Knowledge of Mother Regarding Wet Nursery and Breast Milk Banking

Annelerin Süt Annelik ve Anne Sütü Bankacılığı Hakkındaki Bilgi Düzeyleri

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Abstract

Objectives: This study was carried out to determine the knowledge level of mothers regarding breast milk banking and wet nursery.

Materials and Methods: Target population of the study planned as a definitive and cross-sectional type was created for all mothers who gave birth in a state hospital in Bursa province between December 2017 and March 2018; the study was completed with 406 mothers who recently gave birth. The data were collected with a total of 32 questions prepared by the researchers in accordance with the literature. IBM SPSS Statistics 22 (IBM SPSS, Turkey) program was used to evaluate the data. Results: It was detected that the average age of mothers who participated in the study was 28.10±5.26; 31.8% (n=129) were primary school graduates; and 88.2% (n=258) were not working. It was detected that 54.9% (n=223) of mothers gave birth with normal delivery and most of them (92.4% n=375) breastfed their baby. It was seen that more than half of the mothers (56.4% n=229) did not want to be a wet nurse for someone they do not know; and 81% (n=329) of mothers would not accept wet nursing from someone they do not know if their baby needed breast milk. It was detected that 3/4 of mothers (73.20% n=297) did not know about Breast Milk Banking (ASB). When the reason they did not want to benefit from ASB was inspected, 44.9% (n=115) of mothers stated that they did not trust breast milk banking. The rate of mothers who wanted to be a wet nurse for a baby whose mothers they do not know in nuclear families (35.3%) was found significantly higher compared to mothers in extended families (p: 0.016; p<0.05).

Conclusion: It was determined that mothers who participated in the study had insufficient knowledge about breast milk banking and had various concerns about breast milk and ASB. Educating mothers, raising the awareness of the society, raising awareness of the importance of breast milk and comprehensively addressing their concerns (security, religious concerns, etc.) in creating solutions is crucial.

Key words: Breast milk, wet nursing, breast milk banks

Öz

Amaç: Bu araştırma, annelerin sütannelik ve anne sütü bankacılığı hakkındaki bilgi düzeylerini belirlemek amacı ile gerçekleştirilmiştir.

Materyal ve Metot: Tanımlayıcı ve kesitsel türde planlanmış araştırmanın evrenini, Bursa İlinde bulunan bir devlet hastanesinde Aralık 2017 ve Mart 2018 tarihleri arasında doğum yapan tüm anneler oluşturmuştur ve araştırma yeni doğum yapmış 406 anne ile tamamlanmıştır. Veriler araştırmacılar tarafından literatür doğrultusunda hazırlanan toplam 32 sorudan oluşan bilgi formu ile toplanmıştır. Verilerin değerlendirilmesinde IBM SPSS Statistics 22 (IBM SPSS, Türkiye) programından yararlanılmıştır.

Bulgular: Araştırmaya katılan annelerin yaş ortalamasının 28,10±5,26 olduğu, %31,8'inin (n=129) ilkokul mezunu ve %88,2'sinin (n=258) çalışmadığı belirlendi. Annelerin %54,9'unun (n=223) normal doğum yaptığı ve büyük çoğunluğunun (%92,4 n=375) bebeğini emzirdiği saptandı. Annelerin yarıdan fazlasının (%56,4 n=229) tanımadığı birine sütannelik yapmak istemediği ve %81'inin (n=329) bebeğinin, anne sütüne ihtiyacı olması durumunda yabancı birinin sütannelik yapmasını kabul etmeyeceği görüldü. Annelerin ¾'ünün (%73,20 n=297) Anne Sütü Bankacılığı'nı (ASB) bilmediği belirlendi. ASB'den yararlanmak istememe nedenlerine bakıldığında ise, annelerin %44,9'u (n=115) anne sütü bankacılığına güvenmediğini belirtti. Çekirdek aile yapısına sahip olan annelerin tanımadığı bir bebeğe sütannelik yapmak isteme oranı (%35,3) ise geniş aile yapısına sahip annelere oranla anlamlı düzeyde yüksek bulundu (p: 0,016; p<0,05).

