# A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Exclusive Breastfeeding among Nursing Mothers in Postnatal Ward of Selected Maternity Settings at Lucknow

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## ABSTRACT

**Background**-Breast milk is the nature's complete food for infant which is hygienic, convenient, economical and protective and it is best suited for baby's requirement. Milk contains immunizing agents and is rich in vitamins, enzymes and antibodies and it provides babies for establishment of personalities and learning readiness .Breast milk is the most valuable, renewable, easily available food for the baby so that it has to be fed on exclusive basis to enhance the fulfillment of needs mentioned above and it is the right of every child because no other food in the world can replace mother's milk. **Objectives**- the study is conducted to assess the effectiveness of structured teaching programme on knowledge regarding exclusive breastfeeding among nursing mothers. **Method** – A quantative evaluative research approach, pre-experimental one group pre- test & post- test design was used. 60 samples were selected by non-probability convenient sampling using lottery method. The written consent was obtained from the samples. The tool used is self-structured questionnaire. Firstly sample were selected then pretest was taken by administrating structured questionnaire after that structured teaching program was given to nursing mothers then on 4$^{th}$ week of data collection period post- test was conducted. **Results** – The post-test mean knowledge score of nursing mothers regarding exclusive breastfeeding has revealed that score was found higher mean (19.86) and S.D (3.79)

**KEYWORDS:** *effectiveness, structured teaching programme, knowledge & nursing mothers*

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with pre- test mean score (11.85), S.D (3.25). Calculated' value was 19.24 which were more than tabulated value 2.02 at 0.05 level of significance. After intervention, 34(56.67%) had adequate knowledge, 26(43.33%) had moderate knowledge and no mothers had inadequate knowledge regarding exclusive breastfeeding. Findings show there no association found between pre -test knowledge with their selected demographic variable like age ($X^2$ = 5.45), religion ($X^2$ = 2.07), current status of employment ($X^2$ = 5.6), level of pregnancy ($X^2$ = 5.33), type of family($X^2$ = 0.031), monthly income ($X^2$ = 02.44) and type of delivery ($X^2$ = 1.9).and found association between pre -test knowledge with their selected demographic variable like

education($X^2$= 9.54), source of information ($X^2$ = 11.04), and area of living ($X^2$ = 12.52). Calculated value of chi square was more than table value.This indicates that structured teaching programme was effective in enhancing knowledge regarding exclusive breastfeeding among postnatal nursing mothers.

**Conclusion** – the study reveals that, the mother of Lucknow still lacks of knowledge regarding exclusive breastfeeding. Once after the implementation of structured teaching programme, found to be effective in enhancing the postnatal nursing mother's knowledge regarding exclusive breastfeeding and thereby it helps the babies for establishment of personalities and learning readiness.

## INTRODUCTION

Breastfeeding is the perfect food for normal neonate. It is a best gift for a mother can give her child. It contains all the nutrients for normal growth and development of a baby from the time of the birth of the baby to the 6 month of life, proper proportion of all content that requires for early life of the baby and easily digestible and absorbed in comparison than other feeding. It provides unique nutritional, immunological, psychological and emotional bondage between mother and child. It also provides child spacing benefits for family planning.

Exclusive breastfeeding means giving nothing orally other than colostrum and breast milk. Breast milk is free from contamination, safe, readily available to the needs of the infants because of its anti-infective properties and being free from contaminates the breast fed babies have Low incidence of diarrhea and acute respiratory infection. There is reduced risk of allergy.

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. Review of evidence has shown that, on a population basis, exclusive breastfeeding for 6 months is the optimal way of feeding infants. Thereafter infants should receive complementary foods with continued breastfeeding up to 2 years of age or beyond. Breast milk is the natural first food for babies, it provides all the energy and nutrients that the infant needs for the first months of life and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year and up to one-third during the second year of life.

In 1991 WHO and UNICEF established the baby friendly Hospital initiative to ensure that maternity clinics encourage optimal breast feeding practices. But this initiative fails to reach most of mothers since majority are home deliveries especially in rural areas, amongst the lower socioeconomic, illiterate and ignorant mothers, although breast feeding is common, exclusive breast feeding is not a normal practices.[5]

Union health ministry of India launched a nationwide programme— MAA- Mother's Absolute Affection, to promote breastfeeding and also released national guidelines to start lactation management centers in government hospitals to ensure sick and pre-term babies are fed with safe human breast milk.

On the occasion of the National Nutrition Week, this is celebrated every year from 1-7 September, WHO calls for special efforts to address the nutritional needs of mothers and infants during the _first 1000 days' of life starting from conception up to two years of age. Promoting and supporting exclusive breastfeeding for 6 months, and continued breastfeeding until age 2 or beyond is of crucial importance to achieve this goal.

## NEED FOR THE STUDY:

Time of India news shows that, India is among the world's five largest emerging economies where investment in breastfeeding is significantly low resulting in an annual economic loss due to child deaths and cognitive losses caused from poor breastfeeding practices. In India, less than 50% of children are breastfed within an hour of birth, whereas the rate of exclusive breastfeeding in the first six months stood at 55%. Early initiation of breastfeeding and exclusive breastfeeding can prevent nearly 99,499 deaths of children every year due to diarrhea and pneumonia. Five countries - China, India, Indonesia, Mexico, and Nigeria - account for over 2, 36,000 child deaths every year because of inadequate breastfeeding.

India is a signatory to the target set by the World Health Assembly to increase the rate of exclusive breastfeeding in the first six months up to at least 50% by 2025. Countries where the rate of exclusive breastfeeding is 50% or more should aim to increase the rate of exclusive breastfeeding by 1.2% every year. Exclusive breastfeeding in India increased from 46.4% in 2006 to 54.9% in 2016 and early initiation of breastfeeding almost doubled from 23.4% to 41.6% during the same period. India's target is to increase the rate of exclusive breastfeeding to 69% by2025.

At the state level, most Indian states saw an increase in exclusive breastfeeding. A recent report by the International Food Policy Research Institute (IFPRI), shows that most rapid increase in breastfeeding were observed in Goa, Haryana, Himachal Pradesh, Madhya Pradesh and Tripura. The rate of exclusive breastfeeding in Meghalaya, Nagaland, Puducherry, Tamil Nadu, and Uttar Pradesh is lower than 50%.

