

A STUDY TO ASSESS THE KNOWLEDGE REGARDING BREAST FEEDING AMONG BREAST FEEDING MOTHERS IN GENERAL HOSPITAL AT JODHPUR WITH A VIEW TO DEVELOP AN INFORMATION BOOKLET ON BREASTFEEDING

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Article Received on
10 February 2023,

Revised on 02 March 2023,
Accepted on 23 March 2023

DOI: 10.20959/wjpr20235-27655

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ABSTRACT

Breast-feeding may be the single most important thing a mother can do for the health of her infant in the first year of life. For most of the world's children exclusive breast-feeding makes the difference between life and death and it is the infants "passport to life". A breast fed baby enjoys not only the comfort of warm breast but with all her senses she drinks in her mother's love. The present study aims at assessing the knowledge of mothers regarding breast feeding with a view to develop an information booklet.

OBJECTIVES OF THE STUDY

1. To assess the existing knowledge of breast feeding mothers regarding breast feeding
2. To find out the association between demographic variables and knowledge of mothers regarding breastfeeding.
3. To develop information booklet regarding breastfeeding.

Material And Methods: A descriptive approach was used for this study. The study was carried out in selected general hospital at jodhpur. The research design was descriptive research design. The samples comprised of 60 mothers in shree ram hospital. The mothers were selected by purposive sampling technique. The data collection was done between 1-october-2015 to 7- October-2015. Formal written permission was obtained from the authorities to conduct the study. Data was collected by administering a self administered

questionnaire and an information booklet. The data was analysed by using descriptive and inferential statistics. **Results:** The result of the study shown that 30(50%) of the Mothers had moderate knowledge followed by 26(43.33%) adequate knowledge and 4(6.67%) had inadequate knowledge regarding Breast Feeding. There was significant association between the level of knowledge and selected demographical variables like age($\chi^2=15.431$), education($\chi^2=30.997$), occupation ($\chi^2=21.365$), area of residence($\chi^2=27.201$), monthly family income($\chi^2=17.647$), and religion($\chi^2=15.431$). Gravida($\chi^2=8.885$) and Type of Family($\chi^2=1.420$) were not significant at 0.05 level. Therefore the hypothesis stated there will be significant association between knowledge of Mothers regarding Breast Feeding and selected demographic variables is accepted. **Interpretations and conclusion:** The findings of this study support the need for conducting an awareness programme on breast feeding among mothers of infants between age group 0 to 1 years. The study proved that majority of the mothers had moderate knowledge on breast feeding.

KEYWORDS: Knowledge, Mothers, Breast Feeding And Information Booklet.

I. INTRODUCTION

The ideal food for the young infant is human milk, which has the specific characteristics that match the growing infant's nutritional requirements during the first year of life. It has diverse and compelling advantages to infants, mothers, families and society. These include health, nutritional, immunological, developmental, psychological, social economic and environmental benefits.^[3]

Breast-feeding may be the single most important thing a mother can do for the health of her infant in the first year of life. For most of the world's children exclusive breast-feeding makes the difference between life and death and it is the infants "passport to life". A breast fed baby enjoys not only the comfort of warm breast but with all her senses she drinks in her mother's love.

Breast-feeding is an endangered practice that requires the support of everyone. In society to nurture it back to its full, potent strength. It requires a commitment on the part of health care institutions, decision makers, government and individuals in the community to ensure a total baby friendly environment.^[4]

Need for the study Breast milk is a natural resource that is too valuable to lose; to ignore it is to promote mortality, suffering, personal, national and economic stress. The scientific literature reviewed recently for policy makers shows that breast-feeding can save more infant lives and prevent more morbidity than any other intervention strategy. Currently breast-feeding saves six million infant lives each year by preventing diarrhoea and acute respiratory infections. This alone is responsible for one fourth to one third of the observed fertility suppression and can provide high quality nutrition at a fraction of the cost of artificial feeding.^[6]

