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Determining the relationship between mothers' breastfeeding myths and breastfeeding attitudes and success in Türkiye

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Abstract

Breastfeeding myths are defined as culturally ingrained misconceptions about breastfeeding. These myths negatively affect the breastfeeding process. This descriptive and correlational study was conducted to examine the relationship between breastfeeding myths and mothers' breastfeeding attitudes and success during the first six months of breastfeeding. The research was conducted with 384 mothers with babies at Kars Harakani State Hospital in Türkiye. In the study, an introductory information form, the Breastfeeding Myths Scale, the Breastfeeding Attitudes Assessment Scale, and the LATCH Breastfeeding Charting System and Assessment Tool were used. The study data were analyzed using means, standard deviations, independent groups t-test, one-way analysis of variance (ANOVA), and Pearson correlation analysis. Study results showed that mothers with lower levels of education and those living in extended families were more likely to hold breastfeeding myths. The study revealed that levels of breastfeeding myths decrease as breastfeeding attitudes and successes of mothers increase. We conclude that nurses need to provide targeted breastfeeding education to mothers to improve breastfeeding attitudes and success while reducing the prevalence of breastfeeding myths. This will increase mothers' breastfeeding attitudes and success and reduce the myth levels of mothers who hold breastfeeding myths. Thus, maternal and infant health, will be protected. *(Afr J Reprod Health 2026; 30 [3]: 131-141).*

Keywords: Attitude, breastfeeding, myth, nurse, success

Résumé

Les mythes sur l'allaitement maternel sont définis comme des idées fausses ancrées dans la culture sur l'allaitement maternel. Ces mythes affectent négativement le processus d'allaitement. Cette étude descriptive et corrélationnelle a été menée pour examiner la relation entre les mythes sur l'allaitement maternel, les attitudes et le succès de l'allaitement chez les mères au cours des six premiers mois d'allaitement. La recherche a été menée auprès de 384 mères avec un bébé à l'hôpital d'État Kars Harakani de Turquie. Dans cette étude, un formulaire d'information liminaire a utilisé, l'Échelle des mythes sur l'allaitement, l'Échelle d'évaluation des attitudes envers l'allaitement, et l'outil de notation et d'évaluation LATCH pour l'allaitement. Les données de l'étude ont été analysées à l'aide de statistiques descriptives, de tests t indépendants, d'une analyse de variance à un facteur (ANOVA) et de la corrélation de Pearson. Les résultats de l'étude ont montré que les mères ayant un niveau d'éducation inférieur et celles vivant dans des familles élargies étaient plus susceptibles d'entretenir des mythes sur l'allaitement maternel. L'étude a révélé que les niveaux de mythes sur l'allaitement diminuent à mesure que les attitudes et les succès des mères en matière d'allaitement augmentent. Nous concluons que les infirmières doivent fournir une éducation ciblée sur l'allaitement maternel aux mères afin d'améliorer les attitudes et le succès de l'allaitement tout en réduisant la prévalence des mythes sur l'allaitement maternel. Cela augmentera les attitudes et le succès de l'allaitement maternel des mères et réduira les niveaux de mythes des mères qui détiennent des mythes sur l'allaitement maternel. Ainsi, la santé maternelle et infantile sera protégée. *(Afr J Reprod Health 2026; 30 [3]: 131-141).*

Mots-clés: Attitude, allaitement, mythe, infirmière, succès.

Introduction

Breastfeeding is widely recognized as the optimal feeding practice for infants. Studies highlight the critical role of breastfeeding in reducing infant mortality,[1] protecting against infectious diseases, food allergies, eczema, and asthma,[2] and promoting cognitive development.[3] Breastfeeding is beneficial for mothers, as well as infants. In addition, breastfeeding also offers protection against postpartum hemorrhage, postpartum depression, ovarian and breast cancer, cardiovascular disease,

and type 2 diabetes.[4] Despite the benefits of breastfeeding, the global rate of exclusive breastfeeding for the first six months is 46%, with regional variations such as 41% in West and Central Africa, 40% in East Asia and the Pacific, and 39% in South Asia.[5] In the United States, only 25.8% of infants are exclusively breastfed for six months.[6] Similarly, in Mexico, the National Health and Nutrition Survey (Encuesta Nacional de Salud y Nutrición-ENSANUT) reported a prevalence of 28.8% for exclusive breastfeeding up to six months in 2018.[7] In Ghana, exclusive breastfeeding rates decreased significantly from 63% in 2008 to 43% in 2018.[8]

