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A DESCRIPTIVE COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE, PRACTICES AND FACTORS AFFECTING THE BREAST FEEDING BEHAVIOR OF WORKING AND NON-WORKING BREASTFEEDING MOTHERS OF SELECTED AREA OF AMBALA, HARYANA

Nursing

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ABSTRACT

Background: Breast feeding is more beneficial for the baby and the mother also. It provides the immunity to the baby and helping the mother to lose their weight after pregnancy and the breast milk is a natural contraception for the mother.

Aims and objectives: The study aim to assess the knowledge, practice and factor affecting the feeding behavior of working and non-working breastfeeding mothers of selected area.

The objective is to assess and compare the knowledge, practices and factors affecting the feeding behavior of working and non- working breastfeeding mothers and to find the association of levels of knowledge of working and non- working breastfeeding mothers with selected variables.

Material and methods: A Non-experimental, Descriptive Comparative Design was adopted for the study. Total 250 breastfeeding mothers (125 working and 125non-working) Barara Village, MCH Barara and Holi Village were selected by using purposive sampling technique. Structured Knowledge questionnaire, expressed practices checklist and checklist for factors affecting feeding behavior were used to assess the knowledge, practices and factors affecting the feeding behavior. Reliability of knowledge questionnaire was tested by KR20(0.75), breastfeeding practices checklist(0.90)and factors affecting checklist (0.85)was tested by test- retest method respectively.

Results: :-Half (50.4%) of the working breastfeeding mothers were in the age group of 26-30 years and as compare to half (49.6%) of the non-working breastfeeding mothers were in the age group of 20-25 years. Only 43.2% of the working breastfeeding mothers were graduated as compare to half of the (51.2%) non-working breastfeeding mothers were educated up to secondary. Most (68.8%) of the working breastfeeding mother were private employees as compared to all (100%) non-working breastfeeding mothers were house wife. Most (75.2%) of the working breastfeeding mothers work 5-6 hours in a day. Most (64.8%) of the working mothers have given only breastfeed to their baby. Only 18.4% working mothers had stored the breast milk.Most (52%) of the working and (56.8%) non –working breastfeeding mothers have a good knowledge about breastfeeding. Majority (99.2%) of the working and (98.4%) non- working breastfeeding mothers prefers only breast milk to feed their baby. Majority (99.2%), of the working and non-working (96.8%) breastfeeding mothers feed their baby every 2 hourly. All (100%) working and non-working breastfeeding mothers burp the baby after feed. Majority (99.2%) of working and (93.6%) non-working mothers reported their baby feel satisfy after feeding and take sleep for 2-3 hours. Less than half (40%) of the working breastfeeding mothers feel pain during breastfeeding as compared most (62.4%) of the non- working breastfeeding mothers. Majority (90.4%) of the working breastfeeding mothers feel shy during breastfeeding in public places and in front of family member as compared to most (72.8%) of the non-working breastfeeding mothers. Majority (93.6%) of the working and majority (95.2%) of non –working breastfeeding mothers stated health workers advised to give only breast milk to the baby.

Conclusion: It was concluded that the knowledge of the working and nonworking breastfeeding mother was good. The breastfeeding practices were different in working and non-working breastfeeding mothers and some factors which act as a barrier during breastfeeding and affect the breastfeeding behavior of the working and non-working breastfeeding mothers..

KEYWORDS

Knowledge, Practices, factors affecting feeding behavior, Breastfeeding mothers

Introduction:

Breast milk is the best nutrient for the baby and is important for their growth and development of brain. Breast feeding is more beneficial for the baby and the mother also. It provide the immunity to the baby and helping the mother to lose their weight after pregnancy and the breast milk is a natural contraception for the mother[1]

World Health Organization (WHO) recommends breast feeding as a main source of food for babies for the first six months, and encourages mothers to consider breast feeding as the only feeding source. Between six months to two years old, it is recommended that mothers could use other supplement source(such as water, other liquids, or solid baby food) to feed their babies along with breast feeding(WHO, 2013)[2]

Breastfeeding is known to give multiple benefits to the infants, mothers and society. A policy statement was also published by the American Academy of Pediatrics to promote breastfeeding. Benefits of breastfeeding to the child include a decrease of the incidence and severity of infectious diseases such as diarrhea, respiratory tract infections, otitis media and urinary tract infection; decrease incidence of type 1 and 2 diabetes mellitus, overweight, obesity and asthma. These benefits are likely due to maternal immunoglobulin-A antibodies and macrophages in breast milk, thus protecting the infant.[3]

