

Original Article

The Views of Nurses on Breastfeeding in Public

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Abstract

Objective: The aim of this study is to determine the current attitudes of nurses in Turkey regarding breastfeeding in public places.

Methodology: The study was conducted as descriptive type. The data collected with 168 nurses between March - April 2023. The study data was collected with a 26-question conducted by the researcher and collected with the online survey method (Google Forms).

Results: The mean age of participants was 32.11 ± 5.85 . The rate of female nurses who think that women have the right to breastfeed in public was 94.5% (n=154), while the rate of male nurses was 85.7% (n=6). The 96.9% (n=158) of the female participants found appropriate for women to breastfeed their babies in hospitals, 97.5% (n=159) in shopping malls, 93.9% (n=153) in restaurants, 76.7% (n=125) in public transportation vehicles and 94.5% (n=154) in workplaces. The 74.7% (n=65) of the women stated that they breastfeed in public. The 54% (n=47) of them stated that they felt uncomfortable.

Conclusions: Breastfeeding in public is ignored due to opinions such as it is against the rules of society, it is shameful, and the breast is a sexual symbol. Nurses, who are involved in all areas of public health, should also be the leading force in promoting breastfeeding in public. However, to achieve this, it is necessary to determine the views and attitudes of nurses about breastfeeding in public.

Key words: Breastfeeding, breastfeeding in public, breast milk, burse

Introduction

Breastfeeding provides nourishment for the newborn, endorses the bond between the baby and the mother, and offers health benefits for the mother (WHO,2020). First breastfeeding immediately after birth, exclusive breastfeeding for the first six months of the child's life and breastfeeding with adequate nutrition for up to two years or longer are recommended by WHO and UNICEF (WHO,2021). The 2018 UNICEF Status of Children Report states that increasing breastfeeding rates globally might prevent the death of hundreds of thousands of children each year. According to data from the Turkey Demographic and Health Survey, 98% of children are breastfed at some time in their lives (Hacettepe University, 2018).

Breast milk provides favorable outcomes to the baby as well as to the mother (Victoria et

al., 2016). It strengthens the infant's immune system, provides all the nutrients a baby needs, is easily digested, and protects against long-term chronic non-communicable disorders (Scherbaum et al., 2016). Breastfeeding can help prevent baby malnutrition, diarrhoea, and pneumonia, and it has the greatest potential to reduce infant morbidity and death (Kramer et al., 2012). Breastfeeding also helps to protect the mother against breast cancer (Unar-Munguía et al., 2017), ovarian cancer (Sung et al., 2016), cardiovascular diseases (Nguyen et al., 2017), arterial hypertension (Park et al., 2018), and type 2 diabetes (Chowdhury et al., 2015).

Several factors influence the decision to breastfeed, the commencement of breastfeeding, and the continuation of breastfeeding for at least 6 months (Doga et al., 2017; Hauck et al., 2021). Breastfeeding practices of women are influenced by

personal characteristics such as age, weight, education, and confidence, as well as sociocultural background, views of family and friends, particularly the infant's father, and the support and engagement of health-care professionals (Rollins et al., 2016). Moreover, factors of the mother's decision to breastfeed include maternal knowledge and attitudes, as well as professional and personal support (Radzimirski et al., 2015). Lack of family and social support have been determined as detrimental factors associated with the exclusivity and duration of breastfeeding (Doga et al., 2017). In addition, Perappadan et al. (2018) found that mothers had difficulty breastfeeding in public places.

Opinions and attitudes on public breastfeeding have been studied across the world, mostly through surveys of the general public and specific community groups such as women, university students, young men, women who had never nursed, and older individuals (Hauck et al., 2021; Zhao et al., 2017). One of the reasons for avoiding public breastfeeding is discomfort, especially when suitable facilities are unavailable, which might lead to breastfeeding a cessation (Buturović et al., 2017). Breastfeeding difficulties in public impact all women, regardless of socioeconomic or social status (Boyer, 2012). Breastfeeding in public can be difficult, as evidenced by an integrated review of the literature, which frequently reports the lack of a safe place to breastfeed (Hauck et al., 2021). Feeling unable to breastfeed in public places (de Jager et al., 2013) or perceiving the neighbourhood as unsafe for children to play (Peregrino et al., 2018) in are well-documented barriers to breastfeeding continuation.

