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Public breastfeeding experiences and attitudes of women in Türkiye

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Abstract

Objectives This study aimed to explore the public breastfeeding experiences and attitudes of women in Türkiye and identify associated sociodemographic and behavioral factors.

Methods A descriptive cross-sectional study was conducted with 275 breastfeeding women at a public hospital in Istanbul between October 2023 and October 2024. Data were collected via a 35-item structured questionnaire and analyzed using chi-square and post hoc tests.

Results While 50.5% of participants found public breastfeeding acceptable, 73.8% perceived breastfeeding with exposed breasts as shameful. Most (97.8%) supported the availability of private breastfeeding areas. Education level, employment status, and exclusive breastfeeding were significantly associated with attitudes toward public breastfeeding.

Conclusion These findings suggest the need for public health strategies to normalize breastfeeding in public and support mothers' rights to breastfeed wherever they choose.

Significance

What is already known on the subject? Public breastfeeding is often stigmatized due to cultural norms and modesty expectations, with many mothers preferring private spaces despite legal rights. In Türkiye, limited research has examined how sociodemographic and behavioral factors influence these attitudes.

What this study adds? This study shows that higher education and exclusive breastfeeding are linked to more positive views on public breastfeeding, while most women still perceive breastfeeding with breast exposure as shameful. Findings highlight the need for cultural change and supportive policies to normalize breastfeeding in public.

Keywords Breast feeding, Attitude, Public opinion, Mothers

1 Introduction

Breastfeeding is universally recognized as the optimal source of infant nutrition, providing essential nutrients, immunological protection, and psychological bonding between mother and child [16]. It also offers significant health benefits to mothers, including

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reduced risks of breast and ovarian cancers and improved postpartum recovery [17]. In alignment with these benefits, the World Health Organization and UNICEF recommend initiating breastfeeding within the first hour of birth and continuing exclusive breastfeeding for the first six months of life [16].

Despite global health efforts, exclusive breastfeeding rates remain suboptimal. Between 2015 and 2020, approximately 44% of infants aged 0–6 months worldwide were exclusively breastfed [18]. WHO has set a target to increase this rate to at least 50% by 2025 [18]. In Türkiye, this rate is reported to be 41%, as indicated by the 2018 Türkiye Demographic and Health Survey [5]. While global breastfeeding statistics provide important insight into overall maternal and infant health trends, breastfeeding practices are deeply influenced by sociocultural norms that vary across countries [6]. In particular, attitudes toward breastfeeding in public are shaped by cultural expectations regarding modesty, gender roles, and the public visibility of women's bodies. Therefore, understanding the Turkish sociocultural context-where traditional values coexist with rapid urbanization-is essential to interpreting how women perceive and practice breastfeeding in public settings. However, beyond physiological and systemic barriers, sociocultural perceptions surrounding breastfeeding in public, specifically women's views on the appropriateness of breastfeeding in public settings, perceptions of shame and sexualization, comfort levels, support for designated private spaces, and prior public breastfeeding experiences [15].

Breastfeeding in public is a common necessity for mothers, yet it often provokes discomfort, judgment, or even stigma due to prevailing cultural norms and the sexualization of women's bodies [8, 10, 11]. Facilitators of public breastfeeding include the presence of designated spaces, family and partner support, and societal normalization. Conversely, barriers such as lack of privacy, public criticism, and internalized shame may deter mothers from breastfeeding outside the home [2, 7].

International studies reflect the complexity of public attitudes. In China, 65% of adults reported acceptance of breastfeeding in public, though 47% still found it embarrassing [22]. Similarly, in Canada, although legal protections are in place, societal discomfort persists [12]. In Poland, 10% of mothers reported receiving negative reactions when breastfeeding in public [4], while in Türkiye, 30.6% of mothers viewed breastfeeding in public as inappropriate [3].

