Received: 16 Jul 2024 | **Accepted:** 20 Jan 2025 **Genel Tıp Derg. Volume** 35/**Issue** 1 (February),80-85
DOI: 10.54005/geneltip.1517191

ORIGINAL ARTICLE

Breastfeeding Myths and Influencing Factors in Married Women

Evli Kadınlarda Emzirme Mitleri ve Etkileyen Faktörler

[1]Derya Öztürk Özen, [2]Süheyla Demirtaş Alpsalaz

[1]Yozgat Bozok University, Akdağmadeni School of Health, Department of Nursing, Akdağmadeni, Yozgat, Türkiye
[2]Ministry of Health, Akdağmadeni Dr. Vasıf Bülent Oğuz Family Health Centre, Akdağmadeni, Yozgat, Türkiye

Correspondence

Derya Öztürk Özen,
Yozgat Bozok University, Akdağmadeni School of Health, Department of Nursing, Akdağmadeni, Yozgat, Türkiye

E-Mail: derya.ozturk@bozok.edu.tr

How to cite ?

Öztürk Özen D, Demirtaş Alpsalaz S. Breastfeeding Myths and Influencing Factors in Married Women. Genel Tıp Derg. 2025;35 (1):80-85

ABSTRACT

Background/Aims: Breastfeeding myths in married women are thoughts and beliefs without any scientific basis that prevent full breastfeeding, especially in the first six months of life. The aim of this study was determine breastfeeding myths and influencing factors in married women.
Methods: This was a cross-sectional descriptive study conducted between May 1 and July 1, 2024, at Yozgat Bozok University Research and Application Hospital Polyclinics. The study included 576 married women over 18 who applied to the polyclinics for any reason, were literate, and volunteered to participate. Data were collected using a "Descriptive Information Form" and the "Breastfeeding Myths Scale (BMS)." Permission was obtained from the Yozgat Bozok University Social and Human Sciences Ethics Committee (Date: 20.03.2024; Decision No: 12/21).
Results: The mean age of the participants was 39.30±14.10 years. Of the women, 30.9% were between the ages of 25-34, 24.8% were high school graduates, 67.4% were non-working, and 70.8% were from nuclear families. Additionally, 38.4% had three or more children, 27.4% had vaginal deliveries, 74% had breastfeeding experience, and 45.7% received support while breastfeeding. The mean BMS score was 81.64±21.62. Socio-demographic and obstetric variables such as age, educational status, current employment status, income status, number of pregnancies, number of living children, number of live births, number of vaginal deliveries, and breastfeeding experience significantly affected breastfeeding myths ($p<0.05$). There was no statistically significant correlation between BMS scores and family type, place of residence, number of cesarean deliveries, or receiving support while breastfeeding ($p>0.05$).
Conclusion: The study found that married women have breastfeeding myths, although their level of belief in these myths is low. Sociodemographic and obstetric variables such as age, educational status, number of live births, number of vaginal deliveries, and breastfeeding experience significantly affect breastfeeding myths. It is recommended to raise awareness among married women about breastfeeding myths and their potential harms.

