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Research Article

**A RESEARCH STUDY ABOUT BREASTFEEDING PRACTICES
AMONG NON-WORKING AND WORKING FEMALES: A
COMPARATIVE STUDY****¹Dr. Inshal Arshad, ²Dr. Syeda Masooma Jafri, ³Dr. Shaheen Bano**
¹House Officer DHQ Teaching Hospital Gujranwala**Abstract:***Objective: This study was conducted to compare infant feeding practices among non-working and working females.**Study Design: A Comparative Study.**Place and Duration: In the Immunization center of Pediatric medicine in Services Hospital Lahore for One-year duration from June 2017 to June 2018.**Methods: This is a hospital-based comparative study that uses deliberate sampling of 213 and 108 sample size in each arm of inactive and non-working mothers of children between 14 and 24 months.**Results: Most of the groups were under the age of 25 years. 53.3% of the women who do not work and 42.1% of the employees started breastfeeding 1 hour after birth. 96.92% of female workers and 94.99% of non-working women fed their children with colostrum.**Conclusion: The breastfeeding rate was higher significantly in the group of non-workers than in the study group. In this study, socioeconomic status, maternal education, type of delivery, family type, birth order factors are factors affecting breastfeeding practices.***Key words:** Pre-dairy foods, Working women, special breastfeeding, breastfeeding.**Corresponding author:****Dr. Inshal Arshad,**

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INTRODUCTION:

For babies, breast milk is regarded as the best milk according to babies' needs. In determining the development and growth of the baby, a very important role is of breastfeeding. Factors in breast milk secure babies from various diseases. Breastfeeding children, even if they are adults, are less at risk of being obese or overweight. Breastfeeding decreases the severity and incidence of multiple infections such as pneumonia and meningitis in infants. Breastfeeding protects babies against various diseases such as diarrhea and infant botulism. There is less risk of allergy, asthma and eczema in breastfed babies. Evidence shows that special breastfeeding for minimum 2 months saves children susceptible to type I diabetes mellitus dependent (DDM). The first milk secreted in the 2nd 3 days after birth called 1 Colostrum is rich in antibodies and white blood cells are particularly rich in IgA and contain more fat-soluble proteins, minerals and vitamins (E,K and A) percentage than subsequent milk. During the initial six months, special breastfeeding can help breastfeed children in females who do not use contraceptives (amenorrhea for breastfeeding). Breastfeeding decreases the ovarian and breast cancer risk. The osteoporosis risk could be decreased by Breastfeeding. The cost of baby food has increased by 150 percent since 1980s, and breastfeeding has reduced healthcare costs. In Pakistan, the IYCF practices status is as follows: 40% start early breastfeeding, in the first six months 46.3% start exclusive breastfeeding during. Women's literacy rate increased 64.97% (2015 census) and increased rate of urbanization increased the participation rate of labor force in women of rural areas to 25.91% and 13.8% in urban sector. A woman's breastfeeding ability is significantly reduced if a woman does not have a break to breastfeed, returns to work, childcare in close quality to the workplace is unavailable or unavailable, and facilities are not suitable for extraction. milk storage. In Pakistan, this study has been carried out to increase the labor force of women and to increase the labor

force of females. A try is made to compare and identify the factors affecting breastfeeding practices among non-workers and working women.

MATERIALS AND METHODS:

This Comparative Study was held in the Immunization center of Pediatric medicine in Services Hospital Lahore for One year duration from June 2017 to June 2018. This study is a cross-sectional, cross-sectional hospital study between working and non-working mothers between 13 and 24 months of age, who participated in the immunization center of the Department of Pediatrics. The study included all working women who participated in the immunization center with their children aged between 1 and 2 and who made income-generating activities (occupations) for at least one year. Mothers of seriously ill children were not included in the study.