The attitude of healthcare practitioners towards breastfeeding often impacts mothers' decisions about feeding their infants (Baranowska et al., 2019). In order to increase support and promote breastfeeding, it is necessary to change the attitudes of healthcare providers (Radzimirski et al., 2015). Nurses are very influential regarding breastfeeding success rates both in the initiation of breastfeeding and duration. Nurses' attitudes about breastfeeding in public are predictive of actual supportive behavior. There has been no published research to date that has examined nurses' views of breastfeeding in public in

Turkey. Therefore, the primary aim of this study is to determine the current attitudes of nurses in Turkey regarding breastfeeding in public places.

Methodology

Study design and participants: The study was conducted as descriptive type. The participants included 168 registered nurse. The sample size was calculated on power analysis method in the G*Power (v3.1.7) program and the sample was calculated as 165 with considering the degree of confidence (95%), margin of error (5%), and ability test (80%). The data collected with participants between March - April 2023 who meet the research criteria. The inclusion criteria were as follows: willingness to participate, being nurse and having no communication barriers. The data of the study were collected with the online survey method. The questionnaire form was uploaded onto the Google Forms platform and advertised on e-mails and social media application (WhatsApp).

Setting and Relevant Context: This study was conducted in Turkey. Turkey is a middle-income country. According to national health data, the rate of exclusive breastfeeding for the first 6 months is 41%. The prevalence of breastfeeding in the community in Turkey is very low, and breastfeeding mothers mostly prefer separated private areas or breastfeed by covering their breasts. Although there are special areas reserved for breastfeeding in hospitals and some shopping centers, the number of special areas reserved for breastfeeding in areas such as restaurants and workplaces are negligible. Breastfeeding is not possible for women in public transport, as public transport is very crowded, especially in metropolitan cities where the population is dense.

Data Collection Tools: The study data was collected with a 26-question information form containing demographic and views on breastfeeding in public conducted by the researcher in line with the literature (38-40). The 7 questions in the data collection form are questions about the demographic and professional information of the participants. The 19 questions are about expressing their views on breastfeeding in public.

Data Analysis: SPSS (Windows 28.0) software was used for data analysis. Descriptive statistical methods (mean,

standard deviation, mode, median, frequency, minimum and maximum) were used for statistical analysis of data.

Ethical Considerations: Ethics committee approval was obtained from the Social and Human Sciences Research Ethics Committee of Istanbul university (Date: 15.03.2023; No: 2023/106). Informed consent form was added to the beginning of the online questionnaire and the participants were marked. In this way, written consent was obtained from the participants that they agreed to participate in the study. The study was conducted in accordance with the Declaration of Helsinki.

Results

The sociodemographic and breastfeeding data of participants are presented in Table 1. The mean age of participants was 32.11±5.85. The mean breastfeeding duration of women who breastfeed before was found 8.92±10.19 months. Most of the participants were women (95.9%, n=163). The 49.4% of them (n=84) had been working as a nurse for 6-10 years (Table 1).

The data about views on breastfeeding in are shown in Table 2. While the rate of female

nurses who said, ‘yes’ to the sentence 'It is appropriate for women to breastfeed in public' was 84.7% (n=138), the rate of those who said ‘yes’ to the sentence 'Women have the right to breastfeed in public' was 94.5% (n=154).

The 96.9% (n=158) of the female participants found appropriate for women to breastfeed their babies in hospitals, 97.5% (n=159) in shopping malls, 93.9% (n=153) in restaurants, 76.7% (n=125) in public transportation vehicles and 94.5% (n=154) in workplaces. While the rate of female nurses who felt comfortable seeing a breastfeeding woman in public was 77.9% (n=127), the rate of male nurses who were comfortable was 71.4% (n=5) (Table 2).

