

ASSESSMENT OF KNOWLEDGE REGARDING KANGAROO MOTHER CARE AMONG PRIMI GRAVIDA MOTHER.

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Abstract

Kangaroo mother care is an effective method to meet baby's need for warmth, growth, well-being, breast feeding and protection from infection, stimulation, safety and love. Objective of the study was to assess the knowledge regarding kangaroo mother care among primi gravida mother and to associate the knowledge score with selected demographic variables. A cross sectional survey approach was used in this study. This study was carried out in Rama Hospital Mandhana Kanpur. A simple descriptive design was adopted and convenient sampling technique was used to select the requisite number of primi gravida mother. The study population included primi gravida mother in hospital area. Sample size was 40 primi gravida mother. Data was collected by structured schedule. Data was analyzed by descriptive and inferential statistics. The study findings disclose that, out of 40 primi gravida mother most of them, 70% were belonged to the 21 to 25 year age group, majority of primi gravida mother 87.5% were belonged to Hindu religion, majority of primi gravida mother 70% were belonged to joint family, majority of primi gravida mother 45% were belongs to primary school, majority of primi gravida mother 95% were home maker as occupation, majority of primi gravida mother 42.5% were having Rs.5001- 10,000/month as family income and majority of primi gravida mother 85% were had poor knowledge regarding kangaroo mother care. There is no association between socio-economic and knowledge score variable. Kangaroo mother care is an effective method to meet baby's need for warmth, growth, wellbeing, breast feeding, and protection from infection, stimulation, safety and love. The finding reveals that majority of primi gravida mothers 85% were having poor knowledge score 4.07 ± 1.48 , and there is a need of awareness among primi gravida mother in hospital areas.

Key words:-Kangaroo mother care, primi gravida mother; knowledge.

Introduction

Kangaroo mother care (KMC) is a special way of caring of babies. It fosters their health and wellbeing by promoting effective thermal control, breastfeeding, infection prevention and bonding. In KMC, the baby is continuously kept in skin-to-skin contact by them other and breastfed exclusively to the utmost extent, KMC is initiated in the hospital and continued at home.¹

Inferring from mammalian animal behavior, believe that there is much wrong with our present way of tearing the new born. On recent finding in neuron-endocrinology, it is the newborn infant itself which begins and directs the attachment process that is aided by skin contact with the mother. The mother responds to her infant's attachment program and mother and infant set up a mutually stimulating system to which both respond by altering hormonal outputs. As an example, if the newborn is placed on the mother's chest within one hour, the baby will pull itself to the breast, find the nipple and begin nursing.² Kangaroo mother care is a humane, low cost method of care of low birth weight infants and it significantly decreases neonate morbidity and mortality.

KMC facilitates physiological stability in baby. It helps in early discharge of babies from NICU thus helps in reducing the Nosocomial infection. KMC is economical to the family, as the family does not have to play any charges for keeping the baby warm, which they would pay, had the baby been in incubator.³ Kangaroo mother care, also called kangaroo care or skin – to – skin contact, was initially developed in Colombia in the 1970s. Low birth weight and preterm infants who longer needed intensive care were cared for skin to skin with their parents. The World Health Organization defined the term "Low birth weight" as birth weight less than 2500 Kilograms. It defines as the weight of an infant at birth less than 2.5kg. Irrespective of gestational age of infants. This special group requires extra care and positive interaction to minimize the risk of development delay and to enhance their survival. WHO strongly supports that at every birth skilled care is the foundation for preterm babies. Studies on newborn health reflect that morbidity and mortality among LBW depends on recognition of LBW, appropriate home care and facility for the LBW newborns, surveillance for infection. During the first year of children

effective intervention can cushion them from the negative effect of preterm birth. The most common types of intervention for low birth weight infants are parent- based interventions and early education programs²

The dramatic improvement in the outcome of the Bogota patient promoted investigation from the WHO, UNICEFF and soon North American. European and other health services around the world were putting KMC into practice in addition to, and in some instances instead of, their conventional LBW infants care. As per the current scenes 30 million pre term babies are born world wide.³

Studies have revealed that KMC results in increased breastfeeding rates as well as increased duration of breastfeeding. Even when initiated late and for a limited time duration of breastfeeding. Even when initiated late and for a limited time during day and night, KMC has been shown to exert and preterm/LBW infant provides effective thermal control with a reduced risk of hypothermia.⁴

Objectives of the study:

1. To assess the knowledge regarding kangaroo mother care among primi gravid mother.
2. To associate the knowledge score with their selected demographic variables.

Assumptions:

1. All Primi gravid mothers may not have knowledge regarding kangaroo mother care.
2. The knowledge of primi gravid mothers will be vary with their selected demographic variables.

Hypothesis:

H₁:- There is a significant association between the primi gravid mothers knowledge score and demographic variables.

Delimitations:

Study will be limited with:

- Primi gravida mothers
- Assessing the knowledge regarding kangaroo mother care.

Material and methods :

Research design: Simple descriptive design was used for this study.

Research approach: Cross-sectional survey approach was used for this study.

Setting of the study: The study was conducted in Rama Hospital and Mandhana Kanpur.

Population: Population for the study was all primi gravida mothers.

Sampling: Non-probability convenient sampling technique was used to select 40 primi gravida mothers of Rama Hospital Mandhana, Kanpur who fulfilled the sampling criteria for the present study.

Sample size: - 40 primi gravida mothers.

Variables:

Research variable: - In this present study assessed knowledge of primi gravida mothers on KMC.

