

An Investigation of the Social and Traditional Impact on the Breastfeeding Mothers Before and after the Birth in a State Hospital in Istanbul

Arzu Durukan^{1*}, Gözde Dumlu¹ and Selin Zorlu²

¹Yeditepe University, Faculty of Health Sciences, Nutrition and Dietetics, İstanbul

²GATA Haydarpaşa Training Hospital, İstanbul

*Corresponding Author: Arzu Durukan, Yeditepe University, Faculty of Health Sciences, Nutrition and Dietetics, İstanbul.

Received: August 26, 2019; Published: September 05, 2019

Abstract

Despite the fact that the importance of breast milk was proven by the science and despite the existence of studies conducted by many organizations globally in order to spread this knowledge, it seems to be impossible to stop the cultural and traditional habits. This qualitative study was carried out to determine the social and traditional influences to which the mothers are exposed before and after giving birth. 19 mothers were interviewed in the Gulhane Military Medical Academy Haydarpaşa Training Hospital by using the in-depth interview method. The verbal data compiled from the participants' detailed descriptions were evaluated. The aim is to reveal the structure of the society examined as a result of these evaluations. At the end of the study it was understood that whatever the education level, the mothers had knowledge about these social and traditional practices and these knowledge was received often from their mothers, mothers-in-law or from relatives and neighbors. It was seen that although they did not seem to believe in these practices, each of them performed at least one of these non-scientific suggestions. As a result, it can be said that the power of cultural knowledge is undeniable and that these cultural knowledges can be used as a tool for understanding society.

Keywords: Breastfeeding; Culture; Traditions

Introduction

Breast milk ensures the healthy growth and development by meeting the nutrients needed by a newborn in an ideal way. The World Health Organization and the UNICEF (United Nations Children's Fund) recommend only breast milk for the first 6 month and argue to continue breast feeding up to the 2nd year by starting appropriate complementary feeding in addition after the 6th month. It is also strongly recommended to start breastfeeding within the first 1 hour after the birth.

Despite all these suggestions only 36% of the infants between 0-6 months were fed only with breast milk between the years of 2007 and 2014 [1].

Although breastfeeding and the complementary feeding are critical issues in the nutrition of an infant or child, the proper nu-

trition approach both strengthens the bond between the mother and the child and also offers life long lasting health effects which ensure the psychosocial and physical development of the child, reduce the susceptibility to common childhood diseases and ensure resistance against the diseases and improvements in productivity and cognitive performance [2].

By the remaining breastfeeding rates 823 thousand child deaths and 20 thousand breast cancer could be prevented each year worldwide [3].

Optimal nutrient composition

By supporting the growth and development, great contribution is provided to the baby's development due to the nutrients, antimicrobial factors and non-nutritional components such as digestive enzymes, hormones, trophic factors and growth modulators con-

tained by the breast milk (American Academy of Pediatrics Committee on Nutrition, 2008). Digestion is facilitated due to enzymes such as amylase, lipoprotein lipase and lactoperoxidase contained by the breast milk which provides nutrient source with high bio-availability for the babies through rich balanced nutrient distribution of essential fatty acids, lactose, long chain fatty acids and phospholipids [4].

Breast milk brings a moderate nitrogen load to the yet undeveloped kidney with its low protein composition. The low sodium content gives the opportunity to meet the liquid needs of the milk-fed infants only with breast milk [5]. Additionally, the immunological agents such as the secretory immunoglobulin A (IgA) and IgG play an active role in protecting the health for a short and long term by strengthening the immune system of the baby [6].

Breastfeeding in Turkey and in the world

Breastfeeding is very common in Turkey therefore 96% of all children have been breastfed for a period. While during the first two months of their lives 58% of the children under 3 are fed only with breast milk, this ratio is rapidly decreased along with the age of the child and has become 10% in 4-5 month old babies.

