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A comparative study to assess the knowledge regarding myth of neonatal witch's milk among rural and urban primigravida mothers

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Abstract

In some cultures the tradition of removing the milk ("milking") has been reported. This practice can prolong milk production and other problems cannot be excluded. While breastfeeding may also contribute to prolonged milk production and breast enlargement, temporary, or permanent weaning is not recommended. Many parents are not aware of the common conditions that can be present in both boys and girls at birth as a result of the hormones that are passed from mother to child. These hormones can be transferred from the mother to the baby either through the placenta while in- utero or through the breast milk while nursing and can cause a variety of conditions.

Method: A non- experimental, Descriptive design was adopted purposive sampling technique was used to select 60 samples 30 from rural and 30 from urban based on certain pre-determined criteria. The data generated by using investigator developed structured questionnaire, content validity of investigator developed tool was obtained from experts of related departments. The primigravida mother's knowledge was assessed by using questionnaire. Validity of the tool was assessed using content validity was determined by experts from Nursing and Medical. They suggested certain modifications in tool. After the modifications they agreed this tool for assessing knowledge regarding Neonatal witch's milk among rural and urban primigravida mothers at Korba district After pilot study reliability of the tool was assessed by using Test-retest method and its correlation coefficient r = 0.83 (knowledge). This correlation coefficient is very high and it is very high and it is good tool for assessing knowledge regarding neonatal witch's milk among rural and urban primigravida mothers. Pilot study was conducted on 6 primigravida mothers among 3 from rural and 3 from urban with constructed tool with which it was found reliable respectively.

Result: Among Rural primigravida mothers level of knowledge and their demographic variables. More Marital age duration mothers and more educated mothers are more knowledge score than others. Statistical significance was calculated using chi square test. Among urban mothers level of knowledge and their demographic variables. More Marital age duration mothers and more educated mothers are more knowledge score than others. Statistical significance was calculated using chi square test on an average, in rural, mothers are having 15.60 knowledge score and in urban, mothers are having 21.63 knowledge score. Difference is 6.03 score.

Conclusion: Association found between the knowledge score of Neonatal witch's milk with their demographic variables. Association found that More Marital age duration mothers and more educated mothers are more knowledge score than others.

Keywords: H: Hypothesis, SD: Standard deviation

Introduction

Under the influence of maternal hormones during pregnancy a new-born may exhibit signs of hormone exposure after birth, such as enlarged breasts. In addition to the breast enlargement, there may be some discharge from the nipples. This too is common and should be of no concern, disappearing within 2 weeks. The discharge is called witch's milk.

The term witch's milk, referring usually to the mammary secretion of new-born infants is an example of that small group of medical and biological words and phrases which had its origin in the popular vocabulary of past centuries. Such expressions lack the classical dignity of Greek and Latin ancestry, but they have a flavour and interest of their own.

No treatment is needed and the milk production is usually very slight and disappears in a few weeks. Interestingly, any woman or man can be made to produce breast milk if they are given the correct hormone cocktail at almost any time in their lives.

Need of the study

Many parents are not aware of the common conditions that can be present in both boys and girls at birth as a result of the hormones that are passed from mother to child. These hormones can be transferred from the mother to the baby either through the placenta while in- utero or through the breast milk while nursing and can cause a variety of conditions. Breast enlargement in newborns, commonly known as breast buds, is one such condition. The breast tissue beneath and surrounding the nipple is usually raised and between ¼ and ½ inch in diameter. It is very important not to press or squeeze the enlarged tissue because it can result in an abscess or infection. In approximately 5% of

newborns, a white milky discharge termed 'witch's milk' is secreted from the nipples. Many parents are quite shocked to see a newborn lactating, especially a baby boy and the discovery of any lump under a baby's skin can be extremely worrisome to a parent. Breast buds however are quite common and both the buds and 'witch's milk' usually go away within 2-4 weeks (the buds will take longer todisappear with breastfed children). For the vast majority of babies there is absolutely no need to be concerned however if you have any worries, or if the breast buds don't clear up in the first month, you should consult with your paediatrician

Baby massage is done to create a positive sleep routine and aids in the bonding process between parent and baby. However, since most new parents these days happen to be working professionals, with no idea about infant massages, they seek help of nurses and house-maids, who coax them into such methods, which often causes chest aspires or mastitis neonatorum. So, that is why I was selected this study to enhance the knowledge of primigravida mothers

Problem Statement

A comparative study to assess the knowledge regarding myth of Neonatal witch's milk among rural and urban primigravida mothers with the view to develop information booklet in selected rural and urban community area at Korba district.

Objectives

- To assess the knowledge regarding myth of Neonatal witch's milk among rural and urban primigravida mothers in selected areas of Korba district.
- To compare the knowledge regarding myth of Neonatal witch's milk among rural and urban primigravida mothers in selected area at Korba district.
- To find out the association between selected demographic variables with knowledge scores among rural and urban primigravida mothers in selected area at Korba district.
- To develop information booklet regarding myth of witch's milk.

Hypothesis

- **H1**: There will be significant difference in the knowledge score among rural and urban primigravida mothers regarding myth of neonatal witch's milk.
- **H2**: There will be significant association between knowledge with their selected demographic variables.

Assumption

They study assumes that, Primigravida mothers may have some interest to know more regarding witch's milk

Primigravida mothers may have some knowledge about problems associated with myth of witch's milk.

Delimitations

The study is delimited to primigravida mothers in a selected area at Korba district.

Methodology

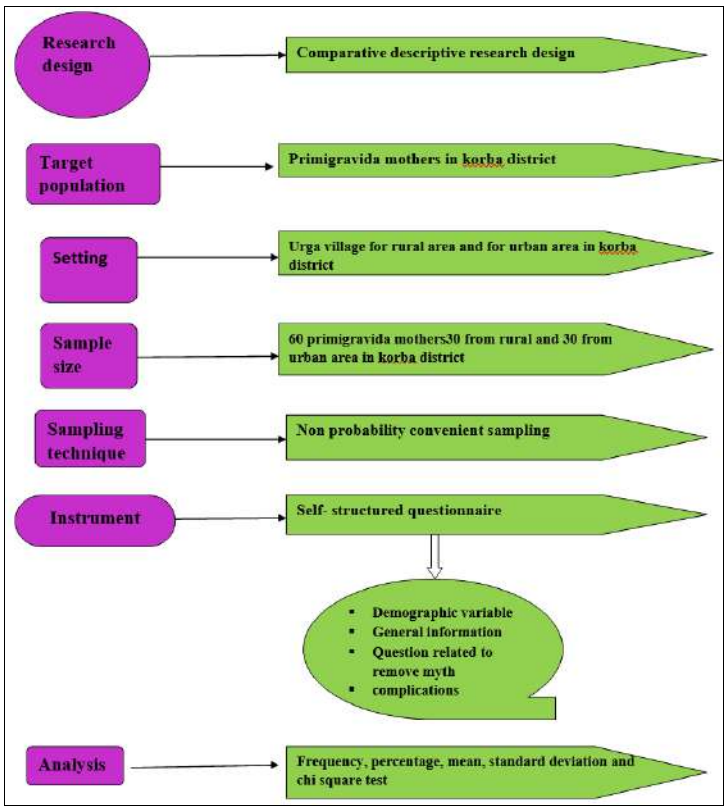
Research Approach

A descriptive survey approach was used to assess the knowledge regarding myth of witch's milk among rural and urban primigravida mothers.

