

Knowledge and behavior of mothers about the way of suckling their babies

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ABSTRACT

Background A good and proper knowledge and behavior of mothers as to how they breast-feed their young is supposed to enhance the health of the community.

Objective To find out the knowledge and behavior of mothers of under-fives about the technique of nursing and its related factors.

Methods The study was performed from September 20 to October 15, 1999 at Kelurahan Pisangan Baru, East Jakarta. The respondents were 101 mothers owning under-fives, attained by the multi-stage cluster random sampling method. Questionnaires were used and observation was made only on mothers who were suckling their child during the interview.

Results Mother's knowledge about the way of suckling was found unsatisfactory in 46.5% although 51.5% of mothers revealed a good behavior. Statistical analysis showed no significant relationships between factors such as age, educational level, occupation, family income and mother's activity with mother's knowledge and behavior about the way of nursing their child.

Conclusions There was no significant relationship between mother's knowledge and behavior about breastfeeding. Other factors beyond this studied factors should be taken into account [*Paediatr Indones* 2002;42:201-205].

Keywords: knowledge, behavior, suckling, breastmilk.

It is widely acknowledged that breast milk is far more advantageous than formula milk. Being more digestible, breast milk is also known to be rich of high quality nutrients needed for intelligence development and growth and contain immunity elements as anti infection, anti allergy, and anti diarrhea power. Breast milk is also hygienic and safe, not easily spilt, and can be given whenever and wherever the baby needs.¹ The act of suckling the baby will also develop a

solid mother child bonding (dyadic process), full of affection crucial for the child to grow and develop. It is also very economical, easily given, and said to prevent the mother from the possibility of contracting breast cancer. Unfortunately mothers in industrialized countries and upper class societies in developing countries were the first to reduce the duration of breastfeeding, and later on even to abandon it. Tragically the under privileged classes then followed it. The trend in the decline of breastfeeding is caused by the fact that nowadays more and more mothers are working outside the house, this condition is aggravated by the conducive situation because of high technology, formula milk nearing the excellent quality of breast milk, is available. Changes in social structures and socioeconomic conditions play their toll in the decline of breastfeeding. All these point to ignorance, indifference, and behavior deficiency of people that breast milk is far more beneficial compared to formula milk.

There is a significantly lower morbidity and mortality of breastfed babies than their formula fed peers. In this respect the way and technique of suckling the baby play a

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very important role. There are still many errors found in the technique of suckling so that the benefits of breastfeeding is not optimally achieved, which in turn may result in nutritional problems in the child. Errors in the technique of suckling may also harm to the mother that can cause breast injury such as cracked nipple, congestion of milk in the breast causing mastitis, and so on.² All these may also cause psychological adverse effects such as frustration on either the mother or the baby, or both. The aim of this study was to find out mother's knowledge and behavior toward breastfeeding, the technique of suckling the baby, the source of information about breastfeeding and other related factors.

Methods

This was a cross sectional study performed from September 20 through October 20, 1999 at Kelurahan Pisangan Baru, Kecamatan Matraman, an area located in East Jakarta. The population of the study comprised all mothers living in that area having under-fives who were breastfed. A multi-stage cluster random sampling was done.^{3,4} Data collecting was performed by direct interview using a preset questionnaire. The data obtained were verified, coded and analyzed using an Epi info program v. 6. The Chi square and Kosmogorov-Smirnov tests were used for statistical analyses.

Results

This study involved 101 mothers (respondents); a greater part of them (60%) were of the age of 20 -30 years. Ninety four percent of mothers had a low to

TABLE 1. DISTRIBUTION OF MOTHERS BY SOURCE OF INFORMATION

Source of information	N	%
Hospital	21	20.8
Integrated Health Post	18	17.8
Community Health Center	13	12.9
Medical doctor/midwife/nurse	50	49.5
Print Media (newspaper, magazine, book)	29	28.7
Electronic media (TV, radio)	16	15.8
Friends / neighbors	22	21.8
Family	26	25.7
Others	3	3.0
No information	15	14.8

medium educational level. Almost all mothers (95%) did not work, 67% were fairly active joining organizational activities in the vicinity. Fifty four percent of mothers had an income higher than the recommended poverty line, namely more than Rp.96.959.00/month/capita.

Out of the many sources of information, the most impressive for the mothers was information obtained from medical doctors/midwives/nurses (33%), followed by print media (17%) and hospitals (16%)

Recapitulation as to the advantages for the baby of breast milk compared to formula milk revealed that 88 (88%) mothers belonged to the "fair" category, 13 (13%) to the "deficient" category. As far as the advantages for the mother of the act of suckling is concerned, 70 (70%) mothers belonged to fair and 31 (31%) belonged to deficient and none belonged to the good category.

