

Original Article**The Relation between Breastfeeding Self-Efficacy and Starting Times of Supplementary Food****Kucukkaya Burcu, MSN**

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Correspondence: Burcu Kucukkaya, Trakya University, Faculty of Health Sciences, Nursing Department, Edirne, Turkey. E-mail: burcukucukkaya1992@gmail.com**Abstract****Aim:** The study was planned in order to investigate the relation between breastfeeding self-efficacy of mothers and transition time of supplementary food.**Methods:** The study was conducted on 282 mothers who had 0-2 age children applied to Trakya University Health Research Center in a cross-sectional and descriptive design between December 30, 2015 and January 30, 2016. Data were collected by using a survey that was constructed by researchers and "Breastfeeding Self-Efficacy Scale".**Results:** The average age of the mothers was 29.2 ± 7.1 , 27.7% of mothers were high school graduates and 88.3% were housewives. 72.5% of mothers gave firstly colostrum by oral and 69% were breastfeeding children up to 24 months. 67.1% of mothers have give only breast milk for the first six months and the start time of supplementary food was 5.87 ± 2.72 months. 94.7% of mothers worried about being faced with a problem when breastfeeding. There was a negative correlation between mother age, number of children, the baby of first touch period postpartum and time of breastfeeding ($p=0.001$). There was a negative correlation between the baby of first touch at postpartum, time of first breastfeeding and the scores averages of breastfeeding self-efficacy ($p=0.001$).**Conclusions:** The touch and breastfeeding periods of mothers after birth, delivery modes, times of birth, place of birth and people who receive information of breastfeeding was effected breastfeeding self-efficacy scores. Mothers who baby touched immediately after birth and was breastfeeding in the first half hour of breastfeeding self-efficacy was better.**Key words:** Breastfeeding Self-Efficacy, Supplementary Food, Breast Milk**Introduction**

The World Health Organization (WHO) recommend that babies given only breast milk without additional food for 6 months after birth, babies started solid and liquid additional food after being 6 months, continuing breastfeeding for at least two years as well as complementary

food (Black et al., 2013; Cangol and Sahin, 2014). Breastfeeding have shown that new born evolution and maternal health effected positively and was a effective tool for mother-baby-parent (Dennis and Faux, 1999; Orsdemir, 2011). When breastfeeding improved an emotional lies between mothers and babies, it strengthened an

existed lies. Mother and baby are within physiological and behavioral harmony during breastfeeding. While baby feeding with breast milk, being in the lap of mother and thus baby feels self-confidence with physical touch (Kuguoglu et al., 2012).

There are many factors which are considered to have an effect on breastfeeding after birth (Comert, 2011). When literature is analyzed, it is mentioned many factors that affected to initiate and maintain breastfeeding. There can be listed as mother age, family structure, education level, economic status, wanted of pregnancy and health problems encountered during pregnancy, previous experience of the mother for breastfeeding, working status of mother, get information about breastfeeding, individual who given information about breastfeeding, starting time of breastfeeding, and type of birth (Dennis and Faux, 1999; Orsdemir, 2011; Kuguoglu et al., 2012). Furthermore the sex of baby, irritability, drowsy, disease status of baby (like premature or be weighed low birth, congenital anomalies with the digestive system), anesthesia that is applied during birth, tired of baby are other factors that affected breastfeeding (Comert, 2011; Yenil et al., 2013).

Turkey Demographic and Health Survey (TDHS) has showed that the majority of babies are nourished with breast milk in first few months after birth in Turkey, but supplementary food launched in first six months. Cause of early starting of supplementary food and early cutting of breastfeeding has showed difficulties that mothers experience in breastfeeding in literature (Tokat et al., 2013). As a different solution of difficulties of mothers that faced with Distribution breastfeeding, World Health Organization (WHO) and United Nations Children's Fund with Baby-Friendly Hospitals has launched initiatives that supporting, encouragement, and protection of breastfeeding (Kucukoglu et al., 2014).

