



## **ASSESS THE KNOWLEDGE REGARDING THE PREVENTION AND MANAGEMENT OF PROBLEMS IN BREASTFEEDING AMONG ANTENATAL WOMEN IN A SELECTED HOSPITAL, THRISSUR**

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**Abstract:** Breastfeeding is essential for the physical and mental health of the child as well as the mother. But in some situation women experience troubles with breastfeeding at the starting of lactation, which includes sore nipples, cracked nipples, breast engorgement, mastitis, inverted nipples, short nipples etc. Many mothers may not be aware about the problems in breastfeeding. Hence, A study was conducted to assess the knowledge regarding the prevention and management of problems in breastfeeding among the antenatal women in a selected Hospital, Thrissur. The objectives of the study were to associate the knowledge on prevention and management of problems in breastfeeding among antenatal women with their selected demographic variables and to prepare and distribute an information booklet regarding prevention and management of problems in breastfeeding. A descriptive design was adopted for this study and conducted over 60 primi antenatal women, who were selected by purposive sampling technique from Aswini Hospital Thrissur. The knowledge was assessed by using a structured knowledge questionnaire regarding prevention and management of problems in breast feeding. This study finding revealed that 80% of antenatal women were having moderate knowledge, 8.33% were having inadequate knowledge and 11.66% were having adequate knowledge on prevention and management of problems in breastfeeding. Also the study findings revealed that there was a significant association between knowledge on prevention and management of problems in breastfeeding among antenatal women with their selected demographic variables. Thus, the study concluded that antenatal women needs to be educated on prevention and management of problems in breast feeding.

**Key words:** *Antenatal women, Problems in breast feeding, Information booklet*

### **INTRODUCTION**

"Breast is the best" says British Medical Journal of Breast Feeding. Breastfeeding is an important issue

concerning women, a human rights issue, a health issue and lately it has also been a feminist issue in the light of activism in favour of women's right to breastfeed in public without being shamed and



objectified. British MP Stella Creasy stirred controversy after breastfeeding her three month old son in the House of Commons, and the ban imposed afterwards sparked debates on women's right to breastfeed their children without being policed. Breastfeeding can be an empowering experience for women. Breastfeeding her own baby can be emotionally overwhelming for a mother, usually in incredibly positive ways. The bond that forms between the mother and the child during nursing is irreplaceable.

### NEED AND SIGNIFICANCE OF THE STUDY

A survey was conducted by Momspresso, a platform which provides content for mothers, in collaboration with Medela, a supplier of breast pumps and breastfeeding accessories. Over 500 women participated in the survey, which aims to bring the conversation about breastfeeding challenges into mainstream discourse and find solutions. The survey noted that despite all the challenges mothers faced, 78% still said that they breastfed their babies for a year or longer. The study also tried to find the biggest hurdles faced by mothers in their breastfeeding journey. The key challenges were classified into medical issues, behavioural transitions, workplace challenges, nursing while travelling or in public, and support at home. Over 70% of Indian mothers feel breastfeeding is a challenging experience but a majority of them still nursed their babies for a year or more, revealed a survey that has been released to commemorate 'Breastfeeding Week', which is observed from August 1-7. The top six breastfeeding challenges faced by Indian mothers were: early day challenges such as sore and cracked nipples, latching problems, and engorged breasts (34.7%); exhaustion from waking up in the middle of the night, too many feeding sessions and long feeding sessions (31.8%); baby biting (26.61%); lactation issues (22.7%);

problems with breastfeeding in public including lack of facilities, perceived restriction (17.81%); and postpartum depression (17.42%). A third of the mothers (38%) mentioned that the initial days after the birth of the baby were the most challenging time of their breastfeeding journey.

### STATEMENT OF THE PROBLEM

A study to assess the knowledge regarding the prevention and management of problems in breastfeeding among antenatal women in a selected hospital, Thrissur.

### OBJECTIVES

- 1.To assess the knowledge regarding the prevention and management of problems in breastfeeding among antenatal women.
- 2.To associate the knowledge regarding the prevention and management of problems in breastfeeding among antenatal women with their selected demographic variables.
- 3.To prepare and distribute an information booklet related to prevention and management problems in breastfeeding.

### HYPOTHESIS

Significant at 0.05 level)

H<sub>0</sub>: There is no significant association between the knowledge regarding prevention and management of problems in breastfeeding among antenatal women with their selected demographic variables.



H<sub>1</sub>: There is a significant association between the knowledge regarding the prevention and management of problems in breastfeeding among antenatal women with their selected demographic variables.

