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Original Research Article

Evaluate the Effectiveness of a Structured Teaching Program on Exclusive Breastfeeding in Terms of Knowledge and Practice among Primi Caesarean Mothers

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ABSTRACT

Topic: A study to evaluate the effectiveness of a structured teaching program on exclusive breastfeeding in terms of knowledge and practice among primi caesarean mothers in St. Stephens's hospital Delhi.

Objectives: The objectives of the study were to develop a structured teaching program on exclusive breastfeeding, to assess and evaluate the knowledge and practice of primi caesarean mothers before and after the administration of structured teaching program on exclusive breastfeeding, to determine the relationship between the knowledge and practice after the administration of structured teaching program on exclusive breast feeding, to seek association between the knowledge and practice of primi caesarean mothers after the administration of structured teaching program on exclusive breast feeding with selected factors in terms of: age in years, religion, education, occupation, gender of the baby, gestation, type of family, previous exposure to health education on exclusive breastfeeding, initiation of breastfeeding and type of caesarean section.

Methodology: Experimental research approach with pre-test post-test control group design was adopted. The population comprised of primi caesarean mothers admitted in the maternity unit of St. Stephens Hospital, Tis Hazari Delhi. The independent variable was structured teaching program and dependent variables were knowledge and practice of primi caesarean mothers. The tools used were structured knowledge questionnaire, observation checklist and structured opinionnaire. The KR-20, inter-observer and cronbach alpha formula was used to assess the reliability of tools.

Results: Primi caesarean mothers had poor knowledge and practice on exclusive breastfeeding. The structured teaching program was found to be effective in improving the knowledge and practice of primi caesarean mothers on exclusive breastfeeding. There was no significant association between the knowledge and practice with the selected variables i.e. age in years, religion, education, occupation, gender of the baby, gestation, type of family, previous exposure to health education on exclusive breastfeeding, initiation of breastfeeding and type of caesarean section

Conclusion: The present study identified deficit in knowledge and practice on exclusive breastfeeding in primi caesarean mothers. The structured teaching programme was effective to increase the knowledge and practice of the primi caesarean mothers on exclusive breastfeeding.

Key words: Exclusive breastfeeding, knowledge, Practice, Structured Teaching Programme, Primi Caesarean mothers.

INTRODUCTION

The ideal food for the young infant is human milk, which has the specific characteristics that match the growing infant's nutritional requirements during the first year of life. It has diverse and compelling advantages to infants, mothers, families and society. These include health, nutritional, immunological, developmental, psychological, social economic and environmental benefits. [1] The nutrition wellbeing of a population is both an outcome and an indicator of national development. Nutrition is therefore, an issue of survival, health and development for current and succeeding generations. Good nutrition is essential for survival, physical growth, mental development, performance, productivity, health and well-being across the entire life-span: from the earliest stages of fetal development, at birth, and through infancy, childhood, adolescence and on into adulthood.

Newborns are the most vulnerable members of society. Modern science and technology has not been able to produce a better food for young infants than mother's milk. Breastfeeding is the best way to satisfy the nutritional and psychological needs of the baby. "Breastfeeding saves lives" and "Breast is best!" are well-known slogans for physicians and women Preventing newborn deaths and improving newborn health and survival go hand in hand with promoting safer motherhood. Intervening to make motherhood safer and to protect newborns in their most fragile period is an essential investment in the future. Giving birth and caring her baby is an unexplainable situation during the first year of life. The first year of life of the baby is crucial in laying the foundation of good health. At this time certain specific biological and psychological needs must be met to ensure the survival and healthy development of the child into a future adult. [2]

