

**“A study to assess the knowledge and practice of breast feeding among nursing mothers admitted in a Zonal Military Hospital, Secunderabad.”**

**LT COL SUBHA S**

IJSER

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**“A study to assess the knowledge and practice of breast feeding among nursing mothers admitted in a Zonal Military Hospital, Secunderabad.”**

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**Department** : Paediatrics

**Thesis** : A descriptive study to assess the knowledge and practice of breast feeding among nursing mothers.

**Hospital/Institute** : Military hospital, Secunderabad.

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## **CHAPTER -1**

**“While breast feeding may not seem the right choice for every parent, it is the best choice for every baby”**

- Amy Spangl

### **INTRODUCTION**

Adequate nutrition during infancy and early childhood is essential to ensure the growth, health, and development of children to their full potential. Poor nutrition increases the risk of illness, and is responsible, directly or indirectly, for one third of the estimated 9.5 million deaths that occurred in 2006 in children less than 5 years of age. Inappropriate nutrition can also lead to childhood obesity which is an increasing public health problem in many countries.

The first two years of life provide a critical window of opportunity for ensuring children's appropriate growth and development through optimal feeding. Based on evidence of the effectiveness of interventions, achievement of universal coverage of optimal breastfeeding could prevent 13% of deaths occurring in children less than 5 years of age globally, while appropriate complementary feeding practices would result in an additional 6% reduction in under five mortality.

In 2002, the World Health Organization and UNICEF adopted the Global Strategy for infant and young child feeding. The strategy was developed to revitalise world attention to the impact that feeding practices have on the nutritional status, growth and development, health, and survival of infants and young children. WHO and UNICEF's global recommendations for optimal infant feeding as set out in the Global Strategy are:

- Exclusive breastfeeding for 6 months (180 days).
- Nutritionally adequate and safe complementary feeding starting from the age of 6 months with continued breastfeeding up to 2 years of age or beyond.

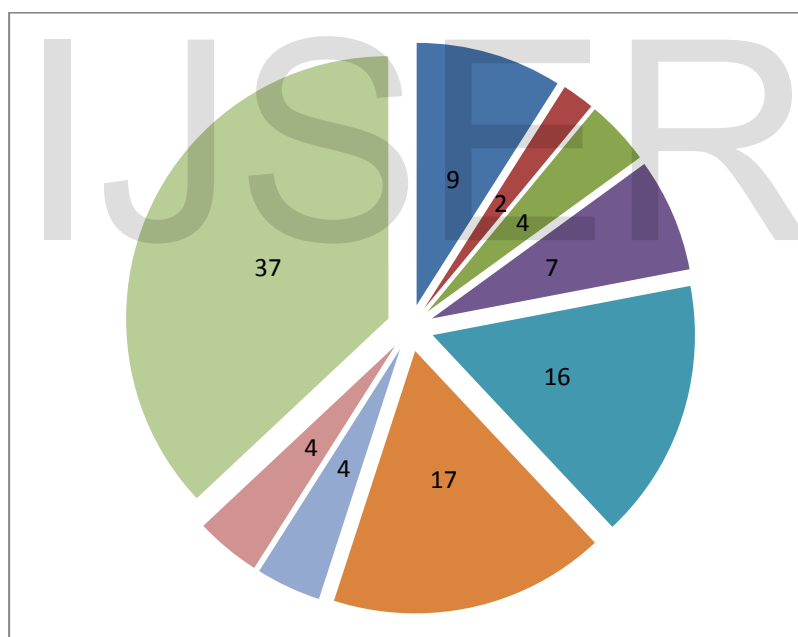
Exclusive breastfeeding means that an infant receives only breast milk from his or her mother or a wet nurse, or expressed breast milk, and no other liquids or solids, not even water, with the exception of oral rehydration solution, drops or syrups consisting of vitamins, minerals supplements or medicines.

## **BACKGROUND OF THE STUDY:**

- Globally, only 2 out of 5 newborn are put to the breast within first hour of birth, and roughly the same proportion of infants less than 6 months of age are exclusively breastfed.
- As per the report of World Breastfeeding Trends Initiative on 12 Feb 2015, only 8 million of the 26 million babies (31%) born in India every year are breast fed within an hour of birth.

Poor breastfeeding and complementary feeding practices are widespread. Worldwide, it is estimated that only 34.8% of infants are exclusively breastfed for the first 6 months of life, the majority receiving some other food or fluid in the early months. Complementary foods are often introduced too early or too late and are often nutritionally inadequate and unsafe. Data from 64 countries covering 69% of births in the developing world suggest that there have been improvements in this situation. Between 1996 and 2006 the rate of exclusive breastfeeding for the first 6 months of life increased from 33%.

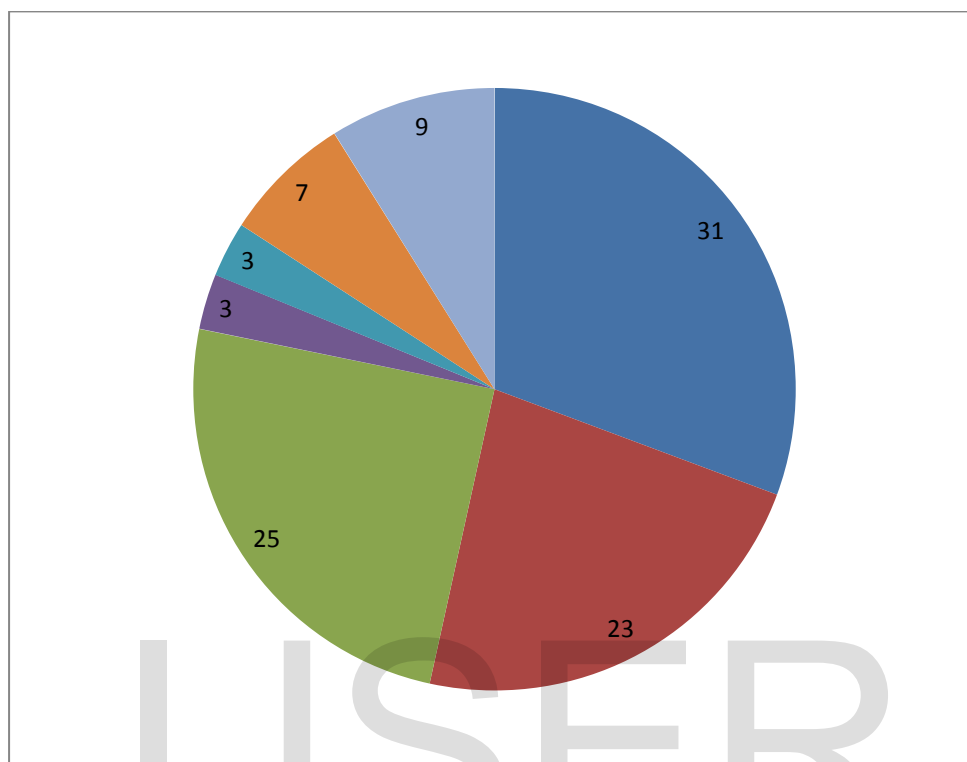
### **Deaths among children under five**



**Figure: 1**

Other infectious and parasitic diseases	- 9%
HIV/AIDS	- 2%
Measles	- 4%
Malaria	- 7%
Diarrhoeal diseases (post neonatal)	- 16%
Acute respiratory infections (post neonatal)	- 17%
Non communicable diseases (post neonatal)	- 4%
Injuries (post neonatal)- Neonatal deaths	- 37%

### **NEONATAL DEATHS - 37%**



**Figure: 2**

Other- 9%, Congenital anomalies- 7%, Neonatal tetanus- 3%, Diarrhoeal diseases- 3%  
Neonatal infections- 25%, Birth asphyxia and birth trauma- 23%.

Colostrums, the first milk, provides a baby's first immunization by carrying vital antibodies and growth factors from mother to child, preventing early death and protecting the newborn against infectious diseases. Immediate skin to skin contact and early initiation of breastfeeding within the first hour of life could significantly reduce neonatal mortality. Suboptimal breastfeeding practices result in almost 12 per cent of all deaths among children under five years of age, or about 800,000 deaths in 2011.

Even in populations with low infant mortality, there are health risks associated with not breastfeeding including acute ear infections, respiratory and gastrointestinal infections, asthma, type 2 diabetes and childhood obesity. Not breastfeeding is associated with a three-point reduction in children's IQ. Breastfeeding thus results in better school performance and academic outcomes. A longitudinal study recently showed that longer duration of breastfeeding was associated with better educational achievement at age five, suggesting that breastfeeding contributes to school readiness.

Mothers who start breastfeeding immediately after they deliver reduce the risk of haemorrhage and recover more quickly. Women who breastfeed have a reduced risk of post-partum depression; they also experience reduced fertility temporarily, helping to space their pregnancies. Those who continue to breastfeed also lose weight gained during pregnancy more quickly and have reduced risk of diabetes, breast and ovarian cancers, cardiovascular disease and osteoporosis later in life.

Breastfeeding can save health care systems significant resources due to reduced illness among breastfed babies - even moderate increases in breastfeeding in the UK could save the health service millions of pounds annually. In the US, \$13 billion could be saved in paediatric health care and other costs if exclusive breastfeeding rates increased. Another \$17 million could be saved related to maternal health care and other costs. Infant formula and other breast milk substitutes are expensive, including the cost of utensils and the fuel to boil water and sterilize them. Families also bear greater costs for health care and time away from work because non-breastfed babies are sick more often. As mothers who breastfeed have children who are sick less often than non-breastfed children, they are less likely to miss work, thereby saving their employers money. Not breastfeeding creates an additional burden on the environment. For every 1 million formula-fed babies, 150 million containers of formula are consumed, many of which end up in landfills. Industrial processing and transport of breast milk substitutes produce greenhouse gas emissions, while processing and preparation use water and energy resources. The health system is crucial to support optimal breastfeeding. Implementing the Baby-Friendly Hospital Initiative in maternity facilities has been shown to increase breastfeeding rates as well as the duration of breastfeeding and should be a core component of breastfeeding programme.

## **NEED OF THE STUDY**

- ▶ Only 31% of newborn babies in India are breastfed within the first hour of delivery.
- ▶ Increasing neonatal mortality and morbidity rate due to poor lactation.

## **PROBLEM STATEMENT**

“A study to assess the knowledge and practice of breast feeding among nursing mothers admitted in a Zonal Military Hospital, Secunderabad.”

## **AIM**

To assess the knowledge and practice of breast feeding among nursing mothers.

## **OBJECTIVES OF THE STUDY**

- To assess the knowledge regarding breast feeding among the nursing mothers admitted in the hospital.
- To assess the actual practice of breast feeding among the nursing mothers admitted in the hospital.
- To determine the association between knowledge and practice of breast feeding among nursing mothers admitted in the hospital.
- To determine the association between the knowledge, practice and selected socio-demographic variables.

## **OPERATIONAL DEFINITIONS**

### **Assess:**

- According to Oxford dictionary- it is to estimate worth or likelihood of.
- In the study assess means to evaluate the knowledge and practice of breast feeding among nursing mothers.

### **Knowledge:**

- According to Oxford dictionary “it is awareness or familiarity understanding of a subject”
- In this study it refers to the understanding of women regarding breast feeding which is scored with the help of a structured questionnaire.

### **Practice:**

- According to Oxford dictionary- it is the actual application or use of an idea, belief, or method, as opposed to theories relating to it.

- In this study it refers to procedure followed by nursing mothers while breast feeding.

### **Breast feeding:**

- According to UNICEF- it is the infant receives only breast milk from his/her mother or a wet nurse, or expressed breast milk, and no other liquids or solids, with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines.
- In this study it refers to feeding of neonate directly from breast, including holding of neonate, technique of feeding and burping.

### **Nursing mothers:**

- According Cambridge English dictionary- A mother who is breast feeding her baby.
- In this study it refers to the same.

