



## **A study on knowledge, practice and attitude towards exclusive breast feeding among mothers attending immunization clinic at selected rural health centers of Jabalpur district with view to develop health instructional module**

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### **Abstract**

The study adopted was a quantitative research approach with a descriptive cross sectional research design "A Descriptive cross sectional Institution based study on knowledge, practice and attitude towards exclusive breastfeeding among mothers attending immunization clinic at selected rural health centers of Jabalpur district with view to develop health instructional module." The population comprises of 40 infants mother attending immunization clinic at selected rural health centers CHC Patan of Jabalpur district. A purposive sampling technique used to select the samples. A structured knowledge checklist, practice checklist and likert scale for attitude was develop to collect the data. Health instructional module was developed and distributed to all mother who are sample if study after data collection. Reliability if 5he tool was calculated by Karl Pearson Co- relation coefficient and tool was found to be reliable  $r=0.79$ . The pilot was carried out. The objectives were achieved through finding of score the value found by doing Pilot study shown that the 20 mothers have average knowledge about exclusive breast feeding, 17 mothers have average practice and 29 mothers have positive attitude towards exclusive breast feeding. The mean value of knowledge 17.05, SD. .987, Mean value of practice was 16.65 and SD .829 and attitude mean was 17.82 and SD .499. The knowledge and practice had negative correlation. The association of knowledge with education was significant, association of practice with parity was significant and association of attitude with monthly income was significant. Conclusion: In this study found that the mother's average knowledge and positive attitude towards exclusive breast feeding but practice rate is low due to poor guidance during postnatal period. Need proper guidance about proper position of the baby and proper attachment and of newborn with mother's breast.

**Keywords:** Knowledge, attitude, practice, exclusive breast feeding, immunization, rural Health centres

### **Introduction**

"Breastfeeding is the method of feeding a baby with milk directly from the mother's breast" (Bristow, 2012).

Breastfeeding is ideal form of infant feeding and is crucial for lifelong health and well being. It provides unique nutritional, immunological and psychological and spacing benefits. breastfeeding is natural and physiological, the current infant feeding practices are far from optimum because of lack of updated knowledge and training among medical and para medical personnel, misconceptions in the community, misinformation by infant food manufactures and lack of community and family support <sup>[1]</sup>.

Breastfeeding provides the neonate the passive means of protection from environment. Almost every delay or deficiency in host defences maturation is countered by a factor in breast milk that compensates for it. Infant who are breastfed are less likely to have gastrointestinal disorders and food allergies during infancy. Colostrums and breastmilk contain a mucosal growth factors that is important in the maturation of intestinal mucosal epithelial cells, allowing control over bacterial and viral proliferation in the intestinal tract to be maintained.

Infants who are breastfed are less prone to anaemia and vitamin deficiencies. The iron stores in the term neonates are sufficient for the 6 to 9 months of life. Iron in the breast milk is well absorbed. If the mother's intake of vitamin is adequate breast milk supplies necessary ingredients with exception of vitamin D after several months <sup>[2]</sup>.

### **Background of the study**

A study conducted by Nisha Singh *et al.* (2016) on "study to evaluate breastfeeding practices among lactating mothers: a community based study in rural anganwadi centers infield practice area of government medical college, Jabalpur, Madhya Pradesh, India." They taken rural aganbadi health centres under govt. medical college Jabalpur and they got that 63.34% mothers did colostrum feeding, only 45% mothers of them breastfeeding exclusively . 48.33% gave prelactal feeding like honey and water. LSCS was major cause of delayed initiation of breast feeding. Many agreed regarding non supportive attitude of family. Majority of mothers have poor knowledge regarding proper positioning and attachment while breastfeeding <sup>[3]</sup>.

### Need for the study

Deaths of an estimated 820,000 children under the age of five could be prevented globally every year with increased breastfeeding. Breastfeeding decreases the risk of respiratory tract infections and diarrhea, both in developing and developed countries. Other benefits include lower risks of asthma, food allergies, type 1 diabetes, and leukaemia. Breastfeeding may also improve cognitive development and decrease the risk of obesity in adulthood.

