

**Research article****A descriptive study to assess the knowledge regarding breastfeeding among antenatal mothers in selected hospitals of Pune city****Geeta Shiroor<sup>\*</sup>, Supriya Wankhede, Nikita Wajage, Priyanka Wadkar**

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**Abstract**

“Mother’s milk, time tested for millions of years, is the best nutrients for babies because it is Nature’s perfect food” Breastfeeding is the ideal form of feeding in the neonate. Artificial feeding exposes the infant to infection and results in over a million die annually worldwide due to its ill effects. The Care for a child needs to begin in the first few hours of life with exclusive breastfeeding and appropriate interventions at 4-6 months in the form of timely complementary feeding. Therefore, breastfed babies have higher resistance to infection, such as respiratory viruses. Breast feeding, the most natural way of infant feeding to satisfy nutritional, metabolic and psychological needs of the baby. Breastfeeding contributes to the health and well-being of mothers; it helps to reduce the risk of ovarian cancer and breast cancer. **Aim:** To assess the knowledge of Breastfeeding among antenatal mothers. To associate findings with selected demographic variables. **Methods:** Quantitative approaches with the Non-Experimental Descriptive design were used. All Primi-Gravida Mother with a sample size of 60 was collected in Bharati Hospital Research Centre Pune. A Structured Questionnaire was prepared for data collection. **Results:** The finding of the study was, 24% Mothers are having good knowledge, 35% Mothers are having the average knowledge, and 01% Mothers are having poor knowledge regarding Breastfeeding. Age, family pattern, family incomes are associated with the knowledge. **Conclusion:** Maximum mothers have average knowledge regarding breastfeeding.

**Keywords:** breastfeeding, antenatal mothers.

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**1. Introduction**

Exclusive Breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhea or pneumonia and helps for a quicker recovery during illness. Antibodies from the mother are passed through the milk. Therefore, breastfed babies have higher resistance to infection, such as respiratory viruses. Breastfeeding, the most natural way of infant feeding to satisfy nutritional, metabolic and psychological needs of the baby.

Breastfeeding contributes to the health and well-being of mothers; it helps to reduce the risk of ovarian cancer and breast cancer [1] Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development.

Colostrums, the yellowish, sticky breast milk produced at the end of pregnancy, is recommended by WHO as the perfect food for the newborn, and feeding should be initiated within the half hour after birth [2]. Exclusive breastfeeding is recommended up to 6 months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond [3] Health benefits for mothers beyond emotional satisfaction, The hormone oxytocin, released during breastfeeding, acts to return the uterus to its regular size more quickly and reduce postpartum bleeding and it also helps to reduce the risk for breast cancer [4]

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Globally, 60% of infant and young child deaths occur due to inappropriate infant feeding practices. Two-thirds of infectious disease-related deaths are attributable to suboptimal Breastfeeding practices [5].

Inappropriate infant feeding practice could have a negative effect on child growth and development, especially in developing countries, where accessibility of basic health services is not sufficient. Although breastfeeding is nearly universal in India, very few children are put to the breast immediately after birth. Ninety-six percent of children under age five have ever been breastfed, but only one-quarter of last-born children who were ever breastfed started breastfeeding within one hour of birth, as is recommended. Most mothers (57 percent) gave their last-born child something to drink other than breast milk in the three days after delivery. Prolactal feeds were more common in rural areas than in urban areas and among women with no education. The factors that hinder the full realization of benefits of Breastfeeding include cultural beliefs, maternal characteristics, infant health problems, socioeconomic status, knowledge attitude and some psychological aspects.

## 2. Material and method

A Formal permission was obtained from the principal of Bharati Vidyapeeth College of nursing. The final study was conducted from December 26 - 2017 to January 3-2018. 60 antenatal mother were selected by convenience sampling method from Bharati hospital and research center of Pune city [6]. A Quantitative approach with the Non-Experimental Descriptive design was used. All Primi-Gravida Mother with a sample size of 60 was collected in Bharati Hospital Research Centre Pune [7]. A Structured Questionnaire was prepared for data collection [8]. The sample in the study consisted 60 Antenatal mothers who was visited ANC OPD. A tool consisting of two parts were developed for data collection. The data was obtained from the RGNM Internship nursing students of Pune city.