Research Design

In this study the base measure was structured knowledge questionnaire used to assess the knowledge of the primigravida mothers regarding myth of witch's milk.

Schematic presentation of the study



Variables

Independent variable

An independent variable is the variable that stands alive, is not dependent on any other. In this study the independent variable is information booklet.

Dependent variable

The dependent variable is the variable that researcher is interested in understanding, explaining or predicting. In this study increased knowledge regarding myth of neonatal witch's milk among rural and urban primigravida mothers a selected communities.

Sample Size

A sample of 60 primigravida mothers will be used among that 30 primigravida from rural area and 30 primigravida mothers from urban area were selected for the present study based on the availability of the sample.

Sampling Technique

Sampling defines as the process of selecting a group of the elements to conduct study. In this study non-probability purposive sampling technique is used.

Criteria for selection of sample

Inclusion criteria

The study will be conducted on primigravida mothers who are:

- Available at the time of data collection
- Able to read and understand English & Hindi.
- Willing to participate in the study.
- Residing in selected rural and urban area.

Exclusion criteria

The study excludes primigravida mothers, who are,

- Sick during the time of data collection.
- Have communication barriers.
- Mentally disturbed primigravida mother.

Site of the study

The study was conducted in rural area (Urga) and urban area (Korba).

Setting of the study

Setting is the general location and condition in which data collections takes place. The setting selected for present study was

Pilot study

Pilot study is a small scale version or a trial run done in preparation for a major study. Pilot study is a miniature of some part of actual study in which the instrument is administered to subjects, drawn from the same population. Formal permission was obtained from the authorities and prior to the pilot study. Six primigravida mothers 3from rural area (girola) and 3 from urban area (Abhanpur) were selected by non- probability purposive sampling technique. The pilot study was conducted on 8/9/2016 and the result is reliability r = 0.98 which was found that the study was reliable and feasible.

Data analysis and interpretation

Analysis of data

Analysis of data is organized and presented under the following broad headings:

- **Section I**: Frequency and percentage distribution of study subjects based on the demographic variables of the primigravida mothers.
- **Section II**: Assessment of Knowledge regarding myth of Neonatal witch's milk among rural and urban primigravida mothers.
- **Section III:** Comparison of Knowledge regarding myth of Neonatal witch's milk among rural and urban primigravida mothers.
- **Section IV**: To find out the association between selected demographic variables with knowledge scores among rural and urban primigravida mothers in selected area at Korba district

Section 1

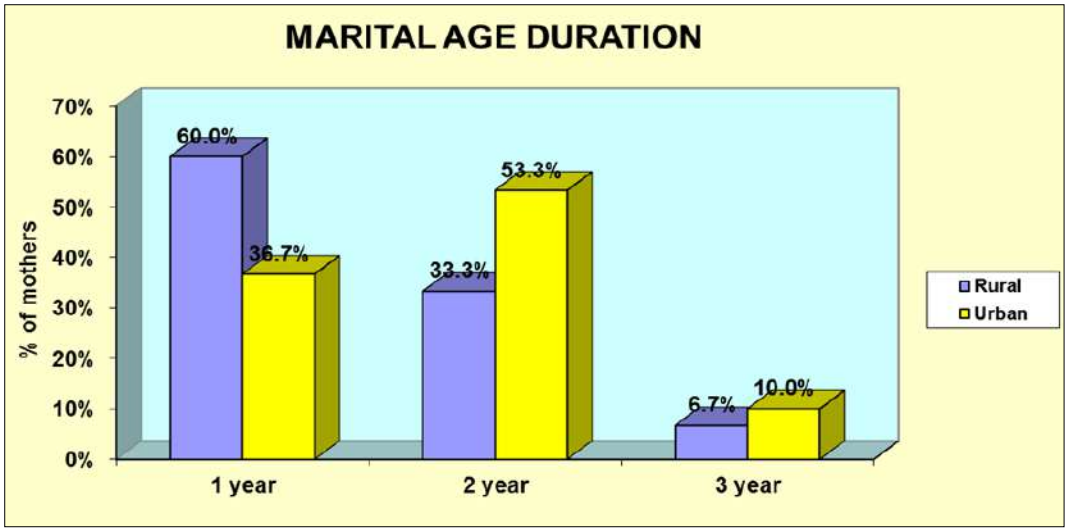
Table 1: Demographic Profile

Demographic variables		Place			
		Rural		Urban	
		n	%	n	%
Marital age duration	1year	18	60.0%	11	36.7%
	1year	10	33.3%	16	53.3%
	2year	2	6.7%	3	10.0%
Educational status	Primary school	13	43.3%	3	10.0%
	Higher secondary	12	40.0%	7	23.3%
	Graduation and above	5	16.7%	20	66.7%
Previous knowledge	Dai	12	40.0%	0	0.0%
	Mass media	4	13.3%	7	23.3%
	Friends and relatives	14	46.7%	23	76.7%
Type of family	Nuclear family	3	10.0%	19	63.3%
	Joint family	6	53.3%	9	30.0%
	Extended family	11	36.7%	2	6.7%
Religion	Hindu	30	100.0%	9	30.0%
	Sikh	0	0.0%	4	13.3%
	Christian	0	0.0%	17	56.7%

Description of socio demographic variable

Table 2: Frequency and percentage distribution of respondents according to marital age duration

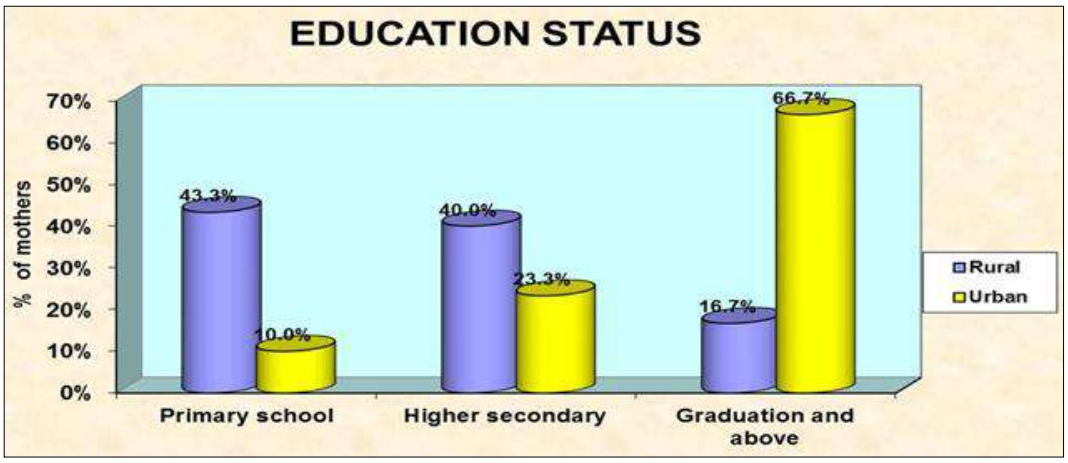
Demographic variables		Place			
		Rural		Urban	
		n	%	n	%
Marital age duration	1year	18	60.0%	11	36.7%
	2year	10	33.3%	16	53.3%
	3year	2	6.7%	3	10.0%



