

A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING EXCLUSIVE BREASTFEEDING AMONG ANTENATAL MOTHERS VISITING OBG OPD, AIIMS PATNA.

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ABSTRACT

Introduction: Breastfeeding is the safest, cheapest and best protective food for infants. Breast milk contains all the nutrients in the right proportion which are needed for optimum growth and development of the baby up to 6 months. It is easily digestible and provide immunity to the baby. Breastfed baby is less likely to develop infection especially gastrointestinal and respiratory tract infections. Breastfeeding promotes close physical and emotional bondage between mother and baby. It also promotes development of higher intelligence and feeling of security in infant. It reduces the chance of PPH and pregnancy for 6 months, risk of breast and ovarian cancer to the mother. **Methodology:** The research design was non-experimental descriptive design, sampling technique was convenient sampling, sample size was 60, population was the antenatal mothers visiting the OBG- OPD. Tools used for data collection were demographic proforma and self-structured knowledge questionnaires, setting was OBG-OPD of AIIMS. **Results:** Data presents that the minimum age is 19 years and maximum age is 32 years, Mean is 24.35 and standard deviation is 2.93. Maximum number of subjects 38.3% were qualified up to graduation, majority of the subjects 86.7% were housewives, maximum number of subjects 81.7% belong to hindu religion, maximum number of subjects 58.3% had prior knowledge about breastfeeding. The 5% of subjects had poor knowledge, whereas 32% of subjects had average knowledge and 63% of subjects had good knowledge regarding breastfeeding. There was association between knowledge regarding exclusive breastfeeding and educational qualification of mother is significant at 0.05 level of significance.

KEYWORDS: Knowledge, exclusive breast-feeding, antenatal.

INTRODUCTION

Breastfeeding is the mother's gift to herself, her baby on the earth. Exclusive breastfeeding means the infant receives only breast milk no other liquids or solids are given not even water, with the exception of oral rehydration solution or drops / syrups of vitamins, minerals or medicines.

WHO and UNICEF recommendations

- Early initiation of breastfeeding within 1 hour of birth;
- Exclusive breastfeeding for the first 6 months of life; and
- Introduction of nutritionally- adequate and safe complementary (solid) foods at 6 months together with continued breastfeeding up to 2 years of age or beyond.

Breastfeeding is the safest, cheapest and best protective food for infants. Breast milk contains all the nutrients in the right proportion which are needed for optimum growth and development of the baby up to 6 months. It is easily digestible and provide immunity to the baby.

Breastfed baby is less likely to develop infection especially gastrointestinal and respiratory tract infections. Breastfeeding promotes close physical and emotional bondage between mother and baby. It also promotes development of higher intelligence and feeling of security in infant. It reduces the chance of PPH and pregnancy for 6 months, risk of breast and ovarian cancer to the mother.

According to WHO (2017), globally, only 40% of infants under 6 months of age are exclusively breastfed. According to Lancet (2008), breastfed children have at

least 6 times greater chance of survival in early months than non-breastfed children. Breast milk contains 3% - 5% fat, 0.8%-0.9% protein, 6.9%-7.2% carbohydrate calculated as lactose, and 0.2% mineral constituents. Its energy content is 60-75 kcal/100ml. Total amount of milk secretion per day is about 600 to 700ml.

Bener et al. (2011) has compared 117 children with acute lymphocytic leukemia or lymphoma with 117 healthy children in Bedouin Arabs. Those children who were breastfed for 6 months or less were 2.97 times more likely to develop a lymphoid malignancy than those children who were breastfed for more than 6 months.

According to the International breastfeeding journal, the numbers of babies getting breastfed in the first hour of life in India are 23.1% in 2005 and 41.5% in 2015.

According to WHO report (2008) indicates the knowledge regarding breastfeeding and initiation of breast feeding within first hour of delivery among mothers in Bihar is 4% and knowledge regarding Exclusive breastfeeding is nearly 28%.

UNICEF stated that every year over 1 million infants die and millions of others are impaired because they are not adequately breastfed.

Faleh al-Mutairi et al (2016) conducted a cross-sectional study to assess the breast feeding practice and knowledge among women attending PHC in Riyadh .The study was conducted among 252 samples who were randomly selected and data were collected using standardized questionnaire. The result showed that 12.7% had excellent knowledge, 57% had good knowledge and 30.2% mothers had unsatisfactory level of knowledge and study further recommended that campaigning regarding breast feeding is needed among women to raise their level of knowledge.

From above data there are very less number of children who are exclusively breastfeed so we wanted to assess the knowledge of mothers regarding exclusive breastfeeding.

Problem Statement

A descriptive study to assess the knowledge regarding exclusive breastfeeding among antenatal mothers visiting OBG OPDs of AIIMS Patna, Bihar.

OBJECTIVES

The objectives of the study were -

1. To assess the level of knowledge on exclusive breastfeeding among antenatal mothers.
2. To find the association between knowledge regarding exclusive breastfeeding and selected demographic variables.
3. To develop a pamphlet on exclusive breastfeeding.

METHODOLOGY

Research design: The research design adopted for the study was non-experimental descriptive design which spells out the basic strategies that the researcher adopts to develop information that is accurate and interpretable.

Dependant variable: In this study level of knowledge regarding exclusive breastfeeding were the dependant variables.

Independent variable: The demographic variables such as age, education, occupation and religion of the antenatal mothers.

Setting of the study: The study was conducted in OBG-OPD of AIIMS Patna.

Population: The target population comprised of the antenatal mothers, the accessible population is the antenatal mothers who were attending the OBG-OPD of AIIMS Patna.

