AMERICAN UNIVERSITY OF BEIRUT

BREASTFEEDING SUPPORT GIVEN BY HEALTH CARE PROVIDERS AND SOCIETY: A QUALITATIVE STUDY INVESTIGATING PERSPECTIVES OF WOMEN LIVING IN THE SOUTHERN SUBURBS OF BEIRUT

by

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A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science to the Department of Nutrition and Food Sciences of the Faculty of Agricultural and Food Sciences at the American University of Beirut

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AN ABSTRACT OF THE THESIS OF

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Breastfeeding is proved to be protective against numerous common illnesses among infants in the world, and is reported to significantly decrease infant mortality rates in developing countries. Following the World’s health organization guidelines of breastfeeding (i.e. to breastfeed for six months exclusively and continue breastfeeding until at least two years of life) has been shown to strengthen its positive effects. The Literature from Lebanon points to a problem of breastfeeding continuation and exclusivity, with lower rates among women living in urban settings. Research has recognized the importance of breastfeeding support from health care providers and society on breastfeeding decisions, particularly breastfeeding duration and exclusivity. The purpose of this qualitative study is to explore the perceptions of breastfeeding women living in the southern suburbs of Beirut about the support, information and advice they receive regarding breastfeeding from health care providers and the society at large.

Twenty two pregnant women in their last trimester of pregnancy were recruited from seven dispensaries located in the southern suburbs of Beirut. Up to five semi-structured interviews were done with each woman during the period between their last trimester of pregnancy and six months after delivery or until they have discontinued breastfeeding. Thematic analysis was conducted.

Among the important alarming themes identified in the study is the lack of informational support from health care providers. Also, according to mothers’ perceptions, support from husbands was important, and was perceived as “emotional” support. In addition, a set of misconceptions about breastfeeding was identified among which are “breast milk is insufficient” and “breastfeeding is determined genetically”. Besides that, among the sources of stress that acted as barriers to breastfeeding according to participants were “short maternity leave”, “social interference” and “breastfeeding in public”, while common motivators for breastfeeding were religion and maternal determination.

Designing and implementing interventions to ensure the transfer of adequate informational breastfeeding support from health care providers, particularly pediatricians, is important. Engaging husbands in programs to improve the quality of
support received from them during this important phase, educating women on the common misconceptions about breastfeeding, and elongating the maternity leave in Lebanon could improve breastfeeding rates in Lebanon.
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<tr>
<td>%</td>
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<tr>
<td>AAP</td>
<td>American Academy of Pediatrics</td>
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<td>ADA</td>
<td>American Dietetic Association</td>
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<td>BFHI</td>
<td>Baby Friendly Hospital Initiative</td>
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<tr>
<td>BMI</td>
<td>Body Mass Index</td>
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<tr>
<td>CDC</td>
<td>Center of Disease Control</td>
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<tr>
<td>cm</td>
<td>Centimeters</td>
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<tr>
<td>IRB</td>
<td>Institutional Review Board</td>
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<tr>
<td>Kg</td>
<td>Kilogram</td>
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<td>LLLI</td>
<td>La Leche League International</td>
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<td>SIDS</td>
<td>Sudden Infant Death Syndrome</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WIC</td>
<td>Women, Infants and Children Program</td>
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To My
Wonderful, Angelic Family:
Mama, Baba, Hassan &
Youssef
CHAPTER I
LITERATURE REVIEW

A. Introduction

Breastfeeding provides the optimal nutrition for the infant due to its composition and its appropriate balance of nutrients (Lawrence et al. 2005). Breastfeeding has been proven to be one of the most effective preventative measures against child morbidity and mortality (Jones et al. 2003). It is reported that more than a million child deaths per year could be prevented by exclusive breastfeeding for the first 6 months of life (WHO 2009). In the developing world, it is estimated that 19% of children deaths could be prevented by improving breastfeeding practices (WHO 2003), and 13% of under-five mortality rates are reduced by exclusive breastfeeding in the first 6 months of life (UNICEF 2007).

1. Benefits of Breastfeeding to the Offspring

In children, breastfeeding has been shown to protect against acute and chronic illnesses and seems to be associated with improved cognitive function (Ball et al. 1999). Breastfeeding contributes in the development of the immune defense system during a vital period of the infant’s life (Chirico et al. 2008). This is due to the fact that breast milk’s composition of protective nutrients changes according to the changing needs of the infant (Walker et al. 2009). Breastfeeding has been shown in many studies to be protective against gastrointestinal and respiratory tract infections, and these effects of breastfeeding have also been observed in developed countries, where safe complementary foods are available. These same studies have shown that both
exclusivity and duration of breastfeeding strengthen these effects (Kramer et al. 2009). A Meta-analysis conducted in 2003 showed that the incidence of severe respiratory tract infections that require hospitalization was 3 times lower among infants who breastfed for a duration longer than four months compared to non-breastfed infants (Bachrach et al. 2003). In addition, there is clinical evidence that breastfeeding protects against the development of infectious gastroenteritis in infancy, a common infection among infants in the developing world (Walker et al. 2009).

Breastfeeding reduces the incidence of several autoimmune diseases such as celiac disease, due to the presence of certain factors in breast milk that improve the maturation of intestinal host defenses (Walker et al. 2009). For example, the complex structures of Oligosaccharides and glycolconjugates present in breast milk can act as receptor analogs to enteropathogens and prevent them from binding to host receptors, thus improving the maturation of the infants’ intestinal host defenses (Newburg 1996). In addition, increasing the duration and exclusivity of breastfeeding has been shown in a study to protect against sudden infant death syndrome (SIDS) (Ford et al. 1993), which contributed to 0.6 deaths per 1,000 live births in the United States in 2007 (Sidscenter 2007). A recent Meta-analysis had also shown that there was a 36% reduced risk of SIDS among breastfed infants compared to non-breastfed infants (Stanley et al. 2007). Besides that, breastfeeding has been shown to be protective against several chronic diseases. For example, as was concluded in a meta-analysis done by the WHO in 2007, breastfeeding has a significant effect on reducing systolic and diastolic blood pressures (Horta et al. 2007). In addition, breastfeeding has been confirmed to reduce the risk of developing childhood obesity (Arenz et al. 2005) which is reported to be one of the most serious public health challenges of the 21st century, and that was globally affecting more than 42 million children under five years in 2010, with most of them
being from developing countries (WHO 2010). Other studies have reported the protective effect of breastfeeding on the development of type II diabetes (Kramer et al. 2009). Owen et al. (2006) had found in a recent systematic review that breastfeeding was associated with a lower risk of developing type II Diabetes Miletus in adulthood. This study also reported that breastfed non-diabetic infants, children and adults have lower fasting insulin concentrations as compared to the non-breastfed.

Gerstein (1994) has also reported an association between breastfeeding and the reduced risk of type I Diabetes Miletus. This meta-analysis showed that in countries that have the lowest breastfeeding rates at three months, type I diabetes was the most prevalent.

One of the noted benefits of breastfeeding for children as has been described in the literature is its effect on intelligence and cognitive function. The Meta analysis by Horta et al. (2007) suggested that an association exists between breastfeeding and increased cognitive development in children in carefully controlled studies. In addition, some studies have found a positive association between breastfeeding and educational achievements (Horwood et al. 1998 and Victora et al. 2005).

2. Benefits of Breastfeeding to the Mother

In addition to having numerous benefits to the infant, breastfeeding has many important health benefits to the breastfeeding mother. Breastfeeding stimulates the secretion of the hormone Oxytocin into the mother’s bloodstream, which promotes rapid uterine contraction, and in turn decreases postpartum bleeding. In addition, prolonged breastfeeding enhances the uterine involution to its pre-pregnancy size (American Academy of Pediatrics 2005). When breastfeeding is exclusive, it leads to lactational amenorrhea (Panzetta 2011). This method of contraception, has been
reported to play a role in increasing child spacing (Van der Wijden et al. 2008); in populations who breastfeed, average birth intervals are longer (Vekemans et al. 1997). In addition, lactational amenorrhea results in lower maternal menstrual blood loss (American Academy of Pediatrics 2005), which subjects women to the risk of having iron deficiency if iron in the diet is not sufficient to compensate for the lost iron during menstrual blood loss (Harvey et al. 2005). Other studies also suggest that breastfeeding might reduce the severity of maternal anemia (Labbok 2001).

There is also evidence for an effect of breastfeeding on reductions in risk of developing breast and ovarian cancer (Labbok 2001). A meta-analysis explained that each year of breastfeeding resulted in a 4.3% lower risk of developing breast cancer, while another meta-analysis showed that breastfeeding was associated with a 21% reduced risk of ovarian cancer as compared to non-breastfeeding (Stanley et al. 2007).

Breastfeeding also reduces the risk of having spinal and hip fracture after menopause (Labbok 2001), as well as reduced risk for developing osteoporosis (American Academy of Pediatrics 2005).

A large cohort on parous women showed that breastfeeding decreases the risk of maternal type II diabetes Mellitus. It was stated that each additional year of breastfeeding was associated with a 4 percent reduced risk of developing type II diabetes (Stanley et al. 2007).

In addition to its biological benefits, it has been observed that breastfeeding also has psychological benefits, in terms of strengthening the maternal bond with the infant and increasing the mothers’ self-esteem (Labbok 2001).

Besides that, there is evidence that breastfeeding allows women to lose the weight gained during pregnancy faster than non-breastfeeding women. A study that excluded mothers who were following a weight loss diet showed that women who
breastfed their infants for 12 months lost on average, 4.5 pounds more than those who weaned their babies at 3 months, and better maintained their weight during the second year after delivery. The study also showed that mothers who continued breastfeeding went back to their pre pregnancy weight at 12 months, while those who weaned at 3 months were 4-5 pounds heavier than their pre pregnancy weight at 24 months (Dewey et al. 1993).

3. Economic Benefits of Breastfeeding

In addition to its health benefits, breastfeeding has socioeconomic and environmental benefits due to the decreased need for medical care. This is because breastfeeding lowers the prevalence of the health complications listed above, which in turn decrease medical costs of diagnosis and treatment of these illnesses (Ball et al. 2001). In the US for example, health care cost savings from 6 months of exclusive breastfeeding of 90% of US families were estimated to be around 13 billion dollars per year (Bartick et al. 2010). In addition, breastfeeding has been shown to decrease the American government’s expenses of the Women, infants and children program (WIC) that aims to improve infants’ nutrition by about 478 dollars per month for the first 6 months of life for participating breastfed infants as compared to those who were not breastfed (Montgomery et al. 1997). The economic benefits of breastfeeding include cost-savings on replacement feeding (formula) if the baby is not breastfed. It has been reported that the costs of buying formula could be twice the costs of the extra food the mother has to consume in order to breastfeed, and these costs have been estimated to be 885 dollars during the first year postpartum (Ball et al. 2001). Another carefully controlled study that compared health care payer costs on three common illnesses among infants, otitis media, respiratory tract infections and diarrheal disease concluded
that the health care payer saved more than 300 dollars in the first year postpartum in
direct medical costs if the infant was exclusively breastfed for three months or more
compared to formula fed infants (Ball et al. 1999). Besides that, it was reported that if
workplace lactation programs that aim to facilitate breastfeeding (such as creating sites
for breast milk expression) for working mothers were designed, employers could save
three dollars for every one dollar spent on these programs (Cohen et al. 1995). This
could also decrease employee absences and turnover, which in turn improves the
companies’ productivity (Libbus et al. 2002).

The economic benefits of breastfeeding are not only attributed to the savings of
formula costs and hospitalizations during infancy, but also could save some of the
national health care costs that aim to prevent or cure illnesses that would have been less
prevalent with improved breastfeeding practices.

B. Breastfeeding Recommendations

1. WHO Recommendations

The first 2 years of life are considered the “critical window” for ensuring
adequate growth, health and behavioral development of a human being (Dewey et al.
2001). WHO; the World Health Organization that is responsible for providing
leadership on global health, recommends that breastfeeding be initiated within the first
hour of life, and continued exclusively for six months with no supplemental foods or
drinks except for medications or vitamins, and complemented with other foods for at
least two years (WHO 2009).

2. Breastfeeding Initiation

Breastfeeding initiation during the first hour of life is correlated with rates of
neonatal deaths. A study done in 2006 in Ghana showed that the number of neonatal deaths in those who started breastfeeding within the first hour of life and the first day of life were lower than those who started breastfeeding within the first 3 days of life, with 22% and 16% reduction in neonatal deaths for those who started breastfeeding within the first hour and the first day of life respectively (Edmond et al. 2006). This implies that following the WHO recommendation for initiating breastfeeding within the first hour of life can save up to 22% of the infants’ lives in certain settings in the developing world. Another study done in Egypt showed that early initiation of breastfeeding was associated with a 26% reduction the risk of having diarrhea in infants (Clemens et al. 1999). In southern Nepal, a study showed that initiating breastfeeding within the first day of life was associated with 7.7-fold reduction in risk of infant mortality, while initiation of breastfeeding within the first hour was associated with a 19.1% reduction in mortality (Mullany et al. 2008).

During the past 2 decades, initiation rates of breastfeeding have increased. However, evidence from the literature shows that the majority of women do not follow the recommended duration of breastfeeding, and wean their infants earlier than six months, mainly due to “perceived” breastfeeding complications (Dennis 2006).

3. Optimal Duration of Exclusive Breastfeeding

The importance of the exclusivity of breastfeeding to both infants and mothers has been agreed upon by many health care organizations such as the American Academy of Pediatrics (AAP 2005), the American Dietetic Association (ADA 2009) and the Centers for Disease Control and Prevention (CDC 2011).

As suggested by a recent review of 22 studies, half of which are from the developing world and the other half from the developed world on the optimal duration
of breastfeeding, exclusive breastfeeding for the first 6 months of life was associated with less morbidity from gastrointestinal infection than with mixed feeding starting at 3 or 4 months (Kramer et al. 2009).

However, one of the concerns about the recommended duration of exclusive breastfeeding in the developing world has been the doubts about the sufficiency of breast milk to support growth and micronutrient needs beyond 4 months. While being aware of the protective effects of exclusive breastfeeding against infections, these doubts have created a dilemma, the so called weanling’s dilemma (Kramer et al. 2009).

Many studies however showed that a duration of 6 months of exclusive breastfeeding does not negatively affect growth in infants. The meta-analysis of 22 studies done by Kramer et al. (2009) for example concluded that growth deficits were not established in exclusively breastfed infants for 6 months in both developing and developed countries. An earlier systematic review also concluded after reviewing controlled clinical trials as well as observational cohorts in both developing and developed countries that 6 months of exclusive breastfeeding did not cause weight and height discrepancies at three to seven months or more (WHO 2002). Data-sets on infant growth from the US, Canada and Europe however show that growth of infants who followed the WHO recommendations for breastfeeding in developed countries had a slower gain in weight and height between 3 and 12 months according to CDC charts, but with some catch up during the second year of life. Accordingly, the WHO has modified the growth standards of infants to meet the growth standards for the recommended duration of breastfeeding; 6 months (Kramer et al. 2009). Some studies show that exclusive breastfeeding for 6 months results in lower iron levels, but these low levels – without supplementation - were only low enough to affect hematologic iron levels in developing countries where mothers already have low iron levels, hence
endowing their infants with less iron at birth. Despite the above-mentioned benefits of the recommended duration of exclusive breastfeeding, WHO reports that globally, less than forty percent of infants are exclusively breastfed for 6 months (WHO 2012).

4. Breastfeeding Continuation

While breastfeeding exclusivity for 6 months is of major importance, breastfeeding continuation with adequate complementary foods until 2 years is not to be undermined due to its vital benefits. A cohort study in Kenya which aimed to investigate the effect of breastfeeding continuation on growth showed that infants who breastfed for the longest duration were 3.4 cm longer and 370 grams heavier compared to infants who breastfed for the shortest duration. It was concluded that the findings of this cohort support the WHO’s recommendations for breastfeeding continuation up to 2 years or more (Onyango et al. 1999). In addition, prolonged breastfeeding has been shown to be protective against allergic diseases in a recent study done in South Africa (Obihara et al. 2005).

C. Breastfeeding in Lebanon

1. Breastfeeding Practices

Breastfeeding rates in Lebanon have been reported to be low in several publications (Deeb et al. 1997 and Batal et al. 2005). A study by Deeb et al. (1997) reported that there was a delay in the initiation of breastfeeding, with almost 61.2% of mothers initiating breastfeeding after the first 6 hours of life.

