






**ORIGINAL ARTICLE**

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<https://doi.org/10.5281/zenodo.15652870>**Social Pressures Against Breastfeeding Women During Breastfeeding: Breastfeeding Bullying**

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**Introduction:** Studies on mothers' breastfeeding experiences report that they perceive pressure to breastfeed. Mothers who feel pressured to breastfeed may see themselves as bad parents and feel guilty, ashamed, and embarrassed when they do not breastfeed.

**Objektive:** In this study, we aimed to investigate the frequency and nature of social pressure towards breastfeeding from the immediate environment of breastfeeding women.

**Method:** The study is cross-sectional. The population of the study consisted of mothers with infants aged 0-24 months who were registered to Family Health Centers (FHC) in Haliliye district of Şanlıurfa province. Five FHCs were selected using simple random sampling method. After the pilot study, the sample size was calculated as 311. 'Questionnaire on social pressure towards breastfeeding' was used as a data collection tool.

**Results:** 66.9% of mothers were exposed to social pressure during breastfeeding. Women with higher education level, who were employed, and who had 2 or less children were exposed to more social pressure ( $p=0.01$ ,  $p=0.01$  and  $p=0.01$ , respectively). In the logistic regression model, high school education and above increases the social pressure experienced during breastfeeding by 5.8 times and the number of children with 2 or less children by 1.7 times. 47.27% of the participants stated that they were subjected to social pressure by their mother-in-law, 29.90% by their husbands, 17.04% by their neighbors and 17.04% by their friends.

**Conclusion:** It is common for women to experience social pressure to breastfeed during breastfeeding. The actors of this pressure experienced by women are mostly mothers-in-law and husbands. Identifying and raising awareness of the social pressures women experience towards breastfeeding can improve breastfeeding success and duration.

**Keywords:** Breastfeeding Pressure, Social Pressure, Breastfeeding Bullying.

**INTRODUCTION**

The best way to ensure baby health and development is breastfeeding, and the World Health Organization (WHO) recommends exclusive breastfeeding for the first six months after birth, followed by breastfeeding with complementary feeding for up to 2 years (1,2).

Studies emphasize the importance of breast milk for children's health. It is known that infants and children who are breastfed have lower infectious disease morbidity, chronic disease morbidity such as obesity and type 2 diabetes, and infant mortality risk, and their neurological and cognitive development is better (3).

It can be said that breastfeeding has important contributions to maternal health, as it does to infant and child health. Breastfeeding reduces the risk of breast cancer, ovarian cancer, coronary heart disease, type 2 diabetes and depression (4,5). At the same time, oxytocin and prolactin released due to breastfeeding facilitate the mother's relaxation and sleep, and oxytocin release is also associated with lower cortisol levels, lower blood pressure, lower anxiety and lower stress (6). These effects of breastfeeding on infant and maternal health are the reasons why many people view breastfeeding as a moral obligation or a sign of being a good mother (7-10).

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Studies show that more than half of mothers say they want to breastfeed their infants for at least 3 months, but only a third of them realize this intention (11). Moreover, the self-imposed expectation of breastfeeding, coupled with attributions that equate breastfeeding with good mothering, predispose women who do not achieve their intended breastfeeding goals to perceive themselves as “failures” or “bad mothers” (12-14). Women who do not breastfeed or do not achieve their breastfeeding goals report feelings of inadequacy, marginalization and guilt (7).

Studies on mothers' breastfeeding experiences report that they perceive pressure to breastfeed. This pressure can come from health care providers, partners/significant others and the media (15). Although women in some studies reported that their partners were supportive of their breastfeeding decisions, other studies reported that the pressure women felt from their partners was overwhelming and contributed to feelings of guilt and stress (16-18).

Mothers who feel pressured to breastfeed may see themselves as bad parents and feel guilty, ashamed, and embarrassed when they do not breastfeed (17,19). Difficulties with breastfeeding have been associated with depression, anxiety, obsessive-compulsive symptoms and eating disorders in several studies (20-23).

