

SHORT COMMUNICATION

## Perceptions of Exclusive Breastfeeding among Bidayuh Mothers in Sarawak, Malaysia: A Qualitative Study

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### ABSTRACT

**Introduction:** Despite its benefits, exclusive breast feeding is not widely practised in Malaysia. As the decision for exclusive breastfeeding is influenced by social and cultural context, it is important to conduct studies in different societies in Malaysia. This qualitative study aimed to explore the perceptions of exclusive breastfeeding among Bidayuh women in Sarawak, Malaysia. **Methods:** A purposive sample of Bidayuh women who exclusively breastfed their infants for at least three months were recruited from one rural village in one sub-district of Kuching. An in-depth interview asked participants to respond to an open-ended questionnaire designed to elicit perception/challenges and motivating factors to continue exclusive breastfeeding. **Results:** Participants believed that it was their responsibility to breastfeed and breast milk was regarded as a gift from God with goodness that brought a proud and joyful experience. Breastfeeding also strengthened the mother-infant's physical and emotional bonding. Social support was important to ensure the continuation of exclusive breast feeding. **Conclusion:** Health care workers should emphasise these perceptions in their teaching and continue to provide support for exclusive breast feeding. More studies in other ethnic groups in Malaysia are recommended so as to provide relevant content for health care professionals to frame health education and promotion of exclusive breastfeeding within a culturally meaningful context.

**Keywords:** Bidayuh, exclusive breast feeding, Malaysia, qualitative study, Sarawak

### INTRODUCTION

Despite its benefits, exclusive breast feeding is not widely practised in Malaysia. One study found the overall prevalence of exclusive breastfeeding below six months to be only 14.5% (CI: 11.7 - 17.9), the lowest among the South-east Asian region (Fatimah *et al.*, 2006). Many factors promote exclusive breastfeeding. According to

quantitative studies, partners' and health professional's support, social context and cultures, the media, attitudes and public opinion of breastfeeding (Atchan, Foureur & Davis, 2011) predict exclusive breastfeeding. Qualitative studies report that breastfeeding is a joyful, connecting, entertaining and relaxing experience that strengthens mother-baby emotional bonding and attachment (Nabulsi, 2011)

and fulfils mothers' reproductive role (Tengku Alina *et al.*, 2012).

As the prevalence of exclusive breastfeeding is low in Malaysia and the decision to breastfeed exclusively is influenced by social and cultural context (Atchan *et al.*, 2011), it is important to conduct studies in different cultural societies in Malaysia. The findings of these studies would allow health care professionals to frame health education and promotion of breastfeeding within a culturally meaningful context. Thus, their messages can be accepted by the public (Oneha & Dodgson, 2009). This qualitative study was conducted among the Bidayuh women to explore their perceptions on exclusive breastfeeding as there is a lack of research on this community. The participants recruited were Bidayuh-Biatah, one of the six sub-ethnic groups of Bidayuh. The Bidayuh is the third largest indigenous community in Sarawak and are mostly Roman Catholic and protestant while some are pagan (Chang, 2002). This study participants were women from the Seventh Adventist faith, protestant Christian, who believed that their bodies were the temples of God. Thus they were to care for them with adequate exercise and rest, and to adopt the most healthful diet possible (General Conference of Seventh-day Adventist, n.d.).

## METHODS

The definition of the World health Organisation for exclusive breastfeeding (with no other food or drink) was adopted but with a shorter duration. Background information revealed that most mothers in the study area exclusively breastfed their babies only between three to six months, thus, this duration was adopted for the study. Women with infants aged between 7 to 12 months who had exclusively breastfed their infants were recruited using purposive sampling method. Ethical approval was obtained from the Ethics Committee of

Universiti Malaysia Sarawak and the study conformed to the requirements of ethical procedures for research in Malaysia. This study was conducted in Kampung Sigandar, Padawan, a sub-district of Kuching. In-depth interview was used to collect data. Before the interview began, the researcher explained the meaning of exclusive breastfeeding to the participants to make sure they understood and were constantly reminded about it throughout the whole interview process. The discussion guide asked the participants to respond to five open-ended questionnaires designed to elicit perception/challenges and motivating factors to continue exclusive breastfeeding. The question guide was developed based on literature review and verified by an obstetrician and a nutritionist who had special interest in exclusive breastfeeding. Five participants were interviewed in their home which took about 45 minutes for each session. Saturation of data occurred at the fourth participant and the data obtained from the fifth participant confirmed data saturation, verified by the first and third researchers. The interview was conducted in the local dialect, taped recorded, transcribed and translated by the second researcher. Field notes were also taken. The same researcher verified the transcripts by listening to the tape a few times. The first and second researchers read the transcripts repeatedly, and coded the transcripts into themes. All the researchers then discussed and agreed on the themes.