At the district level in Lucknow, Three out of five mothers in the state could be starving their babies because 60% mothers in UP do not breastfeed them exclusively for the recommended six months.

The fact has been noted in the recently released fourth edition of the National Family Health Survey (NFHS) which shows that only 41% babies in the state were breastfed exclusively for six weeks. Practice of babies feeding on mother's milk has declined by 10% since NFHS-3.The trend of not feeding baby's mother's milk was found to be more common in urban areas

than rural. Only 35% of urban moms breastfeed their babies for the stipulated time, against 43% mothers in villages. Moreover, the mandatory first-hour initiation to mother's milk was not followed by 75% mothers.

## STATEMENT OF THE PROBLEM:

"A study to assess the effectiveness of structured teaching programme on knowledge regarding exclusive breastfeeding among nursing mothers in postnatal ward of selected maternity settings at Lucknow, Uttar Pradesh.

## OBJECTIVES OF THE STUDY:

1. To assess the pre- test knowledge level regarding exclusive breastfeeding among nursing mothers.
2. To evaluate the effectiveness of structured teaching programme regarding exclusive breastfeeding among nursing mothers.
3. To associate the pre-test knowledge regarding exclusive breastfeeding among nursing mothers with selected demographic variables.

## HYPOTHESIS:

**H1**-There is a statistically significant difference between pre-test and post-test levels of knowledge among nursing mothers regarding exclusive breastfeeding.

**H2**-There is a statistically significant association between pre- test levels of knowledge with their selected demographic variables.

## OPERATIONAL DEFENITIONS:

➢ **Assess**: - Refers to systematic analysis of effectiveness regarding structure teaching programme on exclusive breastfeeding among nursing mothers as measured by structured knowledge questionnaire**.**

➢ **Effectiveness**: -Refers to the enhancement in the knowledge of nursing mothers regarding exclusive breastfeeding after the administration of structure teaching programme as elicited by structure knowledge questionnaire.

➢ **Structured Teaching Programme: -** It refers to the systematically developed instruction and teaching aids, designed for giving instruction and teaching regarding exclusive breastfeeding.

➢ **Knowledge**: - It refers to the correct response given by the respondents on the issues of questionnaire regarding knowledge on breastfeeding.

➢ **Breastfeeding: -**It is also known as nursing, is the feeding of babies and children with milk from a women's breast.

➢ **Exclusive breastfeeding: -**It means only infants receive breast milk. No other liquidor solid, not even – water with the exception of medication.

➢ **Nursing mother**: - A mother who breast feed her baby.

➢ **Post natal ward: -**A ward in a hospital where women and their babies are provided with medical care immediately after the birth of the baby.

## MATERIAL AND METHODS:

### Research approach:

➢ Quantitative research approach

### Research design:

➢ Pre experimental one group pre-test and post- test design

**Variables** :

**Independent variables**: structured teaching programme

**Dependent variable**: knowledge of postnatal nursing mothers regarding exclusive breastfeeding.

**Demographical variables:** such as- age, religion, qualification, current status of employment, status of pregnancy, type of family, monthly income, source of information regarding exclusive breastfeeding, type of delivery and area of living.

### Research setting:

➢ The study was conducted in Veerangana Avanti Bai Female Hospital &Veerangana Jhalkari Bai Female Hospital Lucknow.

### Population:

**Target population:** Mothers

**Accessible population:** Nursing mothers

**Sample:** postnatal nursing mothers

**Sample size:** 60 nursing mothers

**Sampling technique:** Nonprobability Convenient Sampling

### Criteria for sample selection:
### Inclusion Criteria

Postnatal mothers who are:
1. Willing to participate in study.
2. Understood Hindi or English language.
3. Available at the time of data collection.

### Exclusion Criteria

Postnatal mothers who are:
1. Not willing to participate in the study.
2. Who are not present during data collection period.

**Tool and method of data collection:** tool comprise of two sections-

**Section A: Demographical profile of the postnatal nursing mother**

It dealt with the demographical data which used to collect the information about the nursing mothers. It

included 10 items like age, religion, qualification, current status of employment, status of pregnancy, type of family, monthly income, source of information regarding exclusive breastfeeding, type of delivery and area of living.

## Section B: Self Structured Knowledge Based Questionnaire

The researcher used the tool to assess the knowledge regarding exclusive breastfeeding among nursing mother by framing 30 questions, each question carries 1 mark and maximum score is 30. The components of questions were taken from introduction of exclusive breastfeeding, definition, the time of initiation of breastfeeding, type of breast milk, composition of breast milk, position and techniques of breastfeeding, nutrition of mothers during breastfeeding, contraindication of breastfeeding and common breast related problems, that occurs during breastfeeding.

## Reliability of tool:

Reliability was checked on 10 post natal mothers who admitted in Ram Manoher Lohia Hospital Lucknow. Reliability was computed by split half method and was calculated using Karl Pearson"s coefficient correlation for structured questionnaire. The reliability of the questionnaire was r" = 0.80. Hence the tool was reliable.

## Data collection procedure:

➢ On prior to data collection, formal permission was taken from the chief medical superintendent of Jhalkari bai female hospital and Avanti bai female hospital Lucknow, to conduct a pre-experimental study among postnatal nursing mothers.

➢ The data collection a period for 4 weeks. Before collection of data, a formal consent was obtained from participants. The sample was selected using non probability convenient sampling technique.

➢ The sample size is 60, (30 postnatal nursing mothers from each hospital). Patient names and I.P.D. numbers were obtained from the patient file.

➢ The data were collected in the following manner. First start with self-introduction then explains the study in detail to the samples. When nursing mothers were assured for confidentiality of data collected.

➢ After that pre-test was conducted on knowledge regarding exclusive breastfeeding among postnatal nursing mothers, by self- administered questionnaires on the 1st and 2nd week in Jhalkari bai female hospital and Avanti bai female hospital

Lucknow, respectively. The average time taken to collect the data from each respondent is about 45 minute.

➢ Then the structured teaching programme given to the postnatal nursing mothers on the next day of pre-test and then the post-test were conducted on 7th day of data collection period. The data collected was compiled for data analysis and interpretation.

## Ethical consideration:

➢ The research proposal was approved by the experts of the dissertation ethical committee of Hind College of Nursing and followed by The King George"s Medical University Lucknow in 2017.

➢ Approval from the research and ethical committee, Hind College of Nursing, Lucknow was taken to conduct an experimental study to evaluate the effectiveness of structured teaching programme on knowledge regarding exclusive breastfeeding among nursing mothers at selected maternity settings at Lucknow.

