
ORIGINAL ARTICLE

The Attitude of Breastfeeding*

by

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Abstract

A study of 211 mothers has been done at the Dr. Cipto Mangunkusumo General Hospital Jakarta and showed that :

More than half respectively 51,9% in the low income group and 54,3% in the middle income group started feeding their babies not before 12 hours after birth and in the high income group 50,9% were fed after 24 hours. The number of mothers from all income group who breastfed has increased if we compare it to the condition before breastfeeding campaign one year before.

The main reason to stop breastfeeding are in the middle and high income group due to willingness of the mother (the mother does not want to breast feed any more) because she has to work or due to the influence of advertisements.

While in the low income group it is to the thought that after a certain time solid foods is enough for the baby.

IUD is more popular amongst the low income mothers. This must be investigated more widely as to be used for breastfeeding campaign.

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Introduction

At the end of this century the complicated condition of growing and raising urban society and the rapid improvement of technology reduced the number of mothers in the cities who gave breast feeding and raised the industry of food for babies (Suharyono, 1977; Marvin and Selly, 1973; Jelliffe and Jelliffe, 1977). Breast feeding is used as a policy to increase the quality of food in our government programme according to the Inpres no. 14, 1974, to repair people's food menu (Malasan, 1977). In India (Chadburry et al., 1977) 70% out of 500 mothers who visited The Well Baby clinic, Calcuta Hospital, gave their baby industrial milk since the age of 3 months.

Before breast feeding campaign in 1977 according to Suharyono (1977), 153 mothers of the low income group in Jakarta, only 66.4% gave their babies breast milk until 3 months, 15.7% until 6 months and 9.2% until a year and in the middle and high income group only 15% out of 65 mothers breast fed their babies until 3 months, 10% until 6 months and 1.3% until one year. In 1957 the reduction was not severe, 50% of mothers still breast fed their babies at the age of one year (Sugiono, 1957).

This could be due to distribution, advertisement and promotion of milk formula in developing countries which could be called unethical (Jelliffe, 1968).

Early sucking produce breast milk earlier and also make breast feeding last

longer (White, 1978). Lactation until 2 years would protect mothers from becoming pregnant as effective as calendar system or coitus-interruptus (Muki Reksoprodjo, 1977). Thus, giving breast feeding until 2 years can be a simple family planning method. The mother will have a healthy baby even though she does not use the family planning method (Muki Reksoprodjo, 1977).

The purpose of using "let down reflex" and "prolactin reflex" is to get enough breast milk. So giving breast feeding early (2-4 hours after birth) will enhance the production of milk. (Dien Sanyoto Besar' 1977).

Beside that, mother's willingness to give breast feeding is a very important factor although she works or is having other activities (Suharyono, 1978).

How good breast milk is, is well known. For example Oliver White have said "The breast are more skillfull at compounding a feeding mixture than the hemisphere of the most learned professor's brain". (Muljono, 1977). It was also suggested to give breast feeding early, 2-4 hours after birth to fill in the immunity gap in the intestine to prevent Necrotizing Enterocolitis (Barlow et al., 1974), which have a high mortality rate (Thomas et al., 1975).

The purpose of this study is to find out some aspects of giving breast feeding, for example : when the milk was given, how long it was given, when the baby was given additional food, habits which

