JBACHS
Journal of Basic and Clinical Health Sciences

J Basic Clin Health Sci 2022; 6: 81-88
https://doi.org/10.30621/jbachs.978506
RESEARCH ARTICLE

EFFECTS OF MOTHERS PERCEIVED SOCIAL SUPPORT DURING POSTNATAL PERIOD ON THEIR PERCEIVED BREASTFEEDING SELF-EFFICACY

Tuba Giynas[1], Nurdan Akcay Didisen[1]

[1] Ege University, Nursing Faculty, Pediatric Nursing Department, Izmir, Turkey

Address for Correspondence: Nurdan Akcay Didisen, **E-mail:** nurdan.akcay@ege.edu.tr
Received: 04.08.2021; **Accepted:** 10.11.2021; **Available Online Date:** 27.01.2022

Cite this article as: Giynas T, Akcay-Didisen N. Effects of Mothers Perceived Social Support During Postnatal Period on Their Perceived Breastfeeding Self-Efficacy. J Basic Clin Health Sci 2022; 6: 81-88.

ABSTRACT

Purpose: This study was carried out to determine the effects of mothers perceived social support during postnatal period on their perceived breastfeeding self-efficacy

Methods: The research is cross-sectional study. The study was carried out with 200 mother who presented to a private University Hospital for delivery in western Turkey between February 2016 and June 27. The data were collected using sociodemographic characteristics questionnaire, Multidimensional Scale of Perceived Social Support and Breastfeeding Self-Efficacy Scale. Percentages, Kruskal Wallis one-way analysis of variance, Mann Whitney u test and spearman's correlation analysis were used to analyze the data.

Results: The mean scores the participating mothers obtained from the Multidimensional Scale of Perceived Social Support and Breastfeeding Self-Efficacy Scale were 73.35 ± 12.01 and 59.11 ± 8.18 respectively. There was a statistically significant correlation between the variables such as the participating mothers' education status and their families' place of residence, and the mean score they obtained from the Multidimensional Scale of Perceived Social Support. The correlation between the variables such as the participating mothers' age, educational status, number of deliveries, breastfeeding status and their husbands' age and the mean score they obtained from the Breastfeeding Self-Efficacy Scale was also statistically significant.

Conclusion: The correlation analysis performed at the end of the present study revealed that there was a positive, weak, statistically significant relationship between the mean scores the participating mothers obtained from the Multidimensional Scale of Perceived Social Support and Breastfeeding Self-Efficacy Scale.

Keywords: Perceived social support, breastfeeding self-efficacy, mother

INTRODUCTION

The postpartum period is a special period during which mothers adapt to the motherhood role, assume new responsibilities, and experience physical, emotional and social changes (1). Lactation refers to the process of producing breast milk (2). It is a fact that breast milk, a unique nutrient for a newborn, has properties that will fully support the development of a newborn (3,4). Breastfeeding is the healthiest way of supplying a baby with breast milk, regarded as a unique food for the nutrition of a newborn in all ages and cultures (5). Breastfeeding and lactation process affect the health of the mother and baby in many positive ways (6). In order for mothers to initiate and maintain successful breastfeeding, they should be supported by the family, community and healthcare

workers during pregnancy and in the period following the birth (7). Successful breastfeeding is an interactive process and results in mutual satisfaction of the mother's and baby's needs. Successful breastfeeding both increases the mother's self-confidence and helps her to adopt the motherhood role (8).

Social support is the financial and moral help provided for people in a difficult situation or under stress by significant others such as a spouse, family members, or friends (9). All interpersonal relationships, which have an important place in people's lives and provide emotional, material and cognitive help for them when they need, are considered social support systems (10). Social support systems play an important role in individuals' coping with difficulties of life. The general attitude of a person about whether the social support is supportive enough is the perceived support (11). Receiving social support positively affects the initiation and continuation of breastfeeding, and family and environmental factors have a significant effect on breastfeeding (12).

Breastfeeding self-efficacy refers to a mother's confidence in her ability that she could successfully breastfeed her baby (13, 14). One of the leading factors that negatively affect the breastfeeding process and its effectiveness is the mothers' lack of self-confidence in breastfeeding. It is stated that there is a relationship between the duration of breastfeeding and the mother's perceived self-efficacy level (15, 16). Mothers whose perceived breastfeeding self-efficacy level is low wean their babies in a much shorter time after birth than that recommended. Mothers whose perception of breastfeeding self-efficacy is high have fewer problems in initiating and maintaining breastfeeding (17). The mean score obtained from the Breastfeeding Self-Efficacy Scale by the mothers who received support from their spouses in breastfeeding was higher than was that obtained by the mothers who did not receive support from their spouses (18).

