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A study to assess the knowledge on breast milk banking among Asha worker in an exceedingly view to develop an information booklet in selected hospitals Uttar Pradesh.

1. Chitra prajapati 2. Mrs. Jasmi Manu

1. Second year M.Sc Nursing student, Faculty of nursing, Rama University, Mandhana, Kanpur, UP, India.
2. Professor Cum HOD, Department of Obstetrics and Gynaecological Nursing, Faculty of Nursing, Rama University, Mandhana, U.P. India

ABSTRACT-The breast milk is that the most significant source of nutrition for the infants. The developing countries like India are having high infant mortality and malnutrition. The novel concept of human breast milk is totally important to unravel such grave problems. The human breast milk banks can work efficiently and are cost effective. Besides, not much of human workforce needs to be involved into such banks. the varied studies from everywhere the planet have emphasized on the importance of human breast milk banks within the management of premature infants. This paper highlights the importance of the human breast milk banks and also gives insights about various factors related to it

KEY WORDS- Assess, Knowledge, Breast milk banking

INTRODUCTION-

It is probably not widely appreciated the human milk banking is an absolute necessity if all infants are to enjoy the advantages of human milk. Unfortunately, there are circumstances where milk form the infants own mother isn't available. Milk donates by mother by other women (donor milk) must then fill the gap. These in danger nutrients is benefits plenty form the breast milk nutrients and just in case the mother is unable to produce the breast milk, then the pasteurized donor milk form a consideration for supplementation. Human milk is recognized for its numerous benefits including inducing tolerance to allergens, providing passive immunization, improving lipid profiles, and controlling vital sign. Human milk banks offer solution to the mothers that can't supply their own breast milk to their child, for reason like a baby being in danger of getting

diseases and infections form a mother with certain diseases, or a when a toddler is hospital at birth thanks to very low birth weight and therefore the mother cannot provide her own milk during the extended stay for reasons such living for form the hospital. Human milk banks is a rise within the amount of milk collected in 2012 compared to 2007, additionally the amount of milk donate by one another donor is additionally increase. The WHO and UNICEF, made a combined substance in 1980, "where it's unattainable for the biological mother to breast feed, the primary alternative, if available should be the utilization of human milk from other sources. Human milk banks should be made available in appropriate situation." Breast milk banks play a critical role in these situations since they're during which the donated milk is kept. Milk banks are a necessary requirement if all newborns are to learn from the benefits of human milk, which is perhaps not well acknowledged. this is often because a giant percentage of newborns for a range of reasons, farmers are unable to get appropriate quantities of milk from their cows. These neonates wouldn't be eligible for human milk if it weren't for milk banks, but they'd suffer the implications.

RESEARCH PROBLEM

A study to assess the knowledge on breast milk banking among Asha worker in a view to develop an information booklet in selected hospitals Uttar Pradesh.

Objective of the study-

1. To assess the level of knowledge regarding breast milk banking among Asha worker in selected hospital U.P.
2. To find out the association between level of knowledge regarding breast milk banking among Asha worker with their selected demographic variable

Hypothesis –

- **H0-**There is no significant the association between level of knowledge regarding breast milk banking among Asha worker in selected hospital U.P. with their demographic variable.
- **H1-**There is no significant association between knowledge score of Asha worker regarding breast milk banking.

Methodology

Research approach – A Quantitative, approach was used by the investigators to assess the knowledge on milk banking among Asha worker in a view to develop **an information booklet in selected hospitals Uttar Pradesh**

Demographic variables -In this study the demographic variables are Age, education status ,family income,types of family,religion category,working experience .

Population

A population is the entire aggregation of cases in which a researcher is interest.

In the present study the population comprises the Asha worker .

TARGET POPULATION–

The entire population in which the researcher are interested and to which they would like to generalize to research finding

Target population of present employee in CHC and PHC .

ACCESSIBLE POPULATION–

Accessible population of present Employee is CHC.