Keywords: breast milk; breastfeeding; myths; breastfeeding myths; woman

ÖZ

Amaç: Evli kadınlarda emzirme mitleri, özellikle yaşamın ilk altı ayında tam emzirmeyi engelleyen ve hiçbir bilimsel dayanağı olmayan düşünce ve inançlardır. Bu çalışmanın amacı evli kadınlarda emzirme mitleri ve etkileyen faktörlerin belirlenmesidir.
Gereç ve Yöntem: Araştırma kesitsel tipte tanımlayıcı bir çalışmadır. Araştırma, 1 Mayıs- 1 Temmuz 2024 tarihleri arasında Yozgat Bozok Üniversitesi Araştırma ve Uygulama Hastanesi Polikliniklerinde, polikliniklere herhangi bir sebepten başvuran 18 yaş ve üstü, okuryazar olan ve çalışmaya katılmaya gönüllü olan 576 evli kadın ile yürütülmüştür. Verilerin toplanmasında "Tanıtıcı bilgi formu" ve "Emzirme mitleri ölçeği (EMÖ)" kullanılmıştır. Araştırmada Yozgat Bozok Üniversitesi Sosyal ve Beşeri Bilimler Etik Kurulu'ndan izin alınmıştır (Tarih: 20.03.2024; Karar No: 12/21).
Bulgular: Çalışmaya katılan kadınların yaş ortalaması 39,30±14,10 yıldır. Araştırmaya katılan kadınların %30,9'unun 25-34 yaş aralığında, %24,8'inin lise mezunu, %67,4'ünün çalışmadığı, %70,8'inin çekirdek aile tipinde olduğu belirlenmiştir. Kadınların %38,4'ünün üç ve üzeri sayıda çocuğu olduğu, %%27,4'ünün vajinal doğum yaptığı, %74'ünün emzirme deneyimi yaşadığı, %45,7'sinin emzirirken destek aldığı belirlenmiştir. Kadınların EMÖ puan ortalaması, 81,64±21,62'dir. Yaş, eğitim durumu, güncel çalışma durumu, gelir durumu, gebelik sayısı, yaşayan çocuk sayısı, canlı doğum sayısı, vajinal doğum sayısı, emzirme deneyimi yaşama durumu gibi sosyoedemografik ve obstetrik değişkenlerin emzirme mitlerini anlamlı derecede etkilediği belirlenmiştir ($p<0,05$). Kadınların EMÖ puanları ile aile tipi, yaşanılan yer, sezaryen doğum sayısı, emzirirken destek alma durumları arasında istatistiksel olarak anlamlı bir ilişki bulunmamıştır ($p>0,05$).
Sonuç: Araştırmada evli kadınların emzirme mitlerine sahip olduğu ve emzirme mitlerine sahip olma düzeylerinin düşük olduğu; yaş, eğitim durum, canlı doğum sayısı, vajinal doğum sayısı, emzirme deneyimi yaşama durumu gibi sosyodemografik ve obstetrik değişkenlerin emzirme mitleri üzerinde önemli derecede etkili olduğu belirlenmiştir. Bu kapsamda, evli kadınların emzirme mitlerine ve mitlerin olası zararlarına yönelik bilinçlendirilmesi önerilmektedir.

Anahtar Kelimeler: anne sütü; emzirme; mitler; emzirme mitleri; kadın

Introduction

Breastfeeding is one of the most effective ways to protect child's health (1). The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) emphasize that breast milk is the optimal nutrition for infants, and breastfeeding is crucial in protecting against many common childhood illnesses. Furthermore, initiating breastfeeding within the first hour after birth, exclusively breastfeeding for the first six months, and continuing breastfeeding alongside appropriate complementary foods for at least two years after that are recommended (1, 2). Despite recommendations from both organizations, globally only 46% of newborns start breastfeeding within the first hour, 48% of infants aged 0-5 months are exclusively

Peer-Review: Double anonymized - Two External
Plagiarism Checks: Yes - intihal.net
Complaints: geneltip@selcuk.edu.tr

Selcuk University Press
Genel Tıp Dergisi | e-ISSN: 2602-3741
https://dergipark.org.tr/tr/pub/geneltip
https://yayinevi.selcuk.edu.tr/

breastfed, and 59% of children aged 12-23 months continue breastfeeding with complementary foods (2, 3). Reasons for not achieving breastfeeding initiation as recommended include maternal employment, health issues for both mother and baby during breastfeeding, individual factors, maternal perceptions of inadequate milk supply, and sociocultural factors (4, 5). Maternal perceptions of inadequate milk supply and sociocultural factors are directly linked to societal myths (5). Myths are incorrect, distorted, or incomplete beliefs without any scientific basis (5, 6). Beliefs such as "colostrum should be expressed and discarded before feeding the baby," "water should be given to the baby after every breastfeeding session," and "a mother's milk in the first few days after birth is insufficient to satisfy the baby" are societal myths that hinder many women from breastfeeding as recommended (6).

