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Social Pressure and Body Image in Breastfeeding Mothers: Development and Validation of a Psychosocial Scale

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ABSTRACT: Although breastfeeding is widely promoted as a public health ideal, many mothers experience intense social scrutiny regarding both their infant feeding practices and their bodies. This form of social pressure—often expressed through unsolicited advice, criticism, and body-related judgments—can undermine maternal psychological well-being, body image, and breastfeeding persistence, yet remains largely unmeasured in reproductive and infant psychology research. This study aimed to develop and psychometrically validate a psychosocial scale assessing perceived social pressure and criticism experienced by breastfeeding mothers.

Scale items were generated through focus group interviews with breastfeeding women to capture lived experiences of social judgment related to infant feeding and maternal body image. Content validity was established using expert review and the Lawshe method. Following pilot testing, the final 12-item scale was administered to 400 breastfeeding mothers. Construct validity was evaluated using exploratory and confirmatory factor analyses, and internal consistency was assessed using Cronbach's alpha coefficients**.** Factor analyses supported a two-factor structure—*Infant Feeding Pressure* and *Maternal Body Image Pressure*—explaining 59% of the total variance. The model demonstrated good fit to the data ($\chi^2/df = 2.96$, RMSEA = 0.07, CFI = 0.95, NNFI = 0.97). Internal consistency was high for the total scale ($\alpha = 0.84$) and for both subscales. The Breastfeeding-Related Social Pressure Scale is a reliable and valid instrument for assessing a largely overlooked psychosocial burden in breastfeeding mothers. By operationalising social pressure and body surveillance, this scale supports research on maternal well-being and infant feeding experiences.

KEYWORDS: Breastfeeding, social pressure, body image, maternal well-being, reproductive psychology, scale validation

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INTRODUCTION

Breastfeeding is widely promoted as a cornerstone of maternal and child health; however, it is also a socially regulated practice shaped by gendered norms and expectations (Rollins et al., 2016; World Health Organization [WHO], 2023). Beyond its biological benefits, breastfeeding is closely linked to cultural ideals of good motherhood, positioning women under continuous social scrutiny with respect to both infant care practices and bodily conduct (Hays, 1996; Schmied & Lupton, 2001).

Although social support is generally associated with improved breastfeeding outcomes, emerging evidence suggests that such support may also manifest as unsolicited advice, surveillance, and judgment. These interactions are often experienced by women as social pressure rather than assistance (Hunt & Thomson, 2017; Thomson et al., 2015). This pressure frequently targets infant growth and feeding adequacy, as well as maternal body image, thereby reinforcing normative expectations that regulate women's caregiving performance and postpartum bodies (O'Brien et al., 2008; Thompson et al., 2023).

From a women's health perspective, breastfeeding-related social pressure constitutes an underrecognized psychosocial risk factor. Experiences of criticism and moral judgment have been associated with increased stress, guilt, reduced breastfeeding self-efficacy, and earlier breastfeeding cessation, all of which may adversely affect maternal mental well-being (Diez-Sampedro et al.,

2019; Hvatum & Glavin, 2017). Despite this growing body of evidence, existing breastfeeding-related instruments primarily focus on social support, self-efficacy, or attitudes and fail to capture the critical and gendered dimensions of social interactions surrounding breastfeeding.

The lack of a validated tool to measure perceived social pressure limits both research and practice in women's health. Without such instruments, healthcare professionals and policymakers are unable to systematically identify women exposed to breastfeeding-related social criticism or to evaluate interventions aimed at mitigating its harmful effects. Therefore, this study aimed to develop and psychometrically validate a culturally grounded scale to assess perceived social pressure among breastfeeding mothers, conceptualizing this pressure as a salient women's health issue with implications for clinical care, public health practice, and maternal health policy.

METHODS

Study Design and Participants

This methodological study was conducted in XXX, a socioeconomically disadvantaged province characterized by entrenched traditional and patriarchal gender norms (XXX et al., 2023). This setting was intentionally selected to capture social dynamics that may intensify normative expectations surrounding breastfeeding and motherhood.

