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ADIYAMAN İLİNDE BEBEKLİK DÖNEMİNDE BESLENME ALIŞKANLIĞINI ETKİLEYEN FAKTÖRLERİN DEĞERLENDİRİLMESİ

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Öz

Anne sütü, bebeğin ilk 6 ay ihtiyacı olan protein, yağ, demir, vitamin gibi her türlü besin değerine içeren ideal besin kaynağıdır. Bu çalışmanın amacı, ailelerin bebeklik döneminde anne sütü ve beslenmeye ilişkin tutum ve davranışlarını değerlendirmektir. Çalışmamız 15 Mart - 15 Temmuz 2018 tarihleri arasında Adıyaman Üniversitesi Eğitim ve Araştırma Hastanesinde 0-24 ay arasında bebeği olan annelerle yapılmıştır. Bebeklerin ve ebeveynlerin sosyodemografik verilerini ve emzirme durumlarını belirlemek amacıyla tarafımızca hazırlanan 45 sorudan oluşan toplam 1010 anneye anket uygulandı. Eğitim ve gelir düzeyi düşük annelerden oluşan çalışma grubunda annelerin yaş ortalaması 29,47 ± 5,61 (18-45) yıl, annelerin çalışma yüzdesi %10,6'dır. Bebeklerin kız-erkek dağılımı %54.3 - %45.7 idi. Bebeklerin ilk yarım saatte anne sütü alma yüzdesi % 53,6, ilk altı ayda yalnız anne sütü ile beslenme yüzdesi % 69,7, ek gıda döneminde ilk verilen besin % 37,9 ile yoğurt olarak saptandı. Çalışmamızda doğumdan sonra emzirme oranı yüksek saptandı. Fakat ilk altı ay dahil emzirmeye devam etme oranı düşük bulundu

Anahtar Kelimeler: Anne sütü, Beslenme, Beslenme Eğitimi, Ek Gıda

EVALUATION OF FACTORS AFFECTING NUTRITIONAL HABITS IN INFANCY IN ADIYAMAN PROVINCE

Abstract

Breast milk is the ideal nutritional source that contains all kinds of nutritional values such as protein, fat, iron and vitamins that the baby needs for the first 6 months. The aim of this study was to evaluate the attitudes and behaviors of families in terms of breast milk and nutrition during infancy. Our study was conducted with mothers who had babies between 0-24 months in Adıyaman University Training and Research Hospital between March 15 and July 15, 2018. A total of 1010 mothers were administered a questionnaire consisting of 45 questions prepared by us to determine the sociodemographic data and breastfeeding status of infants and parents. In the study group consisting of mothers with low education and income levels, the mean age of mothers was 29.47 ± 5.61 (18-45) years, and the percentage of mothers working was 10.6%. The distribution of babies between boys and girls was 54.3% - 45.7%. The percentage of infants receiving breast milk in the first half hour was 53.6%, the percentage of breastfeeding alone in the first six months was 69.7%, and the first food given in the supplementary food period was 37.9%, yoghurt. In our study, the rate of breastfeeding after delivery was found to be high. However, the rate of continuing to breastfeed, including the first six months, was found to be low.

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Keywords: Breast milk, Nutrition, Nutrition Education, Supplementary foods

1. INTRODUCTION

Breast milk is a nutrient with a composition that meets almost all the needs of the baby for six months after birth. The United Nations International Children's Emergency Fund (UNICEF) and the World Health Organization (WHO) recommend exclusive breastfeeding for the first six months after birth (1). Breast milk protects the baby from acute and chronic diseases, strengthens the immune system, and ensures the physical and psychological development of the baby (2). In addition to breastfeeding, providing complementary nutrition at the right time and with the right characteristics forms the basis of a healthy baby and a healthy society (3). In the period when breast milk alone is insufficient to meet the necessary nutritional and energy needs, giving liquids and foods to the baby together with breast milk is called complementary feeding (4). The physiologic and neurologic development of infants allows the introduction of supplementary foods around 4-6 months (5). It was observed that babies who were breastfed for only six months had lower rates of digestive system infections and hospitalization due to lower respiratory tract infections and diarrhea compared to babies who were started on supplementary food after the 4th month (6). In a study, it was shown that each one-month delay in starting complementary feeding between 2-6 months decreased the likelihood of being obese by 6-10% in adulthood (7). Early introduction of supplementary food will decrease the number and duration of breastfeeding and the amount of breastmilk, which will cause the baby not to meet adequate energy and macro-micro nutrient needs and increase risks such as atopy, infection and obesity (8). Late introduction of complementary feeding can lead to slow or stunted growth due to a lack of energy and micronutrients, especially iron and zinc. The development of chewing function is delayed, and feeding new foods becomes difficult (9). Organizations such as WHO and ESPGHAN recommend that complementary feeding should not be delayed beyond six months, as is the common opinion (10).

