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Effectiveness of health teaching programme on knowledge and attitude regarding exclusive breastfeeding among primigravida attending Dhiraj hospital, Piparia Vadodara

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Abstract

Exclusive breastfeeding is the unequal way to providing ideal food for the healthy and proper development of the newborn. **Aim:** "effectiveness of health teaching programme on knowledge and attitude regarding exclusive breastfeeding among primigravida attending dhiraj hospital, piparia vadodara". **Material and method:** an evaluative research approach with pre-experimental one group pre-test-post-test design is used; nonprobability convenience sampling is used to collect the 60 samples of primigravida mother and data collected by administering the structured questionnaire and likert scale. Data were analyzed by using descriptive and interferential statistics such as standard deviation, chi- test, and paired 't' test. **Result:** the mean post-test knowledge score 22.28 ±1.94 was higher than the mean pre-test score 9.85 ±2.48 and the obtained "t" test value 30.48 (df =59) is significant at 0.05 level. Whereas, the mean post-test attitude score 50.26 ±3.82 was higher than the mean pre-test score 28.83 ±6.90 and the obtained' test value 18.47 (df=59) shows significant at 0.05 level, this finding demonstrates health teaching programme is effective. The analysis of the association between a demographic variable and pretest knowledge score was significantly associated with age, education, trimester and other variables were not associated. However, the association between a demographic variable and pre-test attitude score was significantly associated with age, education and others were not significant. **Conclusion:** the study finding revealed that health teaching programme is effective to improve the knowledge and attitude regarding exclusive breastfeeding among primigravida mothers.

Keywords: Effectiveness, Health Teaching Programme, Knowledge, Attitude, Primigravida mother, Exclusive breastfeeding.

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1. Introduction

Motherhood is a divine emotion which cannot compare with any other feelings; she shares a most beautiful and strongest bond with her child. The birth of the baby is a valuable and precious event in any family. [1] Parturition gives a feeling of completeness to the mother as a woman.

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Therefore; it is important for the mother to have a healthy baby. In the Indian culture motherhood is a mesmerizing event; mother not only gives birth to the baby but also nurtures the baby. Nature has designed the provision that infants to be fed upon their mother's milk. They find their food and mother at the same time. Every child born in the country has a right to lead a healthy life which is directly related to breastfeeding.

Milk contains immunizing agents which protect babies against various diseases and is rich in vitamins, enzymes, and antibodies and it provides babies for the establishment of personalities and learning readiness. It is no doubt that no other food can replace mother's milk [2]

World breastfeeding week 2017 was having the theme "sustaining breastfeeding together" reveals that exclusive breastfeeding aids in the survival of infant and help them to thrive and got long-term benefits for mothers also, it also shows the economic benefits because it available readily from the mother and enhance the well being of all. WHO and UNICEF are taking leading initiative for global breastfeeding advocacy to maximize the awareness of exclusive breastfeeding among the population and improves the rate of exclusive barest feeding at least 50% by 2025. During the WBW 2016 topic was base on how to protect, promote and support the breastfeeding among lactating mother. [3]

Exclusive breastfeeding is the unequal way of providing ideal food for the healthy and proper development of the newborn. According to UNICEF serve in developing countries, the prevalence rate of Exclusive breastfeeding amongst infants younger than six months increased by 33% in 1995 to 39% in 2010.data found that there is significantly enhanced in the breastfeeding practices of a certain region in Asia [4]. The practices of breastfeeding increased by 2% from the year of 1995 to 2010, it shows there is the need to increasing the practices of exclusive breastfeeding. Approximately 75% of infants were not exclusively breastfed this shows the low figures related to early initiation of EBS in India is an urgent concern. [5] The antenatal period affords an opportunity for providing relevant information to the pregnant women and their partners regarding benefits of breastfeeding and the health teaching is a really effective approach at a time when much precious decision about infant feeding contemplated.

Objectives of the study

1. Assess the pretest knowledge and attitude regarding exclusive breastfeeding among primigravida mother.
2. Evaluate the effectiveness of health teaching programme on knowledge regarding exclusive breastfeeding among primigravida.
3. Determine the association between pre-test score of knowledge and attitude with socio-demographic variable.

Hypothesis

- H1: There will be a significant difference between pre-test and post test knowledge and attitude score regarding exclusive breastfeeding among primigravida mothers after receiving health teaching programme.
- H2: There will be a significant association between pre-test score of knowledge and attitude with selected demographic variables.

2. Material and method

Research approach: A Quantitative evaluative approach

Research Design: Pre experimental one group pre-test post-test research designs

Variable under the study:

Independent variable: The independent variable in this study is study is health teaching programme on exclusive breastfeeding.

Dependent variable: The dependent variable in this study is the knowledge and attitude of primigravida mothers regarding exclusive breastfeeding.

Demographic variables: Age, Educational status, type of family, family income monthly, occupation, trimester

Research setting: Obstetrics OPD of Dhiraj Hospital, situated in Piparia, Waghodiya Vadodara

Population: Primigravida mothers in Waghodiya Village.