Breastfeeding myths, which are prevalent across cultures and continents, have been shown to affect breastfeeding rates negatively.[9,10,11,12,13,14,15] These myths often cause misconceptions about the quality of breast milk, with some mothers believing that it is poor, contaminated, or nutritionally inadequate.[12,16,17] Other common myths include the belief that breastfeeding causes gastrointestinal problems or fever in infants.[12] In addition, some mothers perceive their milk supply as insufficient, leading to premature weaning.[11,18,19] Such misconceptions and unscientific claims can exacerbate mothers' doubts and concerns.[20]

These myths may influence mothers' breastfeeding attitudes. Breastfeeding attitudes include a mother's knowledge, beliefs, attitudes, and behaviors related to breastfeeding. A study by Kaya et al reveals that mothers with negative breastfeeding attitudes are less likely to breastfeed in public and often feel vulnerable or uncomfortable while breastfeeding.[21] In a study of 422 mothers, who were asked about the reasons for early weaning, early weaning was attributed to factors such as inadequate information and negative breastfeeding attitudes.[22]

Breastfeeding attitudes affect both initiation and continuation of breastfeeding. This is directly related to breastfeeding success.[23] Breastfeeding success can be defined as the mother's ability to perform breastfeeding effectively and correctly by utilizing her breastfeeding knowledge and skills.[24,25] Breastfeeding myths also influence mothers' breastfeeding attitudes. It can also be stated that these myths also affect breastfeeding success. Therefore, this study aims to examine the relationship between mothers' breastfeeding myths and their breastfeeding attitudes and success.

Research questions

Is there a relationship between mothers' breastfeeding myths and attitudes toward breastfeeding? Is there a relationship between mothers' breastfeeding myths and their breastfeeding success? Do breastfeeding myths influence mothers' breastfeeding attitudes and success?

Methods

The study was conducted at Kars Harakani State Hospital, Türkiye. The study data were collected between July 20, 2024, and September 20, 2024, using a semi-structured questionnaire, developed by the researcher, that was distributed to and completed by the participating mothers.

Participant characteristics

Mothers with infants aged 0-6 months who visited the breastfeeding room of the public hospital were included in the study. The Eastern Anatolia region, which has the highest fertility rate in Türkiye, was selected for the study.[26] Thus, Kars province, which is located in this region and is characterized by a high birth rate, was chosen as the study site. Since the exact number of breastfeeding mothers in the hospital was unknown, the sample size was determined to be 384 mothers, calculated with a 95% confidence interval using the sampling method for an unknown population.

The inclusion criteria were mothers without communication or comprehension disorders who could speak and understand Turkish, and infants without conditions affecting breastfeeding (e.g., cleft palate, cleft lip).

Exclusion criteria included mothers with cognitive impairment, infants treated in the neonatal intensive care unit or born before 37 weeks of gestation, and conditions that contraindicated breastfeeding (e.g., galactosemia, maternal cancer, active tuberculosis, or psychosis).

Data collection tools

In the study, an introductory information form, the Breastfeeding Myths Scale (BMS), the Breastfeeding Attitudes Assessment Scale (BAES), and the LATCH Breastfeeding Charting System and Assessment Tool (LATCH) were used.

