

BREAST FEEDING PRACTICE AND ATTITUDE AT THE WORKPLACE: EXPERIENCES AMONG E-DISTANCE LEARNING NURSING UNDERGRADUATE STUDENTS AT THE UNIVERSITI TEKNOLOGI MARA

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ABSTRACT

Introduction: Breastfeeding practice and attitudes at the workplace usually become a major problem among working mothers. Nurses or working mothers may not be able to follow the practice of breastfeeding diligently. The purpose of this study is to investigate the breastfeeding practise and attitudes at the work place among working mothers in e-distant learning nursing undergraduate students at the faculty of health sciences, Puncak Alam, UiTM, Selangor.

Methods: A cross-sectional study was conducted on 136 students. Close-ended questionnaire and Likert scale with five response categories was used to assess socio-demographic data and breastfeeding attitudes at the workplace among students.

Results: This study showed that 41.2% of respondent strongly agreed with the problem of breast feeding among working mothers and 44.5% agreed moderately with the statement, whereas 4.3% strongly disagreed and 0.6% disagreed. However 9.4% was not sure about the statement.

Conclusion: Therefore, we can conclude that, the majority of the students generally have demonstrated positive attitudes towards breastfeeding at the workplace. They also not only function as knowledgeable individuals for the nursing mother and also as health care professionals who may be effective educators and promoters of breastfeeding.

Keywords: *Breastfeeding practice, Breastfeeding attitudes, Breastfeeding at workplace, Nursing undergraduate student*

INTRODUCTION

Breast milk production is a constant, ongoing process. Every time the baby consumes milk, the mother's body synthesizes more milk to replace it. The more often the baby feeds, the more milk the mother's body produces. If the baby does not take the milk directly, it must be regularly removed by hand or with an efficient breast pump about as often as the baby usually feeds. This process is called expressing milk. If a baby does not breastfeed and the mother does not express milk, the mother's breasts become overly full and uncomfortable. This can lead to an infection and potentially drop in her milk supply production. Most women who return to work are able to sustain their milk supply and avoid pressure and discomfort by simply expressing their milk every two to three hours for about 15 minutes per session. After the

baby is 6 months old and begins eating solid foods, the number of milk expression lessens due break in the eating intervals (The National Business group of Health, 2009).

However breastfeeding and workplace, usually serve as a major problem among working mothers. Many factors such as work status and negative attitudes towards breastfeeding are barriers in the initiating and sustaining breastfeeding. Nurses, through their own personal experiences and knowledge, provide health-education to mothers of new-born babies and they keep themselves involved in encouraging mothers to breastfeed until 6 months and above. Significant relationships with others create specific attitudes and normative beliefs regarding the importance of providing support to breastfeeding mothers. Despite all these efforts, nurses who are working mothers may not be able to follow the same

practice. According to Naeem and Irma (2008) the causes for inability to breastfeed were shift duties, work load, long duty hours and unavailability of breastfeeding facilities. These irregularities may consequently affect the health of the babies in various ways. The dilemma is that, though nurses are aware of the importance of breastfeeding, it has been observed that they themselves are unable to breastfeed their own babies due to the lack of facilities and long working hours. This issue becomes more frustrating for nurses involved in encouraging mothers to utilize breastfeeding practices, as they themselves are unable to breastfeed their own babies. It appears that the nursing mothers who are fact that working indeed face problems in practising breastfeeding.

Previous studies have reported that poor or negative attitudes towards breastfeeding have been shown to serve as barriers towards initiating and sustaining breastfeeding (Dennis, 2002). Mothers who do not breastfeed or individuals who do not support breastfeeding have negative attitudes towards breastfeeding (Arora *et al.*, 2000). The Malaysian Ministry of Health is very supportive towards breastfeeding. They introduced the concept of Baby-Friendly Hospital Initiative (BFHI) in the year 1993. By 2004 about 121 hospitals were accredited as Baby-Friendly Hospitals.

