

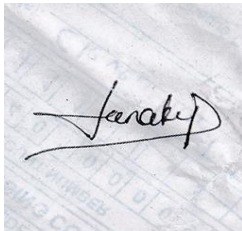
**FACTORS INFLUENCING BREASTFEEDING PRACTICES
AMONG URBAN EMPLOYED MOTHERS OF
DHANGADHI**

**Report submitted to
Nepal Health Research Council, Ramshah path
Kathmandu Nepal**

Report submitted Janaki Parajuli
(BsN, MPhil Public Health)
Dhangadhi
January 2025

DECLARATION

I hereby declare I am the principal investigator (Co-author Dr. Pradip Mishra, Dr. Jagadish Joshi, Ashok Joshi, Nirpa Chaudary) of this work relating to Factors influencing breastfeeding practices among urban employed mothers of Dhangadhi. It has not been submitted for any publication previously. I authorize Nepal Health Research Council to reproduce this by means, electronic, mechanical, photocopying, recording or otherwise, in total or in part, at the request of other institutions or individuals for the purpose of scholarly research.

A square image showing a handwritten signature in black ink on a light-colored, textured background. The signature is written in a cursive style and appears to read 'Janaki'. The background has some faint, illegible text and a grid pattern.

.....
Janaki Parajuli

ACKNOWLEDGEMENT

I would like to thank Nepal Health Research Council for providing ethical approval and grant to conduct this study.

I express my gratitude to Dhangadhi Sub-Metropolitan City, Health Section and the District Health Office for providing permission to conduct this research.

My sincere thanks to all the participants for your time and participation in this study without which there would not be any value for further study.

Thanks to the entire team member.

Janaki

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ABBREVIATIONS

WHO	World Health Organization
NHRC	Nepal Health Research Council
EBF	Exclusive Breast Feeding
ANC	Antenatal Care
OPD	Outpatient Department
BKQ	Breastfeeding Knowledge Questionnaires

COVER LETTER

To, the member secretary

Nepal Health Research Council(NHRC)

P.O Box 7626


Ramshah Path, Kathmandu, Nepal.

Subject: Submission of final report

Respected Sir,

First of all thank you so much for accepting our study for grant. Our work (Proposal ID 136 2023) has been completed and clarified the breast feeding practises and factors influencing it among urban employed mothers. Hopefully, this study helps in the emphasizing the need of targeted intervention, including workplace policies that support breastfeeding such as maternity leave extensions, breastfeeding-friendly environment, and flexible work arrangements. And hope this study will also help in enhancing breastfeeding practices and contribute to improve maternal and child health outcomes in urban Nepal.

Sincerely



PI-Janaki Parajuli
Joshi



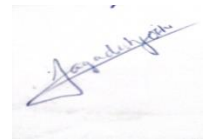
Co-I Dr. Pradip Mishra



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ABSTRACT

Breastfeeding is a universal practice in Nepal, yet only 65% of children are exclusively breastfed. Among employed women, the prevalence of exclusive breastfeeding remains poorly documented. This study aims to assess breastfeeding practices and challenges among urban employed women in Dhangadhi, Nepal, to inform government and local policies promoting breastfeeding in the workplace. A total of 393 employed women participated, with a mean age of 27.5 years. The study found that 89.1% initiated breastfeeding within one hour of delivery, 91.9% practiced colostrum feeding, and 69.0% exclusively breastfed their infants. The most common challenges faced by non-exclusively breastfeeding mothers included inadequate milk secretion (44.3%) and workplace constraints (37.7%). Additionally, 69.3% of mothers demonstrated good knowledge of breastfeeding practices. These findings highlight the need for supportive policies and workplace environments to enable continued breastfeeding, particularly for employed mothers.

Keywords: Breastfeeding, Exclusive breastfeeding, Employed mothers, Colostrum, Breastmilk

Chapter 1

Introduction

Malnutrition is a serious factor contributing to poor child health status. Under-nutrition, which includes suboptimal breastfeeding, was responsible for 45% (3.1 million of 6.9 million) of under-five child deaths in 2011 globally (1). The child health benefits of breastfeeding depend on the duration of exclusive breastfeeding. Therefore, the United Nations Children's Fund/World Health Organization/ (UNICEF/WHO) recommends mothers to breastfeed their children exclusively for six months with a target of getting at least 50% of mothers doing this by 2025 (2). Nepal is one of the thirty-four countries that constitute 90% of the global burden of malnutrition in children (1). Nepal Demographic and Health Survey (NDHS) in 2016 reported that 36% of children are stunted (defined as height-for-age < -2 z score), 10% are wasted (defined as weight-for-height < -2 z score), and 27% are underweight (defines as weight-for-age < -2 z score); based on the WHO growth chart).

