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Research Article

A STUDY TO ASSESS THE KNOWLEDGE OF MOTHER REGARDING FEEDING PRACTICES FOR LOW BIRTH WEIGHT BABIES ADMITTED IN SELECTED HOSPITAL IN BELAGAVI, KARNATAKA, VIEW TO DEVELOP INFORMATION BOOKLATE

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ABSTRACT

Background of Study: Proper feeding practices during infancy are essential for attaining and maintaining proper nutrition, health, and development of infants and children.

Statement of the problem: "A study to assess the knowledge of mother's regarding feeding practices for low birth weight baby admitted in selected hospitals Belagavi, Karnataka.

The Objectives of the Study: To assess the knowledge of mother regarding feeding practices of low weight babies. To find out the association between knowledge score of mother's with Selected socio demographic variables.

Research design used for the present study was descriptive survey research design. The study was conducted on sample of 50 postnatal mothers. In the present study, findings related to knowledge scores showed that that majority of subjects 38(76.0%) had average knowledge level, 5(10.0%) had good knowledge and 07(14.0%) had poor knowledge level.

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INTRODUCTION

Low birth weight is a term used to describe babies who are born weighing less than 2,500 grams (5 pounds, 8 ounces). In contrast, the average newborn weighs about 8 pounds. Over 14 percent of all newborn babies in the India have low birth weight¹.

Both term and preterm LBW infants tend to lose weight (about 10% and 15% respectively) in the first 7 days of life; they regain their birth weight by 10-14 days. Thereafter, the weight gain should be at least 15-20g/kg/day till a weight of 2-2.5 kg is reached. After this, a gain of 20 to 30 g/day is considered appropriate¹.

Proper feeding practices during infancy are essential for attaining and maintaining proper nutrition, health, and development of infants and children. Results of studies on infant and child feeding have indicated that inappropriate feeding practices can have profound consequences for the growth, development, and survival of infants and children, particularly in developing countries². Maternal breast milk is the recommended form of enteral nutrition for preterm or low

birth weight infants (AAP 1997). However, sufficient maternal breast milk is not always available².

A variety of formula milks (usually modified cow milk) are available. These vary in energy, protein and mineral content but, broadly, can be considered as: Expressed breast milk from donor mothers, usually mothers who have delivered at term, generally has a lower content of energy and protein than term formula milk (Gross 1980; Gross 1981)³.

Nutritional management influences immediate survival as well as subsequent growth and development of LBW infants. Even simple interventions such as early initiation of breastfeeding and avoidance of pre-lacteal feeding have been shown to improve their survival in resource restricted settings.³ Early nutrition could also influence the long term neurodevelopmental outcomes; malnutrition at a vulnerable period of brain development has been shown to have deleterious effects in experimental animals³.

Expressed breast milk (EBM): All preterm infants' mothers should be counseled and supported in expressing their own milk for feeding their infants. Expression should ideally be

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initiated within hours of delivery so that the infant gets the benefits of feeding colostrum. Thereafter, it should be done 2-3 hourly - this would ensure that the infant is exclusively breastfed and also helps in maintaining the lactation in the mother⁴.

Growth of most VLBW infants proceeds at a slower rate than in utero, often by a large margin. This, in turn, has heightened awareness that nutrient intakes received by VLBW infants are with regularity lower than nutrient uptake by the fetus, and that this intake deficit persists to some degree during much of the infant's in-hospital life, and possibly beyond⁵.

Lack of knowledge towards the feeding practices of mother's for low birth weight babies is felt by the investigator that mother's can be helped by assessing their knowledge and with a view to change hygienic feeding practices by providing necessary information, so as to help them to get aware about the hygienic feeding practices.

Need For the Study

Traditionally, the initial feeding method in a LBW infant was decided based on her birth weight. This is not an ideal way because the feeding ability depends largely on gestation rather than the birth weight. However, it is important to remember that not all infants born at a particular gestation would have same feeding skills. Hence the ideal way in a given infant would be to evaluate if the feeding skills expected for his/her gestation are present and then decide accordingly⁶.

