

**A STUDY TO ASSESS THE EFFECTIVENESS OF  
STRUCTURED TEACHING PROGRAM ON KNOWLEDGE  
REGARDING EXCLUSIVE BREASTFEEDING AMONG  
PRIMI ANTENATAL MOTHERS IN GIMS HOSPITAL,  
GREATER NOIDA**



**Submitted to the faculty of School of Nursing  
Galgotias University, Greater Noida ,UP  
In partial fulfillment of the requirement for the degree of B.sc Nursing**

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**Year: 2016-2020**

# CERTIFICATE



This is to certify that this thesis titled “ **a study to assess the effectiveness of structured teaching program on knowledge regarding exclusive breast feeding among primi antenatal mothers in Gims hospital** “ is the bonafide work in the partial fulfillment of the requirement for the degree of Bachelor of Science in Nursing .

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Last but not the least, we are thankful to our parents who supported us throughout the study by their encouraging letters and generous financial aid.

## **ABSTRACT**

A study to assess the effectiveness of structured teaching program on knowledge regarding exclusive breast feeding among primi antenatal mothers in GIMS hospital, Greater Noida.

**Objective:** To assess the preexisting knowledge of mothers regarding exclusive breast feeding. To evaluate effectiveness of structured teaching program on knowledge regarding exclusive breast feeding among primigravida mothers. To find out association between preexisting knowledge and selected demographic variables.

**Methodology:** A quantitative research approach was used for the study to assess the effectiveness of structured teaching program on exclusive breast feeding among Primi antenatal mothers in selected hospital in greater Noida. The study was conducted in GIMS hospital ,Greater Noida. Non probability sampling technique is used to collect the study object. Data was collected from 60 Primi antenatal mothers by using socio demographic data and structured knowledge.

**Result:** The mean posttest knowledge score ( $23.00 \pm 3.464$ ) was greater than mean pretest knowledge score ( $18.03 \pm 5.170$ ). It was Found there is significant association between education of mother, occupation of mother , previous exposure to teaching and preexisting knowledge score.

**Conclusion:** It was concluded that structured teaching program was effective and had more impact on Primi antenatal mothers regarding exclusive breast feeding. This knowledge will help them to improve the practice of exclusive breast feeding.

**Key words:** Exclusive breastfeeding , Structured teaching program, Primi antenatal mothers.

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# *Introduction*

# CHAPTER 1

## INTRODUCTION

### Background of study

*Breastfeeding is a mother's gift to herself, her baby and the earth.*

*-Pamela k. wiggins*

Breast feeding is an extra ordinary gift of nature for both babies and mothers in many aspects. It is globally accepted to be the best and complete food for the new born as it satisfies the specific nutritional needs. Widespread evidences are there to support the advantages of breast feeding to the infants, mothers, families and society which is also including physical, emotional, psychological, developmental, nutritional, immunological, social, economic and environmental benefits.

WHO defines exclusive breastfeeding as the practice of feeding milk (including expressed milk) and allows the baby to receive vitamins, minerals and medicine. Water, breast-milk substitutes, other liquids and solid food are excluded. World Health Assembly in 2001 resolved that exclusive breastfeeding for the first six months is the most appropriate infant feeding practice. The government of India recommends the initiation of breast-feeding should begin immediately after childbirth, preferably within one hour. Early initiation of breast feeding is encouraged for a number of reasons. It is also beneficial for mothers because it stimulates breast milk production and facilitates the release of oxytocin, which helps in contraction of uterus and reduces postpartum blood loss.

Exclusive breastfeeding is recommended because breast milk is uncontaminated and contains all the nutrients necessary for children in the first few months of life. In addition, the mother's antibodies in breast milk give immunity to the child. Early supplements discouraged for several reasons. First it exposes infants

to pathogens and increase the risk of infections, especially diseases infant's intake of breast milk, and therefore suckling, which breast milk production. Third, in a harsh socioeconomic environment, supplementary food is often nutritionally inferior.

The universally recommended breast feeding are from birth to the age of six months exclusive breast feeding and it constitutes appropriate feeding for the infant development. The introduction of breast milk is especially encouraged immediately after birth and until the third day, when the mother secretes colostrum. Colostrum provides all the nutrients that are needed by the infant in this early period. It is compositionally distinct with concentration of protein, vitamin A and B12 being higher than the mature milk. Colostrum also contains a high concentrate of an immunoglobulin's especially immunoglobulin A(IgA) which has protective role against pathogens in gut.

The benefits of breastfeeding for health, wellbeing of the mother and baby are well documented. WHO recommends early (i.e. within one hour of giving birth) initiation of breastfeeding could reduce neonatal mortality by 22%, which would contribute to the achievement of the Millennium Development Goals. Globally, over one million newborn, infants could be saved each year by initiating breastfeeding within the first hour of life. Approximately 1.45 million lives each year by reducing deaths mainly due to diarrheaeal disorders and lower respiratory tract infections in children.

The primary cause of neonatal deaths are: neonatal infection (52%), asphyxia (20%), and low birth weight (17%). Most of the infectious deaths are diarrhea and pneumonia. These all the risks can be reduced by exclusive breast feeding.

**Need of the study:**

Breast milk is the best source of nutrition for the baby and appropriate feeding practice is very much important for survival, growth, development, and nutrition of infant and children. Inappropriate feeding practice leads to a crucial issue of infants mortality due to malnutrition and diarrheal problem. So the best way to come out from these problem is promotion of adequate practice of breast feeding. Breast feeding saves many lives by preventing malnutrition and decrease risk of infection.

**Patli S (2009)** conducted a study on prevalence and the factors influencing exclusive breast feeding in a tertiary hospital in Pondicherry. Sample size was 200. The data was collected using a pretested, structured questionnaire on breastfeeding practices. It was found that Maternal age less than 30years, parity, education of mother, initiation of breastfeeding within half of birth were associated with exclusive breastfeeding ( $p < 0.001$ ). It was concluded that practices are still widely prevalent.

**Kok L T (2011)** conducted a cross-sectional study to identify factors associated with exclusive breastfeeding in government health clinics in Klang, Malaysia. The Sample size was 682 and data were collected by face to face interviews using a pretested structured questionnaire. It was found that the prevalence of exclusive breast feeding among mother with infants aged between one and six months was 43.1%. In multivariate model exclusive breastfeeding was positively associated with rural residence. It was concluded that multiparous mothers were strongly associated with exclusive breastfeeding.

**Khammal D (2012)** conducted a study on knowledge and practices of exclusive breast feedings in the sub urban setting in Sri Lanka. Sample size was 217 mothers with a baby aged less than 1years. The result of this study shows that 72% of the study sample had exclusive breast feed to their children for 6 months. The

mother indicated that having to return to work (50%) and their opinions regarding amount of milk being inadequate (44%) and nutrients being inadequate (18%) as reason for not exclusively breastfeeding up to the recommended age.

### **Problem Statement**

A study to assess the effectiveness of structured teaching program on knowledge regarding exclusive breast feeding among primigravida mothers in GIMS hospital, greater Noida.

### **Objectives:**

1. To assess the preexisting knowledge of mothers regarding exclusive breastfeeding
2. To evaluate effectiveness of structured teaching program on knowledge regarding exclusive breastfeeding among primigravida mothers
3. To find out association between preexisting knowledge and selected demographic variables.

### **Assumptions:**

- Primigravida mothers may not have enough knowledge regarding breast feeding.
- Primigravida mothers may not be aware of technique of breast feeding.

### **Operational definitions:**

1. **Assess:** It refers to knowledge of primigravida mother what they exactly know about exclusive breastfeeding.
2. **Effectiveness:** It refers to the measurement of difference of knowledge score regarding exclusive breastfeeding before and after structured teaching program.
3. **Structured teaching program:** In the present study structured teaching program refers to a systematically developed instructional program using



instructional aids, designed to provide information about exclusive breast feeding to primigravida mothers.

4. **Exclusive breastfeeding:** In the present study exclusive breast feeding refers to that Infant receives only breast milk from birth to the six month of age.
5. **Primigravida mothers:** In the present study primigravida mother refers to a mother who is pregnant for first time.

### **Hypothesis:**

1. H1 - There would be significant difference between pretest knowledge score and posttest knowledge score regarding exclusive breastfeeding among the primigravida mothers.
2. H2 -There would be significant association between pretest knowledge score and selected demographic variables.

### **Conceptual framework**

A conceptual frame work is a term that abstractly describe a phenomenon or an object thus providing it with a separate identify or meaning. Concepts are the basic elements of theories and conceptual models. A theory offers a systematic explanation about how phenomena perspective regarding interrelated phenomena but are more loosely structured then theories.

A conceptual framework is the conceptual underpinning of a study including overall rationale and conceptual definition of key concepts. It provide a clear description of variables suggesting methods to conduct the study and guiding the interpretation, evaluation and integration of finding.

In the present study, researcher considered hospital as system and the primigravida mother.

**Input**

Input is considered as an assessment of knowledge regarding exclusive breast feeding. The component of the exclusive breast feeding need to be assessed with the structured interview schedule.

