

# Knowledge and Expressed Practice of Nursing Mother Regarding Breastfeeding and Breast Hygiene, in a Selected Community of Delhi

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## Abstract

Children are our future and our most precious resource. For most of the children, breast feeding makes the difference between life and death and so breastfeeding is rightly said as the infant's "Passport of life". Breast milk not only is the best for the infants, lack of breast feeding during first few months of life are important risk factor for infant and childhood morbidity and mortality. A dirty breast harbours germs and when an infant sucks from it, it leaves them susceptible to various infections. Some of the common infections that can result from a child sucking dirty breast include diarrhoea. The objectives of the study were to assess the level of knowledge of nursing mother regarding breast hygiene and breast feeding, to assess expressed practice of nursing mothers regarding breast hygiene and to seek relationship between the knowledge of breastfeeding and practice of nursing mothers. For present study, sample comprises of 60 nursing mothers and purposive sampling technique was used. A structured interview schedule was prepared to assess level of knowledge regarding breast hygiene and breastfeeding and the expressed practice of breast hygiene of nursing mothers. A descriptive survey design was adopted. Majority (52%) of the mothers were having moderate knowledge. According to their practice score, majority (63.33%) were having average practice score regarding breast feeding and breast hygiene.

**Keywords:** Knowledge; Practice; Mothers; Breast Feeding; Breast Hygiene.

## Introduction

Children are our future and our most precious resource. For most of the children, breast feeding makes the difference between life and death and so breastfeeding is rightly said as the infant's "Passport of life". Breast milk not only is the best for the infants, lack of breast feeding during first few months of life are important risk factor for infant and childhood morbidity and mortality. Health is basic foundation for productive activity of life. Thus to promote and maintain the health of a growing infant and child, it is essential to provide him adequate nutrition, love, and affection and safety against infectious disease. Breastfeeding meets all these needs and is the vital role of a mother [1].

Breast milk is nature's most precious gift to newborn and equivalent substitute of which is yet to be achieved by our scientific community. Western world having experimented with bottle feeding for over five decades now wants to go back to breastfeeding, hence the slogan "breast is best for the baby". Breastfeeding creates a unique bond between the mother and the baby. When the mother breastfeeds and holds her baby close, she gives warmth, affection and security as well as food and protection, thus helping in physical and mental development of the baby [2].

During the first six months, a baby feeds exclusively on milk, from six months onward, his food can be varied to ensure he grows normal. A child is breastfed 3 or 6 hours immediately after birth.

At initial time, it may happen that the baby finds it difficult to stick to the breast, or nursing mother feel pain when the baby sucks or your milk is not enough for him. Nursing mother should not worry, and keep on feeding the baby and later everything will get normal. The length of time a baby spends in feeding varies from child to child. Feed the baby with the two breasts one after the other. The breasts are rich of sugar and fats respectively [3].

### Objective

The objectives of study were to assess the level of knowledge of nursing mother regarding breast hygiene and breast feeding, to assess the expressed practice of nursing mothers regarding breast hygiene by nursing mothers.

### Methods

Formal administrative approval was obtained from the concerned authority to conduct final study. The research approach adopted for the study was descriptive survey approach. The setting of the present study was selected urban community i.e. Sangam Vihar, New Delhi. Purposive sampling was done and 60 nursing mothers were selected. A structured interview schedule was used for the data

collection. The content validity was done by 7 experts in the field of pediatrics, obstetrics & community nursing. Section -1 of the tool had demographic items, Section -2 had knowledge items about breast hygiene and breast feeding, Section -3 had items related to expressed practice of breast hygiene of nursing mothers. The maximum score on knowledge items was 21 with score one for each correct answer. Score of 75% and above was considered as Good knowledge and between 50 - 74% as average knowledge and below 50% as poor knowledge. The maximum score on expressed practice items was 12 with score one for each correct answer. Analysis of the data was done by using descriptive statistics.

### Results

Upon conclusion of the predetermined study, the data revealed the following results:

#### Section I

##### Finding Related to Sample Characteristics

This section describes the characteristics of nursing mothers in terms of age, religion, education, occupation, family type and parity.

**Table 1:** Frequency and percentage distribution of mothers according to their demographic characteristics N=60

S. No.	Sample Characteristics	Frequency	Percentage
1.	<b>Age (in years)</b>		
	Below 20 year	01	1.8
	20-25 year	36	60
	26 -30 year	19	31.6
2.	<b>Religion</b>		
	Above 30 year	04	6.6
	Hindu	36	60
	Muslim	15	25
3.	<b>Education</b>		
	Christian	07	11.7
	Others	02	3.3
	No formal education	16	26.6
	Up to 5 <sup>th</sup> class	12	20
4.	<b>Mother's Occupation</b>		
	5-10 <sup>th</sup> class	11	18.4
	Up to 12 <sup>th</sup> class	06	11
	Graduation and above	15	25
	Housewife	36	60
5.	<b>Family Type</b>		
	Private service	06	10
	Govt. Services	11	18.6
	Own business	07	11.4
6.	<b>Parity</b>		
	Nuclear	44	73.4
	Joint	16	26.6
	<b>Parity</b>		
	Extended	00	0
	1	20	33.3
	2	32	53.3
	3 or more	08	13.4

*Section II*

This section deals with the finding related to knowledge of mothers regarding breast hygiene and breast feeding.

