A Descriptive Study To Assess The Knowledge And Practices Regarding Breastfeeding Among C-Section Mothers In Selected Hospital Of Abala, Haryana

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ABSTRACT

Background: Due to the dynamic and interactive nature of breastfeeding and the special living qualities of breastmilk, human infants (aged ≤12 months) and young children (aged 12-36 months) who receive human milk from their mothers through breastfeeding have the best chance of surviving, growing, and developing to the fullest extent possible. Breastfeeding lowers the risk of obesity and chronic diseases in later life and supports healthy brain development.

Aim and Objectives: The present study aims was to assess the knowledge and practices regarding breastfeeding among C-section mothers. To assess the knowledge of breastfeeding among C- section mothers. To assess the practices regarding breastfeeding among C-section mothers. To determine the association of knowledge and practices with selected demographic variables .To find out the co- relation between knowledge and practices regarding breastfeeding among C- section mothers

Methodology: The present study was carried out in the M.M. hospital of Mullana, Ambala, Haryana. A descriptive research design was used. 65 samples were selected for the study by purposive sampling technique. Data was collected by using the self-interviewing and assessment method to assess the knowledge and practices regarding breastfeeding among C-section mothers through self-structured questionnaire, thus the data was incorporated by using SPSS 16 version.

Result: The outcomes of this research have provided insight assessment of knowledge and practices of regarding breastfeeding among C-section mothers of M.M. hospital of Mullana Ambala, Haryana, containing socio-demographic variables shows that majority of the mothers belong to age group (18-25years) (52.2%). (46.2%) of the mothers are having secondary education.

More than half of the mothers (75.4%) are from rural area. majority of the mothers are homemakers (83.1%). above half of the mothers are primipara (53.8). (38.5%) of the mothers are having normal birth weight(>=2.5kg) of their newborns. More than half of the mothers are vegetarian (63.1%). majority (83.1) of the mothers have previous knowledge about breastfeeding techniques and above half (55.4) of the mothers have previous children (1-2).
Majority of patients 36(55.5%) have very good knowledge regarding breastfeeding whereas only 1 (1.5%) have poor knowledge regarding breastfeeding.
38(58.5%) mothers have practice score more than 50 which indicates good latch (practices) regarding breastfeeding whereas 3 mothers i.e. (4.6%) are having poor i.e. poor practices.

1 INTRODUCTION

Due to the dynamic and interactive nature of breastfeeding and the special living qualities of breastmilk, human infants (aged ≤12 months) and young children (aged 12-36 months) who receive human milk from their mothers through breastfeeding have the best chance of surviving, growing, and developing to the fullest extent possible. Breastfeeding lowers the risk of obesity and chronic diseases in later life and supports healthy brain development. It is also crucial for averting the triple burden of infectious diseases, mortality, and malnutrition, which affects both high- and low-income nations. Breastfeeding encourages spacing out births because the hormones released by the mother's body during nursing stop ovulation and produce lactational amenorrhea.1

One of the best strategies to guarantee a child's health and survival is to breastfeed them. According to WHO, less than half of newborns under 6 months old are exclusively breastfed. For newborns, breastmilk is the best food. It also meets up to half or more of a child's nutritional demands in the second half of the first year and up to one third in the second year of life. Children who are breastfed tend to be more intelligent, have lower rates of obesity and overweight, and are less likely to develop diabetes in the future.2

For women and doctors alike, the sayings "Breast is best!" and "Breastfeeding saves lives" are well-known. In the US, 75% of women nurse their newborns by placing them on their breasts, which is currently regarded as "normative". Regretfully, nursing is not currently the standard method of feeding newborns. Breastfeeding for the appropriate duration of time is not chosen by women, despite recommendations from health professionals and the government. This could lead to a lost chance to improve both mother and newborn health.3

Breastfeeding is the best way to feed a baby since it gives them enough nutrition, promotes healthy growth and development, and improves moms' and babies' health. Numerous compounds included

in breast milk may have a positive impact on children's cognitive development and psychomotor skills. The aim of the study was to compare the body mass index (BMI), social intelligence (SI),

and intelligence quotient (IQ) of 7 to 9-year-old girls who were bottle-fed, breastfed exclusively, or mixed-fed for the first six months of their lives.4

Objectives / Aim

•   To assess the level of knowledge regarding breastfeeding among C-section mothers.