Latest statistics reveal that the Malaysian Exclusive Breastfeeding rate at 4 months is 19%, while at 6 months is only 14.5% (Salim *et al.*, 2006) and this is far below the global rate, which is about 38% Exclusive Breastfeeding at 6 months (Parizoto, *et al.*, 2009)). If we focus on the local trend alone, exclusive breastfeeding rates over the past ten years have plummeted from 29% at 4 months (1996), despite huge efforts to promote the Baby-Friendly Hospital Initiative (BFHI) and having higher initiation rates (Malaysian Breastfeeding Peer counsellor, 2011). The increasing modernization confounded by the existing cultural beliefs and false practices on breastfeeding may have contributed to this phenomenon. Nurses, being a part of this cultural milieu are also influenced by such practices. Brodribb *et al.*, (2008) have identified gaps in breastfeeding knowledge, counselling skills, professional education, and training. Unfortunately, many studies have found that nursing and non-nursing healthcare providers lack appropriate knowledge, training, skills, and education

to effectively support breastfeeding, however in Malaysia no studies was done according to attitudes at work place among nurses.

The purpose of this study lies in investigating the breastfeeding practise and attitudes at the workplace, experiences among e-distant learning nursing undergraduate students at the Faculty of Health Sciences, Universiti Teknologi MARA, Puncak Alam, Selangor, who are at the same time working mothers and the majority of them having an experience of breastfeeding with their children. The findings of this study can help nurses-cum-mothers to continue to breastfeed or express breast milk in the workplace. By identifying the several difficulties faced by nurses, problems may be resolved by framing and understanding these problems.

METHODS

A cross-sectional study was conducted among e-distance learning nursing undergraduate students at the Faculty of health sciences, Universiti Teknologi MARA, Puncak Alam, Selangor, Malaysia, from April to June 2012. The sample size are n=136 out of 210 students in the three cohort. Data were collected by using self-administrated questionnaires which were close ended containing 20 items to assess the socio-demographic data and Likert scale with five response categories (strongly disagree, disagree, not sure, agree and strongly agree) was used to score attitudes questionnaire. This questionnaire was adobe and selected from Velpuri *et al.*, (2004). The items was added and excluded according to the objective of the study. Content validity of the adapted items was assessed by a panel of three nurse educators. Internal consistency was calculated, and the total score was calculated by summing the individual score of the 20 questions. Item difficulty, discrimination, and the clarity of language of the items were tested during the pilot study with 10 students.

The Ethical approval from the UiTM's director was obtained for commencing this study. All respondents were provided with a statement of information. The participants signed a consent form before participating in this study. All information gathered from respondents was kept confidential. The Statistical Package for Social Sciences software (SPSS, version 17) and Microsoft Excel 2010 were used for data analysis.

RESULTS**Characteristics of respondents**

The majority of the respondents, or 85.3% (n=116) are married and 14.7% (n=20) are not married. Majority of them have been in some post-basic courses, namely Midwifery 38.2% (n=52), Paediatric 6.6% (n=9) and others 55.1% (n=75). All the respondents are working as nurses, and the majority of them (86.6 %) are government servants and 13.2 % (n=18) came from the private sector. Some of them 41.9 % (n=57) are working during the normal office hours and 58.1% (n=79) work in shifts. The majority of them (39%) have the total household income of more than RM 4000 per/month. 79.4% of respondents reported to have some children. 25.7% of them had 3 children in the family. In addition, 30.1% (n=41) of the respondents have reported that they have breastfed their babies for more than 12 months. However 8.8% of the respondents have reported about their breastfeeding that lasted less than 3 months (Table 1).

