

**DISSERTATION ON  
EFFECTIVENESS OF VIDEO ASSISTED PROGRAMME ON  
KNOWLEDGE AND ATTITUDE REGARDING EXCLUSIVE  
BREAST FEEDING AMONG PRIMI MOTHERS IN  
POSTNATAL WARD AT INSTITUTE OF OBSTETRICS AND  
GYNAECOLOGY AND GOVERNMENT HOSPITAL FOR  
WOMEN AND CHILDREN, CHENNAI.**

**M.SC. (NURSING) DEGREE EXAMINATION  
BRANCH –III OBSTETRICS AND GYNAECOLOGICAL NURSING**

**COLLEGE OF NURSING  
MADRAS MEDICAL COLLEGE, CHENNAI-03.**



*A dissertation submitted to*  
**THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY,  
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*In partial fulfillment of the requirement for the award of the degree of*  
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## **CERTIFICATE**

This is to certify that this dissertation titled, **“EFFECTIVENESS OF VIDEO ASSISTED PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING EXCLUSIVE BREAST FEEDING AMONG PRIMI MOTHERS IN POSTNATAL WARD AT INSTITUTE OF OBSTETRICS AND GYNAECOLOGY AND GOVERNMENT HOSPITAL FOR WOMEN AND CHILDREN, CHENNAI”** is a bonafide work done by **G.SARALA**, M.Sc (N) II year student, College of Nursing, Madras Medical College, Chennai 3, submitted to The Tamil Nadu Dr. M.G.R Medical University, Chennai, in partial fulfillment of the requirement for the award of the degree of **MASTER OF SCIENCE IN NURSING, BRANCH-III OBSTETRICS AND GYNAECOLOGICAL NURSING** under our guidance and supervision during the academic period from 2016 – 2018.

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## **ABSTRACT**

**INTRODUCTION:** Breast feeding is the best natural feeding and breast milk is the best milk. The basic food of infant is mothers milk. It meets the nutritional as well as emotional and psychological needs of the infant. The study was conducted to “assess the Effectiveness of video assisted programme on Knowledge and attitude regarding exclusive Breast feeding among primi mothers at Institute of Obstetrics and Gynaecology and Government Hospital for women and children,Chennai”.

**OBJECTIVES OF THE STUDY:** To assess the pretest and post test level of knowledge and attitude regarding exclusive breast feeding among primi mothers,to evaluate the effectiveness of pre and post test level of knowledge and attitude regarding exclusive breast feeding among primi mothers and to determine the association and correlation between knowledge and attitude regarding exclusive breast feeding with selected demographic variables.

**METHODS AND MATERIALS:** 60 samples were selected by using purposive sampling technique. Data were collected from the primi mothers using a semi - structured questionnaire before and after the implementation of the video assisted program. The data were tabulated and analyzed by descriptive and inferential statistics research design is Pre Experimental design

**RESULT:** The study result showed, there was a significant difference between the pre-test and post-test level of knowledge and attitude regarding exclusive breast feeding. The obtained t – value (19.67) was greater than the table value at 0.05 level of significance.

**CONCLUSION:** This study concluded that after video teaching programme the primi mothes in postnatal ward gained more knowledge and attitude for the primi mothers with exclusive breast feeding ,further study is based on the quality of life after teaching video assisted programme were recommended.

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## ABBREVIATION

<b>WHO</b>	World Health Organization
<b>SD</b>	Standard deviation
<b>DF</b>	Degree of freedom
<b>VAP</b>	Video Assisted Program
<b>EBF</b>	Exclusive Breast Feeding
<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>AAP</b>	American Academy of Pediatrics
<b>US</b>	United Nations
<b>GHO</b>	Global Health Observatory
<b>BFHI</b>	Baby Friendly Hospital Initiative
<b>HIV</b>	Human Immunodeficiency Virus
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission



# CHAPTER-I INTRODUCTION

*“I am very thirsty and hungry  
Don't give me sugar water,  
But give me soon  
My mother's milk, as  
My Birth right.*

*-Maharban Singh*

Breast feeding is the best essential feeding and breast milk is the best milk. The basic food of infant is mother's milk is the most effective way to provide a baby with a carrying environment and complete food. It meets the nutritional as well as emotional and psychological needs of the infant.<sup>1</sup>

Exclusive breastfeeding (EBF) is defined as “an infant's consumption of human milk with no supplementation of any type (no water, no juice, no non human milk, and no foods) except for vitamins, minerals, and medications until six months” . EBF for six months is important for both infant and maternal health. Infants who are not exclusively breast feeding are more likely to develop gastrointestinal infections, not only in developing but also in industrialized countries. The risk of mortality due to diarrhoea and other infections can increase many-fold in infants who are either partially breastfed or not breastfed at all During the first two months of life, infants who are not breastfed are nearly six times more likely to die from infectious diseases than infants who are breastfed; between 2 and 3 months, non-breastfed infants are 4 times more likely to die compared to breastfed infants.<sup>2</sup>

There is much more mortality in Sub-Saharan Africa where one child in twelve dies before the 5th year compared to the developed world of one in one hundred and forty seven (UNICEF, 2015). We know that breastfeeding dramatically decrease neonatal mortality risks if

newborns are put to breast immediately after birth . In Income poverty decrease newborn care including the early initiation of breastfeeding . It slows knowledge of the benefits of breast milk and delays the initiation of breastfeeding after birth. The relationship between early breastfeeding and educational attainment remains inconclusive. Some studies showed higher education levels of mothers positively associated with early initiation of breastfeeding . Although parity does not alter early breastfeeding, other studies showed that a primiparas mothers, with a lack of previous breastfeeding experience and being of a young age, were more risk factors for delayed initiation of breastfeeding <sup>3</sup>

Exclusive breastfeeding (EBF) is the best nutrition for children for the first six months of life. However Exclusive breastfeeding remains a challenge. The aim of the study was to assess knowledge, attitude and practice towards Exclusive breastfeeding among the breastfeeding mothers in Mizam Aman town, South West Ethiopia.<sup>4</sup>

Breast-feeding has increase health benefits for the infant and the mother as well. Exclusive breastfeeding (EBF) indicates that feeding infant only breast milk without any supplementation. However, medication or supplements are acceptable. Practicing EBF is based on women's knowledge as well as their attitude towards it. Low EBF rate among Saudi women is an alarming issue that needs an action by the health care providers.<sup>5</sup>

Improvements in early initiation of exclusive breastfeeding have been noted as major contributors to the improvements in child survival seen over the last two decades.

These improvements also provide optimal nutrition for early life. Most of the infant feeding includes early initiation of breastfeeding in the immediate postnatal period and exclusive breastfeeding for six months, followed by continued breastfeeding with gradual introduction

of age-appropriate complementary foods, initially those high in protein and micronutrients.<sup>6</sup>

Exclusive breastfeeding (EBF) means that the infant receives only breast milk for the first six months of life after birth. In Bangladesh, the prevalence of EBF remained largely unchanged for nearly two decades and was 43% in 2007. However, in 2011, a prevalence of 64% was reported, an increase by 21 percentage points. The reasons for this large change remain speculative at this point. Thus to investigate the issue further, this study was conducted. The objective was to assess the prevalence of EBF and associated factors among mothers having children aged 0–6 months in rural Bangladesh.<sup>7</sup>

Exclusive breastfeeding decreases infant mortality due to common childhood illness such as diarrhoea or pneumonia, and helps for a quicker recovery during illness. Breastfeeding contributes to the health and well-being of mothers; it helps to space children, reduces the risk of ovarian cancer and breast cancer, increases family and national resources, is a secure way of feeding and is safe for the environment.<sup>3</sup>

## **1.1.NEED FOR THE STUDY**

UNICEF-2017 reports stated that mortality rate presents the group's latest estimates of under-five, infant and neonatal mortality up to the year 2016, and assesses progress at the country, regional and global levels. Critically, it shows that although the number of children dying before the age of five has reached a new low – 5.6 million in 2016, compared with nearly 9.9 million in 2000 – the proportion of under-five deaths in the newborn period has increased from 41 per cent to 46 per cent during the same period.<sup>8</sup>

In 2016, **The Global Health Observatory (GHO)** state that , 4.2 million (75% of all under-five deaths) occurred within the first year of life. The risk of a child dying before completing the first year of age was highest in the African **WHO** Region (52 per 1000 live births), over

six times higher than that in the **WHO** European Region (8 per 1000 live births). Annual infant deaths have declined from 8.8 million in 1990 to 4.2 million in 2016. <sup>9</sup>

The **Tamil Nadu Government** has been taken many initiatives to improve the awareness among postnatal mothers in hospital setup milk bank and extend maternity leave for working women and also to initiate the public places like bus stand breast feeding room.

The above findings suggest a need for educational programme aimed to support the breast feeding mothers with exclusive breast feeding. To reduce the infant mortality rate need effective breast feeding programme. Because of that the researcher selected this study.

## **1.2.STATEMENT OF THE PROBLEM**

“Effectiveness of video assisted programme on Knowledge and attitude regarding exclusive Breast feeding among primi mothers in postnatal ward at Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children, Chennai.

## **1.3. OBJECTIVES OF THE STUDY**

- 1) To assess the pre test level of knowledge and attitude regarding exclusive breast feeding among primi mothers.
- 2) To assess the post test level of knowledge and attitude of primi mothers regarding exclusive breast feeding after video assisted programme.
- 3) To evaluate the effectiveness of pre and post test level of knowledge and attitude regarding exclusive breast feeding among primi mothers.

- 4) To determine the association between post test level of knowledge and attitude regarding exclusive breast feeding with selected demographic variables.
- 5) To correlate the post test knowledge and attitude regarding exclusive breast feeding among primi mothers.

#### **1.4. OPERATIONAL DEFINITION**

##### ***Assess***

It is the organized systemic and continues process of collecting data from primi mothers regarding exclusive Breast feeding.

##### ***Effectiveness***

It refers to gain level of knowledge regarding exclusive breast feeding as determined by significant difference between pre and post test scores after the video assisted programme regarding exclusive breast feeding among primi mothers.

##### ***Video Assisted Programme***

Video is a motion picture which prepared by the researcher, this video programme contains the importance of breast milk, initiation and maintenance of breast feeding, breast feeding techniques, feeding difficulties. The duration of the video programme was 15 min.

##### ***Knowledge***

It refers to the verbal responses of primi mothers to knowledge items of the test.

##### ***Exclusive Breast Feeding***

It is defined as an infant consumption of human milk with no supplementation of any type of food.

## **1.5. ASSUMPTIONS**

- ❖ It is assumed that primi mother may have some knowledge about exclusive breast feeding.
- ❖ Video assisted programme may enhance the knowledge of primi mothers regarding exclusive breast feeding .

## **1.6. HYPOTHESIS**

**H<sub>1</sub>.** The mean post test knowledge scores of primi mothers on knowledge & attitude is a significantly higher than their pre – test knowledge scores.

**H<sub>2</sub>.** There is a significant relationship between selected demographic variables & pre-test knowledge of primi mothers regarding breast feeding .

## **1.7 DELIMITATION**

- ❖ Data collection period for 4 weeks.
- ❖ The study is limited to only 60 samples.
- ❖ Only primi mothers ewrw taken for the study sample in postnatal ward.

The study was limited to only one hospital, Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children, Chennai.

## **CHAPTER-II REVIEW OF LITERATURE**

According to **Polit and Hungler (2002)** “review of literature is a critical summary of research on a topic of interest generally prepared to put a research problem in context or to identify gaps and weakness in prior studies so as to justify a new investigation”.<sup>11</sup>

A review of literature is an essential part of scientific research. It is a key step in the research process. The main goal of literature review is to develop a strong knowledge base to carry out research activities in the education and clinical practice. It is a systematic identification, location and summarization of written material that contains information relevant to the problem. An extensive review was done to gain insight into the selected problem.

### **PART – A**

The view of literature for this present study focuses on these following major heading:

Part 1: Knowledge about the exclusive breast feeding

Part 2: Attitude about the exclusive breast feeding

Part 3 : Knowledge and attitude about the exclusive breast feeding

Part 4 : Effectiveness of exclusive breast feeding

### **PART-I: KNOWLEDGE ABOUT THE EXCLUSIVE BREAST FEEDING**

*Ikonen R et al., (2018)* conducted a Cross-sectional study on Preterm infants' mothers' initiation and frequency of breast milk expression and exclusive use of mother's breast milk in neonatal intensive care units.. The sample consisted of 129 mothers. One-third of

the mothers had adequate expression practices. Half of the infants exclusively received their mother's own breast milk. High gestational age was associated with both late expression initiation and nonexclusive breast milk use. The mothers maintained expression regardless of their well-being.<sup>12</sup>

*Horie S et al., (2017)* had conducted a study a relationship between a level of haemoglobin after delivery and exclusive breastfeeding initiation at a baby friendly hospital in Japan. This cross-sectional study investigated 1532 of mothers and infants with full-term singleton pregnancies delivered during 2011 at a prenatal centre in Tokyo. Outcome is EBF initiation defined as the successful practice at discharge and 1 month after discharge. They concluded Maternal severe anaemia after delivery was associated with the risk of unsuccessful initiation of EBF even after adjusting for bleeding at delivery, suggesting the importance of dietary management especially in the later trimester.<sup>13</sup>

*Ke J et al., (2017)* had conducted a study on Family-Centred Breastfeeding Education to Promote Primiparas' Exclusive Breastfeeding in China. This study was a two-group quasi-experimental design with multiple comparisons. Participants (N = 59) were randomized to either the intervention (n = 29) or the control (n = 30) group. The breastfeeding education program is an effective strategy to promote exclusive breastfeeding in China.<sup>14</sup>

*Sabin A et al., (2017)* had conducted A cross sectional study. Exclusive breastfeeding practices in working women of Pakistan, the aim of the study to determine the prevalence of exclusive breast feeding in working women and to identify the factors effecting exclusive breast feeding in working women. of age 18 to 45 years, working as doctors, teachers, nurses and bankers in public (Government) setup were



included. Long working hours, banking profession, family income and lack of proper knowledge about exclusive breast feeding are responsible for non-EBF practice in working women. Proper Knowledge and awareness about exclusive breastfeeding and provision of facilities for exclusive breastfeeding (EBF) by the organizations can play a significant role in promoting it. <sup>15</sup>

*O'Connor M et al., (2017)* had conducted A prospective cohort study on Predictors of breastfeeding exclusivity and duration in a hospital without Baby Friendly Hospital Initiative accreditation. Participants from one tertiary maternity hospital were eligible if they intended to exclusively breastfeed, had birthed a live, term baby; were breastfeeding at recruitment; were rooming-in with their baby; were healthy and well; and understood English. We recruited 424 participants of whom 84% (n=355) responded to the survey at 3-months and 79% (n=335) at 6-months. Results suggest that both intrapartum and postpartum maternity care practices can predict long-term breastfeeding success. <sup>16</sup>

*St Fleur R, Petrova A (2015)* had conducted a study on Knowledge and perception of breastfeeding practices in Hispanic mothers in association with their preferred language for communication. Economically disadvantaged minority mothers with limited proficiency in English show suboptimal breastfeeding rates. In the present survey, the knowledge and perception of Hispanic mothers regarding their breastfeeding practices were analyzed in association with their language preference for communication. They concluded that in economically disadvantaged Hispanic mothers, a preference for communication in Spanish is associated with limited breastfeeding knowledge and lack of breastfeeding-related educational networks. Language preference should be addressed while providing breastfeeding education and support for

Hispanic mothers to help improve their understanding and breastfeeding networks.<sup>17</sup>

*Kafulafula UK et al.,(2014)* had conducted a qualitative study conducted on Maternal and health care workers' perceptions of the effects of exclusive breastfeeding by HIV positive mothers on maternal and infant health in Blantyre, Malawi. Face-to-face in-depth interviews and focus group discussions using a semi- structured interview and focus group guide were conducted. Sixteen HIV-positive breastfeeding mothers, between 18 and 35 years old, were interviewed and data saturation was achieved. The study revealed more positive than negative perceived effects of exclusive breastfeeding. While most participants considered exclusive breastfeeding as an important component of the wellbeing of their infants' health, they did not share the worldwide acknowledged benefits of exclusive breastfeeding in the prevention of mother-to-child transmission (PMTCT) of HIV. These results suggest a need for more breastfeeding education for all mothers, communities and nurse-midwives involved in breastfeeding counselling in the context of HIV infection. Maternal wellbeing promotion activities such as nutrition supplementation need to be included in all PMTCT of HIV programs.<sup>18</sup>

*Prakash Chandra Joshi1 (2014)* had conducted a study on Prevalence of exclusive breastfeeding and associated factors among mothers in rural Bangladesh. In Bangladesh, the prevalence of EBF remained largely unchanged for nearly two decades and was 43% in 2007. However, in 2011, a prevalence of 64% was reported, an increase by 21 percentage points. The reasons for this large change remain speculative at this point. Thus to investigate the issue further, this study was conducted.<sup>19</sup>

*da Silva NM et al., (2014)* had conducted descriptive study, with a qualitative approach on Mothers knowledge about exclusive breastfeeding. The knowledge about exclusive breastfeeding, the breastfeeding process and the influences of received information. Even getting information from health professionals in the prenatal period, it is possible to understand that there is a need to improve communication and monitoring of mothers, as a continuity of professional care in the postpartum period, and also later, in the remote.<sup>20</sup>

## **PART-2: ATTITUDE ABOUT THE EXCLUSIVE BREAST FEEDING**

*Yilmaz E et al., (2017)* had conducted A cross-sectional study was conducted on the Early initiation and exclusive breastfeeding: Factors influencing the attitudes of mothers who gave birth in a baby-friendly hospital. The study was conducted with 350 mothers. Demographic characteristics, obstetric history and information about breastfeeding initiation were collected at the hospital. Information about factors affecting breastfeeding duration and feeding practices of the infants were obtained at the end of six months. Some 80.4% of the mothers initiated breastfeeding, 60.1% within the first hour. Exclusive breastfeeding was maintained for six months in 38.9%. Efforts to encourage mothers and society to breastfeed exclusively should be made as part of a primary public health strategy to prevent early cessation of breastfeeding.<sup>21</sup>

*Morais MB et al., (2016)* had conducted a study on habits and attitudes of mothers of infants in relation to breastfeeding and artificial feeding in 11 Brazilian cities. Retrospective study including 773 interviews of mothers from 11 Brazilian cities with children under 2 years of age.  $p < 0.001$ ) and to 32.9% of infants during their second year of life ( $p < 0.001$ ). Rates of breastfeeding in Brazil remain below recommended levels. Brazilian mothers often decide to feed their infants

with whole cow's milk on their own initiative. The use of infant formulas after weaning is still too low.<sup>22</sup>

*Coulibaly A, et al, (2014)* had conducted study on Socioeconomic factors influencing exclusive breastfeeding among primiparous women in Abidjan (Ivory Coast)]. The study concluded that It is essential to take socio-economic factors into account when developing strategies designed to increase exclusive breastfeeding rates and maintenance of exclusive breastfeeding until the age of six months among primi parous women in Abidjan.<sup>23</sup>

*Dr.Samuel Atindanbila et al., (2014)* had conducted a qualitative approach study conducted on Attitudes and Practices Associated with Exclusive Breast Feeding (EBF) of Nursing Mothers in Bolgatanga Municipality. This study investigated the attitudes and practices of nursing mothers on exclusive breastfeeding (EBF) in the Bolgatanga municipality using A total of 12 nursing mothers recruited from the Antenatal clinic of the Bolgatanga Regional Hospital were interviewed on their attitudes and practices on EBF. Results indicated that participants did not appropriately and effectively practice EBF. Results include late initiation of EBF, inappropriate positioning of babies during breastfeeding and inadequate feeding frequency. Recommendations based on the findings included teaching mothers not only to exclusively breastfeed but the details of EBF practice.<sup>24</sup>

*Yu EA et al., (2014)* had conducted study on Maternal prenatal attitudes and postnatal breast-feeding behaviours in rural Bangladesh. They concluded that Despite widespread expressed maternal Exclusive Breast Feeding intention and universal breast-feeding initiation, prevalence of both exclusive and full breast-feeding at 3 months remains lower than WHO recommendations. Exclusive Breast Feeding intention

predicts breast-feeding behaviours, suggesting the importance of prenatal counselling to improve infant feeding behaviours.<sup>25</sup>

### **PART-3 : KNOWLEDGE AND ATTITUDE ABOUT THE EXCLUSIVE BREAST FEEDING**

*Mehwish Safdar1 et al., (2017)* had conducted a descriptive cross-sectional study on the Assessment of Knowledge, Attitude and Practices of Exclusive Breast Feeding Among Lactating Mothers: A Case of Children Hospital of Lahore, Pakistan. Exclusive breast feed is way to nourish a baby with totally human milk without any food and liquid for first 6 months. Breast feed helps to maintain immunity of baby and provide optimal growth and development. Prevalence of exclusive Breast feeding is only 38% in Pakistan.. This study result indicate that mothers have good knowledge about exclusive breast feeding, lactating mothers have neutral attitude towards exclusive breast feeding and poor practice of exclusive breast feeding (37.8%). Present research concludes that mothers holds good knowledge, neutral attitude and poor exclusive breast feeding practices. Prenatal education should be started at antenatal units and outdoors. Health education should be provided at community level to obtain optimal exclusive breast feeding rate.<sup>26</sup>

*Layla E. Al-Battawi et al., (2017)* had conducted descriptive cross-sectional study on Knowledge and Attitude of Exclusive Breast-Feeding Among Saudi Women in Primary Health Care Centres in Jeddah City, Saudi Arabia. The study concluded that More than eighty percent of the infants received formula feeding. Not enough milk and back to school/work were the main reasons given by the women for stopping breast-feeding. Recommended that The percentage of EBF was low despite high level of women education, while formula feeding was the predominant mode of feeding. Assessing women knowledge and attitude toward EBF helps healthcare professional to create educational programs that promote EBF practices among the childbearing women.<sup>27</sup>

*Muluken Asfaw Admasu, Erika Cione, (2017)* had conducted a Cross-Sectional study on Breastfeeding Knowledge, Attitude, and Practice and Related Determinants Among Maternal in Gondar, Ethiopia. This study concluded that, full breastfeeding was reported by 59.3%, mixed feeding was reported by 31.3% and infant formula feeding was reported by 12.4%. Almost one third of the full breastfeeding group did so for 7–12 months, and almost two thirds did continue breastfeeding for more than one year. This study showed that a majority of mothers has known the importance of Exclusive Breast Feeding and have good attitude, knowledge in order that strongly agree that Exclusive Breast Feeding is advantageous for infant aged less than six months. Though, poor practice to exclusive breastfeeding for the first six months postpartum among urban mothers. <sup>28</sup>

*Niguse Tadele et al. (2016)* had conducted descriptive cross-sectional study on Knowledge, attitude and practice towards exclusive breastfeeding among lactating mothers in Mizan Aman town, Southwestern Ethiopia. The result showed that only 59.3 % believed that only EBF is enough for child up to six months and 26.4 % of children were exclusively breastfed for six months. They concluded the majority of mothers knew about EBF and had a positive attitude towards EBF but did not know the recommended duration or that EBF is sufficient for six months. We suggest improving access to information about recommended infant feeding guidelines and fulfilling the minimum enabling conditions. <sup>29</sup>

*Victor Michael Dery and Patience K. Gaa (2016)* had conducted cross sectional study on Knowledge, attitudes and determinants of exclusive breastfeeding practice among Ghanaian rural lactating mothers. This study assessed knowledge, attitudes and practice of EBF among rural lactating mothers with infants aged 0–6 months. Factors associated to the practice of EBF were also investigated. this study

concluded that Mothers' knowledge and attitudes towards EBF were favourable but practice of EBF was suboptimal. This study adds additional evidence that knowledge of EBF, child's age and maternal level of education are important determinants of the practice of EBF. Beyond dissemination of health messages, healthcare professionals should pay more counselling attention to less educated mothers, and also older children's caregivers.<sup>30</sup>

***Sohair AM Shommoland Hessa AS Al-Shubrumi (Feb. 2014)***, had conducted A cross-sectional study on Breastfeeding knowledge, attitude and practice among mothers in Hail district, north western Saudi Arabia. A total of 60 women whose education was mainly university (39.7%) and secondary (24.1 %) were included in the study. Most of them were from middle economic status. This study showed that adverse work and maternal health related issues were the main reasons for a low rate of breastfeeding among women in Hail district-Saudi Arabia. Limited knowledge addressing the breastfeeding issues during pregnancy. Such findings should be useful to health professionals and officials when attempting to overcome breastfeeding barriers and to devise targeted breastfeeding interventions.<sup>31</sup>

***Mohammed ES1, Ghazawy ER1 et al.,(2014)*** had conducted on community-based cross-sectional study on Knowledge, Attitude, and Practices of Breastfeeding and Weaning Among Mothers of Children up to 2 Years Old in a Rural Area in El-Minia Governorate, Egypt. They concluded that ,There is a need for health care system interventions, family interventions, and public health education campaigns to promote optimal BF practices, especially in less educated women.<sup>32</sup>

***Mulready-Ward C, Hackett M. (2014)*** had conducted a study on Perception and attitudes: breastfeeding in public in New York City. This study aimed to determine whether residents of New York City, New

York, were supportive of and comfortable with public breastfeeding. Overall, 50.4% of respondents were not supportive of public breastfeeding. This study concluded that New York City residents are conflicted about whether breastfeeding is a private act or one that can be done in public. For women who want to continue with their intention to breastfeed exclusively, the negative opinion of other residents may cause them to breastfeed only in private, thereby limiting the opportunity to breastfeed for the recommended time.<sup>33</sup>

*Hamade H et al., (2014)* had conducted a cross-sectional study on Breastfeeding knowledge, attitude, perceived behaviour, and intention among female undergraduate university students in the Middle East: the case of Lebanon and Syria. They concluded that By revealing specific knowledge gaps and misconceptions and identifying country-specific disparities in the predictors of the intention to breastfeed, the findings of this study may provide a basis for devising culture-specific interventions aimed at promoting breastfeeding.<sup>34</sup>

*Eckhardt CL et al., (2014)* had conducted a study on Knowledge, attitudes, and beliefs that can influence infant feeding practices in American Indian mothers. This study suggested that the Women believed breastfeeding to be healthy and perceived their social networks to agree. Attitudes and beliefs about formula feeding and social support were more ambivalent. This work suggests opportunities to increase the perceived value of breastfeeding to include broader health benefits, increase knowledge about solid foods, and strengthen social support.<sup>35</sup>

