

Knowledge of Primi Para Mothers Regarding Breastfeeding

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Abstract

Introduction: Breastfeeding is the first communication pathway between the mother and her infant. Previous studies confirm that breastfeeding has advantages for both babies and mothers, including providing the needed nutrition for the babies, boosting the baby's immune system, helping mothers to lose weight after pregnancy, and stimulating the uterus to return to its previous position before pregnancy (The Office on Women's Health, 2012). World Health Organization (WHO) recommends breastfeeding as a main source of food for babies for the first six months, and encourages mothers to consider breastfeeding as the only feeding source. **Objectives:** 1. To assess the knowledge of primi para mothers regarding breastfeeding. 2. To evaluate the effect of video assisted teaching program on breastfeeding among primi para mothers. 3. To find the association between pre-test knowledge score regarding breastfeeding and selected demographic variables. **Hypotheses:** H1: The mean post-test knowledge score of antenatal mothers regarding breastfeeding will be significant higher than their mean pre-test knowledge score. H2: There will be significant association between pre-test knowledge of antenatal mothers regarding breastfeeding and their selected demographic variables. **Research design:** In this study the selected design was pre-experimental research design. In this approach one group pre-test-post-test design has been selected in which the investigator observed the groups prior to the intervention (the pre-test) after pre-test, the intervention (video assisted teaching program) was administered the same group and then again assessed (post-test). **Sample size:** in this study the sample size include 50 antenatal primi para mothers, parul sevashram hospital, Limda, Vadodara, Gujarat, India. Sampling technique- the samples of the study will be selected by using non-probability convenient sampling technique. Data collection instrument: knowledge questioner. **Data collection procedure:** 1. Approval from the institutional ethical committee. 2. Obtain permission from the parul sevashram hospital medical superintendent and nursing superintendent 3. Participant information sheet and consent from the antenatal primi mothers 4. Administered the questioner to the antenatal primi mothers 5. Every day collected 10-12 antenatal mothers data same procedure up to 50 samples. **Major findings:** comparison between pre- and post-test knowledge found that pre-test knowledge was poor (95%) it means primi para mothers had poor knowledge about breastfeeding but implemented video assisted teaching than knowledge score was increased 37 (74%). Here testing of the hypothesis of primi para mothers regarding knowledge of breastfeeding hence the result showing that calculated t-value was 19.705 and tabulated t- value at significant level 0.05, 1.671. So its showing that hypothesis was accept. **Conclusion:** The present study conclude that the mothers have poor knowledge about the breastfeeding. But after the administered video assisted teaching on breastfeeding significantly knowledge has been increased. We also recommend strengthening the public health education campaigns to promote breast feeding.

Keywords: Breastfeeding; Primi para mothers; Video assisted teaching program; WHO; Babies.

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Introduction

“Breastfeeding is a gift that can only be given by giving one.”

Botter J., 1990

World Health Organization (WHO) recommends breastfeeding as a main source of food for babies for the first six months, and encourages mothers to consider breastfeeding as the only feeding source. Between six months and two years old, it is recommended that mothers could use other supplemental sources (such as water, other liquids, or solid baby food) to feed their babies along with breastfeeding (WHO, 2013).¹ World Health Organization (WHO) recommends breastfeeding as a main source of food for babies for the first six months, and encourages mothers to consider breastfeeding as the only feeding source.² Breast milk provides the main source of nourishment in the early stages of a new-born.³ According to the National Family Health survey-4, the infant mortality rate (IMR) and the under-five mortality rate (U5MR) of India are 41 and 50/1000 live births, respectively.⁴ The benefits of breastfeeding have been well recognized. Education and promotion of breastfeeding have a public health focus worldwide. Breastfeeding practices and attitude are influenced by demographic, biophysical, social, cultural, and psychological factors.⁵ Each year 5.6 million infants die because they do not receive adequate nutrition. The World Health Organization (WHO) recommends exclusively breastfeeding for six months. The estimation reduction of infant mortality by promoting exclusive breastfeeding (EBM) is 13%. Non-Exclusive breastfeeding rather than exclusive breastfeeding can increase the risk of dying due to diarrhea and pneumonia among 0-5 months old infants by more two-fold.² ABC's of breastfeeding: A - Assistance-baby will need to learn how to position your breast far back in his or her mouth, so that he can feed effectively, not just use the nipple as a pacifier. B- Breast milk the small amount of colostrum (or early milk) less than a teaspoon is about what a baby takes with each good breastfeeding in the first couple of days. That amount is exactly right to meet his needs. C - Contact Research shows the following benefits of holding your baby skin-to-skin.⁶

