

Research Paper



To identify associated factors towards termination of breastfeeding among working mothers: a survey

Mrs. Monika Devi NR^{1*}, Mrs. Sheetal Kumari², Mrs. Parjinder Kaur³

¹Nursing Tutor, Govt AMT School GMC Jammu, UT India.

²Nursing Tutor, Govt AMT School GMC Jammu, UT India.

³Associate Professor, Bhai Gurdas Institute of Nursing, Sangrur Punjab India.

Article Info

Article History:

Received: 06 April 2023

Revised: 23 June 2023

Accepted: 29 June 2023

Published: 14 August 2023

Keywords:

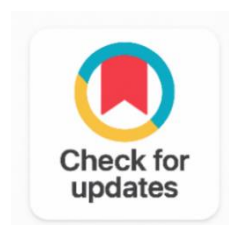
Working Mothers

Exclusive Breastfeeding

Maternity Leave

Workplace Support

Infant Health



ABSTRACT

Background: Women who work are less likely to exclusively breastfeed their babies, and one of the known factors associated with the discontinuation of exclusive breastfeeding (EBF) is early return to work. However, few studies have focused on factors at the workplace and individual level which may affect EBF among working mothers and therefore should be evaluated for duration of EBF and breastfeeding knowledge among working mothers.

Objective: To measure factors associated with weaning the child, in working mothers.

Methods: The design of the study was quantitative descriptive. A sample of 50 working mothers was selected to get data about the length of exclusive breastfeeding and influencing factors.

Results: 32.0% of 50 working mothers exclusively breastfed for 7-12 months while 30.0% were exclusively breastfed for 1-3 months. Equal proportions (16.0% each) exclusively breastfed for 4-6 months and for more than 12 months. A few (6.0%) did not even attempt to breastfeed. The results suggest that the duration of EBF among working mothers is quite variable such that the largest group experienced EBF to be in the 7-12 month range, but almost one-third experienced cessation of exclusive breastfeeding during the first 1-3 months.

Conclusion: The study revealed that a significant number of working mothers managed to breastfeed exclusively for 7-12 months but a significant proportion of them stopped by three months and a small number of mothers did not breastfeed at all. The findings highlight the importance of providing targeted developmental support in the workplace (flexibility policy, lactation facilities and maternity leave, among others) in addition to individual counseling and education, to promote and maintain the recommended exclusive breastfeeding practices.

Corresponding Author:

Mrs. Monika Devi NR

Nursing Tutor, Govt AMT School GMC Jammu, UT India.

Email: monikasyal98@gmail.com

Copyright © 2023 The Author(s). This is an open access article distributed under the Creative Commons Attribution License, (<http://creativecommons.org/licenses/by/4.0/>) which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

1. INTRODUCTION

Baby Nursing at Mother's Breast is an Undeniable Affirmation of our Rootedness in Nature. David Suzuki For infants, breast milk is the healthiest dietary option [1]. Breast milk is universally recognized as the most effective method of providing nourishment for a neonate. Antibodies, which are prevalent in breast milk, bestow neonates with defence mechanisms against pathogens and viruses [2]. In the formative years, breastfeeding promotes cognitive performance, assists in the development of the brain, and cultivates a special bond between the mother and child. Breast milk contains various protective enzymes, such as digestive lipase and amylase, which have the potential to fortify the infant's defenses against infections and gastroenteritis [3], [4].

It is recommended by the World Health Organization (WHO) that all new mothers lactate their infants exclusively for the initial half-year after birth, with the intention of promoting optimal growth and development. It should be specified that in the first six months after birth, neonates solely ingest breast milk [5].

Working mothers who struggle to maintain a work-life balance while breastfeeding face an elevated risk of prematurely discontinuing the practice, and exclusively lactating in particular [6]. The prevalence of exclusive lactation cessation is higher among employed women compared to caregivers [7]. The brief duration of maternal leave and the absence of a conducive work environment for mothers and children are frequently cited as the primary factors that contribute to the discontinuation of exclusive breastfeeding [8]. An important factor that contributes to the untimely termination of lactation among employed mothers is a strict work schedule. Moreover, fatigue, lack of workplace support, early return to work, brief maternity leave, lack of privacy, feelings of being observed and evaluated, early return to work, and short maternity leave have been suggested to all contribute to the low rate of exclusive breastfeeding among working mothers [9]. As previously stated, most children whose mothers were employed were more prone to contracting childhood illnesses, had weakened maternal attachments, and had lower disease resistance. It is incumbent on employers to provide a supportive work environment, appropriate amenities, designated times for lactation, and information pertaining to relevant policies in order to foster a sense of encouragement and support for returning employees to continue lactating [10].

