

Infant-Feeding Attitudes Before Parenthood: A Cross-Sectional Study of Women and Men Without Children

Ebeveynlik Öncesinde Bebek Beslenmesine Yönelik Tutumlar: Çocuğu Olmayan Kadın ve Erkeklerle Kesitsel Bir Çalışma

Hatice Bulut^{1*} 
Çiğdem Gök² 

¹Süleyman Demirel University
Faculty of Health Sciences,
Department of Nursing, Division of
Obstetrics and Gynecologic
Nursing, Isparta, Türkiye.

²Pamukkale University Faculty of
Health Sciences, Department of
Nursing, Division of Pediatric
Nursing, Denizli, Türkiye.

*Sorumlu Yazar:
hatice.phd.sheffield@gmail.com
haticebulut@sdu.edu.tr

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Abstract

This study examined infant-feeding attitudes and associated factors among women and men without children. This descriptive cross-sectional study was conducted online between February and June 2026 and included 312 participants. Data were collected using a Sociodemographic Information Form and the Iowa Infant Feeding Attitude Scale (IIFAS). The mean total scale score was 64.50 ± 6.72 , and women scored significantly higher than men. Scale scores differed significantly according to educational level, occupation, perceived income, previous infant-care experience, previous infant-feeding education, and intention to have children. Although most participants knew that breast milk alone is sufficient during the first six months, knowledge gaps were identified regarding early initiation of breastfeeding, breastfeeding on demand, and avoiding water during this period. These findings point to the importance of considering infant-feeding education during the pre-parenthood period, including both women and men, with attention to practical breastfeeding recommendations.

Keywords: Infant feeding, Adults without children, Breastfeeding, Attitude

Öz

Bu çalışma, çocuğu olmayan kadın ve erkeklerin bebek beslenmesine yönelik tutumlarını ve ilişkili faktörleri belirlemek amacıyla yapılmıştır. Tanımlayıcı ve kesitsel araştırma, Şubat–Haziran 2026 tarihleri arasında çevrim içi olarak yürütülmüş ve 312 katılımcı araştırmaya dâhil edilmiştir. Veriler, Sosyodemografik Bilgi Formu ve Bebek Beslenmesi Tutum Ölçeği (Iowa) kullanılarak toplanmıştır. Katılımcıların ölçek toplam puan ortalaması $64,50 \pm 6,72$ 'dir. Kadınların puanları erkeklerden anlamlı düzeyde yüksektir. Ölçek puanları eğitim düzeyi, meslek, algılanan gelir, bebek bakım deneyimi, bebek beslenmesi eğitimi alma ve çocuk sahibi olma düşüncesine göre anlamlı farklılık göstermiştir. Katılımcıların çoğu yalnızca anne sütünün ilk altı ay yeterli olduğunu bilmesine rağmen, emzirmenin erken başlatılması, bebeğin isteğine göre emzirilmesi ve ilk altı ay su verilmemesi konularında bilgi eksiklikleri belirlenmiştir. Bu bulgular, ebeveynlik öncesi bebek beslenmesi eğitiminde hem kadınların hem de erkeklerin kapsanmasının ve pratik emzirme önerilerine yer verilmesinin önemine işaret etmektedir.

Anahtar Kelimeler: Bebek beslenmesi, Çocuğu olmayan yetişkinler, Emzirme, Tutum

1. INTRODUCTION

Breastfeeding supports healthy infant growth and development and is an important public health practice for protecting maternal and child health (Meek et al., 2022; World Health Organization [WHO], 2023). WHO and the United Nations Children's Fund (UNICEF) recommend initiating breastfeeding within the first hour after birth, exclusively breastfeeding for the first six months without providing any other food or drink, including water, and continuing breastfeeding alongside appropriate complementary foods from six months of age until two years or beyond (WHO, 2023). The American Academy of Pediatrics similarly recommends exclusive breastfeeding for approximately six months, followed by continued breastfeeding alongside complementary foods until two years of age or beyond (Meek et al., 2022). Despite these recommendations, UNICEF's global data, updated in 2026, show that only 47% of infants aged 0–5 months worldwide are exclusively breastfed (UNICEF, 2026). Breastfeeding is associated with lower risks of gastrointestinal and respiratory infections, otitis media, overweight, and obesity in infants, as well as lower risks of breast and ovarian cancer in women (Chowdhury et al., 2015; Meek et al., 2022; Victora et al., 2016). Nevertheless, global breastfeeding rates remain below recommended levels. Knowledge, attitudes, and social factors related to breastfeeding should therefore be examined before parenthood (Malekian et al., 2025; UNICEF, 2026).

