

## **The Encouraging Factors of Breastfeeding among Women Academicians in Malaysian Higher Education Institution of Kuala Terengganu, Malaysia**

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**Abstract:** Breast milk is babies' best food. It contains balance nutritions to help save babies from diseases. However, the busy life of a career woman foils the desire to provide for full lactation. Therefore, this study was conducted to identify the encouraging factors for breastfeeding among women academicians in conjunction to apply these factors to all career women in general. The study was carried out by the method of quantitative and field studies strategy. Data were collected through questionnaires and interviews by experts in each particular field. A total of 140 out of 180 respondents were selected from a number of selected Malaysian Higher Education Institution in the locality of Kuala Terengganu, i.e., MARA University of Technology (UiTM) Kuala Terengganu, University of Malaysia Terengganu (UMT) and University of Sultan Zainal Abidin (UniSZA). Data obtained were analyzed using the software Statistical Package for the Social Sciences (SPSS). The results showed that the respondents had a variety of encouraging factors involving the self factor of nursing mother, the husband, the infant child and the mother's milk factor. However, the most popular encouraging factor for breastfeeding among the respondents among others was the mother's milk factor due to the wondrous efficacy of colostrum in the milk content with a mean of 3.91 (140 respondents). These findings proved that knowledge plays, an important role in the success of any implementation issue (face to face) the implementation of breastfeeding among nursing mothers.

**Key words:** Encouraging factor, breastfeeding, academicians, infant child, conjunction

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### **INTRODUCTION**

Breastfeeding or in Arabic, al-rada'ah (Ibn Manzur, 2003) is a branch of knowledge in the field of Islamic Law (syariah). Breastfeeding has its own importance and great benefit to the infant babies or the nursing mothers. Mother's milk contains nutrients and efficacies which turn out to be very beneficial to the good health and growth of babies (Al-Din, 1996) and its implementation can also promote the good health of the mothers (Hamid, 1991). According to the Islamic perspective, breastfeeding is very important for its significant implications toward the conviction of consanguinity or lineage (Al-Mawardi, 1996; Zaydan, 2003).

Today, breastfeeding is an issue to nursing mothers as most women are working. Women have even become the backbone of the family as breadwinners. Population Statistics and Housing Census of Malaysia (Department of Statistics, 2005) shows an increase in labor force participation of women from 30.8 (1957) to 47.7% (2003).

This increase indirectly gives impact to the failure of breastfeeding among career women. A review (Fatimah *et al.*, 2010) has also proven the prevalence decline of breastfeeding among women in Malaysia in those years from 92 (1950) to 78% (1974). However, there was an increase in 1988 and 2006. Accordingly, the society should be exposed to the encouraging factors, so that career mothers can still continue nursing and breastfeed their babies while still keeping their jobs. This research is greatly needed to guide the community in general and working mothers in particular.

**Literature review:** Breast milk is renowned to have many advantages to babies. Moreover, nursing mothers experience many positive impacts while breastfeeding. Therefore, nursing mothers with careers should continue to breastfeed their babies mainly for the good benefits in conjunction with the aspiration of the government to produce future healthy, excellent and exceptional human capitals (Normadiyah and Fatimah, 2009). It is factual

that a mother's foil in breastfeeding is a loss to the baby due to malnutrition and loss of significant dietary sources in the formation of a healthy being, mentally and physically, especially in the first 6 months period of lactation or more commonly known as exclusive breastfeeding (Horne *et al.*, 2004; Vennemann *et al.*, 2009; Owen *et al.*, 2006). Breast milk has huge impact on a baby's life and a mother who does not breastfeed loses boundless blessings especially the strong bonding of extraordinary love between a mother and her child which can only be expressed by those who experience it. In addition, breastfeeding mothers have greater chance of losing weight and to become healthier and slimmer in a normal way (Macadam and Dettwyler, 1995; Chua *et al.*, 1994; Dewey *et al.*, 1993). Moreover, the household income can be saved from having to buy expensive and costly formula milks. However in every success of implementation there is definitely a motivating factor. The same can be said with the implementation process of breastfeeding identified by many previous researchers. However, none of the research involved women academicians as constructed by the researcher of this study.

