

Breastfeeding and working full time Experiences of nurse mothers in Karachi, Pakistan

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B A C K G R O U N D : Culture, beliefs and practices, mother's employment, and increasing modernization are linked to breastfeeding. In Pakistan, some false beliefs and practices interfere with breastfeeding even among nurses. This led to the development of this study with the focus on nurses' breastfeeding experiences since nurses constitute the major workforce in any health care setting and most importantly are in a position to influence breast feeding.

AIM:The objectives of this study are: (a) To explore the experiences of nurses who are working mothers and are breastfeeding. (b) To identify the underlying problems faced by the working mothers in relation to breastfeeding practices. (c) To develop possible recommendations in order to help nurse respondents to work more productively.

M A T E R I A L - M E T H O D : A descriptive phenomenology was used to describe the experiences of nurse mothers in Karachi, Pakistan, working full time and breastfeeding. Twelve mothers constitute the participants who were selected purposively in six hospitals in Karachi. Unstructured interviews and observations were used to gather data guided by Colaizzi's data analysis method.

R E S U L T S : Three themes emerged from the data: positive experiences, mediating health behavior, and negative experiences. The participants recommended setting up a day care center to address their breastfeeding problems.

C O N C L U S I O N S : Breastfeeding rises to the mothers both positive and negative experiences mediated by mothers' health behaviors. Mothers working full time and breastfeeding find their whole experience rewarding as well as challenging. Although they know the importance and value of breastfeeding, due to their working circumstance they are unable to do this task, thus they made recommendations through this study to stress their negative experiences.

K E Y - W O R D S : Breastfeeding, working full time, nurse mothers, experiences, Karachi, Pakistan

BACKGROUND

Education and cultural beliefs play a major role in infant feeding practices (Barton 2001 p. 94). In Pakistan,

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some false beliefs and practices interfere with breastfeeding. A large number of babies are started on bottle feeding as early as during the first month (Mustansar 1999). Breastfeeding rate is low, only 16% of mothers exclusively breastfeed their children up to four months (Dawn 2003). An increasing number of women are supplementing breast milk with formula and cease breastfeeding earlier (Morisky, Kar, Chaudhry et al 2002). The increasing modernization confounded by the existing

cultural beliefs and false practices on breastfeeding may have contributed to this phenomenon. Nurses, being a part of this cultural milieu may also be influenced by such practices.

Khalil & Khalil (2000) conducted a study on the relationship between maternal employment and infant feeding practices in Lahore, Pakistan. They found that breastfeeding practices were greatly influenced by the mother's employment. Only 41.2% of employed women (n=200) go for exclusive breastfeeding in the first four months. Similarly, 38.8% started combined breast and bottle feeding from birth. Maternal education, employment, good socio-economic status, and to a certain extent having a previous child made the women well informed about lactation, but constraints of employment let them choose combined breast and bottle feeding.

A study conducted by Dodgso, Duckett, Garwick and Graham (2002) in the Ojibwe community in the United States also indicated that the values and practices of the studied group were congruent with those of the larger mainstream culture. Successful breastfeeding promotion and intervention programs based on culturally relevant perspectives are needed.

Based on the literature, culture, beliefs and practices, mother's employment, and increasing modernization are linked to breastfeeding. These consistent findings led to the development of this study with the focus on nurses' breastfeeding experiences since nurses constitute the major workforce in any health care setting and most importantly are in a position to influence breastfeeding.

Nurses are an important part of any country's health care delivery system. In today's world the role of nurses is not just limited to a hospital, but has expanded in communities and schools as well. Nurses, being health professionals, play a powerful role in health promotion and health education in many areas specifically in maternal and child health (MCH) settings.

In MCH settings, nurses work for the health promotion of mothers and children where they provide antenatal and postnatal care. They provide health related teachings to mothers of newborn babies. They keep themselves involved in encouraging mothers to breastfeed. Despite knowing the importance of breastfeeding and being heavily involved in breastfeeding education nurses themselves, being working mothers, may not be able to follow the same practice. Personal observations pointing to some of the causes of nurses' inability to breastfeed, are: shift duties, work load, long duty hours,

and unavailability of breastfeeding facilities. This may consequently affect the health of the nurses' babies.

The dilemma is that, while nurses are aware of breastfeeding as very crucial for babies, it has been observed that they themselves are unable to breastfeed their own babies due to the lack of facilities and long working hours. This issue becomes more frustrating for nurses participating in encouraging mothers to utilize breastfeeding practices, whereas are unable to breastfeed their own babies.