One of the most important factors that breastfeeding affected was breastfeeding self-efficacy of mothers (Tokat and Okumus, 2013). Breastfeeding self-efficacy scale (BSES) is qualification that mother feels about breastfeeding. The study of Tokat and friends was reported that a statistically positive relation was determined between breastfeeding self-efficacy of mothers and the success of breastfeeding (Baysal et al., 2014). Mothers who

were higher self-efficacy have encountered themselves in face of difficulties and tried to solve events by positive thinking. These mothers prefer much breastfeeding, become more brave, and positively act when face with challenges (Sahin and Ozerdogan, 2014). When positive cases such as excitement and satisfaction increases the self-efficacy perception, negatively cases such as pain, fatigue, anxiety, stress reduces the self-efficacy perception (Dennis, 2003).

Number of research that specified postnatal breastfeeding self-efficacy, the starting of supplementary food, and related factors in Turkey have limited. This research have provided both it has determined relation between the breastfeeding self-efficacy of mothers and the starting time of supplementary food and factors that this relation affected and mothers support about breastfeeding and relationship of mother-baby developed. This study aimed to determine relation between breastfeeding self-efficacy of mothers and the starting time of supplementary food.

Methods

The study was conducted on 282 mothers who admitted to Trakya University Health Research and Implementation Center between December 30, 2015 and January 30, 2016 and has 0-24 month children in the descriptive and cross-sectional study.

Data Collection Tools

Data were collected by using a descriptive information form that was constructed by researchers and The Postnatal Breastfeeding Self-Efficacy Short Form Scale.

The Descriptive Information Form: was constructed to determine that sociodemographic (mothers age, fathers age, education status, working status, social security, income status, family structure, place where lived), obstetric characteristics (number of children, place where is birth, time and type of birth) and breastfeeding experiences of mothers who has 0-24 month children and factors that effected stating times of additional food. The form has 34- items (Black et al., 2013; Orsdemir, 2011; Yenil et al., 2013; Tokat et al., 2010).

The Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF): According to Bandura (1977), self-efficacy is one's perceived belief to perform a specific task or behavior. Drawing on Bandura's self-efficacy theory (1977), Dennis

(1999) developed the breastfeeding self-efficacy theory. It determines whether a mother initiates breastfeeding or not, whether she will have self-enhancing or self-defeating thought patterns, and how she will respond emotionally to difficulties encountered during breastfeeding. Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF), developed by Dennis, is a 14 itemed scale. Scale is a five point Likert scale and agents of scale evaluated by graded from 1="not at all confident" to 5="always confident". The lowest score is 14 and the highest score is 70. The high points means higher breastfeeding self-sufficiency. Total scores were used to calculate each respondent's self-efficacy. Original BSES-SF Cronbach's alpha coefficient is 0.94 and item-total correlation is below 0.60. The reliability and validity of the Turkish version were established by Tokat et al. In Turkish version, BSES-SF Cronbach's α coefficients is 0.87 (Tokat et al., 2010).

Survey Study

The participants were informed about the aim of the study and were asked to complete a descriptive information form and The Postnatal Breastfeeding Self-Efficacy Short Form Scale. It took between 10 and 15 minutes for the mother had 0-24 month children to complete the survey instruments.

Statistical Analysis

When the gathered data from study were evaluated, To determine the data evaluation SPSS 21.0 (Statistical Package for the Social Sciences) software program was used. Data evaluation was calculated a descriptive characteristics as number, percentage, and average. The correlation between the starting time of supplementary food and the scores averages of breastfeeding self-efficacy was assessed with One-Way ANOVA. The relationship between The Breastfeeding Self-Efficacy and some socio-demographic, obstetric characteristics was assessed with Pearson correlation analysis. $P < 0.05$ value was accepted statically significant in evaluation of results.

Ethical Considerations

After the written permission allowed from hospital that to implement the research, ethic permission allowed from Trakya University Non-Invasive Clinical Research Evaluation Committee (TUTF-BAEK 2015/217). Individuals who accepted to participate in research was

informed about the aim and implementation of research and was taken verbal permission.

Study Limitations

This research was limited mothers and babies in a university hospital in the province of Edirne. The results can be generalized only to this group.

