



Impact of Education, Socioeconomic Status and Employment on Breast Feeding duration among Nursing Mothers

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Abstract

Breastfeeding provides a number of benefits for both newborns and mothers. In any event, despite overwhelming evidence to the contrary, the occurrence of breast-feeding care has declined sharply. From the mother, breast milk provides abundant and efficiently swallowed healthy components, cell reinforcements, chemicals, insusceptible characteristics, and living antibodies. Breastfeeding provides a number of advantages for both newborns and moms. Despite significant evidence to the contrary, breast-prevalence feeding's has remained low across the world. The goal of this study was to see how a mother's education affected her children, socioeconomic position, and employment on the length of time she breastfed her child. The current study was conducted in Delhi to determine the impact of a mother's education, employment, and socioeconomic level Breast-feeding duration in urban and rural nursing moms. A total of 200 breastfeeding mothers from the city and 200 lactating mothers from the countryside were considered for the study. A purposeful random inspection of data technique is used and collected directly from mothers occupying a tailored survey to assess the impact of the mother's education, employment, and socioeconomic level on the length of breast feeding. Following the data collection, the data will be properly categorized and organized under numerous headings. Information and attitude were used to code. Following that, the content and quantifiable research was completed using percentages.

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Introduction

Sustenance refers to the processes through which a species or plant consumes and consumes nourishment. Protein, carbohydrate, fat, nutrients, minerals, and electrolytes are all included in basic supplements. In most cases, fat and carbohydrate make up 85 percent of daily calorie consumption, while protein makes up 15%. Humans obtain sustenance mostly through the process of inserting food items into our mouths, biting, and gulping them. The quantity of necessary supplements required varies by age and bodily condition, such as real employment, Medicines, pregnancy, and

breastfeeding are all present disorders (such as prostate cancer, breast cancer, or weaker bones – known as osteoporosis).

Breast milk provides adequate nutrition for the first six months of birth; no additional food or drink is required. It is guaranteed and beneficial to the infant. Breast milk provides all of the necessary improvements for a growth and development of a child. It is the best milk for children since it contains all of the essential nutrients for the first half of a child's life.

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Protein, vitamins, fat, impetuses, and antibodies are all found in breast milk. It protects the newborn from pollutants while also acting as an anti-infection barrier. Breast milk aids in the development of the motor, obvious, mental, and physical systems, as well as protecting against pollution and exhaustion. Breast milk treatment is recommended beginning at the half-year mark of a child's life. Since the youngster was typically wiped out from the runs and pneumonia, choose Breast Milk Dealing has slowed the rate of death. It aids in the recovery from illness.

Breastfeeding is better for Mother Actually

From the mother, bosom milk provides abundant and efficiently swallowed healthy components, cell reinforcements, chemicals, insusceptible characteristics, and living antibodies. Mother's more experienced immune system produces antibodies against the pathogens that she and her kid have been exposed to. Antibodies are injected into her milk to help protect her infant from illness. Immunoglobulin A protects the surface of a child's juvenile digestive organs, preventing bacteria and allergens from penetrating. Bosom milk also includes chemicals that are known to help newborn newborns.

Bosom trading is a personal decision that a woman must decide carefully, taking into account the rewards and burdens it will bring to both mother and child. Bosom trading has a number of advantages. It aids in the proper nutrition of newborns and can assist women in their recovery from pregnancy and transportation. Breast feeding, in general, can help to strengthen the link between mother and child. According to surveys, 62 percent of women breastfeed their infants. Breast dealing with a professional, support, or assured lactation counsellor is recommended for expectant moms planning to clinical guardian before envisioning posterity. Breast milk, packaged milk, or a combination of the two can help a robust newborn infant.

What impact does Maternal Malnutrition have on Breast Milk?

Composition of breast milk is influenced by maternal diet to some extent. In general, even malnourished moms may breastfeed well. However, if a child is severely malnourished, Breast milk quality and quantity might be jeopardized. When opposed to fat, the protein level of breast

milk appears to be less influenced by starvation. The quality of the maternal food influences the water-soluble vitamins and fat-soluble vitamin A concentration (beta-carotene). Vitamin A and Bcomplex supplementation to nursing moms raises the amounts of these vitamins in breast milk. Breast-milk zinc and iron are better absorbed than zinc and iron from other foods. The composition of trace elements in breast milk, on the other hand, is unaffected by the mother's nutritional state.