2. RELATED WORKS

In a study conducted by [1], a prospective questionnaire was employed to investigate the reasons behind the cessation of breastfeeding among 449 women in Lithuania. The study also aimed to determine whether there was a correlation between the duration of maternity leave and the discontinuation of breastfeeding. The study was referred to as a "prospective cohort study." Out of the total number of respondents (n = 123), 41% were no longer breastfeeding within 6 months after giving birth. Additionally, 57.8% (n = 173) of respondents stopped breastfeeding between 6 months and 1 year after giving birth [11]. Returning to work has minimal impact on the process of gradually discontinuing breastfeeding. Commencing and maintaining breastfeeding within the initial days following childbirth significantly impacts an individual's long-term dedication to nursing. A study conducted by [12]. Aimed to examine the frequency and variables related to the delayed start and discontinuation of breastfeeding among employed women with children aged two years or younger in Abu Dhabi, the United Arab Emirates.

A cross-sectional multicentre study employed a technique to determine that out of the 1610 mother-child pairs with complete data included in this study, 606 were moms who were employed. This indicates that 37.6% of the mothers in the study were working. The mean age of the moms was 30.9 years

with a standard deviation of 5.1, whereas the mean age of the children was 8.6 months with a standard deviation of 6.1. Out of the total of 606 women, 217 (35.8%) began nursing later than intended, while 359 (59.2%) discontinued breastfeeding. The study revealed the urgent need to enhance the circumstances of working moms in order to promote optimal breastfeeding habits, including initiating breastfeeding early and sustaining it for all mothers in the UAE, irrespective of their employment position. In 2016, Dunderij Ej and Amos K.L conducted a research on exclusive breastfeeding among professional working moms living in urban areas of Ghana. A sample frame of 18,021 working women in the official sector in the town was randomly selected using a structured selection process. The obtained sample size was 387. The mothers completed a structured questionnaire provided by a researcher [13].

The findings indicated that an overwhelming majority (99%) of respondents were aware of exclusive breastfeeding. Despite the fact that 91% of moms began breastfeeding within one hour after delivery, only 10.3% of mothers continued breastfeeding at the six-month mark. The study's findings indicate a need for improved regulations around parental leave and the establishment of breastfeeding-friendly work environments [14]. This is due to a significant disparity between the number of professional working mothers who begin breastfeeding and those who sustain it. Utilizing a structured survey provided by a researcher, Chhetri conducted research to determine the factors that influence the decision of working moms in Udupi, a town in Karnataka, to exclusively breastfeed their newborns. A straightforward random sampling technique was employed to gather data from a total of 137 employed mothers. According to the survey, a higher proportion of infants (22.4%) born in private hospitals were exclusively breastfed, compared to a lower proportion (10.5%) of infants delivered in government hospitals. Only 53.3% of employed mothers who were given breaks were able to exclusively breastfeed their infants, in contrast to those who did not get breaks. Twenty percent of the employed women in this survey possess sufficient knowledge regarding various aspects of exclusive breastfeeding [15], [16].

In 2016, Suliman AM conducted a cross-sectional study using an electronic questionnaire survey to examine the correlation between the absence of breastfeeding support policies in the workplace, such as allowing employees to express breast milk or breastfeed their infants during work hours, and the early initiation of formula feeding as well as the discontinuation of breastfeeding. A total of 340 employed women were surveyed [17]. According to the survey, a significant majority of employed women, specifically 84.5%, chose to breastfeed their infants during their period of maternity leave. Among these individuals, 59.5% continued breastfeeding upon returning to work, whereas 40.5% discontinued. Among employed mothers who continued breastfeeding while being away from home, 30% did so for a duration of one to three months, 25% for four to six months, 25% for seven to twelve months, and 20% for over a year. A significant proportion of mothers choose to introduce formula to their infants during the initial two months, with 18.7% doing so between the ages of 3 and 4 months, 8% between the ages of 5 and 6 months, and 8.6% between the ages of 7 and 12 months [18]. Our analysis indicates that the study findings establish a substantial correlation between the absence of supportive regulations for breastfeeding employees and shorter durations of nursing as well as early initiation of formula feeding [19].

3. METHODOLOGY

The study employed quantitative research methodology. The study employed a methodology known as "Descriptive research design." The research examined employed mothers with children aged between six months and two years who accompanied their children to the immunization facility at the Government Hospital in Patiala. Working mothers are employed mothers who have resumed their professional activities and get compensation for their employment. The group consists of 50 mothers who are occupied with various responsibilities. This investigation employed purposive sampling, a non-random selection strategy.

3.1 Inclusion Criteria

- Employed moms with children between the ages of six months and two years who had ceased nursing.
- Employed mothers who expressed their willingness to take part.