Results

It was found that the average age of the mothers is 29.16 ± 7.06 , 27.7% of women were high school graduates, 65.6% were housewives, 93.6% were social security, 79.4% were core of the family structure, 77% were middle income status and, 48.2% were province where lived. 37.6% of mothers was given birth in private hospital. 66.7% of mothers was given birth at the time. 36.9% of mothers was given birth of normal-spontaneous (Table 1).

It was reported that 51.1% of mothers touched baby after birth, 54.6% were breastfeeding babay in the first half hour, 55% were breastfeeding experiance, 80.9% were given information about breastfeeding and 85% of given information about breastfeeding received knowledge by nurse/midwife. It was reported that 69% of mothers want to breastfeed their babies up to 24 months, 72.0% was given firstly colostrum by oral, 68.4 % was given only breast milk for the first six months, the start time of supplementary food was 5.87 ± 2.72 months, 83.7% were given information about supplementary food, and 52.8% of given information about supplementary food received knowledge by nurse/midwife (Table 2).

It was found that the average score of postnatal breastfeeding self-efficacy of mothers was 59.44 ± 0.73 . There was a positive correlation between the starting time of supplementary food and the scores averages of breastfeeding self-efficacy ($p < 0.05$) (Table 3).

The state hospital, mothers giving birth at term with epidural anesthesia, mothers who touched baby after birth, were breastfeeding baby in the first half hour and was given information about breastfeeding- supplementary food by nurse/midwife of breastfeeding self-efficacy score average was high ($p < 0.05$). It was found that mothers who have secondary education, living the town-village, have preterm infants and have not touched baby a first time after birth, and giving baby food of first orally used breast milk and formula the first six months ($p < 0.05$).

Table 1: Socio-demographic and Obstetric Characteristics of Pregnant (n=282)

Descriptive Features		Mean± SD	
The average age of mothers		29.16±7.06	
The average age of fathers		32.29±7.18	
		n	%
Educational Status	Illiterate	16	5.7
	Literate	7	2.5
	Elementary School	58	20.6
	Middle School	52	18.4
	High School	78	27.7
	University and High Education School	71	25.2
Working Status	Yes	64	22.7
	No	185	65.6
	Other	33	11.7
Social Security	Yes	264	93.6
	No	18	6.4
Family Structure	Nuclear	224	79.4
	Extended	57	20.2
	Divorced	1	0.4
Income Status	Good	48	17.0
	Middle	217	77.0
	Bad	17	6.0
Place where lived	Province	136	48.2
	Town	120	42.6
	Village	26	9.2
The average number of children		1.78±0.05	
Place where birth is	Home	4	1.4
	State Hospital	85	30.1
	Private Hospital	106	37.6
	University Hospital	87	30.9
Time of birth	At time	188	66.7
	Preterm	84	29.8
	Postterm	10	3.5
Type of birth	Normal-spontaneous	104	36.9
	C- Sectio with General anesthesia	95	33.7
	C- Sectio with Epidural and spinal anesthesia	81	28.7
	Birth in water	2	0.7

Table 2. Breastfeeding and Supplementary Food Characteristics of Pregnant (n=282)

