

ORIGINAL PAPER**Impact of Breastfeeding Training and Consultancy Services Provided to Parents on the Breastfeeding Behavior in Turkey****Fatma Gözükara, PhD**

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Correspondence: Authors:Fatma Gözükara, Assist.Prof. Harran University Health School, Ipekyol, Sanhurfa, Turkey e-mail: fgozokara18@gmail.com**Abstract****Background:** Breastfeeding consultancy to be given to parents together is of great importance to ensure that babies are only breastfed for the first six months, increase awareness of fathers about breastfeeding and to ensure them to provide their wives with the necessary support and motivation.**Aim:** To examine the impact of training and consultancy services given to parents together on the breastfeeding behavior.**Methods:** This study was conducted as an intervention research. Sample of the research consisted of 62 parents, 31 of which constituted the intervention group while the rest (31 parents) constituted the control group.**Results:** Parents's ages, antenatal control frequency, inclusion in the control group, being fed only with breast milk during the first six months were evaluated through the logistic regression analysis. It was determined that parents' ages and antenatal control frequency were not important risk factors ($p>0.05$), lack of training and consultancy increases the risk of not continuing to be fed with breast milk in the first six months by 6.875 times.**Limitations:** The research results can be generalized only to the sample group, studies are needed in larger groups for generalization of the country**Conclusion:** Findings of our study indicate that being included in the intervention group increased the rate of feeding babies with only breast milk during the first six months.**Key Words:** Breast Milk; Breastfeeding; Father Support in Breastfeeding; Breastfeeding Consultancy; Nursing**Introduction**

Importance of breastfeeding both for infants and children has been acknowledged by all the world countries. However, despite many studies carried out to encourage breastfeeding, only a few women display a breastfeeding behavior that will reach the target that "babies should be fed only with breast milk during the first six months and breastfeeding should continue until the age of 2" (Scott, Binns, Oddy, & Graham, 2006).

There are many factors leading to the fact that feeding babies only with breast milk is not at the desired level. One of the most important ones of these factors is the lack of women's knowledge and motivation regarding breast milk and breastfeeding. Breastfeeding is not an instinct but is a learnable skill. Information and emotional support are needed for a successful breastfeeding (Children's Health and Disease, 2003). Thus, women should be supported effectively by their spouses, families, health system and the society

during antenatal period, birth and postnatal period to launch and maintain a successful breastfeeding and their motivation levels should be increased in this respect. Training programs constitute the most important factor affecting breastfeeding alone. Providing breastfeeding women and their families with the appropriate training and consultancy contributes to the increase of breastfeeding duration, spreading of breastfeeding and reaching the breastfeeding targets (Betzold, Laughlin, & Shi, 2007; Bonuck, Trombley, Freeman, & McKee, 2005).

Many women start and continue breastfeeding in line with recommendations of the people around them. Even though women have information about breastfeeding, they behave according to the directions of family members on such grounds as traditional family structure, their inexperience and lack of support from husband and fail to implement the successful breastfeeding steps recommended by the health professionals. Therefore, the acquaintants of women should not be ignored in the trainings and consultancies to be provided to women. In this respect, co-training of spouses is of great importance to evaluate women as an entirety with their environment, ensure them to develop positive attitude towards breastfeeding, support them in coping with breastfeeding problems and to integrate fathers into the breastfeeding process which interests both mothers and fathers (Februhartantyl, Bardosono, & Septiaril, 2006; Pisacane, Continisio, Aldinucci, D'Amora, & Continisio, 2005). Parents should be encouraged to live through this process together and support one another. It is accepted that support factor plays a crucial role in promoting health, preventing health problems, offering protection against the impacts of stress and strengthening the coping attempts. This is also valid for pregnancy and breastfeeding periods. Support taken from important acquaintants in the social environment and the husband, in particular, has a positive impact on pregnancy and breastfeeding experience of a woman. Likewise, lack of support may affect these experiences negatively (Taskin, 2007).

In the researches conducted so far, it was determined that, with positive attitude of fathers towards breastfeeding and their support, mothers become more determined concerning breastfeeding, experience less problems about breastfeeding and breasts, cope with their

problems more easily. Without this support, they can not maintain this determination even though they want breastfeeding, experience more breastfeeding problems and the amount of their milk decreases in the course of time (Februhartantyl at al., 2006; Pisacane at al., 2005; Kucukosmanoglu, Acar, Altinel, & Kacar, 2001). Besides, it is reported in another study that giving responsibilities to fathers in the postnatal period and including them in the breastfeeding process actively strengthen family ties and help preventing emotional depression (Pisacane at al., 2005).

