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A Study to Assess the Efficacy of Structure Teaching Module on Level of Knowledge Regarding Weaning among Primi Mothers in Selected Villages of District Kangra Himachal Pradesh

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ABSTRACT

Breast milk is the best and safest food for young babies. It is important that babies should be given extra food as well as breast milk at the right age in sufficient amounts to enable them to grow and stay healthy. Weaning is the process in which an infant's diet pattern is gradually changed from liquid food like breast milk to solid foods which are supplementary food to the breast milk. These can be added after six months of infant's life because breast milk alone cannot provide the required amount of nutrients and so cannot sustain the growth of the infant after this age. Hence most important aspect of weaning is the introduction of solid food. At about six months of age, while breast feeding is being continued, addition of other food is essential to prevent growth faltering. Delayed introduction of additional food in an exclusively breast fed infant in malnutrition. Improper introduction of foods is fraught with dangers of diarrhoea due to infection from unhygienic preparation. Malnutrition related to inadequate calorie intake due to low frequency of feeding and low calorie density of additional foods. Weaning should provide a pleasant experience, not a conflict for mothers and infants. Praise, loving attention, and cuddling are vital to successful weaning.

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INTRODUCTION

"Children are like wet cement whatever falls on them makes an impression"

Haim Ginott

In the first year of life, infants undergo periods of rapid growth when good nutrition is crucial. In fact, nutrition in the early years of life is a major determinant of healthy growth and development throughout childhood and of good health in adulthood.

Breast milk does provide all the nutrients that a baby needs for healthy development in the first six months of life. But after the first few months, your baby's needs are no longer met entirely by breast milk. Around the age of six months, solid food should be introduced. This is called *Weaning* the baby. Weaning, as the word indicates, is the process of transition from a purely milk based intake of the child (i.e. weaning away from) to a semi solid diet for the child.

Weaning a baby from the breast is a big change for mothers as well as for babies. Besides affecting you physically, it may also affect you emotionally. Some mothers feel a little sad to lose some of the closeness that breast-feeding provides.

Breast milk is the best and safest food for young babies. It is important that babies should be given extra food as well as breast milk at the right age in sufficient amounts to enable them to grow and stay healthy. Weaning is the process in which an infant's diet pattern is gradually changed from liquid food like breast milk to solid foods which are supplementary food to the breast milk. These can be added after six months of infant's life because breast milk alone cannot provide the required amount of nutrients and so cannot sustain the growth of the infant after this age. Hence most important aspect of weaning is the introduction of solid food. At about six months of age, while breast feeding is being continued, addition

of other food is essential to prevent growth faltering. Delayed introduction of add itional food in an exclusively breast fed infant in malnutrition. Improper introduction of foods is fraught with dangers of diarrhoea due to infection from unhygienic preparation Malnutrition related to inadequate calorie intake due to low frequency of feeding and low calorie density of additional foods. Weaning should provide a pleasant experience, not a conflict for mothers and infants. Praise, loving attention, and cuddling are vital to successful weaning.

Ignorance about nutrition is another important issue. Studies in several countries including India have shown that almost half the cases of malnourishment are found where there is no such shortage of food. The reason of this ignorance is that the mother does not realise that her child is not growing and is becoming malnourished and has no clear idea of what food and in what quantity must be given to the child. In many cases it is difficult to feed the child because of depressed appetite due to illness or due to the belief that food must be withheld during illness.

Most mothers do not understand the importance of giving the baby soft mashed foods that constitute the household diet. The baby nibbles at it and spit it out**. Ghose S. 2010**

At the same age of the same weight for all infants very few infants will require solid food. Weaning means starting of semi-solid food to be given in addition to milk. Weaning should be gradual process which extends over a period of weeks or every months. Weaning does not commence foods before the age of three months but the majority should be offered a mixed diet not later than the age of six months**. Dr. Basvanthappa BT 2009**

Vitamins and iron fortified dry cereals are often used as a source of calories and micronutrients to supplement the diet of infant whose needs for these nutrients are not met by human milk after about six months of age. Cereals commonly are mixed with breast milk formula or water and later with fruits. New single ingredient foods generally can be offered approximately every week**. Robert M Kliegman 2008**

Need for the study

"Let us sacrifice our today so that our children can have a better tomorrow"

A.P.J. Abdul Kalam

Today's children are tomorrow's leaders. They form 38% to 40% of our general population. In the first year of life, infants undergo periods of rapid growth when good nutrition is crucial. In fact, nutrition in the early years of life is a major determinant of healthy growth and development throughout childhood and of good health in adulthood. From an average weight of 3 kilos at birth, baby's weight increases almost to 5 kilos, at the end of 3 months. In fact, from birth to 1 year is the time of fastest growth for the baby. Milk alone cannot fully meet the baby's needs and sustain this rapid rate of growth.