Donath and Amir (2000) conducted a study on finding the factors affecting breastfeeding in Australia in their study entitled rates of breastfeeding in Australia by state and socioeconomic status. They identified fare knowledge and socioeconomic of a mother as the two affecting factors on breastfeeding among newborns. Scott *et al.* (2001) also in his research factors associated with breastfeeding at discharge and duration of breastfeeding found in difference between mothers who are knowledge able and mothers who are not where breastfeeding is concentered. What is important is the wanting and desire of the mother.

Pathmanathan (1978) in his research, breastfeeding a study of 8750 Malaysian infants found that breastfeeding was more popular in villages than in the cities. His study on 8750 infants resulted in 77% of babies in the village were given breast milk than in the city of 47%. Various factors affecting breastfeeding and among them was the mother's career. Mothers who live in villages are full-time housewives who are able to exclusively breastfeed their babies than the career mothers living in the cities. Pathmanathan (1978) also conducted a comparative study on breastfeeding between ethnic groups in Malaysia. He found that most mothers of Malay ethnic breastfeed their newborn children followed by the Indians and then the Chinese.

Furthermore, a study by Pazlida (2009) on the implementation of breastfeeding among newborns in the USM Kubang Kerian Hospital. The result found that

mothers who had exclusive breastfeeding on the 1st day of the birth of their new borns was at the rate of 96.7% of 422 participants. This figure declined to 78.4% on the 5th day and continued to decline when the babies reached the age of 6 weeks. At the age of 6 weeks, only 54.5% were fed exclusively with breast milk. The rest of the babies were fed on a mixture of formula milk and mother's milk. Among the catalyst factors of mothers to continue exclusive breastfeeding was that those mothers who did not have careers outside the home and had previous breastfeeding experience. Whilst, counseling, education and socio-economic level were not factors for the survival of breastfeeding practice.

Juwita (2000) did are search thesis on breastfeeding mothers in the District of Bacuk, Kelantan. The research was conducted on 260 children born in 1977-1988. The findings of the research was that 54% of the newborn babies had exclusive breastfeeding in their early birth. Whilst about 30%, almost had exclusive breastfeeding. The remaining 15.4% had a mixture between breastfeeding and formula milk. She also found that socio-economic, demographic and educational level of the mother also played an important role in influencing and promoting breastfeeding. The research findings prove 81% of nursing mothers who were full time house wives had the joy to fully breastfeed their newborns. In terms of educational level, a total of 84.3% of the nursing mothers who had exclusively breastfed their babies were of lower secondary educational level.

## MATERIALS AND METHODS

**Data collection:** This study involves an analysis performed on data obtained from 140 returned questionnaires. Data from the questionnaires were analyzed using SPSS application software and by the method of descriptive statistics giving outputs on frequency, percentage and mean. The results are shown in the forms of tables and discussion.

In addition to the questionnaires, the researcher also interviewed a number of experts in various fields related to breastfeeding. Interview data from two experts were analyzed descriptively. Among those interviewed were medical officer, Raja Himah who is also a Lactation Counselor and an award winner of exclusive breastfeeding figure who is also a trained nurse, Asnita Aziz. The results of the study analyzed and discussed were the background of the respondents and the implementation of encouraging factors of breastfeeding among the respondents.

**Choice of research location:** The State of Terengganu was selected due to its privilege of being the most successful state that had managed to retain its position

for two consecutive years 2011 and 2012 as the state with the highest percentage of success of exclusive breastfeeding for infants aged 4 months. Clearly shows Terengganu as leading the list of states with successful implementation of exclusive breastfeeding to 4 months old infants with the percentage reaching 69.1 (2011) and 67.6% (2012). Similarly, with 6 months exclusive breastfeeding, Terengganu also recorded the highest percentage of 45.9 (2011) and 47% (2012). Thus, accentuate why the State of Terengganu has become the researcher's top choice location for the study. The selection of the district of Kuala Terengganu on the other was based on its success in retaining top position with the highest rate of exclusive breastfeeding for infants of 4 and 6 months old for the year 2012 for the entire state of Terengganu.

