

# Breastfeeding In A Rural Area In Malaysia

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## INTRODUCTION

The importance of breastfeeding is being emphasised by many medical authorities such as WHO<sup>1</sup>, Jelliffe<sup>2</sup>, Wong<sup>3</sup> especially in a developing country in relation to protein malnourishment in infants. Whereas in the western countries, the trend is reversing back to breastfeeding, that in the developing countries is directed towards artificial feeding, perhaps with a mistaken feeling of "progress". Studies made in Kuala Lumpur (Dugdale<sup>4</sup>) and Singapore (Willis<sup>3</sup>, Wong<sup>3</sup>) have shown a drastic fall in breastfeeding by our urban mothers. This paper is a study of the incidence of breastfeeding in a rural area in relation to various factors and the reasons given by the rural mothers for their choice.

## Materials and Method

The area chosen is the state of Perlis in Northern Malaysia. Its small population of 127,000 is mainly rural involved in rice-farming, fishing and tin-mining. The largest town has only 8,700 people. The racial composition is roughly 75% Malays, 20% Chinese, and 5% others (Indians and Siamese) (Source: from Vital Statistics, W. Malaysia 1970).

It is however well served in health facilities for a rural area and being a small compact state, with fairly good communications, attendance at these health clinics is high.

Pregnant mothers who attend the antenatal clinics are asked by the nursing staff about the feeding of their youngest child, provided the child was born between January 1970 and June 1972. A total of 714 eligible patients were asked whether they breastfed, the duration and each was asked to state not more than three main reasons for their choice.

## Analysis of the data

The incidence of breast/feeding was calculated in relation to race, age, parity, income, occupation of mother and education of mother.

### Race

Whereas 92.5% of Malay mothers breastfeed their child, only 58% of the Chinese mothers breastfeed. Most of the Malays who breast feed do so for more than 6 months (72.8%).

On the whole, 84.1% of the mothers in Perlis breastfeed their child, a figure which compares very well with those in K.L. and Singapore.

### Age

There is no significant difference in the incidence of breast feeding in the 3 age-groups studied except for slightly higher percentage in those over 35 years old, who also tend to breastfeed longer.

### Parity

It is noted that even those who were bearing their first child in the period under study, 74% of them breastfeed though only 43.5% do so longer than 6 months compared to the multipara (65-68%).

### Income

The total family income was taken in case of working wives. Most of the families considered belong to the poorer class and the lower middle class groups. While the poorest class who earn less \$150 (mainly tenant farmers and fishermen) almost always breastfeed (90.4%), only 70% of the other class mothers breastfeed. In those earning more than \$300 a month, only about quarter do so for more than six months.

### Mother's Occupation

It is presumed that mothers who are having a full-time occupation of their own seldom breastfeed as is proved by the study. Nearly half do not breastfeed and of those who did, many of them do so only during their puerperium or just after. It was heartening to note that those mothers who had to help their husbands in the fields are able to carry out normal breastfeeding.

### Mother's education

Most of the mothers studied have only gone to primary schools and this amount of education has no apparent effect on their choice of infant feeding. However nearly half of those who had gone to secondary schools do not breastfeed or if they did, they did so only during their puerperium.

### Reasons for NOT breastfeeding

More than 1/3 of those who feed their babies with powdered milk claimed that they did not have enough breastmilk and nearly a quarter alleged that their babies preferred the bottle to the breast. 74 prefers social convenience than to breastfeed. Only

one considered their figure important enough to avoid breast feeding (these questions were mainly asked by nurses).

Racially, there was no difference in their reasons. As far as the income is concerned it is understandable that about 20% of those with more than \$300 per month felt socially inconvenient but it is surprising that even among the poor, "excuses" of insufficient milk and baby's preference are as common as the higher-income groups.

### Reasons for Breast feeding

"Convenience" was the most popular reason, followed closely by "cheapness", "traditional advice" and "baby's preference." Thus 148 mothers have attempted to give artificial feeds but found that their babies prefer their mothers' breasts. 24 mothers intentionally breastfeed to delay a further pregnancy. It is noted that "advice from health staff" has minimal effect on the choice of infant feeding.

Malay mothers found it more convenient, and cheap and were influenced by their elders and their babies' choice. The same pattern was present in the lowest income group.

Table 1. Breastfeeding according to race					
	less than 6 weeks	6 months to 6 months	more than 6 months	Artificial Feeding	Total
Malays	26 (4.8)	78 (14.9)	372 (72.8)	39 ( 7.8)	514
Chinese	16 (9.0)	28 (15.8)	62 (35.0)	72 (42.0)	178
Others	0	3 (13.6)	16 (72.8)	3 (13.6)	22
Total	41 (5.9)	100 (15.2)	450 (63.0)	114 (15.9)	714

  

Table 2. Breast Feeding according to age					
	less than 6 weeks	6 months to 6 months	more than 6 months	Artificial Feeding	Total
under 25	22 (6.0)	70 (18.8)	228 (57.5)	63 (17.7)	383
26 – 35	16 (6.0)	31 (11.8)	177 (64.2)	47 (18.0)	271
36+	3 (5.0)	8 (13.0)	45 (75.3)	4 ( 6.7)	60

  