Participants were women aged 18 years or older with prior breastfeeding experience who were registered at the XXX Family Health Center. To minimize recall bias, only mothers who had breastfed within the previous two years were eligible for inclusion. Sociodemographic data were collected prior to administration of the study instrument. The scale development process consisted of two pilot studies followed by a main validation study.

Conceptual Framework and Item Generation

Scale development was guided by established methodological principles emphasizing conceptual clarity, cultural relevance, and population specificity (DeVellis, 2022). Because perceived social criticism during breastfeeding lacks a standardized definition and validated measurement instrument, an inductive qualitative approach was employed to ground item development in women's lived experiences.

A focus group discussion was conducted with ten breastfeeding mothers recruited from a Family Health Center to explore social judgments, expectations, and pressures encountered during breastfeeding. Participants described recurrent experiences of criticism from family members, peers, and healthcare providers, particularly regarding infant feeding adequacy and postpartum body image. These accounts informed the development of an initial item pool reflecting culturally embedded and emotionally salient forms of social pressure.

Consistent with best practices in scale development, inductive qualitative findings were integrated with a deductive review of the literature on social support, maternal well-being, and breastfeeding norms to ensure conceptual coherence and theoretical grounding (Boateng et al., 2018).

Item Format and Response Scaling

Items were formulated as interrogative statements to enhance clarity and facilitate comprehension among participants with diverse educational backgrounds. Considering the sociocultural and educational characteristics of the study population, a dichotomous (Yes/No) response format was selected to maximize usability and reduce respondent burden (Jenkins, 2020).

An initial pool of 17 items was generated. Content validity was assessed by five experts in maternal health, psychology, and public health, resulting in the removal of two items due to conceptual overlap.

Pilot Testing and Item Refinement

Face-to-face cognitive interviews were conducted with 20 breastfeeding mothers to evaluate item clarity and interpretability. Based on participant feedback, item wording was simplified to improve linguistic accessibility. Items were structured using a two-step format: participants were first asked whether a specific situation had occurred and, if so, whether it caused discomfort. This format enabled assessment of both exposure to social interaction and its perceived emotional impact.

The revised item pool was subsequently evaluated by a panel of ten experts for content validity using the Lawshe method. Items with a Content Validity Ratio (CVR) of 0.80 or higher were retained. Following linguistic refinement, a 13-item version was pilot-tested with 100 participants. Items with corrected item–total correlations below 0.30 were revised or removed. A second pilot study (n = 100) confirmed item performance, resulting in a final 12-item scale.

Main Validation Study

The final version of the scale was administered to 400 breastfeeding mothers between April 8 and April 26, 2024. Data were collected through face-to-face interviews conducted by trained researchers to ensure comprehension and data accuracy. Each interview lasted approximately 15–20 minutes.

Scale Structure and Scoring

Exploratory and confirmatory factor analyses identified two subdimensions: Infant Feeding Pressure (9 items) and Mother's Body Image Pressure (3 items). All items were scored dichotomously (0 = No, 1 = Yes), with higher scores indicating greater perceived social pressure. Subscale and total scores were calculated by summing item responses.

Statistical Analysis

Internal consistency was evaluated using Kuder–Richardson coefficients. Construct validity was examined through Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA). Sampling adequacy was assessed using the Kaiser–Meyer–Olkin measure and Bartlett's test of sphericity. EFA was conducted using Varimax rotation, and CFA model fit was evaluated using standard fit indices. All statistical analyses were performed using SPSS and AMOS software.

Ethical Considerations

Ethical approval was obtained from the XXX University Clinical Research Ethics Committee (Approval No: XXX/24.01.08; Date: February 12, 2024). Institutional permission was secured prior to data collection, and all procedures were conducted in accordance with the principles of the Declaration of Helsinki.