Why should the Baby be Breastfed?

All of a newborn's essential nutrients are found in breast milk, offers the optimum nourishment, and protects the infant from illnesses. Breast milk is a natural diet that is simpler to digest and absorb for a baby than formula milk from other sources. Colostrum, or the milk produced in the first three to four days after birth, is abundant in proteins, minerals, vitamins, especially vitamin A, and antibodies. It has a laxative effect on the body as well. Breast-feeding decreases fertility and makes it easier to spacing out children. Both the mother and the child experience emotional fulfillment as a result of breastfeeding. Human milk appears to provide a number of long-term benefits, including a lower risk of autoimmune diseases, inflammatory bowel disease, obesity, and other ailments, as well as a lower risk of some malignant malignancies. As a result, breast milk is the best milk for a newborn or developing infant.

Research Methodology

Breastfeeding provides a number of advantages for both newborns and moms. Despite significant evidence to the contrary, breast-prevalence feeding's has remained low across the world. The study's goal is to look at the impact of a mother's education, socioeconomic position, and employment on the length of breastfeeding. The current study was conducted in Delhi to see how a mother's education affects her children, employment, and socioeconomic level on the length of breast feeding in urban and rural nursing mothers. A total of 200 breastfeeding mothers from the city and 200 lactating mothers from the countryside were considered for the research. The information was acquired through the use of a purposeful random inspection technique. Data was collected directly from mothers using a structured survey to assess the impact of the mother's education, employment, and socioeconomic level



on the length of breast feeding. Following the data collection, the data will be properly categorized and organized under numerous headings. Information and attitude were used to code. Following that, the content and quantifiable research was completed using percentages.

Demographic Data Survey Instrument

The demographic form asked about age, marital status, religion, place of residence, occupation, education, family's monthly income, kind of delivery, number of deliveries, current breast-feeding practices, exclusive breast feeding, and starting breast feeding within 1 hour.

Questionnaires Data Collection

The influence of education on postnatal moms' colostrum feeding behaviours was assessed using a structured questionnaire.

Data Collection Procedure

All moms were given an explanation of the study's goal after their permission was obtained. The moms who completed a valid informed consent form to participate in the study. The researchers gathered information through face-to-face interviews. Intervention was used in this study to help them comprehend the value of breast-feeding techniques. The moms were also taught about the benefits of colostrum and the importance of breastfeeding for at least two years.

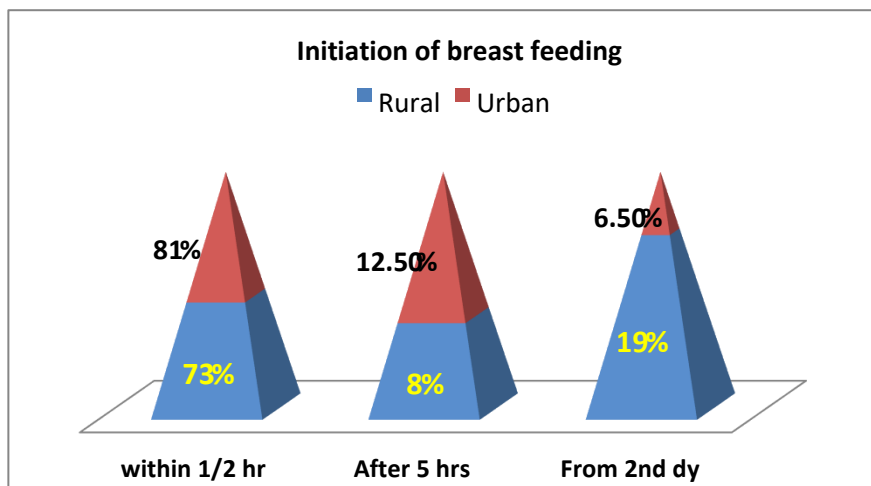
Ethical Consideration

The participants gave their written agreement and were given the option to leave the research at any time. The privacy of the participants was maintained.