The World Health Organization has classified breastfeeding as exclusive, predominant, or complimentary (3). Exclusive breastfeeding refers to the use of breast milk only (including expressed milk or milk from a wet nurse). It can include the use of medicine drops and syrups or oral rehydration solution. Predominant breastfeeding refers to breast milk used as a predominant source of nourishment. It can include water and water based drinks, fruit juice, ritual fluids, and medicines(4).

Complementary feeding refers to breast milk use along with any food or liquid, including non-human milk and formula. The interagency group for action on breastfeeding categorized breastfeeding into full or partial (5). The WHO recommends exclusive breastfeeding up to 6 months of age, with continued breastfeeding along with appropriate complementary feeds up to 2 years of age or beyond (6). The benefits of exclusive breastfeeding and proper weaning in the growth, development, and prevention of illness in young children are undisputable (7, 8). The frequency, timing, and duration of breastfeeding, as well as the frequency, type, and amount of complementary feeding, have been crucial aspects of infant feeding practice(8). As per Nepal Demographic Health Survey 2016, infant and young child feeding practices are sub-optimal, with about 65% exclusive breastfed under 6 months and about 55% colostrum fed within an hour of birth(9).

Many work related factors such as fulltime maternal employment, lack of paid maternity leave and lactation rooms, as well as inflexible work schedules posed considerable challenges to breastfeeding practices for working mothers(10) . Practice of breastfeeding among working women of Nepal is less known but studies done in other countries show work and lack of breastfeeding facilities as the main barrier for breastfeeding (11, 12).

Breastfeeding is vital for improving infant and maternal health, yet urban working women face unique challenges due to workplace demands, urban lifestyles, and socio-cultural factors. This study on breastfeeding practices in Kailali district is significant as it identifies barriers and enables to breastfeeding among working mothers, providing evidence to inform supportive workplace policies, awareness campaigns, and community interventions. The findings will contribute to improving child nutrition, reducing health disparities, and achieving Nepal's health-related Sustainable Development Goals. Furthermore, it will guide future research and advocacy to create breastfeeding-friendly environments in urban settings.

Research Objectives

General objectives: To identify the breastfeeding practices among urban working women and the factors associated with the breastfeeding practices among them.

Specific Objectives

1. To identify the breastfeeding practices among urban working women.
2. To find out the factors associated with the breast feeding practices among urban working women.

Chapter 2

Literature Review

Breastfeeding is universally recognized as the most optimal source of nutrition for infants during the first six months of life, contributing to better health outcomes for both mother and child. Despite these well-documented benefits, breastfeeding practices vary across regions and populations. Urban working women, in particular, often face challenges in maintaining breastfeeding due to factors such as limited maternity leave, lack of supportive workplaces, and socio-cultural norms. This literature review explores the factors influencing breastfeeding practices among urban working women, with a focus on global, Southeast Asian, and Nepalese perspectives.

Global Perspective on Factors Affecting Breastfeeding Practices

Breastfeeding practices have been widely studied across the globe, with a variety of factors identified as determinants of breastfeeding initiation and duration. Key determinants include socio-economic status, maternal education, employment status, workplace support, cultural beliefs, and access to healthcare services.

Socio-economic Status and Education: Several studies emphasize that socio-economic status and maternal education significantly influence breastfeeding practices. In higher-income countries, more educated mothers tend to initiate breastfeeding and continue it for longer durations(13). In contrast, one study done in Kenya shows that lower-income women, especially those in informal employment, are less likely to breastfeed or may discontinue breastfeeding earlier due to financial pressures or lack of resources(14).

Employment and Maternity Leave: Employment status is one of the most critical barriers to breastfeeding. According to a global review, employed mothers are less likely to exclusively breastfeed for the first six months compared to their unemployed counterparts(15). The type of employment, workplace policies, and the duration of maternity leave also influence breastfeeding duration. Maternity leave policies that provide paid leave and flexible working hours have been associated with higher breastfeeding rates(16).

Workplace Support: The presence of workplace breastfeeding support, such as lactation rooms, flexible work hours, and breastfeeding breaks, has been positively associated with breastfeeding continuation (17). A study in the Honduras revealed that workplace policies that support breastfeeding mothers resulted in an increased duration of breastfeeding (18).

Cultural Beliefs and Social Norms: Cultural beliefs and social norms play a significant role in shaping breastfeeding behaviors. In many cultures, breastfeeding is considered a natural and essential part of motherhood. However, in urban areas, especially among working mothers, the practice may be less common due to changing lifestyles, the influence of formula marketing, and the pressures of modern life(15).

