

**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING RISKS OF BOTTLE FEEDING AMONG MOTHERS IN SELECTED AREAS OF MEHSANA CITY**

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**ABSTRACT**

*Death rates in the third world countries are lower among breast fed babies and breastfed babies are having fewer infection than formula fed babies, says Ruth Lawrence, MD, a spokesman for the American paediatrics “And every day between 3000 and 4000 infants die from diarrhoea and acute respiratory infection because of inadequate breast milk given to them 2.UNICEF and WHO recommends that should exclusively breast feed for the first 4 to 6 month of life and continue breast feeding together with weaning food up to and beyond second year of life. DESIGN: A quantitative approach using pre-experimental pre-test post-test design with one group. PARTICIPANTS: 50 mothers were selected using non-probability purposive sampling technique in selected areas of Mehsana city. INTERVENTION: Structured teaching programme was given to the mothers. TOOLS: Self-structured Questionnaire was used to assess the level of knowledge regarding risks of bottle feeding among mothers. RESULTS: The results of the study showed that the mean post-test knowledge score 16.10 was higher than the mean pre-test knowledge score 10.42. The calculated value 15.84 was greater than the table value  $t=2.02$  at 0.05 level of significance. It was also found that, there was no association between pre-test level of knowledge and selected socio-personal variables. This it was proved that structured teaching programme was an effective planned teaching method for improving knowledge of mothers regarding risks of bottle feeding.*

**Keywords** Assess, Effectiveness, Structured teaching programme, Knowledge, Risks of bottle feeding, Mothers.

## INTRODUCTION

God created the earth and this is the only planet where one can experience faith touch affection emotion caring relationship endurance and dedication. Earth is the only planet where one can find the mother and all the above-mentioned aspect are inculcated and hence the life survived on earth. A woman becomes mother when she gives birth to a child who is most precious to her and she whole heartedly shares all the inculcated qualities for holistic development of the child.

Breast feeding is known to be the best way to feed infant by providing the psychological and health benefit to both the mother and child. It is there considered physiologically, biochemically, immunologically and psychologically suited for this. However, there has been a general decline in the practice of breastfeeding both in terms of prevalence and duration in the past few decades.

Death rates in the third world countries are lower among breast fed babies and breastfed babies are having fewer infection than formula fed babies, says Ruth Lawrence, MD, a spokesman for the American paediatrics “And every day between 3000 and 4000 infants die from diarrhoea and acute respiratory infection because of inadequate breast milk given to them UNICEF and WHO recommends that should exclusively breast feed for the first 4 to 6 month of life and continue breast feeding together with weaning food up to and beyond second year of life.

Most often mothers find problems when bottle feeding their infants. Some of these problems are minor and can be rectified easily and with not much fuss and hassle. However, for major and health problems, your doctor should be the first one to be contacted. It is good to get educated before you start feeding your child and this should be from a reliable and good source. Do not forget that although breastfeeding is said to be natural and good since many years, it lacks some important ingredients for the right growth of mind and body of the infant. These are added to the formula feed as they are prepared scientifically and contain measured ingredients. Common types of the bottle-feeding problems.

- Turning away from the bottle.
- Gaggling or fussing as the bottle’s nipple nears their mouth.
- Being unable to latch/compress the bottle’s nipple and express milk.
- Chewing on the bottle’s nipple.
- Sputtering or coughing while feeding

Under five children are vulnerable and high-risk group for infection due to malnutrition, lacking of breastfeeding, lack of parental attitude towards health of their children’s etc... So adequate nutrient is vital for growth and development (immunological, psychology development) of under five-year children’s.

## RESEARCH PROBLEM

“A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING RISKS OF BOTTLE FEEDING AMONG MOTHERS IN SELECTED AREAS OF MEHSANA CITY.”

## OBJECTIVES

1. To assess the knowledge regarding risks of bottle feeding among mothers in selected areas of Mehsana city.
2. To evaluate the effectiveness of structured teaching programme on knowledge regarding risks of bottle feeding among mothers in selected areas of Mehsana city.
3. To find out the association between knowledge regarding risks of bottle feeding with their selected demographic variable.

