20, 21). On the other hand, Zhu et al. (2014) showed that attention from important relatives such as grandmothers, and training for breastfeeding techniques are relevant factors that increase self-efficacy of Chinese nursing mothers (22). Giles et al. (2007) noted the supportive role of family,

close friends and medical staff in continuation of breastfeeding and expressed that nursing mothers play a more important role in startup and termination of the lactation period, which is consistent with the findings of the present studies (23). However, some other studies have shown that grandmothers that have not experienced breastfeeding may suggest bottle-feeding that may reduce their daughters' confidence in breastfeeding (24). In Hong Kong, Tarrant et al. (2002) indicated that lack of breastfeeding knowledge and experience in family members affects new mothers in such way that they tend to use formula when confronting a problem (25). The difference of these results with the findings of the present study may be justified by the influence of sociocultural factors affecting breastfeeding.

### Conclusion

Since support of family members, particularly grandmothers has been effective in all aspects (emotional, informative, and social) for successful exclusive breastfeeding of children up to six months of age, it is recommended to seriously consider the role of family members and grandmothers in implementation of strategies to use their capabilities in health policy making for breastfeeding.

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