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**A DESCRIPTIVE STUDY TO ASSESS THE BREASTFEEDING PRACTICE
AMONG POST NATAL MOTHERS AT KOVAI MEDICAL CENTER AND
HOSPITAL – INSTITUTE OF HEALTH SCIENCES AND RESEARCH,
COIMBATORE, TAMILNADU, INDIA.**

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ABSTRACT

The present study **entitled** “A descriptive study to assess the practice regarding breastfeeding among postnatal mothers of KMCH-IHSR, Coimbatore”. **Objectives:** 1. To evaluate breastfeeding habits. 2. To explore the relationship between breastfeeding habits and specific demographic factors. **Materials and methods:** A non-experimental descriptive research design was employed for this study, conducted within the postnatal ward of KMCH Institute of Health Science and Research in Coimbatore. The population of the study are Full Term Normal Delivery (FTND), Primi-postnatal mothers admitted in the postnatal ward of KMCH- IHSR, Coimbatore. The study involved 60 first-time postnatal mothers as participants, chosen through a non-probability purposive sampling method. Data collection was conducted using a self-developed questionnaire. For data analysis, descriptive statistics (such as mean and percentage) along with inferential statistics (Chi-square test) were applied. The Chi-square test specifically examined the relationship between breastfeeding practices and selected demographic characteristics. The majority 38(38%) of the samples had average practice compliance, 35(35%) had good practice compliance, 27(27%) had poor practice compliance according to breastfeeding postnatal mothers. There is a significant association exists between the breast feeding practice with their marital status (p 0.038), and their residential area (p 0.44). **Conclusion:** So, it reveals that educating postnatal mothers on breastfeeding will definitely improve their practice regarding breastfeeding.

Key Words: Breast feeding practice, Post-natal mothers, self-developed questionnaire, demographic characteristics, postnatal ward.

INTRODUCTION

For over 230 million years, since the emergence of mammals on Earth, breastfeeding has been the essential method for nourishing newborns. The industrial revolution in the 19th century marked the beginning of artificial feeding practices. This period saw a boom in the dairy industry, driven by advancements in milk processing, preservation, and the creation of specialized formulas catering to specific needs, such as those of preterm infants. Aggressive marketing campaigns not only swayed mothers towards choosing bottle feeding over breastfeeding but also propagated the notion that formula feeding was so straightforward, safe, and universally effective that breastfeeding seemed unnecessarily cumbersome [1-9]. However, extensive scientific studies over the past thirty years have decisively demonstrated that breastfeeding offers optimal nutritional benefits to infants. It shields them from infections, allergies, and asthma, fosters their physical, physiological, and neurodevelopment, and reduces the risk of certain chronic diseases in adulthood, such as hypertension, diabetes, coronary artery disease, and some types of cancer. Moreover, breastfeeding brings multiple advantages to the mother, including reduced risks of anemia, breast cancer, and ovarian cancer, financial savings for families and nations, contributes to natural family planning, and is environmentally sustainable [10-19]].

OBJECTIVES:

1. To assess the breastfeeding practice.
2. To investigate the relationship between breastfeeding practices and specific demographic factors.

OPERATIONAL DEFINITIONS

1. **Breast feeding practice:** It refers to the assessment of successful latching and breast feeding practice of postnatal mothers using latch score and observational checklist.
2. **Primi-Postnatal mothers:** Postnatal mothers refer to term mothers who had delivered a term healthy new-born vaginally for the first time [21-23].

ASSUMPTION:

1. Breast feeding enhances maternal new-born bonding
2. Immediate period after birth is the ideal time to initiate breast feeding
3. Urban postnatal mothers are having poor practice on breast feeding techniques [24-28].

MATERIALS AND METHODS

RESEARCH DESIGN

The research design utilized in this study was a non-experimental descriptive approach aimed at evaluating breastfeeding practices [29].

SETTING OF THE STUDY

The research was carried out in the postnatal ward of KMCH Institute of Health Science and Research in Coimbatore, which serves as a 680-bedded super specialty hospital providing complete and comprehensive healthcare solutions for a range of medical conditions.

POPULATION OF THE STUDY

The population of the study are Full Term Normal Delivery (FTND), Primi post natal mothers admitted in the post natal ward of KMCH Institute of Health Science, Coimbatore.

SAMPLE SIZE

The study included a sample of 60 primiparous postnatal mothers.