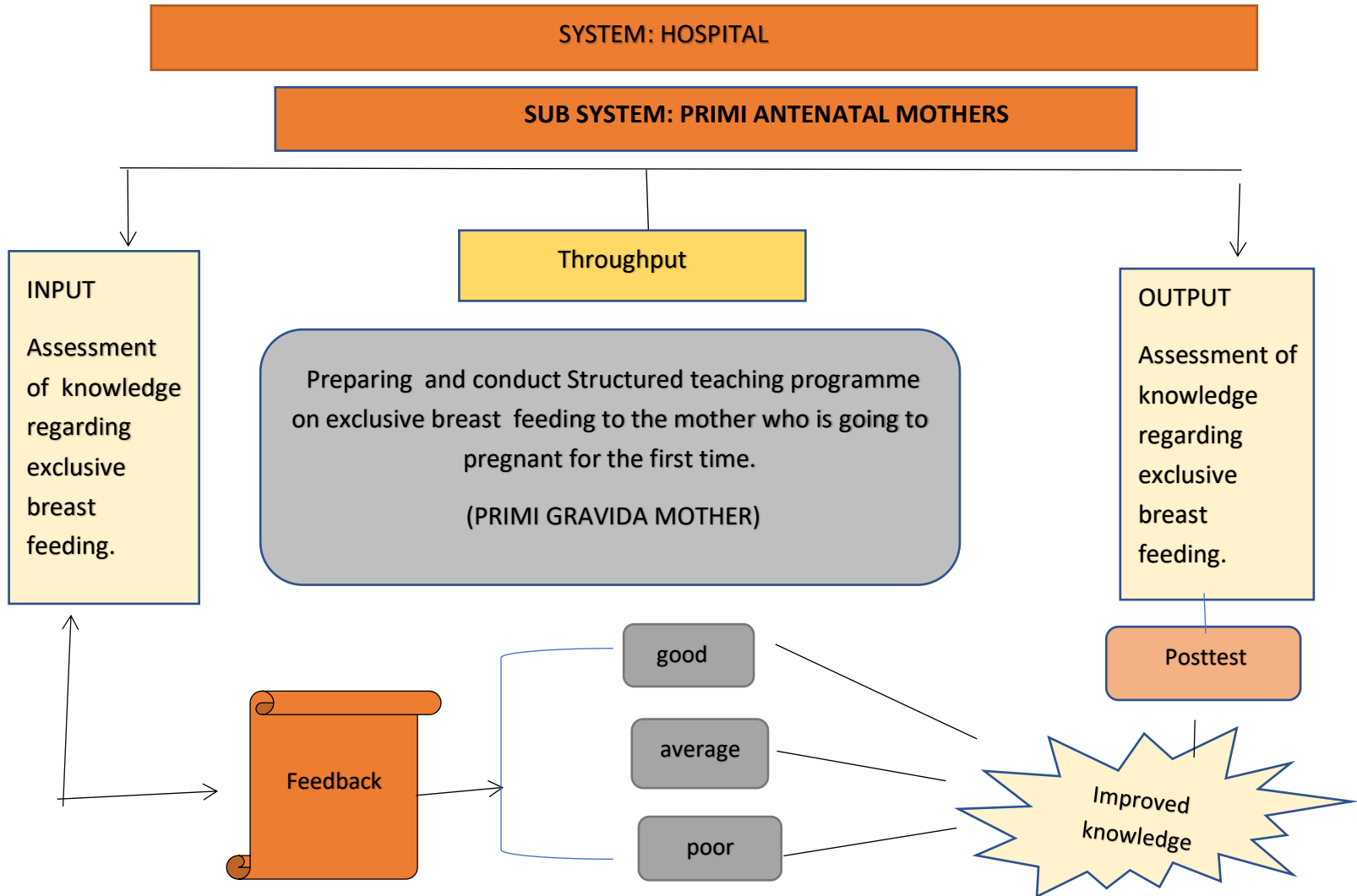
**Through put**

Throughput is activity phase. Here researcher give the structured teaching programme to the primigravida mothers.

**Output**

Output is post-test and it is the outcome of the study. In this researcher reassessed the knowledge after 7 days of implementing the STP and revealed that the sample gained the knowledge after structured teaching program through post-test.

**Feedback:** It refers to output that is returned to the system that allows it to monitor itself overtime in an attempt to move closer to a steady state. Feedback may be positive or neutral after the structured teaching program will be obtained by testing hypothesis



**Figure no 1: Conceptual framework based on open system model modified**

**Delimitation:**

The study is delimited to:

- Mothers from selected hospital
- Mother who are willing to participate in the research study.
- Mother who can understand Hindi or English language.

**Summary of the chapter**

This chapter dealt with the introduction of the study, need for the study, statement of the problem, objectives, purposes, conceptual framework, operational definition, hypothesis, assumption and delimitation.

# *Review of literature*

## **CHAPTER-2**

### **REVIEW OF LITERATURE**

A review of related literature gives an insight in to various aspects related to study, which in turn develops the link between the previous existing knowledge and current study and enables to study the various problems encountered during course of the study and helps by its direction in finding ways to increase the effectiveness of data analysis and their interpretation.

In this study, the review of literature was presented under the following headings:

1. Literature related to Prevalence of exclusive breastfeeding
2. Literature related to effectiveness of the intervention about breastfeeding
3. Literature related to exclusive breastfeeding knowledge and practices

#### **Prevalence of exclusive breastfeeding**

**Kok L Tan (2011)** conducted a cross-sectional study to identify factors associated with exclusive breastfeeding in government health clinics. Sample size was 682. Data were collected by face-to-face interviews using a pre-tested structured questionnaire. It was found that the prevalence of exclusive breastfeeding among mothers with infants aged between one and six months was 43.1 percent. In multivariate model exclusive breastfeeding was positively associated with rural residence. It was concluded that multiparous mothers were strongly associated with exclusive breastfeeding.

**Tiras E Nkala , Sia E Musy (2010)** conducted a cross-sectional study on prevalence and predictors of exclusive breastfeeding among women in Kigoma region, Western Tanzania. A sample of 402 consenting women were selected and structured questionnaire was used to collect data. It was found that the prevalence of EBF among women was 58 percent. Knowledge of EBF was relatively higher (86percent) compared

to the practice. It was concluded that women with adequate knowledge of EBF were more likely to exclusively breastfeed as compared to others.

**Radhakrishnan S and Balamurga SS (2012)** conducted a study to assess the prevalence of exclusive breastfeeding practices at Attyampati Panchayat Union, Salem district, Tamil Nadu. Sample size was 291 children. The result was only 34percent children were exclusively breastfeed for six months. The majority of women (60percent) initiated breastfeeding within half an hour after delivery. It was concluded that various demographic factors had a direct influence on exclusive breastfeeding.

**Patil Sapna (2009)** conducted a study on prevalence and the factors influencing exclusively breastfeeding. Sample size was 200. Data was collected using a pre-tested, structured questionnaire on breastfeeding practices. It was found that prevalence of exclusively breastfeeding reported by the participants was 61percent. Maternal age <30years, parity, education of mother, initiation of breastfeeding within half of birth were associated with exclusive breastfeeding ( $p<0.001$ ). It was concluded that practices are still widely prevalent.

**Liqian Qiu et al (2009)** conducted a study on initiation of breastfeeding and prevalence of exclusively breastfeeding at hospital discharge in urban, suburban and rural areas of Zheijiang China. A sample of 150 mothers were selected. It was found that 50.3percent of the mothers were exclusively breastfeeding their infants out of 96.9percent of the mothers who had earlier initiated breastfeeding. It was concluded that exclusive breastfeeding was positively related to various demographic factors.

**Chudasama et al (2009)** conducted a study with the objectives to estimate the prevalence of exclusive breastfeeding during first 6 months of life of babies and to identify factors that interfere with the practices in the area at maternity unit of Government Medical College and Hospital, Rajkot. Sample size was 462 women. Data collection was done at hospital as well as during home visits of babies at 1, 3, and 6. It was found that

prevalence of exclusive breastfeeding reported at 3 months was 97percent which declined to 62percent by 6 months of age of infants. It was concluded that various factors interfere the exclusive breastfeeding of the newborns.

### **Studies related to the effectiveness of the intervention about breastfeeding**

**Shrifirad, Kamran, Mirkaimi, Farahani (2011)** conducted a quasi-experimental study to determine the effect of breastfeeding education based on the health belief model (HBM) toward primiparous women. 88 subjects were allocated in control and experimental groups. After the HBM program, the experimental group had significantly better scores in terms of self-efficacy and knowledge. In the four months, the mean of child weight and exclusive breastfeeding in the experimental group was higher than the control group ( $p=0.007$ ). It was concluded that the importance of group education for exclusive breastfeeding is higher.

**Jutanmart Kupratakul (2010)** conducted a study to compare the effectiveness of knowledge sharing practices with an empowerment strategy (KSPES) on antenatal education. Sample size was 80. The women in the control group received only routine standard knowledge of breastfeeding techniques, while the women in the study group received routine standard knowledge of breastfeeding technique with KSPES program on antenatal education and postnatal support strategies. It was found that the mean score of knowledge about breastfeeding was higher in the intervention group after giving KSPES program. It was concluded that there is more importance of knowledge practices or education.

**Masayo Awano and Keiko Shimado (2010)** conducted a quasi-experimental pretest-posttest design to assess the breastfeeding self care programme in Japan. Sample of 117 primiparous women. It was found that intervention group rose significantly from 34.8 at early postpartum to 49.9 at one month after birth ( $p<0.01$ ). For the control group, the score rose from 39.5 at early postpartum to 46.5 at one month



after birth ( $p=0.03$ ). It was concluded that there is no such significant use of self care programme on exclusive breastfeeding.

**Lin Lin su et al (2008)** conducted a randomized control trial to investigate whether antenatal breastfeeding education alone or postnatal lactation support alone improves rates of exclusive breastfeeding compared with routine hospital care in Singapore. Sample was 450 women. The result of the study has shown that the group with the antenatal education with postnatal support scored highly. It was concluded that the importance of antenatal education and continuous postnatal support.

**Shu Shan Lin et al (2008)** conducted a quasi-experimental study to assess the effectiveness of prenatal education programme. Sample size was 46 women. Data was collected through self-administered questionnaires at pre-intervention, post-intervention, three days postpartum and one month postpartum. It was found that the rate of exclusive breastfeeding was higher from the experimental group at three days and one month postpartum . It was concluded that the importance of prenatal education programme is higher on exclusive breastfeeding.

