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EARLY BREASTFEEDING PROBLEMS AND EXPERIENCE AMONG PRIMI LACTATING MOTHER AT SELECTED PHC. A MIXED METHOD STUDY

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ABSTRACT
The length of hospitalization following birth has been markedly reduced and today new mothers are expected to establish breastfeeding at home with less support from health care professionals. Breastfeeding has been documented to benefit the health of both mother and infant and 97% of Danish mothers initiate breastfeeding after birth. Still breastfeeding rates are low with only 68% of mothers exclusively breastfeeding their infant two months postpartum . A possible reason could be difficulties getting started. Studies show that up to 92% of all new mothers experience a variation of breastfeeding problems.
Initiating breastfeeding has been identified as a vulnerable period. New mothers are vulnerable, when adjusting to motherhood and they may be insecure when adapting to breastfeeding their infant . If breastfeeding is not well-established during the first week, the Infant may be at risk of significant weight loss, hypernatraemic dehydration and readmission at the hospital again.
Even though breastfeeding problems are a well-known phenomenon early postnatally, and mothers' may experience more than one problem, sparse is known about what mothers' themselves experience as their most challenging breastfeeding problem. In Denmark readmission rates due to nutritional problems among new born have increased in the last 10 years , demonstrating that some mothers still experience problems when establishing breastfeeding.
Ensuring to provide new mothers with optimal support in this crucial period of early breastfeeding, this study aims to investigate mothers' experiences of their most challenging breastfeeding problem, the extent of the problems and possible factors associated with early breastfeeding problems.

KEYWORDS: Assess, Early breastfeeding ,Primi mother, Mixed methods, Qualitative research.

INTRODUCTION

Even though breastfeeding problems are a well-known phenomenon early postnatally, and mothers' may experience more than one problem, sparse is known about what mothers' themselves experience as their most challenging breastfeeding problem. In Denmark readmission rates due to nutritional problems among new born have increased in the last 10 years , demonstrating that some mothers still experience problems when establishing breastfeeding. Ensuring to provide new mothers with optimal support in this crucial period of early breastfeeding, this study aims to investigate mothers' experiences of their most challenging breastfeeding problem, the extent of the problems and possible factors associated with early breastfeeding problems.

OBJECTIVES

- To assess the socio demographic variables among primi mothers in breastfeeding problems .
- To associate the problems faced by primi lacatating mothers during breastfeeding with selected socio demographic variables.
- To compare the problems faced by primi lacatating mothers during breastfeeding with selected socio demographic variables.

MATERIALS & METHODS

Study Design and Setting: The study adopted evaluative research approach. The research design utilized was Non-Experimental- Descriptive design, embedded within an overarching explanatory sequential mixed-methods design (QUAN → qual), in which the quantitative phase is followed by a qualitative phase intended to explain and contextualise the quantitative results in greater depth. The Accessible Population of the present study was the primi lactating mother . The study was collected in Primary Health Centre .

Sample Size and Sampling Method: The study enrolled Early breastfeeding problems and experience among primi lactating mother who are attending OPD around 100 mothers by using purposive sampling technique at

selected PHC at Chennai. The goal of the study was described to officials, and permission to perform the study was gained. All the mothers were tracked, and they were interviewed and evaluated.

QUESTIONNAIRE VALIDATION AND STATISTICAL ANALYSIS

The study employed a structured interview schedule consisting of demographic variables and 20 close-ended questions assessing Early breastfeeding problems and experience among primi lactating mother . The questionnaire was pretested and validated prior to administration. **Face and content validity** were established by a panel of experts in the fields of public health, and epidemiology, who evaluated the questionnaire for clarity, relevance, and comprehensiveness. Feedback from the experts was incorporated to refine the tool, ensuring that it effectively captured the required data.

Ethical approval for the study was obtained from the Sathyabama Institute of Human Ethics Committee, ensuring adherence to ethical standards in research.

The demographic section of the questionnaire collected data on variables such as age, sex, religion, education, occupation, socioeconomic status, income, dietary patterns, type of family, and place of residence. The knowledge and practice section included questions related to early breastfeeding problems (e.g., technique, methods of breastfeeding), frequency of visits, and attitudes toward breastfeeding.