It appears that nurse mothers and especially working mothers, face problems in practicing breastfeeding. There are very few studies which explore the problems faced by the nurse working mothers who breastfeed their babies. This study explored the experiences of nurses who are mothers, employed full-time, in Karachi, Pakistan, and whose infants are at breastfeeding age.

The findings of this study will help nurses mothers working full time who breastfeed their infants. By identifying difficulties faced by nurses, problems may be resolved by framing and understanding them. Nurses nursing their infants might be able to work more effectively. The results will help shape recommendations in order to get institutional support and help working mothers to initiate and continue breastfeeding. It will be helpful for policy makers in making plans and programs for promoting breastfeeding practices in the work settings.

The objectives of this study are:

- a. To explore the experiences of nurses who are working mothers and breastfeeding.
- b. To identify the underlying problems faced by working mothers in relation to breastfeeding practices.
- c. To develop possible recommendations in order to help nurse respondents to work more productively.

MATERIAL-METHOD

Descriptive phenomenology was used to explore the experiences of working mothers who are nurses and breastfeeding their babies. Purposive sampling was used to select participants qualified registered nurses, working full time on rotation duties in the six different hospitals of Karachi. The matron of each hospital helped to identify participants who were breastfeeding and whose babies' ages were between 40 days and 2 years. An unstructured interview was utilized by asking broad questions in the interview guide such as "Tell me about your breastfeeding experience" and "What kind of problems

have you faced during breastfeeding?” and “How has breastfeeding affected you during your working hours?”

Sampling and data collection sought the full range of variation in the categories until saturation was achieved. Twelve participants constituted the sample. Literature was searched based on the concepts that emerged from the data, which further aided in the discovery process (Streubert & Carpenter 2002).

Permission to conduct the study was obtained from the Ethics Review Committee of the Aga Khan University. Informed, written consent was obtained at the time of the individual initial interviews. Participation in the study was voluntary. An opportunity to withdraw from the study at any stage was guaranteed. The content of the individual interviewees was shared in the report for the purpose of nursing knowledge, without identifying the participants in any way. The names of the participants were changed to maintain anonymity. According to Munhall & Carolyn (1993), quotations can be used to provide substantive information in the written research report.

Each interview lasted between 30 and 40 minutes. The setting of the interview was according to the choice of the participants, after ensuring that the environment was conducive. Each interview was audio taped. Unstructured observations of the nurses' working environment were done to complement the interviews. This helped the researchers to understand the problems encountered by the nurse mothers while breastfeeding in their workplace and is a part of the Colaizzi method.

Data Analysis

Review of literature, data collection and data analysis were done simultaneously. In Pakistan very little research has been conducted related to breastfeeding, most works were done by western researchers.

Colaizzi's seven-stage process for data analysis was utilized. It involves observing and analyzing human behavior within its environment to examine experiences that cannot be communicated (Burns & Grove 2005). Breastfeeding is considered a sensitive topic among Pakistanis. Since the participants may find it difficult to talk about their breastfeeding experiences, the Colaizzi method was used.

Holloway & Wheeler's (2002) descriptions of Colaizzi's different steps guided the data analysis. First, the interviews were transcribed then read aloud. This process enabled us to have “a feel” of the participant's descriptions. Second, we went back to each of the transcriptions

and picked out the significant statements. Third, the meaning of the statements were analyzed and spelled out. Fourth, the aggregated meanings were organized into categories and themes. The categories and themes were referred back to the original transcriptions for validation. The discrepancies were noted among and in between various clusters. As the themes emerged in step four, the participants were subsequently contacted by telephone or personally. The purpose of the second contact was to clarify, validate or obtain further information about the emerging themes. The participants agreed with the themes and categories. We found these steps to be useful by taking the exhaustive description back to the informants rather than the final one because it appeared to be more recognizable for them to comment. This ensured rigor through trustworthiness (Holloway & Wheeler 2002).

Fifth, the themes were integrated into an exhaustive description of the investigated topic. Sixth, the exhaustive descriptions of the breastfeeding experiences were made explicit. Finally, we went back again to the research participants to share the findings as a final validation.

To achieve further rigor, the study was shared with nursing colleagues who had breastfeeding experiences, and they felt that they had similar experiences when they were breastfeeding, thus achieving credibility. Credibility means that other people can recognize the experience when confronted with it after having only read it in a study (Holloway & Wheeler 2002).

