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A Descriptive Study to Assess the Level of Knowledge and Knowledge on Practice Regarding Exclusive Breastfeeding among Primipara Mothers in a Selected Hospital Jammu (J&K)

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Abstract: Exclusive breast feeding is very important for the newborn's growth and development. Breast milk helps in reducing the risk of sudden infant death syndrome and increases intelligence. Breast milk provides immunoglobulin A (Ig A) from day 10 until at least 75 months. Exclusive breast feeding alone is adequate and sufficient to maintain optimum growth and development of an infant upto the age for 4 to 6 months. After that, it is necessary to introduce more concentrated energy rich nutritional supplements to infant. Infants also required iron containing food supplements to prevent iron deficiency anemia. Complementary feeding as described by WHO refers to the addition of energy and non-energy containing fluids, non-human milk, and semi-solids or solids to children's diet. Planned weaning occurs when the mother decides to wean without receiving signals from the infant that he is ready to stop breastfeeding. Some reasons commonly given for planned weaning include the following: not enough milk or concerns about the baby's growth, painful feedings or mastitis, returning to work, a new pregnancy etc. Present study conducted to assess the level of knowledge and practice regarding exclusive breast feeding and weaning among primipara mothers in Government SMGS hospital of Jammu (J&K). Socio-demographic profile, self structured questionnaire and a checklist was used to collect data from 30 primipara mothers. The study revealed that maximum 24 (80%) had adequate knowledge and few 06 (20%) had moderately adequate knowledge none of them had inadequate knowledge regarding exclusive breastfeeding and weaning and majority 24 (80%) had adequate knowledge on practice and very few 6 (20%) had moderately adequate knowledge on practice. None of them had inadequate level of knowledge on practice.

Keywords: Exclusive breast feeding, weaning and primipara mothers

I. INTRODUCTION

"Health is a state of complete physical, mental, social and spiritual well being and not merely an absence of disease or infirmity". (WHO, 1948)

The healthy new born infant born at term, between 38 to 42 weeks, cries immediately after birth, establishes independent rhythmic respiration, quickly adapts with the extra-uterine environment having an average birth weight and no congenital anomalies.¹

Breast milk is very important for the newborn's growth and development. Breast milk helps in reducing the risk of sudden infant death syndrome and increases intelligence.²The first food of the baby is breast milk. Breast milk provides immunoglobulin A (Ig A) from day 10 until at least 75 months. Optimal breast feeding and complementary feeding practices can save the lives of 1.5 million under five children's every year. Human Breast milk provides immunological, developmental, psychological, economic and practical advantages as compared to the artificial feeding.⁴

WHO has given some guidelines about breastfeeding. They are:-

Begin breast feeding as soon as possible. Breast feeding exclusively until the baby is 6 months. Start complementary feeding after six months along with breast feeding for one to two years.⁵

Not only is human breast milk ideal for the human infant because of its nutritive and anti-infective properties, it also provides physical contact between a mother and her baby further strengthening the emotional bond between them.⁶ Exclusive breast feeding apart from being beneficial to the baby, has also been shown to have significant short and long term health benefits for the mother.⁷ It is associated with lactation amenorrhea which is an important choice for postpartum family planning.⁸Breast milk is the nature's complete food for infant which is hygienic, valuable, convenient, economical, easily available and protective and is best appropriate for baby's requirement. It is the most complete form of nutrition available to infants. Milk contains immunizing agents which protects babies against various diseases and is rich in vitamins, enzymes and antibodies and it provides babies for the establishment

of personalities and learning readiness. It is no doubt that no other food can replace mother's milk.⁹World Breastfeeding week (WBW) is an annual celebration which is being held every year from the 1st to 7th August in more than 120 countries. World breastfeeding week was first celebrated in 1992 by World Alliance for breastfeeding action (WABA) and is now observed in over 120 countries by UNICEF, WHO and their partners including individuals, organizations and governments.¹⁰The infant mortality rate in year 2000 is 64.9/1000 live births but now it decreased upto 46.07/1000 live births in 2012. This reduction is achieved because of celebration of breast feeding week. People got some awareness regarding the importance of breastfeeding but still rate is high comparing to all other countries. So it is necessary to improve the knowledge of all the mothers.¹¹Exclusive breast feeding alone is adequate and sufficient to maintain optimum growth and development of an infant upto the age for 4 to 6 months. It is therefore, necessary to introduce more concentrated energy rich nutritional supplements by this age. Infants also required iron containing food supplements after this age to prevent iron deficiency anemia.¹²Complementary feeding as described by WHO refers to the addition of energy and non-energy containing fluids, non-human milk, and semi-solids or solids to children's diet.¹³Planned weaning occurs when the mother decides to wean without receiving signals from the infant that he is ready to stop breastfeeding. Some reasons commonly given for planned weaning include the following: not enough milk or concerns about the baby's growth, painful feedings or mastitis, returning to work, a new pregnancy etc.

