



A STUDY TO EVALUATE THE EFFECTIVENESS OF STRUCTURED EDUCATION PROGRAM ON KNOWLEDGE AND ATTITUDE OF MOTHERS OF LOW BIRTH WEIGHT BABIES REGARDING KANGAROO MOTHER CARE IN SELECTED HOSPITALS, BANGALORE

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INTRODUCTION

Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliments, or the smallest act of caring, all of which have the potential to turn a life around.

Leo f. Buscaglia quotes

Kangaroo mother care(KMC)is a skin-to-skin contact which is a part of revolution in premature infants care method defined as continuous (as close to 24 h a day as possible) skin-to-skin contact between mother and her infant, ensured by placing infant in a strictly upright position on mother's chest (kangaroo position). Nutrition is based on (but not limited to) frequent or exclusive breastfeeding and early discharge from the hospital has been effective in reducing the risk of mortality among preterm and low birth weight infants.^[4]

Need for the Study

WHO estimated that, globally about 25 millions low birth weight babies are each year, consisting 17 percent of all live births, nearly 95 percent of them in developing countries. The incidence of low birth weight varies widely between regions of the world, with levels of 32 percent in Southern Asia, 9 percent in Eastern Asia, 11 to 16 percent in Africa and 10 to 12 percent in Latin America and Caribbean. The incidence of low birth weight babies in India is 30 percent of live births. Infants who weigh less than 2.5 Kg at birth represent about 26 percent of all live births in India. (Park 2013).

Investigator noticed that, Many Mothers in India does not know how to practice Kangaroo Mother Care on their preterm babies due to lack of awareness, fear and anxiety, hence they do not practice also. Educating and encouraging the mothers and immediate family members during their stay in hospital helps to develop confidence and hope towards caring of preterm babies without any fear and anxiety. It reduces the hospital stay and facilitates early discharge and also a confidence to practice at home after discharge. So, to know the current knowledge and practice of mothers regarding Kangaroo

Mother Care and to improve their knowledge and practice some research studies are needed to carry on with teaching programs on mothers of preterm babies. In turns it also helps the nursing personnel to improve their communication skills.

Statement of the problem

“A study to evaluate the effectiveness of Structured Education Program on Knowledge and Attitude of mothers of low birth weight babies regarding Kangaroo Mother Care in selected hospitals, Bangalore”.

Objectives of the Study

- To assess the mean pre & post test knowledge score among the mothers of low birth weight babies regarding kangaroo mother care in an experimental & control group.
- To assess the mean pre & post test attitude of mothers of low birth weight regarding kangaroo mother care in an experimental & control group.
- To evaluate the effectiveness of the structured education program on knowledge and attitude of mothers of low birth weight babies regarding kangaroo mother care.
- To find association between pre-test knowledge scores and selected demographic variables.

Hypothesis

H1 - There will be a significant difference between experimental group and control group post-test knowledge score regarding Kangaroo Mother Care among Mothers' of Low Birth Weight Babies.

H2 – There will be a significant difference between experimental group and control group post-test attitude

score regarding Kangaroo Mother Care among Mothers' of Low Birth Weight Babies.

Variables

(a) Independent variable: Health Education regarding Kangaroo Mother Care for Mothers of low birth weight babies.

(b) Dependent variable: Knowledge and Attitude of Mothers' of Low Birth Weight Babies regarding Kangaroo Mother Care.

Methodology

Research approach

Evaluative approach was considered as appropriate research for the present study.

Research design

The research design selected for the present study was experimental study with pre-test, post-test control design.

Population

In this study the population consisted of mothers of low birth weight babies admitted in vanivilas children's hospital, bengaluru.

Sample size and sampling technique

The sample size for the present study is 30 Mothers of low birth weight babies in each Experimental group and Control group selected by non-probability purposive sampling method.

Criteria for selection of sample

Inclusion Criteria

1. Mothers of Low Birth Weight Babies admitted in Selected Children's Hospitals, Bangalore.
2. Mothers who are willing to participate in the study.
3. Mothers of low birth weight babies who can understand Kannada or English.

b) Exclusion Criteria

1. Mothers of low birth weight babies, who are critically ill at the time of data collection.
2. Mothers who are not available at the of data collection.