2.MATERIAL AND METHOD

2.1.Study design

This research is a descriptive, cross-sectional study.

2.2.Study participants

Our research was carried out on mothers with babies aged 0-24 months who applied to the Pediatrics and Emergency Department of Adıyaman University Training and Research Hospital (AEAH) as an outpatient or who received inpatient treatment in the ward.

2.3.Ethical consideration

Necessary permissions were obtained from Adıyaman University Non-Interventional Clinical Research Ethics Committee to conduct the study in the hospital (approval no: 2018/2-15, date: 20.03.2018).

2.4. Sociodemographic and Clinical Information Form

A questionnaire consisting of 45 questions in total for the families to learn about the characteristics of the parents, breastfeeding periods and nutritional status. Questionnaires were conducted by the researcher individually and face to face. The questions in the content of the questionnaire applied to the families; It was aimed to question the sociodemographic groups of the families, the characteristics of the pregnancy and breastfeeding period, the characteristics of information about nutrition and nutrition education, the characteristics of the transition to supplementary food and the completion of nutrition.

2.5 Data collection

Our study was conducted with mothers who had babies between 0-24 months in Adıyaman University Training and Research Hospital between March 15 and July 15, 2018. A total of 1010 mothers were administered a questionnaire consisting of 45 questions prepared by us to determine the sociodemographic data and breastfeeding status of infants and parents.

2.4.Data analysis

The licensed Statistical Package for Social Sciences (SPSS) 22.0 program was used for statistical analysis of the findings obtained in this study. After basic and descriptive statistical analyses (frequency, mean, etc.), chi-square test was applied for categorical variables. The significance level was determined as $p<0.05$. If the value obtained by the analysis is $p<0.05$, it is stated that there is a relationship or difference, and if $p>0.05$, there is no relationship or difference. Our study was conducted with mothers who had babies between 0-24 months in Adıyaman University Training and Research Hospital between March 15 and July 15, 2018. The population was at that time about 18000. The required sample size in this study is 191 for a medium effect size (w=0.3) and α=0.05 and the power 1-β=0.95 and 3 degree of freedem. We chose a simple random sample method in collaboration with the mothers who are willing to participate in the survey. As a result, the sample size is 1010, which provides greater test power. A total of 1010 mothers were administered a questionnaire consisting of 45 questions prepared by us to determine the sociodemographic data and breastfeeding status of infants and parents. Families were administered a questionnaire consisting of a total of 45 questions prepared by us to learn about parental characteristics, breastfeeding period and complementary feeding status. The questionnaires were administered individually and face-to-face by the researcher. This study is limited to the statements of mothers with infants between 0-24 months of age who applied to the outpatient clinic and emergency department of Pediatrics at Adıyaman Training and Research Hospital (AEAH) or received inpatient treatment in the service.

3. RESULTS

Among the patients who participated in the study, 54.3% were male, the mode of delivery was 50.8% spontaneous vaginal delivery, the gestational age was between 38-42 weeks with 77.6%, and the birth weight was between 2500-4000 g with 82%. The mean age of the participating mothers was 29 years and the mean age of the patients was 12.1 months.

While 37.9% (n:383) of the mothers answered yes, 62.1% (n:627) answered no to the question about whether the mothers received training from any health professional about breastfeeding and nutrition during the pregnancy period. A statistically significant difference was found between mothers who received and did not receive nutrition education in terms of maternal education level ($p<0.01$). As the mother's education level increased, the rate of receiving nutrition education increased (Table 1).