A. Objectives

- 1) To assess the level of knowledge regarding exclusive breast feeding and weaning among primipara mothers.
- 2) To assess the knowledge on practice regarding exclusive breastfeeding and weaning among primipara mothers.

II. MATERIALS AND METHODOLOGY

For the present study, Descriptive research approach and Non Experimental research design was used. The research setting was Government SMGS Hospital, Jammu. The sample consisted of 30 primiparous mothers. Purposive sampling technique was used to select the sample. Prior to the data collection procedure, formal permission was obtained from the Superintendent of the hospital. Socio-demographic profile, a self structured questionnaire and a checklist was used to collect personal information. Socio-demographic profile included items like age (in years), education, occupation, monthly income (in Rs), dietary pattern and type of family. Self structured questionnaire schedule prepared to assess the level of knowledge of primiparous mothers regarding exclusive breast feeding and weaning, checklist prepared to assess the knowledge on practice regarding exclusive breast feeding and weaning. The review of literature, expert's opinions and investigator's own experience provided the basis for construction of tool. Data collection was done from Feb. 25 to March 10, 2017. Prior to interview the questionnaire to the mothers, investigator gave self introduction to the subjects and explained the purpose of gathering information. A good rapport was established with the subjects. They were assured that their responses will be used kept confidential and the information will be used only for research purpose. Formal consent was taken from subjects. The data gathered was analyzed and calculated by percentage, mean, standard deviation and chi square.

A. Scoring procedure:

- 1) *Part II. Structured knowledge Questionnaire:* The multiple choice questions are used to assess the knowledge regarding exclusive breastfeeding and weaning among primipara mothers. It consists of 25 items. For each right answer score is 1 and wrong answer score is 0. The total score is 25.

Level of Knowledge	Score	Percentage
Adequate knowledge	17-25	65-100%
Moderately Adequate knowledge	9-16	33-64%
Inadequate knowledge	0-8	Less than 32%

- 2) *Part III. Structured Practice checklist:* Checklist consists of 20 questions. There are 2 responses 'Yes' or 'No' . A score of one (1) is allotted for correct response and (0) for wrong answer. The total score is 20. Checklist contains positive questions as well as negative questions.

Level of Practice	Score	Percentage
Adequate knowledge on practice	14-20	65-100%

Moderately Adequate knowledge on practice	7-13	30-64%
Inadequate knowledge on practice	0-6	Less than 30%

II. RESULTS

Section 1: Distribution of demographic characteristics of primipara mothers

Table 1 Frequency and Percentage distribution of demographic variables of primipara mothers.=30

S. No.	Demographic Variable	n	%
1.	Age (in years)		
	a) 21-25	05	16.6
	b) 26-30	23	76.6
	c) 31-35	02	6.66
2.	Education		
	a) Illiterate	03	10
	b) Primary	06	20
	c) Secondary	06	20
	d) Higher Secondary	07	23.3
	e) Graduate	08	26.7
3.	Occupation		
	a) Housewife	16	53.4
	b) Labour	05	16.7
	c) Government Job	02	6.66
	d) Private Employee	07	23.4
4.	Monthly Income (in Rs.)		
	a) <10,000/-	07	23.3
	b) 11,000-20,000/-	20	66.6
	c) >20,000	03	10
5.	Dietary Pattern		
	a) Vegetarian	13	43.4
	b) Non Vegetarian	05	16.6
	c) Mixed	12	40
6.	Type of Family		
	a) Nuclear	22	73.3
	b) Joint	05	16.6
	c) Extended	03	10