These articles provide valuable insights into the complex relationship between breastfeeding pressure and maternal mental health, emphasizing the importance of providing adequate support and resources to mothers. Therefore, in this study, we aimed to investigate the frequency and nature of social pressure towards breastfeeding from the immediate environment of breastfeeding women.

## METHODS

The research is cross-sectional.

The population of the study consisted of mothers with infants aged 0-24 months who were registered to Family Health Centers (FHC) in Haliliye district of Şanlıurfa province. Five FHCs were selected using a simple random sampling method.

In order to determine the sample size of the study, a pilot study was conducted with 121 people in an ASM in Haliliye district. Mothers who stated that they experienced the situation in at least one of the 6 questions in the data form to measure the social pressure experienced by women during breastfeeding and that they were uncomfortable with this situation were considered to have experienced social pressure during breastfeeding. The prevalence of women experiencing social pressure during breastfeeding was 71.9%. Based on these data, the minimum required sample size was calculated as 311 with a confidence level of 95.0% and a margin of error of 5.0%. Each of the 5 selected ASMs was visited for 5 days. All women who met the inclusion criteria were included in the study. Continued until the sample size was reached.

Data for the study were collected between December 1, 2023 and December 31, 2023. A total of 311 people were interviewed face-to-face and questionnaires were administered by the researchers.

'Questionnaire on social pressure towards breastfeeding' was used as a data collection tool. The questionnaire consisted of four sections questioning sociodemographic characteristics, infant-related characteristics, social pressure to breastfeed, and the people who exert social pressure on mothers.

The first section includes 6 questions on age, education level, employment status, number of children, living style and total household income.

In the second part, there are 3 questions about the age of the infant, the number of months the infant has been breastfed, the initiation of supplementary food, and if so, in which month.

In the third section, there are 6 questions questioning the social pressure experienced during breastfeeding. The questions are as follows:

- 1- When you were breastfeeding, did anyone interfere with the way you breastfed (lying down, lap, reverse lap, breastfeeding pillow)?

- 2- When you were breastfeeding, did anyone interfere with your breastfeeding frequency or feeding intervals?
- 3- Were you constantly told what to eat/drink while breastfeeding?
- 4- Did anyone tell you that your milk was not enough for the infant when you were breastfeeding?
- 5- Did anyone comment on your body weight when you were breastfeeding?
- 6- When you were breastfeeding, did anyone tell you that your body deteriorated due to breastfeeding?

Women who answered yes to these questions were asked “Did this bother you?” for each question and those who answered yes to at least one question were considered as mothers who had been subjected to social pressure related to breastfeeding.

In the fourth section, mothers who were subjected to social pressure during breastfeeding were asked about the person or persons exerting social pressure.

Data analysis was performed using SPSS 27.0 package program. Descriptive statistics such as median, minimum, maximum, percentage were used in the evaluation of the study data. Chi-square test was used to analyze categorical data. Logistic regression analysis was performed to evaluate the relationship between the significant independent variables and the outcome variable.

Ethical approval was obtained from Harran University Clinical Research Ethics Committee and institutional permission was obtained from Şanlıurfa Provincial Directorate of Health. The purpose of the study was explained and informed consent was obtained from the participants.

## RESULTS

The median age of the participants is 28 (min:17, max:43) and the median number of children they have is 2 (min:1, max:8). The median age of the participants' infants was 10 months (min: 0.5, max: 24). The median duration of breastfeeding is 7 months (min: 0, max: 24). The median time to start supplementary food for the participants' infants was 6 months (min: 1, max: 18).

The educational level of 41 (13.18%) of the participants was literate and below, 145 (46.62%) were primary school and 125 (40.19%) were high school and above. 268 (86.17%) of the participants are not employed in an income-generating job. The total household income of 81 (26.05%), 153 (49.20%), 153 (49.20%) and 77 (24.76%) of the participants was adequate, moderate and inadequate, respectively.

