

Knowledge on Breast Feeding among Antenatal Mothers Visiting at Primary Health Centre, Radhapuram, Villupuram Dist.

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Abstract

Introduction: Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development. Exclusive breastfeeding is recommended up to 6 months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond. *Objective:* The objective of the study was to assess the knowledge on breast feeding among antenatal mothers and to associate the knowledge on breast feeding among antenatal mothers with their demographic variables. *Methodology:* Quantitative research and descriptive design was adopted for the study. A total of 50 samples were selected using non probability purposive sampling technique at Radhapuram block Primary health centre, Villupuram district. The tool used for the study comprises of 2 sections, section A: Demographic data which consist the items for obtaining information about the selected Background factors such as age, Type of gravida, educational status, Religion, Number of children's, monthly income, place of residence, types of Family, occupation, source of health information and availability of health facilities. section B: Structured knowledge questionnaire developed by the investigator which consist of 30 items pertaining to the knowledge regarding breast feeding. *Results:* The study findings revealed that mother's knowledge regarding breast feeding is inadequate. Only 4% (2) of antenatal mothers had adequate knowledge about breast feeding, 32% (16) had moderate knowledge and 64% (32) had inadequate knowledge regarding breast feeding. *Conclusion:* It is essential, that accurate information and education should be given to mothers and caregivers about appropriate timing of initiating breast feeding practices which helps to prevent malnutrition and improve the health status of the children.

Keywords: Breast Feeding; Knowledge; Antenatal Mothers; Malnutrition; Health.

Introduction

Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development. Virtually all mothers can breastfeed, provided they have accurate information, and the support of their family, the

health care system and society at large.

Colostrum, the yellowish, sticky breast milk produced at the end of pregnancy, is recommended by WHO as the perfect food for the newborn, and feeding should be initiated within the first hour after birth [1]. Exclusive breastfeeding is recommended up to 6 months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond.

Breastfeeding has been accepted as the most vital intervention for reducing infant mortality and ensuring optimal growth and development of children. Breastfeeding is the ideal form of feeding in the neonate. Artificial feeding exposes the infant to infection and results in over a million death annually worldwide due to its ill effects.

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Breast milk contains a number of anti-infective substances and antibodies. Breast fed babies are less likely to suffer from allergic disorder like asthma and eczema Breast feeding provides immunological benefits to the baby for the life time. Breast feeding provides emotional security. During breast feeding there is a release of oxytocin to eject the milk, oxytocin helps to contract the uterus. Breast feeding delays ovulation and onset of menstruation. Breast feeding is convenient. Breast feeding helps to maintain and regain the pre pregnancy body weight. Mothers who breast feed their babies have a reduced risk of development of breast and ovarian cancer.

According to the Medical Journal of the American Academy of Neurology 2017 Mothers who breastfeed for a total of at least 15 months over one or more pregnancies may be less likely to develop multiple sclerosis (MS) compared with those who don't breastfeed at all or do so for up to four months [2].

UNICEF-In the last two decades, child mortality has decreased considerably, but close to 7 million children under five years of age still die each year, mainly from preventable causes. Of those, newborn deaths now represent nearly half of all child deaths under five years. Immediate breastfeeding – putting the baby to the mother's breast within an hour after birth – would significantly reduce neonatal mortality [3].

Indian Scenario-According to National Family Health Survey-3 data, about 20 million children are not able to receive exclusive breastfeeding (EBF) for the first six months, and about 13 million do not get good, timely and appropriate complementary feeding along with continued breastfeeding. Over the past several years, India has failed to witness any remarkable progress in infant feeding practices, with only a small increment being recorded in EBF rates amongst infants 0-6 months of age – from 41.2% in 1998-99 (NFHS-2) to 46.3% in 2005–2006 (NFHS-3) [4].

Early and exclusive breastfeeding helps children survive, but it also supports healthy brain development, improves cognitive performance and is associated with better educational achievement at age 5. Breastfeeding is the foundation of good nutrition and protects children against disease. In this way, breastfeeding allows all children to thrive and develop to their full potential. Yet, less than half of the world's newborns benefit from early breastfeeding and even fewer are exclusively breastfed for the first six months.

Optimal breastfeeding of infants under two years of age has the greatest potential impact on child

survival of all preventive interventions, with the potential to prevent over 800,000 deaths (13 per cent of all deaths) in children under five in the developing world (Lancet 2013)[5].

As breast feeding has so many advantages for mothers as well as children. Hence, the researcher felt the need to assess the knowledge of breast feeding among antenatal mothers.