RESULTS

Participant Characteristics

Participants had a mean age of 28.7 ± 5.2 years (range: 18–45). Educational attainment varied, with 16.5% reporting no formal education, 26.0% completing primary education, 21.0% secondary education, 14.5% high school education, and 22.0% holding a university degree or higher. The majority of participants were not engaged in income-generating employment (87.0%) and lived in nuclear family settings (82.8%). Perceived household income was reported as good by 26.3% of participants, moderate by 47.3%, and poor by 26.5%.

Structural Validity and Reliability

Exploratory factor analysis (EFA) demonstrated sampling adequacy, with a Kaiser–Meyer–Olkin (KMO) value of 0.845 and a significant Bartlett's test of sphericity ($p < .001$), indicating that the data were suitable for factor analysis. Internal consistency was high, with a Kuder–Richardson coefficient of 0.84 for the total scale, 0.84 for the Infant Growth Pressure subdimension, and 0.76 for the Mother's Body Image Pressure subdimension. Corrected item–total correlation coefficients for all items exceeded the recommended threshold of .30.

EFA supported a two-factor structure. The first factor, Infant Growth Pressure (9 items), had an eigenvalue of 4.55 and explained 37.9% of the variance. The second factor, Mother's Body Image Pressure (3 items), had an eigenvalue of 1.65 and explained 14.0% of the variance. Together, the two factors accounted for 51.9% of the total variance. Hotelling's T^2 test suggested no substantial response bias ($T^2 = 183.65$, $p < .001$). Detailed factor loadings are presented in Table 1.

Descriptive Statistics

Median scores were low but nonzero, indicating the presence of perceived social pressure among participants. The median score for the Infant Growth Pressure subdimension was 1 (range: 0–9), while the median score for the Mother's Body Image Pressure subdimension was 1 (range: 0–3). The median total scale score was 2 (range: 0–12).

Confirmatory Factor Analysis

Confirmatory factor analysis (CFA) supported the two-factor model identified through EFA. Model fit indices indicated acceptable fit ($\chi^2/df = 2.96$, GFI = 0.94, AGFI = 0.91, NFI = 0.91, CFI = 0.94, RMSEA = 0.07). Fit indices and corresponding criteria are summarized in Table 2. The standardized path diagram of the model is presented in Figure 2.

Correlations Between Subdimensions and Total Score

The Infant Growth Pressure subdimension was moderately correlated with the total scale score ($r = .34$, $p < .001$). The Mother's Body Image Pressure subdimension showed a stronger positive correlation with the total score ($r = .64$, $p < .001$). Both subdimensions demonstrated statistically significant positive associations with overall perceived social pressure.

DISCUSSION

The findings of this study indicate that perceived social pressure during breastfeeding is a multidimensional construct encompassing expectations related to both infant growth and maternal body image. These dimensions reflect broader gendered norms that regulate women's maternal responsibilities and physical appearance during the postpartum period (Hays, 1996; Schmied & Lupton, 2001).

Pressure related to infant feeding often positions mothers as primarily responsible for meeting socially constructed standards of infant well-being. Simultaneously, criticism directed at maternal bodies reinforces expectations of rapid physical recovery and aesthetic conformity following childbirth (O'Brien et al., 2008; Thompson et al., 2023). Together, these intersecting

pressures may contribute to psychological distress, feelings of inadequacy, and reduced breastfeeding self-efficacy. Previous research has shown that such experiences are associated with earlier breastfeeding discontinuation and poorer maternal mental health outcomes (Hvatum & Glavin, 2017; Diez-Sampedro et al., 2019).

Importantly, social pressure is not limited to informal social networks but may also be unintentionally reproduced within healthcare settings. Judgment-based communication styles and rigid normative expectations surrounding breastfeeding practices can reinforce feelings of surveillance and inadequacy among mothers, underscoring the need for greater reflexivity within maternal health services (Hunt & Thomson, 2017). In this context, the scale developed in the present study addresses a critical gap by explicitly capturing the critical—rather than solely supportive—dimensions of social interactions related to breastfeeding.

