

STUDY TO ASSESS BREAST FEEDING SELF-EFFICACY AMONG POSTNATAL MOTHERS AT JAI PRAKASH HOSPITAL, BHOPAL M.P.

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Abstract

Background: Breastfeeding is vital to a child's lifelong health, and reduces costs for health facilities, families, and governments. Breastfeeding within the first hour of birth protects newborn babies from infections and saves lives. Infants are at greater risk of death due to diarrhoea and other infections when they are only partially breastfed or not breastfed at all. Breastfeeding also improves IQ, school readiness and attendance, and is associated with higher income in adult life. It also reduces the risk of breast cancer in the mother. "Breastfeeding saves lives. Its benefits help keep babies healthy in their first days and last well into adulthood," **Materials and Methods:** A quantitative research approach and non-experimental descriptive exploratory design was adopted. The study was conducted on 60 postnatal mothers admitted at Hamidiya General Hospital using a convenient sampling technique. Data was collected from a structured knowledge questionnaire and obtained data was analysed by descriptive and inferential statistics. **Results:** Regarding breastfeeding self-efficacy among post-natal mothers, 23.3% of mothers had low confidence, 33.3% of mothers had moderate confidence, 43.3% of mothers had high confidence. **Conclusion:** The findings revealed that the improve the breast feeding self-efficacy of postnatal mother.

Keywords: Breastfeeding, breastfeeding Self-efficacy, postnatal mothers.

Introduction

According to the World Health Organization (WHO), children initiate breastfeeding within the first hour of birth and are exclusively breastfed for the first 6 months of life – meaning no other food or liquids are provided, including water. Infants should be breastfed on demand – that is as often as the child wants, day and night.

Breastmilk alone is sufficient to meet an infant's requirement for food and water in the first six months of life. With frequent, on-demand feedings, babies do not need water or any other liquids even in hot climates; mother's milk is all they need for survival and optimal growth and development. Foods given to infants in the first six months of life do not improve growth and, instead, are dangerous when they replace mother's milk, because they can result in frequent infections and poor growth and development. Breastfeeding is one of the most important determinants of child survival, birth spacing, and prevention of childhood infections. The importance of breastfeeding has been emphasized in various studies. The importance of exclusive breastfeeding and the immunological and nutritional values of breast milk has been demonstrated. The beneficial effects of breastfeeding depend on breastfeeding initiation, its duration, and the age at which the breast-fed child is weaned.

Breastfeeding is the first fundamental right of a child. It provides a unique biological and emotional basis for the health development of children. It offers infants and young children complete nutrition, early protection against illness and promotes growth and development of the baby. Early initiation of breast feeding lowers the mother's risk of postpartum haemorrhage and anaemia, boosts, the mother's

immune system and reduces the incidence of diabetes and cancers. Exclusive breastfeeding for the first four to six months of life and the timely introduction of weaning foods is important for laying down proper foundations of growth in later childhood. This is due to the fact that, by five to six months of age, babies need additional food besides breast milk, which supplies energy, protein and other nutrients. Since this form one of the most sensitive Periods, the combined effects of inadequate and unhygienically prepared Supplemented food that is prone to infections may ultimately lead to increased Risk of growth retardation.

While breastfeeding rates have improved globally, disparities in breastfeeding practices persist, particularly in rural and low resource settings. In low and middle income countries, only 37% of children are breastfed exclusively for the first 6 months of their lives and India is no exception. According to The National Family and Health Survey, on average, only 56% of Indian mothers practiced exclusive breast feeding for the full 6 months. As India leads the world in the number of preterm births, under 5 years malnutrition, and neonatal mortality, understanding the factors associated with exclusive breastfeeding can help improve the nutritional status for millions of infants. Furthermore, understanding factors that influence EBF practices can contribute to achieving the United Nations Sustainable Development Goal 3 (SGD3) of reducing neonatal mortality to at least as low as 12 neonatal deaths per 1000 live births by 2030.

Exclusive breastfeeding is of immense benefit both to infant and maternal health. It is the optimal feeding method for infants less than 6 months of age. However, it is more than infant feeding because it is also beneficial to other family members, the community and the society. It protects against common childhood illnesses and also has long-term protective benefits, such as low risk of obesity later in life. The benefits of exclusive breastfeeding can be measured both in resource poor and affluent societies.¹⁰

Objective of the Study

1. Assess the breastfeeding practices among postnatal mothers.
2. Assess breastfeeding Self -Efficacy among postnatal mothers.
3. Correlate the breastfeeding practices with breastfeeding self-efficacy score among postnatal mothers.
4. Find out the association between the level of breast feeding practices among postnatal mothers with their selected demographic variables

Hypothesis

1. **H1:** There will be a significant relationship between the breastfeeding practices and breastfeeding among postnatal mothers.
2. **H2:** There will be a significant association between the level of the breastfeeding practices with their selected demographic variables.

