CHAPTER VI

SUMMARY, SIGNIFICANT OBSERVATIONS, IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONS

This chapter deals with summary, significant observation, implications and recommendations of the study, recommendations, implications are given for different areas like nursing education, administration and for the health care delivery system (Nursing practice / nursing research).

This study was under taken to compare knowledge, attitude and practice of Breast Feeding among Urban and Rural Community lactating mothers.

The objectives of the study were:

1. To assess the knowledge of rural and urban mother regarding breast feeding.

2. To determine the attitude of Rural and Urban community mothers towards Breast Feeding.

3. To assess the practice of Rural and Urban mothers towards breast feeding.

4. To study the relationship between knowledge, attitude and practice of mothers regarding breast feeding.
5. To compare the knowledge, attitude and practice of breast feeding, among urban and rural community mothers.

The justification for undertaking this study was to compare the knowledge, attitude and practice of urban and rural lactating mothers regarding Breast Feeding. So that the human baby is supplied with ready made food through the mother. Therefore, breast feeding is natural but it is not so simple as it is often thought to be the prevalence and duration of breast feeding have declined in many parts of the world for variety of social, economic and cultural reasons.

Many studies have shown that the urban and rural community mothers give up breast feeding early in the postnatal period due to various problems like not having enough milk in the urban and rural community mothers prelacteal started too early, mother missing night feeds, restriction in baby's feeding at lack of confidence in mothers, her anxiety and worries, baby not correctly positioned at breast, baby having nipple confusion. If being bottle fed, mother would have painful breast or takes contraceptive pills.

In order to encourage continuation of breast feeding, one needs to know the nature of problems amongst urban and rural community mothers. Then these can be solved or minimized. Successful breast feeding depends on the mothers' knowledge, readiness to breast feed and skill in breast feeding. As per the investigator's knowledge, none or very few studies have been conducted to compare the knowledge, attitude and
practice of urban and rural community mothers regarding breast feeding for larger samples in selected areas of Karnataka.

**Significant Observations**

- Majority (54.0%) of the rural respondents were from 18-20 years in complete age as compared to 44.0 per cent found from 23-27 years of age from urban respondents. Age difference was found to be of statistical significance.

- Majority of both rural (90.0%) and urban (83.5%) respondents were Hindus, indicating statistical significance.

- Higher per cent of urban respondents were from the nuclear family compared to joint family background among rural respondents substantiated as statistically non-significance.

- Income range of <Rs.5000 was noticed is higher among rural families as >Rs.5000 among urban families establish statistical significance.

- Higher urban respondents had less number of family members compared to higher family size observed in rural respondents, however the difference was found to be statistically significant.

- Higher educational status was noticed among urban respondents compared to rural respondents. Educational level differed significantly between rural and urban respondents.
• Majority of respondents from rural (85.5%) and urban (81.0%) were housewives.

• Respondents' husbands found with higher educational level among urban compared to rural respondents.

• Business and private was the major occupational status among rural and urban respondents.

• Majority of rural and urban respondents reside in own house. The type of house being pakka.

• Utilization of water supply through borewell found higher per cent among rural and urban on type of water utilization. No significant difference found between rural and urban on type of house and water supply.

• Higher per cent of both rural and urban respondents get information on health science and other aspects through television, radio and newspaper on priority.

• Higher per cent of both rural and urban respondents had no pre-natal problems (68% and 72%) and had normal delivery (73.5% and 83.0%).

• Significant difference between rural and urban response found with respect to type of delivery and ante-natal visits.
- Majority of the respondents among rural (65.0%) and urban (70.5%) found with one parity and difference was statistically non-significant.

- Both rural (65.0%) and urban (70.5%) respondents had one living child majority was found to be statistically significant.

- Higher per cent of both rural and urban respondents had used pre-lacteal feed, colostrum fed engorgement of breast and presence of less milk secretion.

- Male baby’s were found more among urban respondents (54%) compared to rural respondents (44%) found significant statistically.

- Baby with higher weight observed among urban respondents compared to rural respondents however found to be non-significant.

- Mean knowledge found better among urban (76.0%) compared to rural respondents (76.0%). This was found to be statistically significant (t=3.24**).

- Slightly favourable attitude seen among urban (71.7%) as compared to rural (70.4%) respondents and found statistically significant (t=4.04**).
• Urban respondents found with better practice (70.2%) compared to rural respondents (68.4%) further established statistical significance (t=5.36**).

• Higher the age better knowledge was noticed among rural and urban respondents. Test statistics indicate significant for rural (F=3.02*) and urban (F=3.54) indicating impact of age on knowledge towards breast feeding.

