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Research Article

PERCEPTION ON EXCLUSIVE BREASTFEEDING AMONG POST-NATAL MOTHERS AT PRIMARY HEALTH CENTRES IN MALAYSIA

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ABSTRACT

Introduction: In Malaysia, the National Breastfeeding Policy recommends exclusive breastfeeding for the first six months of life and continues to breastfeed up to two years. Consequently, Malaysia has managed to reduce the mortality rate for children under the age of five by 85% over the past 30 years due to initiatives were taken by the Government to promote breastfeeding. **The aim of this study is** to investigate the knowledge, attitude and practice on exclusive breastfeeding among mothers in Muar.

Methodology: A cross-sectional study was used to carry out the research and a set of validated questionnaire was used to assess data collection. The research involved mothers with a child aged from 6 months to 12 months, who have attended the primary health care centers in Muar.

Results: A total of 100 women, with children aged between 6 months and 12 months, from those attending the primary health centers in Muar were included in the study. Surprisingly, 53% of the mothers' breastfeeding knowledge was excellent and 71% have a good attitude towards breastfeeding, however, 29% have a poor attitude on exclusive breastfeeding. Breastfeeding was practiced by 82% of participated mothers but **only 52% practiced exclusive breastfeeding**. There is correlation between knowledge, attitude, and practice of exclusive breastfeeding as the correlation coefficient; r is 0.999 which define that there is a significant relationship. The top two barriers of not practicing exclusive breastfeeding are insufficient breast milk produced (35.5%) and back to working life (34.7%).

Conclusion: Majority of the mothers in Muar have exercised a good knowledge, attitude and practice towards exclusive breastfeeding. There is a very strong correlation between knowledge and practice well as between attitude and practice. The main source of information for mothers regarding exclusive breastfeeding are healthcare personals. Whereas, insufficient breast milk is the greatest barrier to exclusive breastfeeding.

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INTRODUCTION

In today's era of globalization, the practice of breastfeeding leads to an astounding increment of infant's life each year in fine tune and virtue of its definition which is feeding the infant with only the mother's breast milk without any other additional food, including animal milk and water. In Malaysia, the National Breastfeeding Policy recommends exclusive breastfeeding for the first six months of life and continues to breastfeed up to two years of age. Implementation of programs regarding breastfeeding promotion has been done in the 1990s. Consequently, Malaysia has managed to reduce the mortality rate for children under the age of five by 85% over the past 30 years due to initiatives were taken by the Government to

promote breastfeeding.¹ According to The Third National Health and Morbidity Survey (NHMS III) in 2006, the overall prevalence of ever breastfed among children below 12 months was 94.7%, and the prevalence of exclusive breastfeeding among children aged less than 6 months was 14.5%. In addition, the prevalence of timely initiation and continued prevalence of breastfeeding up to two years is 63.7% and 37.4% respectively.² The specific objectives are the following:

- To describe knowledge, attitude, and practice of exclusive breastfeeding among mothers.
- To determine the correlation between knowledge and practice of exclusive breastfeeding among mothers.

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- To determine the correlation between attitude and practice of exclusive breastfeeding among mothers.
- To determine the correlation between knowledge and attitude of exclusive breastfeeding among mothers.
- To identify the sources of information for the mothers on exclusive breastfeeding .
- To identify the barriers to the practice of exclusive breastfeeding.

Exclusive breastfeeding stands out as a solid feeding mechanism to gauge infant's survival rate. Ergo, this study is essential as it enlightens mothers regarding the advantages of exclusive breastfeeding. Furthermore, this research will establish the factors and barriers to exclusive breastfeeding practice.

MATERIAL AND METHODS

Study design

A cross-sectional study was conducted in the primary health care centers in Muar, which is the capital of Johor in Malaysia. It involved mothers with a child aged from 6 months to 12 months, attending the Maternal and Child Health Care (MCH) section which is promoted by either one of the Primary Health Care Centers (PHCCs) situated in Muar, namely Klinik Kesihatan Maharani, Klinik Kesihatan Parit Jawa, Klinik Kesihatan Bakri, and Klinik Kesihatan Parit Bakar.