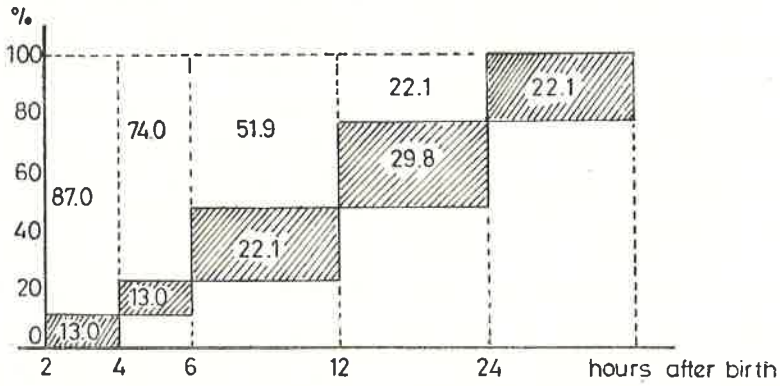
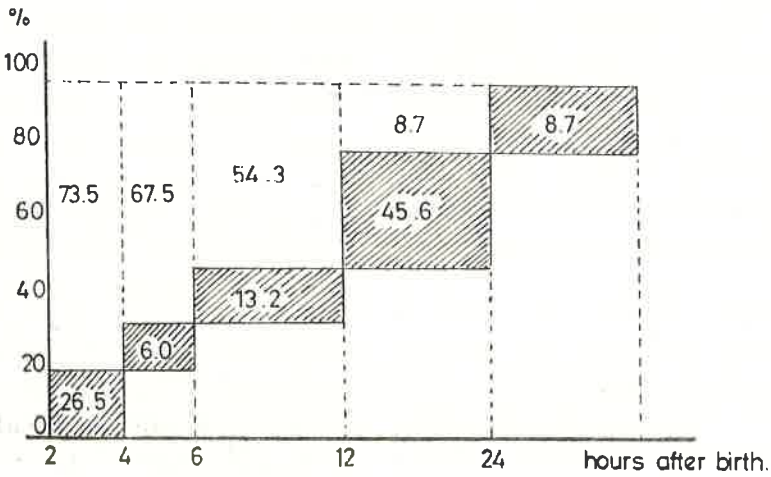
FIG. 1a: *Fasting period in the low income group*FIG. 1b: *Fasting period in the middle income group*

FIG. 1c: *Fasting period in the high income group*

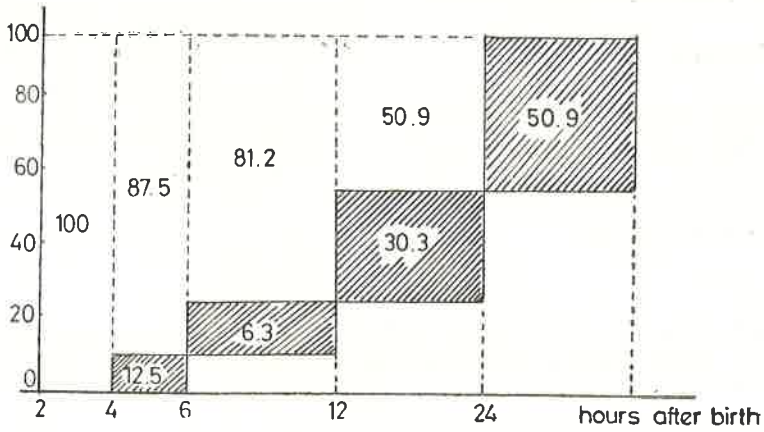
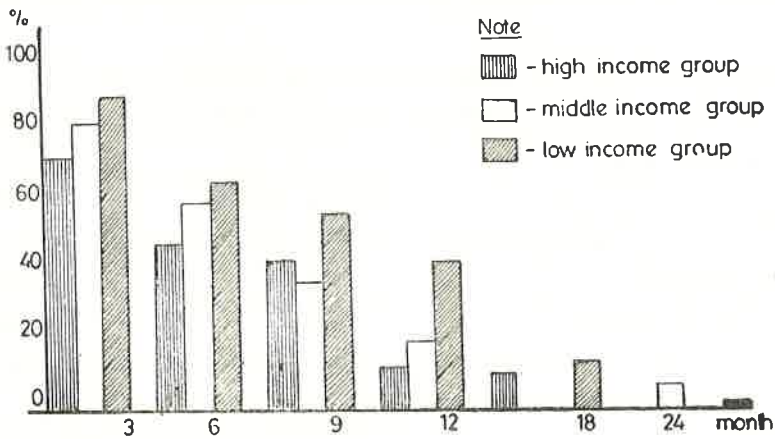


FIG. 2: *The frequency of breast feeding period (211 mothers of high, middle and low income group — Jakarta 1978).*



influence breast feeding, reasons not to give breast milk and others.