Graph 1: Multiple bar diagram showing distribution of marital age duration among rural and urban primigravida mothers

Table 3: Frequency and percentage distribution of respondents according to educational status

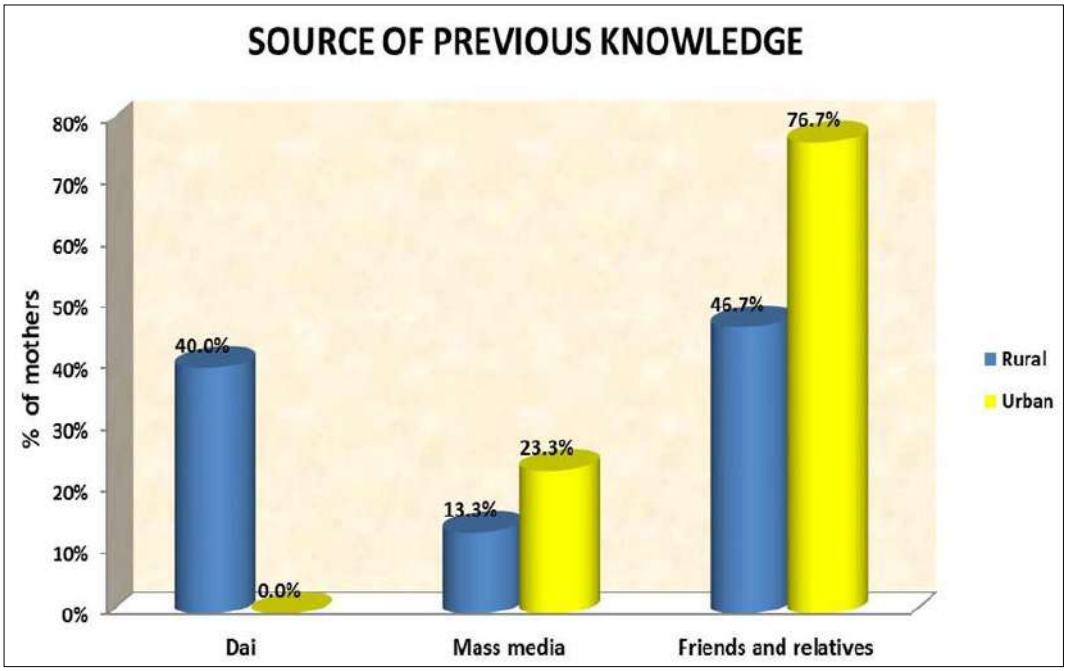
Demographic variables		Place			
		Rural		Urban	
		n	%	n	%
Educational status	Primary school	13	43.3%	3	10.0%
	Higher secondary	12	40.0%	7	23.3%
	Graduation and above	5	16.7%	20	66.7%



Graph 2: Multiple bar diagram showing distribution of Education status among rural and urban primigravida mothers.

Table 4: Frequency and percentage distribution of respondents according to previous knowledge

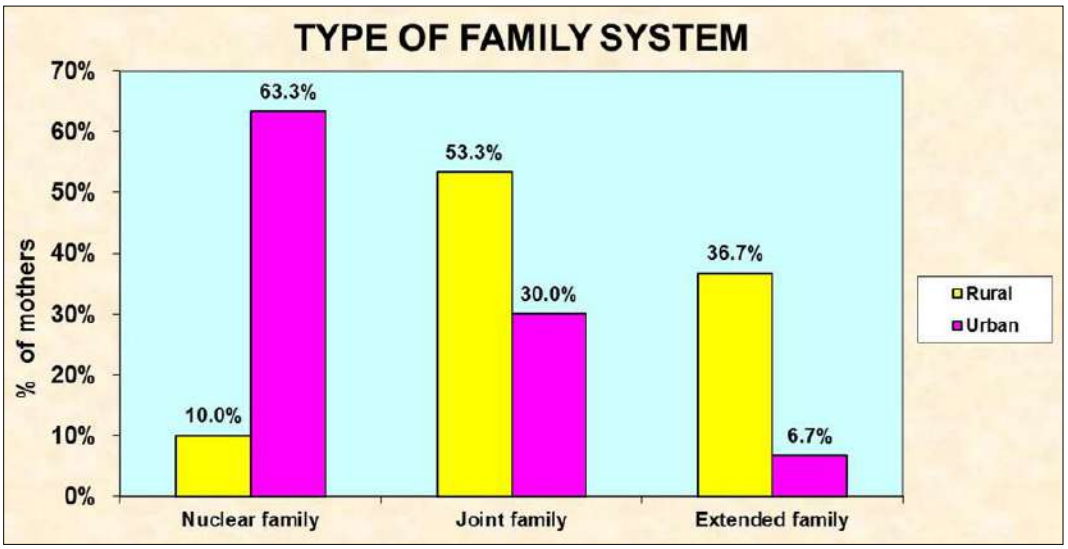
Demographic variables		Place			
		Rural		Urban	
		n	%	n	%
Previous knowledge	Dai	12	40.0%	0	0.0%
	Mass media	4	13.3%	7	23.3%
	Friends and relatives	14	46.7%	23	76.7%



Graph 3: Frequency and percentage distribution of respondents according to previous knowledge

Table 5: Frequency and percentage distribution of respondents according to type of family.

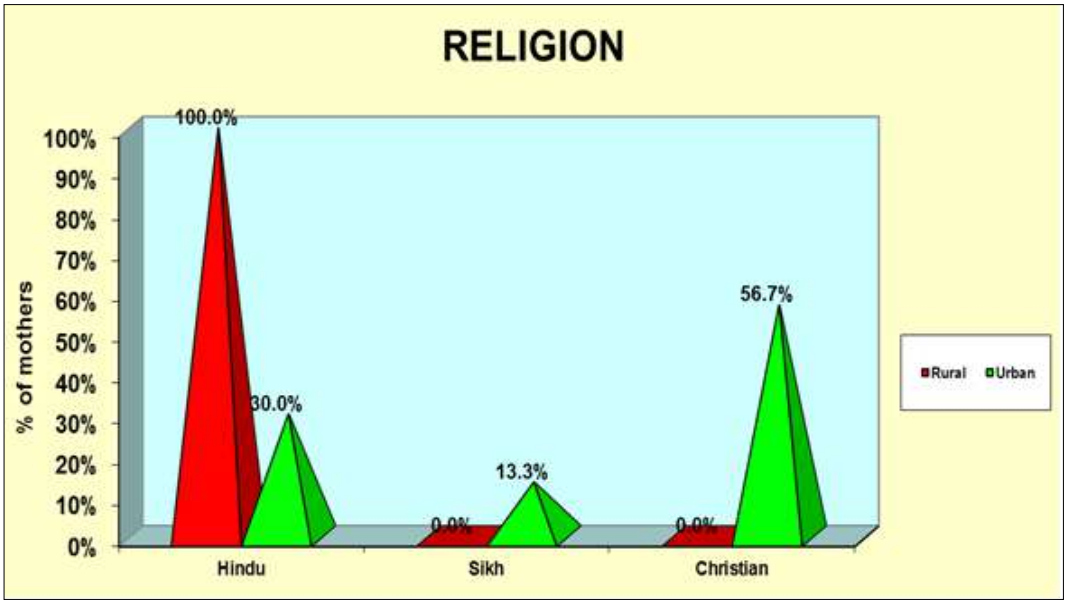
Demographic variables		Place			
		Rural		Urban	
		n	%	n	%
Type of family	Nuclear family	3	10.0%	19	63.3%
	Joint family	16	53.3%	9	30.0%
	Extended family	11	36.7%	2	6.7%



Graph 4: Frequency and percentage distribution of respondents according to type of family.