It is of great importance for pediatric nurses who care in clinics to internalize these concepts if they are to increase breastfeeding success actually. These concepts are factors that will affect a mother's breastfeeding behavior. Providing appropriate care to realize this approach not only enables the mother to have information about breastfeeding but also contributes to the stimulation of cognitive factors that will transform that information into behavior and the act of breastfeeding into behavior. In conclusion, it is very important for the mother to feel competent enough at breastfeeding for the breastfeeding behavior to be successful (19, 20).

The present study was planned to investigate the effect of mothers' perceptions of social support on breastfeeding self-efficacy in the postnatal period. The research questions created for this purpose are as follows. Research Questions; 1) What is the perceived multidimensional scale of social support level of mothers? 2) What is the breastfeeding self-efficacy scale level of mothers?

MATERIALS AND METHODS

Design, Participants and Method

The sample of this cross-sectional study consisted of mothers who presented to the Gynecology and Obstetrics Department of a to a private University Hospital for delivery in western Turkey. The number of mothers to be included in the study calculated with the power analysis was determined to be at least 82 at the level of Type I error of 0.05. However, 200 mothers who met the inclusion criteria were included in our study taking the number of patients presenting to the hospital at which data was to be collected into account.

Inclusion Criteria: It was ensured that the mothers included being over the 18 years of age, having given birth at term, not having any obstacle preventing her from breastfeeding, not having any vision and hearing problems, being monitored at specified date intervals and volunteering to participate in the study. It was ensured that the babies included having birth weight within normal range, and not having any obstacle preventing the baby from being breastfed.

Instruments

The Sociodemographic Characteristics Questionnaire, Breastfeeding Self-Efficacy Scale, and Multidimensional Scale of Perceived Social Support were used to collect the data.

Sociodemographic Characteristics Questionnaire

The questionnaire which was developed by the researchers based on the literature (13, 19, 21) This form includes 19 items questioning the participants sociodemographic characteristics.

The Multidimensional Scale of Perceived Social Support (MSPSS)

This scale which was developed by Zimmet, Dahmel, Zimet and Farley (22) was adapted to Turkish in 1995 by Eker et al (23) (2001) revised the Turkish version of the scale in 2001 and performed its validity and reliability study. The scale consists of 12 items. The lowest and highest possible scores to be obtained from the scale are 12 and 84 respectively. The scale consists of three sub-dimensions: family, friends and significant others. The higher the score obtained from the scale is the higher the level of the perceived social support is.

Breastfeeding Self-Efficacy Scale (BSES)

The scale was developed by Dennis and Faux (13) (1999), and its first form had 33 items. The Turkish validity and reliability study of the scale was conducted by Aluş Tokat and Okumuş in 2009 (19). The lowest and highest possible scores to be obtained from the scale are 33 and 165 respectively.

Ethical considerations

Before the study, the ethical committee approval (No: B.30.ŞFÜ.00.50.500 \ 04) was obtained from Non-Interventional Studies of University Hospital in western Turkey. Written informed consent was obtained from the participants. The study was carried out in accordance with the ethical principles of Informed Consent, Confidentiality, Privacy Protection, and Respect for Persons/Autonomy and the Helsinki Declaration. The required permissions were also obtained from the researchers who conducted the Turkish validity reliability studies of the scales used.

Data collection

The study was carried out with 200 mother who presented to a private University Hospital for delivery in western Turkey between February 2016 and June 27. The data were collected using sociodemographic characteristics questionnaire, Multidimensional Scale of Perceived Social Support and Breastfeeding Self-Efficacy Scale. The data were collected by the researchers using the face-to-face interview method with the mothers (n:200). The application of the questionnaires was carried out in an empty room, in a quiet environment, in the section where the services were located. It took a total of 20 minutes to fill the questionnaires. A pilot study was conducted with 10 mother in order to check the comprehensibility of the questionnaire questions.

Data analysis

The research is a cross-sectional study. The data were shown as statistical significance levels of the data were evaluated with Mann Whitney U, Kruskal Wallis Variance Analysis, and Spearman's Correlation Analysis. p values which were below 0.05, were considered as statistically significant. In the calculations, SPSS statistical software was used (IBM SPSS Statistics 22, SPSS inc., An IBM Co., Somers, NY).