Results

Table 1. Initiation of Breast Feeding In Rural and Urban Area

	RURAL(N=200)	URBAN(N=200)	TOTAL(N=400)
1. With in ½ hour after delivery	146 (73)	162 (81)	308 (77)
2. After 5 hours	16 (8)	25 (12.5)	41 (10.25)
3. From 2 nd day onwards	38 (19)	13 (6.5)	51 (12.75)
Total	200(100)	200(100)	400(100)



In Table 1, the majority of mothers (77%) began breastfeeding within half an hour of birth, followed by those who began breastfeeding on the second day (12.75%) and after 5 hours after delivery (10.25 percent).

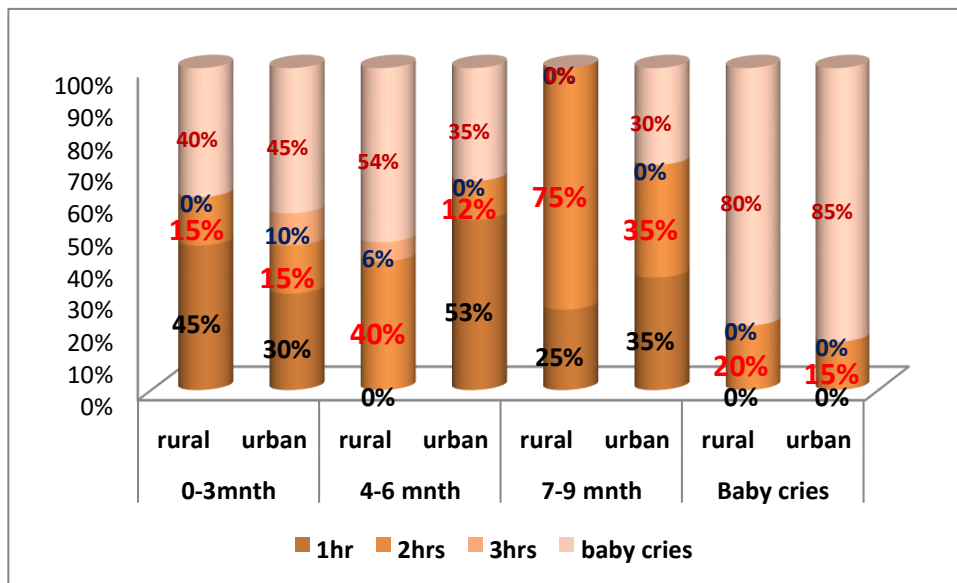
When compared to rural moms, the majority of urban women (81%) started breastfeeding within

half an hour after delivery (73 percent). When compared to rural moms, a higher percentage (12.5%) of urban women started breastfeeding after six hours of delivery (8 percent). From the second day on, 19 percent of rural moms and 6.5 percent of urban mothers started breastfeeding their babies.



Table 2. Breastfeeding Frequency in Infants by Age Group

Age (months)	RURAL(N=200)					URBAN(N=200)					TOTAL(N=400)			
	No. of infants	1 hr	2 hrs	3 hrs	on baby's cry	No. of infants	1 hr	2 hrs	3 hrs	On baby's cry	1 hr	2 hrs	3 hrs	On baby's cry
0-3	60	27 (45)	9 (15)	0	24 (40)	60	18 (30)	9 (15)	6 (10)	27 (45)	45 (37.5)	18 (15)	6 (5)	51 (42.5)
4-6	100	0	40 (40)	6 (6)	54 (54)	100	53 (53)	12 (12)	0	35 (35)	53 (26.5)	52 (26)	6 (3)	89 (44.5)
7-9	20	5 (25)	15 (75)	0	0	20	7 (35)	7 (35)	0	6 (30)	12 (30)	22 (55)	0	6 (15)
10-12	20	0	4 (20)	0	16 (80)	20	0	3 (15)	0	17 (85)	0	7 (17.5)	0	33 (82.5)



In the Table.2, the 0-3 month age group, the highest number of moms (42.5%) breastfed their babies when they cried, followed by every 1 hour (37.5%), every 2 hours (15%), and every 3 hours 5%. In the 4-6 month age group, more moms (44.5%) breastfed in response to their baby's scream, and 26.5 percent breastfed every 1 hour and every 2 hours. In the 7-9 month age group, the majority of moms (55%) breastfed every 2 hours, followed by every 1 hour (30%), and on the baby's scream (15 percent). Whereas, in the 10-12 month age group, the majority (82.5%) breastfed on the baby's cry and 17% every 2 hours.