*Janet Danso (2014)* had conducted a study on A cross sectional Survey on examining the practice of exclusive breastfeeding among professional working mothers in Kumasi metropolis of Ghana, the study population consisted of professional working mothers, aged 40 or younger, who were in full-time employment and working in Kumasi



metropolis of Ghana. The study concluded that professional working mothers find it difficult to exclusively breastfeed their babies and full time employment status and family members' influence undermine the practice of exclusive breastfeeding.<sup>36</sup>

*Thomas JS et al., (2013)* had conducted a study on Maternal knowledge, attitudes and self-efficacy in relation to intention to exclusively breastfeed among pregnant women in rural Bangladesh. This study revealed that, Increasing maternal knowledge, positive attitudes, and self-efficacy regarding EBF were associated with prenatal EBF intention. These results reinforce the importance of appropriate counselling to increase EBF prevalence.<sup>37</sup>

*Mbada CE et al., (2013)* had conducted a study on Knowledge, attitude and techniques of breastfeeding among Nigerian mothers from a semi-urban community. Mothers' poor knowledge and negative attitude towards breastfeeding may influence practices and constitute barriers to optimizing the benefits of the baby-friendly initiative. This study assessed breastfeeding knowledge, attitude and techniques of postures, positioning, hold practice and latch-on among Nigerian mothers from a Semi-Urban community. Nigerian mothers demonstrated good knowledge and positive attitude towards breastfeeding. Most of the mothers practiced advisable breastfeeding postures, preferred sitting on a chair to breastfeed and utilized cross-cradle hold and baby-to-breast latch-on.<sup>38</sup>

*Sallam SA et al., (2013)* had conducted study on Knowledge, attitude, and practices regarding early start of breastfeeding among pregnant, lactating women and healthcare workers in El-Minia University Hospital. Although the majority of women participating in this study exhibited knowledge about early breastfeeding initiation, actual application of this practice was clearly deficient. In order to

improve the rates of breastfeeding initiation within the first hour of life we should enhance vaginal delivery and prenatal classes and implement Baby-Friendly Hospital Initiative policies in both the Pediatrics and Gynaecology and Obstetrics Departments of Minia University Hospital.<sup>39</sup>

#### **PART-4 : EFFECTIVENESS OF EXCLUSIVE BREAST FEEDING**

*Soltani S, Zohoori D, Adineh M (2018)* had conducted study on Comparison the Effectiveness of Breastfeeding, Oral 25% Dextrose, Kangaroo-Mother Care Method, and EMLA Cream on Pain Score Level Following Heal Pick Sampling in Newborns a randomized clinical trial. The results showed that One hundred and sixty-one infants (93 males, 68 females) with an age range of 3 to 5 days were studied. There was no significant difference between the groups in terms of gender ( $p=0.113$ ), weight ( $p=0.059$ ), and baseline pain score level ( $p=0.904$ ). The breastfeeding method showed the lowest pain score in comparison to the other interventions ( $A=5.52\pm 2.22$ ,  $B=6.45\pm 1.88$ ,  $C=6.84\pm 1.96$ ,  $D=7.37\pm 1.95$ ;  $p=0.001$ ) after the heel-prick sampling. The researcher concluded that among the four methods of interventions in this study, the most effective method of lowering perceived pain in infants undergoing painful procedures was proven to be breastfeeding.<sup>40</sup>

*Cândido NA1, de Sousa TM1, Dos Santos LC2. (2018)* had conducted study on effectiveness of different interventions in nurseries based on food and nutrition education: promoting breast-feeding and healthy complementary feeding. The results showed that After the intervention, there was a significant increase in the mean number of correct responses given by professionals in the IG (12.2 v. 10.7;  $P=0.001$ ). In addition, there were improvements among the parents of the IG in relation to beliefs (soups and broths do not nourish my child:  $P=0.012$ ), attitudes (offer meat from the sixth month:  $P=0.032$ ) and intentions (do not offer soups and broths:  $P=0.003$ ; offer vegetables:

P=0.018; offer meat: P<0.001). The researcher concluded that the face-to-face nutritional intervention had a significantly greater effect on the parameters evaluated, indicating the importance of adequate guidance in childcare services to support the introduction of complementary feeding.<sup>41</sup>

***Kimani-Murage EW1,2,3,4, Griffiths PL5, (2017)*** had conducted study on effectiveness of home-based nutritional counselling and support on exclusive breastfeeding in urban poor settings in Nairobi: a cluster randomized controlled trial used for data collection. The results showed A total of 1110 mother-child pairs were involved, The rates of EBF for 6 months increased from 2% pre-intervention to 55.2% (95% CI 50.4-59.9) in the intervention group and 54.6% (95% CI 50.0-59.1) in the control group. The adjusted odds of EBF (after adjusting for baseline characteristics) were slightly higher in the intervention arm compared to the control arm but not significantly different: for 0-2 months. They concluded that EBF for six months significantly increased in both arms indicating potential effectiveness of using CHWs to provide home-based counselling to mothers.<sup>42</sup>

## **2.2. CONCEPTUAL FRAMEWORK**

Conceptual framework represent ways of thinking about a problem. It deals with concepts that are assembled by virtue of relevance to a common theme. A conceptual framework is an analytical tool with several variations and contexts.

It is used to make conceptual distinctions and organize ideas. strong conceptual framework capture something real & do this in a way that is easy to remember and apply.

This study was based upon The King's Expansion of Goal Attainment Theory.<sup>10</sup> He describes about the concept of nurse and the patient mutually communicating information, establishing goals and taking action to attain the goals. It is based on the concept of the personnel and interpersonal system including interaction, perception, communication and the transaction role.

### **INTERACTION ROLE**

Elements to be perceived by the Nurse in interacting with primi mothers are their knowledge and attitude in relation to exclusive breast feeding session.

### **PERCEPTION ROLE**

Primi mothers perceive the energy from the video assisted programme and transforms about the exclusive breast feeding regarding knowledge and attitude in day today life.

### **COMMUNICATION ROLE**

Through communication and using the questionnaire guide, the information regarding knowledge and attitude of exclusive breast

feeding can be collected and breast feeding session can be monitored and evaluated with the help of the video assisted programme.

### **TRANSACTION ROLE**

Based on the perceptual capacity of the other, goals for achievement are set by the mother and investigator alike.

Action is in the form of video assisted programme on guided session to the primi mothers. The transaction relates to the abilities gained by the mother as a result of the teaching which is measured by the same tool. Through continued interaction the set goals are attained. Since learning enhances modification of behavior, the primi mothers would acquire knowledge and attitude from the video assisted programme, this session with in turn would enable them to manage well during initiation of exclusive breast feeding their neonates.

## **CHAPTER-III METHODOLOGY**

According to **Polit and Hungler (2002)** A system of model procedures and techniques used to find out the result of research problem is called research methodology. <sup>11</sup>

This chapter deals with the methodology adopted in this study. It includes research design, setting of the study, variables, population, sample, sample size, sampling technique, criteria for sample selection, development of tool and description of tool data collection procedure and plan for data analysis.

### **3.1 RESEARCH APPROACH**

A **Quantitative research approach** was used for the present study. Quantitative research methods are research methods dealing with numbers and anything that is measurable in a systematic way of investigation of phenomena and their relationships.

### **3.2. RESEARCH DESIGN**

- ❖ Pre Experimental design.
- ❖ One group pre test - and -post test design

<b>Group –</b>	<b>Pre Test</b>	<b>Intervention</b>	<b>Post test</b>
Experimental	o1	X	o2

- O<sub>1</sub>** Pre test for the assessment of existing knowledge and attitude of primi mothers.
- X** administration of video Programme
- O<sub>2</sub>** Post test for the assessment of gain in knowledge and attitude of primi mothers with video assisted programme.

### **3.3 POPULATION**

Sample size was limited so 60 primi mothers those who were admitted in postnatal ward institute of Obstetrics and Gynaecology Hospital for Women and Children, Chennai.

#### ***Accessible population***

The accessible population of the study is primi mothers those who were admitted in postnatal ward institute of Obstetrics and Gynaecology Hospital for Women and Children, Chennai.

#### ***Target population***

In this study target population is primi mothers who is admitted in the postnatal ward and who fulfills the inclusion criteria of sample selection.

### **3.4 SAMPLE**

The primi mothers who are admitted in postnatal ward who fulfills the inclusion criteria.

### **3.5 SAMPLE SIZE**

The sample size is 60 primi mothers those who fulfills the the inclusion criteria.

### **3.6 CRITERIA FOR SAMPLE COLLECTION**

#### ***3.6.1 Criteria***

- ❖ Primi mother who are admitted in institute of Obstetrics and Gynaecology Hospital, Chennai.
- ❖ Primi mothers who are willing to participate in the study.
- ❖ Primi mothers who are speaking Tamil.

### **3.6.2 Exclusive Criteria**

- ❖ Primi mothers who are not able to understand Tamil.
- ❖ Primi mothers with some mental and psychological complications.
- ❖ Primi mothers who are not willing to participate in this study

## **3.7 SAMPLING TECHNIQUE**

The purposive sample technique was used

## **3.8 RESEARCH VARIABLES**

### **3.8.1 Independent Variables**

the Independent Variables in this study is video assisted programme among primi mothers.

### **3.8.2 Dependent Variables**

The dependent Variables in this study was level of knowledge and attitude regarding exclusive breast feeding after giving a video assisted program.

## **3.9 DESCRIPTION OF THE TOOL AND TECHNIQUE**

The researcher developed the tool for the study based on the various reviews of literature from various textbook, journals, internal research and guidance from nursing and medical expert. Statistician also consulted in the development of the tool. According that the objectives of the study, the tool comprises three sections.

### **3.9.1 Part-A- Demographic data**

The demographic variable such as age, educational status, religion, family income, diet, occupational status, source of information.



### ***3.9.2 Part-B: Semi structured questionnaire related to knowledge and attitude regarding exclusive breast feeding***

Semi Structured Questionnaire related knowledge regarding meaning, benefits, factors, of exclusive breast feeding among primi mothers, which consists of 20 items and the answers were gathered by structured questionnaires.

### ***3.9.3 Part-C: modified attitude scale***

It contains modified attitude scale of exclusive breast feeding in primi mothers.

### ***3.9.3 Scoring procedure***

Score in percentage Level of knowledge

Min=0 Max=1 Total questions=20 Maximum marks= 20

<b>S. No.</b>	<b>Grade</b>	<b>Percentage</b>	<b>Marks</b>
1.	Inadequate knowledge	0 – 50 %	0-10
2.	Moderate knowledge	50 – 75%	11-15
3.	Adequate knowledge	76 – 100%	16-20

### ***3.9.4. Score in percentage Level of Attitude***

Min=1 Max=5 Total questions=10 Maximum marks= 50

<b>S No.</b>	<b>Grade</b>	<b>Percentage</b>	<b>Marks</b>
1.	Unfavorable attitude	0 – 50 %	≤25.00
2.	Moderately favorable attitude	50 – 75%	25.01-37.50
3.	Highly favorable attitude	76 – 100%	37.51 -50.00

## **3.10 CONTENT VALIDITY OF THE TOOL**

After construction of questionnaire for “ Effectiveness of video assisted programme on Knowledge and attitude regarding exclusive Breast feeding among primi mothers in postnatal ward at institute of

obstetrics and Gynaecology Government hospital for women and children Egmore Chennai -8.”, it was tested for its validity and reliability.

Validity of the tool was assessed using content validity. Content validity was determined by experts from Nursing and Medical. They suggested certain modifications in tool. After the modifications they agreed this tool for assessing “ Effectiveness of video assisted programme on Knowledge and attitude regarding exclusive Breast feeding among primi mothers in postnatal ward at institute of obstetrics and Gynaecology and Government hospital for women and children Chennai -8

### **3.11 ETHICAL CONSIDERATIONS**

After approval of the research committee in the college of nursing, Madras Medical College. A formal permission got from the Institute of general medicine to conduct the study in the Medical ward and ethical clearance from the Madras medical college ethical committee members, Chennai-3. Confidentiality was assured to the sample and written consent obtained from each sample. The sample was ensuring they have rights to withdraw from the study if they found any difficulties during the intervention.

### **3.12 PILOT STUDY**

The pilot study was conducted in institute of obstetrics and gynaecology hospital for woman and children Egmore Chennai . It was conducted in the first week of January 24.7.17 to 30.07.17 from morning 9 am to 3 pm. After obtaining formal permission from the concerned authorities and ethical committee clearance, the investigator selected 6 samples who fulfilled the inclusive criteria by using purposive sampling technique. Data includes 8 demographic variables and 4 clinical variables.

A brief introduction about the study was given and informed consent was obtained from selected primi mothers. The pre test was conducted by using semi-structured questionnaires to identify the knowledge of the primi mothers, and the same day video assisted program was given by using video.

The post test was conducted after the 7<sup>th</sup> day. The result was analyzed by using descriptive and inferential statistics. The findings were accepted by the experts. There is no any modification in semi-structured questionnaires. The researcher identifies the feasibility of conducting the main study.

The investigator insisted that the confidentiality of mothers was maintained throughout the period of the study. The investigator assessed the knowledge and attitude of the primi mothers. The primi mothers were interested and co operated well. The necessary data was collected, analysed and interpreted. There is no modifications was made in the tools.

### **3.13 RELIABILITY OF THE TOOL**

After pilot study reliability of the tool was assessed by using the Test retest method. Knowledge score reliability correlation coefficient value is 0.80. This correlation coefficient is very high and it is a good tool for assessing the effectiveness of the video assisted program on knowledge and attitude regarding exclusive breast feeding among primi mothers admitted in postnatal ward at institute of Obstetrics and Gynaecology Hospital for women and children at Chennai.

### **3.14 DATA COLLECTION PROCEDURE**

- ❖ The period of data collection from 02.01.2018 to 27.1.2018 before starting the study, the researcher obtained the formal permission to conduct the study from the Principal, College of Nursing,

Ethical Committee, and the Director of internal medicine. Permission obtained from director and head of the department of postnatal unit, for conducting pilot study and main study. The data collection done in allotted period.

- ❖ A purposive sampling technique used to select the samples from postnatal ward, Institute of Obstetric and Gynecology and Government Hospital for women and children, Chennai-08, based on inclusion criteria, approximately 6 members identified and selected on the particular day .
- ❖ The purpose of the interview explained to each primi mothers after establishing a good rapport. Semi structure questioner constructed for my study. An average time limit 20-25 minutes taken for each sample. Data was collected by the interview method.
- ❖ After the pre test, the primi mothers gathered and seated comfortably and 20-25 minutes video assisted programme given to the primi mothers with video programme and attitude scale developed instruction.
- ❖ The video assisted programme contain information regarding exclusive breast feeding colostrums and importance, proper latch on, breast feeding technique, good signs of baby getting breast feeding , care after breast feeding. the benefits of breast feeding, key messages to promote exclusive breastfeeding. After the video assisted programme, 15 minutes allotted for discussion. The post test conducted by the investigator after seven days using the same questionnaire in the same place.

## **DATA ENTRY AND DATA ANALYSIS**

- ❖ Demographic variables in categories were given in frequencies with their percentages.
- ❖ Knowledge score was given in mean and standard deviation.
- ❖ The association between demographic variables and knowledge score were analyzed using Pearson chi-square test
- ❖ Quantitative knowledge score in pretest and posttest were compared using student's paired t-test.
- ❖ Qualitative level of knowledge in pretest and posttest was compared using Stuart-Maxwell test /extended McNemar test
- ❖ Association between knowledge gain score with demographic variables are assessed using one way ANOVA F-test and student independent t –test.

### **3.16 PROTECTION OF HUMAN RIGHTS**

The researcher obtained the permission from the head of the postnatal ward department. The research proposal was approved by the dissertation committee, of College of Nursing, Rajiv Gandhi Government General Hospital, Ethics committee, and from sthe Director and HOD, Institute of General medicine and Research Centre, Chennai-3, to conduct the main study. Both verbal and written informed consent was obtained from all the study participants and the data collected was kept confidential, .Positive benefits were explained to all the study subjects. They were also explained that they may withdraw from the study at any time without any penalty. Anonymity and confidentiality were maintained throughout the study.

## **CHAPTER-IV ANALYSIS AND INTERPRETATION**

Analysis is a systematic examination and evaluation of data or information by breaking it into its component parts to uncover their interrelationships.

Interpretation is the art or process of determining the intended meaning of a written document, such as a constitution, statute, contract, deed, or will.

This chapter deals with analysis and interpretation of data collected from primi mothers to assess knowledge regarding exclusive breast feeding among primi mothers in postnatal ward at institute of obstetrics and Gynaecology and Government Hospital for women and children Egmore Chennai -8.”

Descriptive and inferential statistics were used for the analysis of the data. As per the objective of the study the interpretation has been tabulated and organized.

**Section –A:** Demographic profile of the primi mothers

**Section-B:** Comparison of pre test and post test knowledge score regarding exclusive breast feeding among primi mothers.

**Section-C:** Effectiveness of pre and post test level of knowledge and attitude regarding exclusive breast feeding among primi mothers.

**Section-D:** Associations between pre test level of knowledge and attitude their demographic variables

**Section-E:** Correlate the post test knowledge and attitude regarding exclusive breast feeding among primi mothers.

## SECTION–A DEMOGRAPHIC PROFILE

*Table4. 1: Demographic Profile of the among primi mothers*

Demographic variables		Primi mothers	%
Age	≤ 21 years	16	26.67%
	22 -26 years	38	63.33%
	> 26 years	6	10.00%
Educational status of the mother	No formal education	3	5.00%
	Primary education	31	51.67%
	Higher secondary education	17	28.33%
	Graduate	9	15.00%
Occupation	House wife	46	76.67%
	Labour	10	16.66%
	Government employee	0	0.00%
	Private employee	4	6.67%
Monthly income of the family	Below Rs. 2000	4	6.67%
	Rs 2001 -3000	10	16.66%
	Rs 3001– 5000	27	45.00%
	Above Rs 5000	19	31.67%
Type of the family	Nuclear family	25	41.66%
	Joint family	31	51.67%
	Extended family	4	6.67%
Religion	Hindu	50	83.34%
	Muslim	5	8.33%
	Christian	5	8.33%

<b>Demographic variables</b>		<b>Primi mothers</b>	<b>%</b>
Sources of information	Family	26	43.33%
	Friends	19	31.67%
	Health care professionals	11	18.33%
	Others	4	6.67%
Dietary pattern	Vegetarian	11	18.33%
	Non vegetarian	49	81.67%
Antenatal check up.	Regular	60	100.00%
	Irregular	0	0.00%

## **DEMOGRAPHIC PROFILE**

The study revealed that – among 60 mothers 16 (26.67) % gave birth below the age of 21 years teenage pregnancy lead to more complication and inadequate knowledge about the breast feeding exclusive breast feeding. In type of the family most of the mothers from 31, (51.67%) Joint family, and sources of information family 26, (43.33%) is high,it showed that joined family is more useful for the exclusive breast feeding . In diet non vegetarian 49 (81.67%) the study shows that majority of the participant are in non vegetarian, shows it will promote the exclusive breast feeding. In antenatal check up regular 60, (100%), irregular 0% the study shows that majority of the participant are coming for regular antenatal check up,it concluded that most of the mothers were aware about the importance of the regular antenatal chek up.



**Table-4.2: Each Domainwise Pre test Percentage of Knowledge Score**

S No	Domains	No. of questions	Min – Max score	Knowledge score		
				Mean	SD	% of mean score
1	Exclusive breast feeding	2	0 -2	.62	.74	31.00 %
2	Colostrum	3	0 - 3	.90	.88	30.00 %
3	Duration	1	0 - 1	.37	.49	37.00 %
4	Latching	1	0 - 1	.38	.49	38.00 %
5	Breast feeding technique	1	0 -1	.38	.49	38.00%
6	Advantages	5	0 -5	2.13	.93	42.60%
7	Promote exclusive breast feeding	4	0 -4	1.68	1.05	42.00%
8	Frequency of breast feeding	1	0 -1	.35	.48	35.00%
9	Assessing the adequacy of breast feeding	1	0 -1	.35	.48	35.00%
10	Issue in breast feeding	1	0 -1	.35	.48	35.00%
	Total	20	0 - 20	7.52	2.63	37.60%

**Table 4.2** showed each domain wise primi mothers pre-test percentage of knowledge. They were having maximum knowledge in Advantages (42.60%) and minimum knowledge score in Colostrum (30.00%).

**Table-4.3: Pre Test Level of Knowledge Score**

<b>Level of knowledge</b>	<b>No. of mothers</b>	<b>%</b>
Inadequate knowledge	50	83.33%
Moderate knowledge	10	16.67%
Adequate knowledge	0	0.00%
Total	60	100.00%

**Table No.4.3** showed the primi mothers level of knowledge. In general 83.33% of the mothers were having inadequate level of knowledge score and 16.67% of them having moderate level of knowledge score and none of them are having adequate level of knowledge score.

### **KNOWLEDGE SCORE INTERPRETATION**

Min=0 Max=1 Total questions=20 Maximum marks= 20

<b>S no.</b>	<b>Grade</b>	<b>Percentage</b>	<b>Marks</b>
1.	Inadequate knowledge	0 – 50 %	0-10
2.	Moderate knowledge	50 – 75%	11-15
3.	Adequate knowledge	76 – 100%	16-20

**Table-4.4: Each Questionwise Pre Test Percentage of Attitude**

S. No	Domains	No. of questions	Min – Max score	Attitude score		
				Mean	SD	% of mean score
1	All newborn babies must be exclusively breastfed till the age of 6 months.	1	0 -5	2.43	1.06	48.60%
2	A healthy newborn baby can be breastfed on demand.	1	0 - 5	2.65	1.31	53.00%
3	Exclusive Breast feed baby protects against infection	1	0 - 5	2.32	1.30	46.40%
4	Breast feed helps in involution of uterus	1	0 - 5	2.38	1.24	47.60%
5	It is very important not to introduce bottle feeds at any point of time	1	0 -5	2.12	.99	42.40%
6	The only exclusively breastfed is enough for child up to 6 months?	1	0 -5	2.18	1.11	43.60%
7	The child 6 month who is exclusively breastfed is not healthier than child who takes additional food	1	0 -5	2.23	1.17	44.60%
8	Exclusive breast feed is not help the baby to keep healthy.	1	0 -5	1.82	.97	36.40%
9	Do not burping the baby after breast feeding	1	0 -5	1.85	1.04	37.00%
10	Exclusive Breast feeding is not enough to the baby	1	0 -5	1.90	1.17	38.00%
	Total	10	0 - 50	21.88	7.50	43.76%

**Table 4.4** revealed that primi mothers pre-test percentage of attitude score. They were having maximum attitude score in A healthy newborn baby can be breastfed on demand (53.00%) and minimum attitude score in Exclusive breast feed is not help the baby to keep healthy (36.40%).

**Table 4.-5: Pre Test Level of Attitude Score**

<b>Level of Attitude</b>	<b>No. of primi mothers</b>	<b>%</b>
Unfavorable attitude	40	66.7%
Moderatelyfavorable attitude	20	33.3%
Highly favorable attitude	0	0.0%
Total	60	100%

**Table No.4.5** showed the primi mothers level of attitude. It inferred that about 66.7% of the mothers were having unfavourable level of attitude score and nearly 33.3% mothers had moderate level of attitude score and none of them are having highly favorable attitude level of attitude score.

#### **ATTITUDE SCORE INTERPRETATION**

Min=1 Max=5 Total questions=10 Maximum marks= 50

<b>S No.</b>	<b>Grade</b>	<b>Percentage</b>	<b>Marks</b>
1.	Unfavorable attitude	0 – 50 %	≤25.00
2.	Moderatelyfavorable attitude	50 – 75%	25.01-37.50
3.	Highly favorable attitude	76 – 100%	37.51 -50.00

**Table-4.6: Each Domainwise Post Test Percentage of Knowledge Score**

S No	Domains	No. of questions	Min – Max Score	Knowledge score		
				Mean	SD	% of mean score
1	Exclusive breast feeding	2	0 -2	1.68	.47	84.00%
2	Colostrum	3	0 – 3	2.63	.76	87.67%
3	Duration	1	0 – 1	.75	.44	75.00%
4	Latching	1	0 – 1	.80	.40	80.00%
5	Breast feeding technique	1	0 -1	.83	.38	83.00%
6	Advantages	5	0 -5	4.23	.79	84.60%
7	Promote exclusive breast feeding	4	0 -4	3.07	1.07	76.75%
8	Frequency of breast feeding	1	0 -1	.85	.36	85.00%
9	Assessing the adequacy of breast feeding	1	0 -1	.73	.45	73.00%
10	Issue in breast feeding	1	0 -1	.75	.44	75.00%
	Total	20	0-20	16.33	1.66	81.65%

**Table 4.6** revealed that the primi mothers knowledge regarding the exclusive breast feeding after post test. 87.67 % had the maximum knowledge in colostrums, nearly 43% mothers had adequate knowledge on breast feeding. Mean score 2.63 and the standard deviation was 0.76.

**Table-4.7: Post Test Level of Knowledge Score**

<b>Level of knowledge</b>	<b>No. of mothers</b>	<b>%</b>
Inadequate knowledge	0	0.0%
Moderate knowledge	11	18.33%
Adequate knowledge	49	81.67%
Total	60	100%

**Table 4.7** revealed that the primi mothers knowledge regarding the post test level of score .In general, none of the mothers were having inadequate level of knowledge score and 18.33% mothers had moderate level of knowledge score and 81.67 % of mothers had adequate level of knowledge score.

