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To evaluate the breastfeeding awareness among breastfeeding primigravidae mothers

Shaini P C
Associate professor, College of Nursing, SVBP Hospital LLRM Medical College Meerut, U.P., India
Email: shainy.manisrg@rediffmail.com

***Abstract*---**Aim: To evaluate the breastfeeding awareness among breastfeeding primigravidae mothers. Methods: The study employed a quantitative research technique with a post-test only control group design. The easy sampling approach was used to pick 200 primigravidae moms who had completed 36 weeks of gestation and attended to the OPD or prenatal unit and met the selection criteria. The independent variable in the study was the Breastfeeding Awareness Programme, the dependent variable was the breastfeeding practise of primigravidae mothers, and the sociopersonal variables were age, education, occupation, monthly income, religion, type of family, area of living, social support during pregnancy, and source of breastfeeding information during pregnancy. Results: According to the clinical data sheet, 42 percent of the participants in the experimental group and 46 percent of the subjects in the control group were 39-40 weeks pregnant at the time of birth. More over half of the patients in the experimental group (52%) and 21% of the subjects in the control group began breastfeeding within half an hour. 82 percent of the individuals in the experimental group and 81 percent of the subjects in the control group did not feed their babies formula. During breastfeeding practise, the majority of participants in the experimental group had appropriate body position and emotional connection (91%), successful feeding signals (97%), feeding pattern (97%), elimination pattern (100%), and assistance during nursing (91 percent).But the subjects in the control group practiced unsatisfactory hygiene, breast care (96%), body position and emotional bonding (67%).Table 2 reveals that during the post-test, the experimental group's mean breastfeeding practise score (39.55±3.69) was greater than the control group's (26.74±6.52). The independent t test revealed a significantly significant difference ($p < 0.001$) in the breastfeeding practise score of the experimental and control groups. As a result, it is possible to infer that the Breastfeeding Awareness Program had a significant impact on breastfeeding practise. Experimental group's mean breastfeeding

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***Corresponding author**: Shaini, P. C.; Email: shainy.manisrg@rediffmail.com*
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practise score (8.03<1.26) was higher than the control group's (7.26±1.74) during the post-test. As a result, it is possible to infer that the Breastfeeding Awareness Program had a significant impact on breastfeeding practise. Conclusion: Breastfeeding is a motherly act, but it is also a skill that must be acquired on a daily basis. In actuality, nearly all mothers have adequate milk for their newborns. Almost usually, it is just a question of practical knowledge.

***Keywords*---**breastfeeding, primigravidae mothers, breastfeeding awareness.

Introduction

Home-based new-born care (HBNC) is a technique implemented by the Government of India to alleviate the burden of newborn fatalities in the first week of life and reach the unreached. It fulfils the RMNCH+A strategy's goal of providing a continuum of care for babies and postnatal moms. [1] The first 28 days of life, known as "The Neonatal Period," are the most dangerous for a child's survival. This era accounts for 2.7 million fatalities in 2015, or nearly 45 percent of all deaths among children under the age of five. Almost one million neonatal fatalities occur on the day of delivery, and almost two million die during the first week of life. [2] As important newborn care practises, a collection of practises that minimise infant morbidity and death have been identified.

Clean cord care (cutting the umbilical cord with a sterilised instrument and tying with sterilised thread); thermal care (drying and wrapping the newborn immediately after delivery and delaying the newborn's first bath for at least 48 hours to reduce hypothermia risk); and breastfeeding within the first hour after birth are examples of these practises. Clean cord care, thermal care, and nursing have all been recognised as therapies that have been shown to save newborn lives. [3] Human breast milk, nature's ideal gift, far outperforms anything accessible from our most advanced technologies. It is the most efficient method of providing a kid with comprehensive nutrition and protection. In India, the start of breastfeeding after delivery is significantly delayed, and most vital colostrum is destroyed before being applied to the breast.

Colostrum is frequently referred to be the child's initial "immunisation." [4] Prelacteal feeding is an unsanitary technique that is also used in India. This practise, by delaying the commencement of breast feeding, may have a detrimental effect on the establishment of lactation and introduce enteric diseases if prelacteal meals are not delivered in a hygienic way. The protection afforded by early breast-feeding start against the risk of newborn mortality [5] In India, several customs exist that have an impact on the health of babies. Understanding the community and traditional infant care practises is required to create a successful neonatal health promotion programme. Interventions must be customised to the local context.