Materials and Methods

Research Approach and Design

A quantitative non-experimental descriptive design was adopted to conduct the study. Postnatal mothers

and their neonates.

Sample and sampling technique:

The sample size of 60 was selected by using convenient sampling, Subjects were selected, because of their convenience, accessibility and proximity to the researcher.

Criteria for Selection of Sampling**Inclusion criteria**

Sampling characteristics are the eligibility or inclusion criteria specification constraints population should be driven to the extent possible. People are able to participate in study design with ethical consideration.

- The study included postnatal mothers who were available at the time of data collection.
- admitted to postnatal and pediatric units.
- able to understand, read and write Hindi.
- willing to participate in the study.
- available at the time of data collection.

Setting of the study:

The setting of the study included Jai Prakash Hospital, Bhopal.

The tool for the study was chosen by the investigator based on the thorough review of literature and consultation with experts in the field of obstetrics and paediatrics. The tool includes 4 sub-sections.

Section-A

Based on objectives-demographic data included Mother Details-age, religion, occupation, education, income, residential area, type of gravida, mode of delivery, maternity leaves, Baby Details- Birth order, age of baby and Birth weight.

Section-B

The section consists of 15 items on knowledge regarding breast feeding. The item was developed to cover the entire aspects of breast feeding self efficacy. Each item is a closed-ended multiple-choice question. Each correct answer was allotted a score of "one" and score "zero" for the incorrect answer. The maximum score for the section "B" is 15.

Score interpretation

- 0-10 (<50%)- Inadequate practice.
- 11-15 (51-75%) moderately adequate practice.
- 16-20 (>75%) Adequate practice.

Section-C:

A tool to assess breastfeeding self-efficacy. Standardized tool of Breastfeeding self-efficacy short form scale by Dennis, (2002) It includes 14 items dealing with breastfeeding self-efficacy. It is graded on points score, maximum score of 70, 1- not at all confident, 2-confident, 3-some confident, 4- confident, 5- always confident grade of breastfeeding self -efficacy.

Interpretation of self-efficacy

- 1-40 – Low self -efficacy confidence
- 41-60 – Moderate self- efficacy confidence
- 61-70-High self -efficacy confidence

Section-D

Checklist on LATCH to assess the breastfeeding practices among postnatal mothers, The observational checklist includes 5 items.

- Latch
- Audible swallowing

- Type of nipple
- Comfort
- Hold

Each item scored on 0-poor, 1-moderate, 2-good observation. The total score on breastfeeding was categorized into 0-3 poor feeding, 4-7 moderate feeding, 8-10 high feeding.

Content Validity

The prepared tool along with objectives were submitted to 3 doctors. The suggestions and modifications of an expert were incorporated in the final preparation of the tool.

Reliability

Reliability refers to the degree of consistence and the accuracy of the information obtained in the study. In the present study, reliability of the tool was assessed by breastfeeding practices by the split-half method and Spearman's brown prophecy formula showed score of 1.0. It indicates the tool was highly reliable. Breastfeeding Self-Efficacy short form scale (Dennis) Cronbach's score is 0.97 it indicates the tool was reliable. LATCH Cronbach's score is 0.98 it indicates the tool was reliable.

Pilot Study

The pilot study was conducted at Sultaniya hospital Bhopal MP with the purpose of finding out the feasibility and practicability of the study design. In the present study, 10% of the sample was taken for a pilot study. The investigator selected from 6 postnatal mothers. The pilot study was conducted on 01/12/2023. The pilot study samples are not included in the main study. It was found to be feasible and easily understandable for the subjects.

Ethical Consideration

The institutional ethical committee, permission was obtained from significant authorities and informed consent was taken from the subject.

Collection of Data

Data collection is the gathering of information needed to address a research problem. The data was collected from 01/01/2024 to 05/01/2024, at Jai Prakesh Hospital, Bhopal MP. The formal permission was obtained from the Medical Superintendent of, Jai Prakesh Hospital, Bhopal MP. The convenient sampling used for selecting the sample, informed consent was taken from participants. Tool was distributed to the participants to fill out the questionnaire on demographic variables, breastfeeding practices, breastfeeding self-efficacy scale and observation was taken by using the LATCH tool by the researcher during breast feeding. The tool was checked at the Centre for completeness and missing data was filled in by the respondent.

Plan for Data Analysis

Data analysis is the process of organizing and synthesizing the data so as to answer the research questions and test hypothesis by using the collected data. The following methods were used to analyze data.