•   To assess the practices regarding breastfeeding among C-section mothers.

•   To find out the co-relation between knowledge and practices regarding breastfeeding among C-section.

•   To determine the association of knowledge and practices of breastfeeding among C-section mothers with the selected demographic variables.

2 METHODOLOGY

• Research approach: Quantitative
• Research design: Descriptive design
• Population: C-Section Mothers
• Target population: C-Section Mothers of Ambala
• Accessible population: C-Section Mothers at M.M   hospital, Mullana, Ambala
• Setting: M.M hospital, Mullana, Ambala
• Sample Size: 65
• Sampling technique: Purposive Sampling Technique

ETHICAL CONSIDERATION

Ethical approval to conduct the study was obtained from the Institutional Ethical Committee of
M.M (Deemed to be) University, Mullana, Ambala, Haryana.

Administrative approval was obtained from, medical superintendent of M.M hospital Mullana Ambala, Haryana. The consent form was prepared for the C-section mothers regarding their willingness to participate in the research project. The purpose of carrying out research project was explained to the mothers & written consent was taken from them.

3 RESULTS / FINDINGS

The 3.1. Demographic of participants
Table 2 and Figure 1 describe the frequency and percentage distribution of adolescent girls according to their expressed menstrual hygiene practices based on the checklist scores. Out of 100 respondents, 67 adolescent girls (67%) obtained scores above 23 and were categorized as having good menstrual hygiene practices, indicating that more than two-thirds of the study population followed appropriate hygiene measures during menstruation. A total of 25 girls (25%) scored between 21–23 and were classified as having average menstrual hygiene practices, reflecting moderate adherence to recommended practices. Only 8 respondents (8%) scored below 21 and were categorized under poor menstrual hygiene practices, showing inadequate hygiene behaviours. The pie chart illustrated in Figure 4.1 clearly represents this distribution, showing that the largest proportion of adolescent girls belonged to the good practice category (67%), followed by average (25%) and poor practices (8%), thereby emphasizing that although most girls practiced satisfactory

menstrual hygiene, a small yet important proportion remains at risk due to poor practices.

Table 3. presents the descriptive statistics of the self-structured expressed practices of menstrual hygiene checklist among adolescent girls of Ambala. The total score ranged from a minimum of 17 to a maximum of 33, indicating variability in menstrual hygiene practices among the respondents. The mean score of 26.01 suggests that, on average, the participants demonstrated good menstrual hygiene practices. The standard deviation of 4.06387 indicates moderate variation in scores, showing differences in individual practice levels. The median score of 27.5 further confirms that at least 50% of the adolescent girls scored above this value, which falls within the good practice range. Overall, the combined findings from Table 4.2, Figure 4.1, and Table 4.3 demonstrate that the majority of adolescent girls had good menstrual hygiene practices, while a smaller percentage exhibited average and poor practices, highlighting the need for continued educational interventions for those with lower scores.

The findings presented in Table 1 show that that the total number of participants is 100% (n=100), 41% of respondents were aged 13-15 years and 46% were aged 15-17 years, while only 7% belonged to the 10-13 years group and 6% to the 17-19 years group, with most studying in 9th (45%) and 10th (40%) standards and fewer in 11th (8%) and 12th (7%) standards. Menarche was most commonly attained at 12-13 years by 62% of girls, followed by 10-11 years in 24%, whereas 10% and 4% attained menarche at 14-15 and 16-17 years respectively. Menstrual cycle duration varied, with 20% reporting cycles of less than 25 days, 25% having 25-27 days, 25% having 28-30 days, and 30% reporting cycles longer than 31 days; however, 85% reported regular cycles and 15% irregular cycles. Regarding duration of menstrual flow, 42% experienced flow for 5-6 days, 36% for 3-4 days, 12% for less than 3 days, and 10% for more than 7 days. The amount of flow was moderate in 61%, scanty in 37%, and heavy in 2% of respondents. A family history of dysmenorrhea was reported by 54%, while 46% reported none, and 66% experienced menstrual pain compared to 34% who did not. Sanitary pads were used by 98% of respondents, while only 2% used cloth, with no use of other absorbents. Socio-economically, 38% belonged to the lower middle class, 30% to the middle class, 20% to the lower class, 8% to the upper middle class, and 4% to the upper class. Residential distribution showed that 85% of respondents were from rural areas and 15% from urban areas, reflecting the overall demographic and menstrual health profile of the study population.