Table 6: Frequency and percentage distribution of respondents according to religion.

Demographic variables		Place			
		Rural		Urban	
		n	%	n	%
Religion	Hindu	30	100.0%	9	30.0%
	Sikh	0	0.0%	4	13.3%
	Christian	0	0.0%	17	56.7%



Graph 5: Frequency and percentage distribution of respondents according to religion.

Table 6 and Graph 5 shows that religion majority in 30(100.0%) Hindu in rural area as compared to 17(53.3%) Christian, 9(30.0%) Hindu and 4(13.3%) Sikh belongs to urban area.

Section-II

Objective 1: To assess the knowledge regarding myth of neonatal witch's milk among primigravida mothers in rural and urban area in selected areas.

Table 7: Each Domainwise rural and urban percentage of knowledge score on myth of neonatal witch's milk

S. No	Knowledge on	No. Of Questions	Min – max Score	Rural			Urban		
				Mean score	SD	%	Mean score	SD	%
1	General information about neonatal witch's milk	10	0 -10	5.63	1.43	56.3%	7.87	1.94	78.7%
2	Questions to remove the myth	13	0 -13	5.93	2.26	45.6%	8.70	2.09	66.9%
3	Complications to body because of myth	7	0 -7	4.03		57.6%	5.07	1.01	72.4%
	total	30	0 -30	15.60	3.73	52.0%	21.63	3.18	72.1%

Table 8: Rural & Urban Level of Knowledge

Level of knowledge	Rural		Urban	
	No. of mothers	%	No. of mothers	%
Inadequate	15	50.0%	3	10.0%
Moderate	13	43.3%	17	56.7%
Adequate	2	6.7%	10	33.3%
Total	30	100.0%	30	100.0%

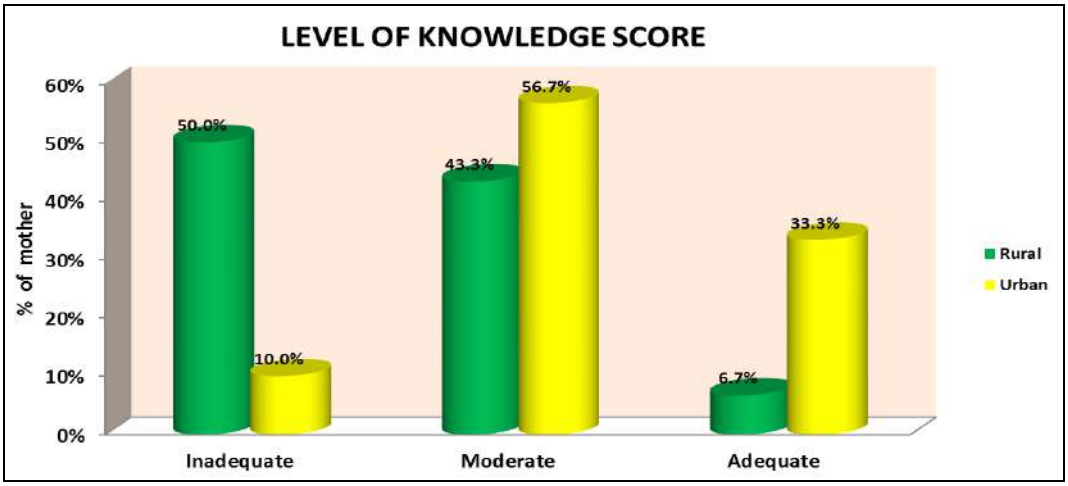


Fig 6: Multiple bar diagram showing level of knowledge score among rural and urban primigravida mothers

Table 8 Graph 6 in Rural 50.5% of the mothers are having inadequate knowledge, 43.3% of them are having moderate knowledge and 6.7%e of them are having adequate knowledge.

In Urban 10.0% of the mothers are having inadequate knowledge, 56.7% of them are having moderate knowledge and 33.3%e of them are having Adequate knowledge.

Section -III

Objective 2: To compare the knowledge regarding myth of neonatal witch's milk among rural and urban women in selected area at Korba district**.**

Table 9: Each questionwise comparison of rural and urban knowledge on general information about neonatal witch's milk

Questions	Knowledge score				Proportion test
	Rural		Urban		
	N	%	n	%	
Neonatal Witch's milk meant by-	20	66.7%	27	90.0%	Z=2.19, P=0.03* significant
Other name of witch's milk is	12	40.0%	19	63.3%	Z=1.81, P=0.07 not significant
According to cultural belief witch milk is	19	63.3%	24	80.0%	Z=1.43, P=0.15 not significant
Natural appearance of new born breast is	15	50.0%	24	80.0%	Z=2.43, P=0.01** significant
First milk of mother is	21	70.0%	23	76.7%	Z=0.57, P=0.56 not significant
Witch's milk is a condition caused by	18	60.0%	25	83.3%	Z=1.01, P=0.31 not significant
A milky discharge in new born is from	18	60.0%	25	83.3%	Z=1.01, P=0.31 not significant
How long witch's milk supposed to last	5	20.0%	18	60.0%	Z=3.45, P=0.001*** significant
Witch's milk is Occur in	14	46.7%	21	70.0%	Z=2.11, P=0.03* significant
On squeezing neonatal witch's milk look like	27	90.0%	29	96.7%	Z=5.08, P=0.001*** significant

* Significant at $p \leq 0.05$ ** highly significant at $p \leq 0.01$ *** very high significant at $p \leq 0.001$

Table 10: Each question wise comparison of rural and urban knowledge on questions to remove the myth

Questions	Knowledge score				Proportion test
	Rural		Urban		
	n	%	n	%	
According to dais if the milk is not removed	11	36.7%	12	40.0%	Z=0.26, P=0.79 not significant
hysiological changes occurs within a weeks in new-born baby's chest is	17	56.7%	24	80.0%	Z=1.96, P=0.05* significant
Breast nodules in new born is due to	14	46.7%	24	80.0%	Z=3.73, P=0.001*** significant
Occurrence of swelling in new born breast is traditionally called as	24	80.0%	25	83.3%	Z=0.33, P=0.73 not significant
To reduce breast nodules size the management used is	6	20.0%	17	56.7%	Z=2.92, P=0.01** significant
Witch's milk occur due to	19	63.3%	26	86.7%	Z=2.08, P=0.04* significant
Infection can be prevented by	13	43.3%	13	43.3%	Z=0.00, P=1.00 not significant
Breast milk contains	24	80.0%	26	86.7%	Z=0.69, P=0.48 not significant
After seeing breast nodule parents should	18	60.0%	20	66.7%	Z=0.53, P=0.59 not significant
It is necessary to remove the myth of witch's milk by	13	43.3%	14	46.7%	Z=0.26, P=0.79 not significant
Exclusive breastfeeding refers to	9	30.0%	20	66.7%	Z=2.84, P=0.01** significant
For good treatment related to witch's milk always consult to	14	46.7%	24	80.0%	Z=2.68, P=0.01** significant
Harmful suggestion by dais is	10	33.3%	16	53.3%	Z=0.57, P=0.56 not significant