Table 1. The Relationship Between Maternal Education Level and Nutritional Education Status

		Status of Receiving Nutrition Education		**Total**	**p**
		Yes	**No**		
Maternal Education Level	**Illiterate**	15 (%30)	35 (%70)	70 (%100)	**P< 0.01**
	Nutrition Education	%3.9	%5.6	%5	
	Primary education	82 (%30)	191 (%70)	273 (%100)	
	Nutrition Education	%21.4	%30.5	%27	
	Secondary education	99 (%36.1)	175 (%63.9)	274 (%100)	
	Nutrition Education	%25.8	%27.9	%27.1	
	High school	100 (%39.8)	151 (%60.2)	251 (%100)	
	Nutrition Education	%26.1	%24.1	%24.9	
	University	87 (%53.7)	75 (%46.3)	162 (%100)	
	Nutrition Education	%22.7	%12	%16	

The mothers answered yes to 89% and no to 11% to the question of whether their babies were fed colostrum. There was no statistically significant difference in colostrum intake between mothers who received and did not receive nutrition education (p=0.089). In our study, there was no relationship between delivery type and gender χ^2 (1)=0.508,p>0.05, and there was no relationship between delivery type and nutrition education χ^2 (1)=3,184,p>0.05. On the other hand, a statistically significant difference was found between cesarean section and normal delivery in terms of birth weight χ^2 (3)=25.437,p<0.05. While the rate of cesarean section was high in babies born with a birth weight of 2500 grams or less, the rate of normal delivery was high in deliveries with a birth weight of more than 2500 grams. There was a statistically significant difference between cesarean section and normal delivery in terms of when the baby first received breast milk χ^2 (3)=59.670,p<0.05. While babies born with normal delivery received breast milk in the first half hour, this period was prolonged in cesarean deliveries. There was a statistically significant difference between cesarean section and normal delivery in terms of what he received in the first feeding χ^2 (3)=59.670,p<0.05. While breast milk intake was high in the first feeding in those who gave birth normally, formula use was found to be high in cesarean section. There was a statistically significant difference between cesarean section and normal delivery in terms of only breastfeeding time χ^2 (3)=59.670, p<0.05. It was observed that babies born by cesarean section had a shorter period of exclusive breastfeeding than babies born by normal delivery (Table 2).

Regarding formula use, 54.1% of parents gave formula to their babies. The highest rate of formula use was found to be in the first month with 25.2%. The highest rate of initiation of formula feeding was observed in the mother with 37.5%. Considering the additional foods that babies are started; It was determined that the parents started yogurt as the first supplementary food with a maximum of 37.9%. Then, it was observed that the first supplementary food was given with 10.1% formula, 9.8% soup, 4.6% fruit puree, 4.1% pudding, 0.8% egg, 0.6% cow's milk, respectively. The answers given to the question about the time of transition to additional food 3.4% of those who started complementary food between 2-4 months, 21.3% of those who started solid food between 4-6 months, 46.2% of those who started solid food between 6-8 months, 8- It was 2.8% for those who started solid food between 10 months, 0.7% for those who started solid food between 10-12 months, and 1.3% for those who started after 12 months. The mothers answered the question about the use of blender during baby feeding, 61.9% answered no, 29.8% answered yes, and 8.3% left this question blank.

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Table 2. Comparison of Birth Type and Gender, Nutrition Education and Nutritional Status

	Type of Delivery					
	Caesarean	**%**	**Normal Vaginal**	**%**	χ^2	***p***
Gender						
Male	275	50,274	272	49,725	0.508	0.475
Female	219	47,816	239	52,183		
Nutrition Education						
Yes	201	52.894	179	47.105	3.184	0.074
No	293	46.880	332	53.120		
When is Breast Milk First?						
The first half hour	178	33.024	361	66.975	122.843	**0.000**
The first hour	145	61.965	89	38.034		
The second hour	99	78.571	27	21.428		
When baby first wants	53	64.634	29	35.365		
Birth Weight						
Below 1500 gr	19	76.000	6	24	25.437	**0.000**
1500-2500 gr	79	66.386	40	33.613		
2500-4000 gr	381	46.181	444	53.818		
Above 4000 gr	14	40	21	60		
What was the first feeding the baby received?						
Breast Feeding	380	44.186	480	55.813	59.670	**0.000**
Formula	113	79.577	29	20.422		
The period of exclusive breastfeeding						
Not at all	24	68.571	11	31.428	14.828	**0.038**
1 month	22	46.808	25	53.191		
2 months	24	53.333	21	46.666		
3 months	29	58	21	42		
4 months	34	64.150	19	35.849		
5 months	34	48.571	36	51.428		
6 month and above	153	44.868	188	55.131		
Still breastfeeding	170	47.752	186	52.247		