Table 4. shows a statistically significant association between expressed menstrual hygiene practices and class (p = 0.005), type of family (p = 0.024), amount of menstrual flow (p = 0.026), and type of absorbent used (p = 0.047). No significant association was found with age, residential area, religion, parents' education, age at menarche, menstrual cycle, duration of menstruation, family history of dysmenorrhea, or pain during menstruation. As the p-values for selected variables were below the level of significance, the null hypothesis was rejected. Thus, menstrual hygiene practices were significantly associated with certain selected demographic and menstrual variables.

4 DISCUSSION

A similar study was conducted among 30 mothers of BPKIHS, Dharan, who had undergone cesarean section to assess knowledge and practice related to breastfeeding. The study shows that 50% of the respondent had knowledge about breastfeeding above median score (IQR) [7.5(6-9)]. Only 11.11% of respondents breastfeed their infants effectively and there was significant association of knowledge score and education (p-0.02). The present study show that the majority of mothers i.e.36 (55.5%) out of 65 C section mothers have very good knowledge regarding

breastfeeding and there was significant association of knowledge and education score(p-0.04).the study were found to be statistically significant in terms of education at 0.05 level of significance.

The study results are also found consistent with the study conducted at Civil Hospital, Maternity & Child Health Centre Goalpara, Assam, the study shows that majority i.e 75% of the respondents have inadequate knowledge, 25% of the respondents have moderate knowledge and none of them have adequate knowledge towards breastfeeding with the mean 6.54 and SD of 2.35. It was also found majority i.e 70% respondents had fair practice, 20% had poor practice and only 10% had good practice towards initiation of breastfeeding with mean of 4.91 and SD of 1.77. The co-relation between knowledge and practice were 0.278 which shows a fair positive correlation between knowledge and practice. . There is significant association of knowledge with no of parity and practices with age, educational level, monthly family income and number of parity on initiation of breast feeding among post caesarean mothers.

This study showed that majority of C-section mothers have very good knowledge i.e. 36 (55.5%) and good practices i.e. 38 (58.5%) regarding breastfeeding. The there is significant association of practice and knowledge with area and education respectively. The correlation between knowledge and practice were 0.169 which shows a moderate positive correlation between knowledge and practice.

IMPLICATIONS

• Nurses play a vital role in improving and advancing the knowledge regarding breastfeeding.
• Nurses can assess the knowledge and practices regarding breastfeeding among csection mothers.
• Nurses can improve the practices of breastfeeding among C-section mothers.

NURSING ADMINISTRATION
Appointment of skilled obstetric nurse to assess knowledge and practice regarding breastfeeding among C-section mothers & training of nursing personnel in care of breastfeeding . Awareness programs can also run by the administration to aware patients regarding breastfeeding.

NURSING RESEARCH
Research is essential. It is the only evidence based method of deciding whether a new approach to treatment or care is better than the current standard, and is essential to diagnose, treat, and prevent and cure diseases. Regular research in field of obstetric nursing advances the standard of nursing care in breastfeeding

LIMITATIONS
• The study was conducted only among C-section mothers from one selected hospital, therefore the findings cannot be generalized to a wider population.
• The number of participants was limited, which may reduce the accuracy and representativeness of the results.
• A non-probability purposive sampling method was used, which may have introduced selection bias.
• Information on knowledge was collected using a self-structured questionnaire, so responses may have been influenced by personal understanding or memory.

TABLE 4.1
Frequency and Percentage distribution of mothers in terms of demographic variables .