Background of the Study

Breast milk is the optimal food for infants and is numerous. It contains bacterial and viral antibodies, including relatively high concentration of secretory immunoglobulin (IgA) that prevents microorganisms from adhering to the intestinal mucosa.⁷ Properly early breastfeeding knowledge is very important for the success of breastfeeding. Campaigning is being done to spread the knowledge on importance of breast milk and breastfeeding to both infant and mother. Such campaigning also

discusses the practice that supports the initiation and maintenance of exclusive breastfeeding such as initiation of breastfeeding within the first 1 hour of life, no offering pre-lacteal feeds and exclusive breastfeeding skin to skin contact, rooming in and age appropriate weaning.

Statement of the problem

A study to assess the effect of video assisted teaching program on knowledge regarding breastfeeding among primi para mothers at Parul Sevashram Hospital, Limda, Vadodara, Gujarat, India.

Objectives

1. To assess the knowledge of primi para mothers regarding breastfeeding.
2. To evaluate the effect of video assisted teaching program on breastfeeding among primi para mothers.
3. To find the association between pre-test knowledge score regarding breastfeeding and selected demographic variables.

Hypotheses

H1: The mean post-test knowledge score of antenatal mothers regarding breastfeeding will be significantly higher than their mean pre-test knowledge score.

H2: There will be significant association between pre-test knowledge of antenatal mothers regarding breastfeeding and their selected demographic variables.

Materials and Methods

Research approach: Evaluative research approach

Research design: Pre-experimental research design

Setting: Parul sevashram hospital, limda, Vadodara, Gujarat.

1) *Variables:* Dependent variable- in this study the dependent variable is knowledge level

Of antenatal primi para mothers.

2) *Independent variable:* In this study the independent variable is video assisted teaching

Program on breastfeeding.

3) *Demographic variables:* Demographic variables are the characteristics and attributes of the Study subjects.

Sample: Antenatal primi para mothers

Sample size: 50 antenatal primi para mothers
 Sampling technique: Convenient sampling technique

Description of tool

Part-I

- Information on demographic variables of respondents containing eight items maternal

Age, religion, mother education, type of family, occupation, family income, place of Residence, source of information.

Part II

- Structured knowledge questionnaire consisting 30 items on knowledge about Breastfeeding.

Plan for data analysis: Descriptive includes mean and standard deviation and inferential statistics for hypothesis testing used t-test and for association apply chi-square test.

Results

The data is analyzed and presented under the following sections:

Section A: Description of Sample Characteristic

Section B: Assessment of Pre-test and post-test Knowledge Score of Primi Para Mothers.

Section C: Analysis of Effectiveness Video Assisted Teaching Program for Primi Para Mothers Regarding Breastfeeding.

Section D: Association of demographic variable with the level of pre-test knowledge score of Primi para Mothers.

Section A: Description of Sample Characteristic

Table 1: Frequency and Percentage Distribution of primi para mothers According to their Personal Characteristics (Demographic Variables) (N = 50)

Sr. No	Characteristic	Categories	Frequency	Percentage %
1	Maternal Age:	20-23 Years	5	10%
		24-27 Years	37	74%
		28-31 Years	7	14%
		>31 Years	1	2%
			50	100%
2	Religion:	Hindu	43	86%
		Muslim	5	10%
		Christian	2	4%
		Other	0	0%
			50	100%

3	Mother Education:	Non Formal	11	22%
		Formal	20	40%
		Secondary	17	34%
		Higher Education	2	4%
			50	100%
4	Type of family:	Nuclear	23	46%
		Joint	27	54%
5	Occupation:	Home maker	33	66%
		Labour	15	30%
		Private Job	2	4%
		Government Job	0	0%
			50	100%
6	Family Income:	>10000/ Month	2	4%
		10001 to 15000/ Month	43	86%
		15001 to 20000/ Month	5	10%
7	Place of Residence:		50	100%
		Urban	3	6%
		Rural	47	94%
			50	100%
			50	100%
8	Source of information:	Health Team	28	56%
		Member	13	26%
		Peer Group	9	18%
		Mass Media		
		50	100%	

