

# Knowledge, Opinions, and Experiences of Health Professionals About Weaning: A Descriptive Study

## Sağlık Profesyonellerinin Emzirmenin Sonlandırılması Konusunda Bilgi, Görüş ve Deneyimleri: Tanımlayıcı Çalışma

<sup>ID</sup> Hatice YILDIZ<sup>a</sup>, <sup>ID</sup> Hüsnüye ÇALIŞIR<sup>a</sup>, <sup>ID</sup> Seher SARIKAYA KARABUDAK<sup>a</sup>

<sup>a</sup>Department of Pediatric Nursing, Aydın Adnan Menderes University Faculty of Nursing, Aydın, Türkiye

This study was presented as a summary orally at the 6<sup>th</sup> National and 1<sup>st</sup> International Pediatric Nursing Congress, 29 November-2 December 2017, Antalya, Türkiye.

**ABSTRACT Objective:** This study was performed to determine knowledge, opinions, and experiences about weaning in physicians, nurses, and midwives working in the field of pediatrics. **Material and Methods:** This descriptive study included 242 health professionals working in family health centers and pediatrics clinics of hospitals in Aydın city of Türkiye. Data were obtained with a questionnaire and analyzed with descriptive statistics, student's t-test, and one-way variance analysis. **Results:** Of all the participants, 90.5% thought health professionals are responsible for helping mothers during weaning, 28% used traditional methods of weaning or had a child weaned by using traditional methods, 45% received education about weaning during their undergraduate education, 19% received education about weaning after their graduation, 57.9% were asked by parents to provide counseling about weaning and 37.9% of them admitted having difficulty in offering counseling about it. The mean score for knowledge of weaning was 10.6±2.23 (minimum-maximum scores: 0-14). The health professionals working in the family health centers had a significantly higher score for knowledge of weaning (p<0.05). **Conclusion:** Health professionals should be aware of mothers' needs for support about weaning and give as much importance to weaning as initiation and maintenance of breastfeeding. Counseling skills of health professionals should be improved about weaning.

**ÖZET Amaç:** Bu araştırma, pediatri alanında çalışan hekim, hemşire ve ebelerin, emzirmenin sonlandırılması konusundaki bilgi, görüş ve deneyimlerini belirlemek amacıyla gerçekleştirildi. **Gereç ve Yöntemler:** Tanımlayıcı tipteki bu çalışmaya Türkiye'nin Aydın ilindeki aile sağlığı merkezleri ve hastanelerin çocuk hastalıkları kliniklerinde çalışan 242 sağlık çalışanı dâhil edildi. Bir anket formu aracılığıyla toplanan veriler; tanımlayıcı istatistikler, student t-testi ve tek yönlü varyans analiziyle değerlendirildi. **Bulgular:** Katılımcıların %90,5'i emzirmenin sonlandırılması sürecinde annelere yardımcı olmanın sağlık profesyonellerinin görevi olduğunu bildirdi. Kendi çocuğunu emziren/emzirilen sağlık profesyonellerinin %28'inin, emzirmenin sonlandırılmasında geleneksel yöntemleri kullandığını belirlendi. Sağlık profesyonellerinin %45'i temel eğitimleri sırasında, %19'u ise mezuniyet sonrasında emzirmenin sonlandırılmasıyla ilgili eğitim aldığını bildirdi. Katılımcıların %57,9'u daha önce emzirmeyi sonlandırma konusunda ebeveynlerin kendisine danıştığını, bunlardan %37,9'u danışmanlık vermekte zorlandığını belirtti. Katılımcıların emzirmenin sonlandırılmasına ilişkin ortalama bilgi puanı 10,6±2,23 (minimum-maksimum puan: 0-14) olarak bulundu. Aile sağlığı merkezlerinde görev yapan sağlık profesyonellerinin bilgi puanlarının, hastanelerde çalışanlara göre daha yüksek olduğu belirlendi (p<0,05). **Sonuç:** Sağlık çalışanları, annelerin emzirmenin sonlandırılması konusunda desteğe olan ihtiyaçlarının farkında olmalı ve emzirmenin başlatılması ve sürdürülmesi kadar sonlandırılmasına da önem vermelidir. Emzirmenin sonlandırılması konusunda sağlık çalışanlarının danışmanlık becerileri geliştirilmelidir.