**Mattar et al (2007)** conducted a study to address the impact of simple antenatal educational interventions on breastfeeding practices. A randomized controlled trial was carried out from the clinics in the National University Hospital, Singapore. Sample size was 401 women of low risk antenatal mothers. The result was mothers receiving individual counseling and educational material practiced exclusive and predominant breastfeeding more often than mothers receiving routine care. It was concluded that antenatal education can influence the breastfeed practices.

**Rosen IM et al (2009)** conducted a retrospective cohort study to examine the impact of various breastfeeding education class at an army medical centre. Sample size was 194 mothers. Women who attended breastfeeding classes had significantly increased

breastfeeding at 6 months when compared to control ( $p=0.45$ ). It was concluded that the prenatal breastfeeding education can influence the amount of time women breastfeed.

### **Studies related to exclusive breastfeeding knowledge and practices**

**Khammal dhamika et al (2012)** conducted a study on knowledge and practices of exclusive breastfeeding in the sub urban setting in Sri Lanka. Sample size was 217 mothers with a baby aged <1 year . The data collection method was structured interview schedule. The result if this study shows that, 72percent of the study sample had exclusively breastfeed them for 6 months. The mothers indicated that having to return to work (50%) and their opinions regarding amount of milk being inadequate (44%) and nutrients being inadequate (18%) as the reason for not exclusively breastfeeding up to the recommended age. It was concluded that knowledge of the mother affects the exclusive breastfeeding of the newborn.

**Maheswari E, Bhatt V, Mohamed A (2011) conducted** a study to assess the exclusive breastfeeding practices in the Neonatal Division, Department of Pediatrics at a tertiary care hospital in South India. Sample size was 100. Data collected by structured interview. The result was found that the knowledge of the mothers was inadequate in areas of time of initiation of breastfeeding (92%), colostrum feeding (56%), duration of exclusive breastfeeding (38%), knowledge on expressed breast milk (51%) and continuation of breastfeeding while baby is sick. It was concluded that better scores of the exclusive breastfeeding is correlated with the various demographic factors.

**Nayak sunit et al (2010)** conducted a study with the objective to evaluate the breast feeding practices adopted by women in urban community in surat city. Sample size was 200. Data collection was done by interview with the semi structured questionnaire. The result of the study shows that 70% of mothers were able to start breast feeding within first

hour of life after normal delivery. It was conclude that exclusive breast feeding is correlated with the various practices.

**Aslam, Sultan, Akram(2010)** conducted a cross-sectional study to study the duration and factors influencing exclusive breast feeding practices. Setting of the study was primary care hospital Gilgit, northern area of Pakistan. Sample size was 125 mothers. The result was that eighty one (64.8%) babies were exclusively breast fed (EBF) for first 6 months of life and only five (4%) infants were not given breast milk at all. Among 76 male infants 52 (68.4%) were EBF for six months in comparison to 66 (74.2%) out of 89 not first born ( $p < 0.05$ ). It was concluded that various factors influence the exclusive breast feeding.

**Naheed P, Rehana M, Mansoor AK (2009) conducted** a study on evaluation of feeding practices in Isra university of Hyderabad, Pakistan. Sample size was 285 women. A pre-designed questionnaire was filled by interviewing these women. It was found that more percentage of the mothers were practiced breast feeding (97.54%). Only 44.5% of the women were known about the benefits. Only 3.2% of the women were fully aware of the benefits. It was concluded that better scores correlated significantly with the various practices.

**Kumar K and Agrawal (2009)** conducted a study to assist the breast feeding knowledge and practices amongst mothers in a rural population of North India. In six villages of Panchkula district of Haryana, all the mothers of infants between 0-6 months were interviewed using a pretested semi-structured questionnaire. Sample size was 77 mothers. The result was that, 30% of them were breast fed upto 4 months exclusively and only 10% exclusively breast fed their infants till 6 months of age. There was good attachment in 42%. Mother-infant pairs and infants were held in 'correct position' by 62% of mothers. 39% of the mothers had 'satisfactory' breast feeding knowledge. It was concluded that lack of breast feeding counseling was significantly associated with decreased rates of EBF.

**Singh (2012)** conducted a study with the objective to describe and explain the factors influencing breast feeding practices Mysore city, and the secondary objective was to compare the breast feeding practices of lactating mothers attending well baby clinic with their selected personal variables. Lactating mothers were included in the study and data collected using the pre-tested questionnaire on breast feeding practices. The study shows that 74.29 of percentage of the mothers initiated breast feeding, more than 50% used pre-lacteal feeds, 36% had discarded the colostrum and the majority of mothers had followed hygienic practices while feeding the child. It was concluded that need for the breast feeding intervention programs especially for the mothers.

Studies related to the infant feeding practices

**Syed E Mahmood (2012)** was conducted a cross-sectional study to assess the infant feeding practices in the rural population among the Northern India. Study was carried out in randomly selected villages of the Bhojipura Block of Bareilly district, Uttar Pradesh. Sample size was 123 women. Data collection was done by the interviewed in a house-to-house survey. The study had revealed that the low awareness rate. About 47.2% of the respondents were not aware of the benefits of exclusive breast feeding. A majority (69.9%) of the mothers did not receive advice on child feeding. It was concluded that pre-lacteal feeds affects the infant feeding practices.

**Roy (2009)** conducted a study to assess the feeding practices of children in an urban slum of Kolkata. Sample size was 120 mothers with the children 6 months to 2 years. Study sample was chosen by simple random technique. Data was collected by interviewing the mother with a questionnaire schedule. The result shows that 29.16% received pre-lacteal feed. Mothers of 41.66 of the children were informed about EBF and it was obtained mostly from the health facility (56.67%). Most of the children(76.67%) received breast milk within 24 hours (90%). It was concluded that the common reasons like milk production, lack of information affects the feeding practices of the children.

# *Research Methodology*

## **CHAPTER-3**

### **RESEARCH METHODOLOGY**

The methodology of a research design is defined as the way of pertinent information is gathered to answer the research question or analyze the research problem. It helps to project a blue print of the research. Research methodology involves a systematic procedure by which the researcher starts from the initial identification of the problem to its final conclusion.

The present study conducted to assess the effectiveness of structured teaching program on exclusive breast feeding among primi antenatal mothers in a selected hospital in Greater Noida. This chapter deals with different steps, which were undertaken by the investigator for gathering and organizing the data which includes the description of research approach, research design, setting of the study population, sampling technique, criteria for selection of the sample, sample size, limitations, method of data collection and development of tool, ethical consideration, validity, pilot study, reliability, the data collection procedure and plan for data analysis.

#### **RESEARCH APPROACH**

Research approach is the most essential part of any research because the whole study is based on it. The appropriate choice of the research approach depends on the purpose of the research study. The research approach helps the researcher, what the data in view of nature of problem and objectives to be accomplished, for the present study Quantitative approach was found to be appropriate.

#### **RESEARCH DESIGN**

A blue print for the conduct of a study, is a research design. It helps in maximizing to control factors that could interfere the desired outcome of the study. After considering the entire factors related to the selected problem, the researcher had selected the quasi

experimental design to the specific, one group pretest and post test was considered as an appropriate one.

**Variables:**

Variables are an attributes of a person or object that varies or taken on different variables.

**Independent variables:**

In the present study structured teaching program on exclusive breast feeding is independent variable.

**Dependent variables:**

In present study knowledge levels on exclusive breast feeding is dependent variable.

**SETTING OF THE STUDY:**

The physical location and the conditions in which data was collected. Government Institute of medical sciences, Hospital was selected as study setting which is situated in Kasna Village of Greater Noida..

**Population**

In the present study population was defined as primi antenatal mothers.

**Accessible population**

The population who were present at the time of data collection.

Accessible population of present study was primi antenatal mothers of GIMS hospital greater Noida.

**Sampling**

**Sample:** In the present study sample were primi antenatal mothers who were admitted at GIIMS hospital greater Noida.

**Sample size:** sample size for the present study is 60 primi antenatal mothers.

**Sampling technique:** Purposive sampling technique was used to select primi antenatal mothers from GIIMS Hospital greater Noida who fulfilled the inclusion criteria were taken in the study.

**Criteria for selection of samples:****Inclusion criteria:**

- Primi antenatal mothers who were able to understand Hindi and English languages.

**Exclusion criteria:**

- Primi antenatal mothers who were unwilling to participate in the study.

**Research tool:**

The aim of the study was to assess the knowledge about exclusive breastfeeding among primi antenatal mothers and to evaluate effectiveness of structured teaching program among primi antenatal mothers. Following tools were used for data collection

**Tool 1:** Socio-Demographic data of mother

**Tool 2:** Structured knowledge questionnaire

**Description of tools:****Tool 1: Demographic data:**

Demographic data include items to collect background of the mother which include age of mother, religion of the mother, education status of the mothers, occupation of mother, type of family, monthly income, area of residence, number of children.