Despite national and international recommendations supporting breastfeeding as a maternal and infant health priority, a significant gap persists between recognizing breastfeeding as a right and accepting its public visibility. In Türkiye, where traditional norms regarding modesty and gender roles remain influential, breastfeeding in public may be socially contested. The main problem addressed in this study is the tension between health recommendations encouraging breastfeeding and sociocultural norms that may discourage its public practice. The current study aims to explore the public breastfeeding experiences and attitudes of women in Türkiye and to identify sociodemographic and behavioral factors associated with these perceptions.

1.1 Research questions

1. What are breastfeeding women's perceptions regarding the appropriateness of breastfeeding in public settings?
2. What are women's preferences regarding designated private breastfeeding areas?

3. Are public breastfeeding attitudes associated with sociodemographic characteristics and breastfeeding-related behaviors?

2 Methods

2.1 Design and setting

This descriptive cross-sectional study was conducted between May-December 2024 at the maternity outpatient clinics of a public, baby-friendly hospital in Istanbul, Türkiye. The hospital offers maternal and child health services and is actively involved in breastfeeding education and support programs.

2.2 Participants

The study population consisted of breastfeeding women attending the obstetrics and gynecology outpatient clinics of a public hospital in Istanbul during the data collection period. Women in the postpartum period typically attend the obstetrics and gynecology outpatient clinics of the hospital for routine follow-up care; therefore, the participants included in this study were recruited from among these women. Women who visited the clinic for these services and were currently breastfeeding were invited to participate in the study.

Inclusion criteria were: (1) currently breastfeeding, (2) willingness to participate voluntarily, and (3) absence of communication barriers that would prevent completion of the questionnaire. A power analysis using G*Power software (version 3.1.7) determined a minimum sample size of 272 based on a 95% confidence level, 5% margin of error, and 80% power. A total of 275 women were recruited, satisfying this requirement.

2.3 Data collection

Data were gathered via structured face-to-face interviews conducted by the researchers. The instrument was a 35-item questionnaire developed based on relevant literature [2, 3, 13, 14, 21] and reviewed by experts in maternal health and breastfeeding research to ensure clarity and content relevance. Minor revisions were made based on expert feedback.

The questionnaire consisted of two sections. The first section included 15 items assessing sociodemographic and breastfeeding-related characteristics such as maternal age, education level, employment status, infant age, breastfeeding frequency, and feeding practices. This section also included questions regarding breastfeeding duration and future breastfeeding intentions. For example, mothers were asked about the number of breastfeeding sessions per day, the average duration of each breastfeeding session (in minutes), and their planned breastfeeding cessation period, which referred to the length of time they intended to continue breastfeeding their infant (in months).

The second section included 20 items evaluating women's perceptions and experiences regarding breastfeeding in public. These items explored several aspects such as perceived appropriateness of breastfeeding in different public settings, feelings of comfort or discomfort when witnessing breastfeeding in public, perceptions of shame or sexualization associated with breastfeeding, and personal experiences of breastfeeding in public places. Items regarding public breastfeeding perceptions were answered using a three-point response format (Yes, No, and No Idea). Responses were analyzed as

categorical variables and summarized using frequencies and percentages. No composite score was calculated, and each item was analyzed independently.

2.4 Data analysis

Data were analyzed using IBM SPSS Statistics version 28.0. Descriptive statistics (mean, standard deviation, frequency, percentage) were used to describe the sample characteristics. The Chi-square test and post hoc analysis were conducted to examine associations between socio-demographic variables and attitudes toward public breastfeeding. Statistical significance was set at $p < 0.05$.

3 Results

The mean age of the participants was 29.25 years (SD = 5.21). On average, mothers reported breastfeeding 13.43 times per day (SD = 6.10), with each session lasting approximately 17.40 min (SD = 7.05). The planned duration of breastfeeding was 22.69 months (SD = 5.43). The majority of participants had completed high school (57.4%) and were not employed (84.7%). Most participants reported that their income was equal to their expenses (76.7%), and 70.2% had planned pregnancies. Male infants were slightly more prevalent (53.1%), and the most common mode of delivery was cesarean Sect. (57.1%). Just over half of the women (52.7%) had received prior breastfeeding education. Exclusive breastfeeding was reported by 62.5% of mothers, while 25.8% also used formula. Most participants believed their breast milk was sufficient (70.9%), and 34.9% reported experiencing breast pain (Table 1).