Breastfeeding is the ideal method suited for the psychological and physiological needs of the infant. Breast milk is the best milk for an infant it is universally agreed that breast milk is the preferred method of feeding a newborn. Breast feeding provides numerous health benefits to both the mother and infant. Breast milk remains as ideal nutritional source for the infant. Breast milk is accepted as the unique, natural and nutritious food, provided by nature for the newborn. It is universally acknowledged as the best and complete food for infants. Breastfeeding is the first fundamental right of the child. The initiation of breastfeeding and timely introduction of adequate safe and appropriate complementary foods are of prime importance for the growth, development, and nutrition of infants and children everywhere. Breastfeeding is an ancient practice of the most women. Breastfeed is the best feed for the babies, since it is the unique source of nutrition that plays an important role in the growth, development and survival of infants. [3]

Breastfeeding endangered practice that requires the support of everyone in society to nurture it back to its full, potent strength. It requires a commitment on the part of health care institutions, decision makers government and individuals in the community to ensure total baby friendly environments. [4]

Objectives of the study

1. To develop the structured teaching program on exclusive breast feeding for primi caesarean mothers.

2. To assess & evaluate the knowledge of the primi caesarean mothers before and after the administration of structured teaching program on exclusive breast feeding.
3. To assess & evaluate the practice of the primi caesarean mothers before and after the administration of structured teaching program on exclusive breastfeeding.
4. To determine the relationship between the knowledge and practice of primi caesarean mothers after the administration of structured teaching program on exclusive breast feeding.
5. To seek association between the knowledge scores of primi caesarean mothers after the administration of structured teaching program on exclusive breast feeding with selected factors in terms of:

a. Age in years
b. Religion
c. Education
d. Occupation
e. Gender of the baby
f. Gestation
g. Type of family
h. Previous exposure to health education on exclusive breastfeeding
i. initiation of breastfeeding
j. Type of caesarean section

6. To seek association between practice scores of primi caesarean mothers after the administration of structured teaching program on exclusive breastfeeding with selected factors in terms of:

a. Age in years
b. Religion
c. Education
d. Occupation
e. Gender of the baby
f. Gestation
g. Type of family
h. Previous exposure to health education on exclusive breastfeeding
i. initiation of breastfeeding
j. Type of caesarean section

7. To determine the acceptability and utility of information booklet.

MATERIALS AND METHODS

Research Approach: Quantitative experimental research approach

Research Design: Pre-test post-test control group design

Variables of the study:

Independent variables: structured teaching program on exclusive breastfeeding for caesarean mothers.

Dependent variable: knowledge and practice of primi caesarean mothers on exclusive breast feeding.

Extraneous Variable: The extraneous variables in the present study include the specific sample characteristics such as Age in years, Religion, Education, Occupation, gender of the baby, Gestation, Type of family, previous exposure to health education on exclusive breastfeeding, initiation of breastfeeding and Type of caesarean section.

Setting of the study: St.Stephens Hospital Tis Hazari Delhi.

Population: Population comprised of primi caesarean mothers admitted in the maternity unit of St Stephens's Hospital, Tis Hazari Delhi.

Sample: 60 primi caesarean mothers (30 in experimental group and 30 in control group) admitted in the maternity unit of the St Stephens Hospital, Tis Hazari Delhi.

Sampling technique : samples were selected by purposive sampling technique and samples were randomly assigned to the 30 primi caesarean mothers in experimental and 30 primi caesarean mothers in control group by using random number table prepared with the help of computer.

Procedure:

- Ethical permission was taken from the Institutional Ethical Committee of Rajkumari Amrit Kaur College of Nursing, New Delhi to conduct the research study.

- Permission was obtained, to conduct the research study, from the Director of St Stephens Hospital, Tis Hazari Delhi.
- The technique of data collection was a questionnaire on sample characteristics; structured knowledge questionnaire, practice observational checklist and structured opinionnaire were used for data collection. Paper and pencil and observation method was used to administer the tool.
- The possible range of scores to be obtained by primi caesarean mothers was from 0-35 for knowledge. The following categories were created for the interpretation of the knowledge scores obtained by primi caesarean mothers. Hence, their scores were interpreted as:

Scoring from
- Fair - 0- 12
- Good - 13-24
- Excellent - 25-35

- The possible range of scores to be obtained by primi caesarean mothers was from 0-20. The following categories were created for the interpretation of the practice by primi caesarean mothers. Hence, their scores were interpreted as:

Scoring from
- Inadequate: (<50%)
- Adequate: (>50%)

- To ensure the validity of the tools, i.e. structured knowledge questionnaire, observational checklist for practice and opinionnaire was submitted to the 11 experts from the field of nursing and medical. The experts were chosen based on their expertise, experience, qualification and interest in the problem area.
- To establish the reliability of the knowledge questionnaire KR20 method was used and was found to be 0.71. The reliability of observational checklist ,two observer observe the practice of primi caesarean mothers and rate independently the reliability of the observational checklist was calculated by the inter-observer reliability .The value of which was0.90 and the reliability of structured Opinionnaire was checked by cron bach alpha and the value is 0.88.
- Formal administrative approval was obtained from the concerned authority to conduct the final study.
- Final study was conducted from 17th December to 6th January 2019 at the maternity unit of St. Stephen Hospital, Tis Hazari Delhi.
- The purpose of the study was explained to the participants. After obtaining their willingness to participate in the study the data were collected from the sample subjects.

Statistical Analysis

- The data was analysed using descriptive and inferential statistics.
- Frequency and percentage to describe the sample characteristics of the primi caesarean mothers.
- Mean, median, standard deviation of pre-test and post test knowledge and practice scores of experimental group and control group.
- Computing "t" value to find out the significance of mean difference between pre-test and post-test knowledge and practice scores of experimental group.
- Computing the "t" value to find out the significance of mean difference between post-test knowledge and practice scores of experimental group and control group.
- Karl Pearson coefficient of correlation between post test knowledge and post test practice scores of experimental group.
- Chi square test to seek association of selected factors to the post test knowledge and practice scores of experimental group.
- Frequency and percentage of acceptability and utility response of

primi caesarean mothers of experimental group of information booklet.

RESULTS

Table 1 Frequency and percentage distribution of experimental and control group of primi caesarean mothers in terms of selected factors. N=60

S.NO	SAMPLE CHARECTERISTICS	Experimental group(n=30)		Control group (n=30)		Total	
1	**AGE OF THE MOTHERS IN YR.**	F	%	F	%	F	%
	20-25yrs	10	33.34%	9	30%	19	31.67%
	25-30yrs	16	53.33%	16	53.33%	32	53.33%
	above 30yrs	4	13.33%	5	16.67%	9	15%
2	**RELIGION**						
	Hindu	21	70%	24	80%	45	75%
	Muslim	2	6.67%	3	10%	5	8.33%
	Christian	4	13.33%	2	6.67%	6	10%
	Sikh	3	10%	1	3.33%	4	6.67%
3	**EDUCATIONOF THE MOTHER**						
	Primary	4	13.33%	6	20%	10	16.67%
	Secondary	8	26.67%	8	26.67%	16	26.67%
	High school	11	36.67%	10	33.34%	21	35%
	Graduate/post-graduate	7	23.33%	6	20%	13	21.66%
4	**OCCUPATION OF THE MOTHER**						
	Employed	6	20%	3	10%	9	15%
	Unemployed	24	80%	27	90%	51	85%
5	**TYPE OF FAMILY**						
	Nuclear	15	50%	9	30%	24	40%
	Joint	15	50%	21	70%	36	60%
6	**Gender OF THE BABY**						
	Girl	14	46.67%	13	43.33%	27	45%
	Boy	16	53.33%	17	56.67%	33	55%
7	**GESTATION PERIOD**						
	Pre-term	10	33.34%	4	13.33%	14	23.33%
	Term	12	40%	15	50%	27	45%
	Post-term	8	26.67%	11	36.67%	19	31.67%
8	**knowledge of breastfeeding**						
	Yes	17	56.67%	17	56.67%	34	56.67%
	No	13	43.33%	13	43.33%	26	43.33%
8.1	**If yes Source of information**						
	Health worker	14	46.67%	11	36.67%	25	41.67%
	Mass media	2	6.67%	3	10%	5	8.33%
	Family/friends	1	3.33%	3	10%	4	6.67%
9	**Timely initiation of breastfeeding**						
	Within 1 hr	5	16.67%	7	23.33%	12	20%
	Later	25	83.33%	23	76.67%	48	80%
9.1	**If late reason for late initiation**						
	Milk didn't came	4	13.33%	2	6.67%	6	10%
	Baby is not taking	9	30%	6	20%	15	25%
	Cultural belief	2	6.67%	2	6.67%	4	6.67%
	Don't know	10	33.34%	13	43.33%	23	38.33%
10	**Type of caesarean**						
	Elective	3	10%	4	13.33%	7	11.67%
	Emergency	27	90%	26	86.67%	53	88.33%