4. DISCUSSION

Breast milk is undoubtedly the perfect nutrient for infant nutrition. The content of breast milk varies according to the needs of the baby after birth. At the beginning of breastfeeding, the mother's milk is rich in fluid and electrolytes, whereas towards the end of breastfeeding the milk content becomes rich in fat.

Colostrum is yellow colored milk secreted in the first days after birth. Compared to mature milk, the fat, lactose and energy content is low and the protein content is high. The most important feature is that it is described as the baby's first vaccine. In the study conducted by Öztürk et al. in 2018, 90.8% of the mothers responded yes to the suggestion that "colostrum must be given to the newborn" (11). In the study conducted by Şahin and Özyurt (12) in 2017, it was reported that 95.7% of the mothers in the research group gave colostrum. In Akbayram's (13) study in 2015, it was found

that 91.1% of the mothers in the training group gave colostrum to their babies as the first food. In a study conducted in Erzurum in 2014, it was reported that 90.4% of infants received colostrum (14). In our study, it was found that 89% of the patients gave colostrum to their babies, which was compatible with the literature data and this was attributed to the fact that our hospital is a baby-friendly hospital.

After birth, the baby's first feeding should be breast milk. However, due to regional or cultural differences, babies may be given different foods instead of breast milk as the first food. In the study by Jarrah and Bond on breast milk in Iran, the rate of those who believed that colostrum was harmful was 12.5% (15). In the study by Thairu and Pelto (16), it was reported that although breast milk is thought to be precious and necessary in Tanzania, honey was first given to the baby to emphasize that life is sweet. In our country, there are traditional practices such as giving sugar water as the first food after the baby is born and not giving the baby the first colostrum. In a study conducted in Muş in 2018, it was reported that 66.3% breast milk, 12.8% sugar water, 10.8% formula baby food, 7.5% water and 2.6% cow's milk were given in the first feeding after the baby was born (17). In a study conducted in Erzurum, it was reported that 90.4% breast milk, 3.1% formula baby food and 6.3% sugar water were given in the first feeding (14). In a study conducted by Sabbağ (18) in 2013 in our province, it was reported that breast milk was given as the first food given to the child after birth with 87.5%, formula baby food with 7.1% and sugar water with 5.4%. In our study, 85.6% were given breast milk, 14.2% formula and 0.2% sugar water. The rate of breastfeeding was found to be consistent with many other studies in the literature. This rate is high and efforts should be made to increase it.

Babies should be exclusively breastfed for the first six months. Studies conducted in Türkiye and around the world have shown that exclusive breastfeeding is not sufficient for the first six months. The rates of exclusive breastfeeding in the first six months in infants worldwide have been reported to be 16% in Afghanistan, 51% in China, 32% in East Asia and 30% in South Africa (19). In a study conducted in Kırıkkale (20), the rate of breastfeeding in the first six months was 19.4%, and in a study conducted by Bolat et al. (21) in Istanbul, the rate of exclusive breastfeeding in the first six months was 52.8%. In a study conducted in Sakarya in 2017, the rate of exclusive breastfeeding in the first six months was reported as 48.7% (22). In our study, the proportion of infants who received only breast milk for six months was 69.7%, which is higher than the data in the literature, but the low rate of continuation of breastfeeding after the sixth month suggests that the policies that are being implemented or will be implemented in this field are still inadequate.