Baby food is given to 28% of the breastfed children who are less than 6 month old. The information obtained from TDHS-2013 shows that 50% of the children were breastfed within the first hour of their lives [7].

When looking at the world in general, it is reported that 79% of the infants were breastfed until the age of 1. While in the developing countries one of 3 babies was observed to be fed only with breast milk during the first 6 month, this ratio in the United States was reported to be 11,9% [5]. When considering in general it can be said that the prevalence of 12 months breast feeding was below 20% in the high-income countries while the same prevalence was the highest in the certain parts of the sub-Saharan Africa, South Asia and Latin-America [3].

Health effects

Besides being the most beneficial nutrients, breast milk provides significant reduction in sudden infant death syndrome and in necrotizing enterocolitis risk and also reduces the respiratory infections and the childhood obesity [8].

The long-term health effects of the breast milk can be listened in the following way according to the report of the World Health Organization;

- High success in cognitive development and intelligent test
- Significant decrease in the risk of childhood and adulthood obesity
- Decrease in the risk of the type 2 diabetes
- Protective effect against the high systolic blood pressure

While positive effects were observed on the cognitive performance of the breastfed children, the data obtained from many related studies reported that the babies who were breastfed longer than 6 month have 3-5 point higher IQ scores.

The prevalence of childhood obesity increases rapidly in recent years in Turkey and throughout the world and the 2013 WHO data reveals the severity of the situation by showing that 42 million children under the age 5 are overweight and obese.

According to the US Surgeon General's report; the first step in the obesity prevention programs is to allow all mothers to feed their babies with only breast milk during the first 6 months and to introduce the complementary feeding after. The prevalence of obesity in those who were not receiving breast milk during the childhood was detected to be 33% [9].

Breast milk demonstrates protective effects against the type 1 diabetes in adolescents and young adults and against the type 2 diabetes in adults, in infants fed with breast milk for at least 3 months the incidence of type 1 diabetes has been decreased by 30% [8].

Breastfeeding for at least 6 months reduces the development risk of childhood leukemia by 15-19%, in babies breastfed for at least 3 months 27% reduction was observed in the risk of asthma compared to the babies who were not breastfed at all [5].

Maternal health effects

Breastfeeding has many positive effects for the mother at the same time. It protects the mother from breast and ovarian cancer, type 2 diabetes and from the risk of postpartum depression and ensures a natural birth control with 98% within the first 6 months after the birth [10].

Breast cancer is the most common type of cancer which has the second highest mortality effect in women. Many researchers reported that the developing risk of breast cancer was lower in breastfeeding women. A meta-analysis obtained from 47 studies which included a total of 145.000 women showed that each additional year of breastfeeding reduced the risk of breast cancer by 4,3% [6].

A conducted cohort study showed that breastfeeding for 18 months or longer significantly reduces the risk of ovarian cancer; and each month of the extending breastfeeding period reduces the risk by 2% [11].

According to a conducted meta-analysis, the breastfeeding which lasted for more than 12 months reduced the risk of breast carcinoma by 26%, the risk of ovarian carcinoma by 37% and the risk of type -2 diabetes by 32% [12].

Material and Methods

This study was conducted in Gulhane Military Medical Academy Haydarpasa Training Hospital. In the study in -depth interviews were conducted with 19 breastfeeding mothers who came to the hospital for postpartum control. The in-depth interviews started with questionnaire obtaining information about the demographic features of the family, the family and close relative's relations and breastfeeding history of the mothers who visited the hospital between 1 November, 2015 and 30 May, 2016 however the interviews continued in conversation form without any time limit being applied. First the consent forms prepared in relation with the study were given to the mothers, they were asked to read and sign them.

The consent form which was prepared in advance was signed before the interview, the aim of the study was explained the permission was taken from the participants to make audio recording. An anthropological assessment was carried out by analyzing the interviews and the information obtained from the literature sources together. Statistical evaluation was not made in this study. The codename of the participants was written on the headline of the excerpts taken from the interview while at the end age and the name of the city where the participant was born were given. The real identities were not used.