Above-given results reveal that attitude and support of the father is of vital importance for starting and maintaining breastfeeding behavior. Considering the role of fathers in decisions taken within the family, it is important to integrate them into the training programs where they will learn the importance and benefits of breast milk so as to give the necessary feedbacks to their wives and support them concerning breastfeeding. Breastfeeding consultancy to be provided to parents together will increase awareness of the father about breastfeeding and make them more eager and conscious in providing their spouses with the necessary support and motivation. Thus, this study was conducted as an intervention research to examine the impact of training and consultancy services provided to both parents concerning breastfeeding from the last trimester of pregnancy to postnatal sixth month on the breastfeeding behavior.

Method

Design

Research population consisted of pregnant women who resorted to the antenatal polyclinic of Dr.Zekai Tahir Burak Woman Health and Research Hospital in Turkey between 01.01.2010 and 31.12.2011 as well as their spouses. Sample of the research was composed of 62 couples, 31 of which were included in the intervention group while the rest constituted the control group. The impact of receiving training on feeding baby only with breast milk was evaluated in the studies and the continuity rate was determined as 20 % for the group which did not receive training and as 55 % for the group receiving training (Eker & Yurdagul, 2006; Fisher, 1990). With the training and consultancy given to mother and father together, an increase of 60 % is targetted in the

rate of continuing breast milk. It was calculated with a power of 80 % and $\alpha = 0.05$ by using the chi-square test in the Statistical and Power Analysis Size Software 2005 (NCSS-PASS) program. Researchers went to antenatal polyclinic (for intervention group) and postnatal polyclinic (for control group) of the hospital between 08:00 and 16:00 all days of the week until reaching the targetted sample number, parents complying with the sample criteria were included in the sample. Control group and intervention group were matched in terms of education status and mode of delivery.

Data Collection

Written approvals were taken from Dr. Zekai Tahir Burak Woman Health Training and Data were collected through information form introducing future mothers and fathers, postnatal information form, follow-up form concerning breastfeeding characteristics as well as information form about parents' transition to nutritional supplements. Parents in the intervention group were met in the antenatal polyclinic of the hospital, were trained in breastfeeding in the antenatal period and they made breastfeeding practice on the model. Within the first 48 hours following the delivery, the first breastfeeding support and consultancy were provided in the postnatal clinic. Four home visits were made in total at the end of postnatal first and second weeks as well as the first and sixth months. Breastfeeding consultancy through phone was also given at the end of second, third, fourth and fifth months. On the other hand, parents in the control group were met in the postnatal clinic. Their first data were collected without giving any training or consultancy. They were called by phone at the end of the sixth week and their last data were collected.

Ethical Considerations

Research Hospital as well as the Medical, Surgical and Drug Researches Ethics Committee of Faculty of Medicine of Hacettepe University. Besides, informed written consent was received from parents accepting to participate in the research.

Data Analysis

Percentage calculation, Pearson Chi-Square, Fisher's Exact Test, McNemar Test and Logistic

Regression Analysis were used to evaluate the data.

Results

Almost all of the mothers participating in the research were in the age group of 20-34 (I: 90.3 %, C: 90.3 %) while half of them were university graduates (M: 54.8 %, K: 54.8 %) and half of them were not working (I: 54.8 %, C: 51,6 %). 45.2 % of all mothers included in both groups had vaginal delivery while 54.8 % of them had cesarean delivery. On the other hand, a majority of fathers were in the age group of 20-34 (I: 70 %, C: 74.2 %) while almost half of them were university graduates (I: 70 %, C: 74.2 %) and were working freely (I:48.4 %, C: 45.2 %).

Mothers' statuses of feeding their babies only with breast milk in the first six months are given in Table 1. In the study, the rate of mothers in the intervention group to feed their babies only with breast milk in the first 6 months was determined as 51.6 % while it was found out to be 12.9 % in mothers of the control group. As seen in the table, the relevant rate is higher in the intervention group than the control group. Highest decrease in the rate of feeding only with breast milk is recorded in the 5th month but the rate of the intervention group is still considerably higher than that of the control group. In the statistical assessments, the differences between groups in terms of mothers' statuses to feed only with breastmilk during the first six months were not found statistically significant at the 1st, 2nd, 3rd, 4th, 5th and 6th months ($p < 0.05$).

