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A descriptive study to assess the knowledge regarding kangaroo mother care among postnatal mother with the view to develop information pamphlets in Rohilkhand Medical College and Hospital Bareilly

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ABSTRACT

A descriptive study to assess the knowledge regarding Kangaroo mother care among postnatal mother in Rohilkhand Medical College and Hospital with the view to developing information pamphlets. The objective of the study is to find out the association between the levels of knowledge of postnatal mothers with their selected demographic variables. The nature of the study was non-experimental. This was conducted in Rohilkhand medical college and hospital, Bareilly. The research design used was non-experimental. The data were collected to assess the level of knowledge about Kangaroo mother care. The data collected were analyzed and interpreted by using descriptive and inferential statistics. Major findings of the study revealed that the knowledge score of the study, 33.3% of the postnatal mother have good knowledge level, 60% of the postnatal mother have average knowledge level, and 3.3% of the postnatal mother have poor knowledge level and mean was 17.76, median was 18, mode was 21 and standard deviation was 4.47. It can be concluded that in our study knowledge score was average regarding Kangaroo mother care, after implementation of a questionnaire program the knowledge of postnatal mother was improved. Hence the questionnaire programme was effective.

Keywords— Postnatal, Breastfeeding, Kangaroo mother care

1. INTRODUCTION

Kangaroo care is a technique of direct skin to skin contact between mothers (or fathers) and their premature infants. It has shown to improve the mothers psychological strengthen mother and infant bonding and stimulate maternal lactation.

A significant proportion of deaths among preterm and LBW infant are preventable. There is evidence that Kangaroo mother care, when compared to conventional neonatal care in resource-limited settings, significantly reduces the risk of mortality in infants born in facilities who are clinically stable and weighing less than 2000 gm. KMC also reduces the risk of hypothermia, severe illness, nosocomial infection, and length of hospital stay, and improves growth, breastfeeding, and maternal-infant attachment.

2. NEED FOR STUDY

The purpose of this study was to determine whether the implementation of Kangaroo mother care (which requires the skin to skin contact of the mother and child) allows for a needed emotional closeness of both as well as allowing the production of essential bonding hormones. Kangaroo mother care is a technique that requires the mother to hold her newborn her chest in a 24 hours skin-to-skin contact. Conventionally, babies are kept warm in an incubator where they are separated from their mothers for days. In KMC the babies and mothers chest with special broad strap. Studies have shown that KMC babies catch up with their normal growth rate faster than babies kept in an incubator.

Kangaroo mother care has often been used as a treatment for premature or preterm babies as the 21st century is in the threshold of challenging preventive healthy intervention, the evidence-based practice of newborn care must be efficiently adapted for applying in the operational milieu of rural care facilities and the awareness of KMC should be taught, among the expected mothers in all century wide, perinatal-neonatal care units.

3. OBJECTIVES

- To assess the existing knowledge of postnatal mothers regarding kangaroo mother.
- To find out the association between the level of knowledge of postnatal mothers with their selected demographic variables.
- To develop and distribute information pamphlets.

4. HYPOTHESIS

H1: There is a significant difference in knowledge of postnatal mother regarding kangaroo mother care with their selected demographic variable.

Review of Literature

Bulfone G, 2011 April-June studies included preterm neonates were also included. 19 of the 80 studies corresponded to the study criteria and demonstrated that Kangaroo mother care is important because it reduces pain and infections, shortness hospitalization, favours breastfeeding in comparison to neonates treated conventionally, this method results in an earlier and better cognitive and motor development. Concerning body temperature, there was no difference with respect to traditional care. The literature shows that the Kangaroo mother care method can be a useful “adjunctive” strategy although further studies are necessary to clarify aspects such as heart and breathing rate and oxygen saturation that appear contradictory.

Gathwala G, Singh B, Singh J Department of Pediatrician 2010, the aim of this study was to determine whether the implementation of KMC to LBW infants would improve physical growth breastfeeding and its acceptability. A randomized controlled trial was performed over 16 months in which 110 neonates were randomized into a KMC group and a control group using a random number table. The KMC group was subjected to KMC for at least 6 hours per day. The babies also received KMC after moving from NICU and at home. The acceptability of KMC by mothers and nursing staff was assessed on day 7 after the start of KMC using a questionnaire incorporating the Likert scale. KMC improved physical growth, breastfeeding rates and was well accepted by both mothers and nursing students.

5. METHODOLOGY

5.1 Research Approach: A qualitative research approach was used for this study.

5.2 Research Design: The research design used was a non-experimental descriptive research design

5.3 Setting of Study: The study was conducted in the Rohilkhand Medical College and Hospital Bareilly.

5.4 Population: In the study population is the postnatal mother

5.5 Sample: The sample comprised of a postnatal mother who satisfies the inclusion criteria.

5.6 Sample Size: The sample size was 30 postnatal mothers came to Rohilkhand medical college and Hospital

5.7 Sampling Techniques: Non-probability purposive sampling technique was used

5.8 Development of Tool: A self-structured questionnaire was prepared with the help of a review of literature

5.9 Description of Tools: The tools contain two sections:

Section 1 Demographic data: This section of tool consists of items pertaining to demographic variables of adolescents like age, religion, residential area, occupation, income status, previous knowledge, gravid, type of house, type of family.