Sonuç: Araştırmaya katılan annelerin Anne Sütü Bankacılığı konusunda yeterli bilgiye sahip olmadığı, sütannelik ve ASB konularında çeşitli endişelerinin olduğu saptanmıştır. Annelerin eğitilmesi, toplumun bilinçlendirilmesi, anne sütünün önemi konusunda farkındalığın artırılması ve endişelerinin kapsamlı bir şekilde ele alınarak (güvenlik, dini kaygı vb.) çözüm yolları oluşturulması oldukça önemlidir.

Anahtar Kelimeler: Anne sütü, sütannelik, anne süt bankalar.

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Introduction

Breast milk is the best nutritional source for babies; it gives benefits to both the baby and the mother greatly.¹ World Health Organization (WHO) suggests that babies should only be fed with breast milk for the first six months; and states that healthy breastfeeding practices reduce mortality and morbidity in babies, boosts their immune system, and it is necessary for the optimal growth and development of babies.² However, breastfeeding may not be possible for various reasons after birth either for the mother (insufficient breast milk, death of the mother) or the baby (premature, low birth weight). World Health Organization (WHO) suggests mothers should receive milk from another healthy mother or breast milk banks (BMB) in these exceptional cases for babies that cannot receive breast milk for various reasons.³ As Updegrove transmitted, Breast Milk Banking is an institution founded with the aim of providing collection, scanning, processing, storing, and distributing of milk from people who donate breast milk to be given by health experts to the ones needing it.⁴

While breast milk banking works are ongoing in our country, there are various differences of opinions regarding breast milk banking. Despite increasing evidence about the benefits of breast milk banking practice, ethical issues, traditional beliefs, attitudes, concerns of families about the safety of donor milk and lack of knowledge are controversial.^{5,6} It is thought that with the study, thoughts on wet nursing and breast milk banks can be identified and the obtained results may be a source for creating solutions related to the subject. Therefore, with this study, the goal is to disclose the factors affecting the perspectives of mothers towards wet nursing and breast milk banking.

Materials and Methods

Study Type: This study was planned in a descriptive and cross-sectional type carried out with the aim of determining the level of knowledge of mothers regarding wet nursing and breast milk banking.

Location and Features of the Study:

The study was carried out with the mothers who gave birth in the maternity wards in a state hospital in Bursa Province between December 2017 and March 2018.

Population and Sample: The population of the study consists of mothers who gave birth in the study hospital between December 2017 and March 2018. All mothers who

were 18 and older, literate, knew Turkish, and gave live birth between the stated dates were involved in the study. The study was completed with 406 voluntary mothers who just gave birth after they were sufficiently informing regarding the study objective, benefits of the study, amount of time they would spend for the interview.

Hypothesis of the Study

- 1. Hypothesis 1 (H1): Knowledge of mothers in wet nursing and breast milk banking positively affect their perspectives towards wet nursing and breast milk banking.
- 2. Hypothesis 2 (H₂): As the education levels of mothers rise, their approach towards wet nursing and breast milk banking got positively affected.
- 3. Hypothesis 3 (H₃): There is a positive relationship between the socioeconomic status of mothers and their attitudes towards wet nursing and breast milk banking.
- 4. Hypothesis 4 (H₄): Characteristics of mothers towards birth and pregnancy affect their attitudes towards wet nursing and breast milk banking.

Data Collection Tools:

To collect the data, an information form consisting of a total of 32 questions prepared by the researchers in accordance with the literature to determine the sociodemographic features, pregnancy and birth features of mothers and attitudes and behaviours towards wet nursing and breast milk banking.

Collection of data: The data were filled by mothers who gave birth to the hospital during face-to-face interviews, who were in the first week of the postpartum period and who were willing to participate in the study. Completing the questionnaire took 15 minutes on average and it was accompanied by researchers.

Variables of the study: Attitude towards wet nursing and breast milk banking is the dependent variable; age, education level, occupation, economic status are independent variables of the study.

Evaluation of the Date: While the findings obtained from the study were being evaluated, IBM SPSS Statistics 22 (IBM SPSS, Turkey) program was used for statistical analyses. While evaluating the study data Chi-Square test and Continuity (Yates) Correction were used in the evaluation of qualitative data along with definitive statistical methods (mean, standard deviation, frequency, median). Significance was evaluated at p<0,05 level.

