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## A study to assess the breastfeeding self-efficacy among primi mothers in NMCH, Nellore

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**Abstract**

**Background:** Early and frequent breast feeding is extremely important for establishing breast feeding. Studies show that the more the first breast feeding are delayed, the higher the rate of problems (Mather 2008) similarly, frequent breast feeding (every 2-3 hours or so) in the first day is very important in helping the mature milk to come in more quickly.<sup>1</sup>

**Objectives:** To assess the breastfeeding self-efficacy among primi mothers. 2. To associate the breastfeeding self- efficacy among primi mothers with their socio demographic variables.

**Methods:** 30 primi mohers were selected using descriptive design with purposive sampling technique.

**Results:** The level of Breastfeeding self-efficacy among primi mothers, 22(73%) had good self-efficacy, 8 (27%) had average self-efficacy and none of them had poor self-efficacy about breast feeding.

**Keywords:** Breastfeeding, self-efficacy, primi mothers

**Introduction**

“Breastfeeding is a mother's gift to herself, her baby and the earth.” - Pamela K. Wiggins  
Early and frequent breast feeding is extremely important for establishing breast feeding. Studies show that the more the first breast feeding are delayed, the higher the rate of problems (Mather 2008) similarly, frequent breast feeding (every 2-3 hours or so) in the first day is very important in helping the mature milk to come in more quickly <sup>[2]</sup>.<sup>2</sup> Problems associated with breast feeding during hospitalization are unsuccessful lactating on, positioning problems, and the perception that the milk supply is inadequate, sore and damaged nipples, dermatitis, mastitis, breast engorgement, inverted nipples. Early initiation of breast feeding would decrease common breast feeding problems during hospitalization <sup>[3]</sup>. Breast feeding Promotion Network of India (BPNI) 2002, says, infants aged (0-5) months who are not breastfed have seven fold and fivefold increased risk of death from diarrhea compared with infants who are exclusively breastfeed <sup>[4]</sup>.

The 10<sup>th</sup> five year plan of Government of India (2003-2007) had set a target to increase exclusive breast feeding rate to 80% during first 6 months from the current level of around 40.5% and increased rate initiation of breast feeding within one hour to 50% from the current level of about 15% and increased rate of complementary feeding from 33.5% to 75% to reduce infant and childhood mortality and improve health and development of infants and young children <sup>[5]</sup>.

**Need for the study**

WHO recommended that, globally over one million new born infants could be saved each year by initiating breast feeding with in the first hour of life? Each year by reducing deaths mainly due to diarrheal disorders and lower respiratory tract infections in children in south Asia, 24-26% of babies born in India are breast feed within first hour of birth. The effect of these breast feeding patterns is reflected in the neonatal mortality rates for 40-50 per 1000 live births. The India's early breast feeding initiation rate is among the less than a quarter of mothers i.e. just 24.5% <sup>[6]</sup>.

A community-based cross sectional study was done in urban slums of Gwalior, India which was planned to understand the determinants of EBF in the infants in urban slums.

The data were collected by interviewing the caregivers of 279 infants aged between 6 and 11 months from November 2005 to July 2006. Only 11 (3.8%) mothers knew that EBF should be done till six months and 22 (7.8%) actually practiced EBF. A total of 178 (63.8%) and 212 (76.0%) newborns were given pre- and post-lacteal feeds with 26.2% discarding colostrum. Only 22 (7.8%) practiced EBF. The early breastfeeding (BF) initiation, antenatal Clinic (ANC) visits, mothers' education and immunization visits were significantly associated with higher probability of EBF. The correct information about BF was more common amongst the women who had frequent contacts with health facilities due to any reason or during ANC or immunization visit. Similarly, it is the continuum of good health and feeding practices and the mothers who start early BF or get their child immunized regularly are more likely to EBF their children [7].

A study on breastfeeding and newborn care practices in rural areas and the factors affecting the initiation and duration of breastfeeding in primary health care center (PHC) that is attached to a medical college in Kengeri, Bangalore, Karnataka, India among mothers with children who were 9 months old who came to the PHC for measles vaccination were included in the study and data was collected using the pre-tested questionnaire on breastfeeding and newborn practices. Results shows 97% of the mothers initiated breastfeeding, 19% used pre lacteal feeds, 90% had hospital deliveries and 10% had home deliveries, and 50% used a house knife to cut the umbilical cord among home deliveries. The author conclude that the need for breastfeeding intervention programs especially for the mother during antenatal and postnatal check-ups and practices like discarding the colostrum and early / late weaning are still widely prevalent and need to be addressed [8].

**Statement of the Problem**

A Study to assess the Breastfeeding self-efficacy among Primi mothers in NMCH, Nellore.

**Objectives**

- To assess the breastfeeding self-efficacy among primi mothers.
- To associate the breastfeeding self- efficacy among primi mother with their socio demographic variables.

**Assumptions**

- Primi mothers have some knowledge regarding breast feeding.
- Primi mothers are not aware of proper techniques of breast feeding.
- Primi mothers knowledge will vary in breast feeding practice according to socio cultural factors.
- Knowledge varies from individuals to individuals.

**Delimitations**

- The study is delimited to primi mothers in selected villages, Nellore only.
- A sample size of 30 primi mohers.
- 3 weeks of data collection duration only.

**Materials and Methods**

**Research Approach:** Quantitative Research Approach

**Research Design**

The research design adopted for this study was descriptive design

**Setting of the Study**

The study was conducted in postnatal ward, Narayana Medical College Hospital, Nellore

**Population**

The population for the present study includes of primi mothers.