When it came to the 0-3 month age group, the majority of urban moms (45%) breastfed their children in response to the baby's scream, with 30% breastfeeding every 1 hour, 15% every 2 hours, and 10% every 3 hours. While in rural areas, 45 percent breastfed every 1 hour, 40 percent on baby's scream, and 15% breastfed every 2 hours. In

the 4-6 month age range, the majority of rural moms (54%) breastfeed when their infant cries, 40 percent breastfeed every 2 hours, and 6% breastfeed every 3 hours. In comparison to urban moms, the majority (53%) of rural mothers breastfed every 1 hour, followed by infant cries (35%) and every 2 hours (12 percent).

In the 7-9 month age range, the majority of rural moms (75%) breastfed their children every 2 hours and 25% breastfeed every 1 hour. In comparison to rural areas, a higher percentage of moms (35%) breastfed every 1 to 2 hours, with another 30% breastfeeding when their infant cried. When the age group of 10-12 months was evaluated, more (85%) of moms breast fed on the baby's cry and 15% breastfed every 2 hours in urban areas. In rural areas, 80 percent of moms' breastfed their babies when they cried, and 20 percent every two hours.



Table 3. In both rural and urban areas, the duration of breast feeding varies

Duration	RURAL(N=200)		URBAN(N=200)		TOTAL(N=400)	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
3-6 months	2	1	5	2.5	7	1.75
7-9 months	10	5	41	20.5	51	12.75
10-12 months	46	23	84	45	130	32.5
13-24 months	142	71	70	35	212	53

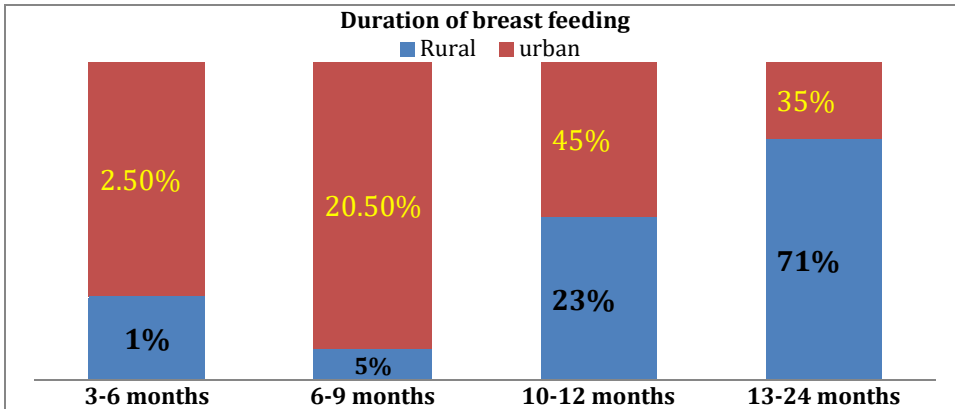
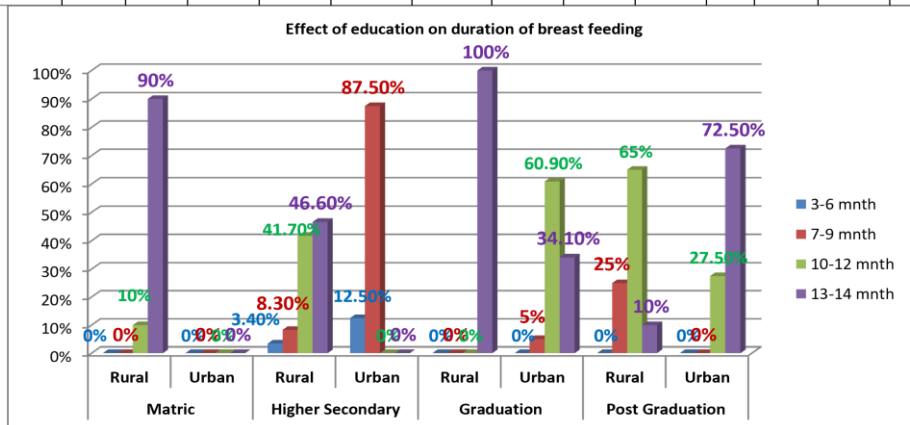