- 41% of infants less than 6 months of age are exclusively breastfed, far short of the 2030 global target of 70%. \* While over two-thirds of mothers continue breastfeeding for at least one year, by two years of age, breastfeeding rates drop to 45%.
- According to the National Family Health Survey (NFHS 4) report the rate of exclusive breastfeeding in Madhya Pradesh continues to be sub-optimal and was only 58% for < 6 months
- For instance, Bhind district, where only about a third of women (33.3%) gave only breast milk to the child up to the age of 6 months.
- Jabalpur district has 51.1% ratio of exclusive breast feeding [4].

India ranks low in breastfeeding practices a story published in Times of India on 3<sup>rd</sup> august 2017 by Susmi Ray. India is among the world's five largest emerging economies where investment in breastfeeding is significantly low receiving in an annual economic loss of \$14 billion due to child deaths and cognitive losses caused from poor breastfeeding practices says a report. In India less than 50% of children are breastfeed an hour of birth, where as the rate of exclusive breastfeeding in the first six month stood at 55%. Early initiation of breastfeeding and exclusive breastfeeding can prevent nearly 99,499 deaths of children every year due to diarrhoea and pneumonia. Five countries- China India Indonesia, Mexico, Nigeria- accounts for over 2,36,000 child death every year [5].

### Problem Statement

"A Descriptive Cross-Sectional Institution Based Study on knowledge, practice and Attitude towards Exclusive Breast Feeding among Mothers attending Immunization Clinic at selected rural health centers of Jabalpur district with view to

develop health instructional module"

### Objectives

1. Assess the knowledge of mothers towards exclusive breast feeding attending immunization clinic at selected rural health centres of Jabalpur district.
2. Assess the practice of mothers towards exclusive breast feeding attending immunization clinic at selected rural health centres of Jabalpur district.
3. Assess the attitude of mothers towards exclusive breastfeeding attending Simm- unization clinic at selected rural health centres of Jabalpur district.
4. Associate the knowledge of mothers towards exclusive breast feeding attending immunization clinic at rural health centres of Jabalpur district with demographic variables.
5. Associate the practice of mothers towards exclusive breast feeding attending immunization clinic at rural health centres of Jabalpur district with demographic variables.
6. Associate the attitude of mothers towards exclusive breast feeding attending immunization clinic at selected rural health centres of Jabalpur district with demographic variables.
7. Correlate the knowledge of mothers with their practice and attitude towards exclusive breast feeding.
8. Correlate the practice of mothers with their attitude towards exclusive breastfeeding.

### Methodology

Quantitative Research approach was used. Research design descriptive cross sectional study design was used. Sample 40 infant's (up to 6months) mothers will be taken from CHC Patan Jabalpur district. Puposive sampling method will be used. Check list for knowledge and practice was prepared and likert 5 point scale will be taken to assess the attitude data analysis and descriptive statistics will be used.

### Pilot study

Pilot study conducted in Patan CHC Jabalpur. Written permission from CMHO Jabalpur and by guide has been taken .40 samples were taken for study and collected the data in 1/2/ 2022 to 15/2/2022. Health instructional module distributed to each sample. The findings were as below-

**Table 1:** Demographic distribution of the sample with frequency and percentage

S.no	Variables	Frequency	Percentage
1	<b>Age</b>		
	19-22 years	15	37.5
	23-26 years	16	40
	27-32years	9	22.5
	33 and above	0	0
2	<b>Sex of the baby</b>		
	Male	23	57.5
	Female	17	42.5
3	<b>Age of the baby</b>		
	0-3month	30	75
	3-6 month	10	25
4	<b>Residence</b>		
	Kachcha house	26	65
	Pakka house	14	35
5	<b>Religion</b>		
	Hindu	37	92.5