A more recent study showed that initiation rates of breastfeeding are high in Lebanon, where almost all women (95.4%) initiated breastfeeding. These rates are similar to other Arab countries such as Kuwait, Syria and the United Arab Emirates,
where breastfeeding initiation rates are 92.5% (Dashty et al. 2010), 92% and 93% respectively, while these rates are considered high when compared to some developed countries such as the United Kingdom and Belgium, where breastfeeding initiation rates in 2003 were 69% and 63.4% respectively (LLLI 2003).

Rates of exclusive breastfeeding and the duration of breastfeeding however are low in Lebanon. It was reported that sweetened water and other fluids were given to almost 20.7% of the newborns, and rates of exclusive breastfeeding were significantly lower at 4 and 6 months, with only 23.4% and 10.1% of infants breastfed at these ages respectively (Batal et al. 2005).

Another study by Al-sahab et al. (2007) found that in Beirut, the breastfeeding rates at 1 and 4 months were 56.3% and 24.7% respectively, which also indicates a decline in the breastfeeding rates at 4 months and a lower duration of breastfeeding. These rates are especially low when compared to developed countries such as Luxemburg, Netherlands and Japan, where 54%, 37% and 41% of mothers breastfeed their infants at 4-6 months respectively (WHO 2003). These rates are also considered low when compared to some developing countries such as India, where the rate of exclusive breastfeeding is 46.3% at five months (National family Health Survey 2008).

2. A Determinant of Breastfeeding in Lebanon: Rural versus Urban

Studies have supported the association found in studies between breastfeeding and several modernization factors such as place of residence, education, employment and migration (Raymundo 1985). In Lebanon, it was observed in the study by Batal et al. (2006) that place of residence (rural vs. urban) was an important factor for the maintenance of recommended breastfeeding practices. Batal et al. (2006) reported that mothers who breastfed exclusively for the first 6 months of their infant’s life were
predominantly born in a rural region and were currently residents of rural areas. This has also been observed in other studies such as a study done in India that showed that rates of exclusive breastfeeding were lower for urban compared to rural areas (Oommen et al. 2009). This was also observed in a study in Bahrain which showed that women from urban regions breastfeed for a shorter duration (Abdulrahman et al. 1983). However, it is important to note that literature from developed countries shows that rates of breastfeeding are declining in rural areas as opposed to urban ones. A recent study that tested the prevalence of breastfeeding between different regions in the US, rates of breastfeeding were significantly lower in rural areas compared to urban and other areas (Wiener et al. 2011). The lower breastfeeding rates shown in some rural regions may be the result of modernization practices. Since breastfeeding before was higher among nonworking mothers living in rural settings, a drive towards modernization and imitation of the urban “elites” might be the reason behind the lowering of breastfeeding rates among rural settings, while those rates are increasing in urban settings due to breastfeeding awareness and support (Bulatao et al. 1983).

However, it is suggested that differences in observations on this matter present in the literature might be due to differences between developing and developed countries (Batal et al. 2006). This highlights the need to focus on increasing breastfeeding rates among women living in urban areas in developing countries.

**D. Breastfeeding Support**

Owing to the importance of breastfeeding and to the low global breastfeeding rates, it is not enough to inform women about the benefits and recommendations of breastfeeding. Many determinants of breastfeeding from the literature tend to be social or behavioral factors. One of the factors that is associated with improved breastfeeding
practices is support. One study reports that most women appear to be unhappy about the time at which they cease to breastfeed (Hamlyn et al. 2002), and found that 87% of mothers who stop breastfeeding earlier than a month and a half wished that they could breastfeed for a longer duration. This strengthens the importance of support in the determination of breastfeeding practices.

1. Types of Support

Most terms used in the literature to identify support types concerning breastfeeding women are “professional support” and “lay support” (Britton et al. 2009; Sikorski et al. 2003). Professional support is the term used for support provided by health care providers: physicians, nurses, midwives, lactation consultants or other allied professionals such as dieticians, while lay support is the term used for support provided by nonprofessionals such as the family and society. Studies also classified support as tangible, informational or emotional support (Matich et al. 1992), which lies under both professional and lay support types. Tangible support is when a person receives financial or material support (Heaney et al. 2008), informational support is the provision of information, advice and guidance that is useful (Wills et al. 1991) and emotional support is the provision of emotional elements such as empathy, care, affection and encouragement (Langford et al. 1997).

2. Importance of Support for breastfeeding

Results from the literature show that while breastfeeding education significantly affects the initiation of breastfeeding (Dyson et al. 2008), breastfeeding support affects the duration of breastfeeding. Morrow et al. (1999), showed that home-based peer counseling significantly increased breastfeeding duration among mothers.
living in peri-urban Mexico. A similar result was observed in another study of low income women which showed that women who received peer-counseling had increased rates of exclusive breastfeeding which was also associated with a longer duration of breastfeeding (Arlotti et al. 1998). This was also concluded in a review of twenty eligible randomized or quasi-randomized controlled trials which showed that extra support, especially professional support during pregnancy positively influenced the duration of breastfeeding by up to 6 months. This meta-analysis also showed that lay support is beneficial for improving exclusivity of breastfeeding (Sikorski et al. 2003).

3. Professional Support

It is evidenced that professional support has a great effect on breastfeeding duration (Bonuck et al. 2005). Advice and support from Primary care physicians have been shown by studies to increase breastfeeding rates. One study showed that women who received breastfeeding support through routinely visiting clinics of trained primary care physicians had better breastfeeding outcomes (Labarere et al. 2005).

Pediatricians have been shown in many studies to be influencing persons for the mothers' decisions about breastfeeding (Batal et al. 2006).

However, several studies show that pediatricians are not adequately prepared for breastfeeding promotion among breastfeeding mothers. A study by Schanler et al. (1999) done on 1602 active Fellows of the American Academy of Pediatrics showed that only 65% of the respondent pediatricians recommended exclusive breastfeeding for the first month, and only 37% recommended breastfeeding for 1 year. Also, the study showed that most of the pediatricians believed that breastfeeding and formula feeding are equally acceptable methods for infant feeding. A survey of 875 pediatricians showed that most pediatricians do not believe that the benefits of breastfeeding outweigh its
complications (Feldman-Winter et al. 2008).

Support received at the hospital and the hospital policies regarding breastfeeding are also important determinants of breastfeeding not only during the hospital stay, but also after discharge (Perez-Escamilla et al. 1994). The importance of breastfeeding support at the hospital has led to the implementation of an initiative by WHO and UNICEF to promote and support breastfeeding at the hospital, the baby friendly hospital initiative, which includes 10 steps to promote breastfeeding and limit the use and promotion of breast milk substitutes at hospitals (WHO 2012).

Breastfeeding support received prenatally is also important. Some studies show that when pregnant women received breastfeeding education, a significant improvement in rates of breastfeeding resulted (Shealey et al. 2005 and Dyson et al. 2005). On the other hand, when breastfeeding women received promotions and products from companies of breast milk substitutes, they were more likely to wean their babies during the first two weeks of life (Howard et al. 2000).

4. Lay Support

Social support which is the informal type of support that might come from male partners, mothers, family members and friends, has also been shown to affect breastfeeding practices (Dusdieker et al. 1985; Giugliani et al. 1994). This type of support is especially important during the first weeks postpartum, which is the period in which the mother and the infant are learning how to breastfeed (US Department of Health and Human Services 2011).

As reported by several studies, support from male partners is an important predictor of breastfeeding initiation and duration (Hills-Bonczyk et al. 1993 and Baranowski et al. 1993). A study done in Mexico showed that mothers whose male
partners support them with breastfeeding are three times more likely to breastfeed exclusively and six times more likely to breastfeed at four months than mothers whose partners do not give them support (Perez-Escamilla et al. 1994). Another important finding reported in a study done in the United States is that the quality of the relationship between the breastfeeding mother and the father and the support the mother receives from him, have a positive influence on breastfeeding (Scrimshaw et al. 1987).

Support from the mother and friends of the breastfeeding mother have also been shown to be an important determinant of breastfeeding practices (Raj et al. 1998). Breastfeeding rates among women who received support from a lay person other than the child’s father was significantly higher than breastfeeding rates among the women who did not receive this support (Giugliani et al. 1994). Also, several studies have shown that support received from the friends of a breastfeeding mother is an important source of social support (Lipsky et al. 1994; Rentschler 1991).

5. Breastfeeding Support in Lebanon

Due to the low breastfeeding rates reported in Lebanon, several studies examined the predictors of breastfeeding. Al-Sahab et al. (2008) showed that among the predictors of breastfeeding in Lebanon, early hospital discharge, high parity and religion were significantly associated with higher breast-feeding rates at 1 and 4 months of age. An interesting finding of this study is that gender of the pediatrician is a significant predictor of breastfeeding at 4 months. In this study, it was observed that female pediatricians had a positive influence on the continuation of breastfeeding until 4 months. Another recent study by Nabulsi (2011) identified several determinants of breastfeeding according to breastfeeding women's perceptions. This study identified several misconceptions for breastfeeding mothers that apparently affect breastfeeding
practices. Insufficiency of breast milk and concerns regarding body weight and shape were among these misconceptions. Maternal employment and exhaustion associated with breastfeeding were also among the reasons for early weaning.

Since most of these factors can be alleviated by support during pregnancy and breastfeeding, it is important to study the sources and the types of support breastfeeding women in Lebanon have in order to design interventions that aim to improve breastfeeding practices through breastfeeding support.

E. Rationale

The literature from Lebanon points to a problem in breastfeeding continuation rather than breastfeeding initiation. As support during breastfeeding is associated with a longer duration of breastfeeding, it is important to study social and health care providers’ support during breastfeeding in Lebanese women in order to inform the planning of interventions that aim to improve the social and professional support the mother receives while breastfeeding. As urban women are also less likely to continue breastfeeding than rural women, the present study will focus on urban women living in southern suburbs of Beirut and attending dispensaries during their last trimester of pregnancy.

F. Objectives

This study is a qualitative study, aiming to investigate the perspectives of women living in the southern suburbs of Beirut regarding the information, advice and support they receive from health care providers and society at large regarding breastfeeding. More specifically this study aims to investigate:

- What information, advice and support are given to pregnant women by
health care providers regarding breastfeeding?

- What information, advice and support are provided to women by society (family, friends or other social sources) regarding breastfeeding?

- What are the social sources of stress that might affect breastfeeding, and what type of support or adequate information and advice could alleviate this stress?
CHAPTER II
METHODOLOGY

A. Ethical Considerations

A proposal of the study was submitted to the Institutional Review Board (IRB) office at the American University of Beirut on July 26th, 2010. The proposal was reviewed by committee members and was approved on October 12th, 2010. Consent to participate in the study, with an option to audio record interviews was obtained from participants after reading a written informed consent form approved by the IRB. Confidentiality of interviews and transcripts was established.

B. Settings

Seven dispensaries from the southern suburbs of Beirut (Dahyieh) were selected from a list of dispensaries in Beirut obtained from the Lebanese ministry of health:

- Dar Al Hawraa Al Sohhi Beer El Abed
- Alriaaya Al Sohiyya Center Shiyah
- Al Imam Zayn al Abidin Center Amrooseyeh
- Al Imam al Hussein Dispensary Hay el Sellom
- Al Najda Al-Shaabiya Borj Elbarajneh
- Red Cross Shiah
- Al Kayan Medical Center Airport Highway

Letters requesting the approval to recruit pregnant women attending their last trimester gynecologist visits at the dispensaries were submitted to the heads of the
dispensaries, and approval was received from all seven dispensaries.

C. Recruitment

Subjects were recruited from the seven dispensaries between November 1, 2010 and December 15, 2010.

Pregnant women in their last trimester of pregnancy were approached in waiting rooms during their last trimester visit to their gynecologist. Women were briefly introduced to the purpose of the study and were asked whether they would be interested in participating by the researcher. Women who expressed an interest in participating read the information sheet and if agreeable to joining the study, signed a written informed consent form (Appendix I) as approved by the IRB. Women had the option to give consent for their interviews to be audio recorded. After obtaining consent, mothers provided their names and contact details for follow up interviews. Women were given the option to give a nickname instead of their full names.

D. Sample Size

The sample size depended on the principle of saturation, which is the guiding principle of sample size determination among researchers engaging in qualitative research (Mason 2010). It was anticipated that saturation of data would be achieved with a sample size of twenty five women. In practice, data saturation for the first interview was achieved with around eighteen women. Recruitment continued to twenty two women to account for possible loss of follow up in later interviews.

E. Data Collection

Up to 5 in depth interviews were conducted with each woman during the
period between the last trimester of pregnancy and 6 months after delivery. Five
Women gave consent for their interviews to be audio recorded. For those who did,
interviews were recorded by the audio recorder on iPhone 4, and were sent directly to
iTunes afterwards. Recorded interviews were transcribed on notebooks, and a separate
notebook was dedicated for each participant. For participants who did not give consent
for their interviews to be audio recorded, interviews were directly transcribed.

To ensure confidentiality, participants were assigned codes instead of their names. Each participant was assigned an Alphabet letter as a code instead of her name.

- **Interview one:**

  Interview one was conducted during the last trimester of pregnancy, and was performed either at the dispensary directly after recruitment and informed consent if the mother had sufficient time while waiting for her turn, or an appointment was taken from the participants with an agreed upon time and setting to perform the first interview.

- **Follow up Interviews:**

  The researcher called the mother around ten days after the estimated date of delivery, and an appointment for interview two was taken. Interview two was done between ten days and three weeks after delivery according to mothers’ preferred time for the meeting, and was conducted at the mothers’ house or in an agreed upon setting.

  Timing of the other interviews depended on the timing of the first interview. If the mother completed six months of breastfeeding, Interviews three, four and five were done at two, four and six months after delivery respectively. If the mother stopped breastfeeding, the Interview during which the mother informed the researcher that she stopped breastfeeding was the last interview. Some follow up interviews were done on the phone when mothers indicated they preferred this method, and were audio recorded for the participants who had given consent for interviews to be recorded.
Interviews lasted up to forty five minutes, depending on how voluble the mother was. The mother was asked questions about her feelings regarding breastfeeding, support she receives from family, society and media, support received from health care providers such as the pediatrician, the gynecologist and the health care staff at the hospital where delivery took place and sources of stress she faces during breastfeeding. The semi-structured interview questions used are outlined in Appendix II.

F. Data Analysis

Thematic analysis, one of the most commonly used methods of analysis in qualitative research (Howwit et al. 2007) was used in this study for the analysis of the transcribed in depth interviews.

Interviews were read carefully, and codes for each idea were written in the margin. Interviews were reread, and codes that relate to each other were grouped to create a theme, while related themes were identified as minor themes under an identified major theme. Major and minor themes were presented on a large matrix using Microsoft Excel sheet. The Matrix was then printed out on five large posters which were posted on the walls of a room. A summary for each theme was written and supported by quotes extracted from the transcribed interviews.
CHAPTER III

RESULTS

Interview one was done with all the twenty two women. Two women dropped out after the first interview, and one woman changed her phone number after the second interview. The remaining nineteen women continued interviews until they either stopped breastfeeding or until six months after delivery.

A. Breastfeeding Practices

*Breastfeeding Initiation, Exclusivity and Continuation:*

All nineteen participants initiated breastfeeding but only four (21%) continued to breastfeed exclusively for six months, whereas the remaining fifteen women introduced formula earlier than six months: ten at one month, four at four months and one at five months.

Moreover, nine women discontinued breastfeeding completely prior to six months: two earlier than one month, four earlier than three months, two at four months and one at five months.

*Themes:*

1. Early Introduction of Formula

A common practice observed in the study is early introduction of formula, or as participants describe it: “the bottle”. For example, 12 out of 19 women introduced formula earlier than 4 months. Besides that, while breastfeeding exclusively, breastfeeding mothers always had the intention to introduce “the bottle”, sometimes
even before facing a problem or a cause. Major reasons for this intention were: having to go back to work, having to complete education, lack of sleep and inability to complete house chores. On the other hand those who breastfed exclusively for 6 months never had this intention.

"بعدني عم رشح، بس عم فكر بتشله فذينة. بكرآ بس ارجع عالشغال أكي ما راح لحق. بدو يصير يقيقني بالليل وتأتي يوم يكون عندي شغل وفيفة بكير.

