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Research Article

# To evaluate the effectiveness of planned teaching programme on myth's regarding breastfeeding on knowledge among L.S.C.S mothers of selected maternity hospitals in Sangli, Miraj, Kupwad corporation area

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## Abstract

**Aim:** The study was aimed to assess the existing knowledge regarding myths on breastfeeding, to evaluate the planned teaching programme regarding myths on breastfeeding and find out the association between pre-test knowledge score with selected demographic variables. **Materials and methods:** The research design used was quasi-experimental pre-test-post-test-design, and purposive sampling technique was used. The sample of the study consisted of 50 L.S.C.S. mothers who were selected as per the inclusion criteria. The tool consisted of two sections consisted of demographic data such as age, qualification, religion, type of family, and a number of gravida and previous children. The questionnaire consisted of questions related to breastfeeding and it's myths. Total 17 questions were included and each right answer was given a score of 1. The total score was divided into three gradings (poor, average, and good). The experts determined the content validity of the tool. The reliability of the tool was done and the result was found to be 0.70. Hence, the final tool was used for the pilot study. A pilot study was conducted on 5 subjects to check, the feasibility and practicability of the questionnaire.
**Results:** In pre-test score, 10% mothers had poor knowledge, 86% mothers had the average knowledge, and 4% mothers had good knowledge about breastfeeding and its myths. It was evident that more efforts were necessary to improve the knowledge regarding breastfeeding and its myths among L.S.C.S mothers. In the post-test score, that 68 % mothers had the average knowledge and 32% mothers had good knowledge about breastfeeding and its myths. Mean value of pre-test knowledge score was 9.32 and post-test knowledge score was 11.58 and calculated 't' value was 10.228 which was more than tabulated 't' value and calculated 'p' value was 0.000 which was less than tabulated 'p' value. **Conclusion:** This study suggests that there is statistically significant increase in post-test knowledge score, so planned teaching programme on breastfeeding and its myths are effective.

**Keyword:** Breastfeeding**,**

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## 1. Introduction

The gift of life to a mother starts from a single tiny cell which gets converted into a delicate, complicated structure called fetus which grows within the womb and delivers from the mother which is a wonderful and pleasant experience. Giving birth is an experience for the only mother this is unique [1].
Feeding an infant is an exciting, satisfying but often worrisome task for a mother but meeting the essential need of their new child helps them to strengthen their attachment to the baby as a nurturer and provider [2]. Mother is gifted with which she feeds her baby even though she is hungry she may not be having enough money to feed herself but the natural gift which is present in the mother will never keep the baby fast [3].
One bottle of artificial milk is enough to spoil the baby's gut which takes time of one week to recover with even continuous breastfeeding. Studies proved that there is a real threat of traditional breastfeeding practices

worldwide like withholding the colostrums and artificial feeding [4].

All irritations are brushed aside when that little mouth of the baby nestles into mother's breast. As we work to ensure that the health care system provides good breastfeeding care, we need to guard against letting the medicalization of infant feeding keep us from remembering that breastfeeding is something that mothers and children do, in all the aspects of their private and public lives [3].

Breastfeeding is a natural and "green" way for a mother to feed her baby. Yet myths about how to breastfeed and for how long pervade our modern world. These misunderstandings can lead to frustration and distress for the whole family during a challenging period. Misunderstandings vary, depending on your country and culture, but in Israel, which is similar to European and North American countries [5]. Even though breastfeeding never completely died out in Israel, a generation or more of nursing know-how has been lost and is only gradually being retrieved. The toddler who started the game was playing "find the pupik" (navel) a game she had recently learned. But breastfeeding and the mother were blamed when the toddler began acting strangely. In this case, it was understandable, but breastfeeding has been blamed for all kinds of unrelated conditions and behaviours. Such myths often lead to nursing difficulties and weaning [6].

Example of myth in breastfeeding is a crying baby means breast milk is not enough. If the child wets himself six to seven times in a day, it is a sign that he is getting enough milk. Reasons for crying may be cold, wetness, warmth, pain, fever or just demand for attention. The amount of milk in the breast is always enough; the baby may not be getting it due to improper way of latching on, which the mother has to be taught [7]. Babies cry for several reasons, and inadequacy of breast milk could be one of them, which needs to be investigated through history and examination. If indeed all other causes are excluded and breast milk appears to be inadequate, then the mother should be counseled to feed the baby in a correct position, and on demand, and as frequently and as long as the baby desires. Night feeding is especially important to ensure adequacy of milk supply [8].