Table 2 Mean, Median, Standard deviation of pre-test and post-test knowledge scores on exclusive breastfeeding in experimental and control group. N=60

GROUP	KNOWLEDGE SCORE	MEAN	MEDIAN	STANDARD DEVIATION
EXPERIMENTAL GROUP(N=30)	Pre-test	15	14	3
	Post-test	27	27	1.8
CONTOL GROUP (N=30)	Pre-test	14	14.5	2.59
	Post-test	16	16	2

Table 3 : Mean, mean difference(MD), standard deviation difference(SDd),standard error of mean difference (SE_{MD}) and "t" value of the pre-test and post-test knowledge scores of primi caesarean mothers of experimental group. N=30

Group	Knowledge score	Mean	Mean Difference(MD)	SD_d	SE_{MD}	"t" value
Experimental group	Pre –test	15	12	2.46	0.449	26.54*
	Post -test	27				

***t value for df (29) level=2.04, P<0.05=significant at 0.05level.**
t value for df (29) level=2.76, P<0.01=significant at 0.01level.

The data in table 3: The obtained mean difference between pre-test and post-test knowledge scores of experimental group is found to be statistically significant as evident from the "t"value of 26.54 which is greater than the tabulated value (2.04) for the degree of freedom 29 at 0.05 level of significance. Thus it was established that the difference obtained in the mean pre-test and post –test knowledge scores in experimental group is a true difference and not by chance.

Table 4 Mean, mean difference(MD), standard deviation difference(SDd),standard error of mean difference (SE_{MD}) and "t" value of the pre-test and post-test knowledge scores of primi caesarean mothers of experimental and control group. **N=60**

Group	Knowledge score	Mean	Mean Difference(MD)	SD_d	SE_{MD}	"t" value
Experimental group(N=30)	Post-test	27	11	2.18	0.562	18.11*
Control group (N=30)	Post –test	16				

***"t" value for df (58) level=2.00, P<0.05=significant at 0.05 level**
"t" value for df (58) level=2.66, P<0.01=significant at 0.01 level

TABLE 5 Mean median, standard deviation of pre-test and post-test practice scores on exclusive breastfeeding in experimental and control group. **N=60**

GROUP	PRACTICE SCORE	MEAN	MEDIAN	STANDARD DEVIATION
EXPERIMENTAL GROUP(N=30)	Pre-test	7.77	7.5	1.99
	Post-test	14.5	14.5	1.41
CONTOL GROUP (N=30)	Pre-test	8	8	1.58
	Post-test	10	10	1.52

Table 6 Mean, mean difference(MD), standard deviation difference(SDd),standard error of mean difference (SE_{MD}) and "t" value of the pre-test and post-test practice scores of primi caesarean mothers of experimental group. **N=30**

Group	Practice score	Mean	Mean Difference(MD)	SD_d	SE_{MD}	"t" value
Experimental group	Pre –test	7.77	6.73	1.664	0.303	22.05*
	Post –test	14.5				