Sr. No.	Demographic Variables	Frequency(f)	(%)Percentage
1	Age		
1.1	18-25	34	52.3
1.2	26-30	20	30.8
1.3	>30	11	16.9
2	Education		
2.1	Primary	13	20
2.2	Secondary	30	46.2
2.3	Higher secondary	10	15.4
2.4	Graduate	10	15.4
2.5	No formal education	2	3.1
3	Area		
3.1	Rural	49	75.4
3.2	Urban	16	26.6
4	Occupation		
4.1	Self employed	7	10.8
4.2	Homemaker	54	83.1
4.3	Private employee	4	6.2
5	Parity		
5.1	Primipara	35	53.8
5.2	Multipara	25	38.5
5.3	Grand multipara	5	7.7
6	Birth weight		
6.1	<2.5 kg	15	23.1
6.2	>=2.5 kg	25	38.5
6.3	2.5-3.5 kg	22	33.8
6.4	>3.5 kg	3	4.6
7	Dietary		
7.1	Vegetarian	41	63.1

7.2	Non vegetarian	22	33.8
7.3	Eggetarian	2	3.1
8	Have you ever heard about breastfeeding techniques?		
8.1	Yes	54	83.1
8.2	No	11	16.9
9	No. Of previous children		
9.1	0	2	3.1
9.2	1or2	36	55.4
9.3	2or3	24	36.4
9.4	more than 3	3	4.6

Table 4.1: shows that majority of the mothers belong to age group (18-25years) (52.2%). (46.2%) of the mothers are having secondary education. More than half of the mothers (75.4%) are from rural area. majority of the mothers are homemakers (83.1%). above half of the mothers are primipara (53.8).(38.5%) of the mothers are having normal birth weight(>=2.5kg) of their newborns. More than half of the mothers are vegetarian (63.1%). majority (83.1) of the mothers have previous knowledge about breastfeeding techniques and above half (55.4) of the mothers have previous children (1-2).

SECTION II
Assessment of the level of knowledge regarding breastfeeding among C-section mothers.

TABLE 4.2
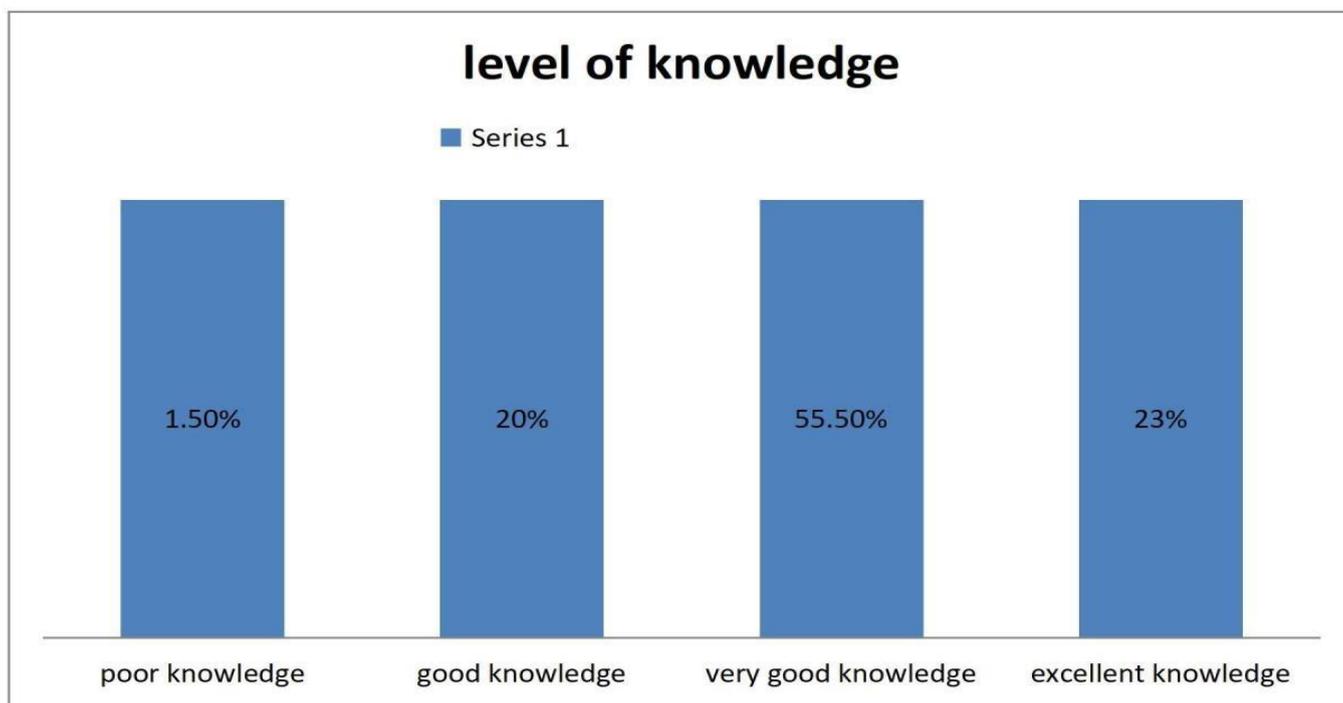**Frequency and percentage of level of knowledge regarding breastfeeding among C-section mothers.**
N=65