The data were analysed using **Statistical Package for Social Sciences (SPSS) version 17.0.** Descriptive statistics, including frequencies and percentages, were used to summarize demographic details and. Inferential statistical tests were employed to examine associations between oral health knowledge and practices and key demographic variables. Specifically:

- **Chi-square tests** were used to assess the significance of relationships between categorical variables, such as education, occupation, and dietary patterns, and oral health behaviors.
- **P-values < 0.05** were considered statistically significant.

QUALITATIVE PHASE: DESIGN, SAMPLING, DATA COLLECTION AND ANALYSIS

Qualitative Design: A descriptive phenomenological approach was adopted for the qualitative phase, aimed at understanding participants' subjective, lived experience of having breast feeding problem and the meanings they need of the mother about proper latching . This phase is designed to follow the quantitative phase, using its findings to inform the interview guide and sampling frame in keeping with the explanatory sequential mixed-methods design.

Sample and Sampling Method: Participants for the qualitative phase are to be drawn from the same coastal community and selected using purposive maximum-variation sampling, so as to capture a range of ages, primi mothers, educational levels, and knowledge/practice scores identified in the quantitative phase (for example, contrasting participants with good versus poor knowledge or practice scores). Recruitment will continue iteratively until data saturation is reached, anticipated at approximately 12–15 participants, consistent with sample sizes typically reported for descriptive phenomenological studies.

Data Collection Tool and Procedure: Data are to be collected using a semi-structured, open-ended in-depth interview guide developed from the quantitative results and existing literature, and reviewed by the same panel of subject experts for face and content validity. Interviews will be conducted in the participant's preferred language (Tamil or English) in a private setting, audio-recorded with informed consent, and will continue for approximately 30–45 minutes each. Field notes and reflexive memos will be maintained throughout data collection to document contextual observations and the interviewer's own assumptions.

Data Analysis: Audio-recordings are to be transcribed verbatim and analysed using Braun and Clarke's six-phase thematic analysis: familiarisation with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. Two researchers will code independently and reconcile discrepancies by consensus to enhance analytic rigor. Integration with the quantitative strand will occur at the interpretation stage, using a joint display to compare and contrast quantitative associations (e.g., education, occupation, breast feeding practice) with qualitative themes.

Trustworthiness: Rigor will be established using Lincoln and Guba's criteria – credibility (prolonged engagement, member checking), transferability (thick description of context and participants), dependability (audit trail of coding decisions), and confirmability (reflexive journaling to bracket researcher assumptions). Ethical approval for this phase will be sought as an amendment through the same Sathyabama Institute of Human Ethics Committee prior to data collection.

INTEGRATION OF QUANTITATIVE AND QUALITATIVE FINDINGS

Consistent with the explanatory sequential mixed-methods design, integration will occur at two points. First, at the design stage, the quantitative results (knowledge and practice scores, and their associations with education, occupation, and practice of breastfeeding) will inform selection of participants and interview questions for the qualitative phase – a connecting strategy. Second, at the interpretation stage, quantitative and qualitative results will be merged using a side-by-side joint display, in which each statistically significant demographic association is paired with the qualitative themes that help explain it. Convergence, complementarity, or divergence between the two strands will be explicitly discussed rather than the two datasets being reported in isolation.

RESULTS

This chapter deals with the description of sample characteristics, analysis and interpretation of the data collected from 100 primi antenatal mother .The collected data was calculated, tabulated and interpreted by using descriptive and inferential statistics. The data was organized on the basis of objectives of the study, under the following headings

The data has been tabulated and organized as follows.

SECTION I: SOCIO DEMOGRAPHIC VARIABLES ON EARLY BREASTFEEDING PROBLEM AND THEIR EXPERIENCES AMONG PRIMI LACTATING MOTHERS.