Table 3. Breast feeding according to parity					
	less than 6 weeks	6 months to 6 months	more than 6 months	Artificial Feeding	Total
primip	21 (10.5)	40 (20.0)	110 (43.5)	52 (26.0)	223
P 2 – 3	17 ( 4.5)	61 (17.0)	286 (68.0)	44 (10.5)	408
P 6 +	3 (3.5)	8 ( 9.8)	94 (65.9)	18 (21.0)	83

  

Table 4. Breastfeeding according to family income					
	less than 6 weeks	6 months to 6 months	more than 6 months	Artificial Feeding	Total
under \$150	15 ( 3.0)	69 (14.3)	365 (73.1)	45 ( 9.0)	494
\$151–300	17 (11.0)	23 (15.0)	69 (44.0)	45 (30.0)	154
\$300 +	9 (14.2)	17 (28.0)	16 (27.8)	24 (30.0)	66

  

Table 5. Breastfeeding according to mother's occupation					
	less than 6 weeks	6 months to 6 months	more than 6 months	Artificial Feeding	Total
housewife	27 ( 5.8)	89 (16.7)	329 (60.1)	88 (16.8)	533
help husband	9 ( 5.7)	14 ( 8.6)	119 (77.1)	14 ( 8.6)	166
own occup.	5 (20.0)	6 (24.0)	2 ( 8.0)	12 (48.0)	25

  

Table 6. Breastfeeding according to mother's education					
	less than 6 weeks	6 months to 6 months	more than 6 months	Artificial Feeding	Total
nil	8 ( 4.0)	34 (17.0)	144 (61.9)	35 (17.1)	211
primary	20 ( 4.3)	56 (13.0)	292 (58.7)	62 (14.0)	430
secondary	13 (20.0)	19 (30.0)	14 (22.3)	17 (27.0)	63

Table 7. Reasons for Artificial Feeding

	Race			Total	Income		
	M	C	O		\$150	\$300	\$300+
1. Social convenience	33	33	5	71	25	20	16
2. Own occupation	13	15	0	28	6	12	10
3. Help husband	35	18	0	53	29	20	4
4. Figure care	1	0	0	1	0	1	0
5. Not enough breast milk	73	72	4	149	88	37	24
6. Baby's preference	43	42	5	90	56	20	14
7. Medical reasons	6	6	1	13	7	5	1
8. Others	7	8	0	15	4	6	5
Total	211	194	15	420	320	129	84

Table 8. Reasons for Breast Feeding

	M	C	O	Total	Income		
					\$150	\$300	\$300+
1. Convenient	170	26	9	205	168	29	8
2. Cheap	134	10	3	147	127	18	2
3. Health for baby	51	16	2	69	43	17	9
4. Health for mother	11	2	0	13	10	2	1
5. Delay pregnancy	17	7	0	24	17	5	2
6. Traditional advice	119	16	6	141	114	19	8
7. Advice from health staff	9	15	0	24	15	7	2
8. Baby's preference	123	17	8	148	123	18	7
9. Others	1	3	0	4	1	3	0
Total	635	112	28	775	618	118	41

## Discussion

The sample in this study represents the rural population in Malaysia especially in terms of racial composition, level of income and education. However the area under study has relatively more health facilities compared to other rural areas in the country. But is this an important factor in influencing breast feeding? Few of the mothers who breastfeed did so mainly on advice from health staff as shown by the study. This probably does not mean that our health staff were not doing their job but that most of these mothers were already in favour of breastfeeding because of convenience, economy and tradition. In fact at health centres are found mothercraft nurses giving out samples of milk powder products. The main reasons for breast feeding are easily forgotten, as in the urban areas with better health facilities as soon as the women leave their traditional ties, have higher income and have part-time or fulltime work.

Thus the importance of stress on the effects of breast feeding on the health of both mother and baby. The health staff must be well motivated in order to convince the women otherwise they easily find excuses not to breastfeed. Although infant feeding is a pediatric problem, the motivation must start at the antenatal level i.e. by midwives and nurses in antenatal clinics. Too often this aspect of health education is left till the postpartum period by which time the mothers have seen tempting advertisements on powdered milk, given samples by mothercraft nurses and influenced by their friends on the "inconvenience" of breastfeeding.

The study in this paper fortunately shown that our rural mothers still breastfeed. This is in contrast to studies made in urban centres by Dugdale<sup>4</sup>, Wong<sup>3</sup> and Millis<sup>5</sup>. Wong H.B. found in Singapore that in the lower income group only 43% breastfeed at one month and only 5% con-

tinued to do so at 3 months compared to 84.1% and 63.0% respectively in Perlis. In his book, he noted that in U.K. 65% do so at 1 month and 45% remained at it at 3 months.

The study however shown a similar trend in that Chinese, even in a rural area, breastfeeds less. The incidence similarly falls, though not so remarkably, as income and education increases.

## Summary

The incidence of breast feeding in a rural community was studied in relation to race, age, parity, income, occupation and education of the mother. The period of study was of children born between 1970 and 1972. The reasons for the choice between breast feeding and artificial feeding were analysed and it was noted that to prevent the trend to artificial feeding as is already present in urban areas, the health staff at MCH clinics should motivate the women even at antenatal periods.

## Acknowledgement

I thank Dr. Ahmad Adnan, the state Pengarah, for permission to carry out the study and the Health Matron in Perlis and her staff for their invaluable assistance in collecting the data.

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