**Keywords:** Breastfeeding; midwives; nurses; pediatricians; weaning

**Anahtar Kelimeler:** Emzirme; ebeler; hemşireler; çocuk doktorları; emzirmenin sonlandırılması

Mother's milk is a unique and indispensable source of nutrition. The World Health Organization (WHO) and the United Nations International Chil-

dren's Emergency Fund (UNICEF) recommend that babies have exclusive breastfeeding from their birth until their 6-month of age and continue to receive

**Correspondence:** Hatice YILDIZ

Department of Pediatric Nursing, Aydın Adnan Menderes University Faculty of Nursing, Aydın, Türkiye

**E-mail:** hatice.istanbul@gmail.com



Peer review under responsibility of Türkiye Klinikleri Journal of Health Sciences.

**Received:** 24 May 2021

**Received in revised form:** 13 Sep 2021

**Accepted:** 14 Sep 2021

**Available online:** 21 Sep 2021

2536-4391 / Copyright © 2022 by Türkiye Klinikleri. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

mother's milk combined with complementary food at least until the age of 2 years.<sup>1,2</sup> Breastfeeding is a period when mother-baby bonding is established and strengthened.<sup>2</sup> Therefore, termination of breastfeeding is very important for mothers and babies.

There is not a universally accepted and scientifically proven range of ages for weaning.<sup>3,4</sup> It is recommended that babies are weaned when both the babies and their mothers are ready by taking account of the needs of babies rather than their ages.<sup>5</sup> Health professionals should encourage mothers to wean their babies when they are ready and to disregard societal expectations.<sup>6</sup>

Weaning is an important natural stage in the development of babies.<sup>3</sup> During this stage, mothers and babies have difficulties and even experience regressions. This may create confusion in babies and the feeling of failure in mothers. Sudden termination of breastfeeding can be traumatic for babies and uncomfortable for mothers.<sup>7</sup> During weaning, mothers should not decrease their attention and affection to their babies and continue their close physical contact with their babies (e.g., holding them on their laps and hugging).<sup>3</sup> Therefore, the mother and baby couple experience less psychological difficulties.

Mothers may have ambivalent feelings during weaning. While they think weaning will allow them to become more independent, they may experience grief on termination of their close relationship with their babies. It has been reported that even when mothers wean their babies gradually, they have feelings of loss and grief.<sup>6,8</sup> Their inadequate knowledge about weaning and insufficient support from health professionals may lead them to cope with these processes alone. When they are not offered sufficient support by health professionals, they may resort to inappropriate traditional methods they learn from their older family members or relatives like separation of babies.<sup>4,9</sup>

Mothers and babies should be supported to achieve positive outcomes in terms of weaning. If it is possible, weaning should be completed gradually. It is important that health professionals provide support for mothers and help them to express their feelings so that they can enjoy their experience more and remember more positive feelings about it.

Almost all studies about breastfeeding have focused on support for and maintenance of breastfeeding. Health professionals can access sufficient evidence about the initiation and maintenance of breastfeeding.<sup>10-14</sup> However, there are limited sources of knowledge about weaning.<sup>3,5,15</sup>

Mothers need knowledge about not only initiation and maintenance of breastfeeding but also weaning.<sup>15</sup> Many health professionals including family physicians, pediatricians, midwives, and nurses contact breastfeeding women and play a key role in offering them information and support about appropriate methods of weaning. To our knowledge, there have not been any studies about knowledge, opinions, and experiences of health professionals about weaning. This study aimed at revealing health professionals' knowledge, opinions, and experiences about weaning.

## MATERIAL AND METHODS

### STUDY DESIGN

This descriptive study was carried out in family health centers and general pediatrics clinics of a state hospital and a university hospital in Aydın, a city located in the west of Türkiye, between January and July in 2017.