In studies on mode of delivery and first breast milk intake, it was found that babies born with normal delivery received breast milk earlier than babies born with cesarean delivery in the study conducted by Şahin and Özyurt (12) in Manisa, Cantürk (23) in Istanbul, Kaya and Pirinççi (24) in Ağrı and Yılmaz et al. (25) in Ankara. In our study, there was a significant difference between cesarean delivery and normal delivery in terms of when the baby first received breast milk. Babies born by normal delivery received breast milk in the first half hour after birth, whereas this period was prolonged in babies born by cesarean section. In a study, it was found that mode of delivery was a factor affecting only the duration of breastfeeding (26). In a study, it was determined that more breastfeeding difficulties were experienced and the duration of breastfeeding was shorter after cesarean section compared to vaginal delivery (27). In our study, there was a significant difference between cesarean delivery and normal delivery only in terms of duration of breastfeeding. It was found that babies born by caesarean section received breast milk only for a shorter time than babies born by normal delivery.

Regarding the time of first breastfeeding, 51.4% of the babies were breastfed in the first half hour in Bülbül and Kılınçkaya's (20) study, 40.9% were breastfed in the first half hour after birth in Sivri's (28) study, and 34.8% were breastfed in the first half hour in Gölbaşı et al.'s (29) study. In our

study, the rate of breastfeeding in the first half hour was 53.6%. This rate is higher compared to previous studies and it is thought that this is due to the fact that our hospital is baby-friendly.

Education on breastfeeding and nutrition should start during pregnancy. In the report published by Turkey Demographic and Health Survey (TDHS) in 2013, the median duration of breastfeeding was 16.7 months, the rate of exclusive breastfeeding was 58% in the first two months, 10% in the first four months and 50% in the first hour after birth (30). As can be understood from this, health professionals should assume an important role in providing adequate support to mothers and expectant mothers in terms of breastfeeding and nutrition education, starting from the gestation period. In a recent study in Israel, 472 (59.3%) mothers who reported that they started breastfeeding in the hospital reported that they received breastfeeding guidance during their hospital stay (31). In studies conducted in Turkey, the rate of mothers receiving breastfeeding education was reported as 77.9% in Akbaş's (32) study, and the rate of receiving breastfeeding education was reported as 58.1% in a study conducted by Sabbağ (18) in Adıyaman in 2013. In our study, the rate of mothers who received breastfeeding and nutrition education was 37.9%, and the low rate since 2013 shows that we need to increase education on this subject.

In our study, the rate of supplementary food initiation in the first six months was 49%. In other similar studies, 52.6% (33) in the study by Çalık et al. (12) and 51% in the study by Şahin and Özyurt were found to be similar to our study. In our study, yogurt was found to be the first food started in 37.9% of the infants. Consistent with our study, in the study conducted by Gümüştakım et al. (34) yogurt was found to be the first supplementary food with 41.3%, in the study conducted by Akbaş (32) in Aydın in 2015 yogurt was found to be the first supplementary food with 49.1%, and in the study conducted by Kumru and Karakoyun (35) in 2017 yogurt was found to be the first supplementary food with 45.6%.

Starting from the 6th month of complementary feeding, babies should be introduced to semi-solid solid foods in the form of puree. In the seventh month, fork-crushed lumpy food can be given, and finger foods from the eighth month onwards. From the ninth month onwards, the baby can eat food cut into small slices and at the age of one year can eat family food (36). One of the mistakes made when starting complementary feeding is the use of a blender. Since the food is made almost liquid and smooth when ground using a blender, the child cannot taste the food individually, so the formation of taste buds is also negatively affected. At the same time, children who eat food ground with a blender find it difficult to learn to eat lumpy food. As a result, the swallowing function is not used and the child who has not learned to swallow may eventually forget how to swallow. The chewing activity helps the brain to sense satiety and the child to stop eating. However, children who are constantly fed smooth and ground liquids do not chew and therefore feel less satiated. In our study, it was observed that 29.8% of the mothers used a blender during the complementary feeding period. The importance of providing breastfeeding and nutrition education to families in the transition to complementary foods is seen.

5.CONCLUSIONS

There is still a long way to go regarding breast milk, breastfeeding and the transition period to supplementary food. Although breastfeeding policies have increased in recent years, we believe that there is still not enough progress. At this point, it can be said that studies should be expanded or new policies should be developed. We believe that we should provide mothers with detailed information about the benefits of supplementary food, the periods of starting supplementary food and its contents in health institutions.

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Conflict of Interest

There is no conflict of interest between the authors.