➢ Written permission was obtained from chief medical superintendent of Jhalkari Bai Female Hospital and Avanti Bai Female Hospital Lucknow, to conduct a pre-experimental study on postnatal nursing mothers.

➢ Consent was taken from the nursing mothers. Anonymity of the subject and confidentiality of information was maintained.

## Plan of data analysis:

The data obtained was analyzed by both descriptive and inferential statistics on the basis of objectives and hypothesis of study. The plan of data analysis is as follows:

## Descriptive statistics:

➢ Frequency and percentage distribution was used to analyze the socio- demographic variables and knowledge level of mothers.

➢ Mean; mean percentage and standard deviation was used to assess the pre-test and post-test level of knowledge

## Inferential statistics:

➢ Paired "t" test is a statistical test used to compare pre and post-test knowledge levels.

➢ Chi-square test was used to determine the association between pre-test levels of knowledge with the selected socio-demographic variables.
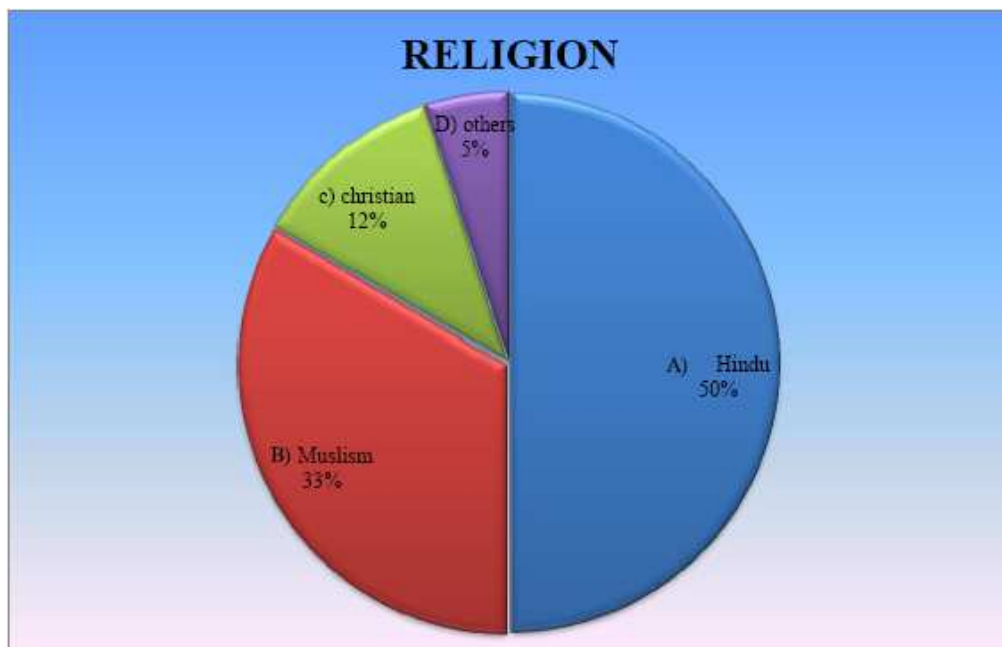
**Results:**
**Section A: Distribution of subjects according to their demographic variables**

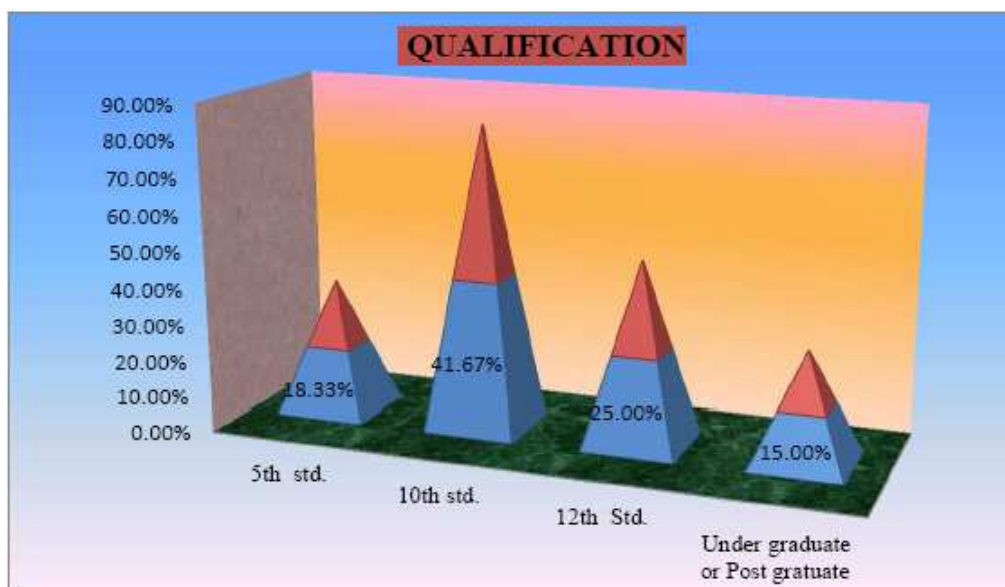| Sl. No. | Demographic variables | Frequency | Percentage |
|---------|----------------------|-----------|------------|
| 1. | **Age** | | |
| a) | 20-25year | 18 | 30.0% |
| b) | 26-30year | 35 | 58.33% |
| c) | 31-35year | 7 | 11.67% |
| d) | Above35year | 0 | 0% |
| 2. | **Religion** | | |
| a) | Hindu | 30 | 50% |
| b) | Muslim | 25 | 33.33% |
| c) | Christians | 7 | 11.67% |
| d) | Others | 3 | 5.0% |
| 3. | **Qualification** | | |
| a) | Primary school | 11 | 18.33% |
| b) | Secondary school | 25 | 41.67% |
| c) | Intermediate | 15 | 25.0% |
| d) | Under Graduate and Postgraduate | 9 | 15.0% |
| 4. | **Current status of employment** | | |
| a) | Private Job | 8 | 13.33% |
| b) | Government Job | 2 | 3.33% |
| c) | Housewife | 40 | 66.67% |
| d) | Agricultural labor | 10 | 16.67% |