K – Mother of 3

“‘I’m still breastfeeding, but I’m thinking of starting to use the bottle. Later when I go back to work I definitely will not have time. The baby will wake me up at night, and the next day I have to wake up early and go to work. That’s why I’m thinking about giving the bottle just at night, so that the baby can sleep and allow me to sleep.” K – Mother of 3

Interestingly, it was also observed that mothers who initiated formula feeding earlier had a shorter duration of breastfeeding. The earlier the formula introduction, the shorter the duration of breastfeeding.

2. Breast Milk Expression Is Rare and Hard

It was observed that the pump was not used by most of the participants in the study. The pump was even hardly ever mentioned; where only 3 out of 22 participants ever mentioned it. Besides that, those who talked about the pump explained that they suffered from its use and found it painful, slow and ineffective:

"أول فترة لما رجعت على الشغل صرت استعمل الpump، بس بعدين خلص. معش مشي الحال إنه دلني استعملها عشان كير بتدرب وبتتوجه. ومش عطول بيكون في حليب، خاصة إذا رضعاته. القصة مش سهلة. كرمال هيك صرت عم مشيلها حليب بودرة،’

N – Mother of 2

“At first, when I went back to work I started using the pump, but then I stopped. It wasn’t going well anymore because it’s very painful and
torturing, and there was not always [enough] milk, especially if the baby had breastfed. It’s not easy… that’s why I’m now using formula.” N – Mother of 2

“وقت ابني > اسم الطفل< حريبت الجديةا للي على الإيد ما نفعت. صعبه كتير، وبتطل، وما ينزل كثير حليب. يعني بدي دلني شي ساعة لحتى تعمل شوي". O – Mother of 2

“With my son [name of child] I tried the hand pump, but it wasn’t beneficial, it’s very hard to use, time consuming, and doesn’t express enough milk. I have to spend about an hour for it to produce just a little.”

A mother who had weaned her baby at 5 months thought that the electrical pump would be easier to use and could be a solution to the stress she faced regarding breastfeeding, but is unaffordable:

“وضعي هلاق، يعني أنا وعم بنتشغل. يمكن كان فيي دلني عم رضع لو عملت مثل ماوحة عنا بالشغيل عم تعمل، بجيب جباهه على كهربا أو على بطاريه. هي حقتها 400 دولار. غالبة كثير، ما كائنت أصلا قدريتي جيبها. بس لو إني جبتها، كنت بتنحل المشكلة. لأنه سريعة. رفيقيه بتجيده الصبح من ميلة وترضعو من ميله، وبعدين بالشغيل بتجيده وما يلتاخ وقت. ويبيجي خيا بباخدن عالحصانه، يعني تقتربين إنيا بياخد بس مرة وحدة فنية بالنهر. يمكن لو عملت هيك ماكانت وقتت لرضاعة." O – Mother of 2

“In my situation now, I mean with work, maybe I could have been still breastfeeding if I had done like one of my colleagues at work is doing: get the electric or battery pump. it costs 400 dollars, very expensive, I couldn’t have afforded it anyways. But if I had bought it, the problem would have been solved, because it’s fast. My friend expressed in the morning from one side and breastfeeds from the other, and during work she expresses again and it doesn’t take time, and her brothers comes and takes them to the baby at the nursery. So her baby takes only one bottle a day. Maybe if I had done this I wouldn’t have stopped breastfeeding.” O – Mother of 2

B. Maternal Perceptions about Breastfeeding

All mothers in the study were knowledgeable of the main benefits of
breastfeeding. For example, almost all mothers believed that breastfeeding is important because it enhances immunity, strengthens the emotional relationship between the mother and the baby, protects the mother from having breast cancer, is important for proper growth and increases the level of intelligence. Women also believed that breast milk is always better than any other “manufactured” milk.

Themes:

1. Breastfeeding Enhances Immunity

"The mother’s milk gives immunity to the baby. Not like any other milk! You feel that children who breastfeed are strong! Not weak. I look at my children, and I find them strong compared to those who did not breastfeed. They don’t get ill a lot, and when they do, they get cured quickly. Breastfeeding is most important for immunity”

R – Mother of 3

2. What Is Created by God Is Superior to That That Is Created By Man

"The doctor prescribed for me a good type of formula. But take it from me... no matter how well the formula can compensate the mother’s milk; it will never be like it. I give my son formula and it hurts me... I start reading on the milk can... from what is this milk made of! What components does it contain to compensate for the..."
mother’s milk that God created! I give one bottle a day and I’m worried.” K – Mother of 3

"أصلا هدا الحليب للي منشطى لنا مما صنعه الرب، ابني آدم. بس حليب الأم صنعه. حدا بصلحه ربنا خالقته شى يقوم بيدله بشي ثاني! في أفضل من الحليب للي الله سبحانه وتعالى يخلقه! طبعاً لا!" T – Mother of 1

“We made the milk we buy... it’s made by the Son of Adam. But God made the mother’s milk. Who would exchange what God created with something else! Is there anything better than the milk that God the Almighty creates! Of course not!” T – Mother of 1

3. Breastfeeding Is Important In the First Six Months

Most women believe that breastfeeding is important for six months. They also believe that the first few months of life are the most important for the development of the infant’s immune system.

"أهم شي بالرضاعة هو أول 6 أشهر. بعدين يمكن بيبطلي في الله هلا فائدة الكبيرة. أول كم شهر هني أهم شي للمناعة. حتى لو الأم مابدها ترضع. لأزم على القليلة ترضع أول كم شهر.
J- Mother of 2"

“Breastfeeding is most important during the first 6 months of life. But then maybe it doesn’t have big benefits. The first few months are the most important for immunity. Even if the mother doesn’t want to breastfeed, she should at least breastfeed the first few months.” J – Mother of 2

4. Breastfeeding Creates an Emotional Bond between the Mother and the Baby

"الرضاعة بتعمل علاقة كتير ا尉ه بين الأم والولد. أصلا الأم بتنثلى مع الولد بهيدية الطريقة لما يكون عمره صغير. يبقى العلاقة بينينتين، وبيصير الولد حنون على امه أكثر بس يكبر. شعور كتير رائع.
بتحسي إنه عم يأخذ من روحك، إنه يكسر لحظة عم تقوى العلاقة بينينتين.
أصلا لما بيقدر فرسكل إلا لا تجريبي، ماحدا بيقتر يفهم هالشي إلا لي مجريو." M – Mother of 2
“Breastfeeding creates a very strong bond between the mother and the baby. The mother interacts with her baby this way when he is very small. Their relationship gets stronger, and the child turns out to be more passionate towards his mom when he grows up. It’s a great feeling. You feel as if he is taking from your soul, and that every second your relationship is getting stronger. I cannot explain it to you. You have to try it… no one can understand this unless they have tried it.” M – Mother of 2

"الرضاعة بتعمل علاقة بيني وبين الولد، فرق ما يكون في علاقة بين و بين البقرة مثلًا!"  R - Mother of 3

“Breastfeeding creates a relationship between me and my baby, instead of having a relationship between the baby and the cow for example!”

5. Bottle Feeding Affects Breast Milk Production

Even though most women introduced bottle feeding early, some knew that bottle feeding can affect breastfeeding by decreasing breast milk production.

"بس الام تعطي قنينة اعتبري انها قضت على الرضاعة، لأنه الولد بيععود على القنينة وبيبطل يحب يرضع من امه. وبيصير ينشف الحليب." M – Mother of 2

“The moment the mother gives the bottle, you can consider that she ruined breastfeeding, because the baby gets used to the bottle and will not like to breastfeed anymore. And breast milk starts drying up” M – Mother of 2

6. Breastfeeding Is Tiring and Requires Sacrifice

A common perception about breastfeeding is that it is tiring. The concept of sacrifice was mentioned several times, as if breastfeeding is hard and requires it. In addition, some people had the perception that giving a bottle allows the mother to “rest”, as if breastfeeding is considered something “hard” and “tiring”.

كل كانوا يقولوني، باعمي رحي حالك... منك مجبرة تتغذي هلقد. مرقبله...
“Everyone used to tell me: rest a little… you do not have to torture yourself this much! Give him a bottle sometimes and have a rest.” N – Mother of 2

“Honestly speaking, support doesn’t really matter. The thing is behind how much you want to breastfeed, and how important you consider breastfeeding, and how much you are willing to sacrifice for it. “N – Mother of 2

C. Maternal Beliefs about Breastfeeding

Themes:

1. Fatty Foods Increase Breast Milk Supply: A Vicious Cycle Is Created

A common belief observed in the study is the belief that the consumption of fatty foods improves breast milk quantity and quality. This belief mainly comes from the advice of the mothers of breastfeeding women. Mothers usually tend to give their breastfeeding daughters nutritional advice that improve breast milk quantity and quality, one of which is the consumption of fatty foods such as chicken broth, halawa, liver and others.

"The woman who breastfeeds should always eat fatty foods. Fats increase milk supply a lot. She shouldn’t start taking care of her body

M – Mother of 2
and stuff... she should forget herself a little and eat well so that she can breastfeed. Mom always tells me to eat chicken and chicken broth, eggs and garlic, chicken liver and even meat liver, halawa, nuts like cashews for example…” M – Mother of 2

In fact, it was observed that this belief might be causing women to either gain weight during breastfeeding, or not lose the weight gained during pregnancy. This in turn is causing them to think that breastfeeding is preventing them from losing weight or going back to their pre pregnancy weight, which is acting as a demotivator for breastfeeding.

Some women even expressed their desire to stop breastfeeding in order to be able to lose weight.

"صراحة الرضاعة كثير بتنصح. مرات بفكر إذا بوقف الرضاعة، بس برجع بقول حرام، كان كم شهر، خليني أعطي الولد حقه". U – Mother of 1

“Honestly speaking...Breastfeeding making you gain weight a lot. Sometimes I think of stopping breastfeeding, but then I think it’s a pity... it’s only a few months... let the baby take his right.” U – Mother of 1

2. Mother’s Mood Affects Breastfeeding

a. Bad Mood Poisons Milk

Some mothers believe that during breastfeeding, being “sad”, “angry” or “depressed” can poison breast milk.

For example, one mother used to bottle feed her baby when she was in a bad mood to avoid poisoning the baby. Another woman used to pump out some milk if she had cried or been upset, so that her baby would not be poisoned.

"ماما ينفسي ماتز علي حالك عشان اذاعتبت نفسيتك بينم الحليب. أنا اذا بشوفو عم بيكي بصير ابكي معه. فيه حاول مارضعه إلا لارتاح. وجوزي غري ببصير يعمل جو بيضحك عشان الولد يستقبل حليبي منيح، ماينسم جسمه. "
b. Bad Mood Is Transferred To Baby through Breastfeeding

In addition, women believe that negative feelings not only poison breast milk, but are also transferred to the baby through breastfeeding.

"Ana bhas ish emek mabissowa rysw ana wazlani. Bicullawa eme nqal el shey loellou
bar rysu. Hida ehir ebi sib bissm. Bicullawa lwojd bsi nkon
mstapica mabissowa rysu, ana nfiy saki ter uban. Bicullawum
maa trysu, emek um trysu sm tnt. Budiin sho doon el wey emek ho kaman
mstapic bss rysu ene Halibik. Emek halshgle Taae' ura wibin ene kibir."

Mother of 2

"I feel that maybe I shouldn’t breastfeed when I’m sad. They say that I can transfer this sadness to the baby through breastfeeding. In addition to the fact that breast milk becomes poisonous! They say when the mother is not feeling well she shouldn’t breastfed. And I’m very depressed... people tell me do not breastfeed! You’re probably breastfeeding her poison! And it’s not the baby’s fault...Maybe the baby is affected by the breast milk, and this might show when he grows up." Q – Mother of 2

"ma bdi zigj halai kerimal Halibbi maqis. Msh lazym lwojd teki or tneqj
beaer on Halib, keman bekh Halib. Mshla m’yoemi lqebet ene Shgle
wakiy, fek Halibbi, wbs rysuet sm cmar Tstfrqw ene bh wla mra
A – Mother of 1"
“I don’t want to bother myself so that my breast milk doesn’t get poisoned. The mother should cry or get bothered, this also decreases breast milk. For example, 2 days ago, I got mad over something and I cried, my breast milk decreased, and when I breastfed my baby she threw up for the first time!” A – Mother of 1

c. Bad Mood Decreases Breast Milk Production

A common belief among breastfeeding mothers is that being stressed, angry or depressed reduces breast milk production, or even “dries up” the milk. It was observed that some mothers believe that their low breast milk supply or their inability to breastfeed is a result of the stress they are facing or the bad mood they are experiencing.

“아나 بيس عصب بتععب نفسيتي. كثير بيتأثر عليي التخصص، بدعب بالتحت وما بعود بعمل شي. فسؤول إنه بكرة اذا لا سمح الله بدا تقطع رضاعتي بكون

السبب هو تعب نفسيتي.” T – Mother of 1

“When I get mad I get depressed, it really affects me. I stay in bed and I don’t do anything. So I sometimes think that if god forbids my breastfeeding will stop, the reason would be my depression.” T – Mother of 1

’همالاني هم إنه بس يجي الولد الجديد اتوتر عشان مسؤولية عليي. اذا حسيت

حالي لحالي يمكن اتوتر وعصاب، وهدا الشي رح يؤثر علي الحليب. بس

اشعشة ماراح يكون في مشاكل. أهم شي الوحدة مايكون في مشاكل حولها، بس

اذا في مشاكل وتوتر، حدا يحكى قدامك شي او يتخانق قدامك، هون بتصير

تعصب ويتآثر الحليب، يمكن يخف او يقطع. فـأنا كثير بهكل هم هل شغله.”

A – Mother of 1

“I’m worried that when the baby comes I will get anxious because of the responsibilities I will have to hold. If I felt lonely I might get anxious and mad... and this will affect breast milk. I hope that nothing will go wrong... it is very important that the mother is not surrounded with troubles... but if she is, or for example if people fight in front of her, she will get anxious and breastfeeding will be affected. Breast milk production might decrease or even stop! So I’m really worried about this.” A – Mother of 1
3. Breast Milk Quantity and Quality Is Determined Genetically

Another common belief is that breastfeeding success is determined genetically. Some mothers think that they are unable to breastfeed because their mothers were unable to, or that naturally, the quality of their milk is not satiating.

"انا بحب كثير رضى. بس للاسف بمناسبة معني. العلاقة ببتلش من انتي وحامل، بس لما يخلق شي ثاني. لما تحمل، وبيصير قريب وجهه عليك، بيسير في مشاعر، وخصوصا بس تبلش الرضاعة، بس للاسف ماعنيدي حليب\n\nC – Mother of 6"

"I really like to breastfeed. The relationship starts when you’re pregnant, but when the baby is born it something else… when you hold the baby… and his face gets close to you… Beautiful feelings will be created… especially when you start breastfeeding. But unfortunately, I don’t have milk… and I feel sorry for the baby…” C – Mother of 6

In some cases, this belief lead to the misconception of their inability to breastfeed and thus resulted in early introduction of the bottle and cessation of breastfeeding. For example, the woman above talked about her inability to breastfeed for more than one or two months in the first interview, which was during her last trimester of pregnancy.

"انا من هلق عم فلك، انا أولادي كلهم ببرضوا بس شهر أو شهرين. " C – Mother of 6

“I’m telling you from now… all my kids only breastfeed for a month or two.” C – Mother of 6

After delivery, she introduced the bottle in the first few days, claiming that she does not have enough breast milk:

"انا عم رضى. بس كمان عم بعطي قنينة لانه حلبي ماعم يبشعوا. حتى ولادي اللي قبل ما قدرت رضعهن كتير، كلهم شهر أو شهرين عشان أنا ماعنيدي حليب بالوراثة، طالعة للماما." C – Mother of 6
“I’m breastfeeding, but I’m also giving the bottle because my breast milk is not satiating. I couldn’t breastfeed even with my previous children. I only breastfeed for a month or 2 because I don’t have milk genetically... like my mother.” C – Mother of 6

4. Breastfeeding Affects Body Shape

Some women believe that breastfeeding affects body shape, causes weight gain or causes the breasts to sag. Those determined to breastfeed usually express their willingness to sacrifice their body shape for the sake of breastfeeding. Some women also blame other mothers for stopping breastfeeding for this reason, claiming that they are being “selfish”.