Section A Frequency and percentage distribution of demographic variables among primi n=100

Table 1: Frequency and percentage distribution of Early breastfeeding problem and experiences among primi lactating mothers according to socio demographic

Sl.No	Demographic Variable	Frequency (n)	Percentage (%)
1	**Age(in years)**		
	a. 18 - 25	69	69.0
	b. 26-32	31	31.0
2	**Religion**		
	a. Hindu	72	72.0
	b. Christian	17	17.0
	c. Muslim	11	11.0
3	**Education**		
	a. No formal Education	13	13.0
	b. Primary	30	30.0
	c. Secondary	29	29.0
	d. Graduate	28	28.0
4	**Occupation**		
	a. Private employees	25	25.0
	b. Government employees	34	34.0
	c. Laborur's	15	15.0
	d. Coolis	26	26.0
5	**Monthly income(in rupees)**		
	a. ≤10000	34	34.0
	b. >10000	66	66.0
6	**Area of residence**		
	a. Urban	64	64.0
	b. Rural	36	36.0
7	**Type of family**		
	a. Joint family	48	48.0
	b. Nuclear family	52	52.0
8	**Previous Knowledge about early breastfeeding problem**	18	18.0
	a. Yes	82	82.0
	b. No		

Section C Association of level of knowledge among primi mother regarding breatfeeding issues with the selected demographic variables.

Table 1 denotes that with regards to age, 69% women were in age group 18 – 33 years. 72% were Hindus. Most of them 30% had primary education. 34% of them were government employees. Most of the men 64% were from urban area. 66% have monthly family income of ≥Rs.10000/-, 52% were from nuclear family. 82% of them were having no previous Knowledge regarding Early breastfeeding problems.

SECTION 2: STRUCTURED QUESTIONNAIRE ON EARLY BREASTFEEDING PROBLEM AND THEIR EXPERIENCES AMONG PRIMI LACTATING MOTHERS.

Table 2: Frequency and percentage distribution of Early breastfeeding problem and experiences among primi lactating mothers according to socio demographic variables n=100

Sl. No	Questionnaire	Frequency (n)	Percentage (%)
1	Will you initiate breastfeeding within 1		

	hour after birth A) Yes B) No	 69 31	 69% 31%
2	Will your baby latch properly during the first feeding A) Yes B) No	 72 17	 78% 22%
3	Will you experience pain while breastfeeding in the first week A) Yes B) No	 70 30	 70% 30%
4	Will you experience sore nipple during antenatal period A) Yes B) No	 25 75	 25% 75%
5	Do you have cracked nipple A) Yes B) No	 34 66	 34% 66%
6	Do you have bleeding nipple A) Yes B) No	 64 36	 64% 36%
7	Do you experience breast engorgement A) Yes B) No	 48 52	 48% 52%
8	Have you experience fullness of breast A) Yes B) No	 18 82	 18% 82%
9	Do you feel your milk supply will be insufficient A) Yes B) No	 60 40	 60% 40%
10	Will you use formula milk in the first month A) Yes B) No	 34 66	 34% 66%
11	Did you attend any breastfeeding education or counselling sessions A) Yes B) No	 22 78	 22% 78%
12	Will you receive help from your family with breastfeeding issues A) Yes B) No	 80 20	 80% 20%
13	Will you follow the cultural or traditional beliefs affect your breastfeeding practice A) Yes B) No	 90 10	 90% 10%
14	Will you embarrassed to breastfeed in public A) Yes B) No	 20 80	 20% 80%
15	Will you feel stressed or anxious about breastfeeding A) Yes B) No	 88 12	 88% 12%
16	Will you given enough privacy in the hospital to breastfeed A) Yes B) No	 44 56	 44% 56%
17	Would you say, you are currently confident with breastfeeding A) Yes	 84	 84%

	B) No	16	16%
18	Will you feel confident to breastfeed immediately after delivery A) Yes B) No	 75 25	 75% 25%
19	Will you feel that your baby was not satisfied after feeding A) Yes B) No	 11 89	 11% 89%
20	Will you use any breastfeeding aids (e.g., breast pump, nipple shields) A)Yes B)No	 5 95	 5% 95%

Table 2 denotes that with regards to age, 69%women were in age group 18 – 33 years. 72% were Hindus. Most of them 30% had primary education. 34% of them were government employees. Most of the women 64% were from urban area. 66% have monthly family income of ≥Rs.10000/-, 52% were from nuclear family. 82% of them were having no previous Knowledge regarding Early breastfeeding problems.