RESULTS

The mean age of the mothers who participated in the study was 29.61 ± 4.91 years. Of them, 35.5% were in the age group of 30-34 years, 57.5% were university graduates, 91% had social security, 63% perceived their income as equal to their expenses, and 54% had their first baby and experienced breastfeeding for the first time **(Table 1,2).**

Table 1. Socio-demographic characteristics of the mothers (n = 200)

Characteristics (n:200)	**Age (years)**	**X± SD** **29.61 ± 4.91** **n**	**Min-Max** **19.00-45.00** **%**
Educational attainment	Primary school-Junior high school	40	20.0
	Senior high school	45	22.5
	University	115	57.5
Social security	Yes	182	91.0
	No	18	9.0
Income level	Income less than expenses	38	19.0
	Income equal to expenses	126	63.0
	Income more than expenses	36	18.0

Table 2. The infant feeding characteristics of the mothers (n = 200)

Characteristics		n	(%)
The number of the childbirths	1	106	54.0
	≥2	94	46.0
Breastfeeding experience	Yes	94	46.0
	No	106	54.0
Being knowledgeable about breastfeeding	Yes	138	69.0
	No	62	31.0
Source of knowledge (n=138)*	Family, Close Relative, Friend, Neighbor	43	44.9
	Printed Publications	62	24.6
	Internet	35	31.1
	Mass Media	23	8.6
	Health personnel	92	66.6

In table 3 shows the relationship between the mothers' breastfeeding self-efficacy and perceived social support was given. The comparison of the mean MSPSS scores according to the age groups of the fathers demonstrated that the highest score (78.64 ± 6.46) belonged to the fathers aged ≥40 years; there was a statistically significant difference between the age groups (KW = 7.573, p< 0.05). The result of the Bonferroni test conducted to find out from which group the difference originated indicated that the mean MSPSS score obtained by the fathers aged 40 and over was significantly higher than was that obtained by the other fathers. The comparison of the mean MSPSS scores according to the families' type demonstrated a statistically significant difference between them (z = -2.055, p <0.05). The comparison of the mean scores for 'support provided by a special person' and 'support provided by a friend' according to the families' place of residence demonstrated a statistically significant difference between them (z = -1.257, p <0.05, z = -3.190, p <0.05). Comparison of the mean scores for 'support provided by a family' and 'support provided by a special person' according to the mothers' knowledge about breastfeeding showed that there was a statistically significant difference between them (z = -2.844, p <0.05, z = -2.306s, p <0.05). The comparison of the mean BSES scores obtained by the mothers in terms of their education levels indicated that there was a statistically significant difference between them (KW = 9.801, p <0.05). The result of the Bonferroni test conducted to find out from which group the difference stemmed indicated that the mean BSES score obtained by the mothers who had junior high school or lower education was significantly higher than was the score obtained by the other mothers. The comparison of the mean BSES scores obtained by the fathers in terms of their age groups demonstrated a statistically significant difference between them (KW = 9.928, p <0.05). The result of the Bonferroni test conducted to find out from which group the difference originated indicated that the mean BSES score obtained by the fathers aged 40 and over was significantly higher than was that obtained by the other fathers. The comparison of the mean BSES scores obtained by the fathers in terms of their education levels indicated that there was a statistically significant difference between them (KW = 6.900, p <0.05). The result of the Bonferroni test conducted to find out from which group the difference stemmed indicated that the mean BSES score obtained by the fathers who had junior high school or lower education was significantly higher than was that obtained by the other fathers. The comparison of the mean BSES scores obtained by the mothers in terms of the number of births they gave indicated that there was a statistically significant difference between them (z = -2.718, p <0.05). The comparison of the mean BSES scores obtained by the mothers in terms of their breastfeeding experience indicated that there was a statistically significant difference between them (z = -2.718, p <0.05). In the correlation analysis conducted to determine the correlation between the mothers' MSPSS and BSES scores, a significant and positive correlation was found (r = 0.352, p<0.000).