It is crucial to identify breastfeeding myths and influencing factors among married women aged 18 and above to ensure effective breastfeeding initiation after birth. No direct studies have been found in the literature regarding our research topic. Existing literature focuses on studies using data collection forms developed by researchers to investigate breastfeeding behaviors, breastfeeding practices, and traditional behaviors related to breastfeeding during pregnancy (7, 8) and the postpartum period (5, 9, 10) among women. This study aims to identify breastfeeding myths and influencing factors among married women aged 18 and above. It is expected that this research will increase awareness about the topic, shed light on protective practices, educational and counseling services related to breastfeeding myths, and contribute to the literature.

Research questions

To what extent do married women have breastfeeding myths?

Do sociodemographic characteristics of married women affect their level of having breastfeeding myths?

Do obstetric characteristics of married women affect their level of having breastfeeding myths?

Material and Methods

The study is a cross-sectional descriptive study conducted between May and July 2024 in Yozgat Bozok University Research and Practice Hospital Outpatient Clinics with married women who applied to outpatient clinics for any reason.

The population of the study consisted of all married women aged 18 years and older who applied to the outpatient clinics of Yozgat Bozok University Research and Practice Hospital for any reason and who agreed to participate in the study. The minimum sample size targeted for this study was calculated as 400 with the help of the Minitap 16 Statistical Package Program (standard deviation: 1.0, difference: 0.15, alpha: 0.05, power of test: 0.85). However, in order to better represent the population, it continued until it came to a halt and the study was completed with 576 women. Interviews with women were conducted in outpatient clinics. After being informed about the subject and purpose of the study, consent was obtained from those who agreed to participate in the study. The data collection form was then filled in by the women themselves under observation. This process took approximately 10-15 minutes.

The inclusion criteria were being 18 years of age or older, being literate, and volunteering to participate in the study. Illiterate women, women under the age of 18, single women, women with perception disorders that prevent communication, women with psychiatric disorders, and married women who refused to participate in the study were not included in the study.

The data for this study were collected using the "Introductory Information Form" and the "Breastfeeding Myths Scale (BMS)". The "Introductory Information Form" was developed by the researchers based on a review of relevant literature. It comprised a total of 17 questions, including sociodemographic details (age, age at marriage, family type, educational status, current employment status, place of permanent residence, income status) (7 questions) and obstetric characteristics (number of pregnancies, number of live births, number of living children, mode of delivery, breastfeeding experience, support received during previous breastfeeding periods, information received about breast milk and breastfeeding before) (10 questions) (5, 9, 10).

The Cronbach's alpha value of the BMS scale, developed by Yilmaz Sezer et al. (6), was determined to be 0.91. The scale consists of 30 items within one dimension, all of which are reverse coded. The minimum possible score on the scale is 30, and the maximum score is 150. Higher scores indicate a greater belief in breastfeeding myths, whereas lower scores indicate fewer beliefs in such myths. Furthermore, the scale's cutoff score was set at 119.50. Therefore, individuals scoring below 119.50 are considered to

have low levels of belief in breastfeeding myths, while those scoring above 119.50 are considered to have high levels of belief in breastfeeding myths (6).

The research data were analyzed using Statistical Package for the Social Sciences (SPSS) version 23.0. The normal distribution of continuous variables was assessed using skewness and kurtosis tests, confirming normality. Continuous variables were presented as mean and standard deviation, while categorical variables were presented as number and percentage.

The Independent Samples T-Test was employed to compare two independent groups, and the one-way ANOVA test was used to compare more than two groups. Additionally, the Games-Howell test was applied to compare two quantitative datasets. A statistical significance level of $p < 0.05$ was adopted.

Results

The mean age of women participating in the study was 39.30±14.10 years. Among the participants, 30.9% were aged 25-34, 24.8% were high school graduates, 67.4% were non-working, 62.8% income equals their expenses, 70.8% belonged to nuclear families, and 59.4% lived in urban districts (Table 1).

