A survey of breast feeding practices in infants seen in general practice

S F Chia, MCGP
56 Jalan Sultanah, 83000 Batu Pahat, Johor.

Summary

This is a study of infant feeding practices of 126 mothers. Seventy-seven mothers or 61.1% practised breast feeding. The typical breast feeding mother was more likely to be a Malay, with lower family income and residing in the rural area. The educational status of the mother was not an important factor in influencing her to breast feed. Health education on breast feeding should be intensified in schools to reinforce the implementation of the Malaysian Code of Ethics for Infant Formula Products.

Key words: Breast feeding mothers.

Introduction

On 1/7/79 the Ministry of Health introduced the[1] Malaysian Code of Ethics for Infant Formula Products and later revised it in 1983 for more effective monitoring of implementation of the Code. In May 1981 WHO developed the International Code of Breast Milk Substitutes.

The Malaysian Code aims to provide safe and adequate nutrition among Malaysian infants by the protection and promotion of breast feeding and to ensure adequate standards and proper use of Infant Formula Products, which are defined as any milk products derived from animal or plant origin, used for feeding of infants up to twelve months of age, as an alternative to human milk. Health professionals/ personnel as well as company personnel in hospitals, clinics and maternity homes are required in hospitals, clinics and maternity homes are required to follow the guidelines of the Code of conduct. The Code also covers relevant aspects of marketing, distribution and production information of Infant Formula Products.

The aim of this survey is to find out the factors influencing mothers to breast feed & compare with similar studies before the implementation of the Malaysian Code. By comparing the incidence of the various studies, the author hoped to find out whether there was any positive impact on the breast feeding habits, by the Malaysian Code which restrained the promotion of Infant Formula Products to mothers directly, but not to health professionals, to whom samples are still being given which are then passed on to mothers.

Methods & Materials

During the month of December 1990 every mother accompanying a child between the ages of six months and two years, was interviewed on infant feeding practices at the author's general practice with special reference to breast feeding. To minimise the error due to inaccurate recall, the age range of the child was not extended to beyond two years. Considerable tact was to be employed in inquiring about the family income.

Results

A total of 126 mothers were interviewed and only seventy-seven mothers or 61.1% practised breast feeding.

As shown in Table I more than eight out of ten Malay mothers breast fed compared to one in two Chinese mothers. Of those who breast fed one out of three Malay mothers did so fully compared to one out of five Chinese mothers.

Table I
Frequency distribution of children by ethnic group and milk feeding pattern

Ethnic group	Breast feeding				Artificial feeding		Grand Total	
	Wholly		Wholly & Partially					
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Malay	11	(28.9)	32	(84.2)	6	(15.8)	38	(100)
Chinese	9	(10.5)	43	(50)	43	(50)	86	(100)
Indian	0	(0)	2	(100)	0	(0)	2	(100)
All Ethnic	20	(15.9)	77	(61.1)	49	(38.9)	126	(100)

Table II showed more than seven out of ten rural mothers and lower income mothers practised breast feeding while one out of two urban mothers and higher income mothers did so.

61.8% of mothers with primary or less education breast fed while 61.1% mothers with secondary or more education did so. 58.8% of working mothers breast fed compared with incidence of 65.1% among housewives.

Table II
Incidence of breast feeding in relation to family income and location

	Family Income		Location	
	< $500	> $500	Urban	Rural
Grand Total	55	71	68	58
Breast feeding No. (%)	40 (72.7%)	37 (52.1%)	36 (52.9%)	41 (70.7%)

In Table III Malay mothers outnumbered the Chinese more than six times in the incidence of breast feeding their babies for more than six months. Lower income mothers outnumbered the higher income mothers by 3 to 1 in practising breast feeding for more than six months.

Table III
Duration (> 6 months) of breast feeding in relation to ethnic group, family income and location

Breast feeding	Ethnic group			Family Income		Location	
	Chinese	Malay	Indian	> $500	< $500	Urban	Rural
> 6 months No. (%)	3 (7%)	14 (44%)	1 (50%)	4 (11%)	13 (33%)	7 (19%)	10 (24%)

In Table IV, of the 106 mothers who breast fed partially or not at all, forty-nine complained of poor lactation as reason for resorting to artificial feeding. This arose because of early introduction of non milk feeding in forty-four cases while breast feeding as shown in Table V. Fourteen out of twenty mothers who gave inconvenience as reason for artificial feeding were working mothers and did not breast fed at all. Sixteen were apathetic about advantages of breast feeding gave no reasons for not breast feeding at all. Of the twenty-one mothers who complained of illness/weakness, seven were sick while breast feeding while the rest complained of weakness of body for not breast feeding at all.

Table IV
Reasons for artificial feeding

Reasons	Number	(%)
Inconvenience	20	(18.9)
Mother's illness or weakness	21	(19.8)
Poor lactation	49	(46.2)
No reasons	16	(15.1)
Grand Total	**106**	**(100%)**

Table V
Age of introduction of non-milk feeding

Age (months)	< 4	4 – 6	7 – 9	10 – 12
Non-milk feeding No. (%)	72 (57.1%)	31 (24.6%)	18 (14.3%)	5 (4%)

Discussion

In a survey of 8750 Malaysian live births done by Pathmanathan[2] in 1973 & 1974 in both urban and rural areas, the incidence of breast feeding was 64%. Of those who breast fed, Malay mothers formed 88.9%, rural mothers 77.5% and lower income mothers 73.4%. Educational status of mothers was not a significant factor influencing them to breast feed. Only 40% of mothers were still breast feeding after six months.

