

Original Article

Breastfeeding Behaviors among Working Mothers in Turkey: A Comparison between Nurses and Non-Nurse Mothers with >1 Month to 2 Years Old Children

Handan Ozcan, PhD

Assistant Professor, Department of Midwifery, Faculty of Health Sciences, University of Health Sciences, Istanbul, Turkey

Derya Yuksel Kocak, PhD

Assistant Professor, Department of Nursing, Faculty of Health Sciences, University of Hitit, Corum, Turkey

Correspondence: Handan Ozcan Selimiye Neighborhood, Tibbiye Street, No: 38, 34668 Uskudar, Istanbul, Turkey e-mail: hndnozc@hotmail.com

Abstract

Purpose: This study was planned to evaluate the breastfeeding behaviors of the mothers working in nursing and other sectors who gave birth within 2 years and started to work and to determine the effect of working conditions on breastfeeding.

Methods: The population of this cross-sectional and descriptive design study consisted of 70 mothers. 35 of them were nurse mothers with children aged between 0-24 months who started working at the postpartum period and the other 35 were mothers who were not nurses. The data were collected by the researchers. Personal Information Form and Breastfeeding Behavior Form were used for data collection.

Results: It was determined that 44.29% of the women were between the ages of 28-35. 75.7% of the women were married between the ages of 17-20. The average age at first marriage was 20 and the first gestational age was 22. Most of the nurses were primigravida (62.9%) and primipara (68.6%).

In the study, no statistically significant difference was found between the two groups in terms of gravida, parity and number of living children, the first time of breastfeeding at the end of postpartum period, the rate of giving breastfeeding as the first nutrition to the infant, and the problems they experienced in their last pregnancies.

Conclusion:

It was determined that, after the start of work, In the group of nurse mothers breastfeeding pattern changed, their babies did not want to suck and they started feeding their babies with food and additional food and they stopped breastfeeding because of fatigue and work stress.

Keywords: adult females, breastfeeding, woman

Introduction

Today, the importance given to breastfeeding and mother's milk is increasing day by day. It is recommended that the baby should be fed only with mother's milk during the first six months, and to take half of the energy at 6-12th months from the mother's milk, and to take one third of the energy at 12-24th months (WHO, 2008).

Mother's milk is the most nutritious product according to the baby's physiological needs and age. Breastfeeding helps the baby's mental, physical and intelligence development and increases the emotional bond between mother

and baby. Necrotizing enterocolitis, celiac disease, diabetes, otitis media, malnutrition, sudden infant death, obesity and many other diseases such as obesity are decreased in infants who have mother's milk (Genc & Ozkan, 2016). In a study, it was stated that child mortality of 5 years and younger will be decreased by 13% if the 90% of babies receive only mother's milk and 99% of the babies are breastfed until 12th month (Jones et al., 2003). In terms of maternal health, breastfeeding facilitates the adaptation of the mother to the role of mother in the postpartum period. It accelerates involution of uterus. It has a contraceptive effect, prevents the

development of anemia in the mother due to secondary amenorrhea created by breastfeeding. Health problems such as diabetes, breast and ovarian cancer, postpartum depression and osteoporosis are reduced in nursing mothers (Genc & Ozkan, 2016).

In our country, almost all of the children (96%) were breastfed for a certain period of time. However, the start time and duration of breastfeeding is not at the desired level. The data obtained from Turkey Demographic and Health Survey 2013 show that in our country the beginning of feeding with mother's milk is quite late. Only 50% of breastfed babies were breastfed within the first hour after birth; 30% did not breastfeed in the first 24 hours after birth and 26% were given other foods before breastfeeding (TDHS, 2013). These data indicate that breastfeeding problems continue in our country.

In the studies, one of the reasons of the reduction of breastfeeding is the work of the woman. It was stated that breastfeeding behaviors of full-time working women are more adversely affected than part-time workers (Brasileiro et al., 2010; Hawkins et al., 2007). It was also stated that even the characteristics of the workplace affect breastfeeding behavior. In a study conducted in the USA, it was determined that the rates of breastfeeding increased by 47% 6 months after the birth in organizations where the availability of child care services was supported by the employer (Jackowitz, 2008). In a study conducted in Italy, it was determined that the rate of postpartum breastfeeding was 82% and after six months this rate decreased to 63.5%. It was also stated that the most important factor affecting the onset and duration of breastfeeding was maternal age and employment status (Kamble, 2011).