SECTION 3: EARLY BREASTFEEDING PROBLEM AND EXPERIENCES AMONG PRIMI LACTATING MOTHERS.

S. No	Questionnaire	Answer	Frequency (n)	Percentage (%)
1	Have you experience any breast changes during pregnancy	A) Yes, breast engorgement B) Yes, nipple sensitivity or pain C) Yes, leaking of colostrum D) No noticeable E) Others……	10 03 30 29 28	 0.972 NS
2	Do you know how to breastfeed the baby	A) Yes, I am fully confident and knowledgeable B) I have some knowledge but not breastfeed C) I have very little knowledge D) No, I do not know how to breastfeed E) I only received practical help F) after delivery	25 34 10 20 6 5	0.353 NS
3	Have you examined the breast after pregnancy	A) Yes, regularly B) Yes, occasionally C) No, I haven't examined them D) I didn't know it was necessary E) I was advised to but didn't do it	10 03 30 29 28	0.972 NS

LEVEL OF KNOWLEDGE ON EARLY BREASTFEEDING PROBLEM AND EXPERIENCES AMONG PRIMI LACTATING MOTHERS.
n=100

Figure 1: Level of Knowledge regarding Early Breastfeeding Problem and experiences among primi lactating mothers.
The above pie diagram depicts that majority 78% primi lactating mothers had inadequate Knowledge regarding early breastfeeding problem and , 22% had moderately adequate Knowledge regarding early breastfeeding problems . None of them had adequate Knowledge.

TABLE 4: Mean and standard deviation of Knowledge and Attitude scores regarding early breastfeeding problem and experiences among primi lactating mothers. n= 100

S.No	Items	Mean	Standard Deviation
1	Knowledge	3.47	1.26

Table 4 depicts that mean score of primi lactating mothers on level of Knowledge regarding early breastfeeding problem was 3.47 with SD 1.26.

SECTION 5: ASSOCIATION BETWEEN EARLY BREASTFEEDING PROBLEM AND EXPERIENCES AMONG PRIMI LACTATING MOTHERS WITH SOCIO DEMOGRAPHIC VARIABLE

Table 5: Association between level of Knowledge regarding early breastfeeding problem and experiences among primi lactating mothers with socio demographic variables n=100

Sl. No	Demographic Variables	Frequency(n)	Inadequate	Moderately Adequate	p Value
1	**Age(in years)**				
	a. 18 - 33	69	55	14	0.605
	b. 34 - 50	31	23	8	**NS**
2	**Religion**				
	a. Hindu	72	57	15	0.425
	b. Christian	17	14	3	**NS**
	c. Muslim	11	7	4	
3	**Education**				
	a. No formal Education	13	10	3	
	b. Primary	30	24	6	
	c. Secondary	29	23	6	**0.972**
	d. Graduate	28	21	7	**NS**
4	**Occupation**				
	a. Private employees	25	21	4	
	b. Government employees	34	27	7	
	c. Laborer's	15	9	6	0.353
	d. Coolis	26	21	5	**NS**
5	**Monthly income (in rupees)**				
	a. ≤10000	34	29	5	0.308
	b. >10000	66	49	17	**NS**
6	**Area of residence**				
	a. Urban	64	48	16	0.452
	b. Rural	36	30	6	**NS**
7	**Type of family**				
	a. Joint family	48	39	9	0.479
	b. Nuclear family	52	39	13	**NS**
8	**Previous Knowledge on early breastfeeding problems**				
	a. Yes	18	14	4	1.000
	b. No	82	64	18	**NS**

NS-Non significant

This **table 5** depicts that there is no statistically significant association between the level of Knowledge of Early breastfeeding problem and experiences among primi lactating mothers and demographic variables like age, religion, educational status , occupation, income, area of residence ,type of family, previous Knowledge on early breastfeeding problem.

DISCUSSION

The discussion chapter deals with sample characteristics and objectives of the study. The aim of this present Study was to early breastfeeding problem and experiences among primi lactating mother

The finding of the study were discussed according to the objectives follow

Objective 1: knowledge regarding early breastfeeding problems and experiences among primi lactating mothers .