This incident brought in an interest in the researcher to conduct a study to assess the myths and facts of maternity mothers regarding the breastfeeding. This study was planned to evaluate the effectiveness of planned teaching programme on myth's regarding breastfeeding on knowledge among L.S.C.S mothers of selected maternity hospitals in Sangli, Miraj, Kupwad corporation area.

**Hypothesis:**

H (0):- There was no significant differences in the knowledge score between pre-test and post-test after administration of planned teaching program.

## 2. Methodology

The study was conducted in selected maternity hospitals in Sangli, Miraj and Kupwad corporation area. The population of the present study comprised of 50 LSCS mothers of selected maternity hospitals in Sangli, Miraj, and Kupwad corporation area. Subjects were selected by purposive sampling technique. In this study, quasi-experimental pre-test-post-test-design was used. The subjects were included following inclusion criteria:

**Inclusion criteria:**

- Mothers who will be available at the time of data collection period.
- Mothers willing to participate in the study

**Exclusion criteria:**

- Mothers who will be sick and not able to participate in the study
- ANC mothers
- PNC mothers with normal deliveries

**Data collection techniques and instruments:**

The format of the questionnaire comprised of two sections

**Section 1**:
It consists of demographic data such as age, qualification, religion, type of family, and number of gravid and previous children

**Section 2:**
**Questionnaire**:
It consisted of questions related to myths regarding breastfeeding. Total 17 questions were included and each right answer gave a score of 1. The total score was 17 and divided into three grading i.e. poor, average, and good.

**Validity:**

The validity of the tool was established by 15 experts. They were requested to give their opinions and suggestions regarding the relevance of tool for further modifications of items to improve clarity and content of items. After considering suggestions from experts, consultation with the guide the tool was modified and translated into the Marathi language. Experts established the validity of the tool.

**Reliability:**

The reliability of tool was determined by administering the questionnaires to 5 samples. The reliability coefficient was calculated by using test re test method.

The reliability coefficient `r` was found to be r=0.70; hence, it was found to be reliable

**Pilot study:**

A pilot study was conducted on 29/11/2016 to 5/12/2016 in Somshekhar Hospital, Miraj. This was done to assess the feasibility of the study and to decide on a plan for a statistical analysis. Prior administrative permission was obtained. The study was conducted with 5 post-natal mothers the sample was selected by simple random sample technique. Data was collected through self-structured questionnaire pre-test was taken on 29 /11/ 2016 planned teaching programme was administered on next day, and post-test was conducted on 5 /12/ 2016 by using the same tool. After post-test, the data was analyzed with help of paired't' test the findings indicated that the plan teaching programme was effective for the postnatal mothers to increase their knowledge regarding myth's on breastfeeding.

**Procedure for data collection:**

A formal permission was obtained from Bharati Hospital Medical Superintendent and written consent was obtained from post-natal mothers. Data were collected from 15 /12/2016 to 23/12/2016 On 15 /12/2016 the pre-test was conducted and purpose of the study was explained to the Mothers and confidentiality of their response was assured. After pre-test planned teaching programme was administered to the postnatal mothers and post-test was conducted on 23/12/2016.

**Plan for data analysis:**

The data was analyzed by frequency, percentage, mean, median and standard deviation. The significance was calculated by using mean, standard deviation. Epi info version 7 was used for statistical analysis.

**3. Results**

**Frequency and percentage distribution of selected demographic characteristics.**

Table No 1: Frequency and percentage distribution of age

n=50

| Age(years) | Frequency | Percentage |
|---|---|---|
| <20 | 5 | 10 |
| 21-25 | 27 | 54 |
| 26-30 | 14 | 28 |
| 30-35 | 4 | 8 |
| Total | 50 | 100 |

Table No.1 shows that 10 % L.S.C.S mothers belong to age group below 20 years, 54% L.S.C.S mothers belong to age group 21-25 years, 28% L.S.C.S mothers belong to age group 26-30 years and 8% L.S.C.S mothers belong to age group 30-35 years.