Demographic variable: Age, education, occupation, religion, place of residence, type of family.

Sampling criteria:

Inclusion criteria:

- Primi gravida mothers who were willing to participate in the study.
- The mother who knows Hindi and English language.

Exclusion criteria:

- Multi gravida mothers
- Mothers who were health professional.

Development and description of tools used in the study:

The tool Structured knowledge questionnaire used for data collection.

- The tools consist of two sections:

Section-A: Consist of socio-demographic data including age, education, occupation, religion, family income.

Section-B: Consist of 15 closed ended questionnaires for assessing the knowledge regarding kangaroo mother care among primi gravida mothers.

Scoring Key:

There was 15 items, each items used table.

Data collection procedure:

Data was collection was schedule from the month of September 2016 for two weeks. Before the data collection the investigator obtained the formal permission from the principal to conduct the study and permission was also

obtained from chief medical superintendent of Rama Hospital, non probability sampling was used to select the sample. The data was collected by questionnaire through interview techniques. The investigator introduces themselves and the formal permission of the primi gravida mother for interview was taken. Purpose and importance of study was explained before data collection.

Plan for data analysis:

The data obtained was analyzed by using descriptive and inferential statistics. The demographic data was analyzed by using of descriptive statistics. The data was analyzed by the following method-

- 1- Organized data in a master sheet.
- 2- Personal data would be analyzed in term of frequencies and percentage.
- 3-
- 4- Relationship between the variables and association was analyzed by using inferential statistics.

RESULTS

Section 1

Demographic data:

1. Distribution of primi gravid mother according to their demographic variable.

Section 2

level of knowledge score regarding Kangaroo mother care among primi gravida mother:

Among 40 primi gravida mothers, the majority of respondent 85% had Average knowledge on kangaroo mother care and 15% of mother’s knowledge shows that Good level of knowledge.

Table 1 : Percentage wise distribution of primi gravida mothers according to their level of knowledge score with mean, and SD.

Overall, mean, SD of primi gravida mothers’ knowledge on kangaroo mother care shows that they had 4.07 mean knowledge score with the SD of 1.48

SN	Level of knowled ge	Score range	freq uen cy	Score in percentag e	mean	SD
1	Poor	1-5	34	85%	4.07	1.48
2	Average	6-10	6	15%		
3	Good	11-15	0	0%		

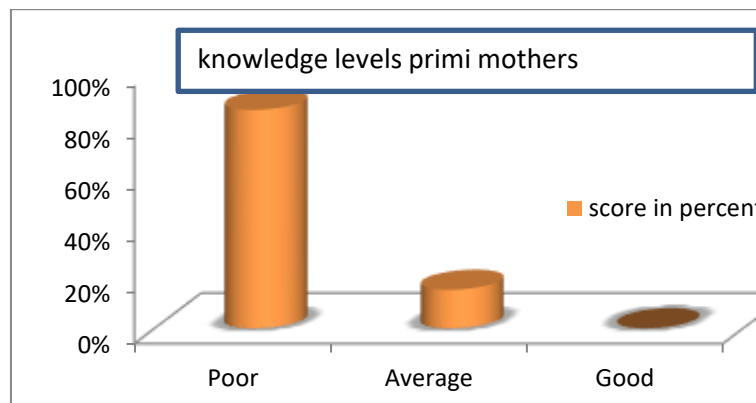


Figure: 1 bar diagram shows percentage distribution of primi gravida mothers according to their knowledge score.

Section-3:

This section deals with association between the demographical variables and knowledge score of kangaroo mother care .

There was no significant association between knowledge score and selected demographic variables like age in year, religion, type of family, and family income at 0.05 level of significant.⁵

MAJOR FINDINGS OF THE STUDY

Demographic data

1. Highest percentage (70%) of primi gravida mother was the age group of 21 to 25 year.
2. Highest percentage (45%) of primi gravida mother’s educational status had primary school education.
3. Highest percentage (70%) of primi gravida mothers belongs to joint family.
4. Highest percentage (87.5%) of primi gravida mother belongs to Hindu religion.
5. Highest percentage (95%) of primi gravida mother was home maker as an occupation.
6. Highest percentage (42.5%) of primi gravida mothers family income was Rs. 5001-10,000/month

Knowledge levels of primi gravida mothers on KMC

In the present study about (85%) primi gravid mothers knowledge score was poor whereas (15%) primi gravid mothers knowledge score was average regarding kangaroo mother care. The mean score was 4.07 and SD was 1.48 regarding Knowledge score of kangaroo mother care .

Association between the demographical variables on knowledge score of primi gravida mothers regarding KMC with their selected demographic variables :

There is no significant association between the demographical variables of knowledge score on primi gravida mothers regarding KMC with their selected demographic variables.

Conclusion:

From the findings of present study, it can be concluded that,

KMC is an effective method to meet baby’s needs for warmth, growth, well being, breast feeding, and protection from infection, stimulation, safety and love.

Majority of primi gravida mothers (85%) had poor knowledge regarding KMC.

In this study identified that he level of maternal knowledge on KMC was inadequate and there was improvement in all the areas of knowledge after educating the nursing staff and primi gravida mothers.

There is need of awareness among primigravida mother in hospital areas. This study suggested that medical professionals had focused on promoting knowledge by giving health education regarding KMC among primi gravida mother.

Recommendations:

On the basis of finding, it is recommended that,

- The similar study may be replicated on large samples.
- The similar study can be conducted to evaluate the effectiveness of STP on knowledge regarding kangaroo mother care.

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