## **INCLUSION CRITERIA**

Women who are:

- Breast feeding and admitted in the hospital
- Literate
- Willing to participate in the study
- Present at the time of study

## **EXCLUSION CRITERIA**

Women who are:

- Admitted but not breast feeding
- Contraindicated to breast feeding like HIV infected.
- Health care professionals

## **SCOPE OF RESEARCH STUDY**

The focus of the research study is to determine the knowledge, and practice of breast feeding among nursing mothers.

- ▶ This study will help the investigator to identify and enlighten the factors that affect the knowledge and practice of breastfeeding.
- ▶ It will also help to identify the need of trained staff to ensure and enhance the skill in practicing breast feeding.
- A study will help to promote the awareness and advantages of breast feeding and encourage them to put their knowledge into practice.
- This will motivate the willingness to practice exclusive breast feeding and to pass on the knowledge to their relatives and friends.

## **ASSUMPTIONS OF THE STUDY**

1. Multi gravida mother possess more knowledge regarding breastfeeding than primi gravida mother.
2. Women from poor educational background and socio-economic status possess comparatively less knowledge regarding breastfeeding.

3. Women from different communities possess different cultural beliefs and myths regarding breastfeeding.

### **ETHICAL ASPECT**

A written informed consent was obtained from each woman before collecting the data, which clearly maintained the confidentiality of the study.

### **RESEARCH METHODOLOGY**

- ▶ **Research approach:** Cross sectional descriptive study.
- ▶ **Research design:** Cross sectional descriptive survey design.
- ▶ **Population:** Nursing mothers in the zonal hospital who were present at the time of study.
- ▶ **Sample size:**
- ▶ **Sampling technique:** Non probability purposive sampling.
- ▶ **Research setting:** Postnatal ward in a Zonal Military Hospital.

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# CHAPTER –II

## REVIEW OF LITERATURE



## **CHAPTER -2**

### **REVIEW OF LITERATURE**

Adequate nutrition is essential for children's health and development. Globally it is estimated that under nutrition is responsible, directly or indirectly, for at least 35% of deaths in children less than five years of age. Under nutrition is also a major cause of disability preventing children who survive from reaching their full development potential. An estimated 32%, or 186 million, child below five years of age in developing countries are stunted and about 10%, or 55 million, are wasted. Unless massive improvements in child nutrition are made, it will be difficult to achieve Millennium Development Goals 1: Eradicate extreme poverty and hunger and 4: Reduce child mortality by 2015.<sup>(1)</sup>

Infant and young child feeding practices rank among the most effective interventions to improve child health. In 2006 an estimated 9.5 million children died before their fifth birthday, and two thirds of these deaths occurred in the first year of life. Under-nutrition is associated with at least 35% of child deaths. It is also a major disabler preventing children who survive from reaching their full developmental potential. Around 32% of children less than 5 years of age in developing countries are stunted and 10% are wasted. It is estimated that sub-optimal breast feeding, especially non-exclusive breastfeeding in the first 6 months of life, results in 1.4 million deaths and 10% of the disease burden in children younger than 5 years. To improve this situation, mothers and families need support to initiate and sustain appropriate infant and young child feeding practices. Health care professionals can play a critical role in providing that support, through influencing decisions about feeding practices among mothers and families. Therefore, it is critical for health professionals to have basic knowledge and skills to give appropriate advice, counsel and help solve feeding difficulties, and know when and where to refer a mother who experiences more complex feeding problems. Child health in general, and infant and young child feeding more specifically, is often not well addressed in the basic training of doctors, nurses and other allied health professionals. Because of lack of adequate knowledge and skills, health professionals are often barriers to improved feeding practices.<sup>(2)</sup>

Inadequate rates of exclusive breastfeeding result from social and cultural, health-system and commercial factors, as well as poor knowledge about breastfeeding. These factors include: caregiver and societal beliefs favouring mixed feeding (i.e. believing an infant needs additional liquids or solids before 6 months because breast milk alone is not adequate); hospital and health-care practices and policies that are not supportive of breastfeeding; lack of adequate skilled support (in health facilities and in the community); aggressive promotion of infant formula, milk powder and other breast-milk substitutes; inadequate maternity and paternity leave legislation and other workplace policies that support a woman's ability to breastfeed when she returns to work; lack of knowledge on the dangers of not exclusively breastfeeding and of proper breastfeeding techniques among women, their partners, families, health-care providers and policy-makers.<sup>(3)</sup>

A study conducted by Syed E. Mahmood, Anurag Srivastava, Ved P. Shrotriya, Payal Mishra of Department of Community Medicine, Rohilkhand Medical College and Hospital, Shri Ram Murti Smarak Institute of Medical Sciences, Bareilly, India, studied infant feeding

practices in rural population of north India, revealed most of the mothers had initiated breastfeeding (78.8%) within 24 hours of delivery. About 15.4% babies had not received colostrum. The most common reason stated by mothers for discarding colostrum was that they thought colostrum was not good for the child. About 22.8% of the infants were not exclusively breastfed. The most common reason for not doing so was inadequacy of milk secretion (71.4%). Ghutti, that is, water mixed with honey and herbs (42.9%), boiled water (21.4%), tea (21.4%), and animal milk (14.3%) were commonly used as pre-lacteal feeds. About 47.2% of the respondents were not aware of the benefits of exclusive breastfeeding. About one quarter of the respondents had started complementary feeding before the baby was six months old. The most common type of complementary food given was semisolid (53.7%). About 13.8% of the mothers had started giving semi-solid foods before the baby was six months of age<sup>(4)</sup>.

Knowledge and practice of mothers regarding breast feeding: a hospital based study was conducted in eastern part of Nepal by RN Chaudhary, T Shah, S Raja of Department of Child health Nursing, Department of Community Health Nursing, Department of Pediatrics, BPKIHS Dharan in 2012 shows All mothers knew that they had to breast feed their babies, but they did not have adequate knowledge about the appropriate way of breastfeeding. 10% knew that they have to initiate breast feeding within ½ hour of birth, 10% had idea on prelacteal feed, 25% had idea on importance of colostrums, 15% knew the meaning of exclusive breast feeding, and 15% of the mothers had idea on importance of night feeding. 41.5% mothers initiated breast feeding within ½ hour of birth, 33% mothers gave prelacteal feed, colostrum was fed by 95%, 15% were practicing exclusive breast feeding, 90% mothers were practicing night feeds, 15% mothers practiced feeding one side at a time, 60% mothers were practicing inappropriate attachment and positioning, None of the mothers got any advice regarding breast feeding during ANC visits. Undesirable cultural practices such as giving prelacteal feeds, late initiation of breastfeeding after birth, delay in introduction of weaning foods and avoiding exclusive breastfeeding are still prevalent among the mothers. The maternal knowledge towards breast feeding was inadequate and there was a big gap between actual and desired practices.<sup>(5)</sup>

A study to assess the knowledge, attitude, practice and problems of postnatal mothers regarding breast feeding was conducted in selected hospitals of Madhurai, Chennai, by Mrs Nanthini Subbaiah, Asst secy TNAI, in 2006 revealed overall knowledge regarding breastfeeding among the population was 47.5%, all of them liked to breastfeed their babies and was aware of the advantages of breast feeding. Only 14% of the population was antenatally prepared for breast feeding.<sup>(6)</sup>

Breastfeeding prevalence and practices among Singaporean Chinese, Malay and Indian mothers was studied among Chinese, Malay and Indian mothers, aged 15 - 47 years, who lived in Singapore by L. L. Foo, S. J. S. Quek, S. A. Ng1, M. T. Lim and M. Deurenberg-Yap of Research and Information Management and Nutrition Department, Health Promotion Board, Republic of Singapore found out breastfeeding. At 1 month, 71.6% were still breastfeeding, 49.6% continued to do so at 2 months, and 29.8% persisted till 4 months. By 6 months, the breastfeeding prevalence rate fell to 21.1%. The median duration of breastfeeding was shorter than the mean duration as the proportion of mothers who continued breastfeeding was smaller than that of mothers who stopped breastfeeding; and among those who persisted, their average duration were longer. Among the mothers who attempted breastfeeding, the shortest duration was 0.5 weeks, while 21.1% were still doing so at the end of 6 months.<sup>(7)</sup>

A community based study on breast feeding knowledge and practice among rural women of Punjab was conducted by Rajesh Garg, ShyamSunder Deepti, Avtar Padda, and Tejbir Singh of Department of Community Medicine, Veer Chandra Singh Garhwali Government Medical Sciences & Research Institute, Srinagar - Garhwal, Uttarakhand, India. Department of Community Medicine, Government Medical College, Amritsar, Punjab, India, in Dec 2012 concluded that two hundred twenty five respondents (23.8%) started breastfeeding their babies on the first day of birth, but in terms of early breastfeeding only 128 (13.5%) respondents put their babies on the breast within 4 hours of birth. Of the 1,000 respondents, 356 (35.6%) of the respondents were unaware of the importance of colostrum, 733 (77.6%) were not given advice on benefits of breastfeeding/weaning, and 306 (33.5%) of respondents had not increased their diet during lactation.

Department of Community Medicine, Kempegowda Institute of Medical Sciences, Bangalore, India in 2009 conducted a descriptive cross sectional study on Breast feeding practices and newborn care in rural areas by K Madhu, Sriram Chowdary, Ramesh Masthi, revealed 97% of the mothers initiated breastfeeding, 19% used pre lacteal feeds, 90% had hospital deliveries and 10% had home deliveries, and 50% used a house knife to cut the Umbilical cord among home deliveries.<sup>(9)</sup>

Feeding practices of children in an urban slum of kolkatta by SimaRoy, Aparajita Dasgupta, Bobby Pal from Department of Community Medicine, IPGME&R, Kolkata, and Department of Community Medicine, Preventive and Social Medicine, All India Institute of Hygiene and Public Health, Kolkata, India in 2009 showed, a total of 93.33% (112/120) of the children were delivered at health facilities and the rest at home. 29.16% (35/120) received prelacteal feed in the form of water, infant milk formula, cow milk and honey. Mothers of 41.66% (50/120) of the children were informed about EBF and it was obtained mostly from the health facility (56.67% i.e. 68/120). The others were informed by family members and peer groups. Prelacteal feeding was more prevalent among mothers who were not informed about EBF and the relationship was statistically significant. Most of the children (76.67% i.e. 92/120) received breast milk within 24 h. 90% (108/120) were fed with colostrums. 28.33% (34/120) received exclusive breast feeding for 6 months. EBF was less in literate mothers and the relationship was statistically significant. Inadequate milk production is the most common reason for not giving EBF, which is about 62.79% (54/86). Rest were due to lack of information, prematurity, illness of mother, and the summer season. 71.66% (86/120) were given complementary feeding at 6 months. Advice for timely introduction of complementary feeding was obtained from the health facility, guardian and peer groups.<sup>(10)</sup>

Impact of ritual pollution on lactation and breastfeeding practices in rural West Bengal, India was studied by Mridula Bandyopadhyay in 2009 found belief in 'impurity and polluting effects of childbirth' necessitated seclusion and confinement of mothers after childbirth in the study villages. Breastfeeding was universal and prolonged, and food proscriptions were followed by mothers after childbirth to protect the health of their newborn. Initiation of breastfeeding was delayed after birth because of the belief that mother's milk is 'not ready' until two-to-three days postpartum. Generally, colostrum was discarded before putting the infant to the breast in the study villages. Breastfeeding lasted up to five years, and the majority of women in the sample introduced supplementary food before six months. Most infants in the study villages were given a prelacteal feed immediately after birth, only a small

number of women (35) exclusively breastfed – after giving a prelacteal feed – until six months in the study villages<sup>(11)</sup>.