**Target Population**

Primi mothers who are admitted in Narayana general hospital and Narayana super specialty hospital.

**Accessible Population**

Primi mothers in Narayana Medical College Hospital, Nellore.

**Sample**

The samples for the present study include the all primi mothers admitted in postnatal ward in Narayana Medical College Hospital, Nellore.

**Sampling Technique**

The convenience sampling technique was adopted to select subjects.

**Sample Size**

The sample size of the study was 30 primi mothers.

**Criteria for Sample Selection**

**Inclusion Criteria:**

- Primi Mothers who underwent normal vaginal delivery and LSCS.
- Primi mothers with age group of between 20 -35 years.

**Exclusion Criteria**

- Primi Mothers who are not willing to participate in the study.
- Primi mothers who cannot read and speak Telugu or English.

**Description of the Tool**

**Part-I:** It Deals With Socio Demographic Variables: Age, educational qualification, family income, religion, type of family, sources of health information and habits.

**Part-II: Observation checklists** to assess the breastfeeding techniques and positions.

It consists of 24 items.

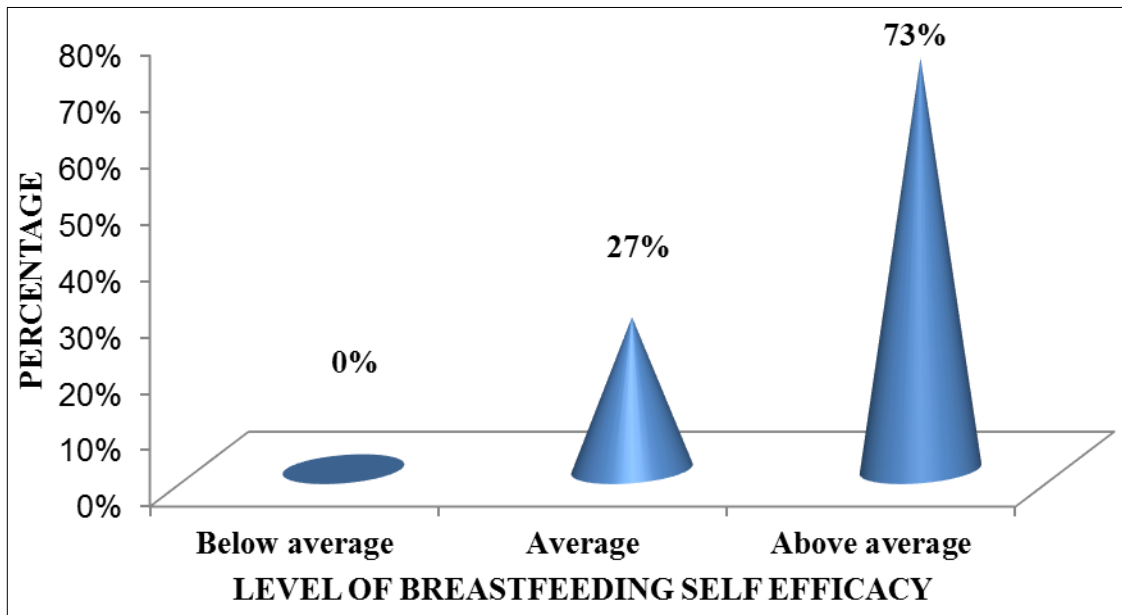
**Score Interpretation**

Criteria	Score
Below average	0-8
Average	9-16
Above average	17-24

**Results & Discussion**

**Table 1:** Frequency and percentage distribution of Breastfeeding self-efficacy among primi mothers (N = 30)

S. No	Level of Breastfeeding self-efficacy	Frequency (F)	Percentage (%)
1	Below average	-	-
2	Average	8	27
3	Above average	22	73



**Fig 1:** Frequency and percentage distribution of breast feeding self-efficacy among primi mothers.

**Table 2:** Mean and Standard deviation of breastfeeding self-efficacy among primi mothers. (N= 30)

Category	Mean	Standard deviation
Primi mothers	17.3	1.17

**Table 3:** Association between the breastfeeding self-efficacy among primi mothers with their selected socio demographic variables. (N= 30)

S. No	Variables	Below average		Average		Above average		Chi-Square
		F	%	F	%	F	%	
1.	<b>Occupation</b>							
	a. House wife	9	30	18	60	2	7	C = 8.41
	b. coolie	-	-	-	-	1	3	T= 5.99
	c. Employees	-	-	-	-	-	-	df=2 P<0.05 S*
2.	<b>Residence</b>							
	a. Urban	5	17	18	60	1	3	C = 8.34
	b. rural	4	13	-	-	2	7	T= 5.99
								df=2 P<0.05 S*

**Major findings of the study**

- The level of Breastfeeding self-efficacy among primi mothers, 22(73%) had good self-efficacy, 8 (27%) had average self-efficacy and none of them had poor self-efficacy about breast feeding.
- The breast feeding self-efficacy mean score was 17.3 and standard deviation was 1.17.
- Regarding association, among all the demographic variables, only occupation and residence had significant association with level of self-efficacy at P<0.05 level.

**Conclusion**

The study concluded that the majority of primi mothers (73%) had good self-efficacy about breast feeding. Still there is a necessary to impart the knowledge regarding importance, benefits, proper positions and techniques of breast feeding. So that there will be good attainment of

neonatal health, thereby reduce the IMR associated with breast feeding issues.

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