

# Knowledge, attitude and practice towards breastfeeding among mothers in Kuantan, Malaysia.

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#### Introduction

Breastfeeding is the natural method in keeping health and survival of the newly born infant. It has been affected in the recent years by the modern life practices. Good knowledge can be a motivation to establish breastfeeding. It is not an easy task to be maintained unless it is supported from the family and the community. The women should be supported physically, mentally and financially.

## **Objectives**

The study has been designed to evaluate knowledge, attitude and practice towards breastfeeding and to identify any factor that negatively affecting the practice.

## Methodology

A cross-sectional study. The target sample was women who had a child aged between 2- 3 years. The sample size was 222 .A structured questionnaire was applied aiming to recall the breastfeeding history of the female for her last child. It covered demographic variables, knowledge about breastfeeding, attitude and practice.

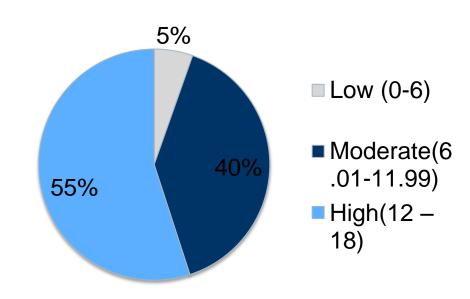
The scoring system for the knowledge is according to the Likert Scale (Tom 2008). The knowledge questions were based on the American Academy of Pediatrics policy on breastfeeding and use of Human Milk. Attitude were based on lowa infant Feeding Attitude scale. Community support questions were based on Infant Feeding Practicing study.

The study was approved by the Research Management Centre of International Islamic University of Malaysia . The data were analyzed using the SPSS software. The descriptive statistics were used. While the continuous data were described as mean and standard deviation for normal distribution, number and percentages were used for nominal or ordinal data.

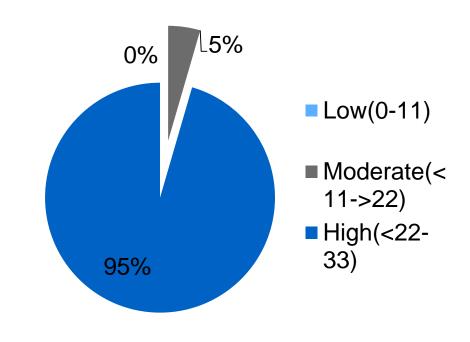
#### Results

The demographic results of our sample (n=222) reveal mother's age ranging between 20 and 46 years old in which the majority (48.2%, n=107) with secondary school qualification and about two third (68%, n=151) with household income between 1000-3000RM (medium class). Employment with full time was 51.1% and 38.3% house wives.

Good knowledge has been recorded among mothers. The scoring for the knowledge is shown below:

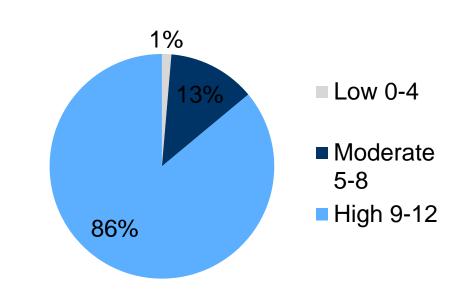


Scoring for maternal attitude was also highly positive among mothers as it is shown below:

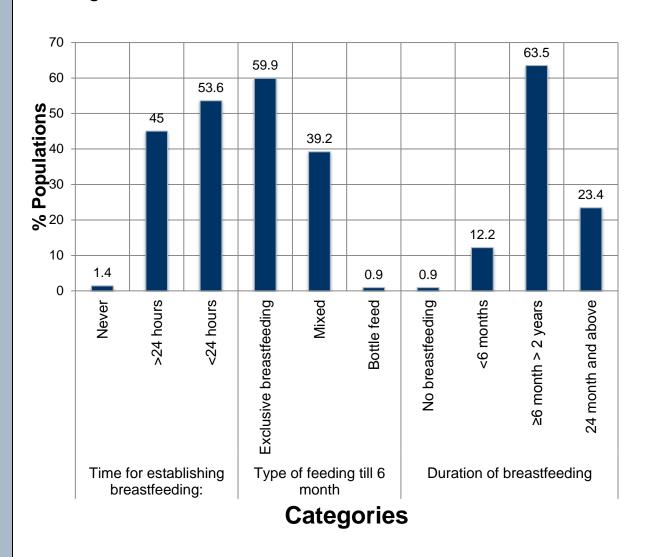


#### Results

Community attitude shows high positivity towards the practice of breastfeeding. The calculated scoring is seen below:



In spite of the high positivity in the knowledge and the attitude but maternal Practice was not very satisfactory as it is seen in the following graph that reflect the maternal practice in Newborn Feeding:



Regarding the practice; establishing breastfeeding is delayed for more than 24 hour in 45% of them. Full breastfeeding was recorded in 59.9% and the mixed lactation in 39.2%, bottle feeding 0.9% in the first 6 months of life. Achieving two years lactation was 23.4% among nursing mothers.

#### Conclusions

The Knowledge, maternal and community attitude shown to be satisfactory in our study but this is not necessarily associated with satisfactory practice of breastfeeding. Some improvement had been recorded in practicing breastfeeding along the previous years. Certain risk groups were recognized, this include women with higher education, medium house hold income, primigravida, delivery by caesarean section under general anaesthesia and full time employers. This risk group needs to be supported by the medical staff and a longer maternity leave that can cover at least the first 6 month postpartum as there are more liable to stop breastfeeding prematurely.

### References

- 1. WHA. Infant and young child nutrition. Geneva: World Health Assembly, 2001.
- 2. NIH. The third national Health and Morbidity Survey 2006 (NHMS-111) Report Malaysia: National Institute of Health, Ministry of Health, 2008.
- 3. MOH. Country Health Plan, 10<sup>th</sup> Malaysian Plan 2011-2015.
- 4. AAP policy on Breastfeeding and Use of Human milk ,American Academy of Pediatrics, 8 Jan. 2011.
- 5. Tom Tullis & Bill Albert; Measuring the User Experience Collecting, Analyzing, and Presenting Usability Metrics, , chapter 6, P 124, first edition, 2008.
- 6. Scoring system and procedure. grants.nih.gov/grants/peer/guidelines general/scoring \_system\_and\_procedure.pdf.
- 7. De La Mora et al. 1999, Iowa Infant Feeding Attitude Scale (IIFAS).
- 8. Center of diseases control and prevention, Infant Feeding Practicing Study (IFPS-2), Global Opinion Panel 2007;Section B, page 4.