All mothers expressed that they did not follow a certain breastfeeding frequency and duration in the postpartum first 48 hours and breastfed the baby whenever and how much it wanted. Table 2 gives distribution of some characteristics of mothers concerning breastfeeding and breastfeeding process at the postpartum first 48 hours and at the end of the 6th month. As it is seen in the table in relation to the mothers included in the intervention group, breastfeeding is performed at a more correct frequency and duration at the postpartum first 48 hours and at the end of the 6th month and nipple and feeding bottle are used less commonly. A big majority of the mothers included in both groups stated that they did not have a breast problem at the postpartum first 48 hours and at the end of postpartum 6th month

.Table 1.Distribution of Mothers' Statuses of Feeding Their Babies Only With Breast Milk Within The First 6 Months By The Intervention and Control Groups

Months during which only breast milk was used	Intervention				Statistical Analysis
	Group		Control Group		
	No	%	No	%	
1st Month					
Yes	31	100.0	27	87.1	$X^2=47.829$
No	0	0.0	4	12.9	p=0.001
2nd Month					
Yes	31	100.0	25	80.1	$X^2=44.778$
No	0	0.0	6	19.9	p=0.001
3rd Month					
Yes	30	96.8	21	67.8	$X^2=35.457$
No	1	3.2	10	32.2	p=0.001
4th Month					
Yes	27	87.1	14	12.9	$X^2=12.170$
No	4	12.9	17	87.1	p=0.001
5th Month					
Yes	16	51.6	4	12.9	$X^2=10.629$
No	15	48.4	27	87.1	p=0.001
6th Month					
Yes	16	51.6	4	87.1	$X^2=10.629$
No	15	48.4	27	12.9	p=0.001
<i>Total</i>	<i>31</i>	<i>100.0</i>	<i>31</i>	<i>100.0</i>	

Table 2. Distribution of Mothers' Some Characteristics Concerning Breastfeeding and Breastfeeding Process in the Postpartum First 48 Hours and at the end of 6th Month

Characteristics	Postpartum First 48 Hours					At the end of Postpartum 6th Month				
	Intervention Group		Control Group		Statistical Analysis	Intervention Group		Control Group		Statistical Analysis
	Number	%	Number	%		Number	%	Number	%	
Breastfeeding frequency*										
Correct	28	90.3	29	93.5	$X^2=0.001$	25	80.6	15	48.4	$X^2=5.707$
Wrong	3	9.7	2	6.5	$P=1.000$	6	19.4	16	51.6	$P=0.017$
Breastfeeding Duration**										
Correct	20	64.5	19	61.3	$X^2=0.001$	17	54.8	7	22.6	$X^2=5.507$
Wrong	11	35.5	12	38.7	$P=1.000$	14	45.2	24	77.4	$P=0.019$
Use of Nipple										
Yes	0	0.0	2	6.5	$X^2=0.517$	5	16.1	15	48.4	$X^2=5.979$
No	31	100.0	29	93.5	$P=0.492$	26	83.9	16	51.6	$P=0.014$
Use of Feeding Bottle										
Yes	14	45.2	16	51.6	$X^2=0.065$	5	16.1	19	61.3	$X^2=11.489$
No	17	54.8	15	48.4	$P=0.799$	26	83.9	12	38.7	$P=0.001$
Experiences Breast Problems										
Yes	9	29.0	13	41.9	$X^2=0.634$	0	0.0	4	12.9	$X^2=2.405$
No	22	71.0	18	58.1	$P=0.426$	31	100.0	27	87.1	$P=0.113$
Total	31	100.0	31	100.0		31	100.0	31	100.0	

*Breastfeeding frequencies of 2 hours and lower were classified as "Correct" and those higher than 2 hours were classified as "Wrong".

** Breastfeeding lasting for 15 minutes and more was classified as "Correct" and that lasting for less than 15 minutes were classified as "Wrong".