Introductory ınformation form

The Introductory Information Form, which was developed by the researchers based on a review of the relevant literature, consists of 31 items designed to collect comprehensive participant information. It includes eight socio-demographic questions (e.g., age, educational status, research status, income level, and family structure), 12 obstetric questions (e.g., number of pregnancies, number of births, mode of delivery, and pregnancy intention), and 11 breastfeeding questions (e.g., breastfeeding experience, support during breastfeeding, and timing of first breastfeeding after delivery).[27,28]

Breastfeeding myths scale (BMS)

The Breastfeeding Myths Scale (BMS) was validated and adapted into Turkish by Yılmaz Sezer and colleagues in 2024. Considered a valid and reliable tool for assessing breastfeeding myths in Turkish society, the Breastfeeding Myths Scale can be administered to all men and women over the age of 18 who can read and understand Turkish.[29] The scale consists of 30 items and one sub-scale. The total score on the scale ranges from 30 to 150, with higher scores indicating a stronger belief in breastfeeding myths. Cronbach's alpha value of the scale was found to be .91.[29] The Cronbach's alpha coefficient was calculated as .88 in the study.

Breastfeeding attitude evaluation scale (BAES)

The scale developed by Özkan was first published in 1999. However, since the original journal is no longer in circulation and not available in electronic archives, the scale's rating criteria were republished by the author in the Journal of Women's Health Nursing in 2015.[30] The 5-point Likert-type scale consists of 46 items. The items are scored over "Strongly Agree," "Agree," "Neutral," "Slightly Agree," and "Strongly Disagree," and the positive items in the scale are scored as 4-3-2-1-0 points, and the negative items are scored as 0-1-2-3-4 points. The scores of the scale vary in the range of 0-184. The maximum score for the positive items is 88, while the maximum score for the negative items is 96. Higher scale scores indicate positive breastfeeding attitudes. The Cronbach's alpha value in the reliability and validity study of the scale was .63.[30] In the present study, the Cronbach's alpha coefficient was found to be 0.77.

Breastfeeding charting system and assessment tool (LATCH)

The LATCH scale, developed in 1994, is modeled after the APGAR scoring system and is designed to assess breastfeeding success.[31] The scale takes approximately 5-8 minutes to fill out. The scale assesses five domains: L: Latch on the breast, A: Audible swallowing, T: Type of the nipple, C: Comfort breast/nipple, and H: Hold/Help. Each item is scored between 0 to 2. The maximum total score is 10, and a higher score indicates greater breastfeeding success. To ensure its suitability for the Turkish culture, By[32] conducted a validity and reliability study of the scale. The Cronbach's alpha reliability coefficient of the original scale was reported to be 0.93, while it was 0.95 in the Turkish adaptation study. In the present study, Cronbach's alpha values were 0.75 for the first measurement, 0.81 for the second measurement, 0.72 for the third measurement, and 0.77 for the final measurement. The Cronbach's alpha coefficient was calculated as .77 in the study.

Data analysis

The data obtained in the present study were evaluated using SPSS 231 software package. The skewness and kurtosis values of the three scales were between -2 and +2 and were considered to have a normal distribution. According to this result, the mean, standard deviation, independent samples t-test in paired groups, one-way analysis of variance (ANOVA) in groups of three or more, and Pearson correlation analysis were used to determine the relationship between the scales.

Ethical review and approval

Before starting the study, ethical approval was obtained from the Ethics Committee for Non-Interventional Research of the Faculty of Health Sciences of Kafkas University (Date: 28.06.2024 and No: 81829502.903/80). Then, official permission was obtained from the Kars Provincial Health Directorate. The permissions were also obtained from the respective authors of the scales

used in the research. In addition, written informed consent was obtained from all women who agreed to participate in the research.