Table 1. Distribution of women according to socio-demographic characteristics (n= 576)

Socio-demographic Characteristics		n	%
Age (Mean ± SD)	39.30±14.10		
Age groups	18-24 years	77	13.3
	25-34 years	178	30.9
	35-44 years	148	25.8
	+45 years	173	30.0
Education status	Literate	98	17.1
	Primary School	120	20.8
	Middle School	78	13.5
	High School	143	24.8
	Bachelor's degree and higher	137	23.8
Current employment status	Working	188	32.6
	Non-working	388	67.4
İncome status	Income is less than expenses	129	22.4
	Income equals expenses	362	62.8
	Income exceeds expenses	85	14.8
Family type	Nuclear family	408	70.8
	Extended family	168	29.2
Place of residence	Provincial center / City	144	25.0
	District	342	59.4
	Village	90	15.6

Regarding obstetric characteristics, 38.4% of women had 3 or more children, 34.5% had experienced 3 or more live births, 33.9% had 3 or more living children, 27.4% had vaginal deliveries, 16.8% had cesarean deliveries, 74% had previous breastfeeding experience, 45.7% received support during breastfeeding, and 66.8% received support from healthcare professionals (Table 2).

Table 2. Distribution of obstetric characteristics among women (n= 576)

Obstetric Characteristics		n	%
Number of pregnancies	0	74	12.8
	1	133	23.1
	2	148	25.7
	3 and above	221	38.4
Number of live births	0	100	17.4
	1	137	23.8
	2	140	24.3
	3 and above	199	34.5
Number of living children	0	96	16.7
	1	135	23.4
	2	150	26.0
	3 and above	195	33.9
Vaginal delivery	0	103	17.9
	1	112	19.6
	2	101	17.5
	3 and above	158	27.4
Cesarean section	0	302	52.4
	1	97	16.8
	2	58	10.1
	3 and above	19	3.4
Experience of breastfeeding	Deceased	150	26.0
	Living	426	74.0
Support received for breastfeeding	Received	263	45.7
	Did not receive	213	37.0
Source of support while breastfeeding*	Mother. mother-in-law	218 225	64.7 66.8
	Health worker	59	17.5
	Internet-TV	32	9.5
	Other		

*More than one election was held.

The mean score on the BMS scale for women in the study was 81.64 ± 21.62. Specific mean scores on the BMS scale were as follows: 91.60 ± 25.31 for women aged 45 years and over, 91.61 ± 26.32 for women with primary school education, 86.29 ± 22.83 non-working women, 85.32 ± 25.00 for women with ıncome is less than expenses, 88.61 ± 23.12 for women living in extended families, 82.10 ± 23.81 for women residing in districts, 87.23 ± 23.00 for women with 3 or more children, 86.97 ± 23.58 for those with 3 or more living children, 88.71 ± 25.11 for those with 3 or more vaginal deliveries, 84.31 ± 22.87 for those with 3 or more cesarean deliveries, 82.99 ± 22.46 for women with breastfeeding experience, and 84.45 ± 23.64 for those who received no support during breastfeeding (Table 3).

Discussion

The current study aimed to investigate breastfeeding myths and their influencing factors among married women. Women aged 45 years and above had a higher mean BMS score compared to other age groups. It is thought that this may be due to the fact that the education levels of women aged 45 and over in the study are lower than other groups and that traditional practices for breastfeeding become more

Table 3. BMS score differences according to socio-demographic and obstetric characteristics of women (n= 576)

