ISSN No:-2456-2165

Knowledge, Practice and Myths Regarding Exclusive Breast Feeding among Postnatal Mothers in Selected Community Area, Bidar, Karnataka

Abhilash,
[1]Ph.D Scholar,
Himalayan University, Itanagar
Arunachal Pradesh,
India.

Dr. Diana
[2]Research Supervisor, Department of Nursing,
Himalayan University,
Itanagar, Arunachal Pradesh,
India.

Abstract:- Breast feeding is an important component of child survival and maternal health programs. During the first two years of life, it can significantly reduce mortality and morbidity. According to the WHO infant feeding recommendation exclusive breast feeding should be for the first Six month of life. Breast feeding should begin immediately after birth or within first hours after birth. Most of the mothers don't know the correct practices of exclusive breast feeding. This leads to many unnoticed and biased problems in babies and lactating mothers. The present study has been under taken to assess the knowledge, practice and myths regarding exclusive breastfeeding among postnatal mothers. The investigator has developed a conceptual framework based on health promotion model by Nola j Pender (1982). A pilot study was conducted to determine the practicability, validity and Reliability of the tool. A cross sectional descriptive study was conducted among postnatal mother at selected community area. The sample was selected using purposive sampling and a semi structured questionnaire used for the collection of data. In this study, majority of the sample 50 % of postnatal mother are aged between 24 to 28 years, 30% of postnatal mothers between the group of 19-23 years and 17% are aged more than 29 years and very few 3% less than 18years. 65 % of postnatal mother were Hindu, 28%% of postnatal mothers were Christian and very few 7% of postnatal mothers were Muslim. 60 % of postnatal mother were multipara, 33% of postnatal mothers were primipara mothers and very few 7% of mothers were grand multipara mothers. 28 % of postnatal mother were had the monthly income between 5001 to 10,000 and 14% of postnatal mothers had family monthly income less than 5000/.36 % of postnatal mother were have two children.

Keywords:- *Breast Feeding, Postnatal mothers, & Exclusive Breastfeeding.*

I. INTRODUCTION

Breast feeding is an important component of child survival and maternal health programs. During the first two years of life, it can significantly reduce mortality and morbidity. According to the WHO infant feeding recommendation exclusive breast feeding should be for the first Six month of life. Breast feeding should begin immediately after birth or within first hours after birth. Most of the mothers don't know the correct practices of exclusive breast feeding. This leads to many unnoticed and biased problems in babies and lactating mothers. The present study has been under taken to assess the knowledge, practice and myths regarding exclusive breastfeeding among postnatal mothers. The investigator has developed a conceptual framework based on health promotion model by Nola j Pender (1982).

➢ *Objectives of the Study*

- To assess the level of knowledge on exclusive breastfeeding among postnatal mothers.
- To assess the practices on exclusive breastfeeding among postnatal mothers.
- To assess the myth on exclusive breastfeeding among postnatal mothers.
- To find out the association of knowledge and practices with selected demographical variables.

II. METHODOLOGY

Methodology of research organizes all the components of study in a way that is most likely to lead to valid answers to the problems to have been posed

➢ *Research approach:*

The selection of the research is a basic procedure for the conduction of research study. In view of the nature of the problem selected for the study and objectives to be accomplished, quantitative descriptive approach

➢ *Research design:*

The Research design is concerned with the overall framework for conducting the study. The research design for the present study was cross sectional descriptive design.

➢ *Variables under study:*

A concept which can take on different qualitative values is called a variable

➢ *Independent Variable*

Independent variable is the presumed cause for the resulting effects on the dependent variable. In this present study the independent variable is postnatal mother.

➢ *Dependent Variable*

Dependent variable is the variable the researcher is interested in understanding, explaining or predicting.

In this present study the dependent variable is knowledge, Practice and Myths on Exclusive breast Feeding.

➢ *Population:*

The population of this study comprised of postnatal mother at selected community area, Bidar, Karnataka.

➢ *Sample and sample size:*

The sample consisted of 60 postnatal mothers, who are fulfilling the selection criteria.
Sample size- 30 ESRD patients were selected.

➢ *Sampling technique:*

Sampling is a process of selecting a group of people or other element with which to conduct a study
Non-probability purposive sampling method was used to select the samples.

➢ *Selection and development of tool:*

The instrument selected in research must be the vehicle that obtains the best data for drawing conclusions to the study. A semi structured interview questionnaire was felt to be appropriate to assess the Knowledge, practice and Myths on Exclusive Breast feeding.

Data collection tool are the procedures or instruments used by the researcher to observe or measure the key variable in the Research process.

A semi structured interview questionnaire wad prepared to assess the Knowledge, practice and Myths on Exclusive Breast feeding.