Of the participants, 262 (84.24%) stated that they lived in a nuclear family and 223 (71.70%) stated that they started their infants on supplementary food (Table 1).

**Table 1.** Distribution of Sociodemographic Characteristics of Participants

Characteristics	Count	Percent
<b>Education status</b>		
Literate and below	41	13.18
Primary education	145	46.62
High school and above	125	40.19
<b>Working status</b>		
Yes	43	13.83
No	268	86.17
<b>Income status</b>		
Sufficient	81	26.05
Middle	153	49.20
Insufficient	77	24.76
<b>Lifestyle</b>		
Nuclear family	262	84.24
Extended family	49	15.76
<b>Starting supplementary food status</b>		
Yes	223	71.70
No	88	28.30
<b>Total</b>	<b>311</b>	<b>100.0</b>

64 (20.58%) of the participants reported being interfered with the way of breastfeeding (lying down, lap, reverse lap, breastfeeding pillow), 89 (28.62%) reported being interfered with the frequency of breastfeeding, 109 (35.05%) reported being told what to eat/drink, 104 (33.44%) reported being told that their milk was not enough for their infant, 119 (38.26%) reported being commented on their weight, 86 (27.65%) reported being told that their body deteriorated due to breastfeeding, 86 (27.65%) reported being told that their body deteriorated due to breastfeeding. 44%) were told that their milk was not enough for their infant, 119 (38.26%) were disturbed by comments about their weight, and 86 (27.65%) were disturbed by being told that their body deteriorated due to breastfeeding.

Mothers who experienced any of the above-mentioned situations and were disturbed by this situation were considered to have been subjected to social pressure during breastfeeding. Accordingly, 208 (66.9%) of 311 mothers were exposed to social pressure during breastfeeding.

When the relationship between social pressure experienced during breastfeeding and some sociodemographic characteristics was analyzed, it was found that the higher the educational level, the significantly higher the social pressure experienced ( $p=0.01$ ).

Similarly, working women and women with 2 or less children were found to experience more social pressure. The difference was statistically significant ( $p=0.01$ -  $p=0.01$ ).

When the social pressure experienced during breastfeeding was compared according to age, income status, lifestyle, age of the infant, and initiation of supplementary food, no significant difference was found between the groups ( $P>0.05$ ) (Table 2).

**Table 2.** Comparison of Variables According to Social Pressure Experienced During Breastfeeding

		Exposure to Social Pressure				X <sup>2</sup>	P
		Yes		No			
		Count	Percent	Count	Percent		
Ages	28 and below	117	72.22	45	27.78	3.41	0.05
	28 above	92	61.74	57	38.26		
Education status	Literate and below*	16	39.02	25	60.98	36.23	0.01
	Primary education*	86	59.31	59	40.69		
	High school and above*	107	85.60	18	14.40		
Working status	Yes	38	88.37	5	11.63	8.27	0.01
	No	171	63.81	97	36.19		
Income status	Sufficient	52	64.20	29	35.80	3.49	0.20
	Middle	110	71.90	43	28.10		
	Insufficient	47	61.04	30	38.96		
Lifestyle	Nuclear family	180	68.70	82	31.30	1.56	0.24
	Extended family	29	59.18	20	40.82		
Number of children	2 and below	143	77.30	42	22.70	20.11	0.01
	2 above	66	52.38	60	47.62		
Baby's age	6 months and below	66	62.26	40	37.74	1.55	0.20
	6 months above	143	69.76	62	30.24		
Starting supplementary food status	Yes	155	69.51	68	30.49	1.69	0.18
	No	54	61.36	34	38.64		

\* Difference-making group.

In the logistic regression model, high school education and above increases the social pressure experienced during breastfeeding by 5.8 times and the number of children with 2 or less children by 1.7 times (Table 3).