	Muslim	2	5
	Christian	0	0
	Others	1	2.5
6	<b>Education</b>		
	Illiterate	0	0
	Primary	5	12.5
	Middle	9	22.5
	High school	21	52.5
	Higher secondary	11	27.5
	Graduate and above	4	10
7	<b>Occupation</b>		
	Government	2	5
	Private	8	20
	House wives	32	80
8	<b>Monthly income</b>		
	Less than 5000	7	17.5
	5001 to 10000	23	57.5
	10000 to 15000	6	15
	More than 15000	4	10
9	<b>Family</b>		
	Neuclear	6	15
	Joint	34	85
10	<b>Parity</b>		
	Primi para	16	40
	Multipara	24	60
11	<b>Previous knowledge on exclusive breast feeding</b>		
	Television	0	0
	Radio	0	0
	Health worker	30	75
	Books (others)	10	25

#### Allotment of score for assessment of knowledge of mothers on exclusive breastfeeding

Total 30 question checklist has been given to the sample. Each yes marking contains 1 marks and each no marking contains 0 marks.

**Table 2:** Allotment of score for assessment of knowledge of mothers on exclusive breastfeeding

S.no	Description	Max. score	Good	Average	Poor
1	Knowledge	30	21-30	11-20	0-10

#### Allotment of score for assessment of practice of mothers on exclusive breastfeeding

Total 10 question checklist has been given to the sample. Each yes marking contains 3 marks and no marking contains 0 marks.

**Table 3:** Allotment of score for assessment of practice of mothers on exclusive breastfeeding

S. No	Description	Max. score	Good	Average	Poor
1	Practice	30	21-30	12-18	3-9

**Allotment of score for assessment of attitude of mothers on exclusive breastfeeding:** Rating scale has been prepared for attitude assessment. Total 6 attitude statements given to all samples. Strongly agree contains 5 marks. Agree-4 Nutral-3marks, disagree-2 and strongly disagree-1 marks.

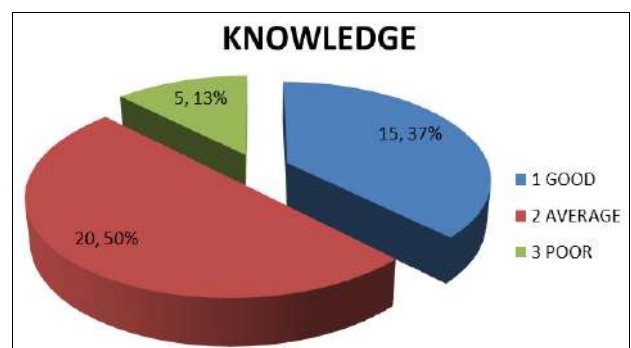
**Table 4:** Allotment of score for assessment of attitude of mothers on exclusive breastfeeding

S.no	Description	Max. Score	Possitive	Negative
1	Attitude	16-30	16-20	1-15

#### Assessment of knowledge score of mothers on exclusive breast feeding

**Table 5:** Revealed that 50% mothers had average knowledge, 37.5% had good knowledge, and 12.5% had poor knowledge. Mean was 17.05% and SD .987

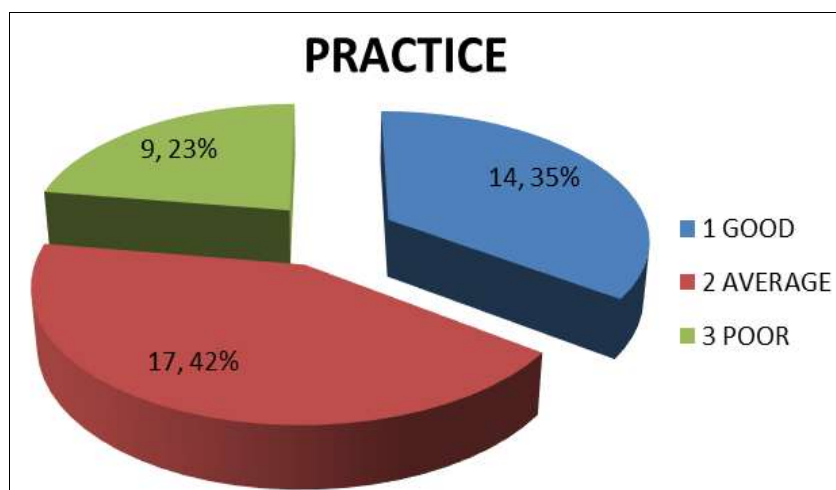
S. No	Category	Frequency	Percentage	Mean	SD
1	Good	15	37.5	17.05	.987
2	Average	20	50		
3	Poor	5	12.5		