The World Health Organization (WHO) recommends exclusive breastfeeding for the first 6 months of life and continuation of breastfeeding for 2 years. The WHO and the United Nations International Children's Emergency Fund (UNICEF) have articulated a global strategy for infant and young child feeding and recommendations in the form of guiding principles for complementary feeding of the breastfed child to focus attention on the effect of feeding practices on health and growth of infants and young children. Although these feeding recommendations were based on the evidence available in the published literature, the effects of following these recommended infant feeding practices (IFPs) on growth during infancy and early childhood have not been evaluated¹.

Most studies on the association between feeding practices and growth during infancy and childhood primarily investigated the growth and other health outcomes of infants and children in relation to breastfeeding and the timing and type of introduction of complementary foods. Most studies on the association between feeding practices during infancy and childhood and growth of infants and children were based on cross-sectional data. The associations that were observed in the cross-sectional studies do not preclude the possibility of reverse causality. In several longitudinal studies, the associations between IFPs and the growth of infants and children were observed. These studies, however, did not evaluate the effect of current infant feeding recommendations by the WHO and UNICEF⁷.

VLBW infant is invariably undernourished to some degree and for at least some period of time. Because undernutrition is, by definition, unphysiologic and undesirable, it follows that any measure that diminishes it is inherently good, provided that

safety is not compromised. This is more than a matter of perspective because the important implication is that measures that increase nutrient intake and thus diminish undernutrition do not require any further justification, especially not the demonstration of efficacy. They just have to be safe³.

VLBW infants proceeds at a slower rate than in utero, often by a large margin. This, in turn, has heightened awareness that nutrient intakes received by VLBW infants are with regularity lower than nutrient uptake by the fetus, and that this intake deficit persists to some degree during much of the infant's in-hospital life, and possibly beyond⁴.

Although theoretically non-nutritional factors might be involved in the slow growth of VLBW infants, nutrient intakes are low and explain the poor growth adequately. Low nutrient intakes will therefore remain the prime suspects with regard to responsibility for poor growth and, as we shall see, for deficits in neurocognitive development⁵

In this study, we evaluated the effects of following the recommended IFPs on the growth of infants and young children in rural Bangladesh. We proposed that the infants who were fed following the current infant feeding recommendations would grow better during infancy and early childhood. We used an innovative approach to construct the infant feeding scales that were cumulative and captured the feeding practices of all prior periods. We followed appropriate analytic techniques to investigate the longitudinal association between IFPs and growth of infants and young children with the use of multilevel models for change. This analytic approach prevented the potential problem of reverse causality that can be present in cross-sectional studies.

RESEARCH METHODOLOGY

Research approach

In view of nature of the problem selected for present study was descriptive approach considered to be appropriate.

Research design

The research design used for the present study was descriptive survey design.

Variables

- **Attribute variables:** Personal characteristics, which include age of the mother, religion, type of family, educational status of mother and occupation of the mother.
- **Research variable:** knowledge regarding feeding practices of low birth weight babies

Research setting: Setting refers to the area where the study is conducted. The setting planned for this particular study is postnatal wards and KMC mothers of KLES Dr. Prabhakarkore Charitable Hospital, Belegavi, Karnataka.

Population

In the present study the population consist of mother's of low birth weight babies admitted in postnatal wards and KMC mothers of KLES Dr.Prabhakarkore Charitable Hospital, Belagavi,

Sample size: Sample size for the present study is 50 mothers of low birth weight babies were selected who are admitted in postnatal wards and KMC mothers of KLES Dr.Prabhakarkore Charitable Hospital, Belagavi, Karnataka.

Sampling technique: Sampling is the process of selecting a portion of population to represent it. Based on the criteria mentioned, purposive sampling was used to select the sample according to the purpose of the study. Non- probability purposive sampling technique is used. Mother's who were present at the time of data collection and willing to participate in the study were selected.

