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RESEARCH ARTICLE

KNOWLEDGE REGARDING BREAST PROBLEMS AMONG ANTENATAL MOTHERS IN A SELECTED HOSPITAL, MANGALURU WITH A VIEW TO DEVELOP AN INFORMATION BOOKLET

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ABSTRACT

Breast problem is one of the commonest problems seen in postnatal mothers in the puerperium. If this problem is not treated properly it can affect the lactation and lead to breast problems or cancer. Awareness of the breast problems and care of breast from the antenatal period will help the mothers to prevent from breast problems. This study attempts to assess the knowledge of antenatal mothers regarding breast problems and create awareness on breast problems.

A non-experimental descriptive design was adopted. Data was collected from purposively selected 100 antenatal mothers attending antenatal OPD of Yenepoya Medical College Hospital, Mangaluru using structured interview schedule.

The results revealed that majority (76%) of antenatal mothers had inadequate knowledge, 23% had average knowledge and very few (1%) had adequate knowledge regarding breast problems. The mean knowledge score was 12.77 ± 4.32 . There was a significant association between the level of knowledge and type of family occupation, family income and previous information ($P < 0.05$).

Most of the antenatal mothers have inadequate knowledge regarding the breast problems. Hence creating awareness about breast care in antenatal period is essential.

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INTRODUCTION

Motherhood is the only act that manifests in human which form the cosmic wonder of creation. Child birth is a transcendent event with meaning far beyond the actual physiologic process. It is a process beautifully designed by nature and the care following the birth of the baby is also essential for the maintenance of health of both mother and child¹. Pregnancy is a unique exciting and often joyous time in a women's life but at the same time, a pregnant woman also needs to be a responsible woman so as to best support the health of her child, the growing fetus which depends entirely on its mother's healthy body for all needs².

Many physiological changes occur during pregnancy in all the system of the pregnant mother including in their breast as a result of hormonal changes. This causes increased blood flow and changes in the breast tissue, which may make the breasts feel swollen, sore, tingly, and unusually sensitive to touch. This is the actual period when the breast development occurs and prepares for the breastfeeding³.

Mothers during pregnancy and postnatal period lack the knowledge regarding care of breast and proper breast feeding techniques or stop the breast feeding due to various reasons. This can lead to several breast problems in the puerperal period and the common ones are nipple problems, breast engorgement, plugged milk duct, breast infection and insufficient milk supply which are originated from conditions that lead the mother to inadequately empty the breasts. Incorrect techniques, not frequent breast feeding and breast feeding on scheduled times, pacifiers and food suppliers can predispose these breast problems. The proper and adequate management of those conditions is fundamental, as if not treated they result in breast complications and even to breast cancer⁴.

The prevalence of breast problems in the postnatal period is very high. It is evidenced that the incidence rate of breast engorgement in the world is 1:8000 and in India it is 1: 6500. About 20% postnatal mothers especially primigravida mothers are affected with breast engorgement within four days of postnatal period⁵. In the Grampian study 33% of all women experienced breast problems in the first two weeks and 28% thereafter. This may be an underestimation, because some of the women may have considered these problems as baby

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feeding problems. Apart from overt mastitis, a relatively rare condition of these problems may have comprised engorgement, sore, cracked, bleeding or inverted nipples⁶.

A study conducted in Gadchiroli, India reported that the incidence of maternal morbidity was 42.9% during puerperium and the most common postpartum morbidities included breast problems (18.4%)⁷. Incidence of inverted nipples has been variably reported as 3.5% to 10% and nipple pain as 34% to 96%^{8,9}. The load of breast problems is high also in Karnataka. A study conducted in Chithradurga district, Karnataka revealed that 23% of mothers had breast problems like sore nipple, breast engorgement, breast abscess, and other illness¹⁰.

There are several different treatment modalities available for treating the breast problems. Inverted and flat nipples are commonly present in primipara mothers. As prevention is better than cure, it is better to shape the nipples in antenatal period. This can shape their nipples and prevent the problem of flat and inverted nipples which also helps the newborn baby to suck easily. Infant sucking is also good for mothers, immediately after birth stimulating the nipples triggers the release of oxytocin, which makes the uterus contract. This helps control postpartum bleeding and hastens the return of the uterus to its pre-pregnant size¹¹. Therefore, special attention to mother's breasts during pregnancy and in the early days of delivery is essential to prevent these problems.

The above study reports created an insight that prevalence of breast problems in postnatal period is high and there is lack of awareness for breast care during pregnancy, especially in primigravidae. Illiteracy is the greatest barrier for any improvement in the health condition. Mother's education level, even in the same economic class is a key determinant of their children's health. Meeting the educational needs of the new mother and her family is one of the primary challenges facing the postnatal needs that vary based on age, socio-economical and cultural background, experience and expectation. Creating awareness about breast care in antenatal period, they can practice it and can prevent the complications related to breast. Hence the investigators felt the need to assess the knowledge regarding breast problems among antenatal mothers and create the awareness among them.