## MATERIAL & METHODS

Quantitative research approach and pre-experimental one group pre-test and post-test design was adopted to accomplish the study objective. Purposive sampling technique was used to select 50 mothers from selected area of Mehsana city. Permission was taken from the nagarpalika of Mehsana city. The researcher approached the mothers who comes to under the selected area of Mehsana city. A sampling frame was prepared for those who fulfil the inclusive criteria of current study. Researchers explained the main aim of the study.

**The finding of the study are presented in four section and are as follows.**

**SECTION-A:** Distribution of demographic variables of knowledge of mothers risks of bottle feeding.

- Frequency & percentage distribution of demographic variable of risks of bottle feeding among mothers experimental group.

**SECTION-B:** Assess the risks of bottle feeding among mothers before & after structured teaching programme in experimental group.

- Frequency and percentage distribution of pretest & posttest score risks of bottle feeding among mothers.

**SECTION-C:** Evaluate the effectiveness of structured teaching programme regarding risks of bottle feeding among mothers in experimental group.

- Comparison of pre-test and post-test knowledge score of mothers regarding risks of bottle feeding.

**SECTION-D:** Find out the association between levels of pre-test knowledge regarding risks of bottle feeding among mothers in selected demographic variable in experimental group.

- Chi square pretest score risks of bottle feeding among mothers demographic variable.

Towards the attainment of above objectives the raw data were collated and they were presented in tabular &

graphical from for statistical analysis in subsequent page.

### SECTION-A

#### ANALYSIS AND INTERPRETATION OF THE DEMOGRAPHIC DATA OF THE SAMPLE

**Table-1:- Frequency & percentage distribution of demographic variable of risks of bottle feeding among mothers.**

[N=50]

SR N0	PERSONAL DATA		FREQUENCY (F)	PERCENTAGE (%)
1.	Age	<21year	4	8%
		21-25 year	11	22%
		26-30 year	29	58%
		above 30 years	6	12%
2.	Religion	Hindu	50	100%
		Muslim	00	00%
		Christian	00	00%
		Other	00	00%
3.	Education of mother	Illiterate	14	28%
		Primary	11	22%
		Secondary	13	26%
		Graduate	12	24%
4.	Occupation	House wife	19	38%
		Teacher	7	14%
		Seller	14	28%
		Other	10	20%
5.	Family income	< 5000	3	06%
		5001-10000	12	24%
		10001-15000	19	38%
		> 15000	16	32%
6.	Marital status	Married	50	100%
		Divorced	00	00%
		Separated	00	00%
		Widow	00	00%
7.	Type of	Nuclear	8	16%

	family	Joint	13	26%
		Extended	16	32%
		Single parents	13	26%
8.	Disability of mother	Physical	00	00%
		Hearing	00	00%
		Visual	00	00%
		Other	50	100%
9	Any breast surgery	Yes	00	00%
		No	50	100%
10	Previous Knowledge	Yes	13	26%
		No	37	74%

Table-1: reveals that out of 50 respondents under study,

**AGE:** - Regarding age, categories of the respondents has been divided into four different categories. Among 4(8%) belongs to age group of <21 years, 11(22%) belongs to age group of 21-25 years, 29(58%) belongs to age group of below 26-30 years, 6(12%) belongs to age group of above 30 years. **RELIGION:** - As regard to Religion, 50(100%) were Hindu. **EDUCATION OF MOTHER:** - Regarding mother education, categories of the respondents has been divided into four categories. As regard to Education of sample 14(28%) were illiterate, 11(22%) were primary educated, 13(26%) were secondary educated and 12(24%) were graduate. **OCCUPATION:** - Regarding occupation, categories of the respondents has been divided into four categories. As regard to occupation of mother 19(38%) were house wife, 7(14%) were teacher, 14(28%) were seller and 10(20%) were other. **FAMILY INCOME:** - Regarding family income, categories of the respondents has been divided into four categories. As regard to Family income of sample 3(6%) were <5000, 12(24%) were 5001-10000, 19(38%) were 10001-15000 and 16(32%) were above 15000. **MARITAL STATUS:** - As regard to marital status of sample 50(100%) have married. **TYPE OF FAMILY:** - Regarding type of family, categories of the respondents has been divided into four categories. As regard to Type of family 8(16%) were Nuclear, 13(26%) have Joint, 16(32%) have extended family and 13(26%) were single parents. **DISABILITY OF MOTHER:** - As regard to disability of sample 50(100%) have other or no any disability. **ANY BREAST SURGERY:** - As regard to breast surgery 50(100%) have no breast surgery. **PREVIOUS KNOWLEDGE:** - Regarding previous knowledge, categories of the respondents has been divided into two categories. As regard to Previous knowledge 13(26%) were yes previous knowledge regarding risks of bottle feeding, 37(74%) have no previous knowledge regarding risks of bottle feeding.