### SAMPLE

All of 317 health professionals (doctors, midwives, and nurses) working in the institutions where this study was conducted at the time of the study were contacted. Seventy-five health professionals did not participate in the study for various reasons (refusal: 45; off duty: 20; missing data: 10). The study was conducted on 242 health professionals (the response rate: 76.3%). Health professionals working in the subdivision clinics of the hospitals like pediatric oncology units were not included.

### DATA COLLECTION AND INSTRUMENT

Data were collected with a self-report questionnaire at workplaces of the participants during work hours without disrupting their workflow. The questionnaire was developed by the researchers in light of the literature and was composed of 28 questions, of which 14 were about descriptive characteristics and

14 were about knowledge and opinions on weaning.<sup>3,6,7,15-17</sup> The questions about descriptive characteristics were directed towards revealing sociodemographic characteristics (age, education, duration of work experience, and having children, etc.), receiving education about weaning, and offering counseling for weaning. The items about knowledge and opinions on weaning can be exemplified as in the following: “Mothers should be recommended medications for termination of mother’s milk production” and “Mothers should spend less time with their babies and should show less interest in their babies.” The participants were asked to respond to the items on a 5-point Likert scale: one corresponding to strongly agree and 5 corresponding to strongly disagree. Correct answers to these questions (agree and strongly agree) were scored one point and wrong answers (disagree, strongly disagree, and I have no idea) were scored zero. The total score for knowledge and opinions on weaning ranged from zero to 14. Ten experts were requested to give their opinions about the questionnaire and it was revised in accordance with their recommendations.

### STATISTICAL ANALYSIS

The collected data were analyzed using IBM SPSS Statistics 18.0. The independent variables analyzed in the study were descriptive characteristics such as occupation, education, having children, marital status, receiving education about weaning, and workplace. In addition, weaning experiences and responses to items about weaning were analyzed as independent variables. The dependent variable was weaning knowledge scores of the participants. Descriptive statistics of frequencies, percentages, means, and standard deviations were calculated for dependent and independent variables. The differences in weaning knowledge scores in terms of the general characteristics such as occupation, education, having children, marital status, receiving education about weaning, and workplace, were analyzed using Student’s t-test and one-way ANOVA. Gauss curve and Kolmogorov-Smirnov test were used to determine whether the data were normally distributed ( $p>0.05$ ). The statistical significance was set at  $p<0.05$ .

### ETHICAL STATEMENT

Ethical approval was obtained from Aydın Adnan Menderes University Medical School Ethics Committee of Non-interventional Research (approval number: 2017/1125 and approval date: 05.07.2018) and permission was obtained from the institutions where the participants worked. The study was conducted in accordance with the principles of the Helsinki Declaration. After the participants were informed about the aim and method of the study and confidentiality of their identity, their verbal and written consent was taken.

### RESULTS

A total of 242 health professionals were assessed, with a mean age of  $39.73\pm 10.12$  years. Most of them were university graduates or had an MSc degree, were married, had a child, and were midwives or nurses. More than half of the participants were working in the family health centers and had a work-experience shorter than 5 years. Forty-five percent of the participants received education about weaning during their undergraduate education and 19% received it after their graduation. Fifty-seven-point nine percent of the participants were asked for counseling about weaning before and 37.9% of them had difficulty in providing this counseling. Sixty-two-point eight percent of the participants reported that babies should be breastfed for 24 months (Table 1).

Weaning experiences of 174 health professionals having children were examined. Of 174 health professionals, 96% either breastfed their babies or had babies breastfed by their spouses, 32.3% utilized traditional methods for weaning like changing the taste and appearance of the nipples and separation of babies from their mothers and 13.2% received counseling about weaning. Half of those receiving counseling requested it from health professionals (Table 2).