Especially after the maternity leave of working mothers, it was stated that the infant feeding and care are affected the most (Gokdemirel et al., 2008). In a study, it was stated that the frequency of breastfeeding affects the distribution of meal and onset time of giving additional formula. It was determined the mothers' work reduced the duration and frequency of breastfeeding, and the babies of working mothers were breastfed less frequently than non-working mothers' babies. In addition, it was stated that the rate of giving additional formula was higher in working mothers and mothers' working status was

effective in starting additional formula (Soducu & Aslan, 2012). Working women have fertility behaviors to prevent risky pregnancies with the increase of status, however, they are exposed to the risks arising from the working environment and increasing workload (Caglayan, 2003)

Methods

The Universe and the Sampling of the Research: In this study, it was aimed to evaluate and compare the breastfeeding behaviors of the mothers working in nursing and other sectors who gave birth within 2 years and started to work. In addition, it is thought that this study will determine the effect of working conditions on breastfeeding. The study is descriptive, and cross-sectional in terms of time.

All of the nurses who were working in the determined hospital on the date of the study and who had children between 0-24 months formed the population of the study. Improbable sampling method was used for sample selection and mothers who accepted to participate in the study formed the sample of the study. A total of 70 women were included in the study. 35 of them were nurse mothers with children aged between 0-24 months who started working at the postpartum period and the other 35 were mothers who were not nurses.

Between the dates of the study, the nurses working in the hospital were reached at a time outside the working hours. The study group consisted of 35 mothers with children between 0-24 months and working as nurses. The control group consisted of mothers who had children between 0 and 24 months who were admitted to the pediatrics outpatient clinic of the same hospital during the working hours and who were not nurses. After giving information about the purpose and method of the study, verbal consents were obtained from all mothers who agreed to participate in the study.

Implementation Permit of the Research

Permissions were obtained from the ethics committee of the university and the institution where the study was conducted. Verbal consent was obtained from all participants at the data collection stage.

Data Collection of the Research and Data

Collection Tools: The data were collected through the "Personal Information Form" and "Breastfeeding Behavior Form" which was

prepared as a result of the literature review. This study was carried out in a baby-friendly public hospital in Corum province between the dates of 05.03.2018 and 14.05.2018. The data were collected by the researchers and the questionnaires were distributed to the participants and taken back after they were completed. It took about 15 minutes for the participants to complete the questionnaire.

The inclusion criteria were as follows: Criteria for sample selection;

- To have a baby aged between 0-24 months.
- To start to work after last birth,
- To have no significant health problem in themselves and their child in the postpartum period,
- To have a full-term infant with normal birth weight (2500 g or more).

The exclusion criteria were as follows: The presence of a physical or mental disability which can cause incoordination, the presence of visual, auditory and cognitive impairment which can be an obstacle to communicate, refusal to participate in the study and the women who could not be reached three times.

The Analysis and the Interpretation of the Data

The evaluation of the research data was done by using SPSS (Statistical Package for Social Science) 23.0 software. In the analysis of the data, number, percentage, mean, median, standard deviation values were given and Mann-Whitney U test and Chi-Square test were used. The mean scores were given with standard deviation (mean±ss) and $p < 0.05$ was considered statistically significant.

Results

Demographics: When some socio-demographic characteristics of the women were examined, it was determined that 44,29% of the women were between the ages of 28-35 and 37, 14% were over 36 years of age. 82,86% of women have high school or higher education level. 87.2% of participants perceive household income at a good level.

All of the women participating in the study were married and 75.7% of the women were married between the ages of 17-20. Table 1 presents the evaluation of pregnancy, birth and number of living children according to their profession.

Obstetric and gynecological features of women: In this study, the average age at first marriage was 20 and the first gestational age was 22. It was determined that most of the nurses were primigravida (62.9%) and primipara (68.6%) and 45.7% of women who did not work as nurses had 2 living children. In the study, no statistically significant difference was found between the two groups who were nurses and not nurses in terms of gravida, parity and number of living children (Table 1). Some breastfeeding behaviors of the participants according to their profession are given in Table 2.