The breastfeeding in the public experiences of women who have breastfed before are shown in Table 3. The 74.7% (n=65) of the women stated that they breastfeed in public. The 54% (n=47) of women breastfeeding in public stated that they felt uncomfortable. Majority of the participants (93.1%, n=81) stated that they breastfeed their babies in private areas reserved in the public (Table 3).

Table 1. Characteristics of Participants

Variables		$\bar{X} \pm(SD)$	Min-Max
Age		32.11±5.85	23-54
Breastfeeding Duration of Women (Month)		8.92±10.19	0-40
		n	%
Gender	Female	163	95.9
	Male	7	4.1
Education Level	High School	4	2.4
	Associate degree	6	3.5
	Graduate	111	65.3
	Master degree	49	28.8
Marital Status	Married	124	72.9
	Single	46	27.1
Having Children	Yes	94	55.3
	No	76	44.7
Women's Breastfeeding Experience	Yes	87	53.4
	No	76	46.6

Working Duration	Less than 1 year	5	2.9
	1-5 year	24	14.1
	6-10 year	84	49.4
	11 year and above	57	33.5

Table 2. Participants' Views on Breastfeeding in Public

Variables	Women			Men		
	Yes	No	No Idea	Yes	No	No Idea
	n %	n %	n %	n %	n %	n %
1. It is appropriate for women to breastfeed in public.	138 84.7	18 11.0	7 4.3	4 57.1	3 42.9	0 0.0
2. Women have the right to breastfeed in public.	154 94.5	4 2.5	5 3.1	6 85.7	0 0.0	1 14.3
3. It is appropriate for women to breastfeed by covering their breasts in public.	126 77.3	27 16.6	10 6.1	2 28.6	2 28.6	3 42.9
4. It is appropriate for women to breastfeed in designated private areas in the community.	131 80.4	26 16.0	6 3.7	7 100.0	0 0.0	0 0.0
5. It is appropriate for women to breastfeed their babies in hospitals.	158 96.9	4 2.5	1 0.6	7 100.0	0 0.0	0 0.0
6. It is appropriate for women to breastfeed their babies in shopping malls.	159 97.5	3 1.8	1 0.6	7 100.0	0 0.0	0 0.0
7. It is appropriate for women to breastfeed their babies in restaurants.	153 93.9	9 5.5	1 0.6	7 100.0	0 0.0	0 0.0
8. It is appropriate for women to breastfeed their babies in public transport.	125 76.7	29 17.8	9 5.5	5 71.4	2 28.6	0 0.0
9. It is appropriate for women to breastfeed their babies at work.	154 94.5	4 2.5	5 3.1	6 85.7	1 14.3	0 0.0
10. I feel comfortable when I see a woman breastfeeding in public.	127 77.9	22 13.5	14 8.6	5 71.4	2 28.6	0 0.0
11. I feel uncomfortable when I see a woman breastfeeding in public.	10 6.1	143 87.7	10 6.1	2 28.6	5 71.4	0 0.0
12. Breastfeeding by showing the breast in public is shameful.	65 39.9	73 44.8	25 15.3	2 28.6	5 71.4	0 0.0

13. Breastfeeding by showing the breast in public is disrespectful.	44 27.0	97 59.5	22 13.5	2 28.6	5 71.4	0 0.0
14. Breastfeeding in public is not appropriate as the breast is a sexual symbol.	30 18.4	114 69.9	19 11.7	2 28.6	4 57.1	1 14.3

Table 3. Breastfeeding Women's Experiences of Breastfeeding in Public

Variables	Women who breastfed before (n=87)		
	Yes	No	No Idea
	n %	n %	n %
15. I have breastfed my baby in public before.	65 74.7	22 25.3	0 0.0
16. I have felt comfortable breastfeeding my baby in public before.	32 36.8	47 54.0	8 9.2
17. I have felt uncomfortable breastfeeding my baby in public before.	47 54.0	37 42.5	3 3.4
18. I have breastfed my baby in public by covering my breasts before.	77 88.5	10 11.5	0 0.0
19. I have breastfed my baby in private areas in public before.	81 93.1	6 6.9	0 0.0

