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Original Research Article

A comparative study of breast feeding practices in working women

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ABSTRACT

Background: Breast milk is ideal food for infants until 6 months after birth. In India, breast feeding practices vary according to different socio-demographic factors. This study was aimed to study and compare different factors affecting breast feeding practices in sugarcane workers and paramedical staff. The objectives were objectives to study socio-demographic factors affecting breast feeding practices in sugarcane workers and paramedical staff, to compare factors affecting breast feeding practices in these groups and to suggest recommendations based on study findings.
Methods: A cross sectional study was done on 100 women from 2 groups of working women, 50 from paramedical staff and 50 from sugarcane workers. They were interviewed personally using predesigned and pretested questionnaire. All women working at the time of their postnatal period were included in the study. Statistical analysis used: Z test for difference in two proportions was used for statistical analysis.
Results: In Group A i.e. unskilled labourers, breast feeding was seen for prolonged duration (up to 2-3 years.) Whereas in Group B, breast feeding was for shorter duration (lasting up to 1 year in most women).
Conclusions: There was significant difference in breast feeding practices in the two groups.

Keywords: Breast feeding, Exclusive breast feeding, Working women

INTRODUCTION

Optimal nutrition during first two years of life is crucial for the survival, healthy growth, and development of infants and young children.[1] Ensuring optimal breastfeeding for all children in the first two years of life has the potential to save lives of at least 800,000 under 5 children every year.[2] Optimal feeding of infants and young children, a crucial component of the Mother and Child Health, is as much a basic right of infants and young children as it is for their mothers since the latter are the only natural source of nutrition for the former.[3] The global status of the Mother and Child Health indicates that several countries including India have not been able to perform as anticipated. India ranks close to the bottom amongst countries with deficient performance on this front. This deficiency has been attributed to low levels of awareness and practice of optimal feeding practices among its women. As a result, India continues to lose millions of young lives year after year.[4] This is evidenced by the finding that in 2012, India recorded an Infant Mortality Rate (IMR) of 44 and the Under 5 Mortality Rate (U-5 MR) of 58 against the global averages of 35 and 48 respectively.[5,6] Exclusive breast-feeding (EBF) for 6 months has been promoted as the preferred breast-feeding practice by the WHO.[7] But this is not always possible in case of working mothers. The number of working mothers in the workforce is growing, but few businesses provide lactation support in the workplace. Employment has a profound effect on breastfeeding. A woman entering employment is three times more likely to stop breastfeeding than her stay-at-home counterpart.

For working mothers, one factor which often discourages them from breastfeeding or giving up once they return to

work is how to balance breastfeeding with their tight working schedules. Various studies reveal a negative relationship between maternal employment and breast feeding. Low breastfeeding rates are indicated as a serious public health concern. The good news is that with adequate preparation and adjustment they can still continue with breastfeeding.

So this study was aimed to compare the Breast feeding patterns in working women from two groups, unskilled labourers and skilled workers.

METHODS

This is a cross sectional study on breast feeding practices of working women. The study was undertaken in two groups of women consisting of 50 women in each group. The list of all the women working in sugarcane fields and as a nursing staff in a tertiary care hospital (satisfying the inclusion and exclusion criteria given below) was made and 50 women were chosen by random sampling method. Their consent was taken before the initiation of study.

Inclusion criteria

All the women who have delivered a baby in last 1 year and are breastfeeding the baby, were included in the study after their consent.

Exclusion criteria

Those women who did not give consent. Group A consisted of sugarcane workers working in sugarcane fields. This group consisted of uneducated and women from low socio-economic classes with comparatively less scientific knowledge about child rearing practices but they were fully following the traditional breast feeding practices. Group B included 50 paramedical nursing staff from the tertiary care Hospital. Theses nurses were educated and were fully aware of the correct scientific methods of breast feeding and child rearing practices.

Women from both these groups were asked questions using a predesigned and pretested questionnaire regarding their antenatal and obstetric history with special considerations to the risk factors which were likely to affect their breast feeding practices like multiparty, antenatal visits to health facility, place of delivery and mode of delivery. They were asked questions regarding their work pattern like their amount of work, if they got any concession from work pattern during their antenatal or postnatal period, time period between delivery and joining of duty again etc. Efforts were done to know their believes regarding the breast feeding practices.

Statistical analysis

Data obtained was compared in these two groups regarding the different parameters and were analysed using Z test for difference in two proportions to know if the difference in breast feeding pattern in those two groups was significant or not.

RESULTS

The two groups consisted of 50 women each. Observations obtained for each parameter was noted in terms of total number of women giving the respective responses out of total 50 women in each group.

Table 1 shows that women from group A had all the risk factors significantly higher than group B. Out of all the factors, the difference was highly significant in case of inadequate ANC visits and History of >2 deliveries according to Z test for difference in two proportions.

Table 2 shows adverse work pattern was significantly higher in Group A i. e. sugarcane workers in case of all the parameters. But it was seen than in case of both the groups, there was no modification in work pattern (82% in Group A and 74% in Group B out of total 50 women in each group) and their difference was statistically not significant

Table 1: Risk factors in obstetric history of women.