		n	%
Touch time of baby after birth	Immediately	144	51.1
	In first half hour	40	14.2
	In first hour	32	11.3
	An hour long	66	23.4
	In first half hour	154	54.6
Breastfeeding time of baby after birth	In first hour	40	14.2
	In 1-2 hour	25	8.9
	Other	63	22.3
Breastfeeding Experience	Yes	155	55.0
	No	127	45.0
Given information about breastfeeding	Yes	228	80.9
	No	54	19.1
Source of Information	Midwife/Nurse	204	85.0
	Doctor	18	7.5
	Immediate circle	12	5.0
	Internet-Book-Journal	6	2.5
	Up to 6 months	23	8.4
Time when thinks breastfeeding	Up to 12 months	27	9.9
	Up to 18 months	24	8.8
	Up to 24 months	189	69.0
	Others	11	4.0
	Colostrum	203	72.0
First food that given baby by oral	Breast milk	44	15.6
	Prepared Food	30	10.6
	Sugared water	3	1.1
	Others	2	0.7
	Only breast milk	193	68.4
Nutrition that given baby in first 6 months	Breast milk –prepared food	63	22.3
	Breast milk –cow milk	1	0.4
	Only prepared food	10	3.5
	Custard-Soup- Fruit puree	13	4.6
	Others	2	0.8
Reason is given another food except for breast milk in first 6 months	Lack of breast milk	61	59.4
	Baby do not take a breast	13	1.0
	Work	5	12.9
	Others	22	5.0
The start time of supplementary food		5.87±2.72	
	Lack of breast milk	28	33.7
	Start of supplementary food	14	16.9
	Thinking that baby is not satiety	22	26.5
Reason is dropped breastfeeding	Baby do not get enough weight	4	4.8
	Person's health problems	5	6.0
	Due to work	4	4.8
	Others	6	7.3
	Given information about Supplementary Food	Yes	236
	No	46	16.3
Source of Information About Supplementary Food	Midwife/Nurse	149	52.8
	Doctor	56	19.9
	Immediate circle	20	7.1
	Internet- Book-Journal	9	3.2

Table 3: Correlation Between The Starting Time of Supplementary Food and The Scores Averages of Breastfeeding Self-Efficacy

Scale	Min. Point	Max. Point	X ± SS	p
Postnatal Breastfeeding Self-Efficacy Scale (1-5)	14.00	70.00	59.84±0.89	p<0.05* r= 0, 309
Time	Min. Time	Max. Time	X ± SS	
The Starting Time Of Supplementary Food	0.00	18.00	5.87±0.20	

*One-way ANOVA

Table 4. The Comparison of the Some Demographic, Obstetric Characteristics and Postnatal Breastfeeding Self-Efficacy Scale Score Averages According to The Pregnant Women's Some Demographic and Obstetric Characteristics

VARIABLES		The baby of first touch period postpartum /hour	Breastfeeding time of baby after birth/hour	Total breastfeeding period/month	Time to stop breastfeeding /month	The start time of supplementary food /month	Postnatal Breastfeeding Self-Efficacy Scale Score
Mother Age	r _s p	0,070 0,315	0,060 0,392	-0,154* 0,030	0,113 0,350	0,029 0,725	-0,043 0,539
Number of Children	r _s p	0,071 0,315	0,037 0,594	0,164* 0,021	0,251* 0,036	0,104 0,209	0,060 0,393
Age of first children	r _s p	-0,056 0,423	-0,020 0,773	-0,134 0,059	0,332* 0,005	0,242* 0,003	0,023 0,745
The baby of first touch period postpartum /hour	r _s p	-	0,843* 0,000	-0,138 0,053	-0,282* 0,018	-0,311* 0,000	-0,237* 0,001
Breastfeeding time of baby after birth/hour	r _s p	0,843* 0,000	-	-0,121 0,088	-0,308* 0,010	-0,241* 0,003	-0,239* 0,001
Total breastfeeding period/month	r _s p	-0,138 0,053	-0,121 0,088	-	0,017 0,894	-0,100 0,233	0,245* 0,000

*Spearman's correlation

There was a negative correlation between mother age, number of children, the baby of first touch period postpartum and time of breastfeeding (p=0.001).

There was a negative correlation between the baby of first touch at postpartum, time of first breastfeeding and the scores averages of breastfeeding self-efficacy (p=0.001). There was a positive correlation between number of children and total breastfeeding time of baby after birth time to stop breastfeeding (Table 4).

Discussion

When breastfeeding level was questioned with education level of mothers in the first hour, it was found that 68.8% of the illiterate, 42.9% of mothers who are literated, 46.6% of mothers who are elementary school graduated, 57.7% of mothers who are middle school graduated, 56.6% of mothers who are high school graduated, 83.1% of mothers who are university and higher education graduated was breastfeeding in first half hour. As education level increases,

breastfeeding rate increases in the first hour. The study of Kaya and friends was reported that 42.8% of the illiterate and literate, 47.1% of elementary school graduated, 53.8% of middle school graduated, and 53.8% of high school graduated and high education graduated was breastfeeding in first hour (Kaya and Pirincci, 2009). According to data of TNSA 2013, 39.8% of the illiterate and literate, 50.8% of elementary-middle school graduated, 55.8% of high school graduated, and 62.5% of university graduated was breastfeeding in first hour (Turkyılmaz et al., 2013). According to the findings that observed in this studies, as education level increases, breastfeeding rate increases in the first hour. The results that obtained have indicated similarity with our study.