The Difficulties and Limitations of the Study: The data collection from only one state hospital may be considered as a limitation in the study.

Ethics of the Study: Written permission was obtained from Uludağ University Medical Faculty Clinical Research Ethics Committee and the Bursa Public Hospitals Association in order to conduct the study. Necessary information was given regarding the purpose of the study, benefits of the study, the time they will spend for the interviews; mothers who were willing to participate in the study were included and oral informed consent was acquired from all participants. The study was conducted in accordance with the Helsinki Declaration and participants were informed that they

could leave the study at any time at any stage of the study. No material support has been received from any person or institution for the research.

Results

When the identifier features of mothers were inspected; it was seen that the average age of mothers was 28.10±5.26 (min-max 17-44) and %35.20 (n=143) were in the 26-30 age range. It was detected that %31.80 (n=129) of mothers participating in the study were primary school graduates and %88.20 (n=258) did not work. It was detected that the income met the expenses for the majority of mothers (%93.30 n=379); %87.90 (n=357) had health insurance; %90.10 (n=366) lived in the city centre; and %79.60 (n=323) lived in nuclear families (Table 1).

Table 1. Identifying Features Regarding Mothers (N=406)

| | 5 reactives regulating mothers (iv | Min-Max | Abg±SS (Median) |
|------------------|------------------------------------|---------|--------------------|
| Year (age) | | 17-44 | 28.10±5.26 (28) |
| | | n | % |
| | 25 years and under | 135 | 33.30 |
| Age group | Between the ages of 26-30 | 143 | 35.20 |
| | Over 30 years of age | 128 | 31.50 |
| | Literate | 11 | 2.70 |
| г1 .• | Primary School | 129 | 31.80 |
| Education status | Secondary | 121 | 29.80 |
| status | High School | 112 | 27.60 |
| | University | 33 | 8.10 |
| Employment | Yes | 48 | 11.80 |
| status | No | 358 | 88.20 |
| Economic status | Income does not meet the expense | 27 | 6.70 |
| | Income meets the expense | 379 | 93.30 |
| Health | Yes | 357 | 87.90 |
| insurance | No | 49 | 12.10 |
| Abode | City Center | 366 | 90.10 |
| | District/Village | 40 | 9.90 |
| F!1 | Nuclear family | 323 | 79.60 |
| Family type | Extended family | 83 | 20.40 |

When the features of mothers regarding pregnancy and birth were inspected; it was detected that the average pregnancy amount was 2.48 ± 1.30 , living children amount was 2.08 ± 0.91 ; the normal delivery rate was 54.90 (n=223); and the gender of 49.80 (n=202) were girls. It was detected that the majority of mothers (%92.40 n=375) breastfed their babies, 74.10 (n=301) did not give their baby formulas, and 73.60 (n=299) had no breastfeeding problems (Table 2).



Table 2. Identifier Features of Mothers of Pregnancy and Birth (N=406)

| | 0 | Min-Max | Abg±SS (Median) |
|-------------------------------|-------------------|---------|--------------------|
| Number of pregnancies (n) | | 1-8 | 2.48±1.30 (2) |
| Number of living children (n) | | 1-6 | 2.08±0.91 (2) |
| | | n | % |
| Birth type | Normal | 223 | 54.90 |
| birtii type | C-section | 183 | 45.10 |
| Baby's sex | Girl | 202 | 49.80 |
| Daby 8 Sex | Boy | 204 | 50.20 |
| Breastfeeding status | Breastfeeding | 375 | 92.40 |
| Dreastieeding status | Not breastfeeding | 31 | 7.60 |
| Giving formula to the | Yes | 105 | 25.90 |
| baby | No | 301 | 74.10 |
| Having breastfeeding | Yes | 107 | 26.40 |
| problems | No | 299 | 73.60 |

When the knowledge levels and experience of mothers regarding wet nursing were inspected; it was detected that %7.90 (n=32) was a wet-nurse previously and 7.40 (n=30) of their babies were breastfed by wet nurses. While more than half of mothers (%54.90 n=223) stated that they could be a wet nurse for someone they know; %56.40 (n=229) said that they did not want to be a wet nurse for someone they did not know. The majority of mothers (%81 n=329) stated that they would not accept wet nursing from someone they do not know if their baby needs a wet nurse (Table 3).