Results and Discussion

All around the world there are different beliefs and customs on every issue passed from generation to generation for centuries which are changing shapes while being transferred. Many different practices related to the pregnancy and lactation period were compared in this study. Even if their reasons, causes or benefits are not known there are mothers practicing them just because the previous generations practiced it. Pierre Bourdieu a French sociologist, anthropologist and philosopher identified the concept of habitus known all over the world as a product of the past and said that it was produced by the individual or group practices. Habitus

which is also described as embodied culture determines the limits of thought and action. This spontaneous situation which does not emerge consciously or willingly is defined in the following way by sociology; the individuals of the same objective conditions have the same habitus [13]. Accordingly, people often accept the behavior within their habitus without questioning. This anthropological study which investigated how the traditional practices and customs were applied during the pregnancy and the breastfeeding period was carried out by making in-depth interview with 19 breastfeeding mothers who were coming to the hospital's Neonatal Intensive Care Unit for 7 months. When looking at the findings obtained from these interviews it could be seen that the mothers were affected a lot by their mothers, mother-in-law and their close environment and they were be aware of the traditional practices even if they did not practice them.

In spite of these all traditional habits and rituals, all mothers who joined this research fortunately believe that breastfeeding protected babies from illnesses and made them stronger and healthier. They were positive towards breastfeeding and well-informed. Although the new generation of mother had knowledge about the traditional methods they were seen to trust more in health facilities and health workers. Although they do not seem to believe and to trust completely in these customs which are practised due to the intervention of their families it was observed that they were affected by them. These customs are practised sometimes intentionally and believably and sometimes unwillingly only not to hurt the people imposing these customs.

The traditional recommendations start from the moment when it is announced that the person is pregnant. Unreasonable suggestions are given in relation what to wear, eat and see and what are useful and harmful in terms of the babies. The belief of covering the baby with yellow cheesecloth in order to avoid jaundice was known by all the participants. As there are people claiming through previous experiences that covering the face of the baby with yellow cheesecloth is truly effective, there are also mothers who cover the baby's face just because it is harmless although they found it unreasonable. The participants are practising the mentioned customs mostly without knowing its reason or benefits. The practisers do not question why they practice these customs, while those who do not practice them are also aware of these customs but they do not keep them in their mind or totally refuse them. Here are a few examples;

- **Neslihan:** During my pregnancy I did not eat or touch liver. They said that the baby would have stains (28 Bartin).
- **Neşe:** My mother in law wanted to give Zamzam water to the baby before the breast milk due to its holiness, but she could not do it because the baby was kept under intensive care (27, Muş).
- **Feray:** Pregnant women eat quince often in order to make the baby's skin beautiful. I really believe in this. Regardless the gender of the baby, quince makes the baby's skin beautiful and it also makes a lot of milk (33, Çorum).

Even though traditional practices like covering the baby with coloured cheesecloth to protect from jaundice or from the evil eye do not seem to be realistic, people are still practicing them because they think that these are not harmful and there is the possibility that they may help.

- **Feray:** My mother covered the baby with yellow cheesecloth in order to prevent jaundice. I think it is irrelevant but I did not say anything because she did it. Another custom is to cut the baby's hair after the birth. Then charity is given according to the amount of this hair. The baby's name should not be given within a week. After a week it should be whispered to the baby's ear by saying prayers (33, Corum).
- **Hicran:** You cannot leave home before fulfilling the first 6 weeks, and you should not look at the baby's face when you are menstruating because stains will remain. The baby's face is covered to protect her from the evil eye. Covering the baby with yellow cheesecloth protects her from jaundice while the red cheesecloth protects from the evil eye (29, Adana). Although the practice told by Hacer is not acceptable hygienically it may be implemented after being recommended by someone.
- **Hacer:** If you want to eat something just grab the wash-up sponge and rub it all over your chest, but I thought I may get infected, because the sponge has all kind of food residues on it, it makes those wishes pass away. Another one is to cover the baby in order to protect her from the devil eye, otherwise her face and mouth will be full of wounds (43, Kütahya).