As shown in Tables 2 and 50.5% of participants considered breastfeeding in public appropriate, while 42.9% disagreed. A large majority (81.5%) believed women have the right to breastfeed in public. However, 73.8% stated that breastfeeding with the breast exposed in public was shameful, and 66.9% considered it inappropriate due to the sexualization of the breast. Designated private breastfeeding areas were strongly favored, with 97.8% of respondents supporting their presence in public spaces. Acceptability of public breastfeeding was highest in hospitals (88.7%) and shopping malls (69.8%), but notably lower on public transportation (37.1%). While 40.0% of the participants had previously breastfed in public, only 26.9% felt comfortable doing so, and 33.1% reported discomfort during such experiences.

Chi-square analysis revealed a significant association between education level and attitudes toward public breastfeeding ($\chi^2 = 12.341$, $p = 0.015$). Among women with graduate or master's degrees, 36.7% considered public breastfeeding appropriate compared to 11.5% of women with primary school education and 51.8% of high school graduates. Employment status was also significantly associated with preference for designated private breastfeeding areas ($\chi^2 = 15.096$, $p < 0.001$). A higher proportion of non-working women (85.9%) supported designated private areas compared to working women (14.1%). Feeding method was significantly associated with attitudes toward the sexualization of breastfeeding ($\chi^2 = 14.162$, $p = 0.028$). Among exclusively breastfeeding mothers, 65.2% rejected the view that breastfeeding in public is inappropriate because the breast is a sexual symbol, compared to 6.0% of mothers who used both water and formula supplementation (Table 3).

Post hoc comparisons showed that women with graduate or master's degrees were significantly more likely to consider breastfeeding in public appropriate compared to

Table 1 Characteristics of breastfeeding women ($n = 275$)

Variables		X ±(SD)	Min-Max
Age		29.25 ± 5.21	17–47
Breastfeeding Times/ Per Day		13.43 ± 6.10	1–30
Breastfeeding Duration (Per breastfeeding session/Minute)		17.40 ± 7.05	5–45
Planned Breastfeeding Cessation Period (Months)		22.69 ± 5.43	6–48
		n	**%**
Education Level	Primary School	38	13.8
	High School	158	57.4
	Graduate and master degree	79	28.7
WorkingStatus	Not working	233	84.7
	working	42	15.3
Income Status	Less than expenses	44	16.0
	Equals expenses	211	76.7
	Greater than expenses	20	7.3
Planned Pregnancy	Yes	193	70.2
	No	82	29.8
Gender of Baby	Boy	146	53.1
	Girl	129	46.9
Baby's age (Month)	0–6	239	86.9
	7–12	29	10.5
	13–18	7	2.5
Birth Method	Vaginal Birth	118	42.9
	Cesarean Section	157	57.1
Taking breastfeeding education	Yes	145	52.7
	Nurse	84	30.5
	Midwife	39	14.2
	Antenatal classes	22	8.0
	No	130	47.3
Baby's feeding method	I am exclusively breastfeeding.	172	62.5
	I am giving water along with breast milk.	9	3.3
	I am giving formula along with breast milk.	71	25.8
	I am giving both water and formula along with breast milk.	23	8.4
Perception of breast milk sufficiency	My breast milk is not enough for my baby.	62	22.5
	My breast milk is enough for my baby.	195	70.9
	I am unsure whether my breast milk is sufficient.	18	6.5
Breast pain	Yes	96	34.9
	No	179	65.1

high school graduates ($p = 0.012$). Additionally, women with primary school education were significantly more likely to perceive breastfeeding in public as inappropriate due to the sexualization of the breast compared to women with graduate or master's degrees ($p = 0.004$). Mothers who exclusively breastfed were significantly more supportive of designated private breastfeeding areas compared to mothers who gave water along with breast milk ($p < 0.001$). Furthermore, exclusively breastfeeding mothers were significantly more likely to reject the idea that breastfeeding in public is inappropriate because the breast is a sexual symbol compared to mothers who used both water and formula ($p = 0.042$), (Table 4).