Sampling

The sampling method used in this study was cluster sampling (two-stage cluster sampling). Clusters or groups from the entire population were selected. Then, individual samples were selected by simple random sampling. Specifically, first, the entire population (mothers attending primary health care centers in Muar) was divided into different clusters (different primary health care centers). Then, 4 clusters (primary health care centers) were selected through simple random sampling. After that, study samples (mothers) from each cluster were chosen through simple random sampling.

Study Tools

A set of questionnaire comprises of three components (knowledge, attitude, and practice) as well as social demographic data was constructed and distributed to the sample population at the selected PHCCs.

These questionnaires were constructed based on Adil Ali Nassir Ayed's research on knowledge, attitude, and practice regarding exclusive breastfeeding among mothers attending primary health centers in Abha City. It is translated into Malay and Chinese language and then being validated by a Malay and Chinese teacher respectively because most of the sample population were Malay or Chinese educated. A pretest of the questionnaires was done among eligible mothers and yielded an internal consistency reliability coefficient (Cronbach' alpha) of .75.

The questionnaire comprised of six sections (A to F), mainly describing the 3 components, specifically knowledge, attitude and practice on exclusive breastfeeding among mothers attending primary health care centers in Muar are included.

Section A

This section described the demographic and profile of the participants, including the mother's age, their children's age, race, education level, family income, number of children, breastfeeding practice and mode of delivery.

Section B

This section assessed the knowledge of mother regarding exclusive breastfeeding. It involved 7 parts which cover the knowledge on benefits to the baby as well as a mother, colostrum, effective feeding duration of feed, complementary feeding and problems facing during breastfeeding. Each question has a response to 'Agree', 'Disagree', and 'Uncertain'. A correct response was given '1' score, whereas an incorrect response was given '0' score. Total knowledge scores range from 0 to 30. The higher the score made by the mother, the higher the knowledge of the mother regarding exclusive breastfeeding. A score of or more than 75% (23-30) was considered as 'excellent', a score of range from 50% to less than 75% (15-22) was considered 'good', while a score less than 50% (0-14) was considered as 'unsatisfactory'.

Section C

It consists of 8 questions which used to assess mothers' attitude regarding exclusive breastfeeding. The participants were instructed to choose a response from 'Agree', 'Uncertain', or 'Disagree'. The participant's response is converted to a numerical value of 0 for 'Uncertain', or 'Disagree' and 1 for 'Agree'. The total score is range from 0 to 24. A score of or more than 75% (18-24) was considered as 'positive' and a score less than 75% considered 'negative'. Thus, high score indicated the positive attitude of exclusive breastfeeding among mothers.

Section D

It assessed mothers' practice regarding exclusive breastfeeding. This section has a total of 3 questions. For each question, a correct response was scored as '1', while an incorrect response was scored as '0'. Total score range from 0 to 3. A high score indicated the good practice of exclusive breastfeeding. A score of or more than 75% was considered as 'Good', a score of lesser than 75% was 'Poor'.

Section E

This section had only an espionage used to identify the mothers' sources of information regarding breastfeeding. The participants can choose more than one response or state a specific source of information if the option was not given.

Section F

It comprised of one question which establishes barriers to exclusive breastfeeding. Participants are allowed to choose more than one answer or to state a specific response if the option was not given in the list.

RESULTS

All data obtained from the questionnaires were coded and entered into the Statistical Package for Social Science (SPSS) for analytical purpose. The researchers have adapted the descriptive statistics (percentage, mean and standard deviation) and analytic statistics using Pearson correlation to test for the association and/or the difference between two variables. The correlation coefficient, r approaching -1 or 1 is considered

statistically significant whereas r value approaching 0 is interpreted as no statistically significant between 2 variables. A p value of less than 0.05 is considered statistically significant. A total of 100 women, with children aged between 6 months to 12 months, from those attending the primary health center in Muar were included in the study (Table 1).