Breastfeeding Practices in Southeast Asia

Southeast Asia, characterized by diverse cultures and varying levels of economic development, provides a unique context for studying breastfeeding practices among working women.

Cultural Influences on Breastfeeding in Southeast Asia: In Southeast Asia, cultural norms regarding breastfeeding are deeply rooted in tradition, with breastfeeding often considered essential for infant health. However, the increasing prevalence of urbanization and female workforce participation has led to shifts in breastfeeding behaviors(19). A study in Malaysia found that urbanization and changing socio-economic conditions have contributed to a decline in breastfeeding initiation and duration, especially among working mother(20).

Maternal Employment and Breastfeeding in Southeast Asia: In countries like Thailand, Indonesia, and the Philippines, maternal employment has been found to negatively impact breastfeeding practices. A study in Thailand revealed that 50% of working mothers did not breastfeed exclusively for the recommended six months, citing lack of time and insufficient workplace support (21). Similarly, in Indonesia, while breastfeeding is culturally valued, many urban working mothers reported early cessation of breastfeeding due to returning to work and lack of proper lactation facilities (22).

Maternity Leave and Policies in Southeast Asia: Maternity leave policies in Southeast Asia vary widely and significantly affect breastfeeding rates. Countries like Singapore and Malaysia have implemented paid maternity leave policies, which have been shown to improve breastfeeding outcomes. A study in Singapore found that breastfeeding rates were higher among mothers who took full maternity leave compared to those who returned to work earlier (23).

However, in countries with limited maternity leave, such as Indonesia and the Philippines, working mothers often face challenges in maintaining breastfeeding. In these countries, a significant proportion of mothers return to work soon after childbirth, which affects their ability to exclusively breastfeed (24).

Breastfeeding Practices in Nepal

Nepal, a country in South Asia, faces unique challenges in promoting breastfeeding among urban working women. Urbanization, economic pressures, and changing family structures are increasingly affecting maternal health behaviors, including breastfeeding.

Breastfeeding Trends and Practices in Nepal: The national study done in Nepal highlighted significant gaps in early initiation and exclusive breastfeeding. Only 41.8% of infants began breastfeeding within the first hour of birth, while 83.5% received colostrum. However, prelacteal feeding was prevalent, affecting 32.7% of infants, and just 57.2% were predominantly breastfed. The findings underline the need to address cultural and systemic barriers to improve breastfeeding initiation and reduce prelacteal feeding practices, which negatively impact infant health and breastfeeding success(25).

One of the study done in Saptari investigated exclusive breastfeeding (EBF) practices among Dalit mothers and found an EBF prevalence of 43.6%. Key positive influencers included maternal occupation, non-smoking habits, colostrum feeding, and frequent antenatal care

(ANC) visits. Conversely, challenges such as insufficient milk production, infant latching difficulties, domestic work burdens, and cultural beliefs about breastfeeding posed barriers (26).

Employment and Breastfeeding in Urban Nepal: Urban working mothers in Nepal face significant barriers to breastfeeding, particularly in cities like Kathmandu and Dhangadhi. The study in working women of two different hospitals found that working mothers in urban areas were less likely to exclusively breastfeed their infants for the first six months, compared to those in rural areas(27) . The most common challenges identified were long working hours, lack of maternity leave, and inadequate breastfeeding facilities at workplaces. As a result, many urban working mothers in Nepal resort to formula feeding or introduce complementary foods before six months of age.

Workplace Support in Nepal: Nepal's workplace policies regarding breastfeeding are relatively underdeveloped, and there is a lack of infrastructure to support working mothers. A study focusing on women employed in tertiary-level hospitals identified several barriers to breastfeeding, including demanding work schedules, lack of designated breastfeeding facilities, and limited maternity leave. These factors contribute to the early cessation of breastfeeding among working mothers. To address these challenges, experts recommend that employers create a supportive environment by providing private spaces for expressing milk, flexible break times, and adequate storage facilities. Such accommodations can significantly ease the difficulties faced by breastfeeding mothers in the workplace (28).

Maternity Leave and Its Effect on Breastfeeding in Nepal: The Labour Act of 2017 mandates 98 days of maternity leave, with 60 days fully paid. However, compliance is inconsistent, particularly in private sector, where many employers fail to provide the legally required leave. This non-compliance often forces women to choose between their jobs and breastfeeding, leading to early cessation of breastfeeding. However, despite existing legal provisions in Nepal, challenges like limited awareness, non-compliance in the private sector, and inadequate workplace facilities hinder the effectiveness of these policies (29)

Conclusion

Breastfeeding practices among urban working women, both globally and within Southeast Asia and Nepal, are influenced by a combination of socio-economic, cultural, and institutional factors. Globally, maternal employment and inadequate workplace support are key barriers to breastfeeding continuation. In Southeast Asia, while cultural values may promote breastfeeding, urbanization and maternal employment present challenges. In Nepal, urban working women face similar barriers, exacerbated by limited maternity leave and insufficient workplace support.