Section 2 Self-structured questionnaire: This section consists of a knowledge questionnaire to assess the knowledge regarding Kangaroo mother care among postnatal mother in a selected Hospital of Bareilly U.P. the total number of question is 30 related to Kangaroo mother care

5.10 Reliability of the Tool: Co-efficient correlation was found ($r=0.5$) which indicate a high degree of reliability.

6. ANALYSIS AND INTERPRETATION OF DATA

The data is collected and analysed under the following section:

Section A: Percentage-wise distribution of demographic characteristics of samples.

Section B: Distribution of sample with their knowledge score.

6.1 Section: A

Table 1: Frequency and percentage distribution level of knowledge in postnatal mother according to the demographic variable, N=30

S. No	Demographic variable	Total frequency	Percentage %
1	Age		
	19-22 year	15	50%
	23-26 year	6	20%
	27-30 year	9	30%
2	Knowledge status		
	Illiterate	15	50%
	Primary education	6	20%
	Secondary education	6	20%
	Graduation and above	3	10%

3	Occupation		
	Housewife	25	83%
	Private job	3	10%
	Govt. job	2	6.60%
4	Residential area		
	Rural	20	66.60%
	Urban	10	33.30%
	Slum	0	0%
5	Religion		
	Hindu	18	60%
	Muslim	12	40%
	Christian	0	0%
6	Types of delivery		
	Normal vaginal delivery	20	66.60%
	Caesarean section	5	16.60%
	Forceps delivery	0	0%
7	Previous knowledge		
	Previous history	18	60%
	Family history	12	40%
	8	Source of information	
Radio		4	13.30%
Counselling		15	50%
Health education program		11	36.60%
9	Gravida		
	Primipara	15	50%
10	Income status		
	>5000	8	26.60%
	5000-10,000	10	33.30%
	10,000-20,000	10	33.30%
	Above 20,000	2	6.60%

Table 1 shows the association between knowledge and demographic variables among postnatal mother regarding Kangaroo mother care. Findings reveal that there is an association between knowledge score and demographic variable that are age, education status, residential area, religion, occupation, income status, Gravida, type of delivery, previous knowledge, source of information, so the hypothesis is accepted such as the calculated value of chi-square is greater than tabulated chi-square value.

Table 2: Level of knowledge scoring regarding Kangaroo mother care among postnatal mother

Level of knowledge score	Test of method score		
	Score	N	Percentage (%)
Good	21-30	10	33.3%
Average	11-20	18	60%
Poor	0-10	1	3.3%

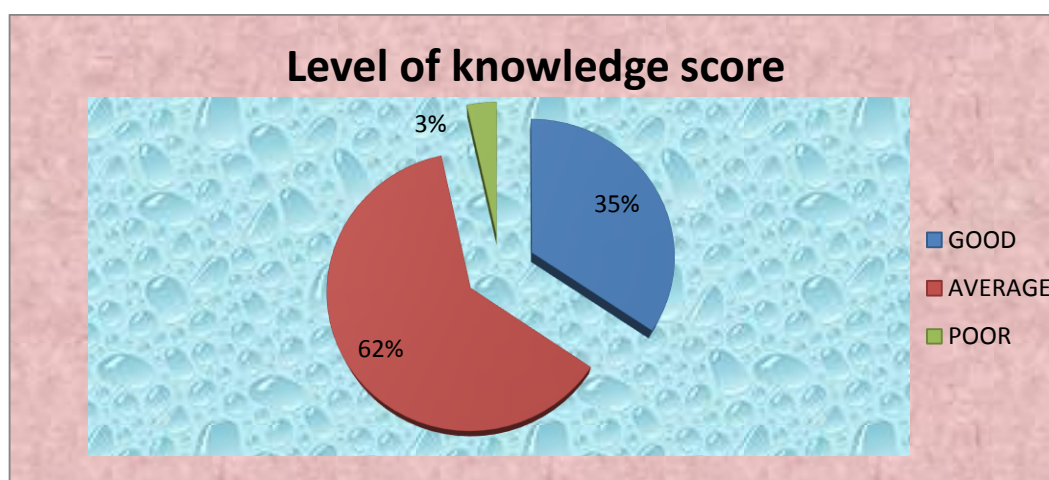


Fig. 1: Percentage-wise distribution of knowledge score according to the level of knowledge related to Kangaroo mother care among postnatal mother

In this study table, 2 shows knowledge score of the study, 3.3% postnatal mother have poor knowledge, 60% of the respondents have average knowledge, and 33.3% of them have good knowledge. Shows that frequency and % distribution of respondents according to the level of knowledge score related to KMC among postnatal mother. In 33.3% test of respondents had good knowledge score (21-30), 60% of respondent had average knowledge score (11-20), 1% of respondent had knowledge score (0-10). Hence it is inferred that the majority of the respondent had average knowledge score.