Table 1 Sociodemographic characteristics of the participants

Demographic variables	Percentage (%)
Age of the mother	
<19	5
20-29	34
30-39	47
40-49	14
Age of the infant	
< 9	55
> 9	45
Race	
Malay	63
Chinese	32
Indian	2
Others	3
Education level	
No education	0
Primary school	0
Secondary school	70
University	30
Occupation	
Working	71
Not working	29
Family income (per month)	
< RM 500	2
RM 500 – RM1000	13
RM 1000 – RM 2000	35
RM 2000 – RM 4000	42
> RM 4000	9
Number of children	
1	41
2-3	35
> 3	24
Breastfeeding practice	
Yes	82
No	18
Mode of delivery	
Vaginal birth	77
Caesarean section	23

Their sociodemographic characteristics are shown in Table 1. Their age ranged between 18 and 49 years with a mean of 31.5 ± 10 years. More than half of them (55%), the infant age range between 6 and 9 months. There are 63% of Malay participants followed by 32% of Chinese, 3% of Indian and 2% of others. Most of them graduated from secondary school (70%). Majority of them are working (71%). In addition, 85% of them have a family income of more than RM 1000. According to the table, 24% of the mothers have more than 3 children. The practice of breastfeeding is done by 82% of participants. Normal vaginal delivery was reported by 77% of them while the cesarean section was reported by the remaining 23% of the participated mothers.

Majority of the mothers (53%) have excellent knowledge of breastfeeding, 44% have a good knowledge while 3% of the participants show that they have unsatisfactory knowledge on breastfeeding (Table 2A).

Table 2A Knowledge of breastfeeding

Knowledge	Percentage (%)	Mean
Excellent (>75%)	53	22.44
Good (50%-70%)	44	
Unsatisfactory (<50%)	3	

More than half (71%) of mothers have a good attitude towards breastfeeding while 29% of mothers have a poor attitude (Table 2B).

Table 2B Attitude on breastfeeding

Attitude	Percentage (%)	Mean
Positive (>75%)	71	5.86
Negative (<75%)	29	

It is evident from Table 2C that around half (52%) of mother practice exclusive breastfeeding while 48% of them do not practice exclusive breastfeeding.

Table 2C Practice of exclusive breastfeeding

Practice	Percentage (%)	Mean
Good (>75%)	52	2.22
Poor (<75%)	48	

Referring to Table 3, knowledge and practice correlation is calculated as $r=0.999$ by using the mean score of knowledge (22.4) and of practice (2.22). This shows that there is a significant correlation between knowledge and practice regarding exclusive breastfeeding.

Table 3 Correlation between knowledge and practice of exclusive breastfeeding

Group	Mean	Correlation (p value)
Knowledge	22.4	0.01
Practice	2.22	

A strong correlation has been proven between attitude and practice regarding exclusive breastfeeding with a calculated value of $r=0.999$ based on the above table 4.

Table 4 Correlation between attitude and practice of exclusive breastfeeding

Group	Mean	Correlation (p-value)
Attitude	5.86	0.01
Practice	2.22	

According to Table 5, knowledge and attitude regarding exclusive breastfeeding have been proven to have a strong correlation with a calculated r -value equals to 1.0.

Table 5 Correlation between knowledge and attitude of breastfeeding

Group	Mean	Correlation (p-value)
Knowledge	22.4	0.01
Attitude	5.86	

The most common source of information with regards to exclusive breastfeeding are healthcare personnel with the percentage of 24.9. It was closely followed by books being another mode of relaying information with a percentage of 17.9. Other commonly reported sources of breastfeeding are a mother (15%), magazine (15%), website (15%) and relatives (12%).

