

Breastfeeding practices in mothers of infant aged 0-6 months in urban areas of Pakistan

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ABSTRACT

Objective: To assess the breastfeeding practices in mothers of infants aged 0-6 months. **Methods:** Lactating mothers and infant pairs were randomly selected from paediatric outpatient department of Military Hospital Rawalpindi, Pakistan using convenience sampling methods, during the month of March 2017A sample of 100 lactating mother infant pairs was obtained. The mothers of infants aged 0-6 months were interviewed by using a structured questionnaire consisting of a total of 18 open ended questions regarding breastfeeding, infant formula and milk intake. The data obtained from the interview was sorted, entered into SPSS 21 and analysed. **Results:** Fifty two percent of the lactating mothers reported to have no guidance regarding benefits of breast feeding. Knowledge regarding breastfeeding showed no association to the education status of the mothers. A total of 96.8% of the lactating mothers reported that breast feeding was beneficial for the infant and were interested in breastfeeding themselves, but only 50% were actually exclusively breastfeeding their child. **Conclusion:** Proper guidance regarding the breastfeeding needs to be imparted to the mothers of infants aged 0-6 months for better health of the infants.

KEY WORDS:

Breastfeeding, Lactating mothers, infants, 0-6 months

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Burden of premature mortality attributable to major risk factors among Malaysian adults 30 years and above: 2008 vs 2013

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ABSTRACT

Introduction: The attribution of burden of premature mortality to various risk factors provides a different account compared to disease-by-disease analysis. It is essential information in prevention of mortality due to disease and injury. **Objective:** To compare the attributable burden of premature mortality due to major risk factors among Malaysian population aged 30 years and above in the year 2008 and 2013. **Methodology:** The calculation of Burden of Premature Mortality in terms of Years of Life Loss (YLL) was done using the methodology used in the Global Burden of Disease Study. Using WHO comparative risk assessment (CRA) methodology, the premature mortality attributable to a particular risk factor was estimated by comparing the current local health status with a theoretical minimum counterfactual with the lowest possible risk. Mortality data were provided by Department of Statistics and data on risk factors were based on the National Health and Morbidity Survey. **Result:** There was an increase in the attributable premature mortality in 2013 compared to 2008. Among males the highest changes was due to high Blood Pressure (BP) (5.4%), followed by high Cholesterol (4.9%), high Body Mass Index (BMI) (4.6%), Smoking (3.9%), Physical Inactivity (3.2%) and Diabetes Mellitus (0.2%). However, in females, the highest changes was due to Diabetes Mellitus (7.4%), high BMI (6.6%), high BP (3.5%), high Cholesterol (2.7%) and physical inactivity (2.2%). There was a reduction of attributable premature mortality in females due to smoking (-0.5%). **Discussion:** The increase of attributable premature mortality in 2013 compared to 2008 differed between males and females. Understanding the role of these risk factors is important for developing clear and effective strategies to prevent premature mortality in the population.