Results

Considering our non-tabulated findings, the mean age of the mothers was 27.03±5.402, the mean age at marriage was 21.64±3.896, the mean number of pregnancies was 2.30±1.459, and the mean number of births was 1.98±1. 247, the mean number of living children was 1.95±1.215, the mean number of months of breastfeeding was 2.06±1.479, the mean planned duration (months) of exclusive breastfeeding was 8.39±6.337, and the mean planned duration (months) of complementary breastfeeding was 20.34±6.792.Table 1 shows that the mean BMS scores of literate mothers/ those with a primary education level were significantly higher than those of mothers with a high school, university, or higher education level. Furthermore, the mean BMS scores of mothers with a high school education level were significantly higher than those of mothers with a university degree or higher education level ($p<0.05$). The mean BMS scores of unemployed mothers were significantly higher than those of employed mothers ($p<0.05$). The mean BMS scores of mothers whose income was less than their expenses were significantly higher than those of mothers whose income was greater than their expenses ($p<0.05$). The mean BMS scores of mothers with extended families were significantly higher than those of mothers with nuclear families ($p<0.05$). The mean BMS scores of mothers with no breastfeeding experience were significantly higher than those of mothers with breastfeeding experience ($p<0.05$). Finally, the mean BMS scores of mothers who stated that they would exclusively breastfeed their babies for the first six months were significantly higher than those of mothers who stated that they would breastfeed their babies until 7-12 and 13-24 months ($p<0.05$).

Furthermore, the mean BAES scores of mothers with a university degree or higher were significantly higher than those of mothers with a literate/primary education level ($p<0.05$). The mean BAES scores of employed mothers were significantly higher than those of unemployed mothers ($p<0.05$). The mean BAES scores of mothers whose income lower than their expenses were siginificantly lower than those of mothers whose income exceeded their expenses ($p<0.05$). The mean BAES scores of mothers with breastfeeding experience were significantly higher than those of mothers without breastfeeding experience ($p<0.05$).

Finally, the mean LATCH Breastfeeding Identification Scale scores of mothers who stated that they would breastfeed their babies until 13-24 months were significantly higher than those of mothers who stated that they would breastfeed their babies exclusively until the first six months ($p<0.05$). The mean LATCH Breastfeeding Identification Scale scores of mothers with breastfeeding experience were significantly higher than those of mothers without breastfeeding experience ($p<0.05$). The mean LATCH Breastfeeding Identification Scale scores of mothers who did not receive support during breastfeeding were significantly higher than those of mothers who did receive support ($p<0.05$). The mean LATCH Breastfeeding Identification Scale scores of mothers who were unaware of breastfeeding and breast milk were significantly higher than those of mothers who were knowledgeable ($p<0.05$).Table 2 shows the results of the Pearson correlation analysis to determine the relationship between the Breastfeeding Myths Scale, the Breastfeeding Attitudes Assessment Scale, and the LATCH Breastfeeding Charting System and Assessment Tool. According to the results of the analysis, a negative and moderately significant relationship was found between the Breastfeeding Myths Scale and the Breastfeeding Attitudes Assessment Scale [$r(416)=-.350$, $p<.001$]. This result indicates that the level of breastfeeding myths decreases as the breastfeeding attitudes of mothers increase.A weak and significant negative correlation was found between the Breastfeeding Myths scale and the LATCH Breastfeeding Charting System and Assessment Tool [$r(416)=-.157$, $p<.001$]. Accordingly, it can be stated that levels of breastfeeding myths decrease as their breastfeeding successes increase.A positive, weak, but significant relationship was also found between the Breastfeeding Attitudes Assessment Scale and the LATCH Tool [$r(416)=.180$, $p<.001$]. Based on this finding, it can be stated that the breastfeeding successes of mothers increase as their breastfeeding attitudes improve.

Table 1: Comparison of mean scale scores according to the socio-demographic characteristics of mothers