It was detected that the majority of mothers (%73.20 n=297) did not know of breast milk banking, %71.40 (n=290) did not want breast milk banking practice to be realized, and %50.70 (n=206) did not think of donating their milk if there is a breast milk bank. While %23.60 of mothers stated that they would like to use breast milk banking if their baby needs breast milk; it was detected that %68.20 (n=277) did not want to use it (Table 3).

When the reason of not wanting to use breast milk banking of mothers who participated in the study; it was detected that $\%_{44.90}$ (n=115) did not trust breast milk banking, and 54.90 (n=223) thought that breast milk banking would cause religious problems (Table 3).

No significant difference between the education, economic status, location etc. features of mothers who participated in the study and wet nursing and BMB. There was a statistically significant difference between mothers' age group and their rate of previously being a wet nurse (p=0.016; p<0.05). It was detected that the rate of women who previously wet nursed (%12.50) was higher than women younger than 25 (%3), and women between 26-30 years of age (%8.40) (Table 4).

Table 3. Thoughts of Mothers Regarding Wet Nursing and Breast Milk Banks (N=406)

| Table 3. Thoughts of Mothers Rega | | n | % |
|---|--------------------|-----|-------|
| Was the Person Previously a | Yes | 32 | 7.90 |
| Wet Nurse | No | 374 | 92.10 |
| Willing to be a Wet Nurse for | Yes | 223 | 54.90 |
| Someone Familiar | No | 158 | 38.90 |
| | Not sure | 25 | 6.20 |
| Willing to be a Wet Nurse for | Yes | 138 | 24.0 |
| Someone Not Familiar | No | 229 | 56.40 |
| | Not sure | 39 | 9.60 |
| Children Previously Breastfed | Yes | 30 | 7.40 |
| by a Wet Nurse | No | 376 | 92.60 |
| Wanting Someone Unfamiliar | Yes | 58 | 14.30 |
| to be a Wet Nurse If the Baby | No | 329 | 81.0 |
| Needs | Not sure | 19 | 4.70 |
| Being Aware of Breast Milk | Yes | 109 | 26.80 |
| Banking | No | 297 | 73.20 |
| Wanting the BMB Practice | Yes | 116 | 28.60 |
| | No | 290 | 71.40 |
| Willing to Donato Mills to RMR | Yes | 200 | 49.30 |
| Willing to Donate Milk to BMB | No | 206 | 50.70 |
| | Yes | 96 | 23.60 |
| Willing to Use BMB | No | 277 | 68.20 |
| | Not sure | 33 | 8.10 |
| | Not Trusting | 115 | 44.90 |
| | Religious reasons | 107 | 41.80 |
| Reasons for Not Wanting | Enough milk | 13 | 5.10 |
| To Use BMB (N=256) | Giving formula | 9 | 3.50 |
| | Unfamiliar person | 7 | 2.70 |
| | Deemed unnecessary | 5 | 2.0 |
| Would DMD Crosts - Dalisi | Yes | 223 | 54.90 |
| Would BMB Create a Religious Problem | No | 137 | 33.70 |
| 110010111 | Not sure | 46 | 11.30 |

When the knowledge and attitudes of mothers towards wet nursing and breast milk banking according to their demographic features were inspected; a statistically significant difference between their family types and their rate of being willing to be a wet nurse for someone they do not know was detected (p=0.031; p<0.05). The rate of being willing to be a wet nurse for someone they do not know in women in nuclear families (%35.30) was significantly higher than the ones in extended families (%28.90) (Table 5).

Table 4. Evaluation of Mothers Being Previously a Wet Nurse According to Their Age Group

| | | Age group | | | |
|------------------------|-----------------------|--------------------|-------------------------|-------|--------|
| Previously a wet nurse | 25 years and under | 26-30 years old | Over 30 years of age | χ² | p |
| | n (%) | n (%) | n (%) | | |
| Yes | 4 (%3) | 12 (%8.40) | 16 (%12.50) | 8 210 | 0.016* |
| No | 131 (%97) | 131 (%91.60) | 112 (%87.50) | 8.310 | 0.010 |