Variables		BMS		Test değeri	p
		X□	SS		
Age groups	18-24 years (1) 25-34 years (2) 35-44 years (3) +45 years (4)	75.31 77.4719 78.31 91.60	17.60 18.12 18.79 25.31	F=19.535	**p=0.00** 1,2,3-4
Education status	Literate (1) Primary School (2) Middle School (3) High School (4) Bachelor's degree and above (5)	86.37 91.61 83.39 76.73 73.71	20.22 26.32 18.75 17.75 19.16	F=19.535	**p=0.00** 1-4,5; 2-4,5; 3-5
Current employment status	Working (1) Non-working (2)	77.04 86.29	19.68 22.83	F=7.325	**p=0.01**
İncome status	Income is less than expenses (1) Income equals expenses (2) Income exceeds expenses (3)	85.32 81.24 77.72	25.00 20.41 21.13	F=3.351	**p=0.036** 1-3
Family type	Nuclear family Extended family	79.15 88.61	20.49 23.12	t=2.408	p=0.121
Place of residence	Provincial center / City District Village	80.2 82.1 82.1	18.71 23.81 16.73	F=0.401	p=0.670
Number of pregnancy	0 (1) 1 (2) 2 (3) 3 and above (4)	75.93 78.65 78.83 87.23	19.09 19.24 20.39 23.40	F=8.650	**p=0.000** 1,2,3 -4
Number of live births	0 (1) 1 (2) 2 (3) 3 and above (4)	76.68 78.60 80.22 87.22	19.06 18.87 21.52 23.54	F=7.519	**p=0.000** 1,2,3 -4
Number of living children	0 (1) 1 (2) 2 (3) 3 and above (4)	77.61 79.34 79.72 86.97	18.73 19.19 20.69 23.58	F=5.362	**p=0.001** 1,2,3 -4
Number of vaginal births	0 (1) 1 (2) 2 (3) 3 and above (4)	80.07 77.84 82.19 88.71	20.34 17.22 21.65 25.11	F=5.845	**p=0.001** 1,2 -4
Number of cesarean sections	0 (1) 1 (2) 2 (3) 3 and above (4)	83.12 80.23 83.82 84.31	21.96 23.24 20.00 22.87	F=0.526	p=0.665
Experience of breastfeeding	Deceased Living	79.78 82.99	17.74 22.46	t=8.642	**p=0.003**
Receiving support while breastfeeding	Received Did not receive	81.22 84.45	20.52 23.64	t=3.604	p=0.058

BMS: Breastfeeding Myths Scale; F: ANOVA test; t: t test

common as age increases.

In our study, women with primary school education had higher mean BMS scores compared to women with other educational levels. Gölbaşı et al. (5) found that participation in breastfeeding myths was significantly higher among women with secondary school education or below compared to those with high school education or higher. Turan et al. (9) reported that women with primary school education tended to believe and follow traditional breastfeeding practices more than those with high school education. Conversely, Manjapallikkunnel et al. (11) noted that mothers with higher educational qualifications demonstrated better knowledge about breastfeeding. Additionally, Sabo et al. (12) found that women with tertiary education were more likely to practice exclusive breastfeeding for the first six months. On the other hand, In a study conducted with breastfeeding mothers in Kenya (13), it was found that women, including those with primary school education, demonstrated high levels of knowledge and adherence to breastfeeding practices, emphasizing the importance of complementary feeding.

In our study, it was assumed that women with primary

education had inadequate knowledge about breastfeeding and therefore misconceptions acquired from the family or the environment were reinforced or perpetuated. The mean BMS score of non-working women was higher than that of working women. Sabo et al. (12) reported that women who worked and received community support had higher levels of exclusive breastfeeding in the first six months. Şimşek et al. (14) reported that the majority of mothers did not work and that employment status did not influence breastfeeding behaviour. In our study, retired women are in the non-working group. The high age of non-working women suggested that they may have grown up in families with low levels of education. Therefore, it was thought that they may have held false beliefs and their knowledge about breastfeeding may have been inadequate.

In our study, the mean BMS score was higher among those with income is less than expenses and among those living in extended families. Shafaei et al. (15) reported that there was no difference in breastfeeding self-efficacy between those with high, medium and low-income status. It was thought that women with low-income status were non-working, often had low levels of education and therefore low levels of breastfeeding knowledge. It is thought that increased domestic workload and an uncomfortable, crowded environment, which are among the difficulties of living in a large family, reduce breastfeeding experience and increase breastfeeding myths due to misconceptions held by elders.

In our study, the average BMS score of women living in the districts was higher than that of women living in other settlements. It was thought that false beliefs increased in districts, which are smaller settlements compared to provincial centers due to fewer educational opportunities.