For Dhangadhi, a rapidly urbanizing city in Nepal, addressing these challenges requires comprehensive policy interventions, including better maternity leave policies, workplace lactation support, and public health campaigns to promote the benefits of breastfeeding. Understanding the unique socio-cultural and economic landscape of Dhangadhi is essential in developing strategies to improve breastfeeding rates and ensure the health and well-being of both mothers and children.

Chapter 3

Methods

Methodology

Study design: A descriptive cross-sectional study design was conducted to examine the factors influencing breastfeeding practices among urban employed women of Dhangadhi.

Study population: All the working women who will meet the inclusion criteria.

Sampling

Inclusion criteria will be full-time employed mothers with singleton birth children aged between 6-18 months, living with their children, and who provided breastfeeding during the first six months. Exclusion criteria will be a mother with multiple births, and stopping breastfeeding before one-month postpartum due to illnesses contradicted to breastfeeding in both mother and infant. As breast milk is normally established within one month, and this study aimed to investigate influencing factors related to their employment explicitly rather than their illnesses that are significant causes of breastfeeding discontinuation in the early postpartum period.

Sample size

Sample size The sample size was calculated using the given formula: $n = \frac{Z^2 X p(1-p)}{e^2} = \frac{(1.96)^2 \times 0.45 \times 0.55}{(0.05)^2} = 380$ where, n is the expected sample size Z is the value at 95% confidence level (i.e. 1.96) p is the prevalence of breastfeeding practices among urban working women in tertiary hospitals q is the probability of non-occurrence of p (i.e. 1-p) and e is the estimated error (5% or 0.05) It gives a sample size of 205.3 which was rounded to 380.

Study Area

Paediatric OPD of Seti Provincial Hospital

Sampling Technique

Convenient Sampling technique

Data collection technique

- Written permission was obtained from the local government authority.
- Two days training was given to the data collectors who were health care professionals to make their vision clear about questionnaire and data collection technique.

- An orientation about the questionnaire and the instructions about their application was conducted among the trainers prior to the starting of the actual data gathering procedure.
- Data were collected by two trained interviewers.
- A brief introduction was given verbally to each respondent at the beginning of interview and was told the importance of the study.
- Informed consent was obtained from the participants before asking questions.
- Face to face interview was conducted by using Nepali version pretested questionnaires.
- The questionnaire included information about socio-demographic profile, natality history, practice of breastfeeding, complementary feeding, information about maternity related facilities and paid maternity leave.
- Confidentiality will be maintained throughout the study period.

Data were collected with the six instruments: Demographic Questionnaire; Breastfeeding Practices and Breastfeeding Knowledge Questionnaire (BKQ)

Plan of data analysis

Data analysis was performed using the Statistical Package for the Social Sciences for Windows Program (SPSS/FW) (Version 19.0). Descriptive statistics were used to describe the participants' socio-demographic characteristics. Differences between the cases and controls was analysed by using independent t-tests for differences in means and contingency tables with Pearson χ^2 tests or Fisher's exact test to assess the categorical variables.

Potential impact of the project

In the context of Nepal, breastfeeding is a universal practice but only 65% of children are exclusively breastfed. (3) Practice of breastfeeding among working women of Nepal is less known. In present generation every second women is employed due to which there is alter in proper breastfeeding practices. Exclusive breastfeeding can prevent 823,000 annual deaths or 13.8% of all deaths of infants younger than 24 months, and the aim is that the breastfeeding coverage be scaled up to universal levels (90%).(14) This study might help the government of Nepal and Dhangadhi Sub metropolitan City to improve the current situation of breastfeeding in Nepal, to pay attention to implementing and monitoring policies that support women to continue to breastfeed for at least six months and beyond at their workplace.

Chapter 4

Results

Table no. 1: Socio-demographic characteristics of respondents (n=393)

Variable	Category	Frequency (n)	Percentage (%)
Age (Years)	Mean \pm SD (Range)	27.5 \pm 4.1 (19-38)	
Education Level	Level 1 (Primary)	68	17.3
	Level 2 (Secondary)	164	41.7
	Level 3 (Tertiary)	119	30.3
	Level 4 (Postgraduate)	42	10.7
Employment Type	Type 1	323	82.2
	Type 2	70	17.8
Socioeconomic Category	Category 2	98	25.0
	Category 3	209	53.2
	Category 4	86	21.8

A total of 393 urban employed women were included from Dhandaghi, Nepal, with age ranging from 19 to 38 (mean: 27.5 years). Most participants had completed secondary education (41.7%), followed by tertiary education (30.3%). Employment type was predominantly categorized as type 1 (82.2%), indicating a higher prevalence of structured or formal employment of fixed type. Socioeconomic categories revealed that 53.2 % of participants were from Category 3 reflecting a middle socio-economic distribution among participants. The average family income per months was clustered around NPR 30,000, with a few higher outliers.