Table 3: Mean and standard deviation of questionnaire regarding kangaroo mother care among postnatal mother in Rohilkhand medical college and hospital, Bareilly, UP, N=30

Level of knowledge score	Mean	Median	Mode	Standard Deviation
Questionnaire	17.76	18	21	4.47

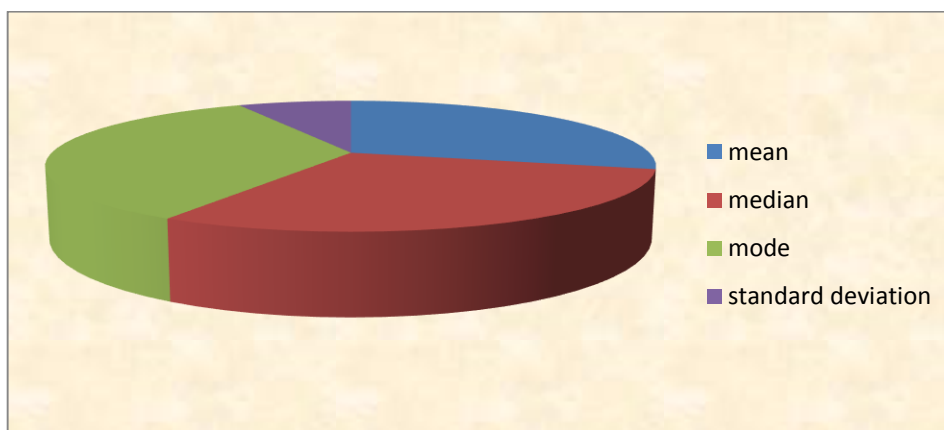


Fig. 2: Mean, Median, Mode, and standard deviation of questionnaire regarding kangaroo mother care among postnatal mother in Rohilkhand medical college and hospital, Bareilly, UP

Table 4: Association between pre-test knowledge score and demographic variable among postnatal mother regarding kangaroo mother care

S. no	Demographic variable	Poor		Average		Good		Degree of Freedom	Calculated value	Tabulated value	Level of significance
		F	%	F	%	F	%				
1	Age in year							4	37.9	9.49	#
	19-22year	5	16.33%	7	23%	5	16%				
	23-26year	1	3%	2	6%	1	3%				
2	Knowledge status							6	23.2	12.59	#
	Illiterate	5	16.33%	5	16.33%	5	16.30%				
	Primary education	2	6%	3	10%	1	6%				
	Secondary education	1	3%	3	10%	2	3%				
3	Occupation							6	46.3	12.59	#
	House wife	6	20%	9	30%	10	33%				
	Private job	0	0%	2	6%	1	3%				
	Government Job	0	0%	1	3%	1	3%				
4	Residential area							4	27.4	9.49	#
	Rural	5	16.30%	10	33.30%	5	16.30%				
	Urban	3	10%	2	6%	5	16.30%				
5	Religion							6	14.5	12.59	#
	Hindu	6	20%	10	33.30%	2	6%				
	Muslim	7	23.30%	5	16.33%	0	0%				
	Christian	0	0%	0	0%	0	0%				
6	Types of delivery							6	53.9	12.59	#
	Normal	5	16.33%	9	30%	6	20%				
	Caesarean	2	6%	1	3%	2	6%				
	Forceps	0	0%	0	0%	0	0%				
7	Previous knowledge							2	7.94	5.99	#
	Previous history	9	30%	4	13.30%	5	16.30%				
	Family history	7	23%	3	10%	2	6%				

8	Source of information										
	Radio	1	3%	1	3%	2	6%	4	163	9.49	#
	Counselling	9	30%	4	13.30%	2	6%				
Health education	8	26.66%	2	6%	1	3%					
9	Gravida										
	Primipara	8	26.60%	5	16.30%	2	6%	2	12.4	5.99	#
Multipara	9	30%	2	6%	4	13.30%					
10	Income status										
	>5000	2	6%	3	10%	3	10%	6	27.2	12.59	#
	5000-10000	4	13.30%	5	16.30%	1	3%				
	10000-20000	2	6%	5	16.30%	3	10%				
Above 20000	0	0%	1	3%	1	3%					

7. CONCLUSION

On the basis of findings of the study obtained, following conclusion were drawn. The level of knowledge was less when assessed after conducting data, whereas the score had increased after the distribution of pamphlets on Kangaroo mother care.

From the findings of the study, It is concluded that the highest percentage of education status was postnatal mother were illiterate ,maximum sample 50% was in age group 19-22 year, maximum postnatal mother was housewife, maximum samples 66.6% belonged to rural area, maximum samples 60% belong to the Hindu religion, most of the postnatal mother 66.6% for normal vaginal delivery, maximum samples 60% had previous knowledge, Most of the postnatal mother 50% have gain counselling as a source of information, 50% postnatal mother was Primipara and 50% was multipara.

During the questionnaire programme level of knowledge was improve. After assessment of the level of knowledge regarding Kangaroo mother care, we found that the postnatal mother has gained adequate knowledge regarding Kangaroo mother care.

Thus the investigator concluded that the knowledge questionnaire was helpful in increasing the knowledge of Kangaroo mother care among postnatal mother in Rohilkhand medical college and hospital.

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