Chi-Square Test

Table 5. Evaluation of Mothers in Their Willingness to be a Wet Nurse for Someone Unfamiliar According to Their Family Types

| | , ,, | | | |
|----------------------|----------------|-----------------|-------|--------|
| Willingness to be a | Family type | | | |
| wet nurse for | Nuclear family | Extended family | χ² | p |
| someone not familiar | n (%) | n (%) | | |
| Yes | 114 (%35.30) | 24 (%28.90) | | |
| No | 173 (%53.60) | 56 (%67.50) | 6.954 | 0.031* |
| Not sure | 36 (%11.10) | 3 (%3.60) | | |

Chi-Square Test

Discussion

Demographic characteristics of 406 mothers in the study were similar to some studies carried out with mothers in our country. ^{7,8} The fact that the majority of mothers have primary education levels and are not involved in business life can be considered as a reflection of the participation rates of our country in education and women in labour force. The increase in mother's education level is crucial as it will affect her awareness and attitude. The fact that the majority of mothers included in the study have nuclear family structure reflects the characteristics of the population who applied to the hospital where the study was conducted and is similar to that of various studies. ^{6,9} Pregnancy and baby characteristics of mothers are compatible with our country's birth statistics and different studies. ^{10,11,12,13}

When the experience of mothers regarding wet nursing was inspected in the study; it was detected that a very low rate (%7.90 n=32) was a wet-nurse previously and 7.40 (n=30) of their babies were breastfed by wet nurses. The results of this study show parallelism with the findings of the study to determine the mothers milk-related knowledge, attitudes and behaviours.^{14,15}

While more than half of mothers (%54.90 n=223) stated that they could be a wet nurse for someone they know; %56.40 (n=229) said that they did not want to be a wet nurse for someone they did not know. It was stated in the study of Can et al. that %75.70 of people who were previously wet nurses breastfed the children of their relatives. ¹⁶ In the same study, it was stated that %56.90 if babies that had wet nurses were relatives of

^{*}p<0.05

^{*}p<0.05

the wet nurse. In the study conducted by Kaya Senol and Aslan, the majority of the participants expressed that they wanted to know about the babies they give milk to or the mothers from whom they received milk.¹⁷ In the study, it was found that mothers did not want to be a wet nurse for people they do not know. In the same study, the majority of mothers (%81 n=329) stated that they would not accept wet nursing from someone they do not know if their baby needs a wet nurse. The reason for not wanting their babies to get milk from someone they do not know was attributed to their concerns regarding wet nursing.

It was detected that the vast majority of mothers (%73.20 n=297) did not know about breast milk banking. The fact that more than half of mothers do not have knowledge about BMB is parallel to the findings of different studies.^{6,18} In some studies conducted to determine the knowledge and attitudes related to BMB in our country, it was found that more than half of mothers had knowledge about BMB.^{9,14} It is estimated that this situation may be due to differences in the regions where studies were carried out. Furthermore, it is thought that the fact that ³/₄ of mothers do not have knowledge about BMB negatively affects the decision of mothers for realizing milk banking, milk donation and to benefit from BMB when the baby needs it.

It was detected that %71.40 (n=290) did not want breast milk banking practice to be implemented and %50.70 (n=o6) did not want to donate milk if there was a breast milk bank. In the study carried out by Gürol et al, more than half of mothers (%64.30) reported that they would like to see BMB practice in our country and %64 could donate their milk. In the study carried out by Aykut et al, %56.2 of mothers looked positively to donating their milk if there was a breast milk bank.¹⁹ In the studies carried out to determine the milk donation rate of mothers if there was a breast milk bank, different results were found. While the proportion of mothers who could donate milk was %19.1 in the study conducted by Ergin and Uzun, it was %68.8 in the study conducted by Ekşioğlu and colleagues.^{9,15} In our study, half of the mothers expressed that they could donate milk, while the other half responded negatively. This result is in parallel with the ratio (%49.9) from the study conducted by Karadağ et al. 20 It should be taken into consideration that there may be many factors affecting mothers' views on BMB. For example, in the region where the study was conducted; the majority of mothers breastfed their baby, mothers in the first week after birth, mothers did not need breast milk for their babies previously, community perception etc. reasons can affect the perception of BMB.