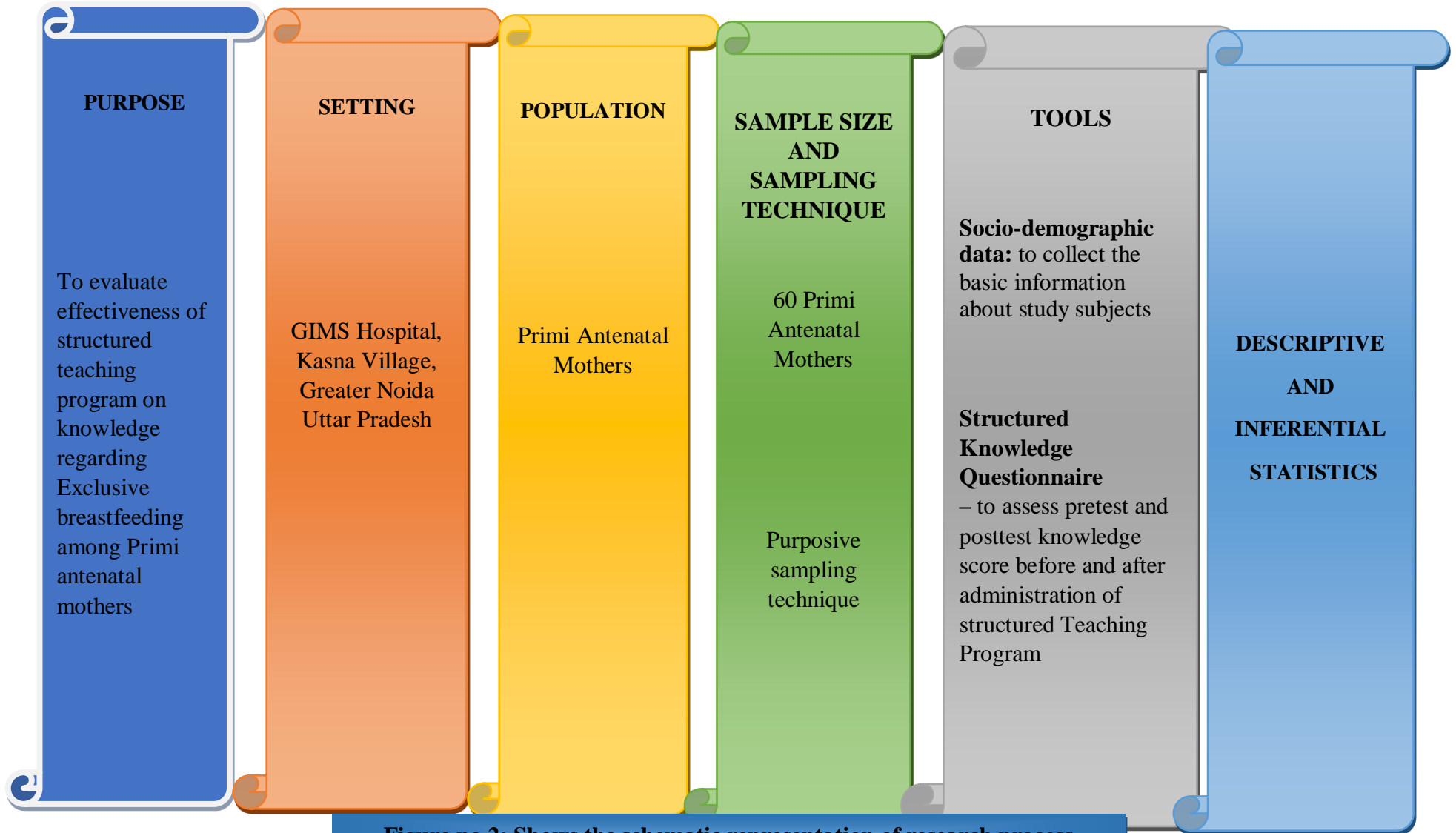
**Tool 2: Structured knowledge Questionnaire:**

This tool includes multiple choice questions to assess knowledge regarding exclusive breastfeeding which includes 30 items. Each correct answer was awarded as one mark. Total maximum score was 30.

**Structured teaching program**

Teaching plan is a guide for the teacher because it helps to cover the topics comprehensively with proper sequence of points and without missing anything. The content of STP was prepared and organized under various heading. The content of the STP includes meaning and concepts of breast feeding, physiological changes takes place





**Figure no 2: Shows the schematic representation of research process**

in the breast during milk secretion, initial fluid given to child, initiation of breast feeding, what is colostrum, colour of colostrum, colostrum needs for baby, time duration for breast feeding, advantages of breast feeding to baby, benefits for lactating mother.

**Ethical consideration:**

The study objectives, structured teaching program and the data collection procedure were approved by ethical committee of the institution.

**Content validity:**

Contents validity is an important research methodology. It is defined as how well a test measure the behavior for which it is intended. The tool and structure teaching program was developed in English and then translated into Hindi language and the content validity was done by the experts in both languages.

**Reliability:**

Reliability is concerned with consistency, accuracy, stability and homogeneity. To ensure the reliability of the socio demographic tools and structured knowledge questionnaire , the tools were administered to 10 primi antenatal mothers. Hence the tool was considered consistent and reliable.

**Pilot study :**

The pilot study is a miniature form of study in which we use to do a research in a small scale. It's function is to collect information regarding accessibility and reliability of study. The researcher had conducted pilot study in the outpatient department of GIMS hospital of greater Noida.

**Data collection procedure:**

Data collection procedure is the procedure in which we gathered the information needed to address the research problem. The formal permission was taken from the authorities of the GIMS hospital greater Noida. The investigator obtained the consent from the participants by explaining the purpose of the study. The investigator collected data from 4/02/2020 to 24/02/2020. After the pretest, the structure teaching program was conducted. The duration of teaching program was 45 minutes. After 7days gap, post test was conducted to the same clients to evaluate the effectiveness of the structured teaching program.

**Plan for data analysis:**

Data analysis enables the investigator to reduce, summarize and evaluate, interpret and communicate the findings. The data collected from the client were edited, compiled and analyzed by using both descriptive and inferential statistics.

- Percentage distribution was used to summarize the sample characteristics.
- Mean and standard deviation was used to calculate the knowledge level of the primi antenatal mothers.
- Paired t test was used to compare the knowledge level of pretest and posttest.
- Chi square value was used to find the association between the knowledge and selected variables of primi antenatal mothers.

**Summary:**

This chapter dealt with research approach, research design, variables, hypothesis, setting of the study, population, sample, sample size, inclusion and exclusive criteria, sampling technique, description of tools, content validity, protesting of tool, reliability, pilot study, data collection plan and plan for analysis.

*Analysis*  
&  
*Interpretation*

## CHAPTER 4

### ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of data collected from 60 Primi antenatal mothers in GIMS hospital Greater Noida ,Uttar Pradesh. Data was analyzed on the basis of the objectives of the study.

The term analysis refers to a number of closely related operations which are performed with the purpose of summarizing the collected data and organizing in such a manner that they answer the research questions.

#### **Objectives**

**The objectives of the present study were:**

1. To assess the preexisting knowledge of mothers regarding exclusive breastfeeding
2. To evaluate effectiveness of structured teaching program on knowledge regarding exclusive breastfeeding among primigravida mothers
3. To find out association between preexisting knowledge and selected demographic variables.

#### **Organization of study findings**

Analysis of the study findings are organized under the following headings:

**Section I:** Description of socio-demographic characteristics of study participants

**Section II:** Analyses according to objectives of the study following under these headings

1. Effectiveness of structured teaching program on knowledge regarding exclusive breastfeeding among primigravida mothers
2. Association between preexisting knowledge score of mother and selected demographic variables.

**Section I: Description of socio-demographic characteristics of study participants**

**Table No.1: Frequency and percentage distribution of socio-demographic variables of mother**

N=60			
S.NO	Sample characteristics	Frequency (f)	Percentage (%)
1	<b>Education</b>		
	• No formal education	05	08.3
	• Primary education	28	46.6
	• Secondary education	10	16.6
	• Higher secondary education	10	16.6
	• Graduation and above	07	11.6
2	<b>Occupation of mother</b>		
	• Housewife	54	90.0
	• Working	06	10.0
3	<b>Family monthly income</b>		
	• Less than Rs 5000	14	08.4
	• Rs 5001-10000	20	33.3
	• Rs 10001-20000	18	30.0
	• Above Rs 20000	08	13.3
4	<b>Area of residence</b>		
	• Rural	42	70.0
	• Urban	18	30.0
5	<b>Type of family</b>		
	• Nuclear Family	24	40.0
	• Joint family	26	43.3
	• Extended family	10	16.6
6	<b>Religion of mother</b>		
	• Hindu	44	73.3
	• Muslim	16	26.7
	• Sikh	00	00.0
	• Others	00	00.0
7	<b>Exposure to previous teaching</b>		
	• No	47	78.3
	• Yes	13	21.7

The mean age of mother was 22.71 with standard deviation of 3.30 years and the minimum age of mother is 20 years, maximum age of mother is 26 years.

Table No 1 shows that Regarding educational status, only 11.6% mothers were graduated, 46.6% were primary educated and 08.3% had no formal education. Most (78.3%) of the mothers were not exposed to pervious teaching. Most (90.0%) of the mothers were housewife. Approximately half of the family (43.3%) belong to joint family. Mostly (33.3%) of families had monthly income less than Rs 10000. Mostly family (73.3%) were Hindu family.

## Section II: Analyses according to objectives of the study

1. Effectiveness of structured teaching program on knowledge regarding exclusive breastfeeding among primigravida mothers

**Table No 2: Comparison of means of Pretest and posttest knowledge score of mothers regarding exclusive breastfeeding**

**N=60**

Score	Mean $\pm$ SD		Mean difference $\pm$ SD	t value	P value
	Pretest	Posttest			
Knowledge Score	18.03 $\pm$ 5.170	23.00 $\pm$ 3.464	4.971 $\pm$ 2.803	14.842	<0.001*

**Maximum score: 30**

**t<sub>tab</sub>=1.98 at df= 59**

**\*significant at 0.05 level**

**Minimum score: 0**

Table No 2 shows that mean of post test knowledge score (23.00 $\pm$ 3.464) of mothers was higher than mean pre test knowledge score (18.03 $\pm$ 5.170) . The mean difference was 4.971 $\pm$  2.80. The Paired sample 't' test was used to compare mean of pretest and posttest knowledge score. The calculated 't' value was 14.842 which is more than tabulated 't' value of 1.98 at p<0.05 level of significance and df is 59. Therefore null hypothesis was rejected and research hypothesis was accepted.