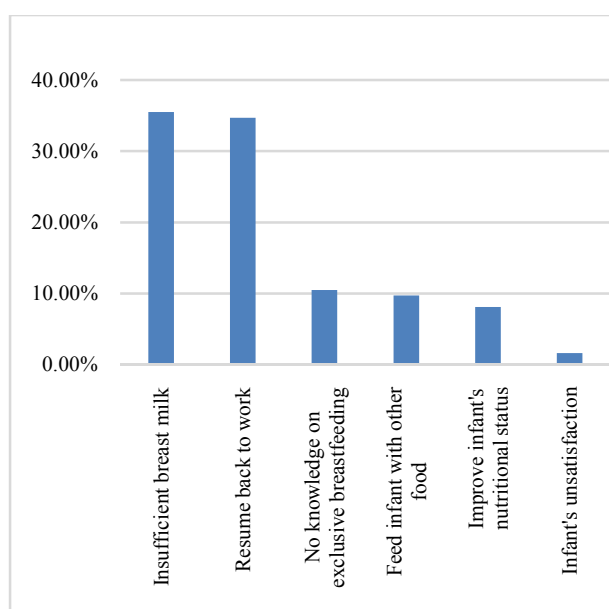


Figure 1 Barriers to exclusive breastfeeding

Figure 1 depicts the barrier against exclusive breastfeeding from our study is insufficient breast milk of the mother (35.5%). Other than that, mothers who are workaholic are swayed from their obligation of breastfeeding (34.7%). Other barriers such as insufficient or total absent of knowledge on exclusive breastfeeding (10.5%), to improve infant nutritional status (8.1%), for an infant to learn to feed on other food (9.7%) and infant's unsatisfactory (1.6%) possess lesser significance to the implication of our data.

DISCUSSION

In the current study, majority women (53%) have an excellent knowledge of breastfeeding, 44% have a good knowledge while 3% of the participants show that they have unsatisfactory knowledge on breastfeeding. This study is supported by the study done in the eloquent city of Abha Saudi Arabia, in which overall knowledge regarding breastfeeding was good among more than half of them (55.3%) and excellent among 30.7% of them while it was unsatisfactory among 14% of the mothers.³ Aside from that, Muar has 52% of mothers who are agog with curiosity and have a good attitude towards breastfeeding while remaining 48% of mothers have a poor attitude. As a contrast with other among mothers, there was a positive attitude (20.2%) and negative attitude (26.5%), while half of the participants (53.3%) in this study had a neutral attitude about exclusive breastfeeding during the first 6 months after birth.⁴

The study of exclusive breastfeeding in Muar shows that 71% of mother practice exclusive breastfeeding while 29% of them do not. At the same time, a study conducted in Aqaba, Jordan, shows that the exclusive breastfeeding rate was 46% for infants in the first six months of life which is low in comparison.⁵ Whereas, in the United States, only 13.3% of infants were exclusively breastfed at the age of 6 months.⁶ Thus, this study shows the inevitable good practice of exclusive breastfeeding among mothers in Muar.

In addition, in the current study, a bivariate correlation was proved between knowledge and practice ($r = 0.999$), attitude and practice ($r = 0.999$) and knowledge and attitude ($r = 1.00$) which defines a significant relationship between the variables

mentioned. Another study also has proven that female knowledge as one of the strongest determinants of the practice of exclusive breastfeeding.⁷ Moreover, a study also has found a direct correlation between positive attitude to breastfeeding and optimal exclusive breastfeeding practice.⁸ Thus, it gives us an insight that knowledge and attitude have an influence on the practice of exclusive breastfeeding among mothers.

Healthcare personal plays a pivotal role in being a source of information about breastfeeding with the percentage of 24.9. It was closely followed by books with a percentage of 17.9. The other commonly reported sources regarding breastfeeding are a mother (15%), magazine (15%), website (15%), relatives (12%) and others (0.3%). In contrast with other study, sources of information were attained from the mass media (34.9%), antenatal class (32.1%) and other mothers with breastfeeding experiences.⁹

Nevertheless, there are a few obstacles and shortcomings that poised mothers to not practice exclusive breastfeeding. From the current research, the main cause is insufficient breast milk produced (35.5%). The plethora of reasons found in this research for not practicing exclusive breastfeeding among mothers are women who resume back to work after maternity leave (34.7%), no knowledge on exclusive breastfeeding (10.5%), wants to improve infant nutritional status (8.1%), for infants to learn to feed on other food (9.7%) and infants' unsatisfactory (1.6%). In comparison with other study, barriers to exclusive breastfeeding included breast milk unsatisfying to the infant (64.4%), insufficient breast milk production (14.3%), to improve nutritional status of the infant (7.4%), for the infant learns to feed on other foods (7.7%) and in order for mothers to resume work (6.1%).¹⁰ Another barrier to failing to practice exclusive breastfeeding among female medical profession was due to workload.¹¹

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