* Significant at $p \leq 0.05$ ** highly significant at $p \leq 0.01$ *** very high significant at $p \leq 0.001$

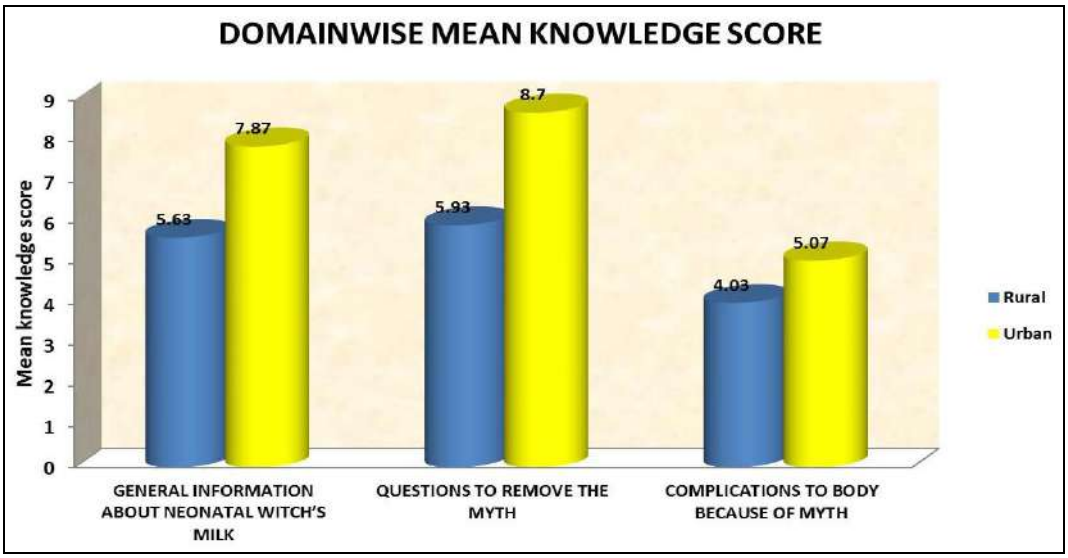
Table 11: Each Question Wise comparison of rural and urban knowledge on complications to body because of myth

Questions	Knowledge score				Proportion test
	Rural		Urban		
	n	%	N	%	
Neonatal Witch's milk meant by Squeezing of neonatal breast nodules may cause infection-	23	76.7%	30	100.0%	Z=3.38, P=0.001*** significant
Recurrent squeezing of new born breast occurs	21	70.0%	27	90.0%	Z=1.93, P=0.06 not significant
Squeezing of new born breast leads to	10	33.3%	16	53.3%	Z=1.56, P=0.11 not significant
Collection of witch's milk in new born breast cause	4	13.3%	20	66.7%	Z=4.21, P=0.001* significant
Removing witch's milk from new born breast may	10	33.3%	20	66.7%	Z=2.58, P=0.01* significant
Occurrence of recurrent swelling of new born breast leads to	24	80.0%	11	36.7%	Z=3.40, P=0.001* significant
Neglecting the size of nodule needs to	27	90.0%	29	96.7%	Z=1.03, P=0.30 not significant

* Significant at $p \leq 0.05$ ** highly significant at $p \leq 0.01$ *** very high significant at $p \leq 0.001$

Table 12: Comparison of rural and urban mean knowledge score

	Knowledge score				Mean difference	Student's independent t-test
	Rural		Urban			
	Mean	SD	Mean	SD		
General information about neonatal witch's milk	5.63	1.43	7.87	1.94	2.23	t=5.08, P=0.001*** significant
Questions to remove the myth	5.93	2.26	8.70	2.09	2.77	t=4.92, P=0.001*** significant
Complications to body because of myth	4.03	1.27	5.07	1.01	1.03	t=3.48, P=0.001***significant



* Significant at $p \leq 0.05$ ** highly significant at $p \leq 0.01$ *** very high significant at $p \leq 0.001$

Fig 7: Multiple bar diagram showing Domain wise mean knowledge score among rural and urban primigravida mothers

Considering general information about neonatal witch's milk aspects, in rural, mothers are having 5.63 score where as in urban they are having 7.87 score, so the difference is 2.23. This difference between rural and urban is large and it is statistically significant.

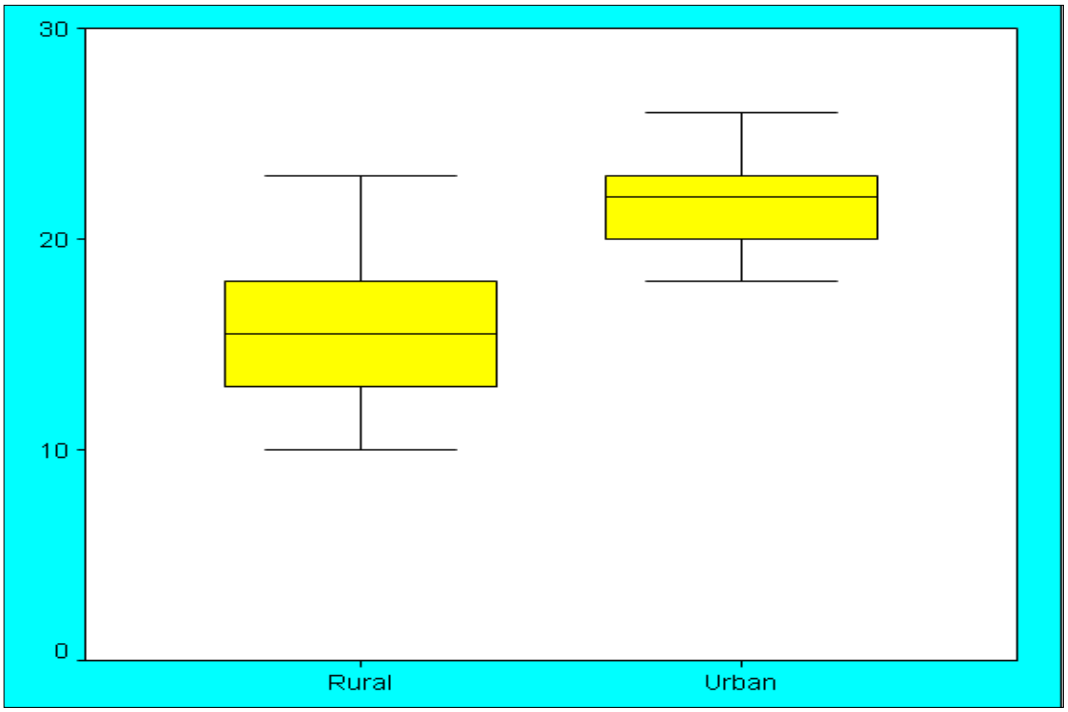
Considering questions to remove the myth about neonatal witch's milk aspects, in rural, mothers are having 5.93 score where as in urban they are having 8.70 score, so the difference is 2.77. This difference between rural and urban is large and it is statistically significant.