Material and method

211 mother was included in this study. They were divided into :

16 mothers of a high income group (doctors and others)

83 mothers of a middle income group

23 mothers of a low income group

89 mothers of patients admitted for gastroenteritis in The Cipto Mangunkusumo Hospital, who are of low income group.

TABLE 4b. : *The main reasons to stop breast feeding (25 mothers of high and middle income group — Cipto Mangunkusumo Hospital Jakarta, 1978).*

1. There was no breast milk or the breast milk was too dilute	32.0%
2. Working or busy mother	28.0%
3. Influenced by the advertisement	16.0%
4. Afraid the breast to be hurt or damaged	16.0%
5. Wanted to be called "modern"	4.0%
6. Others (prohibited by husband, suggested by friends or family)	4.0%

TABLE 5a. : *The attitude of 25 mothers to give breast feeding in public.*

A t t i t u d e	I n c o m e	
	High + middle	Low
1. Do not want to	68%	1.5%
2. Depend on the situation	32%	98.5%

The reasons :

— 77% : because they think it is indecent

— 23% : because they are shy

TABLE 5b: *Mother's attitude to suggest their daughters to give breast feeding*

1. Breast milk	86.6%
2. Artificial milk	15.4%

TABLE 5c: *Mother's attitude, to the period of breast feeding in the low income group (66 mothers)*

	Low income group	N o t e
8 months	3 (5.5%)	
9 — 12 months	33 (50.0%)	
13 — 24 months	29 (43.9%)	
24 months	1 (1.6%)	Until 30 months — 1 baby.

TABLE 6: *The time to give additional food for baby (beside breast milk) 76 mothers — Cipto Mangunkusumo Hospital — Jakarta, 1978*

Month age	Percentage	N o t e
1 months	8 (10.5%)	One baby was given banana at 7 days
2 months	25 (32.9%)	Usually the first solid food given is banana
3 — 6 months	40 (52.6%)	
6 months	3 (4.0%)	

TABLE 7: *Kinds of additional food for babies*

No.	A r t i f i c i a l f o o d	%
1.	Banana or other fruits	40.6%
2.	Biscuit	23.0%
3.	Rice porridge	14.1%
4.	S. N. M.	7.8%
	Milk porridge	5.2%
5.	Steamed rice	4.2%
	Rice	3.6%
6.	Others : other cookies	1.0%
	fermented casava	0.5%

TABLE 8: *The main reason why breast feeding is better than artificial milk. 176 mothers Cipto Mangunkusumo Hospital — Jakarta, 1978*

No.	Reason	Percentage
1.	Breast feeding is the best and it contained complete materials and vitamins which are needed for growing.	23.9% (= 42)
2.	Breast milk is more healthy, contained antibodies, is sterile and seldom causes diarrhea.	15.9% (= 28)
3.	Breast feeding is more practical, easy to get and present no problem.	11.2% (= 20)
4.	Breast feeding is more economical on the other hand artificial milk is expensive.	10.2% (= 18)
5.	Love and tenderness between mother and child are more expressive.	9.7% (= 17)
6.	The breast milk's temperature is stable and fit.	13 (7.4%)
7.	Guaranted that it is clean.	12 (6.8%)
8.	The children grow better with breast milk.	11 (6.3%)
9.	Breast milk is a nature, original and pure material.	7 (4.0%)
10.	(1) Breast milk never became sour.	3 (1.7%)
	(2) It is made directly from mother's blood.	3 (1.7%)
	(3) The baby does not want artificial milk.	1 (0.6%)
	(4) Artificial milk is cow's milk.	1 (0.6%)

TABLE 9: *Family Planning (101 mothers — Cipto Mangunkusumo Hospital Jakarta 1978)*

Income group	Family planning +	Family planning —
High and middle (16)	93.8%	6.2%
Low (85)	45 %	54.1%

The reasons for not joining family planning :		— Told by the health centre personal that it was not good (?)	2.5%
— Have only a few children	25 %		
— Afraid	15 %		
— The breast milk become worse	7.5%	— No reason	50 %

TABLE 10 : *The most popular family planning method (101 mothers — Cipto Mangunkusumo Hospital — Jakarta — 1978)*

No.	Method	Income group	
		High and middle (16)	Low (83)
1.	I.U.D.	25 %	38.2%
2.	Pill	43.8%	35.3%
3.	Calendar system	25 %	17.6%
4.	Condom	—	8.9%
5.	Other :		
	— Sterilisation	6.2%	—
	— Diaphragm	—	—

Discussion

Table 1 shows that high income mothers gave breast feeding more than 4 hours after delivery and more than half gave it 24 hours after delivery.