- Employed moms who were present during the data collecting period.
- Employed moms who were visiting vaccination outpatient departments (OPDs) at Government Hospital in Patiala.

3.2 Exclusion Criteria

- Employed moms who are unwilling to participate.
- Employed moms who had ceased nursing prior to reaching the 6-month mark.

3.3 Data Collection Procedure

Prior to data collection, explicit written consent was acquired from the Principal of Government College of Nursing, Patiala. Data was gathered from eligible participants throughout the hours of 8am to 2pm in the outpatient department of immunization OPD's for this study. On the first day, the research's goal was described, study objectives were outlined, and informed permission was obtained prior to the study. A questionnaire was administered to the study participants, which included a knowledge questionnaire and checklists pertaining to variables contributing to the discontinuation of breastfeeding, as well as mother return to work and workplace assistance [20]. The participants were allotted a time frame of 30-40 minutes to complete the questionnaire using the traditional paper and pencil approach. All participants exhibited excellent cooperation with the investigator during the knowledge assessment. The data gathering method concluded with expressing gratitude to the responders. Upon completing the coding of the data, it was subsequently transferred to the master sheet. Following this, the data was tallied and a score sheet was generated. The mean, median, and standard deviation were employed to ascertain the degree of awareness among working women on nursing. Chi-square test was used to find the association of factors affecting termination of breastfeeding with selected demographic variables [21].

4. RESULTS AND DISCUSSION

Association between knowledge scores and selected demographic variables: The chi square test was used to determine the association. The calculated chi square value for the, religion $\chi^2=29.481$, $df=6$, significant. Type of Family, $\chi^2=9.771$, $df=2$, significant. Occupation, $\chi^2=20.485$, $df=6$, significant. The other demographic variables did not show any significant association. Hence, it was concluded that significant association between knowledge and demographic variables for breastfeeding among working mothers with selected demographic variables such as region, type of family and occupation Association of selected demographic variables with workplace support score: The chi square test was used to determine the association. The calculated chi square test score for occupation, $\chi^2=1.090$, $df=6$, significant. Hence, it was concluded that significant association between demographic variables and workplace support score for breastfeeding among working mothers with occupation among working mothers [22].

4.1 Factor 1- Factors Related to Knowledge of Working Mothers Regarding Breastfeeding

Out of the 50 women, majority of the working women 25(50%) had good knowledge, 23 (46.0%) had an average knowledge, 2(4.0%) working mothers had poor Knowledge regarding breastfeeding. Hence, majority of the working mothers were having good knowledge regarding breastfeeding.

4.2 Factor 2- Factor Related to Maternal Return to Work

Out of 50 working mothers, regarding work status highest number of working mothers (68.06%) had full time and (66.85%) working mothers had part time. According to work arrangement, highest number of working mothers (68.13%) had fixed work arrangement and (67.08%) working mothers had outstation /field work /job work arrangement. Regarding working time, highest number of working mothers (70.45%) had shift duties, (66.67%) working mothers had day duties and no working mothers had night duties. In context to duration of working per week, highest number of working mothers (70.31%) had 2 days, (67.52%) had 6 days and (64.58%) had 4 days. In context to duration of working hours per day, highest number of working mothers (68.85%) had less than 8 hours and (62.08%) working mothers had

more than 9 hours. Regarding return to work after maternity leave, highest number of working mothers (73.41%) not return after 6month yet, (67.05%) working mothers return after less than 3 months and (60.88%) return after more than 6 months. Regarding number of times working mother feed baby at workplace, highest number of working mothers (75.52%) feed more than 5 times, (69.32%) working mothers feed baby 3-4 times, (68.06%) working mothers not feed the baby, (66.67%) working mothers feed baby 4-5 times, (52.08%) working mothers feed baby 1-2 times [23].

4.3 Factor 3- Factor Related to Workplace Support

Out of 50 working mothers, majority of working mothers (50.0%) had average workplace support, (28.0%) working mothers had good workplace support and (22.0%) had poor workplace support. The finding of the study was supported by [3].

The study results revealed that 25 had stopped breastfeeding in the first three months after delivery (21.9%). 43 of them were between three to six months (37.7%) and another 46 mothers stopped when their babies were more than six months old (40.4%). The study concluded that employment and breastfeeding at the same time was not an easy task [24].