**Table 4.8: Each Questionwise Posttest Percentage of Attitude among primi mothers**

S. No	Domains	No. of questions	Min -Max score	Attitude score		
				Mean	SD	% of mean score
1	All newborn babies must be exclusively breastfed till the age of 6 months.	1	0 -5	4.08	.65	81.60%
2	A healthy newborn baby can be breastfed on demand.	1	0 - 5	4.10	.30	82.00%
3	Exclusive Breast feed baby protectes against infection	1	0 - 5	4.22	1.04	84.40%
4	Breast fed helps in involution of uterus	1	0 - 5	4.12	.96	82.40%
5	It is very important not to introduce bottle feeds at any point of time	1	0 -5	3.72	1.37	74.40%
6	The only exclusively breastfed is enough for child up to 6 months?	1	0 -5	4.12	.98	82.40%
7	The child 6 month who is exclusively breastfed is not healthier than child who takes additional food	1	0 -5	4.03	1.40	80.60%
8	Exclusive breast feed does not help the baby to keep healthy.	1	0 -5	3.83	1.24	76.60%
9	Do not burp the baby after breast feeding	1	0 -5	3.70	1.82	74.00%

S. No	Domains	No. of questions	Min -Max score	Attitude score		
				Mean	SD	% of mean score
10	Exclusive Breast feeding does not enough to the baby	1	0 -5	4.38	.72	87.60%
	Total	10	0 - 50	40.30	3.43	80.60%

**Table4. 8** revealed that each questionwise primi mothers post test percentage of attitude score. They were having maximum attitude score in exclusive breast feeding does not enough to the baby (87.60%) and minimum attitude score in do not burp the baby after breast feeding (74.00%).

**Table-4.9: Post Test Level of Attitude score**

Level of Attitude	No. of primi mothers	%
Unfavorable attitude	0	00.0%
Moderatelyfavorable attitude	12	20.00%
Highly favorable attitude	48	80.00%
Total	60	100%

**Table No4. 9** revealed that the post test level of attitude score of primi mothers. In general none of the mothers were having unfavourable level of attitude score, 20.0% of mothers had moderate level of attitude score and 80.0% of them were having Highly favorable attitude level of attitude score.



**SECTION-B: COMPARISON OF PRETEST AND POSTTEST KNOWLEDGE SCORE REGARDING EXCLUSIVE BREAST FEEDING AMONG PRIMI MOTHERS.**

*Table-4.10: Comparison of Pre Test and Post Test Knowledge Score*

S. No	Knowledge on	Pre test		Post test		Mean Difference	Student's paired t-test
		Mean	SD	Mean	SD		
1	Exclusive breast feeding	.62	.74	1.68	.47	1.06	t=8.99 P=0.001 *** DF= 59 , Significant
2	Colostrum	.90	.88	2.63	.76	1.73	t=10.65 P=0.001 *** DF= 59 , Significant
3	Duration	.37	.49	.75	.44	0.38	t=4.68 P=0.001 *** DF= 59 , Significant
4	Latching	.38	.49	.80	.40	0.42	t=5.00 P=0.001 *** DF= 59 , Significant
5	Breast feeding technique	.38	.49	.83	.38	0.45	t=5.86 P=0.001 *** DF= 59 , Significant
6	Advantages	2.13	.93	4.23	.79	2.1	t=12.66 P=0.001 *** DF= 59 , Significant
7	Promote exclusive breast feeding	1.68	1.05	3.07	1.07	1.39	t=6.71 P=0.001 *** DF= 59 , Significant

S. No	Knowledge on	Pre test		Post test		Mean Difference	Student's paired t-test
		Mean	SD	Mean	SD		
8	Frequency of breast feeding	.35	.48	.85	.36	0.5	t=7.21 P=0.001 *** DF= 59 , Significant
9	Assessing the adequacy of breast feeding	.35	.48	.73	.45	0.38	t = 4.45 P=0.001 *** DF= 59 , Significant
10	Issue in breast feeding	.35	.48	.75	.44	0.4	t=4. 81 P=0.001 *** DF= 59 , Significant
	Total	7.52	2.63	16.33	1.66	8.81	t=19.67 P=0.001 *** DF= 59 , Significant

DF= Degrees of Freedom \*\*\* very high significant at  $P \leq 0.001$

**Table 4.10** revealed that the comparison of mothers pretest and post test knowledge score. Considering Overall total score, in pre test, mothers were having 7.52 score whereas in post test they were having 16.33 score. Difference is 8.81. This difference was large and it was statistically significant difference. The significance between pre test and post test score was calculated using student paired t-test. So the hypothesis accepted. Overall the post test level of knowledge were highly significant one P value  $p = 0.001$  \*\*\*

**Table-4.11: Each Domain Wise Pre Test and Post Test Percentage of Knowledge**

S. No	Domains	Pre test knowledge	Post test knowledge	% of knowledge gain
1	Exclusive breast feeding	31.00%	84.00%	53.00%
2	Colostrum	30.00%	87.67%	57.67%
3	Duration	37.00%	75.00%	38.00%
4	Latching	38.00%	80.00%	42.00%
5	Breast feeding technique	38.00%	83.00%	45.00%
6	Advantages	42.60%	84.60%	42.00%
7	Promote exclusive breast feeding	42.00%	76.75%	34.75%
8	Frequency of breast feeding	35.00%	85.00%	50.00%
9	Assessing the adequacy of breast feeding	35.00%	73.00%	38.00%
10	Issue in breast feeding	35.00%	75.00%	40.00%
	Overall	37.60%	81.65%	44.05%

**Table 4.11** revealed that among the pretest and post test score the investigator found that the mother were having more knowledge regarding the colostrums(87.67%) most of the question, using were answered well after the post testscore was more than 80%.

**Table 4. 12: Comparison of Pre Test and Post Test Level of Knowledge Score**

Level of knowledge	Pre test		Post test		Generalized McNemar's test
	n	%	n	%	
Inadequate knowledge	50	83.33%	0	0.0%	$\chi^2=52.14$ P=0.001***(S)
Moderate knowledge	10	16.67%	11	18.33%	
Adequate knowledge	0	0.00%	49	81.67%	
Total	60	100.00%	60	100%	

**Table 4.12** showed that the pre test and post-test level of knowledge among primi mothers, before video assisted programme, 83.33% of the mothers were having inadequate level of knowledge score and 16.67% of them having moderate level of knowledge score and none of them are having adequate level of knowledge score. After video assisted programme, none of the mothers were having inadequate level of knowledge score and 18.33% of them having moderate level of knowledge score and 81.67% of them were having adequate level of knowledge score. Level of knowledge gain of between pre test and post test was calculated using Generalised McNemar's chisquare test. Comparing pre test score in post test gained more knowledge 81.67% learnt effectiveness of exclusive breast feeding before and after video teaching programme.

**Table 4.13: Comparison of Pre Test and Post Test Attitude Score**

S. No	Attitude on	Pre test		Post test		Mean Difference	Student's paired t-test
		Mean	SD	Mean	SD		
1	All newborn babies must be exclusively breastfed till the age of 6 months.	2.43	1.06	4.08	.65	1.65	t=10.73 P=0.001 *** DF= 59 , Significant
2	A healthy newborn baby can be breastfed on demand.	2.65	1.31	4.10	.30	1.45	t=8.26 P=0.001 *** DF= 59 , Significant
3	Exclusive Breast feed baby protectes against infection	2.32	1.30	4.22	1.04	1.9	t=11.57 P=0.001 *** DF= 59 , Significant
4	Breast feed helps in involution of uterus	2.38	1.24	4.12	.96	1.74	t=7.60 P=0.01 ** DF= 59 , Significant
5	It is very important not to introduce bottle feeds at any point of time	2.12	.99	3.72	1.37	1.6	t=6.62 P=0.001 *** DF= 59 , Significant
6	The only exclusively breastfed is enough for child up to 6 months?	2.18	1.11	4.12	.98	1.94	t=10.79 P=0.001 *** DF= 59 , Significant

S. No	Attitude on	Pre test		Post test		Mean Difference	Student's paired t-test
		Mean	SD	Mean	SD		
7	The child 6 month who is exclusively breastfed does not healthier than child who takes additional food	2.23	1.17	4.03	1.40	1.8	t=7.19 P=0.001 *** DF= 59 , Significant
8	Exclusive breast feed does not help the baby to keep healthy.	1.82	.97	3.83	1.24	2.01	t=9.70 P=0.001 *** DF= 59 , Significant
9	Do not burp the baby after breast feeding	1.85	1.04	3.70	1.82	1.85	t=7.05 P=0.001 *** DF= 59 , Significant
10	Exclusive Breast feeding is not enough to the baby	1.90	1.17	4.38	.72	2.48	t=15.00 P=0.001 *** DF= 59 , Significant
	Total	21.88	7.50	40.30	3.43	18.42	t=17.04 P=0.001 *** DF= 59 , Significant

DF= Degrees of Freedom \*\*\* very high significant at  $P \leq 0.001$

**Table no 4.13** represented that the comparison of mothers pre test and post test attitude score. Considering Overall total score, in pre test , mothers were having 21.88 score where as in post test they were having 40.30 score. Difference is 18.42. This difference was large and it was highly significant difference. So the hypothesis accepted.

**Table 4.14: Each Domainwise Pre Test and Post Test Percentage of Attitude**

S. No	Domains	Pre test Attitude	Post test attitude	% of attitude gain
1	All newborn babies must be exclusively breastfed till the age of 6 months.	48.60%	81.60%	33.00%
2	A healthy newborn baby can be breastfed on demand.	53.00%	82.00%	29.00%
3	Exclusive Breast feed baby protects against infection	46.40%	84.40%	38.00%
4	Breast feed helps in involution of uterus	47.60%	82.40%	34.80%
5	It is very important not to introduce bottle feeds at any point of time	42.40%	74.40%	32.00%
6	The only exclusively breastfed is enough for child up to 6 months?	43.60%	82.40%	38.80%
7	The child 6 month who is exclusively breastfed is not healthier than child who takes additional food	44.60%	80.60%	36.00%
8	Exclusive breast feed is not help the baby to keep healthy.	36.40%	76.60%	40.20%
9	Do not burping the baby after breast feeding	37.00%	74.00%	37.00%
10	Exclusive Breast feeding is not enough to the baby	38.00%	87.60%	49.60%
	Overall	43.76%	80.60%	36.84%

**Table 4.14** revealed that each domain wise percentage of attitude gain score among primi mothers, overall pre test 43.76% post test attitude 80.60% percentage of gained attitude 36.84%.

**Table 4.15: Comparison of Pre Test and Post Test Level of Attitude Score**

Level of attitude	Pre test		Post test		Generalized McNemar's test
	n	%	N	%	
Unfavorable attitude	40	66.7%	0	00.0%	$\chi^2=50.19$ P=0.001***(S)
Moderately favorable attitude	12	20%	20	33.3%	
Highly favorable attitude	0	0.0%	48	80.00%	
Total	60	100%	60	100%	

\*\*\*significant at  $p < 0.001$  level

**Table 4.15** showed that the pre test and post-test level of attitude score among primi mothers, before video assisted programme, 66.7% of the mothers were having inadequate level of attitude score and 33.3% of them having moderate level of attitude score and none of them were having adequate level of attitude score. After video assisted programme, none of the mothers were having inadequate level of attitude score and 20.0% of them having moderate level of attitude score and 80.0% of them were having adequate level of attitude score. Level of attitude gain of between pre test and post test was calculated using Generalised McNemar's chisquare test. It was highly statistically significant  $p =$  value  $p = 0.001$ .



**Table 4.16: Comparison of Scores before and after Video Assisted Programme**

	No. of mothers	Pre test Mean $\pm$ SD	Post test Mean $\pm$ SD	Mean difference Mean $\pm$ SD	Student's paired t-test
Knowledge	60	7.52 $\pm$ 2.63	16.33 $\pm$ 1.66	8.81 $\pm$ 3.47	t=19.67 P=0.001 *** DF= 59 , Significant
Attitude	60	21.88 $\pm$ 7.50	40.30 $\pm$ 3.43	18.41 $\pm$ 8.36	t=17.04 P=0.001 *** DF= 59 , Significant

\* significant at  $P \leq 0.05$  \*\* highly significant at  $P \leq 0.01$  \*\*\* very high significant at  $P \leq 0.001$

**Data in Table 4.16** . revealed that the mean knowledge score of pre test before video assisted programme on exclusive breast feeding in post test (M=16.33+-, SD =1.66)was higher than the pre test (M 7.52 +-SD 2.63). the difference was found statistically significant at  $P < 0.001$  and the mean attitude score of pre test before video assisted programme on exclusive breast feeding in post test (M=40.30+-, SD =3.43) was higher than the pre test (M 21.88 +-SD 7.50). the difference was found statistically significant at  $P < 0.001$ . which indicates the effectiveness of video assisted programme on exclusive breast feeding. Hence the Hypothesis accepted.

**SECTION-C: EFFECTIVENESS OF PRE AND POST TEST LEVEL OF KNOWLEDGE AND ATTITUDE REGARDING EXCLUSIVE BREAST FEEDING AMONG PRIMI MOTHERS.**

*Table 4.17: Effectiveness of Video Assisted Programme*

	Assessment	Max score	Mean score	Mean Difference of gain score with 95% Confidence interval	Percentage Difference of gain score with 95% Confidence interval
Knowledge	Pretest	20	7.52	8.81 (7.91 – 9.71)	44.05% (39.55% – 48.55%)
	Posttest	20	16.33		
Attitude	Pretest	50	21.88	18.41 (16.25 – 20.57)	36.82% (32.5% – 41.14%)
	Posttest	50	40.30		

**Table 4.17** showed the effectiveness of video assisted programme among primi mothers.

On an average knowledge, in post test after had video assisted programme, primi mothers gained 44.05% more knowledge score than pre test score 16.33%.

On an average attitude, in post test after had video assisted programme, mothers gained 36.82% more attitude score than pre test score 21.88%.

Differences and generalization of knowledge gain score and attitude gain score was calculated using and mean difference with 95% CI and proportion with 95% CI. So it concluded that video assisted programme was more effective among the primi mothers.

**SECTION-D: ASSOCIATIONS BETWEEN PRETEST LEVEL OF KNOWLEDGE AND ATTITUDE THEIR DEMOGRAPHIC VARIABLES**

*Table 4.18: Association between Post Test Level of Knowledge and their Demographic Variables*

Demographic variables		Post test level of knowledge score						N	Chi square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Age	< 21 years	0	0.0%	6	37.5%	10	62.5%	16	$\chi^2=7.23$ P=0.03*(S)
	22 -26 years	0	0.0%	4	10.5%	34	89.5%	38	
	> 26 years	0	0.0%	0	0.0%	6	100.0%	6	
Educational status of the mother	No formal education	0	0.0%	3	100.0%	0	00.0%	3	$\chi^2=15.45$ P=0.01**(S)
	Primary education	0	0.0%	6	19.4%	25	80.6%	31	
	Higher secondary education	0	0.0%	1	5.9%	16	94.1%	17	
	Graduate	0	0.0%	1	11.1%	8	88.9%	9	
Occupation	House wife	0	0.0%	9	19.6%	37	80.4%	46	$\chi^2=0.96$ P=0.61(NS)
	Labour	0	0.0%	2	20.0%	8	80.0%	10	
	Government employee	0	0.0%	0	0.0%	0	0.0%	0	
	Private employee	0	0.0%	0	0.0%	4	100.0%	4	
Monthly income of the family	Below Rs. 2000	0	0.0%	1	25.0%	3	75.0%	4	$\chi^2=4.51$ P=0.21(NS)
	Rs 2001 - 3000	0	0.0%	2	20.0%	8	80.0%	10	
	Rs 3001 – 5000	0	0.0%	2	7.4%	25	92.6%	27	
	Above Rs 5000	0	0.0%	6	31.6%	13	68.4%	19	

Demographic variables		Post test level of knowledge score						N	Chi square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Type of the family	Nuclear family	0	0.0%	8	32.0%	17	68.0%	25	$\chi^2=6.16$ P=0.05**(S)
	Joint family	0	0.0%	2	6.4%	29	93.6%	31	
	Extended family	0	0.0%	1	25.0%	3	75.0%	4	
Religion	Hindu	0	0.0%	9	18.0%	41	82.0%	50	$\chi^2=2.69$ P=0.26(NS)
	Muslim	0	0.0%	0	0.0%	5	100.0%	5	
	Christian	0	0.0%	2	40.0%	3	60.0%	5	
Sources of information	Family	0	0.0%	7	26.9%	19	73.1%	26	$\chi^2=3.56$ P=0.31(NS)
	Friends	0	0.0%	1	5.3%	18	94.7%	19	
	Health care professionals	0	0.0%	2	18.2%	9	81.8%	11	
	Others	0	0.0%	1	25.0%	3	75.0%	4	
Dietary pattern	Vegetarian	0	0.0%	1	9.1%	10	90.9%	11	$\chi^2=0.76$ P=0.38(NS)
	Non vegetarian	0	0.0%	10	20.4%	39	79.6%	49	
Antenatal check up.	Regular	0	0.0%	11	18.3%	49	81.7%	60	$\chi^2=0.00$ P=1.00(NS)
	Irregular	0	0.0%	0	0.0%	0	0.0%	0	

**Table 4.18** showed the association between post test level of knowledge and their demographic variables. older age mothers were more educated mothers and joint family mothers were gained more knowledge score than others. Statistical significance was calculated using chi square test.

**Table-4.19: Association between Post Test Level of Attitude and their Demographic Variables**

Demographic variables		Post test level of Attitude score						N	Chi square test
		Unfavorable		Moderate		Highly favourable			
		N	%	n	%	n	%		
Age	< 21 years	0	0.0%	7	43.8%	9	56.2%	16	$\chi^2=8.25$ P=0.02*(S)
	22 -26 years	0	0.0%	5	13.2%	33	86.8%	38	
	> 26 years	0	0.0%	0	0.0%	6	100.0%	6	
Educational status of the mother	No formal education	0	0.0%	3	0.0%	0	77.8%	3	$\chi^2=13.06$ P=0.01**(S)
	Primary education	0	0.0%	4	12.9%	27	87.1%	31	
	Higher secondary education	0	0.0%	3	17.6%	14	82.8%	17	
	Graduate	0	0.0%	2	22.2%	7	100.0%	9	
Occupation	House wife	0	0.0%	10	21.7%	36	78.3%	46	$\chi^2=1.08$ P=0.58(NS)
	Labour	0	0.0%	2	20.0%	8	80.0%	10	
	Government employee	0	0.0%	0	0.0%	0	0.0%	0	
	Private employee	0	0.0%	0	0.0%	4	100.0%	4	
Monthly income of the family	Below Rs. 2000	0	0.0%	1	25.0%	3	75.0%	4	$\chi^2=1.19$ P=0.75(NS)
	Rs 2001 - 3000	0	0.0%	1	10.0%	9	90.0%	10	
	Rs 3001 – 5000	0	0.0%	5	18.5%	22	81.5%	27	
	Above Rs 5000	0	0.0%	5	26.3%	14	73.7%	19	

Demographic variables		Post test level of Attitude score						N	Chi square test
		Unfavourable		Moderate		Highly favourable			
		N	%	n	%	n	%		
Type of the family	Nuclear family	0	0.0%	8	32.0%	17	68.0%	25	$\chi^2=8.05$ P=0.02*(S)
	Joint family	0	0.0%	2	6.5%	29	93.5%	31	
	Extended family	0	0.0%	2	50.0%	2	50.0%	4	
Religion	Hindu	0	0.0%	10	20.0%	40	80.0%	50	$\chi^2=2.51$ P=0.28(NS)
	Muslim	0	0.0%	0	0.0%	5	100.0%	5	
	Christian	0	0.0%	2	40.0%	3	60.0%	5	
Sources of information	Family	0	0.0%	6	23.1%	20	76.9%	26	$\chi^2=0.45$ P=0.93(NS)
	Friends	0	0.0%	3	15.8%	16	84.2%	19	
	Health care professionals	0	0.0%	2	18.2%	9	81.8%	11	
	Others	0	0.0%	1	25.0%	3	75.0%	4	
Dietary pattern	Vegetarian	0	0.0%	1	9.1%	10	90.9%	11	$\chi^2=1.00$ P=0.31(NS)
	Non vegetarian	0	0.0%	11	22.4%	38	77.6%	49	
Antenatal check up.	Regular	0	0.0%	12	20.0%	48	80.0%	60	$\chi^2=0.00$ P=1.00(NS)
	Irregular	0	0.0%	0	0.0%	0	0.0%	0	

**Table 4.19** showed the association between post-test level of attitude and their demographic variables. older age mothers are more educated mothers and urban area mothers were gained more attitude score than others. Statistical significance was calculated using chi square test.

**Table 4.20: Association between Posttest Level of Knowledge and their Demographic Variables**

Demographic variables		Posttest level of knowledge score						N	Chi square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Age	< 21 years	0	0.0%	6	37.5%	10	62.5%	16	$\chi^2=7.23$ P=0.03*(S)
	22 -26 years	0	0.0%	4	10.5%	34	89.5%	38	
	> 26 years	0	0.0%	0	0.0%	6	100.0%	6	
Educational status of the mother	No formal education	0	0.0%	3	100.0%	0	00.0%	3	$\chi^2=15.45$ P=0.01**(S)
	Primary education	0	0.0%	6	19.4%	25	80.6%	31	
	Higher secondary education	0	0.0%	1	5.9%	16	94.1%	17	
	Graduate	0	0.0%	1	11.1%	8	88.9%	9	
Occupation	House wife	0	0.0%	9	19.6%	37	80.4%	46	$\chi^2=0.96$ P=0.61(NS)
	Labour	0	0.0%	2	20.0%	8	80.0%	10	
	Government employee	0	0.0%	0	0.0%	0	0.0%	0	
	Private employee	0	0.0%	0	0.0%	4	100.0%	4	
Monthly income of the family	Below Rs. 2000	0	0.0%	1	25.0%	3	75.0%	4	$\chi^2=4.51$ P=0.21(NS)
	Rs 2001 - 3000	0	0.0%	2	20.0%	8	80.0%	10	
	Rs 3001 – 5000	0	0.0%	2	7.4%	25	92.6%	27	
	Above Rs 5000	0	0.0%	6	31.6%	13	68.4%	19	

Demographic variables		Posttest level of knowledge score						N	Chi square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Type of the family	Nuclear family	0	0.0%	8	32.0%	17	68.0%	25	$\chi^2=6.16$ P=0.05**(S)
	Joint family	0	0.0%	2	6.4%	29	93.6%	31	
	Extended family	0	0.0%	1	25.0%	3	75.0%	4	
Religion	Hindu	0	0.0%	9	18.0%	41	82.0%	50	$\chi^2=2.69$ P=0.26(NS)
	Muslim	0	0.0%	0	0.0%	5	100.0%	5	
	Christian	0	0.0%	2	40.0%	3	60.0%	5	
Sources of information	Family	0	0.0%	7	26.9%	19	73.1%	26	$\chi^2=3.56$ P=0.31(NS)
	Friends	0	0.0%	1	5.3%	18	94.7%	19	
	Health care professionals	0	0.0%	2	18.2%	9	81.8%	11	
	Others	0	0.0%	1	25.0%	3	75.0%	4	
Dietary pattern	Vegetarian	0	0.0%	1	9.1%	10	90.9%	11	$\chi^2=0.76$ P=0.38(NS)
	Non vegetarian	0	0.0%	10	20.4%	39	79.6%	49	
Antenatal checkup.	Regular	0	0.0%	11	18.3%	49	81.7%	60	$\chi^2=0.00$ P=1.00(NS)
	Irregular	0	0.0%	0	0.0%	0	0.0%	0	

**Table 4.20** revealed that the association between pretest level of attitude and their demographic variables. None of the demographic variables were significantly associated with their pretest level of attitude score. Statistical significance was calculated using chi square test.



**Table 4.21: Association between Posttest Level of Attitude and their Demographic Variables**

Demographic variables		Posttest level of Attitude score						N	Chi square test
		Unfavourable		Moderate		Highly favourable			
		n	%	n	%	n	%		
Age	< 21 years	0	0.0%	7	43.8%	9	56.2%	16	$\chi^2=8.25$ P=0.02*(S)
	22 -26 years	0	0.0%	5	13.2%	33	86.8%	38	
	> 26 years	0	0.0%	0	0.0%	6	100.0%	6	
Educational status of the mother	No formal education	0	0.0%	3	0.0%	0	100.0%	3	$\chi^2=13.06$ P=0.01**(S)
	Primary education	0	0.0%	4	12.9%	27	87.1%	31	
	Higher secondary education	0	0.0%	3	17.6%	14	82.8%	17	
	Graduate	0	0.0%	2	22.2%	7	77.8%	9	
Occupation	House wife	0	0.0%	10	21.7%	36	78.3%	46	$\chi^2=1.08$ P=0.58(NS)
	Labour	0	0.0%	2	20.0%	8	80.0%	10	
	Government employee	0	0.0%	0	0.0%	0	0.0%	0	
	Private employee	0	0.0%	0	0.0%	4	100.0%	4	
Monthly income of the family	Below Rs. 2000	0	0.0%	1	25.0%	3	75.0%	4	$\chi^2=1.19$ P=0.75(NS)
	Rs 2001 - 3000	0	0.0%	1	10.0%	9	90.0%	10	
	Rs 3001 – 5000	0	0.0%	5	18.5%	22	81.5%	27	
	Above Rs 5000	0	0.0%	5	26.3%	14	73.7%	19	
Type of the family	Nuclear family	0	0.0%	8	32.0%	17	68.0%	25	$\chi^2=8.05$ P=0.02*(S)
	Joint family	0	0.0%	2	6.5%	29	93.5%	31	
	Extended family	0	0.0%	2	50.0%	2	50.0%	4	

Demographic variables		Posttest level of Attitude score						N	Chi square test
		Unfavourable		Moderate		Highly favourable			
		n	%	n	%	n	%		
Religion	Hindu	0	0.0%	10	20.0%	40	80.0%	50	$\chi^2=2.51$ P=0.28(NS)
	Muslim	0	0.0%	0	0.0%	5	100.0%	5	
	Christian	0	0.0%	2	40.0%	3	60.0%	5	
Sources of information	Family	0	0.0%	6	23.1%	20	76.9%	26	$\chi^2=0.45$ P=0.93(NS)
	Friends	0	0.0%	3	15.8%	16	84.2%	19	
	Health care professionals	0	0.0%	2	18.2%	9	81.8%	11	
	Others	0	0.0%	1	25.0%	3	75.0%	4	
Dietary pattern	Vegetarian	0	0.0%	1	9.1%	10	90.9%	11	$\chi^2=1.00$ P=0.31(NS)
	Non vegetarian	0	0.0%	11	22.4%	38	77.6%	49	
Antenatal checkup.	Regular	0	0.0%	12	20.0%	48	80.0%	60	$\chi^2=0.00$ P=1.00(NS)
	Irregular	0	0.0%	0	0.0%	0	0.0%	0	

**Table 4.21** showed the association between post-test level of attitude and their demographic variables. older age mothers, more educated mothers and urban area mothers are gained more attitudescore than others. Statistical significance was calculated using chi square test.

