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Research Article

**ANALYSIS OF EXCLUSIVE BREASTFEEDING PRACTICES
IN WORKING WOMEN OF PAKISTAN: A CROSS
SECTIONAL STUDY**¹Tahira shaheen, ²Shafqat, ³Komal Mushtaq¹Post Graduate College Of Nursing Punjab Lahore, Ushnahamna@gmail.com²Tehsil Head Quarter Hospital Daska, District Sialkot, shafqatsahi 700@gmail.com³Rai Medical College, Sargodha, komalmushtaq12345@gmail.com**Abstract:**

Introduction: Breast milk offers multiple benefits to the health of mother as well as to the health of new borns and infants. **Aims and objectives:** The main objective of the study is to analyse the exclusive breastfeeding practices in working women of Pakistan. **Material and methods:** This cross sectional study was conducted. The data was collected from 100 women's of age between 18 to 40 years, who had initiated breastfeeding prior to the survey and returned to work at the time of the interview were included. Women working as doctors, teachers, nurses and bankers in public (government) setup were included. The data was collected using interview method by pre-structured questionnaire. **Results:** The data was collected from 100 women's. The overall mean age was 29.6±6.3 years. Besides, 100 (45.7%) participants were aged between 20-29 years, 37.4% between 30-39 years, 9.2% were 40 years or above and 7.7% were aged below 20 years. Also, 42.8% participants were graduates or postgraduates while 28.7% were professionals. The mean number of children per mother was 2.2±1.2 (range: 1 to 7). Regarding monthly income, it was significantly high among doctors as compared to other professionals (p-value <0.001). **Conclusion:** It is concluded that many mothers preferred to stop breastfeeding and weaned their children before the recommended age. The cessation of breastfeeding before the recommended age was observed among working mothers.

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INTRODUCTION:

Breast milk offers multiple benefits to the health of mother as well as to the health of new borns and infants. It is uniquely engineered for new borns and infants and is found to have numerous properties, including nutritional, anti-infective, immunological and anti-inflammatory properties. A new born infant is not able to combat himself from the pathogenic attack of infectious micro-organisms because he starts making protective antibodies several weeks and several months after his birth [1]. It is breast milk that provides protection to children against the attack of various infectious agents.

Breast milk contains all 5 forms of antibodies (Ab) or immunoglobulins (Ig), i.e. IgA, IgD, IgE, IgG, IgM, and children's immune response is not fully developed until the age of 5 years. Therefore, breast milk protects children from infections like polio, staphylococcus infections, infectious diarrhoea, respiratory syncytial virus (RSV), pneumonia, sudden infant death syndrome (SIDS), necrotising enterocolitis, otitis media (OM), urinary tract infection (UTI) and neonatal septicaemia [2]. Breast milk also reduces the risk of breast cancer, ovarian cancer and post-partum haemorrhage among mothers who breastfeed their children exclusively [3].

Exclusive breastfeeding (EBF) for the first six months of an infant's life is a cost effective intervention in saving children's lives and it is recommended by the World Health Organization (WHO). Exclusive breastfeeding (EBF) means giving only breast milk to the infant, without mixing it with water, other liquids, tea, herbal preparations or food in the first six months of life, with the exception of vitamins, mineral supplements or medicines [4]. It is estimated that, with exclusive breastfeeding (EBF) coverage of 90 %, 13 to 15 % of deaths of children fewer than 5 years could be averted in low and middle income countries. Exclusively breastfed infants have been shown to have lower rates of acute respiratory infections and diarrhea, to have better neurodevelopment outcomes and have better physical growth compared to mixed or non-breastfed infants [5]. In areas where HIV

prevalence is high, especially in sub-Saharan Africa, exclusive breastfeeding (EBF) has been shown to have an added advantage of reducing the rates of mother-to child transmission of HIV (MTCT) [6].

Aims and objectives

The main objective of the study is to analyse the exclusive breastfeeding practices in working women of Pakistan.

MATERIAL AND METHODS:

This cross sectional study was conducted. The data was collected from 100 women's of age between 18 to 40 years, who had initiated breastfeeding prior to the survey and returned to work at the time of the interview were included. Women working as doctors, teachers, nurses and bankers in public (government) setup were included. The data was collected using interview method by pre-structured questionnaire. The questionnaires had socio-demographic information of mothers, their knowledge and awareness on exclusive breastfeeding and factors that are in turn affecting their practices of exclusive breast feeding.

Statistical analysis

The data was collected and analysed using SPSS version 20.0. All the data were expressed in mean and standard deviation.