- √ In the table 1 depicts that i.e. maternal age there are total 50 primi para mothers of age between 20 or more than 30 years old the maximum are ranging between the age group of 24-27 years i.e. 37 (74%) while the least is the age group of 30 years or more i.e. 1 (2%).
- √ The table 1 shown that-religion is categorised into Hindu, Muslim, Christian and others among that maximum of primi para mothers are Hindu i.e. 43 (86%) while the minimum are the Christian and other religions i.e. 2 (4%) and 0 (0%) respectively.
- √ The data describes that maternal education categorised as no-formal, formal, secondary and higher education; 20 (40%) of primi para mothers are formally educated among 50 primi para mothers very few opt for higher education i.e. 2 (4%).
- √ The data represent that family type where 23 (46%) out of 50 primi para mothers live in a nuclear family whereas 27 (54%) out of 50 primi para mothers live in joint family.
- √ The data with regards to occupation the highest no. of primi para mothers are home makers i.e. 33 (66%) out of 50, then the second highest occupation in which primi para mothers are into is labour i.e. 15 (30%) out

of 50 and then is private jobs 2 out of 50 (4%) while none of the 50 primi para mothers are in government jobs.

- √ The data represent that family income (in rupees) which is categorised in the range of income less than 10000 to 20000 rupees per month, from the total of 50 primi para mothers 43 (86%) primi para mothers' family income is ranging between 10000 and 15000 rupees while only 2 (10%) primi para mothers fall in the range of family income less than 10000 rupees.
- √ Majority for residence of 50 primi para mothers is rural i.e. 47 (94%) while rest stay in urban region i.e. 3 (6%).
- √ The last characteristic is the source of information which is categorised into health team member, peer group and mass media; the maximum information obtained by the

primi para mothers is from the health team workers i.e. 28 out of 50 (86%) while the least from mass media i.e. 9 out of 50 (18%).

Section B: assessment of pre-test and post-test knowledge score of primi para mothers (N=50)

The data from the table 2 shows category wise distribution of existing knowledge of primi para mothers regarding breastfeeding. It shows that majority 45 (90%) mothers had poor knowledge, 05 (10%) mothers had average knowledge where 0 (0.0%) mothers had excellent knowledge breastfeeding.

The data from the table 2 shows category wise distribution of existing knowledge of primi para mothers regarding breastfeeding. It shows that majority 37 (74%) Mothers had good knowledge, 11 (22%) mothers had average knowledge where 02 (4%) mothers had excellent knowledge breastfeeding.

Table 2: Comparison of Pre and post-test Knowledge Score

	Pre-test Knowledge Score		Post-test Knowledge Score	
	Frequency	Percentage	Frequency	Percentage
Good	00	00%	37	74%
Average	05	10%	11	22%
Poor	45	90%	02	4%
Total	50	100%	50	100%

Table 3: Comparison of the pre-test and post-test knowledge score of Primi para Mothers.

	Mean	Mean Difference	SD	Std. Error Mean	t	p	Significance Level
Pre-test Score	12.3		3.005	0.42			
Post-test score	23.26	10.96	2.38	0.33	19.705	0.05	Significant

N = 50, df = 49, t 0.05 = 1.671

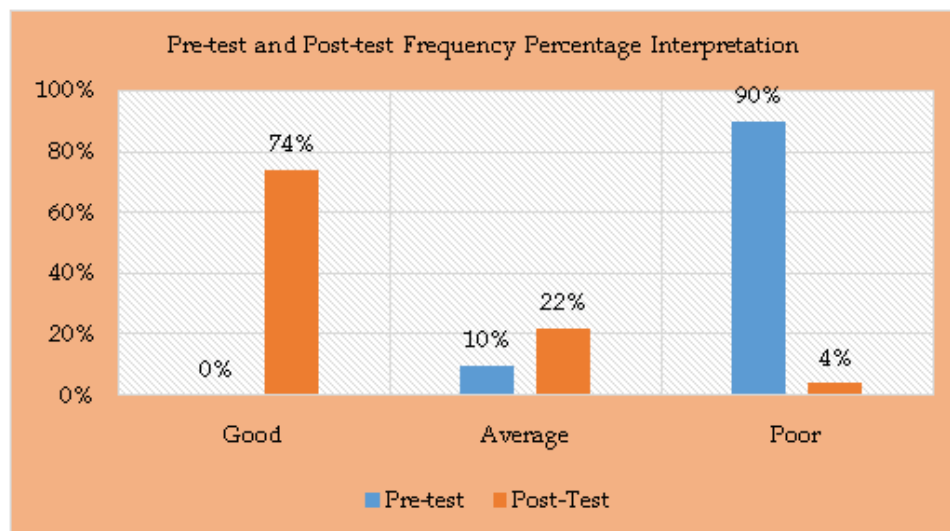


Fig. 1: Pre-test and Post-test Frequency Percentage Interpretation

Section C: Analysis of Effectiveness Video Assisted Teaching Program testing the Research Hypothesis H₁

In order to determine video assisted teaching program on knowledge regarding breastfeeding among primi para mothers hypothesis is formulated.

