INTRODUCTION
Breastfeeding is the natural way of feeding a baby, so it should be easy and trouble-free for most mothers. It is recommended that mothers breastfeed their babies exclusively, without giving any other food or drink, for the first six months and continue breastfeeding with appropriate complementary foods up to two years old and beyond [1]. An exclusive breastfeeding for the first six months of life was also being emphasized in the Malaysian National Breastfeeding Policy which was formulated in 1993 and revised in 2005 in accordance with the World Health Assembly Resolution 54.2.

Breastfeeding is beneficial to both, baby and mother. According to the United Nations Children’s Fund (UNICEF) [2], if every baby were exclusively breastfed from birth, an estimated 1.5 million lives would be saved each year. And not just saved, but enhanced, because breast milk is the perfect food for a baby’s first six months of life. Snel et al. [3] reported that the longer women breastfed the more they are protected against breast cancer. In addition, according to Danforth et al. [4], mothers who breastfed their babies of 18 or more months are associated with a significant decrease in ovarian cancer risk compared to those never breastfed. Other than health benefits of breastfeeding, it offers a natural opportunity to communicate love at the very beginning of a child’s life by providing hours of closeness and nurture everyday, laying the foundation for a caring and trusting relationship between mother and child [5].

Despite the vast benefits of breastfeeding for both mothers and babies, breastfeeding rates are declining worldwide. According to the World Health Organization (WHO) [5], the decline in duration of breastfeeding in the twenty-first century as a result of rapid social and economic change, including urbanization and marketing of breast milk substitutes. Malaysia faces a similar phenomenon where not all mothers choose to breastfeed according to the suggested duration. Findings of the Malaysian National Health and Morbidity Surveys showed that the prevalence of exclusive breastfeeding had declined from 23.5% in 1996 to 14.5% in year 2006 [6].

OBJECTIVE

The aim of this study was to estimate the duration of breastfeeding and also to explore the determinants of the duration of breastfeeding in Peninsular Malaysia.

METHODOLOGY

Data for this study were drawn from the Fourth Malaysian Population and Family Survey (MPS4) conducted by the National Population and Family Development Board, Malaysia in 2004. In this study, a total of 1,165 mothers aged between 15 to 49 years in Peninsular Malaysia who had a child below 6 years of age were abstracted from the sample of 3,693 ever married women in MPS4 data. The method of Kaplan-Meier was used to estimate the duration of breastfeeding among mothers. The dependent variable was measured by the number of months that the mother reported having breastfed the 6 year old child. The coxession of exclusive breastfeeding was taken as the event, and was censored at the month of the survey (MPS4) end and as of June 2004. The Cox proportional hazard model was carried out for the multivariate analysis which include the independent variables, namely, race, residence, maternal age at birth, education, employment status, parity, sex of child, formula feeding and solid food consumption. Hazard ratios which indicate the effects of the independent variables on the cessation of breastfeeding were calculated and reported with the 95% confidence intervals (CI).

RESULTS

Table 1 shows the characteristics of the study sample. Of the 1,165 mothers, slightly more than half of them lived in the urban area (51.2%). Majority were Malay (80.0%) and almost 60.0% of them experienced the childbirth between the ages 30 and 39 years. The highest educational attainment for most of the mothers was secondary education (65.6%). Working mothers made up about 40% of the study sample and slightly more than 40% of mothers had parity between 3 to 4 children.

Table 2 shows the regression for cessation of breastfeeding in the study sample. The adjusted hazard ratio for various factors are presented. The variables that were significant in the model are age, parity, and breastfeeding status.

CONCLUSION

Breastfeeding is the universally accepted means of infant feeding that provides many benefits to the mother and the infant. This study identified mother’s age, mother’s ethnicity, mother’s education, mother’s employment status, parity, use of formula feeding and use of solid food to be associated with breastfeeding duration. However other factors such as maternal age at childbirth and sex of child were not found to be associated with breastfeeding cessation and its duration. Further research to better understand breastfeeding decisions among women with the risk factors identified will allow for future intervention to promote and support breastfeeding to benefit both mother and child according to regional and national goals. Interventions can be aimed at populations who are more likely to cease breastfeeding. For example, working mothers who live in urban area. Non-Malay mothers or mothers of two or less children may also need support to maintain breastfeeding since these mothers tend to breastfeed their children for a relatively shorter period of time. These factors should be considered when planning programs such as educational campaigns that stress the benefits of lactation as the strategies to promote and encouraging mothers to breastfeed longer.

REFERENCES

Table 1: Description and characteristics of the study sample (n=1,165)

Table 2: Cox regression for cessation of breastfeeding in the study sample

FIGURE 1

Figure 1 shows the survival function for women who were continuing breastfeeding at different durations of breastfeeding. The survival curve represents the probability of mothers who continued to breastfeed at any given time. During the first month of life, the maximum (95%) probability of continuing breastfeeding was observed, which decreased dramatically after two years of age.