

“A STUDY TO ASSESS THE KNOWLEDGE OF MOTHERS REGARDING KANGAROO MOTHER CARE IN LOW BIRTH WEIGHT INFANTS AT VANIVILAS HOSPITAL, BANGALORE, WITH A VIEW TO DEVELOP AN INFORMATION GUIDE SHEET”.

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Article Received on 05/11/2019

Article Revised on 26/11/2019

Article Accepted on 16/12/2019

INTRODUCTION

“The roots of education are bitter, but the fruit is sweet.” -Aristotle

An important index used to estimate the Nation's health is the health status of children in the country. Today's children are tomorrow's citizens and leaders. The resources spent on the care of upkeep and health of young is investment for the future.

OBJECTIVES OF THE STUDY

1. To assess the knowledge of the mothers regarding kangaroo mother care.
2. To find association between knowledge of mothers of new born regarding kangaroo mother care with selected demographic variables.
3. To write and present a brief report on project work done.

Mother and children are vulnerable. Mother and child must be considered as unit. It's because during antenatal period of the foetus is part of the mother for about 9 months, the child's health is closely related to maternal health and after birth also the child is dependent upon the mother.

The care of a low birth weight baby poses a great challenge for the neonatal care staff and the family. The number of LBW babies is still far beyond the expected target in our country. The cost of quality management of these babies is increasing day by day. Kangaroo mother care (KMC) is a low cost approach for the care of LBW baby. KMC has now become standard of care either as an alternative or an adjunct to the technology-based NICU care. The KMC was first introduced in 1978 by Dr Edgar Rey, Dr Hector Martinez and Dr N Charpak in Bogota, Colombia. The term kangaroo care was derived from practical similarities to marsupial care, i.e. the premature infant is kept warm in the maternal pouch and close to the breasts for warmth and ease of breastfeeding.

Need for the Study

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. I

wonder if the bonding which occurs between mother and child is the result of being loved or because of hormones? Perhaps one cannot exist without the other!

Kangaroo care is used to promote closeness between a mother and baby and involves placing the nappy-clad baby upright between the maternal breasts for skin-to-skin contact. The low birth weight baby remains beneath the mother's clothing for varying periods of time that suit the mother. Some mothers may have repeated contacts throughout the day, with occasional respite time; others may prefer specific periods around which they plan their day's activities. There are no rules or time limitations applied, but contact should be reviewed if there are any clinical signs of neonatal distress. Kangaroo mother care appears to be the central mediator for all the crucial elements needed to maintain a healthy status in low birth weight babies, namely thermoregulation, effective breast feeding and prevention of hypoglycaemia.

METHODOLOGY

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

Research design: The research design selected for the present study is descriptive method with one pre-test conducted followed by providing Information Guide Sheet.

Target population: Target population in the present study is Mothers of Low Birth Weight babies at Vanivilas hospital Bangalore.

Setting of the study: The study was conducted in Vanivilas Hospital Bangalore. The criteria for selection

of the setting are the availability of subjects, feasibility of conducting the study.

Sample: The sample of this study was mothers of Low Birth Weight babies at Vanivilas hospital Bangalore.

Sample size: The sample of this study comprised of 30 mothers of LBW babies at Vanivilas hospital Bangalore.

Sampling technique: Non probability purposive sampling technique was used to draw the sample.

Criteria for selection of sample

1. Inclusion criteria

- Mothers of LBW babies admitted at Vanivilas hospital.
- Mothers of LBW babies who are willing to participate in the project.
- Mothers of LBW babies who are available at the time of data collection.

2. Exclusion criteria: Mothers of LBW babies who are not willing to participate in the project

RESULTS

Table 1: Item Analysis For Knowledge Related Questions.

Sl. No.	Knowledge Questions	Right answer	%	Wrong answer	%
01.	Meaning of Pre-term baby	16	53%	14	47%
02.	Meaning of Low Birth Weight baby [LBW]	21	70%	09	30%
03.	Risk of LBW babies	16	53%	14	47%
04.	Needs of LBW babies	24	80%	06	20%
05.	Meaning of Kangaroo Mother Care [KMC]	30	100%	00	00%
06.	Benefits of KMC for babies	18	60%	12	40%
07.	Providers of KMC	30	100%	00	00%
08.	Privacy for KMC	11	37%	19	63%
09.	Clothing the babies for KMC	20	67%	10	33%
10.	Duration of KMC	10	33%	20	67%
11.	Meaning of Exclusive Breastfeeding	30	100%	00	00%
12.	Position for KMC for babies	16	53%	14	47%
13.	Position for KMC for mothers	11	37%	19	63%
14.	Hygiene for babies during KMC	24	80%	06	20%
15.	Monitoring babies during KMC	20	67%	10	33%
16.	Criteria for stopping KMC	15	50%	15	50%
17.	Expressed Breast Milk fed through	30	100%	00	00%
18.	Preservation of Expressed Breast Milk	21	70%	09	30%
19.	Frequency of feeding LBW babies	09	30%	21	70%
20.	Areas for practicing KMC	20	67%	10	33%

TABLE: 1 Depicts the Item Analysis of Knowledge related questions. The results shows that majority of 100% score is obtained for the Meaning of LBW baby, Meaning of KMC, Providers of KMC and Meaning of Exclusive Breast Feeding. 80% score is obtained for Needs of LBW babies and Preservation of Expressed Breast Milk. The lowest 35% score is obtained for Privacy for KMC, Duration of KMC, Position for KMC for Mothers and Frequency of feeding LBW babies.