After 6 months, breast milk does not provide all the nutrients that your growing baby needs, in particular iron and calories that solid foods provide. For other sources of nourishment, you should try to gradually introduce semi-solid or solid foods to your baby. Hence weaning provides your child a nutritional balance for proper growth and development.Solid food is needed to provide your baby with enough important nutrients like iron. Also, giving solid food from around six months is important for learning to chew and accept different tastes and textures.

Health is an essential factor for a happy contended life. If children are healthy, future generation will be healthy resulting in a healthy nation. One of the important factors in determining a child's health is the pattern of his growth and development, which extends throughout his life cycle.

Nutritional deficiency constitutes a major public health problem in India and other countries of the developing world. In infants and children every year over 50percent of children are undernourished. The most vulnerable period of malnutrition is first 3 years.

Poor infant feeding practices (IFP) directly or indirectly contribute to under nutrition, morbidity and mortality in infants. The proportion of underweight, stunting and wasting among under 3years children have been reported to 47percent, 45percent and 16 percent respectively at the National level .So, good feeding and weaning practice is an important factor for under 1year of age because weaning period is the most crucial period in child development.Infant feeding practices constitute a major component of child caring practices. Despite global efforts for improving maternal and child health and specific efforts like integrated child development services (ICDS), malnutrition among children remains a significant problem in India.

Objectives of the study

- To assess the level of knowledge among primi mothers regarding weaning before and after structure teaching module.
- To determine the effectiveness of STM among primi mothers regarding weaning.
- To find out the association between knowledge score with their selected demographic variables.

Operational Definition

1. **Knowledge**- It refers to understanding ability to answer about weaning by primi mothers.
2. **Effectiveness**- It refers to the improvement in the knowledge of primi mothers regarding weaning .
3. **STM**- self instructional module; It's a type of health education
4. **Weaning**- It is the process of gradually introducing a mammal infant to what will be its adult diet and withdrawing the supply of its mother's milk.
5. **Primi mother**- The woman who give birth to their first baby.

Assumption

- Level of knowledge of primi mothers regarding weaning differ from mother to mother.
- STM (structure teaching module) influences level of knowledge of primi mothers regarding weaning.
- The socio demographic variables contribute to the level of knowledge of primi mothers regarding weaning.

Hypothesis

- **H1:** There is a significant difference in the knowledge level of primi mothers regarding weaning before and after STM(structure teaching module).
- **H2:** There is a significant association between post test knowledge score regarding weaning with their selected demographic variables.

Delimitations

- Study is limited to the primi mothers only.
- The mothers who all knows English or Hindi.
- Study is limited to selected villages district Kangra only.
- The data collection time is limited.

Research Methodology

Methodology is a significant part of any research study which enables the researcher to project blue print of research undertaking.

Research Approach

A quantitative research approach is used for this study. "A quantitative research is an applied form of research that involves finding out how well a programme, practice, and policy is working". The main goal is to assess or evaluate the success of the intervention.