“I have the urgency to breastfeed, and thanks god everything is available for me, and I’m not concerned about my body shape. I don’t care if I gain weight or my breasts sag... the most important thing is that my son breastfeeds. Some people do not like to breastfeed because they are concerned about their body shape. I’m not of that kind!! I’m concerned more that my son breastfeeds and takes all the immunity and the calcium and iron” I – Mother of 2

5. Breastfeeding Duration Is Determined By the Baby

A common belief is that breastfeeding duration is determined by the baby. When asked about the intended duration of breastfeeding for example, women explain that they are willing to breastfeed as long as the baby wants. This is because they believe that sometimes, the baby “weans” himself for no reason.

"بال廠 ناظم يأبب يبما مهما يبها. أنا ماري وقف لحالي. بس إذا هي بطلت ترضع"
Q – Mother of 2

“I’m planning to breastfeed for as much as the baby wants. I will not stop breastfeeding from myself. But if she stops breastfeeding then what can I do!” Q – Mother of 2

6. Breastfeeding Should Be From Both Breasts: One Provides the Food, and the Other Provides the Drink

Even though less common, this belief was also present among mothers.

"رضاعة بتعطى الغذاء الكافي للولد. أفضل من أي حليب ثاني. إن كان شرب أو أكل. أنا يعرف إنه لازم الرضاعة تكون من الصدران مش من واحد," E – Mother of 1

"Breastfeeding gives the baby adequate nutrition, better than any other milk, being it food or drink. I know that breastfeeding should be from both sides, because one side provides the food and the other side provides the drink…” E – Mother of 1

D. Mother’s Perceptions about Support Received from Family Members

Themes:

1. The Mother Is an Important Source of Support

Breastfeeding women perceive their mothers to be an important source of support, especially during the first days postpartum.

"نحن بمجتمعنا دائماً الإمام هي الأساس بالدعم. خصوصاً بهدف القصص. بس تولد الوحدة دائماً بتشوفي إنها أمه تبقى حداً. أكثر شي يتلاقى لدعم من الإمام بأول فترة. أنا هيدا سادس ولد، وبعدين بدي مين يساعدني بأول فترة. صحيح سادس ولد بحس إنو ما عندي خبرة لأن بني بسهير واحد، فبتراجع ماما بتعلمني من أول وحيد كل مرة." C – Mother of 6

“In our society, the mother is always the main person to support,
especially with such issues [referring to breastfeeding]. When the woman delivers, you always see that her mother stays beside her, especially during the first days after delivery. This is my 6th child, and I still need help after delivery, because I forget all that I’ve learned from my experience in just one month. So my mom teaches me over again each time.” C – Mother of 6

2. Support from the Mother Perceived As Tangible Support

In the participants’ perceptions, mothers were supportive if they provided them with tangible support by staying by their side after delivery, helping them with house chores, cooking for them, and taking care of the baby.

“Mom always sleeps over at my house when I deliver. She holds the baby, gets him to sleep, helps me, takes care of the baby, and cooks for me. If my mom wasn’t there I don’t know what would have happened! The woman at this stage cannot get off her bed and needs help from her mom especially that you wouldn’t get embarrassed from your mom, and she makes you feel better…” C – Mother of 6

If my mom wasn’t there I don’t know what I would have done. She stayed by my side the whole time. Poor mom… she used to work at my house and help me with the baby, and cook for me. This allowed me to breastfeed better. Especially during the first stage, breastfeeding is very hard and the baby needs time to get used to breastfeeding, so during this time I was relaxed.” B – Mother of 3
3. Women’s Mothers’ Previous Experience with Breastfeeding Makes Them Supportive

It was noticed that women perceive their own mothers as supportive if they had previously breastfed their own children. It was also noted that mothers of breastfeeding women are an important source of support because usually, women trust their mothers’ advice because they think that they have had more experience with breastfeeding.

"باخذ دعم من ماما لما تصير تقللي خيك كنت رضعه وكان وزنه، هيكل" 
باشا على الرضاعة، فبس تقللي هيكي بتشجع وبحس إنه أنا كمان بدي رضع.
A – Mother of 1

فسئننالي إنه إذا حليبيك كان مثلي منك بحاجه أصلا تعطي قنينة.
"I receive support from my mother when she starts telling me about her experience with breastfeeding. She tells me for example I used to breastfeed your brother and his weight was “so and so” only with breastfeeding. When she tells me this I get supported and feel that I too want to breastfeed. So she tells me that if my breast milk was like hers, I don’t need to ever give the bottle.”
A – Mother of 1

ماما كنتي بتشجعني، وهي رضعت كثير. رضعتنا كلنا وأنا رضعتتي
R – Mother of 3

"Mom really supports me, and she breastfed a lot. She breastfed us all, and she breastfed me for 2 years!”
R – Mother of 3

ماما عندها 8 أولاد، 7 بنات وصبي، وكلنا رضعتنا كثير. لو مامينحة
L – Mother of 2

الرضاعة ماكانت بترضعنا.

"Mom has 8 children, 7 girls and a boy. And she breastfed us all a lot. If breastfeeding wasn’t good she wouldn’t have breastfed us.”
L – Mother of 2

“اجمالا ماما قليلة النصح، إذا صار موقف قدامها يتحكي، إذا مصار
مايحكي. بس اجمالا نحننا 7 أولاد، بس أنا من الكبار، يعني أنا واعية عليها
لما رضعت اخواتي الصغار. فمن أنا وزغيرة بحس إنه الرضاعة ممه.
مش لازم هنا ماما كانت تقول وتنصحني، بس لأنه هذا الشيء اكتسبته من
المعايشة. نحننا وعينا إنه لازم الوجهة ترضع كرمال الولد يكتسب صحة"
“Usually mom doesn’t give too much advice. She only speaks if something happened in front of her. But we are 7 children, and I’m from the elder ones, so I remember when she breastfed my sisters and brothers. I feel that breastfeeding is important since I was a little girl. Not because mom used to say it and advise me to breastfeed, but because I acquired this from living with it. We were raised up on the idea that the mother should breastfeed for her baby to acquire immunity and health, and we acquired this from living it rather than from advice.”

4. Mothers Are Supportive By Providing Nutritional Advice

Participants perceived support from the mother by receiving nutritional advice that is believed to improve breast milk quantity and quality. In other words, when participants were asked about the support they receive regarding breastfeeding, they talked about nutritional advice received from their mothers regarding breastfeeding.

“Mom used to tell me about some foods that increase breast milk quantity especially during the first stage, when the baby is always crying and needs to breastfeed every hour. She used to advise me to eat chicken and chicken broth, berghol, yogurt, dairy products (baladiyet) not the ones from the super market, keshek, walnuts, eggs and garlic, dafkat alnafsa, olive oil… and I’ve tried them and they really improve breast milk let down! And she told me about foods to avoid, because they can change the taste of the milk and the baby would get disgusted” R – Mother of 3
5. Need for Emotional Support from Husband

A very important source of support according to participants in this study was support from the husband. It was observed however that mothers perceive support from their husbands as emotional support. Mothers always expressed their need for emotional and moral rather than tangible support from their husbands. The emotional support cited included appreciation, empathy, partnership. Women not receiving this type of support usually feel lonely and tired, even though this might not really affect their breastfeeding practices.

"I like to feel that someone empathizes with me... That I’m getting tired with breastfeeding. I feel that I mostly need my husband to support me with such things. Even though it might not affect breastfeeding, or cause me to decrease breastfeeding. My concern is my son. But I would feel better if my husband was supporting me emotionally.” M – Mother of 2

"أنا حس أن حداً عم يحس في إنو عم اتعب بيتي لشغله. بحس أكثر شي إنو لازم زوجي يدعمني بهل قصص. حتى لو ما بتتأثر إنو خف لرضاعة. أنا همي ابني. بس يكون مرتاحة أكثر بس يكون هو عم يدعمني معنويا. “

Mother of 2

“I feel as if it’s something normal to him that I breastfeed! As if he feels that I must do it! Not like... Thanks god for having you... For having such a wife who has good health and can breastfeed... a wife that god gave her milk to feed my son… he might be thinking this way, but he never tells me them.. And this is what’s lacking for me.”

M – Mother of 2

"انا بحس إنه بس لو بفيف معي وبس هيك بيقعد حدي وحس إنه حدا فايق معي، حدا حاسس في، حاسه حالي لحالي, صرلي كم يوم كثير عم اتضايق"
"If only he wakes up with me... just... sits beside me... for me to feel that someone is awake with me... feeling with me. I feel lonely... I haven’t been feeling well for a few days... sometimes I’m crying because I’m waking up alone to feed my baby. As if its only me who brought this baby... and he has nothing to do with it!” O – Mother of 2

"Usually, the breastfeeding mother doesn’t really need tangible help from her husband, but she definitely needs the emotional and psychological help... She really needs it.” P – Mother of 2

"The husband is the one who motivates you to do your job perfectly. He is the one to help and support... he charges you so that you can go on... or else you can’t. If he wasn’t supportive you wouldn’t be psychologically ready to give your baby love and affection. You take all this from your husband.” P – Mother of 2

6. Interference Regarding Maternal Food Intake: “Too Much Support” Perceived As Interference

A very common source of stress among breastfeeding mothers is interference. Interference mainly comes from mother and family in law, especially among women who live with their family in law. Even though most participants considered their families to be supportive, they also explained that too much support and advice is stressful and causes tension “tawator”. This is because, as they had expressed, they receive too much support and advice, particularly regarding what they should eat, which
in turn is transformed into “interference” and “nagging” as explained by them, and is no longer helpful. They also expressed that this stress caused by too much interference is negatively affecting breastfeeding, especially with the presence of the belief that stress affects breast milk production.

“...ماهو هيدا الدعم بيصير مثل نق! مثلا كلي عشان يصير عندك حليب وتلك ترضعي ابنك... وهالحكي... عندي. "ما فيد تلذك تأكلك، وهيدا الشي وترني كثر نفسي. حسيت إنه بعد هالشي خف الحليب عندي." H – Mother of 1

“This support becomes like “nagging”! They start saying: eat so that your breast milk comes out! You should eat a lot so that you can continue breastfeeding! And this really caused me psychological tension, and caused my breast milk supply to decrease.” H – Mother of 1

“أكتر شي حماتي. كانت تقلي كلي، وإذا بكون فايقة الساعة 11 تقليي إنه لازم كون هلق عم اندوقة مرة ثانية، وأنا كون هلق بعدني واعي من النوم، وتقللي اشربي حليب، وكلي بيض وتوم، وهالحكي...” H – Mother of 1

“Mostly, my mother in law used to ask me to eat a lot. If I woke up at 11, she used to tell me that I should now be having my second breakfast! She always asked me to drink milk... and eat eggs and garlic... and such things.” H – Mother of 1

“حماتي بهيدا الموضوع بتساعدني، بس مشكلة حماتي وبيت عم شغلة، يمكن لانها كبيرة بالعمر، إذا بكي الولد بتلقي أكيد جمان، لو معطمني... أكيد بدو غيار، مع إنه يكون غيرته. هني بكون قصدهن يساعدوني ويدعموني، بس هيدا الشي كان يوثرني، خصوصا مع أول ولد.” K – Mother of 3

“my mother in law usually helps me, but the problem with her and with my family in law is that if the baby cries, she would tell me that they baby is definitely hungry! Or you need to change his diaper! Even though I know he doesn’t. Maybe because she is old. Even though their purpose would be to support and help me, but this used to make me nervous, especially with my first baby.” K – Mother of 3
E. Mother’s Perceptions about Support Received from Society

While some participants perceived the society as a whole to be supportive of breastfeeding, some others expressed lack of this support. It was noted however that even those who perceived society as supportive always talked about mothers they know who do not like to breastfeed. In their perception, society is supportive because breastfeeding is always considered as something “good”.

Themes:

1. Lack of Social Support towards Breastfeeding: People Find Long Duration of Breastfeeding Strange

Those who expressed lack of support however explained that people usually get “shocked” when they know that the mother has been breastfeeding for several months, or had breastfed for more than a year. This was considered as lack of support from society because it can discourage them to breastfeed.

“هلق العالم صارو ببتفاجأو لما الوحدة ترضع فوق السنة، إنه شيء غريب معشً جدا يعملو. وإن أوف سنتين! بس تقولي قدام حدا سنتين بيكون كانوا شي كتير عظيم إنتي عمليتي. كنت مين ما احكي قدامه إنه رضعتي سنتين يتفاجأ إنه أوف كتير! “
N – Mother of 2

“Nowadays, people get shocked if a mother breastfeeds for over a year! As if it’s something strange and no one does it anymore! They go like: Wow! 2 years! When you say 2 years in front of someone they react as if it’s something great you have done! Everyone used to get shocked when they knew that I breastfed my daughter for 2 years. They used to say: wow! Too much!”
N – Mother of 2

2. Giving the Bottle Has Become Socially Acceptable: It Is the Fashion

Besides that, mothers who expressed lack of support from society also explained that the idea of the bottle is the social norm, or the “fashion” nowadays,
especially in the city.

“Everyone got used to the bottle... Everyone gives the bottle... Some people even give the bottle while sitting at home! They don’t work! When the baby cries they give him canned milk. It’s now the fashion...People are getting used to the idea not like before. But in villages you feel they are still on breastfeeding... not like here in the city.” O – Mother of 2

In those mothers’ perceptions, women nowadays do not breastfeed like before; they get “bored” and tired very quickly, and tend to bottle feed.

“Some ladies in my family are in their twenties... they get tired after 2 days of breastfeeding. I advised them but they wouldn’t listen. They only breastfed for 2 days... they started saying that the baby is not getting satiated and in always crying. I’m sure these people do not have feelings...The mother should not give up quickly. People now stop breastfeeding very commonly... they don’t have patience.” R – Mother of 3

“My mother in law loves the idea of breastfeeding because she is from the old generation. Before, breastfeeding was better supported. They didn’t have these breast milk substitutes anyways.” I – Mother of 2
3. Lack of Social Support Due To “Interference” And “Discouragement to Breastfeed”

One important aspect that causes women to feel lack of support from society is interference and discouragement. Friends and neighbors have been found to advise mothers to bottle feed for various reasons. For example if the baby is not very chubby, some people would tell the mother to give the bottle thinking that he is not gaining enough weight from breast milk. Other advice includes “weaning” or formula feeding at night so that the mother can sleep well, and formula feeding due to lack of “satiation” from breast milk when the baby cries. Also, due to the belief that the mother’s mood affects the breastfeeding baby, women have been to formula feed instead if they are angry or upset.

H – Mother of 1

“People tell me poor baby... He is not getting satiated... stop torturing him and give him a milk bottle!”

B – Mother of 3

“Sometimes people tell me that my baby looks very skinny. They tell me that maybe my milk is not fattening. They start giving me names of formulas, and they advise me to use them.”

People also tend to discourage the mother from continuing to breastfeed if she is having a hard time with breastfeeding because the baby is crying using statements such as “enough” and “what for?”

Q – Mother of 3

“Everyone tells me stop bothering yourself! My neighbors for example... But I definitely do not listen. It’s no one’s business! They tell me: why do you breastfeed if the baby is not getting satiated!”
Mother of 3

Examples of statements said to the mother from neighbors or friends when she is having a hard time while breastfeeding are:

"يا عمي خلص شو بك؟ لي عم تتحمللي هالقد"

"Come on what’s wrong with you! Why are you bearing all this?"

"شي صاير عليك ترضعها انتي وواقعة"

"What makes you breastfeed while standing!!?"

4. “Conservative” Society Perceived As Enabling

A few participants explained that one important factor that makes this specific society more supportive of breastfeeding than others, in the sense that it makes breastfeeding socially easier, is that it is a conservative society. This is because as mothers explained, in societies where women are usually veiled, men and women usually sit separately in social gatherings, which makes it easier for the “veiled” women to breastfeed.

"ليكي صحيح إنه ازعج شغلة لما تكوني قاعدة وفي ناس، وتصويري بذك تستاذني لقومي ترضعي، بس نحنا ماكثير بتأثر علينا لأنه مجتمعنا محفظ شوي، يعني لما يكون في رجال مش كثير قرابه، منتفع الرجال لحالوالنسوان لحال. هيدي شغله كثير بتريح وينسهل الرضاعة، ولما يكون في حداقريب، مثل سلفك أو خيك، عادي بستاذني وما يكون عندك إحجاج. أ يتقعدي انتي ومنظر للشخص، مجتمعنا نحنا الملتزمين بساعدة، مابحسيها مشكله." – Mother of 2

“Even though it’s very annoying when you have visitors, and you have to apologize for going inside to breastfeed, we don’t really get affected by this because our society is a little bit conservative. For example, when we have men visitors who are relatives, men and women sit separately. This really helps and makes breastfeeding easier… when visitors are relatives, like your brother or brother in
law, it wouldn’t be embarrassing to go inside and breastfeed. Our society is helpful because we are conservative...it’s not a problem for us.” J – Mother of 2

5. Negative Social Reaction towards Early Weaning

Even though it was noticed from mothers’ perceptions that there is a positive attitude towards formula feeding in society, it was observed that there is a negative reaction from society towards early weaning, particularly an element of surprise or incredulity at the mother’s story for early weaning, and referring to early weaning as “haram” in terms of “it’s a pity” for the baby. Mothers who wean their babies early (earlier than 6 months) usually feel that people blame them for doing so and feel that they are misunderstood by society:

“...They used to look at me in a strange way! Sometimes I didn’t know if they believed me... or maybe they think that it’s now the fashion... That women now do not breastfeed to avoid ruining their body shape.”