Table 3 depicts that when it came to breastfeeding length, the majority of moms (53%) said they would breastfeed for 13-24 months, followed by 10-12 months (32.5%), 7-9 months (12.75%), and 3-6 months (1.75%). There was no indication that it should be less than three months in any of the patients. When rural moms were polled, the vast majority (71%) claimed they would breastfeed for 13-24 months, followed by 10-12 months (23%),

7-9 months (5%), and 3-6 months (1%). In comparison to urban moms, the majority (45%) of mothers indicated they will breastfeed for 10-12 months, followed by 35 percent for 13-24 months, 20.5 percent for 7-9 months, and 3% for 36 months (2.5 percent). 2.5 percent of those polled in the city said they would breastfeed for up to 3-6 months, whereas 1% of those polled in the country said they would breastfeed for up to 3-6 months.

Table 4. The Influence of Mothers' Education on Breastfeeding Duration

Education	RURAL(N=200)				URBAN(N=200)				TOTAL(N=400)					
	No. of mothers	3-6	7-9	10-12	12-24	No. of mother-s	3-6	7-9	10-12	12-24	3-6	7-9	10-12	12-24
Matric	80	0	0	8 (10)	72 (90)	0	0	0	0	0	0	0	8 (10)	72 (90)
Higher secondary	60	2 (3.4)	5 (8.3)	25 (41.7)	28 (46.6)	40	5 (12.5)	35 (87.5)	0	0	7 (7)	40 (40)	25 (25)	28 (28)
Graduation	40	0	0	0	40 (100)	120	0	6 (5)	73 (60.9)	41 (34.1)	0	6 (37)	73 (45.7)	81 (50.6)
Post Graduation	20	0	5 (25)	13 (65)	2 (10)	40	0	0	11 (27.5)	29 (72.5)	0	5 (8.4)	24 (40)	31 (51.6)



In table 4, Matric women (90%) said they will breastfeed for 13 to 24 months, followed by postgraduates (51.6%), graduates (50.6%), and mothers with a higher secondary education (50.6%). (28 percent). While 45.7 percent of women with a bachelor's degree, 40% of mothers with a master's degree, 25% of mothers with a higher secondary education, and 10% of moms with a matriculation degree said they would breastfeed for 10 to 12 months, Whereas 40% of women with a higher secondary education, followed by 37% of graduates and 8.4% of postgraduates, said they would breastfeed for 7-9 months, and just 7% of moms with a higher secondary education said they would breastfeed for 3-6 months. The majority of graduates in rural areas (100%) stated that they will breastfeed their children for 13 to 24 months. 90% of matriculated women, 46.6 percent of upper secondary educated mothers, and 10% of postgraduate mothers said they would breastfeed their children.

While 65 percent of postgraduate moms, 41.7 percent of high school mothers, and 10% of matric mothers said they would breastfeed for 10 to 12 months, About 25% of women with a postgraduate education and 8.3% of moms with a higher secondary education indicated they would breastfeed for up to 7-9 months, while the least (3.4%) said they would breastfeed for up to 3-6 months.

In comparison to urban moms, 72.5 percent of postgraduates and 34.1 percent of graduates said they would breastfeed their children for 13 to 24 months. 60.9 percent of graduates and 27.5 percent of postgraduate educated mothers said they would breastfeed for 10-12 months, 87.5 percent of higher secondary and 5% of graduates educated mothers said they would breastfeed for 7-9 months, and the least (12.5 percent) of higher secondary educated mothers said they would breastfeed for 3-6 months and 12.5 percent of those in the urban region said they would breastfeed for up to 3-6 months, compared to 3.4 percent in the rural area.