Infant-feeding decisions are not formed only during pregnancy or after childbirth. Individuals' existing knowledge, attitudes towards breastfeeding, social environments, and future feeding intentions may also influence these decisions (Donath & Amir, 2003; Jefferson, 2014; Malekian et al., 2025; Marrone et al., 2008). In a cohort study of 10,548 women, prenatal breastfeeding intention was strongly associated with both breastfeeding initiation and duration (Donath & Amir, 2003). Among 348 university students with no previous pregnancy or children, infant-feeding attitudes explained approximately 30% of the variance in future breastfeeding intentions (Jefferson, 2014). Marrone et al. (2008) also found that positive breastfeeding attitudes significantly predicted future breastfeeding intention among female and male university students. A 2025 scoping review of breastfeeding knowledge and attitudes before parenthood included 37 studies from 22 countries, most of which focused on university students (Malekian et al., 2025). Because the review focused exclusively on women, evidence concerning men's breastfeeding knowledge and attitudes before parenthood remains limited. A recent study of university students in the United Kingdom found that previous breastfeeding education and studying a health-related subject were the strongest predictors of greater knowledge and more positive attitudes. Male gender was associated with slightly lower breastfeeding knowledge (Malekian et al., 2026).

Examining infant-feeding attitudes among both women and men before parenthood is important because these attitudes may develop before pregnancy and future partners may influence breastfeeding decisions and support (Koksal et al., 2022; Marrone et al., 2008; Maycock et al., 2013). A systematic review of educational and psychosocial interventions involving fathers found that paternal support improved breastfeeding rates in six of the seven studies reviewed (Koksal et al., 2022). In a randomised controlled trial involving 699 couples, continued breastfeeding at six weeks was more common in the group that received antenatal education and postnatal support directed towards fathers than in the control group (Maycock et al., 2013). Breastfeeding attitudes, infant-feeding practices, and knowledge of recommended breastfeeding practices are related but distinct concepts. Because the participants in this study had no children, actual infant-feeding practices were not assessed; rather, their attitudes and knowledge and views regarding recommended breastfeeding practices were examined. The aim of this study was to assess infant-feeding attitudes among women and men without children and to examine their associations with sociodemographic characteristics.

2. MATERIALS AND METHODS

2.1. Study Design

This descriptive cross-sectional study examined infant-feeding attitudes and associated factors among adults without children.

2.2. Study Sample

The minimum required sample size was calculated before data collection using an a priori power analysis in G*Power version 3.1.9.7. The analysis was based on a one-tailed one-sample t test using the “Means: Difference from Constant (One-Sample Case)” option, with an effect size of $d=0.20$, a Type I error rate of $\alpha=0.05$, and a statistical power of $1-\beta=0.95$. The minimum required sample size was 272. At the end of data collection, 312 participants who met the eligibility criteria and completed the questionnaire in full were included in the study (Faul et al., 2009).

2.3. Eligibility Criteria

Individuals were eligible to participate if they were aged 18 years or older, had no children, volunteered to participate, had no physical or mental condition that prevented them from understanding and answering the study questions, and had access to an internet-connected smartphone, tablet, or computer. Individuals who did not provide electronic informed consent were not included.