The Baby-friendly Hospital Initiative (BFHI) was launched by WHO and UNICEF in 1991, following the Innocents Declaration of 1990. The initiative is a global effort to implement practices that protect, promote and support breastfeeding. WHO and UNICEF collaborated on an effort to update the Baby-friendly Hospital Initiative materials and promote the initiative in the context of the Global Strategy for Infant and young child feeding. The updated materials integrate Code implementation, mother-friendliness, care of pregnant women and mothers in the context of HIV, emergencies as well as expansion towards other type of health facilities and the community. The updated process was also used for strengthening the BFHI-related training courses.[4]

BPNI(Breastfeeding Promotion Network Of India) The breastfeeding network of India was founded on 3rd December, 1991 at Wardha, Maharashtra. It is a national network of organizations and individuals dedicated to promote of mother and child health through protection, promotion and support of breastfeeding.[5]

The state wise the breastfeeding initiation was high in Kerala (81.3%) and Daman & Dive (74.5%). But the initiation rate was low in Punjab (1.7%), Madhya Pradesh (2.2%), Delhi (2.8). the overall initiation of breastfeeding in our country was 28.3%. Haryana become first state to implement IMS (Infant milk substitute) Act. Commissioner of food and drug administration Haryana issued letter to all food safety officer of Haryana to ensure implementation of IMS Act in the state, 27th December, 2011[6]

Methodology:

Quantitative non – experimental research approach with descriptive comparative design was used. Total 250 working and non-working

breastfeeding mothers were selected by purposive sampling technique. Breastfeeding mothers who understand Hindi and English and willing to participate were included in the study. Mothers with any psychological impairment were excluded in the study. Structured knowledge questionnaire, expressed practices checklist and factors affecting feeding behavior checklist used to collect data by paper pencil technique. Reliability of the tool was calculated by test-Retest method.

Procedure for data collection:

Ethical approval was obtained from the institutional Ethical committee and form the Municipal cooperation for Conducting the research study. The purpose for research project was explained to the study subjects and assurance for confidentiality was given. Written informed consent was taken from each subject. Study period was from August 2015 to June 2017

- Working and non-working breastfeeding mothers (N=250) those who meet the inclusion criteria were selected using purposive sampling technique and data was collected from 6-7 mothers on each day.
- The average time taken by mothers to complete the tool was 55-60 min.
- The data is presented in the master data sheet.

Results:

Demographic characteristics

The data showed that half of the working (50.4%) breastfeeding mothers were in the age group of 26-30 years as compared to less than half of the non-working (49.6%) breastfeeding mothers were in the age group of 20-25 years. Only 43.2% of the working breastfeeding mothers were graduated as compared to 51.2% of the non- working breastfeeding mothers were secondary educated. Majority of the working (82.4%) breastfeeding mothers and majority of the non-working (80%) breastfeeding Mothers were belongs to Hindu religion.

Figure 1: Bar graph showing Level of Knowledge of working and non-working breastfeeding mothers.

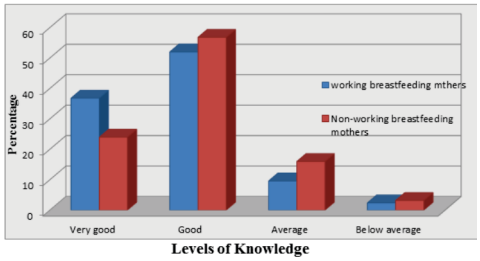

Table 1Mean, Mean Difference, Standard Error of Mean Difference and 't' value of knowledge score of working and non-working breastfeeding mothers regarding breastfeeding.

N = 250

Group	Mean±SD	M_D	SE_{MD}	't' value	p value
Working breastfeeding mothers (n=125)	21.49 ± 2.83				
		0.848	0.253	2.40	0.017*
Non-working breastfeeding mothers (n=125)	20.49 ± 2.73				

Maximum Score = 30 **Minimum Score = 00**

$t_{(248)}$ = 1.972 *** Significant ($p \leq 0.05$)**

Table 1 shows that the mean knowledge score of working breastfeeding mothers was 21.49 and non-working breastfeeding mothers was20.49 + 2.73 with the mean difference. of 0.848. The computed t value (2.40) was found to be statistically significant at 0.05 level of significance.

Table 2 Frequency and percentage distribution of working and non working breastfeeding mothers in terms of breastfeeding practices.