4.3.1 Section - I Socio-Demographic Variables

Table 1. States the Frequency and Percentage Distribution of Socio-Demographic Variables

Section-1 Socio Demographic Proforma		Frequency (f)	Percentage (%)
Age	21-25 Years	21	42.0%
	26-30 Years	17	34.0%
	Above 30 Years	12	24.0%
Gender	Male	27	54.0%
	Female	23	46.0%
Religion	Hindu	28	56.0%
	Sikh	19	38.0%
	Muslim	2	4.0%
	Christian	1	2.0%
	Any other	0	0.0%
Family	Nuclear	32	42.0%
	Joint	18	34.0%
	Extended	0	24.0%
Education	Illiterate	10	54.0%
	Primary	9	46.0%
	Upto 10 th	5	56.0%
	Upto 12 th	10	38.0%
	Graduate and above	16	4.0%
Children	One	21	42.0%
	Two	20	40.0%
	Three	7	14.0%
	Four and above	2	4.0%
Occupation	Skilled labour	8	16.0%
	Government employee	14	28.0%
	Own Business	17	34.0%
Family Income	Private Employee	11	22.0%
	Below Rs 50,000	29	58.0%
	Rs 50,000-1 lakh	14	28.0%
	Rs 1 lakh -1.5 lakh	2	4.0%
	2 lakh and above	5	10.0%

Residence	Urban	25	50.0%
	Rural	25	50.0%
Child's Age	6 months-1 year	14	28.0%
	1 year-1.5 years	20	40.0%
	1.5 years-2 years	16	32.0%

The highest percentage of working mothers (42.0%) were between the ages of 21 and 25. The next highest percentage was among mothers between the ages of 26 and 30. The last percentage was among mothers over 30. When it comes to gender, most working mothers' children (54.0%) are boys and the minority (46.0%) are girls. In terms of religion, 56.0% of working moms are Hindu, 38.0% are Sikh, 4.0% are Muslim, and 2.0% are Christian. No other religion is represented by any working mother. As for the type of family, 64.0% of working moms were from a nuclear family, 36.0% were from a joint family, and none were from an extended family. According to Education, 32.0% of working moms had a bachelor's degree or higher, 20.0% were illiterate and had only completed the 12th grade, 18.0% had only completed the basic school level, and 10.0% had completed the 10th grade level. To compare the number of children, the most working moms (42.0%) had one child, the next most had two children, the next most had three children, and the last most had four or more children. According to their job, the most common type of working mother (34.0%) ran her own business, followed by government workers (28.0%), private workers (22.0%), and skilled workers (16.0%). Based on family income, most working moms (58.0%) made less than Rs. 50,000, 28% made between Rs. 50,000 and Rs. 1 lakh, 10.0% made between Rs. 2 lakh and Rs. 1.5 lakh, and 4.0% made between Rs. 1 lakh and Rs. 1.5 lakh. In terms of where they live, 50 percent of working moms live in cities and 50 percent live in rural areas. According to the age of the child, the most working moms' children (40.0%) were between the ages of 1 and 1.5 years, 32.0% were between 1.5 and 2 years, and 28.0% were between 6 months and 1 year [25].

4.3.2 Section I Objective to Identify Associated Factors Towards Termination of Breastfeeding Among Working Mothers.

Table 2. Distribution of Working Mothers as Per their Level of Knowledge Scores

Criteria Measure of Knowledge Score		
Category Score	Percentage	Frequency
Good (17-24)	50.0%	25
Average (9-16)	46.0%	23
Poor (0-8)	4.0%	2

Table 1. It describes the distribution of the respondents as per their level of knowledge scores. According to this table majority of working mothers (50.0%) working mothers had good knowledge, (46.0%) working mothers had average knowledge, (4.0%) working mothers had poor knowledge. Hence most of the working mothers were having good knowledge regarding breastfeeding.