Table 1: Socio-demographic characteristics of the respondents (n=136)

Characteristic	Variables	n	%
Age	24 – 29 Years	30	22.1
	30 – 35 Years	44	32.4
	36 – 40 Years	32	23.5
	>40 Years	30	22.1
Marital Status	Not married	20	14.7
	Married	116	85.3
	Divorced	-	-
Specialist course	Midwifery	52	38.2
	Paediatrics	9	6.6
	Others	75	55.1
Employment	Government	118	86.8
	Private	18	13.2
Duty hour	Office hours (8am-5pm)	57	41.9
	Shift (am/pm/on)	79	58.1
Household income	<RM 1000	-	-
	RM1001 – RM2000	4	2.9
	RM2001 – RM3000	37	27.2
	RM3001 – RM4000	42	30.9
	>RM4001	53	39.0
Children	Yes	108	79.4
	No	28	20.6
No. of Children	Not related	28	20.6
	1	18	13.2

	2	30	22.1
	3	35	25.7
	More	25	18.4
Did you breastfeed your	Not related	28	20.6
Baby for the first 6 months?.	Yes	105	77.2
	No	3	2.2
How long have you	Not related	28	20.6
Breastfed your child?	<3 months	12	8.8
	3-4 months	17	12.5
	5-6 months	16	11.8
	7-12 months	22	16.2
	>12 months	41	30.1

Analysis of breastfeeding attitudes at the workplace among respondents

The majority of the respondents (97.8%) approve of expressing breast milk by their colleague at the workplace; however some (12.5%) of the participants did not agree with the fact that the nurses who breastfeed their infants should be given longer maternity leave. Some of them (73.5%) agreed that the breastfeeding practice in the workplace would encourage the others to do the same at the workplace. The majority of the participants (85.3%) also agreed that employers should support breastfeeding or expressing breast milk in the workplace. However 14.7% were not sure whether employers should support breastfeeding or expression of breast milk in the workplace. Most of them (94.8%) agreed that flexible working hours should be given to allow nurses to take appropriate breaks to express their breast milk. They also agreed (82.3%) that a small separate refrigerator should be strategically placed in the working area for the access of breast feeding mothers. Most of the respondents (86.7%) agreed with the fact that a special room should be allocated for pumping-out breast milk in the workplace and that they should be given privacy during lactation. Nonetheless, most of them (71.4%) disagreed that expressing breast milk in the workplace will interfere with work productivity. Some of them were not sure (19.9%) whether or not this practice will interfere with work productivity. The majority of respondents (80.9%) disagreed with the fact that the employee nurses who are allowed to breastfeed or express breast milk at work will reflect a negative image. However, 14% of respondents are still not sure whether this practice will provide a negative image of corporation (Table 2)

Table 2: Breastfeeding attitudes at the workplace among respondents (n=136)

Question no	Variable/Breastfeeding Attitudes at workplace	Strongly disagree n(%)	Disagree n(%)	Not sure n(%)	Agree n(%)	Strongly Agree n(%)
Q1	Do you agree with nurses being allowed to express breast milk in the workplace?	-	1(0.7%)	2(1.5%)	54(39.7%)	79(58.1%)
Q2	Do you agree with the fact that nurses who breastfeed their infant should be allowed longer maternity leave than nurses who do not breastfeed their infants	1(0.7%)	16(11.8%)	4(2.9%)	57(41.9%)	58(42.6%)
Q3	Do you agree with the fact that nurses who breastfeed their infant should be allowed longer maternity leave than nurses who do not breastfeed their infants	-	-	5(3.7%)	66(48.5%)	65(47.8%)
Q4	Do you agree that allowing nurses to breastfeed or express breastmilk in the workplace will increase the incidence of other women doing the same at work?	3(2.2%)	13(9.6%)	20(14.7%)	51(37.5%)	49(36.0%)
Q5	Do you agree with that the importance of employers' support of breastfeeding or expressing breastmilk in the workplace?	-	2(1.5%)	18(13.2%)	50(36.8%)	66(48.5%)
Q6	Do you agree that flexible working hours should be made available to allow nurses to take appropriate breaks to express their breastmilk	-	1(0.7%)	6(4.4%)	75(55.1%)	54(39.7%)
Q7	Do you agree that a small separate refrigerator (for nurses to store breast milk) should be made available in every workplace?	-	9(6.6%)	15(11.0%)	60(44.1%)	52(38.2%)
Q8	Do you agree that the room for express breast milk in the workplace should be of a suitable size and can provide privacy during lactation	-	8(5.9%)	10(7.4%)	52(38.2%)	66(48.5%)
Q9	Do you agree that breastfeed or expressing breastmilk in the workplace will interfere with work productivity?	30(22.1%)	67(49.3%)	27(19.9%)	9(6.6%)	3(2.2%)
Q10	Do you agree that the public image of a corporation will be negative if nurse employees are allowed to breastfeed or express breast milk at work?	39(28.7%)	71(52.2%)	19(14.0%)	7(5.1%)	-