It was determined that while 81.7% of mothers that giving birth normal-spontaneous and 60.5% of mothers that giving birth epidural anesthesia are breastfeeding in the first half hour, 56.8% of mothers that giving birth general anesthesia are breastfeeding after 1-2 hours. The study of Kaya and Pirincci was reported that 61.9% of mothers that giving birth normal spontaneous and 36.2% of mothers that giving birth general anesthesia were breastfeeding in the first hours (Kaya and Pirincci, 2009). The study of Ip et al. was reported that 62.4% of mothers that giving birth normal-spontaneous and 32.6% of mothers that giving birth general anesthesia were breastfeeding in the first hours (Ip et al., 2016). The results that obtained have indicated similarity with our study. Our study found that the average time when mothers nourish only breast milk was 5.87 ± 2.72 months. It was stated that Safak et al. (Safak and Tutkun, 2015) was 3.29 ± 0.17 months, Onay et al. (Onay et al., 2009) was 4.5 ± 0.8 months, Ip et al. (Ip et al., 2016) was 16.7 days, and Alegrio et al. (Alegrio et al., 2014) was 32.12 ± 4.86 days. When the results that obtained in our country have indicated similarity with our study, the results that obtained in other countries have indicated discrepancy with our study. Our study stated that the average of starting times of supplementary food of mother is 5.87 ± 2.72 months. It was determined to starting times of supplementary food that the study of Sivri (Sivri, 2014) was 4-6 months, Telatar et al. (Telatar et al, 2008) was 5.37 ± 0.8 months, Henshaw et al. (Henshaw et al., 2015) was 5.68 ± 1.3 months, and Song and Park (Song and Park, 2016) was 4.96 ± 0.6 days. The results that obtained have indicated similarity with our

study. As a result of the correlation analysis, a statistically significant and positively relation was determined between the score averages of postnatal breastfeeding self-efficacy of mothers and starting times of supplementary food and between number of children and total breastfeeding time of baby after birth time to stop breastfeeding. The study of Kaya and Pirincci was reported that a statistically positively relation was determined between the score averages of postnatal breastfeeding self-efficacy of mothers and starting times of supplementary food after first six month (Kaya and Pirincci, 2009). The case-control study of Song and Park was reported that a statistically positively relation was determined between the score averages of postnatal breastfeeding self-efficacy of mothers and harmony with breastfeeding as weeks increases and starting times of supplementary food (Song and Park, 2016). The study of Ip et al. was reported that a statistically negatively relation was determined between the score averages of postnatal breastfeeding self-efficacy of mothers and starting times of supplementary food in the evaluation results of 1, 4, and 6 months (Ip et al., 2016). The study of Hicyilmaz and Acikgoz was reported that the mean Breastfeeding Self-Efficacy Scale score was lower among pregnant women who had no previous breastfeeding experience than women who had. The score was also lower among women who breastfed less than six months previously than women who breastfed longer (Hicyilmaz and Acikgoz, 2017). The results that obtained have indicated similarity with our study.

Conclusions

As a result of this study; it was found that touch time of mothers after birth of baby, period of breastfeeding, type of birth, time of birth, place of birth, and individuals who are taken breastfeeding information was effected the score averages of postnatal breastfeeding self-efficacy of mothers. It was found that the score averages of postnatal breastfeeding self-efficacy of mothers who touched their baby immediately after birth and breastfed in first half hour are better. According to this results are recommended that nurses have taken a more role in this process in order to inform about starting time of supplementary food, nurses have applied nursing care to improve breastfeeding self-efficacy of mothers order to increase the success of breastfeeding, and researchers have performed longitudinal studies that examined the starting

time of supplementary food, breastfeeding self-efficacy, and factors which are effected starting time of supplementary food in the long term.

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