REFERENCES

1. World Health Organization. Infant and young child feding: model chapter for textbooks for medical students and allied health professionals. Geneva: WHO; 2009.
2. Samur G. Anne Sütü. Sağlık Bakanlığı Yayınları. Ankara: 2008; 9–20.
3. Yetim A, Yetim Ç, Devecioğlu E. Iğdır'da Annelerin Süt Çocuğu Beslenmesi Konusundaki Bilgi ve Davranışları. Journal Of Current Pediatrics 2015;13:7-12.
4. Köksal G, Özel H. Bebek Beslenmesi. Sağlık Bakanlığı Yayın No: 726. Ankara:2012;10.
5. Durmuş N. 0-2 yaş arası bebeklerin, annelerinin gebelik ve perinatal dönemlerinin, sosyodemografik özelliklerinin ilk altı ay sadece anne sütü ile beslenmeye etkisi (Tıpa Uzmanlık Tezi). T. C. Sağlık Bakanlığı Haydarpaşa Numune Eğitim ve Araştırma Hastanesi Aile Hekimliği;2009.
6. Rebhan B, Kohlhuber M, Schwegler U, Fromme H, Abou-Dakn, Koletzko B. Breastfeeding duration and exclusivity associated with infants' health and growth: data from a prospective cohort study in Bavaria, Germany. Acta Pædiatrica 2009;974-980.
7. Schack-Nielsen L, Sørensen T, Mortensen L, Michaelsen K. Late introduction of complementary feeding, rather than duration of breastfeeding, may protect against adult overweight. American Journal of Clinical Nutrition 2010;91:619–27.
8. Wu T, Chen P. Health Consequences of Nutrition in Childhood and Early Infancy. Pediatrics And Neonatology 2009;50(4):135−142.
9. Feeding and nutrition of infant and young children. Guidelines for The WHO European Region. 2003. http://www.euro.who.int/__data/assets/pdf_file/0004/98302/WS_115_2000FE.pdf (accessed August 2018)
10. Complementary Feeding: A Position Paper by the European Society for Paediatric Gastroenterology, Hepatology, and Nutrition (ESPGHAN) Committee on Nutrition, J Pediatr Gastroenterol Nurt. 2017; 64(1):119-132.
11. Öztürk Ö, Sarıkaya P, Özdemir Ş, Çikendin Z, Zünbül N. Anne Sütü ve Emzirme ile İlgili Anneler Tarafından Bilinen Doğrular ve Yanlışlar. Journal Of Current Pediatrics 2018;16(2):40-54.
12. Şahin B, Özyurt B. Manisa'da yarı-kentsel bir bölgede 0-24 ay çocuklarda anne sütü alma durumu ve beslenme alışkanlıkları. Turk J Public Health 2017;15(3).
13. Akbayram HT. Gebelik Döneminde Verilen Anne Sütü Ve Emzirme Eğitiminin Anne Sütü ile Beslenme Ve Emzirmeye İlişkin Davranışlara Etkisi (Tıpta Uzmanlık Tezi). Van: Yüzüncü Yıl Üniversitesi; 2015.
14. Çapik C, Çapik A. Traditional infant care practices of mothers with 6-12 month-old infants in Turkey. Indian Journal of Traditional Knowledge Vol. 13 (2), April 2014, pp. 266-274.
15. Jarrah S, Bond A. Jordanian women's postpartum beliefs:An exploratory study. International Journal of Nursing Practice 2007; 13: 289–295.
16. Thairu L, Pelto G. Newborn care practices in Pemba Island (Tanzania) and their implications for newborn health and survival. Maternal and Child Nutrition (2008), 4, pp. 194–208.
17. Derin D, Erdoğan A. Annelerin Bebeklerini Emzirme Uygulamalarının İncelenmesi: Muş İli Örneği. Türkiye Klinikleri J Health Sci 2018;3(1):1-13.
18. Sabbağ Ç. Kent ve kırsalda annelerin 0-24 aylık çocukları besleme davranışları. International Journal of Human Sciences:2013; (10)1, 279-292.
19. Irmak N. Anne sütünün önemi ve ilk 6 ay sadece anne sütü vermeyi etkileyen unsurlar. Jour Turk Fam Phy 2016; 07 (2): 27-31.
20. Bülbül S, Kılınçkaya M. 0-2 Yaş Grubu Bebeklerin Anne Sütü ile Beslenme Durumları ve Etkileyen Faktörler. KÜ Tıp Fak Derg 2013; 15(1): 15-20.
21. Bolat F, Uslu S, Bolat G, et al. İlk Altı Ayda Anne Sütü ile Beslenmeye Etki Eden Faktörler. Çocuk Dergisi 11(1):5-13, 2011
22. Topal S, Yuvacı H, Erkorkmaz Ü, Çınar N, Altınkaynak S. The determination of infant feeding attitudes among Turkish mothers using the Iowa Infant Feeding Attitude Scale. J Pak Med Assoc. 2017 Oct;67(10):1567-1573.
23. Cantürk D. Vajinal Ve Sezaryen Doğum Yapan Annelerin Emzirme Öz-Yeterlilik Düzeyleri (Yüksek Lisans Tezi). Edirne: Trakya Üniversitesi; 2018.
24. Kaya D, Pirinçci E. 0–24 Aylık Çocuğu Olan Annelerin Anne Sütü ve Emzirme İle İlgili Bilgi ve Uygulamaları. TAF Prev Med Bull 2009; 8(6):479-484.
25. Yılmaz E, Öcal F, Yılmaz Z, et al. Early initiation and exclusive breastfeeding: Factors influencing the attitudes of mothers who gave birth in a baby-friendly hospital. Turk J Obstet Gynecol 2017;14:1-9.
26. Şafak Ç, Tutkun N. Anne sütü ile beslenme sürelerinin yaşam çözümlemesi ile incelenmesi: Kuzey Kıbrıs Türk Cumhuriyeti örneği. İzmir Dr. Behçet Uz Çocuk Hast. Dergisi 2015; 5(3):167-176.