2.4. Data Collection

Participants were recruited using snowball sampling. The online questionnaire link was shared through social media platforms, communication channels, and word of mouth, and participants were encouraged to share the link with other eligible individuals. Data were collected using an online questionnaire. Before beginning the questionnaire, participants received information about the study aim and content, the voluntary nature of participation, the approximate completion time, and data confidentiality. Participants could access the study questions only after providing electronic informed consent. The questionnaire took approximately five minutes to complete. Responses were stored in a password-protected account secured by two-factor authentication and accessible only to the researchers. No personally identifiable information, including names, surnames, or IP addresses, was recorded. All responses were collected anonymously. Once data collection was complete, the online questionnaire was closed to further responses.

2.5. Data Collection Instruments

Data were collected using a Sociodemographic Information Form and the Iowa Infant Feeding Attitude Scale (IIFAS).

2.5.1. Sociodemographic Information Form

The form was developed by the researchers with reference to relevant literature (Ekşioğlu et al., 2016; Kavanagh et al., 2012; Malekian et al., 2026; Marrone et al., 2008). It included questions about age, gender, educational level, employment status, relationship or marital status, and perceived income level. Participants were also asked about their previous experience of caring for an infant, whether they had received education about infant feeding, whether they intended to have children in the future, and their knowledge and views about infant feeding.

2.5.2. Iowa Infant Feeding Attitude Scale

The Iowa Infant Feeding Attitude Scale (IIFAS) was developed by De la Mora et al. (1999) to assess attitudes towards breastfeeding and formula feeding. The original scale consists of 17 items. In the original validation studies, Cronbach's alpha coefficients were 0.86 in Study 1, 0.85 in Study 2, and 0.68 in Study 3 (De la Mora et al., 1999). The Turkish validation study reported a Cronbach's alpha coefficient of 0.71 (Ekşioğlu et al., 2016). The Turkish validity and reliability study was conducted by Ekşioğlu et al. (2016) with 150 mothers, and the scale was reported to be suitable for use in the Turkish population. The IIFAS consists of 17 items rated on a five-point Likert scale. Eight items support breastfeeding, whereas nine support formula feeding. Items favouring formula feeding are reverse-scored. Total scores range from 17 to 85, with higher scores indicating more favourable attitudes towards breastfeeding. The scale has no established cut-off score.

2.6. Data Analysis

Data were analysed using IBM SPSS Statistics. Continuous variables were summarised using means and standard deviations, while categorical variables were presented as frequencies and percentages. Independent-samples *t* tests were used to compare mean IIFAS total scores between two independent groups, and one-way analysis of variance was used for comparisons involving three or more independent groups. Tukey's post-hoc test was used to identify the source of differences between educational-level groups. Statistical significance was set at $p < 0.05$, and values below 0.001 were reported as $p < 0.001$.

2.7. Ethical Considerations

Ethical approval was obtained from the Pamukkale University Non-Interventional Clinical Research Ethics Committee before the study commenced (meeting date: 27 January 2026; decision no.: 02; document no.: E-60116787-020-821148). The study was conducted between February and June 2026 in accordance with the ethical principles of the Declaration of Helsinki. Before accessing the online questionnaire, participants were informed about the aim and content of the study, the approximate time required to complete the questionnaire, the voluntary nature of participation, and data confidentiality. Only individuals who voluntarily agreed to participate and provided electronic informed consent were permitted to complete the questionnaire. No personally identifiable information was collected, and all responses were recorded anonymously.

3. RESULTS

Table 1 presents the participants' sociodemographic characteristics. The mean age was 21.84 ± 4.98 years; 83.3% ($n=260$) were women and 16.7% ($n=52$) were men. Of the participants, 75.6% were high school graduates, 19.2% were university graduates, 2.6% had postgraduate education, 1.3% were primary school graduates, and 1.3% were secondary school graduates. Nearly half (48.7%) were not employed, 20.5% were workers, 16.7% were self-employed, and 14.1% were civil servants. Most participants were single (84.6%), while 9.0% were married and 6.4% were engaged. A total of 57.7% reported that their income was equal to their expenses. Infant care experience was reported by 43.6%, and 19.2% had received education about infant feeding. Overall, 56.4% intended to have children in the future, 11.5% did not, and 32.1% were undecided.