Materials and Methods

Quantitative approach and descriptive design was adopted for the study. The variables studied are study variable and demographic variables. The study variable was knowledge regarding breastfeeding among antenatal mothers, whereas the demographic variables includes: age, Type of gravida, educational status, Religion, Number of children's, monthly income, place of residence, types of Family, occupation, source of health information and availability of health facilities. The study was conducted in Radhapuram block Primary health centre, Villupuram district, Tamilnadu, with a total population of 3,453. The accessible population constitutes of all young antenatal mothers who are visiting antenatal clinic. The sample size for the present study was 50. Non probability purposive sampling technique was adopted to select the samples for the study. The inclusion criteria includes: (1) Antenatal mothers who are available at the time of data collection (2) Antenatal mothers who are willing to participate in the study. (3) Antenatal mothers who are able to read, write and understand Tamil. The exclusion criteria include (1) Antenatal mothers who are not co-operative.

The data collection instruments consist of following sections

Section A: Demographic data which consist the items for obtaining information about the selected Background factors such as age, Type of gravida, educational status, Religion, Number of children's, monthly income, place of residence, types of Family, occupation, source of health information and availability of health facilities.

Section B: Structured knowledge questionnaire

It consist of 30 items pertaining to the knowledge regarding breast feeding.

Scoring

All the items were multiple choice question. Each

had 4 alternative responses with only one most appropriate answer. The maximum score was 30 for knowledge questionnaire. The score for the correct response was 'one' and for wrong response was 'zero'. The level of knowledge and skill was categorized based on the percentage of score obtained.

Sl. No	Level of Knowledge	%
1	Inadequate	<50%
2	Moderately adequate	51-75%
3	Adequate	76-100%

The content of the tools were established on the basis of opinion of nursing experts. Suggestions were incorporated in the tool. The reliability of the tool was done by test retest method. Permission was obtained from the Block medical officer. The investigator explained the objectives and methods

of data collection. Data collection was done within the given period of 1 day in Radhapuram block PHC. The data collection was done during the day time. The researcher introduced herself to the antenatal mothers and developed good rapport with them. The purpose of the study was explained to every samples. So as to get their full co-operation. The participants took 10 Minutes to complete the tools and there co-operation was imperative. The collected data was coded and analysis was performed using statistical formulas.

Results

Table 2 revealed that Only 4% (2) of antenatal mothers had adequate knowledge about breast

Table 1: Frequency and percentage distributions of demographic data of the antenatal mothers N=50

Demographic variables		Frequency	Percentage %
Age	20-23	27	54
	24-26	15	30
	27-30	8	16
Number of conception	First	35	70
	Second	10	20
	Third	5	10
Educational Qualification	Middle school	22	44
	Higher school	20	40
	Graduate/Diploma	8	16
	Illiterate	0	0
Religion	Hindu	45	90
	Muslim	3	6
	Christianity	2	4
	Others	0	0
Number of Children's	0	32	64
	1	8	16
	2	10	20
	3	0	0
Income	Rs.2000 - Rs.3000	22	44
	Rs 3001- Rs 4000	13	26
	Rs 4001 - Rs 5000	6	12
	Rs 5001 and above	9	18
Residence	Urban	10	20
	Rural	40	80
Types of family	Nuclear family	32	64
	Joint family	18	36
Occupation	Housewife	29	58
	Working women	21	42
Sources of Information about breast feeding	Television/Mass media	3	6
	Parents	17	34
	Medical officer	30	60
Availability of health facilities	Primary health centre	36	72
	Government hospital	14	28
	Self medication	0	0
	Voluntary health organizations.	0	0

Table 2: To assess the knowledge on breast feeding among antenatal mothers N=50

Level of knowledge	Knowledge on breast feeding	
	Number	Percentage
Adequate (>76%)	2	4
Moderate (51-75%)	16	32
Inadequate (<50%)	32	64

Table 3: To associate the knowledge on breast feeding among antenatal mothers with their demographic variables N=50