Findings

Findings showed that the emerging themes and categories were: positive experiences as theme and positive categories with personal pleasure, mother-baby relationship, and fitness/quality of breast milk as sub-categories; mediating health behavior as theme and mediating categories with mother's caregiving activities, mother's dietary practices, and mother's infant weaning practices as sub-categories; and, negative experiences as theme and negative categories with personal discomfort, environmental problems/facilities, lactating problems, and administrative problems as sub-categories. The categories and themes ultimately affect the mother, baby, and family (Figure 1).

Positive experiences

All the participants have positive experiences towards breastfeeding. They all stated that they enjoyed and felt pleasure while breastfeeding their babies and felt that babies should be breastfed.

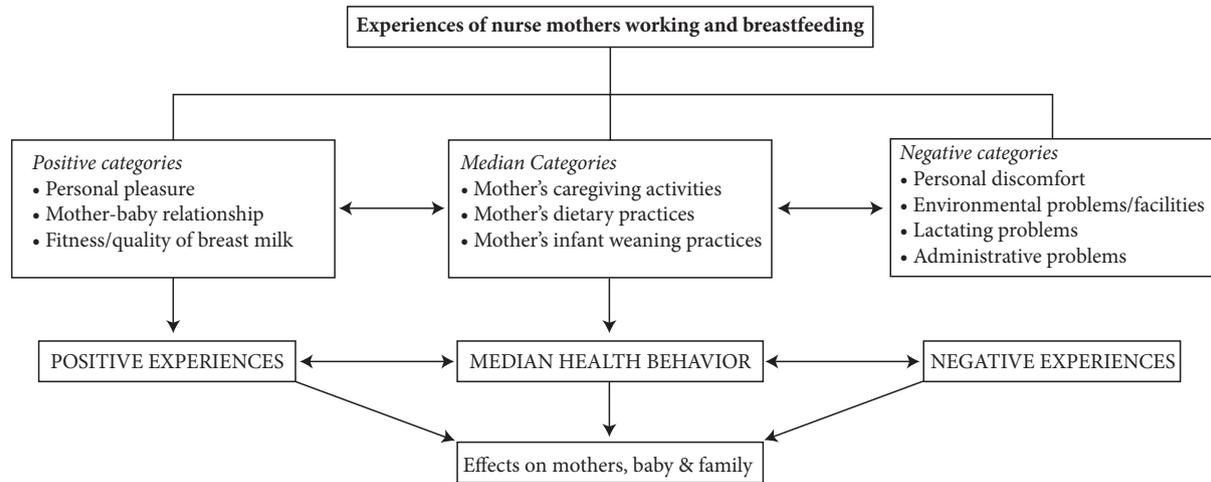


Figure 1. Themes, categories and sub-categories of the experiences of nurse mothers who are working and breastfeeding in six hospitals in Karachi, Pakistan

The participants described that they feel satisfied while giving the babies their breast milk. They said that after breastfeeding the mother and the baby were both satisfied and the baby is happy. All of them wanted to breast-feed their babies for at least two years. They said it was a good experience and they feel very proud, and from the depth of their heart they wanted to breast feed the baby, because they strongly believed that the first milk colostrum is very important for the newborn.

Tanya said:

"I have given no honey to my baby I gave only my milk to my baby, I had a desire to give the first milk to my baby, as I know the importance of that first milk and I have read about it I have also given guidance to the patients, I had given that first milk to my baby as it was my wish..."

Personal pleasure

The most frequently mentioned reason for breastfeeding babies was their personal pleasure. They felt satisfied after giving breast milk to their babies as most of them said that they felt a kind of inner satisfaction and wanted to feed the baby, which is every mother's wish.

Several participants vividly described this feeling.

Ruby said:

"I have given breastfeeding from the beginning to my baby. It's my innate feelings that mother should breast-feed her baby for two years so that no disease should even touch the baby. I feel pleasure while breastfeeding my baby, it is a good experience when ever I breastfeed him I start loving him more".

Mother-baby relationship

All the participants said that breastfeeding enhanced bonding between mother and baby. They strongly believe that breastfeeding increases the love between the mother and the baby.

With breastfeeding, mother and child develop a feeling of love, this love increases whenever one feeds the baby. As Tahira said: "The biggest advantage is that breastfeeding increases the bonding between mother and child it also increases the love between mother and child, 'Pear bhartha ha' (Love increases)".