**Choice of sample study:** Women academicians were selected as respondents for the study due to the level of difficulty and complication of the questionnaires that only apt to be answered by highly educated women academicians due to their exposure to the environment that fosters breastfeeding process. Apart from that they are knowledge able in various fields including breastfeeding. This is because they are constantly exposed to modern technology and information related to breastfeeding can be obtained easily either through the internet and many other avenues.

Apart from that the respondents came from various fields of faculties including the field of Islamic Studies, Technological Sciences, Health Sciences, Social Sciences, Information Technology, Food Sciences, Educations, Accounting, Engineering and many more. The selection of lecturers as respondents actually offered a complete package. The package covered and represented all disciplines, i.e., teachers, doctors, engineers, lawyers and many more. Furthermore, the most accurate respondents to the questionnaires are women who are married have had children and have breastfed their newborns. Thus, women who are married but barren with no children are excluded from the list of respondents. Women who have had children but have never had breastfeeding experience are also excluded from the list of respondents.

## RESULTS AND DISCUSSION

**Demographic and socio-economic characteristics:** To conduct a review of the implementation of breastfeeding practices amongst the academics of Kuala Terengganu, a demographic analysis was conducted to get a general profile of the respondents. The demographic information is divided into two main parts; namely their personal information and employment background.

Table 1 shows that a majority of the respondents are aged between 31-40 with 55.7% (78 respondents) from the sample. This is followed by respondents aged between 25-30 and 40 years and earlier; each respectively at 19.3% (27 respondents). The number of respondents aged 50 years and earlier is only 5.7% (8 respondents) from the samples. The respondents' number of children is fairly small. Table 1 also shows that almost half of the respondents have between 1-2 children (at 49.3% which is 69 respondents). Having examined the factor, it is found that most of the respondents married at the age of 30. On the other hand, the number of respondents with 3-4 children is quite a few (at 39.9% which is 53 respondents). Only 12.9% (18 respondents) of the 140 respondents have over 5 children.

With regards to the level of education, the respondents are mostly Masters and PhD graduates. Table shows that a majority of the respondents had graduated with Masters at 70.7% (99 respondents) followed by PhD at 23.6% (33 respondents) and a Bachelor's degree at 5.7% (8 respondents). Most of

Table 1: Socio-economic demographic profile of the subjects

Demographic and socio-economic characteristics	Frequencies	Percentage	Total N (%)
<b>Age (years)</b>			
25-30	27	19.3	140 (100)
31-40	78	55.7	
41-50	27	19.3	
<b>No. of children</b>			
1-2 respondents	69	49.2	140 (100)
3-4 respondents	53	37.9	
5 and above	18	12.9	
<b>Level of education</b>			
Bachelor	8	5.7	140 (100)
Masters	99	70.7	
PhD	33	23.6	
<b>Participating universities</b>			
UniSZA	60	42.9	140 (100)
UMT	55	39.3	
UiTM Kuala Terengganu	25	17.8	
<b>Designation</b>			
Lecturer	108	77.1	140 (100)
Senior lecturer	22	15.7	
Head of department	4	2.9	
Dean of the faculty	1	0.7	
Associate professor	4	2.9	
Professor	1	0.7	
<b>Specialisation</b>			
Islamic studies	14	10.0	140 (100)
Social sciences	17	12.3	
Health sciences	17	12.3	
Information technology	11	7.7	
Accounting and business	31	22.1	
Engineering	3	2.1	
Food sciences	7	5.0	
Language	15	10.7	
Law	6	4.3	
Biotechnology	7	5.0	
Mathematics	7	5.0	
Visual drawing	3	2.1	
Manufacturing technology	2	1.4	

(Questionnaires 2012)

respondents with a Bachelor’s degree are from UiTM and UniSZA. The UMT lecturers on the other hand are all Master and PhD graduates.