Discussion

Most mothers (64.4%) were of the optimal reproductive age (20-30 years) and had so far 1 to 2 off springs. The educational level was for a greater part of the low and medium level, to wit, from being illiterate to not finishing senior high. This is in accordance with the SUSENAS 1996 (National Social-Economy Survey 1996) revealing that in Indonesia 28.3 % of women did not/did not yet finish elementary school, 31.7 % finished elementary school and only 1.9% a had high educational level. Most activities by mothers were joining the Posyandu (integrated primary health care service) and women's monthly meetings (arisan). Mothers seldom or even almost never went to visit health education meetings or courses. This in turn resulted in their low

TABLE 2. DISTRIBUTION OF MOTHERS BY THEIR KNOWLEDGE AND BEHAVIOUR

Characteristics	N	%
1. Knowledge		
- Good	9	9
- Fair	45	46
- Deficient	47	47
2. Behavior		
- Good	52	52
- Fair	36	36
- Deficient	13	13

TABLE 3. DISTRIBUTION OF MOTHER'S KNOWLEDGE ON HOW TO ATTACH THE BABY, BABY'S POSITION, AND BREASTFEEDING BEHAVIOR

Answer	Number	Percentage
I. How to attach the baby		
1. Baby's chin position on the breast		
a. true	44	43
b. false	57	57
2. Baby's mouth when suckled		
a. true	38	38
b. false	63	62
3. Baby's lower lip position		
a. true	37	37
b. false	64	63
4. Areola part covered by baby's mouth		
a. true	40	40
b. false	61	60
5. Baby's nostril when suckled		
a. true	96	95
b. false	5	5
II. Baby's position		
1. Most appropriate position of baby's head and trunk		
a. true	67	66
b. false	34	34
2. Most appropriate baby's position to mother		
a. true	85	84
b. false	16	16
3. How baby's trunk should be supported		
a. true	82	81
b. false	19	19
4. Most appropriate way of putting the nipple into baby's mouth		
a. true	19	18
b. false	82	8
III. Mother's breastfeeding behavior		
1. When breastfeeding was started		
a. true	64	63
b. false	37	37
2. Period of breastfeeding only		
a. <4 months	39	39
b. 4 months	39	39
c. > 4 months	23	22
3. Breastfeeding was given up to the age of		
a. 0-24 monthsq	77	76
b. >24 months	24	24
4. Frequency of breastfeeding per day		
a. < 8 times	33	33
b. ≥ 8 times	68	67
5. Time when mother suckled the baby		
a. true	94	93
b. false	7	7
6. Breastfeeding of both breasts given alternatingly		
a. Yes	91	90
b. No	10	10

knowledge on health including their knowledge about breastfeeding and the right technique of suckling.

The advantages of breast milk were actually not unfamiliar for them. Quite many of them were of the opinion that breast milk contained immunity/

anti infection factors (52.4 %) and that it contained nutrients of high quality (51.5 %). Some mothers stated that the breast milk to be always safe and hygienic, its composition fulfilling all the under-fives' needs; breast milk also enhanced mother and child affectionate attachment. Five percent said that

breast milk prevented the occurrence of diarrhea, 4 % stated it could never be spilt and was easily digested. This was all in accordance by what the experts said namely that breast milk could still fulfill almost 50 % of the calories needed for a 1-2 years old child, contained stuff needed for the growth of the child and also contained protective factors.⁵ The varied answers given by the mothers reflected also their educational levels, their activities outside the house and quality and quantity of information they received.

The arguments of mothers favoring suckling the baby were that it was low cost, easily to perform, could enhance mother child bonding, could delay next pregnancy and prevent the mother of breast cancer.

Knowledge as to the technique of performing breastfeeding was assessed from several aspects such as baby's body attachment to the mother, baby's position and the way of attaching baby to the breast. A great part of mothers (43.6 %) did not know how actually the chin position of the baby should be (Table 3) and the baby's position when being suckled. Only a few mothers knew that the baby's mouth should actually be wide open and almost the whole areola should be covered by baby's mouth. While the facts that baby's head and trunk position should be a strait line, the baby should be hugged, the whole of baby's trunk should be supported were mostly known (Table 4).

A sum of 63.4 % of mothers gave their breast milk as soon as possible after birth. Pudjiadi⁶ stated that a baby should always immediately be suckled (15-30 minutes after birth) to enhance the production and expulsion of milk; oxytocin will be increased resulting in contraction of the womb and thus helping to minimize postpartum bleeding. Exclusive breastfeeding was executed only in 38.6 % of cases, which was indeed very unfortunate considering that

most mother did not work or attended activities outside the house.

Breastfeeding their babies up to the age of 24 months was found only in a few cases (23.7%). Reasons to reduce the period of breastfeeding were supposed to be caused by several factors: mother felt reluctant, felt busy working, or for medical reasons. This finding was contradictory to another previous study revealing that 80-90 % of the studied mothers in rural areas still suckled their babies up to the age of more than one year.⁶ Almost all mothers in this present study breastfed their babies on demand. This behavior was truly right indeed. Most mothers (90.1 %) breast-fed their babies with both breasts.

This study revealed that there was no significant relationship between mother's knowledge and behavior about breastfeeding (breast milk and the technique of suckling the baby). There are indeed many other factors beyond those studied factors that should be taken into account like habits, mother's instinct when suckling the baby, social cultural factors and so on.

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TABLE 4. RELATIONSHIP BETWEEN MOTHER'S KNOWLEDGE AND BEHAVIOR ON BREASTFEEDING

Knowledge	Behavior			Total
	Good	Fair	Deficient	
Good	7	1	1	9
Fair	24	14	7	45
Deficient	21	21	5	47
Total	52	36	13	101

Kolmogorov-Smirnov: $p > 0.05$

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