## SECTION-B

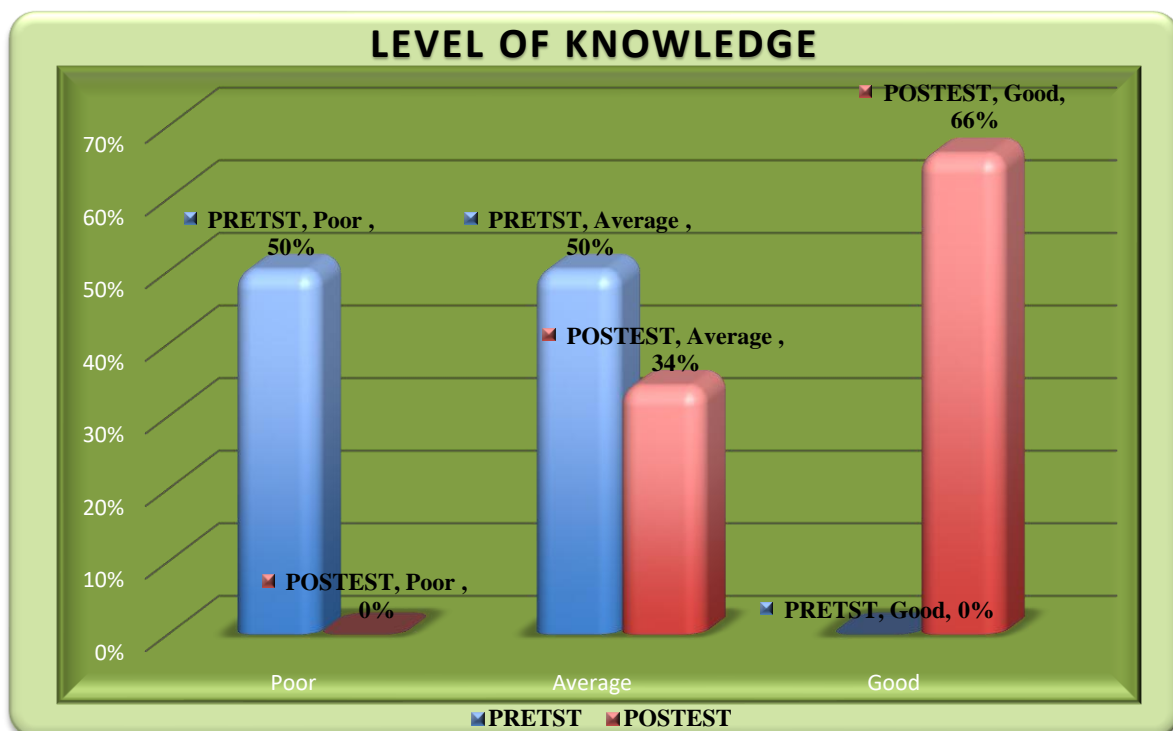
Assess the risks of bottle feeding among mothers before & after structured teaching programme in experimental group.

**Table 2:-** Frequency and percentage distribution of pretest & posttest score risks of bottle feeding among mothers.

N-50

Sr.no	Level of knowledge	Pre-test		Post-test	
		F	%	F	%
1	Poor	25	50%	00	00%
2	Average	25	50%	17	34%
3	Good	00	00%	33	66%

Data in **Table-2** shows that prior to the administration of structured teaching programme, (50%) of the sample had poor knowledge (score: 0-10) regarding risks of bottle feeding. While average (score: 11-15) was observed in 50% of the sample and 00% have good knowledge (score 15-20). In the post-test there was marked improvement in the knowledge of the sample with majority (34%) gained average knowledge and (66%) gained good knowledge.