When participants' views on infant feeding were examined, 97.4% ($n=304$) stated that breast milk alone should be given as the newborn's first food. A total of 48.7% ($n=152$) stated that the newborn should be fed within the first hour after birth, whereas 69.2% ($n=216$) believed that feeding should occur every three hours on the first day. Most participants reported that breast milk alone was sufficient for the first six months (91.0%, $n=284$), that water should not be given during the first six months (66.7%, $n=208$), and that breast milk protects infants from illness (83.3%, $n=260$).

Table 1. Sociodemographic characteristics and views on infant feeding

SOCIODEMOGRAPHIC CHARACTERISTICS	Mean	SD
Variable	n	%
Age	21.84	4.98
Gender		
Women	260	83.3
Men	52	16.7
Educational level		
Primary school graduate	4	1.3
Secondary school graduate	4	1.3
High school graduate	236	75.6
University graduate	60	19.2
Postgraduate education	8	2.6
Occupation		
Not employed	152	48.7
Civil servant	44	14.1
Self-employed	52	16.7
Worker	64	20.5
Relationship/marital status		
Married	28	9.0
Single	264	84.6
Engaged	20	6.4
Perceived income level		
Income lower than expenses	84	26.9
Income equal to expenses	180	57.7
Income higher than expenses	48	15.4
Infant care experience		
Yes	136	43.6
No	176	56.4
Education about infant feeding		
Yes	60	19.2
No	252	80.8
Intention to have children		
Yes	176	56.4
No	36	11.5
Undecided	100	32.1
What should be given as the newborn's first food?		
Breast milk only	304	97.4
Infant formula	8	2.6
When should the newborn first be fed?		
When hungry/crying	28	9.0
When the mother has recovered	36	11.5
Within the first hour	152	48.7
When permitted by the doctor	92	29.5
After the infant has been bathed and dressed	4	1.3
How often should the newborn be fed on the first day?		
Once or twice a day	4	1.3
Every three hours	216	69.2
Whenever the infant wants	80	25.6
Only when the infant cries	4	1.3
Other	8	2.6
How long should each breastfeeding session last?		
5–10 minutes	92	29.5
11–20 minutes	72	23.1
21–30 minutes	40	12.8
Until the infant stops feeding	88	28.2
No more than 45 minutes	20	6.4
For how many months is breast milk alone sufficient?		
First six months	284	91.0
7–11 months	12	3.9
12 months or longer	16	5.1

Should water be given during the first six months?		
Yes, definitely	12	3.8
Sometimes	64	20.5
No	208	66.7
Undecided	28	9.0
Does breast milk protect infants from illness?		
Yes	260	83.3
Partly	44	14.1
No	4	1.3
Undecided	4	1.3
TOTAL	312	100

Participants' IIFAS scores are presented in Table 2. The mean score for items supporting breastfeeding was 32.71 ± 4.18 , whereas the mean score for items supporting formula feeding was 31.68 ± 4.70 . Cronbach's alpha coefficients for these item groups were 0.781 and 0.783, respectively. Total scores ranged from 48.00 to 80.00, with a mean of 64.50 ± 6.72 . Cronbach's alpha for the total scale was 0.797.

Table 2. Descriptive statistics and reliability results for the IIFAS

Item group	Min–Max	Mean $\pm$ SD	Cronbach's alpha
Items supporting breastfeeding	21.00–40.00	32.71 ± 4.18	0.781
Items supporting formula feeding	12.00–41.00	31.68 ± 4.70	0.783
Total score	48.00–80.00	64.50 ± 6.72	0.797