**Table-4.22: Correlation between Knowledge gain score and Attitude gain score**

<b>Correlation between</b>	<b>Mean gain score Mean±SD</b>	<b>Karl pearson Correlation coefficients</b>	<b>Interpretation</b>
Knowledge Vs Attitude	8.81±3.47 18.41±8.36	r= 0.47 P=0.001***	There was a significant positive moderate correlation between knowledge gain score and attitude gain score. It means knowledge increases their attitude score also increases moderately

### **INTERPRETATION FOR R-VALUE**

Karl pearson correlation coefficient is denoted by “r”

“r” always lies between -1 to +1

0.0 – 0.2 poor correlation

0.2 - 0.4 fair correlation

0.4 - 0.6 moderate correlation

0.6 – 0.8 substantial correlation

0.8- 1.0 strong correlation

## **CHAPTER-V DISCUSSION**

The present study focussed on the effectiveness of video assisted programme on knowledge and attitude regarding exclusive breast feeding among primi mothers in postnatal ward at Institute of Obstetrics and Gynaecology and Government hospital for women and children Chennai.

The investigator collected the information from the primi mothers in postnatal ward by using the demographic variable, semi structured questionnaires and attitude scale. The investigator also screened the 60 primi mothers in postnatal ward with the demographic variable, semi structured questionnaires and attitude scale.

The findings of the study are discussed below based on the study objectives.

### **DEMOGRAPHIC PROFILE**

The study revealed that – among 60 mothers 16 (26.67) % gave birth below the age of 21 years teenage pregnancy lead to more complication and inadequate knowledge about the breast feeding exclusive breast feeding. In educational status 31, 51.67% are studied in Primary education it leads to inadequate knowledge about exclusive breast feeding.so the video assisted programme was very effective. In Occupation majority of primi mothers are House wife 46 (76.67%). In type of the family most of the mothers from 31, (51.67%) Joint family, and sources of information family 26, (43.33%) is high,it shows that joined family is more useful for the exclusive breast feeding . In diet non vegetarian 49 (81.67%) the study shows that majority of the participants are in non vegetarians, this could be will promote the exclusive breast feeding. In antenatal check up regular 60, (100%) and

irregular 0% this could be understand that majority of the participants are coming for regular antenatal check up, it concludes that most of the mothers were aware about the importance of the regular antenatal check up.

***Objectives-1 : Assess the prê test level of knowledge and attitude regarding exclusive breast feeding among primi mothers.***

A baseline data (Pretest) collected from the subjects regarding exclusive breast feeding . The present study reveales that pre test level of knowledge among the subjects that include the. Advantages of breast feeding 42.60% have maximum knowledge Exclusive breast feeding 31%, in colostrum 30 % has minimum knowledge. Assessing the adequacy of breast feeding, Issue in breast feeding, Frequency of breast feeding, Latching each 35% has moderate knowledge.

Pre test percentage of attitude among primi mothers, a healthy newborn baby can be breastfed on demand of 53.00% highest attitude. Exclusive breast feed doesnt help the baby to keep healthy 36.40% lowest attitude. The only exclusively breastfed is enough for child up to 6 months 43.60% moderate attitude.

Pre test level of attitude score among primi mothers, In pre test level of attitude score unfavorable attitude 66.7% , moderately favorable attitude 33.3% and highly favorable attitude 0.0%.

Thisdescriptive study was supported by **Muluken Asfaw Admasu, Erika Cione, (2017)** to assess the breast feeding knowledge, attitude and practice and determinants among maternal in Gondar Ethiopia this study concluded that, full breast feeding was reported by 59.3%, mixed feeding was reported by 31.3% and infant formula feeding was reported by 12.4%. Almost one third of the full breastfeeding group did so for 7–12 months, and almost two thirds did continue breastfeeding for more than one year. This study showed that a majority of mothers has known the importance of

Exclusive Breast Feeding and have good attitude, knowledge in order that strongly agree that Exclusive Breast Feeding is advantageous for infant aged less than six months. <sup>14</sup>

***Objectives-II: Assess the post test level of knowledge and attitude of primi mothers regarding exclusive breast feeding after video assisted programme.***

***H<sub>1</sub>***-The mean post test knowledge scores of primi mothers on knowledge & attitude will be significantly higher than their pre – test knowledge scores.

The pre-test level of knowledge among the primi mothers subjects regarding exclusive breast feeding 31%, colostrum 30 % has minimum knowledge. primi mothers were having inadequate knowledge; none of them are having adequate knowledge, in attitude Pre test level of attitude score among primi mothers, in pre test level of attitude score Unfavorable attitude 66.7% and highly favorable attitude 0.0%. So the researcher planned to teach the video assisted program. It was given to the primi mothers regarding the exclusive breast feeding. After a gap of 7 days, the knowledge and attitude regarding exclusive breast feeding were assessed (post-test) by an evaluator. In order to find the effectiveness of the video assisted program.

Percentage of knowledge the post test among primi mothers. In postnatal ward Exclusive breast feeding 84.00%, Colostrum 87.67%.

Percentage of attitude after post test among primi mothers. In the present study shows all newborn babies must be exclusively breastfed till the age of 6 months 81.60% .

Post test level of attitude among primi mothers. In the present shows that post test level of attitude score highly favorable attitude 80.00%, moderately favorable attitude 20.00%, unfavorable attitude 00.0%.

The result concludes that the video assisted program was effective in the exclusive breast feeding at the level of  $P \leq 0.001$ . Hence this hypothesis was supported by the findings of the present study and supportive study result.

*Sohair AM Shommo1 and Hessa AS Al-Shubrumi (2014)*, had supported on Breast feeding knowledge, attitude and practice among mothers in Hail district, north western Saudi Arabia. A total of 60 women whose education was mainly university (39.7% ) and secondary (24.1 %) were included in the study. Most of them were from middle economic status. This study showed that adverse work and maternal health related issues were the main reasons for a low rate of breastfeeding among women in Hail district-Saudi Arabia. Limited knowledge addressing the breastfeeding issues during pregnancy. Such findings should be useful to health professionals and officials when attempting to overcome breastfeeding barriers and to devise targeted breastfeeding interventions. <sup>16</sup>

***Objectives-III : Comparison the effectiveness of pre and post test level of knowledge and attitude regarding exclusive breast feeding among primi mothers.***

Comparison of pre test and post test knowledge among primi mothers. Overall total score, in pre test , mothers are having 7.52 score whereas in post test they are having 16.33 score. Difference is 8.81. This difference is large and it is statistically significant difference. Significance between pre test and post test score was calculated using student paired t-test. Overall the post test level of knowledge were highly significant one P value  $p = 0.001$  \*\*\* . So the hypothesis accepted.

Comparison of pre test and post test attitude score among primi mothers. Considering Overall total score, in pre test , mothers are having 21.88 score whereas in post test they are having 40.30 score.

Difference is 18.42. This difference is large and it is highly significant difference. So the hypothesis was accepted.

From this study, more than fifty percent of the women had positive attitude towards breastfeeding.

Comparison of pre test and post test level of attitude score among primi mothers. Before video assisted programme, 66.7% of the mothers are having inadequate level of attitude score and 33.3% of them having moderate level of attitude score and none of them are having adequate level of attitude score. After video assisted programme, none of the mothers are having inadequate level of attitude score and 20.0% of them having moderate level of attitude score and 80.0% of them are having adequate level of attitude score. Level of attitude gain of between pre test and post test was calculated using Generalised McNemar's chi square test. It is highly statically significant  $p = \text{value } p = 0.001$ . So the hypothesis was accepted.

Comparison of scores before and after video assisted programme among primi mothers. This study revealed that the mean knowledge score of pre test before video assisted programme on exclusive breast feeding in post test ( $M=16.33\pm, SD =1.66$ ) was higher than the pre test ( $M 7.52 \pm SD 2.63$ ), the difference was found to be statistically significant at  $P < 0.001$ . and the mean attitude score of pre test before video assisted programme on exclusive breast feeding in post test ( $M=40.30\pm, SD =3.43$ ) was higher than the pre test ( $M 21.88 \pm SD 7.50$ ). the difference was found to be statistically significant at  $P < 0.001$ . which indicates the effectiveness of video assisted programme on exclusive breast feeding. Hence the hypothesis accepted.

*Jolly L et al (2013)* had conducted A cross-sectional survey study on Knowledge and attitudes toward breastfeeding in an African American male population. the objective of this study is to measure knowledge and



attitudes toward breastfeeding among African American men. Overall, we found that African American men were supportive of breastfeeding, knew that breastfeeding was best for infants, and had positive attitudes toward breastfeeding. However, we found consistent gaps in knowledge about the actual health benefits to mothers and infants and conflicting attitudes toward breastfeeding. Results emphasize the need for health education efforts to improve attitudes toward breastfeeding in public. <sup>9</sup>

***Objectives -IV : The association between knowledge and attitude regarding exclusive breast feeding with selected demographic variables.***

**H<sub>2</sub>.** *The second hypothesis says that There is a significant relationship between selected demographic variables & pre-test knowledge of primi mothers regarding breast feeding .*

The present study shows the pretest level of knowledge and their demographic variables. None of the demographic variables are significantly associated with their pretest level of knowledge score. Statistical significance was calculated using Pearson chi-square test. Posttest level of knowledge and their demographic variables.

Association between pre test level of knowledge and their demographic variables among primi mothers. None of the demographic variables are significantly associated with their pre test level of knowledge score. Statistical significance was calculated using chi square test.

***Mbada CE et al., (2013)*** had supported a study on knowledge, attitude and techniques of breastfeeding among Nigerian mothers from a semi-urban community. Mothers' poor knowledge and negative attitude towards breastfeeding may influence practices and constitute barriers to optimizing the benefits of the baby-friendly initiative. Nigerian mothers demonstrated good knowledge and positive attitude towards breastfeeding.

The second hypothesis concerns the construction of the materials, that is, the researcher designed questionnaires and attitude scale. The hypothesis was supported by the above-stated findings of the present study. It was inferred from the study findings that the program plays a greater role in exclusive breast feeding.

***Objectives - IV: Correlate the knowledge and attitude regarding exclusive breast feeding among primi mothers***

There is a significant positive moderate correlation between knowledge gain score and attitude gain score. It means knowledge increases their attitude score also increases moderately.

In this study, the researcher used the conceptual framework was based on the king's expansion of Goal attainment Theory. This model explains the relationship between nurse and the primi mothers communicating information, establishing goals and taking action to attain the goals. That means the primi mothers follow the exclusive breast feeding will promote the child health and reduce the neonatal and infant mortality rate.

## **CHAPTER – VI**

### **SUMMARY, NURSING IMPLICATION, LIMITATION, RECOMMENDATION AND CONCLUSION**

This chapter deals with summary, Conclusion, Implication, limitation and recommendation of the study.

#### **6.1. SUMMARY**

The study was conducted in the department of post natal ward at Institute of Obstetrics and Gynaecology and Government Hospital for women and children Egmore Chennai . For a period of 4 weeks from 2.1.18 to 27.1.18. The aim of the study was to evaluate the effectiveness of video assisted programme on knowledge and attitude regarding exclusive Breast feeding among primi mothers in postnatal ward. A conceptual framework for this study was adapted king's expansion of Goal attainment Theory.

The first part of the study was involved with instruments developed based on the findings from a quantitative study. Semi-structured questionnaires were developed. A pilot study was done to assess the feasibility of the study and necessary changes were adopted after the pilot study reliability of the tool was assessed by using Test-retest method. Knowledge score reliability correlation coefficient value is 0.80. The investigators were chosen for the quasi-experimental study, one group pre test and post-test design. The subjects were selected using a purposive sampling technique belonging in the primi mothers in postnatal ward. Subject's knowledge and attitude was assessed before giving the video assisted program.

#### ***The study findings are summarized below***

This chapter gives a brief account of the present study conducted in the post natal ward at Institute of Obstetrics and Gynaecology and Government Hospital for women and children Egmore Chennai .In postnatal ward total of 60 primi mothers were selected and descriptive design was used in this study.

Both the semi structured questionnaire and video assisted programme were used for the data collection. The data was conducted by the investigator personally. The knowledge and attitude of exclusive breast feeding was determined using a questionnaire. Thereafter the same samples were assessed for exclusive breast feeding session using modified liker scale tool, followed by video assisted programme on the first day. On 2<sup>nd</sup> and 3<sup>rd</sup> day the sample were evaluated with the post test questionnaire and modified attitude scale the initial and final scores were then compared.

## **6.2 MAJOR FINDINGS OF THE STUDY**

Even Though the study has brought many findings the important and major finding are listed hereunder

Majority 38 (63.33%) was in the age group between 22- 36 years. 16 (26.67%) of them below 21 years, 6 (10.00%) of the them more than 26 years.

Regarding the educational status, 51% of mothers have completed Higher secondary education, 15.00% of mothers have completed degree, 51.67 % of clients have completed primary education, and 5.00% of mothers have no formal education.

Economic wise 45 % ( 27) of clients get Rs 3001- 5000 of salary per month, (19) 31.67% of clients get above Rs 5000 salaries per month, 16.66% (10) Rs 2001 -3000 of salaries per month, 6.67% (4) mothers get below the Rs 2000 salary per month.

Regarding religion wise majority of them were Hindu (83.34%) and 8.33% % of clients were Muslim, 8.33% % of clients were Christian.

Most of the mothers 81.67% of female clients were followed non vegetarian dietary pattern, 18.33% of mothers were followed a vegetarian diet.

About most of them belongs to 51.67% Joint family 41.66% belongs to Nuclear family and 6.67% belongs to Extended family

Knowledge of the mothers, Statistical significance was calculated by using student's paired 't' test. Before VAP, 83.33% of the primi mothers have an inadequate level of knowledge score, 16.67% of them have moderate level of knowledge score and none of them are having an adequate level of knowledge score. After VAP, none of the female patients are having inadequate level of knowledge score, 18.33% of them have moderate level of knowledge score and 81.67% of them are having an adequate level of knowledge score.

Attitude of the mothers, Statistical significance was calculated by using Generalized McNemar's test. Before VAP, 66.7% of the primi mothers have an unfavorable attitude score, 33.3% of them having moderate level of attitude score and none of them are having adequate level of attitude score. After VAP, none of the mothers are Unfavorable attitude having level of attitude score, 20.0% of them having moderate level of attitude score and 80.0% of them are having adequate level of attitude score. Level of attitude gained between pre test and post test was calculated using Generalised McNemar's chisquare test. It is highly statistically significant  $p = \text{value } p = 0.001$ . It is highly statistically significant  $p = \text{value } p = 0.001$

#### **Association between pre test level of attitude and their demographic variables among primi mothers.**

This study shows that the None of the demographic variables are significantly associated with their pre test level of attitude score. Statistical significance was calculated using chi square test.

#### **Correlation between knowledge gain score and attitude gain score among primi mothers.**

It shows the association between post-test level of attitude and their demographic variables. Elder age mothers were more educated mothers and urban area mothers are gained more attitude score than others. Statistical significance was calculated using chi square test.

### **6.3 IMPLICATION**

The present study has been used to evaluate the effectiveness of the video assisted program on exclusive breast feeding among primi mothers. The findings of the study has the implications in the field of nursing practice, nursing education, nursing administration and nursing research.

The nurse should be responsible for assessing knowledge and attitude of postnatal mothers prior to planning for any teaching programme. This would facilitate appropriate education of post natal mothers based on their level of understanding. Learning could enhance the practice of breast feeding session among individuals. Hence if effective

#### ***6.3.1 Nursing Practice***

- ❖ Practicing nurses has favourable opportunity to educate postnatal mothers on exclusive breast feeding and to reinforce the value of exclusive breast feeding.
- ❖ Nurses working in antenatal clinic, postnatal clinic and public health centre can regularly plan a teaching programme to stress upon the importance of exclusive breast feeding. Through the information was given to the mother through structured teaching programme, pamphlets, posters, the mother was not interested to learn. But this video assisted programme provides interest to the mother to listen and gain knowledge.
- ❖ This video will create more awareness among mothers will motivate the primi mothers to exclusive breast feed their babies

and it will reduce the infant mortality and morbidity rate in the community.

- ❖ The community health nurses can also educate the village health nurse and Balwadi or anganvaadi workers who is directly contact with Antenatal and postnatal mothers the exclusive breast feeding should be educate, the nurses can improve the health status of the infant through exclusive breast feeding and thereby reduce the neonatal and infant mortality and the morbidity rate..

### ***6.3.2 Nursing Education***

- ❖ Nursing educators when planning and instructing nursing students should provide opportunities for students to gain the skill in teaching mothers on exclusive breast feeding.
- ❖ The study outline, the significance of short term courses and in service education to equip nurses with the current knowledge on ideal practice of breast feeding.
- ❖ The midwifery should be strengthened with current concept on exclusive breast feeding to provide appropriate information to the antenatal and postnatal others.

### ***6.3.3. Nursing Administration***

- ❖ Nurse administrator should provide the necessary physical facilities in the antenatal and postnatal clinics of examining, counselling and teaching primi mothers regarding on various aspects of antenatal and child health including exclusive breast feeding.
- ❖ A video assisted programme on exclusive breast feeding should be included as a regular maternity ward activity. Good supervisory arrangement is necessary arrangement is necessary to

ensure that the practicing nurses are effectively utilising the opportunity provided to watch the video Programme.

- ❖ The follow up of the mothers should be done by nurse administrator to evaluate their practice on breast feeding after their discharge from the hospital through the collaboration with community health nurse.

#### ***6.3.4. Nursing Research***

- ❖ The essence of research is to build up a body of knowledge in nursing it is an evolving profession. The effectiveness of the studies in research field is verified by its ability to be practiced by the nurse in the clinical settings.
- ❖ The findings of the study will help the professional nurses and nursing students to develop inquiry by procuring a base.
- ❖ This study help the nurse researchers to develop insight into the development of video assisted teaching programme in various other aspects of care to the mothers and child towards promotion of safe motherhood and childhood.

#### **6.4. LIMITATIONS OF THE STUDY**

- ❖ The study did not assess the practice of exclusive breast feeding
- ❖ The number of samples is limited to 60 in the present study.
- ❖ The duration of the study was also limited to 6 weeks periods, so the researcher could not implement the entire teaching programme.
- ❖ The investigator followed only pre experimental one group pre test post test design; hence the investigator could not compare the effectiveness of knowledge with the control group.



## 6.5. RECOMMENDATION

On the basis of the findings of the study following recommendation have been made

- ❖ The same study can be replicated on a larger sample and also at different settings.
- ❖ A comparative study of knowledge and attitude of exclusive breast feeding among primi and multi para mothers can be done.
- ❖ The descriptive study on assessing the knowledge and attitude of working women towards exclusive breast feeding can be done.
- ❖ The same study can be done in antenatal mothers.
- ❖ A comparative study of knowledge and attitude of exclusive breast feeding among working mothers and non working mothers.

## 6.6 CONCLUSION

The study results showed, that there was a significant difference between the pre-test and post-test level of knowledge and attitude regarding exclusive breast feeding. It revealed that the mean score of knowledge pre test (M 7.52 +-SD 2.63), before video assisted programme on exclusive breast feeding in post test (M=16.33+-, SD =1.66) was higher than the pre test the difference was found to be statistically significant at  $P= 0.001$ . In attitude score of pre test (M 21.88 +-SD 7.50), before video assisted programme on exclusive breast feeding in post test (M=40.30+-, SD =3.43) was higher than the pre test the difference was found to be statistically significant at  $P< 0.001$ . “ t” value 19.67 was greater than the table value at 0.05 level of significance. So it was concluded that the video assisted programme was effective ( $p\leq 0.001$ ) and improved the level of knowledge and attitude regarding exclusive breast feeding among primi mothers in postnatal ward.

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## SEMI STRUCTURED QUESTIONNAIRES

### PART I

#### TOOLS FOR MOTHERS DEMOGRAPHIC VARIABLES.

1. Age in years 
  - a. Less than 21 years
  - b. 22 – 26 years
  - c. Over 26 years
2. Religion
  - a. Hindu
  - b. Muslim
  - c. Christian
  - d. Others
3. Educational status of the mother 
  - a. No formal education
  - b. Primary education
  - c. Higher secondary education
  - d. Graduate
4. Occupation 
  - a. House wife
  - b. Labour
  - c. Government employee
  - d. Private employee

5. Monthly income of the family

a. Below Rs 2000

b. Rs 2001 – Rs 3000

c. Rs 3001 – Rs 4000

d. Above Rs 10495

6. Type of the family

a. Nuclear family

b. Joint family

c. Extended family

7. Sources of information

a. Family

b. Friends

c. Health care professionals

d. Media

## II. ANTENATAL INFORMATION

1. Antenatal check up

a. Regular antenatal check up

b. Irregular antenatal check up

2. Dietary pattern

a. Vegetarian diet

b. Non vegetarian diet

### III. KNOWLEDGE OF THE EXCLUSIVE BREAST FEEDING

1. What is Exclusive Breast Feeding
  - a. Human milk with some animal milk
  - b. Human milk with no additional food
  - c. Human milk with some additional food
  - d. Human milk with no supplementation of any type of food till 6 month.
  
2. What is the duration of Exclusive Breast Feeding
  - a. Till six months
  - b. One years
  - c. Two years
  - d. I don't know
  
3. What is meant by colostrums
  - a. When baby born first three days secreted from mother breast
  - b. When baby born after three days secreted from mother breast
  - c. Whenever mother feed that time secreting milk
  - d. I don't know
  
4. What are the components of colostrum
  - a. Protein and fat
  - b. Glucose and Minerals
  - c. Antibodies ( IgA, IgG, IgM)
  - d. All the above
  
5. What is the duration of the colostrum
  - a. First day only
  - b. First 3 days only
  - c. First 7 days only
  - d. First 1 month only
  
6. What is the duration of every single feed at each breast
  - a. Less than 5 min
  - b. 5-10 minutes at each breast
  - c. 10-20 minutes at each breast
  - d. I do not know

7. What is proper latch on
- a. Baby open the mouth wider and The chin touching the breast
  - b. The lip are flanged out and areola must be covered by mouth
  - c. All of the above
  - d. I do not know
8. What are the Breast feeding technique
- a. Cradle hold and Cross cradle hold
  - b. Foot ball hold
  - c. Side lying position
  - d. All the above
9. What are the benefits of colostrum
- a. It contain antigen and protect from infection.
  - b. Used to skin protection
  - c. Used to baby weight gain
  - d. I do not know
10. What are the advantage of breast feeding to mother.
- a. Minimize the postpartum haemorrhage and prevent the anaemia
  - b. Used to contraction of the uterus
  - c. It prevent breast and ovarian cancer
  - d. All the above
11. What are the advantage of breast feeding to baby
- a. It protect from infectious diseases
  - b. Prevent dehydration
  - c. Used to weight reduction
  - d. I do not know
12. What are the economic benefits of breast feeding
- a. No need money for preparation of breast milk
  - b. Readily available
  - c. It reduce the medical expenditure
  - d. All the above
- 
- 
-

13. What are the social benefits of breast feeding
- a. Promotes mother and child bonding
  - b. Temporary natural form of family planning
  - c. Both mother child bonding and family planning
  - d. I do not know

14. When to start the first breast feeding to newborn
- a. Immediately soon after birth
  - b. Within 30 minutes
  - c. Within 2 hours
  - d. Within 4 hours

15. What are the way you promote the exclusive breast feeding
- a. Breastfeed newborn soon after delivery
  - b. Do not discard colostrums
  - c. Keep baby close to the mother.
  - d. All the above

16. When will secret more breast milk
- a. Mother has large breast
  - b. Mother getting adequate sleep
  - c. Mother breast feed with adequate intervals
  - d. When baby sucking the breast

17. When will you feed your baby
- a. As and when the mother feels like feeding
  - b. Whenever the baby cries for feeds
  - c. As and when the mother wants to go out
  - d. As and when the mother when free from work

18. What are all the good signs for breast feeding
- a. Passes clear dilute urine 5 -6 times a day
  - b. Sleep for 1 -2 hours after a feed
  - c. weight gain 10-15gm per day
  - e. All the above

19. What is the complication when mother not feed sufficiently

- a. Breast engorgement
- b. Breast cancer
- c. All the above
- d. I do not know

20. What is the use of burping to the baby

- a. It helps to relieve excess gas from the abdomen
- b. It stimulate the digestion
- c. It will promote sleep to the baby
- d. Its helps to swallow of milk

## ANSWER KEY

Q.No	Answers
1.	d
2.	a
3.	a
4.	d
5.	b
6.	c
7.	c
8.	d
9.	a
10.	d
11.	a
12.	d
13.	a
14.	a
15.	d
16.	d
17.	b
18.	d
19.	b
20.	a

### SECTION C – ATTITUDE SCALE

MAKE A TICK MARK INDICATING YOUR OPINION ABOUT THE FOLLOWING STATEMENT

S.NO	STATEMENT	STRONGLY AGREE	AGREE	UNCERTAIN	DISAGREE	STRONGLY DISAGREE
1.	All newborn babies must be exclusively breastfed till the age of 6 months.					
2.	A healthy newborn baby can be breastfed on demand.					
3.	Exclusive Breast feeding protect baby against infection					
4.	Breast feed helps in involution of uterus					
5.	It is very important not to introduce bottle feeds at any point of time					
6.	The only exclusively breastfed is enough for child up to 6 months?					
7.	The child 6 month who is exclusively breastfed does not healthier than child who takes additional food					
8.	Exclusive breast feed does					



	not help the baby to keep healthy.					
9.	Do not burp the baby after breast feeding					
10.	Exclusive Breast feeding is not enough to the baby					

### **SCORING KEY FOR ASSESSING OF TE ATTITUDE**

<b>SNO</b>	<b>ITEMS</b>	<b>STRONGLY AGREE</b>	<b>UNCERTAIN</b>	<b>AGREE</b>	<b>DISAGREE</b>	<b>STRONGLY DISAGREE</b>
1.	POSITIVE					
2.	NEGATIVE					

### **LEVEL OF ATTITUDE**

>76 % highly favourable attitude

60 – 75 % moderately favourable attitude

50 – 60 % - mild favourable attitude

50 % - unfavourable attitude

## குடும்ப விவரங்களை அறிய உதவும் படிவம்

**நோக்கம்:** இந்த படிவம் குடும்ப விவரங்களை பற்றி அதாவது வயது, மதம், கல்வித் தகுதி, தொழில், மாத வருமானம், குடும்ப வகை, தகவல் தொடர்பு சாதனங்கள் பற்றி அறிய உதவுகிறது.