In our study, the mean BMS score of those with three or more pregnancies and the mean BMS score of those with three or more living children were found to be higher than the other number of pregnancies. Turan et al. (9) reported that those with three or more living children were more likely to believe in and practice traditional approaches to breastfeeding. A study of breastfeeding mothers in Kenya reported that breastfeeding knowledge and practices were high among women with primary education and one living child (13). According to data from the Turkish Statistical Institute (TÜİK) (16), fertility rates have been declining in our country, and it is assumed that women with three or more children have low levels of education and do not work; therefore, their breastfeeding knowledge is assumed to be low.

In our study, the mean BMS score was higher in women who had three or more normal vaginal deliveries and the mean BMS score was higher in women who had three or more caesarean sections. Women who gave birth vaginally were found to have lower breastfeeding knowledge. Koç et al. (17) reported that 28.9% of mothers who gave birth by caesarean section and 61.0% of those who gave birth normally started breastfeeding in the first two hours after delivery. Ünal and Şenol (18) reported that vaginal or caesarean delivery did not affect the breastfeeding success of pregnant women. Eroğlu et al. (19) found that vaginal delivery increased the breastfeeding rate. In our study, the low breastfeeding rate may be due to the difficulties caused by caesarean delivery, and this situation may affect the breastfeeding experience and perpetuate false beliefs. Given the possibility that vaginal births are more common among those who give birth frequently, and that the education level of those who give birth frequently is low, as mentioned above, it is likely that their breastfeeding knowledge is low.

In our study, the mean BMS score of women who had breastfeeding experience was higher than the mean score of women who did not receive breastfeeding support. Sabo et al. (12) reported that women who received support from their communities had higher levels of exclusive breastfeeding in the first six months. Eroğlu et al. (19) found that spousal support increased breastfeeding rates. Postpartum mothers need support to adapt to new roles and to reduce their workload. In this case, it was thought that meeting the need for support would facilitate the mother's breastfeeding process and help her to do more research and learn from the health worker by finding time for herself. The mean BMS score of the women in the study was 81.64±21.62. The increase in the women's mean score showed that they believed more in breastfeeding myths. In our study, women's belief in breastfeeding myths was found to be low.

Limitations

As the study was conducted in Yozgat province, the results are only for the women included in the study and cannot be generalised to all women.

Conclusion and Recommendations

It was found that married women had breastfeeding myths and their level of breastfeeding myths was low; the variables of age, educational status, current employment status, income status, number of pregnancies, number of live births, number of living children, number of vaginal deliveries and breastfeeding experience had a significant effect on breastfeeding myths. Therefore, it is recommended that breastfeeding myths be included in maternal and child health education and that women and families be made aware of the potential harm of myths.

Acknowledgment

We thank all the women who participated in the study.

Ethical aspects of the research

Approval was received from Yozgat Bozok University Social and Human Sciences Ethics Committee to conduct the research (Date: 20.03.2024; Decision No: 12/21). Institutional approval from Yozgat Bozok University Research and Application Hospital was also obtained from the Chief Physician (Date: 29.04.2024; Number: 1692). Additionally, informed consent was obtained from all women participating in the study, and all principles of the Declaration of Helsinki were followed in the research.

References

1. World Health Organization (WHO). Breastfeeding. https://www.who.int/health-topics/breastfeeding#tab=tab_1 (Accessed 26 April 2024).

2. United Nations International Children's Emergency Fund (UNICEF). Breastfeeding. https://data.unicef.org/topic/nutrition/breastfeeding/#:~:text=From%20birth%20to%206%20months,no%20matter%20where%20they%20live (Accessed 16 April 2024).