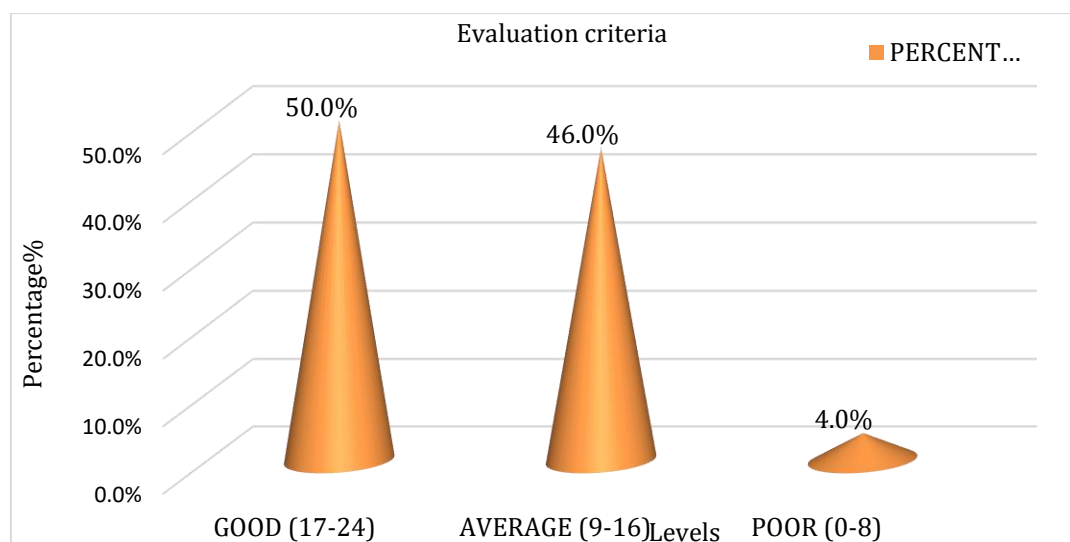


Figure 1. Diagram Showing Working Mothers' Level of Scores

Table 3. Descriptive Statistics of Knowledge Score

Descriptive Statistics	Mean	SD	Median	Maximum	Minimum	Range	Mean %
Knowledge Score	16.20%	3.57%	16.50%	23%	8%	15%	67.5%

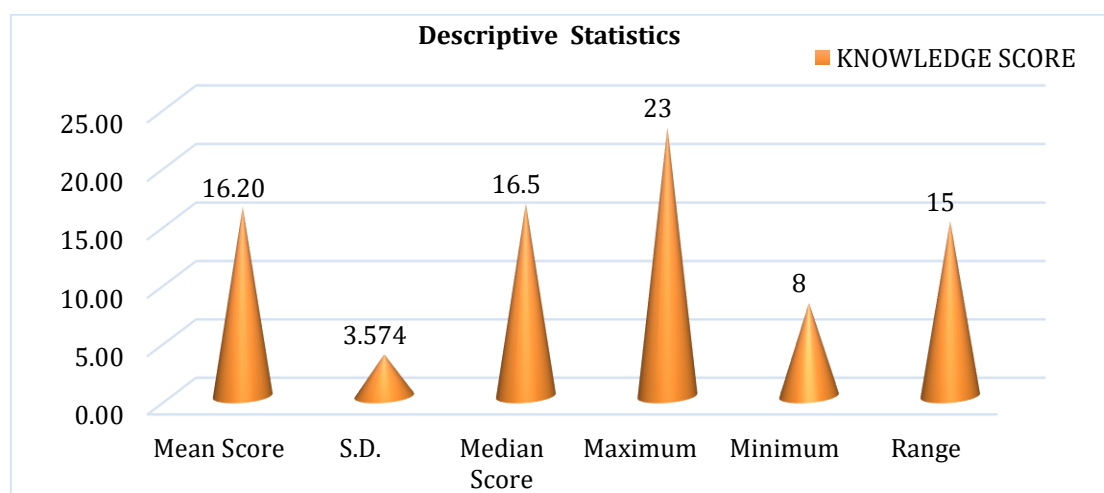


Figure 2. Diagram Showing Mean and SD Score

Table 2. Indicates about the Descriptive Statistics of Knowledge Score of working mothers. As per this table Mean of knowledge score was 16.20%, SD was 3.57%, Median Score was 16.50%, Mean Score was 67.5%.

Table 4. Descriptive Score According to Factor Related to Maternal Return to Work

Factor Related to Maternal Return to Work		Mean%	Mean	Sd	N
What Is the Work Status	Full time	68.06	16.33	3.81	27
	Part time	66.85	16.04	3.35	23
What Is Work Arrangement	Outstation/ field work/ job	67.08	16.10	3.65	30
	Fixed	68.13	16.35	3.54	20
What Is The Working Time	Day	66.67	16.00	3.46	39
	Night	0.00			0
	Shift Duties	70.45	16.91	4.06	11

What Is Duration of Working Per Week	2 day	70.31	16.88	4.32	8
	4 day	64.58	15.50	5.10	8
	6 day	67.52	16.21	3.04	34
What Is Duration of Working Hours Per Day	< 8 hours	68.85	16.53	3.66	40
	> 9 hours	62.08	14.90	3.03	10
When Did You Return To Work After Maternity Leave	After 6 month not return yet	73.41	17.62	3.67	21
	< 3 months	67.05	16.09	2.98	11
	> 6 months	60.88	14.61	3.26	18
How Many Times Did You Feed Baby At Workplace	1-2 times	52.08	12.50	1.87	6
	3-4 times	69.32	16.64	4.11	11
	4-5 times	66.67	16.00	3.37	4
	More than 5 times	75.52	18.13	2.23	8
	Not	68.06	16.33	3.58	21