As shown in Table 3, most of the participants reported that health professionals are responsible for helping parents with weaning. A considerably high rate of the health professionals knew that traditional methods should not be utilized for weaning (76% were against changing the taste of the nipples, 87.2% were against changing the appearance of the nipples

**TABLE 1:** Descriptive characteristics of health professionals (n=242).

Characteristics	x±SD	n (%)
<b>Age (year)</b>	39.73±10.12 (minimum-maximum=20-65)	
<b>Education</b>		
High school/college		85 (35.2)
University/MSc		157 (64.8)
<b>Marital status</b>		
Married		163 (67.3)
Single		79 (32.7)
<b>Occupation</b>		
Physician		75 (31.0)
Midwife		86 (35.5)
Nurse		81 (33.5)
<b>Workplace</b>		
Pediatrics clinic		107 (44.2)
Family health center		135 (55.8)
<b>Duration of work experience</b>		
0-5 years		139 (57.5)
6 years and more		103 (42.5)
<b>Having a child</b>		
Yes		174 (71.9)
No		68 (28.1)
<b>Receiving education about weaning</b>		
Yes		109 (45.0)
No		133 (55.0)
<b>Receiving education about weaning after graduation</b>		
Yes		46 (19.0)
No		196 (81.0)
<b>Offering counseling for weaning</b>		
Yes		140 (57.9)
No		102 (42.1)
<b>Having difficulty in counseling<sup>b</sup></b>		
Yes		53 (37.9)
No		87 (62.1)
<b>Opinions about duration of breastfeeding</b>		
Shorter than 12 months		19 (7.9)
12-18 months		58 (24.0)
24 months		152 (62.8)
Longer than 24 months (30-36 months) <sup>c</sup>		13 (5.3)

<sup>a</sup>Nineteen participants who were widows/widowers or divorced were assigned to the group of single people; <sup>b</sup>Data were collected from those offering counseling; <sup>c</sup>Three participants who reported that mothers can breastfeed as long as they want were assigned to this group; SD: Standard deviation.

and 92.6% were against separating babies from their mothers). In addition, most of the participants were knowledgeable about the appropriate methods for weaning like distracting the attention of babies when they want to feed on mother’s milk (73.1%) and giv-

ing food suitable for the age of the babies before breastfeeding (80.2%). The mean score for knowledge of weaning was 10.6±2.23 (range: 0-14).

Occupation, education, having children, marital status, and receiving education about weaning did not affect the mean score for knowledge of weaning, but the health professionals working in the family health centers had a significantly higher mean score for knowledge of weaning (p=0.010) (Table 4).

## DISCUSSION

This study revealed that the health professionals had an acceptable level of weaning knowledge, but provided a limited rate of counseling and that those (37.9%) offering counseling for weaning had difficulty in it.

It is important that health professionals give effective counseling during weaning so that mothers and their babies do not have difficulty and achieve it successfully. Research shows that the majority of mothers consulted their parents and/or family elders about weaning and only a small rate of them was of-

**TABLE 2:** Weaning experiences of the health professionals having children (n=174).

Experiences	n (%)
<b>Breastfeeding their children (n=174)</b>	
Yes	167 (96.0)
No	7 (4.0)
<b>Method of weaning (n=167)<sup>a</sup></b>	
Changing the taste of the nipples <sup>b</sup>	26 (15.5)
Changing the appearance of the nipples <sup>b</sup>	17 (10.2)
Separation of babies from their mothers <sup>b</sup>	11 (6.6)
The baby itself stopped breastfeeding	40 (24.0)
The participant increased intervals of breastfeeding	19 (11.4)
The participant suddenly terminated breastfeeding	7 (4.2)
Other (...)	47 (28.1)
<b>Receiving counseling for weaning (n=167)<sup>a</sup></b>	
Yes	22 (13.2)
No	145 (86.8)
<b>The person requested counseling from (n=22)<sup>a</sup></b>	
Health professional	11 (50.0)
Older family member/friend	6 (27.2)
Internet	4 (18.2)
Babysitter	1 (4.6)

<sup>a</sup>The analysis was based on the participants breastfeeding their children or having children breastfed by their spouses; <sup>b</sup>The participant used traditional methods n=54 (32.3%).

**TABLE 3:** The distribution of the scores for knowledge of weaning and correct and wrong responses to items about weaning (n=242).