Table 3. Distribution of Parents' Statuses of Feeding their Babies only with Breast Milk in the first 6 Months by Some Socio-Demographical Features (n=62)

	Parents Feeding their babies only with breastmilk		Parents using Nutritional supplements		Statistical Analysis
	Average	±SS	Average	±SS	
Motherage	29.75	±5.38	26.64	±4.27	t=2.456 p=0.017
Fatherage	32.80	±5.84	29.63	±4.73	z=-2.325 p=0.020
Marriage duration (year)	3.55	±3.17	2.83	±2.19	z=-0.355 p=0.723
Income (TL)	2552	±1311.89	2200.	±11841.50	t=1.057 p=0.295
Number of controls during pregnancy	16.00	±5.60	13.24	±4.85	z=2.139 p=0.002
	Number	(%)	Number	(%)	
Mother's education level					
High school and lower	9	(45.0)	19	(45.2)	X ² =0.000 p=0.986
University	11	(55.0)	23	(54.8)	
Father's Education level					
High school and lower	8	(40.0)	22	(52.4)	X ² =0.862 p=0.362
University	12	(60.00)	20	(47.6)	
Mother's working status					
Yes	11	(55.0)	18	(42.9)	X ² =0.802 p=0.370
No	9	(45.0)	24	(57.1)	
Economic situation					
Verygood+good	7	(35.0)	24	(57.1)	X ² =2.657 p=0.180
Moderate-bad	13	(65.0)	19	(42.9)	
Longest settlement					
Town-district	6	(30.0)	9	(21.4)	X ² =0.543 p=0.461
Province	14	(70.0)	33	(78.6)	

Sex of Infant					
Male	12	(60.0)	20	(46.6)	$X^2=0.862$
Female	8	(40.0)	22	(52.4)	$p=0.423$
Receiving information about breastfeeding (Mother)					
Yes	11	(55.0)	31	(73.8)	$X^2=2.194$
No	9	(45.0)	11	(26.2)	$p=0.139$
Receiving information about breastfeeding (Father)					
Yes	7	(35.0)	12	(28.6)	$X^2=0.263$
No	13	(65.0)	30	(71.4)	$p=0.608$
Total	20	(100.0)	42	(100.0)	

Table 4. Regression Analysis of Risk Factors Related to Not Using only Breast Milk in the First 6 months

Risk Factors	B	OR	(%95 Confidence Interval)	P value
Mother's age	-0.085	0.919	(0.740-1.140)	0.441
Father's age	-0.077	0.926	(0.770-1.113)	0.414
Frequency of control in the Health Institution	-0.023	0.977	(0.859-1.112)	0.729
Being in the Control Group (Not receiving breastfeeding training given by the nurse)	1.928	6.875	(1.1680-28.134)	0.007
-2 Loglikelihood= 60,79	Cox & Snell R Square =0,242	Nagelkerke R Square= 0,338		

In the statistical assessments, while a significant differences were found between the groups in terms of breastfeeding frequency and duration as well as use of nipple and feeding bottle ($p<0.05$), difference between the groups in terms of breast problems of mothers was found insignificant ($p>0.05$) (Table 2).

The relationships between all mothers' statuses of feeding their babies only with breast milk in the first six months and some socio-demographic features were examined (Table 3). It was determined that parents' age average among those feeding their babies only with breast milk in the first six months was higher than that of parents starting to use nutritional supplements at this time. The statistical assessment revealed that difference between the group continuing to use breast milk and the group starting to use nutritional supplements was significant in terms of parents' age averages ($p<0.05$). It was seen in

the research that marriage duration and income average were similar in the group which preferred using only breast milk in the first 6 months and the group which did not ($p<0.05$). Furthermore, it was determined that mothers who used only breast milk to feed their babies in the first six months have had more health controls during the pregnancy when compared to those who started to use nutritional supplements in the same period. The statistical assessment revealed a significant difference between groups in terms of frequency of health controls during the pregnancy ($p<0.05$). As it is seen in the table, the group which used only breast milk to feed the baby and the group which did not use it had similar characteristics in terms of parents' education, working and economic statuses, the place where they lived for the longest period, sex of the baby and receiving information about breastfeeding ($p>0.05$).

So as to determine the actual factor affecting mothers' statuses of continuing to use breast milk in the first 6 months, all factors which were found significant in the intervention and control groups (except for the training and consultancy provided by the research nurse) were evaluated in Table 3 and factors to be included in logistic regression were determined. The purpose was to keep the factors which would disturb the effectiveness of the training given by the nurse under control and the actual effectiveness of the training was evaluated (see also: Table 4).