Sample- In this employee, the sample was current employee in CHC

Sample size- The sample size of present employee comprised of 110 Asha worker who fulfilled inclusion criteria.

Sampling technique -In this research study, the sample were selected through convenient sampling technique.

Sampling criteria

Inclusion criteria

- Asha worker who are willing to participate in the study.
- Asha worker who are in CHC

Exclusion criteria

Asha worker who are not available during data collection.

- The Asha worker who are employee in CHC .

METHODS OF DATA COLLECTION-

The data collection was done for two week in CHC Madawara District Lalitpur U.P. The data was collected from 110 samples that who fulfilled inclusion criteria. The written constant of the participants was obtained before data collection and assurance was given to study participant the confidentiality of data will be maintained. The data was analyzed on the basis of objective of the study by using descriptive and inferential statistics.

- Master data sheet was organized.
- Demographic variables were analyzed in term of frequency in form of mean, median and standards deviation.
- A planned question was ready in such a way it consist of two parts.

TOOLS-

SECTION -A

DEMOGRAPHICE DATA-

It contains six items for obtaining information age, education, family income, types of family, categories, working experience and if sources of information related breast milk banking **SECTION-A.**

(Table .1, fig no. 1) shows that out of 110 Asha worker 7o (70%) are having inadequate knowledge and 40(40%) having the moderate knowledge regarding breast milk banking. The mean was 11.89 a standard deviation is 4.70 of knowledge level, hence it show that stated hypothesis is accepted.

Section-A. The association between level of knowledge with the selected accepted

SECTION -B

KNOWLADEGE –The structured knowledge question regarding breast milk banking was need. It consists of 30 multiple choice questions each question has four responses with one for each correct response in a single question and score zero was given for wrong answer.

DATA ANALYSIS AND INTERPRETATION-

The data was analysed under following section

Section-A: Level of knowledge regarding breast milk banking among Asha worker.

Section-B: Association between level of knowledge with selected demographical variables.