3. UNICEF global databases, 2023, based on MICS, DHS and other nationally representative sources.

4. Balogun OO, Dagvadorj A, Anigo KM, Ota E, Sasaki, S. Factors influencing breastfeeding exclusivity during the first 6 months of life in developing countries: a quantitative and qualitative systematic review. Matern Child Nutr 2015; 11:433-451. doi: 10.1111/mcn.12180

5. Gölbaşı Z, Eroğlu K, Kaya D. Doğum yapan kadınların anne sütü ve emzirme mitlerine inanma durumlarının belirlenmesi. KOU Sag Bil Derg 2018; 4(2):32-43. doi: 10.30934/kusbed.402892

6. Yilmaz Sezer N, Aker MN, Gönenç İM, Topuz, Ş. Development of the breastfeeding myths scale. Breastfeed Med 2024; 19(1):40-46. doi: 10.1089/bfm.2023.020

7. Sámano R, Lara-Cervantes C, Martínez-Rojano H, Chico-Barba G, Sánchez-Jiménez B, Lokier O, et al. Dietary knowledge and myths vary by age and years of schooling in pregnant mexico city residents. Nutrients 2020; 12(2):362. doi: 10.3390/nu12020362

8. Abdalla M, Zein MM, Sherif A, Essam B, Mahmoud H. Nutrition and diet myths, knowledge and practice during pregnancy and lactation among a sample of Egyptian pregnant women: a cross-sectional study. BMC Pregnancy Childbirth 2024; 24(1):1-9. doi: 10.1186/s12884-024-06331-3

9. Turan A, Kutlu L. Bebeklerin ilk emzirilmesinde geleneksel yaklaşımların etkisinin değerlendirilmesi. Haliç Üniv Sağ Bil Der 2020; 3(1):53-64.

10. Güner Ö, Koruk F. Şanlıurfa'da 0-6 aylık bebeklerin sadece anne sütü alma durumları ve etkileyen faktörler. Harran Univ Tıp Fak Derg 2019; 16(1):111-116.

11. Manjapallikkunnel SR, Nair ANK, Sujatha C. Knowledge, attitude and practices among mothers of ınfants regarding breastfeeding. J Family Reprod Health 2023; 17(3):136-141. doi: 10.18502/jfrh.v17i3.13536

12. Sabo A, Abba J, Sunusi Usman U, Musa Saulawa I, Alzoubi MM, Al-Mugheed K, et al. Knowledge, attitude, and practice of exclusive breastfeeding among mothers of childbearing age. Front Public Health 2023; 11:1277813. doi: 10.3389/fpubh.2023.1277813.

13. Uusimäki K, Schneider L, Lubeka C, Kimiwye J, Mutanen M. Mothers' knowledge and practices on breastfeeding and complementary feeding in an urban slum area and rural area in Kenya: A cross-sectional interview study. J Child Health Care 2023; 27(4):612-627. doi: 10.1177/13674935221083451.

14. Şimşek A, Balkan E, Çalışkan E, Genç R. Annelerin emzirme öyküleri ve emzirme davranışlarının incelenmesi: Bir Türkiye örneği. J Midwifery and Health Sci 2021; 4(3):222-231.

15. Shafaei FS, Mirghafourvand M, Havizari S. The effect of prenatal counseling on breastfeeding self-efficacy and frequency of breastfeeding problems in mothers with previous unsuccessful breastfeeding: a randomized controlled clinical trial. BMC Womens Health 2020; 5;20(1):94. doi: 10.1186/s12905-020-00947-1.

16. Türkiye İstatistik Kurumu (TÜİK). 2022. Adrese Dayalı Nüfus Kayıt Sistemi Sonuçları.

17. Koç Ö, Özkan H, Sidar N, Can D. Annelerin emzirme koçluğu hakkındaki bilgi, görüş ve tutumlarının değerlendirilmesi. J Contemp Med 2017; 7(2):175-183.

18. Ünal E, Şenol DK. Primipar annelerde doğum şeklinin doğum sonu konfor ve emzirme başarısına etkisi. Ordu University J Nurs Stud 2022; 5(2):158-165.

19. Eroğlu N, Akbaş DB, Göçmen H, Darıcı H, Arman Ö, Boyar R. İnegöl'de yaşayan kadınların anne sütü farkındalığını ve emzirmeyi etkileyen faktörler. TJTFP 2023; 14(4):223-233.