S – Mother of 2

People’s reaction? It was normal... they used to say: why did you stop? Or:Poor baby you stopped very early... when I tell them what happened some used to look at me in a way as if they do not believe me. At the end of the day it’s not my fault!”

L – Mother of 2
“The family in law...relatives... they used to tell me poor baby... why did you wean him? You should have tried more... you should have been more patient. But no one understands what I was going through because they have never tried the stress of work.” I – Mother of 2

6. Support and Advice Is Very Important For First Time Mothers

In the mothers’ perceptions, support is especially needed when having the first baby, because the mother is not experienced and does not know what she will be going through, or what questions she should ask. Some mothers explained that there is a much bigger need for support and advice regarding breastfeeding when having the first baby than the support needed when having the other babies.

One mother for example blames her family and society for having to wean her baby very early (a few days) because she did not know that she had to breastfeed directly after delivery so that her breast milk does not dry up. She used to formula feed the baby in the first days because she was tired, and thought that she did not yet have milk, and that colostrum is not important. This mother needed informational support which she did not receive; especially that she was not experienced and had no idea what to ask.

“مش عم باخد دعم من حدا.. شو بدي قلك .. يمكن بابني الكبير كان لازم هيدا الدعم يللي عم تحكي عنه بصير، والعالم تدعمني وتعلمني. بس هلق ثالث ولد، صرت أنا يعرف شو لازم أعمل.” J – Mother of 2

“I’m not receiving support from anyone... what can I say… maybe I needed this support with my eldest son. I needed people to support and teach me. But now it’s my third child, I know what to do now.” J – Mother of 2

"بـابني الأول ماحدا قال لي رضعه، بوقتها كان لازم يدعموني ويعملوني ويفهموني شو بدي أعمل. وأنا مااكتبت بعرف شي. بس هلق صار أنا مفترض ادعم غيري وفهمن عشان صار عندي خبرة. أول شي مااكتبت بعرف أصلا شو"
“With my first son no one advised me to breastfeed. At that time I need people to support me, teach me, and tell me what I should do. I didn’t know anything. But now I should support others because I have experience. At first, I didn’t even know what I should ask…” J – Mother of 2

F. Mother’s Perceptions about Support Received at Work

Themes:

1. Work Is “Supportive” If the Mother Is Allowed To Take Her Baby to Work

Almost all women perceived their work to be supportive if they were allowed to bring their babies to work where they can be put in nurseries.

“ٌه لاع حم، خاصمة مه ماع عمّك حلاش عل بقدر رضعته أميتين مابدي، هيدا حلال حم. إله أنا ماوقفته الرضاعة محل ما بشغل، والا بدي اضطر أعطي قنيله.” V – Mother of 1

“Yes I am receiving support. Especially at work... because I can breastfeed whenever I want. This by itself is support, because I did not stop breastfeeding at work, or else I would have had to give the bottle.” V - Mother of 1

2. Having To Go To Work Every Day Is Stressful and Affects Breastfeeding

However, even though some working mothers in the study perceived their work as supportive because they were allowed to bring their babies and put them in a nursery at work until 6 months, mothers still thought that having to go to work every day affects breastfeeding due to having many other responsibilities besides work. For example, working mothers tend to feed with the bottle during the day which in turn affects breastfeeding.
...the world is a burden of work, a lot of responsibility, and I had to wake up early in the morning. And then I had to come back home at the end of the day, do house chores, and be a mother. Even if at work I was allowed to take my baby and put him in a nursery, all these responsibilities together will cause a default somewhere…"

I – Mother of 2

“People have not tried the stress of work, and having to wake up early morning. And then you have to come back home at the end of the day, do your house chores, and be a mother. Even if at work I was allowed to take my baby and put him in a nursery, all these responsibilities together will cause a default somewhere…” I – Mother of 2

3. Short Maternity Leave in Lebanon: Lack of Support

Some mothers feel that they need a longer maternity leave in which they can maintain better breastfeeding practices. Some mothers even blamed their early weaning and the use of the bottle for this reason. Women also always tended to compare their maternity leave with maternity leaves of developed countries.

"The main contributor for stopping breastfeeding was work. If I didn’t have to work I wouldn’t have to wake up very early, and think of a 100 things. Even if my daughter got sick and stayed at the hospital, I would know that I have no other responsibilities. Here in Lebanon, the mother has to go back to work after 40 days, and she finds all the work accumulated and waiting for her. And the 40 days leave start even before delivery...The vacation as a whole is only 40 days! If only they increase the maternity leave to become 6 months minimum like developed countries! The mother needs these 6 months in order to..."
rest, and the baby would benefit from breastfeeding, the mother would take care of her diet and nutrition, and would relax…” I – Mother of 2

G. Mother’s Perceptions about Media and Breastfeeding

Themes:

1. Media Is Not Supportive of Breastfeeding

Participants perceived the media to lack information or support regarding breastfeeding. They explained that there isn’t enough emphasis on breastfeeding in the media, and that media is full of commercials about breast milk substitutes.

"ماشي... مابتشوفي شي بالاعلام... ماحدن بيحكى عن الرضاعة, قليل كثير.
بالعكس بتدلك تشو في هل دعايات عن الحليب, وما يتحسي إنه الرضاعة شي مهم كثير." M – Mother of 2

“Nothing... You don’t see anything in the media... no one talks about breastfeeding, it’s very rare. You always see formula commercials. You don’t feel that breastfeeding is something very important.” M – Mother of 2

2. Formula Today Is Better Than Before: A Result of Media Influence

However, and due to media influence, it was observed that women perceive formula today to be better than before. For example, a mother explained that she should not worry that she stopped breastfeeding because formula today is similar to breast milk. Some women also explained that they want to give formula along with breastfeeding, because formula contains added vitamins that they are worried that their breastfeeding babies would not get from breast milk alone.

"...انه مرات بتشوفي دعايات الحليب، بيقولوا زاينو حديد وفيتامينات كثير، يمكن حليبى ما يكون في هلق غذاء..." V – mother of 1
“Sometimes you see the formula commercials, they say that they add iron and many vitamins, maybe my milk lacks all these nutrients.”

V – Mother of 1

H. Breastfeeding Support from Health Care Providers

Themes:

1. Women’s Perception: Lack Of Professional Informational Support

According to mothers’ perceptions, breastfeeding mothers lack professional support regarding information related to breastfeeding. Some mothers explained that they do not know who to ask, since gynecologists think it’s the pediatricians’ responsibility while pediatricians’ think that gynecologists are responsible of giving information about breastfeeding.

“these things should start at the gynecologists clinic, because you are visiting her clinic for 9 months not only to know that the baby is fine and to make an echo and get vitamin prescriptions, but also to receive information and advice, especially that you do not have experience with such things, she should draw your attention towards them.”

M – Mother of 2

“We really need someone to inform us. You ask the doctor he starts laughing and he doesn’t give you enough time for this issue. The pediatrician tells you that the gynecologist should explain, and the
gynecologist says it’s not her business. And it all falls on top of my head! And how would I know! Did I breastfeed 20 babies before or something?!” G – Mother of 1

2. No Emphasis from Pediatricians on Breastfeeding

It was observed that in most of the mothers’ visits to the pediatrician, the pediatrician would only ask about mode of infant feeding. In most cases, pediatricians do not advise the mother to breastfeed or tell the mother about the importance and benefits of breastfeeding. Pediatricians react in the same way whether the mother is breastfeeding or bottle feeding.

“Every month I visit the pediatricians, and to make the story short… the pediatricians does not say anything about breastfeeding. He never said that breastfeeding is better or encouraged it.” O – Mother of 2

“ما في جدا بتقولي رضاعة طبيعيه و بتحسي كثير بشجعك, بتحسي عادي, بتكوني عم تقولي للحكيم انك بترضعي, وعم تقوليها و مبسوطة إنأ أنت عم رضع! من جوات قلبي عم قولها أذ ما مبسوطة. بس لما تقولي بتحسي إنه عادي شي طبيعي, ما بتاحدي تشجيع.” M – Mother of 2

“You never receive support when you talk about breastfeeding. You feel as if it’s normal… sometime you tell the doctor that you breastfeeding, and you are saying it with passion! I am breastfeeding!! From the depth of your heart… you are very happy! But when you say it you feel as if it’s something normal. You do not receive support.” M – Mother of 2

3. No Emphasis from Pediatricians on Breastfeeding Duration: Breastfeeding Is Not Important After 6 Months

A very common point is that pediatricians usually do not talk about the
recommended breastfeeding duration. Some pediatricians even consider breastfeeding to be only important for the first 6 months of life:

"دكتور الأطفال قال لي إنه نحنا مش عارفين شو السر إنه مذكور بالقرآن حولين كمليين. إنه سبحانه اللهمكن كرمال يدل الأم عنده حننيه للولد، بس قال لي إنه المناعة هي بس لل 6 أشهر. وبعد ال 6 أشهر الرضاعة ما بتعطي مناعة." N – Mother of 2

“The pediatrician told me that we do not yet know the secret behind the verse mentioned in the Quran about breastfeeding for 2 full years. God knows… maybe to maintain the affection between the mother and the baby. But the doctor told me that immunity is only up to 6 months of breastfeeding, and after that breastfeeding does not give immunity.” N – Mother of 2

4. Advice to Give the Bottle Directly When the Mother Is Facing a Problem with Breastfeeding

It was observed that when the mother faces a problem with breastfeeding, pediatricians tend to advise the mother to give the bottle, and do not provide them with tips to solve their breastfeeding problems.

قلتله إنه مرات ماعم يكون في حليب ومرات بحسه ماعم بيكفي لأنه كل ما تكبر بصير بها حليب أكثر. فقال لي ريحي حالك، إنه ماعم إذا فئة وحده بالنهاي. مش إنه قال لي وقفي الرضاعة. سألته إذا فيي جيبلها حليب. قال لي إنه، ريحي حالك شوي. عطيها وحده بالنهاي مابيتثر ونصحتي بنوع معين." N – Mother of 2

“I told him that sometimes I do not have breast milk, and sometimes the breast milk is not enough, because as the baby is growing she needs more milk. So he told me to rest. He said that it’s okay if I give one bottle per day. He didn’t ask me to stop breastfeeding. I asked him if I can buy formula, he said yes, have some rest, and give her abottle per day its fine... and he advised me to use a specific brand.” N – Mother of 2
5. Inadequate Information from Pediatricians Concerning Breastfeeding

It was also observed that sometimes, pediatricians give inadequate information regarding breastfeeding to mothers. For example, some pediatricians used to ask the mother to bottle feed if her baby was “yellow”, explaining that the reason behind this is the “heavy” breast milk. Also, many pediatricians advised that giving one or two bottles per day is not harmful, and can even be better because it supports growth.

قلتله إنه يشتهيه قنينه مع الرضاعة، اللي إنه أيه منيح.. بالعكس بيكر أكبر.

H – Mother of 1

“I told him that I started bottle feeding along with breastfeeding. He said okay good... and that it’s even better because the baby will grow more. His words made me relax.” H – Mother of 1

Another very common reason for pediatricians’ advice to give the bottle is when the baby always cries, explaining that it might be because mother’s breast milk is not satiating.

قال لي الحكم إنه بنتك مامع تشبع، فلاژرم تسعدا بالقنينه. قال لي إنه حليبك

F – Mother of 1

“...The pediatrician told me that my baby is not getting satiated, so I have to support her with the bottle. He told me that my breast milk is not satiating.” F – Mother of 1

“...The doctor told me that she took all the immunity the first 6 months. Immunity is only the first six months.” M – Mother of 2

Pediatricians also tended to advise the mother to stop breastfeeding for a while if the baby had neonatal jaundice. In addition, one pediatrician explained that infants of the “Mediterranean sea” should start eating at 3 months, and can eat everything, as opposed to infants of other regions. Some pediatricians also advised mothers to give
water to the breastfed infant.

"The doctor told me that children of the Mediterranean see should start eating at 3 months. And that my baby should eat everything! Babies of the Mediterranean sea eat everything! At 6 months, the baby should know how to taste, and you should know what he likes and doesn’t like" A – Mother of 1

6. Weaning Is Perceived By Pediatricians as Normal and Formula Brands Are Advised By Pediatricians

It was observed that pediatricians have a neutral reaction when mothers tell them that they have weaned their baby, and directly advise on which brand of formula to use.

C - Mother of 6

"The pediatrician told me its normal… if you had had breast milk the baby wouldn’t need a bottle.” C - Mother of 6

G – Mother of 1

"Nothing... the pediatrician didn’t say anything. He said its fine… and he prescribed a good formula name.” G – Mother of 1

F – Mother of 1

"He told me that as long as she is not satiated from breastfeeding give her [name of formula] at night.” F – Mother of 1

H – Mother of 1
“I stopped breastfeeding on my own. When I asked the pediatricians he told me its okay because he breastfed and that the first 3 months are the most important time for breastfeeding. He took all the nutrition from breastfeeding.” H – Mother of 1

7. Lack of Support from Gynecologists

The study showed that gynecologists usually do not emphasize breastfeeding. It was noticed from interviews that gynecologists only talk about breastfeeding when the mother asks. It was also noticed that gynecologists usually prescribe vitamin supplements for breastfeeding women, but rarely give advice and information regarding breastfeeding.

It was also observed that sometimes, gynecologists give inadequate information regarding breastfeeding:

“I breastfed for 6 months. My gynecologist told me at 6 months: stop, it’s enough! You do not need to continue breastfeeding! She believed that the baby took all the immunity, and after 6 months the baby needs iron, and breast milk does not have iron. And actually yes, when I used to express I used to feel that the milk is like water, and there is only a small layer of milk on top. You don’t feel that it’s really milk... not like formula.” N- Mother of 2

I. Support at the Hospital

Themes:
1. Only First Time Mothers Are Taught How To Breastfeed

Most women were taught how to breastfeed after delivery. However it was observed that while first time mothers were always taught by a nurse how to breastfeed, multiparous mothers were asked whether they still remember how to breastfeed, and did not always receive tips and advice from nurses regarding breastfeeding.

M – Mother of 2

"She didn’t teach me anything because I have delivered before. She asked me if I know how to breastfeed and I said yes.” M – Mother of 2

C – Mother of 6

"when I delivered a woman came and asked me if I have previous children, I said yes, so she didn’t care to teach me because I have experience.” C – Mother of 6

In addition, it was observed that the breastfeeding support team at the hospitals did not advise the mother about breastfeeding duration and exclusivity.

2. Late Breastfeeding Initiation and the Use of Formula

Only two women breastfed their infants within the first hour after delivery. Most women breastfed their infants a few hours after delivery, during which time, the infant was formula fed. Also, most women explained that their infants were formula fed at night during their hospital stay.

3. Breast Milk Substitutes: Mothers Perceive Formula as a Gift

Some women received breast milk substitutes and formula commercials. Women perceived these as a “gift” and explained that they were given a “cadeaux” at the
hospital. For example, one woman was upset because she was not given a gift at the hospital like her sister who delivered at another hospital:

"They didn’t give me anything! Sometimes when the mother delivers they give her a gift. When my sister delivered they gave her too many things: a bottle, a box of milk… they didn’t give me anything!”

Mother of 1

4. No Advice from the Hospital Pediatrician Regarding Breastfeeding

It was observed that when pediatricians visit the mother at the hospital they only talk about the health status of the baby. Even though most pediatricians asked about the method of feeding, they never gave the mother information or advice regarding breastfeeding.