The table 1 shows that the majority of samples were in the age group of 26-30 years 35 (58.33%), followed by 20-25 years 18 (30%), and the least 31-35 years 7 (11.67%). While there are no samples were above 35 years of age. In case of religion, majority of samples were belongs to Hindu 30 (50%) followed by Muslim 25 (33.33%), followed by Christians 7 (11.67%) and considerably the other religion is very less in percentage i.e. 3 (5.05%).With respect to qualification, majority 25 (41.7%) of the nursing mothers completed 10th standard, followed by 15 (25%) qualified 12th standard, followed by 11 (18.33%) qualified 5th standard. Only few 9 (15%) nursing mothers undergone graduation & post-graduation. On the basis of current status of employment, majority of the samples 40 (66.67%) were housewife, followed by 10 (16.67%) were doing agricultural labor, followed by 8 (13.33%) were in private job and 2 (3.33%) were in government job.
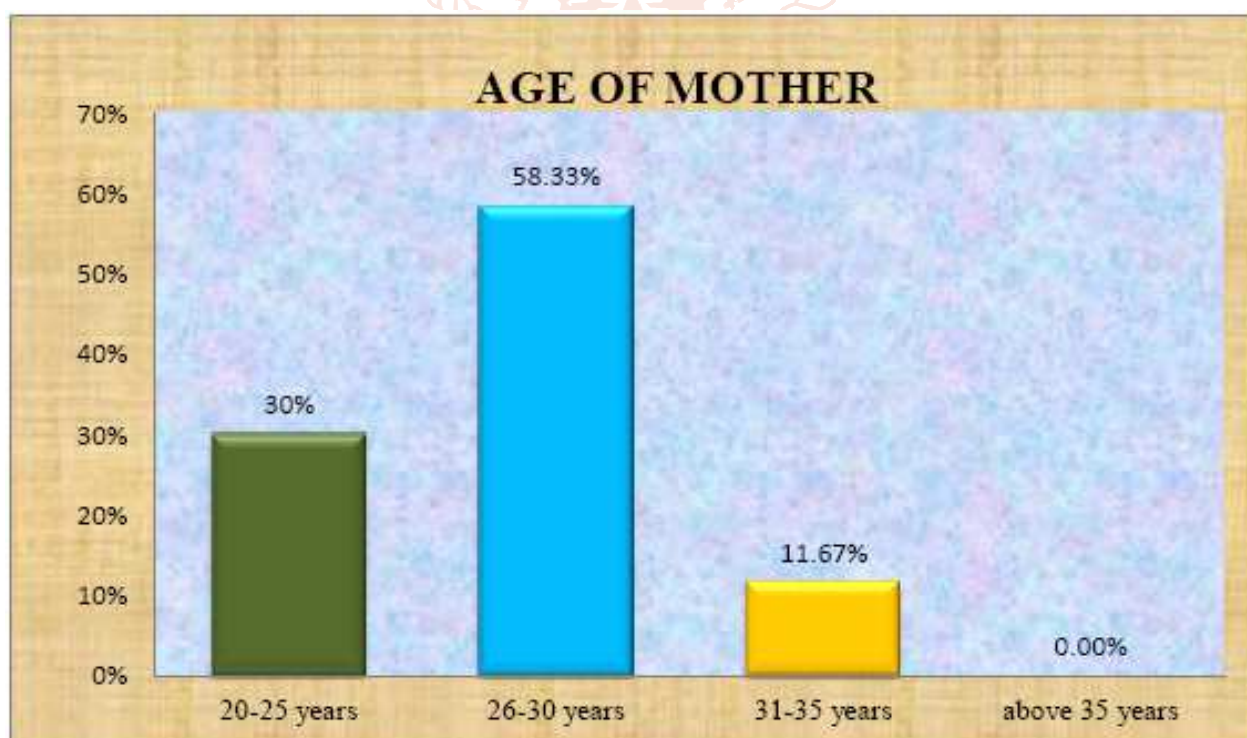


**Fig.1: bar diagram representing percentage distribution of samples according to age**

**Fig.2: pie diagram representing percentage distribution of samples according to religion.**



**Fig. 3: cone diagram representing percentage distribution of samples according to qualification.**
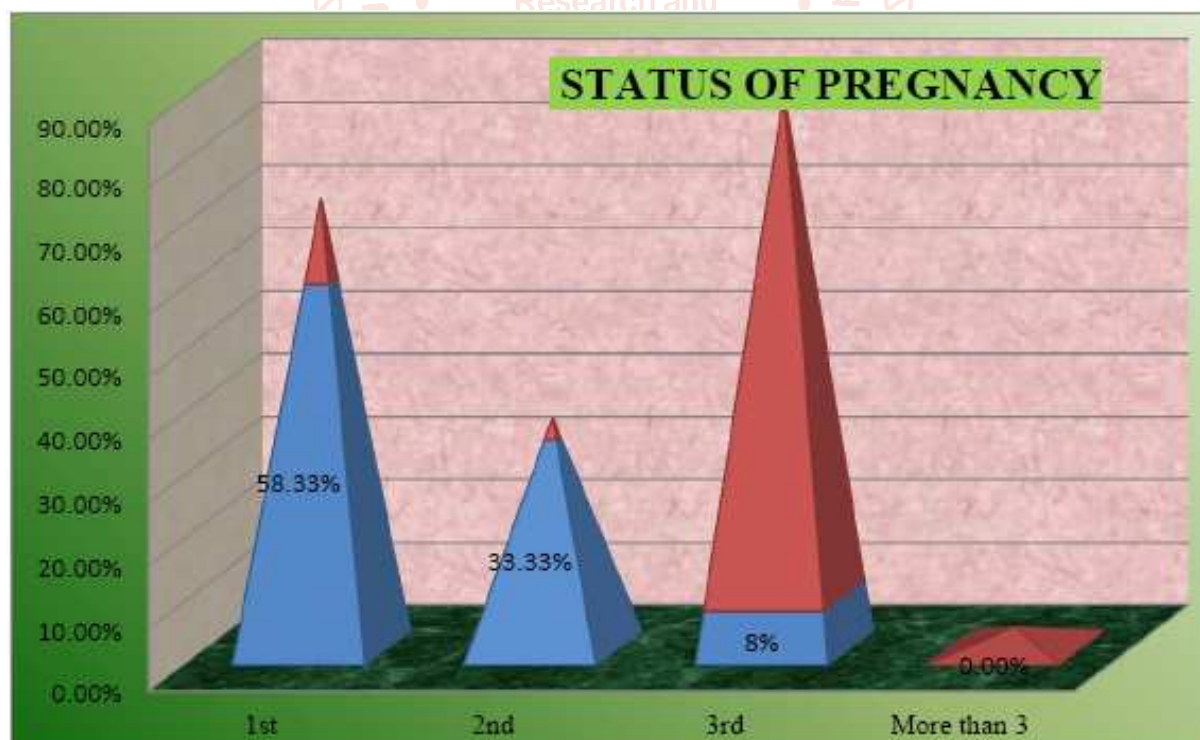