## FINDINGS

The mean age of the participants was 25.6 years (SD=9.8). The mean age of the infants was 9.2 months (SD=1.5). All participants had at least primary education and all but one was a full time homemaker. All except one lived in an extended family system. Six themes that participants perceived had influenced the practice of exclusive breastfeeding were identified.

### 1. A mother's responsibility to give the best

Participants felt that it was their responsibility as a mother to feed their babies the best for their growth and were committed to breastfeeding. Three participants expressed the following views:

"For me, it is my responsibility as a mother to give my own breast milk to my baby...I have promised myself to give the best to my baby. And it needs determination and patience so as not to be easily influenced by others ...". (BFM 1, 6 months exclusive breastfeeding).

"To breastfeed my own baby is my responsibility as a mother. ...I think breast milk is meant for my baby." (BFM 2, 6 months exclusive breastfeeding).

"As a mother, I should breastfeed my baby especially during the first few months of age. She needs good milk to grow and only I as her mother can give the best milk to her." (BFM 5, 4 months exclusive breastfeeding).

### 2. Sharing God's gift

Participants also believed that breast milk was a special gift from God that they should share with their babies. They described:

"I think there is no other milk better than my own breast milk that I can give to my baby... I'll use this gift from God fully and share it with my baby." (BFM 1, 6 months exclusive breast-feeding).

"I breastfeed my baby because the milk is good and contains all good nutrients... It is special because it is from my own breasts created by God." (BFM 4, 3 months exclusive breastfeeding).

"It was such a nice feeling to breastfeed my baby and I realised that God always give the best thing so that we could share with others." (BFM 3, 4 months exclusive breastfeeding).

### 3. The goodness of breast milk

In sharing God's gift, the participants experienced the goodness of breast milk. They found breast milk gave better protection against infection; and also promoted growth and development. Two of the mothers described the protective property of breast milk:

"I have the experience of breastfeeding both my daughters exclusively for six months. Thank God, by feeding just my breast milk, they were really healthy. Even if they experienced fever, it would not be of long duration, just mild fever. They were healthier. Breast milk is really good for baby's health, really good." (BFM 1, 6 months exclusive breastfeeding)

"Breast milk is good for baby's health. Like my child, she seldom has fever or colds and diarrhea too." (BFM4, 3 months exclusive breastfeeding)

In terms of promoting better growth and development, two participants said:

"Breast milk is really good for the growth of my baby. She grows fast and in a normal pattern. Besides, I can see her mental development is good as well. She learns fast like imitating what I say and do." (BFM 1, 6 months exclusive breastfeeding)

"I breastfeed exclusively my second son longer than my first son. I can see that my baby's growth pattern is good. He is neither underweight nor overweight. Breastfeeding is good, complete and contains all the nutrients that my baby needs for growth and development." (BFM 2, 6 months exclusive breastfeeding)

### 4. Strengthening physical and emotional bonding

In addition, participants perceived that breastfeeding offered a natural opportunity to communicate love at the very beginning of a child's life. Breastfeeding provides

times for closeness which is essential to build and strengthen the physical and emotional bonding and attachment. The participants shared:

"Breastfeeding is a time, I mean a private time, for me and my baby. ... I believe our relationship has become stronger each day. I feel closer to my baby." (BFM 5, 4 months exclusive breastfeeding)

"For me, breastfeeding is a way to communicate with my baby, so does my baby with me. The more we spend time together during breastfeeding, the closer we are. I can feel the love and I believe he feels it too." (BFM 3, 4 months exclusive breastfeeding).