RESULTS:

The data was collected from 100 women's. The overall mean age was 29.6 ± 6.3 years. Besides, 100 (45.7%) participants were aged between 20-29 years, 37.4% between 30-39 years, 9.2% were 40 years or above and 7.7% were aged below 20 years. Also, 42.8% participants were graduates or postgraduates while 28.7% were professionals. The mean number of children per mother was 2.2 ± 1.2 (range: 1 to 7). Regarding monthly income, it was significantly high among doctors as compared to other professionals (p-value <0.001). Regarding support of family in going for work, 90.4% families of doctors were supportive, 95.2% in nurses, 96.0% in bankers and only 76.0% families of teachers were supportive. Support of families was less in women of teaching profession (p-value <0.001).

Table 01: Association of socio-demographic characteristics with exclusive breast feeding.

	<i>EBF</i>	<i>Non-EBF</i>	<i>Odds Ratio</i>	<i>P-value</i>
<i>Age</i>				
< 20 Years	13 (7.8)	12 (5.1)	0.57 (0.12-2.65)	0.50
21-35 Years	87 (52.4)	123 (52.6)	0.34 (0.12-0.91)	
> 35 Years	66 (39.8)	99 (42.3)	1	
<i>Working Profession</i>				
Doctor	43 (25.9)	82 (35.0)	3.18 (0.60-16.97)	<0.001
Nurse	68 (41.0)	57 (24.4)	27.94 (6.67-117.0)	
Teacher	49 (29.5)	51 (21.8)	40.04 (8.86-180.95)	
Banker	6 (3.6%)	44 (18.8)	1	
<i>Monthly Family Income</i>				
10-20 Thousands	41 (24.7)	57 (24.4)	0.16 (0.03-72)	0.02
21-30 Thousands	52 (31.3)	72 (30.8)	0.18 (0.05-0.68)	
31-40 Thousands	41 (24.7)	35 (15.0)	2.55 (1.14-5.72)	
> 40 Thousands	32 (19.3)	70 (39.9)	1	
<i>Number of Children</i>				
1	51 (30.7)	82 (35.0)	8.0 (1.42-44.78)	0.02
2	58 (34.9)	63 (26.9)	18.32 (4.27-78.46)	

DISCUSSION:

Breastfeeding and weaning are the fundamental elements in the development of a child and their importance was also highlighted by the yearly World Breastfeeding Week. It is assumed that breastfeeding requires commitment and determination. This brought an idea to enquire about the knowledge and practices of working and non-working mothers about breastfeeding and the same idea was extended to know further about weaning [7]. It is obvious from the study results that there is a significant difference ($p < 0.001$) between the breastfeeding practices of working and non-working

mothers. The commutative breastfeeding rate among working and non-working mothers was 277(66.9%) [8].

A similar study conducted in Karachi found breastfeeding rate at 78.7% among working mothers, all of whom were either medical doctors or nurses. However, results of a study by Ong showed significant reduction in breastfeeding duration among working mothers than non-working mothers [9].

Women of both groups gave different reasons for initiating alternative methods of feeding. For

example, 85(20.5%) women from the working group had to refrain from breastfeeding practices because of their professional career and education. However, women from non-working group had different issues for discontinuing breastfeeding, such as health-related issues, family-related issues and other issues like another pregnancy, Hajj and Umrah travelling, etc. Therefore, among working mothers, it was the work that seemed to be a major constraint towards effective breastfeeding practices [10].

Regarding weaning practices, there was no significant difference in the knowledge and practices of working and non-working mothers. There were only 98(23.6%) mothers who knew the WHO-recommended weaning initiation time, but it is surprising to know that 226(54.5%) mothers initiated weaning practice by 6 months of the child's age. Mehkari S. et al. found weaning initiation rate to be 53.2% among female healthcare workers of Karachi. However, their knowledge about optimum age for weaning initiation was 77% [11].

This variation in the knowledge about appropriate age for weaning initiation could be because of inclusion of women of every profession in this study. The majority of mothers initiated weaning practices from 4 to 6 months of their child age, but the practice of mothers of working and non-working groups was significantly different ($p < 0.0001$) about the continuation of breastfeeding after weaning initiation [5]. Besides, 148(71.4%) mothers of the working group stopped breastfeeding before children's second birthday, but cessation of breastfeeding among non-working mothers was slightly lower, i.e. 140(67.6%) before child's second birthday. The practice for prolonged feeding via breast milk was more prevalent among non-working women [6].

CONCLUSION:

It is concluded that many mothers preferred to stop breastfeeding and weaned their children before the recommended age. The cessation of breastfeeding before the recommended age was observed among working mothers. Moreover, the maternal employment and professional careers forced mothers for choosing alternate feeding methods and early weaning practices.

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