International Journal of Nursing and Medical Investigation

International Peer Reviewed Journal

Research article

Top feeding practices for infant among mothers residing in selected areas of city

Jyoti Nailkre, Poorva Parshuram Manjrekar*, Nikita Wagh

Sinhgad College of Nursing, Narhe, Pune, Maharashtra, India

Abstract

Good and adequate nutrition for proper growth starts in pregnancy through infancy. During infancy period, feeding should supply all the essential nutrients to meet up with the fast growth requirement at this stage. **Aim:** To assess knowledge regarding top feeding practices for infant among mothers. To assess attitude regarding top feeding practices for infant among mothers. To find correlation between knowledge and attitude. To find association between knowledge score and selected demographic variables. To develop the self-instructional module on healthy top feeding practices for infant. **Material and methods:** Study was non-experimental evaluatory approach. Sample size consists of 300 Mothers of infants in selected areas of city. Sampling technique adopted for the study is Quota sampling technique. The investigator prepared questionnaires. Researcher collected the demographic variables through self-administered, semi-structured questionnaire comprised of two sections. First section for demographic data and second section semi structured questionnaire used to assess knowledge of mothers regarding top feeding practices in infant. Third section is attitude scale used to assess attitude of mother towards the top feeding practices in infant. **Results:** Knowledge regarding top feeding practices for infant among mothers, highest 200 (66.67%) mothers were having average knowledge and 69 (23%) were having good knowledge and attitude regarding top feeding practices for infant among mother, highest 152 (50.66%) mothers were having favorable level of attitude and 83 (27.63%) were having very favorable level of attitude.

Keywords: Assessment, top feeding practices, mothers of infants, self-instructional module.

***Corresponding author: Mrs. Poorva Parshuram Manjrekar,** Lecturer, Sinhgad College of Nursing, Narhe-Pune-400041. **Email:** poorva.manjrekar@gmail.com

1. Introduction

The goal of the Global Strategy for Infant and Young Child Feeding is to improve the survival, growth and development of all children during the first three years of life through protection, promotion and support of optimal infant and young child feeding and related maternal support. Good or adequate nutrition for proper growth starts in pregnancy through infancy (Mallum and Kembe). During infancy period, feeding should supply all the essential nutrients to meet up with the fast growth requirement at this stage. According to the World Health Organization inadequate nutrition during infancy and early childhood may results in irreversible faltering in linear growth and cognitive deficit (WHO, 2002). The immediate consequences of this include mortality, delayed physical and mental development while the long-term consequences include poor intellectual and increased risk of chronic diseases (Oganah, 2010). Directly or indirectly, malnutrition has been said to be responsible for 60% of the 10.9 million deaths annually among children under five while more than two-thirds of these deaths, which are often associated with inappropriate feeding practices, occurs during the first year of life (WHO, 2003) [1].

When breast milk or infant formula no longer supplies infants with required energy and nutrients to sustain normal growth and optimal health and development, complementary feeding should be introduced [3]. According to the WHO recommendations, the

appropriate age at which solids should be introduced is around 6 months owing to the immaturity of the gastrointestinal tract and the renal system as well as on the neurophysiologic status of the infant [2].

Research question

What are the top feeding practices used by mothers of infants?

Problem statement

Assessment of the knowledge and attitude regarding top feeding practices for infant among mothers residing in selected areas of city in view to develop self-instructional module.

Objectives of the study

1. To assess knowledge regarding top feeding practices for infant among mothers.
2. To assess attitude regarding top feeding practices for infant among mothers.
3. To find correlation between knowledge and attitude.
4. To find association between knowledge score and selected demographic variables.
5. To develop the self-instructional module on healthy top feeding practices for infant.

2. Materials and methods:

1. Research methodology

The research method adopted for the present study was non-experimental evaluatory approach. Sample size consists of 300 Mothers of infants in selected areas of city. Sampling technique adopted for the study is Quota sampling technique.

Data collection technique

Through questionnaires researcher collected the demographic variables and through the self-administered semi structured questionnaire which comprised of two sections, first section for demographic data and second section semi structured questionnaire used to assess knowledge of mothers regarding top feeding practices in infant and third section is attitude scale used to assess attitude of mother towards the top feeding practices in infant.

Section I: Demographic data

This section consists of 4 items for obtaining information about selected demographic factors such as age of child, number of previous child, age of mother and educational status of mother.

Section II: Semi structured questionnaire

This section deals with questionnaire to assess the knowledge of mothers regarding top feeding practices. It consists of 20 items dealing with following categories.

- Meaning
- Types
- Top feeding practices

A score of '1' was given for the correct answer of every question and a score of '0' was given for the wrong answer. Total score was 20. No. negative scoring was given.

