

EFFECTIVENESS OF COUNSELLING PROGRAMME ON KNOWLEDGE REGARDING INFANT AND YOUNG CHILD FEEDING PRACTICES AMONG MOTHERS OF SELECTED AREA OF JAIPUR, RAJASTHAN

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Abstract

Health is an essential factor for a happy contented life. If children are healthy, future generation will be healthy resulting in a healthy nation. One of the important factors in determining a child's health is the pattern of his growth and development, which extends throughout his life cycle. The growth and development of the infant depends on good maternal nutrition, adequate breast feeding and appropriate complementary feeding. The present study conducted to assess effectiveness of counselling Programme on knowledge regarding Infant and Young Child Feeding Practices among mothers Methods: 60 mothers of children one group pretest and posttest pre-experimental design, and Implementation of counseling programme on knowledge regarding infant and young child feeding practices. Parameters of knowledge assessment prepared by researcher were recorded as poor, Average, good, Excellent. The data presented in the pretest most of the mothers had average level of knowledge score 65.00%, 28.33% had good level of knowledge level, 05% had poor level of Knowledge level, and 1.67% mothers had excellent level of Knowledge score. pretest level score was in the range 23-04 and mean is 17.60 and SD was 3.06. Posttest level score was in the range 29-12 and mean 24.83 and SD 2.38, The difference was significant ($P < 0.05$) paired "t" value was 3.39 against tabulated value 2. There was improvement in all parameters of knowledge score among mothers. Hence can be concluded that counselling Programme has great impact on knowledge level of mothers.

Keywords: Health, Children, Growth, Counselling, Feeding

"Children are the wealth of tomorrow; take care of them if you wish to have a strong India ever ready to meet various challenges."

- Jawaharlal Nehru

INTRODUCTION

"You become what you eat! Food we eat influences our memory, comprehension, thinking, judgment, intellect, and emotions"

- Meharban Singh

The joyous moment of birth comes not only after many hours of difficult time during labor but also at the end of nine months waiting and preparation for the babies' arrival. Not surprisingly, the majority of mothers experience a tremendous sense of physical relief and emotional excitement when the baby is finally born. Immediately after delivery the few hours are very important for the mother and baby. Early initiation of breast feeding helps to develop a bond between the mother and baby. It ensures secretion of colostrums which is highly nutritious, prevents neonatal infection and reduces risk of hospitalization in newborn period, reduces maternal postpartum bleeding,

stimulates contraction and expulsion of Placenta and helps to establish breast feeding successfully. Every pregnant woman must be prepared to breast feed her baby during her pregnancy. The first year of life of newborn is crucial in laying the foundation of good health. To ensure the survival of healthy development of newborn child into a future adult certain specific biological and psychological needs must be met, at this time breast feeding is the ideal method suited for the psychological needs of the infant.

International guidelines recommended exclusive breastfeeding for the first six months based on scientific evidence of the benefits for infant survival, growth and development. Breast milk provides all the energy and nutrients that an infant need during the first six months. Exclusive breastfeeding reduces infant deaths caused by common childhood illness such as diarrhea and pneumonia, fastens recovery during illness and helps space births.

The term “to wean” comes from an ancient phrase that means “to accustom to” So, weaning refers to the period during which an infant gradually becomes accustomed to food other than milk. Weaning means addition or introduction of semi-solid foods along with continuation of breast feeding as long as possible. The term ‘Weaning’ describes the process by which baby moves or shifts from having breast milk to consuming semi-solid or solid foods with a gradual reduction in the intake of breast milk and baby formula.

In the strictest sense of the word, weaning means getting a baby used to drinking milk from a cup instead of sucking milk from the breast or bottle in the broader sense, it also means getting the baby used to taking food by biting and chewing instead of only by sucking Weaning is now discarded in favor of the phrase complementary feeding. To make weaning an easy adjustment for a baby, it should be done gradually step by step.

REVIEW OF LITERATURE

Review related to knowledge and practices of mothers regarding breast feeding and complementary feeding:

Sachdev et al (2004): This study reports that exclusive breast feeding until 6 months of age was practiced by 307 mothers (61.3%), 158 infants (31.5% were partially fed and 36(72%) were receiving no breast milk, insufficient milk supplies inferred from the infant’s crying, was the reason given for breast milk supplementation by 52.3% of mothers who initiated this practice, among mothers who had totally weaned their infant, 28% cited breast rejection by the baby as the cause. These findings suggest a need for educational campaigns aimed at supporting breast feeding mothers especially those who perceive their milk supply to be inadequate.