**Fig.4: bar diagram representing percentage distribution of samples according to current status of employment.**
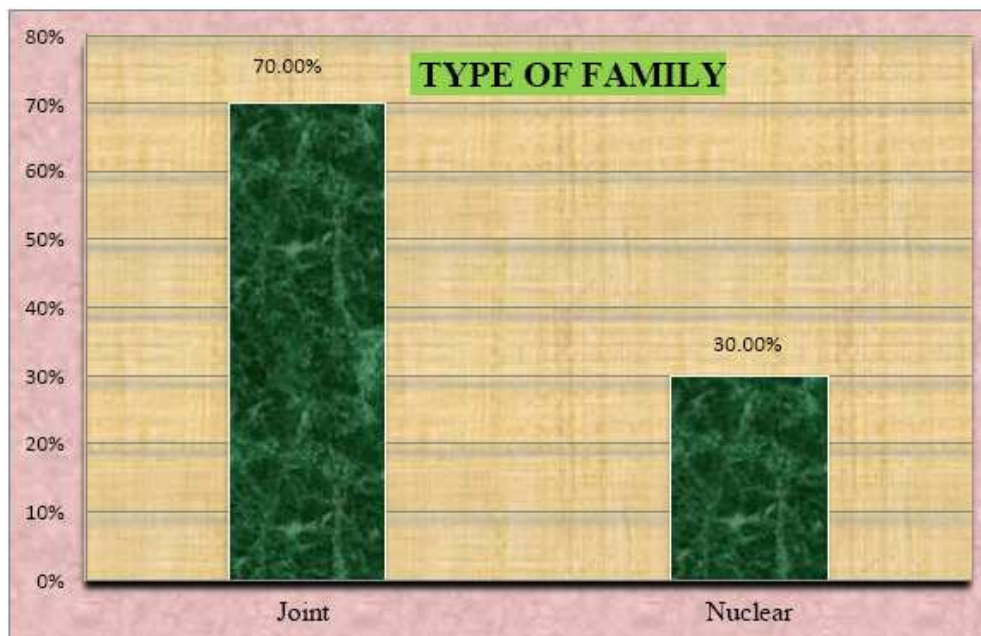
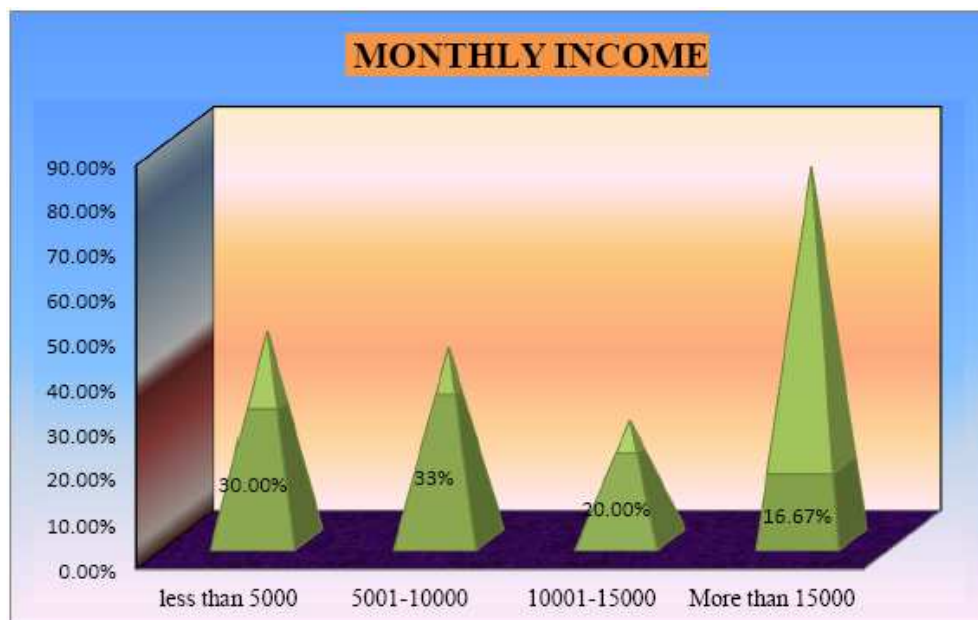| Sl. No | Demographic variables | Frequency | Percentage |
|--------|----------------------|-----------|------------|
| **5.** | **Status of pregnancy** | | |
| a) | 1st | 35 | 58.33% |
| b) | 2nd | 20 | 33.33% |
| c) | 3rd | 5 | 8.33% |
| d) | More than 3 | 0 | 0% |
| **6.** | **Type of family** | | |
| a) | Joint | 42 | 70.0% |
| b) | Nuclear | 17 | 30.0% |
| **7.** | **Monthly income** | | |
| a) | Lessthan5000 | 18 | 30% |
| b) | 5001-10000 | 20 | 33.33% |
| c) | 10001-15001 | 12 | 20% |
| d) | More than 15000 | 10 | 16.67% |
| **8.** | **Source of information** | | |
| a) | Family member | 26 | 43.33% |
| b) | Mass media | 12 | 20% |
| c) | Pediatricians | 10 | 16.67% |
| d) | Health advisor | 12 | 20% |