Variables	**Breastfeeding Myths Scale**	**Breastfeeding Attitude Assessment Scale**	**LATCH Breastfeeding Charting System and Assessment Tool**
Educational Status	**X±SD**	**X±SD**	**X±SD**
(1) Literate/Primary school	80.69±16.102	100.94±13.610	9.11±1.364
(2) High School	73.71±13.130	103.85±13.989	9.23±1.231
(3) Graduate and Postgraduate	66.58±12.357	106.19±13.780	9.08±1.332
TEST	**F=24.103**	**F=3.306**	F=.560
	p=.000**	**p=.038***	p=.571
	1>2.3	**3>1**	
	2>3		
Employment Status			
Employed	67.91±13.130	107.57±11.845	9.11±1.402
Unemployed	74.51±14.453	103.21±14.115	9.18±1.268
TEST	**t=-2.948**	**t=2.302**	t=-.334
	p=.003*	**p=.025***	p=.739
Income Status			
(1) Income is lower than expenses	76.29±15.037	101.50±14.572	9.05±1.383
(2) Balanced Income	73.03±13.636	104.47±13.546	9.22±1.247
(3) Income is higher than expenses	69.24±14.755	107.10±12.744	9.34±1.081
TEST	**F=5.187**	**F=3.781**	F=1.310
	p=.006*	**p=.024***	p=.271
	1>3	**3>1**	
Family Type			
Core	71.59±13.785	104.26±14.258	9.14±1.309
Extended	77.29±14.830	102.78±13.402	9.21±1.241
TEST	**t=-3.983**	t=1.056	t=-.556
	p=.000**	p=.292	p=.579
Breastfeeding Experience			
Yes	72.33±12.333	106.94±13.921	9.31±1.184
No	75.52±16.503	99.78±12.951	8.99±1.374
TEST	**t=-2.191**	**t=5.387**	**t=2.502**
	p=.029*	**p=.000****	**p=.013***
Social Support During the Breastfeeding Period			
Yes	74.09±14.881	103.44±14.087	9.01±1.323
No	73.44±13.984	103.96±13.801	9.34±1.215
TEST	t=.460	t=-.379	**t=-2.675**
	p=.646	p=.705	**p=.000****
Received Information about Breastfeeding and Breast Milk			
Yes	73.59±14.771	103.80±13.864	9.11±1.309
No	74.67±12.926	103.17±14.349	9.44±1.118
TEST	t=-.586	t=.353	**t=-2.035**
	p=.558	p=.725	**p=.043***
Giving Food/Water/Formula before First breastfeeding			
Yes	73.50±12.168	105.00±14.944	9.08±1.407
No	73.83±14.853	103.44±13.748	9.19±1.259
TEST	t=-.172	t=.834	t=-.639
	p=.863	p=.405	p=.523

How Many Months Do You Plan to Breastfeed Your Baby?			
(1) First 6 months	77.65±17.943	99.84±12.783	9.15±1.352
(2) 7-12 Months	72.81±10.449	103.02±14.095	9.23±1.234
(3) 13-24 Months	71.86±12.695	106.05±14.073	9.16±1.260
TEST	**F=6.920**	**F=8.478**	F=.079
	p=.000**	**p=.000****	p=.924
	1>2.3	**3>1**	

Note:*p<0.001 *p<0.05, t= Independent samples t-test, F= One-way analysis of variance (ANOVA)*

Table 2: Correlation test results for the relationship between breastfeeding myths scale, breastfeeding attitudes assessment scale, and latch breastfeeding charting system and assessment tool

Scales		**1**	**2**	**3**
Breastfeeding Myths Scale	r	1		
	p			
Breastfeeding Attitude Assessment Scale	r	**-.350**	1	
	p	**.000****		
LATCH Breastfeeding Charting System and Assessment Tool	r	**-.157**	**.180**	**1**
	p	**.000****	**.000****	

***Note:** *=p<0.001, r= Pearson Correlation*

Discussion

Breastfeeding is a feeding method that has many positive effects on the health of both mother and infant in terms of both biological and emotional intimacy.[33] Socio-cultural factors can also influence the breastfeeding status of mothers.[34]

Mothers' breastfeeding status may be influenced by breastfeeding myths. Our study found that breastfeeding myths scale scores decrease in line with the increase in maternal educational status. In previous studies, it was found that the percentage of women with a low level of education who believed in breastfeeding myths was significantly higher than women with a high level of education.[28,35, 36,37] This may be explained by the fact that as mothers' education levels increase, their knowledge about breastfeeding increases,[38] and therefore mothers know enough about breastfeeding to cope with problems related to breastfeeding, and not believe in false beliefs.