***t value for df (29) level= 2.04, P<0.05=significant at 0.05 level.**
***"t" value for df (29) level=2.76, P<0.01=significant at 0.01 level**

TABLE 7 Mean, mean difference(MD), standard deviation difference (SDd), standard error of mean difference (SE_{MD}) and "t" value of the pre-test and post-test practice scores of primi caesarean mothers of experimental and control group. **N=60**

Group	Practice score	Mean	Mean Difference(MD)	SD_d	SE_{MD}	"t" value
Experimental group	Post-test	14.5	4.5	1.464	0.377	11.73*
Control group	Post –test	10				

***"t" value for df (58) level= 2.00, P<0.05=significant at 0.05 level**
***"t" value for df (58) level=2.66, P<0.01=significant at 0.01 level**

TABLE 8 Karl Pearson co-efficient of correlation between post test knowledge scores and practice scores of primi caesarean mothers in experimental group. N=30

Group	Variables	Mean	SD	"r" value
Experimental group	**Knowledge scores**	**27**	**1.8**	**0.80***
	Practice scores	14.5	1.41	

***r value for df(28) 'r'=0.361, significant at 0.05 level.**

TABLE 9 Chi square value showing association between post test knowledge scores with selected factors of primi caesarean mothers of experimental group. N=30

S.no	Sample characteristics	Knowledge scores		Chi Square Value		df	Inference
		Below median (f)	Above median (f)	Calculated value	Table value		
1	**Age in years**						Not significant
	a. 20-25years	**5**	**5**				
	b. 26-30 years	**8**	**8**	**0**	5.99	**2**	
	c. Above 30 years	**2**	**2**				
2	**Religion**						Not significant
	a. Hindu	**14**	**7**				
	b. Muslim	**0**	**2**	**8.333**	7.815	**3**	
	c. Christian	**1**	**3**				
	d. Sikh	**0**	**3**				

Table 9 to be continued…							
3	**Education of mother**						Not significant
	a. Primary up to 5th standard	**3**	**1**				
	b. Secondary (10th class)	**4**	**4**	**1.23**	7.815	**3**	
	c. High secondary (12th class)	**5**	**6**				
	d. Any other	**3**	**4**				
4	**Occupation of mother**						Not significant
	a. Employed	**2**	**4**	**0.833**	**3.84**	**1**	
	b. Unemployed	**13**	**11**				
5	**Type of family**						Not significant
	a. Joint	**10**	**5**	**3.333**	3.84	**1**	
	b. Nuclear	**5**	**10**				
6	Gender **of the baby**				3.84		Not significant
	a. Girl	**6**	**8**	**0.535**		**1**	
	b. Boy	**9**	**7**				
7	**Period of gestation**						Not significant
	a. Preterm	**7**	**3**				
	b. Term	**5**	**7**	**2.433**	5.99	**2**	
	c. Post term	**3**	**5**				
8	**Any previous exposure to health education on exclusive breastfeeding**						Not significant
	a. Yes	**8**	**9**				
	if yes source of information						
	8.a) health personnel	**6**	**8**	**0.135**	3.84	**1**	
	8.b)mass media	**1**	**1**				
	8.c)family and friends	**1**	**0**				
	b. No	**7**	**6**				
9	**Initiation of breastfeeding**						Not significant
	a. Early initiation (within 1st hour).	**2**	**3**				
	b. Late initiation.	**13**	**12**		3.84	**1**	
	If late initiation reason for late initiation of breastfeeding.			**0.24**			
	a. milk didn't come yet	**4**	**0**				
	b. baby not accepting	**4**	**5**				
	c. cultural beliefs	**0**	**2**				
	d. don't know	**4**	**6**				
10	**Type of caesarean section**						Not significant
	a. elective	**2**	**1**	**0.370**	3.84	**1**	
	b. emergency	**13**	**14**				

This indicates that knowledge did not depend on the selected factors. The knowledge is independent and not influenced by selected factors.