Breastfeeding Knowledge and Practices amongst Mothers in a Rural Population of North India: A Community-based Study was conducted in 2009 by M. Sai Sunil Kishore Praveen Kumar and Arun K. Aggarwal of Department of Paediatrics Postgraduate Institute of Medical Education and Research, Chandigarh, Department of Community Medicine, Postgraduate Institute of Medical Education and Research, Chandigarh, India showed out of the 77 mothers, 30% and 10% exclusively breastfed their infants till 4 and 6 months of age, respectively. There was ‘good attachment’ in 42% mother–infant pairs and infants were held in correct position by 60% mothers. Thirty nine percent of the mothers had ‘satisfactory’ breastfeeding knowledge. On multivariate logistic regression analysis, lack of breastfeeding counselling was significantly associated with decreased rates of EBF at 4 months and 6 months and ‘full’ breastfeeding (FBF) at 6 months of age

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# CHAPTER III

# METHODOLOGY

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## **RESEARCH METHODOLOGY**

Methodology of Research indicates the general pattern for organizing the procedure to gather valid & reliable data for the problem under investigation. This chapter deals with the methodology adopted for the study. This chapter will encompass the research approach, design of the study, sampling technique, selection of tools, data collection procedure & plan for data analysis.

The objective of the study was to assess the knowledge and practice of breast feeding among nursing mothers.

## **RESEARCH APPROACH**

The present study aimed at assessing the knowledge and practice of breast feeding, provide necessary guidance where ever required and prepare recommendations based on the findings of the study.

## **RESEARCH DESIGN**

The research method adopted for the study is cross sectional comparative study method. The study conducted in 540 nursing mothers admitted in Zonal Military Hospital, samples were families of defence personnel age group between 20 - 45 years. The tool used was structured questionnaire for assessing the knowledge and practice of breast feeding.

## **SETTING OF THE STUDY**

The setting selected was Multi speciality hospital in Secunderabad Cantonment area.

The present study was conducted in maternity and paediatric ward of Multispecialty Military hospital in Secunderabad Cantonment.

## **POPULATION**

The population of the study consisted of families of service personnel of age group 18 - 40 years and are having breast feeding babies less than six months of age, admitted in Super speciality Defence Hospital in Secunderabad.

## **SAMPLE & SAMPLING TECHNIQUE**

According to Polit and Beck, “sample is a subset of the population, selected to participate in a study”. “Sampling is the process of selecting a portion of the population to represent the entire population”.

### **SAMPLE**

Sample consists of subset of the unit or population under study, 585 nursing mothers of age group 18 - 40 years admitted to the hospital wards.

### **SAMPLING TECHNIQUE**

Sample size estimation was done on the basis of prevalence.

1. Assumed true prevalence = 0.6 (National prevalence of breast feeding  $\approx$  64%)
2. Assumed sensitivity = 0.9
3. Assumed specificity = 0.9
4. Confidence level = 0.95
5. Desired Precision = 0.05
6. Power = 80%
7. Sample size magnitude = 585



	<b>Se= 0.7</b>	<b>Se=0.8</b>	<b>Se=0.9</b>	<b>Se=0.95</b>	<b>Se=0.99</b>	<b>Se=0.999</b>
Sp = 0.7	2386	1476	958	778	660	635
Sp = 0.8	1537	1052	739	622	541	525
Sp = 0.9	1061	783	<b>585</b>	506	451	439
Sp = 0.95	897	683	525	459	413	403
Sp = 0.99	789	615	482	426	385	376
Sp = 0.999	767	601	473	419	379	371

Sample sizes based on range of specificities and sensitivities

### **DESCRIPTION OF STRUCTURED QUESTIONNAIRE (TOOL)**

The final format of the structured questionnaire comprised of 03 parts.

**PART I** of the tool consisted of Socio Demographic data sheet. It is based on ten items such as age, religion, education, occupation, monthly income, type of family, period of gestation, order of birth, gender of the baby, birth of the baby and mode of delivery. This information was collected by question method.

**PART II** of the tool consisting of 12 questions. These questions were framed to elicit information pertaining to the sample's knowledge regarding meaning of colostrums, initiation and duration of breast feeding, advantages and positions of breast feeding. This information was collected by direct interaction.

**PART III** of the tool consist of 08 questions. These questions were framed to elicit information pertaining to the sample's knowledge regarding the practice of breast feeding and actual practice. This information was collected direct interaction and observation.

## **VALIDITY OF RESEARCH TOOL**

The validity of the research tool was established by administering the questionnaire to five experts, which included one Neonatologist, one Gynaecologist, one Psychiatrist, one expert in preventive medicine and one expert in Biostatistics. The experts, were selected on the basis of their clinical expertise and interest in the problem being studied. They were requested to give opinion on the appropriateness, clarity and comprehensiveness of the items in the tool.

Suggestions were also invited to improve the items, if necessary. There was 100 percent agreement among the experts. A few changes were added which were welcomed and included in the tool. The ambiguous statements were modified and tool was made more compressive. Thus the final questionnaire in the English was developed.

## **DATA COLLECTION TECHNIQUE**

As the purpose of the study was to assess the knowledge and practice of breast feeding. Thus the researcher evaluated the samples by direct interview and observation, it was considered necessary to derive information directly from the respondents. Structured questionnaire was used for deriving necessary information. Some of the advantages of using questionnaire are that they are relatively a simple method of obtaining data, the subject has time to contemplate their response to each question, and one can gather data from a much large sample more rapidly and effectively.

## **PROCEDURE FOR THE FINAL DATA COLLECTION.**

The final data was collected during afternoon and night time, when the mothers were relatively free and relaxed to spend some to respond to the researcher. The samples were ensured about anonymity and confidentiality .All subjects willingly participated in the study and answered all questions. The average time taken by each subject to answer the questions was 45 minutes. The data was collected during the period May 2016 - Apr 2017.

## **DATA ANALYSIS**

After completion of the questionnaire by the samples, the questionnaire was evaluated. The demographic data was tabulated. The Knowledge and the knowledge on practice questionnaire was scored according to the scoring procedure. Correct answers were scored 1 and wrong technique 0. The knowledge, knowledge on practice scores were tabulated for analysis.

The data collected was then analysed by appropriate statistical methods. Frequency table was prepared in accordance with various characteristics under study and percentage analysis was done. Analysis of variance (ANOVA) was used to associate knowledge, practices with demographic variable such as education, socio economic status and order of birth.

# CHAPTER IV

## DATA ANALYSIS AND INTERPRETATION



## **ANALYSIS, INTERPRETATION OF DATA AND DISCUSSION**

This chapter deals with analysis & interpretation of data collected from a sample of 585 married females (dependants of serving soldiers) . Analysis and interpretation of the data based on the objective of the study. The present study aimed at assessing the knowledge and practice of Breast Feeding among females of age group 20 - 45yrs.The study conducted with a structured questionnaire using direct interview method.

### **PRESENTATION OF DATA**

Objectives were arranged in following sections in terms of findings of the study

**Section 1:** Distribution of the samples in terms of age, educational qualification, religion, occupation, monthly family income, type of family, order of birth, sex of the baby, birth weight and mode of delivery.

**Section 2:** Association of knowledge and practice with educational status and order of birth.

**Table 1- Base line Demographic Data**

<b>Socio Demographic variable</b>	<b>Class</b>	<b>No</b>	<b>%</b>
Age	< 20	18	3.0
	21-25	326	55.7
	26-30	174	29.5
	>30	67	11.4
Education	Matric and less	102	17.4
	Intermediate	258	44.1

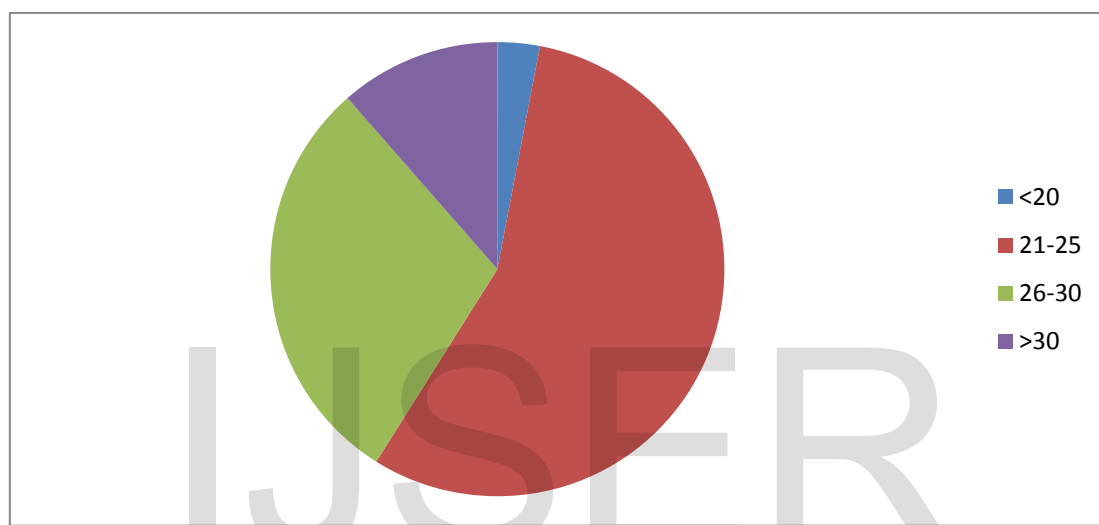
	Graduation	152	25.9
	Post graduation	73	12.4
Religion	Hindu	432	73.5
	Christian	38	6.4
	Muslim	96	16.4
	Others	19	3.2
Occupation	Self employed	3	0.5
	Professional	22	3.7
	Agriculture	18	3.0
	Home maker	542	92.6
Socioeconomic status	10,000-15,000	92	15.7
	15,000-20,000	229	39.1
	20,000-25,000	190	32.4
	≥ 25,000	74	12.6
Type of family	Nuclear	482	82.3
	Joint	103	17.6
Period of gestation	< 35 wks	15	2.5
	35-37 wks	186	31.7
	> 37 wks	384	65.6
Order of birth	First	276	47.1
	Second	235	40.2
	Third	74	12.6
	≥ Four	0	0

Gender of the baby	Male	305	52.1
	Female	280	47.9
	Transgender	0	0
Birth weight of the baby	<1 Kg	0	0
	1- 1.5 Kg	8	1.4
	1.5-2.5 Kg	87	14.9
	2.5-3.5 Kg	388	66.3
	>3.5 Kg	102	17.4
Mode of delivery	FTND	304	51.9
	LSCS	157	26.8
	Instrumental	124	21.2

**Table 1-** Represents the socio- demographic data, there were 585 samples included in the study who fulfilled the inclusion criteria, the age group selected was from >20 yrs and the majority belonged to the age group of 21 - 25yrs. In the study majority sample were educated up to intermediate (44.1%) and 25.9% of the samples were graduates, 12.4% were post graduates and 17.4% were educated up to metric and less. Majority of our samples were Hindus (73.5%) and only 19% contributed to other religious group. Most of them were homemakers (92.6%) only 3.7% were professionals. 39.1% of samples had monthly family income of 15,000-20,000, 32.1% of them had 20,000-25,000 monthly family income and 15.7% had 10,000-15,000 income. 82.3% of the samples belonged to joint family and 17.6% belonged to nuclear family. Majority of the babies were born at term (65.6%), late preterm contributed to 31.7% and preterm were only 2.5%. Most of the samples were primi gravida, 47.1%. Second and third gravid contributed to 40.2% and 12.6% respectively. 52.1% were male babies and 47.9% female babies. 66.3% of the babies had birth weight between

2.5-3.5 Kg and none was below 1Kg. Mode of delivery was normal for 51.9% of them, where as 26.8% underwent LSCS and 21.2% were instrumental delivery.