Table 3 it depicts about descriptive score related to maternal return to work. According to this table, regarding work status highest number of working mothers (68.06%) had full time and (66.85%) working mothers had part time, highest number of working mothers (68.13%) had fixed work arrangement and (67.08%) working mothers had outstation /field work /job work arrangement. Regarding working time, highest number of working mothers (70.45%) had shift duties, (66.67%) working mothers had day duties and no working mothers had night duties. In context to duration of working per week, highest number of working mothers (70.31%) had 2 days, (67.52%) had 6 days and (64.58%) had 4 days In context to duration of working hours per day, highest number of working mothers (68.85%) had less than 8 hours and (62.08%) working mothers had more than 9 hours. Regarding return to work after maternity leave, highest number of working mothers (73.41%) not return after 6month yet, (67.05%) working mothers return after less than 3 months and (60.88%) return after more than 6 months. Regarding number of times working mother feed baby at workplace, highest number of working mothers (75.52%) feed more than 5 times, (69.32%) working mothers feed baby 3-4 times, (68.06%) working mothers not feed the baby, (66.67%) working mothers feed baby 4-5 times, (52.08%) working mothers feed baby 1-2 times [26].

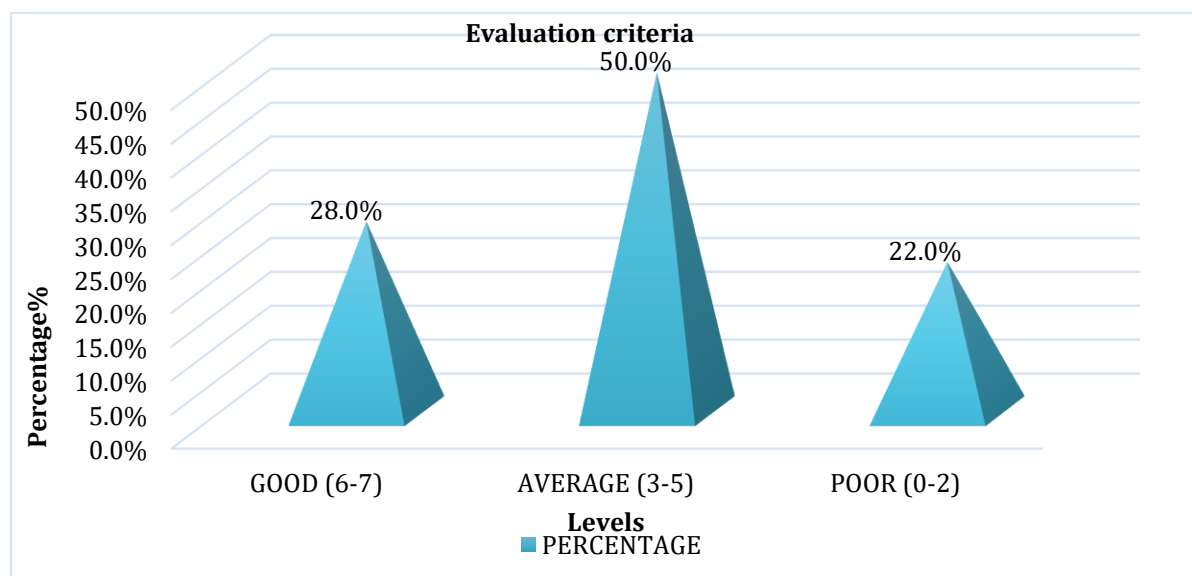


Figure 3. Diagram Showing Level of Scores of Workplace Support

Table 5. Descriptive Statistics of Workplace Support Score of the Working Mothers

Descriptive Statistics	Mean	SD	Median	Maximum	Minimum	Range	Mean %
------------------------	------	----	--------	---------	---------	-------	--------

Workplace Support Score	4.12	1.76	5.00	7	0	7	58.9
	Maximum= 7 Minimum= 0						

Table 5 Indicates about the Descriptive Statistics of workplace support score of working mothers. As per this table means of workplace support score was 4.12%, SD was 1.76%, median score 5.00%, Mean % was found 58.9%.

5. CONCLUSION

The study found that among the 50 women surveyed, the largest proportion of working mothers (32.0%) exclusively breastfed their babies for 7-12 months. The second largest group (30.0%) exclusively breastfed for 1-3 months, followed by 16.0% who breastfed for 4-6 months and beyond 12 months. Only 6.0% of working mothers did not breastfeed at all. The majority of the working women 25(50%) had good knowledge, 23 (46.0%) had an average knowledge, 2(4.0%) working mothers had poor Knowledge regarding breastfeeding. Out of the 50 women the overall mean knowledge score was 12.0 regarding breastfeeding. The calculated chi square test score for occupation, $\chi^2=1.090$, $df=6$, significant. Hence, it was concluded that significant association between demographic variables and workplace support score for breastfeeding. Out of 50 working mothers' majority of working mothers (50.0%) had average workplace support, (28.0%) working mothers had good workplace support and (22.0%) had poor workplace support. There is significant association between demographic variables –religion, type of family and occupation with knowledge score. There is significant association between knowledge and maternal return to work among working mothers with duration of the working per week. significant association between demographic variables and workplace support score for breastfeeding among working mothers with occupation among working mothers. The study found that among the 50 women, the largest proportion of working mothers (32.0%) exclusively breastfed their babies for 7-12 months. Additionally, 30.0% of working mothers exclusively breastfed for 1-3 months, 16.0% breastfed for 4-6 months and beyond 12 months, and 6.0% of working mothers did not breastfeed.