SAMPLING TECHNIQUE

Subjects for this study were selected using a purposive sampling technique without relying on probability.

CRITERIA FOR SAMPLE SELECTION

Inclusion criteria:

1. Term mothers who had delivered a term healthy newborn baby normally for the first time.
2. The primi postnatal mother who are willing to participate in the study [30-34].

Exclusion criteria:

1. Primi para mothers who has any medical, surgical and obstetrical complications
2. Preterm Vaginal Delivery and Lower Segment Caesarian Section postnatal mothers are excluded
3. Those who are all sick and mentally challenged [35-36].

DEVELOPMENT AND DESCRIPTION OF TOOL:

It consists of two sections:

Section A: Demographic profile

Section B: Tools to assess the breastfeeding practice

- **Section A:** It includes age, religion, educational status, occupation, marital status and residency.
- **Section B:** Self - Structured Questionnaire to assess the breastfeeding Practices. It consists of 10 questions with options for each question. It consists of breastfeeding type, initiation of breast feeding, frequency and duration of breast feeding and pre-lacteal feeding practices.

The correct answers carry one mark and the wrong answer carries zero [37-40].

- Maximum score is '9'
- Minimum score is '0'

The total practice score is interpreted in Table 1.

S no	Scoring	Practice Levels
1	00 - 03	Poor
2	04 - 06	Average
3	07 - 10	Good

Table 1: Total Practice Score

PROCEDURE FOR DATA COLLECTION

Before data collection, prior permission was obtained from the Chairman, KMCH IHSR to conduct the study by submitting an application and given assurance to follow the rules and regulations held by the institution and also that study will not create any personal and professional inconvenience to anyone. The study was conducted for a period of 3 weeks. The eligible samples to participate in this study were identified by the investigator. The study's objectives were clearly communicated to the mothers, and their consent was obtained. Initially demographic and obstetrical information were collected from the samples and Breastfeeding practice was assessed. A booklet containing the details of the necessary information about breast feeding techniques was handed over to the mother [41-47].

STATISTICAL ANALYSIS

The data analysis involved the use of descriptive statistics, including mean and percentage, along with inferential statistics, specifically the Chi-square test. Chi-square was applied to identify any associations between breastfeeding practices and selected demographic variables.

RESULT AND DISCUSSION:

SECTION –A: DISTRIBUTION OF DEMOGRAPHIC VARIABLES

n= 60

S. No	Demographic Variables	Frequency	Percentage (%)
1	Age: a) Less than 20 years b) 20-24 years c) 25-29years d) Above 30 years	6 19 23 12	10 32 38 20
2	Religion: a) Hindu b) Christian c) Muslim	44 4 12	73 7 20
3	Level of education: a) Illiterate b) Primary c) Secondary d) Graduate e) Post graduate	2 10 34 8 6	10 17 60 13 10
4	Occupation a) Home maker b) Employed	37 23	62 38
5	Marital status: a) Married b) Divorced c) Widow d) Cohabiting	56 1 1 2	93 2 2 3
6	Type of family a) Nuclear family b) Joint family	34 26	57 43
7	Socio economic status a) Upper b) Middle c) Lower	3 56 1	5 93 2
8	Residence a) Rural b) Urban	33 27	55 45

Table No 2: Distribution of respondents according to demographic variables

Table No: 2 and Fig 1-8 showed that, distribution of samples according to their demographic characteristics.

- ❖ Regarding age, 38% samples were in the age group of 25-29 years, 32% were in the age group of 20-24 years, 20% were in the age group of >30 years, and 10% were in the age group of below 20 Years of age.
- ❖ According to their religion, most of them 73% samples were Hindu, 7% were Christian and 20% were Muslim.
- ❖ As per the educational status of the postnatal mother, 17% samples had completed their primary school, 10% were illiterate, 60% had completed secondary education, 13% were graduate.
- ❖ Regarding the marital status, 93% were married, 2% were divorced, 2 % of samples were widow and 3% of the mother was adopted cohabiting culture
- ❖ In related to the type of family, 57% of samples living in nuclear family and 43% of them were joint family.
- ❖ According to the occupation, the highest 62 % samples were employed and 38% were home maker [48].