27. Hobbs AJ, Mannion CA, McDonald SW, Brockway M, Tough SC. (2016). The impact of caesarean section on breastfeeding initiation, duration and difficulties in the first four months postpartum. BMC Pregnancy Childbirth, 16, 90.

28. Sivri B.0-6 Aylık Bebeği Olan Annelerin Katı Gıdaya Geçiş Süreci ve Emzirmeye İlişkin Bilgi ve Uygulamaları. ACU Sağlık Bil Derg 2014(1):59-65.

29. Gölbaşı Z, Eroğlu K, Kaya D. Doğum Yapan Kadınların Anne Sütü Ve Emzirme Mitlerine İnanma Durumlarının Belirlenmesi. KOU Sag Bil Derg 2018, C.4, S.2, s.32-43.

30. Guiding Principles for Feeding Non-breastfed Children 6–24 Months of Age, World Health Organization, Department of Child and Adolescent Health and Development. 2005.

31. Zimmerman DR, Kaplan M, Shoob H, Freisthler M, Toledano M, Zamir CS. Breastfeeding challenges and support in a high initiation population. Israel Journal of Health Policy Research (2022) 11:31.

32. Akbaş T. Aydın Efeler'de Erken Ek Gıdaya Başlamanın Anne Sütüyle Beslenme Üzerine Etkisi:2015 Yılında Kesitsel Bir Çalışma. (Tıpta Uzmanlık Tezi). Aydın: Adnan Menderes Üniversitesi; 2015.

33. Çalık K, Çetin F, Erkaya R. Annelerin Emzirme Konusunda Uygulamaları ve Etkileyen Faktörler. Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi 2017; 6(3): 80-91.

34. Gümüştakım R, Aksoy H, Cebeci S, Kanuncu S, Çakır L, Yavuz E. 0-2 yaş çocuklarda beslenme alışkanlıklarının değerlendirilmesi: Çok merkezli çalışma. Fam Pract Palliat Care. 2017 Apr;2(1):1-8.

35. Kumru B, Karakoyun M. Assessment of Malnutrition and Nutritional Status of Hospitalized and Treated Children Aged between 12 and 60 Months. *European Journal of Therapeutics*; 2018; 24: 30-5.

36. Özçelik YB. Sağlık Personeline Yönelik 'Anne Sütünü Tamamlayıcı Beslenme Eğitimi' Geliştirilmesi (Tıpta Uzmanlık Tezi). İstabul. İstanbul Üniversitesi:2012.