		Knowledge Level			Total N (%)	Chi Square Test	P Value
		Inadequate	Moderately adequate	Adequate			
Age	20-23	16(32)	11(22)	0(0)	27 (54)	9.49	13.27 S
	24-26	12(24)	2(4)	1(2)	15 (30)	4 DF	
	27-30	4(8)	3(6)	1(2)	8 (16)		
Number of conception	First	21(42)	13	1	35 (70)	9.49	5.17 NS
	Second	8(16)	2(4)	0(0)	10 (20)	4 DF	
	Third	3(6)	1(2)	1(2)	5 (10)		
Educational	Middle school	15(30)	5(10)	2(4)	22 (44)	12.59	3.72 NS
	Higher school	12(24)	8(16)	0(0)	20 (40)	6 DF	
	Graduate/ Diploma	5(10)	3(6)	0(0)	8 (16)		
	Illiterate	0(0)	0(0)	0(0)	0(0)		
Religion	Hindu	29(58)	14(28)	12(24)	45(90)	12.59	0.50 NS
	Muslim	2(4)	1(2)	0(0)	3(6)	6 DF	
	Christianity	1(2)	1(2)	0(0)	2(4)		
	Others	0(0)	0(0)	0(0)	0(0)		
Number of Children's	0	18	13	1	32(64)	12.59	6.54 NS
	1	8(16)	0(0)	0(0)	8(16)	6 DF	
	2	6(12)	3(6)	1(2)	10(20)		
	3	0(0)	0(0)	0(0)	0(0)		
Income	Rs.2000 - Rs.3000	14(28)	6(12)	2(4)	22(44)	12.59	4.15 NS
	Rs 3001- Rs 4000	7(14)	6(12)	0(0)	13(26)	6 DF	
	Rs 4001 - Rs 5000	5(10)	1(2)	0(0)	6(12)		
	Rs 5001 and above	6(12)	3(6)	0(0)	9(18)		
Residence	Urban	8	2	0	10(20)	5.99	1.56 NS
	Rural	24(48)	14(28)	2(4)	40(80)	2 DF	
Types of family	Nuclear family	19(38)	13(26)	0(0)	32(64)	5.99	5.91 NS
	Joint family	13(26)	3(6)	2(4)	18(36)	2 DF	
Occupation	Housewife	18(36)	11(22)	0(0)	29(58)	5.99	3.56 NS
	Working women	14(28)	5(10)	2(4)	21(42)	2 DF	
Sources of Information about breast feeding	Television/Mass media	3(6)	0(0)	0(0)	3(6)	9.49	4.828 NS
	Parents	13(26)	4(8)	0(0)	17(34)	4 DF	
	Medical officer	16(32)	12(24)	2(4)	30(60)		
Availability of health facilities	Primary health centre	23(46)	12(24)	1(2)	36(72)	12.59	0.405 NS
	Government hospital	9(18)	5(10)	0(0)	14(28)	6 DF	
	Self medication	0(0)	0(0)	0(0)	0(0)		
	Voluntary health organizations.	0(0)	0(0)	0(0)	0(0)		

feeding, 32% (16) had moderate knowledge and 64% (32) had inadequate knowledge regarding breast feeding.

The above table 3 that there was association with age and the knowledge, and there was no association with other demographic variables

Discussion

Knowledge regarding breast feeding were assessed among 50 antenatal mothers in Radhapuram PHC. The mean knowledge regarding breast feeding in this study is 14.54 ± 4.71 . Only 4% (2) of antenatal mothers have adequate knowledge about breast feeding, remaining 32% (16) have moderate knowledge and 64% (32) are having inadequate knowledge regarding breast feeding (Table 2).

A Similar study was conducted by Seena Girish and M. Gandhimathi (2015) to assess the knowledge, attitude and practice of primipara mothers regarding breastfeeding, the study was conducted in Elite Mission Hospital, Thrissur among 50 primipara mothers who were breastfeeding their newborns. The sample was collected by non probability convenient sampling. The knowledge, attitude and practice were assessed by using breastfeeding knowledge questionnaire, IOWA infant feeding attitude scale and breast feeding practice checklist respectively. The study revealed that the knowledge of primipara mothers regarding breastfeeding was not adequate and that was reflected on their practice of breastfeeding. They had favourable to very favourable attitude towards breastfeeding. The primary care givers need to implement strategies to educate primipara mothers about breastfeeding to enhance good breastfeeding practice thereby reducing infant mortality and morbidity [6].

The present study findings was supported by similar study conducted by Sindhu Thomas, Poornima S., Vinay M (2017) in Keregodu PHC area to assess the knowledge, attitude & practices regarding breast feeding among lactating mothers having children ≤ 1 year and also to study the determinants of breast feeding practices in the study area. 104 mothers from 4 sub centers having children < 1 year age group were included in the study. Semi-structured questionnaire was used to collect the information. Results Shows that all the 104 (100%) children were breastfed. But only 33 (31.7%) had the knowledge about exclusive breast feeding. Attitude towards exclusive breastfeeding was favorable 95 (91.3%). Only 14 (13.5%) were

practicing demand feeding. Mothers had poor knowledge, but favorable attitude regarding exclusive breastfeeding practices [7].

Conclusion

The present study reveals that mother's knowledge regarding breast feeding is inadequate. Majority of them are not aware of the current recommendations. Correct information and guidelines about breast feeding is not reaching the target population. False beliefs, customs and attitude of the mother tend to delay the breast feeding.

There is significant association between knowledge and age of the antenatal mothers Poor breastfeeding are the principal proximate causes of malnutrition during the first two years of life.

Hence it is essential, that accurate information and education should be given to mothers and caregivers about appropriate timing of initiating breast feeding practices which helps to prevent malnutrition and improve the health status of the children.

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Conflicts of Interest

The author declares no conflict of interest.

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