The interviews made with the breastfeeding mothers showed that the mothers started to practice the suggestions which do not have any basis scientifically, were transferred from generation to generation and were proposed by their mother-in-law or other close relatives during their pregnancy and the majority of these suggestions are mostly implemented. One of these suggestions is not to look at ugly, disable people or the picture of animal during the pregnancy by fearing that the baby will look like them. There are also many recommendations about what to eat or what to avoid during the pregnancy. Feray said the followings about the suggestion of eating quince which makes the baby's skin beautiful;

There are also suggestions about what not to eat during the pregnancy. Necla shared some examples for it;

- **Necla:** I was told not to eat peach because it makes the baby hairy. I did not eat. I was told to eat date because it makes the baby calm. I ate it, and my baby was very calm therefore I really believe in the importance of date (28, Kastamonu).

Foods increasing milk

When considering the foods thought to make milk it is noticeable that these recommendations vary from region to region. The recommended food and drinks vary according to the origin of the person or the bride's family. When looking at the literature it can be observed that the food varied according to the climate and geography therefore the food which was thought to make milk also varied according to the sources of the habitable zones. The followings were told in the study made by Ingram et al.; the grandmothers felt that new mothers, and particularly those who are breast feeding, traditionally need a special healthy diet to be able to produce good quality milk. This was described as including green vegetables, spring (young) chicken, meat, ghee (clarified butter), semolina, nuts and mild foods rather than hot and spicy ones, which are thought to be bad for the baby [14].

The breastfeeding mothers who participated in the interviews evaluate information received from various resources in order to provide quality and plenty of milk. Although they say to learn by reading books related to the pregnancy and to the babies or by receiving the required information from the health workers, the inevitable effects of the mother-in-law are noticeable during the interviews. The neighbours and relatives seem to be also effective in the increase and diversification of these suggestions. Even though the mothers do not seem to believe in the advice taken from the mother-in-law, they still practice these suggestions or they are forced to practice them. The historical and universal rivalry between the brides and the mother-in-laws can be observed clearly also in this study. The suggestions of the mother-in-law are not practiced if it is possible or they are practiced unwillingly and disbelievingly.

These are the foods and drinks which were mentioned most commonly during the interviews and were known to make milk by almost all the participants; bulgur, onion, yoghurt, dill, dates, helva,

compote, honey, figs, black raisins (sundried), black cumin, boza, milky sweets and sweets in syrup, nuts and special teas considered to increase milk production.

Selma told the following special recipe which is widely practiced in the region where she was born and is considered to make milk.

Selma: In my region corn bread, sugar and butter are fried together. This mixture is thought to make milk. I cooked it too. (33, Rize).

In a study which investigated the breastfeeding experiences of the ethnic origins living around Bristol and which was included with the meta-ethnographic study of Schmied et al. it was emphasized that warm food and resting was necessary for the sufficient milk production. Local habits and suggestions were revealed as well, a Chinese woman said the followings [15];

- In traditional Chinese culture, the mother's body is weak after delivery She must have tonic soup (Chinese herb soup) in order to recover her vitality and energy.

Colostrum

All of the participants were aware of the importance of colostrum. They said that it was very important for the immune system and for the further life of the baby. However, many of the participants mentioned the same thing that Neslihan told;

- **Neslihan:** My neighbour threw it away due to its dark colour and did not give it to the baby (28, Bartın).
- In another research, the Pakistani grandmothers, were also less happy about colostrum and felt that it should be thrown away. They felt that this milk was: 'old and has been stored in the breast for a long time' [14]. In another study, the colostrum produced at the start, with its thick yellow consistency, is believed to be bad for the baby. A mother says "It (the first milk) is a creamy yellowish colour; it should be white milk, so we threw this milk" [16].