### பகுதி-1

### சமுதாய குடும்ப காரணிகள்

1) வயது

அ)  $\leq 20$

ஆ) 21-25

இ) 26-30

ஈ) 31-35

2) மதம்

அ) இந்து

ஆ) முஸ்லிம்

இ) கிறிஸ்தவர்

ஈ) மற்றவை

3) கல்வித் தகுதி?

அ) படிப்பறிவு அற்றவர்

ஆ) ஆரம்ப கல்வி

இ) உயர்நிலை கல்வி

ஈ) மேல்நிலைக் கல்வி

உ) பட்டதாரி

ஊ) தொழில் கல்வி

4) தொழில்?

அ) அரசு ஊழியர்

ஆ) தனியார் ஊழியர்

இ) சுய தொழில்

ஈ) குடும்ப தலைவி

- 5) குடும்பத்தின் மாத வருமானம்?
- அ) <2000
- ஆ) 2000-3000
- இ) 3000-4000
- ஈ) >4000
- 6) குடும்ப வகை?
- அ) தனிக்குடும்பம்
- ஆ) கூட்டுக் குடும்பம்
- இ) விரிவான குடும்பம்
- 7) சுகாதாரத்தை பற்றிய தகவல் பெறும் வகை?
- அ) குடும்ப அங்கத்தினர்
- ஆ) அண்டை வீட்டார் மற்றும் நண்பர்கள்
- இ) மருத்துவ துறை சார்ந்தவர்
- ஈ) தகவல் தொடர்பு சாதனம்

## கர்ப்பக்கால விவரங்கள்

**நோக்கம்:** இந்த படிவம் கர்ப்பக்கால விவரங்களை அறிய உதவுகிறது. அதாவது கர்ப்பக்கால பரிசோதனைகள், சுய மார்பு பரிசோதனை, எடை, கூடுதல் கோளாறுகள் மற்றும் ஏனைய நோய்கள் பற்றி அறிய உதவுகிறது.

- 1) கர்ப்பகால பரிசோதனைகள்
- அ) முறைப்படி செய்யப்பட்டது
- ஆ) எப்போதாவது செய்யப்பட்டது
- இ) ஒருபோதும் செய்யப்படவில்லை
- 2) கர்ப்பகால சுய மார்பு பரிசோதனைகள்
- அ) முறைப்படி செய்யப்பட்டது
- ஆ) எப்போதாவது செய்யப்பட்டது
- இ) ஒருபோதும் செய்யப்படவில்லை

**பகுதி-2**

**முதல் முறையாக குழந்தை பெற்ற தாய்மார்களிடம் தாய்பால் ஊட்டுதலின் அறிவைப் பற்றிய வழிவமைக்கப்பட்ட நேர்காணல் படிவம்**

- 1) பிரத்தியேகமான தாய்ப்பால் கொடுப்பது என்றால் என்ன?
- அ) தாய்ப்பால் மற்றும் விலங்கு பால் கொடுப்பது
- ஆ) தாய்ப்பால் இணை உணவு சேர்த்து கொடுப்பது
- இ) தாய்ப்பால் மற்றும் தண்ணீர் சேர்த்து கொடுப்பது
- ஈ) தாய்ப்பால் மட்டுமே முதல் ஆறு மாதம் கொடுப்பது
- 2) பிரத்தியேகமான தாய்ப்பால் எத்தனை நாட்களுக்கு கொடுக்கலாம்?
- அ) முதல் 6 மாதம்
- ஆ) முதல் ஒரு வருடம்
- இ) இரண்டு வருடம்
- ஈ) எனக்கு தெரியாது
- 3) சீம்பால் என்பதன் பொருள் என்ன
- அ) குழந்தை பிறந்த முதல் நாள் மட்டுமே தாயிடமிருந்து  
சுரக்கும் பால்
- ஆ) ஒவ்வொரு முறையும் தாய்ப்பால்ஊட்டும் போது முதலில்  
சுரக்கும் பால்
- இ) ஒவ்வொரு முறையும் தாய்ப்பால் ஊட்டும் போது கடைசியில்  
சுரக்கும் பால்
- ஈ) தாய் வேலை செய்யும் போது தேங்கியுள்ள பால்
- 4) சீம்பாலில் அடங்கியுள்ளவை யாவை?
- அ) குழந்தைக்கு தேவையான அனைத்து உணவும்
- ஆ) நோய் காரணிகள்
- இ) குளுக்கோஸ் மற்றும் தாது உப்புகள்
- ஈ) எனக்கு தெரியாது
- 5) சீம்பால் உருவாகும் நேரம் எப்பொழுது
- அ) கருதரித்தவுடன்
- ஆ) கருதரித்த முதல் 3 வாரங்கள்
- இ) குழந்தை பிறந்த முதல் 3 நாட்கள்
- ஈ) கருத்தரித்த 3வது மாதம்

- 6) ஒவ்வொரு மார்பகத்திலும் எவ்வளவு நேரம் பால் கொடுக்கலாம்?
- அ) 5 நிமிடத்திற்கு குறைவாக
- ஆ) 5 நிமிடம் முதல் 10 நிமிடம் வரை
- இ) 10 நிமிடம் முதல் 20 நிமிடம் வரை
- ஈ) எனக்கு தெரியாது
- 7) தாய் நல்ல ஓட்டுதலுக்கான அறிகுறிகள்
- அ) மார்பின் கருவட்டம் குழந்தை வாயில் கீழ்பாகத்தை  
மேல்பாகத்தில் அதிகமாகத் தெரிதல்
- ஆ) குழந்தையின் வாய் முழுமையாக திறந்திருத்தல்
- இ) குழந்தையின் கீழ் உதடு வெளிப்புறமாக திரும்பி இருத்தல்
- ஈ) மேற்கூறிய அனைத்தும்
- 8) தாய் குழந்தைக்கு எந்தெந்த நிலைகளில் அமர்ந்து பால் புகட்டலாம்
- அ) கால்பந்து நிலை
- ஆ) கைமுட்டி கீழ்வைக்கும் நிலை
- இ) படுத்துக் கொண்டு இருக்கும் நிலை
- ஈ) மேற்கூறிய அனைத்தும்
- 9) சீம்பாலின் முக்கிய பயன் என்ன?
- அ) நோய் எதிர்ப்பு திறன், நோய் எதிர்ப்பு பொருள்
- ஆ) கரு பருவத்தில் குடலில் சேர்ந்த மலத்தை வெளியேற்றுகிறது
- இ) குழந்தையின் மேனியை மெருகூட்டுகிறது.
- ஈ) எனக்கு தெரியாது
- 10) தாய்க்கு தாய்பால் கொடுப்பதால் ஏற்படும் நன்னை என்ன?
- அ) இரத்த போக்கை குறைத்து பிரசவத்தின் போது இரத்த  
சோகையை தடுக்கும்
- ஆ) கர்ப்பப்பை சுருங்கி முன் இருப்பது போல் காட்சியளிக்கிறது
- இ) கர்ப்பப்பை மற்றும் மார்பக புற்றுநோயை தடுக்கிறது.
- ஈ) எனக்கு தெரியாது

- 11) தாய்ப்பால் குடிப்பதால் குழந்தைக்கு ஏற்படும் நன்மை
- அ) தொற்றுநோய் வராமல் தடுக்கிறது
- ஆ) நீர் இழப்பை தடுக்கிறது
- இ) குழந்தை எடை அதிகரிக்காமல் தடுக்கிறது
- ஈ) எனக்கு தெரியாது
- 12) தாய்ப்பால் குடிப்பதால் ஏற்படும் பொருளாதார நன்மைகள்
- அ) பால் தயாரிக்க பணம் தேவையில்லை
- ஆ) எப்பொழுதும் கிடைக்கிறது
- இ) மருத்துவ செலவு குறைகிறது
- ஈ) மேற்கூறிய அனைத்தும்
- 13) தாய்ப்பால் குடிப்பதால் ஏற்படும் சமுதாய நன்மைகள்
- அ) அம்மாவிற்கும் தாய்க்கும் உள்ள பிணைப்பை அதிகரிக்கிறது
- ஆ) தற்காலிக இயற்கையான குடும்ப நலம்
- இ) அ மற்றும் ஆ
- ஈ) எனக்கு தெரியாது
- 14) புதியதாக பிறந்த குழந்தைக்கு எவ்வளவு நேரத்திற்குள் தாய்ப்பால் கொடுக்க வேண்டும்?
- அ) குழந்தை பிறந்தவுடன்
- ஆ) 30 நிமிடத்திற்குள்
- இ) 2 மணி நேரத்திற்குள்
- ஈ) 4 மணி நேரத்திற்குள்
- உ) எனக்கு தெரியாது
- 15) பிரத்தியேகமான பால் கொடுப்பதை எவ்வாறு ஊக்குவிக்கலாம்?
- அ) தாய்ப்பால் குழந்தை பிறந்தவுடன் கொடுக்க வேண்டும்
- ஆ) சீம்பாலை வெளியில் வீணாக்கக் கூடாது
- இ) எப்பொழுதும் தாயும், குழந்தையும் இணைந்திருக்க வேண்டும்
- ஈ) மேற்கூறிய அனைத்தும்

- 16) எப்பொழுது தாய்ப்பால் அதிகமாக சுரக்கும்?
- அ) மார்பக அளவு பெரியதாக இருப்பதினால்
- ஆ) தாய் நன்றாக தூங்குவதினால்
- இ) சரியான இடைவெளியில் தாய்ப்பாலூட்டுவதினால்
- 17) எப்பொழுது குழந்தைக்கு தாய்ப்பால் கொடுக்க வேண்டும்?
- அ) அம்மா தாய்ப்பால் கொடுக்க வேண்டும் என நினைக்கும்போது
- ஆ) குழந்தை எப்பொழுதெல்லாம் அழுகிறதோ அப்பொழுது
- இ) அம்மா வேலை முடிந்த பிறகு
- ஈ) அம்மா எங்கேனும் வெளியில் செல்லும்போது
- 18) குழந்தைக்கு போதுமான தாய்ப்பால் கிடைக்கிறது என்று எவ்வாறு அறிய முடியும்?
- அ) குழந்தை 24 மணி நேரத்தில் 6 முதல் 8 முறை சிறுநீர் கழிக்கும்
- ஆ) தாய்ப்பால் குடித்ததும் 2-3 மணி நேரம் வரை தூங்கும்
- இ) ஒரு நாளைக்கு ஒரு கிலோ நிறைக்கு 10 முதல் 15 கிராம் வரை எடை கூடும்
- ஈ) மேற்கூறிய அனைத்தும்
- 19) தாய்ப்பால் கொடுக்காததால் அம்மாவுக்கு ஏற்படும் பின்விளைவுகள் என்ன?
- அ) மார்பகம் வீங்குதல்
- ஆ) மார்பக புற்றுநோய்
- இ) மேற்கூறியவை அனைத்தும்
- ஈ) எனக்கு தெரியாது
- 20) குழந்தைக்கு ஏப்பம் விடுதல் செய்வதன் பயன் என்ன?
- அ) வயிற்றில் உள்ள காற்றை வெளியேற்றும்
- ஆ) ஜீரணமாவதை உணக்குவிக்கும்
- இ) குழந்தைக்கு தூக்கத்தை வருவித்தல்
- ஈ) சீக்கிரமாக பாலை விழுங்கச் செய்தல்

**பகுதி-3**

**நோக்க அளவீடு**

கீழ்காணும் வாக்கியங்களை படித்து உங்கள் கருத்தை தெரிவிக்கும் வண்ணமாக பொருத்தமான கட்டத்திற்குள் சரி (✓) என குறிக்கவும்

வ. எண்.	விவரம்	நிச்சயமாக ஒப்புக் கொள்கிறேன்	ஒப்புக் கொள்கிறேன்	நடுநிலை	ஒப்புக் கொள்கிறேன்	நிச்சயமாக ஒப்புக் கொள்ள மாட்டேன்
1.	எல்லா பச்சிளங்குழந்தைகளுக்கும் பிரத்தியேகமான தாய்ப்பால் முதல் ஆறு மாதம் கட்டாயமாக கொடுக்க வேண்டும்.					
2.	குழந்தை ஆரோக்கியமான குழந்தைக்கு எப்பொழுதெல்லாம் அழுகிறதோ அப்பொழுதெல்லாம் தாய்ப்பால் கொடுக்க வேண்டும்.					
3.	பிரத்தியேகமான தாய்ப்பால் கொடுக்கும் குழந்தைகள் தொற்று நோயிலிருந்து பாதுகாக்கப் படுகிறது.					
4.	தாய்ப்பால் கொடுப்பதால் தாய்க்கு கர்ப்பப்பை சுருங்க உதவி செய்கிறது					
5.	முக்கியமாக எந்த காரணத்தினாலும் குழந்தைக்கு பட்டிப்பால் கொடுக்கக் கூடாது					
6.	சீம்பால் கொடுத்தால் குழந்தையின் உடல்நலத்தை கெடுக்கும்					
7.	ஆறு மாதம் பிரத்தியேகமாக பால் குடிக்காத குழந்தை ஆறு மாதம் பிரத்தியேகமாக பால் குடித்த குழந்தையைவிட ஆரோக்கியமாக உள்ளது					
8.	தாய்ப்பால் கொடுப்பதால், தாய்ப்பால் கொடுக்கும் தாயின் அழகு பாதிக்கப்படுகிறது					
9.	தாய்ப்பால் கொடுத்த பிறகு குழந்தையின் முதுகில் தட்டிக்கொடுக்கக் கூடாது					
10.	பிரத்தியேகமான தாய்ப்பால் குழந்தைக்கு போதுமானதாக இல்லை					



## விடைகள்

வ.எண்.	விடைகள்
1.	ஈ
2.	அ
3.	அ
4.	ஈ
5.	ஆ
6.	இ
7.	இ
8.	ஈ
9.	அ
10.	ஈ
11.	அ
12.	ஈ
13.	அ
14.	அ
15.	ஈ
16.	ஈ
17.	ஆ
18.	ஈ
19.	ஆ
20.	அ

**LESSON PLAN**  
**ON**  
**EXCLUSIVE BREAST FEEDING**

**GENERAL OBJECTIVE:**

At the end of the session primi mothers will be able to acquire adequate knowledge and attitude regarding the exclusive breast feeding and to develop desirable skills and attitude to practice this in home care settings.

**CONTRIBUTORY OBJECTIVES:**

At the end of the session primi mothers will be able to

- define the exclusive breast feeding
- explain the colostrums and importance exclusive breast feeding
- enlist the basic principles exclusive breast feeding
- discuss proper latch on exclusive breast feeding
- demonstrate the breast feeding technique exclusive breast feeding
- educate the good signs of baby getting breast feeding
- describe the benefits' of breast feeding
- state the key messages to promote exclusive breast feeding
  
- narrate the frequency of breast feeding and issues in breast feeding

S NO	TIME	SPECIFIC OBJECTIVE	CONTENT	STUDENT TEACHER ACTIVITY	LEARNER ACTIVITY	AV AIDS
1	2 min		<p><b>INTRODUCTION</b></p> <p>Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers.</p>	Explaining	Listening	Video Assisted Teaching

S NO	TIME	SPECIFIC OBJECTIVE	CONTENT	STUDENT TEACHER ACTIVITY	LEARNER ACTIVITY	AV AIDS
2	3min	define the exclusive breast feeding	<p><b>EXCLUSIVE BREAST FEEDING</b></p> <p>“Exclusive breastfeeding defined as an infant consumption of human milk with no supplementation of any type of food”</p> <ul style="list-style-type: none"> <li>• Exclusive breastfeeding for 6 months is the optimal way of feeding infants. There after infants should receive complementary foods with continued breastfeeding up to 2 years of age or beyond.</li> </ul>	explaining	Listening	Video Assisted Teaching

S NO	TIME	SPECIFIC OBJECTIVE	CONTENT	STUDENT TEACHER ACTIVITY	LEARNER ACTIVITY	AV AIDS
3		explain the colostrums and importance	<p><b>BASIC PRINCIPLES</b></p> <ul style="list-style-type: none"> <li>• Mother &amp; baby should be comfortable &amp; relaxed at the feeding time</li> <li>• She should be well aware of how to put the baby in breast &amp; how to take him off.</li> <li>• At least one breast should be empty at one sitting</li> <li>• Nursing time can vary from 5-20 mits</li> <li>• Exclusive breast feeding for 6 months</li> <li>• Avoid unnecessary use of drugs .</li> </ul>	Explaining	Listening	Video Assisted Teaching

NO	TIME	SPECIFIC OBJECTIVE	CONTENT	STUDENT TEACHER ACTIVITY	LEARNER ACTIVITY	AV AIDS
4.	3min	enlist the basic principles	<p><b>PROPER LATCH ON</b></p> <ul style="list-style-type: none"> <li>• Baby open the mouth wider</li> <li>• The chin touching the breast</li> <li>• The lip are flanged out.</li> <li>• The breast looked full and round.</li> <li>• areola must be covered by mouth</li> </ul> <p>Your baby's chin should be touching the breast and the baby's mouth should be fully open to take as much areola as possible.</p> <ul style="list-style-type: none"> <li>• Your baby’s lips should be turned outward against the breast.</li> <li>• The motion of the suck is along the jaw, not in the cheeks.</li> <li>• Your baby’s ears, shoulder and hip should be in a straight line.</li> <li>• Breastfeeding should not hurt. You should feel a strong rhythmic tug on your breast. A little bit of nipple tenderness within the first minute is normal during the learning period. However, sore, reddened, bleeding or cracked nipples are not normal.</li> </ul>	Explaining	Listening	Video Assisted Teaching

S NO	TIME	SPECIFIC OBJECTIVE	CONTENT	STUDENT TEACHER ACTIVITY	LEARNER ACTIVITY	AV AIDS
5	4 min	discuss proper latch on	<p><b>Breast feeding technique</b></p> <ul style="list-style-type: none"> <li>• Cradle hold</li> <li>• Cross cradle hold</li> <li>• Foot ball hold</li> <li>• Side lying position</li> </ul> <p><b>Cradle hold</b></p> <ul style="list-style-type: none"> <li>• Position the infants head at or near the antecubital space and level with her nipple, with her arm supporting the infants body and with her other hand to hold the breast.</li> </ul> <p><b>Football hold</b></p> <ul style="list-style-type: none"> <li>• Instruct mother to support the infants head with the infants body resting on pillows alongside her hip.</li> </ul> <p><b>Cross –cradle or modified cradle hold.</b></p> <ul style="list-style-type: none"> <li>• Assist the mother to sit with her back upright and at right angles to her lap.</li> <li>• Place a pillow on her lap.</li> <li>• Let the mother hold the baby supporting his head with her extended arm</li> </ul>	Explaining	Listening	Video Assisted Teaching



S NO	TIME	SPECIFIC OBJECTIVE	CONTENT	STUDENT TEACHER ACTIVITY	LEARNER ACTIVITY	AV AIDS
6	5 min	educate the good signs of baby getting breast feeding	<p><b>THE GOOD SIGNS OF BABY GETTING BREAST FEEDING</b></p> <ul style="list-style-type: none"> <li>• He is contented for 1 -2 hours after a feed</li> <li>• He passes clear dilute urine 5 -6 times a day</li> <li>• He passes bright yellow watery stools 6 -8 times a day</li> <li>• He regains birth weigh after 2 weeks.</li> </ul>	Explaining	Listening	Video Assisted Teaching

S NO	TIME	SPECIFIC OBJECTIVE	CONTENT	STUDENT TEACHER ACTIVITY	LEARNER ACTIVITY	AV AIDS
6.	min	describe the benefits' of breast feeding	<p><b>BENEFITS OF BREAST FEEDING TO MOTHER</b></p> <ul style="list-style-type: none"> <li>• This promotes mother and child bonding.</li> <li>• It prevent uterine bleeding in the mother after delivery.</li> <li>• This is the natural form of family planning</li> <li>• This reduces the risks of breast and ovarian cancer in the mother.</li> <li>• This saves time and precious expenses need not be used buying milk powder and health care.</li> <li>• Breastfeeding contributes to the health and well-being of mothers;</li> <li>• it helps to space children,</li> <li>• reduces the risk of ovarian cancer and breast cancer,</li> <li>• increases family and national resources,</li> <li>• is a secure way of feeding and is safe for the environment.</li> <li>• While breastfeeding is a natural act, it is also a learned behaviour.</li> <li>• An extensive body of research has demonstrated that</li> </ul>	Explaining	Listening	Video Assisted Teaching

			<p>mothers and other caregivers require active support for establishing and sustaining appropriate breastfeeding practices.</p> <p><b>BENEFITS BREASTFEEDING FOR BABY</b></p> <ul style="list-style-type: none"> <li>• This provides the best possible nutrition the young child.</li> <li>• It reduce the incidence of cough and cold ear infection, bronchitis, pneumonia, meningitis and diarrhoea through its protective factors.</li> <li>• Its protects the child from colic, asthma, eczema, nose and food allergies.</li> </ul> <p><b>FAMILY AND COMMUNITY BENEFITS</b></p> <ul style="list-style-type: none"> <li>• Breastfeeding is economical in terms of saving of money , time and energy.</li> <li>• Family has to spend less on milk, health care and illness.</li> <li>• Community expenditure on health care and contraction are reduced.</li> <li>• It is economic for the families, hospitals, communities and for countries.</li> </ul>			
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S NO	TIME	SPECIFIC OBJECTIVE	CONTENT	STUDENT TEACHER ACTIVITY	LEARNER ACTIVITY	AV AIDS
7.	3 min	state the key messages to promote exclusive breast feeding	<p><b>KEY MESSAGES TO PROMOTE EXCLUSIVE BREASTFEEDING.</b></p> <ul style="list-style-type: none"> <li>• Put baby to feed at breast as soon as possible after birth preferably in the delivery room. This is important for the mother, baby and for milk production.</li> <li>• On the first day, breast milk is thick and yellowish ( known as colostrums). Feeding this milk provides nutrition and prevents infection. <b>DO NOT DISCARD COLOSTRUM.</b></li> <li>• Keep baby close to mother. It is safe for baby to sleep with mother.</li> <li>• Mother may lie down, sit on a bed, chair or floor to breast feed for her baby.</li> <li>• Breast feed during day and at night at least eight to ten times and whenever baby cries with hunger.</li> <li>• The more the baby sucks at breast the more milk the breast will produce and the healthier the baby becomes.</li> <li>• Allow baby to feed at one breast until he leaves the nipple on his own. Then feed him at the other breast if he continues to be hungry.</li> <li>• Give baby only breast milk for the first six months.</li> <li>• Don't give baby ghutti water, gripe water, honey, animal or powdered milk before six months.</li> <li>○ Never use bottles or pacifier.</li> </ul>	Explaining	Listening	Video Assisted Teaching

S NO	TIME	SPECIFIC OBJECTIVE	CONTENT	STUDENT TEACHER ACTIVITY	LEARNER ACTIVITY	AV AIDS
8.	3 min	narrate the frequency of breast feeding and issues in breast feed	<p><b>FREQUENCY OF BREAST FEEDING</b></p> <ul style="list-style-type: none"> <li>• A healthy newborn baby can be breastfed on demand i.e. whenever the baby cries for feeds.</li> <li>• The usual time interval between each feed is about 2 to 3 hours.</li> <li>• Mothers should be advised that they should feed their babies at least 8 to 10 times in 24 hours</li> <li>• importantly they should not omit any night feeds.</li> </ul>	Explaining	Listening	Video Assisted Teaching

S NO	TIME	SPECIFIC OBJECTIVE	CONTENT	STUDENT TEACHER ACTIVITY	LEARNER ACTIVITY	AV AIDS
		Cont,	<p><b>ISSUES IN BREAST FEEDING</b></p> <ul style="list-style-type: none"> <li>• Inverted nipple</li> <li>• Flat nipple</li> <li>• Sore nipple</li> <li>• Breast engorgement</li> <li>• Breast abscess not enough milk</li> </ul>	Explaining	Listening	Video Assisted Teaching

## தீட்டமிட்ட போதனை முறையின் மூலமாக கற்பித்தல் நிகழ்வு

- தலைப்பு : குழந்தை பிறந்த தாய்மார்களிடம், பிரத்தியேகமான தாய்ப்பால் கொடுக்கும் தன்மை பற்றி (படக்காட்சி) அறிவுத்திறனையும், செயல் திறனையும் மேம்படுத்துதல்.
- குழு : குழந்தை பெற்றெடுத்த தாய்மார்கள்
- இடம் : பிரசவத்திற்கு பிறகு உள்ள தாய்மார்களின் வார்டு, அரசு மகப்பேறு மருத்துவமனை, எழும்பூர், சென்னை-8.
- நேரம் : 30 நிமிடங்கள்
- கற்பிப்பவர் : செவிலியர் முதுகலை 2ம் ஆண்டு மாணவி
- கற்பித்தல் முறை : ஒலி, ஒளி பேளையின் மூலம்
- கற்றல் உபகரணங்கள் : படக்காட்சி, தீட்டமிட்ட கற்பித்தலின் மூலம் விவரித்தல் மற்றும் அறிவுத்திறன் மேம்படுத்துதல்

## மத்திய நோக்கம்

முதன் முதலில் குழந்தை பிறந்த தாய்மார்களிடம், பிரத்தியேகமான தாய்ப்பால் கொடுக்கும் தன்மை பற்றி (படக்காட்சி) அறிவுத்திறனையும், செயல் திறனையும் மேம்படுத்துதல்.