### **DISTRIBUTION OF AGE GROUP**

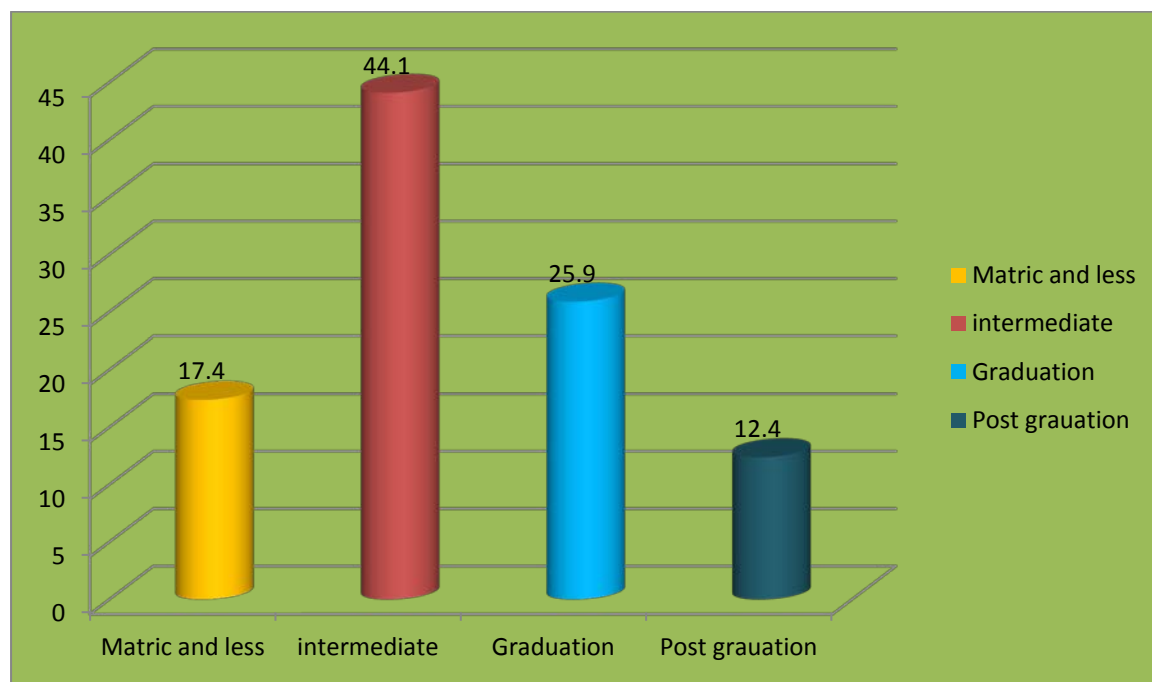


**Figure 3: Age Group**

There were 585 samples included in the study who fulfilled the inclusion criteria, 18(3.0%) samples were under the age group of 20 yrs, 326(55.7%) samples were between the age group of 21 - 25yrs, whereas 174(29.5%) sample contributed the age group of 26 - 30yrs and there was 67(11.4%) in the age group of >30 yrs.



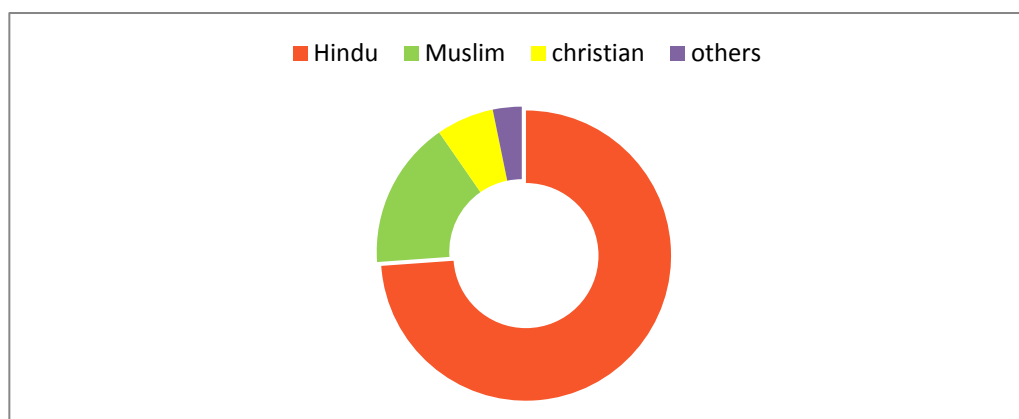
## DISTRIBUTION OF EDUCATIONAL STATUS



**Figure 4 : Education Distribution**

In the study majority of samples, 258(44.1%) were educated till intermediate and 152(25.9%) samples were graduates, 73(12.4%) were post graduates and 102(17.4%) were educated up to and below matric level.

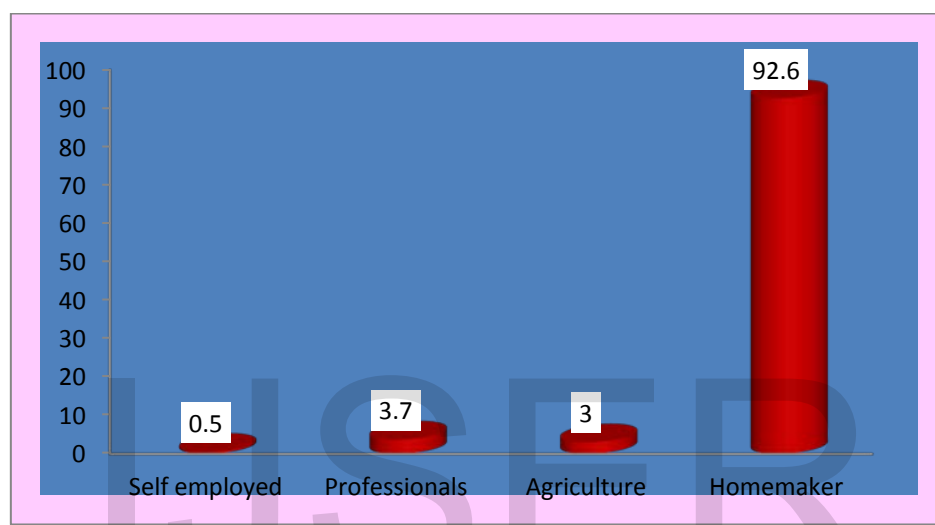
## DISTRIBUTION OF RELIGION



**Figure 5 : Religious Distribution**

Out of 585 samples majority were Hindus 432(73.5%), where as 96 sample (16.4%) belonged to Muslim community, 38(6.4%) samples were Christians and 19 (3.2%) belonged to religious communities like Sikh.

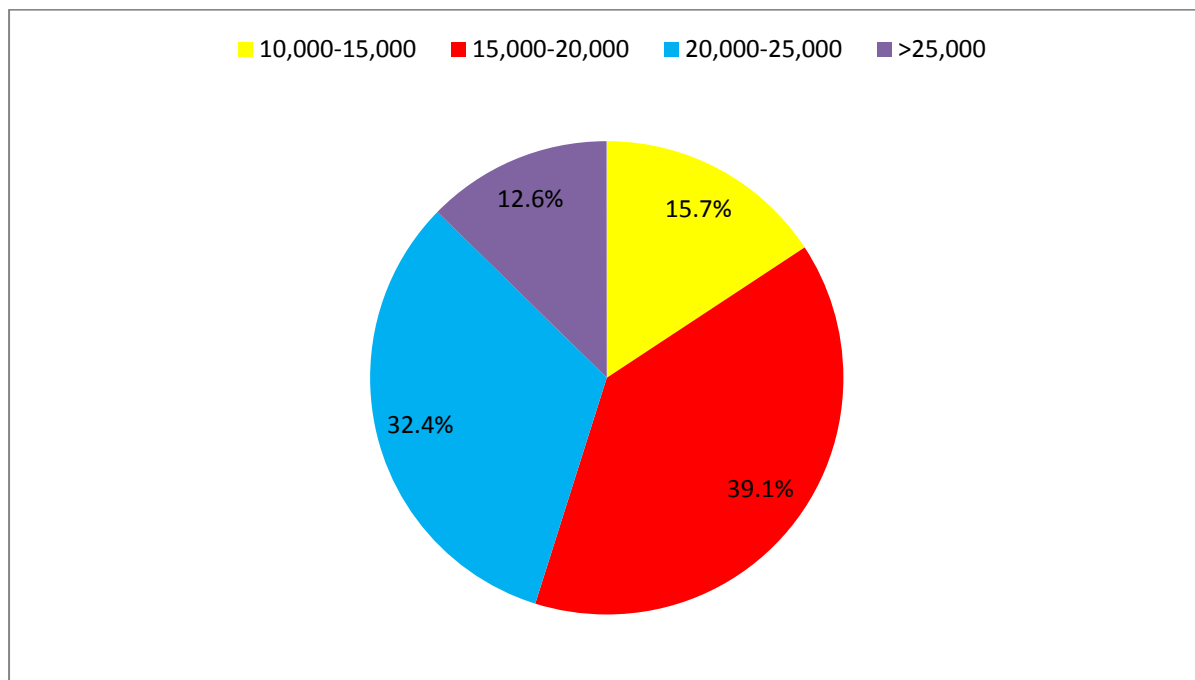
### **DISTRIBUTION OF OCCUPATION**



**Figure 6 : Occupation**

Out of 585 samples, 542(92.6%) of them were homemakers, 22(3.7%) of them were professionals, 18(3.0%) were engaged in agricultural activities and 3(0.5%)engaged in self employment.

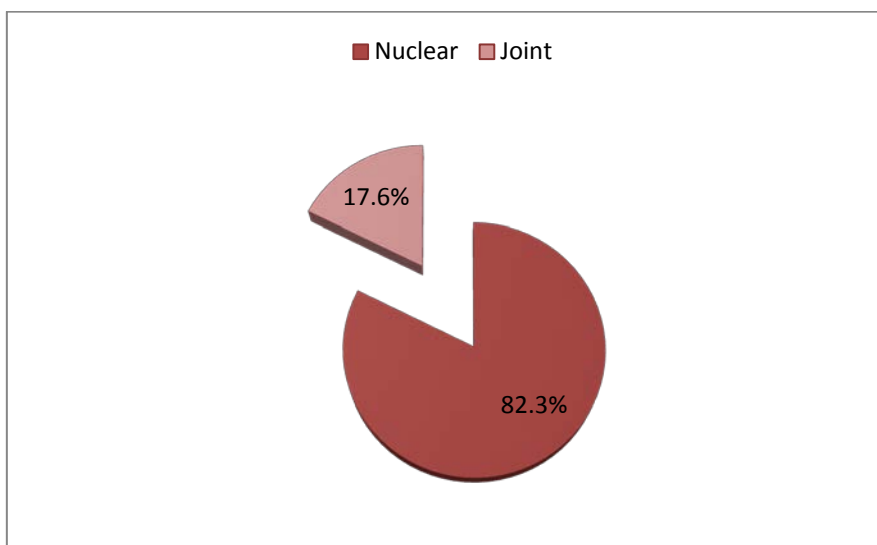
## **DISTRIBUTION OF SOCIO ECONOMIC STATUS**



**Figure 7: Economical Status**

Majority of the sample 229 (39.1%) having monthly income of 15,000 - 20,000,190 (32.4%) having income of 20,000 - 25,000,92 (15.7%) were having 10,000 - 15,000 and 74(12.6%) had >25,000 monthly income.

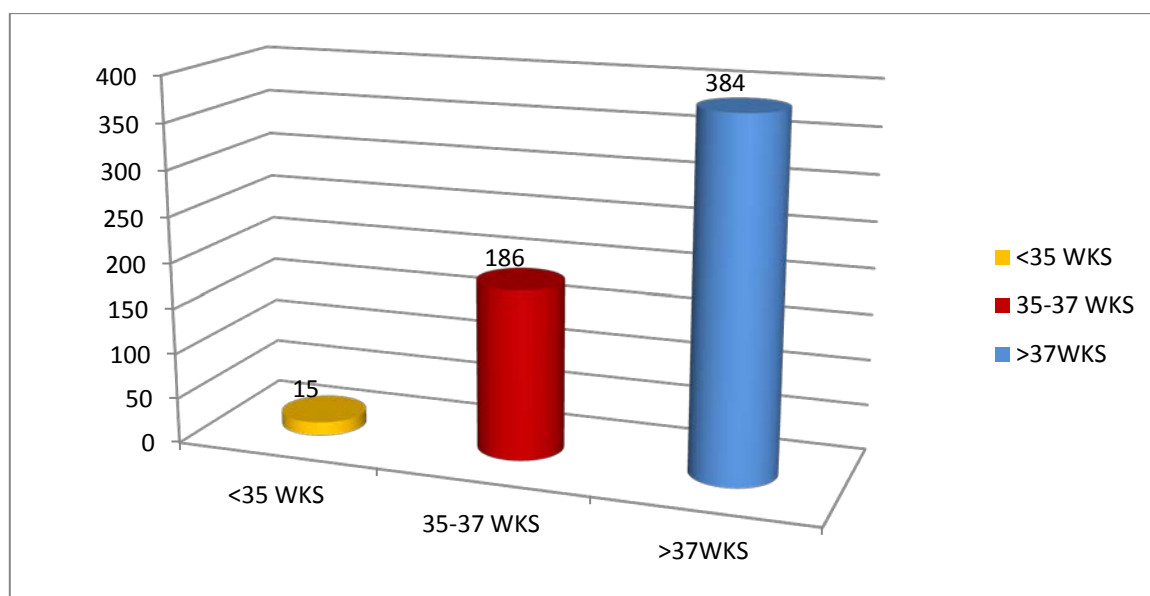
### TYPE OF FAMILY



**Figure 8 : Family Size**

Out of 585 samples of the study 482(82.6%) of them are from nuclear family and 103(17.6%) are from joint family.