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II. MATERIAL AND METHOD

RESEARCH APPROACH

Descriptive approach describes situations as they exist in the world and provides an accurate data of the characteristics of particular individuals, situations, or groups. The outcome of descriptive research provides a basis for future quantitative research.^[50]

RESEARCH DESIGN

For the present study, a descriptive design was adopted as it is a virtue of a situation that naturally happens. In many aspects of nursing there is a need for a clear picture or description of the phenomena before causality can be examined.^[50]

SETTING OF THE STUDY

The setting is the location where a study is conducted⁵¹. The study was conducted in paediatric and postnatal ward of Shree Ram Hospital. The hospital is 120 bedded with multi specialty such as surgery, medicine, orthopaedic, psychiatry, paediatric, and OBG.

This setting is selected because of availability of the samples, feasibility of conducting study, geographical proximity and ethical clearance.

VARIABLES

Variables are qualities, properties or characteristics of persons, things or situation that change or vary⁵⁰.

Research variable: knowledge regarding breastfeeding.

Demographic Variable: Age, religion, number, gravida, education of the participant, occupation of the participants, monthly income, type of family, place of residence.

POPULATION

The population referred to us is the target population, which represents the entire group or all the elements like individuals or objects that meet certain criteria for inclusion in the study⁵⁰. Paediatric and postnatal ward is equipped with 60 beds. Average 100-120 children's will admit to the paediatric ward and 100-140 deliveries conducted per month. The mothers with normal delivery discharged after 3-4 days of delivery.

Sample

Sample refers to subset of the population that is selected to participate in a particular study⁵⁰. In this study, the sample consists of 60 mothers who have children within the age group of birth to one year in the paediatric ward and postnatal ward of shree ram hospital, Jodhpur.

Sampling technique

Non-probability samples are selected based on the judgment of the researcher to achieve particular objectives of the research at hand⁵¹.

Purposive sampling technique is a strategy in which the researchers' knowledge of the population and its elements are used to select sample which are typical to the population.

Purposive sampling technique, a type of non-probability sampling approach was found to be appropriate for the present study.

Sampling criteria

Inclusion Criteria

- Mothers who have children within the age group of birth to one year.
- Mothers who are willing to participate in the study.
- Mothers who will be able to speak Hindi or English.

Exclusion criteria

- Mothers who are not present at the time of data collection
- Mothers with nipple disorders, AIDS, mastitis etc.
- Mothers with psychological illness.
- Mothers who are not willing to participate in the study.

Selection and development of tool

Based on the research problem and objectives of the study, the following steps were undertaken to select and develop the data collection tool.

a) Selection of the tool

A structured interview schedule selected on the basis of the objectives of the study, as it was considered to be the most appropriate instrument to elicit responses from the participants.

b) Development of tool

The instrument selected in a research should be as far as possible in the vehicle that would best obtain data for drawing conclusions, which were pertinent to the study⁵².

A structured interview schedule was prepared to assess the knowledge of breastfeeding among mothers.

The tool was developed;

- After reviewing the related literature.
- Based on the experience of the investigator and
- Based on the consultation with the subject experts.

Description of the tool

The interview schedule was constructed in two parts with a total number of 38 items. The researcher developed a structured interview schedule which contains items of the following aspects.

Section – I**Socio- demographic data**

Consist of age, religion, education of the participant, occupation of the participant, monthly income, type of family, place of residence, gravida of mother.

Section – II

Questionnaire on knowledge of breastfeeding

Consist of 30 items which includes anatomy and physiology of breast, initiation of breastfeeding, composition of breast milk, cues of feeding, position and techniques of breastfeeding, advantages, problems related to breastfeeding. Each item has four options with one correct answer with a score of one, thus the total score is thirty in section II.

A blue print of the tool was prepared by the researcher which includes content areas, number of question, serial number of questions, and weightage in percentage for each content area.