**Table 3.** Logistic Regression Model of Independent Variables Affecting Social Pressure Experienced During Breastfeeding

Variables	B	Standard error	P	O.R.	95% Confidence Range
<b>Education status</b>	1.756	0.445	<b>0.001</b>	5.792	2.422–13.849
<b>Working status</b>	0.411	0.512	0.422	1.509	0.553–4.115
<b>Number of children</b>	0.553	0.279	<b>0.047</b>	1.738	1.007–3.001

When the participants who were exposed to social pressure during breastfeeding were asked about the people who exerted social pressure, 147 (47.27%) of the participants stated that they were exposed to social pressure by their mother-in-law, 93 (29.90%) by their husbands, 58 (18.65%) by their sisters-in-

laws, 35 (11.25%) by their husbands brother's wife, 53 (17.04%) by their neighbors, 53 (17.04%) by their friends, and 155 (49.84%) by other relatives (Table 4).

**Table 4.** Distribution of People Who Create Social Pressure During Breastfeeding

Social Pressure Creators	Count	Percent
<b>Mother-in-law</b>		
Yes	147	47.27
No	164	52.73
<b>Husbands</b>		
Yes	93	29.90
No	218	70.10
<b>Sister-in-law</b>		
Yes	58	18.65
No	253	81.35
<b>Husbands brother's wife</b>		
Yes	35	11.25
No	276	88.75
<b>Neighbors</b>		
Yes	53	17.04
No	258	82.96
<b>Friends</b>		
Yes	53	17.04
No	258	82.96
<b>Other relatives</b>		
Yes	155	49.84
No	156	50.16
<b>Total</b>	<b>311</b>	<b>100.0</b>

## DISCUSSION

It is noteworthy that breastfeeding is not only an instinctive practice, but an action in which the breastfeeding mother is strongly influenced by the experience in the community, i.e. the sociocultural context overrides biological determinants (24). Considering the fact that women are more vulnerable to many influences due to motherhood and breastfeeding, it was hypothesized that the social pressure experienced during breastfeeding may be at a high level in our society where kinship and friendship relations are established with very close relationships. In order to determine the level of social pressure experienced during breastfeeding and by whom social pressure is applied at a higher level, we conducted a field study with a questionnaire form created with questions determined as a result of literature and community observations. Considering the level of education of the women in our city, we preferred a binary Likert-type questionnaire with yes/no answers to make it easy to answer.

Of the 311 mothers who participated in this study, 208 (66.9%) had been exposed to social pressure during breastfeeding. In line with our hypothesis, this result shows that the social pressure experienced in our society is high. When the relationship between exposure to social pressure and sociodemographic variables was analyzed, we found that higher education level and having 2 or less children were risk factors that increased social pressure.

We think that there may be three reasons why women with higher education levels are exposed to more social pressure during breastfeeding. Firstly, women with higher levels of education have higher perceptions of social pressure than women with lower levels of education, secondly, women with higher levels of education are more active in business life and therefore are less likely to breastfeed, and thirdly, women with higher levels of education have lower levels of breastfeeding experience due to their lower number of children. Pakseresht et al. found a relationship between mothers' employment status and breastfeeding self-efficacy (25). Similarly, in the study conducted by Ngo et al. a relationship was found between breastfeeding self-efficacy and the mother's occupation (26). Corby et al. found that women with lower levels of education had higher breastfeeding self-efficacy. In the light of studies showing that breastfeeding self-efficacy increases as the number of children increases (27,28) and that women with low breastfeeding self-efficacy are exposed to more breastfeeding pressure (29), we can associate the fact that mothers with 2 or less children are exposed to more pressure with low breastfeeding self-

efficacy. Corby et al. found a relationship between the number of children and breastfeeding self-efficacy (27). Similarly, in a study conducted by Mercan et al. in our country, it was found that mothers with 2 or more children had higher breastfeeding self-efficacy (28). Korth et al. found that mothers with low breastfeeding self-efficacy and low breastfeeding experience experienced more breastfeeding pressure (29).