Breastfeeding behaviors of women: When the nurse and non-nurse mothers were evaluated, it was found that there was no statistically significant difference between the two groups in terms of the first time of breastfeeding at the end of postpartum period, the rate of giving breastfeeding as the first nutrition to the infant, and the problems they experienced in their last pregnancies ($p \geq 0,05$).

While all of the women in the nurse group stated that they did not receive support during the first postpartum lactation (100%), the rate of not receiving support in the non-nurse group was 80% ($p = 0.006$). Only 20% of non-nurse mothers continued to breastfeed between 0-24 months of age. This rate was higher in the nurse group (42.9%). All nurses who had stopped breastfeeding at the time of the study stated that they stopped breastfeeding because of fatigue ($p=0,057$). Almost all of the mothers (97.1%) who were nurses and continued to breastfeed for 0-24 months stated that they felt psychologically tense while breastfeeding their baby ($p = 0.001$). The percentage of the mothers who stated that their milk was reduced after starting to work in the nursing group was higher than the other group (71.4%) ($p = 0.086$). In the group of nurse mothers, most of the mothers (77.1%) stated that their breastfeeding regimen changed after starting to work ($p=.075$), and therefore almost all (94.3%) stated that their babies did not want to their mother's milk after starting to work ($p=0.075$), and all stated that their babies were getting used to the additional formulas more easily (100%) due to starting to work ($p=0.05$) (Table 2). The comparison of breastfeeding durations according to the occupation of women participating in the study is presented in Table 3.

In the non-nurse group, it was determined that mothers breastfeed their first children for a mean

of 14 months, their second children 15.5 months and their third children 14.5 months. There was no statistically significant difference between the

two groups in terms of the duration of breastfeeding of their children according to their profession (Table 3).

Table 1: Comparison of women in terms of pregnancy, birth and number of living children according to their profession (N= 70)

Characteristics	Non-nurse mothers		Mothers with Nurse		Total		Test value
	n	%	n	%	n	%	
Gravida							
Primigravida	16	45.7	22	62.9	38	54.3	p= 0.150 X²= 2.072
Multigravida	19	54.3	13	37.1	32	45.7	
Parity							
Primiparity	18	51.4	24	68.6	42	60.0	p= 0.143 X²= 2.143
Multiparity	17	48.6	11	31.4	28	40.0	
Number of children							
1 child	14	40.0	14	40.0	28	40.0	p= 0.792 X²= 0.467
2 children	16	45.7	14	40.0	30	42.9	
3 children	5	14.3	7	20.0	12	17.1	

X²: Ki kare test, p<0.05

Table 2: Comparison of some breastfeeding behaviors of women according to their profession (n= 70)

Characteristics	Non-nurse mothers		Mothers with Nurse		Total		Test value
	n	%	n	%	n	%	
Getting support during postpartum first breastfeeding							
Receiving support	7	%20	0	0	63	90.0	p= 0.006*** X²= 7.778
Unsupported	63	%80	35	100	7	10.0	
Currently breastfeeding							
Breastfeeding	7	20.0	15	42.9	22	31.4	p= 0.039** X²= 4.242
No breastfeeding	28	80.0	20	57.1	48	68.6	
Stop breastfeeding due to fatigue							
Yes	31	88.6	35	100	66	94.3	p= 0.057* X²= 4.242
No	4	11.4	0	0	4	5.7	
Feeling nervous while breastfeeding							
Yes	23	65.7	34	97.1	57	81.4	p= 0.001*** X²= 11.430
No	12	34.3	1	2.9	13	18.6	
My milk decreased due to starting work							
Yes	18	51.4	25	71.4	43	61.4	p= 0.086* X²= 0.086*
No	17	48.6	10	28.6	27	38.6	
Breastfeeding changed my baby because of starting work							
Yes	20	57.1	27	77.1	47	67.1	p= 0.075* X²= 3.173
No	15	42.9	8	22.9	23	32.9	
Baby got used to supplementary formulas more easily							
Yes	31	88.6	35	100	66	94.3	p= 0.057* X²= 4.242
No	4	11.4	0	0	4	5.7	
Baby didn't want to suck							
Yes	28	80.0	33	94.3	61	87.1	p= 0.075* X²= 3.188
No	7	20	2	5.7	9	12.9	

X²: Ki kare testi, p<0.05

Table 3: Comparison of the duration of breastfeeding of women according to their profession (months) (N= 70)