DISCUSSION

This study discussed in line with the literature relationship shows between mothers effect of mothers' perceptions of social support on

Table 3. The correlation between the mean scores the participating mothers obtained from the multidimensional scale of perceived social support and breastfeeding self-efficacy scale

Scales	Mean (SD)	r	P
MSPSS*	**73.35 ± 12.01**	**0.352**	**<0.000**
Support provided by a special person	**25.14 ± 4.30**	**0.332**	**<0.000**
Support provided by the family	**25.29 ± 4.35**	**0.298**	**<0.000**
Support provided by a friend	**22.93 ± 5.86**	**0.270**	**<0.000**
BSES*	**59.11 ± 8.18**		

***MSPSS: The Multidimensional Scale of Perceived Social Support**
***BSES: Breastfeeding self-efficacy scale**

breastfeeding self-efficacy in the postnatal period. The analysis of the correlation between the mean scores the participating mothers obtained from the MSPSS and their place of residence demonstrated that there was a statistically significant correlation between their place of residence and the mean scores they obtained from the overall MSPSS and its 'Family Support' subscale (p = 0.01). Similarly, in their study conducted with 238 infertile women in Elazığ, a province in eastern Turkey, Erdem (2012) determined that there was no correlation between the mean scores the women obtained from the MSPSS and their place of residence (24). The comparison of the mean scores the participating women obtained from the BSES in terms of their educational attainment indicated a statistically significant difference between their mean scores. The difference stemmed from the mothers who had junior high school or lower education. We can attribute this result to the fact that as the education level increases so does the analytical thinking ability.

Wutke Dennis determined no statistically significant correlation between educational status and the mean BSES score in their study (25), whereas Aluş Tokat determined a statistically significant correlation (1). In Aluş Tokat's (2009) study, mothers with university and higher education obtained high scores (19). The difference is thought to stem from the fact that in our country, people with different educational and economic levels could not equally access some health services such as breastfeeding education and prenatal care. However, further studies are required to show the reason in a concrete way.

The comparison of the number of the births and the mean BSES scores indicated that there was a statistically significant correlation between them. Gökçeoğlu (18) (2014) determined that the mean scores primiparous and multiparous mothers obtained from the BSES were 41.72 ± 8.84 and 47.88 ± 8.41 respectively, and that there was a statistically significant difference between the two groups in terms of their breastfeeding self-efficacy levels. The comparison of the mean BSES scores in terms of breastfeeding experience revealed that there was a statistically significant difference between the participants. Aluş Tokat compared the mean BSES scores in terms of breastfeeding experience and found that there was a statistically significant correlation between them (19). Previous experiences increase the perceived self-efficacy level and thus affect it. A person's having higher level of experience increases his or her probability to perform that behavior successfully. Therefore, it is expected that the perceived breastfeeding self-efficacy levels of nulliparous women are higher than are those of parous women. It was determined that the experienced mothers obtained higher mean scores from the BSES. The results support Bandura's hypothesis (19, 26).

The social environment which women belong to determines their attitudes and beliefs towards breastfeeding (8). According to Zhu et al. (2014), social support is an important determinant of breastfeeding self-efficacy (27). The knowledge and experiences of people who have breastfeeding experience affect the breastfeeding behavior of people who do not have breastfeeding experience. Such knowledge and experiences are among the barriers to many practices suggested by midwives and nurses. Therefore, in breastfeeding and infant nutrition training programs, midwives and nurses should address the issues that especially target people who have breastfeeding experience and accompany breastfeeding people (28). Spouses play a significant role in supporting the mother after she has given birth. Spousal and family support increases

breastfeeding rates and has a positive effect on mother-infant relationship. The supportive role fathers play in breastfeeding increases mothers' breastfeeding success. In a training program on breastfeeding conducted in a maternity hospital in Southern Brazil, the effects of the involvement of other family members in breastfeeding were investigated, and in the group which included the fathers, a noticeable increase was observed in the rate of the mothers who exclusively breastfed their babies (29). Similarly, in Gözükara's (30) (2012) study, when fathers were included in the breastfeeding training and counseling process, a significant increase was observed in the duration of exclusive breastfeeding in the first six months. In her study (2014) entitled "The Key Factor in the Success of Breastfeeding: the Provision of Support for the Father and the Roles of the Nurse", Gözükara (31) emphasized that fathers can positively affect mothers' breastfeeding decision, increase their motivation to continue breastfeeding, develop solutions to breastfeeding-related problems and thus increase the rates of exclusive breastfeeding. Because fathers play an effective role in the decision-making process in the family and have an important effect on breastfeeding, their inclusion in breastfeeding training and counseling programs in which they can learn the benefits of breast milk and the importance of supporting their wives to breastfeed is of great importance (31).