Table no. 2: Obstetric history of respondents (n=393)

Variables		Frequency	Percentage
Early marriage	Yes	82	21.1
	No	311	78.9
History of teenage pregnancy	Yes	26	6.3
	No	368	93.7
Type of delivery	Normal	298	75.6
	Caesarean	96	24.4
Gender of baby	Male	257	65.2
	Female	137	34.8

Out of the total participants, **21.1%** (n=82) reported experiencing early marriage, while the majority, **78.9%** (n=311), did not marry early. Regarding teenage pregnancy, only **6.3%** (n=26) had a history of pregnancy during their teenage years, whereas **93.7%** (n=368) did not.

In terms of delivery type, the majority of participants, **75.6%** (n=298), reported having a normal vaginal delivery, while **24.4%** (n=96) underwent a Caesarean section. Lastly, the gender distribution of babies showed that **65.2%** (n=257) were male and **34.8%** (n=137) were female.

Table no. 3: Breast feeding practices of the respondents (n=393)

Variables		Frequency (n)	Percentage (%)
Initiation of breastfeeding	< 1 hour of delivery	351	89.1
	>1 hour of delivery	43	10.9
Colostrum feeding	Yes	359	91.9
	No	36	8.1
Prelacteal feeding	Yes	42	10.7
	No	352	89.3
Pattern of breastfeeding	Exclusive Breast Feeding	272	69.0
	Predominant feeding	58	14.7
	Partial breastfeeding	63	16

The study revealed several important findings regarding breastfeeding practices. The majority of mothers (89.1%) initiated breastfeeding within one hour of delivery, while 10.9% began breastfeeding after one hour. Colostrum feeding was practiced by 91.9% of mothers, with only 8.1% not providing colostrum to their newborns. Regarding prelacteal feeding, 10.7% of mothers reported giving prelacteal feeds, whereas 89.3% did not. In terms of the pattern of breastfeeding, 69.0% of mothers exclusively breastfed their infants, 14.7% practiced predominant feeding (breastfeeding supplemented with non-milk liquids), and 16.0% engaged in partial breastfeeding (breastfeeding alongside other milk or solid food).

Table no. 4: Self-reported problems of breastfeeding by non-exclusively breastfeeding mothers (n=122)

Variable	Frequency(n)	Percentage(%)
Perceived inadequate secretion of breastmilk	54	44.3
Workplace constraints	46	37.7
Medical or physical issues	15	12.3
Influence of family and community	7	5.7
Total	122	100

The most commonly reported problem among non-exclusively breastfeeding mothers was **perceived inadequate secretion of breastmilk**, cited by 44.3% of respondents. **Workplace constraints** were another significant issue, affecting 37.7% of mothers, likely due to early return to work or lack of breastfeeding-friendly environments. **Medical or physical issues** such as mastitis, nipple pain, or the baby's difficulty latching accounted for 12.3% of the reported problems. Additionally, **influence from family and community**, including advice to introduce formula or other foods, was noted by 5.7% of mothers.

Table no. 5: Knowledge of the respondents regarding breastfeeding (n=393)

Knowledge level	Frequency(n)	Percent (%)
Good knowledge	273	69.3
Moderate knowledge	111	28.2
Poor knowledge	10	2.5
Total	393	100

The assessment of breastfeeding knowledge levels among mothers revealed that the majority, **69.3% (273 mothers)**, had good knowledge regarding breastfeeding practices. **28.2% (111 mothers)** demonstrated a moderate level of knowledge, while a small proportion, **2.5% (10 mothers)**, had poor knowledge.

Chapter 5

Discussions

The findings of this study provide insights into the socio-demographic characteristics, obstetric history, breastfeeding practices, and challenges faced by urban employed mothers in Dhangadhi, Nepal.

The majority of participants were young women (mean age 27.5 years), with most having completed secondary or tertiary education. This reflects the urban setting and possibly greater access to education among women. Employment was predominantly in structured or formal sectors (82.2%), which aligns with studies suggesting an increasing trend of women's participation in the workforce in urban areas of developing countries (30). Most participants belonged to a middle socioeconomic category (53.2%), with an average family income of NPR 30,000, which could influence access to health services and maternal care.