The sample size, $p_1 = 29.03\%$ (special breastfeeding prevalence in non-working females) and $p_2 = 14.06\%$ ($n = 2pq (Z\alpha + Z\beta)^2 / d^2$ formula, the prevalence of special breastfeeding in working women), substitution values, in each arm $n = 107$. Intentional sampling was performed to select subjects. A structured questionnaire was used to evaluate sociodemographic factors affecting infant feeding practices among non-working and working females. The name of the mother and father, the age of the child, the gender of the child, religion, education of the parents, general information such as the the parents occupation, the residence information, the family type, the family's income and the total family members. This analysis was modified by BG Prasad Classification. In epi-data version 2.91, the collected data was entered. Using SPSS version 19.0 the data were analyzed. To find the relationship between sociodemographic characteristics of non-workers and working women Chi-square test was used.

RESULTS:

In the study, a total of 214 females were included.

Table – I: Distribution of the study subjects based on their socio-demographic characteristics

Characteristics		Non-Working Mothers (107)		Working Mothers (107)		Total (214)		P-Value
		No	%	No	%	No	%	
Mother's Education	Illiterate	8	7.5	2	1.9	10	4.7	< 0.001*
	Primary	32	29.9	10	9.4	42	19.6	
	Secondary	38	35.5	11	10.3	49	22.9	
	Pre-University	24	22.4	30	28	54	25.2	
	Graduation	5	4.7	51	47.6	56	26.2	
	Post-graduation	0	0	3	2.8	3	1.4	
Mother's Age (Years)	Under 25	83	77.6	58	54.2	141	65.9	
	Above 26	24	22.4	49	45.8	73	34.1	
	Total	107	100	107	100	214	100	
Family Type	Nuclear	81	75.7	64	59.8	145	67.8	
	Joint	18	16.8	14	13.1	32	15	
	Three Generation	8	7.5	29	27.1	37	17.2	
Socio-Economic Status	Class - I	24	22.4	70	65.4	94	43.9	
	Class - II	54	50.5	33	30.8	87	40.7	
	Class - III	25	23.3	4	3.7	29	13.6	
	Class - IV	4	3.7	0	0	4	1.8	