Grading	Frequency	Percentage%
Poor (0-7)	1	1.5
Good (8-15)	13	20
very good(16-22)	36	55.5
Excellent (23-30)	15	23
Total	65	100

MINIMUM SCORE =0   MAXIMUM SCORE=30

Table 4.2 revealed that majority of patients i.e. 36(55.5%) have very good knowledge regarding breastfeeding whereas only 1 (1.5%) have poor knowledge regarding breastfeeding.

level of knowledge

■ Series 1

| poor knowledge | good knowledge | very good knowledge | excellent knowledge |
| 1.50% | 20% | 55.50% | 23% |

GRAPH 4.1: BAR GRAPH SHOWING PERCENTAGE KNOWLEDGE SCORE REGARDING BREASTFEEDING AMONG C-SECTION MOTHERS

SECTION III
Assessment of the level of practice regarding breastfeeding among C- section mother

TABLE: 4.3
**Frequency and percentage of practices regarding breastfeeding among C-section mothers N=65**

Sr no	Grading	Frequency	Percentage (%)
1	Poor latch(0-3)	3	4.6
2	Moderate latch(4-7)	24	36.9
3	Good latch(8-10)	38	58.5
	Total	65	100

MINIMUM SCORE=0   MAXIMUM SCORE=10

Table 4.3: depicts that majority of mothers 38(58.5%) had practice score more than 50 which indicates good latch (practices) regarding breastfeeding whereas 3 mothers i.e. (4.6%) are having poor i.e. poor practices

GRAPH 4.2: BAR GRAPH SHOWING PERCENTAGES OF PRACTICES SCORE REGARDING BREASTFEEDING AMONG C-SECTION MOTHERS.
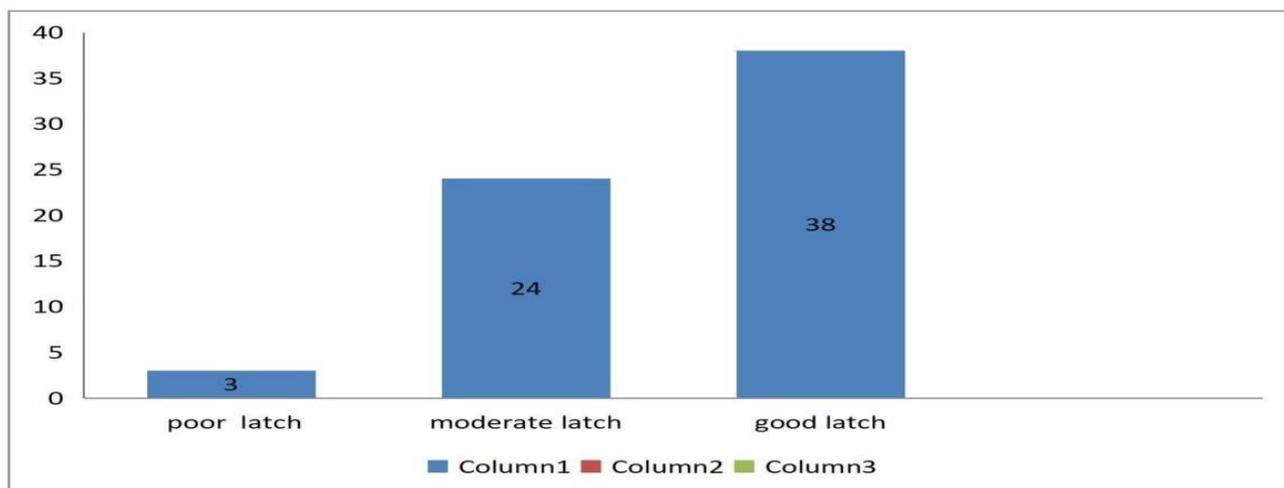
SECTION IV