## துணை நோக்கம்

வகுப்பு முடிவில் தாய்மார்கள் அறியவேண்டியவை

- ❖ பிரத்தியேகமான தாய்ப்பால் கொடுக்கும் தன்மை வரையறை
- ❖ சீம்பால் முக்கியத்துவம் தெரிவித்தல்
- ❖ தாய்ப்பால் கொடுக்கும்போது கவனிக்க வேண்டியவை பற்றி விவரித்தல்
- ❖ குழந்தைக்கு எந்தெந்த நிலையில் அமர்ந்து தாய்ப்பால் கொடுக்கும் முறைகளை கற்றுக்கொடுத்தல்
- ❖ குழந்தைக்கு போதுமான தாய்ப்பால் கிடைக்கிறது என்பதை பற்றிய அறிகுறிகளை கற்றுக்கொடுத்தல்
- ❖ பிரத்தியேகமான தாய்ப்பால் கொடுப்பதால் ஏற்படும் நன்மைகளை குறிப்பிடுதல்
- ❖ ஆறு மாதங்கள் வரை தாய்ப்பால் மட்டுமே போதுமானது என்பதை மருத்துவருக்கு முக்கிய செய்திகளை அறிவித்தல்



வரிசை எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்கள்	கற்றுக் கொள்பவரின் செயல்கள்	ஒலி, ஒளி சார்ந்த உட்காங்கள்
1.		பிரத்தியேகமான தாய்ப்பால் கொடுக்கும் தன்மை வரையறை	<p><b><u>தாய்ப்பால்</u></b></p> <p>தாய்ப்பால் என்பது குழந்தை மார்பகத்தை உறிஞ்சி குடிப்பதாகும்.</p> <p><b><u>பிரத்தியேகமான தாய்ப்பால்</u></b></p> <p>பிரத்தியேகமான தாய்ப்பால் என்பது பிறந்த குழந்தைக்கு பிறந்தவுடன் தொடர்ந்து ஆறு மாதங்கள் தண்ணீர் கூட தராமல் தாய்ப்பால் மட்டுமே கொடுப்பது.</p>	விவரித்தல்	கவனித்தல்	பட விளக்கம்
2.		சீம்பால் முக்கியத்துவம் தெரிவித்தல்	<p><b><u>சீம்பால்</u></b></p> <p>குழந்தை பிறந்த உடன் உண்டாகும் தாய்ப்பால் கொடுத்தல்.</p> <p><b><u>தாய்ப்பால் உண்டல்</u></b></p> <p>ஆரோக்கியமான பச்சிளம் குழந்தைக்கு தாய்ப்பால் மிகவும் முக்கியமானதாகும். அதைப் பிறந்த உடனே கொடுப்பது மிகவும் அவசியமாகும். ஆறு மாதம் வரை தாய்ப்பால் மட்டுமே கொடுப்பது அவசியமாகும்.</p>	விவரித்தல்	கவனித்தல்	பட விளக்கம்

வரிசை எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்கள்	கற்றுக் கொள்பவரின் செயல்கள்	ஒலி, ஒளி சார்ந்த ஊடகங்கள்
3.		தாய்ப்பால் கொடுக்கும்போது கவனிக்க வேண்டியவை பற்றி விவரித்தல்	<p><b><u>தாய்ப்பால் கொடுக்கும்போது கவனிக்க வேண்டியவைகள்</u></b></p> <ul style="list-style-type: none"> <li>❖ மார்பின் கருமையான பகுதி குழந்தையின் வாயின் கீழ்பாகத்தை விட மேல்பாகத்தில் அதிகமாக தெரிதல்.</li> <li>❖ குழந்தையின் வாய் முழுமையாகத் திறந்து இருத்தல் வேண்டும்.</li> <li>❖ குழந்தையின் கீழ் உதடு வெளிப்புறமாகத் திரும்பி இருத்தல் வேண்டும்</li> <li>❖ குழந்தையின் தாடை பகுதி மார்பகத்தைத் தொட்டுக்கொண்டிருத்தல் வேண்டும்.</li> </ul>	விவரித்தல்	கவனித்தல்	பட விளக்கம்

வரிசை எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்கள்	கற்றுக் கொள்பவரின் செயல்கள்	ஒலி, ஒளி சார்ந்த ஊடகங்கள்
4.		குழந்தைக்கு எந்தெந்த நிலையில் அமர்ந்து தாய்ப்பால் கொடுக்கும் முறைகளை கற்றுக்கொடுத்தல்	<p><b><u>குழந்தைக்கு எந்தெந்த நிலையில் அமர்ந்து பால் கொடுக்கலாம்</u></b></p> <ul style="list-style-type: none"> <li>❖ தாங்குதல் முறை</li> <li>❖ குறுக்காக தங்குதல் முறை</li> <li>❖ கால் பந்து முறை</li> <li>❖ படுத்துக்கொண்டு கொடுக்கும் முறை</li> </ul> <p><b><u>தாங்குதல் முறை</u></b></p> <ul style="list-style-type: none"> <li>❖ குழந்தையின் தலை மற்றும் முதுகு நேரான நிலையில் வைத்து ஒரு கையில் குழந்தையின் உடலை தாங்கிக்கொண்டு, மறு கையில் மார்கம் பிடித்தும்படி வைத்திருக்க வேண்டும்.</li> </ul> <p><b><u>எதிர் தாங்குதல் முறை</u></b></p> <p>குழந்தையின் தலை மற்றும் முதுகு நேரான எதிர்புற திசையில் வைத்து ஒரு கையில் குழந்தை உடல் தாங்கிக்கொண்டு, மறு கையில் மார்கம் பிடித்து வைத்து</p>	விவரித்தல்	கவனித்தல்	பட விளக்கம்

வரிசை எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்கள்	கற்றுக் கொள்பவரின் செயல்கள்	ஒலி, ஒளி சார்ந்த ஊடகங்கள்
			<p>பால் கொடுக்க வேண்டும்.</p> <p><b><u>கால் பந்து போன்ற அமைப்பு முறை</u></b></p> <p>குழந்தையின் தலை அம்மாவின் கையில் இருக்கும்படி குழந்தையின் உடல் மற்றும் கால் பகுதி தாயின் மடியில் இருக்கும்படியாக அரவணைத்து பால் கொடுக்க வேண்டும்.</p>			
5.		குழந்தைக்கு போதுமான தாய்ப்பால் கிடைக்கிறது என்பதை பற்றிய அறிகுறிகளை கற்றுக்கொடுத்தல்	<p><b><u>குழந்தைக்கு போதுமான தாய்ப்பால் கிடைக்கிறது என்பதை அறிய</u></b></p> <ul style="list-style-type: none"> <li>• குழந்தைக்கு 24 மணி நேரத்தில், 6 முதல் 8 முறை சிறுநீர் கழிக்கும்.</li> <li>• பால் குடித்த பிறகு 2 முதல் 3 மணி நேரம் வரை தூங்கும்</li> <li>• ஒரு நாளைக்கு 10 முதல் 15 கிராம் வரை எடை கூடும்.</li> <li>• பிறந்த எடையை விட இரண்டு வாரங்களில் அதிக எடை கூடும்.</li> </ul>	விவரித்தல்	கவனித்தல்	PL விளக்கம்

வரிசை எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்கள்	கற்றுக் கொள்பவரின் செயல்கள்	ஒலி, ஒளி சார்ந்த ஊடகங்கள்
6.		பிரத்தியேகமான தாய்ப்பால் கொடுப்பதால் ஏற்படும் நன்மைகளை குறிப்பிடுதல்	<p><b><u>தாய்ப்பாலினால் தாய்க்கு ஏற்படும் நன்மைகள்</u></b></p> <ul style="list-style-type: none"> <li>❖ கருப்பை சுருக்கத்திற்கு உதவுகிறது.</li> <li>❖ கருவுறுதலை தள்ளிப்போட உதவுகிறது</li> <li>❖ மார்பக புற்றுநோய் வருவது தவிர்க்கப்படுகிறது.</li> <li>❖ தாயின் வேலைப்பளு குறைகிறது.</li> <li>❖ மீண்டும் கருவுறும்போது அதிக உதிரப்போக்கு தடுக்கிறது.</li> <li>❖ மார்பகம் மற்றும் கருவக புற்றுநோய் உருவாவதை தடுக்கிறது.</li> <li>❖ தாய்ப்பால் கொடுத்தல், தாய்நலனில் பாங்கு வகிக்கிறது.</li> <li>❖ தாய்க்கும் குழந்தைக்கும் உள்ள பாசப் பிணைப்பை அதிகரிக்கிறது.</li> </ul>	விவரித்தல்	கவனித்தல்	பட விளக்கம்

வரிசை எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்கள்	கற்றுக் கொள்பவரின் செயல்கள்	ஒலி, ஒளி சார்ந்த உட்காங்கள்
			<p><b><u>குழந்தைகளுக்கு ஏற்படும் பலன்கள்</u></b></p> <ul style="list-style-type: none"> <li>❖ தாய்ப்பால் குழந்தைக்கு ஏற்ற முழு உணவு.</li> <li>❖ எளிதில் செரிக்கக் கூடியது.</li> <li>❖ குழந்தையை நோய் தொற்றில் இருந்து பாதுகாக்கிறது.</li> <li>❖ தாய் சேய் பாசப்பிணைப்பை அளிக்கிறது.</li> <li>❖ மூளை வளர்ச்சிக்கு உதவுகிறது.</li> <li>❖ குழந்தையை, குடல் பிரச்சனை, ஆஸ்துமா, சிரங்கு மற்றும் உணவு ஒவ்வாமையில் இருந்து பாதுகாக்கிறது.</li> </ul> <p><b><u>குடும்பம் மற்றும் சமுதாயம் பெறும் பலன்கள்</u></b></p> <ul style="list-style-type: none"> <li>❖ விலை இல்லாதது, எனவே பணம் சேமிப்பு.</li> <li>❖ குடும்ப நலத்தை மேன்மை படுத்துகிறது</li> </ul>			

வரிசை எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்கள்	கற்றுக் கொள்பவரின் செயல்கள்	ஒலி, ஒளி சார்ந்த ஊடகங்கள்
			<ul style="list-style-type: none"> <li>❖ மருத்துவமனை செலவு குறைகிறது</li> <li>❖ தாய்ப்பால் கலப்படமற்றது.</li> <li>❖ தாய்ப்பால் குடும்பம், சமுதாயம், மருத்துவமனை மற்றும் தேசத்தின் பொருளாதாரத்தை உயர்த்துகிறது.</li> </ul>			
7.		ஆறு மாதங்கள் வரை தாய்ப்பால் மட்டுமே போதுமானது என்பதை மருத்துவருக்கு முக்கிய செய்திகளை அறிவித்தல்	<p><b><u>ஆறு மாதங்கள் வரை தாய்ப்பால் மட்டுமே போதுமானது என்பதை மேம்படுத்துவதற்கு முக்கிய செய்திகள்</u></b></p> <p>குழந்தை பிறந்ததும் தாய்ப்பால் உடனே ஊட்ட வேண்டும். தாயுடன் குழந்தையை ஒன்றாக படுக்க வைக்க வேண்டும். அப்பொழுது தான் தாய்க்கு நன்கு பால் சுரக்கும்.</p> <p>முதல் நாள் சுரக்கும் தாய்ப்பால் அடர்த்தியாகவும், மஞ்சள் நிறமாகவும் இருக்கும். இதனை கொலஸ்ட்ரம் (சீம்பால்) என்று கூறுவர். இந்த பால் குழந்தைக்கு நல்ல சத்தையும் மற்றும் நோய் எதிர்ப்பு சக்தியையும் அளிக்கும்.</p>	விவரித்தல்	கவனித்தல்	பட விளக்கம்

வரிசை எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்கள்	கற்றுக் கொள்பவரின் செயல்கள்	ஒலி, ஒளி சார்ந்த உட்காங்கள்
			<p>குழந்தையைத் தாயின் அரவணைப்பில் வைக்க வேண்டும். அப்பொழுதுதான் தாயின் நல்ல அரவணைப்பில் குழந்தை நன்றாகத் தூங்கும்.</p> <p>தாய் படுத்து கொண்டும் பால் புகட்டலாம் (அ) இருக்கையில் அமர்ந்தும் பால் புகட்டலாம்.</p> <p>தாய்ப்பால் பகலிலும் மற்றும் இரவிலும் சேர்ந்து 8 முதல் 10 முறை கொடுக்கலாம் (அ) குழந்தை பசித்து அழும் போதெல்லாம் கொடுக்கலாம்.</p> <p>குழந்தை நன்கு பாலை உறிஞ்சி குடித்தால், மார்பகத்தில் பால் கூடுதலாக சுரக்கும் குழந்தையும் மிகவும் ஆரோக்கியமாக இருக்கும்.</p> <p>பால் புகட்டும் பொழுது எப்பொழுதும் முதலில் ஒரு மார்பகத்தில் பால் கொடுத்தபிறகு குழந்தைக்கு அடுத்த மார்பகத்தில் பால் கொடுக்க வேண்டும். மேலும் குழந்தை பசியாறவில்லை எனில் மாற்றி மாற்றி மார்பகத்தில் பால் புகட்ட வேண்டும்.</p> <p>குழந்தைக்கு முதல் 6 மாதம் வரை தாய்ப்பால்</p>			



வரிசை எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்கள்	கற்றுக் கொள்பவரின் செயல்கள்	ஒலி, ஒளி சார்ந்த ஊடகங்கள்
			<p>மட்டுமே கொடுக்க வேண்டும்.</p> <p>கண்டிப்பாக குழந்தைக்கு ஆறு மாதங்கள் வரை கிரேப் தண்ணீர், தேன், விலங்குகளின் பால் (அ) பால்பவுடர் போன்றவற்றை கொடுக்கக் கூடாது.</p> <p>கண்டிப்பாக புட்டிப்பால் (அ) புது வகையான பாட்டில்களை பயன்படுத்தக் கூடாது.</p> <p><b><u>குழந்தை எத்தனை முறை ஒரு நாளைக்கு பால் கொடுக்கும் முறை</u></b></p> <p>ஆராக்கியமான இளம் சிசுவுக்கு அது எப்பொழுதெல்லாம் அழுகிறதோ, அப்பொழுதெல்லாம் பால் கொடுக்கலாம்.</p> <p>ஒவ்வொன்றுமுறை பால் கொடுத்தபிறகு, அடுத்த பால் கொடுப்பதற்கு இடைவெளி 2லிருந்து 3 மணி நேரம் இருக்க வேண்டும்.</p> <p>ஒரு நாளைக்கு 24 மணி நேரத்தில் இருந்து 10 முறை பாலூட்ட வேண்டும். இரவில் பாலூட்டுவதைத் தவிர்க்கக் கூடாது.</p>			

வரிசை எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்கள்	கற்றுக் கொள்பவரின் செயல்கள்	ஒலி, ஒளி சார்ந்த ஊடகங்கள்
			<p><b><u>தாய்ப்பால் ஊட்டலின் பிரச்சனைகள்</u></b></p> <ul style="list-style-type: none"> <li>❖ தலைகீழ் முலைக்காம்புகள்</li> <li>❖ தட்டையான காம்பு</li> <li>❖ புண் முலைக்காம்பு</li> <li>❖ மார்பக வீக்கம்</li> <li>❖ மார்பக கீழ்படிந்த கட்டி</li> </ul> <p>தலைகீழ் முலைக்காம்புகள்/ தட்டையான காம்பு எளிதாக வெளியே எடுக்க முடியும். இவை பால் கொடுப்பதற்கு கடினமாக இருக்காது. இவைகளை பேருகால முன்பாக கண்டுபிடிக்க வேண்டும். பேருகால பின்பு அவைகளை சரி செய்ய வேண்டும்.</p> <p>முலைக்காம்பை கையில் (அ) சிரஞ்சி மூலம் வெளியே இழுத்து சரிசெய்யலாம்.</p> <p>புண் முலைக்காம்பு: புண் முலைக்காம்பின் மூலம் சரியான பிணைப்பு இல்லாமைக்கு வழிவகுக்கிறது.</p>	விவரித்தல்	கவனித்தல்	பட விளக்கம்

## **முடிவுரை**

இந்நேரம் கேட்டதற்கு நன்றி. நீங்கள் தொடர்ந்து ஆறு மாதங்கள் தாய்ப்பால் கொடுத்தல் பற்றிய அறிவு மற்றும் செயல்பாடுகள் உங்களுக்கு தெரியும் மற்றும் இதனை உங்கள் வாழ்கையில் சரியாக பயன்படுத்துவீர்கள் என்பதை நம்புகிறேன்.

## INFORMATION TO PARTICIPANTS

**Title** :“ Effectiveness of video assisted programme on Knowledge and attitude regarding exclusive Breast feeding among primi mothers in postnatal ward at Institute of Obstetrics and Gynaecology and Government hospital for women and children Egmore Chennai -8. ”.

**Name of the Participant** :

**Date** :

**Age/sex** :

**Investigator** : G. Sarala

**Name of the institution** ; COLLEGE OF NURSING, MADRAS MEDICAL COLLEGE, CHENNAI - 03

**Enrolment No** :

You are invited to take part in this study. The information in this document is meant to help you decide whether or not to take part. Please feel free to ask if you have any queries or concerns.

You are being asked to Cooperative in this study being conducted in selected Institute of at Institute of Obstetrics and Gynaecology Government hospital for women and children Egmore Chennai -8. ”.

### **What is the Purpose of the Research (explain briefly)**

This research is conducted to Effectiveness of video assisted programme on Knowledge and attitude regarding exclusive Breast feeding among primi mothers in antenatal ward at Institute of Obstetrics and Gynaecology Government hospital for women and children l Egmore Chennai -8. ”.

### **Study Procedures**

- Study conducted after approval of ethics committee

A written formal permission obtained from authorities of Institute of Obstetrics and Gynaecology government hospital for women and children Egmore Chennai -8. ”.

- The purpose of study explained to the participants.
- The investigator obtained informed consent.
- The investigator assessed the knowledge level of each participant before the procedure using an tool.
- Video programme showed about exclusive breast feeding.
- Following that the level of knowledge assessed after 7 days.

### **Possible benefits to other people**

The result of the research may provide benefits to the clients to change their attitude and attitude regarding exclusive breast feeding.

### **Confidentiality of the information obtained from you**

You have the right to confidentiality regarding the privacy of your personal details. The information from this study, if published in scientific journals or presented at scientific meetings, will not reveal your identity.

### **How will your decision not to participate in the study affect you?**

Your decisions not to participate in this research study will not affect your activity of daily living, medical care or your relationship with investigator or the institution.

### **Can you decide to stop participating in the study once you start?**

The participation in this research is purely voluntary and you have the right to withdraw from this study at any time during course of the study without giving any reasons.

Your Privacy in the research maintained throughout study. In the event of any publications or presentation resulting from the research, no personally identifiable information shared.

Signature of Investigator

Signature of Participants

Date

Date

## RESEARCH PARTICIPANTS CONSENT FORM

Dear participants,

I am Msc nursing students at college of nursing madras medical college Chennai as part of my studies, a research on **“Effectiveness of video assisted programme on knowledge regarding exclusive breast feeding among primi mothers in antenatal ward at institute of obstetric and gynaecological government hospital for women and children hospital egmore chennai -8.”** Is selected to be conducted. The finding of the study will be helpful in teaching the primi mothers.

I hereby seek your consent and co-operation to participate in the study. Please be frank and honest in your response. The information collected will be kept confidential and anonymity will be maintained.

Signature of the researcher,

I ----- hereby consent to participate in the study.

Signature of the participant

## ஆராய்ச்சி தகவல் தாள்

ஆராய்ச்சி தலைப்பு : குழந்தை பெற்றெடுத்த தாய்மார்களிடையே பச்சிளங்குழந்தையின் சிறு பிரச்சனைகள் பற்றிய அறிவு திறனை பற்றிய ஆய்வு.

ஆய்வாளர் பெயர் : பு.சேஷமாலினி

பங்கேற்பாளர் பெயர் :

தேதி :

வயது :

- ❖ ஆய்வாளர் மேற்கொள்ளும் ஆராய்ச்சியில் பங்கேற்க யாருடைய கட்டாயமுமின்றி முழுமனதுடன் சம்மதிக்கலாம். இதில் பங்கேற்பதன் நோக்கம்.
- ❖ இந்த ஆராய்ச்சியில் தகவல்களை தெரிந்து கொள்வதற்காகவும், அதனை பயன்படுத்துவதற்காக மட்டும் தான்.
- ❖ இந்த ஆராய்ச்சியின் நோக்கம் குழந்தை பெற்றெடுத்த தாய்மார்களிடையே பச்சிளங்குழந்தையின் சிறு பிரச்சனைகள் பற்றிய அறிவு திறனை பற்றிய ஆய்வு.

### ★ ஆராய்ச்சி மேற்கொள்ளும் முறை

இந்த ஆராய்ச்சியில் குழந்தை பெற்றெடுத்த தாய்மார்களிடையே பச்சிளங்குழந்தையின் சிறு பிரச்சனைகள் பற்றிய அறிவு திறனை கற்பித்தல் திட்டத்தின் மூலம் குறித்த ஆய்வு.

### ★ இதனால் ஆய்வாளருக்கான பயன்

இந்த ஆய்விடக்கு பின் குழந்தை பெற்றெடுத்த தாய்மார்களிடையே பச்சிளங்குழந்தையின் சிறு பிரச்சனைகள் பற்றிய அறிவு திறனை பற்றிய ஆய்வுக்கு பின் உத்தியை கற்றுதந்ததன் தாக்கத்தினை அறியலாம்.

### ★ இதனால் பங்கேற்பாளருக்கான பயன்

- \* இந்த ஆய்விடக்குப் பின் குழந்தை பெற்றெடுத்த தாய்மார்களிடையே பச்சிளங்குழந்தையின் சிறு பிரச்சனைகள் பற்றிய அறிவு திறனை பற்றிய ஆய்வுக்கு பின் அறிவு திறன் அதிகரிக்கிறது.
- \* ஆராய்ச்சியில் பங்கேற்கவில்லை என்றாலும், உங்களின் சராசரி வாழ்க்கைமுறையில் எந்தவித மாற்றமும் ஏற்படாது என்பதை தெரிவிக்கிறேன்.
- \* இந்த ஆராய்ச்சியில் பங்கேற்க விருப்பம் இல்லை என்றால் உங்களின் முழுமனதுடன் நீங்கள் இந்த ஆராய்ச்சியில் இருந்து விலகி கொள்ளலாம் என்பதை தெரிவிக்கிறேன்.
- \* இந்த ஆராய்ச்சியில் உங்களின் தகவல்களை பாதுகாப்பாக வைத்துக்கொள்கிறேன் என்பதை தெரிவிக்கிறேன்.
- \* இந்த ஆராய்ச்சியின் தகவல்களை வெளியிடும்போது, உங்களை பற்றிய அடையாளங்கள் வெளிவராது என்பதை உறுதி கூறுகிறேன்.

ஆய்வாளர் கையொப்பம்

பங்கேற்பாளர் கையொப்பம்

தேதி

தேதி

## சுய ஒப்புதல் படிவம்

ஆராய்ச்சி தலைப்பு: குழந்தை பெற்றெடுத்த தாய்மார்களிடையே பச்சிளங்குழந்தையின் சிறு பிரச்சனைகள் பற்றிய அறிவு திறனை பற்றிய ஆய்வு.

ஆய்வாளர் பெயர் : பு. சேஷமாலினி.

பங்கேற்பாளர் பெயர் :

தேதி :

வயது :

- ❖ ஆய்வாளர் மேற்கொள்ளும் ஆராய்ச்சியில் பங்கேற்க யாருடைய கட்டாயமுமின்றி முழுமனதுடனும் சுயநினைவுடனும் சம்மதிக்கிறேன்.
- ❖ ஆய்வாளர் மேற்கொள்ள போகும் பரிசோதனைகளை மிக தெளிவாக விளக்கிக்கூறினார்.
- ❖ எனக்கு விருப்பமில்லாத பட்சத்தில் ஆராய்ச்சியிலிருந்து எந்நேரமும் விலகலாம் என்பதையும் ஆய்வாளர் மூலம் அறிந்து கொண்டேன்.
- ❖ இந்த ஆராய்ச்சி ஒப்புதல் கடிதத்தில் உள்ள விவரங்களை நன்கு புரிந்து கொண்டேன். எனது உரிமைகள் மற்றும் கடமைகள் ஆராய்ச்சியாளர் மூலம் விளக்கப்பட்டது.
- ❖ நான் ஆராய்ச்சியாளருடன் ஒத்துழைக்க சம்மதிக்கிறேன். எனக்கு ஏதேனும் உடல்நலக்குறைவு ஏற்பட்டால் ஆராய்ச்சியாளரிடம் தெரிவிப்பேன்.
- ❖ நான் வேறு எந்த ஆராய்ச்சியிலும் தற்சமயம் இடம்பெறவில்லை என்பதை தெரிவித்துக்கொள்கிறேன்.
- ❖ இந்த ஆராய்ச்சியின் தகவல்களை வெளியிட சம்மதிக்கிறேன். அப்படி வெளியிடும்போது என் அடையாளம் வெளிவராது என்பதை அறிவேன்.
- ❖ எனக்கு இந்த ஒப்புதல் கடிதத்தின் நகல் கொடுக்கப்பட்டது.