The pilot study was conducted from 18/12/2017-24/12/2017 on 10 selected antenatal mother were selected at Bharati hospital and research center Pune, to assess the feasibility of the study and to decide the plan for data analysis [9]

### Inclusion criteria

- 1] Primigravida above 24 weeks of pregnancy.
- 2] Primigravida mothers who are able to understand English or Marathi or Hindi.

### Exclusion criteria

- 1] Mothers not willing to participate in the study.
- 2] Multipara mothers

## Structured tool

The Structured tool consists of two sections:

Section I: this section seeks information on the demographic background of mother i.e. age, educational qualification, occupation, residential area, family pattern, family income, religion.

Section II: a structured questionnaire to assess the knowledge regarding Breastfeeding among Antenatal mother.

This section comprises of the structured questionnaire. This part consisted of 20 questions assessing the knowledge regarding Breastfeeding among Antenatal mother.

Each question has four options and according to the observation made by the observer on the knowledge of Breastfeeding the option was selected.

Advantages of Breastfeeding for mother

Advantages of Breastfeeding for babies

Factors affecting breastfeeding

Growth and development of infant

The position of breastfeeding

The timing of breastfeeding

## Hygiene during breastfeeding

Preventive measures to prevent wrong practices of breastfeeding [10]

Interpretation of tool

Sr.no	Criteria	Marks
1.	Poor	0 to 07
2.	Average	08 to 14
3.	Good	15 to 20

## 3. Result

### Section –I

Description of the sample based on demographic data.

Table no 1: Descriptive samples based on frequency and percentages  
N=60

Demographic variables	Frequency	%
Age:		
18-22 yrs	8	13.3
23-27 yrs	40	66.6
28-32 yrs	8	13.3
33-37 yrs	3	5

38-42 yrs	1	1.6
Education Qualification:		
Post Graduate	3	5
Graduate	29	48.3
Under Graduate	27	45
No Formal Education	1	1.6
Demographic variables	Frequency	%
Occupation:		
Self Employed	2	3.3
Employed	24	40
Housewife	34	56.6
Any Other (specify).....	0	0
Residential Area:		
Urban	38	63.3
Rural	22	36.6
Family Pattern:		
Nuclear Family	17	11.6
Joint Family	43	71.6
Extended Family	0	0
Family Income:		
10,000-20,000	10	16.61
21,000-30,000	16	26.61
Above 31,000	34	56.6
Religion:		
Hindu	47	78.3
Christian	4	6.6
Muslim	9	15
Any Other (specify).....	0	0

## Section II

Analysis of the data related to the level of knowledge of Breastfeeding according to their score.

Table no 2: Frequency percentage of knowledge score.

N=60

SN	Knowledge score	Frequency	%
1.	Good knowledge	1	1.6
2.	Average knowledge	35	58.3
3.	Poor knowledge	24	40

Table no 3: Frequency, percentage according to age.

N=60

SN	Ages	Frequency(f)	%
1.	18-22 years	8	13.3
2.	23-27 years	40	66.6
3.	28-32 year	8	13.3
4.	33-37 year	3	5
5.	38-42 year	1	1.6

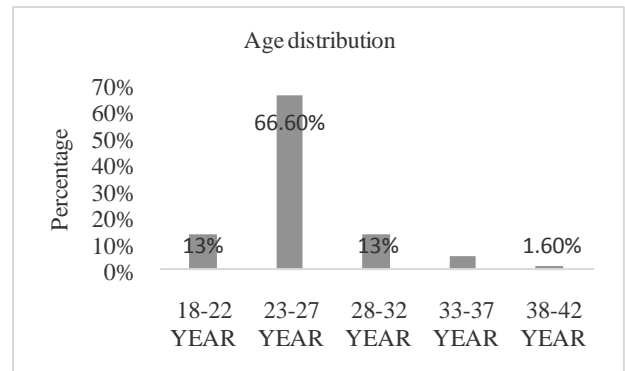


Fig no 4.2: Distribution of sample according to ages.

According to the above diagram it gives a description about the age distribution, in the diagram, the group is 13.3% under the age of 18-22 years, 66.6% group under the age of 23-27, 13.3% group under the age 28-32 years, 5% group under the age 33-37 years AND 1.6% group under the age 38-42 years.