Considering question is complication to baby because of myth about neonatal witch's milk aspects, in rural, mothers are having 4.03 score where as in urban they are having 5.07score, so the difference is 1.03. This difference between rural and urban is large and it is statistically significant.

Table 13: Comparison of overall knowledge score

	No. of mothers	Mean ± SD	Mean difference	Student's independent t-test
Rural	30	15.60±3.73	6.03	t=6.03 P=0.001*** Significant
Urban	30	21.63±3.18		

* Significant at $p \leq 0.05$ ** highly significant at $p \leq 0.01$ *** very high significant at $p \leq 0.001$



Graph 8: Box-Plot compares the knowledge regarding myth of neonatal witch's milk among rural and urban primigravida mothers

Table 14: Comparison of rural and urban level of knowledge

Level of knowledge	Rural		Urban		Chi square test
	n	%	N	%	
Inadequate	15	50.0%	3	10.0%	$\chi 2$=13.87 P=0.001*** Significant
Moderate	13	43.3%	17	56.7%	
Adequate	2	6.7%	10	33.3%	
Total	30	100.0%	30	100.0%	

* Significant at $p \leq 0.05$ ** highly significant at $p \leq 0.01$ *** very high significant at $p \leq 0.001$

In Rural 50.0% of the mothers are having inadequate knowledge, 43.3% of them are having moderate knowledge and 6.7% of them are having Adequate knowledge.

In Urban 10.0% of the mothers are having inadequate knowledge, 56.7% of them are having moderate knowledge and 33.3% of them are having Adequate knowledge.

Table 15: Comparison of overall knowledge difference score

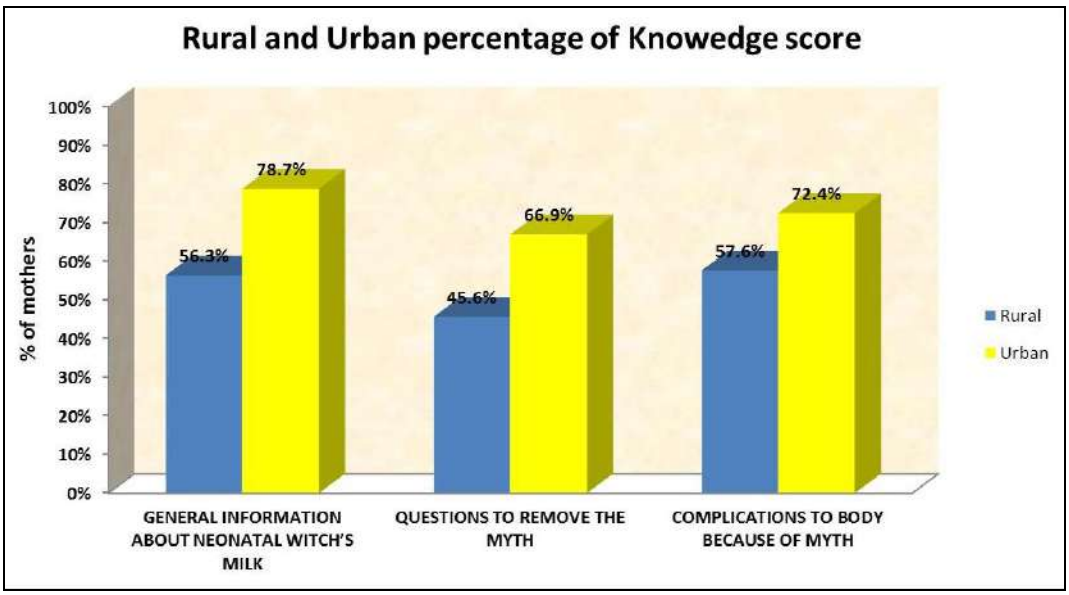
	Maximum score	**Mean knowledge score**	**Mean Difference in knowledge with 95% Confidence interval**	**Percentage of knowledge gain with 95% Confidence interval**
Pre-test	30	15.60	6.03 (4.24– 7.82)	20.1% (14.1% –26.1%)
Post-test	30	21.63		

On an average, URBAN mothers are having 20.1% more knowledge than RURAL primigravida mothers.

Differences between urban and rural mothers score was analysed using proportion with 95% CI and mean difference with 95% CI

Table 16: Percentage of difference between rural and urban

Knowledge on	**Rural Knowledge**	**Urban knowledge**	**% Of knowledge difference**
General information about neonatal witch's milk	56.3%	78.7%	22.4%
questions to remove the myth	45.6%	66.9%	21.3%
complications to body because of myth	57.6%	72.4%	14.8%
Overall	52.0%	72.1%	20.1%



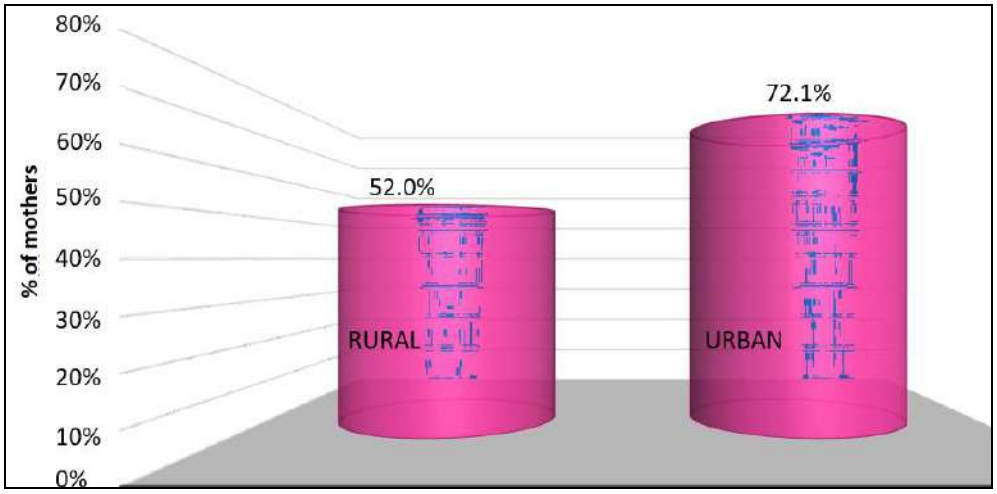
Graph 9: Multiple bar diagram showing percentage of knowledge score among rural and urban primigravida mothers

Table 16 graph 9 In Urban Shows that maximum knowledge about general information about neonatal witch's milk are having 78.7% knowledge, 72.4% knowledge related to complications to body because of myth 66.9% knowledge related to question to remove the myth.

In Rural Shows that maximum knowledge about 57.6% knowledge related to complications to body because of myth .56.3% are having knowledge related to general information about neonatal witch's milk and 45.6% knowledge related to complications to question to remove the myth.

Table 17: Overall percentage of knowledge score among rural and urban primigravida mothers

Knowledge on	rural knowledge	urban knowledge	% of knowledge difference
General information about neonatal witch's milk	56.3%	78.7%	22.4%
questions to remove the myth	45.6%	66.9%	21.3%
complications to body because of myth	57.6%	72.4%	14.8%
Overall	52.0%	72.1%	20.1%



Graph 10: Overall percentage of knowledge score among rural and urban primigravida mothers

Table 17 graph 10 shows that urban primigravida mothers is 72.1% as comparison to rural primigravida mother 52.0%. Overall, urban mothers are having 20.1% more knowledge score than rural score.

