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Research Paper

A Study to Assess The Effectiveness of Structured Teaching Programme on Exclusive Breastfeeding Among the Primi Antenatal Mothers in A Selected Hospital, Tumkur

Nursing

KEYWORDS : Exclusive breast feeding, EBF, breast feeding.

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ABSTRACT

The aim of this study was to assess the effectiveness of the structured teaching programme on exclusive breast feeding among the primi antenatal mothers. The chosen research design was Quasi experimental design with one group pretest and posttest. This study was carried out in the outpatient department of the selected hospital, Tumkur in 2012. 50 Primi antenatal mothers who were above 32 weeks of gestation were chosen purposively for this study. A structured interview schedule was conducted Section A (socio-demographic) and Section B. (various aspects of breast feeding). The tool was validated by the experts. Pilot study was conducted to check the feasibility of the main study. Internal consistency method was used to check reliability of tool. Reliability of the tool was = 0.90. The investigator collected the data on knowledge of exclusive breastfeeding and then Structure teaching program was intervened & posttest was done after a gap of seven days. Overall pretest mean score was 5.22 with the standard deviation of 3.587 and posttest mean score was 18.40 with the standard deviation of 3.003. The overall pretest and posttest mean difference was -13.180 , S.DD= 3.668, S.ED=0.519 with the paired 't' test value 25.406. Hence, statistically there is significant difference in posttest knowledge score from pretest .There was a significant association was found between the knowledge of the primi antenatal mothers and the socio demographic variables like age, educational status, occupation, type of family, income, area of residence and previous information.

INTRODCURION

Breast feeding is an extra ordinary gift of nature and a reward for both babies and mothers in many aspects. It is globally accepted to be the best and complete food for the new born as it satisfies the specific nutritional needs. Widespread evidences are there to support the advantages of the breast feeding to the infants, mothers, families and society. These also include physical, emotional, psychological, developmental, nutritional, immunological, social, economic and environmental benefits[1].

The WHO and the Government of India recommends that initiation of breastfeeding should begin immediately after childbirth, preferably within one hour. Early initiation of breastfeeding is encouraged for a number of reasons. Mothers benefit from early suckling because it stimulates breast milk production and facilitates the release of oxytocin, which helps in contraction of the uterus and reduces postpartum blood loss[2]. Neonatal Mortality is also reduced by early initiation[3]. The primary causes of neonatal deaths are: neonatal infections (52%), asphyxia (20%), and low birth weight (17%). Most of the infectious deaths are from diarrhea and pneumonia. These all the risks can be reduced by the exclusive breast feeding[4].

According to the World Breastfeeding Trends Initiative report India stands in YELLOW band, in a grid of Red, Yellow, Blue and Green in ascending order of performance. India gets 78 out of total of 150, not much has changed since 2005 when such an assessment was first done[5]. Paucity of data, ineffective policies, lack of budget and coordination, and absence of better monitoring are limiting breastfeeding practices in India. Despite increase in institutional deliveries, the number of children in India being breastfed in the first hour of birth is less than half. According to World Breastfeeding Trends Initiative report in daily news, New Delhi (December 6, 2012), Only eight million of the 26 million babies born in India every year are breastfed within an hour of birth. In South Asia, 24%–26% of babies born in Bangladesh, India and Pakistan are breastfed within the first hour of birth, whereas the corresponding rate for Sri Lanka is 75% [6]. The effect of these breastfeeding patterns is reflected in the neonatal mortality rates for these countries: 40–50 per 1000 live births for Bangladesh, India and Pakistan, while in Sri Lanka the rate is as low as 11 per 1000 live births [6].

Many studies from the India also highlighted the lack of knowledge, practices and awareness among the mothers regarding exclusive breast feeding and timely initiation of breast feeding[24, 25]. Hence, the Investigator was much interested to focus on the Antenatal group to assess the effectiveness of structured teaching programme.

Objectives of the Study

1. To assess the knowledge of primi antenatal mothers about exclusive breastfeeding.
2. To evaluate the effectiveness of the structured teaching programme on breastfeeding among the primi antenatal mothers.
3. To find out the association between the knowledge of primi antenatal mothers about with the selected demographic variables.

METHODOLOGY

Quasi experimental design to the specific, one group pretest and posttest was considered as an appropriate one to meet the objectives. Outpatient department of the selected. Sample size was 50. Purposive sampling technique was used to select the sample. The primi antenatal mothers who fulfilled the following inclusion criteria were purposefully selected for the study. The Antenatal mothers who are Primi., gestation 32 weeks and above, who are able to understand English or Kannada, Willingness and the availability. Structured interview schedule was used to collect the data. The tool consists of two parts : Section A: Socio demographic data & Section B: Structured interview schedule Each correct response were assigned a score of one and wrong answer as zero. Total score was 25.