RESULTS

Section I: Findings related to socio demographic variables

Table no 1 Frequency and percentage distribution of selected mother's according to socio-demographic variables.

n = 50

Demographic variable	Frequency	Percentage
1)Age		
18-24	28	56%
25-28	20	40%
28 &above	2	4%
2)Parity		
Primipara	27	54%
Multipara	23	46%
3)Educational status of the mother		
SSLC	16	32%
PUC	21	42%
Graduation	9	18%
Post graduation & above	4	8%

- Majority of mother's 28 (56%) were belonging to age group of 18 to 24 years and minimum number of mother's 2 (4%) belonged to the age group of 28 years and above.
- Majority of mother's 27(54%) wee primipara 23(46%) were multipara.
- Majority of mother's education status 21 (42%) was priuniversity and minimum education status of mother's4 (8%) was post graduation and above.

Section II: Findings related to knowledge level of mother's

Frequency and percentage distribution of knowledge level scores of selected mother's.

n= 50

Level of stress	Score range	Frequency	Percentage(%)
Good knowledge	23 to 12	05	10.0
Average knowledge	11 to 7	38	76.0
Poor knowledge	6 to 01	07	14.0

Table no 3 depicts that majority of subjects 38(76.0%) had average knowledge level, 5(10.0%) had good knowledge and 07(14.0%) had poor knowledge level.

Section III: Findings related to association between knowledge levels of mother's and selected socio demographic variables

H₁ :- There is significant association between knowledge of mother's and selected demographic variables at 0.05 level of significance.

Association between knowledge level of mother's and selected socio-demographic variables.

n=50

Si.no	DemographiC Variable	Good	Average	Poor	Chi Square	
					CAL.	TAB
1	AGE					
	18-24	2	11	3	18.34	12.59
	25-28	3	20	2		
28 &above	0	7	2			
3	PARITY					
	Primipara	1	4	5	14.82	12.42
	Multipara	4	34	2		
3	Educational status of mother's					
	SSLC	0	0	5	20.32	16.92
	PUC	1	10	2		
	Graduation	3	14	0		
	Post graduation & above	1	14	0		

The finding of table reveals that the knowledge scores of mother's and socio-demographic variables such as variables age, parity and educational status of the mother's, shows there is highly significant association with them at 0.05 level of. Hence, H₁ is accepted.

DISCUSSION

Majority of mother's 28 (56%) were belonging to age group of 18 to 24 years and minimum number of mother's 2 (4%) belonged to the age group of 28 years and above. Majority of mother's 27(54%) wee primipara 23(46%) were multipara. Majority of mother's education status 21 (42%) was priuniversity and minimum education status of mother's4 (8%) was post graduation and above.

In the present study, findings related to knowledge scores showed that majority of subjects 38(76.0%) had average knowledge level, 5(10.0%) had good knowledge and 07(14.0%) had poor knowledge level.

Analysis was done for identifying association between knowledge level and selected demographic variables by computing chi-square test.

The study findings showed that there was significant association between age, parity and educational level of mother's, with knowledge level scores.

CONCLUSION

Based on the socio demographic variable Majority of mother's 28 (56%) were belonging to age group of 18 to 24 years and minimum number of mother's 2 (4%) belonged to the age group of 28 years and above. Majority of mother's 27(54%) wee primipara 23(46%) were multipara. Majority of mother's education status 21 (42%) was priuniversity and minimum education status of mother's4 (8%) was post graduation and above.

Frequency and percentage distribution of knowledge level scores of selected mother's depicts that majority of subjects 38(76.0%) had average knowledge level, 5(10.0%) had good knowledge and 07(14.0%) had poor knowledge level.

Variables age, parity and educational status of the mother's, are in relation with knowledge level scores of mother's are associated with each other. Shows there is a association with

the knowledge significance at 0.05 level of (p value <0.05). Hence, H₁ is accepted.

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