Section-1V

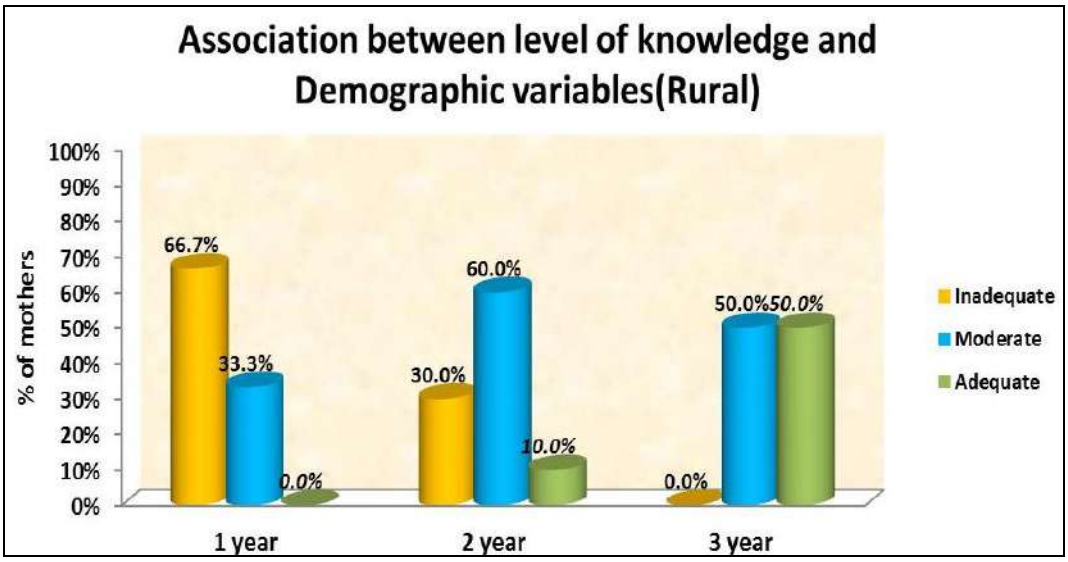
Objective 3: To find out the association between selected demographic variables with knowledge scores among primigravida mothers of rural and urban women in selected area at Korba district.

Table 18: Association between level of knowledge score and demographic variables (Rural)

Demographic variables		Level of Knowledge score						Total	Chi square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Marital age duration	1 year	12	66.7%	6	33.3%	0	0.0%	18	$\chi 2=10.87$
	2 year	3	30.0%	6	60.0%	1	10.0%	10	P=0.02*
	3 year	0	0.0%	1	50.0%	1	50.0%	2	Significant
Educational status	Primary school	10	76.9%	3	23.1%	0	0.0%	13	$\chi 2=9.70$
	Higher secondary	5	41.7%	6	50.0%	1	8.3%	12	P=0.05*
	Graduation and above	0	0.0%	4	80.0%	1	20.0%	5	Significant
Previous knowledge	Dai	6	50.0%	5	41.7%	1	8.3%	12	$\chi 2=6.00$
	Mass media	3	75.0%	0	0.0%	1	25.0%	4	P=0.19
	Friends and relatives	6	42.9%	8	57.1%	0	0.0%	14	Not Significant
Type of family	Nuclear family	1	33.3%	1	33.3%	1	33.3%	3	$\chi 2=6.67$
	Joint family	10	62.5%	5	31.3%	1	6.3%	16	P=0.16
	Extended family	4	36.4%	7	63.6%	0	0.0%	11	not significant
Religion	Hindu	15	50.0%	13	43.3%	2	6.7%	30	$\chi 2=0.00$
	Sikh	0	0.0%	0	0.0%	0	0.0%	0	P=1.00
	Christian	0	0.0%	0	0.0%	0	0.0%	0	Not Significant

Table 19: Association between level of knowledge score and demographic variables (Rural)

Demographic variables		Level of Knowledge score						Total	Chi square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Marital age duration	1 year	12	66.7%	6	33.3%	0	0.0%	18	$\chi 2=10.87$
	2 year	3	30.0%	6	60.0%	1	10.0%	10	P=0.02*
	3 year	0	0.0%	1	50.0%	1	50.0%	2	Significant

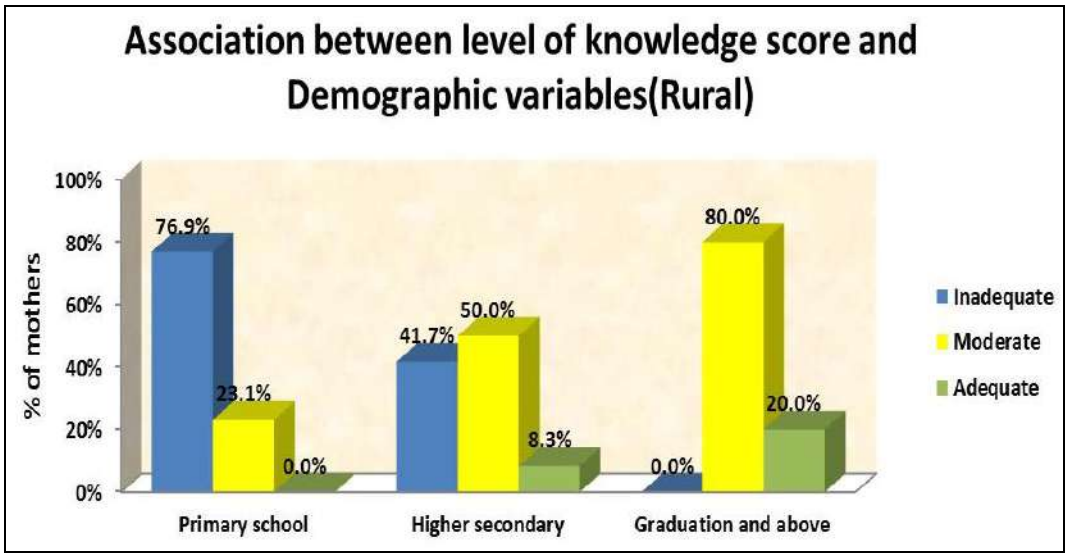


Graph 11: Multiple bar diagram showing association between level of knowledge and demographic variables among rural primigravida mothers

Table 19 graph 11 shows that maximum 12(66.7%), 3(30.0%) and 0(0.0%) primigravida mothers whose marital age duration is 1 year are having inadequate knowledge, 6(60.0%), 6(33.3%) and 1(0.0%) primigravida mothers whose marital age duration is 1 year are having inadequate knowledge.