Items about weaning	Correct n (%)			
Health professionals are responsible for helping mothers during weaning.*	219 (90.5)			
Breastfeeding should be terminated suddenly.**	183 (75.6)			
Mothers should be recommended medications for termination of mother's milk production.**	207 (85.5)			
Substances changing the taste of the nipples should be applied on the nipples (chili pepper, ketchup and grounds, etc.) for weaning.**	184 (76.0)			
Practices changing the appearances of the nipples should be performed like putting bristles of a brush or hair on the nipples and covering the nipples with packaging tape.**	211 (87.2)			
Babies should be separated from their mothers during weaning.**	224 (92.6)			
Mothers should avoid close physical contact like hug their babies during weaning.**	157 (64.9)			
Mothers should spend less time with and show less interest in their babies during weaning.**	227 (93.8)			
Babies should be given complementary food like formula and dishes appropriate for their age before breastfeeding.*	194 (80.2)			
When babies demand for breastfeeding, it should be postponed or their attention should be directed towards other activities like playing with toys and going to the park, etc.*	177 (73.1)			
There is not an agreement on the age of weaning and babies should be breastfed as long as they want.*	160 (66.1)			
If there is a crisis in the family (death, divorce, the birth of a sibling, illness, eruption of teeth and moving to another home, etc.), weaning should be postponed.*	159 (65.7)			
Babies should not be breastfed for longer than 24 months.**	136 (56.2)			
Breastfeeding longer than 24 months can cause psychological and/or behavioral problems.**	127 (52.5)			
	<b>The lowest score</b>	<b>The highest score</b>	<b>x</b>	<b>SD</b>
Score for knowledge of weaning	0	14	10.6	2.23

\*Correct; \*\*Wrong; SD: Standard deviation.

ferred support by health professionals during this process.<sup>4,18,19</sup> In order that health professionals can fulfill their counseling roles effectively, they must be provided education before and after their graduation. In Türkiye, nurses, doctors, and midwives are offered training programs about breastfeeding, and breastfeeding-related policies are implemented. However, the training programs do not provide information on how weaning should be performed and there is no counseling program regarding weaning provided by health professionals.<sup>4,20</sup> In the present study, more than half of the health professionals admitted receiving no education about weaning before their graduation and most of the health professionals reported having no in-service training for weaning. The reason why health professionals felt inadequate in counseling for weaning can be that they were not given adequate appropriate education including counseling skills in the undergraduate level and during in-service training and that the weaning period was underestimated in health care provision.

The present study showed that 96% of the health professionals breastfed their babies for some time and that 32.3% of the health professionals utilized tradi-

**TABLE 4:** The comparisons of weaning knowledge scores of health professionals according to some characteristics (n=242).

Characteristics	Knowledge scores		
	$\bar{x} \pm SD$	t/F	p value
Education			
High school/college	10.55±1.94	t=-0.237	0.813
University/MSc	10.62±2.38		
Marital status			
Married	10.67±2.13	t=-0.757	0.450
Single <sup>a</sup>	10.44±2.42		
Having children			
Yes	10.75±2.05	t=1.721	0.087
No	10.20±2.61		
Occupation			
Physician	10.88±1.72	F=2.694	0.070
Midwife	10.79±2.07		
Nurse	10.13±2.71		
Workplace			
Pediatrics clinics of hospitals	10.19±2.58	t=-2.589	<b>0.010</b>
Family health centers	10.92±1.85		
Duration of work experience			
0-5 years	10.57±2.18	t=-0.191	0.849
6 years and more	10.63±2.31		
Receiving education about weaning			
Yes	10.82±1.72	t=1.374	0.171
No	10.42±2.57		

<sup>a</sup>Nineteen participants who were widows/widowers or divorced were assigned into the group of single people; SD: Standard deviation.



tional methods to wean their own babies. Traditionally, breastfeeding is common in Türkiye and breastfeeding rates in the general population are quite high.<sup>21</sup> When nurses, midwives, and doctors participating in this study are considered as members of the society, it is not surprising that nearly all of them (96%) breastfed their babies for some time. In Türkiye, mothers mostly utilize traditional methods for weaning.<sup>4,9,16,19,22</sup> A considerable rate of the health professionals used traditional methods to wean their own babies though the rate of these health professionals is low when compared to the general population. This result shows that cultural norms strongly affect weaning practices of health professional, too. It may be that the health professionals did not receive sufficient education and that there is inadequate evidence about weaning in the literature. In addition, in Turkish culture, younger children are taken care of by their grandmothers at the rate of 92%.<sup>23</sup> This might have inevitably affected attitudes of health professionals as parents and might have increased their use of traditional methods.