Number of children	Non-nurse mothers			Mothers with Nurse			Test value
	n	Mean \pm SD	Median	n	Mean \pm SD	Median	
1 child	31	14.29 \pm 8.45	15.00	29	14.00 \pm 7.56	14.00	U= 440.000 p= 0.888
2 children	17	15.53 \pm 8.05	15.00	13	17.23 \pm 11.77	18.00	U= 109.00 p= 0.95
3 children	3	14.67 \pm 13.87	11.00	5	12.00 \pm 9.25	12.00	U= 7 p= 1.000

U: Mann Whitney U test, p<0.05

Discussion

The variables such as age, marital status, first marriage age, first gestational age, education level of the spouse, perception of income level were similar for the two groups. The level of education of mothers who were nurses was significantly higher than that of non - nurse mothers ($p= 0.011$). In our study, although both groups were composed of working women, this situation was seen as a natural result of the participation of nursing profession in higher education. Therefore, the proportion of women in high school and above education in the nursing group is higher than the women in the non-nurse group.

In our study, the average age of the first marriage for all women was 20 years and the first gestational age was 22 years. According to TDHS 2013 data, the average age at first marriage of the women aged 25-49 was 21 years and the average first gestational age was 22.9 years.

In our study, no statistically significant difference was found between the two groups in terms of gravida, parity and number of living children. Another noteworthy finding was that the proportion of women with primigravida and primipara was higher in the nurse group compared to the other group. This may be due to the fact that nurses are knowledgeable about family planning and the use of effective contraceptive methods. Holland et al., (2018) reported that nurses play an important role in reducing unplanned pregnancies and abolish knowledge deficiencies (Holland et al., 2018). Another reason for this situation might be the fact that nurses work in shifts, the working

conditions are heavy and absence of a person who would take care of the baby while the nurse at work due to lack of social support systems although in some institutions there are nursery facilities.

While all of the women in the nurse group stated that they did not receive support during the first lactation (100%), the rate of not receiving support in the non-nurse group was 80% ($p = 0.006$). In a similar study with midwives, 51.8% of midwives did not need to receive information about infant feeding and care during pregnancy (Kaynar et al., 2006). This may be due to the involvement of lactation in nursing education curricula and the adequate theoretical knowledge of the mothers in nurse group about this subject. In the non-nurse group, the low number of women receiving counseling on breastfeeding at the postpartum period suggested that nurses did not perform their training and counseling roles on postpartum breastfeeding well enough. Gokdemirel et al (2008), in a qualitative study with working women, stated that mothers were not provided with information and counseling services for breastfeeding in antenatal period, mothers had lack of knowledge about breastfeeding and they met their own deficiencies in terms of knowledge (Gokdemirel et al, 2008). Kurnaz (2014) determined that getting information about breastfeeding and breastfeeding during pregnancy had a positive effect on the mother's breastfeeding attitude and that the source of information other than health care personnel adversely affected the breastfeeding attitude of the mother. Atlas (2006) determined that the rate of starting formula in women who were educated about mother's milk was lower than the non-educated group. In the

study conducted by Bas (2014), it was determined that counseling was effective in eliminating the women's lack of knowledge and in the initiation of early breastfeeding, increasing the success of newborn in suckling (Bas, 2014). One of the most essential professional roles of nurses is education and counseling. Nurses and midwives should fulfill their roles about breastfeeding since the pregnancy period by giving education and counseling to the pregnant women, her spouse and other relatives about the importance and benefits of breastfeeding. Kaynar et al. (2006) determined that 62.4% of the mothers received information about breastfeeding in their last pregnancy and postpartum period, 56.3% of them received information from the midwife-nurse and 10.6% of them received information from the physician. Increasing the number of consultancy areas is necessary to increase breastfeeding in the early period. However, the reason why nurses cannot fulfill their important roles such as education and counseling may be the too much workload and low motivation. It was stated that the most of the workload in hospital is on the shoulders of nurses and nurses have problems such as inadequate staff, low wages and stigma applied against gender (Riaza & Condonb, 2018). It is thought that nurses cannot allocate more time for counseling or similar care due to workload and similar reasons.