DEVELOPMENT OF INFORMATION BOOKLET

On the basis of mother's knowledge level, information booklet on breastfeeding was developed and validated by subject experts.

Steps followed to develop information booklet includes.

Preparation of the first draft

The first draft of the information booklet was prepared on the basis of obtained knowledge score, literature related to breastfeeding and opinion from subject experts. The content was organized under the following headings.

- introduction
- definition
- initiation of breastfeeding
- indicators of adequacy of breast feeding
- cues of feeding
- composition of breast milk
- technique and positions of breast feeding
- methods of breast feeding
- advantages of breast feeding
- steps of successful breastfeeding
- problems related to breast feeding

Content Validity of information booklet

Validity of the information booklet was established in consultation with guide and experts from the field of paediatrics and obstetrics and gynaecology. The recommendations and suggestions were considered and the booklet was modified accordingly.

TRANSLATION OF INFORMATION BOOKLET

The information booklet initially prepared in English and it was translated by the language experts in to Hindi.

PRE-TESTING OF INFORMATION BOOKLET

The validated information booklet in Hindi was tested in shree ram Hospital in jodhpur among 6 mothers who fulfilled the inclusion criteria. The subjects found the language of the information booklet simple and understandable.

DATA COLLECTION METHOD

A formal written permission was obtained from the Medical Officer of Shree Ram Hospital, Jodhpur. The data collected from October 1st 2015 to October 10th 2015, from mothers who fulfilled the inclusion criteria. The structured interview schedule was conducted for 15 – 20 minutes. Before conducting the study, consent was taken from them by explaining the purpose of the study.

PLAN FOR DATA ANALYSIS

The cases were selected on the basis of purposive sampling technique. The information was gathered in the pre-prepared and pre-tested Performa by interviewing all the mothers selected. The data was tabulated according to various parameters like age, religion, gravid, education of the participant, occupation of the participant, monthly income, and family type, Place of residence. Data was represented by using various graphical devices like bar diagram, pie diagram, etc.

The analysis was made by using the important parameters like percentage, mean, SD and chi-square test. The values are compared at 5% level of significance for the corresponding degree of freedom. $P < 0.05$ was considered as not significant and $P > 0.05$ was considered as significant.

A descriptive study approach was adopted in order to assess the knowledge regarding breastfeeding of 60 mothers in shree ram hospital, Jodhpur. A structured interview schedule to assess the knowledge regarding breastfeeding was prepared. Validity and reliability of the same was tested. Data was collected from the sample after obtaining permission for the concerned authority. Collected data analyzed using descriptive and inferential statistics and presented in the form of tables and graph.

Descriptive and inferential statistics were used to analyze the data that was collected. The Findings of data has been finalized and organized in accordance with the plan for data analysis. These are presented under the following sections.

Section-I : Demographic profile of breast feeding mothers.

Section-II : Knowledge of breast feeding mothers regarding breast feeding.

Section-III : Association between selected demographic variables and knowledge level of breastfeeding mothers regarding breast feeding.

SECTION – I

DEMOGRAPHIC PROFILE OF BREAST FEEDING MOTHERS

Table – 1: Frequency and Percentage Distribution of Mothers according to their age
[N=60]

Age group of mother (in years)	Frequency(n)	Percentage(%)
a) 18-22yrs	10	16.67
b) 22-26yrs	18	30.0
c) 26-30yrs	16	26.67
d) 30-34yrs	16	26.67
Total	60	100

Table-1 depicts that majority (30%) of the Mothers were aged between 22-30years, followed by 26.67% were aged between 26-30 years and 30-35 years old and remaining 16.67% were aged between 18-22 years.

Table 2: Distribution of Mothers by their Education.