**Table 2:** Mean, median and standard deviation of knowledge score of nursing mothers N=60

Mean	Median	Standard Deviation
13.4	14	3.31

Table 2 shows that that the mean knowledge score of nursing mothers regarding breast feeding and breast hygiene is 13.4, median of knowledge score is 14 and standard deviation is 3.31. The mean and median were close to each other indicating almost

normal distribution.

The data presented in Table 3 depicts the frequency and percentage distribution of level of knowledge score of the nursing mothers. According to their level of knowledge, the majority (52%) were having moderate knowledge, 31.6% were having good knowledge and only 16.4% were having low knowledge regarding breast hygiene and breast feeding.

*Section III*

This section deals with the expressed practice of breast hygiene of nursing mothers.

**Table 3:** Frequency and percentage distribution of knowledge scores of nursing mothers according to level of knowledge N = 60

Level of Knowledge Score	Frequency	Percentage (%)
Good	19	31.6
Average	31	52
Poor	10	16.4

**Table 4:** Frequency and percentage distribution of expressed practice of breast hygiene of nursing mothers N = 60

S. No.	Practice Items	Frequency	Percentage
1.	Washes hands before breastfeeding	25	41.6%
2.	Wipes ones breast with dry towel after bathing	35	58.3%
3.	Uses cotton brassieres	26	43.3%
4.	Changing of bra or cloth if the milk spills on it	26	43.3%
5.	Avoids soap or lotion over nipple area	23	38.3%
6.	Uses a clean cloth over breast to absorb milk from breast	30	50%
7.	Cleans ones breast daily	29	48.3%
8.	Uses button/ zips and v-necks dresses for easy access to breast	43	71.6%
9.	Cleans breast before breastfeeding	9	60%
10.	Cleans breast after breastfeeding	17	28.3%
11.	Changing of brassiere daily	21	35%
12.	Avoids long nails	13	21.6%

The data presented in table 4 depicts that majority (71.6%) mothers use buttoned/ zip or v-neck dresses for easy access to breast, 60% mothers clean their breast before breastfeeding, 58.3% mothers wipe their breast with dry towel after bathing, 50% mothers use a clean cloth over breast to absorb milk from breast, 48.3% clean their breast daily, 41.6% mothers wash

their hands before breastfeeding, 43.3% mothers use cotton brassieres and change their bra/cloth if the milk spills on it, 38.3% mothers avoid soap/lotion over nipple area, 35% mothers change their brassieres daily and only 28.3% clean their breast after breastfeeding, and 21.6% mothers avoids having long nails.

**Table 5:** Mean, median and standard deviation of practice scores of nursing mothers N=60

Mean	Median	Standard Deviation
7.28	7	2.36

Table 5 shows that the mean practice score of nursing mothers regarding breast hygiene is 7.28, median of practice score is 7 and standard deviation is 2.36. The mean and median were close to each other indicating almost normal distribution.

percentage distribution of practice score on nursing mothers regarding breast hygiene. According to their practice score, majority (63.33%) were having average practice score, 28.42% were having good practice score and only 8.34% were having poor practice score.

The data in table 6 depicts that the frequency and

**Table 6:** Frequency and percentage distribution of practice scores of nursing mothers according to level of practice of breast hygiene  
N = 60

Level of Practice Score	Frequency	Percentage
Good (Above 75%)	17	28.43
Average (50-75%)	38	63.33
Poor Below 50%	5	8.34

## Discussion

According to a study done by Verma vandana et. al [4], "Assessment of the General Breastfeeding Practices of Postnatal Mothers" , it was revealed that according to levels of practices majority of postnatal mothers (75%) had average general breastfeeding practices. These findings are consistent with the findings of the present study where most of the mothers had average knowledge regarding breast hygiene and breast feeding. Wagh et. al [5]. also revealed that lactating mothers showed right practice of breastfeeding in Akola district of Maharashtra. While assessing General Breastfeeding Practices; It was concluded that majority (72.6%) of postnatal mothers had good practices related to timing of breastfeeding and least (34%) were adopting good hygienic practices related to breastfeeding [4]. But in the present study, expressed practice of mothers regarding breast hygiene was average. Findings of another study done by Singh et al revealed that most of the mothers were not cleaning the breast or nipples after feeding the infant [6]. These findings were consistent with the present study where only 35% of the mothers cleaned their breasts after breastfeeding.

The present study was conducted on small number of subjects, which limits the generalization of the findings of study.

## Conclusion

Most of the mothers were having average knowledge regarding the breast feeding and breast hygiene. Most of the mothers were having average practice level of breast hygiene. The study can be

replicated on large sample of mothers, so that findings could be generalized to a larger population. A study can be undertaken to determine, knowledge of antenatal mothers regarding breast feeding and breast hygiene. If the antenatal and nursing mothers are well informed and motivated for breast feeding and breast hygiene then there will be minimal neonatal mortality rates from diarrhoea and other infectious diseases in every country. Healthcare institutions, nursing and medical colleges should focus on creating more awareness programme on breast feeding and Breast hygiene.

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