From a women's health perspective, this instrument has the potential to support woman-centered breastfeeding care by enabling healthcare professionals to identify mothers experiencing heightened social pressure, tailor counseling approaches, and develop interventions aimed at reducing social criticism. At the policy level, incorporating awareness of breastfeeding-related social pressure into breastfeeding promotion strategies may help shift the dominant discourse away from performance-based expectations toward approaches that prioritize women's psychological well-being alongside infant health outcomes (Rollins et al., 2016; WHO, 2023).

LIMITATIONS

This study has several limitations. First, the scale was developed and validated among XXX-speaking participants within a specific cultural context; therefore, its psychometric properties should be further examined across different languages and sociocultural settings. Second, data were collected using self-reported measures, which may be subject to social desirability bias, potentially resulting in underreporting or overreporting of perceived social pressure during breastfeeding. Despite these limitations, the scale demonstrated strong internal consistency and satisfactory structural validity, supporting its utility as a culturally grounded measurement tool.

Implications for Practice and/or Policy

This scale offers clinicians and public health practitioners a brief, validated tool to identify breastfeeding mothers who experience social pressure related to infant feeding and body image expectations. Its integration into postpartum care may support more empathetic, woman-centered counseling by making psychosocial stressors visible alongside clinical indicators. At the policy level, incorporating measures of perceived social pressure into breastfeeding promotion strategies may help distinguish supportive approaches from judgment-based messaging and promote greater attention to maternal mental well-being and autonomy.

CONCLUSION

The Breastfeeding-Related Social Criticism Scale is a reliable and valid instrument that captures an underexplored yet consequential dimension of women's breastfeeding experiences. By rendering social criticism visible and measurable, the scale supports a shift toward more woman-centered breastfeeding research and practice. Recognizing and addressing social pressure as part of maternal health care may contribute to more supportive, equitable, and psychologically informed breastfeeding environments.

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DISCLOSURE STATEMENT

The authors declare that they have no competing or conflicting interests.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

All procedures were conducted in accordance with the ethical standards of the Declaration of Helsinki. Ethical approval was obtained from Harran University Ethics Committee (Approval No: HRÜ/24.01.08). Written informed consent was obtained from all participants.

CONSENT FOR PUBLICATION

Not applicable, as no identifiable data are included.

DATA AVAILABILITY STATEMENT

The datasets generated and analysed during the current study are available from the corresponding author on reasonable request.

AUTHOR CONTRIBUTIONS

All authors contributed to the conception and design of the study, data collection, analysis, and interpretation. All authors drafted or critically revised the manuscript and approved the final version. All authors agree to be accountable for all aspects of the work.

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CONFERENCE PRESENTATİON

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Table 1: Factor Structure of the Breastfeeding-Related Social Criticism Scale Identified by Exploratory Factor Analysis

Scale items	Infant Growth Pressure (A)	Mother's Body Image Pressure (B)
Subdimension 1: Infant Growth Pressure		
1. Did anyone interfere with the way you breastfed (e.g., lying down, cradle hold, reverse cradle hold, using a breastfeeding pillow)?	0.74	
2. Did anyone interfere with your breastfeeding frequency or feeding intervals?	0.69	
3. Did anyone interfere with your daytime or nighttime breastfeeding routines?	0.74	
4. Were you told to breastfeed continuously whenever your baby cried or seemed restless?	0.74	
5. Were you frequently told what to eat or drink while breastfeeding?	0.72	
6. Were you told to eat constantly because it was believed to increase breast milk?	0.73	
7. Were you told that your breast milk was insufficient for your baby?	0.61	
8. Were you advised to introduce complementary foods before six months of age?	0.48	
9. Were you told to start using formula during the first six months?	0.50	
Subdimension 2: Mother's Body Image Pressure		
10. Did anyone comment on your weight during breastfeeding?		0.80
11. Were you told that your body had deteriorated because of breastfeeding?		0.85
12. Were you told that you were not as attractive as before because of breastfeeding?		0.78

Note. Total variance explained = 51.94%. Kaiser–Meyer–Olkin (KMO) measure = 0.85. Bartlett's test of sphericity was significant (p < .001). Factor loadings < .40 are not shown.