The prevalence of early marriage (21.1%) and teenage pregnancy (6.3%) was relatively low compared to national averages, likely due to higher education levels and urban living, which delay marriage and childbearing(31). The high rate of normal vaginal deliveries (75.6%) mirrors global recommendations favoring vaginal delivery over cesarean sections for uncomplicated pregnancies(32). Gender preference was notable, with a higher proportion of male babies (65.2%), reflecting the persistence of cultural influences that favor sons in South Asian societies(33).

The study highlights encouraging breastfeeding practices among urban employed women. Initiation of breastfeeding within one hour of delivery (89.1%) was significantly higher than the national average of 54% reported in Nepal(34). Early initiation ensures the neonate receives colostrum, which is vital for immunity and nutrition. The high prevalence of colostrum feeding (91.9%) and low prevalence of prelacteal feeding (10.7%) suggest awareness and adherence to recommended practices.

Exclusive breastfeeding (EBF) was practiced by 69% of mothers, aligning with the WHO recommendation of EBF for the first six months. However, workplace constraints (37.7%) emerged as a significant barrier for non-EBF mothers, consistent with findings from similar studies (35). Perceived inadequate secretion of breast milk (44.3%) was another key issue, highlighting the need for counselling and support services to address breastfeeding challenges. Workplace constraints and perceived inadequate breast milk were the most cited issues. This underscores the importance of breastfeeding-friendly workplace policies, such as maternity leave, lactation rooms, and flexible working hours(36). Additionally, medical and physical issues, though less frequent (12.3%), indicate the need for healthcare support during the postpartum period to address breastfeeding-related difficulties such as mastitis and nipple pain.

The majority of mothers demonstrated good knowledge (69.3%) about breastfeeding, suggesting that urban settings may offer better access to health education and antenatal services. However, the 28.2% with moderate and 2.5% with poor knowledge highlight the need for targeted interventions to bridge knowledge gaps. Studies have shown that enhanced maternal education and counselling can improve breastfeeding rates and practices (37).

Chapter 6

Conclusion and Recommendations

The study highlights significant insights into breastfeeding practices and related challenges among urban employed women in Dhangadhi, Nepal. While a majority of mothers demonstrated good knowledge of breastfeeding and adhered to recommended practices such as early initiation and colostrum feeding, workplace constraints and perceived inadequate milk secretion emerged as critical barriers to exclusive breastfeeding. The findings emphasize the need for targeted interventions, including workplace policies that support breastfeeding, such as maternity leave extensions, breastfeeding-friendly environments, and flexible work arrangements. Additionally, awareness campaigns and community-based support programs should address misconceptions about milk insufficiency and promote the benefits of exclusive breastfeeding. Strengthening maternal education and healthcare provider engagement can further enhance breastfeeding practices, contributing to improved maternal and child health outcomes in urban Nepal.

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Annex 1

Questionnaires

gd:t],		d]/f]
gfd=====		
xf] . d :jf:YosdL{ xf] . xfdL clxn] s}nfnL lhNnfको धनगढी उपमहानगर पालिकामा /x]sf कामकाज गर्ने महिला हरुमा स्तनपन को अवस्था कस्तो छ भनेर अनुसन्धान गरिरहेका चौ .		
o;af6 k fKt ;'rgfx?sf] ;xof]un] :yflgo tx tyf ;+3 ;/sf/nfO{ pko'St lgl t agfpg ;xof]u k'Ug]5 . . o; cGt{jftf{sf] s'g} klg c+zsf] 6]k tyf lel8of] /]s8{ ul/g] 5}g . tkfO{nfO{ OR5f gePdf o; cg';Gwfgdf ;xefuL gx'g klg ;Sg' x'G5 t/ dnfO{ cfzf 5 sL tkfO{n] k bfg ug]{ x/]s ;'rgf xfd f] nflu dxTjk'0f{ x'g] ePsf] tkfO{ kSs} o; cGt{jftf{sf nflu ;xdt x'g' x'g]5 . olb tkfO{ km]/L klg pQ/ lbg rfxg' x'Gg eg] clxn] jf cGt{jftf{sf] l]rd} 5f]8\g ;Sg'x'Gf]5 .		
Do you have any questions? -s] tkfO{nfO{ s'g} k Zg ug'{ 5 <_		
May I begin the interview? -s] d ca cGt{jftf{ z'? ug{ ;S5' <_		

Participant's signature - ;xefuLsf] x:tfll/_		

A.Socio-demographic characteristics of respondents - ;xefuLsf] ;fdflhs hg;f+IVosLo ljz]jftfx? _