Table 2: represents that, majority of the samples 35 (58.33%) had 1st pregnancy followed by 20 (33.33%) had 2nd pregnancy and 5 (8.33%) had 3rd pregnancy. On the basis of type of family, majority 42 (70%) of nursing mothers belongs to joint family, and 17 (30%) nursing mothers belongs to nuclear family. Based on monthly income, majority of samples 20 (33.33%) were falls between 5001-10000, followed by 18 (30%) less than 5000, followed by 12 (20%) between 10001-15000 and least 10 (16.7%) of nursing mothers have an income more than 15000. With regard to source of information, mostly 26 (43.3%) nursing mothers gets information regarding exclusive breastfeeding from their family members, whereas health advisor and mass media contributes the same percentage of information 12 ( 20%), followed by 10 (16.7%) they gets information from pediatricians.
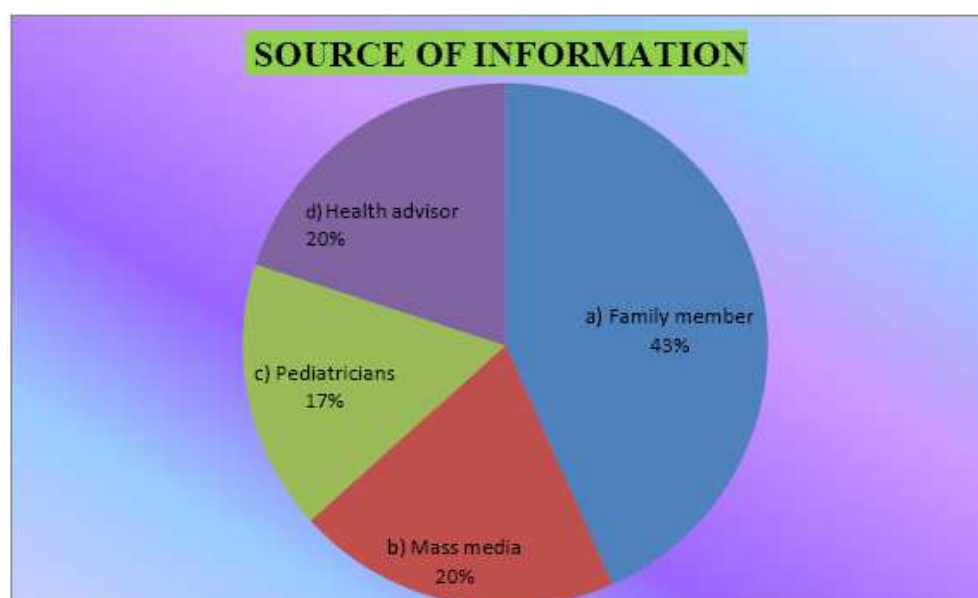


**Fig. 5: cone diagram representing percentage distribution of samples according to status of pregnancy.**

**Fig. 6: bar diagram representing percentage distribution of samples according to type of family.**



**Fig. 7: cone diagram representing percentage distribution of samples according to monthly income.**



**Fig.8: pie diagram representing percentage distribution of samples according to source of information regarding exclusive breastfeeding**

| Sl. No. | Demographic variables | Frequency | Percentage |
|---------|----------------------|-----------|------------|
| **9.** | **Type of delivery** | | |
| a) | Caesarean | 33 | 55.0% |
| b) | Normal vaginal delivery | 27 | 45.0% |
| **10.** | **Area of living** | | |
| a) | Rural | 22 | 36.67% |
| b) | Urban | 38 | 63.33% |

Table 3: shows that, caesarean section considered as the main type of delivery which contributes about 33 (55%) and the remaining 27 (45 %) is normal vaginal delivery. On the basis of area of living, majority of the nursing mothers were lives in urban community 38 (63.33%) and rural community 22 (36.67%).
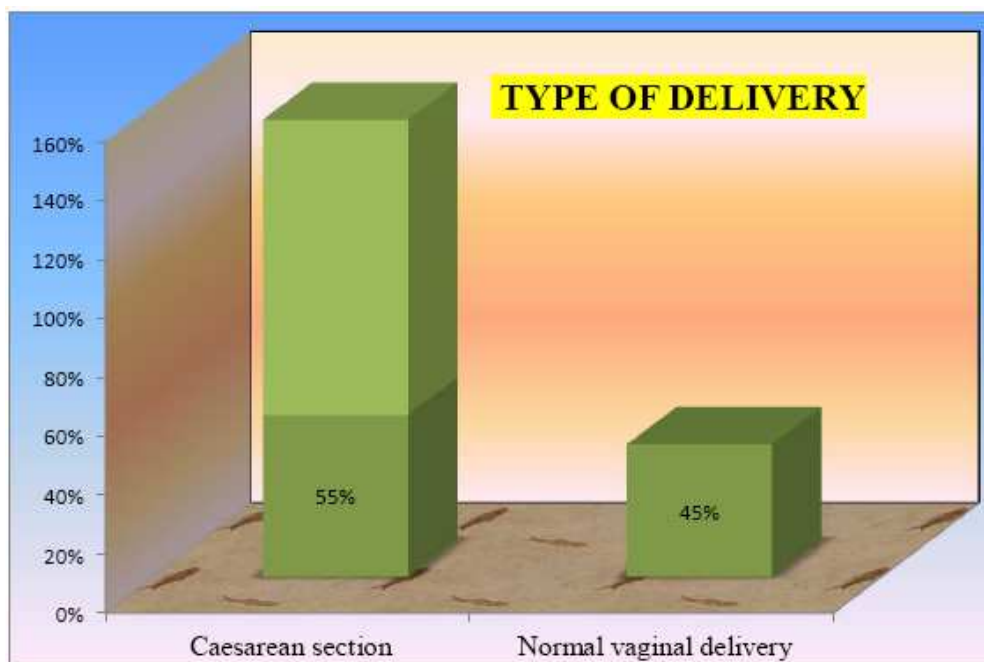


**Fig. 9: bar diagram representing percentage distribution of samples according to type of delivery.**
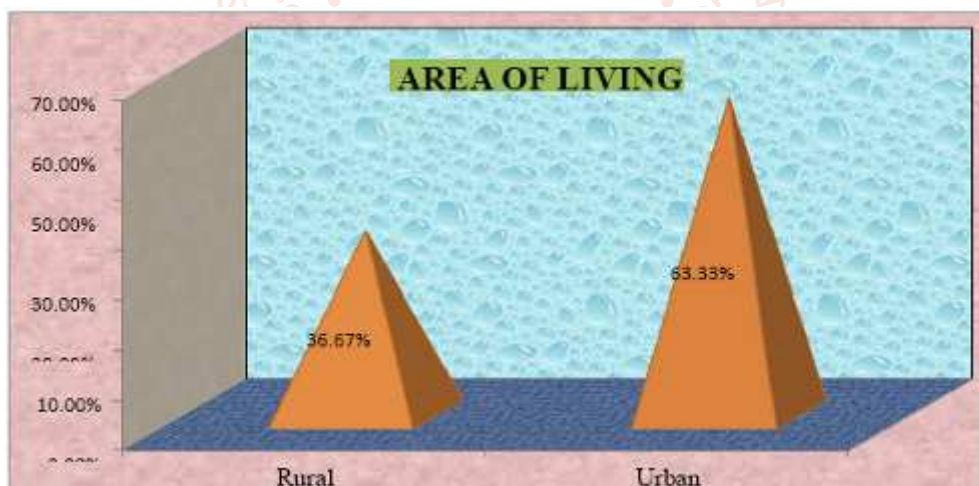