"The pediatrician saw my baby, and he checked out his weight and height and he checked him up very well.. He then asked me about the method of feeding, I told him I’m breastfeeding, and he said okay”. N – Mother of 3

5. No Advice from the Hospital Gynecologist Regarding Breastfeeding

It was also observed that gynecologists at the hospital only take care of the mother and the mothers wound if she had delivered c-section. Gynecologists almost never talked about breastfeeding with the mothers.
A – Mother of 1

“She didn’t tell me anything about breastfeeding. She checked the wound, and checked me up. But she didn’t mention anything about breastfeeding.”

O – Mother of 2

“لأ ولا شيء... ما قالتي شيء.”

“No nothing... she didn’t tell me anything.”

J. Maternal Motivators for Breastfeeding

Themes:

1. Maternal Determination: The Biggest Motivator for Breastfeeding

One of the most recurrent points extracted from interviews is that maternal determination is the strongest motivator for the intention to breastfeed as well as breastfeeding continuation.

Mothers explained that those who are determined to breastfeed usually overcome stress and complications that are usually accompanied with breastfeeding. This was also concluded from interviews. Besides that, when the mothers are asked about the reason why they want to breastfeed, they express their determination and personal intention as the first reason that drives them to breastfeed.

"تتنظيم حياتك على أساس الرضاعة. بتصير هديي أهم شيء، وتتنظيم كمشي ثاني بحياتك على أساسها. ببطل عندك عائق.”

“A – Mother of 1

“You manage your life according to breastfeeding. Breastfeeding becomes the most important thing and you manage everything else according to it. It no longer becomes a barrier!”

"الرضاعة بالسيرة كانت تزعجي، بن أحيانًا كنت أضطر و كنت رضع بالسيرة. و مرة كمان بالأمن العام رضعت. و حتى لو كنا بمطعم أو أي
Breastfeeding in the car used to bother me, but sometimes I had to do it. I even breastfed once at the general security office. Even if we used to be at a restaurant or any place I used to breastfeed and I didn’t put this as an obstacle for breastfeeding. I did not allow anything to affect breastfeeding.” B – Mother of 3

“If a visitor comes I apologize bravely and I go inside to breastfeed! Anyways the mother can cover herself while breastfeeding in a way not to show anything. It’s not an excuse. And whoever really wants to breastfeed does the impossible in order to do it and doesn’t allow anything to affect her.” M – Mother of 2

“I breastfeed while I’m tutoring my children, I breastfeed while cooking, I breastfeed while feeding my children, I have no problem! You have to give your time for breastfeeding. This draws the mother’s character: she wants to breastfeed or not?” B – Mother of 3

“When the mother puts in mind that she wants to breastfeed she can overcome all obstacles. This is my opinion. For example now I might quit my job because of breastfeeding, and to take care of my baby. The mother should define her priorities... whoever wants to breastfeed can sacrifice a few things, and whoever doesn’t wouldn’t sacrifice. Or maybe she waits until everything is perfect... or else she would stop.” V – Mother of 1
V – Mother of 1

Besides that, mothers who are determined to breastfeed usually are not affected by the social interference and advice to give the bottle:

"Some people advise me to try the bottle. But I don’t like this... I don’t even think about it. Even if the doctor asks me to give the bottle! even though she is not chubby enough it’s not a problem as long as she in within the acceptable weight range. So I don’t get affected when people talk like this, especially that now they have the excuse that the baby is not gaining enough weight. They tell me: give her a bottle together with breastfeeding so that she gains weight. But I don’t listen.” B – Mother of 3

Mothers who are determined to breastfeed find support from society and family not very important for their decisions regarding breastfeeding, even though this support can make their breastfeeding experience easier. According to them, it is determination that determines whether a mother breastfeeds or not.

"Honestly speaking, support doesn’t really matter. It depends how..."
much you want to breastfeed, and how important you consider breastfeeding, and how much you are willing to sacrifice for it. Support can make it a little easier or harder, but its not support that decides whether you want to breastfeed or for how long you want to breastfeed.” N – Mother of 2

2. Religion and the Quran Are Motivators for Breastfeeding

Another strong motivator for breastfeeding women in this society according to the participants’ perceptions is religion. Since Islam supports breastfeeding through verses mentioned in the Quran, or by narrations by prophets and imams, many women find religion as a strong motivator for breastfeeding. The verse mentioned in Quran asks women to breastfeed for two complete years, which is also a reason why women intend to breastfeed for this duration. In addition, some mothers breastfeed even though they are not sure why breastfeeding is very important, only because breastfeeding is supported by religion.

"ذا الله نصح بهل شيء يعني أكيد في منه فائدة, مع أنه الفائدة الصحية بِبِابِدَهَا الولد من أول 6 أشهر وخلص. اصلا مرة قال لي الحكم إنه بعدين لهلق ما اكتشفوش السر لحتى مذكور هيك بالقرآن." N – Mother of 2

"God advised us to breastfeed! It definitely has benefits! Even though the baby takes all the health benefits the first 6 months only. The doctor even told me once that they did not yet find out the secret behind what’s mentioned in the Quran about breastfeeding. N– Mother of 2

"أول سبب وأهم سبب هو السبب الديني, هيدا أكثر شي يحفزني إنه رضيع سنتين حتى لو مش معروف ليش". N – Mother of 2

"The first and the most important reason is religion. This is the strongest motivator for me to breastfeed for 2 years, even though it is not known why.” N – Mother of 2

"الرضاعة مذكورة بالقرآن. الله ناصح بالرضاعة... الله أعلم شوفيها"
Breastfeeding is mentioned in the Quran. God advised us to breastfeed! God knows what secrets it has. I definitely will not restrict my son from something that God ordered us to do!” M – Mother of 2

3. Breastfeeding Creates an Emotional Bond between Mother and Baby

According to mothers’ perceptions, a very important motivator for breastfeeding is the bond created between the mother and baby through breastfeeding. Mothers describe breastfeeding as passionate and enjoyable, especially after they have overcome the stress they face during the first stage of breastfeeding. Mothers explained that the baby himself becomes a source of support that allows them to continue breastfeeding.

"As the baby is growing you take support from him. While he’s loving you. Making cute movements while breastfeeding, you start loving what you’re doing and want to continue.” A – Mother of 2

"The most beautiful feeling is that your baby is between your arms, and needs you. You feel something inexpressible… a strong passion. Even if it’s a little painful at first, but you are happy and you have a very beautiful feeling.” B – Mother of 3

“I really miss how he sits between my arms, the
position...Sobhanallah.. It’s very passionate. When the baby eats the mother feels as if he’s eating from her heart, how about if he actually is eating from her heart?” K – Mother of 3

"الرضاعة بتعمل علاقة بني و بين الولد، فرق ما يكون في علاقة بني وبين البقرة مثلًا!

R - Mother of 3

“Breastfeeding creates a relationship between me and my baby, instead of having a relationship between the baby and the cow for example!” R - Mother of 3

Interestingly, mothers of babies who refuse to take the bottle or the teat are proud by the fact that their baby only accepts to feed on their breast.

4. Breastfeeding Is a Right for the Baby

Most women in the study believed that breastfeeding is a gift from god and a right for the baby. What motivates them to breastfeed is their feeling of duty towards this baby’s right.

"أكثر شيء يحزني رضيع هو شعوري إنه هيدي ابني. بحس إنه هو محتاجني واني ضعيف وأنا مسؤل عنه. هيدي حقه ولازم ياخذه " H – Mother of 1

“The biggest motivator for breastfeeding according to me is the feeling that this is my son! I feel that he needs me and that he is weak, and I’m responsible for him. This is his right and he has to take it.” H – Mother of 1

5. Knowledge of the Importance of Breastfeeding

Many women explain that the main motivator for breastfeeding is their knowledge of the benefits of breastfeeding that their infants might miss if not breastfed. For example, one mother was very determined to breastfeed because of her experience with her previous child who was not breastfed, and for which she attributes the fact that this child is always sick and is often hospitalized.
"I’m planning to breastfeed my son for 2 years, because of what happened with my previous daughter. I couldn’t breastfeed my daughter a lot because of some conditions. I only breastfed for a few months. And now she is always sick and we are always at the hospital! She always gets sick. So I don’t want to repeat the same mistake. Let him take the immunity from breastfeeding” I – Mother of 2

6. Breastfeeding is “Cheaper” and “Cleaner”

What motivates some women to breastfeed is the fact that breastfeeding is much cheaper than formula, especially that most of participants in the study had a medium to low socioeconomic status. Also, some women think that breastfeeding is easier then bottle feeding since bottles require sanitizing and preparation.

"First, formula is costly. And we don’t need that! Second breastfeeding is really easier… with the bottle, you should always sanitize, and if you wake up at night to feed your baby you should get off your bed and prepare it. With breastfeeding you breast is always ready. And god knows if we know how to sanitize bottles correctly.” M – Mother of 2

K. Mothers’ Perceptions about the Sources of Stress That Might Affect Breastfeeding

Themes:
1. Social Stress – Women Are Embarrassed To Breastfeed In Front Of Visitors

One very common source of stress that breastfeeding women in the study faced is visitors. After delivery, people usually visit the mother to congratulate for the new baby. Some mothers find it embarrassing to breastfeed in front of people, which is many cases, drives them to give the bottle.

“Only one thing bothers me with breastfeeding, when I have visitors. Especially during the period directly after delivery because many visitors comes to congratulate you. Sometimes you cannot leave the people and go inside to breastfeed. At this time I feel that using the bottle becomes easier.” E – Mother of 1

Sometimes, mothers breastfeed for a shorter time so that they can sit with their visitors, leaving the baby un-satiated, which causes complications for the mother because the baby then wakes at night to feed.

“When I’m by myself I breastfeed for half an hour. But when I have visitors I try to speed up. I breastfeed for 10 minutes, and the baby starts crying at night and doesn’t sleep well.” B – Mother of 3

In addition, visitors, along with all the other responsibilities are a source of stress for breastfeeding women because they require time.

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In addition, visitors, along with all the other responsibilities are a source of stress for breastfeeding women because they require time.
“Sometimes visitors come, and I have to work at home. In addition to my work outside! And people do not understand... so sometimes I feel that I do not have enough time, especially when visitors come.”  I – Mother of 2

2. Breastfeeding in Public Is a Source of Stress

Breastfeeding in public is a source of stress for most women participating in the study, especially that most of them are veiled. Many women tend to give the bottle while outside the house or in a visit.

Women also expressed that in Lebanon, there are no available places for breastfeeding or changing diapers like other countries.

"If I was in a public place… this is the most annoying this for breastfeeding because we do not have places for breastfeeding. Even the high class places do not consider the fact that a mother might need a place to breastfeed. As opposed to other countries, there are special places for the mother to breastfeed or change diapers for the baby.”  M – Mother of 2

"But the problem is that you cannot go out. Where ever you go, you have to find a place to breastfeed. You’re always confined. You know... the baby suddenly becomes hungry, not like with the bottle, he remains satiated for a longer tie. Breastfeeding does not have a definite time.”  N – Mother of 2
3. With Breastfeeding, the Baby Gets Hungry Quickly, As Opposed To the Bottle That Allows Him to Remain Satiated For a Longer Time

A recurrent point in interviews was that with the bottle, the baby remains satiated for a longer time then with breastfeeding. Having to breastfeed every while was a stressful factor for breastfeeding mothers, and was the reason behind introduction of the bottle in many cases.

"عم أعطي قنينة بس بالليل، لأنه على القنينة بينام للصبح وما بعود يفيق. إذا بدي رضعه بالليل راح يفيق كل كم ساعة لا يرضع. قنينة الحليب بتشبعو منيح وبدل نايم للصبح. هو بيرتاح و أنا برتاح." 

H – Mother of 1

“I’m giving a bottle only at night, because with the bottle he sleep all night. If I breastfeed him at night he will wake up every few hours to breastfeed. The bottle satiates him and he remains asleep till morning. We both rest this way…” 

H – Mother of 1

4. Social Interference

Social interference is a source of stress and was discussed in Chapter III sections D/6 and E/3.

5. Breastfeeding Is Painful

Breast engorgement, breast inflammations, cracked nipples and pain are common problems with breastfeeding among almost all women participating in the study.

Also, first time mothers find the first weeks of breastfeeding very hard because they are unsure about how to breastfeed the baby, especially that a common perception is that they feel they do not have enough breast milk.

"ازعج شي بس نشتق الحلمه. كثير يتوجه... بتحسي روحله عم تطلع هو وعم يرضع الولد. هيدا غير إنه مرات الصدر بحجر، خصوصا أول فترة." 

O
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Mother of 2

“It’s very annoying when you have nipple cracks. It’s very painful… you feel as if your soul is coming out of your body while breastfeeding. In addition to the fact that sometimes the breasts get engorged, especially during the first stage of breastfeeding.” O – Mother of 2

6. Financial Problems and Having To Work

Having to work for financial reasons is a source of stress for many breastfeeding women, since they have to leave their babies at a nursery in which they are bottle fed.

"أكثر شي الظروف المادية والشغب، إنه أنا أكيد رح ضل رضع للستينين لو ماعم بشتغل مثل اختي". O – Mother of 2

“Mostly its the financial condition and work. I definitely would have breastfed for 2 years if I didn’t work, like my sister” O – Mother of 2

"صدقني إنه الظروف كثير بتلعب دور بمسألة الرضاعة. يعني أنا وزوجي مشتغل انجه ماهي حالنا مادية. وأنا صراحة شغلي في ضغط. ومرات بجيب معي شغلي على البيت." I – Mother of 2

“Believe me some conditions really play a role with breastfeeding. Me and my husband work, and it’s barely enough. And honestly speaking, my work is very stressful, and sometimes I even work at home.” I – Mother of 2

L. Needs of Breastfeeding Mothers

During interviews, mother expressed their need for the following points regarding breastfeeding:

1. Need for Professional Informational Support

Mothers expressed their need for advice and tips about breastfeeding and what
the mother should do when she faces a problem with breastfeeding (such as baby throwing up, diarrhea...). They express the need for information from medical staff. Also participants explained their need for information about right and wrong practices that affect breastfeeding. Mothers thought that this support should start soon enough to avoid problems that lead to early weaning. For example, this type of support should start at the gynecologist’s clinic and at the hospital after delivery.

"You can say in your study that medicine should provide something for us to have more information. This thing should start during pregnancy. The mother should be well informed. She needs conscious people to speak to her. Not like before; do not eat this and that as genetic. We really need someone to inform us. You ask the doctor he starts laughing and he doesn’t give you enough time for this issue. The pediatrician tells you that the gynecologist should explain, and the gynecologist says it’s not her business. And it all falls on my head! And how would I know! Did I breastfeed 20 babies before or something!" – Mother of 1

2. Extend maternal leave in Lebanon

Working mothers expressed their need for extending maternity leave duration. Working mothers who weaned their babies early explained that the main reason behind weaning is work, and thought that might not have stopped this early if they had had a longer maternity leave.
"Maybe if the maternity leave was longer this wouldn’t have happened. I think that this should change in Lebanon. The maternity leave should become at least 6 months". I – Mother of 2
CHAPTER IV
DISCUSSION

A. Practices

The study showed that a large number of women started formula feeding early. 52% of participants introduced formula feeding at or earlier than one month. This finding was similar to earlier findings in Lebanon which reported low breastfeeding exclusivity and continuation. For example, Batal et al. (2005) reported that approximately 48% of infants in Lebanon were not exclusively breastfed at 1 month. Even though most women had a pre-delivery intention not to initiate bottle feeding this early, in later interviews, mothers always expressed their intention to start bottle feeding. This may imply that most probably they were unhappy or having a hard time with breastfeeding after they had encountered difficulties. This suggests that mothers may have not been well prepared for the lifestyle changes and difficulties of breastfeeding.

Nabulsi (2011) came to similar conclusions in a recent study and explained that mothers who stopped breastfeeding early were psychologically unprepared for complications associated with breastfeeding, such as sleep deprivation and exhaustion. This is also cited as a reason for initiating bottle feeding in a cohort of 556 Australian mothers; this study showed that twelve percent of mothers left the hospital without any attempted breastfeeding (Colin et al. 2002).

Another major reason for wanting to introduce formula was the common misconception that breast milk is insufficient. This is consistent with results from a qualitative study done in Lebanon by Osman et al. (2009), which showed that many
women introduced the bottle to compensate for the insufficiency of their breast milk quantity and quality. In addition, Batal et al. (2005) reported that one of the two major reasons for stopping breastfeeding in Lebanon is the misconception that breast milk was not sufficient, where 26.2% of mothers who stopped breastfeeding did so for this reason. Bulk-Bunschoten et al. (2001) had similar results in a study of Dutch women; one of the motives for women to stop breastfeeding was doubts about the insufficiency of breast milk. This has been reported to be a cause for early weaning in developed countries since the 1960s and 1970s (Houston et al. 1981 and West et al. 1980).