There may be one or more than one person who creates social pressure. The people who put the most social pressure on mothers were their mothers-in-law, spouses and other relatives. The least pressuring people were friends, neighbors, sister-in-law and husbands brother's wife. In the study by Korth et al., the most pressurizing factors were found to be the individual herself/himself, the community and the person providing breastfeeding support; similar to our study, friends were found to be less pressurizing. Unlike our study, it was found that the mother-in-law almost did not cause any pressure (29). We think that this result is due to cultural and social differences.

## CONCLUSION

1. During breastfeeding, it is common for women to experience social pressure to breastfeed.
2. The actors of this oppression experienced by women are mostly mothers-in-law and husbands.
3. Identifying and raising awareness of the social pressures women experience towards breastfeeding can improve breastfeeding success and duration.

## DESCRIPTIONS

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## REFERENCES

1. Andreas NJ, Kampmann B, Mehring Le-Doare K. Human breast milk: A review on its composition and bioactivity. *Early Hum Dev.* 2015;91(11):629-635. doi:10.1016/j.earlhumdev.2015.08.013
2. WHO. (2018). Guideline: Counselling of women to improve breastfeeding practices. World Health Organisation. <https://www.who.int/publications/i/item/9789241550468/> (Access date:25.10.2024)
3. Emmott, E. H. Improving Breastfeeding Rates: Evolutionary Anthropological Insights for Public Health. Cambridge: Cambridge University Press. 2023.
4. Chowdhury R, Sinha B, Sankar MJ, et al. Breastfeeding and maternal health outcomes: a systematic review and meta-analysis. *Acta Paediatr.* 2015;104(467):96-113. doi:10.1111/apa.13102
5. Tschiderer L, Seekircher L, Kunutsor SK, Peters SAE, O'Keeffe LM, Willeit P. Breastfeeding Is Associated With a Reduced Maternal Cardiovascular Risk: Systematic Review and Meta-Analysis Involving Data From 8 Studies and 1 192 700 Parous Women. *J Am Heart Assoc.* 2022;11(2):e022746. doi:10.1161/JAHA.121.022746
6. Uvnäs Moberg K, Ekström-Bergström A, Buckley S, et al. Maternal plasma levels of oxytocin during breastfeeding-A systematic review. *PLoS One.* 2020;15(8):e0235806. Published 2020 Aug 5. doi:10.1371/journal.pone.0235806
7. Lee E, Furedi F. Mothers' experience of, and attitudes to, using infant formula in the early months. Canterbury, UK: School of Social Policy, Sociology and Social Research, University of Kent. 2005.
8. Murphy E. 'Breast is best': Infant feeding decisions and maternal deviance. *Sociology of Health & Illness*, 1999;21: 187-208. <https://doi.org/10.1111/1467-9566.00149>
9. Marshall JL, Godfrey M, Renfrew MJ. Being a 'good mother': managing breastfeeding and merging identities. *Soc Sci Med.* 2007;65(10):2147-2159. doi:10.1016/j.socscimed.2007.06.015
10. Schmied V, Barclay L. Connection and pleasure, disruption and distress: women's experience of breastfeeding. *J Hum Lact.* 1999;15(4):325-334. doi:10.1177/089033449901500410
11. Perrine CG, Scanlon KS, Li R, Odom E, Grummer-Strawn LM. Baby-Friendly hospital practices and meeting exclusive breastfeeding intention. *Pediatrics.* 2012;130(1):54-60. doi:10.1542/peds.2011-3633
12. Knaak SJ. Contextualising risk, constructing choice: Breastfeeding and good mothering in risk society. *Health, Risk & Society.* 2010;12(4):345-55. <https://doi.org/10.1080/13698571003789666>