Table 1 reveals that most of the respondents are from UniSZA with 42.9% (60 respondents) followed by UMT with 39.3% (55 respondents) and UiTM as a branch operating on a small campus in Kuala Terengganu-having a relatively small number of lecturers with 17.9% (25 respondents). From this Table 1, it also shows that 77.1% (108 respondents) are academic lecturers followed by 15.7% (22 respondents) who are senior lecturers and 2.9% (4 respondents) who are associate professors. Only one (0.7% respondent) is a professor.

About specialisation, most of the respondents are in the field of accounting and business which is fitting because all 3 participating universities have these faculties (www.unisza.edu.my; www.umat.edu.my; www.uitm.edu.my, June 1, 2012). Table 1 shows that 22.1% (31 respondents) from these fields participated as respondents, followed by the Social Sciences and Health Sciences, respectively at 12.3% (17 respondents). This is followed by respondents from the Language area with 10.7% (15 respondents) and respondents from the field of Manufacturing Technology at 1.4% (2 respondents) only. There are numerous factors that can influence breastfeeding amongst the respondents, namely:

**The self factor:** Table 2 describes the motivation from the self factor perspectives. The most dominating factor is the item “I feel needed when I breastfeed my child” in which 89.3% (125 respondents) gave the response strongly agree and 10.7% (15 respondents) agree. No one single person disagreed with the statement. This shows that self factor is a key motivation factor that drives a mother to commit to breastfeeding.

The second item of choice of self-motivating factor is the item “every time I breastfeed and hug my child, my love for him/her grows each time”. This shows that all respondents agreed with the breakdown of 88.6%

(124 respondents) of strongly agree and 11.4% (16 respondents) agree with the item. Thus, it can be presumed here that love is one of the catalyst factors as to why a respondent commits to breastfeeding.

Followed by the item "I believe in exclusive breastfeeding that my child will rarely contract a disease", achieving 75% (105 respondents) of strongly agree and 20.7% (29 respondents) agree. Respondents' choice for this item due to the hygienic sense that mother's milk is clean and free of bacteria. The least favorite item not well-received among the respondents as a factor in terms of self-motivating is “I am able to commute and breastfeed in between working hours” with the percentage of 43.6% (61 respondents) disagree followed by 12.9% (18 respondents) with strongly disagree.

Analysis based on the means clearly shows that item number 4 and 5 have the highest mean, “every time I breastfeed and hug my child, my love for him/her grows more each time” and “I feel needed when I breastfeed my child” with both sharing a mean of 3.89. This followed by item 6, “I believe in exclusive breastfeeding that my child will rarely contract a disease” (mean = 3.71) and item 1 of “I believe in exclusive breastfeeding, I can delay my next pregnancy” (mean = 3.54). On the average, the least agreeable item is item number 9 of “I am able to commute and breastfeed in between working hours” (mean = 2.48).

In conclusion, although there are some perspectives of self factor not agreeable among the respondents, the total mean value of ten items is in the range of between 2.48-3.89 which is considered as good and a clear indication that the respondents were able to identify the promoting factors that motivate and encourage them to breastfeed their infant children.

**The child factor:** Table 3 describes the motivation from the child factor perspectives. The study found that a majority of the respondents agreed with the item “I breastfeed so that my child will become more healthy and fit” with 65% (91 respondents) strongly agree and 32.1%

