A study to assess the effectiveness of planned teaching programme on knowledge regarding human milk banking among mothers of infant in selected urban areas of vadodara city.

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ABSTRACT :- This study was conducted to assess effectiveness of planned teaching programme on knowledge regarding human milk banking. The target population for the study was mothers of infant in selected urban areas of vadodara city. The planned teaching programme was prepared and conducted focusing on introduction, definition ,importance, determine the feeding option for new born given by WHO, process of donating milk. A quantitative research approach with Pre -experimental research design was adopted for the study. A total 50 samples were selected by non-probability Purposive Sampling Techniques. Data was collected using structured knowledge questionnaire. A planned knowledge questionnaire was used to assess the knowledge regarding human milk banking . The data were collected and analyzed using both descriptive and inferential statistics to find out the significant difference between the pre-test and post-test knowledge scores. Mean pre-test knowledge score was **1.3600 +0.48487** and mean post-test knowledge score was **2.5800+049857** with mean difference of **1.22000** and (t=value 13311,df=49 and p=0.000) was found statistically highly significant at p <0.05. Findings revealed that planned teaching programme was effective in improving knowledge of mothers of infant regarding human milk banking.

Keywords: Knowledge , Human milk banking, Mothers , Infant, planned teaching programme

1. INTRODUCTION:- Breast milk it is easily digestible by the newborn intestine, offers a variety of immunologic properties, effective in protecting the baby from respiratory tract infection gastrointestinal infections and numerous allergies.[1]

A child is an individual who always need special care to survive and thrive. They are the major consumers of health care. In India, about 35% of total population are children. They are not only large in number but also vulnerable to various health problems and considered as special risk group Breast milk is thought to be best form of nutrition for neonates and infants. WHO recommends exclusive breast feeding for the first six months supplemented breast feeding is recommended until at least two years and then as long as the mother and child wishes. [1]

According to a joint statement by the World Health Organization and United Nations Children's Fund in 1980. The best food for any baby whose own mother's milk is not available is the breast milk of another healthy mother. The recently released India Report of World Breast Feeding Trends Initiative 2008 highlights the role of breast feeding in ensuring child health and reducing infant and child mortality. India has an infant mortality rate of 55 per 1000 live births (SRS 2008) which accounts for 72 per cent of the country's under-five mortality rate. In 2010 the infant mortality rate was 49.13% and in 2011 it is 47.57% per 1000 live birth in that males are 46.18% and females is 49.14%.[1]

Breast feeding is the most important intervention to prevent newborn infections, diarrhoea and pneumonia, which cause child deaths in the month after birth till the end of the first year of life. Initial breast feeding in the first hour after birth and exclusive breast feeding in the first six months after birth can go a long way in preventing most neonatal and infant deaths in India. There are circumstances where milk from the infant's own mother is not available. Milk donated by other women (donor milk) must then fill the gap. Premature

infants constitute the largest and most important group of infants where milk from other women is needed because their own mothers' milk is not available or is not available in sufficient quantity. Human milk banks collect, screen, pasteurize, and distribute donated breast milk to hospitals or outpatient recipients.[1]

Though wet nursing had been in practice since mythological ages, modern human milk banking is in its infancy in India. Lack of awareness, leadership deficit, infrastructural and maintenance costs, and fewer neonatal setups are some reasons for the same. The first milk bank in Asia under the name of Sneha, founded by Dr. Armeda Fernandez, was started in Dharavi, Mumbai on November 27, 1989. From 2005 to 2015, only 22 human milk banks were established, but in the past 2 years, this number has more than doubled. There are currently about 50 milk banks in India, which are still inadequate to meet the massive demand for donor human milk. [2]

Human milk banks are services which collect, screen, process and distribute donated breast milk. Recipients are generally ill and premature infants whose mothers are unable to breastfeed them. As survival rates for preterm infants improve, more attention is being focused on improving the quality of survival through optimal nutritional management. WHO and UNICEF, made a joint statement in 1980: "where it is not possible for the biological mother to
breast feed, the first alternative, if available, should be the use of human milk from other sources.Breast milk that has been expressed, pasteurized and stored in sterilized conditions is safe and healthy for babies. The milk in the human milk bank is collected from donor mothers on the third day after giving birth, if they fulfil certain safety criteria that have been set by the hospital. The milk bank has one refrigerator, one sterilizer and two pasteurizers.[3]