III. RESULTS

The data collected from 60 postnatal mothers was entered in a master sheet for tabulation and statistical analysis. Data was organized and presented under the following sections

Section-I: *Deals with Frequency and percentage distribution of sample according to the demographic variables.*
Section-II: *Respondents Frequency and percentage distribution of knowledge on exclusive breast feeding*
Section-III: *Deals with Frequency and Percentage Distribution of Practice on Exclusive Breast Feeding.*
Section-IV: *Deals with Description of Myths among Postnatal Mothers on Exclusive Breast Feeding.*
Section-V: *Deals with Frequency and Percentage Distribution according to Association of Knowledge and Practice with Selected Demographic Variables.*

PART-A *Frequency and Percentage Distribution according to Association of Knowledge with selected Demographic Variables*
PART-B *Frequency and Percentage Distribution according to Association of Practice with Selected Demographic Variables.*

SECTION-1
Distribution of patients according to socio-demographic variables by frequency and percentage. N=60

S. NO	DEMOGRAPHIC DATA		F	PERCENTAGE %
1.	Age in years	Less than 18	2	3%
		19- 23	18	30%
		24-28	30	50%
		More than 29 years	10	17%
2	Religion	Hindu	39	65%
		Christian	17	28%
		Muslim	4	7%
		Others	0	0%
3.	Type of family	Nuclear	47	78%
		Joint	13	22%
4.	Parity	Primi para	20	33%
		Multi para	36	60%
		Grand multipara	4	7%
5.	Family income	Less than 5000	14	23%
		5,001-10,000	28	47%
		> 10,001	18	30%
6.	No of Children	One	20	33%
		Two	36	60%
		More than 3	4	7%
7.	Any source of Information on EBF	Yes	39	65%
		No	21	35%

ISSN No:-2456-2165

1. AGE IN YEARS

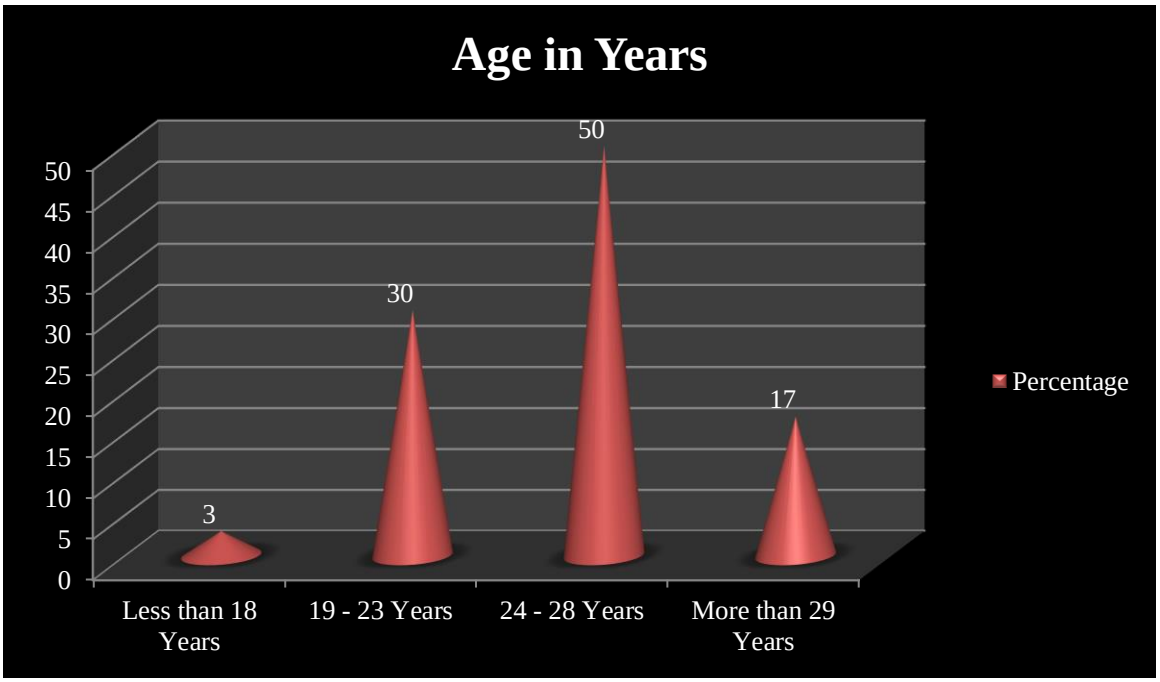

Fig 1:- Respondents percentage distribution on Age

The above figure reveals that majority of the subjects i.e., 50 % of postnatal mother are aged between 24 to 28 years, 30% pf postnatal mothers between the group of 19-23 years and 17% are aged more than 29 years and very few 3% less than 18 years.