[N=60]

Education of mother	Frequency(n)	Percentage(%)
a) Primary education	6	10.0
b) Secondary education	17	28.33
c) Graduate	27	45.0
d) Post graduate	10	16.67
e) Illiterate	0	0.0
Total	60	100

Table 2 shows that majority 45% of the Mothers were Graduate, followed by 28.33% of the Mothers had secondary education, 16.67% of the Mothers were Post Graduate, remaining 10% of the Mothers had primary education and none of them were illiterate.

Table 3: Distribution of Mothers by their Occupation.

[N=60]

Occupation of mother	Frequency(n)	Percentage(%)
a) Housewife	35	58.33
b) Private Service	12	20.0
c) Government service	8	13.33
d) Business	5	8.33
e) other	0	0.0
Total	60	100

Table 3 shows that majority 58.33% of the Mothers were Housewife, followed by 20% of the Mothers were working in private services, 13.33% of the mothers were working in government services and remaining 8.33% of the mothers were doing business.

Table 4: Distribution of Mothers by their Gravida.

[N=60]

Gravida	Frequency(n)	Percentage(%)
a) Primi gravida	16	26.67
b) Second gravida	35	58.33
c) Multi gravida	9	15.0
Total	60	100

Table-4 depicts that majority 58.33% of the Mothers were Second-gravida, followed by 26.67% Mothers were Primi-gravida and remaining 15% Mothers were Multigravida.

Table 5: Distribution of Mothers by their Family Type.

[N=60]

Family type	Frequency(n)	Percentage(%)
a) Joint family	34	56.67
b) Nuclear family	26	43.33
c) Extended family	0	0.0
d) Other	0	0.0
Total	60	100

Table-5 depicts that majority 56.67% of the Mothers were belongs to Joint family, remaining 43.33% Mothers were belongs to Nuclear family and no Mothers were belongs to Extended family and other type of family.

Table 6: Distribution of Mothers by their Area of Residence.

[N=60]

Area of residence	Frequency(n)	Percentage(%)
a) Rural	8	13.33
b) Urban	50	83.33
c) Sub urban	2	3.33
d) Sub rural	0	0.0
Total	60	100

Table 6 shows that the majority 83.33% of the mothers were from urban area, followed by 13.33 % from Rural area, 3.33% of mothers were from sub urban area and no mothers were from sub rural area.

Table 7: Distribution of Mothers by their Family income (monthly).

[N=60]

Family income (monthly in rupees)	Frequency(n)	Percentage(%)
a) 5000-10000	0	0.0
b) 10000-20000	24	40
c) 20000-30000	24	40
d) 30000 or more	12	20
Total	60	100

Table-7 depicts that majority 40% of the Mothers had Monthly income of the family between 10000-20000 Rs and 20000-30000 Rs, followed 20% Mothers had Monthly income of the family between 30000 Rs and above and none of Mothers had Monthly income of the family between 5000-10000 Rs.

Table 8: Distribution of Mothers by their Religion.

[N=60]

Religion	Frequency(n)	Percentage(%)
a) Hindu	41	68.33
b) Muslim	17	28.33
c) Christian	2	3.33
d) Other	0	0.0
Total	60	100

Table 8 shows that the majority 68.33% of the mothers were belongs to Hindu religion, followed by 28.33 % of mothers were belongs to Muslim religion, 3.33% of mothers were belongs to Christian religion and no mothers were belongs to other religion.

SECTION II

KNOWLEDGE LEVEL OF MOTHERS REGARDING BREAST FEEDING

Table 9: Knowledge level of Mothers.

[N=60]

Knowledge level	Frequency(n)	Percentage(%)
a. Inadequate knowledge	4	6.67
b. Moderate knowledge	30	50.0
c. Adequate knowledge	26	43.33
Total	60	100

Table 8 depicts that majority 50% of the Mothers had moderate knowledge followed by 43.33% adequate knowledge and 6.67% had inadequate knowledge regarding Breast Feeding.