The results of the finding of breastfeeding attitudes among e-distant learning undergraduate nursing students is shown as 41.2% of respondents strongly agree and 44.5% who only just agree with the 10 items of statement, whereas 4.3% strongly disagreed and 0.6% disagreed. However 9.4% was not sure about the statement. In the overall finding, for agree-related statement or for positive attitudes 85.7% have been noted, and for the disagree-related statement or negative attitudes 4.9% are noted and the rest 9.4% are uncertain. Therefore, we can conclude that, e-distant learning undergraduate student nurses generally have positive attitudes towards breastfeeding at the workplace (Figure 1).

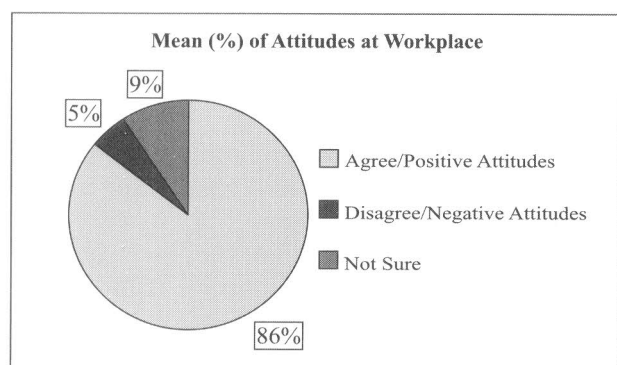


Figure 1: Pie chart showing the mean of agree/positive attitudes, disagree/negative attitudes and not sure for the statements regarding attitudes at the workplace among respondents (n=136).

DISCUSSION

Nurse, just like other women out there, also need to be treated like other working mothers. They need to have an appropriate and proper environment to express their breast milk in the workplace and breastfeed their babies. Among employed mothers, the duration of maternity leave tends to be positively associated with the duration of breast-feeding (Visness and Kennedy, 1998). Our findings show that 73.5% (n=100) of the respondents were in agreement that nurses who breastfeed or express breast milk in the workplace will increase the incidence of breastfeeding of other women doing so at work. This finding is similar to Handayani *et al.*, (2010) where it has been pointed out that social support, knowledge, attitude, and self-efficacy potentially influenced the breastfeeding practice. Viadro *et al.*, (2008) also stated that the programmes for the support

of mothers should be based on the concept that peer support is an optimal model for effective education and social empowerment, and that mothers are predominantly well-suited to provide support to other mothers. This is consistent with other study which shows that returning to work within a year of delivery is associated with a shorter duration of breast-feeding when other factors are controlled (Ong, *et al.*, 2005).

The National Business group of Health in the US states that a healthy mother means an employee who is absent less often and able to contribute more productively to her workplace. Breastfeeding at workplace may also decrease employees' absences, associated with caring for a sick child since it has important short- and long-term health benefits for both the children and the mother. During the first several months of life, infants who are breastfed exclusively acquire stronger protection against infection than those who are not. A longer duration of breastfeeding may also provide a stronger protective effect.

Our data demonstrate that 86.7% (n=118) agree with the statement - "The room for expressing breast milk in the workplace should be of a suitable size and can provide privacy during lactation". In an American survey, Li *et al.*, (2004) showed that the overall population approve breastfeeding in public places and that establishing workplace breastfeeding policy and lactation rooms are the most acceptable modes for promoting breastfeeding. Consideration should be given to providing privacy to nursing mothers in both working and public places.