RESULTS OF PILOT STUDY

I. Distribution of Demographic variables of mothers with low birth weight babies in Experimental and Control Group n=30.

Sl. No	Variables	Experimental Group		Control Group	
		f	%	f	%
1	Age of the mother				
	a. 18 to 21	4	26.7	3	20
	b. 22 to 25	6	40	6	40
	c. 26 to 29	3	20	3	20
	d. 30 and above	2	13.3	3	20
2	Age of the Father				
	a. 26 to 29	10	66.7	11	73.3
	b. 30 and above	5	33.3	4	26.7
3	Education status of the mother				
	a. Secondary	7	46.7	9	60
	b. PUC	8	53.3	6	40
4	Education status of the Father				
	a. Secondary	6	40	5	33.3
	b. PUC	7	46.7	6	40
	c. Degree	2	13.3	4	26.7
5	Occupation of mother				
	a. House wife	9	60	11	73.3
	b. Private	3	20	1	6.7
	c. Business	3	20	2	13.3
	d. Cooli	0		1	6.7
6	Occupation of Father				
	a. Private	8	53.3	8	53.3
	b. Business	4	26.7	4	26.7
	c. Agriculture	2	13.3	2	13.3
	d. Cooli	1	6.7	1	6.7
7	Place of residence				
	a. Urban	12	80	11	73.3
	b. Rural	3	20	4	26.7

8	Income per month (in Rupees)				
	a. > 5000	0			
	b. 5001 to 10,000	15	100	15	100
	c. < 10,001	0			
9	Gravida				
	a. One	7	46.7	7	46.7
	b. Two	6	40	4	26.7
	c. Three	2	13.3	3	20
	d. Four	0	0	1	6.7
10	Para				
	a. One	12	80	1	6.7
	b. Two	3	20	10	66.6
	c. Three	0		4	26.7
11	Living				
	a. One	12	80	1	6.7
	b. Two	03	20	10	66.6
	c. Three	0		4	26.7
12	Abortion				
	a. Yes	02	13.3	3	20
	b. No	13	86.7	12	80
13	Previous Early Neonatal death/still birth				
	a. Yes	02	13.3	02	13.3
	b. No	13	86.7	13	86.7
14	Previous preterm				
	a. Yes	02	13.3	02	13.3
	b. No	13	86.7	13	86.7
15	Previous LBW				
	a. Yes	04	26.7	02	13.3
	b. No	11	73.3	13	86.7
16	Mode of delivery (Present)				
	a. FTND	13	86.7	13	86.7
	b. Caesarean Section	02	13.3	2	13.3
17	Gestational age at delivery				
	a. 28-32 Weeks	13	86.7	14	93.3
	b. 33-37 Weeks	02	13.3	1	6.7
18	Gender of newborn				
	a. Male	10	66.7	10	66.7
	b. Female	05	33.3	5	33.3
19	Birth weight (in Grams)				
	a. >900	1	6.7	0	0
	b. 901 to 1500	7	46.7	12	80
	c. 1501 to 2000	7	46.6	3	20
20	Previous information about KMC				
	a. Yes	1	6.7	1	6.7
	b. No	14	93.3	14	93.3
21	If Yes, Source of information				
	a. Health Professional	1	6.7	1	6.7

Table 2: Distribution of level of Knowledge regarding Kangaroo Mother Care among the mothers of low birth weight babies n=30.

Knowledge Categories	Pre-test		Post test	
	Knowledge			
	E	C	E	C
Inadequate (>14)	0	0	0	0
Moderately adequate (15-24)	15	15	0	11
Adequate (< 25)	0	0	15	4

The above table shows that there is an improvement in the knowledge because of education program in experimental group.

Table 3: Distribution of level of Attitude regarding Kangaroo Mother Care among the mothers of low birth weight babies n=30.

Attitude	Pre-test		Post test	
	Attitude			
	E	C	E	C
Unfavourable	0	0	0	0
Neutral	15	15	1	15
Favourable	0	0	14	0

The above table reveals that there is a remarkable change in the attitudes of the control group after undergoing education program.

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