Gottlieb et al(2004): This study concluded that HIV-positive women who did not know their status made incorrect decisions with respect to infant feeding. These women may have suspected themselves to be HIV-positive and consequently underfed their infants or because these women were more symptomatic may have been less likely to breastfeed, decreased intake may increase the risk for malnutrition. Knowledge of HIV status may influence infant feeding decisions and reveal an urgent need to address infant feeding practices of pregnant women in Zimbabwe.

Kaushalet al (2005) : conducted a study to evaluate the knowledge of mothers and grandmothers

regarding breast feeding and health –seeking behaviour for neonatal sickness in a rural community New Delhi. A cross-sectional survey structured questionnaire method was used. Most of grandmothers and mothers believed in early feeding within 2 hours of delivery, they often administered pre lacteal feeds such as ghutti and honey. The results of the study indicated that knowledge regarding desirable breast-feeding practices was inadequate and quite a few in appropriate beliefs were widely prevalent.

Kumar et al (2006): conducted a cross sectional study on socio demographic correlates of breast feeding in urban slums of Chandigarh among 270 mothers. The study revealed that out of all 270 159 (58.9%) initiated breast feeding only, 43(15.9%) discarded colostrum and 108(40.01%) mothers gave pre lacteal feed. Illiterate/just literate mothers who delivered at home were found at high risk of delay in initiation of breast feeding. The study concluded that there is an urgent need of promotion of institutional deliveries and health education to mothers for protecting and promotion of breast-feeding practices.

Yadannavar C (2010) conducted a cross sectional study among 240 mothers having children < 2 years of age attending rural field practice area of shri B M Patil medical college, Bijapur during september 2010, in which, 61.29% of the mothers started weaning after 6 months of birth and 9.67% started weaning after 1 year of birth. Shorter duration of breastfeeding was observed among mothers with higher socioeconomic status. 81.9% mothers had no knowledge about exclusive breastfeeding and only 13.36% mothers practiced almost exclusive breastfeeding up to 4 months.

Dakshayani B et al(2008) conducted a study “Complementary feeding practices among the Hakkipikkis : A tribal population of Mysore District, Karnataka showing that nearly 48% of the mothers initiated complementary feeding during 6 to 9 months. Then 26.4% in 4 to 6 months, 7.2% in 9 to 12 months, 11.2% at 12th month and 7.2% after 12 months of age.40

Singh M.B., Haldiya K.R., et al 1997 conducted a study on “Infant feeding and weaning practices” in semi-arid rural areas of Rajasthan. The findings have been drawn from 328 rural mothers. They practiced weaning at 27 months which not only affects the health status of mothers and their children but also leads to under nutrition. The findings of the study necessitate to evolve an exhaustive educative programme dealing with various aspects of infant feeding and weaning practices.

Shazia Memon, et.al(2008) conducted a cross sectional survey to assess the practice and knowledge of mothers regarding breast feeding, complimentary feeding, and to find out socio-economic correlates of feeding practices at paediatric department of Liaquat University Hospital (LUH) from Jan-Dec 2008. During that period 500 mothers with children less than 24 months were included. Infant feeding patterns were assessed in relation to recommendations and household socio-economic factors by an Interview Technique. Out of 500 mothers, 8.4% started exclusive breast feeding (EBF) while Pre-lacteal use was seen in 31.6%. Regarding the duration 52.2% mothers continued breast feeding for 2 years. Median duration of EBF was 3.5 months. It was seen that 60% of the 0–5-month-old infants breastfed 8 or more times per day. However, exclusiveness of breast feeding decreased from 60% at (0-2 months) to 40% (3-5 months). Majority 64.2% were poor and 61.5% had no education. There is a statistically significant difference in feeding practices of

educated and uneducated ($P < 0.0001$) and also in poor and middle class mothers ($P < 0.0003$). Regarding, age of their last born babies, 180 babies were under 6 months, and 320 were 6 to 23 months of age. The knowledge about complimentary feeding (CF) was inadequate. Around 21% of 2-3 months old babies received complementary food and 19% of 6-8 month-olds were only breastfed. In 78% mothers CF was advised by family members while in 23% mothers by doctors.

MATERIALS AND METHODS

The investigator adopted King's Goal Attainment theory (1981) as a basis for conceptual framework which is aimed to counselling method on knowledge of mothers regarding infant and young child feeding and to find out the effectiveness & provision of counselling by assessing the mothers knowledge before and after counselling is given.