**Fig 1:** Revealed that 50% mothers had average knowledge, 37.5% had good knowledge, and 12.5% had poor knowledge

**Table 6:** Assessment of practice score of mothers on exclusive breast feeding

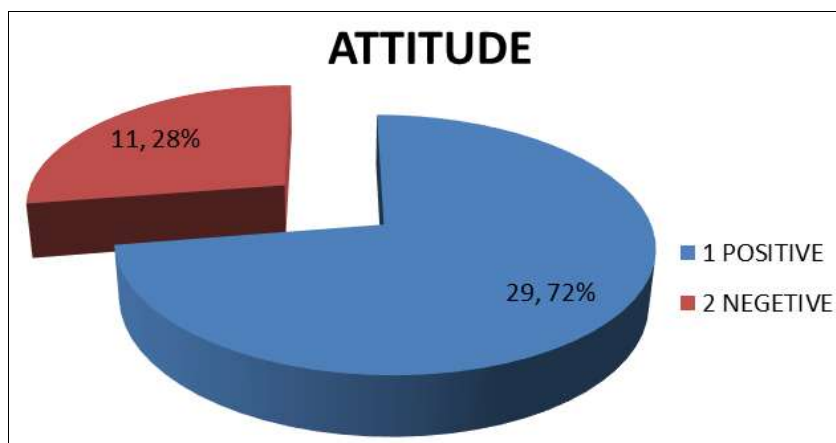
S. No	Category	Frequency	Percentage	Mean	SD
1	Good	14	35	16.65	.829
2	Average	17	42.5		
3	Poor	9	22.5		



**Fig 2:** Revealed that 42.5% mothers had average practice, 35% mothers had good practice and 22.5% had poor practice

**Table 7:** Assessment of attitude score of mothers on exclusive breast feeding

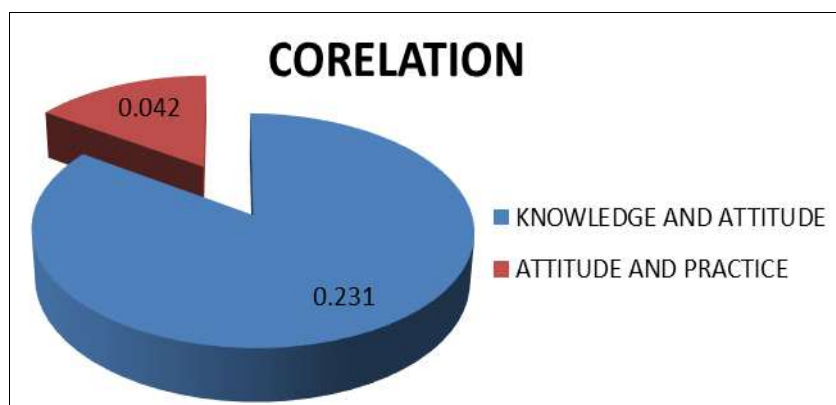
S.no	Category	Frequency	Percentage	Mean	SD
1	Positive	29	72.5	17.82	.499
2	Negative	11	27.5		



**Fig 3:** Revealed that 72.5% mothers have positive attitude and 27.5% had negative attitude

**Table 8:** Correlation between knowledge and practice, knowledge and attitude and practice and attitude

S.no	Relations	Value	Remark
1	Knowledge and practice	-0.085	Negative relation
2	Knowledge and attitude	0.231	Positive relation
3	Attitude and practice	0.042	Positive relation