### METHODOLOGY

- † **RESEARCH APPROACH:** Quantitative research approach
- † **RESEARCH DESIGN:** Descriptive design
- † **SAMPLE:** Primi antenatal women
- † **SAMPLE SIZE:** 60
- † **SAMPLING TECHNIQUE:** Purposive sampling technique
- † **SETTING OF THE STUDY:** Aswini hospital, Thrissur

### CRITERIA FOR SAMPLE SELECTION

**INCLUSION CRITERIA:** For this study, the inclusion criteria were  
Antenatal women who were;

- † primigravida
- † willing to participate in the study.

**EXCLUSION CRITERIA:** Antenatal women who were;

- † Health professionals
- † Multigravida

### Description of the tool

**Section A: Demographic profile of the subjects.**

The demographic profile of the antenatal women who were studied consisted of 9 variables such as age, religion, education, occupation, family income, type of family, area of residence, prior awareness on problems

in breastfeeding and the presence of health workers in the family, if any.

**Section B: A Structured knowledge based questionnaire to assess the knowledge regarding prevention and management of problems in breastfeeding.**

A structured knowledge questionnaire on prevention and management of problems in breastfeeding with 30 items was constructed to assess the knowledge of antenatal women regarding the same. The questions were organized under 3 components: knowledge regarding breast feeding, knowledge regarding prevention and management of problems in breastfeeding. The questionnaire consists of 30 multiple choice items, each item had 4 alternative responses including one correct response. The correct response carried 1 mark and wrong response carried none. The maximum score was 30 and the minimum score was zero. To meet the level of knowledge, the scores were distributed as follows

**Section C: An Information booklet on prevention and management of problems in breast feeding.**

An information booklet on breastfeeding techniques, prevention and management of problems in breastfeeding such as sore nipples, cracked nipple, breast engorgement, short nipple, inverted nipple, mastitis and breast abscess was created, to be distributed among the subjects.

### RESULTS

**SECTION A: Description of demographic profile of the subjects**

**Table 1: Frequency and percentage distribution of the subjects according to age in years, religion, education and marital status**

N=60

Sl. no	Demographic variable	Frequency(n)	Percentage(%)
1	Age in years		
	≤20 yrs	03	05
	20-25 yrs	24	40
	25-30 yrs	24	40
2	>30 yrs	09	15
	Education		
	Primary education	01	1.66
	Secondary education	0	0
3	Higher secondary education	12	20
	Graduate or above	47	78.33
	Religion		
.	Hindu	46	76.66
	Christian	11	18.33
	Muslim	03	05

**Table 2: Frequency and percentage distribution of the subjects according to occupation, type of family, and family income.**

N=60

Sl.no	Demographic variables	Frequency(n)	Percentage(%)
1.	Occupation		
	Private employee	20	33.33
	Govt. employee	0	0
	Business	40	66.66
2.	House wife		
	Family income		
	Below 10,000	15	25
	10,000-20,000	11	18.33
	20,000-30,000	17	28.33
.	Above 30,000	17	28.33

3.	Type of family		
	Nuclear family	42	70
	Joint family	18	30

**Table 3: Frequency and percentage distribution of the subjects according to the area of residence, previous knowledge and the presence of health workers in family.**

N=60

Sl. no	Demographic variables	Frequency (n)	Percentage(%)
1.	Area of residence		
	Rural	29	48.33
	Urban	19	31.66
2.	Semi urban	12	20
	Previous source of information		
	Yes	13	21.66
3.	No	47	78.33
	Health workers in family		
.	Yes	23	38
	No	12	20

**SECTION B: Description of the assessment of the level of knowledge among the subjects regarding the prevention and management of problems in breastfeeding.**

**Table 4: Frequency and percentage distribution of knowledge scores of the subjects.**

N=60

Level of knowledge	Scoring range	Frequency(n)	Percentage(%)
Inadequate knowledge	0-9	05	8.33
Moderate knowledge	10-19	48	80
Adequate knowledge	20-30	07	11.66

**SECTION C: Description of the association between the level of knowledge among the subjects and their selected demographic variables.**

**Table 5: Association between level of knowledge among the subjects regarding the prevention and management of problems in breastfeeding and their selected demographic variables such as age and education**

Sl. no	Demographic variable	Level of knowledge			Statistical value
		Inadequate	Moderate	Adequate	
1.	Age <20 yrs	0	3	0	X <sup>2</sup> =27.7* TV=12.59
	20-25 yrs	1	22	1	
	25-30 yrs	2	17	5	
	>30 yrs	2	6	1	
2.	Education				X <sup>2</sup> =12.859* TV=3.84
	Primary	1	0	0	
	Higher secondary	0	11	1	
	Degree and above	4	37	6	

ns = non significant at 0.05 level \* = significant at 0.05 level

**Table 6: Association between level of knowledge among the subjects regarding the prevention and management of problems in breastfeeding and their selected demographic variables such as occupation, religion and family income.**