It shows that 10% (03) of the samples had adequate knowledge, 86.67% (26) of the samples had moderate knowledge and the remaining 3.33% (01) of the samples had inadequate knowledge regarding KMC.

So Health Education becomes a necessity for the group. Health education was given regarding the duration of KMC, position of the mother for providing KMC and the frequency of feeding of LBW babies.

Table 2: Frequency and distribution of mothers of LBW babies according to their level of knowledge regarding Kangaroo Mother Care.

Knowledge level	Frequency	Percentage
Adequate	03	10%
Moderate	26	86.67%
Inadequate	01	3.33%

The above table shows that the results of the knowledge regarding the mothers of LBW babies regarding Kangaroo Mother Care.

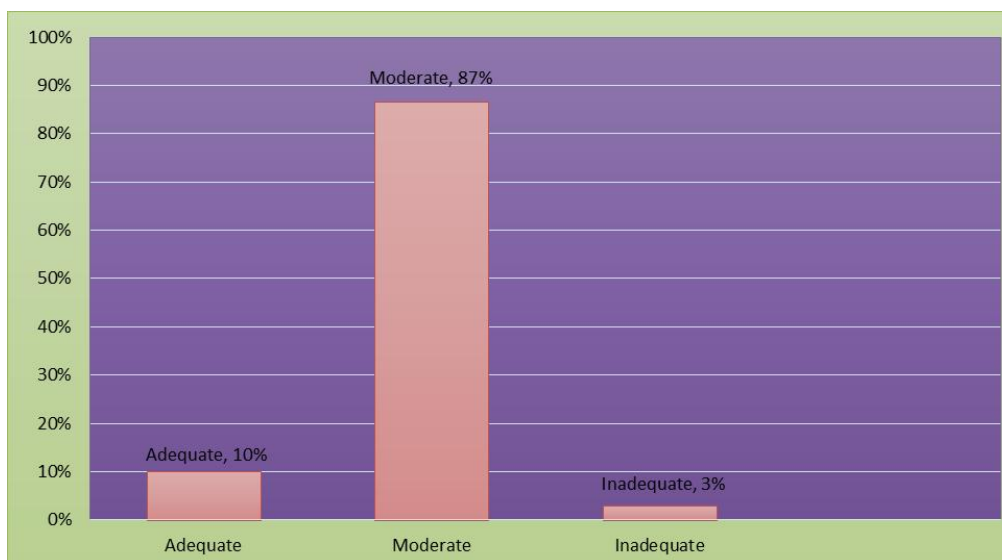


Fig.: Frequency and distribution of mothers of LBW babies according to their level of knowledge regarding Kangaroo Mother Care.

CONCLUSION

Nursing implications

1. Educate the mothers regarding importance of kangaroo mother care.
2. Nursing educators should be encouraged to provide health education regarding KMC.
3. In service education programme, workshop and continuing education programme to update the knowledge of the nursing personnel of hospital and community.
4. Educate the mothers regarding the management of LBW babies.

Nursing Practice

1. Nurses are the key person of a health team that plays a major role in the health promotion and maintenance. It is practicing profession, so that the researchers generally integrate findings to the practice.
2. Use of information guide sheet conducted at Vanivilas hospital to create awareness regarding KMC among the mothers of LBW babies.
3. Nursing staff can be given specialised training on knowledge on KMC among mothers of LBW babies admitted at Vanivilas hospital.
4. Clinical nurses have to take up responsibility to plan teaching programme to mothers of LBW babies.

Nursing Administration

Since the study reflects the need and improvement of education to mothers of LBW babies on KMC.

1. Nurses as an administrator plays a major role in educating the professionals and in policy making such as counselling, referral services and mass health education programme.
2. Conduct in service education programme on KMC.
3. The nurse administration must take the responsibility of equipping each working area with recent journal and publications.

4. Nurses as an administration should play and organise continuing education programme for nurses to motivate them in conducting teaching programme for patients admitted in hospital.
5. Nursing personnel can offer opportunity to create awareness among mothers of LBW babies regarding all aspects of KMC.

Nursing Research

The findings of the study serve as a base for the professional students to conduct further studies. The generalisation of the study results can be made by further replication of the study. The study helps the nurse researcher to develop insight into the development of the nursing guide and material on Kangaroo Mother Care.

The study helped the researcher to develop insight reading KMC through Information Guide Sheet.

1. Researcher should focus on practicing new method of teaching to enable the patient and to improve the quality of life.
2. The study will serve as a valuable reference for the further investigations.

Limitations of the study

1. The study did not use control group.
2. Only single domain (knowledge) is considered in the present study.
3. The sample for the study is limited 30 mothers of LBW babies.
4. The study is limited only to mothers of LBW babies admitted at Vanivilas hospital.
5. The study did not assess the attitude and practice of mothers of LBW babies regarding KMC.

Recommendations

On the basis of the findings, following recommendations have been made

1. A replication of present study can be conducted with a larger population.

2. A demonstration can be arranged to enhance the knowledge and practice level of mothers between rural and urban areas.
3. An experimental study can be done with control group.
4. Study can be conducted by using various experimental designs.
5. Nurse patient ratio in PICU and NICU should be enhanced for the quality care.

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