On the other hand the low income mothers gave earlier, one at 2 hours after birth, 8 at 4 hours and almost half (48.1%) before 12 hours. So filling immunity gap of the intestine by breast milk is better in the low income group. If we are only concerned about the

immunity problem, the Necrotizing Enterocolitis problem is more serious in the high income group. Based on this data, the attitude of medical personnel (midwifery or hospital) and their policy or procedure to fast babies for 6 - 12 hours must be changed.

Indirect influence (table 2) of industrial milk have to be changed too. During the pregnancy the care of the breasts must be done to get a better production of breast milk. (Table 2 : 27.5% because of no breast milk). Suggestion to give

early breast feeding (2 - 3 hours) by the medical personnel is correct (10%) and it must be imitated intensively. Regular campaign have to be made for this key persons. (Doctors and midwife in the hospital or midwifery).

After one year breast feeding campaign in Jakarta, it is shown that the number of mothers who want to give breast feeding has increased. For example from 66.4% to 88% (Table 3), from 17.7% to 72.7% (6 months), from 10% to 66% (9 months), 0.8% to 32.1% (12 months). Even until 18 months there were 10.3%, 1.7% until 24 months and the longest was 2.5 years by one mother. High and middle income group show a rather better attitude in which half of them are still giving breast feeding until 6 months although only 10% until 1 year old. Willingness and/or working mothers are the main reasons to stop breast feeding.

In low income mothers the factors to stop breast feeding are more complicated. Usually caused by factors which are out of mother's capability. But it could be solved by health education and changing the attitude of medical personnel (7.4%) in the hospital or midwifery.

Lopez (1979) said that the role of medical personnel (midwife, nurses and home visitors) are important for mother's decision of giving breast feeding. A special mother's room in public buildings (station, airport, market, plant, office, hospital and others) must be considered, because 68% of high income group mothers do not want to give breast

feeding in public (Table 5a). The attitude of mothers to understand and to give breast milk is good (Table 5b and 5c) but the important thing is to do it by themselves. Generally (52.5%) the mother gives solid food earlier (3 - 6 months) as shown in Table 5 while the policy of the pediatric department is 5 - 6 months.

In the low income group or in the rural areas, additional food is given earlier as we can see in this study that there was a baby who was given banana when he was still 7 days old.

Table 7 shows that in most cases banana is the first additional food. The solid food which is popular is rice porridge although the pediatricians always suggest milk porridge or steamed rice.

The pediatricians must keep this fact and change their way of thinking about infant feeding, according to the society factor and use the most wellknown local resources. For using solid food the influence of industrial plants (S.N.M. 7.8%) seems greater than pediatricians suggestions, (milk porridge 5.2% and steamed rice 4.2%).

Very interesting is that low income mothers prefer IUD to the pill or other family planning methods, although the middle and high income mothers prefer the pill. Considering that in Indonesia 95% are of the low income group and most of them prefer IUD than the pill, the use of IUD as a family planning method would increase in the future

so that breast feeding programme and family planning could go together perfectly.

Beside that the member of low income mothers who did not join the family planning (54%) shown in table 9 must be underlined although we are grateful for the increases of family planning acceptors which are being reported by medical personnel every where.

As a conclusion we recommend :

1. The attitude of the medical personnel and fasting policy for the baby after birth must be revised or changed. A guidance should be given to these key persons.
2. To change the attitude of working mothers to still want to breast feed.
3. In public buildings if possible a room should be available for mothers to breast feed their babies.
4. To control the advertisement of artificial milk.
5. IUD should be promoted more as it can be used for family planning without disturbing breast milk production.

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