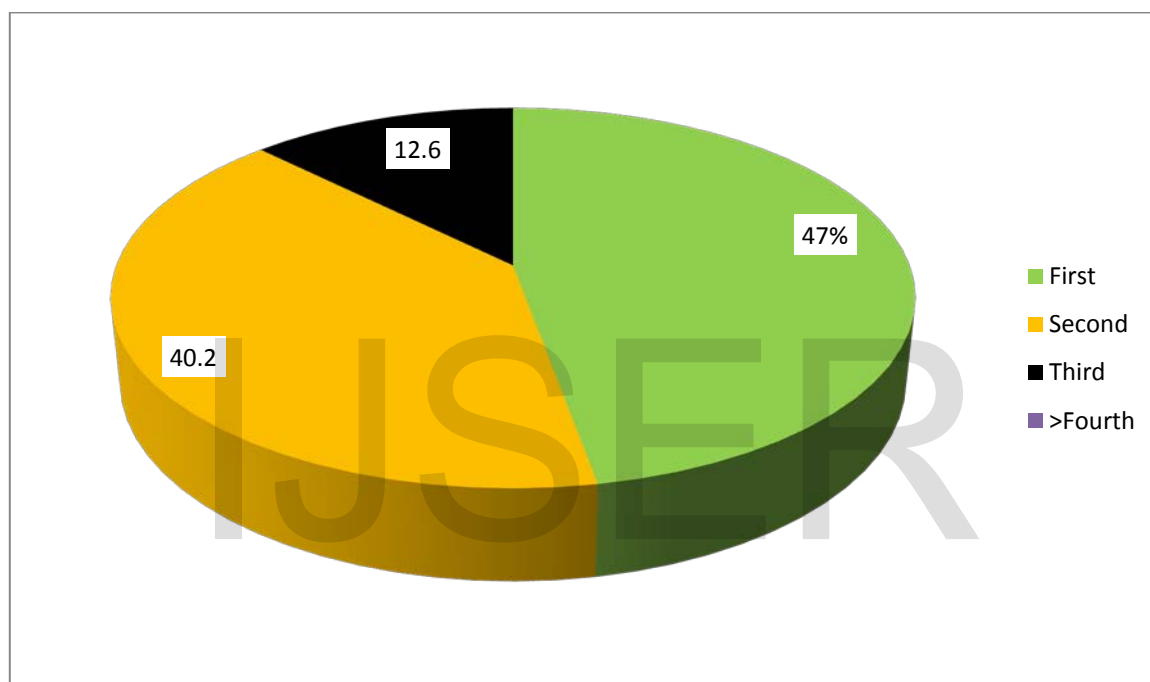
### PERIOD OF GESTATION



**Figure 9: Period of gestation**

Majority of them gave birth at term 384(65.6%), late preterm were 186(31.7%) while 15(2.5%) of them delivered before 35 weeks.

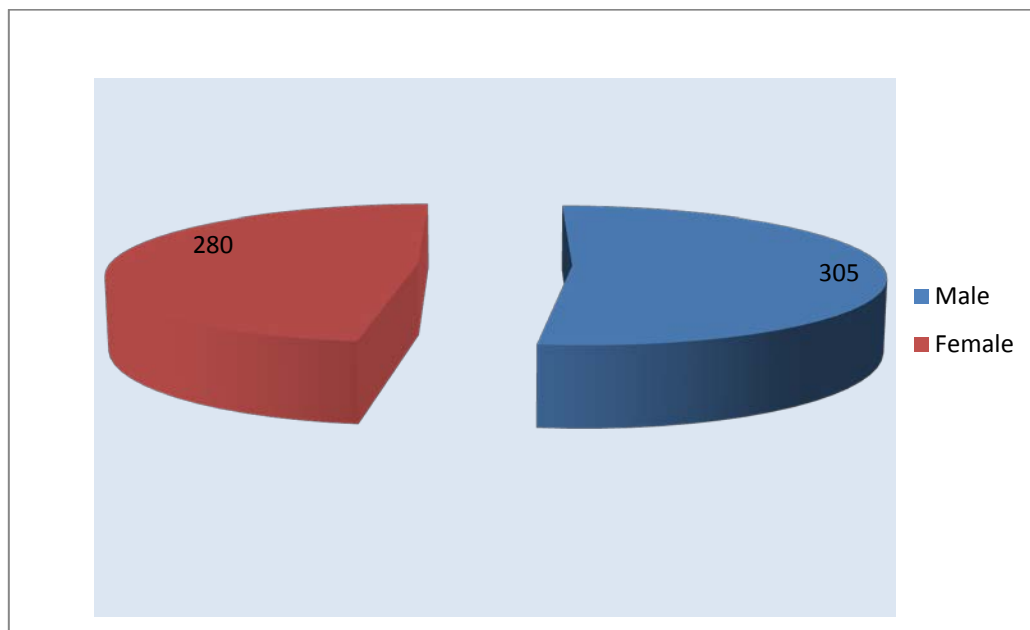
### **ORDER OF BIRTH**



**Figure 10 : Order of birth**

Out of 585 samples 276(47.1%) were primi gravid, 235(40.2%) were second gravid and 74 (12.6%) were third gravid and none had more than three children.

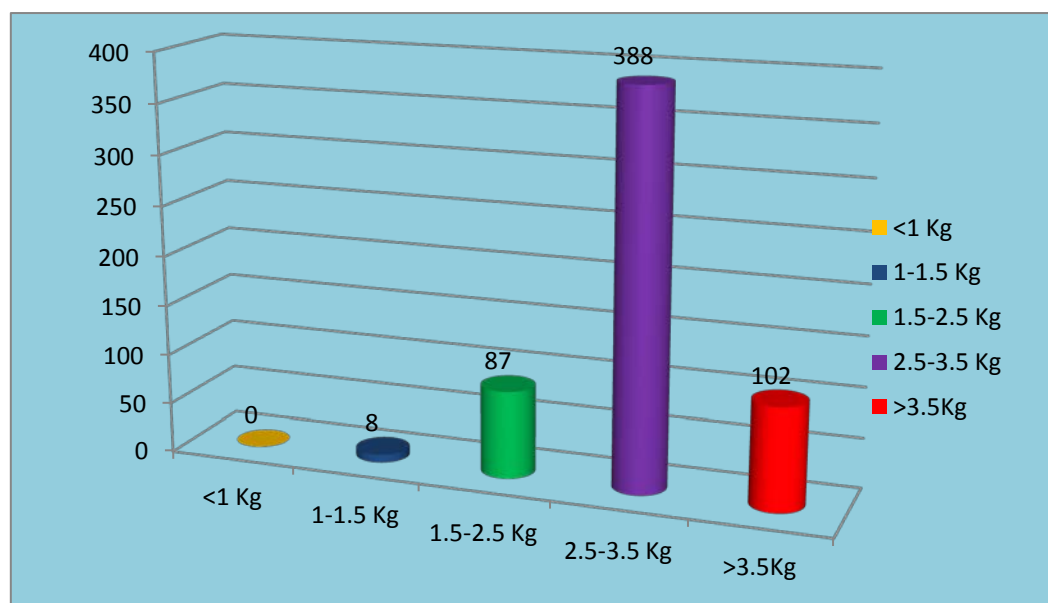
### GENDER OF THE BABY



**Figure: 11-Gender of the baby**

305(52.1%) of the samples had male babies and 280(47.9%) had female babies.

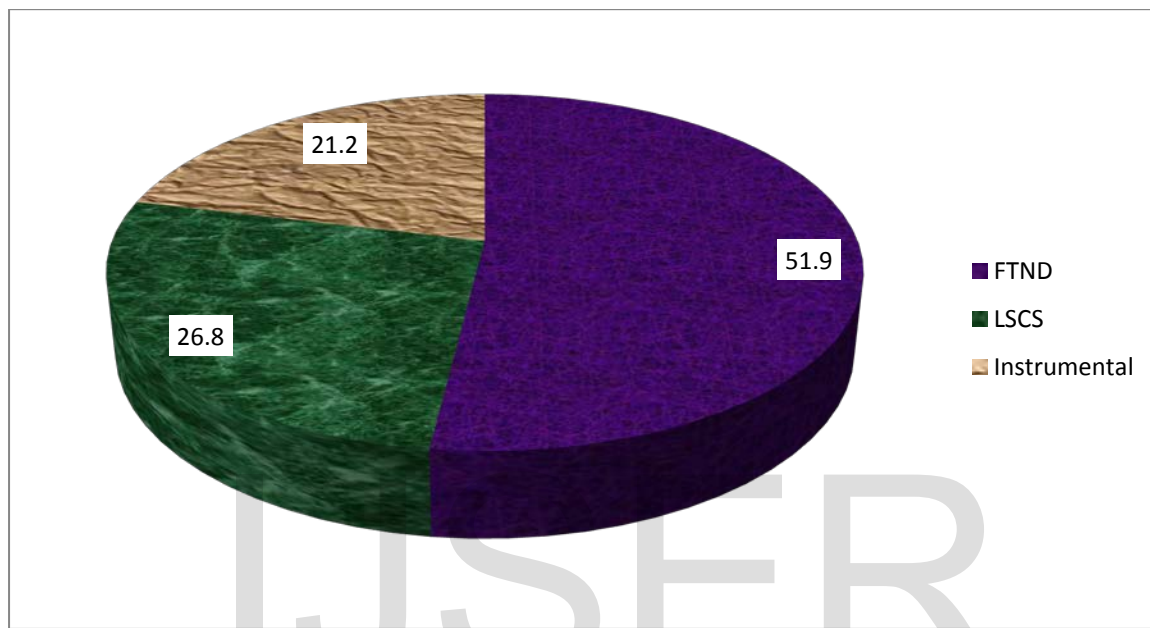
### BIRTH WEIGHT OF THE BABY



**Figure: 12 -B.Wt of the baby**

Majority of the samples, 388 (66.3%) had babies weighing between 2.5-3.5 Kg. 102(17.4%) babies were >3.5Kg and 87(14.9%) weighed between 1.5-2.5Kg, only 8(1.4%) of them were between 1-1.5Kg

**MODE OF DELIVERY**



**Figure: 13 –Mode of Delivery**

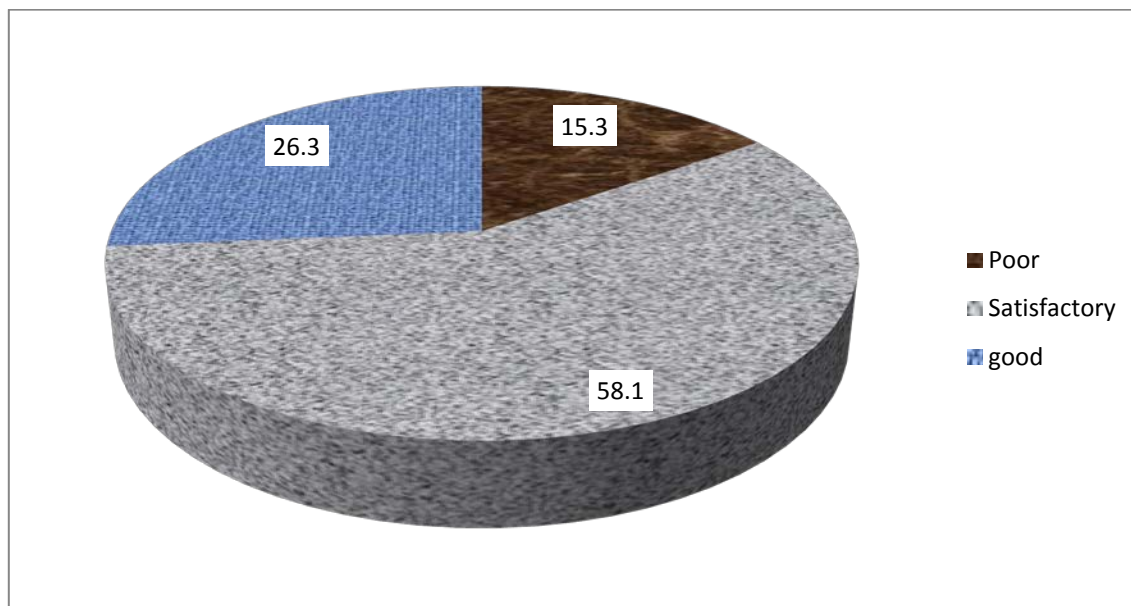
Out of 585 samples majority 304 (51.4%) had full term normal delivery while 157 (26.4%) underwent caesarean section, 124 (21.2%) needed instrumental assistance during delivery.