Discussion

Breastfeeding is the best way to deliver breast milk, which is the safest and most nutritious for the baby. Breastfeeding has many benefits such as strengthening the mother-infant bond, containing all the nutrients necessary for the growth and development of the baby, and protecting women against breast cancer. There are many factors that affect the breastfeeding process and its continuity. One of them is situations that require breastfeeding in public. Public spaces refer to areas such as restaurants, workplaces, hospitals, shopping centers and public transport (Coomson et al., 2018). The breastfeeding process is affected by the negative judgments regarding breastfeeding in public, and it may cause the cessation of breastfeeding in the early period. Since the breast is accepted as a sexual symbol in most cultures, mothers mostly prefer to feed their babies with a bottle in public places. This causes a decrease in the rate of exclusive breastfeeding babies for the

first 6 months, which is recommended by World Health Organization (2021). Toronto Public Health in Canada (2010) reported that mothers who feel comfortable breastfeeding their babies in areas such as shopping malls, restaurants and workplaces are 2.9 times more likely to continue breastfeeding their babies for up to six months.

Breastfeeding is one of the most basic rights of mother and baby. It is important to promote breastfeeding in public and to make necessary arrangements so that babies are not deprived of nutrition, which is one of their most basic rights. Increasing breastfeeding is among the priority issues in terms of public health (Carole et al., 2018). Nurses, who are at the forefront of all issues concerning public health, should also be at the forefront with their advocacy role in promoting breastfeeding in the community. Nurses should organize campaigns to promote breastfeeding in public, conduct training and counseling activities to create suitable

breastfeeding areas, and contribute to the creation of policies that support breastfeeding. It is inevitable for nurses to be affected by the culture of the society they live in and to develop personal judgments about it. Therefore, in order to carry out studies promoting breastfeeding in public, it is necessary to know the views and prejudices of nurses about breastfeeding in the community and to correct them.

In this study, the views and experiences of nurses about breastfeeding in public were examined. The 84.7% of female nurses and 57.1% of male nurses stated that it is appropriate for women to breastfeed in public. The majority of both male and female nurses stated that women have the right to breastfeed in public. In the study conducted by Coomson and Aryeetey (2018), in Ghana, 72% of the participants stated that mothers have the right to breastfeed in any public place. No study has been found in the literature reporting the views and experiences of nurses about breastfeeding in public.

The 77.3% of the female nurses and 28.6% of the male nurses stated that the breasts should be covered when breastfed in public. While the rate of female nurses who stated that mothers should breastfeed in private areas separated in public was 80.4%, all male nurses agreed with this opinion. While the rate of female nurses who think that the breast is a sexual symbol is 18.4%, the rate of male nurses is 28.6%. While the rate of female nurses who thought that breast feeding by showing the breast in public was shameful was 39.9%, the rate of male nurses was 28.6%. Zhao et al. (2017) in China, 47% of the participants stated that it is embarrassing to see women breastfeeding, and 86% stated that it is appropriate to breastfeed in private areas separated from the public. In the study of Morris et al. (2016) it was stated that the breast is a sexual symbol and it is often embarrassing for people who see the breastfeeding woman.

In the study, 96.9% of the female nurses stated that they can breastfeed their babies in hospitals, 97.5% in shopping centers, 93.9% in restaurants, 76.7% in public transport and 94.5% in the workplace. All of the male nurses reported that mothers can breastfeed their babies in hospitals, shopping malls and

restaurants; 71.4% reported that they can breastfeed their babies in public transport and 85.7% at work. In a study conducted with 1276 adults in Canada, 78% of the participants stated that it is acceptable for a mother to breastfeed her baby in restaurants and 81% in shopping malls (Russell et al., 2017).