SECTION –B: Distribution of respondents

N=60

S.NO	Practice Level	Frequency	Percentage	Mean Score
1	Poor practice	16	27%	6
2	Average practice	23	38%	
3	Good practice	21	35%	

Table No 3: Distribution of respondents according to the knowledge score

Table No: 3 and Fig 9 represents the majority 23 (38%) of the samples had average practice, 21 (35%) had good practice, 16 (27%) had poor practice towards breastfeeding.

SECTION-C: Association between the practice and selected demographic variables

S.NO	Demographic variables	Practice scores			df	X ² Value	P VALVE	Significant level
		1 to 3	4 – 6	7 - 9				
1.	Age:				6	1.503	0.959	NS
	a. less than 20 yrs	1	1	4				
	b. 20-24 yrs	2	7	10				
	c. 25-29 yrs	2	8	13				
	d. above 30 yrs	0	3	8				
2.	Religion:				4	8.317	0.806	NS
	a. Hindu	4	10	30				
	b. Christian	1	1	2				
	c. Muslim	3	5	3				
3.	Level of Education				8	3.319	0.912	NS
	a. Illiterate	0	1	1				

	b. Primary	2	4	4				
	c. Secondary	6	16	12				
	d. Graduate	0	3	4				
	e. Postgraduate	0	2	4				
4.	Occupation							
	a. Home Maker	2	20	15	2	0.729	0.694	NS
	b. Employed	0	15	7				
5.	Marital status							
	a. Married	8	30	18	6	13.32	0.038	S
	b. Divorced	0	1	0				
	c. Widowed	0	0	1				
	d. Cohabiting	2	0	0				
6.	Type of family							
	a. Nuclear family	2	16	16	2	0.459	0.794	NS
	b. Joint family	2	10	14				
7.	Socio economic Status							
	a. Upper	0	3	0	4	3.148	0.533	NS
	b. Middle	5	25	16				
	c. Lower	0	1	0				
8.	Residence							
	a. Rural	3	19	11	2	6.218	0.446	S
	b. Urban	5	20	2				

*S = Significant

*NS = Not significant

Table no: 4 Association between the practice and selected demographic variables

Table 4 – shows that there is a significant association exists between the level of practice and their marital status and the residence of the postnatal mother and there is no significant association exists between the level of practice and the age, the religion, educational status, occupation, type of family and their socioeconomic status.