Fitness/quality of breast milk

Another reason for breastfeeding was good health, strength, and that the quality of breast milk is not present in any other milk.

Sonia mentioned:

"Breast milk contains all the nutrients that a baby needs for the first few months. It is quickly and easily digested, it contains the most suitable protein and fat for a baby in the right quantities. It has more sugar than most other milks and that is important for the baby's brain development. Breast milk contains enough vitamins, iron, water and essential minerals".

Mediating health behaviors

This theme influences both negative and positive experiences; hence the theme emerged as the balance or the equilibrium to both positive and negative experiences.

Mother's care giving activities

Majority of the Pakistani families live in a joint family system, that is, the wife joins the husband's family and lives with the in-laws. This has a lot of benefits. Lately, the trend has been changed because females are also going to work. The mother-in-law and sister-in-law take care of the baby. Since all of the participants were full time working nurse mothers, in their absence their mother-in-law and sister-in-law were taking care of the baby.

Tasleem said:

"My mother-in-law looks after my baby when I am at work. I live in a joint family. I am satisfied with the care my mother-in-law gives to my child..."

Mother's dietary practices

The majority of participants said that they took healthy diet in order to produce more or sufficient milk, as they all wanted to continue breastfeeding their babies.

Some of them forcefully ate foods they disliked such as goat's lungs, "*punjari*", herbal medicine, and high protein diet to increase the flow of milk. It is the popular belief that some unusual food may be beneficial to lactating mothers. Participants did not like the idea but they were forced to take the food for their "own good".

Tahira stated:

"I have taken goat's lungs to increase the flow of my milk, now I am taking milk daily, I had taken only three days - that goat lungs the taste was not good, what to do I had taken this only for my child..."

Samina said:

"I have taken good diet, so that my baby can have more milk. I have taken fruit and each and every thing which makes more milk".

Mothers infant weaning practices

All the nurses babies age ranged from three to nine months. In the beginning all the participants had introduced breastfeeding to their babies; later on all of them had introduced bottle feeding since they were working mothers. They had to join their duties and unwantedly they had to start bottle feeding so that the baby would not be hungry in their absence.

All of the participants have started the weaning diet when their baby was four months. Weaning makes it easier for the caregiver to feed the baby. Furthermore, it increases satiety; therefore babies are not hungry all the time. Mothers do this because they have to leave their

babies to the caretaker while they return to work as full time nurses.

Sara said:

"I give my baby mashed chicken and boiled vegetables. I give him chips and porridge, *sagudana*, (*sagocil*), bottle-feed (*morinaga*, formula milk). I started giving him top feed since he was 3 months old, because my maternity leave was finished".

Negative experiences

The impact of the negative experiences was less than positive ones. There were problems related to the environment, administration, personal, and lactating. All of them said that they did not have any facility to express their milk, or to store this for their babies.

The participants shared that most of the time their milk overflows, which is painful, because their breast gets engorged. To be relieved, they have to express the milk, and waste that milk. This was very up setting for them. As Tanya said, with tears in her eyes, "Over here we are wasting our milk which is a precious gift from God if we would be at home our baby would have drink that milk". She said: "How *majbor* (helpless) we are and it is very difficult to cope with this situation, there is no one to listen to us".

Personal discomfort

All of the participants in the study expressed feelings of personal discomfort, either with the act of breastfeeding *process* or when they leave the child crying, unsatisfied, and still hungry in order to reach on duty in time. This is emotionally painful for them. They verbalized that they are all the time disturbed and *baysakoon* (feeling of uncomforted), and depressed the whole day, which affects their work. Several of the mothers expressed that they feel their heart is always at home, and they feel guilty about that.

Sara said that:

"I leave my child crying. I also get upset and feel unsatisfied, *baysakoon*. My heart is always at home thinking about the child that whether my child is also unsatisfied... (*bysakoon*). I am not satisfied and depressed the whole day".

Another participant felt that she leaves the baby always hungry; because she has to forcefully remove her breast from the mouth of the baby. She shared that: "Morning breast feed is only 10 minutes and I was never satisfied because I knew that my baby was still hungry and not satisfied".

Environmental problems/facilities

A consistent finding was that the mothers who were nurses described that they do not have any facilities regarding day care center. To bring the baby in the unit is too risky, because the wards are not safe for babies. It is full of pollution.

Salma said:

"We do not have back up and due to work load we are not able to express the milk, so our uniform gets dirty instead of putting pads or cotton".