More than half of the health professionals in this study reported that breastfeeding should last 24 months. However, very few of the healthcare professionals agreed that it could take longer than 24 months. While there is conflicting evidence about the psychological and behavioral outcomes of long breastfeeding, the WHO and the UNICEF recommend that breastfeeding should be continued as long as mothers and their babies want.<sup>1,2,24-26</sup> Here, it is seen that some health professionals still do not have sufficient information on the duration of breastfeeding under WHO recommendations. Training of health professionals in this field should also be reviewed.

This study showed that most of the health professionals disagreed about sudden weaning and that a very low rate of the health professionals weaned their babies suddenly. Sudden weaning is a method used in many cultures. However, it can be traumatic for babies; it may lead them to feel they are punished and may damage their psychosocial development. It can also create a sense of abandonment in babies and may cause mothers to feel guilty, incompetent, and negligent. Besides, it can produce physical problems like breast engorgement pain, and tenderness in breasts

and even mastitis and abscess.<sup>3,7,27</sup> Awareness of the health professionals about the traumatic effects of sudden weaning and their avoidance of this method are important in terms of maternal and child health.

In the present study, most of the health professionals disagreed on utilizing substances likely to change the taste of breasts, whereas the rate of the health professionals agreeing to use them (24%) cannot be underestimated. Although putting some substances on breasts and changing their taste can make weaning easier, they can cause undesirable effects (like diarrhea and vomiting) on babies frequently licking them. Health professionals should be made aware of health risks created by such substances. Breasts are of great significance to the psychosocial development of infants. Attempts to show that breasts are ugly, bloody, and dirty can negatively affect the psychology of babies.<sup>14</sup>

This study identified a considerable rate of the health professionals agreeing on avoidance of close physical contact like hugging their babies during weaning. Tendency to stop the close relationship with the baby among health professionals can encourage mothers to act similarly. This may lead babies to feel they are not loved and undermine the bond of trust between mother and infant.<sup>27,28</sup> Separation of babies from their parents for weaning should be avoided even if it is temporary. The concept of time does not develop at all or might develop to a small extent in babies and young children. When they are told that their mothers will come back a few days later, they may think their mothers have left them permanently. A sudden loss of comfort and a sense of security can be quite challenging for a baby.<sup>7,27,28</sup> In the present study, most of the health professionals were found to consider separation of babies from their parents as inappropriate. It can be suggested that health professionals should offer parents information about gradual weaning and negative effects of traditional weaning methods on mothers and their babies to reduce the use of traditional methods.

In the present study, the mean knowledge scores of the health professionals did not differ in terms of occupation, education, having children, duration of work experience, marital status, and receiving education about weaning. Lack of an effect of receiving

education about weaning on knowledge of weaning might have been due to inadequate content and short duration of the education given. In addition, the health professionals in the family health centers had a higher score for knowledge of weaning than those working in the hospitals. It may be that health professionals in the family health centers might more often face weaning since they provide care for healthy babies/children and their parents.

## LIMITATIONS

This study has two limitations. One limitation of this study is that it was performed with health professionals living in one city. Therefore, it cannot adequately reflect knowledge, opinions, and experiences of all the health professionals in Türkiye. The other limitation is that knowledge of weaning was measured by using multiple-choice questions instead of open-ended ones. Still, the study provides evidence about weaning knowledge and experiences of health professionals working in the field of pediatrics.