The present study was conducted among 60 mothers in selected area of Jaipur. Enrolment of mothers was done after obtaining their consent and assurance . Demographic data of all mothers was recorded. Mothers were prescribed pretest questioner of regarding Infant and Young Child Feeding Practices, prepared by investigator, and expert opinion from well-experienced faculties of reputed institute across the India, In attempts to develop knowledge assessment that would be applicable cross-culturally. after that treatment of counselling programme of regarding Infant and Young Child Feeding Practices, was given . After treatment of 7 days posttest was done. Results thus obtained were subjected to statistical analysis. "t" value (3.39) was greater than the table value 2. Hence the research hypothesis was accepted at 0.05 level of significance.

RESULT

Table-1 Percentage distribution of level of knowledge on infant and young child feeding practices.

S. No.	Level of knowledge	Range of score	Pre test		Post test	
			Frequency (N=60)	Frequency %	Frequency (N=60)	Frequency %
1	Poor	0-7	3	5.00%	0	0.00%
2	Average	8-15	39	65.00%	2	3.33%
3	Good	16-23	17	28.33%	16	26.67%
4	Very good	24-30	1	1.67%	42	70.00%

Table :2 Significance difference between pre-test and post-test knowledge scores

S. No.	Test	Score	Mean	SD	Standard Error	Mean Difference	d.f. (N=60)	't' table	
								Calculated value	Tabulated value
1	Pre	23	17.6	3.06	2.13	7.23	59	3.39	2
2	Post	29	24.83	2.38					

Table: 2 describe the comparison of knowledge score on infant and young child feeding practices before and after intervention. The post-test mean score was significantly higher than the pre- test mean score. The tabulated value of t' score at 3.39% level of significance and 59 degrees of freedom is 2 and the table value was less than the calculated' value (3.39) which represents the significant gain in knowledge through counselling program. Thus it suggests that the counselling has been effective in increasing the knowledge of mothers about infant and child feeding practices ($p < 0.05$)

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The calculated chi-square values of variables age, number of children, and qualifications in pre-test knowledge on infant and young child feeding practices were greater than the tabulated value, so there is significant association between the knowledge scores and these variables at the 0.05 level of significance. Hence the null hypothesis is rejected.

CONCLUSION

The objective includes obtaining answers to the research question, on testing the research hypotheses, but may also encompass some broad aims like developing recommendation for changes to nursing practice based on the study result. Specific achievable objectives provide the researcher with clear criteria against which the proposed method can be assessed.

AIM

Aim of the present study is to increase the knowledge of the mothers and evaluate the effectiveness of Counselling on knowledge regarding infant and young child feeding practices among mothers.

OBJECTIVES

1. To assess the knowledge regarding infant and young child feeding practices among mothers.
2. To evaluate the effectiveness of counselling programme on knowledge regarding infant and young child feeding practices among mothers.
3. To find out the association between the pretest knowledge score of mothers regarding infant and young child feeding practices and their selected demographic variables.
 - Make sure children's immunization schedules are complete by 1 year of age.
 - Use ORT to rehydrate children during diarrhea.
 - Give liquid iron supplements daily (12.5 mg/ day) to infants 6 months to 1 year of age if daily vitamin-mineral supplements or iron-fortified foods are not being given. If the prevalence of anemia is known to be very high (40 percent or more), continue supplementation until 24 months of age. For low birthweight infants, start supplementation at 2 months.
 - Give semi-annual, high-dose vitamin A supplements after 6 months (100,000 IU for infants and 200,000 IU for children 12 months and older) in areas where vitamin A deficiency occurs.
 - Seek appropriate health care for fever, diarrhea, respiratory infections, malaria, hookworm, and other infections.
 - Encourage children's psycho-social development by providing them with opportunities for exploration and autonomy.
 - Ensure adequate maternal nutrition and micronutrient status to improve women's health and support optimal breastfeeding.
 - Give mothers a high-dose vitamin A supplement (200,000 IU) immediately after delivery or within 8 weeks post-partum in areas where vitamin A deficiency occurs.
 - Practice family planning that does not interfere with breastfeeding to space children and allow for maternal recuperation.

SUMMARY

The findings of the present study were analyzed and discussed with the findings of other similar studies. This helped the investigator to prove that the findings are true and the protocol was effective in improving knowledge.

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