Table 2: Motivation from the perspectives of self factor

Motivation from the perspectives of self factor	Strongly disagree	Disagree	Agree	Strongly agree	Mean
I believe in exclusive breastfeeding, I can delay my next pregnancy	-	7 (5.0%)	50 (35.7%)	83 (59.30%)	3.54
Based on self-experience, I have confidence that breastfeeding can prevent obesity and make me stay slimmer	1 (0.7%)	31 (22.1%)	52 (37.1%)	56 (40.00%)	3.16
My uterus heals/constrict faster after child birth if I breastfeed	-	25 (17.9%)	53 (37.9%)	62 (44.30%)	3.26
Everytime I breastfeed and hug my child, my love for her/him grows more each time	-	-	16 (11.4%)	124 (88.60%)	3.89
I feel needed when I breastfeed my child	-	-	15 (10.7%)	125 (89.60%)	3.89
I believe in exclusive breastfeeding that my child will rarely contract a disease	-	6 (4.3%)	29 (20.7%)	105 (75.00%)	3.71
With exclusively breastfeeding, I can save the cost of buying medicines for my child	1 (0.7%)	12 (8.6%)	47 (33.6%)	80 (57.10%)	3.47
I have ample time to breastfeed my child at and during research	15 (10.7%)	59 (42.1%)	35 (25.0%)	31 (22.10%)	2.59
I am able to commute and breastfeed in between working hours	18 (12.9%)	61 (43.6%)	37 (26.4%)	24 (17.10%)	2.48
Even if I had to buy an expensive pump to pump and store my milk, I still consider that worthy	10 (7.1%)	18 (12.9%)	53 (37.9%)	59 (42.10%)	3.1(5)

(Questionnaires 2012)

(45 respondents) agree. This was followed by the item “I breastfeed so that my child will have a balanced growth and to prevent from obesity” of 62.1% (87 respondents) strongly agree and 32.9% (46 respondents) agree. Next is the item “I breastfeed because my child refuses to drink other than mother’s milk” with 21.4% (30 respondents) strongly agree and 16.4% (23 respondents) agree with the statement.

The least agreeable item among the respondents is the item “I breastfeed due to my child’s allergy to formula milk or other foods”. About 51.4% (72 respondents) disagree followed by 29.3% (41 respondents) strongly disagree.

Whilst, analysis of the mean shows item 2 has the highest mean, “I breastfeed so that my child will become more healthy and fit” (mean = 3.61). This makes the item the key catalyst factor to the reason why a mother should breastfeed. Followed by item number 3, “I breastfeed so that my child will have a balanced growth and to prevent from obesity” (mean = 3.57) and item number 4, “I breastfeed because my child refuses to drink other than mother's milk” (mean = 2.46).

**The husband factor:** There are various promoting factors for the wives and mothers to breastfeed. Amongst, encouragement and support from the husbands. The husband, as the person closest to the mother actually plays a very significant role in ensuring the success of breastfeeding. Table 4 provides the evidence.

A mean based analysis from Table 4 shows the highest mean in this section as item 1, “I breastfeed after getting full support from my husband” (mean = 3.39). This

is followed by item 5, “My husband always understands how breastfeeding occupies most of my time thus, less time for him” (mean = 3.33) and item 2, “My husband always helps out shopping for breastfeeding accessories” (mean = 3.30). Most of the respondents are in agreement (a mean between 3.22-3.39) to all five items provided in this study. From these findings, it can be concluded that encouragement factor from the husband is one of the key encouraging factor in realising successful breastfeeding of the nursing mothers.

**The mother’s milk factor:** Breast milk is the best milk. Based on various studies found by the researcher this is a fact that can not be disputed. Thus, the advantages of mother’s milk are often a major encouraging factor among women who breastfeed. In accordance with the high level of education of the respondents under research consisting of PTI University academicians, their knowledge with respect to breast milk is fairly high. Table 5 proves that majority of the respondents choose item 4, “I breastfeed because a mother’s milk contains colostrum that is a child's first antibody” as the key promoting factor in terms of encouraging breast milk with 91.4% (128 respondents) of strongly agree and 8.6% (12 respondents) agree. None of the respondents disagreed with the statement. This shows that the respondents are mothers who know the advantages of breast milk from a scientific view.