Giving honey to the baby

In a publication made by Arnon., et al. in 1979 it was told that honey should be avoided in the nutrition of the infant. Honey is now an identified and avoidable source of *C. botulinum* spores, and it therefore should not be fed to infants [17]. Tanzi and Gabay stated that although it had been known and published since the end of the 1970's, people were still not aware of its dangers.

Many parents are unaware of the potential danger and administer it to their infants. Honey may be a reservoir for *C. botulinum* spores which have been linked to the development of infant botulism [18].

Feray knew that honey was harmful but she thought that the power of the traditional practices often exceeds the effectiveness of the science. She told the followings:

- **Feray:** When I first gave birth, my mother dipped the dummy in honey to familiarize it for the baby. I had many troubles with it. My baby spent 19 days in hospital when she was 2.5 month old. She could not get over diarrhea. I think it occurred because of the honey. I learnt from the magazine that it is dangerous. I was very angry with my mother, because they gave formula without informing me (33, Çorum).

The same situation (the grandmother gives honey without telling it to the mother) can be observed in the other side of the world too. Lee reported the following in his study; "One mother said that her mother had secretly given honey mixed with water to her baby because she was scared the baby was not receiving enough nutrients" [19]. The same practice was done by the Neslihan's mother-in-law, but Neslihan said nothing in order not to make angry her mother-in-law.

- **Neslihan:** My mother-in-law dips the dummy into honey or mulberry molasses and gives it to the baby. When I say don't do she gets upset (28, Bartın).

Selma's mother-in-law gave the mixture of honey and butter to her son too. It was too heavy for the baby and the baby lost his consciousness for 2 hours.

- **Selma:** The mixture of honey and butter is called "çaklama" in our region. It was given to my brother-in-law when he was a baby. It was too heavy for the baby he entered coma; he lost his consciousness for two hours (Selma, 33 Rize).

Another practice which believed that honey was useful due to its sweetness and softness was told by Şengül. According to her, the practice of honey was ridiculous but she put salt into the bath water according to another suggestion;

- **Şengül:** My cousin applied honey all over the baby because she believed that the baby will be soft-spoken and will have beautiful temperament in this way. I did not do the same. I put salt into the first bath to prevent the sweat from smelling for the future (36, Ordu).

Swaddling

In a study conducted by Franco et al. the effects of swaddling which is one of the oldest practices in infant care was analysed on the baby's sleeping habits and stimulation. According to this study, swaddling was associated with increases in the infants' sleep efficiency. When swaddled, the infants awakened spontaneously less often. It is concluded that swaddling promotes more-sustained sleep and reduces the frequency of spontaneous awakenings [20]. However the traditional swaddling which was made tightly made the baby's legs and arms straight and this was reported to be contrary to the anatomical position [21]. After the period arguing that swaddling might be harmful the conducted studies claimed that swaddled baby felt itself more comfortable if the swaddling was performed in a safe but free way. The ideas of swaddling varied from person to person in the interviews. There were people thinking the swaddling might be harmful;

- **Feray:** "I never swaddled my baby. If the baby is swaddled so tightly how could he move. His blood circulation will be harmed therefore I never did it." Neslihan "Swaddling is usually made in my region but as my daughter was very active she did not let me to swaddle it was uncomfortable for her" (33, Corum).

The things Neşe heard about swaddling was appropriate to the scientific studies but since she did not believe in swaddling she has never done it;

- **Neşe:** They say if the baby's hands move while she is sleeping she will be afraid so the hands need to be tied. Who will be comfortable with hand tied? I did not like it so I never did it (27, Muş).

There are also people arguing that the hearsay information is useful;

- **Selma:** The waist of the child is wrapped in order to prevent his ribs from becoming crooked. I tried it on myself as I felt better I thought it was true. I swaddled my children because breastfeeding was more comfortable in that way (33, Rize).