So there is significant improvement in knowledge score can be attributed to the structured teaching program provided as an intervention administered by pretest and posttest assessment.

2. Association between pretest knowledge score with socio-demographic variables of mothers

**Table No 3: Association between pretest knowledge score and selected demographic variables of mother**

N=60

S.no	Sample Characteristics	Frequency	t/F value	P value
1	<b>Education</b> <ul style="list-style-type: none"> <li>• No formal education</li> <li>• Primary education</li> <li>• Secondary education</li> <li>• Higher secondary education</li> <li>• Graduation and above</li> </ul>	05 28 10 10 07	F=11.057	<0.001*
2	<b>Occupation of mother</b> <ul style="list-style-type: none"> <li>• Housewife</li> <li>• Working</li> </ul>	54 06	t=6.391	0.007*
3	<b>Family monthly income</b> <ul style="list-style-type: none"> <li>• Less than Rs 5000</li> <li>• Rs 5001-10000</li> <li>• Rs 10001-20000</li> <li>• Above Rs 20000</li> </ul>	14 20 18 08	F=5.08	0.118
4	<b>Area of residence</b> <ul style="list-style-type: none"> <li>• Rural</li> <li>• Urban</li> </ul>	42 18	t=3.822	0.004*
5	<b>Type of family</b> <ul style="list-style-type: none"> <li>• Nuclear Family</li> <li>• Joint family</li> <li>• Extended family</li> </ul>	24 26 10	F=6.08	0.101
6	<b>Religion of mother</b> <ul style="list-style-type: none"> <li>• Hindu</li> <li>• Muslim</li> <li>• Sikh</li> <li>• Others</li> </ul>	44 16 00 00	F=0.845	0.474
7	<b>Exposure to previous teaching</b> <ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> </ul>	47 13	t=5.391	0.009*

Independent t test  
One Way Anova test

\*significant at 0.05 level



Table No 3 shows that Independent sample 't' test was calculated based on occupation of mother, Area of residence and exposure of previous teaching. It was found that there was statistically significant difference in knowledge score of mother and occupation of mother, area of residence and previous exposure of teaching. One Way Anova test was used to compare mean knowledge score of three or more than three groups based on their socio demographic variables. It was found that there was statistically significant difference between knowledge of mother and education of mother. It was also found that there was no significant association between knowledge score of mother and type of family and religion of mother.

Hence it can be interpreted that there was statistical significant association of knowledge score with educational status, occupation of mother, area of residence and exposure to previous teaching but there was no statistical significant association of knowledge score with family income, type of family and religion of mother.

## **SUMMARY**

This chapter describes about analysis of data and interpretation of the findings of the study. The data obtained were summarized in the master data sheet and both descriptive and inferential were used for analysis. Frequency and percentages were used to analyze the socio demographic variables of the subjects. Mean, standard deviation and paired t test and One way Anova were computed to describe the effectiveness of the awareness program on knowledge of mother.

*Discussion, Summary,  
Major Findings,  
Implications,  
Limitation,  
recommendation &  
Conclusion*

**CHAPTER-V**  
**DISCUSSION, SUMMARY, MAJOR FINDINGS, IMPLICATION,**  
**LIMITATION RECOMMENDATION AND CONCLUSION**

This chapter presents a summary of the study, the conclusion and its implication for nursing and health care services followed by limitations, suggestion and recommendation for future research in this field.

**DISCUSSION**

The promotion of breastfeeding is a key component of child survival strategies. If all infants were breastfeed exclusively during the first six months of life one and a half million deaths among infants could be avoided each year and has the capability to prevent 13 percent of all under five deaths in developing countries.

A study from the Pondicherry identified the priority of antenatal nursing care should be informing all pregnant women about the benefits and management of breastfeeding.

The present study was taken up in an effort to assess the existing knowledge of primi antenatal mothers on exclusive breastfeeding through the one group with pretest and posttest. Health education was carried out through structured teaching program on exclusive breastfeeding. A posttest was conducted to identify the effectiveness of the structured teaching program. It was observed on that the knowledge level of the primi antenatal mothers regarding exclusive breast feeding in the posttest.

The independent variables of the study were age, religion, education, occupation, family monthly income, type of family, area of residence and source of health information, Whereas dependent variable in the study was the knowledge of the mothers regarding exclusive breast feeding.

### **Socio-demographic characteristics of mothers**

Findings of the present study showed that The mean age of mother was 22.71 with standard deviation of 3.30 years and the minimum age of mother is 20 years, maximum age of mother is 26 years. Regarding educational status, only 11.6% mothers were graduated, 46.6% were primary educated and 08.3% had no formal education. Most (78.3%) of the mothers were not exposed to previous teaching. Most (90.0%) of the mothers were housewife. Approximately half of the family (43.3%) belong to joint family. Mostly (33.3%) of families had monthly income less than Rs 10000. Mostly family (73.3%) were Hindu family.

### **Effectiveness of the structured teaching programme on knowledge regarding exclusive breast feeding**

Findings of the present study showed that that mean of post test knowledge score ( $23.00 \pm 3.464$ ) of mothers was higher than mean pre test knowledge score ( $18.03 \pm 5.170$ ). The mean difference was  $4.971 \pm 2.80$ . The Paired sample 't' test was used to compare mean of pretest and posttest knowledge score. Therefore null hypothesis was rejected and research hypothesis was accepted. So there is significant improvement in knowledge score can be attributed to the structured teaching program provided as an intervention administered by pretest and posttest assessment

These Findings were consistent with a study conducted by Ekambaram M, Bhat V, Mohamed A to assess knowledge of the mothers regarding exclusive breastfeeding. The result was found that there was inadequate knowledge in areas of time of initiation of breastfeeding (92%), colostrum feeding (56%) and duration of exclusive breastfeeding (38%).

Result were consistent with quasi-experimental Study conducted in Taiwan to evaluate the effectiveness of a prenatal breastfeeding education program during the 20th–36th weeks of pregnancy showed that higher

knowledge women in the experimental group had a significantly higher mean scores (25.73 for experimental group and 20.34 for the control group,  $T=9.61$ ,  $P= 0.001$ ) and had higher attitude scores (mean scores were 80.11 for the experimental group and 75.65 for the control group,  $T=2.69$ ,  $P=0.0$ )

### **Association of knowledge of the primi antenatal mothers regarding exclusive breastfeeding with the selected socio-demographic variables**

Findings of present study shows that there was statistical significant association of knowledge score with educational status, occupation of mother, area of residence and exposure to previous teaching but there was no statistical significant association of knowledge score with family income, type of family and religion of mother.

These Findings were consistent with study conducted by Radhakrishnan S in Tamil Nadu which revealed that various demographic factors like the education of the mother, type of delivery, type of family, occupation, number of children, monthly income, family size, age at marriage and religion had a direct influence on exclusive breastfeeding.

Result were consistent with study conducted by Patil S was found that maternal age < 30 years, level of education of mother, parity, receiving infant feeding advice, initiation of breastfeeding within one hour of birth and administration of colostrum to the baby were associated with exclusive breastfeeding ( $p<0.001$ ).

### **CONCLUSION**

Conclusions were derived from findings and a synthesis of findings. Forming these conclusions requires a combination of logical reasoning, creative formation of meaningful whole from the pieces of information obtained through data analysis and findings from previous studies receptivity to subtle clues in the data and the use of open context in considering alternative of the data. The following conclusions were drawn on the basis of present study to assess the

effectiveness of structured teaching program on exclusive breastfeeding among the primi antenatal mothers in GIMS Hospital Greater Noida. In the pretest, majority of the mothers had low knowledge regarding exclusive breastfeeding. After the implementation of structured teaching program in posttest half of the mothers gained high knowledge.

There was a significant association was found between the knowledge of the primi antenatal mothers regarding exclusive breastfeeding with the selected socio demographic variables like age, educational status, occupation, type of family, income, area of residence and previous information.

## **NURSING IMPLICATIONS AND RECOMMENDATIONS**

### **The findings of the study have implications in the following areas**

- Implication for nursing practice
- Implication for nursing education
- Implication for nursing administration
- Implication for nursing research
- Implications for nursing practice

### **Nursing Practice**

The nurses are playing the vital role among all the health team members in educating the mothers about exclusive breast feeding. They can create better awareness among the mothers and family members. They have used the special variety of audio visual aids to create the awareness among the mothers and family members. Nurses can include the other member of the family also to be involved along with the mother in learning about breastfeeding. They can also provide the demonstrate session for breast feeding positions.

The teaching strategies used by the nurses should be simple, clear cut and able to follow by the mothers. Community educational program has to be planned to enrich the community awareness. The nurses and health care system should focus on the problems related to breastfeeding. Strengthening the breastfeeding program and policies for infants as well as mothers.

### **Nursing Education**

Nursing curriculum should focus on the improving the strategies to strengthen the breastfeeding practices. The nursing curriculum should consists of knowledge related to teaching strategies and various modalities. So that nursing students can use different teaching methods to impart the appropriate knowledge on exclusive breast feeding to the focus group. The students learning experience should provide an opportunity to conduct health education campaigns and supervised nursing practices.

The nursing curriculum should be explained with the evidence based practice about the benefits of exclusive breastfeeding. The students need to be directed towards changing the attitude of the mothers regarding the misconceptions regarding breastfeeding. Nursing workshops and conferences to be conducted to update the knowledge about the breastfeeding. Research activities to be carried out on various aspects of breastfeeding. Educational materials can be prepared based on the special need of the primi antenatal mothers of communities.