Item 3, “I breastfeed because a mother’s milk is a complete nutritional food for babies” is the second popular choice as a promotional factor of the respondents

Table 3: Motivation from the perspectives of child factor

Bil	Motivation from the perspectives of child factor	Strongly disagree	Disagree	Agree	Strongly agree	Mean
1	I breastfeed due to my child's allergy to formula milk or other foods	41 (29.3%)	72 (51.4%)	19 (13.6%)	8 (5.7%)	1.96
2	I breastfeed so that my child will become more healthy and fit	1 (0.7%)	3 (2.1%)	45 (32.1%)	91 (65.0%)	3.61
3	I breastfeed so that my child will have a balanced growth and to prevent from obesity	-	7 (5.0%)	46 (32.9%)	87 (62.1%)	3.57
4	I breastfeed because my child refuses to drink other than mother’s milk	18 (12.9%)	69 (49.3%)	23 (16.4%)	30 (21.4%)	2.46

Table 4: Motivation from the perspectives of husband factor

Bil	Motivation from the perspective of husband factor	Strongly disagree	Disagree	Agree	Strongly agree	Mean
1	I breastfeed after getting full support from my husband	3 (2.1%)	7 (5.0%)	62 (44.3%)	68 (48.6%)	3.39
2	My husband always helps out shopping for breastfeeding accessories	2 (1.4%)	15 (10.7%)	62 (44.3%)	61 (43.6%)	3.30
3	My husband also learns how to prepare and help with the milking	17 (12.1%)	45 (32.1%)	41 (29.3%)	37 (26.4%)	2.70
4	My husband always makes sure that I am healthy enough to breastfeed the child	3 (2.1%)	16 (12.9%)	64 (45.7%)	55 (39.3%)	3.22
5	My husband always understands how breastfeeding occupies most of my time thus less time for him	1 (0.7%)	11 (7.9%)	69 (49.3%)	59 (42.1%)	3.33

Table 5: Motivation from the perspectives of mother's milk factor

Bil	Motivation from the perspectives of mother's milk factor	Strongly disagree	Disagree	Agree	Strongly Agree	Mean
1	I breastfeed because it is more hygienic, clean and practical	-	-	28 (20.0%)	112 (80.0%)	3.80
2	I breastfeed because it is easy to do and can be done anywhere.	1 (0.7%)	3 (2.1%)	28 (20.0%)	108 (77.1%)	3.74
3	I breastfeed because a mother's milk is a complete nutritional food for babies	-	-	18 (12.9%)	122 (87.1%)	3.87
4	I breastfeed because a mother's milk contains colostrum that is a child's first antibody	-	-	12 (8.60%)	128 (91.4%)	3.91
5	I breastfeed because mother's milk is free and I do not have to pay for it	2 (1.4%)	4 (2.9%)	23 (16.4%)	111 (79.3%)	3.74

(Questionnaires 2012)

giving evidence that majority of the respondents indicated a preference of 87.1% (122 respondents) with strongly agree and 12.9% (18 respondents) agree. Similar with the item from the above paragraph, none of the respondents disagreed. Followed by item 1, "I breastfeed because it is more hygienic, clean and practical" with a breakdown of 80% (112 respondents) strongly agree and 20% (28 respondents) agree.

Analysis of the mean for this study found the highest mean value as item 4, "I breastfeed because a mother's milk contains colostrum which is a child's first antibody" (mean = 3.91). Followed by item 3, "I breastfeed because a mother's milk is a complete nutritional food for babies" (mean = 3.87) and item 1, "I breastfeed because it is more hygienic, clean and practical" (mean = 3.80).

Overall, the majority of the respondents agreed with the 5 items discussed in this study with an average mean of between 3.74-3.91. This clearly shows that all the factors from the perspective of mother's milk factors are vital in encouraging breastfeeding for the respondents.

## **DISCUSSION**

The most dominating encouraging factor in this study is the item "I feel needed when I breastfeed my child". None of the respondents disagreed with the statement, an indication that the item is the key driving factor for a mother to provide breast milk to her child. The second popular item of the respondents from the perspective of self factor is the item "Everytime I breastfeed and hug my child, my love for her/him grows more each time". This can be seen here that love factor is also one of the key driving factors for a respondent to exclusive lactation.

