

A Comparison of Knowledge Among Primipara and Multipara Mothers on Exclusive Breastfeeding Residing at Selected Areas of Kancheepuram District

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Abstract:-

Background WHO recommended exclusive breast feeding upto 6 months of age till 2 years or beyond. This study attempts to compared the knowledge among primiparous and multiparous on Exclusive Breast Feeding residing at selected areas of kancheepuram district and the researchers proves the association between knowledge of the mothers and exclusive breast feeding.

• *Methods*

The mothers knowledge on exclusive breast feeding was determined by structured questionnaire. 100 mothers with infants of 0 to 6 months (Primiparous 50 mothers and Multiparous 50 mothers)residing at selected areas of kancheepurm district.

• *Results*

Among 0 – 6 months old infants, the prevalence rate of exclusive breast feeding was about 45.5%, that is among multiparous it is about 49.3 and primiparous mothers it was about 39.4%. this study results states that the knowledge of the multiparous mothers was significantly high with the mean score of 8.49 than the primiparous mothers mean score is about 7.93.

• *Conclusions*

The study findings will be useful particularly forprimiparous mothers in order to gain knowledge on exclusive breast feeding practices and also it imparts awareness on exclusive breast feeding benefits for the mother as well as for the infant.

• *Background*

Exclusive breast feeding was recommended for 0 – 6 months of age by UNICEF and WHO. The exclusive breast feeding is defined as giving breast feeding and no other food or drink, not even sips of water, except oral rehydration solution and vitamin supplements for the first 6 months. A global target was set by world health assembly to increase the exclusive breast feeding rate globally should reach to 50% by 2025.

Statistical evidence states that 38% of infants are exclusively breast fed globally(4). Many studies are proven that the larger the parity is associated with longer the exclusive breast feeding practices(5), where as the vulnerable group such as primipara mothers receives insufficient messages and reduced the chances to achieve exclusive breast feeding(6) as they face problems in adjusting to the new parental role and less skills in LATCH on techniques in breast feeding(7).

Our kancheepuram district is the area comprised of rural and semi-rural population which almost lacks in knowledge of exclusive breast feeding practices. This study compares the knowledge on exclusive breast feeding between primiparous and multiparous mothers.

➤ *Statement of the Problem*

A Comparison of knowledge among primipara and multipara mothers on exclusive breastfeeding residing at selected areas of kancheepuram district.

I. OBJECTIVE

- To assess the knowledge among primipara and multipara mothers on exclusive breast feeding.
- To find out the association between level of knowledge among primipara and multipara mothers on exclusive breast feeding .
- To compare the knowledge between primipara and multipara mothers on exclusive breast feeding.

II. HYPOTHESIS

H₁ – there will be significant association between level of knowledge among primipara and multipara mothers on exclusive breast feeding.

III. OPERATIONAL DEFINITION

A. Knowledge

It is understanding of facts, information or skills which is acquired by education or experience.

B. Exclusive breast feeding

The exclusive breast feeding is defined as giving breast feeding and no other food or drink, not even sips of water, except oral rehydration solution and vitamin supplements for the first 6 months.

C. Primiparous

It is relating to a women who has given birth only once.

D. Multiparous

It is relating to a women who has given birth more than once.

E. Selected areas

The researcher confined the study to Sothupakkam and Melmaruvathur.

IV. METHODS

A. Research design: comparative research study design

• Setting

The setting for the study was selected areas of kanceeheapuram district.

• Sample

Primipara and multipara mothers with infants 0 – 6 months.

• Sample size

A total of 100 mothers classified into 2 groups. The first group comprised of 50 primiparous and the second group comprised of 50 multipara mothers. Cochran formula was used to determine the sample size.

• Sampling technique

A systematic random sampling technique was adopted.

B. Inclusion criteria

- Mothers with one or more living infant.
- Mothers residing at sothupakkam and melmaruvathur during the study period.
- Mothers who can understand Tamil or English.
- Mothers who are willing to participate in study.

C. Exclusion criteria:

- Mothers affected with chronic illness.
- Mothers consume medicines which is contraindicated for breast feeding.

- Mothers of still birth and intra uterine death or newborn with severe congenital malformations.

V. DATA COLLECTION TOOLS

A researcher-administered structured questionnaire with both closed and open ended questions was prepared with the help[of review of literature, personal experience and discussion with experts were used to collect data.

VI. DESCRIPTION OF THE TOOL

A. Section Baseline proforma

It consists of demographic data such as age, educational status, occupation, parity, religion etc.

B. Section

It consists of the self structured questionnaire consisted of 10 items.

Mothers knowledge on various aspects of exclusive breast feeding was assessed by 10 qestioibs, which was scored as one for correct answers and zero for incorrect answers and the scores was categorized as.