H₁: The mean post-test knowledge score of primi para mothers regarding breastfeeding will be significant higher than their mean pre-test knowledge score.

The data from the table 3 shows that in pre-test, primi para mothers were having on average 12.3 ± 3.005 knowledge regarding breastfeeding and in post-test, 23.26 ± 2.38 average knowledge score regarding breastfeeding and mean score was.

T calculated value is 19.705 which are more than the tabulated value of 1.671 at 0.05 level of significance. So we accept H₁ and conclude that

there is significant difference between pre-test and post-test knowledge score of primi para mothers. It shows the very highly significant and association between pre-test and post-test knowledge score breastfeeding. Hence research hypothesis H₁ is accepted.

Section D: This section deals with the findings of the association between Pre-test knowledge of the primi para mothers with selected socio-demographic variables.

H₂: There will be significant association between pre-test knowledge of primi para mothers regarding breastfeeding with their selected demographic variables.

The data in the cited table 4 shows that the χ^2 value computed between the knowledge levels of Primi para mothers regarding Breastfeeding, with selected socio-demographic variables.

Table 4: Association of demographic variable with the level of pre-test knowledge score of primipara Mothers.

Demographic Variable		Good	Avg.	Poor	χ^2	D.F	Level of Significance at 0.05 level
Age	20-23 Years	0	1	4	10.56	6	11.070
	24-27 Years	0	2	35			
	28-31 Years	0	1	6			
	>31 Years	0	1	0			
Religion	Hindu	0	3	40	4.55	6	11.070
	Muslim	0	1	4			
	Christian	0	1	1			
	Other	0	0	0			
Education	Illiterate	0	0	11	10.45	6	11.070
	Primary	0	0	20			
	Secondary	0	4	13			
	Higher Education	0	1	1			
Types of Family	Nuclear	0	3	20	0.43	2	5.991
	Joint	0	2	25			
Occupation	Home maker	0	2	31	18.75	6	11.070
	Labour	0	1	14			
	Private Job	0	2	0			
	Government Job	0	0	0			
Monthly Income	>10000/ Month	0	0	2	5.659	4	9.448
	10001 to 15000/ Month	0	3	40			
	15001 to 20000/Month	0	2	3			
Place of residence	Urban	0	2	1	11.38	2	5.991
	Rural	0	3	44			
Source of Information	Health Team Member	0	2	26	1.82	4	9.448
	Peer Group	0	1	12			
	Mass Media	0	2	7			

Variables of age ($\chi^2 = 10.6$), Religion ($\chi^2 = 4.55$), Education ($\chi^2 = 10.4$), Types of Family ($\chi^2 = 0.43$), Occupation ($\chi^2 = 18.75$), Monthly income ($\chi^2 = 5.659$), place of Residence ($\chi^2 = 11.38$) and Source of Information ($\chi^2 = 1.82$) was found Not significant at 0.05 level of significance, Thus it can be interpreted that there is a significant association between knowledge of primi para mothers with their age, religion, education, types of family, monthly income and Source of Information significant with demographic variables and only two variables were significant association with occupation and place of residence.

So we conclude that from the entire variable only two variables that is not significantly associated with pre-test knowledge hence the hypothesis (H_2) was accept with only occupation and place of residence.

Nursing implications

1. Implication in nursing practice the study findings reveal that most of the primi mothers lack knowledge regarding breastfeeding. So there is a need for developing health education packages with regarding to breastfeeding. Health care workers are the first teachers of a mother. They get enough opportunity to interact with the mothers when they come for regular checkup and also in the community area where they meet them at their home situation.

2. Implication in nursing education nursing education should prepare the nurses to impart health teaching regarding breastfeeding. The Breastfeeding and its advantages should be taught in the nursing curriculum and they should be trained for dissemination of the health information using various educational technology. The findings of the study showed that health workers have to play a vital role in promotion of breast feeding.

3. Implication for nursing research. There is a need for extended and intensive nursing research in the area of maternal, child health and community health specialty. A research can be conducted based on innovative methods of teaching, better practice of nursing care and help the mothers and health worker.

4. Implication in nursing administration. Nursing administration should take initiative in organizing

in-service education programs on breastfeeding and motivate nurses to participate in such activities. Conduct campaigns for the antenatal and postnatal mothers regarding breastfeeding.

Recommendations

- I. A similar study can be replicated with a large sample in order to generalize the data.
- II. A similar study can be conducted with different teaching strategies like practice or attitude.
- III. A similar study can be conducted among mothers.
- V. Different research design can be used.

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