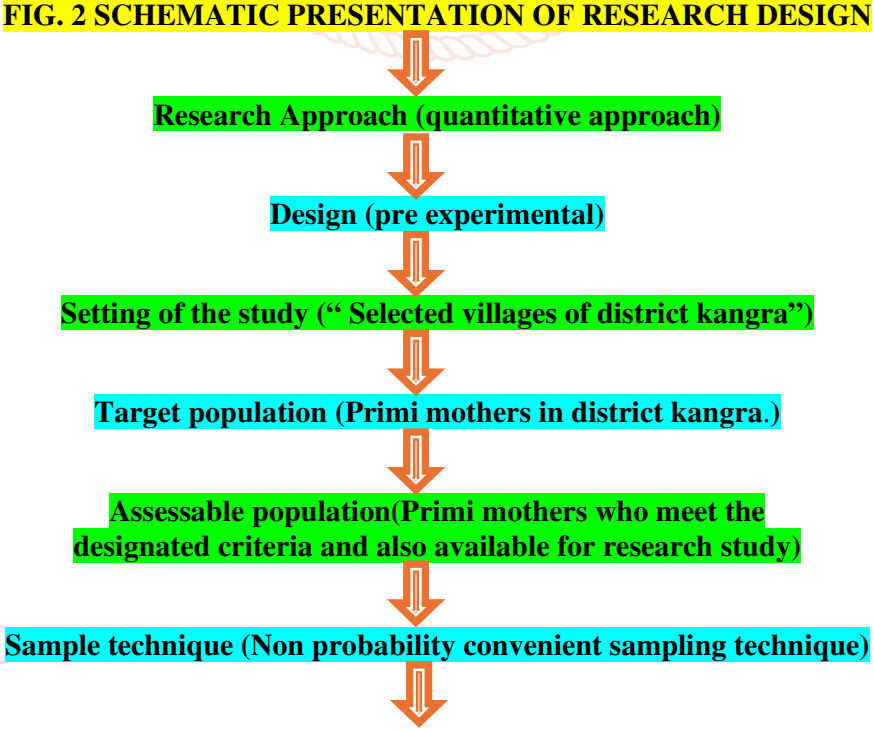
Research Design

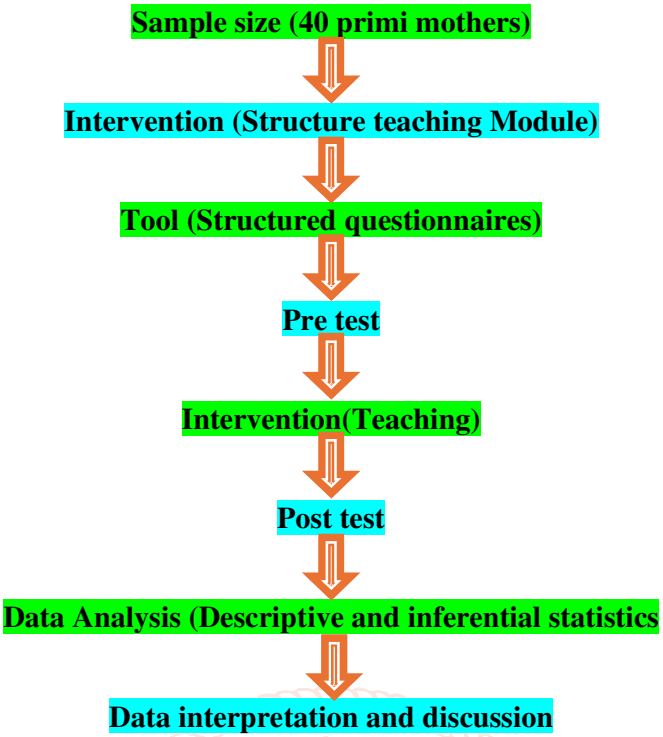
The research design adopted for the study is Pre experimental, (One group pre test- post test design)

GROUP	PRE- TEST	MANIPULATION	POST TEST
One Group	O_1	X	O_2

O_1- Pre – test level of knowledge
X- Structure teaching Module
O_2- Post – test level of knowledge

FIG. 2 SCHEMATIC PRESENTATION OF RESEARCH DESIGN





Population
Population referred as an entire set of individuals or subjects having common characteristics, sometime referred to as universe.

Polit and Hungler
In this present study the target population is primi mothers in selected villages of district Kangra in Himachal Pradesh .

Target Population
In this present study the target population is primi mothers in selected villages of District kangra in Himachal Pradesh.

Accessible Population
In this present study the accessible population will be primi mothers in selected villages of district kangra, Himachal Pradesh who meet the designated criteria and who also available for research study.

Sample
A sample consists of subject of the population selected to participate in a research study.

Burns N, 1999

In the present study the sample consists of primi mothers in selected villages of district kangra, Himachal Pradesh.

Sample Size
In this study, Sample comprises of 40 primi mothers.

Sampling Technique
Sampling refers to the process of selecting the portion of population to represent the entire population.

Polit and Hungler, 1999

In this study, a non probability convenient sampling technique was used for sampling the primi mothers.