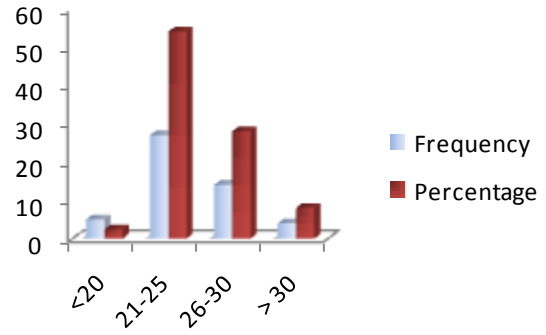


Fig No A. Age

Table No 2: Frequency and percentage distribution of qualification

n=50

| Qualification | Frequency | Percentage |
|---|---|---|
| Diploma | 1 | 2 |
| Graduate | 17 | 34 |
| HSC | 12 | 24 |
| SSC | 10 | 20 |
| Primary | 10 | 20 |
| Total | 50 | 100 |

Table No. 2 shows that 2% of mothers studied till diploma, 34% mothers are graduate, 24% mothers studied up to higher secondary education, 20% studied up to secondary education, 20% studied up to primary education.

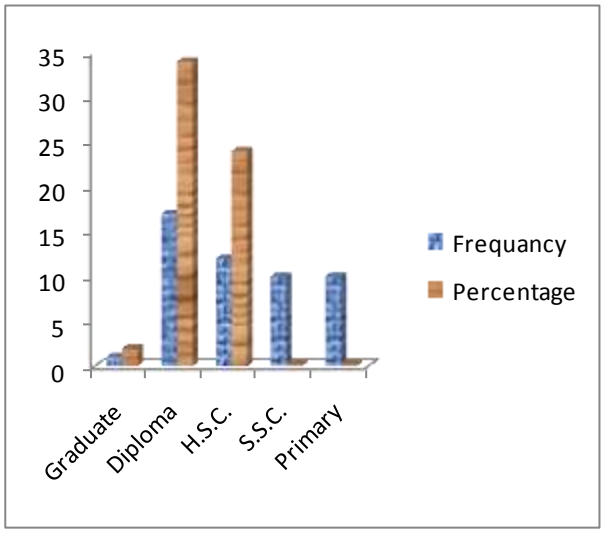


Fig No b. Qualification

Table No 3: Percentage and frequency distribution of religion

n=50

| Religion | Frequency | Percentage |
|---|---|---|
| Christian | 1 | 2 |
| Hindu | 41 | 82 |
| Muslim | 8 | 16 |
| Total | 50 | 100 |

Table No.3 shows that 2% mothers were from the Christian religion, 82% were from Hindu religion, 16% were from Muslim religion.

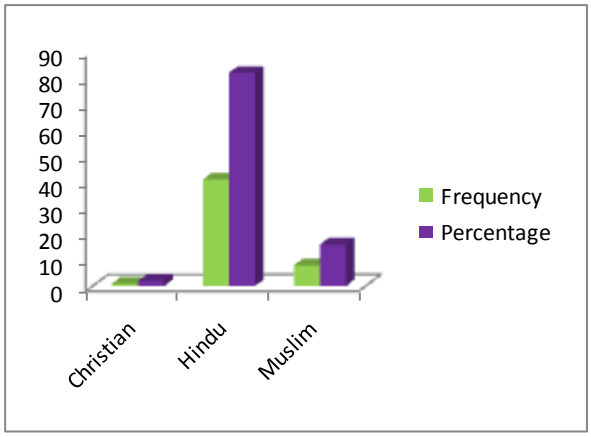


Fig No c. Religion

Table No 4: Frequency and percentage distribution of type of family

n=50

| Type of Family | Frequency | Percentage |
|---|---|---|
| Joint | 41 | 82 |
| Nuclear | 9 | 18 |
| Total | 50 | 100 |

Table No. 4 Shows that 82% mothers' family is joint family and 18% mother's family is a nuclear family.