### **Nursing administration**

The nurse administrator should organize in service education program for the staffs to get update with the strategies in breast feeding education. The nurse administrator should motivate the health care professionals to organize the awareness campaigns to the antenatal mothers and the postnatal mothers by

providing adequate information about the development of healthy breast feeding advantages and techniques.

Nurse administrator should also involve the mass media to take part in the educational program regarding breastfeeding. The nurse administrator should plan for the education for the working and non- working group. The teaching sessions can be videotaped and played for the mothers who are waiting at the outpatient department .Nurse administrator should also motivate and develop interest in the primi antenatal mothers for breastfeeding

### **Nursing Research**

This findings of the study recommends to have structured educational programmers for the mothers regarding exclusive breastfeeding. The research can be focused on the large sample for identifying issues in breastfeeding. This study will be motivating factor for the beginning researcher to conduct the study on the same theme with the different variables.

The nursing research should focus on the attitude of the family members as well as the mothers in giving exclusive breastfeeding. The research can be focused on various intervention focused program to aim for the achievement of successful breastfeeding.

### **Limitations**

- Sample size was small, hence the generalization of the findings is limited.
- Study was conducted in only one hospital, there by restricting the generalization of the findings.

### **Recommendations**

Based on the findings of the study, the following recommendations are put forward for the further research.



- A similar study can be undertaken with a large sample to generalize the findings.
- The similar study can be conducted in the different set up like private hospitals and health centers, district level communities centers etc.
- The experimental study can be conducted with different teaching methods to know the effectiveness of each teaching method on the awareness of exclusive breastfeeding.
- A similar study can be conducted by using true experimental research.
- A study can be conducted to identify the issues responsible for delayed initiation of breastfeeding.
- A study can be undertaken to determine the knowledge as well as practice among the postnatal mothers.
- A comparative study can be done between the urban and rural setting for finding issues in initiation of breastfeeding.
- A study on identifying the causes of failure of breastfeeding.
- A comparative study can be conducted between the working and non-working mothers regarding exclusive breastfeeding.

### **Conclusion**

Based on the findings of present study, it was concluded that the mostly mother had low level of knowledge regarding exclusive breastfeeding. From findings of the study it can be concluded that the Awareness program was necessary to increase in the knowledge level of mothers and improve in practice of exclusive breastfeeding...

### **SUMMARY**

This chapter dealt with the discussion, summary of the study, major findings, and implication in nursing field, limitation, recommendation and conclusion.

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# *Annexure*

## ANNEXURE I

**Permission letter from Principal Galgotias University School of Nursing to conduct the study.**

**Letter seeking permission from the Principal**

From  
B.sc nursing 4<sup>th</sup> year students  
Galgotias University  
Greater Noida

To,  
The Principal,  
School of Nursing  
Galgotias University

**Subject: Requesting Permission for Conducting a Research Study.**

Respected Mam

We intend to begin a research study in a partial fulfillment of B.sc Nursing program titled as

**“A study to assess the effectiveness of structured teaching program on knowledge regarding Exclusive Breastfeeding among the primi antenatal mothers in GIMS hospital, Greater Noida”**

Under the supervisions of Ms. Deepika Bajwan (Research Guide) .

I request your kind permission to carry out the above said study in selected setting.

Thanking You.

Yours Sincerely,  
B.sc Nursing  
Fourth year students,



## ANNEXURE II

### **Letter seeking expert's opinion for validation of the tool.**

From,  
B.sc Nursing 4<sup>th</sup> year students  
Galgotias University,  
Greater Noida, Uttar Pradesh

To,  
Respected Sir/Madam,

**Subject: Letter seeking expert's opinion for establishing validity of the research tool.**

We would like to request you to kindly go through the tool enclosed for the purpose of research as a part of our B.sc program under school of nursing, Galgotias University and give us your expert opinion and suggestion with regard to the same in terms of relevance, appropriateness, accuracy and organization of the consent in relation to the problem and objectives formulated.

Your valuable suggestions will be of great help in betterment of quality of the study. Expecting a positive response, in anticipation,

Thanking you.

Yours sincerely,

B.sc Nursing 4th years Students.

Encl:

1. Research Statement, objectives and operational definitions.
2. Criterion checklist for validation
3. Blueprint of tool

### ANNEXURE III

#### Letter seeking consent for the participant

**Dear participants**

We are B.sc Nursing 4th years student of Galgotias University, Greater Noida Uttar Pradesh. We are doing a research study on **“A study to assess the effectiveness of structured teaching program on knowledge regarding exclusive breast feeding among the primi antenatal mothers” in GIMS hospital, greater Noida** and plan a structured teaching program in the hospital Greater Noida” as a part of curriculum requirement. For this, we need to assess the knowledge of the primi antenatal mothers regarding exclusive breast feeding. The main purpose of the study is to assess the effectiveness of structured teaching program on exclusive breast feeding among the primi antenatal mothers.

We request you to kindly give your consent, so that we can include you in my study as a participant. All information given by you will be kept confidential and will be utilized only for research purpose. You are free in withdrawing anytime from the study group if you wish to do so.

You and your co-operation and participation will be highly appreciated.

Yours sincerely;

Bsc.Nursing,

4th Year Students.

(Meenu, Monu, Ritika, Sandhya)

## ANNEXURE IV

### Informed Consent

**Study Title: A study to assess the effectiveness of structured teaching program on knowledge regarding exclusive breast feeding among the primi antenatal mothers in GIMS hospital greater Noida Uttar Pradesh.**

Investigator- students

I, Mr./Mrs. -----, Father/ mother of Master / Ms. -----, aged ----- years, give my consent for including in the research to be conducted by student investigators. Myself, -----, and I am a voluntarily willing to participate in this study.

I have been informed by the investigator that the information provided will be kept confidential and used only for above mentioned study. Having understood the above points, I give my consent for me to be included in the study as a subject of investigation.

Date:

Signature of subject:

## ANNEXURE V

### Criterion checklist for validating the tool

**Instruction:** Experts are requested to go through the items and indicate their response with a tick mark (✓) in the column given as to whether they agree, disagree to the term in relation to its relevance, appropriateness and adequacy of content and given their remark column as why the item is disagreed. Socio demographic characteristics of study participants.

#### *I. Demographic data of a mother*

Item No.	Relevant		Appropriate		Adequate		Remarks
	Agree	Disagree	Agree	Disagree	Agree	Disagree	
1.							
2.							
3.							
4.							
5.							
6							
7							
8							

## ANNEXURE V

### Criterion checklist for validating the tool

#### II. Structured knowledge questionnaire

Item No.	Relevant		Appropriate		Adequate		Remarks
	Agree	Disagree	Agree	Disagree	Agree	Disagree	
1.							
2.							
3.							
4.							
5.							
6							
7							
8							
9							
10							
11							
12							
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16							
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18							
19							
20							
21							
22							
23							

## ANNEXURE VI

### Tool no 1: Socio Demographic data

Code.....

**1) Age of mother** in years.....

**2) Religion of the mother**

- a) Hindu
- b) Muslim
- c) Christian
- d) Others

**3) Education status of the mother**

- a) **No formal education**
- b) Primary education
- c) Secondary education
- d) Higher secondary education
- e) Graduate and above

**4) Occupation of the mother**

- a) Housewife
- b) Working

**5) Type of family**

- a) Joint family
- b) Nuclear family
- c) Extended family

**6) Family Monthly income**

- a) Less than Rs.5000
- b) Rs.5001-10000
- c) Rs.10001-20000
- d) Above Rs.20001

**7) Area of residence**

- a) Rural
- b) Slum Area

**8) Any exposure to previous teaching related to breast feeding?**

- a) Yes
- b) No

If yes, then specify the source of information.....

**TOOL NO: 2**  
**Structured Knowledge Questionnaire**

**INSTRUCTIONS:** Dear participants, given below are the questions related to exclusive breastfeeding. Each question has four alternatives among which only one is correct answer. Kindly answer the following questions for best suitable for each question.

- 1. What is the meaning of exclusive breastfeeding?**
  - a) Feeding the baby with only breast milk
  - b) Feeding the baby with breast milk and cow's milk
  - c) Feeding the baby with breast milk and powder milk
  - d) Feeding the baby with breast milk and water
  
- 2. What are the physiological changes take place in the breast during milk secretion?**
  - a) Bluish in colour
  - b) Red in colour
  - c) Swollen
  - d) Tense and warm
  
- 3. What is the initial fluid to be given to the newborn?**
  - a) Breast milk
  - b) Honey
  - c) Sugar water
  - d) Water
  
- 4. When does the mother should initiate the breast feeding?**
  - a) After 12 hours
  - b) Between 2-4 hours after birth
  - c) Between 5-8 hours after birth
  - d) Immediately after birth to within one hour
  
- 5. What is colostrum?**
  - a) First breast milk
  - b) Thick unhealthy milk
  - c) Unwanted secretions from the breast
  - d) Watery secretions from the breast



- 6. What is the colour of colostrum?**
- a) Brown
  - b) Green
  - c) Lemon yellow
  - d) Red
- 7. Why colostrum is needed for the baby?**
- a) As a food for infant
  - b) Since the baby is in demand
  - c) To maintain immunity
  - d) To promote growth of the baby
- 8. How long child should be on exclusive breastfeeding?**
- a) Up to 9 months
  - b) Up to 6 months
  - c) Up to 12 months
  - d) Up to 2 years
- 9. What is the advantage of exclusive breastfeeding to the baby?**
- a) Protect the baby from infection
  - b) Reduce the weight of the baby
  - c) To increase the hunger of baby
  - d) To protect childhood obesity
- 10. What is the benefit for lactating mother?**
- a) Increase the body weight
  - b) Natural contraception
  - c) Promote sleep
  - d) Reduce infections
- 11. What is the colour of baby's stool during exclusive breastfeeding?**
- a) Brown colored
  - b) Green colored
  - c) Golden yellow colored
  - d) Shaw colored
- 12. What is the effect of giving mixed feeding to the baby before 6 months?**
- a) Allergies and diarrhea
  - b) Facilitate to stop breast feeding easily
  - c) Good growth
  - d) Leads to weight gain