Baby bath

New-born care consists of taking care of baby skin. This is the main factor to be considered in baby parenting as the skin is the protective shield that readily gets in touch with the new environment. It has great adaptability to adverse environments but requires special care. Other aspect is to take care of the umbilical

cord, before and after the umbilical cord falls off, maintain cleanliness around the area to avoid future hassles of infection. The baby is given a first bath, and the umbilical cord stump is cleaned [22]. There are also interesting practices told in relation with the first bath. There are different discourses about making the first bath before or after the umbilical cord falls.

- **Selma:** The doctor said not to wash the baby before the cord falls but I did. There is a story in our region. The child of a rich and the child of a poor entered a competition. Of course the child of the rich was fed well, while the child of the poor was washed every day. The child of the poor grows faster. In other words the child of the poor grows by being washed (33, Rize).
- **Hicran:** I washed my baby on the day we left the hospital in order to get rid of the smell and filth of the hospital. I did not wait for the cord to fall (29, Adana).

It is very important that mothers should understand the vernix is not unclean and that new-borns are delicate and at risk of hypothermia [16].

- **Neslihan:** My mother-in-law wanted me to wash my baby immediately we got home from the hospital without waiting for the cord to fall. I said no. She asked the doctor and when the doctor said wait for the cord to fall she accepted. She bought a yellow cheesecloth and covered my baby with it. I was afraid that the baby will remain breathless so we argued quite a few (28, Bartın).

According to the explained words the first bath is seen as a tool for practicing different rituals. Different object put inside the water are considered almost like magic, the physical interventions made on the child's body in the bathroom seem to be unfounded practices which are transferred to the culture and whose benefits are unsure.

- **Şengül:** We put Zemzem water in the first bath due to its holiness. My mother said if the baby is shaken upside down the water in the lungs will be discharged and the chest will be opened (36, Ordu).
- **Necla:** We mixed the knowledge of my mother and my mother-in-law. We put salt, my wedding ring and some flowers in the first bath. Because of the salt she will not smell, because of the flower she will have good relation with the nature and the ring means that she will have a spouse in the future (28, Kastamonu).

- **Aysegül:** My mother-in-law wants to shake the baby in the bath by holding her by the neck because this way the baby will be high and will have straight neck. But she is afraid of my husband (38, Ardahan).

The Question: Is your milk enough?

In this study, all the mothers were familiar with the concept of exclusive breastfeeding (EBF). In general they spoke in favour of it. They agreed that a child could survive on breast milk alone for the first six months or may be more. But all had the fear that milk was not enough to satisfy the child, because, they often heard a cheesy question from their environment. "Is your milk enough for your baby?" This question seemed to overwhelm them.

- **Feray:** When the baby was crying my mother and mother-in-law immediately said "I wonder whether the baby got enough milk? I warned them "Look I have enough milk, I get angry if you keep saying this. I will not give any formula (33, Corum).

Actually this data was not resulted only from this study. A study conducted in Zambia also mentioned grandmothers who had the same concerns. This fear about insufficient milk was also a major concern for the grandmothers. The majority of the grandmothers responded negatively to EBF, Some of them used the argument that the child needed to get used to eating foods in case the mother fell sick and maybe died. They would all recommend their daughter/ daughter-in-law to start giving the child other foods before six months [23].

- **Neslihan:** "Do you have milk" is a question which should not be asked. I do not ask it from anyone. A mother is already in stress. I think it can be also the evil eye. It should not be asked. I get very uncomfortable by this question (28, Bartın).
- **Hacer:** Some says the followings; "I don't think you have milk, you can't satisfy this child." The comparisons made with their own children make me really uncomfortable and upset. If I am aggressive my child becomes also peevish. The environment is really affecting (34, Kütahya).

Is the infant formula unhealthy?