## CONCLUSION

This is the first study to investigate health professionals' knowledge, opinions, and experiences about weaning. It is important that health professionals should have sufficient knowledge and skills about weaning to offer updated knowledge, adequate support, and effective counseling to parents. This study revealed that weaning is usually disregarded in training of health professionals and that a remarkable rate of the health professionals has difficulty in counsel-

ing for weaning. Therefore, weaning should be incorporated into curricula for undergraduate education and in-service training programs to enhance counseling skills of health professionals. Mother-baby follow-up services should focus on not only breastfeeding but also weaning. This could help mothers and babies to receive adequate support during weaning as well.

## Source of Finance

*During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.*

## Conflict of Interest

*No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.*

## Authorship Contributions

**Idea/Concept:** Hatice Yıldız, Hüsniye Çalışır; **Design:** Hatice Yıldız, Hüsniye Çalışır, Seher Sarıkaya Karabudak; **Control/Supervision:** Hatice Yıldız, Hüsniye Çalışır, Seher Sarıkaya Karabudak; **Data Collection and/or Processing:** Hatice Yıldız, Hüsniye Çalışır; **Analysis and/or Interpretation:** Hatice Yıldız, Hüsniye Çalışır, Seher Sarıkaya Karabudak; **Literature Review:** Hatice Yıldız, Hüsniye Çalışır, Seher Sarıkaya Karabudak; **Writing the Article:** Hatice Yıldız, Hüsniye Çalışır, Seher Sarıkaya Karabudak; **Critical Review:** Hatice Yıldız, Hüsniye Çalışır, Seher Sarıkaya Karabudak; **References and Fundings:** Hatice Yıldız, Hüsniye Çalışır, Seher Sarıkaya Karabudak.

## REFERENCES

1. World Health Organization [Internet]. © 2020 WHO [Cited: 24 January 2020]. Ten facts on breastfeeding, 2017. Available from: [\[Link\]](#)
2. The United Nations Children's Fund (UNICEF). Infant and young child feeding, 2021. 23 May 2022. Available from [\[Link\]](#)
3. Grueger B; Canadian Paediatric Society, Community Paediatrics Committee. Weaning from the breast. *Paediatr Child Health*. 2013;18(4):210-1. [\[Crossref\]](#) [\[PubMed\]](#) [\[PMC\]](#)
4. Aksoy SD, Ozdilek R, Aba YA. weaning traditional practices among mothers coming to primary health care center in Turkey. *J Pediatr Rev*. 2020;8(4):275-82. [\[Crossref\]](#)
5. La Leche League GB [Internet]. LLLGB © 2021 [Cited: 15 December 2019]. Thinking of weaning? Available from: [\[Link\]](#)
6. Eglash A, Montgomery A, Wood J. Breastfeeding. *Dis Mon*. 2008;54(6):343-411. [\[Crossref\]](#) [\[PubMed\]](#)
7. Huggings K, Ziedrich L. Weaning your One- or Two-Year-Old. Huggings K, Ziedrich L, editor. *The Nursing Mother's Guide to Weaning-Revised: How to Bring Breastfeeding to a Gentle Close, and How to Decide When the Time is Right*. 2<sup>nd</sup> ed. Boston: Harvard Common press; 2007. p.155-8. [\[Link\]](#)
8. Wight NE. Management of common breastfeeding issues. *Pediatr Clin North Am*. 2001;48(2):321-44. [\[Crossref\]](#) [\[PubMed\]](#)