Samples: The antenatal mothers who were attending the OBG-OPD of AIIMS Patna during the time of data collection. The sample size was 60.

Inclusion criteria: Antenatal mothers who were present at the time of data collection and who were willing to participate in the study.

Exclusion criteria: Antenatal mothers who are not able to read and write in hindi.

Ethical consideration: Ethical clearance was obtained from the institutional ethical committee and the department HOD, consent was obtained from the participants.

Content validity: the tools were given to the five experts (two from OBG department and three from college of Nursing) to obtain their suggestions. The tools were modified according to the suggestions of the experts.

Data collection process: Prior permission was taken from the HOD of the OBG department, in the month of May the antenatal mothers attending the OPD were approached, the eligibility of the participant was checked, consent was obtained and then questionnaire was given to fill thereby data was collected.

Data analysis: Descriptive statistics (frequency and percentage) was used to assess the level of knowledge and awareness regarding exclusive breastfeeding and inferential statistics (chi-square) was used to find association between the knowledge and demographic variables.

RESULTS

The purpose of analysis in research is to reduce the data when it is in interpretable form so that the relation of research problem can be studied and tested.

The minimum age is 19 years and maximum age is 32 years. Mean is 24.35 and standard deviation is 2.93.

Table 1: Showing frequency and percentage distribution of demographic variable.

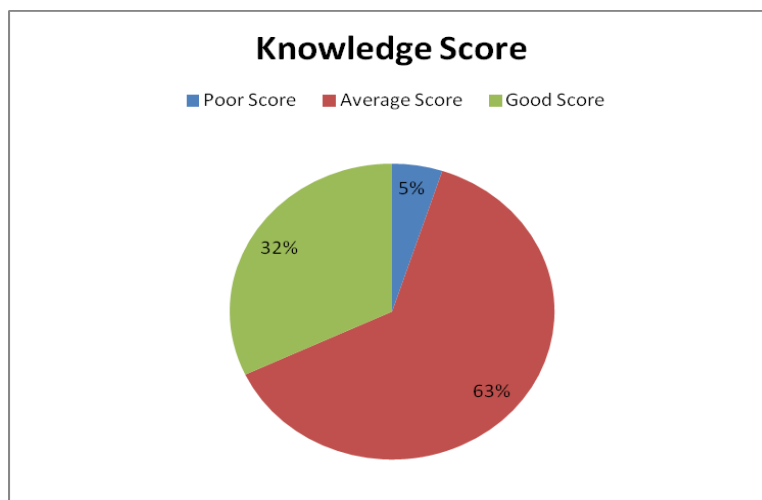
n = 60

Sr. no.	Socio demographic variables	Frequencies (F)	Percentage (%)
1.	Academic qualification of mother		
	a) No formal education	5	8.3
	b) 10 th pass	14	23.3
	c) 12 th pass	18	30.0
	d) Graduation and above	23	38.3
2.	Occupation of mother		
	a) Housewife	52	86.7
	b) Private sector	4	6.7
	c) Government sector	2	3.3
	d) Others	2	3.3
3.	Religion of mother		
	a) Hindu	49	81.7
	b) Muslim	11	18.3
4.	Prior information about breastfeeding.		
	a) No	25	41.7
	b) Yes	35	58.3

Data in table 1, shows that maximum number of subjects 38.3% were qualified up to graduation. Majority of the subjects 86.7% were housewives. Maximum number of subjects 81.7% belong to hindu religion. Maximum

number of subjects 58.3% had prior knowledge about breastfeeding.

The minimum score of the subject was 7 and maximum score was 18.



The pie chart represents the percentage distribution of knowledge scores about breastfeeding among antenatal mothers. It is evident from the pie chart that 5% of subjects had poor knowledge, whereas 32% of subjects had average knowledge and 63% of subjects had good knowledge regarding breastfeeding.

Table 2: Showing association of knowledge with selected demographic variables Chi square χ^2 , p value* <0.05.

Sr. no	Socio-demographic variables	Poor knowledge (0-7)	Average knowledge (8-14)	Good knowledge (15-21)	P value*
1.	Education qualification of mother				
	a) No formal education	2	3	0	0.002*
	b) 10 th pass	0	11	3	
	c) 12 th pass	1	13	4	
	d) Graduation	0	11	12	
2.	Occupation of mother				
	a) Housewife	3	34	15	0.512
	b) Private sector	0	1	3	
	c) Government sector	0	1	1	
	d) Other	0	2	0	
3.	Religion of mother				
	a) Hindu	2	32	15	0.702
	b) Muslim	1	6	4	
4.	Prior information about breastfeeding				
	a)No	2	15	8	0.654
	b)Yes	1	23	11	

The data presented in table 2 shows that:

- The association between knowledge regarding exclusive breastfeeding and educational qualification of mother is **significant** at 0.05 level of significance.
- The association between knowledge regarding exclusive breastfeeding and occupation of mother is non – significant at 0.05 level of significance.
- The association between knowledge regarding exclusive breastfeeding and religion of mother is non-significant at 0.05 level of significance.
- The association between knowledge regarding exclusive breastfeeding and prior knowledge about breastfeeding of mother is non- significant at 0.05 level of significance.

CONCLUSION

According to this study 5% antenatal mother was having poor knowledge about breast feeding, 63 % antenatal mother was having average knowledge about breast feeding and 32% antenatal mother was having good knowledge about breast feeding. In this study the association between knowledge regarding exclusive breastfeeding and educational qualification of mother is significant at 0.05 level of significance.

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