- 13. When the mother should put baby on the breast for feeding?**
- a) Before and after sleep
  - b) Five to six times a day
  - c) Whenever the mother wants to feed
  - d) Whenever the baby is demanded
- 14. Which of the following activity can increase the breast milk production?**
- a) Frequent feeding
  - b) Good hygiene
  - c) Proper exercise
  - d) Taking self-medications
- 15. Which type of nutrition is best for lactating mother?**
- a) Protein rich diet only
  - b) Iron rich diet only
  - c) Calcium rich diet only
  - d) Iron, calcium and protein rich diet
- 16. When does the mother should clean the breast?**
- a) After feeding the baby
  - b) At the time of bathing
  - c) Before and after feeding the baby
  - d) Before feeding the baby
- 17. What is the best position for normal delivery mother while breast feeding?**
- a) Prone position
  - b) Standing position
  - c) Side lying position
  - d) Sitting position
- 18. Which position is best for caesarean delivery mother to feed the baby?**
- a) Lying position
  - b) Side lying position
  - c) Sitting position
  - d) Standing position
- 19. What is the sign of poor attachment of the baby during feeding?**
- a) Baby chin is away from the breast
  - b) Baby mouth is wide open
  - c) Baby chin is close to the breast
  - d) More areola is visible above the baby's mouth

- 20. Why we have to break the wind in the middle of the feed?**
- a) To promote the sleep
  - b) To prevent vomiting
  - c) To increase hunger
  - d) To increase weight
- 21. What should the mother do after each feed to prevent swallowing of air?**
- a) Allow the baby to sleep immediately
  - b) Burp the baby
  - c) Give a sip of water to the baby
  - d) Make the baby to active for some time
- 22. How do you burp the baby after each feed?**
- a) Lifting the baby in both hands and tapping on chest
  - b) Put the baby on the bed and tap on the chest
  - c) Put the baby on shoulder and tap gently the back from bottom to top
  - d) Put the baby on the cradle
- 23. What do you mean by breast engorgement?**
- a) Insufficient milk in breast
  - b) Infection of mammary glands
  - c) Leakage or milk from nipples
  - d) Swelling and fullness of breasts
- 24. Which of the following measure is best to prevent breast engorgement?**
- a) Giving frequent feeding
  - b) Maintaining good diet
  - c) Taking timely medications
  - d) Maintaining good hygiene
- 25. What measure is advised to reduce the breast engorgement?**
- a) Apply warm compress and express milk
  - b) Apply cold pack
  - c) Taking rest
  - d) Taking medications
- 26. What do you mean by mastitis?**
- a) Fullness of breast
  - b) Inflammation of the nipples
  - c) Infection of mammary glands
  - d) Tenderness of breast

**27. What is the preventive measure of mastitis?**

- a) Application of ointment
- b) Balanced diet
- c) Discontinuing breastfeeding
- d) Emptying the breast by continuous breast feeding

**28. What is the cause of leakage of milk from nipples?**

- a) Big nipples
- b) Flat nipples
- c) Hormonal stimulation
- d) Over fullness

**29. How the leakage of milk can be stopped effectively?**

- a) By frequent sucking
- b) By massaging the breast
- c) By applying ointments
- d) By stopping breastfeeding

**30. How the mother should feed in case of breast infections?**

- a) Feed from the affected breast
- b) Feed from the unaffected breast
- c) Feed from both breast
- d) Don't know

## ANNEXURE VII



### Structured teaching program regarding exclusive breast feeding.



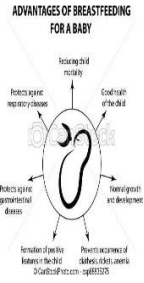
<b>Topic</b>	Exclusive Breast Feeding
<b>Group</b>	Primi Antenatal Mothers
<b>Venue</b>	GIMS Hospital
<b>Method of teaching</b>	Lecture cum discussion
<b>Duration of teaching</b>	1 hour
<b>Medium of teaching</b>	Hindi
<b>Teaching Aids</b>	Pamphlets, Charts, Posters, flash cards

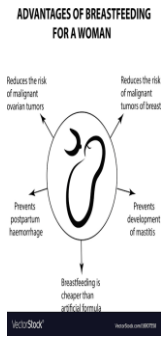
**General objective:** At the end of Teaching Program, mothers will be able to gain knowledge regarding exclusive breast feeding thereby they can apply this knowledge while feeding their babies.

**Specific objectives:** At the end of teaching Program mothers will be able to explain:

- What is exclusive breast feeding?
- What is colostrum?
- What are the importance of mother's milk to baby?
- What are the benefits of breastfeeding to the baby and to the mother?
- Explain the components of mother's milk.
- What are various breast feeding techniques?
- Describes the breast feeding problems.


S.NO.	TIME	OBJECTIVE	CONTENT	TEACHING LEARNING ACTIVITIES	A.V AIDS	EVALUATION
1.	5 mins	Introduce exclusive breastfeeding	<p><b>INTRODUCTION</b></p> <p>“Breastfeeding is a natural gift of god to the baby and the mother.” Breastfeeding is the normal way of providing young infants with the nutrients for their healthy growth and development. All mothers can breastfeed, provided that they have accurate information, and the support of their family, the health care system and society.</p>	Introduce the topic with the help of picture.		What is exclusive breastfeeding?
2.	5 mins	State the meaning and concept of exclusive breastfeeding	<p><b>EXCLUSIVE BREASTFEEDING</b></p> <p>Exclusive breastfeeding means when a baby receives only breast milk and no other food or drink. Only prescribed drops and syrups are allowed. Early start ensures success of exclusive breastfeeding. A healthy baby should be placed on skin to skin touch with the mother’s breast with in hour after birth for feeding. The baby should be breastfeed before any routine procedure like Bathing, because it brings down baby’s temperature. The recommended period of</p>	Explain the meaning of exclusive breastfeeding with the help of poster.		<p>What is the meaning of breastfeeding?</p> <p>When to initiate the breastfeeding?</p>

3.	5 mins	Recognize the disadvantages of Prolacteal Feeds	<p>exclusive breast feeding is for 6 months.</p> <p><b>PRELACTEAL FEEDS</b>          “There is no perfect substitute for breast milk”          Prolacteal feeds:          Giving prolacteal feeds such as sugar water, honey, water or butter etc.          leads to sick ness and reduce baby’s desire for feeding.</p> <p><b>COLOSTRUM</b>          • A thick yellowish secretion from the breast is colostrum. It starts from the middle of the pregnancy. It has more protein, vitamin A and more antibodies. It helps to strengthen the immune system of the baby.</p>	Explained with the help of pamphlets.		What is the effect of prolacteal feeds on breastfeeding?
4.	5 mins	Explain the importance of colostrum	<p><b>COLOSTRUM</b>          • A thick yellowish secretion from the breast is colostrum. It starts from the middle of the pregnancy. It has more protein, vitamin A and more antibodies. It helps to strengthen the immune system of the baby.</p>	Verbally		What are the benefits of giving colostrum?
5.	5 mins	State the components of breast milk	<p><b>COMPONENTS OF BREAST MILK</b>          Breast milk has the perfect combination of carbohydrates, protein, fat, vitamins and minerals. Breast milk consists of balanced digestible Protein.</p>	Explain with the help of PowerPoint presentation.		What are the components of breast milk?


6.	10 Mins	List out the benefits of breastfeeding to the baby and the mother	<p><b>ADVANTAGES OF BREASTFEEDING</b></p> <p>Benefits for the baby</p> <ul style="list-style-type: none"> <li>• It is good for digestion:</li> <li>• It helps in growth and development.</li> <li>• It helps in neurological development of the baby.</li> <li>• It contains water soluble vitamin D which protects the baby against rickets.</li> <li>• It helps preventing the inflammation of the stomach and intestine.</li> <li>• It contains protective antibodies which gives passive immunity to the baby.</li> <li>• Protection against infection and deficiency states.</li> <li>• It protects the baby from diseases. The breastfeed babies had less reported diarrhoea, respiratory infections, intestinal disease and other infections.</li> <li>• Breast milk is sterile and readily available.</li> <li>• It is given to the baby directly at body temperature.</li> <li>• It is most convenient as it requires no preparation and cost nothing.</li> <li>• It helps to increase the weight.</li> </ul> <p>Benefits for the mother</p>	Explain with the help of charts.		What are the advantages of breastfeeding?
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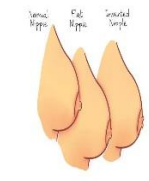