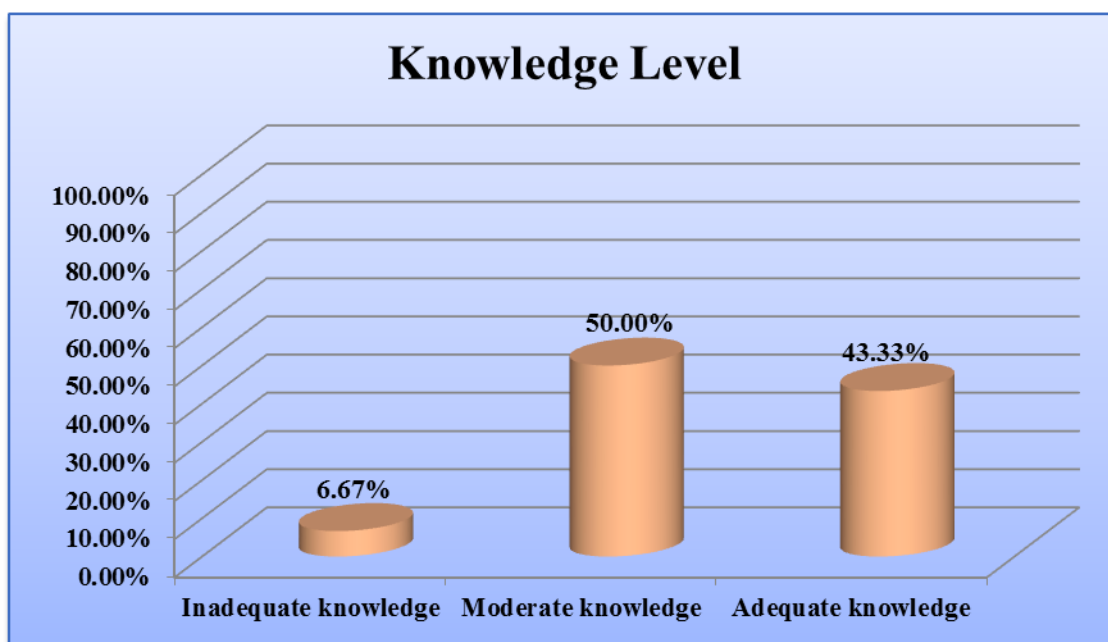


Fig 11: Knowledge level of Mothers.

Table 10: Mean, Mean percentage and standard deviation for the knowledge score of mothers regarding the aspects of breast feeding.

[N=60]

Sl. No.	Content	No. of items	Max Score	Mean	Mean%	Median	SD
1	General information regarding Breastfeeding	4	4	3.51667	88	4	0.53652
2	Anatomy and Physiology of Breast	6	6	3.5	58.33	3.5	1.5349
3	Initiation and Composition of Breast milk	3	3	2.66667	89	3	0.65527

4	Techniques, Positions and Methods	6	6	4.26667	71.17	4	1.19131
5	Benefits and Steps	11	11	8.9	80.90	9	1.68443
Overall knowledge		30	30	22.85	76.17	23.5	5.6

The table 10 shows that the maximum mean percentage obtained by the sample is found in the aspect of Initiation and Composition of Breast milk (89%), followed by General information regarding Breastfeeding (88%), Benefits and Steps (80.90%), Techniques, Positions and Methods (71.17%) and least mean percentage obtained in the aspect of Anatomy and Physiology of Breast (58.33%). The overall Mean \pm SD of knowledge score was 22.85 \pm 5.6 and mean percentage of 76.17.