Descriptive Statistics

Frequency and percentage were computed to summarize the demographic data, breastfeeding practices, observational checklist on LATCH parameters to analyse by item-wise analysis. The Chi-square test was used to analyse the association between breast feeding practices with their selected variables. Correlation co-efficient to find out the relationship between breastfeeding practices and breast feeding self-efficacy.

Results

The results of the study based on the objectives sections were done. Descriptive and inferential statistics were used for analysis.

Section I

Age of mother

Regarding the age of mother. The majority of respondents were in the age group of 20-years 24 (40%) and, below 20 years 11(18.4%), 26-30 years 15 (25%), 31-35years 6(10%), above 35 years 4(6.6%).

Religion:

Regarding the religion of the mother, majority of respondents were Hindus 24(40%), Christians 22(36.6%), and Muslims 14(23.4%), none of them were from any other religion.

Occupation

Regarding the occupation of mother, majority of respondents were house wife's 28(46.6%), technician and associate professionals 8(13.3%), professionals, clerks, skilled agricultural or fishery workers, and also elementary occupations were 8(18.1%), and skilled workers, shop and market sales workers 6(22%) none of them were from craft related trade workers, plant and machine operators and assemblers, senior officials and managers.

Education of mother

Regarding the education of the mother. The majority of respondents were graduates 18(30%), intermediate or diploma 15(25%), primary school certificate 9(15%), middle school certificate 6(10%), both profession or honors and also high school certificate 5(8.3%), and only a few were illiterate 2(3.3%).

Income

Regarding income of the family, majority of respondents earned Rs 18,953-31,589/- were 18(30%), Rs >126,360/- and also income of Rs 31,591-63,178/- were 8(13.3%), Rs 6,327-18,471/-were 9(15%) and Rs 63,182-126,356/- and also Rs <6,323/- were 5(8.3%).

Socioeconomic status

Regarding socioeconomic scale in majority of respondents were upper middle class 22(36.6%), upper lower 19(31.6%), lower middle 12(20%), upper 4(6.6%), and lower 3 (5%).

Residential area

Regarding the type of residential area, majority of respondents reside in urban 33(55%), whereas slum 19(31.6%), and in rural areas 8 (13.3%).

Type of gravida

Regarding type of gravid of mother. Majority of respondents were primigravida 31(51.6%) and multi gravid 29(48.4%).

Mode of delivery

Regarding the mode of delivery of mother. The majority of respondents undergone lower segment Caesarean section 24(40%), normal vaginal delivery 23(38.4%), and instrumental delivery 13(21.6%).

Maternity leaves:

Regarding availing of maternity leaves of mother, majority out of the 32 employed respondents were 1-3 months 18(30%) and 4-months 14(23.3%).

Birth order of child:

Regarding the birth order of child, majority of respondents are 1st child 29(48.3%), 2nd child 22(36.6%) and 3rd child 9(15%).

Age of baby

Regarding the age of baby, the majority of respondents were 0-7 days 42(70%) and 7-14 days age 18(30%).

Birth weight

Regarding the birth weight of baby, majority of respondents were 3.1-3.5kgs 19(31.6%), >3.5kg

17(28.3%), <2.5kgs 16(26.6%) and 2.6-3.0kgs 8(13.3%).

Regarding the mode of delivery of mother, Lower segment cesarean section were 24(40%), Normal vaginal delivery was 23(38.4%), and Instrumental delivery was 13(21.6%).

Regarding birth order of child, the 1st child was 29(48.3%), 2nd child was 22(36.6%) and 3rd child 9(15%).

Regarding the age of baby in the 0-7 days are 42(70%) and 7-14 days age are 18(30%).

Section-II

Table 1: Breastfeeding practices of mothers

S. No.	Parameters	Frequency	%	Mean	SD
1.	Inadequate practices	11	18.4%	1.1	0.4
2.	Moderately adequate practices	40	66.6%	8.6	0.56
3.	Adequate practices	9	15%	2.7	1.97

The data represented in table 1, regarding the breast-feeding practices frequency and percentage distribution of inadequate practices were 11(18.4%), moderately adequate practices were 40(66.6%), and adequate practices were 9(16%), mean and standard deviation of Inadequate practices were 1.1(0.4) moderately adequate practices were 8.6 (0.56) and adequate practice were 2.7(1.97).