There was no statistically significant difference found between the two groups in terms of the duration of breastfeeding according to their profession. At the time of the study, in the non-nurse group, only one out of every five mothers continued to breastfeed their children between 0-24 months. This rate is higher in the non-nurse group. According to the World Health Organization, during the first 24 months of the year when the child's growth and development is the fastest, breastfeeding and feeding with appropriate supplemental foods significantly reduce morbidity and mortality (WHO, 2010). Accordingly, among the nurses who work within the health sector, who know the importance of breastfeeding for women and children's health and the need to breastfeed until 2 years of age, the low percentage of women who continue to breastfeed for 24 months (42.9%) is thought-provoking. Similarly, in a study conducted with midwives, only 41.1% of the midwives breastfed their babies for 12 months or longer (Kaynar et al., 2006). This can be a result of the return to

work life and the work stress of the nurses. In the studies conducted in our country, it was determined that the working status of women prevented breastfeeding and women who did not work thought to breastfeed for more time (Soducu & Aslan, 2012).

In this study, all the mothers who were nurses stated that they stopped breastfeeding due to fatigue. Due to the heavy working conditions of the nurses, it is thought that starting to work increases the fatigue level. Almost all mothers who are nurses feel psychologically tense while they are breastfeeding. This may be due to the fact that the work environment of the nurses working in hospitals as a high risk environment is intense and stressful. In addition, the separation of the mother from the baby due to work may also have caused psychological tension. In a study, it was determined that the psychological factors experienced in the postpartum period were related with breastfeeding, workload and breastfeeding awareness on breastfeeding. The duration of lactation and lactation is affected by demographic, physical, social and psychological variables as a complex phenomenon (Fındık 2015).

Mothers who were nurses stated that they experienced a decrease in the amount of milk after starting to work more than the other group. In the study conducted by Soducu and Aslan (2012), it was determined that the number and frequency of breastfeeding of working mothers were less than non-working mothers, and that mothers working mothers fed their babies with formula with a higher percentage. It was also stated that starting work is a reason that working mothers feed their babies with formula. In addition, Soducu and Aslan (2012) stated that mothers' birth and milk leave was inadequate, and only 3.7% of them stated that there was a lactation room at work (Soducu & Aslan, 2012).

Our findings suggesting that working mothers had breastfeeding problems after the start of work and their milk has decreased and they even stopped breastfeeding show similarity with the conducted studies. Maternity leave in our country is 8 weeks before and after delivery. In addition, if the woman wants, she can get unpaid time off for the care of her child from the end of maternity leave (X). Similar to our country, in countries with low socioeconomic status such as Pakistan, maternity leave is 12 weeks

(McAndrew 2012). Gokdemirel et al. (2008) concluded that maternity rights are insufficient in our country and this situation adversely affects infant nutrition. In particular, it is stated that it is beneficial for nurses to adopt advocacy roles in solving breastfeeding problems associated with return to working life (Gokdemirel et al., 2008).

Mother nurses stated that, after the start of work, the lactation regimen has changed, almost all their babies did not want the mother's milk, and all of their babies got used to supplementary formulas more easily. Similarly, in a study conducted with midwives, it was determined that 20.4% of them stopped breastfeeding because their babies did not want the mother's milk (Kaynar et al, 2006). In the studies conducted, the rate of start of additional formula was found to be higher in working women (Lakati et al., 2002; Bodur et al, 2002). Yesilcicek Calik et al (2017), determined that non-working mothers were more likely to give only mother's milk during the first six months. It was also found that the duration of full-time working reduced the mean lactation duration (Fein & Roe, 1998; Ryan et al., 2006). The literature shows the negative effect of working life on breastfeeding in parallel with our results. However, no statistically significant difference was found between the two groups in terms of duration of breastfeeding of children according to their profession. Similarly, in the studie of Bilgen Sivri (2014) it was determined that the duration of breastfeeding did not differ according to the number of children. Distinctly, Yesilcicek Calik et al (2017) stated that mothers with 3 or more children had more tendency to give mother's milk during the first six months, and Celebioglu et al. (2006) found that women who had children before and had breastfeeding experience were more effective in breastfeeding. Findik et al (2015) concluded that breastfeeding behavior and duration of breastfeeding were not correlated with maternity experience and our results support this conclusion.