RESULT FINDING

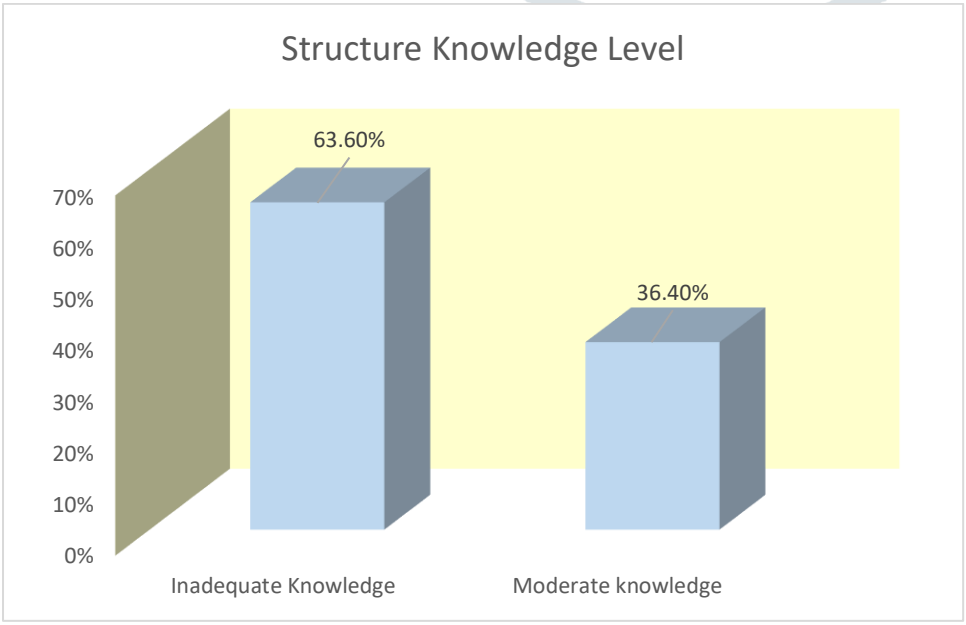
SECTION -A

Major finding

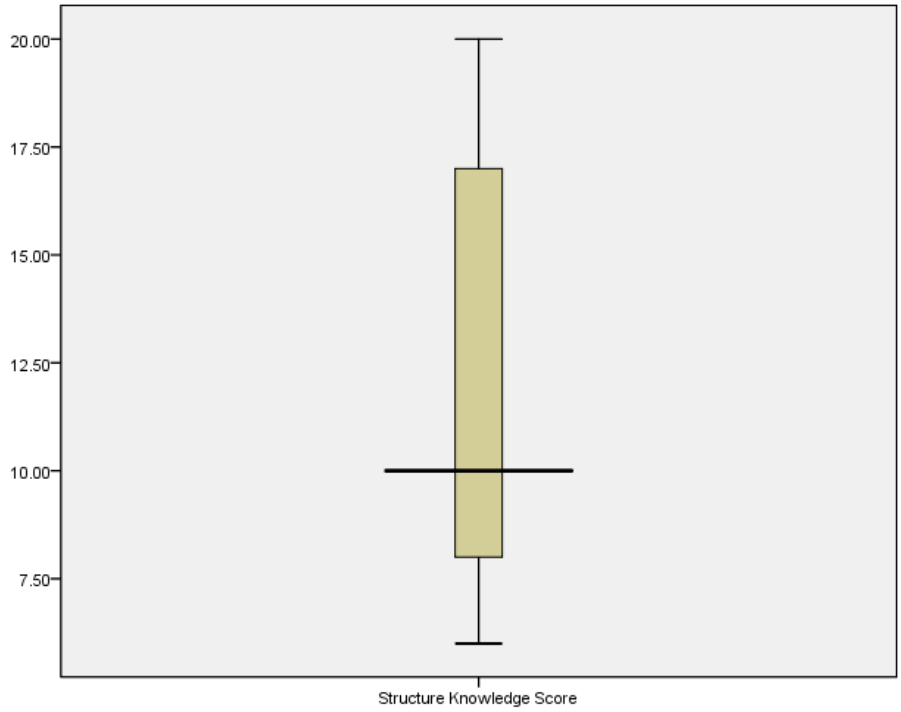
- With the respect to age 19 to 22year 29 (26.4%) were ,23 to 26 year 31 (28.2%) were, 27 to 30 year 27 (24.5%) were ,31 to 34 year 23 (20.9%).
- With the respect of education secondary education 53 (48.2%) were, higher education 37 (33.6%) were,graduate 20 (18.2%).
- With the respect of family income <5001-10000 60 (54.5%),10001-15000 28 (25.5%), >15000rs 22 (20.0%)
- With the respect of types of family nuclear family 51 (46.45)were , joint family 31 (28.2%) were ,extended family 28 (25.5%)
- With the respect of religion hindu 84 (76.4%) were ,26(23.6%)were.
- With the respect of working experience one year 3 (2.7%)were,two year 6 (5.5%)were ,three year 46 (41.8%) , more than three 3 year 55 (50.0%).

SECTION -B level of knowledge Asha worker worker in a view to develop an information booklet in selected hospitals Uttar Pradesh.

		N	%
Structure Knowledge Level	Inadequate Knowledge	70	63.6%
	Moderate knowledge	40	36.4%
	Total	110	100.0%