• Hindus were found with higher knowledge among rural and urban respondents compared to other religions. This was a non-significant finding.

• Impact of educational level on knowledge towards breast feeding was observed among rural (F=3.01*) and urban (F=3.54*) respondents.

• Occupational status found to be an influencing factor on knowledge towards breast feeding among rural (F=4.06*) and urban (F=5.81*) respondents.

• Type of family identified as significant contributing factor on knowledge towards breast feeding among rural (F=4.32*) and urban (F=4.07*) respondents.

• Higher the family size better is the knowledge towards breast feeding of rural and urban respondents. This was however found to be non-significant result.
• There exists an impact of age on attitude towards breast feeding, indicating higher the age, better the attitude among rural (F=3.54*) and urban (F=4.09*) respondents.

• Attitude was found to be better among Hindus compared to other religions among rural and urban respondents, further indicating non-significant findings.

• Higher the educational level, better the attitude was noticed towards breast feeding among rural (F=3.15*) and urban (F=4.09*) respondents.

• Occupational status on attitude towards breast feeding reveals non-significant findings among rural and urban respondents.

• Respondents of Joint family background showed better attitude in case of rural, and urban respondents established a non-significant contribution.

• Higher the family size, indicated better the attitude towards breast feeding in both rural and urban respondents.

• Impact of age on practice towards breast feeding was observed to be of statistical significance among rural (F=3.01*) and urban (F=3.67*) respondents.

• Hindus (68.5% and 70.6%) found favourable practice compared to other religions. This was also established as non-significant among rural and urban respondents.
This concept can be practiced by community health nurses and educate health workers.

For this purpose community health workers and other nursing personnel should be motivated to give health teaching on aspects of breast feeding during home visits in clinics and in hospital wards.

Restructuring of hospital polices about visiting hours, initiating early breast feeding, rooming in 
prohibiting prelacteal feeding and bottle feeding should be encouraged.

2. Implication for Nursing Education

Midwifery students may be given chances to practice and give health education regarding breast feeding. During their community postings, Health Education Programmes could be organized by the students of midwifery in postnatal wards.

Role play can be demonstrated on correct technique of breast feeding and harmful effects of prelacteal feeds by nurses working in P.H.C and at sub center level to implement this concept at gross root level.

A nurse educator should provide ample opportunity for the students to educate mothers and provide care in both urban and rural communities and clinical setting, the curriculum should include advance made in Maternal and Child Health Practices.
The Maternity Department should display correct techniques of breast feeding by using pamphlets, charts, posters, audio-visuals for effective utilization by the students and public.

In the area of primary health care more emphasis is to be laid on establishing self care ability of the mothers. Every midwifery student should be given opportunities during her training to plan and conduct health education for mothers and family members on breast feeding. These implications will be helpful for a nurse to fulfill her role in the area of primary health care.

3. Implications on Nursing Administration

The nurse administrator can formulate policies and procedures regarding breast feeding techniques. They should organize and implement ongoing education and inservice programmes regarding postnatal care aspects. Nursing conferences and group discussions could be organized by the administrator periodically.

Institutions and programmes providing maternity services and care for new born infants should review their policies and practices relating to breast feeding. Every institution should have Baby Friendly Hospital Initiative to provide maternity services. They should develop breast feeding policies and guidelines covering care for expectant and new mothers and newborn infants.

Management should provide adequate allocation of budget manpower to implement effective health education which helps lactating
mothers to gain knowledge and confidence towards breast feeding practices.

**Limitations**

The limitations of the study are as follows:

1) Tools used for data collection were not standardized tools.

1) No attempt was made to identify the areas where mothers lack knowledge, attitude and practice and the problems faced by lactating mothers need more attention.

2) The association between mothers knowledge, attitude and practice in breast feeding is limited to few variables like mothers age, religion, educational level, occupation, type of family, number of pregnancies, antenatal check up, number of abortions, number of living children.

- A similar study needs to be conducted in different hospitals in order to draw generalization.
- A comparative studies can be conducted in urban and rural slums.
- Another study may be conducted to see the effectiveness of planned health teaching versus incidental teaching during the antenatal period and occurrence of problems during the postnatal period.
➢ A study can be on a pamphlet containing information in their own language replicated on a larger sample soon after delivery on the importance of breast feeding, correct technique of breast feeding and harmful effects of prelacteal feeds could be handed over to the ante-natal women during antenatal visits in order to promote breast feeding practices and prevent further breast feeding complications during postnatal periods.

➢ An evaluative study on exclusive breast feeding practice can be done in hospitals which are certified as Baby Friendly Hospital Initiative (BFHI).