Association of level of knowledge regarding breast feeding among C- section mothers with selected demographic variables.

The data presented in the table 4.4 indicate that the computed chi-square value between the level of knowledge and selected demographic variable area (0.021) was found to be statically significant at <0.05 level of significance whereas, it was found be non-significant for age (0.783), education (0.422), occupation (0.77), parity (0.64), birth weight (0.688),dietary pattern (0.155), previous knowledge about breast feeding techniques(0.893), number of previous children (0.684).

SECTION V

Chi square showing association of practices regarding breastfeeding among C-section mothers with selected demographic variables .

The data presented in the table 4.5 indicates that the computed chi-square value between practices score and demographic variables in terms of education (0.06) was found to be statistically significant at<0.05 level of significance. while it was found to be non-significant in term of age(0.124),area(0.216),occupation(0.529) parity(0.314),birth weight(0.481), dietary pattern (0.276),previous knowledge of breastfeeding techniques(0,714),number of previous children (0.497).

Recommendations

• A study to assess the opinion of working breastfeeding mothers regarding exclusive breastfeeding.
• A study to assess and compare the knowledge and practices of primigravida and multigravida mother.
• A study to assess the attitude regarding breastfeedin

REFERENCES

1. Pérez-Escamilla, Rafael et al. Breastfeeding: crucially important, but increasingly challenged in a market-driven world. The Lancet. Feb 11, 2023, Volume 401, Issue 10375, 472 - 485
2. https://www.who.int/health-topics/breastfeeding- 2024 WHO
3. Dieterich CM, Felice JP, O'Sullivan E, Rasmussen KM. Breastfeeding and health outcomes for the mother-infant dyad. Pediatr Clin North Am. 2013 Feb;60(1):31-48
4. AlThuneyyan DA, AlGhamdi FF, AlZain RN, AlDhawyan ZS, Alhmly HF, Purayidathil TS, AlGindan YY and Abdullah AA (2022) The Effect of Breastfeeding on Intelligence Quotient and Social Intelligence Among Seven- to Nine-Year-Old Girls: A Pilot Study. Feb 18, 2022.
5. Taylor RB, Cameron K. Breastfeeding. Reviewed by Begum J. Webmd. Dec 14, 2023
6. Hassan HE, EL-Kholy GA , Ateya AA , Hassan AA. Breast Feeding Knowledge and Practices Among Primiparous Women with Caesarean Section: Impact on Breast Engorgement in Upper Egypt. International Journal of Health and Biological Sciences. June15, 2019. Vol. 2(3), Pg No:16-41
7. Wen J, Yu G, Kong Y, Liu F, Wei H. An exploration of the breastfeeding behaviors of women after cesarean section: A qualitative study. International Journal of Nursing Sciences. Oct, 2020. Vol. 7(4). Pg No: 419-426
8. Shah S, Dhakal P, Shrestha D. Knowledge and Practice Related to Breastfeeding among Caesarean Section Mothers of BPKIHS, Dharan, Nepal. International Journal of Health Sciences and Research. Feb 23, 2016. Vol. 6(3). Pg No: 213-218