Sample and sampling techniques: The sample in this study is 60 primigravida mothers who belonging to Waghodiya Village and attending the Obstetrics OPD of Dhiraj Hospital and available during the research study and nonprobability convenient sampling technique is used.

Inclusion criteria:

- Primigravida mothers who are recommended by an obstetrician in Dhiraj Hospital.
- Primigravida mothers belong to Waghodiya, attending Dhiraj Hospital, Piparia, and Waghodiya Vadodara.
- Primigravida mothers who are willing to participate in the study.

Exclusion criteria:

- Primigravida mothers with postnatal complications
- Mothers above 35 years of age.
- Critical and complicated pregnancy cases.

Tool for data collection

This consists of three parts:

Section 1: Consist of selected demographic variables such as age, educational status, type of family, Occupation, family income, Trimester.

Section 2: Structured knowledge questionnaire consists of 30 questions to assess knowledge regarding exclusive breastfeeding.

Section 3: Likert Attitude scale consists of 20 statements is used to assess the attitude regarding exclusive breastfeeding

Data collection process

The formal permission was obtained for the approval of the study from Dhiraj General Hospital, Piparia Waghodiya Vadodara, from 3rd October to 14th October 2017. The data collection is done within a given period of 2 weeks. The investigator selected 60 primigravida mothers meeting the inclusion criteria for data collection by using non- probability convenient sampling. Investigator selected the subject and established the rapport by explaining the purpose of the study, the co-operation required and the anonymity assured before obtaining verbal consent. Initially, the demographic tool, self-structured questionnaire, attitude scale administered to the sample to know existing level of knowledge and attitude regarding exclusive breastfeeding, then the health teaching plan was given to the samples of the study. After 7 days post-test was administered to assess the effectiveness of the health teaching programme among primigravida mothers.

3. Results

Section - A: Description of samples according to their demographic characteristics.

Demographical variables including age, education, types of family, family income, the occupation of, trimester. It was observed that Majority of (73.34) primigravida mothers were in the age group of 18-22 years and minimum (5%) were in the group of 28-32 and (22%) in the age group of 23-27 yrs. Distribution of education shows, the highest percentage (50%) of primigravida mothers were educated only up to 10th standard, (45%) of primigravida were illiterate, (3.34%) primigravida were completed their 12th and only (1.66%) were graduated. Distribution of respondent according to the type of family shows, maximum (56.66%) of primigravida belongs to the joint family and (43.34%) of primigravida belongs to the nuclear family. Distribution of family income per month shows, the majority were having (55.66%) in the range of 5000-10000, (23.34%) primigravida were below 5000, (13.34%) in the range of 10,000-20,000, and only (6.66%) were primigravida having above 30,000. Distribution of occupation of primigravida shows, the majority (86.66%) was housewife and (13.34%) were having another profession. Distribution of trimester shows, the majority (63.33%) of mothers were in the 2nd trimester, (33.34%) of the mother in the 1st trimester and only (3.33%) of the mother was in the 3rd trimester.

Section-B: Analysis of pre-test and post test score of knowledge and attitude regarding exclusive breastfeeding.

Table no 1: Distributions of pre-test knowledge score of primigravida regarding exclusive breastfeeding according to their categories.

N=60

Sr.No.	Knowledge level	Frequency	%
1	Inadequate	42	70
2	Moderate	18	30
3	Adequate	00	00
Total		60	100

Table no 2: Distributions of post test knowledge score of primigravida regarding exclusive breastfeeding according to their categories.

N=60

Sr. No	Knowledge level	Frequency	%
1	Inadequate	00	00
2	Moderate	15	25
3	Adequate	45	75
Total		60	100

Table no 3: Distributions of pre-test attitude score of primigravida regarding exclusive breastfeeding according to their categories.

N=60

Sr. No.	Categories of attitude	Frequency	%
1	Negative	13	21.66
2	Neutral	41	68.34
3	Positive	06	10
Total		60	100

Table no 4: Distributions of post-test attitude score of primigravida regarding exclusive breastfeeding according to their categories.

N=60

Sr. No.	Categories of attitude	Frequency	%
1	Negative	00	00
2	Neutral	02	02
3	Positive	58	98
Total		60	100

Section - C: Effectiveness of health teaching programme

Table no 5: Comparison of pre-test and post test knowledge score of primigravida

N=60

Variable	Pre-test	Mean	Mean Difference	Std. Deviation	t- Value
Knowledge regarding exclusive breastfeeding	Pre-test	9.85	12.43	2.48	30.48
	Post-Test	22.28		1.94	

* Significant at 0.05 level *t (0.05, 59df) =2

Table no 6: Comparison of pre test and post test attitude score of primigravida

N=60

Variable		Mean	Mean Difference	Std. Deviation	t- Value
Attitude regarding exclusive breastfeeding	Pre-test	28.83	21.83	6.90	18.47
	Post-Test	50.26		3.82	

* Significant at 0.05 level *t (0.05, 59df) =2

Section - D: Association between pre test knowledge score with socio-demographic variables.