Table 1 depicts the frequency and percentage distribution of demographic variables of primiparous mothers which shows that according to age (in years) among primipara mothers, most of the mothers 23 (76.6%) were in age group of 26-30 years, some mothers 05 (16.6%) were in age group of 21-25 years, very few mothers 02(6.66%) were in age group of 31-35 years. When considering educational status, most of the mothers08(26.7%) were graduate followed by 07(26.7%) educated upto higher secondary and equal no. 06 (20%) were educated up to primary and secondary and only 03 (10%) were illiterate. In relation to occupational status, most of the mothers 16 (53.4%) were housewife, some 07 (23.3%) of mothers had private job as an employee and very few mothers 05 (16.7%) were laborer and only 2 (6.66%) were doing govt. job. According to monthly income, most of the mothers 20 (66.6%) had monthly income between Rs10,000-20,000 followed by 7 (23.3%) mothers had monthly income was less than Rs.10,000 very few 3 (10%) mothers had monthly income more than Rs. 20,000. Related to dietary pattern, most of the

mothers 13 (43.4%) were vegetarian, some 12 (4.0%) mothers were of mixed type, few 05 (16.6%) mothers were non vegetarian. Regarding type of family, most of the mothers 22 (73.3%) were from nuclear family, some 05 (16.6%) mothers were from joint family and few 03 (10%) mothers were from extended family.

A. Section 2: Assessment of level of knowledge regarding exclusive breastfeeding and weaning among primipara mothers.

Table 2: Frequency, Percentage, Mean and Standard deviation according to level of knowledge regarding exclusive breastfeeding and weaning among primipara mothers. n=30

Sr. No.	Level of Knowledge	Score	n	%	Mean	S.D.
1.	Adequate	17-25	24	80%	20	± 7.6
2.	Moderately adequate	9-16	06	20%		
3.	Inadequate	1-8	-	-		

Table 2 shows that level of knowledge among 30 primipara mothers, majority 24 (80%) had adequate knowledge and few 06 (20%) had moderately adequate knowledge none of them had inadequate knowledge regarding exclusive breastfeeding and weaning. The mean and standard deviation are 20 and 7.6 respectively among primipara mothers regarding level of knowledge regarding exclusive breastfeeding and weaning.

B. Section 3: Assessment of knowledge on practice regarding exclusive breast feeding and weaning among primipara mothers.

Table 3: Frequency, Percentage, Mean and Standard Deviation according to level of knowledge on practice regarding exclusive breastfeeding and weaning among primipara mothers.n=30

Sr. No.	Knowledge on practice	Score	n	%	Mean	S.D.
1.	Adequate knowledge on practice	14-20	24	80%	15	±1.15
2.	Moderately adequate knowledge on practice	7-13	06	20%		
3.	Inadequate knowledge on practice	0-6	0	0		

Table 3 shows the knowledge on practice among 30 primipara mothers, majority 24 (80%) had adequate level of knowledge on practice and a few 6

(20%) had moderately adequate level of knowledge on practice. None of them had inadequate level of knowledge on practice. The mean value and standard deviation regarding breast feeding and weaning practice were 15 and ± 1.15 respectively.

Hence, it is concluded that there is adequate knowledge and knowledge on practice regarding exclusive breast feeding and weaning among primiparous mothers.

III. DISCUSSION

A. Objective1: To assess the level of knowledge regarding exclusive breastfeeding and weaning among primipara mothers.

Majority 24(80%) had adequate knowledge and few 06 (20%) had moderately adequate knowledge none of them had inadequate level of knowledge regarding breast feeding and weaning. The mean value and standard deviation regarding exclusive breast feeding and weaning were 20 and ±7.6 respectively. This is consistent with the study conducted to assess knowledge and practice of exclusive breast feeding among mothers in Gbarantoru Community, Bayelsa State, Nigeria which showed that maximum 59.7% mothers had adequate knowledge regarding exclusive breast feeding.¹⁴ Another study conducted to assess the knowledge on breast

feeding and weaning among mothers of infants in ICDDR, hospital, Dhaka. A semi-structured questionnaire was used to collect the data from 200 primiparous mothers which revealed that majority 72.5% had adequate knowledge regarding weaning.¹⁵

B. Objective2: To assess the knowledge on practice regarding exclusive breastfeeding and weaning among primipara mothers.

Majority 24 (80%) had adequate knowledge on practice and a few 06(20%) had moderately adequate knowledge on practice. None of them had inadequate level of knowledge on practice. This is consistent with the study conducted to assess the knowledge of breast feeding among primigravida mothers. 590 primigravida mothers were selected as sample. A pretested structured performa was used to collect data from subjects. The study revealed that majority 84% primigravida had fair knowledge of weaning.

IV. CONCLUSION

The main conclusion drawn from present study is that majority of the mothers have adequate knowledge regarding exclusive breastfeeding and weaning practice but there is also a need for thorough knowledge and education about exclusive breast feeding and weaning practices among primipara mothers.

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