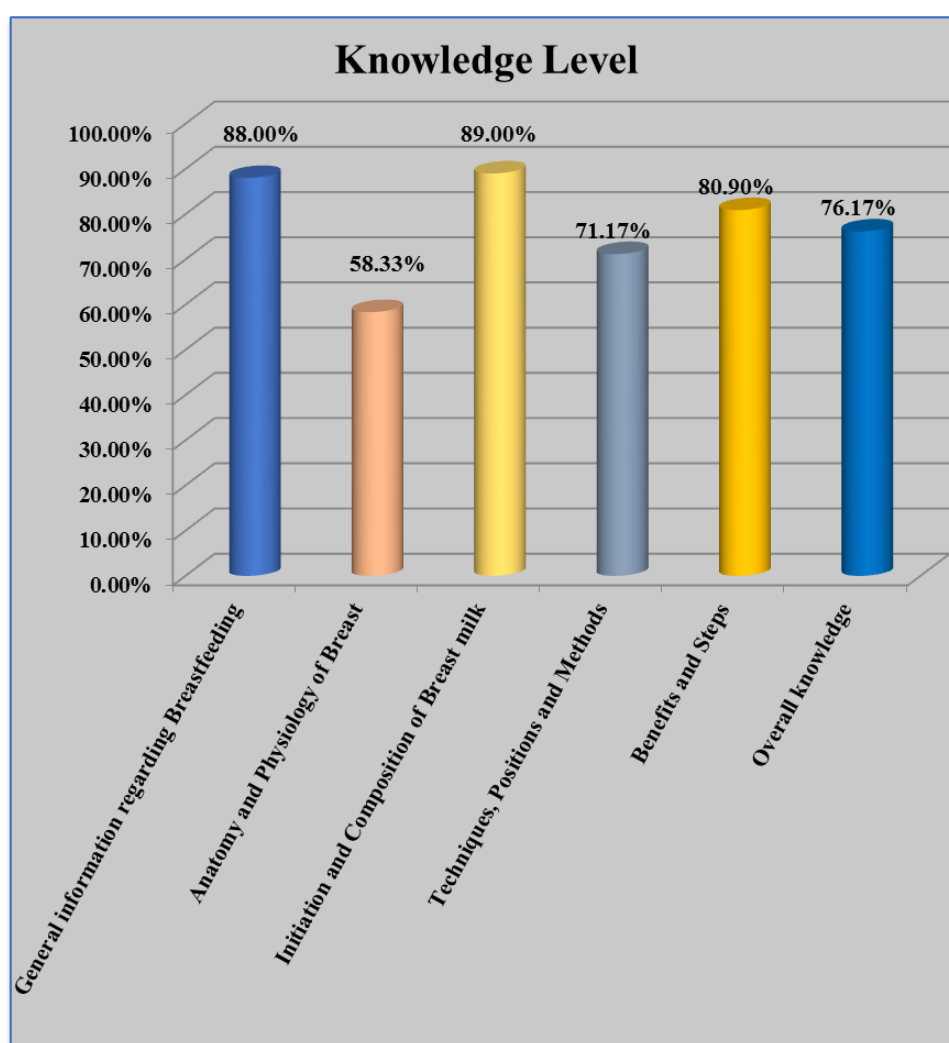


Fig 12: Bar diagram showing mean percentage distribution of knowledge scores of mothers regarding the aspects of breast feeding.

SECTION III: ASSOCIATION BETWEEN SELECTED DEMOGRAPHIC VARIABLES AND KNOWLEDGE LEVEL OF BREAST FEEDING MOTHERS REGARDING BREAST FEEDING.

Table 11: Association of knowledge scores of Mothers with selected demographic variables.

[N= 60]