**DISTRIBUTION ACCORDING TO KNOWLEDGE**

**Table No: 2**

**n=585**

Practice-Grade	Frequency	%
Poor	90	15.3
Satisfactory	341	58.1
Good	154	26.3



**Figure 14 : Knowledge score**

In the study among 585 clients, 154 (26.3%) had good knowledge, score (6-9), 341 (58.1%) had satisfactory knowledge (3-6) and 90 (15.3%) had poor knowledge (0-3).

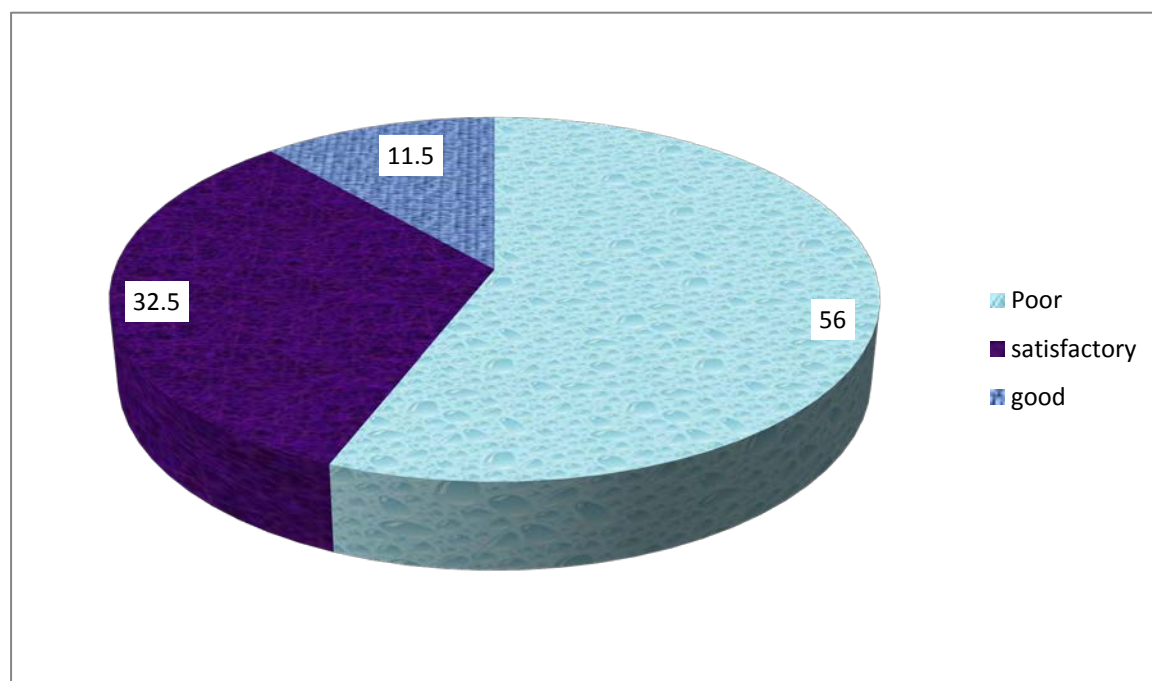
**DISTRIBUTION ACCORDING TO PRACTICE**

**Table No - 3**

**n=585**

Practice-Grade	Frequency	%
Poor	328	56.0
Satisfactory	190	32.5
Good	67	11.5





**Figure: 15 -Practice Score**

In the study among 585 clients, 67(11.5%) had good practice of breast feeding, score (6-9), 190 (32.5%) had satisfactory practice (3-6) and 328 (56.0%) had poor practice (0-3).

## PART IV

### ASSOCIATION OF EDUCATIONAL STATUS WITH KNOWLEGE

#### REGARDING BREAST FEEDING

**Table : 4**

**n=585**

<b>Educational Status</b>	<b>Yes</b>	<b>No</b>	<b>Total</b>	<b>Chi Square</b>	<b>P Value</b>
Metric and less	48	54	<b>102</b>	5.77	$\leq 0.05$
Intermediate	136	122	<b>258</b>		
Graduate	92	60	<b>152</b>		
Post Graduate	44	29	<b>73</b>		
<b>Total</b>	<b>320</b>	<b>265</b>			

Association of educational status with knowledge of breast feeding was computed in the study using  $\chi^2$  (chi square) where probability is  $\leq 0.05$  at 3 degrees of freedom. Hence it can be interpreted that there is significant association between educational status and knowledge regarding breast feeding. Using Friedman Two Way ANOVA, Friedman Test Statistic was taken as 585.000. Kendall Coefficient of Concordance is 1.000.

## ASSOCIATION OF EDUCATIONAL STATUS WITH PRACTICE

### REGARDING BREAST FEEDING

**Table : 5**

**n=585**

<b>Educational Status</b>	<b>Yes</b>	<b>No</b>	<b>Total</b>	<b>Chi Square</b>	<b>P Value</b>
Matric and less	54	48	<b>102</b>	15.2	$\leq 0.05$
Intermediate	135	123	<b>258</b>		
Graduate	54	98	<b>152</b>		
Post Graduate	27	46	<b>73</b>		
<b>Total</b>	<b>270</b>	<b>315</b>			

Association of Educational status with practice of breast feeding was computed using  $\chi^2$  (chi square) where probability is  $\leq 0.05$  at 3 degrees of freedom. Using Friedman Two Way ANOVA, Friedman Test Statistic was taken as 585.000. Kendall Coefficient of Concordance is 1.000. Kurtosis is -1.971. Hence it can be interpreted that there is significant association between educational status and practice regarding breast feeding.

## ASSOCIATION OF ORDER OF BIRTH TO KNOWLEDGE OF BREAST FEEDING

**Table: 6**

**n=585**

Order of birth	Yes	No	Total	Chi Square	P Value
First	120	156	<b>276</b>	8.3	$\leq 0.05$
Second	126	109	<b>235</b>		
Third	44	30	<b>74</b>		
<b>Total</b>	<b>290</b>	<b>295</b>			

Association of Order of birth with knowledge of breast feeding was computed using  $\chi^2$  (chi square) where probability is  $\leq 0.05$  at 3 degrees of freedom. Using Friedman Two Way ANOVA, Friedman Test Statistic was taken as 585.000. Kendall Coefficient of Concordance is 1.000. Hence it can be interpreted that there is significant association between Order of birth and knowledge regarding breast feeding.

**ASSOCIATION OF ORDER OF BIRTH TO THE PRACTICE OF  
 BREAST FEEDING**

**Table: 7**

**n=585**

<b>Order of birth</b>	<b>Yes</b>	<b>No</b>	<b>Total</b>	<b>Chi Square</b>	<b>P Value</b>
First	90	186	<b>276</b>	17.54	$\leq 0.05$
Second	132	102	<b>234</b>		
Third	51	23	<b>74</b>		
<b>Total</b>	<b>273</b>	<b>311</b>			

Association of Order of birth with practice of breast feeding was computed using  $\chi^2$  (chi square) where probability is  $\leq 0.05$  at 3 degrees of freedom. Using Friedman Two Way ANOVA, Friedman Test Statistic was taken as 585.000. Kendall Coefficient of Concordance is 1.000. Hence it can be interpreted that there is significant association between Order of birth and practice of breast feeding.

# DISCUSSION



## **DISCUSSION**

Breastfeeding practices play an important role in reducing child mortality and morbidity. This study was aimed to describe the breastfeeding knowledge and practices. Across sectional descriptive study was conducted from among the Nursing mothers admitted to paediatric ward of Military Hospital Secunderabad India. Total 585 samples were included in the study between the age group of 18 to 40 years. The samples were selected using simple random sampling technique. After the introduction and establishment of rapport with the women the purpose of study was explained and informed consent was obtained from each one of them. A structured tool was used to collect the data. The findings of the study have been discussed with the reference to the objectives.

- ❖ There were 585 samples included in the study that fulfilled the inclusion criteria, the age group included ranged from 18 - 45 yrs. The majority (55.7%) was aged (21-25) yrs. Only 3% contributed to below 20yrs of age and 11.4% were above 30yrs of age and none above 40yrs.
- ❖ The importance of literacy in education programme has been recognised. In the present study all samples were literate. 17.4 %were educated till metric and less, 44.1% were intermediate, 25.9% graduate and 12.4 % samples were post-graduate. This literacy rate contributed to the successful conduction of the research and post questionnaire teaching.
- ❖ In the study the majority (73.5%) of the samples were Hindus, 6.4% were Christians, 16.4% contributed to Muslim community and 3.2% represented other religions.
- ❖ All the samples in our study were married.
- ❖ Majority of our samples were home makers who contributed 92.6%, the rest 3.7% included professionals,3% were engaged in agriculture and 0.5% were self-employed
- ❖ Majority of our sample 229 (39.1%) having monthly income of 15,000 - 20,000/- 190 (32.4%) having income of 20,000 - 25,000/-, 92 (15.7%) were having 10,000 - 15,000 and 74 (12.6%) had  $\geq 25,000$ /- monthly income.
- ❖ Majority of the samples of contributing 82.5% of them were from nuclear family and 17.6% are from joint family.

- ❖ 65.6% babies were born beyond 37wks, 31.7% of them born between 35-37wks, only 2.5% were born before 35wks.
- ❖ Out of 585 samples 276(47.1%) were primi gravida, 235(40.2%) were second gravida and 74(12.6) of them were third gravida and no fourth gravida.
- ❖ Out of 585 babies 305(52.10%) were boys and 280(47.9%) were girls.
- ❖ 388(66.3%) babies weighed between 2.5-3.5 kg, 102(17.4%) were > 3.5 kg, 87 (14.9%) were 1-1.5kg and 8 (1.4%) were <1kg.
- ❖ Majority of the samples 51.9% had normal delivery. 26.8% underwent LSCS and 21.2% had assisted delivery.

Association of educational status with knowledge of breast feeding was computed in the study using  $\chi^2$  (chi square) where probability is  $\leq 0.05$  at 3 degrees of freedom. Hence it can be interpreted that there is significant association between educational status and knowledge regarding breast feeding. Using Friedman Two Way ANOVA, Friedman Test Statistic was taken as 585.000. Kendall Coefficient of Concordance is 1.000.

Association of Educational status with practice of breast feeding was computed using  $\chi^2$  (chi square) where probability is  $\leq 0.05$  at 3 degrees of freedom. Using Friedman Two Way ANOVA, Friedman Test Statistic was taken as 585.000. Kendall Coefficient of Concordance is 1.000. Kurtosis is -1.971. Hence it can be interpreted that there is significant association between educational status and practice regarding breast feeding.