From the experiences described, facilities for breastfeeding, like a breastfeeding room is not available in their work place. This makes it difficult for the nurse mother to do breastfeeding for twenty four hours or at least express and store her breast milk.

Lactating problems

The majority of the participants in this study described themselves as facing problems with lactation. The problems are discomfort, feeling guilty for wasting their milk to relieve them of pain due to engorgement in order to work comfortably.

Marium said that she has to stop taking hot drinks or liquids in order to produce less milk so that she does not have these problems.

Administrative problems

All of the participants recommended that the administration should build a day care center in the hospital so that they can bring their children with them. It will relieve their tension, because in between their duty times or during lunch time or tea break they can go and breastfeed their babies. They think that in this way their babies will also feel secure, because when after long duty hours, when they go home they virtually stay with their babies all the time. Another problem is the maternity leave. Returning to work and continuing to breastfeed were problematic for many participants.

Salma said:

"We should have the day care center with someone who can look after the baby. Then we will have no tension now look I am so busy I have tension that it is the time of my baby to get breast milk and I am so busy here".

DISCUSSION

Studies of Dennis (2002) cited in Tarkka, Paunonen & Laippala (1999) shows that mothers are more likely to breastfeed if they have a positive attitude toward breast-

feeding. The findings of this study are similar to what certain other researchers have found.

There are many important factors to be considered when mothers make the decision about returning to work after their baby is born. Most literature stressed that babies and mothers need to be together in the early years. Baby's need for his mother's loving presence is considered a basic need for the babies' growth and development.

According to La Leche League International (1998) no one can replace the mother. From all the evidence, from all that is known about how babies grow and learn to live and be competent adults, it can be said that a mother is the one only most perfectly suited to be a nurturer in the early years of an infant. As La Leche League International (1998) further writes, "child's initial one-to-one relationship with his mother is the foundation for emotional growth" (p. 172). Physical contact is important to newborns and can help them feel more secure, warm, and comforted (<http://www.4women.gov/breastfeeding/>)

Breastfeeding saves times and money. Mothers do not have to purchase, measure, and mix formula, and there are no bottles to warm in the middle of the night. As according to Bonoan (2000) "Breastfeeding also delivers lifelong advantages. Human milk enhances cognitive development and promotes mental health" (p. 2). The immunological advantages were linked to health idea the mothers felt that breastfeeding would be good for the general health of the child and therefore prevent disease.

Breastfeeding mothers need to take good care of themselves in order to provide a good milk supply for their baby. Good nutritional intake, eating a well balanced diet, and eating more often rather than three big meals are good for the nursing mothers (La Leche League International 1998). Mothers try to eat food which would help and facilitate breastfeeding by increasing milk flow and strengthening the overall health of the mother. Some foods are good but others are quite unusual for them. However they would still eat them in the belief that it will benefit them and ultimately their baby.

According to the Network for Consumer Protection (NCP), an Islamabad-based NGO working to promote civil rights, 96% of mothers start breastfeeding at the birth of their babies. In Pakistan, only 56% continue to do so until the child is two years old... Only 16% of infants in Pakistan are exclusively breastfed up to the age of four months as compared to other South Asia nations.

Experts agree that weaning may be started at the age of four to six months. The mothers in this study may have started weaning a few days earlier due to work. The foods they introduced were also the kind of food recommended by the pediatrician. This includes varieties of cereals, boiled vegetable and meat, fruits, and custard.

Ryan & Martinez (1989) have shown that employed women encounter breastfeeding problems like fatigue, breast engorgement, and leaking milk. Other difficulties are specific to breastfeeding management as they relate to employment. Problems experienced by employed breast-feeding mothers include finding time at work to express milk and concern about maintaining the milk supply. According to Kearney & Cronenwett (1991): Providing a comfortable and private place to express milk while at work will further enhance the mother's opportunity to stimulate milk production. Nonetheless, a return to employment prior to two months postpartum appears to increase breastfeeding problems and shorten the overall duration of breastfeeding (p. 479).

CONCLUSIONS

Nurses who breastfeed their infants go through a lot of emotional upheaval. Although they know the importance and value of breastfeeding, due to their working circumstance they are unable to do this task, thus they made recommendations through this study to stress their negative experiences.

Breastfeeding rises to the mothers both positive and negative experiences mediated by mothers' health behaviors. Mothers working full time and breastfeeding find their whole experience rewarding as well as challenging.

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