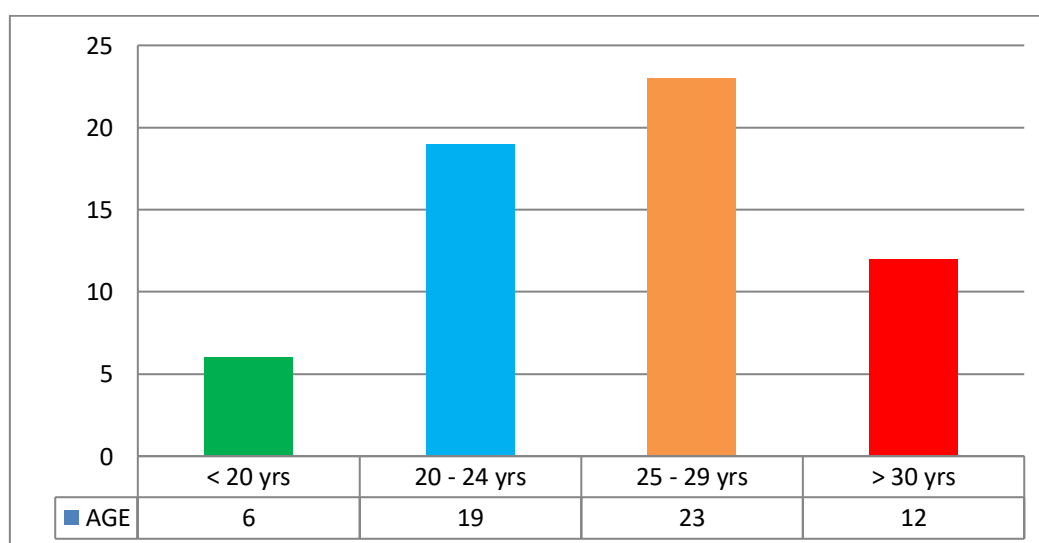


Figure no: 1 - Distribution of sample according to their age group

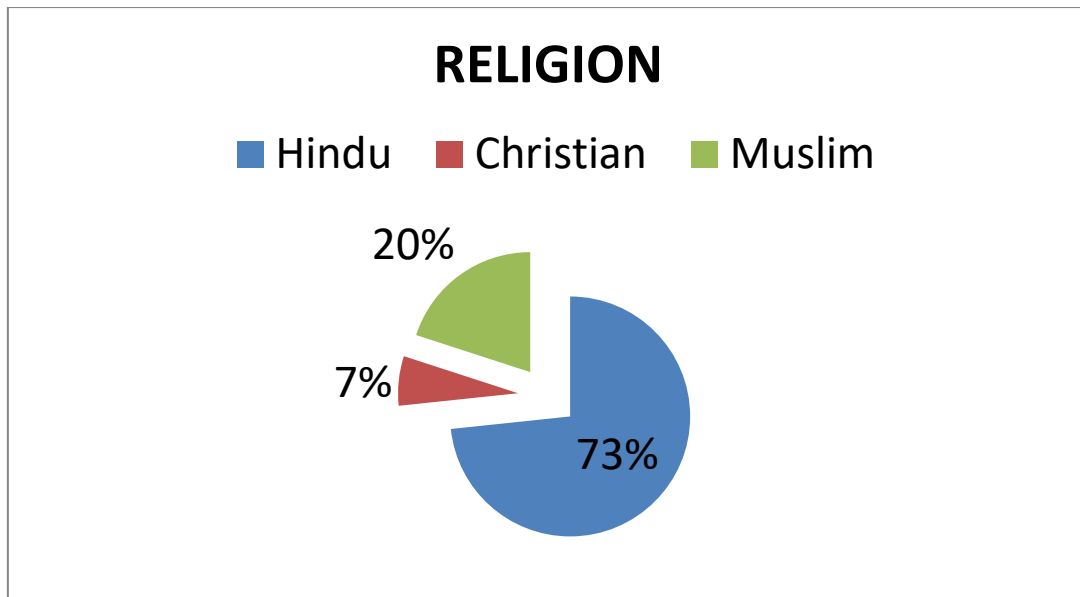


Figure no: 2 - Distribution of sample according to their religion

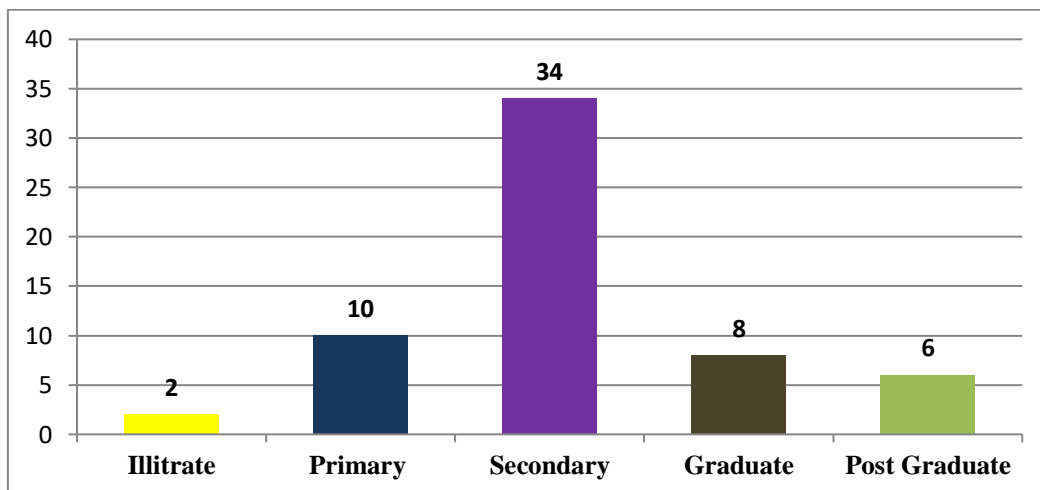


Figure no: 3 - Distribution of sample according to their education

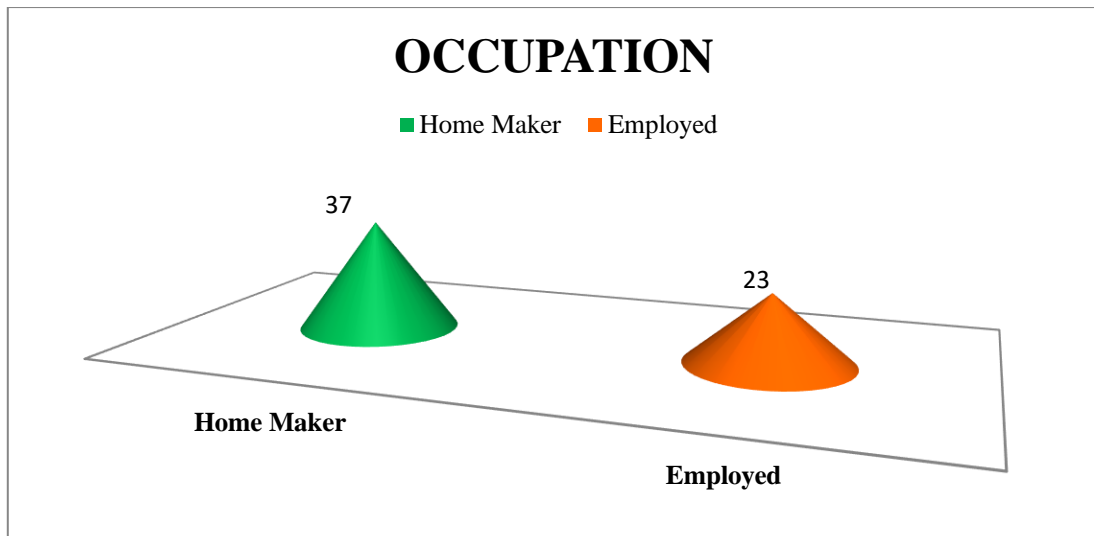


Figure no: 4 - Distribution of sample according to their occupation

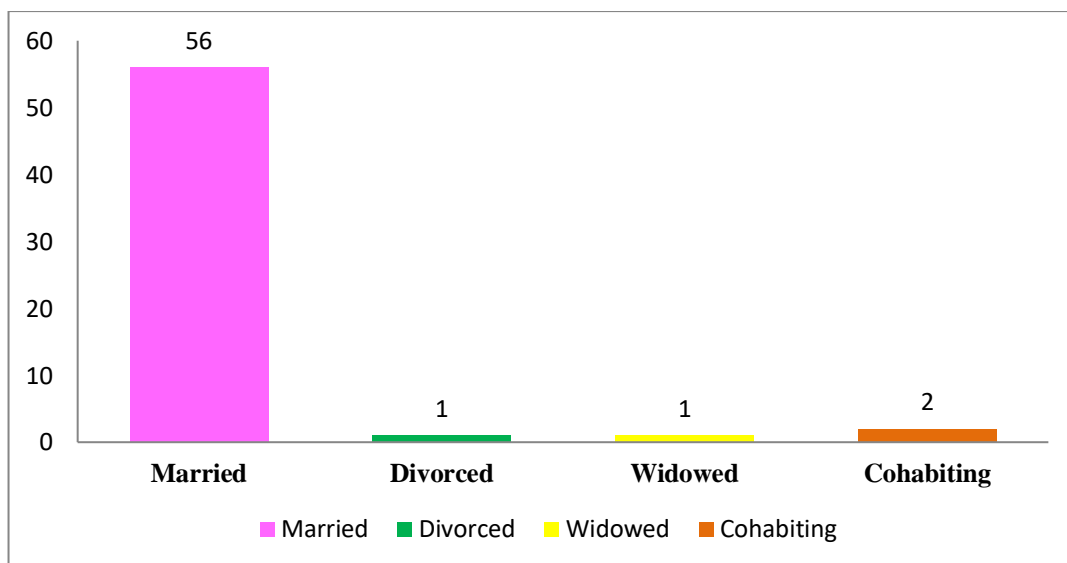


Figure no: 5 - Distribution of sample according to their marital status

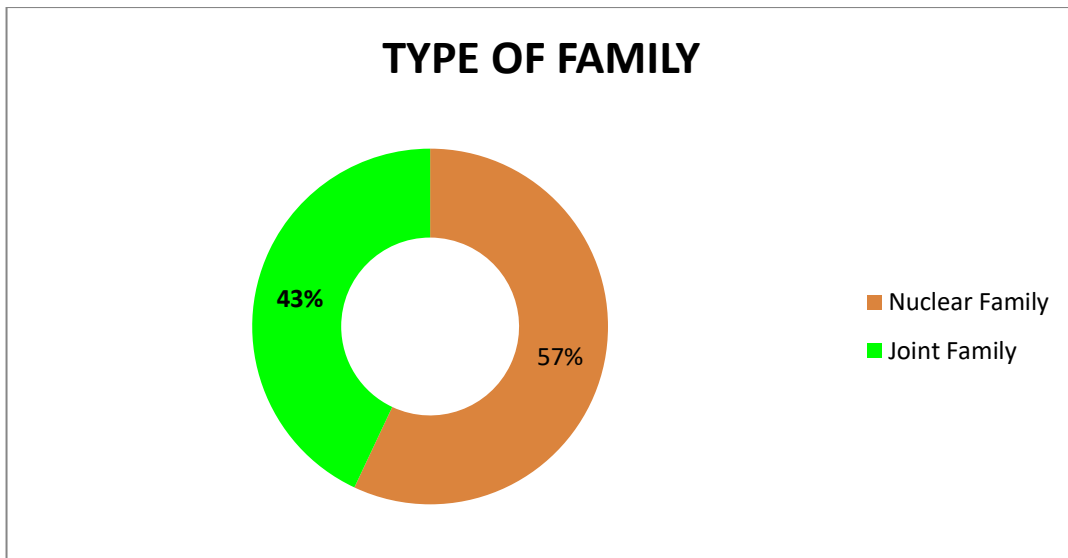


Figure no: 6 - Distribution of sample according to their type of family

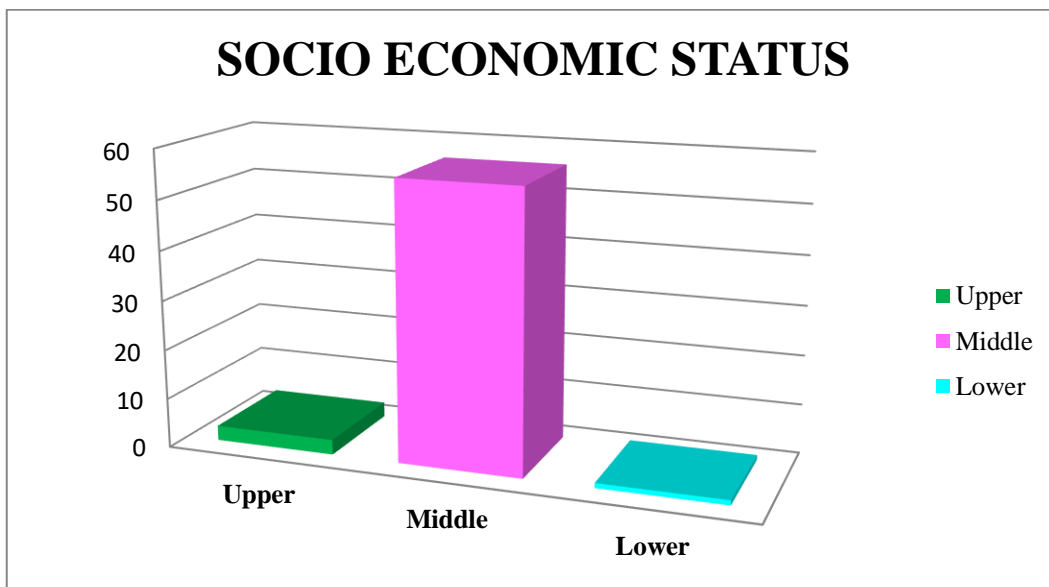