2. RELIGION

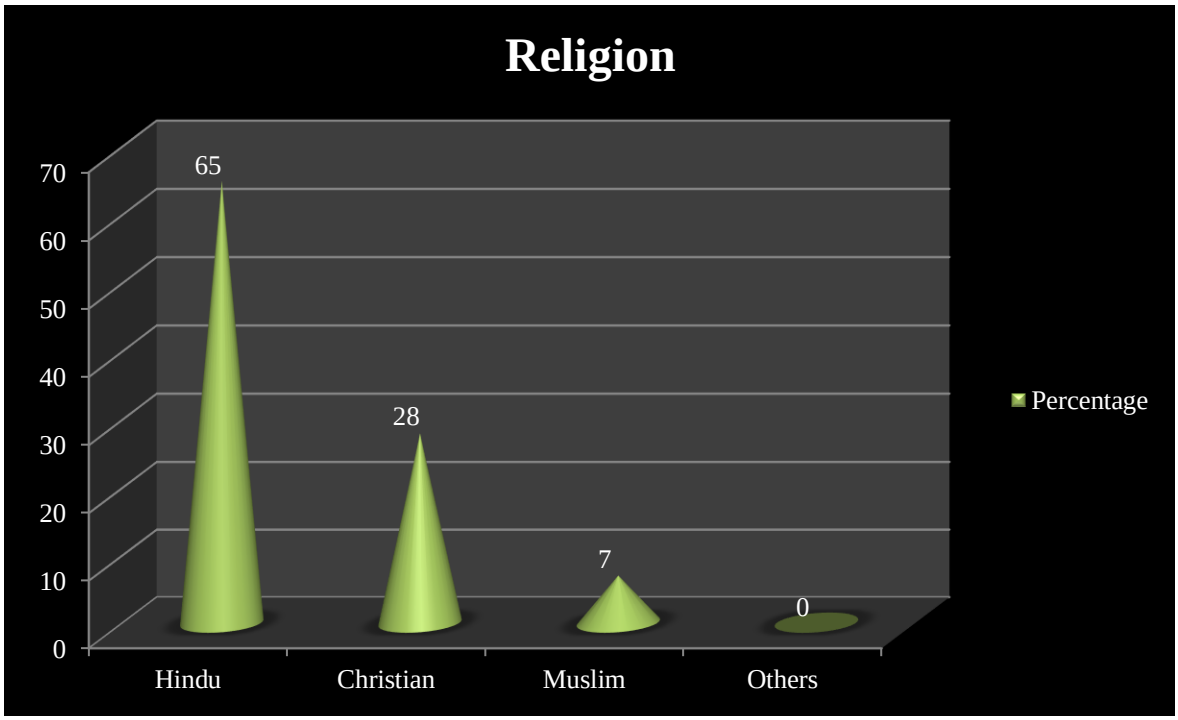

Fig 2:- Respondents percentage distribution on Religion

The above figure reveals that majority of the subjects i.e., 65 % of postnatal mother were Hindu, 28%% of postnatal mothers were Christian and very few 7% of postnatal mothers were Muslim. None of them belongs to others.