**Fig. 10: cone diagram representing percentage distribution of samples according to their type of delivery.**

**Section B: Gradation of pre- test and post- test level of knowledge regarding exclusive breastfeeding among postnatal nursing mothers:**

**Table 1: Frequency and percentage distribution of sample according to their Pre-test level of knowledge.**

| Sl. NO. | knowledge score | Frequency | Percentage |
|---------|-----------------|-----------|------------|
| a) | Inadequate knowledge | 21 | 35% |
| b) | Moderate knowledge | 39 | 65% |
| c) | Adequate knowledge | 0 | 0% |
| | **Total** | 60 | 100.0% |

Table 1: shows that, none of the respondents had adequate level of knowledge regarding exclusive breastfeeding. Majority of the respondents, 39 (65%) had moderate level of knowledge and 21(35%) had inadequate knowledge
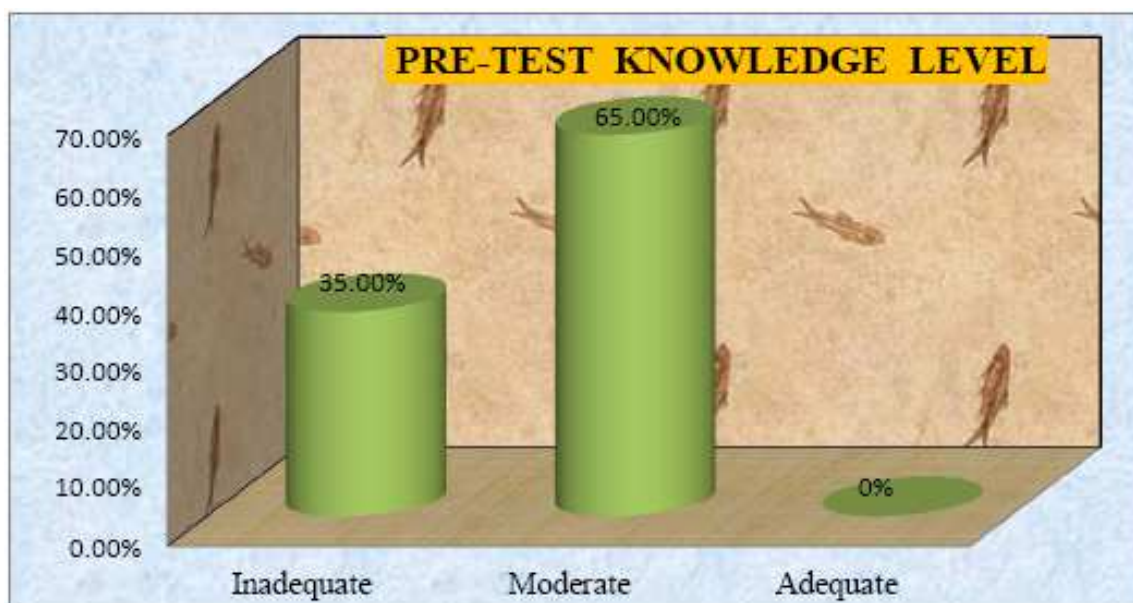


**Fig. 1 cylindrical bar diagram shows percentage distribution of samples according to their pre- test level of knowledge score.**

**Table-2: Frequency and percentage distribution of samples according to their post-test knowledge.**

| Sl. No. | Knowledge score | Frequency | Percentage |
|---------|-----------------|-----------|------------|
| a) | Inadequate knowledge | 0 | 0% |
| b) | Moderate knowledge | 26 | 43.33% |
| c) | Adequate knowledge | 34 | 56.67% |
| | **Total** | 60 | 100.0% |

Table 2: represents that, after the implementation of structured teaching programme the level of adequate knowledge score has increased to 34 (56.67%). Whereas in pre-test no one has adequate level of knowledge. There is a slight improvement in moderate level of knowledge 26 (43.33%) of nursing mothers. Luckly there is no one have inadequate knowledge level.
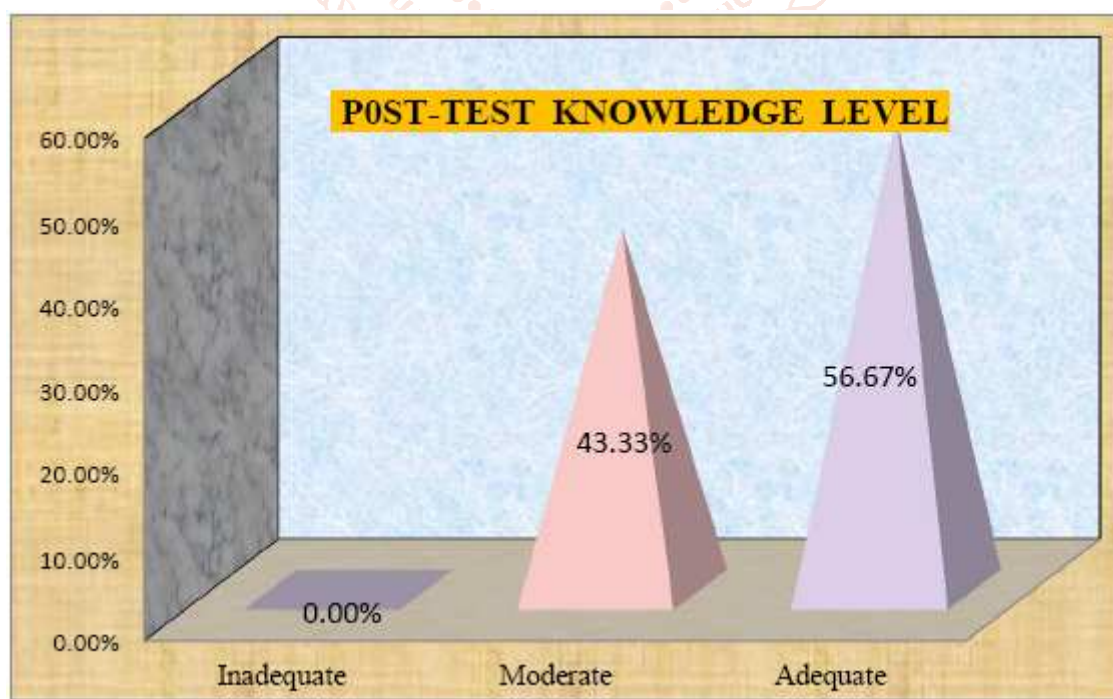