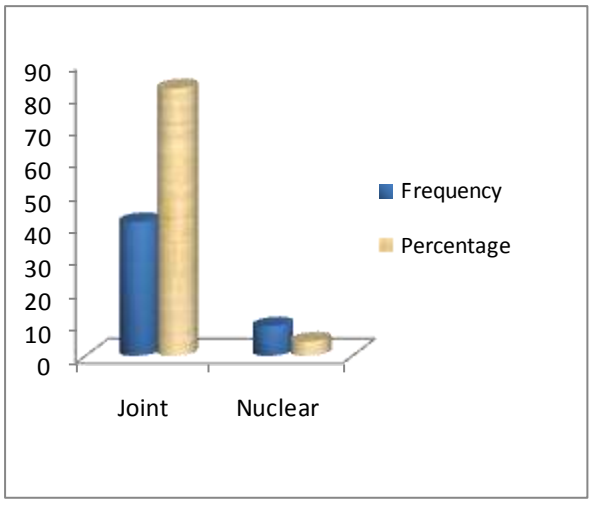


Fig d. Type of family

Table No 5:- Frequency and percentage distribution of no. of previous children

n=50

| No. of Previous children | Frequency | Percentage |
|---|---|---|
| 0 | 23 | 46 |
| 1 | 21 | 42 |
| 2 | 6 | 12% |
| Total | 50 | 100% |

Table No 5: Shows that 46% of mothers are having no any previous child, 42% are having 1 the previous child, 12% are having 2 previous children.

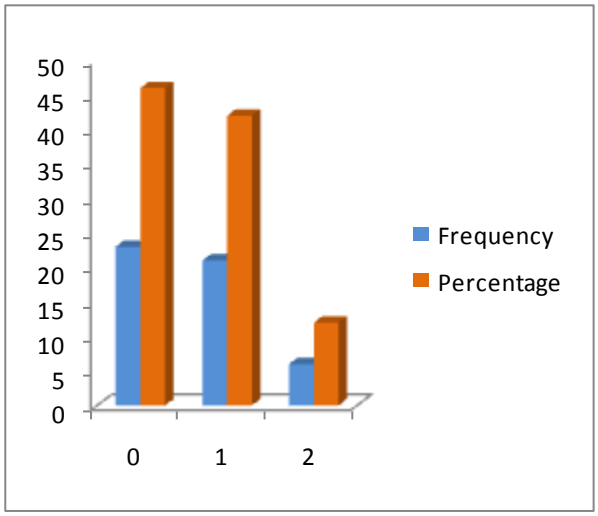


Fig (e): No of previous children

Table No 6:- Frequency and Percentage distribution of Gravida

n=50

| Gravida | Frequency | Percentage |
|---|---|---|
| 1 | 20 | 40 |
| 2 | 21 | 42 |
| 3 | 9 | 18 |
| Total | 50 | 100 |

Table No 6: Shows that 40% mothers are 1st gravida 42% mothers are 2nd gravida and 18% Mothers are 3rd Gravida

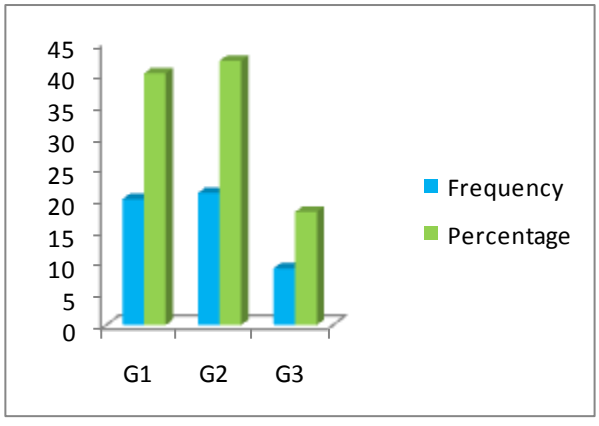


Fig (f) .No. of gravida

Table No 7: Frequency and percentage distribution pre-test knowledge score.

n=50

| Pre-test score | Frequency | Percentage |
|---|---|---|
| Poor | 5 | 10 |
| Average | 43 | 86 |
| Good | 2 | 4 |
| Total | 50 | 100 |

Table No. 7 shows that 10% mothers having poor knowledge, 86% mothers having the average knowledge and 4% mothers are having good knowledge. It is evident that more efforts are necessary to improve the knowledge regarding breastfeeding and its related myths.