When the experiences of female nurses who had previous breastfeeding experience were examined; while the rate of breastfeeding women in the society was 74.7%, only 36.8% of them stated that they felt comfortable while breastfeeding. The rate of women who felt uncomfortable was 54%. In the study of Scott et al. (2015) in a descriptive study conducted with Scottish, Swedish, Spanish and Italian mothers in the postpartum period, breastfeeding rates were found to be 36.3% for Italian mothers, 57.3% for Scottish mothers, 76.5% for Spanish mothers, and 78.4% for Swedish mothers. In the study of Comson and Aryeetey (2018), the majority of the participants (92%) stated that they breastfeed in public, however, 52% felt uncomfortable and 27% felt embarrassed. It was stated that showing the breast, fear of negative comments, being disturbed by the men around, and seeing the breast as a sexual object had an effect on this situation. Similar to the literature, in this study, the majority of female nurses (88.5%) who breastfed in public reported that they breastfed by covering their breasts.

Conclusion and Recommendations: Breastfeeding in public continues to be considered a taboo in the world and in Turkey. Although nutrition, which is a basic human right and necessity, takes place many times in public places, breastfeeding in public is ignored due to opinions such as it is against the rules of society, it is shameful and the breast is a sexual symbol. However, in order not to interrupt exclusive breastfeeding for the first 6 months, which is also recommended by WHO, mothers should be encouraged to breastfeed in public. It is one of the most important duties of nurses to provide training and consultancy services to increase breastfeeding, which has an important role in the protection of mother-baby health. It is one of the responsibilities of nurses to carry out services to promote breastfeeding in public and to contribute to the policies to be created.

However, in order to achieve this, first of all, it is necessary to determine the views and attitudes of nurses about breastfeeding in public. In this way, it will be possible for nurses to get rid of wrong attitudes and prejudices, to encourage breastfeeding in the community and to support mothers in this regard. Breastfeeding beyond infancy needs to be normalised, and greater support in this area should be provided by nurses, as well as incorporated into health policies.

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References

- Baranowska B, Malinowska M, Stanaszek E. (2019). Extended Breastfeeding in Poland: Knowledge of Health Care Providers and Attitudes on Breastfeeding Beyond Infancy. *Journal of Human Lactation*, 35(2), 371-380. doi:10.1177/0890334418819448
- Boyer K (2012). Affect, corporeality and the limits of belonging: Breastfeeding in public in the contemporary UK. *Health Place*, 18(3), 552-560. doi: 10.1016/j.healthplace.2012.01.010
- Buturović Z, Ignjatović VS, Rašević M. (2017). Attitudes toward Breastfeeding and Breastfeeding Practice: Lack of Support for Breastfeeding in Public as a Factor in Low Breastfeeding Rates. *Journal of Health Science*, 3(2), 137-143. doi: 10.24141/1/3/2/1
- Carole CR, Allen K, Fagnano M. Concerns for Personal Safety and Privacy While Breastfeeding: An unexplored Phenomenon. *Breastfeeding Med.* 2018; 13(3):181-188. doi: 10.1089/bfm.2017.0187
- Chowdhury R, Sinha B, Sankat MJ. (2015). Breastfeeding and maternal health outcomes: A systematic review and meta-analysis. *Acta Paediatrica*, 104:96–103. doi: 10.1111/apa.13102
- Coomson JB, Aryeetey R. (2018) Perception and practice of breastfeeding in public in an urban community in Accra, Ghana. *International Breastfeeding Journal*, 13(18):1-10.
- Doga Öcal F, Vural Yılmaz Z, Ceyhan M, et al. (2017). Early initiation and exclusive breastfeeding: factors influencing the attitudes of mothers who gave birth in a baby-friendly hospital. *Turkish Journal of Obstetrics and Gynecology*, 1–9. doi:10.4274/tjod.90018
- de Jager E, Skouteris H, Broadbent J. (2013). Psychosocial correlates of exclusive breastfeeding: A systematic review. *Midwifery*, 29(5):506–518. doi:10.1016/j.midw.2012.04.009
- Hacettepe University, Institute of Population Studies. (2018). Turkey Demographic and Health Surveys 1993–2018. Ankara, Turkey. Accessed on 9.02.2023, http://www.hips.hacettepe.edu.tr/eng/population_survey.shtml
- Hauck YL, Bradfield Z, Kuliukas L. (2021). Women's experiences with breastfeeding in public: An integrative review. *Women Birth*, 34(3):e217–e227. doi:10.1016/j.wombi.2020.04.008
- Kramer MS, Kakuma R. (2012). The optimal duration of exclusive breastfeeding. *The Cochrane Database of Systematic Reviews*, 8:CD003517.
- Morris C, Zarate de la Fuente GA, Williams CE. (2016). UK Views toward Breastfeeding in Public: An Analysis of the Public's Response to the Claridge's Incident. *Journal of Human Lactation*, 32(3):472-80. doi:10.1177/0890334416648934
- Nguyen B, Jin K, Ding D. (2017). Breastfeeding and maternal cardiovascular risk factors and out-comes: A systematic review. *PLoS ONE*, 12:e0187923. doi: 10.1371/journal.pone.0187923
- Park S, Choi NK. (2018). Breastfeeding and Maternal Hypertension. *American Journal of Hypertension*, 31:615-621. doi:10.1093/ajh/hpx219
- Peregrino AB, Watt RG, Heilmann A. (2018). Breastfeeding practices in the United Kingdom: Is the neighbourhood context important? *Maternal and Child Nutrition*, 14(4):e12626. doi:10.1111/MCN.12626
- Perappadan BS. (2023). Delhi –Breastfeeding a challenge for over 70% of mothers 2018. Accessed on 9.02.2023. Available from: <https://www.thehindu.com/news/cities/Delhi/breastfeeding-a-challenge-for-over-70-of-mothers/article24618478.ece>
- Radzimirski S, Callister LC. (2015). Health professionals' attitudes and beliefs about breastfeeding. *Journal of Perinatal Education*, 24(2):102–109. doi:10.1891/1058-1243.24.2.102
- Rollins NC, Bhandari N, Hajeebhoy N. (2016). Why invest, and what it will take to improve breastfeeding practices? *The Lancet*, 387:491–504. doi:10.1016/S0140-6736(15)01044-2
- Russell K, Ali A. (2017). Public attitudes toward breastfeeding in public places in Ottawa, Canada. *Journal of Human Lactation*, 33(2):401–408. doi:10.1177/0890334417695203
- Scherbaum V, Srouf ML. (2016). The role of breastfeeding in the prevention of childhood malnutrition. *Hidden Hunger*, 115, 82-97. doi: 10.1159/000442075