**Figure 1:-** Bar diagram showing percentage distribution of the sample according to the pre-test and post-

test level of knowledge.

## SECTION-C

Evaluate the effectiveness of structured teaching programme regarding risks of bottle feeding among mothers in experimental group.

**Table 3:- Comparison of pre-test and post-test knowledge score of mothers regarding risks of bottle feeding.**

N-50

Test	Mean	S.D.	Mean percentage difference	Calculate Paired 't' value	Table value (0.05)	Level of significance
Pretest	10.42	1.99	28.40%	15.84	2.02	S
Posttest	16.10	1.52				

**Significant at  $p \leq 0.05$  level**

The above table reveals that mean score on pre-test knowledge is  $10.42 \pm 1.99$ . Whereas in post-test mean score is  $16.10 \pm 1.52$  which reveals the difference in mean percentage is 28.40%. The 't' value is 15.844 which is greater than the table value 2.02. Hence the research hypothesis H1 is accepted at  $p \leq 0.05$  level. Thus, it becomes evident that structured teaching programme is effective in improving the knowledge regarding risks of bottle feeding among Mothers.

Find out the association between levels of pre-test knowledge regarding risks of bottle feeding among mothers in selected demographic variable in experimental group.

**Table 4:- Chi square between post-test scores of risks of bottle feeding among mothers demographic variables.**

Sr. No	Demographic Variable	Level of knowledge			d.f.	Tb value	Chi square test $\chi^2$	Significant
		Poor	Average	Good				
1	Age a) <21year b) 21-25 year c) 26-30 year d) above 30	3	1	0	3	7.81	2.68	NS
		5	6	0				
		13	16	0				
		4	2	0				



2	<b>Religion</b> a) Hindu b) Muslim c) Christian d) Other	25	25	0	0	0	0	NS
		0	0	0				
		0	0	0				
		0	0	0				
3	<b>Education of mother</b> a) Illiterate b) Primary c) Secondary d) Graduate	9	5	0	2	7.81	9.33*	S
		5	6	0				
		3	10	0				
		8	4	0				
4	<b>Occupation</b> a) House wife b) Teacher c) Seller d) Other	9	10	0	3	7.81	2.93	NS
		4	3	0				
		5	9	0				
		7	3	0				
5	<b>Family income</b> a) < 5000 b) 5001-10000 c) 10001-15000 d) > 15000	2	1	0	3	7.81	1.05	NS
		6	6	0				
		8	11	0				
		9	7	0				
6	<b>Marital status</b> a) Married b) Divorced c) Separated d) Widow	25	25	0	0	0	0	NS
		0	0	0				
		0	0	0				
		0	0	0				
7	<b>Type of Family</b> a) Nuclear b) Joint c) Extended d) Single Parents	5	3	0	3	3.84	0.90	NS
		6	7	0				
		7	9	0				
		7	6	0				
8	<b>Disability of mother</b> a) Physical	0	0	0	0	0	0	NS
		0	0	0				



	b) Hearing c) Visual d) Other	0 25	0 25	0 0				
9	Any breast surgery a) Yes b) No	0 0	0 0	0 0	0	0	0	NS
10	Previous Knowledge a) Yes b) No	9 16	4 21	0 0	1	3.84	4.59*	S

Key (S.F. =SIGNIFICANT, NS= NOT SIGNIFICANT, D.F. = Degree of freedom)

**Table 4** shows that the association between knowledge and selected demographic variable. Based on the Third objectives used to Chi-square test used to associate the level of knowledge and selected demographic variables. The Chi-square value shows that there is a significance association between the knowledge and demographic variables such as education and Previous Knowledge. There is a no significance association between the knowledge and any other demographic variables the calculated chi-square values were less than the table value at the 0.05 level of significance.

## DISCUSSION:

This chapter deals with the discussion which was based on the findings obtained from the statistical analysis and its relation to the objective of the study, theoretical framework and the literature review.

## CONCLUSION:

This study can be drawn that a structured teaching programme was found to be effective in enhancing the knowledge regarding risks of bottle feeding. Analysis of data showed that there was significant difference between pre-test and post-test knowledge.

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