In our study, the level of belief in breastfeeding myths was found to be higher among mothers who were unemployed and had low-income levels. In another study, however, women with higher income levels were found to have higher levels of belief in myths.[39] This study shows that lower economic levels increase the level of belief in breastfeeding myths. In addition, the level of belief in breastfeeding myths among mothers living in extended families was found to be significantly higher than the level of belief in breastfeeding myths among mothers living in nuclear families. This suggests that mothers living in extended families may be related to the presence of mothers in the family who have previous breastfeeding experience and believe in breastfeeding myths.

In our study, the breastfeeding myths scale score of mothers who reported that they would exclusively breastfeed their babies for the first six months was significantly higher than that of mothers who reported that they would breastfeed their babies for a longer time. Yet, a community-based qualitative cross-sectional study in northern Uganda found that most mothers believed that breastfeeding should be limited to the first two months.[40] In other studies, mothers reported that they believed exclusive breastfeeding was not enough to feed their babies. They stated that this was related to the widely held breastfeeding myth that "feeding babies only with breast milk causes them to cry frequently".[34,41,42]

Breastfeeding attitude is one of the most influential factors in breastfeeding.[43] Breastfeeding attitude is defined as a woman's view of breastfeeding, how she manages the breastfeeding process, and the ways and behaviors she adopts.[44] The educational level of the mother has been found

to play a role in breastfeeding attitudes.[45] Our study found that breastfeeding attitude scores increased in line with increased maternal educational status. Similar to our study, there are studies in the literature that found that breastfeeding attitudes increased as the mother's education level increased.[46,47,48] This suggests that mothers with higher levels of education are more aware of the benefits of breastfeeding for their infants. This result shows the importance of considering increasing the education levels of mothers in the main plans and policies of states.

In our study, the breastfeeding attitudes of working mothers were found to be higher than those of unemployed mothers. In previous studies, it was found that the employment status of mothers did not affect breastfeeding attitudes.[47,49] The reason for this finding in our study may be related to the fact that working mothers are willing to breastfeed more since they will be away from their babies when they start working.

In our study, it was found that mothers' breastfeeding attitudes increased as their income status increased. In previous studies, it was found that mothers with low-income levels had lower breastfeeding attitude scores.[46,50,51] The results of these studies are in line with our research.

The World Health Organization and United Nations Children's Fund (UNICEF) recommend that women should breastfeed within 30 minutes immediately after delivery.[52] In our study, the breastfeeding attitude scores of mothers who planned to breastfeed their babies for 13-24 months were found to be higher than those of mothers who planned to breastfeed their babies only for the first six months. Previous studies have found that the breastfeeding attitude scores of mothers who planned to breastfeed their babies for 7-12 months[53] and 13 months or more[54] were higher than those of mothers who exclusively breastfed their babies only for the first six months. These results show that breastfeeding attitudes are positively influenced as the length of time mothers plan to breastfeed their babies increases. This shows that it is important for health personnel, especially breastfeeding nurses, to provide training and consultancy services to mothers to increase the continuity and duration of breastfeeding. Yet, our study found that the breastfeeding attitude scores of mothers with breastfeeding experience were higher conducted a study with 307 mothers and found no significant difference between breastfeeding experience and breastfeeding attitude.[53] Other studies, similar to our study, found that mothers with breastfeeding experience had higher breastfeeding attitudes.[48,53] This result shows that mothers' breastfeeding experience positively affects their breastfeeding attitudes. Breastfeeding success can be defined as the ability to perform breastfeeding effectively and correctly by using breastfeeding knowledge and skills.[24] Our study found that the breastfeeding successes of mothers with breastfeeding experience were higher. In previous studies, mothers with breastfeeding experience were found to have higher breastfeeding success.[35,37,55,56] These results support the findings of the present study.

In UNICEF's 2023 data, it was reported that the rate of exclusive breastfeeding in the first six months was approximately 48% worldwide.[57] In the Turkey Demographic and Health Survey 2018 report, it was reported that the rate of exclusive breastfeeding in the first six months was 41%.[58] It is stated that the low rate of exclusive breastfeeding is caused by inadequate breastfeeding support received by mothers.[59] In the present study, it was found that breastfeeding success was higher among mothers who did not receive support during breastfeeding. In another study, it was found that mothers who received breastfeeding support had improved breastfeeding success.[46] The reason for this finding in our study may be related to the willingness of the mothers in our study to breastfeed.