The reason for the early start of supplementary formulas and the feeding baby with the bottle is that the mother's low education level, mother's job, late start of breastfeeding, inadequate knowledge about breastfeeding, absence of support of health personnel to start breastfeeding, and lack of social support in family (Victora et al., 2016; Al-Sahab et al., 2010; İnanc, 2013). In a study by Zafar and Bustamante-Gavino (2008),

it was stated that nurses had difficulties in breastfeeding due to difficulty in working conditions, insufficiency of lactation rooms and storage facilities, guilt and personal disturbance (Zafar & Bustamante-Gavino, 2008; Riaza & Condonb, 2018). In another study, the mother's job was stated to be an important obstacle to the continuation of breastfeeding and prolongation of breastfeeding. It was stated that the duration of breastfeeding depends on maternity leave, women started to work due to economic insufficiency and they started to feed their baby with formula at 6th month (Feng & Han, 2010). In our study, the reasons of women's quitting breastfeeding are similar to the results of the studies. This situation shows us that the mothers have decreased their breastfeeding hours and that the breastfeeding regime was deteriorated.

Conclusion

Women should be supported in business and social life in order to raise their status. By increasing women's employment, the social status of women will increase. For this purpose, in addition to supporting women's participation in working life, improvement of workplace conditions, planning of lactation or nursing rooms to meet the needs of working mothers, improvement of maternity and personal rights such as maternity leaves before and after the birth will be beneficial. While mothers are very keen to start breastfeeding, not being successful enough in sustaining breastfeeding can be interpreted as an indication that different strategies and policies are needed apart from support applications such as counseling and education.

In the study, especially in the nurse group, it was observed that problems such as return to work life and early start for supplementary formulas, irregular breastfeeding and even the leave of breastfeeding are more prevalent. This situation reveals the negative effects of working life on breastfeeding. This may be caused by factors such as workload, work stress and change of working unit. In particular, it is important to ensure that the working mothers are supported psychologically in the postpartum period and the stress management for the work stress experienced by the women in the period of postpartum work life. In addition, it may be useful to run postpartum working mothers in more suitable areas in terms of workload. In the regulations made for pregnancy and postpartum

period in our country, it is recommended to revise the applications based on the fields if necessary.

Strengths and Limitations

The number of samples is low due to the fact that the study was conducted in a single center and the sample selection criteria. In addition, the most important limitation of the study is the inclusion of nurses who have children between 0-24 months who are only working in the hospital where the study was conducted.

Acknowledgments

The authors deeply appreciate all the women who so willingly participated in this study.