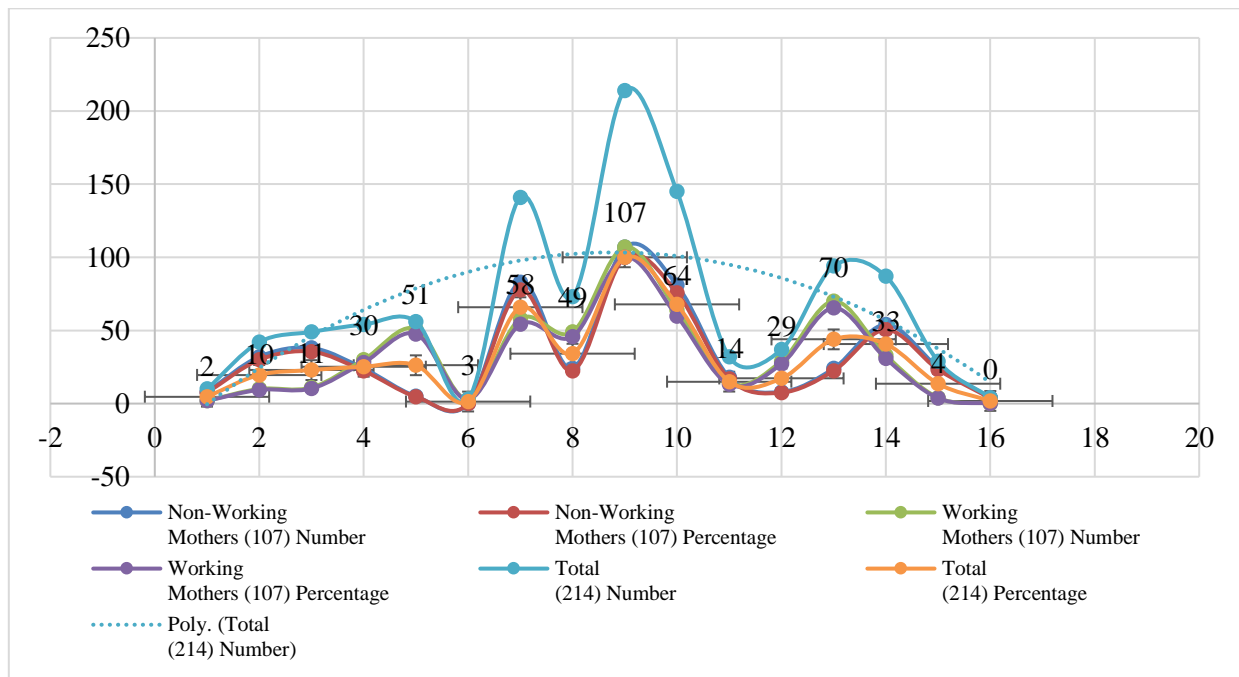


Table 1 shows that the large number of working mothers are educated, 47.8% are graduates, and they fall into the first-class socioeconomic status and relations are found to be significant statistically.

Table 2 shows that 29% of the mothers in both groups gave their children pre-milk foods.

Table – II: Distribution of study subjects on history and type of pre-lacteal feeds given

Practices		Non-Working Mothers (107)		Working Mothers (107)		Total (214)		P-Value
		No	%	No	%	No	%	
Pre-lacteal Feeds Given	Yes	31	29	31	29	62	29	1.000
	No	76	71	76	71	152	71	
Type of Pre-lacteal Feed Given	Sugar Water	24	77.5	20	66.6	44	72.1	0.187
	Honey	7	22.5	7	23.3	14	6.5	
	Gripe Water	0	0	3	0.1	3	1.4	

Distribution of study subjects according to breastfeeding practices presented in Table 3.

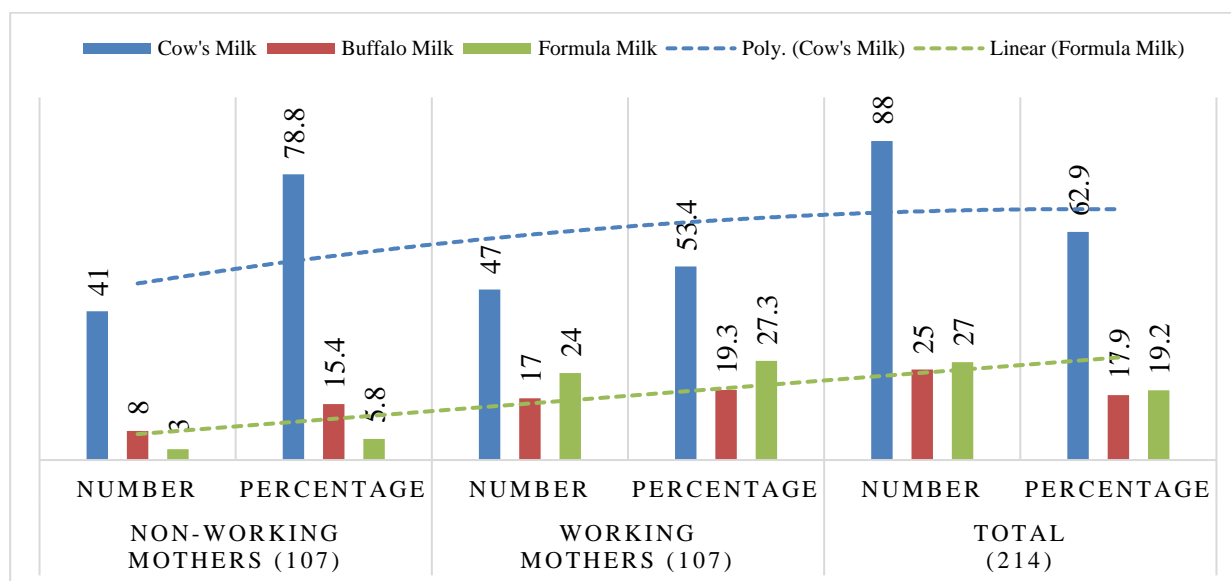
Table – III: Distribution of study subjects based on breakfasting practices