Association of Order of birth with knowledge of breast feeding was computed using  $\chi^2$  (chi square) where probability is  $\leq 0.05$  at 3 degrees of freedom. Using Friedman Two Way ANOVA, Friedman Test Statistic was taken as 585.000. Kendall Coefficient of Concordance is 1.000. Hence it can be interpreted that there is significant association between Order of birth and knowledge regarding breast feeding.

Association of Order of birth with practice of breast feeding was computed using  $\chi^2$  (chi square) where probability is  $\leq 0.05$  at 3 degrees of freedom. Using Friedman Two Way ANOVA, Friedman Test Statistic was taken as 585.000. Kendall Coefficient of Concordance is 1.000. Hence it can be interpreted that there is significant association between Order of birth and practice of breast feeding.



# **SUMMARY, CONCLUSION & RECOMMENDATION**



## **SUMMARY**

Any research study cannot be considered complete till the researcher's findings have been propagated among concerned fraternity and significant others. This chapter presents a brief summary of the study and includes major findings, limitations and recommendations for future research in this field.

The aim of the study was to assess the knowledge and practice of breast feeding among nursing mothers.

The study was undertaken with the following objectives.

- To assess the knowledge regarding breast feeding among the nursing mothers admitted in the hospital.
- To assess the actual practice of breast feeding among the nursing mothers admitted in the hospital.
- To determine the association between knowledge and practice of breast feeding among nursing mothers admitted in the hospital.

A thorough review of literature was done, which aided the investigator to formulate a conceptual framework and to adopt a suitable methodology. It is also helped the investigator to develop and choose the correct too, select appropriate methodology and use accurate statistical analysis and interpretation of the data. Review of literature was done related to breast feeding and its practices.

The conceptual framework of the study was based on health belief model. A quasi experimental design with quantitative approach was adopted for the study. The study was

conducted in the Paediatric ward of a selected Multispecialty Hospital at Secunderabad, India.

The targeted population identified were the nursing mothers admitted with the babies in the age group of 20 - 45years. A sample of 585 women was selected from the identified population by simple random sampling.

To obtain the necessary data for the study, a structured questionnaire was developed as a tool. The questionnaire consists of three parts. Part I consists of demographic questionnaires, Part II consists of knowledge regarding breast feeding and Part III consists of questions practice. The practice was also observed by the researcher.

The content validity of the tool was done by 05 experts from various fields. The collected data was organised, analysed and interpreted based on the objectives and hypothesis of the study. The study was started in the month of December and completed in the month of April.

### **SIGNIFICANT FINDINGS OF THE STUDY**

585 Nursing mothers participated in the study. The study was being conducted in the Paediatric ward.. Among the five eighty five samples majority (55.7%) were in the age group of 21- 25 years. All the samples were married. 73.5 % of them were Hindus and 16.4% were Muslims. Majority 44.1% were educated up to intermediate, and there were no one illiterate. Majority (92.6%) of the samples were homemakers and 3.7% of them were professionals. The monthly income of the family was 15, 000- 20000/- rupees for majority (39.1%) of them. 82.3% of them were from the nuclear family and 17.6% of them from nuclear family. Majority (65.6%) had full term delivery, out of which 52.1% contributed to male babies and among 66.3% had > 2.5 kg birth weight out of 585 samples 51.6% had normal delivery.

## **IMPLICATIONS**

There are several implications emanating from the current study for Nursing practice, Nursing education, Nursing service, Nursing administration and Nursing research.

## **NURSING PRACTICE**

The study findings highlighted the need of educating the women regarding breastfeeding and its practice. Nursing personnel can play an important role in educating the women on regular basis in various health care settings. Community Health Nurse can play an important role in educating the community people. Family members also can be included in the teaching so that the practice can be more effective with their support.

## **NURSING EDUCATION**

The basic aim of the education is to impart change in the behaviour of the learner. It is very important for the nurses to make an attempt in developing educational material to suit the needs of the population. Nurses with up to date knowledge will be able to deliver quality education and bring awareness among women regarding breast feeding and its benefits. The nursing schools and colleges can conduct health exhibitions and camps for educating the women and their relatives.

## **NURSING ADMINISTRATION**

The nurse working in the hospital and the community have to realise their responsibility of giving education to the women regarding breast feeding and its benefits. Nurse administrator needs to facilitate the utilisation of evidence based practices in day to day care. The nurse administrator should realise the needs of the population concerned with

the incidence of non breast feeding mothers and motivate the staff nurse and students to organise and conduct programmes to increase awareness in the community. She should provide opportunity to the nurses under her command to carry out research for evidence based practice.

## **NURSING RESEARCH**

Research has a vital significant role in nursing. Nursing research recognises the professional responsibility of broadening the body of knowledge in nursing. The findings of the present study can help the future researchers to conduct studies in the field of breast feeding and its practice

## **RECOMMENDATIONS**

- It is recommended that the study can be done in all women in the age group of 20 - 40 years.
- It is recommended that the study should be expanded outside the hospital including the community people.
- The family of the women also can be involved in the study to create awareness about breast feeding and their support in maintaining breast feeding.
- It is observed that the awareness of breast feeding practices is low amongst women, therefore it is recommended that public education on breast feeding should be conducted on a regular basis in the health centres.
- It is recommended that the study can be conducted among the health personnel so that in service educations can be conducted accordingly.
- It is recommended that the study should be conducted to assess the attitude and myths regarding practice of breast feeding among the women.

- It is recommended that clinical breast feeding workshops should be carried out at health centres by health professionals on a regular basis.
- A similar study can be conducted in large sample, thereby findings can be generalised for a large population.

## **CONCLUSION**

A large volume on the evidence for the many benefits of breast feeding in industrialized countries has been compiled. It shows, for example, a 72% lowered risk for lower respiratory tract infections, 64% for gastrointestinal tract infections, 50% for otitis media, 42% for asthma, 39% for type II diabetes and 19-27% for type I, and 27% less risk for obesity. A study of post-neonatal mortality in the United States found a 21% decreased risk of mortality among breastfed infants. Studies in industrialized countries confirm the life saving benefits of breastfeeding in preventing sudden infant death syndrome (SIDS) deaths. Breastfeeding decreases the chance of developing certain childhood cancers, such as leukaemia, with a 30% lower risk if breastfed for 6 months, and lymphomas.

Increasing rates of exclusive breastfeeding can help drive progress against other global nutrition targets (stunting, anaemia in women of reproductive age, low birth weight, childhood overweight and wasting) and is one of the most powerful tools policy-makers have at their disposal to improve the health of their people and their economies. Policy-makers should consider prioritizing the following actions, in order to increase the rate of exclusive breastfeeding in the first 6 months of life up to at least 50%:

- provide hospital and health facilities based capacity to support exclusive breastfeeding, including revitalizing, expanding and institutionalizing the Baby-friendly Hospital Initiative in health systems
- provide community based strategies to support exclusive breastfeeding, including the implementation of communication campaigns tailored to the local context.
- significantly limit the aggressive and inappropriate marketing of breast milk substitutes by strengthening the monitoring, enforcement and legislation related to the International code of marketing of breast milk substitutes and subsequent relevant World Health Assembly resolutions.

- Empower women to exclusively breastfeed, by enacting 6 months' mandatory paid maternity leave, as well as policies that encourage women to breastfeed in the workplace and in public.
- Invest in training and capacity building in exclusive breastfeeding protection, promotion and support.

My study aimed at assessing the knowledge and practice of breast feeding among nursing mothers. The knowledge regarding breast feeding and its practice were observed to be inadequate. Health education programs through various channels to increase the awareness and knowledge about breast feeding are the need of the hour. Mass media breast feeding education should promote widespread access to information about good practice of child feeding behaviour. It is found that there were significant relation of educational status in acquiring knowledge regarding breast feeding practice. Multiple opportunities within the community setting can be used for sharing information, for individual counselling, and for other behaviour change activities by community cadres.

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# REFERENCE





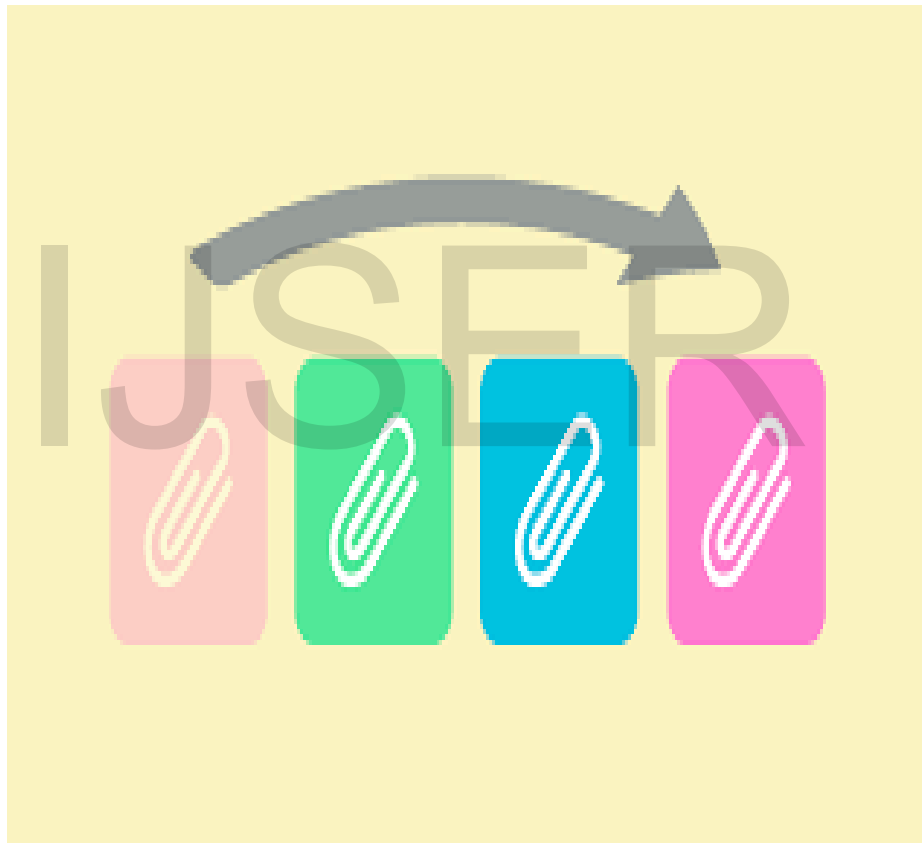
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# APPENDIX



# IJSER

**Appendix "A"**  
MH Secunderabad  
Date:

**Lt Col Subha S**  
.....  
.....

**REQUEST EXPERT OPINION FOR THE CONTENT VALIDITY**

**OF**

**RESEARCH TOOL**

Sir/ Madam,

1. I have undertaken a research project which is aimed to find out the knowledge and practice of breast feeding practices among nursing mothers. The title of the research is “A study to assess the knowledge and practice of breast feeding among nursing mothers admitted in a Zonal Military Hospital, Secunderabad.”
2. A questionnaire has been designed by us as per the study objectives (copy enclosed).
3. You are requested to give your expert opinion with suggestion and validate the tool as per the checklist provided.
4. Your valuable expert opinion will enable me in preparing a reliable and valid tool prior to the pilot study.
5. Eagerly looking forward to an early action.
6. Thanking you.

Yours sincerely

**Encls:**

1. Research proposal with objectives
2. Research tool
3. Checklist
4. Certificate for validation

**CHECKLIST**

INSTRUCTION: - Please go through the criteria listed below. There are three alternative responses given. Place a tick/ mark in the column which is most appropriate according to your judgement.

---

Criteria statement	Strongly Agree	Agree
Disagree		

---

1. Purposes of the questionnaire is clearly stated.

2. Content :- The items in the three sections are:

Appropriate

Comprehensive

3. Instructions provided are

Appropriate

Clear

4. Terminologies used are

Clear

Appropriate for lay individuals

IJSER

## **Appendix “B”**

### **LIST OF EXPERTS FOR CONTENT VALIDITY**

1. Col Karthik Ram Mohan  
Cl Spl (Paeds) and Neonatology  
MH Secunderabad.
2. Col M Mukherjee  
Commanding Officer  
MDC, Secunderabad.