Table No 8: Classification of post-test knowledge score with frequency and percentage distribution

n=50

| Post test score | Frequency | Percentage |
|---|---|---|
| Poor | - | - |
| Average | 34 | 68 |
| Good | 16 | 32 |
| Total | 50 | 100 |

Table No. 8 shows that 68% mothers are having the average knowledge and 32% mothers having good knowledge about breastfeeding and its myth's this shows that after planned teaching there is an increase in the post-test knowledge score.

Table No 9: Comparison between pre-test and post-test knowledge score.

n=50

| Test | Mean | Std. deviation | Std. Error mean | 't' value | 'p' value |
|---|---|---|---|---|---|
| Pre-test score | 9.32 | 2.065 | 0.292 | -10.228 | *0.000* |
| Post-test score | 11.58 | 2.167 | 0.307 | | |

Table no. 9 shows that, the mean value of pre-test knowledge score is 9.32 and post-test knowledge score is 11.58 and calculated 't' value is -10.228 which is more than tabulated 't' value and calculated 'p' value is 0.000 which is less than tabulated 'p' value. This suggests that there is a statistically significant increase in post-test knowledge score so planned teaching programme on breastfeeding and its myths were effective.

Table No 10: Association between pre-test knowledge score with demographic variables.

n=50

| SN | Demographic variable | Fisher's exact test value | 'p' value | Remark |
|---|---|---|---|---|
| 1 | Age | 7.176 | 0.218 | No significant association |
| 2 | Qualification | 5.413 | 0.12 | No significant association |
| 3 | Religion | 10.671 | 0.027 | No significant association |
| 4 | Type of Family | 2.101 | 0.486 | No significant association |
| 5 | No. Of Previous Children | 4.349 | 0.277 | No significant association |
| 6 | No. of Gravida | 2.64 | 0.736 | No significant association |

Table no.10 shows that there is no significant association between age, qualification, religion, type of family, No. of gravida, No. of previous children and pre-test knowledge score as calculated 'p' value is more than tabulated 'p' (0.05) value. Thus, it shows that there is no significant association between pre-test knowledge score and selected demographic variables.

**4. Discussion**

A study to evaluate the effectiveness of planned teaching programme regarding myth's on breastfeeding on knowledge among L.S.C.S mothers the findings of the study have been discussed with reference to objective and hypothesis. Human milk is species-specific to optimize the growth and development of growing infant .64th world health assembly in Geneva in May 2001 affirmed the importance of exclusive breastfeeding for six months without even adding a drop of water to it [9].

There are innumerable myths about breastfeeding that minimize its importance; these often keep health workers from providing effective care to support and protect breastfeeding. They are compounded by lack of basic and applied research and by the cultural invisibility of breastfeeding in the United States [7]. The blind spots and suggests the importance of an approach that places breastfeeding promotion and advocacy within the context of women's lives. There are many myths around breastfeeding. Some people even call some of these myths "breastfeeding myths."[10]. There can be myths about how much the baby needs to nurse or how long they need to nurse per feed, the "right" weaning age, milk supply, and even breastfeeding supplies: what's needed versus what isn't. Even moms who consider themselves informed on the subject of breastfeeding can feel humbled by this new experience [11].

For the first six months after the baby is born, mother's milk provides the baby with all the required nutrients

[12]. It is considered a complete nourishing diet for the baby and therefore, all mothers must breastfeed their baby. However, breastfeeding is a topic of discussion all around the globe and several myths are related to it. The common myths are, Breast milk does not have sufficient iron needed for baby's development, Women having medicines should not breastfeed their child, Breastfeeding mothers should wash their nipples each time before feeding the child. Pregnant mothers must stop breastfeeding.etc [13].

The researcher had an experience with a maternity mother while working as a staff in a maternity hospital. The maternity mother with a neonate refused to feed the child with colostrum. The mother stated that the family members discouraged feeding the child with the first breast milk, the colostrum, as it may cause ill effects in the child. This incident brought in an interest in the researcher to conduct a study to assess the myths and facts of maternity mothers regarding the breastfeeding.

## Conclusion

The findings of the study reveal that there were no associations between pre-tests knowledge scores with selected demographic variables such as age, qualification, and religion, type of family, no. of previous children, and no. of gravida. But there are no significant associations between pre-tests knowledge scores with selected demographic variables age, qualification, and religion, type of family, no. of previous children, and no. of gravida. P-value is less than 0.05.

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