Acknowledgments

The authors have no specific acknowledgments to make for this research.

Funding Information

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Author Contributions Statement

Name of Author	C	M	So	Va	Fo	I	R	D	O	E	Vi	Su	P	Fu
Mrs. Monika Devi NR	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓		✓
Mrs. Sheetal kumari	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mrs. Parjinder Kaur	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

C : Conceptualization

M : Methodology

So : Software

Va : Validation

Fo : Formal analysis

I : Investigation

R : Resources

D : Data Curation

O : Writing - Original Draft

E : Writing - Review & Editing

Vi : Visualization

Su : Supervision

P : Project administration

Fu : Funding acquisition

Conflict of Interest Statement

The authors declare that there are no conflicts of interest regarding the publication of this paper.

Informed Consent

All participants were informed about the purpose of the study and their voluntary consent was obtained prior to data collection.

Ethical Approval

Not Applicable.

Data Availability

The data that support the findings of this study are available from the corresponding author upon reasonable request.

REFERENCES

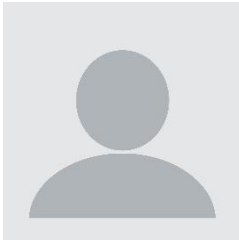
- [1] V. Zitkute, V. Snieckuviene, J. Zakareviciene, A. Pestenyte, V. Jakaite, and D. Ramasauskaite, 'Reasons for breastfeeding cessation in the first year after childbirth in Lithuania: A prospective cohort study', *Medicina (Kaunas)*, vol. 56, no. 5, p. 226, May 2020. doi.org/10.3390/medicina56050226.
- [2] Z. Taha, 'A study to assess the factors associated with delayed initiation and cessation of breastfeeding among working mothers in Abu Dhabi, the United Arab Emirates', *Int J of Women's Health*, vol. 13, June 2021. doi.org/10.2147/IJWH.S303041
- [3] M. Siti, 'A study on termination of factors affecting breastfeeding among working mothers', *Int Journal of Health Sciences & Research (Internet)*, vol. 6, 2009.
- [4] E. J. Dun-Dery and A. K. Laar, 'Exclusive breastfeeding among city-dwelling professional working mothers in Ghana', *Int Breastfeed J*, vol. 11, 2016. doi.org/10.1186/s13006-016-0083-8
- [5] A. Aneesa, 'A study on breastfeeding practice, support, and self-efficacy among working mothers in a rural health clinic in Selangor', *Mal J Med Health Sci (Internet)*, vol. 14, no. 2, pp. 39-49, June 2018.
- [6] B. Mandal, 'A study on the differential effects of full-time and part-time work status on breastfeeding', *Health Policy (Internet)*, vol. 97, pp. 79-86, Sept. 2010. doi.org/10.1016/j.healthpol.2010.03.006
- [7] Managing breastfeeding and work: a Foucauldian secondary analysis', *Journal of Advanced Nursing (Internet)*, vol. 66, no. 8, pp. 1810-1818, 2010. doi.org/10.1111/j.1365-2648.2009.05156.x
- [8] I. O. Ertem, N. Votto, and J. M. Leventhal, 'The timing and predictors of the early termination of breastfeeding', *Pediatrics*, vol. 107, no. 3, pp. 543-548, Mar. 2001. doi.org/10.1542/peds.107.3.543
- [9] A. Rahmah, 'A study on work related determinants of breastfeeding discontinuation among employed mothers in Malaysia. International breastfeeding j.(internet)', vol. 6.
- [10] K. Tolossa. e tal, A study on exclusive breastfeeding cessation and associated factors among employed mothers in dukan town, central Ethiopia. International breastfeeding j. (internet) 2020(cited 2022 July 10); vol-15(6): 1:10.
- [11] C. Swastika, 'Study on factors effecting working mothers in Udupi taluk', *Karnataka. Science direct*, no. 6, 2018.
- [12] S. jamil Ahmed. A cross-sectional study on employers' perspective of workplace breastfeeding support in Karachi, Pakistan. International breastfeeding j.(internet)2016(cited 2022 July 4); vol.11(24): 1:10.
- [13] Alhabas, M. S. (2016). Breastfeeding among Working Mothers in Saudi Arabia. (Master's thesis).
- [14] A. Thandar Khin, 'A study on factors affecting termination of breastfeeding among working mothers', *Academia.edu j*, vol. 1, no. 6, Aug. 2022.
- [15] S. Sonia and D. Linda, 'Astudy on factors influencing the reasons why mother's stop breastfeeding. Can j.public health (internet)', vol. 105, Aug. 2014. doi.org/10.17269/cjph.105.4244
- [16] O. Adjani Odotei Rose, 'A study on factors influencing the practice of exclusiveBreastfeeding among Nursing mothers in a Peri-urban district Ghana', *Bio Med Central (Internet)*.
- [17] T. Kazemi Barid Sima, 'A study on factors affecting Exclusive breastfeeding in 6 month old infants', in *Brieflands j. Comphrehensive Pediatrics (internet)* 2019(cited on, 2022).