	Mean	Standard Deviation
Structure Knowledge Score	11.89	4.70



SECTION -C

FREQUENCY & PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES

		N	%
Age (in years)	19 to 22 year	29	26.4%
	23 to26 year	31	28.2%
	27 to 30 year	27	24.5%
	31 to 34 year	23	20.9%
	Total	110	100.0%
Education status.	Primary education	0	.0%
	Secondary education	53	48.2%
	Higher secondary education	37	33.6%
	Graduate	20	18.2%
	Total	110	100.0%
Family income (Rs.) per month	<5000 Rs	0	.0%
	5001-10000 Rs	60	54.5%
	10001-15000 Rs	28	25.5%
	>15000 Rs	22	20.0%
	Total	110	100.0%
Types of family	Nuclear Family	51	46.4%
	Joint Family	31	28.2%
	Extended Family	28	25.5%
	Total	110	100.0%
Religion Category	Hindu	84	76.4%
	Muslim	26	23.6%
	Sikka	0	.0%
	Isai	0	.0%
	Total	110	100.0%
Working experience	One Year	3	2.7%
	Two Year	6	5.5%
	Three Year	46	41.8%
	More Than Three Year	55	50.0%
	Total	110	100.0%

		Structure Knowledge Level				χ2 value (df)	p-value
		Inadequate Knowledge		Moderate knowledge			
		N	%	N	%		
Age (in years)	19 to 22 year	18	25.7%	11	27.5%	2.164 (3)	0.539
	23 to26 year	22	31.4%	9	22.5%		
	27 to 30 year	18	25.7%	9	22.5%		
	31 to 34 year	12	17.1%	11	27.5%		
	Total	70	100.0%	40	100.0%		
Education status.	Primary education	0	.0%	0	.0%	3.642 (2)	0.162
	Secondary education	29	41.4%	24	60.0%		
	Higher secondary education	26	37.1%	11	27.5%		
	Graduate	15	21.4%	5	12.5%		
	Total	70	100.0%	40	100.0%		
Family income (Rs.) per month	<5000 Rs	0	.0%	0	.0%	6.255 (2)	**0.044**
	5001-10000 Rs	36	51.4%	24	60.0%		
	10001-15000 Rs	23	32.9%	5	12.5%		
	>15000 Rs	11	15.7%	11	27.5%		
	Total	70	100.0%	40	100.0%		
Types of family	Nuclear Family	33	47.1%	18	45.0%	0.761 (2)	0.683
	Joint Family	21	30.0%	10	25.0%		
	Extended Family	16	22.9%	12	30.0%		
	Total	70	100.0%	40	100.0%		
Religion Category	Hindu	53	75.7%	31	77.5%	0.045 (1)	0.832
	Muslim	17	24.3%	9	22.5%		
	Sikka	0	.0%	0	.0%		
	Isai	0	.0%	0	.0%		
	Total	70	100.0%	40	100.0%		
Working experience	One Year	2	2.9%	1	2.5%	1.749 (3)	0.626
	Two Year	4	5.7%	2	5.0%		
	Three Year	26	37.1%	20	50.0%		
	More Than Four Year	38	54.3%	17	42.5%		
	Total	70	100.0%	40	100.0%		

ASSOCIATION BETWEEN LEVEL OF KNOWLEDGE WITH SELECTED DEMOGRAPHIC VARIABLES

Applied χ^2 tests for significance.

References

1. United Nation Children's Fund; World Health Organization; World Bank Group; world organisation. Levels and Trends in Child Mortality: Report 2019, Estimates Developed by the UN Inter-Agency Group for Child Mortality Estimation; world organisation Children's Fund: ny, NY, USA, 2019.
2. Tran, H.T.; Nguyen, T.T.; Mathisen, R. the employment of human donor milk. BMJ 2020, 371, m4243. [CrossRef]
3. WHO/UNICEF meeting on infant and young child feeding. J. Nurse Midwifery 1980, 25, 31–38. [CrossRef]
4. World Health Organization. Guidelines on Optimal Feeding of Low Birth-Weight Infants in Low-and Middle-Income Countries; WHO Press: Geneva, Switzerland, 2011.
5. PATH. Strengthening Human Milk Banking: A Resource Toolkit for Establishing and Integrating Human Milk Bank Programs-A Global Implementation Framework; PATH: Seattle, WA, USA, 2019.
6. McCune, S.; Perrin, M.T. Donor Human Milk Use in Populations apart from the Preterm Infant: a scientific Scoping Review. Breastfeed Med. 2021, 16, 8–20. [CrossRef]