3. TYPE OF FAMILY

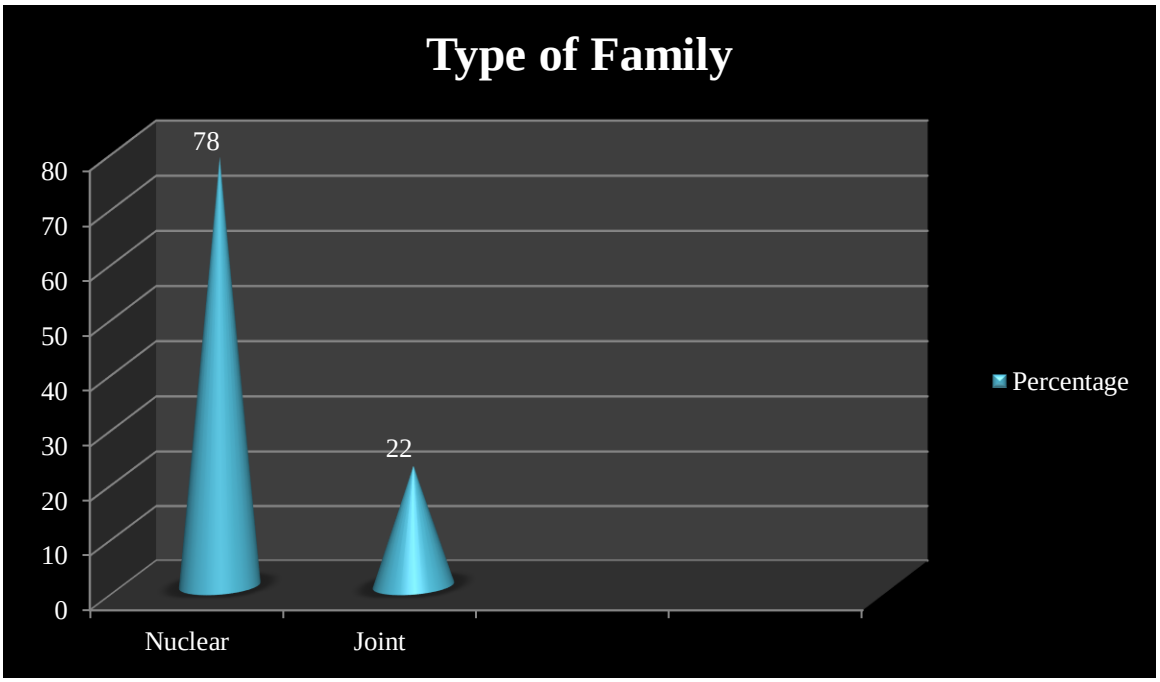

Fig 3:- Respondents percentage distribution on type of family

The above figure reveals that majority of the subjects i.e., 78 % of postnatal mother were belongs to nuclear family and 22% of postnatal mothers belongs to joint family.

4. PARITY

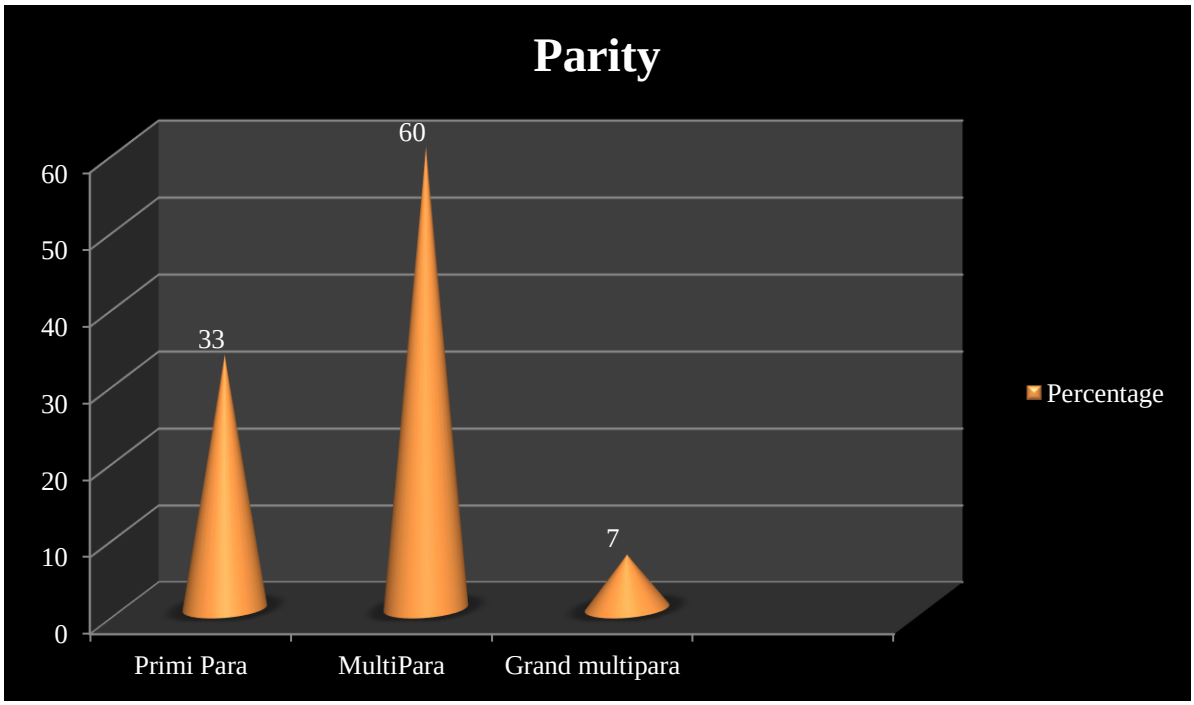

Fig 4:- Respondents percentage distribution on Parity

The above figure reveals that majority of the subjects i.e., 60 % of postnatal mother were multipara, 33% of postnatal mothers were primipara mothers and very few 7% of mothers were grand multipara mothers.