13. Schmied V, Lupton D. Blurring the boundaries: breastfeeding and maternal subjectivity. *Sociology of health & illness*. 2001;23(2):234-50. <https://doi.org/10.1111/1467-9566.00249>
14. Wall G. Moral Constructions of Motherhood in Breastfeeding Discourse. *Gender and Society*. 2001;15(4):592-610. <http://www.jstor.org/stable/3081924>
15. Thompson KA, White JP, Bardone-Cone AM. Associations between pressure to breastfeed and depressive, anxiety, obsessive-compulsive, and eating disorder symptoms among postpartum women. *Psychiatry Res*. 2023;328:115432. doi:10.1016/j.psychres.2023.115432
16. Regan S, Brown A. Experiences of online breastfeeding support: Support and reassurance versus judgement and misinformation. *Matern Child Nutr*. 2019;15(4):e12874. doi:10.1111/mcn.12874
17. Sheehan A, Schmied V, Cooke M. Australian women's stories of their baby-feeding decisions in pregnancy. *Midwifery*. 2003;19(4):259-266. doi:10.1016/s0266-6138(03)00037-8
18. Swanson V, Power KG. Initiation and continuation of breastfeeding: theory of planned behaviour. *J Adv Nurs*. 2005;50(3):272-282. doi:10.1111/j.1365-2648.2005.03390.x
19. Dykes, F.C. Feeling the Pressure—Coping With chaos: Breastfeeding at the End of the Medical Production Line. University of Sheffield [PhD Thesis]. 2004. <https://etheses.whiterose.ac.uk/12840/>.
20. Pope CJ, Mazmanian D. Breastfeeding and Postpartum Depression: An Overview and Methodological Recommendations for Future Research. *Depress Res Treat*. 2016;2016:4765310. doi:10.1155/2016/4765310
21. Ystrom E. Breastfeeding cessation and symptoms of anxiety and depression: a longitudinal cohort study. *BMC Pregnancy Childbirth*. 2012;12:36. Published 2012 May 23. doi:10.1186/1471-2393-12-36
22. Phillips WL, Keim SA, Crerand CE, Jackson JL. Maternal Obsessive-Compulsive Symptoms and Infant Feeding Practices. *Breastfeed Med*. 2022;17(3):259-268. doi:10.1089/bfm.2021.0062
23. Rodgers RF, O'Flynn JL, Bourdeau A, Zimmerman E. A biopsychosocial model of body image, disordered eating, and breastfeeding among postpartum women. *Appetite*. 2018;126:163-168. doi:10.1016/j.appet.2018.04.007
24. Marques E, Cotta R, Alves Magalhães K, Sant'Ana L, Gomes A, Siqueira-Batista R. A influência da rede social da nutriz no aleitamento materno: o papel estratégico dos familiares e dos profissionais de saúde. *Ciencia & Saude Coletiva- Cienc Saude Coletiva*. 2010;15. <https://doi.org/10.1590/s1413-81232010000700049>
25. Pakseresht S, Pourshaban F, Khalesi ZB. Comparing maternal breastfeeding self-efficacy during first week and sixth week postpartum. *Electron Physician*. 2017;9(2):3751-3755. Published 2017 Feb 25. doi:10.19082/3751
26. Ngo LTH, Chou HF, Gau ML, Liu CY. Breastfeeding self-efficacy and related factors in postpartum Vietnamese women. *Midwifery*. 2019;70:84-91. doi:10.1016/j.midw.2018.12.014
27. Corby K, Kane D, Dayus D. Investigating Predictors of Prenatal Breastfeeding Self-Efficacy. *Can J Nurs Res*. 2021;53(1):56-63. doi:10.1177/0844562119888363
28. Mercan Y, Tari Selcuk K. Association between postpartum depression level, social support level and breastfeeding attitude and breastfeeding self-efficacy in early postpartum women. *PLoS One*. 2021;16(4):e0249538. Published 2021 Apr 2. doi:10.1371/journal.pone.0249538
29. Korth CX, Keim SA, Crerand CE, Jackson JL. New Mothers' Perceptions of Pressure to Breastfeed. *MCN Am J Matern Child Nurs*. 2022;47(3):160-167. doi:10.1097/NMC.0000000000000814