Section III: Attitude scale:

This section deals with attitude of mothers regarding top feeding practices related to different aspects like physical development, physiological development, social development, impact on family etc.

Validity and reliability

To ensure content validity the prepared tool along with the objectives, operational definitions, blue print, scoring key and criteria checklist for validation were submitted to 5 experts, who included 1 psychiatric nursing, 1 obstetric nursing, 1 community health nursing, 1 medical surgical nursing experts, and 1 language expert. They were requested to give their opinion on the appropriateness and relevance of items in the tool. A language expert translated the tool into Marathi and the validity of the translated tool was re-established by translating it back to English by another language expert. In order to test the reliability of the tool questionnaire and attitude scale was administered to 30 samples. This was done to rule out any bias or any confusion with the questions, which would be elicited after the actual administration of questionnaire. The reliability coefficient for the tool was calculated using split half method. In the split half test, the test is first divided into two halves and the correlation is found for this half test. The reliability of knowledge was found to be highly significant i.e. r= 0.94 and the reliability of attitude scale was found to be highly significant i.e., r= 0.99.

3. Result

Table No 1: Frequency and percentage wise distribution of infant and mothers under demographic characteristics.

SN	Sample characteristic	Frequency	%
1	Age of child		
	6-8 months	81	27
	8-10 months	132	44
	10-12 months	87	29
2	Age of mother		
	18-23 years	124	41.33
	23-28 years	130	43.33
SN	Sample characteristic	Frequency	%
	28-33 years	41	13.67
	33 and above	5	1.67

SN	Sample characteristic	Frequency	%
3	Number of previous child		
	0	94	31.33
	1	152	50.67
	2	50	16.67
	More than 2	4	1.33
4	Education of Mother		
	Illiterate	9	3
	Primary Education	102	34
	Secondary Education	119	39.66
	Higher Secondary Education	53	17.67
	Graduate and Above	17	5.67

First demographic variable shows distribution of samples according to age of child, highest 132 (44%) of child were from 8-10 month, 81 (27%) child were from 6-8 month and 87(29%) of them were from age group10-12 month.

Second demographic variable shows distribution of samples according to age of mother,130 (43.33%) mothers were from age group 23-28 years,124 (41.33%) were from age group 18-23 years, 41 (13.67%) were from age group 28-33 years, 5 (1.67%) were from age group 33 and above.

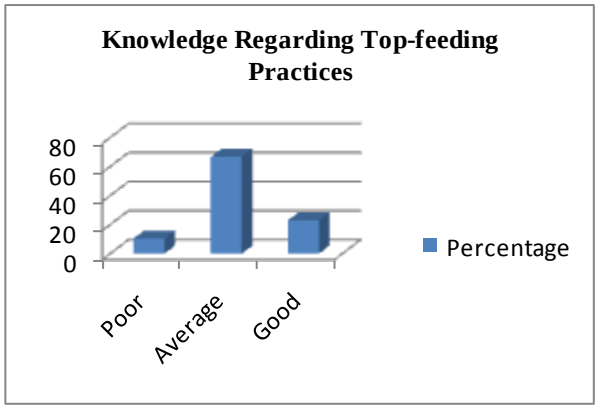
Third demographic variable shows distribution of samples according to previous number of child, highest 152 (50.67%) of mother were having previous 1 child and94 (31.33 %) of mothers were having 0 number of previous child.

Fourth demographic variable shows distribution of samples according to Education of Mother, highest 119 (39.66%) of mother were having secondary education, 102 (34%) of mother were having primary education and 53 (17.67%) of mothers were having higher secondary education.

Table No 2: Analysis of data related to knowledge regarding top feeding practices for infant among mothers.

SN	Grading of knowledge	Frequency (f)	Percentage
1	Poor	31	10.33
2	Average	200	66.67
3	Good	69	23
	Total	300	100

Figure No 1: Analysis of data related to knowledge regarding top feeding practices for infant among mothers

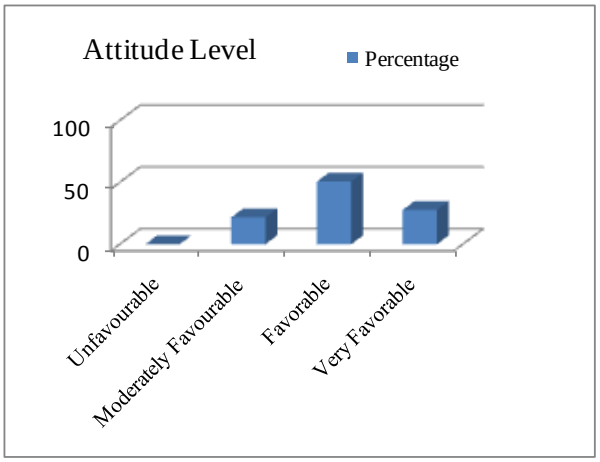


Interpretation:
Above table no 2 and fig.1 shows knowledge regarding top feeding practices for infant among mothers, highest 200 (66.67%) mothers were having average knowledge and 69 (23%) were having good knowledge.