4 Discussion

This study offers important insights into breastfeeding women's perceptions of breastfeeding in public in a Turkish context, highlighting the interaction between cultural expectations, maternal behaviors, and individual characteristics. The findings reflect

Table 2 Breastfeeding women's views on breastfeeding in public

Variables	Yes		No		No İdea	
	n	%	*n*	%	*n*	%
It is appropriate for women to breastfeed in public.	139	50.5	124	45.1	12	4.4
It is wrong for women to breastfeed in public.	118	42.9	144	52.4	13	4.7
Women have the right to breastfeed in public.	224	81.5	35	12.7	16	5.8
It is appropriate for women to breastfeed in public by covering their breasts.	250	90.9	18	6.5	7	2.5
It is appropriate for women to breastfeed in designated private areas in public.	269	97.8	4	1.5	2	0.7
It is appropriate for women to breastfeed their babies in hospitals.	244	88.7	26	9.5	5	1.8
It is appropriate for women to breastfeed their babies in shopping malls.	192	69.8	73	26.5	10	3.6
It is appropriate for women to breastfeed their babies in restaurants.	168	61.1	96	34.9	11	4.0
It is appropriate for women to breastfeed their babies on public transportation.	102	37.1	154	56.0	19	6.9
It is appropriate for women to breastfeed their babies at their workplace.	182	66.2	74	26.9	19	6.9
I feel comfortable when I see a woman breastfeeding in a public place.	128	46.5	121	44.0	26	9.5
I feel uncomfortable when I see a woman breastfeeding in a public place.	112	40.7	138	50.2	25	9.1
Breastfeeding with the breast exposed in public is shameful.	203	73.8	53	19.3	19	6.9
Breastfeeding with the breast exposed in public is a disrespectful act.	180	65.5	71	25.8	24	8.7
Breastfeeding in public is inappropriate because the breast is a sexual symbol.	184	66.9	62	22.5	29	10.5
I have breastfed my baby in public before.	110	40.0	138	50.2	27	9.8
I felt comfortable breastfeeding my baby in public before.	74	26.9	107	38.9	94	34.2
I felt uncomfortable breastfeeding my baby in public before.	91	33.1	86	31.3	98	35.6
I have breastfed my baby in public while covering my breasts before.	169	61.5	56	20.4	50	18.2
I have breastfed my baby in designated private areas in public before.	213	77.5	23	8.4	39	14.2

both the diversity and complexity of maternal attitudes, revealing a tension between personal acceptance of breastfeeding as a natural behavior and societal discomfort associated with its public visibility.

A key finding of this study was that higher levels of education were significantly associated with more positive attitudes toward public breastfeeding. This is consistent with previous literature indicating that education enhances maternal knowledge, self-efficacy, and confidence in public health behaviors, including breastfeeding [1, 7, 19, 20]. Educated women may be more likely to view breastfeeding as a health behavior rather than a private or sexual act, thereby rejecting prevailing taboos about breastfeeding visibility.

Despite growing awareness campaigns and legal protections, public breastfeeding remains stigmatized in many contexts. In the present study, although over half of the participants (50.5%) deemed breastfeeding in public appropriate, a majority (73.8%) still viewed breastfeeding with an exposed breast as shameful. This duality is echoed in studies from diverse cultural settings, including Canada [12], China [22], and the UK [10], where the public perception of breastfeeding oscillates between acceptance and embarrassment, often influenced by gender norms and media portrayals of the female body. An interesting finding in this study was the relatively high proportion of participants who responded "No idea" when asked about their comfort levels regarding breastfeeding in public. This response pattern may reflect a tension between normative beliefs and lived experiences. While many women acknowledge that breastfeeding in public is a maternal right, they may simultaneously feel uncertain or uncomfortable due to perceived social judgment or cultural expectations surrounding modesty. This ambivalence suggests that public breastfeeding is not only a health behavior but also a socially negotiated practice shaped by cultural norms and public attitudes.