5. FAMILY MONTHLY INCOME

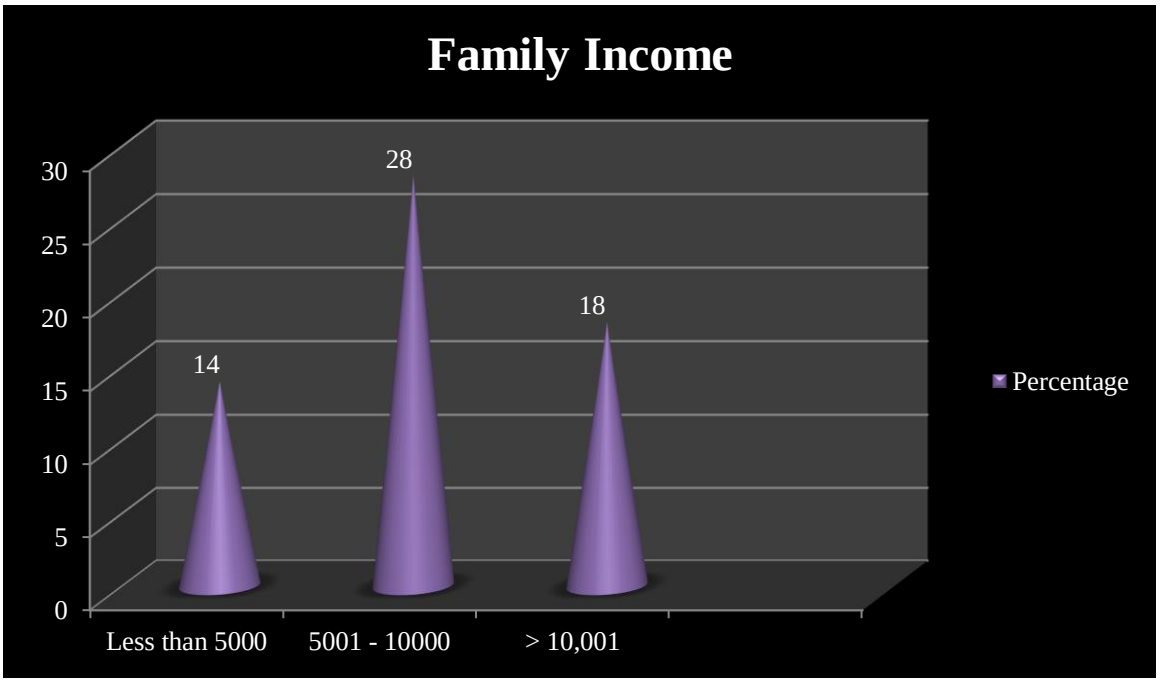

Fig 5:- Respondents percentage distribution on Family income

The above figure reveals that majority of the subjects i.e. 28 % of postnatal mother were had the monthly income between 5001 to 10,000.18% of postnatal mothers had monthly income more than 10,000 and 14% of postnatal mothers had family monthly income less than 5000/-

6. NUMBER OF CHILDRENS

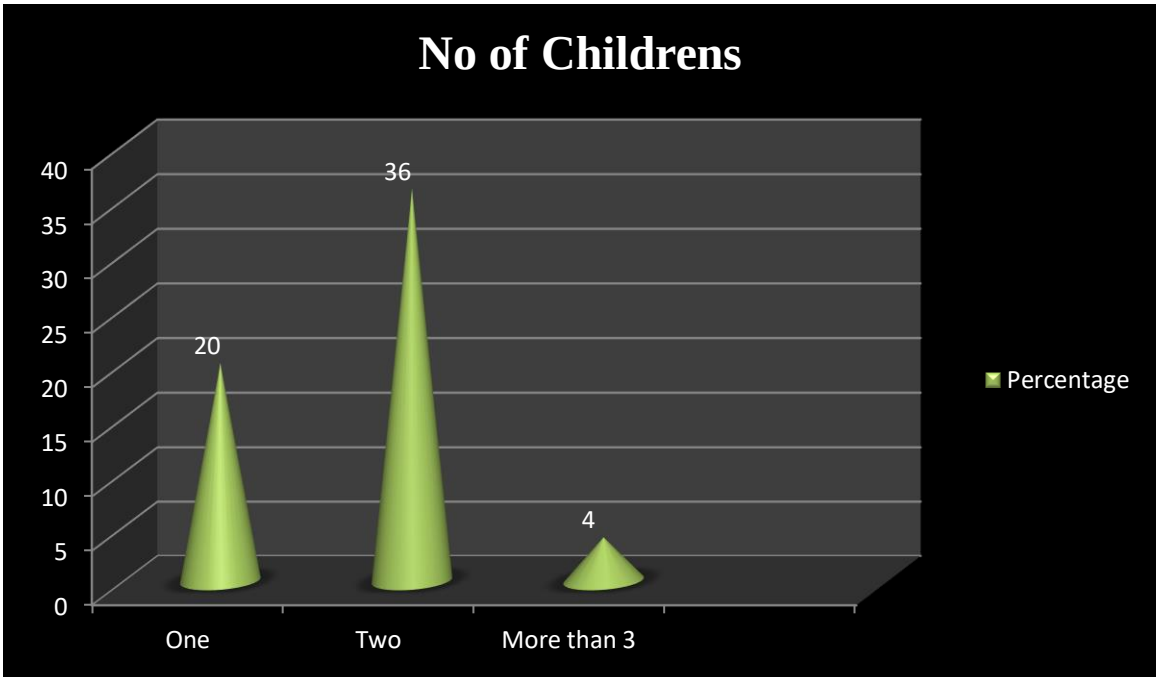

Fig 6:- Respondents percentage distribution on No of children.

The above figure reveals that majority of the subjects i.e. 36 % of postnatal mother were have two children.20% of postnatal mothers have one child and very few 4% of postnatal mothers have children more than three.