9. Ofly A. Weaning practices of Turkish mothers: a mixed-model research. *Breastfeed Med.* 2020;15(2):109-13. [[Crossref](#)] [[PubMed](#)]
10. Section on Breastfeeding. Breastfeeding and the use of human milk. *Pediatrics.* 2012; 129(3):e827-41. [[Crossref](#)] [[PubMed](#)]
11. de Jesus PC, de Oliveira MI, Fonseca SC. Impact of health professional training in breastfeeding on their knowledge, skills, and hospital practices: a systematic review. *J Pediatr (Rio J).* 2016;92(5):436-50. [[Crossref](#)] [[PubMed](#)]
12. Folker-Maglaya C, Pylman ME, Couch KA, Spatz DL, Marzalik PR. Implementing a breastfeeding toolkit for nursing education. *J Perinat Neonatal Nurs.* 2018;32(2):153-63. [[Crossref](#)] [[PubMed](#)]
13. Haile ZT, Elmasry M, Chavan B, Azulay Chertok IR. Association between type of health professional at birth and exclusive breastfeeding. *J Midwifery Womens Health.* 2017;62(5):562-71. [[Crossref](#)] [[PubMed](#)]
14. Radzynski S, Callister LC. Health professionals' attitudes and beliefs about breastfeeding. *J Perinat Educ.* 2015;24(2):102-9. [[Crossref](#)] [[PubMed](#)] [[PMC](#)]
15. Eccleson M. Ending breastfeeding: How does psychodynamic thinking inform breastfeeding services in helping women wean their babies from the breast? *Infant Observation.* 2005; 8(2):139-55. [[Crossref](#)]
16. Dinc A, Dombaz I, Dinc D. 6-18 ay arası bebeği olan annelerin emzirme ve anne sütüne ilişkin geleneksel uygulamaları [Traditional practices related to breast milk and breastfeeding of mothers with babies of 6-18 months]. *Balıkesir Health Sciences Journal.* 2015;4(3):125-30. [[Crossref](#)]
17. Parsons LJ. Weaning from the breast for a happy ending to a satisfying experience. *JOGN Nurs.* 1978;7(3):12-5. [[Crossref](#)] [[PubMed](#)]
18. Radwan H, Sapsford R. Maternal perceptions and views about breastfeeding practices among emirati mothers. *Food Nutr Bull.* 2016;37(1):73-84. [[Crossref](#)] [[PubMed](#)]
19. Alsac SY, Polat S. Annelerin emzirmeyi sonlandırma sürecine ilişkin bilgi ve uygulamaları [Knowledge and attitudes related to the finalization of mothers breastfeeding]. *Florence Nightingale J Nurs.* 2018;26(1):11-20. [[Crossref](#)]
20. T.C. Sağlık Bakanlığı. Emzirme Danışmanlığı El Kitabı. Ana Çocuk Sağlığı ve Aile Planlaması Genel Müdürlüğü; 2015. [[Link](#)]
21. Turkish Population and Health Research (TPHR). Infant and Young Child Feeding Practices, 2018. Cited: 23 May 2022. Available from: [[Link](#)]
22. Gürarslan Baş N, Karatay G, Arıkan D. Weaning practices of mothers in eastern Turkey. *J Pediatr (Rio J).* 2018;94(5):498-503. [[Crossref](#)] [[PubMed](#)]
23. Can Y, Aslan F. Geçmişten günümüze Türk aile yapısı [Turkish family from past to today]. *The Journal of Social Science.* 2017;4(11):87-101. [[Crossref](#)]
24. Delgado C, Matijasevich A. Breastfeeding up to two years of age or beyond and its influence on child growth and development: a systematic review. *Cad Saude Publica.* 2013;29(2): 243-56. [[Crossref](#)] [[PubMed](#)]
25. Karabekiroglu K, Akbas S, Tasdemir GN. Anne sütü alma süresi erken çocukluk dönemi psikiyatrik sorunları için özgül bir risk faktörü müdür? [Is the duration of breastfeeding a specific risk factor on psychiatric complaints in toddlerhood?] *Turkish J Pediatr Dis.* 2009; 3(3):24-33. [[Link](#)]
26. Sutin AR, Stephan Y, Terracciano A. Breastfeeding and adult personality. *Eur J Pers.* 2016;30(5):484-91. [[Crossref](#)] [[PubMed](#)] [[PMC](#)]
27. Toronto Public Health. Breastfeeding Protocols for Health Care Providers. 2019. Cited: 8 October 2020. Available from: [[Link](#)]
28. Gök Uğur H, Şahin A, Aydın D, Kabadaş E. Annelerin bebeklerini anne sütünden ayırırken kullandıkları geleneksel yöntemlerin belirlenmesi [Determination of traditional methods used by mothers to wean their infants from breastfeeding]. *J Ankara Univ Fac Med.* 2018;71(3):217-23. [[Crossref](#)]