ஆய்வாளர் கையொப்பம்

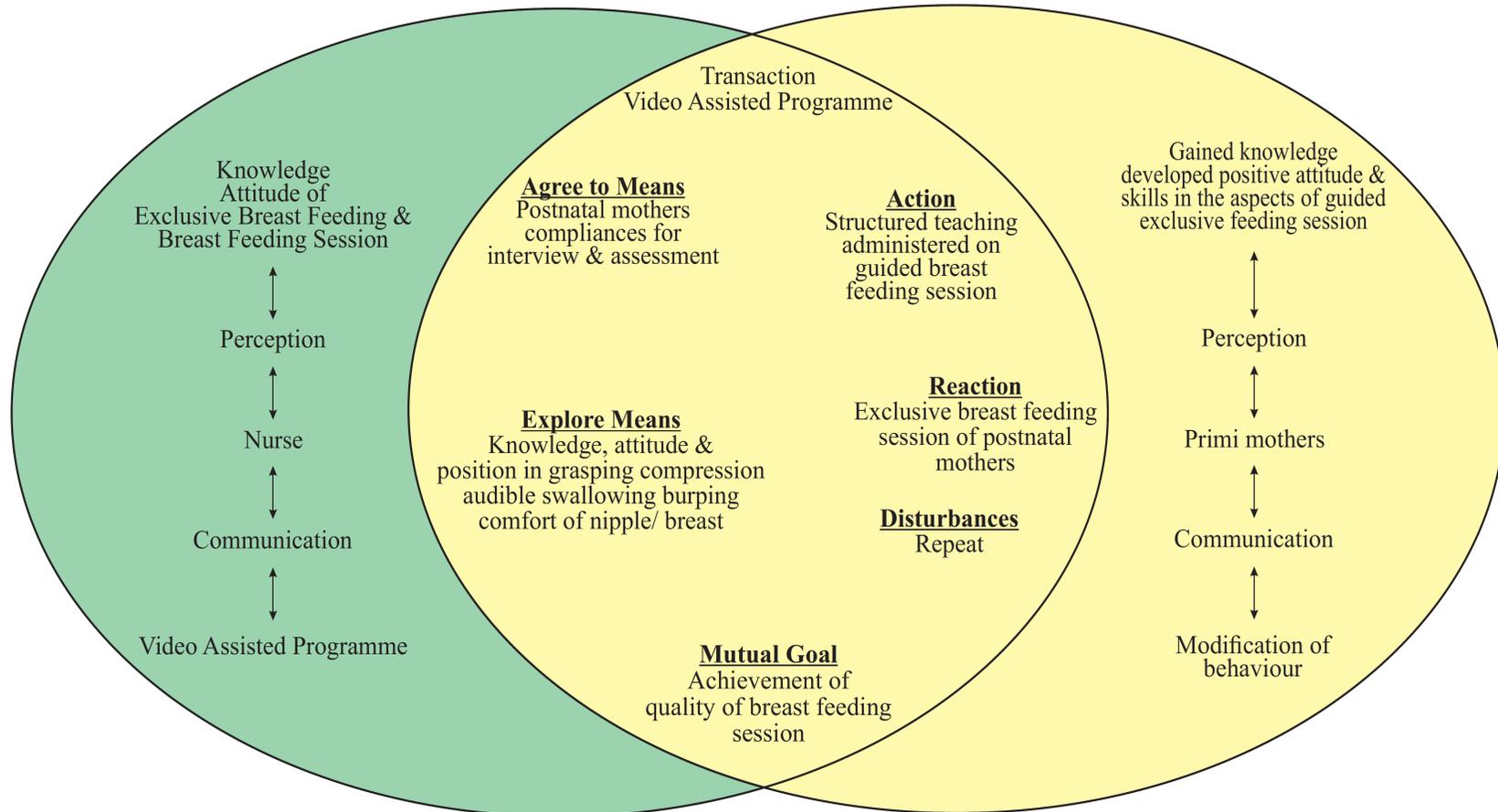
பங்கேற்பாளர் கையொப்பம்

தேதி

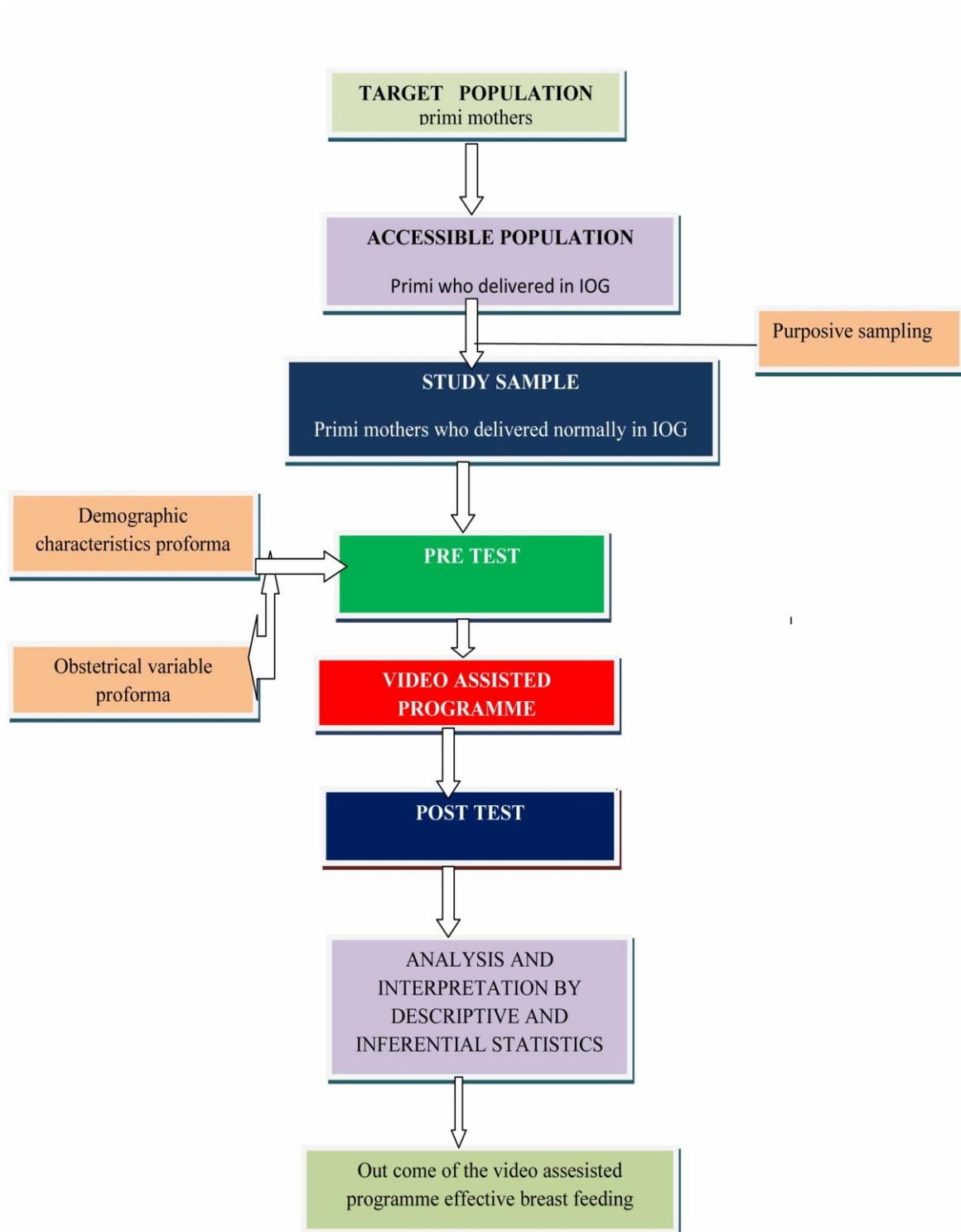
தேதி



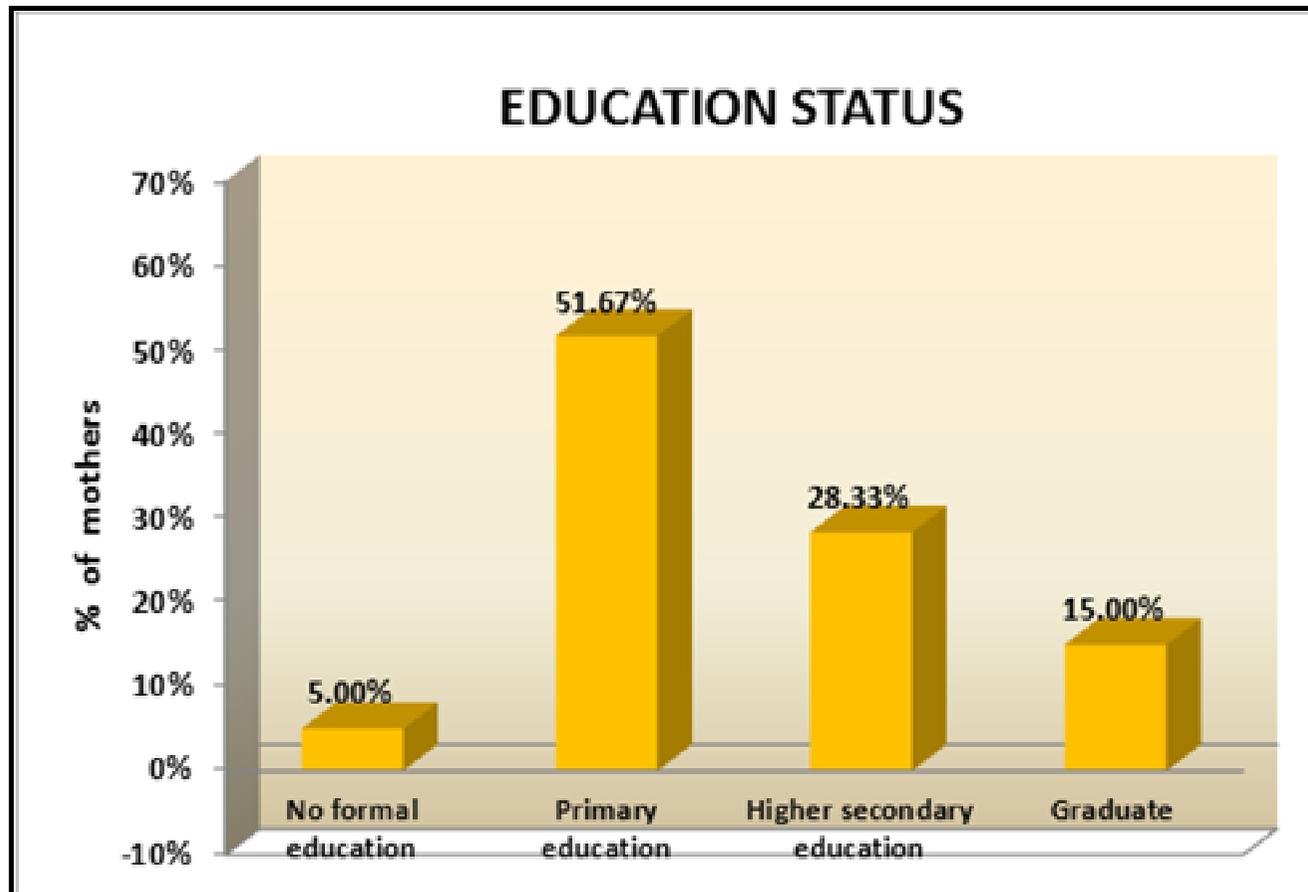
# CONCEPTUAL FRAME WORK ON KING GOAL ATTAINMENT THEORY



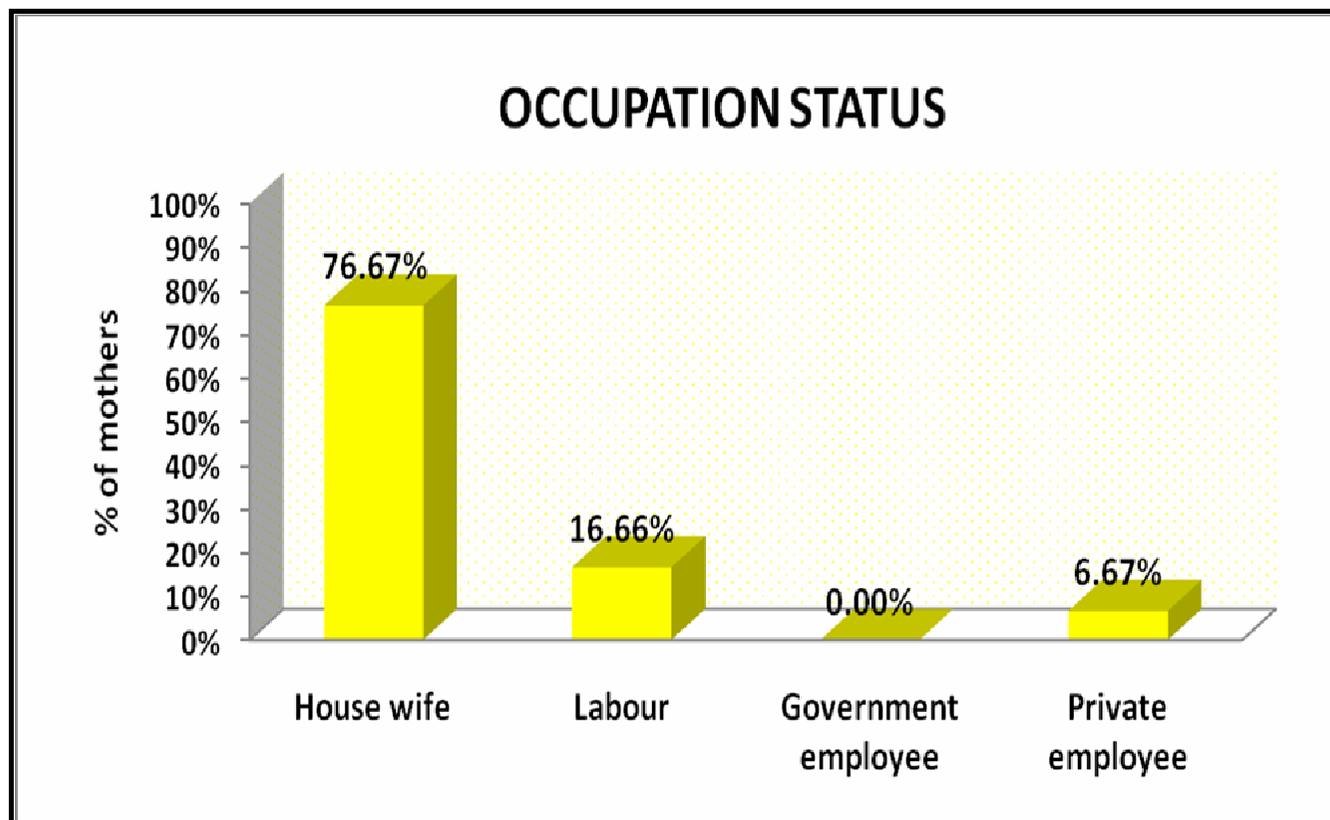
# SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY



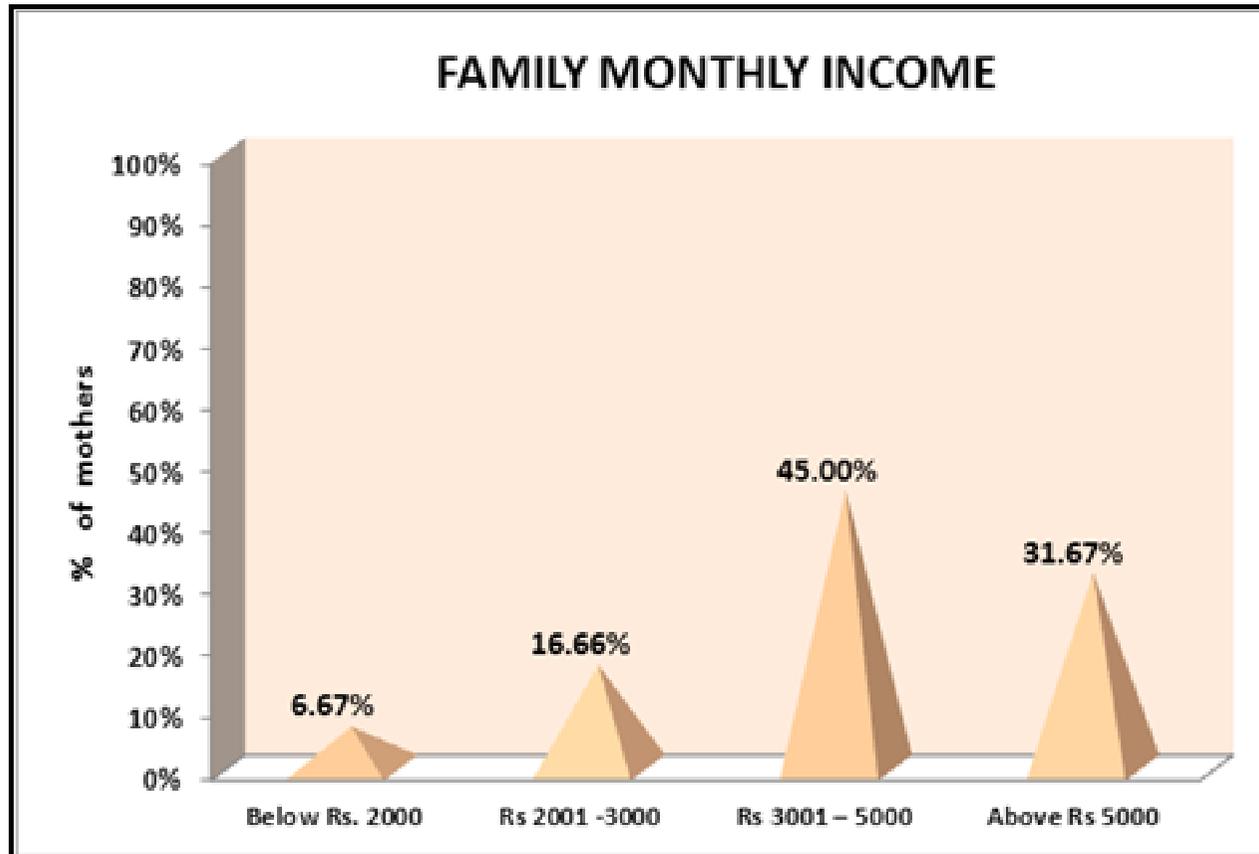
*Simple Bar Diagram Education Status Distributions*