**Fig 4:** Revealed that correlation between knowledge and attitude and Attitude and practice were positive

# Association of knowledge, practice and attitude towards exclusive breast feeding with demographic variables demographic variables

Table 9: Master sheet

S. No.	Demographic variable		Frequency	%	Knowledge			Practice			Attitude	
					Good	Average	Poor	Good	Average	Poor	Positive	Negative
01.	Age	19-22	15	37.5	06	05	04	04	08	03	10	05
		23-26	16	40	08	08	00	06	07	03	10	06
		27-32	09	22.5	01	07	01	04	02	03	09	00
	P value				0.133			0.652			0.611	
02.	Sex of the baby	Male	23	57.5	09	12	02	09	12	02	17	06
		Female	17	42.5	06	08	03	05	05	07	12	05
		P value			0.699			0.048*			0.815	
03.	Age of baby	0 to 3 month	23	57.5	10	08	05	09	09	05	16	07
		3 to 6 month	17	42.5	05	12	00	05	08	04	13	04
		P value			0.135			0.809			0.628	
04.	Residence	Kachacha	26	65	12	11	03	09	12	05	17	09
		Pakka	14	35	03	09	02	05	05	04	12	02
		P value			0.298			0.744			0.169	
05.	Religion	Hindu	39	97.5	14	20	05	14	17	08	19	10
		Muslim	01	2.5	01	00	00	00	00	01	00	01
		Christian	00	00	00	00	00	00	00	00	00	00
		Other	00	00	00	00	00	00	00	00	00	00
	P value				NA			NA			NA	
06.	Education	Illiterate	00	00	00	00	00	00	00	00	00	00
		Primary	05	12.5	00	03	02	01	02	02	04	01
		Middle	09	22.5	01	06	02	04	04	01	04	05
		High School	11	27.5	03	07	01	07	03	00	09	02
		Higher Secondary	11	27.5	10	01	00	01	07	02	09	02
		Graduate And above	04	10	01	03	00	03	01	00	03	01
	P value				0.044*			0.165			0.323	
07.	Occupation	Govt.	02	5	02	00	00	00	01	01	01	01
		Private	06	15	04	02	00	02	02	02	04	02
		House wives	32	80	09	18	05	12	14	06	24	08
	P value				0.130			0.827			0.700	
08.	Monthly income	less than 5000	07	17.5	02	03	02	02	04	01	05	02
		5001-10000	23	57.5	07	13	02	09	12	02	20	03
		10000-15000	06	15	03	03	00	02	00	04	04	02
		Above 15000	04	10	03	01	00	02	01	01	00	04
	P value				0.506			0.312			0.049*	
09.	Family	Nuclear	06	15	02	02	02	01	03	02	04	04
		Joint	34	85	13	18	03	13	14	07	25	09
		P value			0.237			0.565			0.195	
10.	Parity	One	16	40	05	09	02	02	08	06	10	06
		More than One	24	60	10	11	03	12	09	03	19	05
		P value			0.784			0.321*			0.247	
11.	Previous knowledge	Television	00	00	00	00	00	00	00	00	00	00
		Radio	00	00	00	00	00	00	00	00	00	00
		Health Worker	30	75	12	15	03	12	10	08	19	11
		Others (Magazine)	10	25	03	05	02	02	07	01	10	00
	P value				0.673			0.125			0.111	

\*Significant

Fisher's exact test

## Summary

The value found by doing Pilot study shown that the 20 mothers have average knowledge about exclusive breast feeding, 17 mothers have average practice and 29 mothers have positive attitude towards exclusive breast feeding. The mean value of knowledge 17.05, SD. .987, Mean value of practice was 16.65 and SD .829 and attitude mean was 17.82 and SD .499. The knowledge and practice had negative correlation. The association of knowledge with education was significant, association of practice with parity

was significant and association of attitude with monthly income was significant.

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