N=60

Sl. no	Demographic variables	Level of knowledge			Statistical value
		Inadequate	Moderate	Adequate	
1.	Occupation	1	14	5	X <sup>2</sup> =69.07*
		4	34	2	

	Private employee				TV=12.59
	House wife				
2.	Religion				X <sup>2</sup> =0.093 TV=12.59
	Hindu	4	36	6	
	Muslim	0	3	0	
	Christian	7	9	1	
3.	Family income				X <sup>2</sup> =0.5434 <sup>ns</sup> TV=12.59
	Below 10,000	1	12	2	
	10,000-20,000	1	9	1	
	20,000-30,000	2	13	2	
	Above 30,000	1	14	2	

ns = non significant at 0.05 level \* = significant at 0.05 level

**Table 7: Association between level of knowledge among the subjects regarding the prevention and management of problems in breastfeeding and their selected demographic variables such as type of family, area of residence, previous information and the presence of health workers in the family.**

Sl. no	Demographic variables	Level of knowledge			Statistical value
		Inadequate	Moderate	Adequate	
1.	Type of family				X <sup>2</sup> =0.278 <sup>ns</sup> TV=9.49
	Nuclear family	4	33	5	
	Joint family	1	15	2	
2.	Area of residence				X <sup>2</sup> =3.088 <sup>ns</sup> TV=9.49
	Rural	3	24	2	
	Urban	1	16	2	
	Semi urban	1	8	3	
3.	Previous source of info				X <sup>2</sup> =0.273 <sup>2ns</sup> TV=5.99
		1	11	1	



	Ratio Yes				
	No	4	37	6	
4.	Health workers in the family				X <sup>2</sup> = 5.45ns TV = 5.99
	Yes	2	9	4	
	No	3	39	3	

**DISCUSSION**

The first objective of the study was to assess the knowledge regarding the prevention and management of problems in breastfeeding, among antenatal women in a selected hospital. A detailed analysis of the findings of this study revealed that among the 60 antenatal women who were chosen as subjects, 48 (80%) had moderate knowledge and 7 (11.66%) had adequate knowledge, 5 (8.33%) had inadequate knowledge regarding the prevention and management of problems related to breastfeeding.

The second objective of the study was to associate the level of knowledge among the subjects women with their selected demographic variables.

The findings of this study revealed that there was no significant association between the knowledge of the subjects and their selected demographic variables such as age ( $\chi^2 = 27.7$  which was significant at 0.05 level), religion ( $\chi^2 = 0.093$  which was non significant at 0.05 level), education ( $\chi^2 = 12.855$  which was significant at 0.05 level), occupation ( $\chi^2 = 69.07$  which was significant at 0.05 level), family income ( $\chi^2 = 0.5434$  which was non significant at 0.05 level), family type ( $\chi^2 = 0.278$  which was non significant at 0.05 level), residence ( $\chi^2 = 3.088$  which was non significant at 0.05 level), previous knowledge ( $\chi^2 = 0.2732$  which was non significant at 0.05 level), health

workers ( $\chi^2 = 5.45$  which was non significant at 0.05 level).

Third objective of the study was to prepare and distribute an information booklet regarding the prevention and management of problems in breast feeding among the objects. An information booklet on the prevention and management of problems in breastfeeding was prepared by the investigators. It contained information regarding the importance of appropriate breastfeeding practices, techniques of breastfeeding, common breastfeeding problems and prevention and management of them. The information booklet was prepared in the regional language and distributed to all the samples as well as all the antenatal women who attended the obstetrics and gynaecology OPDs of Aswini Hospital during the period of data collection.

**CONCLUSION**

Breast Milk is the most appropriate source of nourishment for a newborn and breastfeeding is one of the most natural and best forms of preventive medicine for the infants. A lack of optimal breastfeeding contributes to about over million preventable deaths of children every year. Despite the numerous known benefits of breastfeeding and continuous efforts to improve breastfeeding practices, breastfeeding rates are far from optimal. Problems faced by lactating mothers while breastfeeding are the main cause leading to non-exclusive breastfeeding or early termination of breastfeeding. The knowledge of antenatal women regarding the prevention and management of breastfeeding problems is the main measure to control the severity of this issue.

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