All of the participants stated that breast milk was the best nutrition source for the baby just as it was determined in the studies. This knowledge can be obtained from the doctors and nurses mention as the best information sources such as from the elders of the family or from the environment. Many reasons are suggested

in order to use this important nutrition source. Those who prefer it because it strengthens the immune system say the followings:

- **Neslihan:** Everyone around me preferred breastfeeding. Although I had very little milk after the birth I tried very hard, because I know how useful the breast milk is for the baby. Now it is very good. I learnt the importance of the breast milk from my environment and from the internet. Everyone around me was breastfeeding (28, Bartın).
- **Feray:** My nipples were wounded. There were wounds and they got inflamed and were bleeding. I told the doctor at the control. He said "Give formula". I ask "Why should I give formula if I have enough milk, isn't there any other solution?" He said "As long as you are breastfeeding there will be wound and will not heal." It made sense (33, Çorum).

All of the mothers who were interviewed believed that feeding the baby with infant formula instead of breast milk will cause health problems in the future life of the child. The opinions of some mothers were the followings on this issue;

- **Necla:** My niece was fed with infant formula. He was a very gassy baby. One of my cousins said that her milk stopped because of stress, therefore she was forced to use infant formula (28, Kastamonu).
- **Aysegül:** My sister was fed with infant formula, she was a baby with many problems. She is still very sensitive and constantly ill. She is very cranky; we think it is because she was not breastfed. (38, Ardahan).

Not only the mothers are worried about this issue. Also the children consider their own unhealthy life as a reason of not being breastfed.

- **Hicran:** During my first child I had problem with my nipples so I could not breastfeed. Now the immune system of my child is very sensitive. He can get ill easily, and grabs germs very quickly. And he is very upset that I breastfed his sister and say "I wish I could breastfeed too" (29, Adana).

We should have a look at the study of Lönnerdal in relation what the participants said about breastfeeding. After the study they concluded that although efforts have been made to make nutrition-related outcomes of formula-fed infants more similar to those of breastfed infants, there has been limited progress with regard to bioactive components that can affect short- and long-term outcomes [24-32].

Recommendations

This study was carried out in the Paediatrics Clinic of GATA Haydarpaşa Training Hospital located in Istanbul which has the most concentrated population. Most of the participants had the same economic status. All the mothers were breastfeeding their babies.

Interviews were carried out only with the mothers therefore it was not determined what they would say next to a third person (mother, mother-in-law or spouse). The content of this research which targeted only women can be also evaluated in terms of the dysfunctional beliefs and practices by improving it to include the father, sister, brother, grandmother, grandfather, mother and father-in-law as well.

In further studies the opinions of the participants can be evaluated by dividing them into groups according to the number of the children, to the total number of people living together and most importantly according to the number of elderly people living together with the family. So, it will be possible to create a frequency distribution report. Additionally the people may tell things differently within the hospital as if it would be told in their own homes. These findings can be considered in the shaping of the future studies.