Table 5. Effect of Socio Economic Status Regarding Breast-Feeding Duration

Socio Economic status	RURAL(N=200)					URBAN(N=200)					TOTAL(N=400)			
	mothers			10-12	12-24	No. of mothers	3-6	7-9	10-12	12-24	3-6	7-9	10-12	12-24
POOR	20	0	0	0	20 (100)	20	0	0	0	20	0	0	0	40 (100)
MIDDLE	140	0	2 (1.5)	16 (11.4)	122 (87.1)	128	0	37 (28.9)	71 (55.4)	20 (15.7)	0	39 (14.6)	87 (32.5)	142 (52.9)
HIGH MIDDLE	40	2 (5)	8 (20)	30 (75)	0	28	5 (17.8)	4 (14.2)	13 (46.5)	6 (21.5)	7 (10.2)	12 (17.7)	43 (63.3)	6 (8.8)
HIGHER	0	0	0	0	0	24	0	0	0	24 (100)	0	0	0	24 (100)

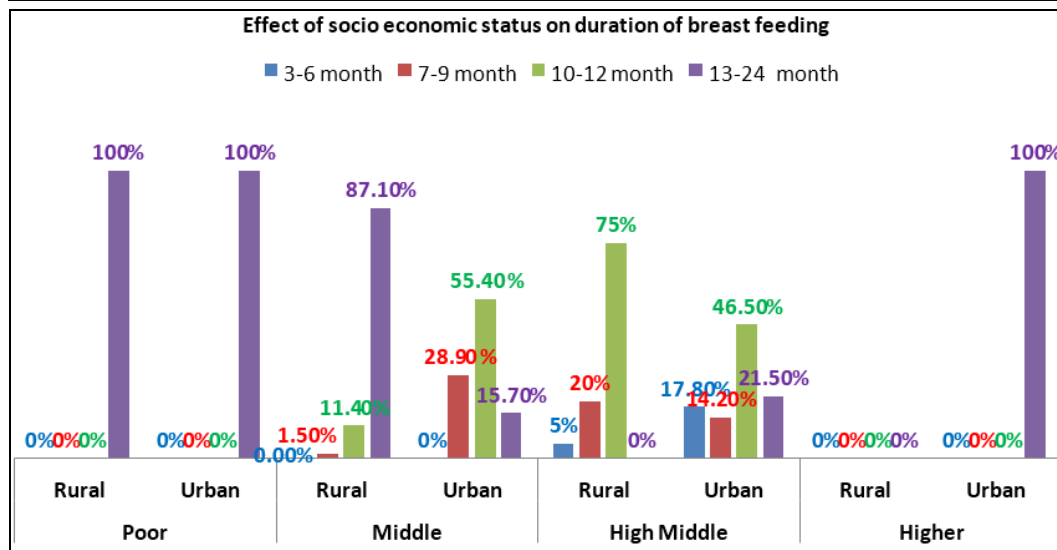


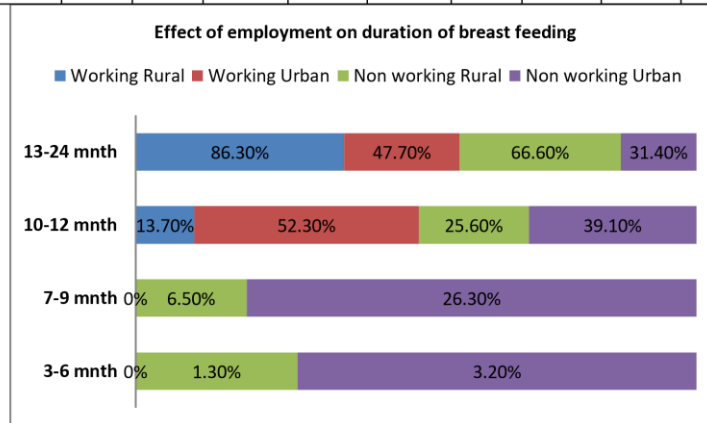
Table. 5 presents information about effect of Socio economic status on duration of breast feeding duration of breast feeding with respect to socio-economic status. All poor and higher income group moms (100.00%) said they will breastfeed for 13 to 24 months, followed by medium income group mothers (52.9%) and high middle income group mothers (52.9%). (8.8 percent). 63.3 percent of moms in the upper middle income group and 32.5 percent of mothers in the median income group said they would breastfeed for 9 to 12 months. 17% of moms in the upper medium income group and 14.6 percent of women in the median income group said they would breastfeed for 7-9 months. 10.2% of moms in the moderate income category said they would breastfeed their children for up to 3-6 months.