MATERIALS AND METHODS

A non-experimental descriptive design was adopted for the study. Hundred primigravidae in 2nd and 3rd trimester attending antenatal OPD in Yenepoya Medical College hospital at Mangaluru were selected by using non-probability, purposive sampling technique. Data collection was done by using demographic proforma and structured interview schedule. The content validity of the research tool was established with the help of experts from the related field. Reliability of the tool was established by using split half method. The calculated reliability was found to be 0.88 which indicated that the tool was reliable. Pilot study was conducted on 6th June 2015 among 10 antenatal mothers in antenatal OPD of K.S Hegde Medical College Hospital Mangaluru. After analysis of the data of the pilot study, it was found that the study was feasible and

researchable. The researcher obtained permission from the respective authority of the hospital and ethical clearance from Ethics Committee of Yenepoya University. Informed consent was obtained from the participants and data collection was done on 11-20th June 2015. The data were analyzed by using both descriptive and inferential statistics.

RESULTS

Demographic characteristics of the antenatal mothers

The findings of the study revealed that 65% of antenatal mothers were in the age group of 21-25 years, three fourth of them belonged to muslim religion, half of the antenatal mothers had primary education, majority (66%) of antenatal mothers belonged to nuclear family and 87% were house wives. Three fourth of antenatal mother's family income was Rs. 5,001-10,000 and majority of antenatal mothers' (70%) marital age was between 21-25 years. Maximum number of antenatal mothers (63%) had got married since less or equal to 1 year, and 69% of them resides in rural area. Most of the antenatal mothers (92%) were not having the previous information regarding the breast problems.

Level of knowledge regarding breast problems among antenatal mothers

The findings of the present study disclosed that majority (76%) of antenatal mothers had inadequate knowledge, 23% had average knowledge and very few (1%) had adequate knowledge regarding breast problems. The mean knowledge score of the antenatal mothers was 12.77 ± 4.32 . Analysis of area wise knowledge score depicted that antenatal mothers had highest mean percentage score (44.8%) in the area of general information regarding breast problems. The mean knowledge score on general information on breast problems was 4.93 with the SD of ± 1.87 , minimum score was 1 and maximum score was 10. Detail information is displayed in Table 1 and 2.

Table 1 Frequency and Percentage distribution of antenatal mothers according to the level of knowledge score n = 100

Sl. No	Level of knowledge	Scores	Frequency	Percentage	Mean Score	SD
1	Inadequate	Less than 15	76	76		
2	Average	16-25	23	23	12.77	4.32
3	Adequate	26-35	1	1		

Table 2 Mean, median, minimum score, maximum score, mean percentage and standard deviation of knowledge score of antenatal mothers n = 100

Sl. No	Areas of knowledge	Total Score	Obtained Score		Mean Score	Standard Deviation	Mean Percentage
			Min	Max			
1	General Questions	11	1	10	4.93	1.87	44.8%
2	Questions related to causative factors	7	0	6	2.38	1.44	34%
3	Questions related to signs and symptoms	5	0	5	1.78	1.28	35.6%
4	Questions related to management	12	1	9	3.67	1.61	30.58%

Association between the level of knowledge and selected variables

Analysis of the association between the level of knowledge regarding breast problems among antenatal mothers and their selected variables revealed that there is significant association between the knowledge score and type of family ($\chi^2 = 45.42$; $P < 0.05$), mother's occupation ($\chi^2 = 64.96$; $P < 0.05$), family income ($\chi^2 = 62.52$; $P < 0.05$) and previous information ($\chi^2 = 31.36$; $P < 0.05$). There was no significant association between the level of knowledge of antenatal mothers and age, religion, education, age at marriage, duration of marriage and place of residency ($P > 0.05$).

DISCUSSION

Findings of the present study revealed that 76% of antenatal mothers were having inadequate knowledge, 23% were having average knowledge and very few (1%) were having adequate knowledge regarding breast problems. The mean knowledge score regarding breast problems among the participants was 12.77 ± 4.32 . This result shows that more than three fourth of the antenatal mothers have inadequate knowledge about breast problems. This study is contradictory to the study result conducted by Nayak B K which showed that majority (83.3%) of the antenatal mothers have average knowledge regarding breast problems¹².

This study also evidenced that the highest mean percentage (44.8%) of knowledge score obtained by the participants was in the area of general information regarding breast problems. The mean knowledge score on general information on breast problems was 4.93 ± 1.87 , minimum score was 1 and maximum score was 10. This study is conflicting to the study conducted by Sharma Poonam which exposed that mean percentage of knowledge score was highest in symptoms of the breast problems (64.16%)¹³.

Analysis of the association between the level of knowledge and selected demographic variables exposed that there was significant association between the level of knowledge and type of family occupation, family income and previous information ($P < 0.05$). It was also evident from the study that there was no significant association between the level of knowledge related to breast problems and age, religion, education, marital age, duration of marriage and place of residence, and sources of information ($P > 0.05$). The result of the study is inconsistent with the findings of the study conducted by Eapen SS and Fernandes P which reported that there was no association between any of this demographic variables¹⁴.

CONCLUSION

The findings of the study illustrated that nominal number of antenatal mothers are having adequate knowledge on breast problems and its management which indicates that there is still lack of adequate knowledge. Thus, health education programs are required to enhance the knowledge regarding breast problems and breast care to create awareness among antenatal mothers which further helps to reduce breast problems in postnatal period. The best place to impart the education is rural

community. Nursing students, peer groups and health personnel can be mobilized to conduct these educational programs. Governmental and non-governmental organization should also take initiation to create awareness in public through its various health institutions and health personnel. In addition to this, further researches should be conducted to cover other community areas and different part of the country in terms of knowledge, attitudes and practice of breast care and measure the breast problems.

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