Bibliography

1. <http://who.int/mediacentre/factsheets/fs342/en/>
2. http://www.who.int/maternal_child_adolescent/topics/child/nutrition/en/
3. Victora CG., et al. "Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect". *The Lancet* (2016): 475-490.
4. Mathur NB and D Dhingra. "Breastfeeding". *Indian Journal of Pediatrics* 81 (2014): 143-149.
5. ADA. "Position of the American Dietetic Association: Promoting and Supporting Breastfeeding". *Journal of the American Dietetic Association* 109 (2009): 1926-1942.
6. Salone LR., et al. "Breastfeeding: an overview of oral and general health benefits". *Journal of the American Dental Association* 144 (2013): 143-151.
7. Türkiye Nüfus ve Sağlık Araştırması. Project, Ankara: Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü (2013).
8. Eidelman AI and RJ Schanler. "Breastfeeding and Use of Human Milk". *Pediatrics* 129 (2012): 3.
9. Binns C., et al. "The Long-Term Public Health Benefits of Breastfeeding". *Asia-Pacific Journal of Public Health* 28 (2016): 7-14.
10. n.d. World Health Organization.
11. Danforth KN., et al. "Breastfeeding and risk of ovarian cancer in two prospective cohorts". *Cancer Causes Control* 18 (2007): 517-523.
12. Chowdhury RB., et al. "Breastfeeding and maternal health outcomes: a systematic review and meta-analysis". *Acta Paediatrica* 104 (2015): 96-113.
13. Bourdieu P. Outline of a Theory of Practice (1977).
14. Ingram., et al. "South Asian grandmothers' influence on breast feeding in Bristol". *Midwifery* (2003): 318-327.
15. Schmied., et al. "Contradictions and conflict: A meta-ethnographic study of migrant women's experiences of breastfeeding in a new country". *BMC Pregnancy and Childbirth* (2012).
16. Kasterton Amy J and John Cleland. "Neonatal care in rural Karnataka: healthy and harmful practices, the potential for change". *BMC Pregnancy and Childbirth* 9 (2009): 20.
17. Arnon., et al. "Honey and other environmental risk factors for infant botulism". *The Journal of Pediatrics* (1979): 331-336.
18. Tanzi Maria and Michael Gabay. "Association Between Honey Consumption and Infant Botulism". *Pharmacotherapy* (2012): 1479-1483.
19. Lee., et al. "A qualitative study on the breastfeeding experiences of first-time mothers in Viyentiane, Lao PDR". *Pregnancy and Childbirth* 13 (2013): 223.
20. Franco P., et al. "Influence of swaddling on sleep and arousal characteristics of healthy infants". *Pediatrics* (2005): 1307-1311.
21. Karp Harvey. "Safe Swaddling and Healthy Hips: Don't Toss the Baby out with the Bathwater". *Pediatrics* 121 (2008): 1075-1076.
22. Mahore., et al. "A Study to Evaluate the Awareness of Primpaporous Mothers about Various Aspects of Neonatal Care in M.Y.H. Hospital, Indore". *Indian Journal of Applied Research* (2016): 596-598.

23. Fjeld Eli., *et al.* "No sister, the breast alone is not enough for my baby' a qualitative assesement of potentials and berriers in the promotion of exclusive breastfeeding in southern Zambia". *International Breastfeeding Journal* 3 (2008): 26.
24. Lönnerdal Bo. "Infant formula and infant nutrition: bioactive proteins of human milk and implications for composition of infant formulas". *The American Journal of Clinical Nutrition* (2014): 7125-7175.
25. American Academy of Pediatrics Committee on Nutrition. *Pediatric Nutrition Handbook* 6th edition (2008).
26. Bolsoy Nursen and ve Ümran Sevil. "Sağlık-Hastalık ve Kültür Etkileşimi". *Atatürk Üniversitesi Hemşirelik Yüksekokulu Dergisi* (2006): 78-87.
27. Kondolot Meda., *et al.* "Sadece Anne Sütü Alım Durumuna Etki Eden Faktörler". *Çocuk Sağlığı ve Hastalıkları Dergisi* (2009): 122-127.
28. Langer., *et al.* "Effects of Psychosocial support during labour and childbirth on breastfeeding, medical interventins, and mothers' wellbeing in a Mexican public hospital: a randomised clinical trial". *British Journal of Obstetrics and Gynaecology* (1998): 1056-1063.
29. Patricia Franco, Nicole Seret, Jean-Noël Van Hees, Sonia Scaillet, José Groswasser, André Kahn. n.d.
30. Raven., *et al.* "Traditional beliefs and practices in the post-partum period in Fujian Province, China: a qualitative study". *BMC Pregnancy and Childbirth* 7 (2007): 8 1-11.
31. Thairu Lucy and Gretel Pelto. "Newborn care practices in Pemba Island (Tanzania) and their implications for newborn health and survival". *Maternal and Child Nutrition* (2008): 194-208.
32. UNICEF (2015).

Volume 3 Issue 10 October 2019

© All rights are reserved by Arzu Durukan., et al.