Demographic Variables	Inadequate	Moderate	Adequate	Chi square χ^2	Df	P value (0.05)	Inference (P<=0.05)
1. AGE GROUP OF MOTHER (IN YEARS)							
a) 18-22	3	6	1	15.431	6	12.53	S
b) 22-26	0	7	11				
c) 26-30	1	7	8				
d) 30-34	0	6	10				
2. EDUCATION OF MOTHER							
a) Primary education	1	5	0	30.997	6	12.53	S
b) Secondary education	3	12	2				
c) Graduate	0	9	18				
d) Post graduate	0	0	10				
e) Illiterate	0	0	0				
3. OCCUPATION OF MOTHER							
a) Housewife	3	22	10	21.365	6	12.53	S
b) Private Service	0	2	10				
c) Government service	0	0	8				
d) Business	1	2	2				
e) other	0	0	0				
4. GRAVIDA							
a) Primi gravida	2	10	4	8.885	4	9.49	NS
b) Second gravida	1	11	23				
c) Multi gravida	1	5	3				
5. FAMILY TYPE							
a) Joint family	2	17	15	1.420	2	5.99	NS
b) Nuclear family	2	9	15				
c) Extended family	0	0	0				
d) Other	0	0	0				
6. AREA OF RESIDENCE							
a) Rural	3	5	0	27.201	4	9.48	S
b) Urban	0	20	30				
c) Sub urban	1	1	0				
d) Sub rural	0	0	0				
7. FAMILY INCOME (MONTHLY IN RUPEES)							
a) 5000-10000	0	0	0	20.667	6	12.53	S
b) 10000-20000	4	13	7				
c) 20000-30000	0	13	11				
d) 30000 or more	0	0	12				
8. RELIGION							

a) Hindu	0	16	25	17.647	4	9.48	S
b) Muslim	4	10	3				
c) Christian	0	0	2				
d) Other	0	0	0				

The table 11 shows χ^2 value computed between the knowledge level of Mothers regarding Breast Feeding and selected demographic variables. The variables Age, Education, Occupation, Area of Residence, Monthly Family Income and Religion were significant at 0.05 level and Gravida and Type of Family were not significant at 0.05 level. Therefore the hypothesis stated there will be significant association between knowledge of Mothers regarding Breast Feeding and selected demographic variables is accepted.

III. CONCLUSION

Assessment of the level of knowledge of mothers revealed that the majority 50% of the Mothers had moderate knowledge followed by 43.33% adequate knowledge and 6.67% had inadequate knowledge regarding Breast Feeding. These findings showed that mothers have moderate knowledge regarding breastfeeding. The overall Mean \pm SD of knowledge score was 22.85 \pm 5.6 and mean percentage is 76.17.

Significant association was found between knowledge of mother regarding breastfeeding with selected demographic variables like age, religion, gravida, educational qualification, occupation, family income, type of family, place of residence. Hence the hypothesis H1 was accepted.

Nursing Implications

The findings of the study have implication in various fields of nursing.

Nursing Practice

Nurses play role in imparting knowledge to the antenatal mothers regarding breastfeeding in the first antenatal visit onwards. Since nurses cannot spend longer time with individual antenatal mothers. Development of information booklet will aid in gaining knowledge regarding breastfeeding and knowledge will influence better practice.

The findings of the study indicate that all health team members should be made aware of the need of observing, supervising, teaching and improving breastfeeding knowledge.

Nursing Education

Nursing education emphasis on preparing prospective nurses to impart health education by using various methods of educational technology.

Nursing Administration

Institutions providing maternity services and care for new born should review their policies and practices relating to breastfeeding. The institutions should develop policies regarding breastfeeding, guidelines, care expectant and mothers, and infants. Nursing administrator should involve in formulating the policies for health education in the hospital setting as well as community.

Nursing Research

Research plays important role in the establishment of the maternity and paediatric women's health science. The present descriptive study was given base to conduct the future quantitative and qualitative research on the knowledge of mothers regarding breastfeeding.

Limitations

1. The findings of the study could not be generalized due to selection of single hospital.
2. The findings of the study were limited to 60 samples from shree ram hospital, Jodhpur.

Recommendations

- Similar study can be under taken with a large sample to generalize the findings.
- A comparative study can be done between urban and rural mothers regarding breastfeeding pattern.
- A comparative study can be done between unemployed and employed mothers regarding breastfeeding.
- Follow up study can be conducted to evaluate the effectiveness of information booklet.