- A1. Age in years - **pd]/ aif{df** _ : _____
- A2. Ethnicity/Caste -**hfltotf ÷ hft** _ : _____
- a. Dalit -**blnt**_ b. Janjati -**hghflt**_ c. Madhesi -**dw]zL** _ d. Muslim - **d'Iznd**_
- b. e. Brahmin/Chettri -**a|fxd0f÷ lf]qL**_ f. Thakuri -**7s'/L** _ g. Others - **cGo** _
- _____
- A3. Religion - **wd{** _
- a. Hindu - **lxGb'** _ b. Buddhist - **af}4** _ c. Muslim - **d'l:nd**_ d. Christian - **ls|lZrog**_
- A4. Marital status - **j]jflxs cj:yf** _ :
- a. Married - **lj]flxt** _ b. Unmarried - **clj]flxt** _ c. Divorced/Separated -**kf/kfr's] ÷5'I\$Psf]** _
- d. Widowed -**ljw'jf**_
- A5. Educational status -**z}llfs cj:yf** _ :
- a. No education -**gk9]sf]**_ b. Primary -**k|fylds**_ c. Some secondary -**dfWolds**_
- d. SLC and above -**P;=Pn=;L= / ;f] eGb ffly**_
- A6. Husband's educational status -;**xeflusf kltsf] z}llfs cj:yf** _ :
- a. No education -**gk9]sf]**_ b. Primary -**k|fylds**_ c. Some secondary -**dfWolds**_
- d. SLC and above -**P;=Pn=;L= / ;f] eGb ffly**_
- A7. Occupation -;**xeflusf] k]zf** _ :
- a. Professional/ technical/managerial -**Joj;flos÷k|fljws÷Joj:yfklso**_
- b. Clerical -**sd{rf/L**_
- c. Sales and services -**ljs|L tyf ;]jf** _
- d. Skilled manual -;**Lkd"ns sfo{**_

- e. Unskilled manual -cs'zn sfo{ _
- f. Agriculture -s[lif sfo{ _
- g. Others -cGo _ _____

A8. Husband's occupation -;xeflusf kltsf] k]zf _:

- a. Professional/ technical/managerial -Joj;flos÷k|fljlws÷Joj:yfklso _
- b. Clerical -sd{rf/L _
- c. Sales and services -ljs|L tyf ;]jf _
- d. Skilled manual -;Lkd"ns sfo{ _
- e. Unskilled manual -cs'zn sfo{ _
- f. Agriculture -s[lif sfo{ _
- g. Others -cGo _ _____

A9. Family income per month -k|lt dlxgf kl/jf/sf] sdfO{ _ : _____

A10. No of family members -kl/jf/ ;b:o ;+Vof _

- a. <5 -% hgf eGbf sd _
- b. ≥5 -% jf ;f] eGbf a9L _

A11. Early marriage -rf8f] ljjfx _

- a. Yes -xf] _
- b. No -xf]Og\ _

A12. History of teenage pregnancy -lszf]/fj:yfdf ljjfx u/]sf] Oltxf; _

- a. Yes -xf] _
- b. No -xf]Og\ _

A13. Age of child (□□□□□□ □□□□)

.....

A14. Type of delivery

- a. Normal
- b. C-section
- c. Instrumental

A15. Gender of baby

A16. Birth weight

A17. Gestational age

A18. Type of employment

- a. Full time
- b. Part time

A 19. Socioeconomic status -;fdflhs cfly{s cj:yf _

- c. Upper -pRr _
- d. Upper middle -pRr dWod _
- e. Lower middle -lgDg dWod _
- f. Upper Lower -pRr lgDg _
- g. Lower -lgDg _

B. Breast feeding practices:

B1 Initiation of breast feeding

B2 Colostrum feeding:

- a. Yes
- b. No

- B3 Prelacteal feeding:
 - a. Yes b. No
- B4 Pattern of breast feeding
 - a. Exclusive breastfeeding
 - b. Predominant breastfeeding
 - c. Partial breastfeeding

C. Knowledge of Breastfeeding (□□□□ □□□ ;DalGw 1fg_

Questions-k Zgx?_	Yes(xf]O l_	No(xf]O g\
C1. Is exclusive breastfeeding important ?		
C2. Is colostrum nutritionally beneficial?		
C3. Does exclusive breastfeeding improve immunity?		
C4. Is it important to initiate breastfeeding within 1 hour after birth?		
C5. Can exclusive breastfeeding prevent child from diarrhea?		
C6. Growth patterns of breastfed child infants differ from formula fed?		
C7. Consuming food like almonds and fenugreek can improve milk production?		
C8. How long exclusive breast feeding should be continued?		

THANK YOU!!!

- wGojfb ŪŪŪ_

Annex 2

Informed Consent Form

Title of the Study: Factors influencing breastfeeding practices among urban employed women in Dhangadhi sub-metropolitan city.