**Fig.2. cone diagram shows distribution of samples according to their post –test level of knowledge score.**

**Section C: Association between pre-test knowledge score with the selected socio-demographic variables.**
**Table 1: Chi-square test showing association of pre-test knowledge score with the selected socio-demographic characteristics.**

| Sl. No. | Demographic variables | Level of knowledge | | | Chi square | d.f. | t-value | Inference |
|---|---|---|---|---|---|---|---|---|
| | | Inadequate | Moderate | Adequate | | | | |
| 1. | **Age** | | | | | | | |
| | a) 20-25 years | 10 | 8 | 0 | 5.45 | 2 | 5.99 | NS |
| | b) 26-30 years | 8 | 27 | 0 | | | | |
| | c) 31-35 years | 3 | 4 | 0 | | | | |
| | d)Above35years | 0 | 0 | 0 | | | | |
| 2. | **Religion** | | | | | | | |
| | a) Hindu | 12 | 18 | 0 | | | | |
| | b) Muslim | 7 | 13 | 0 | | | | |
| | c) Christian | 2 | 5 | 0 | 2.07 | 3 | 7.82 | NS |
| | d) Others | 0 | 3 | 0 | | | | |
| 3. | **Education** | | | | | | | |
| | a) 5th stand. | 7 | 4 | 0 | 9.54 | 3 | 7.83 | S* |
| | b) 10th stand. | 10 | 15 | 0 | | | | |
| | c) 12th stand. | 4 | 11 | 0 | | | | |
| | d)undergraduate/ postgraduate | 0 | 9 | 0 | | | | |
| 4. | **Current status of employment** | | | | | | | |
| | a) Private | 1 | 7 | 0 | 5.6 | 3 | 7.82 | NS |
| | b) Government | 0 | 2 | 0 | | | | |
| | c) Housewife | 14 | 26 | 0 | | | | |
| | d)Agricultural labor | 6 | 4 | 0 | | | | |
| 5. | **Status of pregnancy** | | | | | | | |
| | a)1st | 16 | 19 | 0 | 5.33 | 2 | 5.99 | NS |
| | b) 2nd | 5 | 15 | 0 | | | | |
| | c) 3rd | 0 | 5 | 0 | | | | |
| | d)Morethan3 | 0 | 0 | 0 | | | | |
| 6. | **Type of family** | | | | | | | |
| | a) Joint | 4 | 38 | 0 | 1.82 | 2 | 5.99 | NS |
| | b) Nuclear | 0 | 17 | 0 | | | | |
| 7. | **Monthly income** | | | | | | | |
| | a)Lessthan5,000 | 8 | 10 | 0 | 2.44 | 3 | 7.82 | NS |
| | b)5,001-10,000 | 8 | 12 | 0 | | | | |
| | c)10,001-15,000 | 3 | 9 | 0 | | | | |
| | d)Morethan15000 | 2 | 8 | 0 | | | | |
| 8. | **Source of information** | | | | | | | |
| | a)Family member | 15 | 11 | 0 | 11.04 | 3 | 7.82 | S* |
| | b)Mass media | 1 | 11 | 0 | | | | |
| | c)Pediatrician | 2 | 8 | 0 | | | | |
| | d)Health worker | 3 | 9 | 0 | | | | |
| 9. | **Type of delivery** | | | | | | | |
| | a) Caesarean | 9 | 24 | 0 | 1.9 | 1 | 3.84 | NS |
| | b) Normal | 12 | 15 | 0 | | | | |
| 10 | **Area of living** | | | | | | | |
| | a) Rural | 14 | 8 | 0 | 12.52 | 1 | 3.84 | S* |
| | b) Urban | 7 | 31 | 0 | | | | |

**Significant at p<0.05 level**

The data presented in the table 1. Shows that, there is association found between the pre -test knowledge score with the selected demographic variables like qualification ($X^2$= 9.54), source of information ($X^2$ = 11.04), and area of living ($X^2$ = 12.52).

Calculated value of chi square was more than table value at 0.05 level. Hence the research hypothesis **(H2)** was accepted in relation to qualification, source of information and area of living. There is no association found between the pre-test knowledge score and other demographic variables like age ($X^2$ = 5.45), religion ($X^2$ = 2.07), current status of employment ($X^2$ = 5.6), status of pregnancy ($X^2$ = 5.33), type of family($X^2$ = 0.031), monthly income ($X^2$ = 02.44) and type of delivery($X^2$ = 1.9).

**DISCUSSION:**

**Data on Effectiveness of structured teaching programme on knowledge regarding exclusive breastfeeding among post-natal nursing mothers.**

In this study data shows that the post test mean knowledge score was found higher r mean (19.86) and S.D (3.79) when compared with pre -test mean knowledge score, mean was (11.85) and S.D (3.25). Calculated "t" value was 19.24 which was more than tabulated value of 2.02 at 0.05 level of significance.

This indicates that structured teaching programme was effective in enhancing knowledge regarding exclusive breastfeeding among nursing mothers. Hence, research hypothesis **(H1)** was accepted and concluded that there is significant difference between pre-test and post-test knowledge score regarding exclusive breastfeeding among nursing mothers.

**Conclusion-**

This study was aimed to increase the knowledge level of postnatal mothers through structured teaching programme, hence structured teaching programme was effective to increase knowledge level of mothers regarding exclusive breastfeeding.

**Recommendations:**

➢ Study can be replicated on large sample and finding can be generalized on large population.

➢ Rural population can also be involved to create better awareness on knowledge regarding exclusive breastfeeding.

➢ The same study can be conducted in different institution.

➢ In service education can be given to all nursing personnel's to upgrade their knowledge regarding exclusive breastfeeding.

**Conflict of interest:** No

**Financial support:** Self

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