Understanding the reasons behind this misconception is therefore important. It is suggested that reasons for this misconception might probably be related to incorrect positioning and suckling techniques of the infant while breastfeeding (Fisher et al. 1981 and Freier et al. 1980). The present study shows that interference from family and society can reinforce this misconception.

B. Knowledge and Beliefs

Even though participants were knowledgeable about the main benefits of breastfeeding, they also had a set of common beliefs and misconceptions which affect breastfeeding practices. The most common beliefs were consumption of fatty foods to improve breast milk supply, mothers’ bad mood “poisons” breast milk, mothers’ mood affect breast milk production, breast milk supply is determined genetically, and breastfeeding affects body shape. Some of these beliefs have also been reported by the study of Nabulsi (2011) and the study of Osman et al. (2009). The effect of these beliefs on breastfeeding practices has been observed in this study. This is because some practices that were believed to improve breastfeeding – such as the consumption of fatty foods – acted at the same time as demotivators for breastfeeding due to their stressful
consequences – such as the effect of these foods on weight gain. Nabulsi (2011) reported that one of the reasons for breastfeeding cessation was the concern of the effect of breastfeeding on weight gain. In addition to being a belief in itself, the underlying factor may be that the consumption of calorie-rich foods improves breast milk supply.

In addition, the belief that breastfeeding is genetic leads to the preconception of the inability to breastfeed, and hence leads to very early introduction of bottle formula feeding which has been shown by many studies to affect breastfeeding duration. For example, a study done by Righard in 1998 investigated the relationship between breastfeeding problems and the use of pacifiers and showed that infants who were bottle fed early were less likely to be still breastfeeding at the subsequent month or later (Righard 1998). This is because early bottle feeding or pacifier use leads to nipple confusion on behalf of the baby (Huang et al. 2006).

The present study shows that breastfeeding beliefs and misconceptions in this society, despite the good knowledge of breastfeeding benefits and importance, can affect breastfeeding practices and therefore duration and exclusivity.

C. Social Support

1. Importance of Support for First Time Mothers

Mothers considered social and professional information support to be most important when delivering the first baby. According to their perceptions, the need for support is greatest when having the first baby, since the mother has no idea on what she will be going through. Educational interventions that aim to prepare pregnant mothers, as well as people living with her such as the husband or family should therefore be conducted.
2. Husband: Emotional Rather Than Tangible Support

Even though some women in the study had tangibly supportive husbands, mothers perceived support from husbands as emotional support. Mothers also continuously expressed their need for this support, especially when it is lacking.

The literature explains that a very important determinant for the mothers’ decision to initiate and continue breastfeeding is the support from the husband or the partner (Sciacca et al. 1995 and McClurg-Hitt et al. 1994). Some studies have also shown that the attitude and support of the husbands of breastfeeding mothers is the most important indicator for their decision to breastfeed and maintain breastfeeding (Scott et al. 1999 and Bar-Yam et al. 1997). In addition, several studies have shown that mothers were less anxious and more comfortable about their decision to breastfeed when their husbands participated in interventions that aim to improve their knowledge and attitudes regarding breastfeeding (Susin et al. 2008 and Sciacca 1995). On the other hand, a study done in Caribbean village showed that women tended to wean earlier in the absence of their husbands (Quinlan et al. 2003). In addition, some studies showed that the father is mainly influential when he is the main income provider for the household (Chatman et al. 2004), which is often the case in Lebanon (Khawaja et al. 2007).

Even though types of support have not been clearly identified by breastfeeding mothers and their husbands, most studies explain that mothers recognize support from their husbands as emotional as well an “technical” support such as helping with the baby and house chores (Susin et al. 2008). A study in Italy showed that teaching fathers about the importance of their role in breastfeeding, as well as educating them on how to deal with and manage problems associated with breastfeeding resulted in significantly higher rates of breastfeeding at 6 months (Pisacane et al. 2005). This implies that even though mothers of this society consider support from their husband as emotional rather
than tangible support, the reason behind this might be that their husbands are not knowledgeable of the adequate “tangible” support that the mothers need, and thus mothers feel its unimportance even when received. Interestingly, several studies show that the support fathers provide to their breastfeeding wives is hindered when they are not knowledgeable about breastfeeding (Lavender et al. 2006 and Shepherd et al. 2000). Without neglecting the importance of emotional support to breastfeeding mothers in Lebanon, this indicates the need for designing adequate educational interventions that target the fathers of this society in order to prepare fathers for the provision of both emotional and tangible support, especially after the consensus in the literature over the importance of the partners’ support to breastfeeding decisions.

3. Social and Family Support

Another very important source of support received from family according to participants of this study is support from their mothers, especially during the first days postpartum. Batal et al (2005) stated that 22% of the women in his study believed their mothers to be influential in their decisions regarding breastfeeding, followed by 11% for relatives and 10% for mothers in law. A study done in the United States on Iranian immigrants also showed that breastfeeding women usually considered their mothers to be the most influential in their decision to breastfeed (Ghaemi-Ahmadi et al. 1992). Another study done in Scotland showed that the absence of breastfeeding support from women’s own mothers in terms of approval and positive attitudes towards breastfeeding strongly discouraged mothers intentions to breastfeed (Scott et al. 2006).

Participants in this study interestingly perceived their mothers as supportive if they had breastfed their own children as well. This is similar to the findings of several studies which explain that initiation and duration rates of breastfeeding are higher when
family members had previously breastfed or had a positive attitude towards breastfeeding (Fallon et al. 2005 and Scott et al. 2006). In addition, participants perceived their mothers as supportive if they had helped them tangibly after delivery and provided them with nutritional tips to improve breast milk quantity and quality. However, most of these tips tended to be misconceptions. Due to the observed fact that breastfeeding women perceive their mothers as an important source of support and trust their mothers’ advice, it is important to educate these mothers of pregnant women in order to ensure transfer of adequate advice to breastfeeding women and limit misconceptions.

Women also explained that even though their society seemed to be supportive of breastfeeding since everyone around considers breastfeeding to be something “good”, many stressful factors exist and act as de motivators for breastfeeding. For example, almost all women expressed their annoyance at having too many visitors after delivery to congratulate them on the arrival of the new baby. Some women also explained that they are embarrassed to breastfeed in front of visitors. Interestingly however, some women expressed that the fact that their society is a conservative one – in terms of wearing the veil and having men and women sit separately in social gatherings – makes it a supportive society.

In addition, a very important point extracted from interviews that seemed to affect some breastfeeding practices is how too much support is sometimes converted into interference. Mothers believed that sometimes, having people, and especially the mother and the mother in law, telling them what to do is stressful, and perceived it as interference and nagging. The mothers’ personality however determined the degree to which this interference can affect breastfeeding practices.
4. Breastfeeding in Public

Even though according to participants, society perceives breastfeeding as the desirable method of feeding, breastfeeding in public is a source of stress that discourages women to breastfeed. This obstacle to breastfeeding has been reported in numerous studies that examine influencing factors for breastfeeding practices. It is suggested that feeding method is dependent on how mothers perceive breastfeeding in public (Baily et al. 2004). In addition, it has been reported that in some countries such as Scotland and Northern Island where there is a negative attitude towards breastfeeding in public, concerns about breastfeeding in public was a reason for the women’s decision to stop breastfeeding (Scott et al. 2003). Even though it was not apparent that mothers in this society stop breastfeeding for this reason, it was observed that mothers tended to bottle feed for this reason, which in turn affects breastfeeding duration. In addition, participants expressed their need for private allocated spaces for breastfeeding in restaurants and public places. Mothers expressed lack of this type of support in Lebanon as opposed to western countries. Due to the fact that mothers nowadays spend a good amount of time outside their houses, and knowing that breastfeeding in public appears to be a barrier to adequate breastfeeding practices in Lebanon as well as other countries, it is important to promote for its social acceptance, as well as design possible solutions such as allocated spaces or marketing of special cloths that help women breastfeed in public.

5. Support from Health Care Providers

It was observed that participants in this society lack informational support regarding breastfeeding from health care providers. Women also expressed lack of this support, and their need for it. It was apparent that pediatricians do not stress on
breastfeeding, particularly its duration and exclusivity. In addition, gynecologists rarely if ever talked about breastfeeding with the pregnant women. Also, very rarely did pediatricians advise for the use of the pump, which in many cases could have been a solution to the stress associated with breastfeeding among participants. One of the reasons behind this might be that most of these mothers visit gynecologists or pediatricians at crowded dispensaries where doctors do not have enough time for each patient.

The study by Batal et al showed that 42.8% of women believed their physicians to be influential in their decision to breastfeed. This reflects the importance of the physicians’ advice regarding breastfeeding, especially as a significant number of studies in the literature show the importance of the pediatricians’ advice on breastfeeding decisions. For example, a study showed that initiation and duration rates of breastfeeding are higher if the pediatricians advise mothers to breastfeed (Schneidrova et al. 2003). Another study conducted on Japanese immigrants in Australia showed that mothers breastfed longer when their doctor was supportive of breastfeeding (Utaka et al. 2005).

It was also apparent that pediatricians in this study always tended to advise mothers to bottle feed. This can be one of the reasons for the low breastfeeding exclusivity rates in Lebanon (Batal et al. 2005), this is in line with data from the USA which shows that those who introduced the bottle early were more likely to report that the pediatrician recommended the introduction of formula feeding (Taveras et al. 2004). A similar finding has also been reported in a study in Canada which showed that one of the barriers to breastfeeding continuation was the recommendation for supplementary feeding (Sheehan et al. 2001). Also, one of the reasons explained by participants for limited informational advice from pediatricians is the fact that participants of this study
usually attended pediatricians’ clinics at crowded dispensaries where there is usually a limited time for each patient. This has also been mentioned in the above study by Taveras et al. (2004), in which doctors reported that limited time with the mother was a barrier to them for providing mothers with adequate breastfeeding advice and breastfeeding promotion.

It was also observed that pediatricians sometimes give inadequate information about breastfeeding and have a neutral attitude towards early weaning. Several studies have shown that doctors lack knowledge and therefore dispense inadequate advice regarding breastfeeding (Bunik et al. 2006 and Burt et al. 2006).

An interesting notice is that only one participant in the study had a female pediatrician who was very supportive of breastfeeding and always advised the mother to breastfeed exclusively, while all other participants had male pediatricians who were not very supportive of breastfeeding. Even though this finding is not to be generalized, it is consistent with an earlier finding that the sex of the pediatrician was an important predictor of breastfeeding, where female pediatricians had a positive effect on breastfeeding continuation at four months (Al-Sahab et al. 2008).

Due to the considerable impact of pediatricians support on breastfeeding practices, interventions that aim to increase pediatricians’ knowledge and support methods about breastfeeding should be designed. A study in France showed that the participation of pediatricians in a 5 hour training program on breastfeeding resulted in higher breastfeeding durations among breastfeeding women attending their clinics (Labarere et al. 2005), while a study in the USA showed that when pediatric residents participate in an educational intervention, their clinical behaviors improved (Hillenbrand et al. 2002).

Most women in the study had a positive attitude towards breastfeeding support
at the hospital in terms of technical advice received from nurses on how to breastfeed. However, most first time mothers in the study expressed their difficulties with being able to breastfeed during the first days postpartum, and thought their breast milk was insufficient. This may reflect the quality of informational and technical advice received at the hospital. Some studies show that nurses or midwives were not ready to provide informational support to breastfeeding mothers due to lack of adequate and sufficient information about breastfeeding (Spear 2006b and Register et al. 2000). In addition, one of the problems encountered in hospitals as observed in the study is the timing of breastfeeding initiation, where most mothers initiated breastfeeding several hours after delivery during which time, the baby was formula fed. Batal et al. (2006) showed that more than half of women were not encouraged to initiate early breastfeeding. Also, it was reported that 21.2% of women initiated breastfeeding a few days postpartum (Batal et al. 2006). This contradicts WHO recommendations, which recommend that infants should initiate breastfeeding within the first hour postpartum (WHO 2009).

Another problem was the introduction of formula feeding at the hospital, and the distribution of free formula which were considered by some mothers as “gifts”. This can contribute to low breastfeeding exclusivity and continuation rates in Lebanon, as some studies have shown. Mothers who received samples are less likely to still be breastfeeding at one month, and more likely to start introducing solid foods at 2 months (Doughterti et al. 1983). This sheds light on the issue of marketing of breast milk substitutes in Lebanon is likely to be affecting breastfeeding practices. In the present study some women wanted to supplement their babies with formula in order to provide them with the “extra” vitamins and nutrients added to it. The WHO (1981) has reported that one of the reasons for the decline in breastfeeding rates in many parts of the world is the advertising and promotion of breast milk substitutes. Therefore, an intervention
that aims to apply the international code of marketing of breast milk substitutes, and aims to ban the promotion of formula and pacifiers (WHO 1981) should be implemented in Lebanon.

C. Work

One of the sources of stress believed to affect breastfeeding practices among breastfeeding mothers in the study is work. Mothers in this study go to work because of financial problems, and therefore claim that they have no other choice. In addition, even though some mothers were able to take their babies to work where they can be put in a nursery, they still believed that going to work affects breastfeeding due to being unable to manage all their responsibilities. Nabulsi (2011) also reported work to be one of the barriers to breastfeeding and a reason for early weaning among mothers participating in her qualitative study in Lebanon. This has also been reported to be a reason for low breastfeeding in many studies, which showed that women tended to wean early, or sometimes not initiate breastfeeding if they work, because of the difficulties of managing between work and breastfeeding (Khassawneh *et al.* 2006 and Scott *et al.* 2006).

The duration of maternity leave in Lebanon, is 40 days, which is very low when compared to maternity leave durations in developed countries such as the Czech Republic, Slovakia and Germany, where the maternity leave is 3 years for every child (Childpolicyintl 2002). Participants in this study expressed their need for extending maternity leave in Lebanon, and therefore an intervention should be conducted to lobby for changes in maternity leave policies.
D. Motivators

One of the important motivators for breastfeeding as perceived by most participants in the study is Religion. They explained that the fact that breastfeeding is advised in the Quran for two complete years encourages them to breastfeed without even having to know its benefits. This is consistent with the results of an earlier study that studied the predictors of breastfeeding in Lebanon, which found that Religion was a significant determinant of breastfeeding especially at four months, where Muslim women were twice more likely to breastfeed than Christian women (Al-Sahab et al. 2008). Religion has been also found to be an important determinant of breastfeeding in other countries (Akter et al. 2010 and Malhotra et al. 2008). In India for example, a study found that Christians and Sikhs were 30-35% more likely to stop breastfeeding within two years than Muslims after a multivariable analysis was done to control for confounding factors (Malhotra et al. 2008).

Another large motivator for breastfeeding was maternal determination. It was shown that mothers who continue breastfeeding for more than 6 months sometimes had similar sources of stress to the mothers who weaned early. These mothers always expressed their determination to breastfeed during interviews, and were able to time manage their responsibilities. Nabulsi (2011) had a similar finding in her study; where she explained that some mothers continued breastfeeding despite the difficulties they faced by using their will and determination.

However, considering the difficulties of even those mothers who are not very determined to breastfeed should not be neglected, and designing interventions that aim to alleviate the sources of stress and the lack of informational and emotional support breastfeeding mothers face could decrease levels of low breastfeeding exclusivity and continuation rates in Lebanon.
CHAPTER V
LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS

A. Limitations

Like all qualitative studies, one of the limitations of this study is that results cannot be generalized to the population of interest. One of the reasons behind this is the small sample size which is always the case in qualitative research. Conclusions can only be generalized to the very specific population under study due to geographic limitations. However, results of this study together with those of other similar qualitative studies in Lebanon can create a general idea of social issues related to breastfeeding, and therefore can be a base for designing and implementing certain interventions to improve breastfeeding practices.

In addition, subjectivity is another common limitation in qualitative research. This is because each person interprets their ideas in a different way, which increases the risk of bias in interpreting and analyzing the results. In this study, interviews were conducted and analyzed in Arabic and translated by the interviewer to English. Thus, certain words lose sensitivity of meaning when translated, especially that they might have different meanings when said in different contexts. For example the words “haram” "حرم" and “samm” "سم" have double meanings: “haram” could mean either “religiously forbidden” or could reflect “feeling pity” for something, while the word “samm” could either mean “poison” or could mean “getting angry or annoyed”.