- Scott JA, Kwok YY, Synnott K. (2015). A comparison of maternal attitudes to breastfeeding in public and the association with breastfeeding duration in four European countries: results of a cohort study. *Birth*, 42(1):78-85. doi: 10.1111/birt.12138
- Sung HK, Ma SH, Choi JY. (2016). The Effect of Breastfeeding Duration and Parity 76 on the Risk of Epithelial Ovarian Cancer: A Systematic Review and Meta-analysis. *Journal of Preventive Medicine and Public Health*, 49:349-354. doi: 10.3961/jpmph.16.066
- Toronto Public Health. Breastfeeding in Toronto: Promoting supportive environments. (2010). Accessed on 9.02.2023, <https://www.toronto.ca/legdocs/mmis/2010/hl/bgrd/backgroundfile-28423.pdf>.
- Unar-Munguía M, Torres-Mejía G, Colchero MA. (2017). Breastfeeding Mode and Risk of Breast Cancer: A Dose-Response Meta-Analysis. *Journal of Human Lactation*, 33:422-428. doi: 10.1177/0890334416683676
- Victora CG, Bahl R, Barros AJD. (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet*, 387(10017):475-90. doi:10.1016/S0140-6736(15)01024
- World Health Organization (WHO). (2020). Baby-friendly hospital initiative training course for maternity staff: participant's manual. Accessed on 9.02.2023, <https://www.who.int/publications/i/item/9789240008915> ().
- World Health Organization. (WHO). (2021). Infant and Young Child Feeding. Accessed on 30.01.2023, <https://www.who.int/data/nutrition/nlis/info/infant-and-young-child-feeding> ().
- Zhao Y, Ouyang YQ. (2017). Redding, Attitudes of Chinese adults to breastfeeding in public: a web-based survey. *Breastfeeding Medicine*, 12(5):316-321. doi:10.1089/bfm.2017.0013