Risk factor	Group A	Group B	Z test	P value
Inadequate ANC visits	45	00	9.0453	<0.001
Total number of deliveries (>2)	44	04	8.0064	<0.001
Spacing between two pregnancies (< 3 years)	39	08	6.2112	<0.05
Home delivery	46	00	9.2296	<0.05
Caesarean section/ assisted delivery	02	08	2.0	<0.05

Table 3 shows that breast feeding practices in Group B i.e. paramedical staff were significantly better than group A i. e. sugarcane workers, except in case of Exclusive breast feeding for 6 months which was highly significantly more in Group A than in Group B. Women in both groups were practicing breast feeding on demand. Study was conducted for the period of one month i.e. 1st June to 30th June 2013 and people attending RHTC OPD were included in the study. Total 144 participants were

included in the study. 75 were females (52%) and rests were males (48%).

Table 4 shows that both the groups had almost same believes regarding breast feeding like in case of "mother's milk is best for the baby, it's not feasible to continue adequate breast feeding while at work, their confidence about the ability to feed their babies and support of their families." But they differed significantly in case of stress factors and whether their milk secretion was enough for their baby according to chi square test.

Table 2: Work profile of women.

Work profile	Group A	Group B	Z test	P value
Heavy work	48	12	7.3485	<0.001
No modification in work pattern in late ANC/ PNC period	41	37	0.9656	>0.05
Resumed duty within 1 month after delivery	44	2	8.427	<0.05
Reduced frequency of breast feeding after joining work	24	40	3.3333	<0.05
No privacy for feeding in working area	24	05	4.1872	<0.05

Table 3: Breast feeding practices in working women.

Practices	Group A	Group B	Z test	P value
Initiation of breast feeding within 1/2 hour (2 hrs. in Caesarean section)	07	43	7.2	<0.001
Prelacteal feeds given	27	1	5.7907	<0.001
Colostrum given	06	49	8.6433	<0.001
Breast feeding on demand	49	48	0.5862	>0.05
Exclusive breast feeding for <6months	03	42	7.8393	<0.001

Table 4: Believes of working women regarding breast feeding.

Believes	Group A	Group B	Z test	P value
Mother's milk is best for the baby	48	49	0.5862	>0.05
Stress affects breast feeding	38	40	2.882	<0.05
It is not feasible to continue breast feeding while at work	35	34	0.2162	>0.05
Not enough secretion of breast milk so top feeding had to be started	2	35	6.8351	<0.001
Confident about the ability to breast feed	45	38	1.8635	>0.05
Partner and family is supportive	44	48	1.4744	>0.05

DISCUSSION

In the present study, only 5 (10%) from Group A while all from Group B received antenatal care. As per the study done by Giashuddin MS et al duration of breast-feeding in Bangladesh', antenatal care was not received by58.5% women.[8]

In the present study, 44 (88%) women from group A and 4 (8%) from Group B were multiparous while exclusive breast feeding for 6 months or more was done by 47 (94%) from Group A and 16 (8%) from Group B. 39 (78%) from Group A and 8 (16%) from Group B had spacing of <3 years in two deliveries. In a study done by Chundasama R et al, in a study of breast feeding initiation practice and factors affecting breast feeding in South Gujarat region of India, exclusive breast feeding for at least 6 months was done by 65.4% multiparous women.[9] 78.2% women having spacing of more than 2 years were doing exclusive breast feeding.

Home delivery was seen in 46 (92%) women of Group A and none from Group B. As per the study done by Escamilla RM et al the association between cesarean delivery and breast-feeding outcomes among Mexican women, Cesarean section was a risk factor for not initiating breast-feeding (odds ratio [OR] = 0.64, 95% confidence interval [CI] = 0.50, 0.82) and for breast feeding for less than 1 month (OR = 0.58, 95% CI = 0.37, 0.91) but was unrelated to breast-feeding duration among women who breast-fed for 1 month or more (OR = 0.97, 95% CI = 0.86, 1.11).[10]

In this study, 88% from Group A and 4% from Group B joined the work within 1 month of delivery. In the study done by Guendelman S et al a maternity leave of ≤6 weeks or 6 to 12 weeks after delivery was associated,

respectively, with a fourfold and twofold higher odds of failure to establish breastfeeding and an increased probability of cessation after successful establishment, relative to women not returning to work.[11] In the present study, breast feeding was initiated by 7 (14%) mothers in Group A and 43 (86%) in Group B. In the study done by Orun E et al, 25.2% women initiated the breast feeding within 1 hour of delivery, whereas 60.3% initiated it within 1-4 hrs.[12] In our study, pre-lacteals were given to babies by 27 (54%) from Group A and 2% from Group B. In a study done by Rasheed S et al, Prelacteal feeds were given by 18.5% to 27.8% of babies.[13] In the present study, 2 (4%) women from Group A and 35 (70%) women from Group B thought that their breast milk was not sufficient for their baby. In the study done by Huffmann SL et al 6% stopped breast feeding because they thought that their milk was not sufficient for the baby.[14]

CONCLUSION

- In Group A i. e. unskilled laborers, breast feeding was seen for prolonged duration (up to 2-3 yrs.) Whereas in Group B, Breast feeding was for shorter duration (lasting up to 1 year in most women).
- It can be due to many factors like financial condition, time limit due to work, less expression of breast milk etc.
- Giving Prelacteal feeds and avoiding giving colostrum were seen more commonly in unskilled laborers than skilled workers which can be due to factors like education, tradition including believes and customs.

Recommendations

- Women should be given Health Education regarding Breast Feeding practices.
- They should be told about various methods of contraceptives available for spacing the pregnancies.
- They should be told that they should consult doctor or any health worker in case of any complaints regarding breast feeding before discontinuing it on their own.
- There is need to advise them about proper Weaning Practices.
- There should be a separate private room at the workplace for feeding.

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