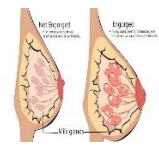



7.	10 mins	Describe the disadvantages of other feeding before 6 months	<ul style="list-style-type: none"> <li>• It helps to reduce bleeding and prevent anaemia after delivery.</li> <li>• It helps the uterus to return its previous size.</li> <li>• It reduces the mother’s risk of ovarian cancer and breast cancer.</li> <li>• It helps to maintain the bone health of the mother.</li> <li>• It helps in to return the pre-pregnant weight more quickly.</li> <li>• It helps in establishing healthy mother–child relationship</li> <li>• It acts as a natural contraception.</li> </ul> <p><b>DISADVANTAGE OF GIVING OTHER FEED BEFORE 6 MONTHS</b></p> <p>Do not give cow’s milk, goat’s milk, formula, cereal, or extra drinks.</p> <p><b>REASONS:</b></p> <ul style="list-style-type: none"> <li>• It reduces the amount of breastmilk taken.</li> <li>• It does not contain enough Vitamin A.</li> <li>• Iron is poorly absorbed from cow’s and goat’s milk.</li> <li>• Protein from the animal milk is not digestible which leads to allergies, difficulty in digestion, diarrhoea, rashes, respiratory and intestinal infections.</li> <li>• The germs in it cause infection.</li> </ul>	Explain verbally.	What are the disadvantages of formula feeding or feeding with cow milk?
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8.	15 Mins	Describe the preparation for breastfeeding	<ul style="list-style-type: none"> <li>• It causes malnourishment</li> <li>• Nipple confusion: The baby refuses the mothers nipple because of immediate flow of milk from the bottle nipple.</li> </ul> <p><b>PREPARATIONS FOR BREASTFEEDING</b></p> <p><b>CLEANLINESS :</b> The mother should wash her hands before breastfeeding. The breast should be cleaned before and after feeding.</p> <p><b>DEMAND FEED :</b> The baby is put to the breast as soon as the baby becomes hungry. There is no restriction of the number of feeds and duration of suckling time.</p> <p><b>TIME OF FEEDING :</b> During the first 24 hours, the mother can feed the baby at regular interval of 2-3 hours and gradually becomes 3-4 hours.</p> <p><b>FEEDING DURATION :</b> During each feeding session, the milk that comes out of the breast first is</p>	Explain with the help of chart and flash cards.		When the mother should clean the breast?
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		<p>called foremilk and it is quite watery. It the left over milk from the previous feeding. Milk coming out later is called hindmilk and it is creamier and may have 50% more fat, which supplies more calories to the baby. So the mother should feed the baby from one breast completely for 5-10mts. Hence the baby gets balanced milk.</p> <p><b>INCREASE THE WAYS OF BREAST MILK:</b> Mother's milk is available to the babies on 'demand and supply principle', and is produced depending upon the baby needs. Frequent suckling of baby will produce more milk. Mother's can drink plenty of fluids. Mother also needs to maintain good nutritional status. She required additional intake of calcium, iron and protein.</p> <p><b>BREAKING THE WIND</b> (Burping): All babies swallow varied amount of air during suckling. To break up the wind, the baby should be held up right against the chest and the</p>			
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9.	10 mins	Identify the correct positioning and attachment for breastfeeding	<p>back should be gently patted till the baby belches out the air. It is better to break up the wind in the middle of suckling so as to enabling the baby to take more milk.</p> <p><b>SIGN OF ADEQUATE MILK</b></p> <ul style="list-style-type: none"> <li>• Baby is happy, sleeps between feeds and night.</li> <li>• Weight gain, good movements and cry.</li> <li>• Passing urine 6 times (or more) in 24 hours.</li> </ul> <p><b>TECHNIQUES OF BREASTFEEDING</b></p> <p>The mother should feed her baby in any comfortable position such as sitting or lying position with good eye contact.</p> <p><b>SIGNS OF GOOD POSITIONING:-</b></p> <ul style="list-style-type: none"> <li>• Baby’s neck is straight or bent slightly back,</li> <li>• Baby’s body is turned towards the mother and whole body is supported by mother for maintaining eye to eye contact.</li> </ul>	Explain with demonstration and slides.	 <p><b>BREASTFEEDING POSITIONS</b></p> <p><b>CRADLE HOLD</b> Support baby with the arm that is closest to the breast. Baby's head is resting back, and the opposite arm.</p> <p><b>CROSS-BODY</b> Bring baby across your body. Support baby's head with your hand. Support baby's neck and support your breast with the other hand.</p> <p><b>SIDE-LYING</b> Lie down on your side with baby facing you. Baby will rest on the breast that is nearest to the head.</p> <p><b>FOOTBALL HOLD</b> Baby is tucked under one arm, off to the side like a football. Feed baby with one arm while the other hand supports your breast.</p> <p>LOVEOURLITTLES.COM</p>	What are the sign of good positioning?
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			<p><b>Signs of correct/ good attachment</b> :</p> <ul style="list-style-type: none"> <li>• Baby's mouth is widely open that the lower lip is turned outwards and the chin touches the breast.</li> <li>• More areola and nipple into the mouth for effective milk transfer.</li> </ul> <p><b>CRADLE HOLD</b> : This position is very good for the mother after vaginal delivery. Because this causes much pressure after caesarean section.</p> <p><b>CROSS CRADLE HOLD</b> : This is much suitable for the small babies.</p> <p><b>FOOTBALL HOLD</b> : Good for the cesarean section to avoid pressure on the abdomen. It also works well for women who have large breasts or flat nipples, and for mothers of twins.</p> <p><b>LYING DOWN</b>: Preferred in case of Caesarean section.</p>		  	
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10.	15 mins	Describe the breast problems and the management	<p><b>COMMON BREAST PROBLEMS</b></p> <p>•<b>Flat or inverted nipples</b> : This causes difficulty in attaching to the breast. The nipple should be everted with fingers before the baby is put on the breast.</p> <p>•<b>Crackled and Sore nipples:</b> Faulty attachment causes sore nipples. The mother should be advised on positioning. Mother can apply breast milk on the nipple. Mother can continue the feeding. If there is no sign of healing, visit to the doctor.</p> <p>•<b>Breast engorgement</b> : Breast engorgement is the painful overfilling of the milk with the breast. This is usually caused by delayed initiation and less frequent or small feeding which makes the breast to swollen, firm, heaviness and makes painful feeding. Mother can encourage the baby to suck. If the baby cannot suckle effective, the mother can give express breast milk. Warm compresses can be provided to relieve pain. Advise the mother to wear a comfort brassiere with support.</p>	Discussion with mothers	 <p>Seven contraindications to breastfeeding (AAP 2005)</p> <ul style="list-style-type: none"> <li>• Mother HIV - (in USA)</li> <li>• Use of illegal drugs by mother</li> <li>• Certain medications</li> <li>• Active untreated TB in mother</li> <li>• Galactosemia in baby</li> <li>• Mother HTLV -</li> <li>• Herpes on breast</li> </ul>	What are the causes of breast engorgement?
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11.	5 mins	To State contra-indications of mother in breastfeeding	<p>•Breast abscess: It is due to the untreated breast engorgement. The mother should be encouraged to feed from the unaffected breast and referred to doctor.</p> <p><b>CONTRAINDICATIONS OF THE MOTHER</b></p> <ul style="list-style-type: none"> <li>• Viral infections.</li> <li>• Taking any drugs like chemotherapy or radio active drugs.</li> </ul>	Explain with the help of PowerPoint presentation		What are the contraindications of the mother in breastfeeding?
12.	10 mins	To summarize the topic	<p><b>SUMMARY</b></p> <p>Mother’s milk is uniquely suited to meet the nutritional needs of the baby. There is no perfect substitute for the breast milk. So, all the mothers should understand the benefits, techniques and the preparatory role in breast feeding. This helps in feeding the baby effectively. So we can form the “Strong Youth for tomorrow’s India with the today’s effective breast feeding”.</p>			

13.	5 mins	To conclude the topic	<p><b>CONCLUSION</b></p> <p>Breastfeeding is very important for infant development and family wellbeing. So, the breastfeeding promotion and support is a health initiative for the communities. Infant should not be given bottle feeding, artificial teats or pacifiers up to first six months. Mother should immediately report the breastfeeding problems to the health care professionals.</p>			
14.			<p><b>REFERENCES</b></p> <ul style="list-style-type: none"> <li>• Dutta Parul, Pediatric Nursing, 2<sup>nd</sup> edition, page no. 115-122</li> <li>• Dutta D.C. Textbook of obstetrics, new central publisher ; 6<sup>th</sup> edition</li> <li>• K.K. Gulani “Community Health Nursing Principle \$ Practice” Kumar publishing house; 1<sup>st</sup> edition, 2006</li> <li>• K.Park “A Textbook of preventive \$ social medicine,” Banaradas Bhanot publishers; 19<sup>th</sup> edition, 2007</li> </ul>			



**ANNEXURE VIII**  
**Photographic evidences of data collection**



## ANNEXURE VIII

### Photographic evidences of data collection



## **ANNEXURE IX**

### **List of Validators**

Ms. Simrat Kaur  
Assistant Professor  
Medical Surgical Nursing  
Galgotias University  
Greater Noida

Ms. Nancy Thakur  
Assistant Professor  
Psychiatric Nursing  
Galgotias University  
Greater Noida

Mrs Prempati  
Assistant Professor  
Obstetrical and gynecological Nursing  
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Ms. Neha Saini  
Assistant Professor  
Child Health Nursing  
Galgotias University  
Greater Noida

Ms. Sonia  
Assistant Professor  
Psychiatric Nursing  
Galgotias University  
Greater Noida

## ANNEXURE X

### List of formulas used for Analysis and Interpretation

1. **Reliability:**  $r = \frac{\sum(x - \bar{x})(y - \bar{y})}{\sqrt{\sum(x - \bar{x})^2 \times \sum(y - \bar{y})^2}}$

$$r' = \frac{2r}{1-r^2}$$

2. **Mean ( $\bar{X}$ )** =  $\frac{\sum X}{N}$

3. **Standard Deviation (SD)** =  $\sqrt{\frac{\sum(X - \bar{X})^2}{n}}$

4. **Paired sample t test**

$$t = \frac{\sum d}{\sqrt{\frac{n(\sum d^2) - (\sum d)^2}{n-1}}}$$

5. **One Way Anova test**

The "explained variance", or "between-group variability" is

$$\sum_i n_i (\bar{Y}_i - \bar{Y})^2 / (K - 1)$$

The "unexplained variance", or "within-group variability" is

$$\sum_{ij} (Y_{ij} - \bar{Y}_i)^2 / (N - K),$$

F=      Mean square between the group

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Mean square with in the group