Table No 3: Analysis of data related to attitude regarding top feeding practices for infant among mothers.

SN	Attitude level	Frequency	Percentage
1	Unfavourable	0	0
2	Moderately favourable	65	21.67
3	Favourable	152	50.66
4	Very favourable	83	27.67
	Total	300	100

Figure No 2: Analysis of data related to attitude regarding top feeding practices for infant among mother



Interpretation: Above table 3 and fig 2 shows analysis of data related to attitude regarding top feeding practices for infant among mother, highest 152 (50.66%) mothers were having favorable level of attitude and 83 (27.63%) were having very favorable level of attitude.

Table No 4: Analysis of data to find correlation between knowledge and attitude.

Knowledge and Attitude	Linear Correlation Pearson	Determination coefficient r2	Interpretation
	1	1	Reliable

Interpretation:
Above table 4 shows that r- value for knowledge and attitude is 1, hence the test is highly reliable.

Table No 5: Analysis of data to find association between knowledge score and selected demographic variables

Demographic variable		Knowledge level			p-value
		Poor	Average	Good	
Age of child	6-8 year	9	57	15	0.1697
	8-10 year	13	88	30	
	10-12 year	9	55	24	
Age of Mother	18-23 year	12	80	29	0.05
	23-28 year	13	86	32	
	28-33 year	5	28	8	
	>33year	1	6	0	
Number of previous child	0	10	59	25	0.138
	1	14	103	35	
	2	6	35	9	
	>3	1	3	0	
Education of mother	Illiterate	0	6	3	0.485
	Primary Education	10	65	27	
	Secondary Education	13	87	20	
	Higher secondary Education	6	32	14	
	Graduate and above	2	10	5	

Table 5 indicates that p-values corresponding to knowledge regarding top-feeding practices and age of the mother are small (less than 0.05), so knowledge of top feeding practices and age of mother were found to have significant association. None of other demographic variables was to have significant association.

4. Discussion

The knowledge score regarding top feeding practices for infant among mothers, highest 200 (66.67%) mothers were having average knowledge and 69 (23%) were having good knowledge, and 31 (10.33%) were having poor knowledge and recent study further support the results and finding of our study [3,4].

The study aim was to assess the knowledge and attitude of mothers regarding top feeding practices and correlation between knowledge and attitude. Attitude regarding top feeding practices for infant among mother, highest 152 (50.66%) mothers were having favorable level of attitude and 83 (27.63%) were having very favorable level of attitude. Analysis of data related to attitude regarding top feeding practices for infant among mother, highest 152 (50.66%) mothers were having favorable level of attitude and 83 (27.63%) were having very favorable level of attitude [5, 6].

Conclusion

The knowledge assessment found that mothers had inadequate knowledge about top feeding practices in infants. In addition, finding of the attitude was mother, highest 152 (50.66%) mothers were having favorable level of attitude and 83 (27.63%) were having very favorable level of attitude. The correlation between attitude and knowledge was the r- value for knowledge and attitude is 1, hence the test is highly reliable

Reference

[1] Awogbenja MD, Ndife J. Evaluation of infant feeding and care practices among mothers in nassarawa eggon local government area of nasarawa state. Indian Journal of Scientific Research. 2012 Jan 1; 3(1):21.

[2] J. Dratva, S. Merten, and U. Ackermann-Liebrich, "The timing of complementary feeding of infants in Switzerland: compliance with the Swiss and the WHO guidelines," ActaPaediatrica, vol. 95, no. 7, pp. 818–825, 2010.

[3] Chinnasami B, Sundar S, Kumar J, Sadasivam K, Pasupathy S. Knowledge, Attitude and Practices of Mothers Regarding Breastfeeding in A South Indian Hospital. Biomedical and Pharmacology Journal. 2016 Apr 28; 9(1):195-9.

[4] Karnawat BS, Singh RN, Gupta BD, Chaudhury SP. Knowledge and attitudes of hospital employees regarding infant feeding practices. Indian pediatrics. 1987; 24(10):939-48.

[5] Yadav RJ, Singh P. Knowledge attitude and practices of mothers about breast-feeding in Bihar. Indian journal of community medicine. 2004; 29(3):3.

[6] Karnawat D, Karnawat BS, Joshi A, Kohli GK. Knowledge, attitude and practices about infant feeding among mothers of urban and rural area of Ajmer district. The Journal of Medical Research. 2015; 1(3):90-4.