Table 3 presents comparisons of IIFAS total scores according to participants' sociodemographic and infant-feeding-related characteristics. Women had a significantly higher mean total score (65.25 ± 6.24) than men (60.18 ± 7.76 ; $t=4.785$, $p<0.001$). Mean total scores differed significantly by educational level ($F=10.205$, $p<0.001$). Tukey's post-hoc test showed that participants with postgraduate education had significantly higher scores than high school and secondary school graduates. Scores also differed significantly across occupational groups ($F=5.969$, $p=0.001$); the highest mean was observed among civil servants (66.72 ± 8.70) and the lowest among participants who were not employed (63.08 ± 5.85). There was no significant difference by relationship/marital status ($F=1.642$, $p=0.195$). Scores differed significantly by perceived income level ($F=15.667$, $p<0.001$), with the highest mean among participants whose income was equal to their expenses (66.20 ± 6.19). Participants with infant care experience had a significantly higher mean score (66.36 ± 6.17) than those without such experience (63.00 ± 6.79 ; $t=4.410$, $p<0.001$). Participants who had received education about infant feeding also had a significantly higher mean score (65.84 ± 4.86) than those who had not (64.21 ± 7.03 ; $t=2.014$, $p=0.047$). Mean total scores differed significantly according to intention to have children ($F=14.468$, $p<0.001$); the highest mean was observed among those intending to have children (66.09 ± 6.68), and the lowest among those who did not (60.22 ± 4.47).

Mean total scores differed significantly according to views on the timing of the newborn's first feeding ($F=6.688$, $p<0.001$). The highest mean score was observed among participants who stated that the newborn should be fed within the first hour after birth (67.77 ± 8.65). Scores also differed significantly according to views on feeding frequency during the first day ($F=5.119$, $p=0.002$); the lowest mean score was observed among those who stated that the infant should be fed only when crying (53.00 ± 4.76). There was no significant difference according to views on the length of time for which breast milk alone was sufficient ($F=0.593$, $p=0.553$). Scores differed significantly according to views on giving water during the first six months ($F=5.335$, $p=0.001$), with the highest mean among participants who stated that water should not be given during this period (65.17 ± 6.60).

Mean total scores differed significantly according to views on whether breast milk protects infants from illness ($F=14.705$, $p<0.001$). The highest mean score was observed among participants who stated that breast milk protects infants from illness (65.56 ± 6.36).

Table 3. Comparison of mean IIFAS total scores according to participant characteristics

Participant characteristic	Mean $\pm$ SD	Test statistic and p value
Gender		
Women	65.25 $\pm$ 6.24	t=4.785
Men	60.18 $\pm$ 7.76	p<0.001
Educational level		
Primary school graduate	56.00 $\pm$ 2.43	F=10.205
Secondary school graduate	52.00 $\pm$ 3.82	p<0.001
High school graduate	64.46 $\pm$ 6.51	
University graduate	64.78 $\pm$ 6.19	
Postgraduate education	74.00 $\pm$ 4.27	
Occupation		
Not employed	63.08 $\pm$ 5.85	F=5.969
Civil servant	66.72 $\pm$ 8.70	p=0.001
Self-employed	63.91 $\pm$ 4.85	
Worker	66.50 $\pm$ 7.38	
Relationship/marital status		
Married	64.25 $\pm$ 6.29	F=1.642
Single	65.14 $\pm$ 9.78	p=0.195
Engaged	67.25 $\pm$ 6.58	
Perceived income level		
Income lower than expenses	61.61 $\pm$ 5.81	F=15.667
Income equal to expenses	66.20 $\pm$ 6.19	p<0.001
Income higher than expenses	62.58 $\pm$ 7.90	
Infant care experience		
Yes	66.36 $\pm$ 6.17	t=4.410
No	63.00 $\pm$ 6.79	p<0.001
Education about infant feeding		
Yes	65.84 $\pm$ 4.86	t=2.014
No	64.21 $\pm$ 7.03	p=0.047
Intention to have children		
Yes	66.09 $\pm$ 6.68	F=14.468
No	60.22 $\pm$ 4.47	p<0.001
Undecided	63.37 $\pm$ 6.72	
When should the newborn first be fed?		
When hungry/crying	59.16 $\pm$ 4.87	F=6.688
When the mother has recovered	63.33 $\pm$ 5.10	p<0.001
Within the first hour	67.77 $\pm$ 8.65	
When permitted by the doctor	65.55 $\pm$ 6.01	
After the infant has been bathed and dressed	60.00 $\pm$ 7.67	
How often should the newborn be fed on the first day?		
Every three hours	64.61 $\pm$ 6.59	F=5.119
Whenever the infant wants	65.23 $\pm$ 6.32	p=0.002
Only when the infant cries	53.00 $\pm$ 4.76	
Other	61.00 $\pm$ 9.62	
For how many months is breast milk alone sufficient?		
First six months	64.58 $\pm$ 6.54	F=0.593
7–11 months	65.00 $\pm$ 6.14	p=0.553
12 months or longer	62.75 $\pm$ 9.72	
Should water be given during the first six months?		
Yes, definitely	59.66 $\pm$ 4.69	F=5.335
Sometimes	64.76 $\pm$ 7.99	p=0.001
No	65.17 $\pm$ 6.60	
Undecided	61.14 $\pm$ 3.23	
Does breast milk protect infants from illness?		
Yes	65.56 $\pm$ 6.36	F=14.705
Partly	59.20 $\pm$ 6.36	p<0.001
No	57.00 $\pm$ 4.07	
Undecided	59.00 $\pm$ 3.40	