2. MATERIAL & METHODS:

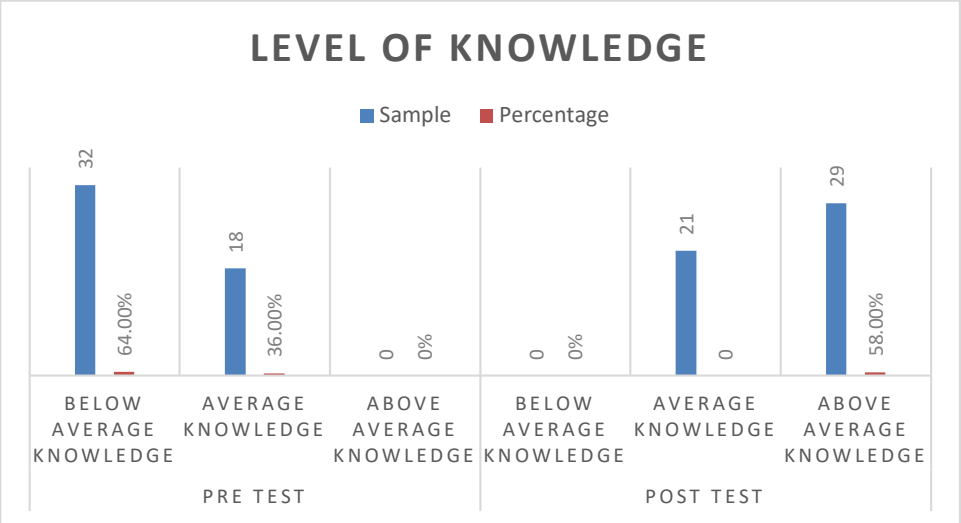
A Quantitative Research Approach with Pre experimental design.one group Pre-test& Post-test research design was adopted for the study. A total 50 samples were selected by non-probability Purposive Sampling Techniques from selected urban areas of Vadodara City. The reliability of tool was measured by test-retest method. The tool was reliable for Knowledge (r=0.94.). Data collection was done from selected urban areas of Vadodara i.e. Manjalpur, Kamlanagar Ramdevnagar, Chhani. A planned knowledge questionnaire was developed to assess the knowledge regarding. Tool is divided into 2 sections:

SCTION-I Consists of socio-demographic data of age of mother, type of family, education qualification, family monthly income, source of knowledge and area of residence.

SECTION – II Comprise items on knowledge regarding human milk banking. Total item will be 20 and each item carries 1 mark. Maximum score of the questionnaire is 20. Investigator gave 1 mark for correct answer and 0 mark for wrong answer.

Development of planned teaching programme: The selection of content and appropriate teaching learning activity was selected and organized in appropriate manner considering the sequence and level of samples. The planned teaching programme was prepared and conducted focusing on introduction, definition, importance, determine the feeding option for new born given by WHO, process of donating milk.

3. RESULT: In this study the pre-test among total 50 respondents; 64.0% of the mothers had "Below Average Knowledge" regarding human milk banking, with a frequency of 32. 36.0% had "Average Knowledge," represented by 18 mothers. None of the participants had "Above Average Knowledge" as indicated by a frequency of 0 in pre-test. Whereas in the post-test percentage of mothers with "Below Average Knowledge" decreased to 0%, meaning that none of the participants fell into this category post-intervention. "Average Knowledge" increased to 42.0%, with a frequency of 21 mothers. "Above Average Knowledge" substantially increased to 58.0%, with 29 mothers.



Variables		Mean	Mean difference	Std. Deviation	t-value
Level of Knowledge	Pre test	1.3600	1.22000	.48487	13.311 Df=49 P=.000
	Post test	2.5800		.49857	

Significant at 0.05level

Table 1: Comparison within pre-test and post – test knowledge with "paired t-test" N=50

4. DISCUSSION : The present study was conducted to "a study to assess the effectiveness of planned teaching programme on knowledge regarding human milk banking among mothers of infants in urban area of vadodara city" a pre experimental, one group pre-test post-test design was adopted for the presents study. non probability purposive sampling was used to select the samples. the data was collected from 50 mothers by used to assess planned knowledge questionnaire for knowledge. the findings of the study have been discussed with reference to the objective and hypothesis and with the findings of the others studies. the mean post-test knowledge score 2.5800 was higher than mean pre-test knowledge score was 1.3600 with the mean difference of 1.22000. significance of the difference between pre-test and post-test knowledge was statistically tested using paired 't' test and it was found significant.

5. CONCUSION : In this study there was inadequate knowledge and negative attitude regarding human papilloma virus infection and its prevention among school going adolescent girls from selected schools of Vadodara. The investigator had developed and conducted school based educational programme which covers various aspects knowledge and positive attitude of school going adolescence girls regarding human papilloma virus infection and its prevention. The mean post-test knowledge score 3.76 & the mean post-test attitude score 12.49 was higher than the mean pre-test knowledge 3.23 & the mean post-test attitude score 7.34. The school based educational programme had made significant influence over school going adolescent girls which resulted in significant increase in knowledge and positive attitude after implementation of programme.

DECLARATION BY AUTHORS

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Conflict of Interest: The authors declare no conflict of interest.

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