Followed by the item "I believe in exclusive breastfeeding that my child will rarely contract a disease". The respondents' choice for this item based on the weighted that a mother's milk is hygienic and free of bacteria. If the mother has an infection, the antibodies that fight infection will be present in her milk. Infant children often cry for long hours. Biggest possibility is due to bloating of the stomach. If the mother fully provided breast milk to the infant at the age of 3 months old, this problem could be overcome (Freir and Idleman, 1980). The bifidus factor helps the *Lactobasillus bifidus* bacteria multiply and resist the bacteria that causes diarrhea. In addition to diarrhea, breast milk has been proven successful to fight against common infections like eczema, asthma and constipation (Anonymous, 2004).

Breast milk may save babies from heart attack. This is because breast milk contains fatty acid that helps prevent the hardening of arteries and contains balanced nutrients. In conclusion, babies who are given mothers' milk have

lower risks of contracting the two silent killer diseases. Studies have shown that 40,000 children die every day (28 min a child) in developing countries. They are the victims of malnutrition. For that, the United Nations International Childrens Fund (UNICEF) has identified seven effective ways to save millions of children's lives. One way is to increase breastfeeding rates among mothers.

The next item of choice for the respondents as an encouraging factor is that "I believe in exclusive breastfeeding, I can delay my next pregnancy". According to Raja Himah a mother who provides exclusive lactation will not have menstruation within the first 6 months after the birth of her newborn, thus, the chances for her to not get pregnant during this period is likely to be high. According to Raja Himah again, a mother who fully breastfeeds her child and at the same time experiences normal regular menstruation, the chances of pregnancy is still there. Thus, those mothers who have menstruation shortly after child birth they are advised to use contraceptives prescribed by the doctor in order to prevent pregnancy. Alternatively for mothers who provide exclusive lactation and do not have menstruation, they do not need to take any contraceptives.

According to a team of experts from the American College of Obstetricians and Gynecologists, a woman with exclusive lactation and have sexual intercourse with her husband has 98% chances of avoiding pregnancy. This opinion is also supported by Price and Robinson (n.d) in their study that states mothers with exclusive lactation on their babies during the first 6 months will become infertile with irregular menstrual cycle. As a result they will not become pregnant during the periodprice. However to assure pregnancy prevention through breastfeeding, a mother needs at least 4 h of breastfeeding during the day and 6 h at night (Zainal, 2010). The least well-received item among the respondents as a promoting factor from the perspective of self factor is the item "I am able to commute and breastfeed in between working hours". This is probably due to the heavy workload of many academicians that they do not have the time to commute to provide lactation for their children.

The next encouraging factor is the child factor. The study found that a majority of the respondents under the study agreed with the item "I breastfeed so that my child will become more healthy and fit". Followed by the item "Based on self-experience, I have confidence that breastfeeding can prevent obesity and make me stay slimmer". This finding was also evident from the academicians of the University of Bristol who made a study on the ability of mother's milk to normalize a child's blood pressure. This is due to low sodium content in

mother's milk where by on the contrary high sodium content in the blood will cause high blood pressure that would lead to excess in body weight (Anonymous, 2004). The next item of choice was "I breastfeed because my child refuses to drink other than mother's milk". Item least agreed among the respondents is the item "I breastfeed due to my child's allergy to formula milk or other foods".

There are many factors for the wives and mothers to breastfeed their children. Amongst, encouragement and support of the husband to their wives. A husband as the person closest to the wife, the mother of his children, plays a very significant role in ensuring the success of exclusive lactation.

Most respondents gave their agreement (mean between 3.22-3.39) for the 5 items shown in the study. This finding is very high and very encouraging. Thus, it can be concluded from this finding that encouragement from the husband is one of the major factors in realizing the success of breastfeeding to the respondents under study.