In rural areas, all of the women in the lower income group (100.00%) stated that they will breastfeed their children for 13 to 24 months, followed by the moderate income group (87.1%). Whereas 75% of

moms in the upper middle income group and 11.4 percent of women in the medium income group said they would breastfeed for 10-12 months. 20% of moms in the upper medium income group and 1.5 percent of women in the median income group said they would breastfeed for up to 7-9 months. In the rural group, at least 5% of moms breastfeed for 3-6 months. In the city, all (100.00%) of women from the poor and high income groups stated that they will breastfeed their children for 13 to 24 months, followed by the high medium income group (21.5%) and the middle income group (21.5%). (15.7 percent). Whereas the majority of middle-income mothers (55.4%) and 46.5 percent of high-income mothers (46.5%) stated that they would breastfeed for 10-12 months. They would breastfeed for 7-9 months in 28.9% of the medium income group and 14.2% of the upper middle income group. The smallest percentage of women (17.8%) said they will breastfeed for up to 3-6 months.

Table 6. The Impact of a Mother's Job on Breast-Feeding Duration

Employment	RURAL(N=200)				URBAN(N=200)					TOTAL(N=400)				
	No.of mothers	3-6	7-9	10-12	13-24	No. of mothers	3-6	7-9	10-12	13-24	3-6	7-9	10-12	13-24
Working	44	0	0	6 (13.7)	38 (86.3)	44	0	0	23 (52.3)	21 (47.7)	0	0	29 (32.9)	59 (67.1)
Non Working	156	2 (1.3)	10 (6.5)	40 (25.6)	104 (66.6)	156	5 (3.2)	41 (26.3)	61 (39.1)	49 (31.4)	7 (2.3)	51 (16.4)	101 (32.3)	153 (49)



In comparison to non-working moms, Table. 6 shows the majority of working mothers (67.1%) stated that they will breastfeed for 13-24 months (49 percent). In comparison to non-working moms, more working mothers (32.9%) stated that they will breastfeed for 10-12 months (32.3 percent). Nonworking moms said they would breastfeed for 7-9 months and 3-6 months, respectively, 16.4 percent and 2.3 percent.

When compared to non-working moms in rural areas, more working mothers (86.3 percent) stated that they will breastfeed for 13-24 months (66.6 percent). 25.6% of nonworking moms and 13.7 percent of working mothers said they would breastfeed their children for 10 to 12 months. 6.5 percent of nonworking women said they will breastfeed their children for up to 7-9 months. The



smallest (1.3%) percentage of nonworking moms claimed they will breastfeed for 3-6 months.

In the urban areas, the majority (52.3%) of employed moms said they will breastfeed their children for 10-12 months, followed by nonworking mothers (39.1%). 47.7% of working moms and 31.4 percent of nonworking mothers said they would breastfeed for up to 13-24 months, 26.3 percent of nonworking mothers said they would breastfeed for up to 7-9 months, and just 3.2 percent of working women said they would breastfeed for up to 3-6 months.

Conclusion

There was no discernible effect of schooling on eating habits. They were aware of the value of breast milk, but they were unable to express it in depth using scientific terms. Mothers or mother-in-laws were their sources of information about breast-feeding procedures. During an informal discussion with the sample, it was discovered that while these moms and mothers-in-law agree that "breast milk is extremely essential since it is nutritious," they were unable to describe its significance in depth. "Mothers with higher levels of education and those who have received breastfeeding guidance from a health professional demonstrate superior understanding and breastfeeding habits," according to several research studies (RUKSANA, 2018).

In comparison to rural moms, more urban women started breastfeeding within half an hour. 71 percent of rural moms and 35% of urban mothers said they would breastfeed their children for 13 to 24 months. In comparison to non-working moms, the majority of working mothers stated that they will breastfeed for 13-24 months.

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