Figure no: 7 - Distribution of sample according to their socio economic status

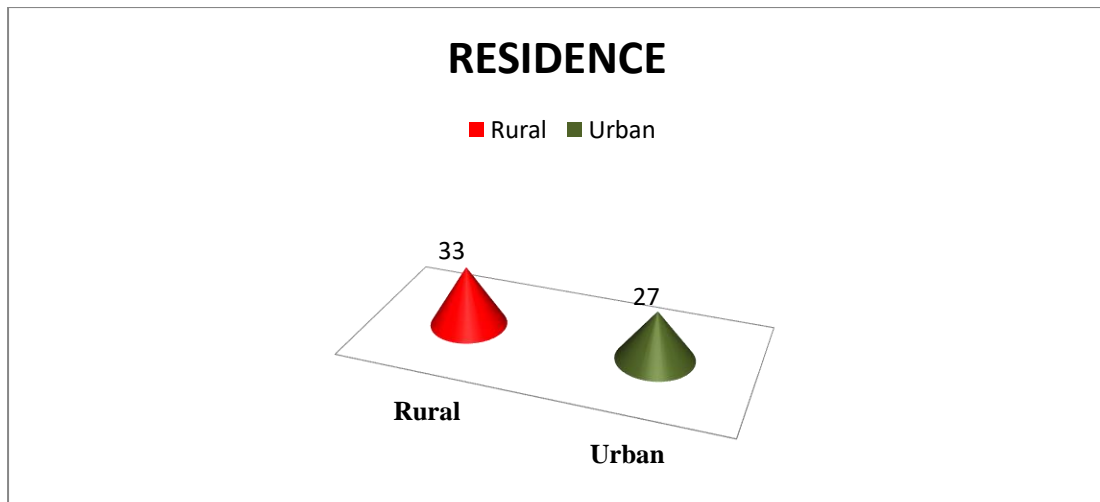


Figure no: 8 - Distribution of sample according to their residence

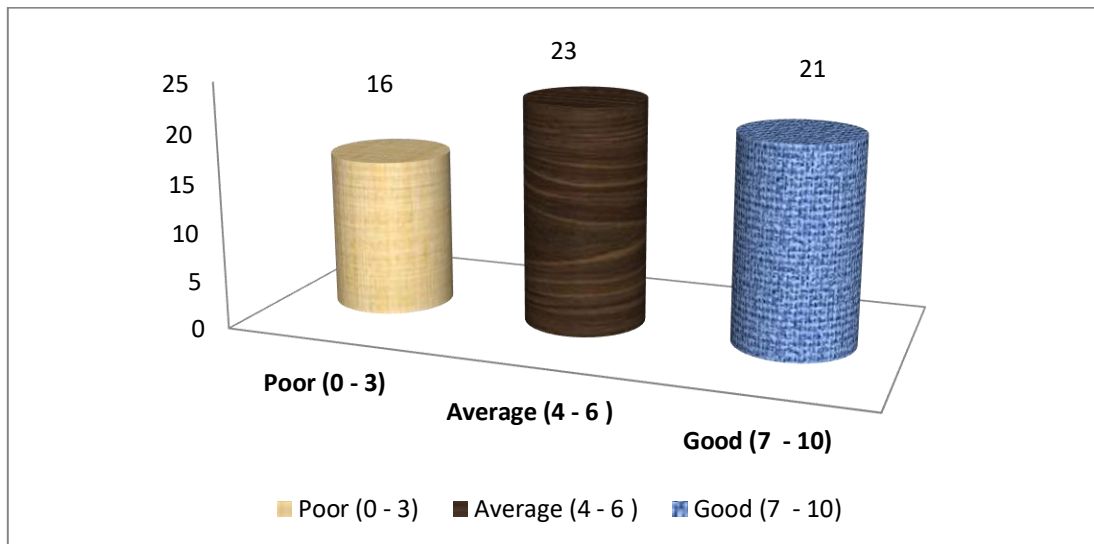


Figure no: 9 - Distribution of respondents according to their Practice score

DISCUSSION

The First objective of the study was to assess the practice compliance on breastfeeding with postnatal mothers.

The majority 38(38%) of the samples had average practice compliance, 35(35%) had good practice compliance, 27(27%) had poor practice compliance according to breastfeeding postnatal mothers [49].

The second objective was to find out the association between the breastfeeding practice with selected demographic variables.

There is a significant association exists between the level of practice and their marital status ($p = 0.038$) and the residence ($p = 0.44$) of the postnatal mother and there is no significant association exists between the level of practice and the age, the religion, educational status, occupation, type of family and their socioeconomic status [50-51].

Recommendations:

1. A similar study could be conducted with a large sample size to confirm the result of the study.
2. There is a significant association exists between the level of practice and the age and the educational status of the postnatal mother.
3. And there is no significant association exists between the level of practice and the religion, marital status, occupation, family size, , and the educational status of the postnatal mother.
4. An experimental study can be conducted after an education to postnatal mothers on breastfeeding.
5. A comparative study could be conducted to find the difference in practice level of postnatal mothers on the basis of various community areas such as rural area, tribal area, and slum area.

CONCLUSION

Exclusively Breast feeding among our sample is suboptimal, compared to the current WHO recommendations. Thus, it's important to provide antenatal and early postpartum education and periodical Breast Feeding counseling, to improve the breastfeeding practices. So it reveals that educating postnatal mothers on breastfeeding will definitely improve their practice regarding breastfeeding.

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