Our study found that the breastfeeding success of mothers who received information about breast milk was higher. In a randomized controlled trial of 80 pregnant women who received breastfeeding education, breastfeeding success was found to be higher among mothers who received breastfeeding education.[60] Similar to our study, there are studies in the literature that found that mothers who received information about breastfeeding and breast milk had higher breastfeeding success.[61,62]The low breastfeeding rates are believed to be caused by mothers' lack of knowledge in coping with the problems related to the breastfeeding process, in addition to their breastfeeding myths and attitudes.[9] In the present study, it was found that levels of possessing breastfeeding myths decreased as the breastfeeding attitude scores of mothers increased. Indeed, one study also shows that breastfeeding attitudes and success are influenced by multidimensional factors,

such as family communication, women's self-confidence, the baby's gender, and social norms, in addition to knowledge level, support, and obstetric characteristics.[46] In another study, a questionnaire on breastfeeding myths was administered to 189 mothers at 18-22 weeks of pregnancy, then mothers were trained on breastfeeding, and the same questionnaire was administered again at 37-38 weeks. The results of the study revealed that mothers' breastfeeding success increased, and the level of belief in myths decreased as breastfeeding success increased.[35] Previous studies have shown that mothers with positive attitudes toward breastfeeding do not believe in myths.[63,64] The results of this study are similar to our research findings.

All cultures in the world have their myths concerning breastfeeding. It is stated that breastfeeding myths can be harmful since they create barriers to the successful breastfeeding experience for the mother and baby.[9] In the present study, it was found that levels of breastfeeding myths decreased as the breastfeeding success of mothers increased. Similar to our study,[65] found that breastfeeding success had a negative effect on breastfeeding myths. One study also found a relationship between breastfeeding myths and breastfeeding failure in a study of 151 mothers with infants aged 6-12 months.[18] In another study, breastfeeding myths were found to be one of the factors causing breastfeeding failure.[66]

Breastfeeding attitudes also affect breastfeeding success.[67,68] Our study found that the breastfeeding success of mothers increased as their breastfeeding attitude scores increased. Previous studies have found that positive breastfeeding attitudes increase breastfeeding success. [48,69] This finding is consistent with a study in which positive maternal attitudes toward breastfeeding were associated with longer breastfeeding duration and a higher likelihood of breastfeeding success.

Limitations of the study

Mothers whose babies remained in the neonatal unit for medical reasons after birth were excluded from the study. Since the study was conducted in a single center in Kars province in Türkiye, it can only be generalized to this province and center.

Conclusion

As a result, it was found that the breastfeeding success of mothers increased as their breastfeeding attitudes improved. It was also found that mothers with low education levels and living in extended families had higher levels of breastfeeding myths. The study revealed that levels of breastfeeding myths decreased as breastfeeding attitudes and the success of mothers increased. This shows that it is important to increase mothers' breastfeeding attitudes and success. Therefore, breastfeeding education, which is part of the professional role of nurses, should be offered to mothers under current evidence. Thus, breastfeeding education provided to mothers will prevent the negative effects of breastfeeding myths on breastfeeding attitudes and success. Thus, public health will be ensured by protecting and improving mother-and-infant health.

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Conflict of interests

The authors have no relevant financial or non-financial interests to disclose.

Ethical approval and ınformed consent statements

Written permission was obtained from the authors to use the scales in this study. This study was conducted in accordance with the ethical standards of the Declaration of Helsinki. Voluntary participants were included in the study, and their personal identity information was kept confidential.

Contribution of authors

Material preparation was carried out by RTD and KT data collection by KT, NK and analysis by RTD, KT and NK The article was written by RTD and KT.

RTD read and approved the final manuscript. All authors mentioned in the article approved the manuscript.

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