Criteria For Selection Of Sample

Inclusion criteria:
- Primi mothers who are coming in selected villages of district Kangra, Himachal Pradesh
- Primi mothers who are present during the time of data collection.
- Primi mothers who are willing to participate in the study
- Primi mothers who understand English or Hindi

Exclusion criteria:

- Primi mothers who cannot understand English or Hindi
- Primi mothers who are not willing to participate in study.
- Primi mothers who are not available at the time of data collection.

Data Collection Instrument

Method of data collection includes development of tool, testing of validity and reliability and data collection procedure.

Kerlinger NF, 1973

Structured questionnaire method consisting of two parts

Section A

Demographic variables

Items on demographic variables like age of mother, education, occupation, socio economic status, area of living, religion, type of family, birth location of baby, monthly family income, source of information.

Section B

Structured questionnaire

Structured questionnaire regarding weaning.Various aspects of weaning such as general information, types of food, nutritional requirement of infant, available sources, care during weaning and problems during weaning. It consists of 30 multiple choice questions. Each correct answer was given a score 1 and wrong answer a score of 0.

Score Interpretation

- Below 50% - Inadequate knowledge
- 51 – 75 % - Moderate knowledge
- 76 – 100% - Adequate knowledge

Development Of The Tool

A demographic variables and standard tool was prepared with the help of reviews of literature, personal experience, discussion with experts and guide.

Content Validity Of Research Instrument

Validity refers to a complex concept which broadly concerns the soundness of the studies evidence that is whether the findings are convincing and well ground. Content validity was done from 5 experts (Department like Community Health Nursing) and necessary corrections were made in the tool based on the suggestions obtained.

Reliability of the tool

Reliability of the tool is the degree of consistency with which measures the attributes it is suppose to measure. It refers to the extent to which the same result is obtained after repeated administration of the instrument.

The tool was administered on 6 samples and the reliability of the tool was found by using karl Pearson co-relation coefficient formula. The reliability of the tool was found to be(r=0.50) Hence the tool was found to be reliable was done in selected area.

Data collection procedure

The period of data collection was extended from 17.03.2023 to 17.04.2023. The purpose and nature of the study was explained to the primi mothers and their consent was obtained. The pre test was conducted on primi mothers, A structured questionnaire was prepared and administered to assess the pretest level of knowledge of primi mothers regarding weaning.Give the intervention(Structure teaching module) regarding weaning. Post test was conducted on the same sample or subject to assess the effectiveness of the self instructional module regarding weaning.

It involves estimating the value of unknown parameters of the population and testing of hypothesis for drawing inferences .It was decided to analysis the descriptive and inferential statistics on the basis of objectives and hypothesis of the study. Master sheet will be prepared by the investigator to analyze the data. The data will be analysed in terms of descriptive (mean, percentage, standard deviation) and inferential statistics (paired 't' test).

Data analysis & interpretation

Analysis refers to a number of closely related operations which are performed with the purpose of summarizing the collected data and organizing the data in such a manner that they answer the research questions.

Table 1: Frequency and Percentage Distribution of sample according to demographic variables.(n=40)

S. No.	Demographic Variables	Frequency (f) n=40	Percentage %
1.	**Age of Mother**		
a)	20-25 years	17	42.5
b)	26-30 years	20	50.0
c)	31-35 years	3	7.5
d)	Above 35 years	0	0.0
2.	**Educational qualification of mother**		
a)	Primary School	2	5.0
b)	High School	14	35.0
c)	Senior Secondary	10	25.0
d)	Graduate or above	14	35.0
e)	Illiterate	0	0.0
3.	**Occupation of Mother**		
a)	Government Employee	5	12.5
b)	Private Employee	9	22.5
c)	Home Maker	18	45.0
d)	Self Employed	8	20.0
4.	**Socio Economic Status of Family**		
a)	High Class	0	0.0
b)	Middle Class	35	87.5
c)	Upper High Class	0	0.0
d)	BPL	5	12.5
5.	**Area of Living**		
a)	Urban	17	42.5
b)	Rural	23	57.5
6.	**Type of Family**		
a)	Nuclear	30	75
b)	Joint	8	20
c)	Extended	2	5
d)	Single Mother Family	0	0
7.	**Religion**		
a)	Hindu	22	55
b)	Muslim	7	17.5
c)	Sikh	4	10
d)	Christian	5	12.5
e)	Other	2	5.0
8.	**Birth Location**		
a)	Hospital	29	72.5
b)	Home	11	27.5
9.	**Source of Information**		
a)	Friend or Relative	18	45.0
b)	Through TV or Radio	5	12.5
c)	Newspaper or Internet	12	30.0
d)	From some health personnel	5	12.5
10.	**Monthly Family Income**		
a)	Below 5000/-	5	12.5
b)	5001 – 15000/-	10	25.0
c)	15001– 25000/-	16	40.0
d)	Above 25000/-	9	22.5