B. Conclusions and Recommendations

This study was a qualitative study about the perceptions of breastfeeding
women on breastfeeding support, information and advice received from health care providers and society. Results of this study indicate that adequate professional support from health care providers is lacking, especially in terms of information and guidance. This implies the need for designing interventions that target health professionals to ensure transfer of adequate and important information about breastfeeding to breastfeeding and pregnant women. In addition, since it was apparent that the main sources of information for breastfeeding mothers of this society is media and health professionals, these two are important routes for designing interventions that aim to ensure the transfer of adequate information regarding breastfeeding.

In terms of social support, mothers usually perceived their families as supportive of breastfeeding and considered their mothers to be a very important element of support during this phase. Participants also perceived support from their husband’s as “emotional support” and expressed their need for this support when it is lacking. Owing to the importance of support from the husband on breastfeeding decisions and the successful interventions that aimed to improve support from husbands of breastfeeding Mothers cited in the literature, it is important to design programs that engage husbands in the breastfeeding support mechanism the breastfeeding mothers need. In addition, one of the elements of social support that appeared to be affecting breastfeeding negatively is social interference, or as perceived by some participants “Too much Support”, which is mainly due to giving too much advice on maternal food intake. This was due to the common belief that eating a lot or eating certain foods improves breast milk supply. Along with this belief was a set of other beliefs and misconceptions such as “insufficiency of breast milk”, “breastfeeding is determined genetically” and “breastfeeding affects body shape” that appeared to be barriers to breastfeeding in some cases. Therefore, educating mothers in order to correct the common social beliefs and
misconceptions cited in this study as well as other studies in Lebanon is essential. Another important barrier to breastfeeding according to mothers’ perceptions was “work”, and this is due to the very short maternity leave in Lebanon which is sometimes coupled with the presence of financial problems as was the case with several participants in this study who were not able to quit their jobs for this reason. Therefore, extending the maternity leave in Lebanon is of extreme importance especially that it is one of the shortest maternity leaves worldwide. Another common barrier to breastfeeding was breastfeeding in public. Some participants expressed their need for having private allocated spaces for breastfeeding in public places, which enforces the importance of designing such interventions.

On the other hand, the biggest motivators for breastfeeding in this study were religion and maternal determination. Many women expressed that their major motive for breastfeeding is the Islamic Religion which stresses on a two year duration of breastfeeding through verses mentioned in the Quran as well as narrations of prophets and Imams that support breastfeeding. Maternal determination was as well a very important motivator for breastfeeding mothers not only according to their perceptions, but according to the interviewer’s observations and analysis of each participant’s story. Women explained that their determination to breastfeeding allows them to overcome any obstacles they face.

Even though the above finding implies that breastfeeding can depend on maternal determination, ensuring the reception of adequate support from all important sources is especially important for those who are not very determined to breastfeed. Therefore, in order to improve the relatively low breastfeeding exclusivity and continuation rates in Lebanon, designing and implementing interventions that improve
the quality of support this society needs, and that focus on eliminating the common barriers to breastfeeding should be the following step.
APPENDIX I

CONSENT FOR PARTICIPATION IN A RESEARCH STUDY

American University of Beirut

Consent for Participation in a Research Study

Women’s Perspectives on Breastfeeding Information, Advice and Support Received from Health Care Providers and Society

Investigators: Dr. Hala Ghattas, Miss Batoul Safieddine & Dr. Mona Nabulsi

Address: American University of Beirut, Bliss Street, Beirut, Lebanon

Telephone: 01-350 000 Ext 4544

Study site: Dispensaries or medical centers in Beirut Suburbs

We would like to invite you to participate in the research project entitled “Women’s perspectives on Breastfeeding Information, Advice and Support Received from Health Care Providers and Society”. Please take the time to read the information below before deciding whether to participate in this study or not. We would be happy to provide any clarification or additional information regarding this project.

We thank you for your interest and look forward to your participation.

Description of the study and its objectives

This study aims at examining the sources and types of information, advice and support that mothers receive during breastfeeding. This study is important because it helps identify possible reasons that discourage mothers from breastfeeding, and therefore would help in planning interventions that aim at improving the social and professional support the mother receives during breastfeeding.

In this study, approximately 25 women will be approached at several dispensaries or medical centers in Beirut suburbs and asked to participate in the study.

What will this involve?
American University of Beirut

This study consists of up to 5 interviews that may take place at your home or in an agreed upon private setting (Café, Restaurant...). Some of the interviews could be done on the phone. The first interview will be done during your last month of pregnancy. The second interview will be done 2-3 days after delivery, and may be performed at the hospital or at the place you are in. The three other interviews will be at 1 month, 4 months and 6 months after delivery. Interviews will last around 1 hour each time.

During the interview, I will ask you several questions regarding breastfeeding information, advice and support you are receiving from the health care providers and the society. The interviews will be tape recorded if you give us permission to do so.

What risks or discomfort might be experienced through participation in this study?

Other than potentially bothering you, this study poses minimal risk. If any of the questions asked bother you, you may choose not to answer or to end the interview whenever you wish.

If you refuse to participate in this study, this will in no way affect the care that you receive at this health care facility.

What is the benefit of participating in this study?

You will not directly benefit from the study; however, the results obtained from this study will help us to design support mechanisms to help improve the breastfeeding practices of women in your society.

What happens to the information collected?

All your personal information will remain confidential, and codes will be used instead of your names to ensure confidentiality. No one other than the researchers will know your answers or will have access to the tapes and other records, since they will be locked in a cabinet at the principal investigators office.

Is there any other way to achieve the aims of this study?

This is the easiest way to reach the aims of this study.

Institutional Review Board
American University of Beirut

20 OCT 2010

APPROVED

Protocol NUT.HG.04
Version: October 12, 2010
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American University of Beirut

Statement by investigator
I have explained to the participant the study in detail including the proceedings and any disadvantages. I have answered all questions clearly to the best of my abilities.

__________________________  _________________________
Name of researcher                Signature of researcher

__________________________
Date

Consent for participant
I have read this letter of consent and understood its content. All my questions have been answered. Accordingly I hereby agree to participate in this study, and I understand that the researchers Dr. Hala Ghattas, Dr. Mona Nabulsi and Batoul Safieddine will stand ready to answer my questions and I can also contact them on 01-350000 ext: 4544. If my questions have not been answered, I can contact the University’s Institutional Review Board to discuss my rights on 01-350000 ext: 5422. I understand fully that I am free to withdraw from this study at any time and this will not affect the care that I receive from the health center.

☐ I agree to participate in this study and respond to the interview
☐ I voluntarily agree for my interview to be tape recorded

__________________________  _________________________
Name of participant                Signature of participant

__________________________
Date

__________________________  _________________________
Name of witness                Signature of witness

__________________________
Date

Institutional Review Board
American University of Beirut

20 OCT 2010

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ملاحظة: هذه المشاركة تمثل هذه المشاركة بشكل كامل للمرء على المشاركة في دراسة أبحاث

تهدف هذه المشاركة إلى دراسة مصدر وأنواع المعلومات، التصريح والدعم التي يلقينها النساء خلال فترة الرضاعة الطبيعية. هذه المشاركة ممكنة لأنها تساعد على تحديد الأسباب المحتملة التي لا تشجع الأم على الرضاعة ، وبالتالي استخدام في تطوير التدخلات التي تهدف إلى تحسين الدعم الاجتماعي والمهني الذي تلقينه الأم خلال فترة الرضاعة الطبيعية.

في هذه الدراسة ، سيتم طلب المشاركة من حوالي 25 امرأة في العديد من المستوصفات أو المراكز الطبية في ضواحي بيروت، وسيطلب مهنى المشاركة في الدراسة.

Institutional Review Board
American University of Beirut
2 Oct 2010
APPROVED
ماذا تضمن الدراسة؟

هذه الدراسة تتضمن من ما يصل إلى 5 مقابلات. هذه مقابلات يمكن أن تجري في منزلك أو بالاتصال معك على مكان محدد وضحاء وبيئة خصبة (استراحة، مطمئنة). بعض مقابلات يمكن إجراؤها على الهاتف، تجري مقابلة الأولى خلال الشهر الأخير من الحمل لديك، أما المقابلة الثانية، فستجري في الأسبوع الأول (الأولى أو الثانية) بعد الولادة، ويمكن القيام بها في المستشفى أو في المنزل الذي ترغبين فيه. المقابلات الثلاثة الأخريات ستكون في الشهر الأول وتم الشهر الرابع وأخيراً في الشهر السادس بعد الولادة. المقابلات تستغرق حوالي الساعات في كل مرة.

خلال المقابلات، سوف أرسلك عدة أسئلة عن المعلومات المتوفرة لديك، السهولة المساهمة إليك، الدعم الذي تتلقينه من مقدمي الرعاية الصحية و من المجتمع بشأن الرعاية الطبيعية. جميع المقابلات سوف تسجل صوتياً إذا اعطنيت الإذن لها.

ما هي المخاطر والمضاعفات التي قد تواجهها من خلال المشاركة في الدراسة؟

أليك أن تستندي مباشرة من هذه الدراسة، إلا أن النتائج التي سيتم الحصول عليها من هذه الدراسة ستساعدنا على تخطيط وسائل الدعم للمساعدة في تحقيق ممارسات الرعاية الطبيعية للمرأة في المجتمع.

ماذا يجباط بالعلومات التي يتم جمعها؟

جميع المعلومات الشخصية الخاصة بك سوف تبقى سرية، وسنتخذ الاستخدام الرمز بدلاً من الأسماء لضمان السرية. لن يكون بإمكان أي شخص آخر الوصول إلى المعلومات المذكورة أعلاه، أو الفحص على إجابات أو من الحصول على أي من الأشرطة وغيرها من السجلات، سوف نشترك جميع المعلومات في خزانة في مكتب البحاث الرئيسية.

هل من سهل آخر لتحقيق أهداف الدراسة؟

هذه هي الطريقة الأسهل لتحقيق أهداف الدراسة.

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لا يوجد نص يمكن قراءته بشكل طبيعي من الصورة المقدمة.
Oral Telephone Script

**English**

Hello, is this Mme .....?

This is Batoul Safieddine, I met you at the dispensary and you gave me your number to tell you more about my study. Is this a good time for you to talk?

I am a master’s student at the American university of Beirut, and this study is my thesis. It aims to investigate the sources and the types of support, advice and information you receive during breastfeeding. If you are interested to hear more about how you can participate in the study, we can meet and talk later.

When would you like us to meet? And where? It can be at your home, or if you prefer, I can invite you for a cup of coffee in a café where we can sit privately, and have a conversation.

So we are meeting (time:....) (Place:.....)

Thanks a lot for your cooperation

See you then

Bye
مرحبا، مادام.....
معك بتوت صفي الدين، التقيت فيكي بالمستوصف وأعطيتني رقمك لا خبرك أكثر عن دراستي.
بناسيك احكى معك هلاق؟

أنا تلميذة ماجستير في الجامعة الأمريكية في بيروت، وهدي الدراسة هي اطروحتي. الدراسة هدفها تبحث عن مصادر وأوزان الدعم المعلومات والنصائح لي بتنفيذها خلال فترة الرضاعة. إذا كنت حابي تعزرني أكثر عن كيف ممكن تشاركني بالدراسة، فينا تلقي وتحكي.

أيضاً بتحبني تلتقين؟ وين؟ فيها تكون ببيتك، أو إذا تفضلتي، ينصحك على فنجان قهوة بكافة
ومنفرد بمكان خاص ومنتظم.

فإذا ملتقي (وقت :........) (مكان:..........)
شكرًا كثير على تعاويك
بصوفك
بادي

Institutional Review Board
American University of Beirut
20 OCT 2010
APPROVED

Protocol NUT.HG.04
Version: October 12, 2010
Oral Script when approaching women at the dispensary

English:

Excuse me Mme, can I talk to you for a while about a research study?

Are you in your last trimester of pregnancy?

My name is Batoul Safieddine. I am a master’s student at the American university of Beirut, and this study is my thesis. It aims to investigate the sources and the types of support, advice and information you receive during breastfeeding. If you are interested to hear more about how you can participate in the study, we can meet and talk later.

When would you like us to meet? And where? It can be at your home, or if you prefer, I can invite you for a cup of coffee in a café where we can sit privately, and have a conversation.

So we are meeting (time:.....) (Place:......)

Can I please have your name and telephone number?

Thanks a lot for your cooperation

See you then

Bye

If the woman has no time for the above discussion:

Excuse me Mme, Can I talk to you for a while about a research study?

Are you in your last trimester of Pregnancy?

Okay, I will talk to you very briefly. I just want you to know that I’m doing a study about breastfeeding and I would like to ask you to participate. Can I have your name and telephone number so that I can explain further on the telephone? My name is Batoul Safieddine.

Thank you

Protocol NUT.HG.04
Version: October 12, 2010
يأسف أنني لست قادراً على قراءة النص العربي في الصورة. لكن إذا كنت بحاجة إلى مساعدة في شيء آخر، فلا تتردد في طرحه.

إذا كنت بحاجة إلى مساعدة في شيء آخر، فلا تتردد في طرحه.

Institutional Review Board
American University of Beirut
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APPENDIX II

INTERVIEW QUESTIONS – ENGLISH

First Interview:

1. Tell me about your thoughts regarding Breastfeeding.

2. Tell me what your family members and friends think and say about breastfeeding.
   - Probe for: Husband, Mother, Mother in Law and Friends

3. Tell me about your views on the support you get for breastfeeding.
   - Probe for: Types of support received: (Tangible, Informational, Emotional)

4. What do you hear or read about breastfeeding from the media (example: TV, Magazine, Newspaper, books etc)?
   - Probe for : Name of TV program/Newspaper/Magazine

5. What are the highest sources of social stress that you think affect your breastfeeding practice?

Follow up interviews:

- If the woman is still breastfeeding:

  1. Tell me about your views on the support you get for breastfeeding.
     - Probe for: Types of support received: (Tangible, Informational, Emotional)

  2. What do you hear or read about breastfeeding from the media (example: TV, Magazine, Newspaper, books etc)?
     - Probe for : Name of TV program/Newspaper/Magazine

  3. What are the highest sources of social stress that you think affect your breastfeeding practice?
• If the woman is no longer breastfeeding:

1. **Why did you discontinue breastfeeding?**
   - Probe – if woman did not want to stop: What kind of support would you have liked to have to enable you to continue longer, if you felt that you wanted to continue longer?
Interview Questions – Arabic

First Interview:

1. خبرتي عن أفكارك بالنسبة للرضاعة الطبيعية

2. خبرتي عن أفكار أفراد عائلتك وأصدقاءك بالنسبة للرضاعة الطبيعية

   - الجنس: الزوج، الأم، الحمامة

3. خبرتي عن وجهات نظرك عن الدعم بنتلقى عن الرضاعة الطبيعية

   - الجنس: أنواع الدعم المتلقى (دعم ملموس، دعم عاطفي، معلومات)

4. شو يسمعو أو يقرأو عن الرضاعة بوسائل الإعلام (مثل التلفزيون أو المجلات أو الكتب)?

   - الجنس: اسم البرنامج التلفزيوني/الجريدة/الجردة

5. شو هي أكثر مصادر التوتر الاجتماعي يلي بتأثر على إرضاعك لطفلك؟

Follow up interviews:

- If the woman is still breastfeeding:

1. خبرتي عن وجهات نظرك عن الدعم بنتلقى عن الرضاعة الطبيعية

   - الجنس: أنواع الدعم المتلقى (دعم ملموس، دعم عاطفي، معلومات)

2. شو يسمعو أو يقرأو عن الرضاعة بوسائل الإعلام (مثل التلفزيون أو المجلات أو الكتب)?

   - الجنس: اسم البرنامج التلفزيوني/الجريدة/الجردة

3. شو هي أكثر مصادر التوتر الاجتماعي يلي بتأثر على إرضاعك لطفلك؟

- If the woman is no longer breastfeeding:

1. ليش وقفت الرضاعة الطبيعية؟

   - جس- إذا لم تكن المرأة تريد التوقف: شو نوع الدعم يلي كنتي بتحجي تأخدي للتمكني إبو تستمري لمدة أطول، إذا حسيتي إبو كان بتك تستمري لمدة أطول؟
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WHO. 2012b; available from http://www.who.int/nutrition/topics/bfhi/en/; Internet; accessed on April 8, 2012.
