

BREAST FEEDING PATTERNS AMONG WORKING WOMEN; A CROSS SECTIONAL SURVEY

SYED RAZI HAIDER ZAIDI, IQRA TAHIR, MUBASHAR AHMED, AROOJ FATIMA NAQVI

ABSTRACT

Introduction: WHO recommends it to continue sole breast feeding for first 6 months of infant's life and then substitute breast milk with other food, rich in proteins, vitamins and minerals. This is an important requirement in the development of the baby. Educated, working mothers, although have knowledge about these recommendations, may not follow them due to lack of time or energy.

Methodology: This study, set in Lahore General Hospital, was aimed at determining feeding practices of working women and identifying challenges they face in said practices. This data can give us useful information on whether certain changes or awareness needs to be made for the betterment of this practice. A cross-sectional descriptive study was conducted in Lahore General Hospital, lasting 4 weeks. This was achieved using a questionnaire and a sample size of 119 working women which was analyzed on SPSS 22.0.

Results: The results show that the majority of mothers surveyed were well educated doctors (50%), with high earning (54% earning above Rs. 16,000 per month) and worked 8-12 hours a day (59%). Majority (92%) of them started breast feeding Right after birth. considerable number (40%) of women stopped breastfeeding before the age of 6 months and (60%) continued breast feeding along weaning. All the women supported the claim that changes should be made in working environments to support proper feeding practices, longer maternity leaves and good daycare centers.

Conclusion: The study concludes that most of the working woman are well aware about the guidelines set by WHO. Although long working hours, short maternity leaves and non-availability of hygienic day care centers are a major barrier in proper feeding and these issues can be addressed if attention is given to them.

INTRODUCTION

While the health developments focus on improving the health of vulnerable groups; maintenance and promotion of health of children remain on the top priority. Infant mortality and morbidity are the main indicators that shows health status of a community and are heavily dependent upon how a child is fed and weaned alongside immunization and maternal health services of the community. The nutritional status of an infant mainly depends on feeding practices in the community. WHO recommends exclusive breastfeeding till 6 months of age and then gradual introduction of other food into infant's diet from 6 months onwards.^[1] How an infant is fed and weaned has a great impact on his growth and development and ultimate survival. Proper feeding practices will also help in achieving development goals which call for eradicating extreme poverty, hunger and reducing child mortality.

This study explores breast feeding patterns in working women whether they are optimal and in accordance with WHO guidelines or not.

Various researches have been conducted to assess breast feeding. In an international study carried out in

Nigeria, it was seen that educated and working women breast fed for shorter period of time and tend to wean earlier; because of their hectic routines and unsupportive working environments.^[2] Another study in Lahore (2006) showed that recommended weaning age was followed in 84% infants while delayed weaning was seen in 16% infants.^[3] A local study in Islamabad revealed that mother's education has a great role in fulfilling proper nutritional requirement of infants during weaning.^[4] Marina et al in 2002 noted that Part-time work, lack of long mother-infant separations, supportive work environments and facilities, and child care options facilitate breastfeeding.^[5] Bai in 2013 identifies that workplace environment and and technical support were significantly associated with exclusive breast feeding.^[6] steurer in 2017 identified longer maternity leave as common facilitator of exclusive breast feeding.^[7] Weaning is not only about timing of food but also counts the quality of food. Hence, in every situation along with breast feeding issues, problems of early and delayed weaning do exist and also needs to be addressed. Dodgson in 2004 concluded that policy at government level and at employer level can lead to

improvement in breastfeeding rates while conducting a study in hospital employees exploring their breastfeeding patterns.^[8] Wallaiporn in 2010 observed that low income women anticipated more barriers in combining breastfeeding with work and stressed upon counseling and raising awareness.^[9] Rollin in 2016 stated that promotion of breast feeding needs support at legal and policy directive level and political support and financial investment is needed to promote breastfeeding.^[10]

METHODOLOGY

A cross-sectional survey was conducted in Lahore General Hospital where 119 working women were interviewed about breast-feeding practices of their last child. A woman who stepped out of home for a paid work approximately 40 hours a week was considered a working woman. A questionnaire was filled and response was recorded.