Table 2: Frequency, percentage, mean and standard deviation of LATCH among postnatal mothers

S. No.	Parameters	Frequency	%	Mean	SD
1	Poor feeding	6	10%	0.1	0.07
2	Moderate feeding	36	60%	3.6	0.3
3	Good feeding	18	30%	2.7	0.8

The data represented in table 2, regarding the LATCH frequency and percentage of poor feeding were 6(10%), moderate feeding was 36 (60%), and good feeding was 18(30%). The mean and standard deviation of LATCH poor feeding were 0.1 (0.2) moderate feeding were 3.6(0.3) and good feeding were 2.7(0.8).

Table 3: Breast feeding self-efficacy among postnatal mother's frequency, Percentage, mean and standard deviation

S. No	Item	Frequency	%	Mean	SD
1	Low confident	14	23.3%	4.9	2.07
2	Moderate confident	20	33.3%	17	4.18
3	High confident	26	43.3%	28.16	4.7

The data represented the data related to breast feeding self-efficacy frequency and percentage low confident 14(23.3%), moderate confident 20 (33.3%) and high confidence 26 (43.4%). Mean and standard deviation low confident 4.9(2.07), moderate confident 17(4.18) and a highly confident 28.16 (4.7).

Table 4: Co relational co-efficient value of breastfeeding practices.

Parameters	Correlational co-efficient value
Breast feeding practices with Breast feeding self efficacy	1.0

The data represented related to the correlational coefficient breastfeeding practices with breastfeeding self-efficacy value is 1.0 which refers they were strongly positive correlated.

Discussion

The results showed that breastfeeding practices among postnatal mothers. The majority of respondents were breastfeeding exclusively, 52(86.6). Regard to, the majority of respondents hold baby were 18(30%). With regard to, the majority of respondents were wrapped without much skin contact 44(73.3%). With regard to, the majority of respondents said I had been given an aesthesia and was so not held 24(40%). With regard to how long you hold your baby this first time, the majority of respondents hold their baby for less than 30 min 25(41.6%). With regard to, help with positioning and attaching your baby, the majority of respondents were yes 50(83.3%).

The results showed that the majority of respondents who supported and obtained information about Exclusive Breast Milk were 50(83.3%). With regard to, the majority of respondents said my baby is always with me both day and night was 27(45%). With regard to, the majority of respondents took advice on feeding the baby every hour were 18(28.3).

The results showed that the majority of respondents 'babies sucked as long as they wanted to were 24(40%). With regard to supplements, the majority of the respondents don't know reason, why (33.3%). With regard to the mode of feeding supplements, the majority of respondents were bottles with teat or nipple 16 (32%). sucking on a pacifier, the majority of respondents were 29 (48.3%). With regard to, getting suggestions about the problem of feeding, the majority of respondents who received suggestions were yes 45(75%). With regard to, the majority of respondents got help from professionals 22(36.6%). The results showed that breast feeding self-efficacy among postnatal mothers. Breastfeeding self-efficacy With regard to the baby getting enough milk, the majority of respondents were always confident 25 (41.6%). With regard to successfully coping with breastfeeding like I have with other challenging tasks. The majority of respondents were both confident and also always confident 20 (33.3%). With regard to breastfeeding baby without formula supplements, the majority of respondents were always confident 28(46.6%).

With regard to ensure that the baby is properly latched, the majority of respondents were always confident 25(41.6%). With regard to managing breast feeding situation with my satisfaction, the majority of respondents were always confident 25(41.6%). With regard to managing to breast feed even if baby is crying, the majority of respondents were always confident 23(38.3%).

With regard to keep wanting to breastfeed, the majority of respondents were always confident 24(41.6%). With regard to comfortably breastfeeding with family members present, the majority of respondents were always confident 25(41.6%). With regard to being satisfied with family members

present, the majority of respondents were always confident 26(43.3%). With regard to dealing with the fact that breast feeding can be time consuming, the majority of respondents were always confident 27(45%).

With regard to feeding baby on one breast before switching to the other breast, the majority of respondents were always confident 25(41.6%). With regard to continuing to breastfeed baby for every feeding, the majority of respondents were always confident 26(43.3%). With regard to managing to keep up with the baby's breastfeeding demands, the majority of respondents were always confident 28(46.6%). With regard to telling when the baby is finished breastfeeding, the majority of respondents were always confident 35(58.3%).

In this study, prepared and administered an informational booklet regarding the breast-feeding practices and administered the postnatal mothers after collecting the data, with a view to guiding good practices and solving problems about latching. It deals with the discussion of the study with reference of objective and supportive studies.

Conclusion

The following conclusion was formed on the basis of the study results.

- ☐ The findings revealed that information booklet improved the breast-feeding practices among postnatal mothers.
- ☐ The findings revealed that the improve the breast feeding self-efficacy of postnatal mother. There was a significant relation between breast feeding practice and self-efficacy.

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