*Occupation distributions*

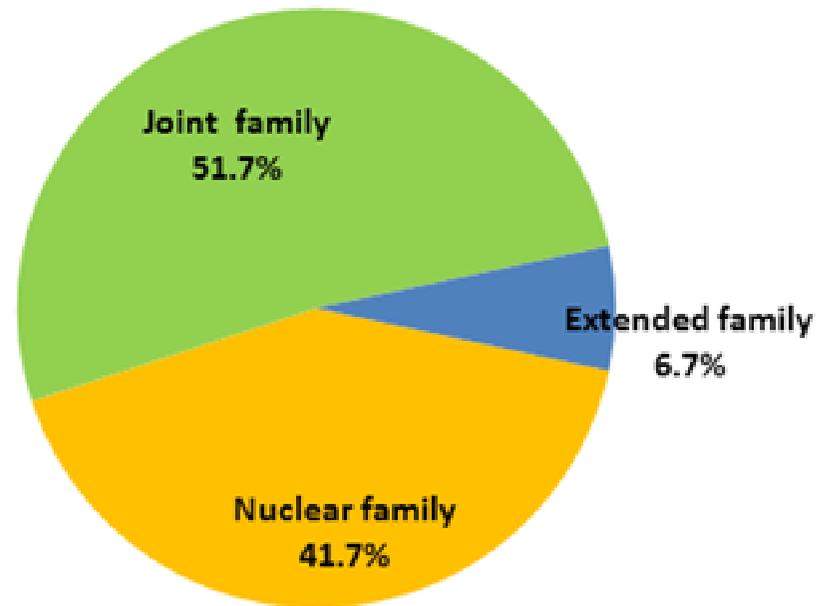


*Family monthly income distributions*

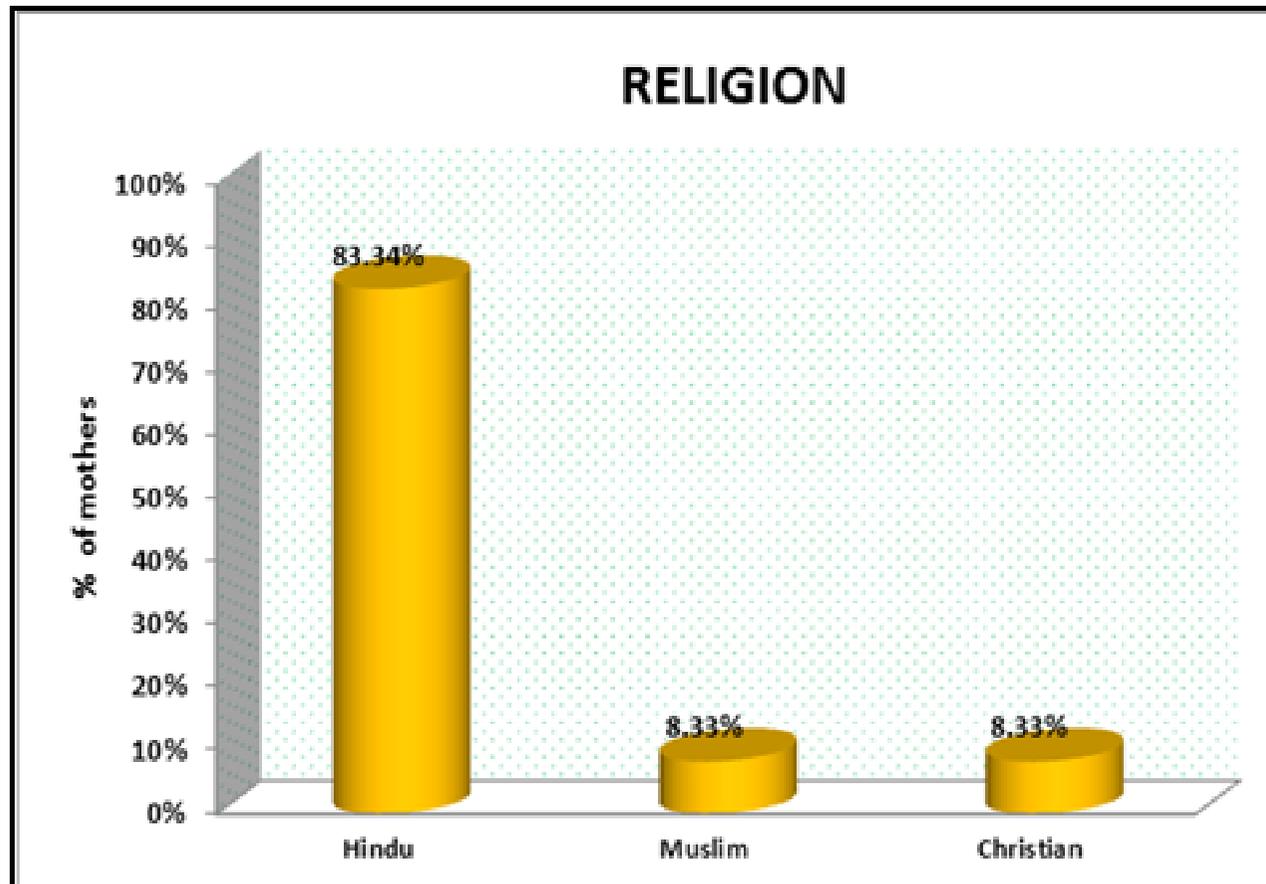


*Type of family distributions*

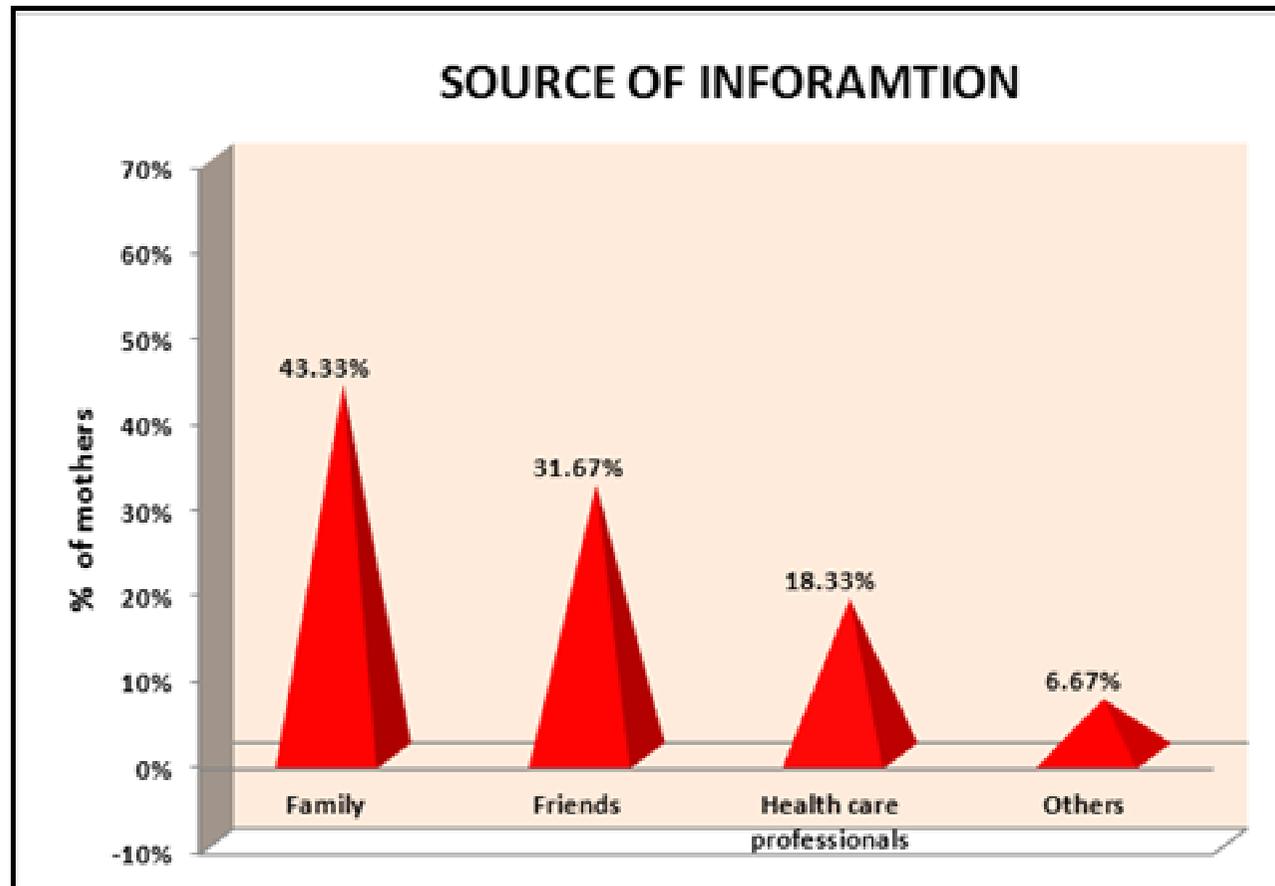
**TYPE OF FAMILY SYSTEM**



*Religion distributions*

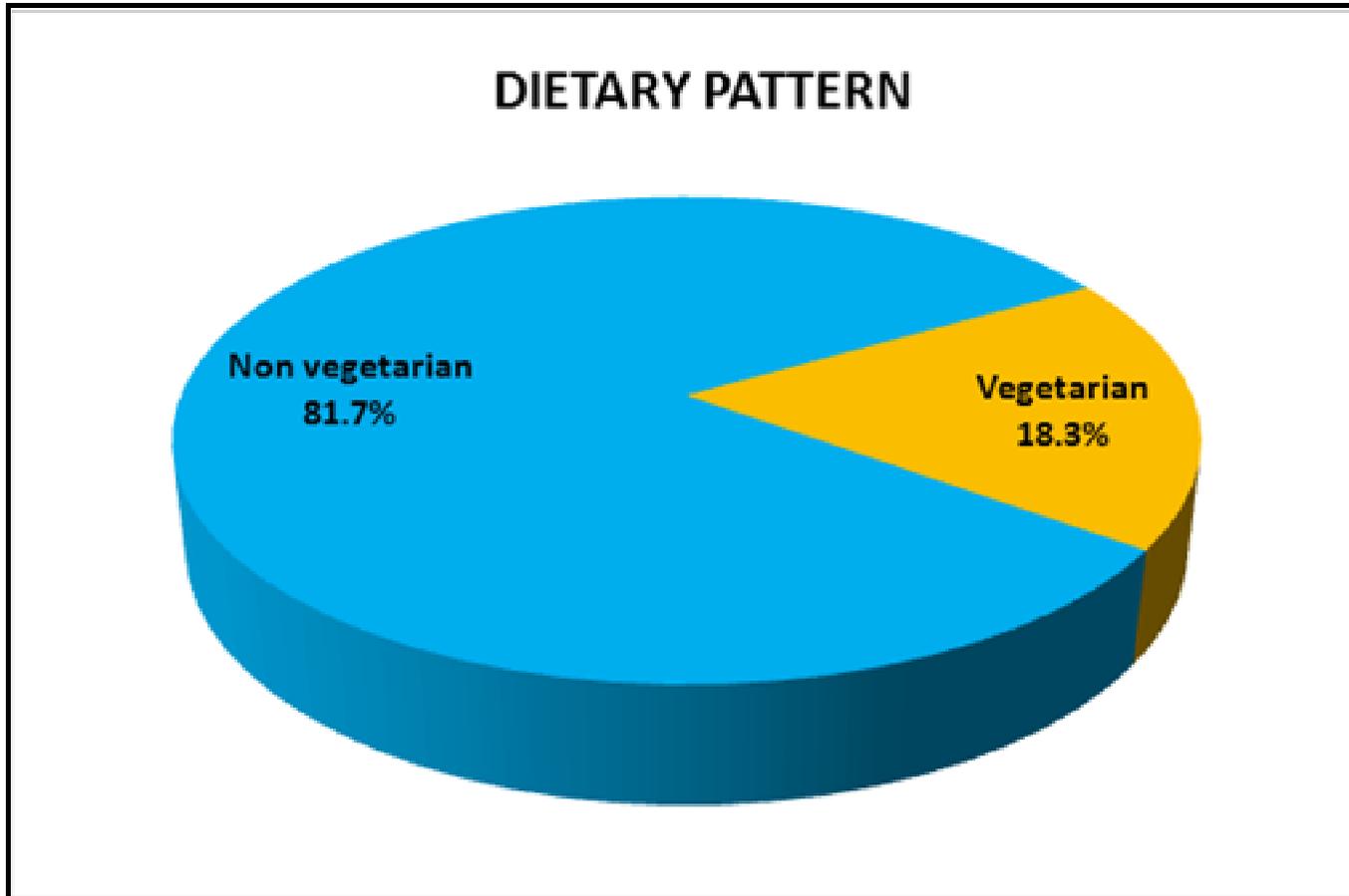


*Source of information distributions*

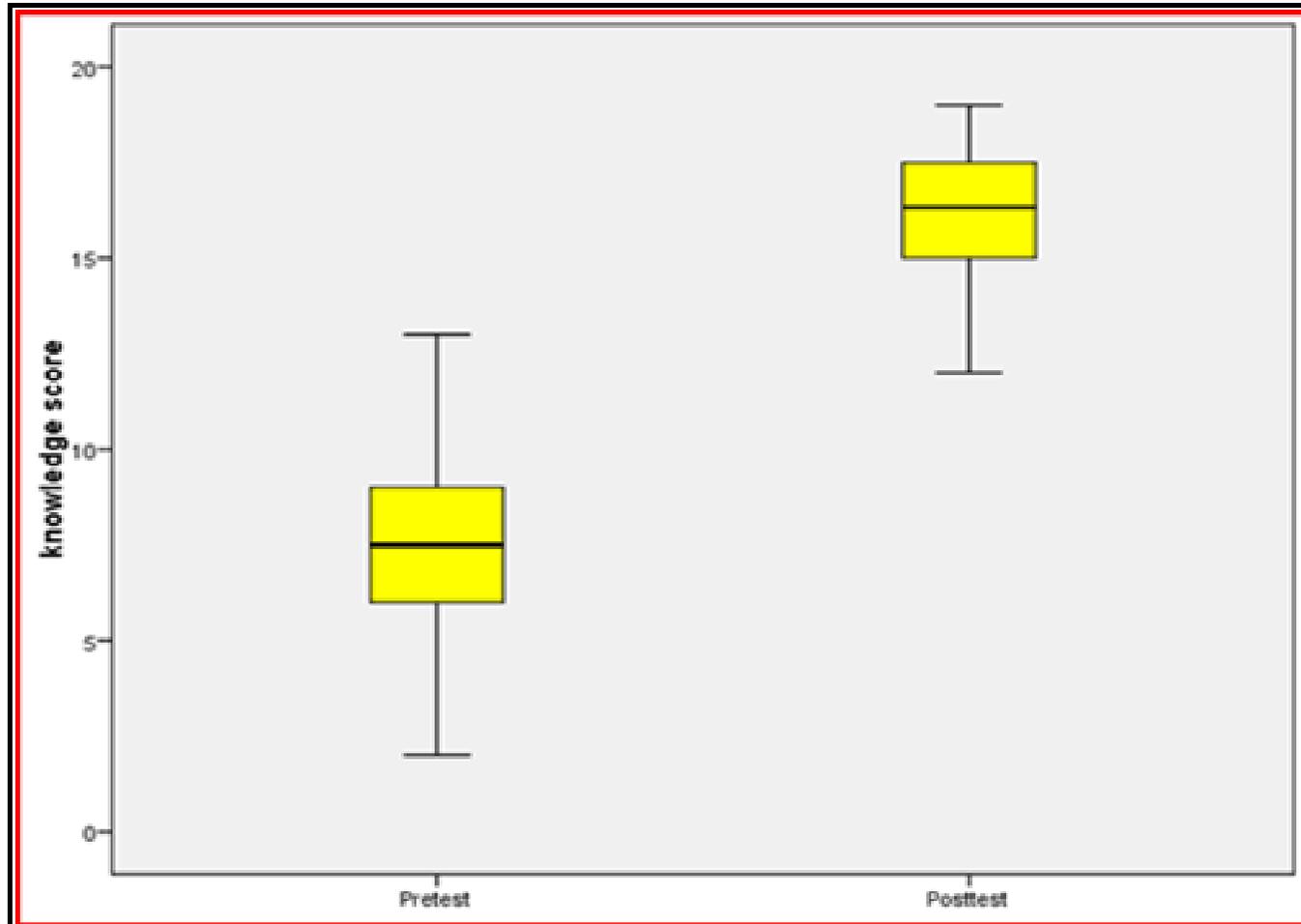




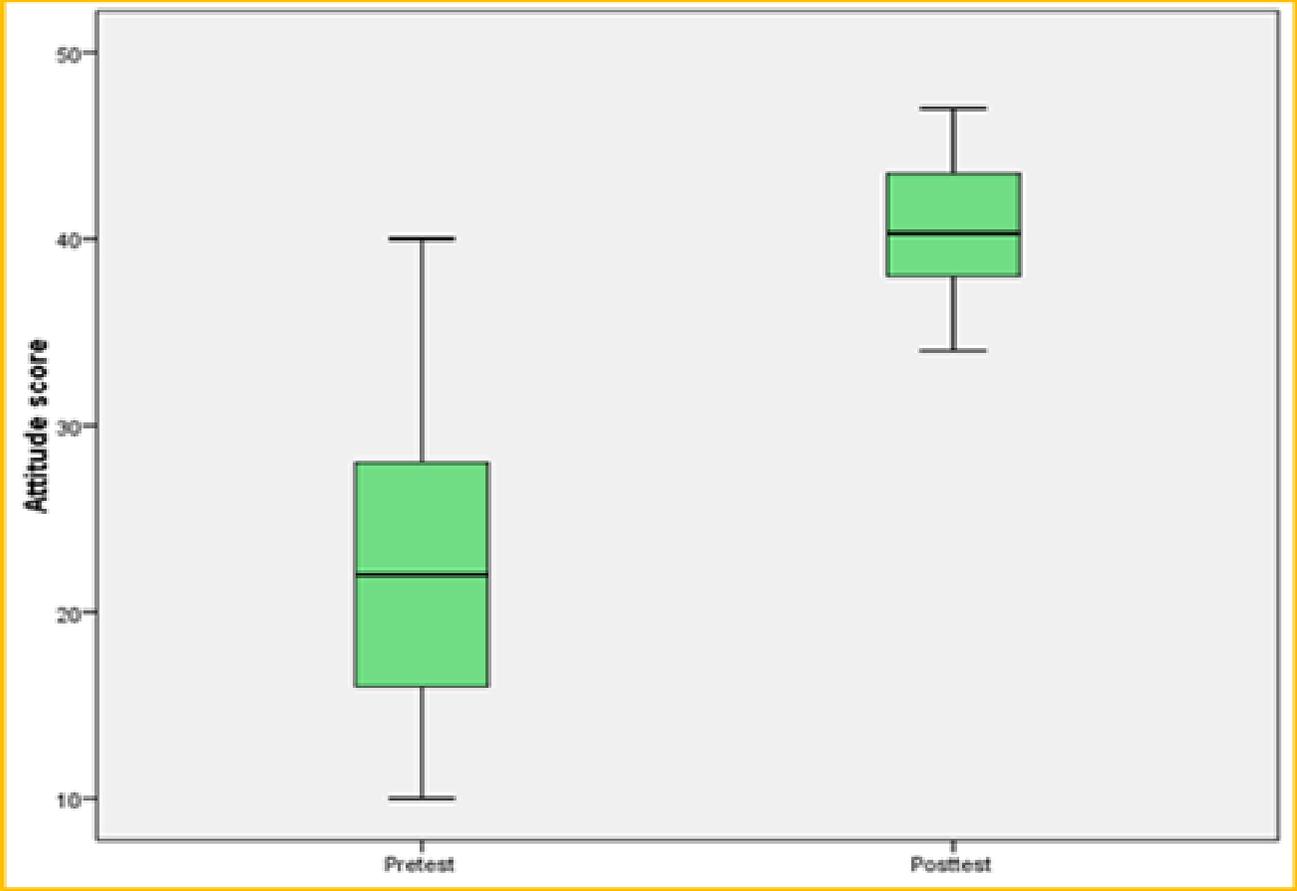
*Dietary pattern distributions*



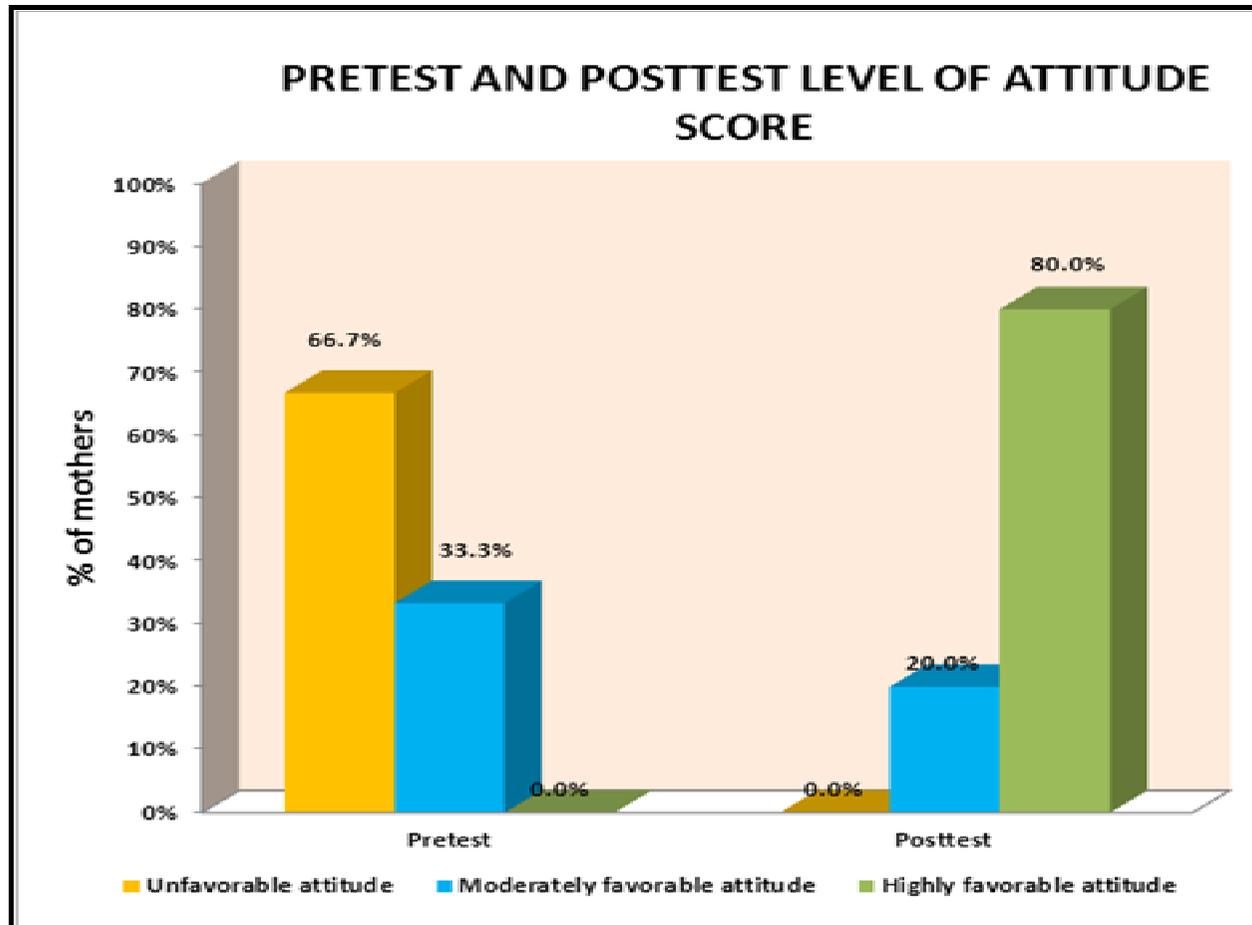
*Box Plot Compares the mothers pre test and post test knowledge score*



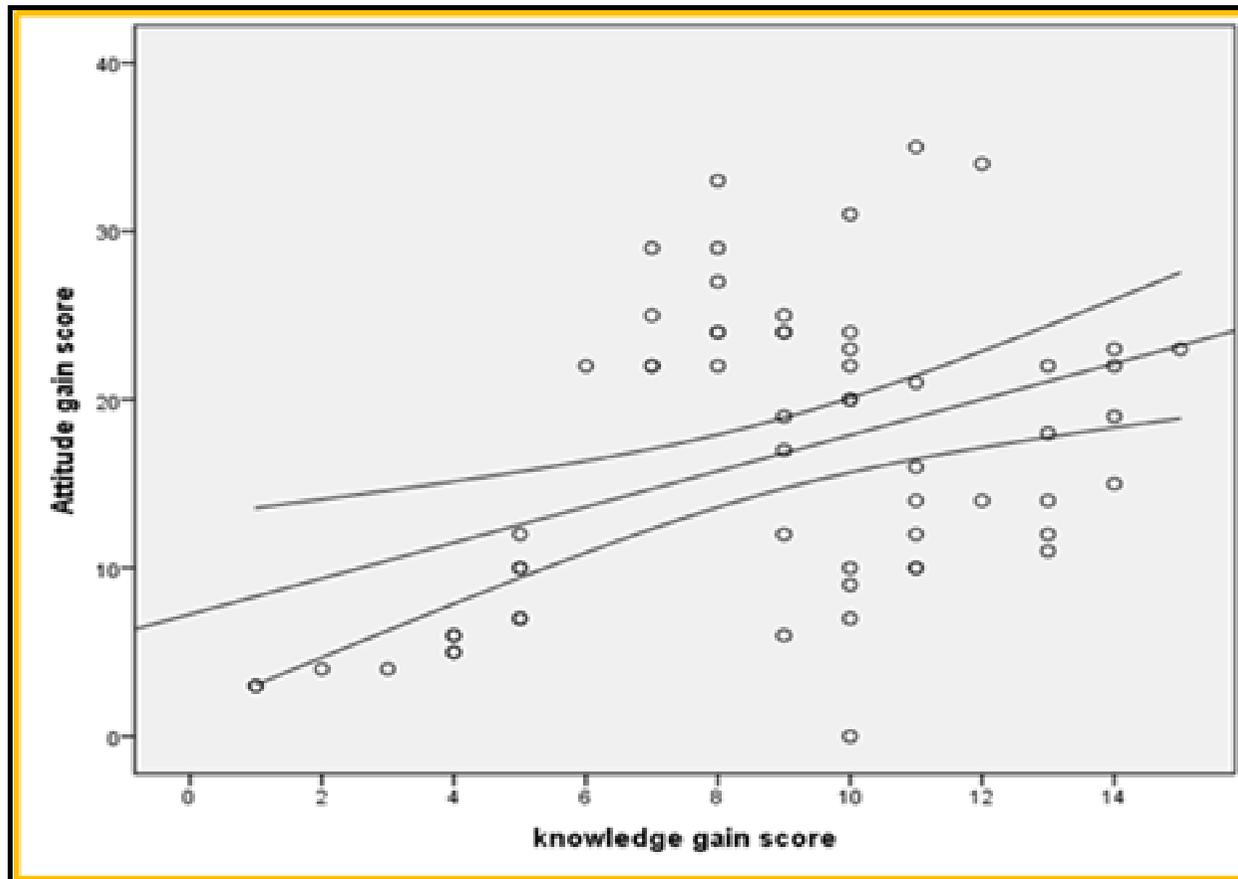
*Box Plot Compares the primi mothers pre test and post test attitude score*



*Pre test and post test level of attitude score distributions*



*Scatter-plot with regression estimate shows the moderate Correlation between knowledge gain score and attitude gain score ( $r=0.47$   $P \leq 0.001$ )*



**INSTITUTIONAL ETHICS COMMITTEE  
MADRAS MEDICAL COLLEGE, CHENNAI 600 003**

EC Reg.No.ECR/270/Inst./TN/2013  
Telephone No.044 25305301  
Fax: 011 25363970

**CERTIFICATE OF APPROVAL**

To

G.Sarala  
M.Sc. (N) I Year Student  
College of Nursing  
Madras Medical College  
Chennai 600 003

Dear G.Sarala,

The Institutional Ethics Committee has considered your request and approved your study titled **"EFFECTIVENESS OF VIDEO ASSISTED PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING EXCLUSIVE BREAST FEEDING AMONG PRIMI MOTHERS IN POSTNATAL WARD AT INSTITUTE OF OBSTETRIC AND GYNAECOLOGY & GOVERNMENT HOSPITAL FOR WOMEN AND CHILDREN HOSPITAL, CHENNAI " - NO.38072017**

The following members of Ethics Committee were present in the meeting hold on **11.07.2017** conducted at Madras Medical College, Chennai 3

- |   |                     |
|---|---------------------|
| 1. Prof.Dr.C.Rajendran, MD.,                                  | :Chairperson        |
| 2. Prof.R.Narayana Babu,MD.,DCH.,Dean,MMC,Ch-3                | :Deputy Chairperson |
| 3. Prof.Sudha Seshayyan,MD., Vice Principal,MMC,Ch-3          | :Member Secretary   |
| 4. Prof.S.Mayilvahanan,MD,Director,Inst. of Int.Med,MMC, Ch-3 | : Member            |
| 5. Prof.A.Pandiya Raj,Director, Inst. of Gen.Surgery,MMC      | : Member            |
| 6. Prof.Remam Chandramohan,Prof.of Paediatrics,ICH,Chennai    | : Member            |
| 7. Prof. Susila, Director, Inst. of Pharmacology,MMC,Ch-3     | : Member            |
| 8.Thiru S.Govindasamy, BA.,BL,High Court,Chennai              | : Lawyer            |
| 9.Tmt.Arnold Saulina, MA.,MSW.,                               | :Social Scientist   |
| 10.Tmt.J.Rajalakshmi, JAO,MMC, Ch-3                           | : Lay Person        |

We approve the proposal to be conducted in its presented form.

The Institutional Ethics Committee expects to be informed about the progress of the study and SAE occurring in the course of the study, any changes in the protocol and patients information/informed consent and asks to be provided a copy of the final report.

Member Secretary - Ethics Committee

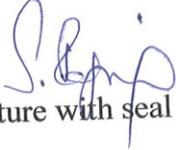
  
**MEMBER SECRETARY  
INSTITUTIONAL ETHICS COMMITTEE  
MADRAS MEDICAL COLLEGE  
CHENNAI-600 003**

## CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool constructed by Ms. G. Sarala (M.Sc Nursing) II year student College of Nursing, Madras Medical College which is to be used in his study titled, **“EFFECTIVENESS OF VIDEO ASSISTED PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING EXCLUSIVE BREAST FEEDING AMONG PRIMI MOTHERS IN POSTNATAL WARD AT INSTITUTE OF OBSTETRICS AND GYNAECOLOGY & GOVERNMENT HOSPITAL FOR WOMEN AND CHILDREN, EGMORE, CHENNAI -8.**

” has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide .Then he can proceed to do the research.

Name : *Dr. S. RAJESWARI*  
Designation :  
College :

  
Signature with seal

**Dr. S. RAJESWARI**  
Associate Professor,  
Faculty of Nursing  
Sri Ramachandra University  
Porur, Chennai-600 116.

Place :  
Date :

## CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool constructed by Ms. P.Seshamalini (M.Sc Nursing) II year student College of Nursing, Madras Medical College which is to be used in her study titled, "A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TECHING PROGRAMME ON KNOWLEDGE OF MINOR DISORDERS OF NEWBORN AMONG POSTNATAL MOTHERS ADMITTED IN POSTNATAL WARD AT INSTITUTE OF OBSTETRICS AND GYNAECOLOGY AND GOVERNMENT HOSPITAL FOR WOMEN AND CHILDREN, CHENNAI-08" has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide .Then she can proceed to do the research.

*MS*  
*24/1/26*

Signature with seal

Name :  
Designation :  
College :

PROF. Dr. ROSALINE RACHEL, M.Sc., (N), Ph.D.,(N)  
PRINCIPAL  
MMM COLLEGE OF NURSING  
No.131, SAKTHI NAGAR,  
NOLAMBUR, CHENNAI - 600 095.



Place :  
Date :



REQUISITION LETTER

From

**G. Sarala**  
M.sc (N) –II year student,  
College of Nursing,  
Madras Medical College, Chennai-3.

To

**DIRECTOR AND SUPERINTENDENT**  
Institute of Obstetrics and Gynaecology and  
Government Hospital for Women and Children,  
Egmore, Chennai- 08.

Through,

**PRINCIPAL,**  
College of Nursing, Madras Medical College,  
Chennai – 03.

Respected Sir/Madam,

**Sub: Requesting permission to conduct research for Dissertation as per requirement at Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children Egmore, Chennai-08.**

I M.Sc Nursing II- year student has to conduct the research study for the fulfillment of MSc (N) programme. My topic is “EFFECTIVENESS OF VIDEO ASSISTED PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING EXCLUSIVE BREAST FEEDING AMONG PRIMI MOTHERS IN POSTNATAL WARD AT INSTITUTE OF OBSTETRICS AND GYNAECOLOGY AND GOVERNMENT HOSPITAL FOR WOMEN AND CHILDREN, CHENNAI-08.” The data collection period is from 02.01.2018 to 27.01.2018 between 8am - 4pm at postnatal ward in Institute of Obstetric and Gynaecology and Government Hospital for Women and Children Egmore, Chennai-08.

I request you to permit me to conduct the above study and I assure that I will not disturb the routine activities of the postnatal ward.

Thanking You

Signature of H.O.D

*V. Wigan*  
6-12-17

*Permitted*

Yours faithfully,

*Sarala*  
(G. SARALA)

Encl: Copy of Institutional Ethics Committee Approval Letter.

*SARALA*  
22/12/17

*Forwarded  
to  
6-12-17*

**PRINCIPAL  
COLLEGE OF NURSING  
MADRAS MEDICAL COLLEGE  
CHENNAI - 600 003.**

**CERTIFICATE FOR ENGLISH EDITING**

To whomsoever it may concern

This is to certify that the dissertation titled, an **“EFFECTIVENESS OF VIDEO ASSISTED PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING EXCLUSIVE BREAST FEEDING AMONG PRIMI MOTHERS IN POSTNATAL WARD AT INSTITUTE OF OBSTETRICS AND GYNAECOLOGY GOVERNMENT HOSPITAL FOR WOMEN AND CHILDREN EGMORE CHENNAI -8.”** By Msc (N) II year student of college of nursing, Madras Medical College, Chennai – 3 was edited for English language appropriateness by GITA SUBRAMANIAN



Signature:

1/8/18

Prof.Mrs. GITA SUBRAMANIAN MA, Lit.  
Vee Care College of Nursing  
Vanagaram, Chennai-600 095.

Seal

**CERTIFICATE FOR TAMIL EDITING**

To whomsoever it may concern

This is to certify that the dissertation titled, an “EFFECTIVENESS OF VIDEO ASSISTED PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING EXCLUSIVE BREAST FEEDING AMONG PRIMI MOTHERS IN POSTNATAL WARD AT INSTITUTE OF OBSTETRICS AND GYNAECOLOGY GOVERNMENT HOSPITAL FOR WOMEN AND CHILDREN EGMORE CHENNAI -8.” By Msc (N) II year student of college of nursing, Madras Medical College, Chennai – 3 was edited for Tamil language appropriateness by D. RAGAVAN.

  
Signature: 24/07/20

திரு.த.இராகவன்.எம்.ஏ.பி.எட்,  
தமிழாசிரியர்  
ஹயக்ரீவ வித்யாஷ்ரம் பள்ளி,  
எண்:3, தேரடி தெரு,  
திருப்பெரும்புதூர்-602 105.

Seal :