TABLE 10 Chi square value showing association between post test practice scores with selected factors of primi caesarean mothers of experimental group. N=30

S.no	Sample characteristics	Practice scores		Chi square value		df	Inference
		Below median (f)	Above median (f)	Calculated value	Table value		
1	**Age in years**						Not significant
	a. 20-25years	**6**	**4**				
	b. 26-30 years	**6**	**10**	**2.4**	**5.99**	**2**	
	c. Above 30 years	**3**	**1**				
2	**Religion**						Not significant
	a. Hindu	**13**	**8**			**3**	
	b. Muslim	**0**	**2**	**6.19**	**7.815**		
	c. Christian	**2**	**2**				
	d. Sikh	**0**	**3**				
3	**Education of mother**						Not significant
	a. Primary up to 5th standard	**3**	**1**			**3**	
	b. Secondary (10th class)	**4**	**4**	**5.39**	**7.815**		
	c. High secondary (12th class)	**7**	**4**				
	d. Any other	**1**	**6**				
4	**Occupation of mother**						Not significant
	a. Employed	**2**	4	**0.833**	**3.84**	**1**	
	b. Unemployed	**13**	11				
5	**Type of family**						Not significant
	a. Joint	**9**	**6**	**1.2**	**3.84**	**1**	
	b. Nuclear	**6**	**9**				
6	Gender **of the baby**						Not significant
	a. Girl	**7**	**7**	**0**	**3.84**	**1**	
	b. Boy	**8**	**8**				

Table 7 to be continued…							
7	**Period of gestation** a. Preterm b. Term c. Post term	 **5** **7** **3**	 **5** **5** **5**	 **0.8333**	 **5.99**	 **2**	 Not significant
8	**Any previous exposure to health education on exclusive breastfeeding** a. Yes **if yes source of information** 8.a) health personnel 8.b)mass media 8.c)family and friends b. No	**9** **7** **1** **1** **6**	**8** **7** **1** **0** **7**	 **0.1357**	 **3.84**	 **1**	 Not significant
9	**Initiation of breastfeeding** a. Early initiation (within 1st hour). b. Late initiation. **If late initiation reason for late initiation of breastfeeding.** **a.** milk didn't come yet **b.** baby not accepting **c.** cultural beliefs **d.** don't know	 **1** **14** **2** **6** **0** **5**	 **4** **11** **2** **3** **2** **5**	 **0.1357** 	 **3.84** 	 **1** 	 Not significant
10	**Type of caesarean section** a. elective b. emergency	 **2** **13**	 **1** **14**	 **0.3704**	 **3.84**	 **1**	 Not significant

This shows that the practice is independent on its own and not influenced by the selected factors

DISCUSSION

The findings of the study revealed that the structured teaching program on exclusive breastfeeding was effective to enhance the knowledge and practice of the primi caesarean mothers. In this section, the major findings of the present study have been discussed with the result obtained by other researchers on the same aspects.

The present study showed that majority of the primi caesarean mothers initiated the breastfeeding (80%) after 1 hour of the birth. The findings were supported by study [(5)] Most of the mothers (83%) initiated feeding after one hour of birth.

In the present study it was found that maximum mothers belonged to Hindu religion and Majority of mothers were unemployed which is consistent with the finding of the study. [(6)]

In this study only, merely 20% initiated breast feeding within an hour which is consistent with the finding of the study. [(7,8)]

The findings of this study revealed that all the participants had some level of education background which is in conformity with the findings of the study. [(9)] Majority were educated till high school which is consistent with the finding of the study. [(10)]

In the present study it was found that of those who have previous exposure to knowledge, majority were counselled by health workers which are in conformity with the findings of the study. [(10)] The findings of the present study revealed that majority of primi caesarean mothers were between the age group of 25 -30 years which is consistent with the findings of the study. [(11)]

Findings of the present study indicated that there is deficit in knowledge and practice of mothers regarding exclusive breastfeeding. The findings of the study are in agreement with the findings of a study [(8)] which showed that the mothers have low level of knowledge regarding exclusive breastfeeding. The findings of the study are also in conformity with the findings of a study [(12)] which showed that the mothers do not have adequate knowledge and practice regarding exclusive breastfeeding. The findings of the study are in conformity with the findings of a study [(13)] which showed a significant difference between pre-test and post-test knowledge among the primi para mothers.