7. PREVIOUS KNOWLEDGE ON EXCLUSIVE BREASTFEEDING

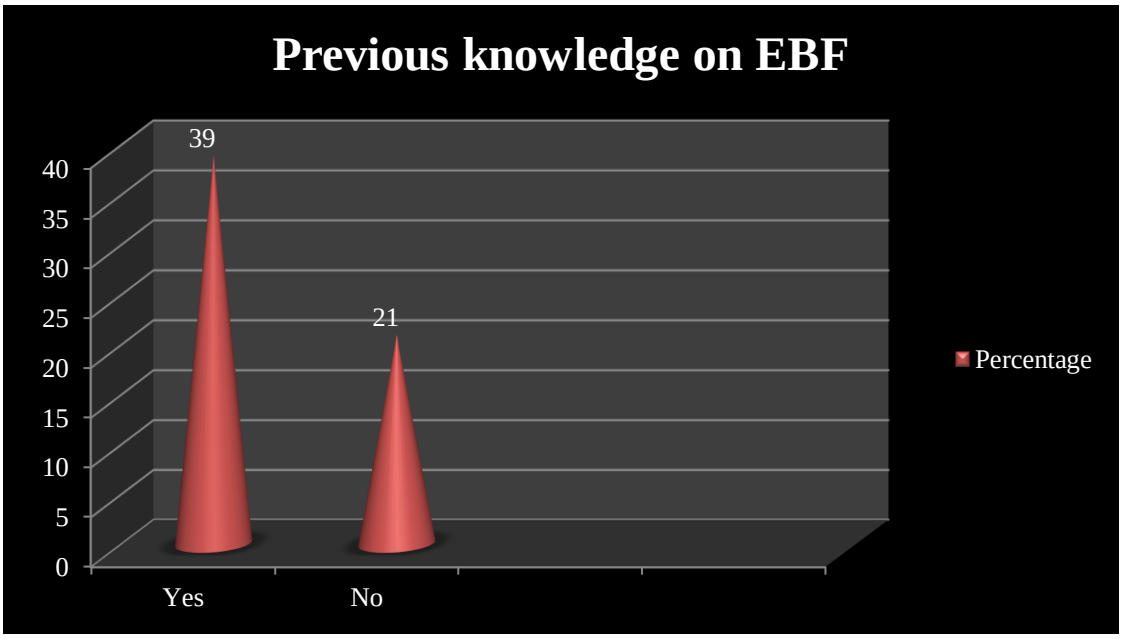

Fig 7:- Respondents percentage distribution on Source of information.

The above figure reveals that majority of the subjects i.e. 39 % of postnatal mother were have previous information on exclusive breastfeeding and 21% have no previous knowledge on exclusive breastfeeding.

SECTION-II: FREQUENCY AND PERCENTAGE DISTRIBUTION OF LEVEL OF KNOWLEDGE ON EXCLUSIVE BREAST FEEDING.

TABLE NO 2

N=60

LEVEL OF KNOWLEDGE	F	PERCENTAGE (%)
GOOD	13	22%
AVERAGE	29	48%
POOR	18	30%

The above table shows that, majority 29(48%) samples have average level of knowledge on exclusive breastfeeding, very few 13(22%) have good knowledge and 18(30%) of sample had poor knowledge on exclusive breastfeeding.