4. DISCUSSION

The aim of this study was to assess infant-feeding attitudes among women and men without children and to examine their associations with sociodemographic characteristics. The mean total IIFAS score among women and men without children was 64.50 ± 6.72 . As higher scores indicate more favourable attitudes towards breastfeeding, the participants generally tended to favour breastfeeding (De la Mora et al., 1999; Ekşioğlu et al., 2016). In a Turkish study involving 929 midwifery students, the mean IIFAS score was 68.16 ± 6.42 (Berkiten Ergin et al., 2020). Another Turkish study involving 417 mothers of infants aged 0–6 months reported a mean score of 65.08 ± 6.83 (Kurtbeyoğlu & Caferoğlu, 2023). The mean score in the present study was close to that reported among mothers but lower than that reported among midwifery students. Midwifery students' greater exposure to breastfeeding, human milk, and breastfeeding counselling during their education may partly explain this difference. However, differences between the study populations warrant cautious interpretation of these comparisons.

Women had significantly higher mean IIFAS total scores than men. Similarly, a study of Korean university students found that women had slightly greater breastfeeding knowledge and more favourable attitudes than men (Kang et al., 2005). In another study involving 696 university students without children, female participants and those with previous exposure to breastfeeding reported more favourable breastfeeding attitudes and intentions (Jefferson, 2017). Women may encounter infant care and breastfeeding more frequently or at an earlier stage through social roles, family experiences, and health education. Nevertheless, the cross-sectional design does not permit the conclusion that gender was a cause of more favourable attitudes. Fathers' breastfeeding knowledge, attitudes, and support may be associated with breastfeeding initiation and continuation (Koksal et al., 2022; Ogbo et al., 2020). A systematic review of educational and psychosocial interventions involving fathers found that paternal support improved breastfeeding outcomes in six of the seven studies reviewed (Koksal et al., 2022). Another systematic review reported that verbal encouragement, assistance with preventing and managing breastfeeding difficulties, and sharing household and childcare responsibilities were among the forms of partner support associated with breastfeeding duration and exclusivity (Ogbo et al., 2020). These findings further suggest that the inclusion of men in infant-feeding education before parenthood could be considered.

IIFAS scores differed significantly according to educational level, with the highest mean score observed among participants with postgraduate education. A scoping review of factors associated with breastfeeding knowledge and attitudes before parenthood found that higher educational attainment and previous exposure to breastfeeding information were associated with greater knowledge and more favourable attitudes (Malekian et al., 2025). Among university students in the United Kingdom, studying a health-related subject and having received previous breastfeeding education were among the strongest predictors of breastfeeding knowledge and attitudes (Malekian et al., 2026). Higher educational attainment may facilitate access to reliable health information and improve individuals' ability to evaluate that information. However, the small number of participants in some educational groups, particularly the postgraduate group, warrants cautious interpretation of these findings.