Score	Interpretation
Less than 3	poor knowledge
3 – 6	moderate knowledge
7 & above	adequate knowledge

Table 1. score interpretation

➤ Validity and reliability of tools

The reliability was tested by test – retest method was 0.85. The validity of the tool was assessed by various experts in the field of nursing research.

➤ Data collection procedure

The mothers were interviewed by face-face interactions. The data were collected for 2 weeks in the month of may 2017. Informed written consent was obtained from each mothers to participate in the study. Participants are assured of confidentiality. On an average, it took 10- 15 minutes to complete one sample.

➤ Data analysis and presentation

The data was analysed by using descriptive and inferential statistics. The descriptive statistics were used to describe the frequency and percentage of demographic data and knowledge on exclusive breast feeding among primipara mothers and multipara group. Inferential statistics t-test was used to prove the significance among primipara and multipara mothers with the p value of 0.05 was used to determine the statistical significance.

VII. RESULTS

The results of the study was discussed on the following sections;

➤ Demographic data

	Primipara mothers		Multipara mothers		Total		t-test/ chi square test
	NO = 50		NO =50		NO =100		p- value
	NO	%	NO	%	NO	%	
Sex of infant							
Male	34	68	28	56	62	62	0.11
Female	16	32	22	54	38	38	
Infants age (mean ±):	2.8 (±1.4)		2.6 (±1.4)		2.7 (±1.4)		0.23
Mothers age (yrs) (mean ±):	25.1 (±5.3)		27.4 (±5.3)		26.2 (±5.4)		0.00
MaritalStatus:							
Married	37	74	39	78	76	76	0.08
Single	8	5.8	6	4.2	14	14	
Divorced	5	3.7	5	3.5	10	10	
Education:							
No formal education	18	36	15	30	33	33	0.50
Adult education	8	16	12	24	20	20	
Primary education	12	24	8	16	20	20	
Secondary school	8	16	5	10	13	13	
Higher secondary to degree level	4	8	10	20	14	14	

Table 2. Demographic Data of primipara and multipara mothers.

Table 2: describes that infants age of both group mothers are similar with the average score of 2.7 and 76% of the mothers were married and 33 % of mothers were received no formal education among both the groups.

	Primiparous		Multiparous		Total		Chi-square test/ t-test
	n=50		n=50		n=100		p- value
	n	%	n	%	n	%	
Baby's 1 st feed is breast milk	37	74	42	84	79	79	0.01
Initiation of breast feeding should be within 1 hour after birth	22	44	38	76	60	60	0.47
Colostrum was important for the baby	23	46	46	92	69	69	0.49
No other prelacteal feeds other than breast milk upto 6 months of age	17	34	36	72	53	53	0.94
Breast milk contain Ig G which provides immunity	21	42	43	86	64	64	0.50
Breast feeding helps in birth	9	18	21	42	30	30	0.54

spacing							
Infant can be fed with expressed breast milk	16	32	24	48	40	40	0.27
Weaning should be started after 6 months	32	64	41	82	73	73	0.16
Woman can breast feed she is pregnant	28	56	32	64	60	60	0.85
Demand feeding should be practiced	14	28	31	62	45	45	0.32

Table 3. Maternal knowledge on breastfeeding

Table 3 describes that; In aspects of knowledge, both the group of mothers were aware about baby's first food was breast milk and breast feeding should be initiated within first hour immediately after delivery.

VIII. DISCUSSION

Multiparous mothers exhibited a higher knowledge score compared to the primiparous mothers although the difference was statistically significant.

Table 2 reveals, the multiparous mothers had adequate knowledge than the primiparous mothers. 84% of multiparous mothers and 74% of primiparous mothers were aware that baby's first feed is breast milk. 76% multiparous and 44% of primiparous mothers were put the baby to breast within 1 hour of birth. 92% of multiparous and 46% of primiparous mothers were aware that colostrums was important for the baby. 72% of multiparous and 34% of primiparous mothers were aware that no other pre-lacteal feeds other than breast milk upto 6 months of age. 86% of multiparous and 42% of primiparous mothers knew that breast milk contain IgG which provide immunity against illness. 42% of multiparous and 18% of primiparous mothers were aware that breast feeding helps in birth spacing. 64% of multiparous and 56% of primiparous mothers were aware that pregnant women can continue her breast feeding. 62% of multiparous and 28% of primiparous mothers are aware on demand feeding for the baby.

IX. CONCLUSION

This study findings concludes that higher the parity, greater the knowledge regarding exclusive breast feeding. Statistically the study proved that there is significant difference in the level of knowledge among primipara and multipara mothers on exclusive breast feeding.

X. RECOMMENDATIONS

- A study can be conducted with large samples to generalize the findings.
- A comparative study can be conducted with urban and rural samples.

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