The findings of the study are in agreement with the findings of a study [(14)] which showed that there was no significant association between the level of knowledge and selected variables such as age, educational status, source of information and occupational status.

The findings of the study revealed that the structured teaching program was effective in enhancing the knowledge and practice of the primi caesarean mothers on exclusive breastfeeding .The findings of the study are consistent with the findings of a study [(15)] which showed that mothers has improved their knowledge and practice regarding exclusive breastfeeding after the administration of structured teaching program. The findings of the study are also in conformity with the findings of a study [(16)] which revealed that the structured teaching program on breastfeeding technique was effective in improving the knowledge of ante-natal primi gravid mothers. The findings of the study are also in conformity with the findings of the study [(17)] which revealed that the structured teaching program on lactation management was effective in improving the knowledge and practice of the post natal mothers.

The present study findings are in agreement with the findings of a study [(18)] which shows that the structured teaching program was effective on expression and storage of breast milk feeding practices.

Limitations

- Long term follow up could not be carried out due to time constrains.
- As no standard tool could be readily located, the investigator of the study developed the tool for the data collection.
- Study was limited to one hospital maternity unit, which limits the generalization of the findings.

Recommendations

- Similar study can be carried out on larger sample for broader generalization.
- Survey can be conducted on larger sample of mothers.
- A comparative study can be done between urban and rural mothers regarding breastfeeding pattern.
- A comparative study can be done between unemployed and employed mothers regarding breastfeeding.
- A similar type of study can be done in the community setting.
- A similar study can be conducted among adolescents and adults, college/school students to determine their awareness and attitude about exclusive breastfeeding.

CONCLUSIONS

- The present study identified deficit in knowledge and practice on exclusive breastfeeding in primi caesarean mothers.
- The structured teaching programme was effective to increase the knowledge of the primi caesarean mothers on exclusive breastfeeding.
- The structured teaching programme was effective in improving the practice of primi caesarean mothers regarding techniques of breastfeeding.
- There was statistically significant correlation between the knowledge and practice of primi caesarean mothers on exclusive breastfeeding.
- There was no association between the knowledge and practice with the selected variables.

Implications of the study

- The study throws light on the need to educate primi caesarean mothers regarding exclusive breastfeeding.
- A mother with sufficient knowledge about exclusive breastfeeding will helps the mother in providing exclusive breastfeeding to the baby till 6 months.
- Teaching programs are essential related to exclusive breastfeeding for the primi caesarean mothers regarding exclusive breastfeeding before discharging from the hospital.
- The nurses should be motivated to update their knowledge so that they can be enriched with the current knowledge.

- The findings of the study indicate that all nurses should be aware of the need of observing, supervising, teaching and improving exclusive breastfeeding knowledge and practice.
- Nursing education should incorporate the need to provide patient centred care. This will help the students to provide health education to the significant others in the hospital, schools and in the community set-up.
- Nursing education should help in inculcating a sense of responsibility in the students to identify needs and problems among the primi caesarean mothers so that they can render optimum care to the mothers.
- Nursing education emphasis on preparing prospective nurses to impart health education by using various methods of educational technology.
- The findings of the study can help the nurse administrator to take necessary step to arrange teaching program to improve the knowledge of exclusive breastfeeding among the primi caesareans mothers.
- Institutions providing maternity services and care of newborn should review their policies and practices relating to breastfeeding. The institution should develop policies regarding breastfeeding, guidelines, care expectant and mothers and infants.
- Based on the present study further research can be conducted related to attitude of mothers regarding exclusive breastfeeding.

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