"During breastfeeding, I can see my baby is comfortable, happy and secure. I like to see my baby feeling loved and calm during breastfeeding. ... I sense he knows I am his mother." (BFM 2, 6 months exclusive breastfeeding).

##### **5. Social support motivates exclusive breastfeeding**

For mothers to continue exclusive breastfeeding, social support is important. The participants had support both from family members and nurses. This support had gave them encouragement. In terms of family support, two participants said:

"My husband really supports me when I breastfeed my baby. During his free time, he would help me to do simple household chores like sweeping. He encouraged me to give breast milk and not formula milk, if possible, to our baby." (BFM 2, 6 months exclusive breastfeeding).

"I feel that my mother has done much to help me with exclusive breastfeeding. She advised me to give breast milk to my baby. She showed me the right way of latching my baby to my breast during the first few days of breastfeeding. She really supported me." (BFM 3, 4 months exclusive breastfeeding)

The participants also described the constant encouragement and reminder of the nurses to exclusively breast feed their babies. Below are two excerpts:

"The nurses in the clinic advised me to exclusively breast feed during my prenatal clinic visits. Every time I went for my prenatal clinic visit, they would tell me about breastfeeding, also about exclusive breastfeeding. During my post- natal clinic visit, they reminded me to breastfeed my baby exclusively. The nurses' advice and reminder encouraged me to breastfeed my baby." (BFM 4, 3 months exclusive breastfeeding).

"During my breast-feeding period, I had asked the nurses about the supplementary food suitable for infants below six months. They told me it was better to give those foods only after the age of six months as the digestive system would then be ready for solid foods. The nurses encouraged me to breastfeed exclusively for six months. They said since I was a full time home maker, it should not be a problem to practise exclusive breastfeeding. They gave suggestions on simple lactation management such as how to prevent decreasing milk production by feeding my baby regularly." (BFM 2, 6 months exclusive breastfeeding)

## **DISCUSSION**

Most participants in this study perceived that it was a mother's responsibility to breastfeed their babies. One study found similar findings among Malay participants who perceived their sense of responsibility, love and duty as a mother had influenced them to breastfeed (Tengku Alina *et al.*, 2012) and it was normal to expect mothers to do so (Agunbiade & Ogunleye, 2012). Breast milk is regarded as God's wonderful creation for feeding and comforting babies and it is a gift of life that only a mother has the privilege to share (Oneha & Dodgson, 2009). Similarly, participants in this study

also perceived their breast milk as a gift from God that should not be wasted. They described breast milk as best as it contained all the good nutrients for growth and development as well as possessing a protective property. Breast milk helps babies to grow normally, and infants breastfed for six or more months were found to be 36% less likely to be overweight and 49% less likely to be obese compared to infants who had never been breastfed (Stewart-Knox, Gardiner & Wright, 2003). The benefits of breastfeeding are well recognised (Oneha & Dodgson, 2009).

Congruent with previous findings, social support was important to motivate participants in this study to start and sustain exclusive breastfeeding. Husband, mother or mother-in-law and nurses were regarded as the sources of support. The support needed may be in terms of motivation, or social, emotional or physical support that can increase their self-esteem to continue breastfeeding (Agunbiade, Ogunleye, 2012). Health care professionals play an important role as a supporter and motivator for exclusive breastfeeding especially if the mothers face difficulties (Declercq *et al.*, 2009).

This study found that the mothers had similar perceptions on breastfeeding as another study done in Kelantan among the Malay mothers (Tengku Alina *et al.*, 2012). Such findings imply that although these women were of different faith, their perceptions were similar. Both perceived breastfeeding as God's gift, superior to formula milk and regarded it is their responsibility to breastfeed. Additionally this study found social support both from home and health care professionals important to sustain the participants' effort to breastfeed.

Although this study was conducted in one research site, the findings add to the existing knowledge on the perception of breastfeeding in Malaysia. It also provides

information to health care professionals on how to further motivate mothers to exclusively breastfeed for longer durations. In addition to stressing the benefits of breastfeeding, health care providers should encourage mothers, irrespective of their faith, to view breastfeeding as fulfilling their maternal roles. It is also important for nurses to continue their effort and encourage support from significant others in the endeavor to promote exclusive breastfeeding.

#### Conflict of interest

The authors have no potential conflict of interest to declare.

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