N=250

S.no.	Breastfeeding practices	Working (n=125) Frequency (%)		Non-working (n=125) Frequency (%)	
		Yes	No	Yes	No
1.	I prefer only breast milk to feed my baby.	124(99.2)	01(0.8)	123(98.4)	2(1.6)
2.	I prefer breastfeed whenever the baby is cries.	124(99.2)	01(0.8)	120(96)	5(4)
3.	I clean my breast with plain water before and after feeding.	102(81.6)	23(18.4)	109(87.2)	16(12.8)
4.	I feed my baby every 2 hourly.	124(99.2)	01(0.8)	121(96.8)	4(3.2)
5.	I take precautions while feeding the baby to avoid pressing of nose.	125(100)	-	124(99.2)	01(0.8)
6.	I ensure that the baby is properly latched on the breast.	125(100)	-	124(99.2)	01(0.8)
7.	I have supported my breast during breast feeding.	124(99.2)	01(0.8)	123(98.4)	2(1.6)
8.	I feed for 10-15 minutes from each breast.	125(100)	-	116(92.8)	9(7.2)
9.	I wipe the baby's mouth after feeding	125(100)	-	123(98.4)	2(1.6)
10.	I burp the baby after each feed.	125(100)	-	125(100)	-
11,	My baby feels satisfy after feeding and take sleep for 2-3 hours.	124(99.2)	01(0.8)	117(93.6)	8(6.4)
12.	I prefer night feed after the interval of 4-5 hours for the sound sleep of the baby.	125(100)	-	118(94.4)	7(5.6)

Table 3 Mean, Mean Difference, Standard Error of Mean Difference and 't' value of breastfeeding practices of working and non-working breastfeeding mothers

N=250

Group	Mean± SD	M_D	SE_{MD}	't' value	p value
Working (n=125)	11.12± 0.65				
		0.04	0.117	0.34	0.004*
Non-working (n=125)	11.8 ±1.14				

Maximum Score = 12 **Minimum Score = 00**

t(248)= 1.972 *** Significant ($p \leq 0.05$)**

Table 3 reveals that the mean practice score of working breastfeeding mothers was 11.12+ 0.65 and in non-working breastfeeding mothers was 11.08+1.14 with mean difference of 0.04. The computed 't' value (0.34) was found to be statistically significant at 0.05 level of significance.

Table 4 Frequency and percentage distribution of working and non working breastfeeding mothers in terms of factors affecting feeding behavior.

N=250

S.No	Factor affecting feeding behavior.	Working (125) f(%)		Non- Working (125) f(%)	
		Yes	No	Yes	No
1.	I feel pain during breastfeeding	50(40)	75(62.4)	26(20.8)	99(79.2)
2.	I don't like breastfeeding	1(0.8)	124(99.2)	03(2.4)	122(97.6)
3.	I feel shy while breastfeeding in public places and in front of family members	113(90.4)	12(9.6)	91(72.8)	34(27.2)

4.	I do not have enough time for breastfeed to my baby	20(16)	105(84)	05(4)	120(96)
5.	My mother-in-law suggested me not to give first milk to the baby	00	125(100)	02(1.6)	123(98.4)
6.	My husband has not supported me for breastfeeding.	00	125(100)	00	125(100)
7.	I don't have enough knowledge about the techniques of breastfeeding.	19(15.2)	106(84.4)	08(6.4)	117(93.6)
8.	No one encouraged me regarding breastfeeding.	00	125(100)	07(5.6)	118(94.4)
9.	I feel that after breastfeeding the shape of my breast will distorted.	00	125(100)	00	125(100)
10.	I feel that only breast milk is not sufficient for my baby.	00	125(100)	13(10.4)	112(89.6)
11.	I think that formula milk is easy to make and any family member can feed the baby.	04(3.2)	121(96.8)	04(3.2)	121(96.8)
12.	Someone suggested me that breastfeeding is enough for the baby up-to 6 month and after that bottle feeding should be started.	93(74.4)	32(25.6)	105(84)	20(16)
13.	I am taking certain medicine/ contraceptives, so Doctor instructed not to breast feed.	02(1.6)	124(98.4)	01(0.8)	124(99.2)
14.	I had cesarean delivery, so I am not able to initiate early breastfeeding to my.	13(10.4)	112(89.6)	17(3.6)	108(86.4)
15.	I had a preterm delivery so my baby is not able to suck properly	02(1.6)	123(89.6)	04(3.2)	121(96.8)
16.	I give only breast milk to my baby because doctor/nurse/health worker advised me to do so	117(93.6)	08(6.4)	119(95.2)	6(4.8)
17.	I have flat/inverted nipple so exclusive breast feeding is not maintained	02(1.6)	123(89.6)	00	125(100)
18.	My household workload is too much so I am not able to give the breastfeed properly	38(30.4)	87(69.6)	02(1.6)	123(89.6)
19.	My baby was admitted in NICU/hospital, so there was delay in starting exclusive breast feeding.	00	125(100)	01(0.8)	124(99.2)
20.	My baby has refused breastfeeding.	03(2.4)	122(97.6)	05(4)	120(96)