CONCLUSION

The analysis performed to determine the correlation between the mean scores the participating mothers obtained from the BSES and MSPSS demonstrated a significant positive weak correlation between them. The analysis performed to determine the correlation between the mean scores the participating mothers obtained from the BSES and the sub-dimensions of MSPSS revealed a significant positively weak relationship between support by a private person and BSES scores a significant positive weak relationship between support by the family and BSES scores and a significant, positive weak relationship between support by a friend and BSES scores. The analysis performed to determine the correlation between the mean scores obtained from the Multidimensional Scale of Perceived Social Support and Breastfeeding Self-Efficacy Scale revealed a positive, weak, statistically significant relationship between them. Based on the findings of the present study, it is thought that conducting quantitative and qualitative studies including larger samples from different populations in cooperation with other disciplines (psychology, sociology, etc.) regarding the effect of social support on breastfeeding self-efficacy would be beneficial.

Limitations of the Study

The study has several limitations. The findings obtained from mothers who came to the university hospital where the research was conducted cannot be generalized globally. We recommend that studies examining larger samples and other influencing factors should be conducted to better reveal the relationship between breastfeeding, social support and self-efficacy.

Acknowledgments: This study has been published as a master's thesis. We would like to thank all the participants.

Author contributions: Nurdan Akçay Didisen: Conceptualization, Data curation, Formal analysis, Writing - original draft, Writing - review & editing. Tuba Gıynas: Conceptualization, Formal analysis, Writing - original draft, Writing - review & editing.

Conflict of interest: The authors declare that there no conflicts of interest.

Ethical approval: Before the study, the ethical committee approval (No: B.30.ŞFÜ.00.50.500\04) was obtained from Non-Interventional Studies of University Hospital in western Turkey. Verbal and written informed consent was obtained from the participants. The study was carried out in accordance with the ethical principles of Informed Consent, Confidentiality, Privacy Protection, and Respect for Persons/Autonomy and the Helsinki Declaration. The required permissions were also obtained from the researchers who conducted the Turkish validity reliability studies of the scales used.

Funding: This research received no specific grant from any funding agencies in the public, commercial, or non-profit sectors.

Peer-review: Externally peer-reviewed.

REFERENCES

1. Yıldız D. Doğum sonrası dönemde annelerin bebek bakımı konusunda danışmanlık gereksinimleri ve yaklaşımlar. Gülhane Tıp Dergisi 2008;50(4):294-298.
2. Cangöl E, Şahin HN. Emzirmeyi etkileyen faktörler ve emzirme danışmanlığı. Zeynep Kamil Bülteni 2014;45(3):100-105.
3. American Academy of Pediatrics. Breastfeeding and the use of human milk. Pediatrics, 2012;129:827–841.
4. World Health Organization. Ten Facts on Breastfeeding. 2013. Geneva. World Health Organization, 2013. http://www.who.int/features/factfiles/breastfeeding/en/. Accessed: 9 May, 2021.