Investigator(s):

Introduction:

You are being invited to participate in a research study. Before deciding to participate, it is important for you to understand why the research is being done and what it involves. This form provides you with information about the study, and will help you decide whether or not to participate. Please read it carefully and take the time to ask any questions you may have. This research has been approved by

Purpose: The purpose of this study is to explore the factors that influence breastfeeding practices among urban employed women in Dhangadhi sub-metropolitan city.

Procedures:

If you decide to participate in this study, you will be asked to:

- Attend a face-to-face interview at a time and location that is convenient for you.
- Answer questions related to your breastfeeding practices, including duration of breastfeeding, exclusive breastfeeding, return-to-work practices, and support for breastfeeding in the workplace.
- Provide basic demographic information such as your age, occupation, education level, and household income.
- The interview will take approximately 30-45 minutes to complete.

Risks and Discomforts:

There are minimal risks or discomforts associated with this study. However, you may feel uncomfortable discussing personal information related to your breastfeeding practices.

Benefits:

The results of this study will help researchers and health professionals understand the factors that influence breastfeeding practices among urban employed women in Dhangadhi sub-metropolitan city. This may lead to the development of interventions that better support breastfeeding among this population.

Confidentiality:

Your privacy is very important to us. All information collected during this study will be kept confidential to the extent permitted by law. Audio recordings will be destroyed after transcription, and the data will be stored in a password-protected electronic format. No identifying information will be included in any publications or presentations related to this research.

Voluntary Participation:

Your participation in this study is entirely voluntary. You have the right to refuse to participate or to withdraw from the study at any time without penalty. Your decision to participate or not participate will not affect your employment or any benefits that you receive.

Reimbursement/Compensation:

There is no compensation provided for participating in this study.

Consent:

By signing below, you confirm that you have read and understood the information provided above, and that you agree to participate in this study. You understand that you may withdraw from the study at any time without penalty. You also understand that you may contact the investigator(s) with any questions or concerns about the study.

Signature of Participant: _____

Printed Name of Participant: _____

Date: _____

Witness Signature (if required): _____

Printed Name of Witness (if required): _____

Date: _____

Annex 3



सुदूरपश्चिम प्रदेश सरकार
सामाजिक विकास मन्त्रालय
स्वास्थ्य निर्देशनालय
स्वास्थ्य कार्यालय कैलाली
धनगढी, कैलाली

फोन नं: ०९१-५२७०१६ (प्रशासन शाखा)
०९१-५२७०२१ (कार्यालय प्रमुख)
०९१-५२१६६५ (लेखा शाखा)
ईमेल: dpho71kailali@gmail.com

प.सं. २०७९/०८०
च. नं. २६४

श्री जानकी पराजुली ज्यू ।


मिति : २०७९/०६/३१ गते

विषय : जो संग सम्बन्धित छ ।

उपर्युक्त सम्बन्धमा , धनगढी उप महानगरपालिका नगरकार्यपालिकाको कार्यालय अन्तरगतको वेली शहरी स्वास्थ्य प्रवर्धन केन्द्रमा कार्यरत जन स्वास्थ्य अधिकृत श्री जानकी पराजुली ज्यू लगाएका जनस्वास्थ्यकर्मीहरूले गर्न लाग्नु भएको अनुसन्धान & "Factors associated with exclusive breastfeeding practices among urban employed women of Kailali district of Sudurpaschim Province & " गर्नको लागि यस कार्यालयबाट अनुसन्धान अनुमति प्रदान गर्दछौ ।

अनुसन्धानकर्ता जन स्वास्थ्य अधिकृत श्री जानकी पराजुली ज्यू लगाएका जनस्वास्थ्यकर्मीहरूद्वारा तयार पारिएको यो अनुसन्धानले दैनिक आफ्नो कामकाजमा जाने आमाहरूको लागि आफ्नो बच्चालाई पूर्ण समय दिन नपाउने र अझ धनगढी जस्तो बजारिया तथा शहरी समुदायमा रहेका आमाहरूले बच्चाहरूलाई बढ्दाको दूध खुवाउने हुदा भविष्यमा यसको नराम्रो असर पर्न सक्ने भएकोले यसको अवस्था बुझ्न जरुरी देखिन्छ । यो अनुसन्धान बाट आएको तथ्यांकले नेपाल सरकार, प्रदेश सरकार , स्थानिय तह र सरोकारवाला संघ संस्थाहरू लगाएत सबैलाई मद्दत मिल्ने अपेक्षा राखेका छौ ।

यहाँहरूको अनुसन्धान कार्यको पूर्ण सफलताको शुभकामना छ ।


नि. कार्यालय प्रमुख
लाल बहादुर धामी
नि. कार्यालय प्रमुख