3. Col Harpreet Singh  
Senior Advisor (Psychiatry)  
MH Secunderabad.
  
4. Lt Col O'Neill Sagar  
Commanding Officer & CI Spl Community Medicine  
SHO, Secunderabad.
  
5. Lt Col Pranjali Dhume  
CI Spl (Obs-Gyn)  
MH Secunderabad.

IJSER

**Appendix "C"**

Lt Col Subha S  
NR 20797L  
GD Matron

Department of Paediatrics  
Military Hospital,  
Secunderabad.

2016/PERS/03

Jan 2016

(THROUGH PROPER CHANNEL)

**SUB: PERMISSION TO CONDUCT RESEARCH PROJECT WORK AMONG THE  
NURSING WOMEN ADMITTED IN HOSPITAL**



Sir/ Madam,

May I have the honour to put forward the following for your kind consideration and permission please.

1. I, Lt Col Subha S have selected, the under mentioned topic for research project.
2. The topic of my study is “ **A comparative study to assess the knowledge and practice of breast feeding among nursing mothers admitted in a Zonal Military Hospital, Secunderabad.**”
3. In this connection I will be using a questionnaire for collection of data from a selected group of women of the above mentioned category.
4. I hereby request you to grant your kind permission to conduct this project among the nursing women admitted in our hospital.
5. I assure you that this study is for educational purpose only and personal identity of the participants will not be disclosed anywhere.
6. Thanking you in anticipation.

IJSER  
Yours sincerely

Lt Col Subha S

**Appendix “D”**

### CONSENT FORM

1. .... have been explained by Lt Col Subha S, about the purpose of the research study and my role as a subject of this study.
2. I have fully understood that I would be assessed for my knowledge and practice of breast feeding and I am assured that my confidentiality will be maintained.
3. I hereby accord my consent for participation in this study.

Signature

.....

Signature of Witness

.....

Place: Secunderabad

Date :

IJSER

**DEPARTMENT OF PAEDIATRICS - MH SECUNDERABAD**

**STRUCTURED QUESTIONNAIRE TO ASSESS KNOWLEDGE ON**

**BREAST FEEDING**

**Statement Of Problem:** “A study to assess the knowledge and practice of breast feeding among nursing mothers admitted in a Zonal Military Hospital, Secunderabad.”

- Tick mark (√) the most appropriate answer

- Attempt all the questions

Sample No

**PART 1: DEMOGRAPHIC DATA**

1. What is your age group?

a) <20 yrs  b) 21-25 yrs  c) 26-30 yrs  e) >30 yrs

2. What is your educational qualification?

a) Metric and less  b) Intermediate  c) Graduation  d) Post Graduation

3. What is your spouse' s educational qualification ?

a) Metric and less  b) Intermediate  c) Graduation  d) Post Graduation

4. Status of your spouse

a) OR  b) JCO  c) Officer

5. What is your religion?

a) Hindu  b) Christian  c) Muslim  d) Other

6. Occupation

a) Self-employed  b) Professional  c) Agriculture  d) Home maker

6. Monthly family income

a) 10000-15000  b) 15000-20000  c) 20000-25000  d) ≥ 25000

7. Type of family

- a) Nuclear  b) Joint

8. What was your period of gestation during delivery

- a) < 35 wks  b) 35-37 wks  c) > 37 wks

9. Order of birth

- a) First  b) Second  c) Third   
d) ≥ Four

10. Gender of the new born baby

- b) Male  b) Female  c) Transgender

11. Weight of the new born baby

- a) <1 Kg  b) 1-1.5 Kg  c) 1.5-2.5 Kg  d) 2.5-3.5 Kg   
e) >3.5 Kg

12. Mode of delivery

- a) FTND  b) LSCS  c) Instrumental

**PART 2: KNOWLEDGE**

1. What type of feed to be given first to a new born baby

- a) Cow's/buffalo milk  b) Breast milk  c) Tinned milk   
d) Others (honey, jaggery, gold etc)  e) Mixed

2. what is the time of initiation of breast feeds

- a) Within ½ hr of delivery  b) 1-2 hr after delivery   
c) 6-8 hr after delivery  d) 24 hr after delivery

3. What should be the frequency of breast feeding

- a) Whenever baby cries and 2-3 hourly  b) 3-4 hourly   
c) Only when baby cries  d) Only when baby passes urine and stool   
e) Do not know

4. What you understand by the term colostrums

- a) Milk with pus
- b) Thick yellow milk for first 24 -72 hrs
- c) Fatty milk which should not be given to baby
- d) First milk that causes diarrhea to the baby

5. What is the effect of giving colostrums to the baby

- a) No advantage or disadvantage
- b) Causes diarrhoea to the baby
- c) Protects the baby against infections
- d) Makes the baby more fat and chubby
- e) Do not know

6. What is the position to be practised during breast feeding

- a) Sitting
- b) Lying
- c) Any comfortable position
- d) Do not know

7. What is the advantage of breast feeding to the mothers

- a) Helps in losing weight
- b) A method of contraception
- c) Easy and less time consuming method
- d) Increases bonding with baby
- e) All of the above
- f) Do not know

8. What is the advantage of breast feeding to the babies

- a) Provide complete nutrition to the new born baby
- b) To develop love in baby towards mother
- c) Helps to increase weight and make baby chubby
- d) Do not know

9. What should be the duration of exclusive breast feeding

- a) Only breastfeed upto 6 months
- b) Only breast feed upto 3 months
- c) Only breast feed upto 12 months
- c) Breastfeed and tinned milk alternatively

10. What to be done if the baby sleeps during breast feeding

- a) Wake up the baby by tickling the sole of feet and continue breastfeeding
- b) Let the baby sleep and wait till he wakes up
- c) Stop the feed and gives after 2 hrs
- d) Do not know

11. How much portion of areola should be inside baby's mouth while breast feeding

- a) 1/3 of areola       b) 1/4 of areola   
c) Full areola       d) Do not know

12. What should be the position of the baby while burping

- a) Make the baby to lie flat and burp     b) Make the baby lie on one side and burp   
c) Place the baby in upright position on shoulder and burp   
d) Make the baby sit and burp

### **PART 3: PRACTICE**

1. Cleaning the breast before feeding

- a) Followed       b) Not followed

2. Position of the mother while breast feeding

- a) Feeds the baby in sitting position     b) Feeds the baby in lying position   
b) Mother sitting with back support comfortably   
d) Baby held close to mother, elbow in propped up position close to mother's body

3. Practice of ensuring good attachment

- a) Guides the nipple smoothly       b) Areola inside the baby's mouth   
c) Baby's mouth wide open       d) Lower lip curled outward

4. Duration of breast feeding

- a) Feeds the baby for 15-30 min on either breast   
b) Breastfeed for 10-15 min only     c) Withhold breastfeed when baby sleeps   
d) Offers only one breast for feeding

5. Practice of burping

- a) Baby placed in upright position for burping     b) Burping in lying position   
c) Baby sleeps after burping     d) Baby sleeps before burping

6. Baby's position while sleeping after the feeds

- a) Baby put on right side or prone position  b) Supine position

7. Offering breast feeds on demand

- a) Followed  b) Not followed

8. Effective sucking and audible regular soft swallowing during breast feeding

- a) Present  b) Absent

IJSER

## **ABSTRACT**

### **INTRODUCTION**

Adequate nutrition during infancy and early childhood is essential to ensure the growth, health, and development of children to their full potential. Poor nutrition increases the risk of illness, and is responsible, directly or indirectly, for one third of the estimated 9.5 million deaths that occurred in 2006 in children less than 5 years of age. Inappropriate nutrition can also lead to childhood obesity which is an increasing public health problem in many countries.

The first two years of life provide a critical window of opportunity for ensuring children's appropriate growth and development through optimal feeding. Based on evidence of the effectiveness of interventions, achievement of universal coverage of optimal breastfeeding could prevent 13% of deaths occurring in children less than 5 years of age globally, while appropriate complementary feeding practices would result in an additional 6% reduction in under five mortality.

In 2002, the World Health Organization and UNICEF adopted the Global Strategy for infant and young child feeding. The strategy was developed to revitalise world attention to the impact that feeding practices have on the nutritional status, growth and development, health, and survival of infants and young children. WHO and UNICEF's global recommendations for optimal infant feeding as set out in the Global Strategy are:

- Exclusive breastfeeding for 6 months (180 days).
- Nutritionally adequate and safe complementary feeding starting from the age of 6 months with continued breastfeeding up to 2 years of age or beyond.

Exclusive breastfeeding means that an infant receives only breast milk from his or her mother or a wet nurse, or expressed breast milk, and no other liquids or solids, not even water, with the exception of oral rehydration solution, drops or syrups consisting of vitamins, minerals supplements or medicines.

### **AIM**

To assess the knowledge and practice of breast feeding among nursing mothers.

### **OBJECTIVES OF THE STUDY**

- To assess the knowledge regarding breast feeding among the nursing mothers admitted in the hospital.
- To assess the actual practice of breast feeding among the nursing mothers admitted in the hospital.



- To determine the association between knowledge and practice of breast feeding among nursing mothers admitted in the hospital.
- To determine the association between the knowledge, practice and selected socio - demographic variables.

## **RESEARCH APPROACH**

The present study aimed at assessing the knowledge and practice of breast feeding, provides necessary guidance where ever required and prepare recommendations based on the findings of the study.

## **RESEARCH DESIGN**

The research method adopted for the study is cross sectional comparative study method. The study conducted in 540 nursing mothers admitted in Zonal Military Hospital, samples were families of defence personnel age group between 20 - 45 years. The tool used was structured questionnaire for assessing the knowledge and practice of breast feeding.

## **RESULT**

585 Nursing mothers participated in the study. The study was being conducted in the Paediatric ward. Among the five eighty five samples majority (55.7%) were in the age group of 21- 25 years. All the samples were married. 73.5 % of them were Hindus and 16.4% were Muslims. Majority 44.1% were educated up to intermediate, and there were no one illiterate. Majority (92.6%) of the samples were homemakers and 3.7% of them were professionals. The monthly income of the family was 15, 000 - 20000/- rupees for majority (39.1%) of them. 82.3% of them were from the nuclear family and 17.6% of them from nuclear family. Majority (65.6%) had full term delivery, out of which 52.1% contributed to male babies and among 66.3% had > 2.5 kg birth weight out of 585 samples 51.6% had normal delivery.

The study revealed there were significant association of educational status with the knowledge and practice of breast feeding. And also order of birth shown a great association with the knowledge and practice of breast feeding.

## **ANALYSIS & INTERPRETATION**

After completion of the questionnaire by the samples, the questionnaire was evaluated. The demographic data was tabulated. The Knowledge and the knowledge on practice questionnaire were scored according to the scoring procedure. Correct answers were scored 1 and wrong technique 0. The knowledge, knowledge on practice scores were tabulated for analysis.

The data collected was then analysed by appropriate statistical methods. Frequency table was prepared in accordance with various characteristics under study and percentage analysis was done. Analysis of variance was used to associate knowledge, practices with educational status and order birth.

## **DISCUSSION & CONCLUSION**

The conclusion of the study was significant. The study shows that the structured questionnaire were effective in bringing out the knowledge and practice of breast feeding. The knowledge in all samples was quite significant with respect of their educational status where as practice were more associated with the order of birth.

## **KEY WORDS**

Breast Feeding

Nursing Mothers

## **RECOMMENDATIONS**

- It is recommended that the study can be done in all women in the age group of 20 - 40 years.
- It is recommended that the study should be expanded outside the hospital including the community people.
- The family of the women also can be involved in the study to create awareness about breast feeding and their support in maintaining breast feeding.
- It is observed that the awareness of breast feeding practices is low amongst women, therefore it is recommended that public education on breast feeding should be conducted on a regular basis in the health centres .
- It is recommended that the study can be conducted among the health personnel so that in service educations can be conducted accordingly.
- It is recommended that the study should be conducted to assess the attitude and myths regarding practice of breast feeding among the women.
- It is recommended that clinical breast feeding workshops should be carried out at health centres by health professionals on a regular basis.
- A similar study can be conducted in large sample, thereby findings can be generalised for a large population.