Significant overall differences in IIFAS total scores were also found across occupation and perceived income groups. However, there was no linear pattern between income and attitudes; participants who reported that their income was equal to their expenses had the highest mean score. Malekian et al. (2025) reported inconsistent findings across studies regarding the association between socioeconomic status and breastfeeding knowledge and attitudes. The current finding does not provide evidence that attitudes become more favourable as income increases. Differences in education, occupation, age, access to health information, and other measured or unmeasured characteristics across income groups may have influenced the findings. As post-hoc comparisons were not available for occupation and income, only the overall group differences and descriptive

mean scores can be reported. Statistically significant differences between specific pairs of groups cannot be inferred. Participants with previous infant-care experience had higher IIFAS scores than those without such experience. Previous exposure to breastfeeding or knowing someone who had breastfed has been associated with more favourable breastfeeding attitudes (Jefferson, 2015; Marrone et al., 2008). Kavanagh et al. (2012) also found that university students who had themselves been breastfed were more likely to intend to breastfeed their future children. Marrone et al. (2008) reported that previous breastfeeding exposure was associated with more favourable attitudes and that positive attitudes significantly predicted future breastfeeding intention. Infant-care experience may provide opportunities to observe breastfeeding practices and acquire more practical knowledge about infant feeding.

Participants who had received education about infant feeding had higher IIFAS scores than those who had not, indicating an association between previous infant-feeding education and more favourable infant-feeding attitudes. Among university students in the United Kingdom, previous breastfeeding education and studying a health-related subject were the strongest predictors of greater knowledge and more favourable attitudes (Malekian et al., 2026). A systematic review of health professional students also found that specialised breastfeeding education programmes improved overall breastfeeding knowledge or specific aspects of breastfeeding-related knowledge (Yang et al., 2018). These findings point to the importance of infant-feeding education during the pre-parenthood period, including in schools and universities (Malekian et al., 2025, 2026; Yang et al., 2018). IIFAS scores differed significantly according to participants' intentions to have children, and the highest mean score was observed among those who intended to become parents. Individuals planning to have children may be more interested in future parenting roles, infant care, and infant feeding. In a study involving 348 university students with no previous pregnancy or children, infant-feeding attitudes explained approximately 30% of the variance in future breastfeeding intentions (Jefferson, 2014). Another study involving female and male university students found that positive breastfeeding attitudes significantly predicted future breastfeeding intention (Marrone et al., 2008). However, intending to have children and intending to breastfeed are not the same concept. Therefore, the present finding does not indicate that participants intending to have children will necessarily choose breastfeeding in the future.

4.1. Strengths and Limitations

One strength of this study is that it assessed attitudes towards infant feeding before pregnancy or parenthood rather than after individuals had become parents. The inclusion of both women and men also provided a more inclusive perspective that did not frame infant feeding solely as women's responsibility. The study also has several limitations. Because of its cross-sectional design, causal relationships cannot be established between the factors examined and attitudes towards infant feeding. The predominance of women in the sample, together with the small and unequal sizes of some subgroups, may limit the generalisability of the findings, particularly for men and smaller subgroups.

5. CONCLUSION

Women and men without children showed an overall tendency to support breastfeeding. IIFAS total scores differed according to gender, educational level, previous infant-care experience, previous education about infant feeding, and intention to have children. These findings point to the importance of considering infant-feeding education during the pre-parenthood period, including both women and men. The inclusion of men, individuals without infant-care experience, and those who have not previously received infant-feeding education in such programmes could be considered. Potential educational content may include early initiation of breastfeeding, breastfeeding on demand, exclusive breastfeeding for the first six months, and partner support. These topics are consistent with WHO recommendations on breastfeeding within the first hour, on-demand feeding, and exclusive breastfeeding for six months. Future longitudinal studies with more balanced

samples and multivariable analyses may clarify the relationship between attitudes before parenthood and subsequent infant-feeding decisions.

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