Table 3 Comparison of breastfeeding attitudes based on women's characteristic

Variables		It is appropriate for women to breastfeed in public.				It is appropriate for women to breastfeed in designated private areas in public.				Breastfeeding in public is inappropriate because the breast is a sexual symbol.			
		Yes n(%)	No n(%)	No İdea n(%)	χ^2 p	Yes n(%)	No n(%)	No İdea n(%)	χ^2 p	Yes n(%)	No n(%)	No İdea n(%)	χ^2 p
Education Level	Primary School	16 (11.5)	22 (17.7)	0 (0.0)	**12.341**	38 (14.1)	0 (0.0)	0 (0.0)	2.724	33 (17.9)	2 (3.2)	3 (10.3)	**15.738**
	High School	72 (51.8)	76 (61.3)	10 (83.3)	**0.015**	154 (57.2)	2 (50.0)	2 (100.0)	0.605	108 (53.7)	38 (61.3)	12 (41.4)	**0.003**
	Graduate and master degree	51 (36.7)	26 (7.0)	2 (16.7)		77 (28.6)	2 (50.0)	0 (0.0)		43 (28.4)	22 (35.3)	14 (48.3)	
Working Status	Not working	114 (82.0)	110 (88.7)	9 (75.0)	3.188	231 (85.9)	2 (50.0)	0 (0.0)	**15.096**	165 (89.7)	48 (77.4)	20 (69.0)	**11.606**
	working	25 (18.0)	14 (11.3)	3 (25.0)	0.203	38 (14.1)	2 (50.0)	2 (100.0)	**<0.001**	19 (10.3)	14 (22.6)	9 (31.0)	**0.003**
Baby's feeding method	I am exclusively breastfeeding.	81 (58.3)	84 (67.7)	7 (58.3)	10.455	169 (62.8)	3 (75.0)	0 (0.0)	**60.065**	120 (65.2)	32 (51.6)	20 (69.0)	**14.162**
	I am giving water along with breast milk.	5 (3.6)	2 (1.6)	2 (16.7)	0.107	7 (2.6)	0 (0.0)	2 (100.0)	**<0.001**	6 (3.3)	1 (1.6)	2 (6.9)	**0.028**
	I am giving formula along with breast milk.	39 (28.1)	30 (24.2)	2 (16.7)		70 (26.0)	1 (25.0)	0 (0.0)		47 (25.5)	22 (35.5)	2 (6.9)	
	I am giving both water and formula along with breast milk.	14 (10.1)	8 (6.5)	1 (8.3)		23 (8.6)	0 (0.0)	0 (0.0)		11 (6.0)	7 (11.3)	5 (17.2)	

χ^2: Chi Square $p < 0.05$

Bold values indicate statistically significant results ($p < 0.05$)

Table 4 Post hoc analysis between breastfeeding attitudes and women's characteristics

Characteristics	*p*
It is appropriate for women to breastfeed in public.	
Primary School-High School	0.959
Primary School-Graduate and master degree	0.186
High School - Graduate and master degree	**0.012**
It is appropriate for women to breastfeed in designated private areas in public.	
I am exclusively breastfeeding-I am giving water along with breast milk	**< 0.001**
I am exclusively breastfeeding-I am giving formula along with breast milk	0.999
I am exclusively breastfeeding- I am giving both water and formula along with breast milk	0.977
I am giving water along with breast milk-I am giving formula along with breast milk	**< 0.001**
I am giving water along with breast milk-I am giving both water and formula along with breast milk	**< 0.001**
I am giving formula along with breast milk- I am giving both water and formula along with breast milk	0.990
Breastfeeding in public is inappropriate because the breast is a sexual symbol.	
Primary School-High School	0.286
Primary School-Graduate and master degree	**0.004**
High School - Graduate and master degree	**0.025**
Breastfeeding in public is inappropriate because the breast is a sexual symbol.	
I am exclusively breastfeeding-I am giving water along with breast milk	0.934
I am exclusively breastfeeding-I am giving formula along with breast milk	0.946
I am exclusively breastfeeding- I am giving both water and formula along with breast milk	**0.042**
I am giving water along with breast milk-I am giving formula along with breast milk	0.857
I am giving water along with breast milk-I am giving both water and formula along with breast milk	0.900
I am giving formula along with breast milk- I am giving both water and formula along with breast milk	0.099