RESULTS

Among the 119 working mothers included 60(50%) doctors, 36(30%) nurses/paramedical staff and 23(19%) other staff. 31(26%) worked less than 8 hours a day, 70(59%) worked 8 to 12 hours, 6(5%) worked 12 to 16 hours and 12(10%) worked more than 16 hours in a day (table.1). Assessment of educational status of mothers showed that 13(11%) were Primary passed, 16(13%) were high school graduates, 11(9%) had done their intermediates, 25(21%) had done bachelors, and 54(45%) had done their post-graduation (table.1). Regarding monthly household income 13(11%) earned <Rs.10,000, 18(15%) earned Rs.10,000 – 12,000, 30(25%) earned Rs.12,000 – 16,000 and 61(54%) earned >Rs.16,000 (table.1). (Table.1).

Table 1: Socio-demographic characteristics

Characterics		Frequency	Percentages
Education	Primary	13	11%
	High School	16	13%
	Intermediate	11	9%
	Bachelor	25	21%
	Post-graduation	54	45%
Occupation	Doctors	60	50%
	Nurses	26	30%
	Helping staff	33	20%
Working hours	Less than 8 hours	31	25%
	8-12 hours	70	59%
	12-16 hours	6	5%
	More than 16 hours	12	10%
Monthly income	Less than Rs 10000	13	26%
	Rs 10000-12000	18	59%
	Rs 12000-16000	30	5%
	More than Rs 16000	61	10%
Reason for job	Sole earner	9	8%
	To Support husband	48	40%
	Personal interest	62	52%
Family system	Joint family	48	40%
	Nuclear family	71	60%
Parity	1 child	20	17%
	2 children	54	45%
	3 children	24	20%
	4 children	18	13%
	More than 4 children	3	0.02%
TOTAL		119	100%

Table 2: Breast feeding practices

Practices		Frequency	Percentages
Breast feeding initiation	Right after birth	109	92%
	Later on	10	8%
Cessation of breast feeding	4months	31	26%
	6months	17	14%
	8months	9	8%
	12months	20	17%
	More than 1 year	42	35%
Forced by job to stop breast feeding	Yes	62	52%
	No	57	48%
Use of formula milk	Added	91	76%
	Not added	28	24%
Feeding at proper times	Yes	75	37%
	No	44	63%
TOTAL		119	100%

Table 3: Areas requiring improvement

	Frequency	Percentage
Increase in maternity leave	119	100%
Good and hygienic day care centers	119	100%
Reduction in working hours	119	100%

Inquiry into the reason for having a job showed that 9(8%) of women were sole earners in their family, 48(40%) did it to support their husband financially and 62(52%) were doing it for their personal interest. 48(40%) of them lived in a joint family system while the other 71(60%) lived as a nuclear family. Comparison of parity of the women showed 20(17%) had had one child, 54(45%) had 2 children, 24(20%) had 3 children, 18(15%) had 4 children and 3(3%) had more than 4 children (table.1). 102(86%) left their babies at home during work and 17(14%) left them at work place day care centers. 87(73%) of these 119 women felt the work place day care center was not safe and healthy for their child. The data shows that 89(75%) of the 119 women were given a maternity leave while 30(25%) were not. It was observed that 108(91%) of them stated they could not easily breastfeed at work and 11(9%) said they could. From the 119 women surveyed, 62(52%) said they were forced by their job to stop breastfeeding and 57(48%) negated this statement. Out of these women 109(92%) stated breastfeeding was started right after birth and the other 10(8%) started feeding the baby later on (table.2). The data shows that 31(26%) mothers stopped breastfeeding the baby at 4 months of age, 17(14%) at 6 months, 9(8%) at 8 months, 20(17%) at 12 months and 42(35%) breast fed the baby for more than a year (Table.2). 91(76%) of these women used formula milk along with breast milk

and 28(24%) fed the baby solely on breast milk (table.2). 75(63%) claimed the baby was not fed at proper times during working hours while 44(37%) said the baby was fed timely (Table.2)

Almost all mothers suggested that increase in maternity leave or in house good daycare centers and reduction in working hours can improve duration of breast feeding. (table.3)