Table 4 gives regression analysis of risk factors associated with the status of not using only breast milk in the first 6 months. The rate of mothers continuing to use only breast milk in the first 6 months was found out to be higher in the intervention group, which was found statistically significant (see also Table 1). Whether there is any other factor affecting the status of feeding the baby only with breast milk in the first 6 months was evaluated in Table 3 and it was seen that parents' education level, working status of mother, socio-economic features of the family, the place where the family lived for the longest period, presence of any other source that mother or father received information during the pregnancy and sex of the baby were not influential on the decision to feed the baby only with breast milk in the first 6 months. However, mother's age, father's age and frequency of health controls during pregnancy stood out as important variables. It was determined that parents included in the group which preferred feeding their babies only with breast milk in the said period had a higher age average and underwent health controls more frequently. Whether parents' age, health control frequency in pregnancy and not receiving the planned training given by the nurse to parents in the control group, including fathers, for the period between the 35th week of pregnancy and the first six months following delivery affected the status of using only breast milk in the first six months was examined through logistic regression analysis and it was detected that parents' age and control frequency during pregnancy were not significant risk factors. It was also determined that being included in the control group was a factor increasing the risk of not continuing to use only breast milk in the first six months by 6.875 times.

Discussion

Breastfeeding is of crucial importance for infant health. Infants should be fed only with breast milk in the first six months to take advantage of the outstanding benefits of breast milk and breastfeeding should continue until the age of 2 in addition to appropriate nutritional supplements after the 6th month. Although the rates of starting breastfeeding are high both in developed and developing countries, the rates of feeding babies only with breast milk are low (Hacettepe University Institute of Population Studies, 2008; Abdulraheem & Binns, 2007). According to health statistics of WHO for 2011, the rate of feeding babies only with breast milk is 36 % throughout the world (WHO, 2011). It is also stated that this rate increases on condition that mothers are provided with a breastfeeding training by health professionals and supported after delivery (Betzold et al., 2007; Ustuner & Bodur, 2009; Erenel & Eroglu, 2005). In our study, it was reported that 51,6 % of all infants in the intervention group and 12,9 % of all infants in the control group were fed with breast milk during the first six months. These rates were determined as 100,0 % in the intervention group and 87,1 % in the control group at the first month, 87,1 % in the intervention group and 12,9 % in the control group at the fourth month (Table 1). These results are significant as they indicate that the rates of starting breastfeeding are high but the rates of continuing it are low as in the literature. They also demonstrate that both the rates of starting and continuing are high in this study when compared to the literature. Besides, it is seen that the rates of starting and continuing breastfeeding during the first six months are relatively higher among mothers included in the intervention group when compared to those of mothers included in the control group (Table 1). In the statistical assessment, difference between the control and intervention groups was found significant ($p < 0.05$) (Table 1), and this result is of great importance as it shows the effectiveness of breastfeeding training and consultancy provided to the parents in the intervention group together. However, it is thought-provoking that only half of the mothers in the intervention group could feed their babies only with breast milk despite this training and support. This result shows that breastfeeding support and sensitivity

should be expressed not only by nurse but also the other health professionals as well as the health system itself.

Support plays a crucial role in preventing problems to occur during pregnancy and breastfeeding or solving the existing problems and overcoming these processes healthily both for mother-baby and the whole family. Support received from the important people around woman and from husband, in particular, has a positive impact on pregnancy and breastfeeding experiences of the woman. In the researches conducted so far, it was determined that, with positive attitude of fathers towards breastfeeding and their support, mothers become more determined concerning breastfeeding, experience less problems about breastfeeding and breasts, cope with their problems more easily (Februhartantyl at al., 2006; Pisacane at al., 2005; Kucukosmanoglu, at al., 2001). Fathers who have such an important impact on breastfeeding should possess adequate and correct information about it to be able support mothers effectively. Thus, fathers should not be ignored while mothers are informed about breastfeeding (Pisacane at al., 2005). The fact that the rates of feeding babies only with breast milk at the first six months are higher in the intervention group where fathers also received training and consultancy in comparison to the control group ($p < 0.05$) (Table 1) in our study may imply that training and consultancy given to fathers are effective in increasing the relevant rates.