Table no 7: Association between pre test knowledge score and socio-demographic variables

N=60

SN	Variable	0-10	11-20	χ^2	D.F.	Level of significance (0.05)
1	Age in years			8.551	2	8.55>5.99 S
	18–22	34	10			
	23–27	5	8			
	28–32	3	0			
	32–35	0	0			
2	Educational status			9.841	3	9.84>7.82 S
	Illiterate	24	3			
	up to 10th	17	13			
	up to 12th	1	1			
	Graduate	0	1			
	post graduate	0	0			
3	Type of family			1.047	1	1.04<3.84 NS
	Nuclear	20	6			
	Joint	22	12			
4	Family Income monthly			0.681	3	0.68<7.82 NS
	Below 5000	9	5			
	5000 - 10,000	25	9			
	10,000- 20,000	5	3			
	20,000-30,000	3	1			
	Above 30,000	0	0			
5	Occupation			1.758	1	1.75<3.84 NS
	House wife	38	14			
	Health professional	0	0			
	Other occupation	4	4			
6	Trimester			6.617	2	6.61>5.99 S
	1st trimester	10	10			
	2nd trimester	31	7			
	3rd trimester	1	1			

Table no 8: Association between pre test score of attitude and socio- demographic variables

N=60

SN	Variable	10-20	20-40	40-60	χ^2	D.F.	Level of significance (0.05)
1	Age in years				11.939	4	11.93 >9.49 S
	18–22	11	30	3			
	23–27	2	10	1			
	28–32	0	1	2			
	32–35	0	0	0			

SN	Variable	10-20	20-40	40-60	χ^2	D.F.	Level of significance (0.05)
2	Educational status				14.802	6	14.80>12.59 S
	Illiterate	8	17	2			
	upto 10th	5	23	2			
	upto 12th	0	1	1			
	Graduate	0	0	1			
	post graduate	0	0				
3	Type of family				3.551	2	3.55<5.99 NS
	Nuclear	8	17	1			
	Joint	5	24	5			
4	Family Income monthly				7.945	6	7.94.<12.59 NS
	Below 5000	0	13	1			
	5000 - 10,000	9	21	4			
	10,000- 20,000	3	5	0			
	20,000-30,000	1	2	1			
	Above 30,000	0	0	0			
5	Occupation				1.030	2	1.03 <5.99 NS
	Housewife	11	35	6			
	Health professional	0	0	0			
	Other occupation	2	6	0			
6	Trimester				1.411	4	1.41<9.49 NS
	1st trimester	5	13	2			
	2nd trimester	7	27	4			
	3rd trimester	1	1	0			

4. Discussion

The aim of the study was conducted to evaluate the effectiveness of health teaching programme on knowledge and attitude regarding exclusive breastfeeding among primigravida mothers. It was found primigravida had inadequate knowledge and attitude regarding exclusive breast and health teaching is effective to improve the knowledge and bring a positive attitude towards exclusive breastfeeding. The different study shows that the antenatal teaching to the primigravida is helped to improve the practice of exclusive breastfeeding it takes parts ineffective growth and development of the newborn. Primigravida needed a foundation to know regarding breastfeeding practices to newborn and health teaching programmes are beneficial. [6]

Various evidence shows the effectiveness of health teaching programme in improving knowledge and attitude regarding exclusive breastfeeding. Improving access to the information recommended breastfeeding guidelines will really help to get more knowledge and performing practices of EBS.[7] Importance of exclusively breastfeeding in the 21st century in low economic and middle-income countries, the researcher concluded that EBS protect against the infections, malocclusion and increases the intelligence, also reduce the chances of diabetes and being overweight.[8] Support and education to the lactating mother about breastfeeding found to improve the duration of breastfeeding for healthy term infant and their mother.[9] A National Family Health Survey (NFHS-4) reveals that there is an increment of in the institutional delivery 79% nationally despite that only 42% newborn are initiated breastfeeding only within the one hour after the birth.[10]According to the ministry of health report in 2009 display that formal breastfeeding education among the mother during their antenatal period will help to decline the breastfeeding dropouts' rate. [11] More and more educational programmes should be carried out so they become conscious about their health and brings out positive health outcome.[12] Provision of breastfeeding empowerment programme helps the mother to identify the problems by themselves and empower the practices of breastfeeding among the mothers.[13] WHO and UNICEF are taking leading initiative for global breastfeeding advocacy to maximize the awareness of exclusive breastfeeding among the population and improves the rate of exclusive barest feeding at least 50% by 2025.[14]

Conclusion

The analysis reveals that the total mean of post-test knowledge and attitude score was observed to be significantly higher than the total mean of pretest knowledge and attitude score after providing health teaching programme to the primigravida mothers regarding exclusive breastfeeding. Hence, it is concluded that the planned health teaching programme was effective to increase the knowledge regarding the ideal breastfeeding among primigravida. Education regarding breastfeeding should be given to all pregnant mothers to improve their knowledge and attitude of breastfeeding which may aid in reducing infant and child morbidity and mortality. Nursing students, peer groups can be mobilized to conduct these

educational programs and motivated to adopt healthy exclusive breastfeeding practices.

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