5. Güldür A. Gebe Okulunda Emzirme Eğitimi Alan ve Almayan Annelerin Emzirmeye İlişkin Davranışları Ve Emzirme Öz-Yeterliliğin Değerlendirilmesi, Yüksek Lisans Tezi. 2016.
6. Yenal K. Tokat MA. Ozan YD. Çeçe Ö. Abalın FB. Annelerin emzirme öz-yeterlilik algıları ile emzirme başarıları arasındaki ilişkinin incelenmesi. Hemşirelikte Eğitim ve Araştırma Dergisi. 2013;10(2):14-19.
7. Uçan S. Ebeveynlere Verilen Emzirme Eğitiminin Emzirme Sürecine, Kültürel Davranışlara ve Ebeveyn-Bebek Bağlanmasına Etkisi, Doktora Tezi. 2016.
8. Kaya D, Pirinçci. E. 0–24 Aylık çocuğu olan annelerin anne sütü ve emzirme ile ilgili bilgi ve uygulamaları. TSK Koruyucu Hekimlik Bülteni 2009;8(6):479-484.
9. Candan Ö. Gebelik Kaybı Yaşayan Çiftlerin Sosyal Destek Sistemleri ve Hemşirelik Bakım Desteğinin, Depresyon Düzeylerine Etkisi, Yüksek Lisans Tezi. 2012.
10. Yılmaz F. Gebelerde Algılanan Sosyal Destek İle Gebeliğe Ve Anneliğe Uyum Arasındaki İlişkinin İncelenmesi, Yüksek Lisans Tezi. 2012.
11. Erdemoğlu Ç. Fetusun Cinsiyetinin Prenatal Bağlanma ve Algılanan Sosyal Destek Düzeyi İle İlişkisinin Saptanması, Yüksek Lisans Tezi. 2016.
12. Küçükoğlu S. Düşük Doğum Ağırlıklı Bebeklerin Annelerine Verilen Doğal Besleme Eğitiminin Annelerin Emzirme Öz-Yeterlilik Düzeyi Emzirme Başarısı ve Bebeğin Büyümesine Etkisi, Doktora Tezi. 2011.
13. Dennis C L, Faux S. Development and psychometric testing of the breastfeeding selfefficacy scale, Research in Nursing&Health. 1999;22:399- 409.
14. Meedya S, Fahy K, Kable A. Factors that positively influence breastfeeding duration to 6 months: a literature review. Women and Birth 2010;23:135–145.
15. Otsuka K, Dennis CL, Tatsuoka H, Jimba M. The relationship between breastfeeding self-efficacy and perceived insufficient milk among Japanese mothers. Journal of Obstetric, Gynecologic, & Neonatal Nursing 2008;37:546–555.
16. Wilhelm SL, Rodehorst TK, Stepans MBF, Hertzog M, Berens C. Influence of intention and self-efficacy levels on duration of breastfeeding for Midwest rural mothers. Applied Nursing Research 2008;21:123–130.
17. Küçükoğu S, Çelebioğlu A, Coskun D. Yenidoğan kliniğinde bebeği yatan annelerin postpartum depresyon belirtileri ve emzirme özyeterlilik düzeylerinin belirlenmesi. Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi 2014;3(3):921-932.
18. Gökçeoğlu E. Annelerin Emzirme Özyeterlilikleri İle Sütün Yeterlilik Algısı Arasındaki İlişkinin İncelenmesi, Yüksek Lisans Tezi. 2014.
19. Aluş M. Antenatal Dönemde Verilen Eğitimin Annelerin Öz Yeterlilik Algısına ve Emzirme Başarısına Etkisi, Doktora Tezi. 2009.
20. Bandura A. Health promotion by social cognitive means. Health Education & Behavior 2004;31: 143-164.
21. Gümüssoy S. Doğum Sonu Dönmede Annelerin Emzirme Özyeterliliğinin ve Emzirme Süresinin İncelenmesi, Yüksek Lisans Tezi. 2012.
22. Zimet GD, Dahlem NW, Zimet SG, Farley GK. The multidimensional scale of perceived social support. Journal of Personality Assessment 1988;52(1):30–41.
23. Eker D, Arkar H, Yaldız H. Çok Boyutlu Algılanan Sosyal Destek Ölçeğinin Gözden Geçirilmiş Formunun Faktör Yapısı, Geçerlik Ve Güvenirliği. Türk Psikiyatri Dergisi 2001;12(1):17-25.
24. Erdem K. İnfertil Kadınlarda Algılanan Sosyal Destek İle Depresyon Arasındaki İlişkinin Belirlenmesi, Yüksek Lisans Tezi. 2012.
25. Wutke K. Dennis CL. The reliability and validity of the Polish version of the breastfeeding selfefficacy scale-short form: Translation and psychometric assessment. International Journal of Nursing Studie 2007;44:1439-1446.
26. Bandura A. Social Cognitive Theory. In E. Barnouw (Ed.), International Encyclopedia Of Communications, New York: Oxford University Press. 1989;4:92-96.
27. Zhu J, Chan WC, Zhou X, Ye B, He HG. Predictors of breast feeding self-efficacy among Chinese mothers: a cross-sectional questionnaire survey. Midwifery. 2014;30(6): 705-11.
28. Demirtaş B. Emzirmeyi Etkileyen Kültürel Değerler, Yüksek Lisans Tezi. 2005.
29. Susin LRO, GiuglianiER, Kummer SC, Maciel M, Simon C, da Silveira LC. Does Parental Breastfeeding Knowledge Increase Breastfeeding Rates? Birth 1999;26(3):149-56.

30. Gözükara F. Ebeveynlere Emzirmeye Yönelik Verilen Eğitim ve Danışmanlık Hizmetlerinin Emzirme Davranışına Etkisi, Doktora Tezi. 2012.
31. Gözükara F. Emzirmenin başarılmasında anahtar faktör: baba desteğinin sağlanması ve hemşirenin rolleri. Harran Üniversitesi Tıp Fakültesi Dergisi 2014;11(3):289- 296.