Practices		Non-Working Mothers (107)		Working Mothers (107)		Total (214)		P-Value
		No	%	No	%	No	%	
Initiation of Breastfeeding (Hrs)	Within 1 Hr	57	53.3	36	33.6	93	43.5	0.05*
	1 to 6 Hrs	36	33.6	45	42.1	81	37.9	
	6 to 12 Hrs	8	7.5	17	15.9	25	11.7	
	12 to 24 Hrs	2	1.9	5	4.7	7	3.3	
	24 to 48 Hrs	2	1.9	3	2.8	5	2.2	
	48 to 72 Hrs	2	1.9	1	0.9	3	1.4	
Colostrum	Given	102	95.3	104	97.2	206	96.3	0.712
	Not Given	5	4.7	3	2.8	8	3.7	
Exclusive Breastfeeding	Yes	50	46.7	17	15.9	67	31.3	< 0.001*
	No	57	53.3	90	84.1	147	68.7	
Continuous Breastfeeding at 1 Hr	Yes	23	21.5	0	0	23	10.7	< 0.001*
	No	84	78.5	107	100	191	89.3	

Table 4 shows that among mothers who did not work, most of the mothers gave cow's milk and that the number of mothers who fed their babies with formula milk was 27,3, even though they were the same as working mothers. % and association were found to be statistically significant.

Table – IV: Distribution of study subjects based on the type of other milk given during first six months

Other Milk Given	Non-Working Mothers (107)		Working Mothers (107)		Total (214)		P-Value
	Number	Percentage	Number	Percentage	Number	Percentage	
Cow's Milk	41	78.8	47	53.4	88	62.9	0.003*
Buffalo Milk	8	15.4	17	19.3	25	17.9	
Formula Milk	3	5.8	24	27.3	27	19.2	



DISCUSSION:

According to the NFHS-3 report (2005-2006), 57% of newborns received pre-milk foods. In our study, it was found that 29% of the mothers in both groups gave pre-milk foods. The results are lower than the NFHS-3 report, and the increase in literacy among mothers may be one of the reasons for the results. Among the unhealthy women, 77.5% gave water with sugar and 22.5% had honey before milk. Of the working women, 66.6% were drinking water, 23.3% honey and 0.1% water. Family pets are one of the main reasons for giving food before dairy products in our study, but they are the main causes of infections. This is similar to the findings of a study by Nitin Joseph et al. In 2005 and Kulkarni et al. In 2004 in Mumbai; The pre - milk feeding rate was 33.5% and 31.6%, respectively. In a study conducted by Shubha DB11 in Davangere between working mothers and non-working mothers, it was observed that 6% of working mothers and 11% of non-working mothers provided pre-milk nutrition. This is less than this study. The most common substance used in pre-dairy feeding was sugary water, similar to the findings

obtained from studies by Nitin Joseph et al⁹, Srivastava SP et al¹² and Sinhababu. In our study, it was determined that 53.3% of the women who do not work were breastfed in 1 hour and 33.6% in 1 to 6 hours. Of the study group, 42.1% breastfed their children between 1 and 6 hours, followed by 33.6% breastfeeding within one hour. In Pakistan, according to the NFHS-32 report, the early start rate is 40%. The early onset rate among the non-working groups was higher than in the NFHS-3 report, but was lower among the women's working groups. The reason for a lower rate among female workers may be higher in cesarean section and NICU. Devang Raval et al. Sinhababu A et al¹³ studies were 38% and 13.6%, respectively. In a study by Gary Ong in Singapore, 19, it was found that the working status had no effect on the initiation of breastfeeding, and 95.2% of the working mothers nursed their children. Ryan and co-researchers²⁰ showed that breastfeeding rates were 68.8% and 65.5% among full-time and full-time workers in the postpartum period, respectively. In this study, the NFHS-32 report (46.3%) was similar among non-working groups and it was found to be

much lower among working women. The working status of women reduced the duration of breastfeeding. In their study, Ashmika Motee et al. Found that only 17.9% of the mothers followed special breastfeeding and the main obstacle was the employment status.

CONCLUSION:

The prevalence of the best nutrition practices among working women was higher than that of female workers. Although the incidence of breastfeeding among working women was not different from that of non-working women, the rate of non-specific breastfeeding was higher among women who were not working than women. In this study, maternal education, socioeconomic status, family type, type of delivery, birth order factors are factors affecting breastfeeding practices.

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