SECTION B: EFFECTIVENESS OF INTERVENTION IN TERMS OF INCREASING THE KNOWLEDGE LEVEL

Table 2: Frequency and percentage distribution of the pre test and post test score values. n = 40

Level of Knowledge	Score range	Pre test		Post test	
		Frequency n=40	Percentage (%)	Frequency n=40	Percentage (%)
Inadequate knowledge	< 50 %	27	67.5%	0	0%
Moderate knowledge	51 – 75 %	13	32.5 %	14	35%
Adequate knowledge	76 – 100 %	0	0%	26	65 %

Table 3: "t" value between the pre test and post test score value. (n=40)

Knowledge Score Value	Mean	SD	df	Calculated 't' value	T-Value	Level of significance.
Pre test	14.58	3.012	39	26.41	2.02	Highly significant
Post Test	23.48	2.587				

Association between the post test level of knowledge score among primi mothers with selected demographic variables.

S. NO.	Demographic variables	Moderate	Adequate	df	Chi square value	t-value	P value	Level of association
1.	**Age of mother (in Years)**							
	a)20-25 year	5	12					
	b) 26-30 year	8	12	1	0.4058	3.84	.5241	#
	c) 31-35 year	1	2					
	d) Above 35 year	0	0					
2.	**Educational Qualification of mother**							
	a)Primary school	1	1					
	b) High school	4	10	2	0.5887	5.99	.7451	#
	c) Senior secondary	3	7					
	d)Graduate or above	6	8					
	e)Illiterate	0	0					
3.	**Occupation of mother**							
	a) Govt. employee	2	3					
	b) private employee	4	5	3	0.8425	7.82	.8392	#
	c) Home maker	5	13					
	d) Self employed	3	5					
4.	**Socio-economic status of family**							
	a)High class	0	0					
	b)Middle class	12	23	1	1.2343	3.84	.2666	#
	c)Upper high class	0	0					
	d)BPL	2	3					
5.	**Area of living**							
	a) Urban	6	11	1	0.0011	3.84	.9732	#
	b)Rural	8	15					
6.	**Type of family**							
	a) Nuclear	11	19					
	b)Joint	3	5	1	0.1465	3.84	.70189	#
	c)Extended	0	2					
	d)Single mother family	0	0					
7.	**Religion**							
	a) Hindu	8	14					
	b) Muslim	2	5					
	c) Sikh	1	3	3	0.5109	7.82	.91658	#
	d) Christian	2	3					
	e) Other	1	1					
8.	**Birth location**							
	a) Hospital	12	17	1	1.8864	3.84	.1696	#
	b) Home	2	9					

9.	**Source of information** a) Friends or a relative b) Through Radio & television c) Newspaper & Internet d) From some health personnel	 6 3 4 1	 12 2 8 4	2	1.629	5.99	.4429	#
10.	**Monthly family income** a) Below 5000/- b) 5001-15000/- c) 15001-25,000/- d) Above 25,000/-	 1 4 5 4	 4 6 11 5	2	0.4701	5.99	.7906	#

***Significant at p<0.05 level**
 # Not significant at p >0.05 level

DISCUSSION

The findings of the study have been discussed under the following section:-

Section A

Percentage wise distribution of demographic characteristics of sample

Section B

- Finding the level of knowledge regarding weaning among primi mothers
- Effectiveness of self instructional module regarding weaning among primi mothers
- Association between post test level of knowledge with selected demographic variables.

The major findings of the study

Age of mother

In this study, majority of percentage wise distribution of primi mothers in relation to their age group depict that 42.5 % of the mothers were in the age group of 20 - 25 years. In the age group of 26 – 30 years of mothers were 50.0 %, in the age group of 31 – 35 years they were 7.5 %, in the age group of more than 35 years they were 0.0%.