DISCUSSION

Breastfeeding is stressed because of its high nutritive value for the growing infant, its hygiene and protective value against diseases. However, it was very disappointing to note that working mothers could not continue breast feeding the child for the recommended duration rather 31% stopped it at six months while only 35% continues it for more than a year. Adding further to the gravity of situation 3/4th of the mothers used formula milk alongside while only 25% mothers exclusively breast fed the children. Almost half of the mothers complained that they were forced from the job to stop breast feeding. A large majority was not satisfied with sending their children to daycare center due to apprehensions of hygiene and infections. A Nigerian study also showed similar finding and stated that working women tend to stop breast feeding early due to workload and unfriendly working environment.^[2]

Similar was the observations of Marina and Bai in their research work.^[6,7]

With new world order and a change in social dynamics more and more women are working alongside the family setups are being broken from joint to nuclear setup where a mother has to deal with responsibility of earning as well as rearing the child well. Need of the time is to facilitate mother by various strategies by which they can easily breast feed the child.

Decrease in breastfeeding duration has direct consequences on infant's growth and development. Alongside it has indirect economic effects. As the child succumb to more diseases when formula is fed it increases health cost both on family as well as on the governments. With growing trend towards formula use a family is burdened economically while import of formula milks also leads to burden on national economy. As discussed by Rollin who stated that policy and legal directives may improve breastfeeding once they themselves are convinced of its economic and health benefits.

Our study group suggested that a longer maternity leave may be for a period of six months may enable mothers to breast feed the child for a longer duration or reducing working hours in the postpartum period may also put mothers at ease of breastfeeding. Steurer also had similar findings which stated that a longer maternity leave may have beneficial affects on breast feeding.^[7] Promotion of breastfeeding at workplace and establishment of good hygienic day care centers in every working facility may enable mothers to breastfeed their child for a longer duration was also suggested by the study participants. Dodgson also found out that employer policies have a great role in promotion of breast feeding.^[8]

CONCLUSION & RECOMMENDATION

Breast feeding has diect role in promoting infants health and has positive affects on familys'as well state economics. Majority of working women did not follow recommended breastfeeding practices due to workload and non-supportive environments. Thus, it is

recommended that establishing of daycare centers, promotion of breastfeeding at workplace, longer maternity leave, shorter duration of working hours for mothers and counseling at the time of birth may lead to increase in breastfeeding among working mothers.

REFERENCES

1. Lipsky S, Stephenson PA, Koepsell TD. Breastfeeding and Weaning Practices in Rural Mexico. *Nutr Health*. 1994;9(4):255-63
2. Fagbule DO, Olaosebikan A. Weaning practices in Ilorin community, Nigeria. 1992 AprJun;11(2):92-9
3. Chaudhry R, Humayun N. Weaning practices and their determinants among mothers of infants. *Biomedica*. 2007; 23:120-4.
4. Liaqat P, Rizvi MA, Qayyum A, Ahmed H. Association between complementary feeding practice and mother's education status in Islamabad. 2007 Aug;20(4):340-4
5. Johnston ML, Espoto N. Barriers and Facilitators for Breastfeeding Among Working Women in the United States. *JOGNN*. 2007.36(1);9-20
6. Bai Y, Wunderlich SM. Lactation Accommodation in the Workplace and Duration of Exclusive Breastfeeding. *J. Midwifery Womens Health*. 2013.58(6);690-696
7. Steurer LM. Maternity Leave Length and Workplace Policies' Impact on the Sustainment of Breastfeeding: Global Perspectives. *PHN*. 2017.34(3)286-294.
8. Dodgson JE, Chee Y, Yap TS. Workplace breastfeeding support for hospital employees. *JAN*. 2004.47(1);91-100
9. Rojjanasrirat W, D Sousa V. Perceptions of breastfeeding and planned return to work or school among low-income pregnant women in the USA. *JCN*. 2010.19(13,14);2014-2022
10. Rollins NC, Bhandari N, Horton S, Lutter CK, Martines JC, Piwoz EG et al. Why invest, and what it will take to improve breastfeeding practices?. *The Lancet Breastfeeding Series Group series*. 2016.387(10017);491-504