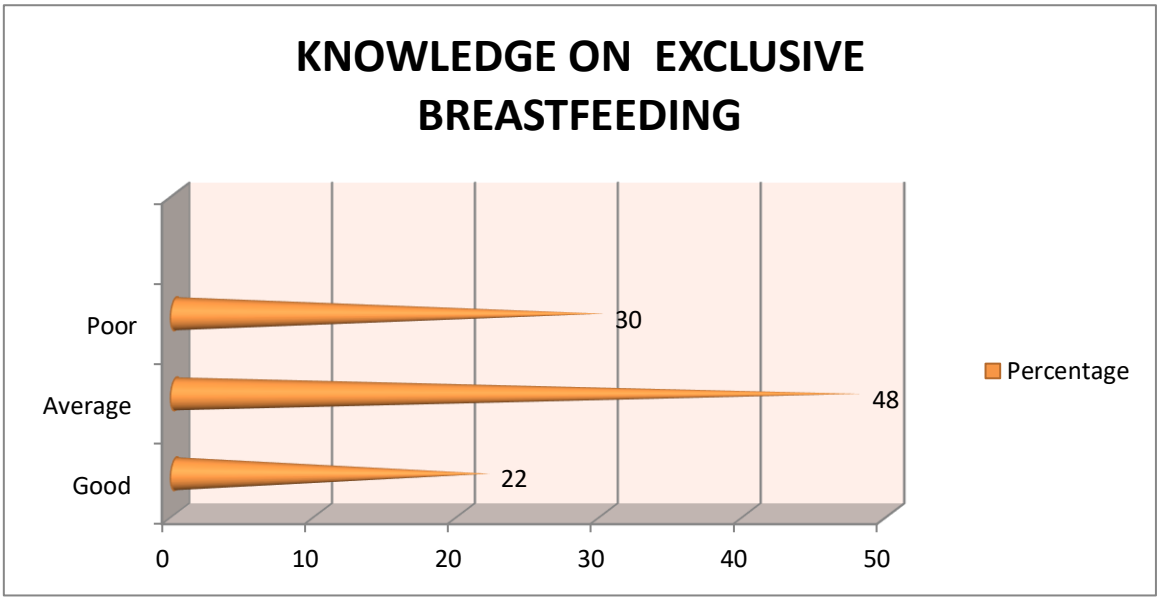

Fig 8:- Respondents percentage distribution on level of knowledge on EBF .

ISSN No:-2456-2165

SECTION-III: DEALS WITH FREQUENCY AND PERCENTAGE DISTRIBUTION OF PRACTICE ON EXCLUSIVE BREAST FEEDING.

TABLE NO 3
Frequency and Percentage Distribution of Postnatal Mothers level of Practice on Exclusive Breast Feeding. N=60

LEVEL OF PRACTICES	FREQUENCY(F)	PERCENTAGE (%)
POOR PRACTICE	28	47%
GOOD PRACTICE	32	53%

The above table shows that, most of the postnatal mothers (32) 53% have good practices of exclusive breastfeeding and (28) 47% of postnatal mothers have poor practices on exclusive breastfeeding.

Fig 9:- Respondents percentage distribution on practice level.

SECTION – III MYTHS ON EXCLUSIVE BREAST FEEDING

ITEM WISE ANALYSIS ON ECLUSIVE BREASTFEEDING MYTHS

N=60

SL.NO	MYTHS	YES(f)	%	NO(f)	%
1	Honey should be given before exclusive breast feeding.	34	57	26	43
2	Colostrum must be thrown away as it causes diarrhoea	43	72	17	28
3	Gripe water should be given whenever a baby cries.	57	95	3	5
4	Mother having small breasts can't produce enough milk for the baby's need.	49	82	11	18
5	In hot weather a breast-feeding baby will need extra water	32	53	28	47
6	Early inclusion of solid food before 6 months will make baby gain weight.	53	88	17	28
7	Discontinue breastfeeding if your baby has diarrhoea and vomiting	54	90	6	10

The above table shows that, majority 57% of postnatal mothers have the myths on honey before the exclusive breastfeeding. Regarding colostrum 28% agreed that colostrum should not be thrown away and 5%mother agreed that gripe water should be given whenever baby cries.82% of postnatal mother agreed that mothers having small breast cannot produce enough milk for the baby's need.88% have the myth on solid food before 6 months will improve the baby weight gain.10% of mother says that if the baby has diarrhea and vomiting immediately discontinue the breastfeeding.

ISSN No:-2456-2165

SECTION – IV ASSOCIATION BETWEEN THE LEVEL OF KNOWLEDGE AND PRACTICES WITH SELECTED DEMOGRAPHIC VARIABLES

PART A: ASSOCIATION BETWEEN KNOWLEDGE AND SELECTED DEMOGRAPHIC VARIABLES. N=60

Sl.no	Demographic variables	Good	Average	Poor	Calculated value	df	Table values	Significance
1	**AGE**							
	Less than18 years	0	1	1	7.63	3	9.4	**S**
	19-23 years	4	8	6				
	24-28 years	2	23	15				
	More than 29 Years	3	5	2				
2	**RELIGION**				2.6	3	5.9	**S**
	Hindu	9	17	13				
	Christian	6	7	4				
	Muslim	2	1	1				
	Others	0	0	0				
3	**TYPE OF FAMILY**				22.19	1	11.9	NS
	Nuclear	10	20	17				
	Joint	3	7	3				
4	**FAMILY INCOME**				7.45	2	9.4	**S**
	Less than 5000	0	04	10				
	5,001-10,000	0	24	4				
	> 10,001	10	8	0				
5	**NO OF CHILDREN**				2.03	2	9.4	**S**
	One	20	0	0				
	Two	18	13	5				
	More than 3	0	4	0				
6	**PARITY**				7.33	2	9.3	**S**
	Primipara	8	12	0				
	Multipara	24	8	4				
	Grand multipara	3	1	0				

The above table reveals that, in regard with age the calculated chi square value is 7.63 lesser than the table value 9.4 which shows that there is association between the age and level of knowledge. Regarding religion, the calculated chi square value is 2.6 lesser than the table value 5.9 which show that there is association between religion and level of knowledge on exclusive breastfeeding. Regarding type of family, the calculated chi square value is 22.19 greater than the table value 11.9 which show that

ISSN No:-2456-2165

there is no association between type of family and level of knowledge on exclusive breastfeeding. Regarding the family monthly income, the calculated chi square value is 7.45 lesser than the table value 9.4 which show that there is an association between family monthly income and the level of knowledge on exclusive breastfeeding. In regard with no of children, the calculated chi square value is 2.03 lesser than the table value 9.4 which show that there is association between no of children and knowledge level. In regard with parity, the calculated chi square value is 7.33 lesser than the table value 9.3 which show that there is association between parity and knowledge level.