The level of knowledge scores were interpreted is as follows

High knowledge - Above 75%
Average knowledge - 51 % to 75%
Low Knowledge - Below 50%

Development of Structured Teaching Programme

The content of the STP includes Meaning and concepts of breast feeding, Prelacteal feeds, components of breast milk, advantages to the mother and baby, disadvantages of mixed feeding & other feeding, hygiene, breaking the wind, foremilk & hind milk, correct position, breast conditions and contraindications. The method of teaching adopted was lecture cum discussion by using audio visual aids like chart, poster and pamphlet. Average time taken for the STP intervention was 45 minutes. Formal consent was obtained from the hospital authorities. The tool and STP was originally developed in English and translated into Kannada language and content validity was done by the experts in both languages. The investigator had conducted the pilot see the feasibility and the client responses. The reliability was esti-

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mated by Cronbach's alpha method. Reliability of the tool was a= 0.90. The tool was found to be highly reliable for the data collection. The investigator conducted a pretest. After the pretest, the structured teaching programme was conducted. The duration of the teaching programme was 45 minutes. After the 7 days gap, post test was conducted.

RESULTS

In the pretest, majority of the mothers had low knowledge regarding exclusive breast feeding (94%). Only 6 per cent of the mothers had moderate level of knowledge. After the implementation of structured teaching programme in posttest, half of the mothers gained high knowledge (50%) and 46 per cent of the mothers gained average knowledge. (**Table 1Here)**

Overall pretest knowledge mean score was 5.22 with the standard deviation of 3.587. The overall posttest knowledge mean score was 18.40 with the standard deviation of 3.003. The overall pretest and posttest mean difference was -13.180 , S.DD= 3.668, S.ED=0.519 with the paired 't' test value 25.406. The table value of the paired t test 1.6766 at 1% level of significance and 49 degree of freedom is which is less than the calculated value 't'=25.406. Hence, statistically there is significant difference in posttest knowledge score from pretest and therefore the Investigator had retained the H1 hypothesis.

There was a significant association was found between the knowledge of the primi antenatal mothers regarding exclusive breastfeeding with the selected socio demographic variables like age (χ^2=16.200, Sig.-0.013, df -6), educational status (χ^2=20.589, Sig.-0.008, df -8), occupation (χ^2=30.136, Sig.-0.000, df -6), type of family (χ^2=16.200, Sig.-0.013, df -6), family monthly income (χ^2=29.867, Sig.-0.000, df -6), area of residence (χ^2=29.005, Sig.-0.000, df -2) and previous information about breastfeeding (χ^2=11.180, Sig.-0.004, df -2). Hence the research hypothesis H2, H4, H5, H6, H7 , H8and H9were accepted.

DISCUSSION

This study had shown effectiveness of the exclusive breastfeeding education program. Similarly a study from Taiwan showed that higher knowledge women in the experimental group had a significantly higher mean scores and higher attitude scores [7]. A randomized controlled trial was carried out in Singapore found that Mothers receiving individual counseling and educational material practiced exclusive and predominant breastfeeding more often than mothers receiving routine care. Study conducted in Pondicherry, India regarding health information pertaining to breastfeeding among pregnant mothers identified higher awareness. But awareness regarding to correct breastfeeding technique and concept of continuing breastfeeding during illness in the baby was low. Therefore antenatal counseling on breastfeeding was inadequate in the population studied[8]. This study had significant association between the knowledge and the selected demographic variables. Similarly a study by Patil sapna was found that maternal age < 30 years, level of education of mother, parity, receiving infant feeding advice, initiation of breastfeeding within one hour of birth and administration of colostrum to the baby were associated with exclusive breastfeeding (p<0.001)[9].

RECOMMENDATIONS

- Nursing curriculum should focus on the necessity of improving the strategies to strengthen the breastfeeding practices.
- The students need to be directed towards changing the attitude of the mothers regarding the misconceptions regarding breastfeeding.
- Nursing workshops, conferences and research activities to be conducted to update the knowledge about the breastfeeding.
- Strengthening the in-service program in the hospital.
- Create awareness among the antenatal mothers.
- A similar study can be undertaken with a large sample to generalize the findings.
- The similar study can be conducted in the different set up like private hospitals and health centers etc.
- The experimental study can be conducted with different teaching methods to know the effectiveness of each teaching method on the awareness of exclusive breastfeeding.
- A study can be conducted to identify the factors responsible for delayed initiation of breastfeeding.
- A comparative study can be done between the urban and rural setting.
- A study on identifying the causes of failure of breastfeeding until the recommended period.
- A comparative study can be conducted between the working and non-working mothers regarding exclusive breast feeding

CONCLUSISON

Breast feeding knowledge is suboptimal among the mothers from the selected hospital. The educational program had given good impact of knowledge gain in the post test. Breastfeeding educational program and counseling with emphasis on exclusive breastfeeding can improve the exclusive breast feeding rates.

Limitations

- Sample size was small, hence the generalization of the findings is limited.
- Study was conducted in only one hospital, there by restricting the generalization of the findings.
- Study was restricted only to the primi antenatal mothers.

Percentage distribution of the knowledge levels of primi antenatal mothers on exclusive breastfeeding in pretest and posttest
n=50

Categories	Pretest		Posttest	
	Frequency	Percentage	Frequency	Percentage
Low	47	94	2	4
Moderate	3	6	23	46
High	0	0	25	50
Total	50	100	50	100

Table 1: Percentage distribution of the knowledge levels of primi antenatal mothers on exclusive breastfeeding in pretest and posttest

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