This finding is also supported by Asnita of Kuala Dungun Health Center in an interview with the author. According to her, breastfeeding is always influenced by the emotions of the breastfeeding mothers. Emotions and the feelings of stress can dampen milk flowing which will eventually cause dehydration of the milk. Therefore, breastfeeding mothers should stay calm should not be burdened with a lot of work and must always be in contentment and cheerful during breastfeeding. Therefore, the surrounding environment, especially the husband should give encouragement and act as a major impetus to the wives during exclusive lactation. With this, the feeding process which is initially a cumber some process will on the other hand give infinite satisfaction to the mothers. Thus, the husband's role is crucial in determining the success of exclusive lactation of a breastfeeding mother.

This subject is also very much mentioned in the al-Qur'an and Hadith. Parents play an important responsibility in ensuring the success of breastfeeding. A father is often associated as being obligated to pay alimony to the mother who breastfeeds. Allah (SWT) says:

And if the father desires to complete the term but he shall bear the cost of their food and clothing on equitable terms (al-Qur'an, al-Baqarah 2:233)

Allah has made an obligation of the father to bear all alimony expenses including food, clothing and shelter or any equipment that helps breastfeeding mothers to nurse

their children. This is because the food that goes into the child's stomach comes from the mother's milk. Thus, the father should pay for sustenance and provide the best food to breastfeeding mothers. The result of the sustenance is that the mother will be healthy and able to produce milk as food to the child. This obligation is none other than because breastfeeding is the right of an infant child to claim, similar to the regards of sustenance to a grown up child (Qutb, 1992).

Benefits of breastfeeding is often a major factor in encouraging nursing women to breastfeed. The top choice for item to the majority of respondents as a mother's milk factor in promoting breastfeeding is the item "I breastfeed because a mother's milk contains colostrum that is a child's first antibody". The second best item is "I breastfeed because a mother's milk is a complete nutritional food for babies". Followed by the item "I breastfeed because it is more hygienic, clean and practical".

This study was supported by a number of articles and books with the evidence of the nutrient contents, especially colostrum in breast milk well known to provide complete nutritional food to keep babies at bay of harmful diseases. Colostrum is the first milk for babies. It is a mixture of substances that are present in the mammary lymph. It is different from mature milk. It's present in a small composition during the first 24 h after birth. One of the main purposes of colostrum is to assist a baby in the formation of good bacterias that would develop into antibodies to protect infants from bacterias and viruses (Melissa, 2009).

Actually, the finding of this study implies that the academicians have a good knowledge on the content of nutrients in breast milk. Their knowledge has become the cause for exclusive lactation. This finding is supported by several previous studies from within or outside the country. Among the studies conducted in Australia related to factors affecting breastfeeding entitled rates of breastfeeding in Australia by state and socioeconomic status. The results show that knowledge and a good socioeconomic condition of a mother are the two factors that influence a mother's decision on breastfeeding for their newborns (Donath and Amir, 2000).

However, this opinion is not supported by Scott in his research factors associated with breastfeeding at discharge and duration of breastfeeding. He found that there was no difference between mothers who were knowledge able or those who were not where breastfeeding is concerned. What was important was the wanting and desire of the mother (Scott *et al.*, 2001). Juwita (2000) on the other hand in her thesis when doing research on nursing women who breastfeed in the District

of Bachok Kelantan in 2000 found that the socioeconomic, demographic and educational level of the mother also played an important role in influencing breastfeeding among nursing mothers.

### CONCLUSION

Although, only four encouraging factors were presented to the respondents, it appears to be obvious that the frequency, percentage and the highest mean value come from the encouraging factors from the perspective of mother's milk. With (mean = 3.91) and 91.4% (128 respondents) of strongly agree to make the item "I breastfeed because a mother's milk contains colostrum, which is a child's first antibody" as the major encouraging factor why a respondent commit to full lactation. The item "I breastfeed because a mother's milk is a complete nutritional food for babies" (mean = 3.87) ranked third. The outcome inevitably demonstrates that education and knowledge are the very key driving factors in a mother's decision to breastfeed.

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