Table 20: Association between level of knowledge score and demographic variables (Rural)

Demographic variables		Level of Knowledge score						Total	Chi square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Educational status	Primary school	10	76.9%	3	23.1%	0	0.0%	13	$\chi 2=9.70$ P=0.05* Significant
	Higher secondary	5	41.7%	6	50.0%	1	8.3%	12	
	Graduation and above	0	0.0%	4	80.0%	1	20.0%	5	



Graph 12: Multiple bar diagram showing association between level of knowledge and demographic variables among rural primigravida mothers

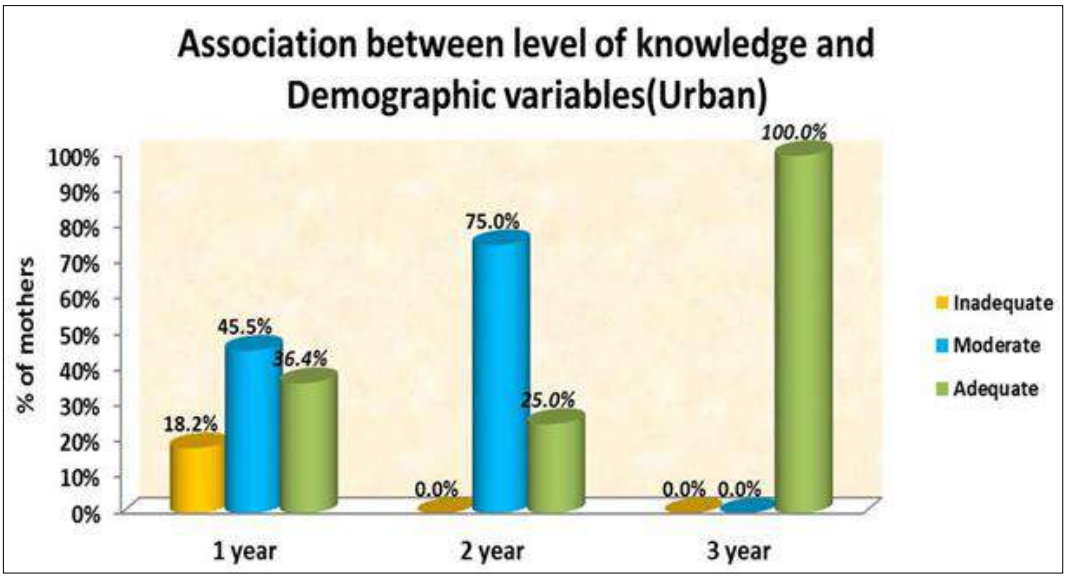
Table 20 graph 12 shows that maximum 4(80.0%),6(50.0%)and 3(23.1%) primigravida mothers are having moderate knowledge,10(76.9%),5(41.7%) and 0 are having inadequate knowledge and 1(20.0%),1(8.3%) and 0 are having adequate knowledge in rural area.

Table 21: Association between level of knowledge score and demographic variables (Urban)

Demographic variables		Level of Knowledge score						Total	Chi square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Marital age duration	1 year	3	18.2%	6	45.5%	2	36.4%	11	$\chi 2=13.18$
	2 year	0	0.0%	12	75.0%	4	25.0%	16	P=0.01**
	3 year	0	0.0%	0	0.0%	3	100.0%	3	Significant
Educational status	Primary School	2	66.7%	1	33.3%	0	0.0%	3	$\chi 2=13.37$
	Higher Secondary	1	14.3%	4	57.2%	2	28.6%	7	P=0.01**
	Graduation and Above	0	0.0%	15	75.0%	5	25.0%	20	Significant
Previous knowledge	Dai	0	0.0%	0	0.0%	0	0.0%	0	$\chi 2=1.16$
	Mass media	0	0.0%	4	57.1%	3	42.9%	7	P=0.55
	Friends and Relatives	3	13.1%	13	56.5%	7	30.4%	23	Not Significant
Type of family	Nuclear Family	2	10.5%	12	63.2%	5	26.3%	19	$\chi 2=1.39$
	Joint family	1	11.1%	4	44.4%	4	44.4%	9	P=0.84
	Extended Family	0	0.0%	1	50.0%	1	50.0%	2	Not significant
Religion	Hindu	1	11.1%	6	66.7%	2	22.2%	9	$\chi 2=2.16$
	Sikh	1	25.0%	2	50.0%	1	25.0%	4	P=0.70
	Christian	1	5.9%	9	52.9%	7	41.2%	17	Not Significant

Table 22: Association between level of knowledge score and demographic variables (Urban)

Demographic variables		Level of Knowledge score						Total
		Inadequate		Moderate		Adequate		
		n	%	n	%	n	%	
Marital age duration	1 year	3	18.2%	6	45.5%	2	36.4%	11
	2 year	0	0.0%	12	75.0%	4	25.0%	16
	3 year	0	0.0%	0	0.0%	3	100.0%	3

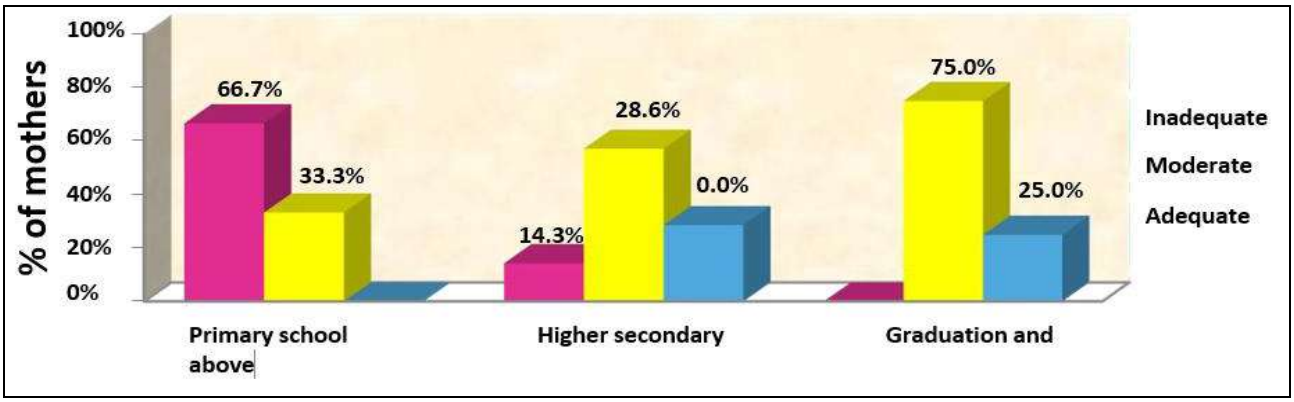


Graph 12: Multiple bar diagram showing association between level of knowledge and demographic variables among urban primigravida mothers

Table 22 graph 12 shows that maximum 3(100.0%),6(50.0%)and 2(36.7%) primigravida mothers are having adequate knowledge,12(75.0%),6(45.5%) and 0 are having moderate knowledge and 3(18.2%) are having inadequate knowledge in urban area.

Table 23: Association between level of knowledge score and demographic variables (Urban).

Demographic variables		Level of Knowledge score						Total	Chi square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Educational status	Primary School	2	66.7%	1	33.3%	0	0.0%	3	$\chi 2=13.37$
	Higher Secondary	1	14.3%	4	57.2%	2	28.6%	7	P=0.01**
	Graduation and Above	0	0.0%	15	75.0%	5	25.0%	20	Significant



Graph 13: Multiple bar diagram showing association between level of knowledge and demographic variables among urban primigravida mothers

Conflict of Interest
Not available

Financial Support
Not available

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