In Chen's[3] study of hundred predominantly urban infants in 1978, 49% of infants were breast fed. Again Malay mothers were predominant with 77.8%. 50% of Malay infants were still being breast fed at age of six months while 50% of Chinese infants were only being breast fed for $1^1/_2$ months. Family income and working status of mothers were not significant factors in the incidence of breast feeding. The chief reasons given for artificial feeding were inconvenience (26%) mother's illness and weakness (23%) and poor lactation (20%). 50% of infants were receiving starchy food by age of $3^1/_2$ months.

In 1980 study by P.J Singh[4] et al of predominantly Malay (88.3%) infants from rural areas there was high incidence (88%) of breast feeding by age of seven months. Main reasons for stopping breast feeding were insufficient lactation and work. 80% of infants were given solid foods by age of five months.

More than ten years after the introduction of the Malaysian Code of Ethics for Infant Formula Products the 61.1% incidence of breast feeding in the author's study was not encouraging. The profile of the breast feeding mother was likely to be a Malay (84.2%), from rural area (70.7%) with lower family income (72.7%). She was more likely to breast feed not more than three months (75.3%). By the age of seventh month only 18.3% of infants would be still being breast fed and 81.7% of infants would had been introduced some form of non milk feeding.

The pattern of the breast feeding practices had not changed for the better in the author's study when compared with those of Padmanathan, Chen, and Singh in spite of the implementation the Malaysian Code of Ethics for Infant Formula Products. The Malaysian Code's scope of breast feeding promotion was limited to hospitals, clinics and maternity homes and aimed at mothers/expectant mothers. From the author's survey mothers with secondary or more education and mothers with primary or no education had similar incidence of breast feeding. It obvious the better educated had not been sufficiently impressed with advantages of breast milk. Although better educated women formed 88% of working women the incidence of breast feeding was more or less similar in both the working mothers and housewives. Thus working status of mother was not an important factor in influencing the incidence of breast feeding. Moreover all the working mothers did not work during the confinement period. The lower income mothers and mothers in rural areas, who constituted almost $^2/_3$ of those with primary or less education took to breast feeding because it is cheaper than infant formula products and not because of their knowledge of health advantages of breast milk. More intensive health education on breast feeding should be conducted in schools to reinforce the implementation of the Malaysian Code. By implanting early in the fresh minds of the future mothers the tremendous benefits of breast feeding to both the baby and the mother through health personnels and public bodies like Malaysian Breast Feeding Mothers Advisory Association, only can we overcome the prevalent apathy towards breast feeding.

The apparent lack of impact of the Code of Ethics on the breast feeding practices in this study may be traced to a number of flaws in the Code. Firstly the Code has no legal backing for enforcement. Infant formula products companies would be tempted to break the Code if their sales were poor. The Code has a narrow scope of action (restricting only to expectant mothers) with regards to the distribution of samples. Widespread giving of samples of infant formula products to health professionals allowed under the Code, is not conducive to the promotion of breast milk. Placing the onus of breast feeding

promotion on the Infant Formula Industry is less likely to yield better results than if the promotion were done by the health professionals. After all the success of breast feeding promotion is inversely proportional to the sales of infant formula products.

Educating school children on breast feeding is only one of the multipronged approaches to spread the gospel of breast feeding. Health professionals within and without the hospitals can do more to encourage breast feeding along the guideline on Baby Friendly Hospital initiative outlined in the joint WHO/UNICEF. Statement of July 1989. Under the guidelines every facility providing maternity services & care for newborn infants should:-

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice rooming-in-allow mothers and infants to remain together-24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial tests or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

In applying the above guidelines local factors must be taken into account. Native myths deterring breastfeeding must be explained and debunked. For example[5] some local Chinese mothers believed gingers can cause or worsen jaundice in breastfed babies. Mother-to-be need to be told breast feeding will not weaken them or "ruin their figures" or tie them down.

Besides giving adequate access to information on breastfeeding there is a need to change the way society views a woman's role as a mother. The stigma attached to being a housewife needs to be removed if we are to accord higher status to the women who chooses to breastfeed her baby. She must be given adequate recognition and support in hospital, at home and work if she makes a conscious choice to spend her children's formative years with them rather than pursuing her own career.

Incentives should be given to working mothers to make it easier for her to remain "economically active". These can include greater allowances for flexi-time, job-sharing & more home-based work. Time is not on the side of breast feeding. As Malaysia becomes more developed, urbanised and the income level of the population rises the convenience of artificial feeding will increasingly outweigh its cost.

References

1. Ministry of Health Malaysia (1985) Code of Ethics for Infant Formula Products, 18–30
2. Padmanathan, I Breast feeding – A Study of 8750 Malaysian Infants. Med J Malaysian 1978; 33: 113–9
3. Chen, ST Infant feeding practices in Malaysia, Med. J Malaysia 1978; 33: 120–4
4. Singh P J, Chew G E, John P Infant Health Care Practices – A Study in 3 communities, Med J Malaysia 1978; 36: 166–70
5. Koh P.K. (1991) Ginger – jaundice myth deters breast feeding New Straits Times 1991; Sep 24: 26.