Table 2: Model Fit Indices for the Confirmatory Factor Analysis

Fit index	Value	Acceptable fit criteria
χ^2/df	2.96	2.00–3.00
GFI	0.94	≥ 0.90
AGFI 0.91	0.91	≥ 0.85
NFI	0.91	≥ 0.90
CFI	0.94	≥ 0.90
RMSEA	0.07	≤ 0.08

Note. Acceptable fit criteria were based on established guidelines (Çiftçi et al., 2023; Gao et al., 2020; Ghardallou et al., 2022).

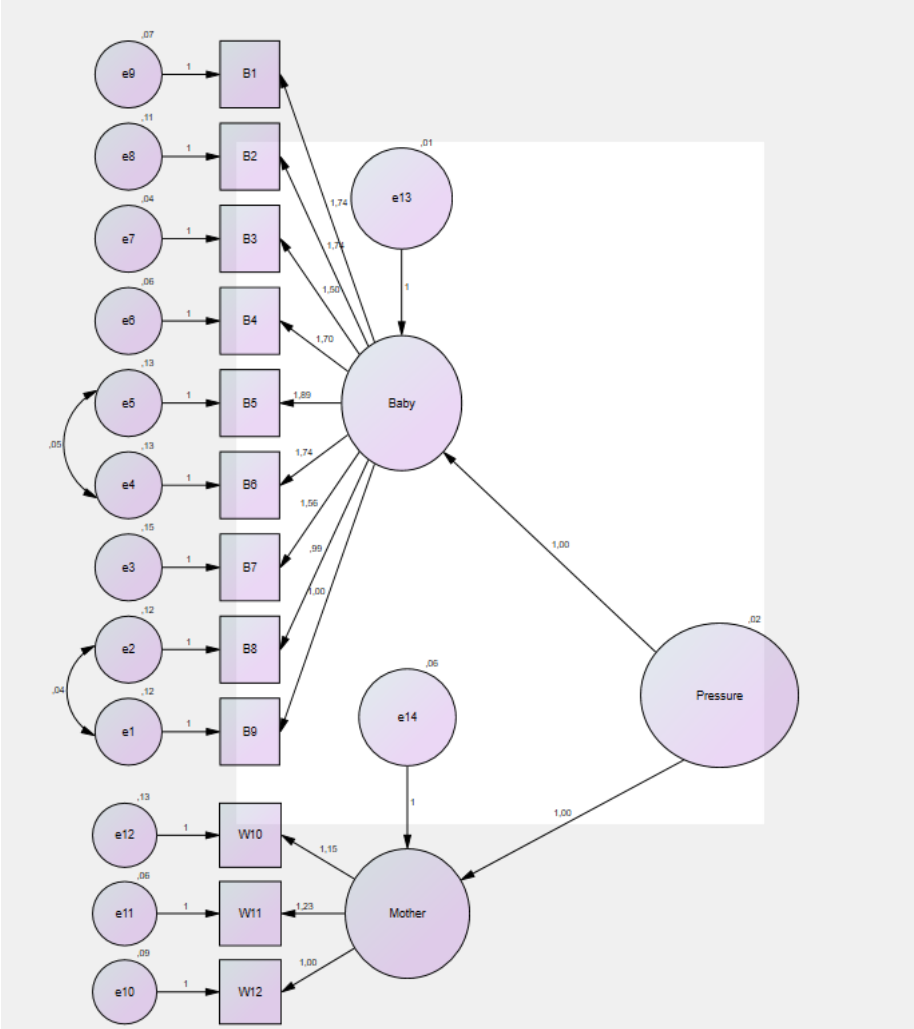

Figure 2: CFA Results Of The Candidate Scale After Modification