In the studies conducted so far, it was expressed that mothers who breastfed their babies within the first one hour following delivery had a more successful lactation period and they breastfed their babies for a longer time (Kaya & Pirincci, 2009; Unsal, Altihan, Ozkan, Targan, & Hassoy, 2005). It was determined in our study that almost all mothers in the intervention group and a majority of the mothers in the control group started breastfeeding their babies within the first one hour following delivery (Table 2). Furthermore, frequency and duration of breastfeeding are also important factors in continuing breastfeeding successfully. Infants should be fed whenever they want or at least once every two hours for at least 15-20 minutes (WHO/UNICEF, 2005; Ogundele, 2000). While some complications (hypoglycemia, hypocalcemia, physiological jaundice etc.) may develop in infants who are not fed at the correct frequency and duration in the early postpartum

period due to malnutrition, morbidity rates may increase in the late postpartum and childhood periods (WHO, 2009; Yurdakok, 2004). It was determined in our study that almost all mothers in the intervention and control groups breastfed their babies at the correct frequency in the postpartum first 48 hours. However, it was also observed that, in the postpartum sixth month, 80.6 % of mothers in the intervention group continued breastfeeding their babies at the correct frequency while only 48.4 % of mothers in the control group continued breastfeeding at the correct frequency. Considering the duration of breastfeeding, it was seen that more than half of mothers in the intervention and control groups started breastfeeding their babies with correct durations but at the end of the sixth month, a higher number of mothers in the intervention group maintained the correct behavior in comparison to mothers in the control group as in the frequency of breastfeeding (Table 2). These results are considerably important as they show the impact of breastfeeding frequency and duration on the behavior of feeding babies only with breast milk in the first 6 months. It is thought that highness of the number of mothers in the intervention group who maintained correct breastfeeding frequency and duration for six months resulted from the fact that importance of correct breastfeeding frequency and duration on infant health and the continuity of milk production was strongly emphasized during trainings and at each home visit.

Various difficulties are encountered in the postnatal period due to reasons originating from either the mother or the infant. One of the most important reasons related to the mother is breast problems which generally occur within the first several weeks following the start of breastfeeding. Main problems preventing breastfeeding are nipple pain and retracted nipple (Sheehan, Krueger, Watt, Sword, & Bridle, 2001). In our study, it was determined that mothers in the intervention group had less breast problems than mothers in the control group. Although it was seen that mothers in the control group had more breast problems in the postpartum first 48 hours and at the end of 6th month, the statistical assessment revealed that difference between the groups was insignificant ($p > 0.05$) (Table 2). The fact that mothers in the intervention group experienced less breast problems may suggest that trainings given to parents concerning breast care and correct

placement of the baby to breasts have become effective.

Another factor affecting breastfeeding is the use of nipple and feeding bootle. National and international publications indicated that percentages of being breastfed only with breast milk in the first 6 months are lower and breastfeeding durations are shorter in infants fed by feeding bottle (Unsal at al., 2005; Dunn, Davis, McCleary, Edwards, & Gaboury, 2006; Howard, Langhear, & Eberly, 2003; Onbasi at al., 2011). In our study, it was found out that mothers in the intervention group used feeding bottle less than mothers in the control group. In the literature, there are also studies which indicate the negative impact of the use of nipple on breastfeeding and duration of receiving breast milk. It is stated that use of nipple weakens sucking power of the baby and leads to a decrease in the milk amount and thus, breasts of the mother go dry early and breastfeeding duration decreases (Bakiler, Ozgur, & Ozer, 2005; Giray, 2004; Camurdan at al., 2008). It was reported in our study that rates of using nipple in the postpartum first 48 hours and at the end of the 6th month were higher in the control group in comparison to intervention group (Table 2). Besides, it was determined that use of nipple was more common among mothers giving only breast milk to their babies during the first six months in both groups but the difference between the groups in terms of use of nipple was not found significant ($p>0.05$). Considering that use of nipple is more common among mothers feeding their babies only with breast milk, it can be concluded that use of nipple has not affected breastfeeding duration in our study.

Conclusion

Findings of our study indicate that being included in the intervention group (or, receiving the planned training and consultancy given to parents, including fathers, for the period covering the 35th week of pregnancy and the postnatal first six months) increased the rate of feeding babies with only breast milk during the first six months. On the other hand, being included in the control group was determined as a factor increasing the risk of not continuing breastfeeding in the first six months by 6.875 times. Furthermore, it was detected that this training model including fathers affected breastfeeding duration and frequency positively

and increased the rates of using nipple and feeding bootle.

Acknowledgements

The study was supported by the Hacettepe University Scientific Research Unit (H.U.B.A.B. 010 D03 401 001)

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