Table no 4: Frequency, percentage according to education qualification.

N=60

S N	Education Qualification	Frequency	%
1.	Postgraduate	3	5
2.	Graduate	29	48.3
3.	Undergraduate	27	45
4.	No formal education	1	1.6

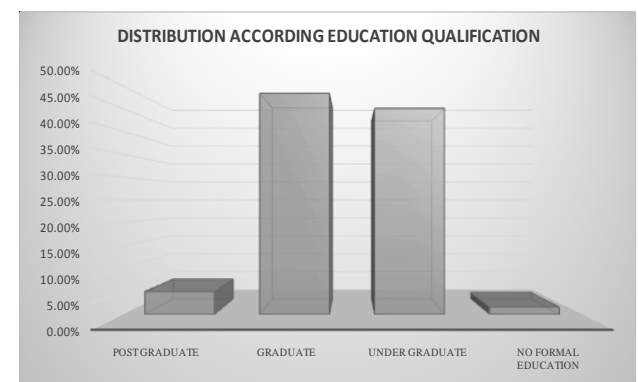


Fig no 4.3: Distribution of the sample according to education qualification.

According to the above diagram it gives a description about the education qualification, in the diagram the group is 5% are postgraduate and graduate are 48.3% and undergraduate are 45% and 1% is no formal education.

Table no 5: Frequency, percentage according to occupation:

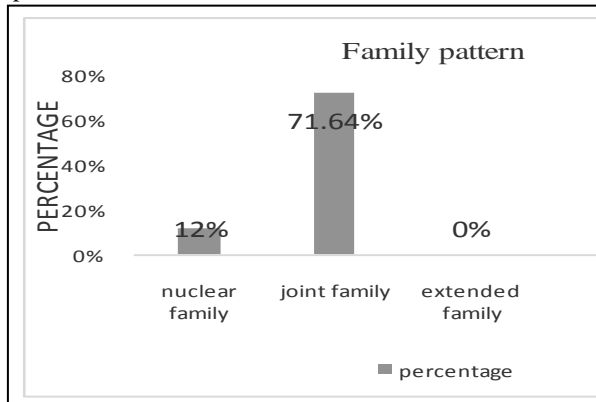
N=60

SN	Occupation	Frequency	%
1.	Self-employed	2	3.3
2.	Employed	24	40
3.	Housewife	34	56.6
4.	Any other	0	0

Table no 6: Frequency, percentage according to residential area

SN	Residential area	Frequency	%
1.	Urban	38	63.3
2.	Rural	22	36.6

Table no 7: Frequency, percentage according to family pattern



SN	Family pattern	Frequency	%
1.	Nuclear family	7	11.6
2.	Joint family	43	71.64
3.	Extended family	0	0

Table no: 10

SN	Variables	Poor	Average	Good	Frequency	%
1.	Age:-					
	18-22 years	0	4	4	8	13.3
	23-27 years	0	26	14	40	66.6
	28-32 years	0	4	4	8	13.3
	33-37 years	1	0	2	3	5
	38-42 years	0	1	0	1	1.6

Fig no 4.6: Distribution of sample according to the family pattern.

According to the above diagram it gives a description of the family pattern, nuclear family 11.6 %, joint family 71.64% and extended family 0%.

Table no 8: Frequency, percentage according to family income

SN	Family Income	Frequency	%
1.	10,000-20,000	10	16.61
2.	21,000-30,000	16	26.61
3.	Above 31,000	34	56.6

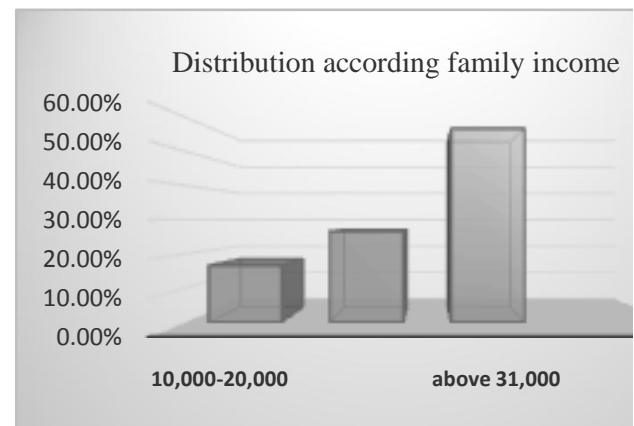


Fig no 4.7 Distribution of sample according to family income.