In the present study 78% had inadequate Knowledge regarding early Breastfeeding problem, 22% had moderate Knowledge and none of the women have adequate Knowledge on early breastfeeding problem.

A study was conducted in Jharkand among 1,600 women. Among these 54 percent approved a fit. However the survey reveals a wide spread lack of Knowledge regarding the procedure, as well as negative perceptions or doubts about is effect on sexual performance, ability to do hard work, health or motherhood. One fourth of the respondents who knew early breastfeeding problem and experience among primi lactating mothers interest in having the operation, a finding which raises the questions as to the potential (unrecognized) demand for early breastfeeding problems in other developing countries.[20]

From the above collected data, it can be concluded that the educational strategies and teaching may increase the Knowledge of the primi lactating mothers regarding early breastfeeding problems . Studies have proved that men did not have adequate Knowledge and early breastfeeding problem and some form of teaching will help to gain Knowledge of the mothers**.**

Objective 2 .To determine the association between early breastfeeding problems and experiences among primi lactating mothers with selected socio demographic variables.

Fisher's exact test was used to find the association between level of Knowledge early breastfeeding problems and experiences among primi lactating mothers with selected socio demographic variables.

A descriptive study was conducted to investigate the level of Knowledge of primi antenatal mothers about early breastfeeding problems and also the factors influencing the married mothers in PHC,s . 130 participants from the academic and administrative work

divisions of the University were selected by using Stratified random sampling technique and a self-constructed questionnaire was administered and 150 were retrieved .The study findings revealed that majority (42.7%) of the participants were between the ages of 31 to 40 years, Christians (97.3%), of the Yoruba tribe (55.3%), had a bachelor's degree (46%) and were non-academic staff (53.3%). Majority (38%) of participants had adequate Knowledge and 62.7% had positive towards early breastfeeding problem. There was no association

between participants' level of education and their level of Knowledge of early breastfeeding problem, however, a significant association was observed between participants' level of Knowledge and their Attitude towards early breastfeeding problems ($P \leq 0.05$). The risk of

Primi mothers health (54%) was the major factor influencing positive Attitude and the need of more mothers (41.3%) was the main factor influencing early breastfeeding problem. [8]

There is no statistically significant association between the level of Knowledge and Attitude of primi mothers regarding early breastfeeding problems and demographic variables like age, religion, educational status, occupation, income ,area of resistance ,type of family ,previous Knowledge on early breastfeeding problems.

LIMITATIONS

As a mixed-methods study, this work has limitations specific to each strand and to their integration. The quantitative phase relied on convenience sampling and a modest sample of 60 participants at a single coastal site, which may limit generalisability. The qualitative phase, as designed, depends on participants' willingness and ability to articulate their experiences, and purposive sampling – while suited to depth – does not permit statistical generalisation of the themes identified. Because the qualitative phase follows the quantitative phase, its interview guide is shaped by the quantitative findings, which may focus attention on already-identified associations rather than unanticipated ones. Finally, integration through a joint display depends on both strands being completed to comparable standards of rigor; any delay or attrition in qualitative recruitment could limit the depth of integration achievable.

CONCLUSION

The recent study by the government of India NFHS depicts the 16 percent of the currently married women have an unmet need of family planning and have and deficit knowledge regarding early breastfeeding problem. The common reasons for their unmet need were inconvenience or unsatisfactory services lack of information fears about contraception side effect of early Breastfeeding Problems.

Author Contributions:

A. Abilasha M - contributed to the drafting the manuscript, writing – review & editing, conception and design of the study, resources, project administration, investigation, formal analysis and interpretation of findings and conceptualization.

B. Dr. Lakshmi. L - provided expert guidance on results and supervised the methodology, ensured methodological rigor, and critically revised the manuscript.

C. Janani. S - contributed to study design refinement, validation of findings, and manuscript editing.

D. Pavithra P- contributed to literature review, data interpretation, and critical revision of the manuscript for intellectual content.

All authors reviewed the manuscript

Conflict of Interest

NIL

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Ethical Approval Declaration

Ethical approval was obtained from the Sathyabama Institute of Human Ethics Committee, Sathyabama Institute of Science & Technology.

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