$p < 0.05$

Another notable finding is the overwhelming preference (97.8%) for designated private breastfeeding spaces. This aligns with the findings of Hauck et al., [7], who reported similar preferences among women in Australia, Ireland, and Sweden. Providing such spaces can facilitate maternal comfort, but their necessity also highlights the societal pressure on women to breastfeed discreetly, even when laws support public breastfeeding.

Employment status also emerged as a significant determinant. Non-working mothers were more likely to prefer private spaces for breastfeeding, a result that parallels findings by Uludaşdemir and Peksoy Kaya [15], who emphasized the role of traditional gender roles and modesty expectations in shaping public breastfeeding behaviors in conservative societies like Türkiye.

The association between feeding practices and attitudes toward breastfeeding in public may be explained by differences in breastfeeding commitment and maternal confidence. Mothers who practice exclusive breastfeeding often demonstrate higher levels of breastfeeding self-efficacy and stronger motivation to maintain breastfeeding regardless of context. As a result, they may be more likely to challenge social discomfort surrounding public breastfeeding and reject the perception that breastfeeding is inappropriate due to the sexualization of the breast. In contrast, mothers who supplement breastfeeding with water or formula may experience lower breastfeeding confidence or greater exposure to social pressures that influence feeding decisions. Previous research has shown that stronger breastfeeding commitment and self-efficacy are associated with more positive attitudes toward breastfeeding practices and greater willingness to breastfeed in public settings [7, 9].

The differences in perceived appropriateness of breastfeeding locations (hospitals and shopping malls being favored, public transportation being less acceptable) reflect broader societal norms about where maternal and child care are expected or tolerated. This reinforces the need for public health messaging that frames breastfeeding as both a right and a normal behavior, not confined to maternal-designated or hidden spaces.

Overall, the results support the assertion that breastfeeding in public is not merely a personal decision but a socially negotiated practice embedded in cultural, gendered, and institutional structures. Addressing negative societal attitudes and institutional gaps through education, policy, and infrastructure is essential for promoting equitable breastfeeding environments.

5 Conclusion

In this Turkish sample, only half of the women (50.5%) considered breastfeeding in public appropriate, while a substantial majority (73.8%) perceived breastfeeding with breast exposure as shameful. Nearly all participants (97.8%) supported the availability of designated private breastfeeding areas, indicating persistent societal discomfort with visible breastfeeding.

Education level, employment status, and feeding practices were significantly associated with public breastfeeding attitudes. Women with higher education and those practicing exclusive breastfeeding demonstrated more positive perceptions and were more likely to reject the sexualization of breastfeeding.

These findings highlight that although breastfeeding is recognized as a maternal right (81.5%), cultural norms and modesty expectations continue to shape women's comfort and acceptance of breastfeeding in public settings. Targeted educational initiatives and supportive public policies are needed to reduce stigma and promote normalization of breastfeeding in all social environments.

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Author contributions
M.T. and H. A. contributed to conception and study design, data collection, data analysis, interpretation, manuscript writing, reviewing, and revising it. All authors read and approved the final manuscript.

Data availability
Data available on request from the corresponding author.

Declarations

Ethics approval
This study was approved by the Social and Human Sciences Research Ethics Committee (Date: 12.09.2023; Protocol No: 2023/307).

Consent to participate
Participants were informed about the aim and content of the study, and written informed consent was obtained in accordance with the Declaration of Helsinki.

Consent for publication
Not applicable.

Competing interests
The authors declare no competing interests.

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