- [18] I. Chidinma, 'A Cross-sectional study of determinants of exclusive breastfeeding among working mothers in Enugu', J. West African college of Surgeons, vol. 12, Mar. 2022. doi.org/10.4103/jwas.jwas.102.22
- [19] K. Al and A. Batool, 'A study on Barriers in continuing exclusive breastfeeding among working mothers in primary health care in the ministry of health in Al-Ahsa region, Saudi Arabia', J. familyMedicine and primary care, no. 9, July 2022.
- [20] S. Tilahun, 'A Study on Exclusive breastfeeding practice and associated factors among mothers of infants age 6 to 12 months in Somali region of Ethiopia', J.Nature, no. 40, Feb. 2022. doi.org/10.1038/s41598-022-22051-0
- [21] P. L. Munhall, Nursing research: A qualitative perspective. Boston, MA: John and Bartlett, 2001.
- [22] K. P. Neeraja, Textbook of nursing education. New Delhi: Jaypee Brothers Medical Publishers, 2007, pp. 158-160.
- [23] D. F. Polit and B. P. Hungler, 'Essentials of nursing research: Methods, appraisal and utilization. Philadelphia', PA: J. B. Lippincott and Company, 1989.
- [24] 'IDRC - international development research centre', IDRC - International Development Research Centre. [Online]. Available: <http://www.idrc.ca/en/>. [Accessed: 26-Aug-2026].
- [25] M. M. D. Nr and M. P. Kaur, 'To Assess Average Duration of Exclusive Breastfeeding Among Working Mothers', Pakistan Heart Journal, vol. 56, no. 3, pp. 1327-1333, 2023.
- [26] M. M. D. Nr and J. R. S. Tiwari, Knowledge of the mothers of Under-Five Children Regarding Growth Assessment. 2021.

How to Cite: Mrs. Monika Devi NR, Mrs. Sheetal kumari², Mrs. Parjinder Kaur. (2023). To identify associated factors towards termination of breastfeeding among working mothers: a survey. Journal of Nursing Research, Patient Safety and Practice (JNRPS), 3(2), 33-44. <https://doi.org/10.55529/jnrps.34.31.43>

BIOGRAPHIES OF AUTHORS

	Mrs. Monika Devi NR¹, works as a Nursing Tutor at Government AMT School, Government Medical College and Hospital in Jammu, India. She completed an M.Sc. in Nursing, with a focus on Medical-Surgical Nursing and Cardiothoracic Nursing. She is also enrolled in doctoral studies. Her work and studies are centered on medical-surgical nursing, cardiovascular nursing, and teaching in nursing. She also focuses on breastfeeding and day to day patient care. In addition, she engages in nursing research. She has written and helped write research papers and nursing textbooks. She has also shared her work through academic publishing in nursing and healthcare. Email: monikasyal98@gmail.com
	Mrs. Sheetal kumari, is a Nursing Tutor at Government AMT School, Government Medical College and Hospital, Jammu, India. She is mainly interested in nursing education. Her other interests include what students know about health issues, along with maternal and child health. She also looks at nursing research that connects to the community. She has worked with others on research about breastfeeding among mothers who work. She has also co-authored studies on nursing students' knowledge, including cardiopulmonary resuscitation and related healthcare topics.



Mrs. Parjinder Kaur, serves as an Associate Professor at Bhai Gurdas Institute of Nursing in Sangrur, Punjab, India. Her role includes nursing education and academic research. She studies women's health, maternal and child health, breastfeeding, and cardiovascular health. She has taken part in research on why breastfeeding may stop among working mothers. She has also worked on studies that look at women's involvement in heart health prevention efforts. In her field activities, she has joined professional academic work linked to nursing research and education.