However, the majority of respondents admitted of having the experience of breastfeeding their babies until 6 months and 30% continued the breastfeeding until 1 year. This result was in line with Current WHO/ UNICEF recommendations for optimal infant feeding with regards to exclusive breastfeeding for approximately the first 6 months postpartum. After which complementary food should be introduced gradually, with the continuation of breastfeeding until 2 years or beyond (WHO, 2003). According to The star online, published on Friday December 26, 2008, the rate of breastfeeding among Malaysian mothers is "very low" - a mere 14.5% breastfeed their children for six months, according to the Health Ministry statistics.

In order to achieve the global goal for optimum maternal and child health and nutrition, the Baby-Friendly Hospital Initiative (BFHI) was launched in 1991 by the World health organization (WHO) and United Nations Children's Fund (UNICEF) to ensure that all maternity facilities, whether free standing or in a hospital, become the centres of breastfeeding support. Malaysia was recognised by WHO as the only third world country, after Sweden and Oman, to have successfully accredited all its government hospitals as Baby-friendly Hospitals.

Breastfeeding practise and attitudes at the workplace usually become a major problem among working mothers. Despite all these efforts, the nurses themselves as being working mothers, may not be able to follow the same practice. This may consequently affect the health of the babies. The nurses inspite of having sound information about breastfeeding, along with opportunities of improving their breastfeeding knowledge the present situation is still distressing. The results of this study are alarming and highlight the need to improve breastfeeding education and practice among the nurses and working mothers.

IMPLICATION

The benefit of this study will help nurses to breastfeed or express breast milk in the workplace with more confidence. By identifying difficulties faced by nurses, these problems may be resolved by framing and understanding them. Nurses nursing their infants will be able to work more effectively with self assurance.

RECOMMENDATION

The results will help shape recommendations in order to get institutional support and help working mothers to initiate and continue breastfeeding. It will be helpful for policy makers in making plans and programs for promoting breastfeeding practices in the work place settings. It is also useful for hospital administrators to recognize the need to reinforce and provide education for new graduates on breastfeeding management skills. The findings of this study will help to expand scientific body of professional knowledge upon which further researches can be directed. Moreover a comparative study between nursing students and non-medical

students can be conducted along with other useful future studies among different faculties or hospitals.

LIMITATION OF THE STUDY

There are limited resources at hand again due to shortage of time, and lack of resources in the collected data and references. There are not many articles regarding Breastfeeding practice and attitudes at the workplace in the domain of nursing. The duration of the research is very brief and hurried, resulting in a less-than-perfect questionnaire. The difficulty that emerged in the data collection among respondents may have been explained by the fact that the seminar session was run for only once in two weeks and it was time-consuming for the investigator to have to take 10-15minutes to explain to the participant during the break time of the seminar, and data was collected only after the end of the class. Due to time constraint, the respondents might be rushing causing them to misunderstand, or read the questions rather carelessly before answering the questionnaire. The answers that were given might be biased regarding certain question. The delayed Ethical approval from the faculty also posed a major problem for the conduct of this study and that further affected the time limit in collecting the data.

CONCLUSION

The conclusion in this study showed, that the majority of the students generally have demonstrated positive attitudes towards breastfeeding at the workplace. By identifying difficulties faced by nurses, problems may be resolved by framing and understanding them. Nurses who breastfeed their infants are able to breastfeed or express breast milk in the workplace with more confidence and might be able to work more effectively. The result of this study can help the faculty of health sciences to enhance the breastfeeding syllabus, so that students will be able to help and guide breastfeeding mothers. In this study finding, the respondents not only function as knowledgeable individuals, but also as health care professionals who may be effective educators and promoters of breastfeeding.

ACKNOWLEDGEMENTS

The authors wish to thank all the persons who helped in this study.

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