In our study, the rate of mothers who did not want to use breast milk banking if their babies need breast milk (%68.20) is quite higher than the mothers who stated they would like to use it (%23.60). In the study conducted by Gürol et al, %43.10 of mothers stated that they could use breast milk banking.⁶ This rate was %52.50 in the study conducted by Ekşioğlu et al.¹⁵ In the study, it is thought that the reason that the majority of mothers did not want to use breast milk banking may be due to lack of knowledge and various concerns about BMB.

When the reason why mothers did not want to use milk banks was inspected, the first reason (%44.90 n=115) was that they did not trust the milk bank and the second reason (%41.80 n=107) was that it would cause religious problems. In the study of Ekşioğlu et al mothers stated that they did not want to donate milk because there could be infection risk (%62.20) and it was not appropriate religiously (%37.80).15 In the study of

Aykut et al, %75.4 of mothers who thought breast milk banking was not a good practice argued about marrying milk siblings, %16.9 argued that diseases may be carried over milk. In the study of Kaya Senol and Aslan mothers thought milk donation was unfavourable for reasons such as being against religious principles (%23.60), risk of communication of disease (%19.80), not trusting milk donations (18.90), and the marriage of milk siblings is not possible (%18.90). In the studies studying the thoughts and attitudes towards breast milk banking, the majority of mothers that thought breast milk banking was not an appropriate practice mainly stated the marriage of milk siblings and secondly the transmission of disease as reasons. In the thought of mothers that milk donation is not favourable in the eyes of the religion and may cause problems in the future is based on the belief that the children they give milk to become milk siblings with their children and it is unholy for milk siblings to marry. Therefore, it is a crucial necessity that milk donator and receiver families get to know one another.

There was no significant correlation between the socio-demographic features of mothers such as education, economic status, location and pregnancy or baby features such as baby's sex, breastfeeding status; and their attitudes towards wet nursing and breast milk banking. This result is similar to the findings of different studies.^{15,17}

When the age of wet nurse mothers was inspected it was detected the rate of being a wet nurse for women over 30 years (%12.50) was higher than 25 years and below (%3), and women between 26-30 years of age (%8.40). This can be considered as an indicator that breastfeeding practices have decreased over the years. This result shows similarities to the findings of the study conducted by Aykut et al.¹⁹

There was a statistically significant difference in terms of the willingness rate for being a wet nurse for someone they did not know according to their family types (p=0.031; p<0.05). The rate of being willing to be a wet nurse for someone they do not know in women in nuclear families (%35.30) was significantly higher than the ones in extended families (%28.90). In the study carried out by Ergin et al, more than half of the women who were wet nurses (%55) stated that they were related to the child they were wet nursing. In the same study, the status of mothers becoming their own wet nurse was found significantly higher in mothers in extended families than in mothers in nuclear families. This is an indicator that wet nursing practices are more prevalent in extended families. In the study of Ergin and Uzun, no relationship was found between the family type of mothers and wet nursing.

Attitudes guide the emergence of human behaviours. Personal attitudes include not only thoughts based on emotions, but also ideas based on logic (advantages).²² In the study, the rates of willingness to wet nurse someone they did not know was high in mothers in nuclear families. It can be said that this is related to the experiences that affect the attitudes of mothers. The fact that mothers in nuclear families did not have support regarding wet nursing may have caused the willingness rates to be high for being a wet nurse for someone they did not know.

Breast milk is an important source of nourishment for the baby. However, various obstacles for the mother and the baby cause the baby to be devoid of breast milk, which is of vital importance. In such cases, wet nursing and breast milk banking come to the fore. In the study, the knowledge of mothers towards wet nursing and breast

milk banking was found to be insufficient. It was determined that the majority of mothers could breastfeed a baby they knew, but they did not want mothers they did not know to be a wet nurse or to get milk from milk banks if their baby needed it. When the concerns of mothers towards BMB were inspected, the foremost reason was security problems and religious concerns.

As a result, mothers' concerns need to be addressed and awareness needs to be increased by carrying out the necessary training. By carrying out more studies related to the subject; the religious beliefs and aspects that may be disadvantageous need to be examined in more detail. A collaboration with religious leaders needs to be made to obtain more positive attitudes towards breast milk donation and banks. It is thought that the good planning of BMB practices, the correct handling of religious concerns and the support of practices with health policies can positively affect the perspectives of mothers by reducing their concerns.

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