The great majority of these neonatal deaths, around 98 percent, occur in poor and developing nations, against a backdrop of lack of awareness about appropriate

newborn practises, poverty, inadequate care seeking, and a weak health system with low standards of both maternal and newborn care. Appropriate and fundamental infant care practises by the mother, her family members, and health care providers can all play an important role in reducing neonatal mortality. [6] The great majority of perinatal and neonatal mortality occur in poor nations with socioeconomic disadvantage. Poverty, illiteracy, low social standing, and poor women's care, as well as a dysfunctional health system, are major underlying factors affecting maternal and child health in many developing nations. [7]

The Third National Family Health Survey (NFHS-3) of India reported that overall 21.5% of children aged under three years were breastfed within one hour of birth, 48.3% of the children aged zero to five months were exclusively breastfed, and 53.8% of the children aged six to nine months received solid or semi-solid food and breast milk.[8]

Material and Methods

The study employed a quantitative research technique with a post-test only control group design. The easy sampling approach was used to pick 200 primigravidae moms who had completed 36 weeks of gestation and attended to the OPD or prenatal unit and met the selection criteria. The independent variable in the study was the Breastfeeding Awareness Programme, the dependent variable was the breastfeeding practise of primigravidae mothers, and the sociopersonal variables were age, education, occupation, monthly income, religion, type of family, area of living, social support during pregnancy, and source of breastfeeding information during pregnancy. The experimental group received a 45-minute Breastfeeding Awareness Programme on breast care, breast self-examination, breast complications and management via video assisted teaching, and a session on breastfeeding technique and burping via lecture cum demonstration, whereas the control group only received routine care. On the second postnatal day, instruments such as sociopersonal profiling, clinical data sheets, the researcher's Breastfeeding Assessment Checklist, and the standardised LATCH Assessment Tool by Jenson, Wallace, and Kelsay were used to perform postnatal tests for the experimental and control groups. Descriptive & inferential statistics using SPSS 25.0 version was used for the data analysis. Socio personal variables & clinical data was analysed by frequency & percentage distribution. Significant difference in breastfeeding practice was analysed by independent t test and association of breastfeeding practice with selected socio personal variables analysed by Chi square.

Results

According to the sociopersonal proforma, the bulk of the individuals in the experimental group (60%) and control group (55%) were between the ages of 18 and 23. The majority of the subjects in both the experimental and control groups (80% and 75%, respectively) were housewives. 40% of the individuals in the experimental group and 35% of the subjects in the control group had a monthly income of more than Rs 25000. More over half of the individuals in both the experimental (65%) and control (62%) groups were Hindus. Half of the individuals in the experimental group (55%) and half of the subjects in the control group

(50%) belonged to a nuclear family. During pregnancy, 42% of individuals in the experimental group and 52% of subjects in the control group were given breastfeeding information. According to the clinical data sheet, 42 percent of the participants in the experimental group and 46 percent of the subjects in the control group were 39-40 weeks pregnant at the time of birth. More over half of the patients in the experimental group (52%) and 21% of the subjects in the control group began breastfeeding within half an hour. 82 percent of the individuals in the experimental group and 81 percent of the subjects in the control group did not feed their babies formula. During breastfeeding practise, the majority of participants in the experimental group had appropriate body position and emotional connection (91%), successful feeding signals (97%), feeding pattern (97%), elimination pattern (100%), and assistance during nursing (91 percent).But the subjects in the control group practiced unsatisfactory hygiene, breast care (96%), body position and emotional bonding (67%).

Table-1: Socio-Demographic characteristics of studied population

Character	Group	experimental group	control group
Age	18-23 Above 23	60 40	55 45
Religion	Christian Hindu Muslim	10 65 25	8 62 30
Education	Illiterate Secondary high school High school Graduate	8 12 46 34	7 12 48 33
Occupation	Housewife Employee	80 20	75 25
Type of family	Joint Nuclear Single parent	25 55 20	30 20 15
Type of delivery	Vaginal Caesarean section	44 56	48 52
Baby gender	Male Female	61 39	53 47

Table 2: Mean, Standard deviation in the experimental group & control group based on breastfeeding practice score

Group	Mean	df	t
Experimental group	39.55±3.69	75	7.02***
Control group	26.74±6.52		

*** Significant at $p<0.001$

Table 2 reveals that during the post-test, the experimental group's mean breastfeeding practise score (39.55±3.69) was greater than the control group's (26.74±6.52). The independent t test revealed a significantly significant difference (p <0.001) in the breastfeeding practise score of the experimental and control groups. As a result, it is possible to infer that the Breastfeeding Awareness Program had a significant impact on breastfeeding practise.