Table 5 Mean, Mean Difference, Standard Deviation of Difference, Standard Error of Mean Difference and't' value of factor affecting the feeding behavior of working and non-working breastfeeding mothers.

N=250

Group	Mean± SD	MD	SE_{MD}	't' value	p value
Working (n=125)	4.28±1.21				
		0.78	0.17	4.57	0.52^{NS}
Non-working (n=125)	3.50±1.47				

Maximum Score = 23 **Minimum Score = 00**

$t_{(248)}$ = 1.972 *** Significant ($p \leq 0.05$)**

Table 5 depicts that in working mothers mean of factors affecting feeding behavior was 4.28±1.21 and in non-working breastfeeding mothers was 3.50±1.47 with mean difference 0.78. The computed value (4.57) was found to be statistically non-significant at 0.05 level of significance.

ANOVA and 't' value showing the association of knowledge score of working breastfeeding mothers with their sample characteristics. There was no significant association of age(F=2.56, p=0.86), occupation (F-2.11, p=0.10), type of family(F=1.82, p=0.16), mode of delivery(F=.916, p= 0.40), gap between 1st and 2nd child(F=0.93, p=0.39), use of contraception(F=0.47, p=0.82), if Yes, 0.05 level of significance.

Findings further revealed that there is a significant association of education level (F= 29.33, p=0.001), religion (F= 9.26, p= 0.001), total income per month (F=11.04, p=0.001), place of delivery (F=3.94, p=0.010), with knowledge score.

ANOVA and 't' value showing the association of knowledge score of non- working breastfeeding mothers with selected sample characteristics. There was no significant association of age (F= 0.477, p=0.72), religion (F=1.16, p= 0.31), occupation, total income per month(F=2.18, p=0.09), mode of delivery (F= 0.04, p=0.95), place of delivery (F= 0.18, p=0.90), gap between 1st and 2nd child (F= 1.41, p=0.24), use of any method of contraception (F= 0.50, p= 0.47)) at 0.05 level of significance.

Findings further revealed that there was a significant association of educational level (F=4.36, p= 0.006), type of family (F= 3.87, p= 0.051) at 0.05 level of significance

Discussion

Present study findings revealed that most of the working (52%) and most of the non-working (56.8%) breastfeeding mothers had a good knowledge regarding breastfeeding. Similar findings were reported by Constance A. Gewa. Joan Chepkemboiet. al. (2013) did the study on knowledge, expectations and normative beliefs of exclusive breastfeeding. This showed that most of the mothers (63.4%) had a good knowledge regarding breastfeeding. The study concludes that the knowledge about exclusive breastfeeding was good in the mothers.

Present study findings revealed that majority of the working mothers (99.2%) and majority of non-working (96.8%) mothers feed their baby every 2 hourly. In contrast the findings were reported by Jeetender Singh. DG Vishakantamurthy. at. el. They did the study on lactating mothers and results shows that only 42% of the mothers were breastfeed their baby every 2 hourly.

Present study findings revealed that majority of the working (90.4%) as compared to most of the non- working(72.8%) breastfeeding mother feel shy during breastfeeding in public places and in front of family members and all (100%) working and non-working mothers reported that their husband support for breastfeeding. Similar findings were reported by May Me That. Ei Ei Khaing. Naida Diamond Smith at el. conducted a qualitative study to assess the barriers for exclusive breastfeeding in Myanmar (2015) which showed that most of the mothers were feeling shy about breastfeeding and their husband and grandmother supported her during breastfeeding.

Conclusion:

The study conclude that most of the working and non-working

breastfeeding mothers were having good knowledge of breastfeeding and the practice was also different and there are some factors which are commonly affected the breastfeeding behavior of working and non-working breastfeeding mothers.

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