PART B: ASSOCIATION BETWEEN THE PRACTICES ON EXCLUSIVE BREASTFEEDING WITH DEMOGRAPHIC VARIABLES.

N=60

Sl. No	Demographic variables	Level of Practice		Calculated value	df	Table values	Significance
		Good	Poor				
1	**AGE IN YEARS**						
	Less than18 years	0	1	47.3	3	9.5	S
	19-23 years	4	6				
	24-28 years	2	15				
	More than 29 Years	3	2				
2	**RELIGION**			2.7	3	5.9	S
	Hindu	9	13				
	Christian	6	4				
	Muslim	2	1				
	Others	0	0				
3	**TYPE OF FAMILY**						
	Nuclear	10	17	22.7	1	12.5	NS
	Joint	3	3				
4	**FAMILY INCOME**						
	Less than 5000	0	10	16.8	2	9.4	S
	5,001-10,000	0	4				
	> 10,001	10	0				
5	**NO OF CHILDREN**						
	One	20	0	5.3	2	9.4	S
	Two	18	5				
	More than 3	0	0				
6	**PARITY**						
	Primipara	8	0	7.33	2	9.3	S
	Multipara	24	4				
	Grand multipara	3	0				

The above table reveals that, the calculated chi square value is 47.3 for age greater than the table value 9.5 which show that there is no association between age and the practice. In regard with religion, the calculated chi square value is 2.7 which are lesser than the table value 5.9 which shows that there is an association between religion and practice level. The calculated chi square value for type of family is 22.7 greater than the table value 12.5 which shows that there is no association between type of family history and practice level. In regard with family monthly income, the calculated chi square value is16.8 which is lesser than the table value 9.4 shows that there is a significant association at the level of significance p=0.05. In regard with no of children, the calculated chi-square value is 5.3 lesser than the table value 9.4 which shows that there is a significant association with no of children with practice level. The calculated chi square value for parity is 7.33 lesser than the table value 9.3 which shows that there is no association between parity and practice level Hence, the research hypothesis $_{H1}$ accepted that there is a significant association between the practices on exclusive breastfeeding with selected demographic variables.

IV. CONCLUSION

Nurses play an important role in the hospital and community to promote good health to the mother and the baby. From the above findings, it is understood that majority of the postnatal mothers have lack of knowledge and practice on Exclusive Breastfeeding. Mothers are having different kinds of myths on exclusive breast feeding.

REFERENCES

[1]. http://elsiemobbs.com.au/lactation-physiology/
[2]. www.worldbreastfeedingweek.org.2010. 1-7 August 2010
[3]. https://www.sciencedirect.com/topics/agricultural-and-biological-sciences/colostrum
[4]. .http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/
[5]. http://www.revolutionhealth.com/healthy-living/pregnancy/breast-feeding-techniques
[6]. http://www.babies\breast feeding\CDC statistics of BF.mht
[7]. Raman kalia. Promotion of Breast-Feeding Practices. International Journal of Nursing Studies. 2004; Vol 44: 1128-1137
[8]. Www.worldbreastfeedingweek.org.2010. 1-7 August 2010.
[9]. http://. www.whittelestone.com/documents/breast feeding .pdf
[10]. http://www.babies.sutterhealth.org/breastfeeding/bf_techniques.html
[11]. http://www.orfonline.org/research/promoting-exclusive-breastfeeding-essential-for better-nutrition-in-india
[12]. kumar dinesh, agarwal neeraj, swami hm, Indian Journal Of Medical Science, Volume: 60, no11, Nov 2012, page number: - 461-466
[13]. yanikkerem.e, tuncer.r, yilmaz.k, Journal of midwifery, volume: 25, issue 6, December- 2013, page number: - e19-e32.
[14]. Journal ListInt J Health Sci (Qassim)v.9(4); 2015 OctPMC4682591
[15]. https://doi.org/10.1186/s13006-018-0154-0
[16]. Journal ArticleKimani-Murage EW Griffiths PL, Wekesah FM, Wanjohi M, Muhia N, Muriuki P, Egondi T, Kyobutungi C, Ezeh AC, McGarvey ST, Musoke RN, Norris SA, Madise NJ 2017 Dec 19;13(1):90. doi: 10.1186/s12992-017-0314-9.
[17]. Journal ListInt J Health Sci (Qassim)v.9(4); 2015 OctPMC4682591
[18]. https://doi.org/10.1186/s13006-018-0147-z