References

- Al-Sahab, B., Lanes, A., Feldman, M., & Tamim, H. (2010). Prevalence and predictors of 6-month exclusive breastfeeding among Canadian women: A national survey. *BMC Pediatr*, 10(20), 1-9.
- Atlas, B. (2006). To investigate the effectiveness of breast milk education of mothers who applied to Sisli Etfal Training and Research Hospital vaccination center and newborn monitoring unit. Ministry of Health Sisli Etfal Training and Research Hospital Family Medicine Coordinator, Master Thesis, İstanbul.
- Bas, N.G. (2014). The impact of breastfeeding consultation given to the mothers that gave birth by cesarean section on initial breastfeeding time body temperature and sucking success of the newborn. Atatürk University Institute of Health Sciences. Doctoral Thesis, Ankara.
- Bodur, S., Yıldız, H., Mermer, M., & Oran, B. (2002). Mothers' attitudes on breastfeeding period and supplemented food based on their working status in Konya. *Selcuk University Journal of Medicine*, 18, 97-101.
- Brasileiro, A.A., Possobon, R.F., Carrascoza, K.C., et al. (2010). The impact of breastfeeding promotion in women with formal employment. *Cad Saude Publica*, 26(9), 1705-13.
- Caglayan, C. (2003). Comparison of pregnancy problems of women working in a public institution and women not working. *Turkish Medical Association Occupational Health and Safety Journal*, 1, 40-45.
- Celebioglu, A., Tezel, A., & Ozkan, H. (2006). Comparison of breastfeeding circumstance in baby friendly and nonbaby friendly hospitals. *Journal of Atatürk University School of Nursing*, 9(3), 44-51.
- Fein, S. B., & Roe, B. (1998). The effect of work status on initiation and duration of breastfeeding. *American Journal of Public Health*, 88(7), 1042-1046.
- Feng, J.Y., & Han, W.J. (2010). Maternity Leave in Taiwan. *Family Relat*, 59, 297-312.
- Fındık, R., Taflan, S., Güven, H., et al. (2015). Breast size, maternal age and effects of parity on breastfeeding time. *Middle East Medical Journal*, 7(2), 76-78.
- Genc, E.R., & Ozkan, H. (2016). Newborn health and diseases for midwives. Chapter 7: Newborn Nutrition, Anatolian, Nobel Medicine Bookstore, 143.
- Gokdemirel, S., Bozkurt, G., Gokcay, G., & Bulut, A. (2008). Experiences of working mothers during breastfeeding: A qualitative study. *Children's Journal*, 8(4), 221-234.
- Hawkins, S.S., Griffiths, L.J., Dezateux, C. et al. (2007). Millennium Cohort Study Child Health Group. Maternal employment and breastfeeding initiation: findings from the Millennium Cohort Study. *Paediatr Perinat Epidemiol*, 21(3), 2427.
- Holland, A.C., Strachan, A.T., Pair, L., Staallworth, K., Hodges, A. (2018). Highlights From the U.S. selected practice recommendations for contraceptive use. *Nurs Womens Health*. 22(2), 181-190.
- İnanc, B.B. (2013). Breastfeeding related practices of 15-49 years old mothers and influencing factors. *Turkey Family Physician Journal*, 17(2), 51-55.
- Jackowitz, A. (2008). The Role of workplace characteristics in breastfeeding practices. *Women & Health*, 47(2), 87-111.
- Jones, G., Steketee, R.W., Black, R.E, Bhutta, & A.Z., Morris, S.S. (2003). How many child deaths can we prevent this year? *Lancet*, 362, 65-71.
- Kamble, M.J. (2011). Social determinants of breastfeeding in Italy. *African Health Sciences*, 11(3), 508-51.
- Kaynar, E., Dündar, C., Canbaz, S., & Peksen, Y. (2006). Searching Breastfed Status of Children of 0- 24 Months Applied to a University Hospital. *CU Journal of School of Nursing*, 10(1), 1-6.
- Kurnaz, D. (2014). Factors influencing the attitudes and successes related to mothers' breastfeeding in the early postpartum period. Adnan Menderes University, PhD Thesis, Aydın.
- Lakati, A., Binns, C., & Stevenson, M. (2002). The effect of work status on exclusive breastfeeding in Nairobi. *Asia Pacific Journal of Public Health*, 14(2), 85-90.
- Riaza, S., & Condonb, L. (2018). The experiences of breastfeeding mothers returning to work as hospital nurses in Pakistan: A qualitative study. *Women and Birth*, 828(4), 1-7.
- Ryan, A.S., Zhou, W., & Arensberg, M.B. (2006). The effect of employment status on breastfeeding in the United States. *Women's Health*, 16(5), 243-251.
- Sivri, B. (2014). The knowledge and practices of mothers with 6 month-old babies related with the transition to solid complementary feeding food

- and breastfeeding. *Acıbadem University Journal of Health Sciences*,5(1), 59-65.
- Soducu, F.Y., & Aslan, E. (2012). The effect of woman's work status on breast-feeding. *İ.Ü.F.N. Journal of Nursing*, 20(1), 62-68.
- Turket Demographic and Health Survey (TDHS). (2013). Hacettepe University Institute of Population Studies, Ministry of Health, General Directorate of Maternal Child Health and Family Planning, Ankara.
- Victora, C.G., Bahl, R., Barros, A.J., et al., (2016). Breastfeeding in the 21st Century: Epidemiology, mechanisms, and life longeffect. *The Lancet*, 387(10017), 475-490.
- World Health Organization, (2010). Indicators for assessing infant and young child feeding practices, WHO library cataloguing-in-publication data. Access Date: 25.02.2019
- World Health Organization. (2008). Strengthening action to improve feeding of infants and young children 6-23 months of age in nutrition and child health programmes: report of proceedings, Geneva, 6-9 October 2008. Access Date: 28.02.2019
- Yesilcicek, K.C., Cosar, CF, & Erkaya, R. (2017). Breastfeeding practices of mothers and influencing practices. *Gümüshane University Journal Of Health Sciences*, 6(3), 80-91
- Zafar, S.N., & Bustamante-Gavino, I. (2008). Breastfeeding and working full time: experiences of nurse mothers in Karachi, Pakistan. *Int J Caring Sci*, 1, 132-9.