According to the above diagram it gives description about the family income, 10,000-20,000 16.61%, and 21,000-30,000 26.61% and above 31,000 56.6%.

Table no 9: Frequency, percentage according to religion

SN	Religion	Frequency	%
1.	Hindu	47	78.3
2.	Christian	4	6.6
3.	Muslim	9	15
4.	Any other	0	0

Scoring Scale:-

Poor: - 0 to 7

Average: - 8 to 14

Good: - 15 to 20

2.	Educational Qualification :-					
	Post graduate	0	2	1	3	5
	Graduate	0	18	11	29	48.3
	Under graduate	1	15	11	27	45
	No formal education	0	0	1	1	1.6
3.	Occupation:-					
	Self-employed	0	1	1	2	3.3
	Employed	0	13	11	24	40
	Housewife	1	21	12	34	56.6
	Any other (specify).....	0	0	0	0	0
4.	Residential area:-					
	Urban	0	22	16	38	63.3
	Rural	1	13	8	22	22
5.	Family pattern:-					
	Nuclear family	0	7	10	17	11.6
	Joint family	1	28	14	43	71.6
	Extended family	0	0	0	0	0
SN	Variables	Poor	Average	Good	Frequency	%
6.	Family income :-					
	10,000-20,000	0	9	1	10	16.61
	21,000-30,000	0	5	11	16	26.6
	Above 31,000	1	20	13	34	56.6
7.	Religion:-					
	Hindu	1	32	14	47	78.3
	Christian	0	1	3	4	6.6
	Muslim	0	2	7	9	15
	Any other (specify)...	0	0	0	0	0

#### Association

SN	Variables	Calculated value	Degree of freedom	"P" value	Table value	Associated or not with the knowledge
1.	Age	22.6	8	0.004	15.51	Age is not associated with knowledge.
2.	Educational qualification	2.833	6	0.900	12.59	Education is not associated with the knowledge.
3.	Occupation	4.56	6	0.500	12.59	Occupation is not associated with knowledge.
4.	Residential area	1.873	2	0.500	5.99	Residential area is not associated with knowledge.
5.	Family pattern	21.73	4	0.003	9.49	Family pattern is associated with knowledge.
6.	Family income	9.87	4	0.050	9.49	Family income is associated with knowledge.
7.	Religion	9.446	6	0.1000	12.59	Religion is not associated with knowledge.

#### 4. Discussion

The finding of the study has been discussed with the reference of the objectives and hypothesis. The finding of the study shows that Breastfeeding knowledge is most effective among the mother.

A study was conducted in Bharati hospital and research center, to assess the knowledge regarding Breastfeeding among the Antenatal Mother. The sample consisted of 60 mothers were selected randomly; the structured questionnaires were given to the mothers for 20 minutes. The results show that 24 (40%) mothers are having good knowledge, 35 (58.3%) mothers are having the average

knowledge, and 01 (1.6%) mothers are having poor knowledge.

The majority of mothers are under 23-27 years i.e 66.6%, Majority of educational qualification of mothers is graduate i.e 48.3%, Majority of occupation of mothers is housed wife i.e 56.6%, Majority of mothers are leaving in urban area that is 63.3%, Majority of mothers are leaving in joint family that is 71.6%, Majority of mothers are having above 31,000rs income i.e 56.6% and Majority of mothers belong to Hindu background that is 78.3%.

## Conclusion

Good nutrition is one of the basic components for child development survival and maintenance. Exclusive Breastfeeding is parallel ways of providing ideal food for the healthy growth and development of infant by protecting against many infections in children. Mother have more knowledge regarding breastfeeding. Mother have sufficient knowledge about Breastfeeding and has observed the knowledge is more important for the healthy individual. Also regarding knowledge about Breastfeeding help to know about babies' health. From all the data obtained, knowledge regarding Breastfeeding among the Antenatal mother is average level.

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