

Professional Mothers and Breast Feeding Practices

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While counseling mothers about exclusive breast feeding; we usually ignore the relationship between maternal employment and infant feeding practices and knowledge about lactation. The study was conducted on 200 employed and 200 non employed women. Breast feeding practices are greatly influenced by the employment of mother with 85.4% non-employed mothers and 41.2% employed women going in for exclusive breast feeding in first four months ($p < 0.002$). Similarly, 38.8% employed ladies started combined breast and bottle feeding since birth ($P < 0.0015$). The parity and socioeconomic status did not change feeding practices. The knowledge and information of breast feeding and weaning was better in employed women than their unemployed counterparts (36.1% Vs 21.7%; $P < 0.01$). Higher social class tended to be more aware (56.7% vs 15.3% $p < 0.001$). The primiparas had less knowledge than nulliparas (23.5% vs 34.8%, $P < 0.01$).

Key words Breast feeding, professional mothers

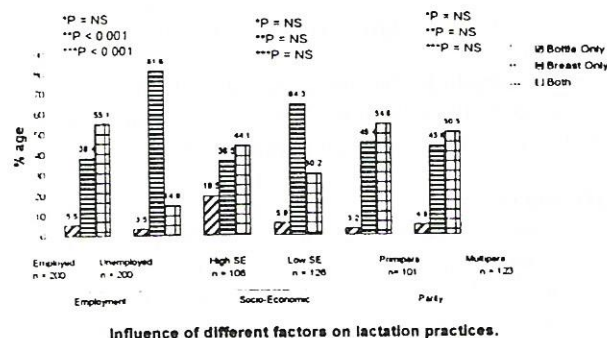
Pakistan is basically an agricultural country where >70% population lives in villages and towns and follow the traditional exclusive breast feeding practices. Unfortunately like other traditions; breast feeding practices are also fading away. We are being revolutionized by industrialization and modernization; milk formulae are gaining popularity because of tremendous propaganda of numerous manufacturers and advertisers; thus nullifying the positive efforts put in by health care providers and community workers regarding breast feeding.

Employed mothers are more educated than unemployed women and that is why are considered potential sources of improving awareness about optimal lactational practices; but there is hardly any study substantiating this fact. So this study was conducted to evaluate this important relationship in our developing society.

Material and Methods

The study was conducted from March 99 to December 99. Two hundred employed women delivering beyond 34 weeks with their offsprings made the study group. The control group consisted of same number of unemployed women. All mothers living in same area (interior Lahore). The study and control groups were evenly matched in terms of age, parity and socioeconomic status and family style (joint or nuclear). The identification data, the details of employment and socioeconomic status, family structure with relevant details of breast or bottle feeding or both upto first four months were taken on a prototype proformas.

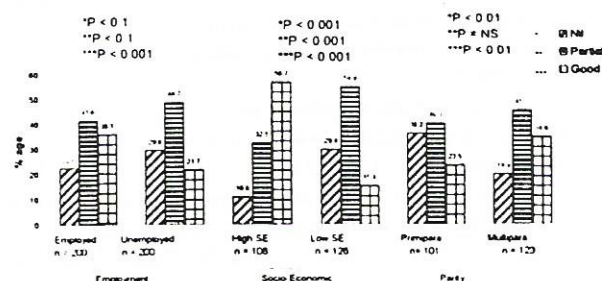
Women working more than 12 months were considered employed for this study and women who never worked or left employment before one year were categorized as unemployed by us. Detail enquiry was also made about knowledge of lactation and was assessed on following points and scored.



Graph 1

- Number, timing and duration of breast feeding.
- Timing and initiation of weaning. Score 2 (well informed) when mother knew about both parameters.
- Score 1: (partially informed): When she had knowledge about one parameter.
- Score 0: (not informed): When she had no proper knowledge about any parameter.

The entire assessment was made by a single interviewer.



Graph 2

Results and Discussion

The gross comparison between employed and

unemployed showed a small but similar percentage of exclusive bottle feeding trend ($P=NS$). However, non-employed mothers showed a very healthy and positive trend for exclusive breast feeding i.e., $\geq 80\%$ ($P<0.001$) for first four months of infant feeding whereas (38%) employed counterpart went in for breast feeding. Combined breast and bottle feeding was given 55.1% by employed mothers and 15% unemployed group did so ($p<0.001$).

Exclusive bottle feeding is more popular in high socioeconomic group (19.5% Vs 5.9%) as compared to the women of low socioeconomic. There was no statistically significant difference between high and low socioeconomic about the different modes of infant feeding (given three group, Graph 1) and similar trend was shown by primiparas and multiparas both from employed and unemployed group.

Employed mothers preferred to start with combine feeding because of different maternity leave or working rules and to ease weaning and less dependency of infants on mothers. Contrary to it unemployed mothers can give more time to the neonate and usually do exclusive breast feeding.

Another important aspect of this study was to enquire about background knowledge of lactation. A significantly higher number of employed women were well informed about correct lactational practices than the unemployed group (26.1% Vs 21.7%; $P<0.001$) (Graph 2); within the employed group; the women of high socioeconomic status were more knowledgeable about lactation as compared to those from lower social class ($P<0.001$). More multiparas were found to be well aware of feeding practices and time of weaning than primiparas.

Conclusion

It is obvious from above mentioned comparison that maternal education; employment and good socioeconomic status and to a certain extent having a previous child makes them well informed about lactation but constraints of employment let them go in for combined breast-bottle feeding.

It is thus recommended that prolonged maternity leave should be made available. If this is not possible then day care centers must be provided close to place of work and women must be given time off for breast feeding.

Exclusive breast feeding practices should be taught by media coverage, community works and health care provider where and when required. This will help in promoting the breast feeding and decreasing infant mortality.

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