

## Supplementary file 1

**Table S1.** The Educational Program for Intervention Group 1 (Pregnant Women)

Sessions	Objectives	A Summary of Topics and Activities	Educational Time (minutes)
The first week	Increasing knowledge about the importance and benefits of breastfeeding	The method of education was face-to-face training with the distribution of pamphlets. Topics included making connections and familiarity with the subject, giving tips on the importance of breastfeeding, providing information on the benefits of breastfeeding for term and premature infants, and giving tips on the benefits of breastfeeding for the mother.	120 minutes (Two one-hour sessions in one week)
The second week	Improving the attitude of pregnant women towards breastfeeding and formula. Brainstorming was used to moderate behavioral beliefs. Then, positive outcomes were discussed to moderate outcome evaluation.	The education was performed by telephone, Q&A, cyberspace, and SMS messages. Topics included the difference between breastfeeding and formula, problems of feeding with formula, and the short- and long-term side effects of formula that can occur for the infant, side effects of formula that can occur for the mother, and the positive effects of exclusive breastfeeding.	120 minutes (Two one-hour sessions in one week)
The third week	Increasing perceived behavioral control and self-efficacy of pregnant women in breastfeeding adequacy. Modulation of control beliefs was used by discussing behavioral facilitators and ways to overcome barriers. To moderate the perceived power, we taught optimal role patterns and broke behavior into small steps. Supervised success experience, modeling, and social motivation were used to improve self-efficacy.	The education was performed by telephone, Q&A, cyberspace, and text messages. Topics encompassed giving tips on the signs and symptoms of breastfeeding adequacy (signs of satiety and hunger of the infant), encouraging pregnant women to discuss ways to increase breast milk (frequent sucking, milk-enhancing foods, and the like), expressing factors that reduce breast milk, reassuring the pregnant woman that she has the necessary ability to breastfeed the infant (increasing the mother's self-confidence), reassuring the pregnant woman that she has the ability to overcome the barriers to adequate milk (e.g., refusing to give formula when the infant frequently asks for milk), and reassuring the pregnant woman that she has the ability to respond to the infant's request for milk.	120 minutes (Two one-hour sessions in one week)
The fourth week	Recognizing correct normative beliefs (by launching a discussion in order to know the person from the perceptions of influential people about her) and motivating to follow valid subjective norms (discussion to make people to better become aware of motivations to comply)	The education was performed by telephone, Q&A, cyberspace, and text messages. Topics included getting acquainted with some of the right and wrong beliefs of the influential people, ways to identify the correct beliefs about breastfeeding, and introducing credible reference people for breastfeeding such as nutritionists, health center experts, and physician.	120 minutes (Two one-hour sessions in one week)
The fifth week	Encouraging women to recognize and practice	The education method was face-to-face training with the distribution of pamphlets and films. Topics contained discussing different breastfeeding methods and situations,	120 minutes

different methods and postures of breastfeeding	encouraging pregnant women to discuss different breastfeeding methods and their previous experiences with breastfeeding, and practicing breastfeeding skills by sending instructional videos, tips on the signs of proper breastfeeding, breastfeeding a sleepy baby, and nighttime breastfeeding.	(Two one-hour sessions in one week)
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**Table S2.** The Educational Program for Intervention Group 2 (Influential People Including the Husband, Mother, and Mother-in-law)

Sessions	Objectives	A Summary of Topics and Activities	Educational Time (minutes)
The first week	Increasing knowledge of influential people on pregnant women about the importance and benefits of breastfeeding	The method of education was face-to-face training with the distribution of pamphlets. Topics included making connections and familiarity with the subject, explaining the importance and benefits of breastfeeding, the effects of traditions and beliefs about breastfeeding, and the role of the environment in breastfeeding.	120 minutes (Two one-hour sessions in one week)
The second week	Improving the attitude of influential people on pregnant women towards breastfeeding and formula. Brainstorming was applied to moderate behavioral beliefs. Positive outcomes were discussed to moderate outcome evaluation.	The education was conducted by telephone, Q&A, cyberspace, and SMS messages. Topics included discussion to the influential people about the difference between breastfeeding and formula, problems feeding with formula, and the short- and long-term side effects of formula that can occur for the infant, side effects of formula that can occur for the mother, and the positive effects of exclusive breastfeeding.	120 minutes (Two one-hour sessions in one week)
The third week	Guiding influential people to increase perceived behavioral control and self-efficacy of pregnant women in breastfeeding adequacy. Modulation of control beliefs was employed by discussing behavioral facilitators and ways to overcome barriers. To moderate the perceived power, we used the introduction of optimal role patterns and broke behavior into small steps. Supervised success experience, modeling, and social motivation were	The education was performed by telephone, Q&A, cyberspace, and text messages. Topics encompassed giving tips on the signs and symptoms of breastfeeding adequacy (signs of satiety and hunger of the infant), encouraging influential people on pregnant women to discuss ways to increase breast milk (frequent sucking, milk-enhancing foods, and the like), presenting factors that reduce breast milk, reassuring the influential people that pregnant women have the necessary ability to breastfeed the infant, reassuring the influential people that pregnant women can overcome the barriers to have adequate milk, including refusing to give formula when the infant frequently asks for milk, and finally, reassuring the influential people that pregnant women can respond to the infant's request for milk.	120 minutes (Two one-hour sessions in one week)

	applied to improve self-efficacy.		
The fourth week	Identifying the impact of normative beliefs on behavior and the importance of inducing correct and scientific guidance to pregnant about breastfeeding. Launching a discussion to understand the importance of the opinions of influential people on pregnant women.	The education was performed by telephone, Q&A, cyberspace, and text messages. Topics included getting acquainted with some of the right and wrong beliefs about breastfeeding, credible sources for understanding proper infant nutrition, and providing guidelines for pregnant women for proper breastfeeding behavior.	120 minutes (Two one-hour sessions in one week)
The fifth week	Helping influential people to encourage pregnant women to recognize and practice different methods and postures of breastfeeding.	The education method was face-to-face training with the distribution of pamphlets and films. Topics included discussing different breastfeeding methods and situations, encouraging influential people to discuss different breastfeeding methods, familiarity with breastfeeding skills by sending instructional videos, tips on the signs of proper breastfeeding, breastfeeding a sleepy baby, and nighttime breastfeeding.	120 minutes (Two one-hour sessions in one week)