Education of mother

In this study, majority of percentage wise distribution of primi mothers according to their education show that 5% of mothers were primary education,35% were higher education, 25% were senior secondary, 35% were graduate or above, 0.0 % were illiterate.

Occupation of mother

In this study, majority of Percentage wise distribution of primi mothers according to their occupation show that 12.5% were govt. employee,22.5% were pvt.employee,45 % are home maker,20% were self employed.

Socio economic status of family

In this study, majority of Percentage wise distribution of primi mothers according to their socio economic status show that 87% mothers were belongs to middle class, 12.5% were belongs to BPL and no one were belongs to upper high class &high class.

Area of living

In this study, majority of Percentage wise distribution of primi mothers according to their area of living show that highest percentage of 57.5% mothers were living in rural area and rest of 42.5% were living in urban area.

Type of family

In this study, majority of Percentage wise distribution of primi mothers according to their type of family show that 75 % of mothers were belong to nuclear family, 20.0% were joint family, 0% were separated family and rest of 5% mothers belongs to extended family.

Religion

In this study, majority of Percentage wise distribution of primi mothers according to their religion show that highest percentage of 55% of mothers had Hindu,17.5% muslim,10% Sikh, 12.5% Christian and 5% belongs to others religion.

Birth location of baby

In this study, majority of Percentage wise distribution of birth locations of baby show that highest percentage of 72.5% of birth had in hospitals, and 27.5% in home.

Source of information

In this study, Percentage wise distribution of primi mothers according to their source of information show that highest percentage of 45% mothers were gathered the information through friends or relative,12.5% through TV or Radio,30% through newspapers or internet and rest 12.5% were informed through some health personnel.

Monthly family income

In this study, majority of Percentage wise distribution of mothers according to their monthly family income show that 12.5 % of mothers had less than 5000 monthly income,25% had Rs.5001-15000 income per month, 40% had Rs 15001-25000 income per month, and 22.5% had more than Rs 25000 income per month**.**

Section B

- **Finding the level of knowledge regarding weaning among primi mothers in paediatric units of Shri Mahant Indiresh Hospital, Patel Nagar, Dehradun''**

Data presented in table 2 shows that 67.5 % sample score ranging <50 % (inadequate knowledge) and 32.5 % had score between 51 – 75 % (Moderate knowledge) which shows majority of sample are having inadequate level of knowledge in pre test, and 65% sample score ranging between 76 %-100 % (Adequate knowledge) and 35 % had score between 51 – 75 % (Moderate knowledge) and 0% of sample score < 50 % (Inadequate knowledge) in post test. It is clearly indicates that there was increase the level of knowledge after self instructional module.

- **To assess effectiveness of self instructional module among primi mothers regarding weaning.**

Finding reveals that the post test level of knowledge score is significantly higher than the pre- test mean level of knowledge score. After administrating self instructional module the post test score (mean =23.48, SD=2.587) in comparison with the pre test score (mean =14.58, SD = 3.012)

The statistical paired 't' test for overall level of knowledge score is found to be 26.41 that is greater than table value (2.02) at p< 0.05 level of significance. There it can be said that the effectiveness of self instructional module among primi mothers regarding weaning.

Hence hypothesis H1 is accepted.

- **To associate the post test level of knowledge with their selected demographic variables**

Finding reveals that no significant of association was observed between post test score of the primi mothers in relation to age of mother, education of mother,the occupational status of mother, area of living, type of family, religion,birth location of baby,source of information and monthly family income.

The research hypothesis H2 is rejected because the calculated chi- square value is less than table value with demographic variables.

CONCLUSION

On the basis of findings the study below said conclusion was drawn. It also brings out the limitation of the study in picture.

- The pre test knowledge score was less among primi mothers. After self instructional module (intervention) the knowledge score was increased. So it is effective.
- During the post test analysis revealed that most of the primi mothers are having adequate knowledge and some are having moderate knowledge based on pre test and post test assessment significant difference ($p<0.05$) is found between per test and post test score was demonstrated by using 't' test, it was found that self instructional module was effective.

The association between the post test knowledge score with selected demographic variables was found by using chi square test which shows there was no significant association between post test knowledge score with their demographic variables.

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