Table 3: Mean, Standard deviation in the experimental group & control group based on LATCH Assessment Score

Group	Mean	df	t
Experimental Group	8.03±1.26	75	7.22***
Control Group	7.26±1.74		

*** Significant at $p<0.001$

Table 3 demonstrates that the experimental group's mean breastfeeding practise score (8.03±1.26) was higher than the control group's (7.26±1.74) during the post-test. The independent t test revealed a highly significant difference (p<0.001) in the LATCH Assessment score of the experimental and control groups. As a result, it is possible to infer that the Breastfeeding Awareness Program had a significant impact on breastfeeding practise.

Breastfeeding practise is associated with a number of characteristics. There was a significant (p<0.05) relationship between breastfeeding practise and breastfeeding initiation. Subjects in the experimental group began nursing sooner than those in the control group. However, there was no significant relationship between breastfeeding practise and other socio-personal characteristics such as education, monthly income, or source of information.

Discussion

Breast feeding is a natural way for newborns to get the nourishment they need for growth and development. However, its use is determined by maternal knowledge, attitude, employment, family support, and other aspects. In our survey, the majority of them (58.5%) were between the ages of 18 and 23, with a mean age of 23.5 and a standard deviation of 4.02. The majority of the moms practised Hinduism (63.5 percent). A research by Ekanam et al found a similar pattern, with 52 percent from the medium socioeconomic category but the majority belonging to the Christian faith. [9]

During the post-test in the current study, the experimental group's mean breastfeeding practise score (39.55±3.69) was higher than the control group's (26.74±6.52). The independent t test revealed a significantly significant difference (p 0.001) in the breastfeeding practise score of the experimental and control groups. The research's findings were comparable with the findings of another study done in Turkey on the influence of prenatal education on nursing self efficacy among primigravidae moms. At 1 (p<0.001), 4 (p<0.001), and 8 (p<0.001) weeks postpartum, individuals in the intervention group had substantially higher mean breastfeeding ratings.[10] In the current study, the mean breastfeeding practise score of the experimental group (8.03±1.26) was greater than that of the

control group (7.26±1.74) during the post test. The independent t test revealed a significantly significant difference (p <0.001) in the LATCH Assessment score of the experimental and control groups. The results of the study were also consistent with the findings of another study conducted on effect of Breastfeeding Empowerment Programme among primigravidae mothers at one University hospital in South India. After delivery, the intervention group had better LATCHES (p<0.000), less pain (p<0.000), and less breast engorgement (p<0.000) than the control group.[11]

Conclusion

Breastfeeding is a motherly act, but it is also a skill that must be acquired on a daily basis. In actuality, nearly all mothers have adequate milk for their newborns. Almost usually, it is just a question of practical knowledge.

References

1. Indian newborn action plan, Ministry of Health and Family Welfare, Govt. Of India , Sept 2014.
2. www.who.int/gho/child-health/mortality/neonatal
3. Darmstadt GL,Bhutia ZA,Cousens S, Adam T,Walker N. Evidence based cost effective intervention. How many Newborn babies can we save. Lancet 2005, 365 (9643), 977-88, PMID: 15767001.
4. Training manual on breastfeeding management – steps towards baby friendly care. UNICEF, Mumbai, 1996.
5. Ahmed FU, Rahman ME, Alam MS. Prelacteal feeding: Influencing factors and relation to establishment of lactation. Bangladesh Med Res Counc Bull 1996; 22 (2):60-4.
6. www.impatientsoptimists.org/post/2011/07/india Promotes HBNC Training Bill & Melinda Gates Foundation.
7. Bhutta Z,Darmstadt G,Hasan B ,Haws R :Community based Interventions for improving Perinatal and Neonatal Health Outcomes IN Developing Countries: A Review of the Evidence, Paediatrics 2005,115:519-617
8. Ministry of Health and Family Welfare :National Family Health Survey 3, India
9. EkanemIA,Ekanem AP, Asuquo A ,Eyo VO Attitude of Working Mothers to Exclusive Breastfeeding in Calabar Municipality, Cross River State, Nigeria. Journal of Food Research. 2012 May; 1(2):71-75. doi:10.5539/jfr.v1n2p71.
10. Demirchyan Anahit.Main Barriers to Optimal Breastfeeding Practices in Armenia: A Qualitative Study [Internet] 2019. Available from:https://www.researchgate.net/publication/333909673_Main_Barriers_to_Optimal_Breastfeeding_Practices_in_Armenia_A_Qualitative_Study.
11. Narayanan Gayathri Priya, Arjunan Poorkudi. Effectiveness of Breastfeeding Empowerment Programme among Primigravidae [Internet] 2013.Available from:https://www.researchgate.net/publication/268146111_effectiveness_of_breastfeeding_empowerment_programme_among_primigravidae