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A Study to Assess the Effectiveness of Planned Teaching Programme regarding Kangaroo Mother Care in Term of Knowledge and Practice among the Postnatal Mothers Admitted in Postnatal Ward of Selected Hospital of Bareilly, UP

Varsha Saxena

M.Sc. Nursing Student, Metro College of Nursing Greater Noida Corresponding Author dolld734[at]gmail.com

Abstract: The research design adopted for the study was one group pre test post test pre experimental design. A pre test was conducted in experimental group. Planned teaching programme was given only to the samples in the experimental group and post test was conducted after gap of eight days to assess the effectiveness of planned teaching programme in term of knowledge and practice regarding Kangaroo Mother Care among the postnatal mothers. A sample of 50 postnatal mothers, who were admitted in Gangasheel Hospital, Bareilly was selected by complete enumeration method. A self administered questionnaire consisting of part-1 and part-2 and part-3 was used for data collection. Among 50 respondents majority of the postnatal mothers within the age group of 26-30 year, one fifth of respondents finished as secondary education. No significant association was found between post test knowledge score of the sample with any of their demographic characteristics like age, educational status, occupation, type of family, birth weight of preterm babies, area of residence, previous birth of baby but there is significant association was found in source of information in post test knowledge.

Keywords: pre-test, post-test, teaching program, postnatal mothers, Kangaroo Mother Care

Keywords:

1. Introduction

"New born care techniques are advancing in day-to-day life. In spite of those advancement in new- born care, a simple, low cost and effective method i.e. kangaroo mother care has been evolved in last few of direct skin-to-skin contact between mothers or father and their premature infant. It has shown to improve the mother's psychological state, strengthen mother and infant bonding and stimulate maternal lactation."

Human babies are the most dependent young ones and for a much longer time than the young ones of other species. In the case of other mammals, the young ones immediately after birth or very soon become Independent. They learn to be independent fast and they are left unaided very soon. For example- in the case of cattle as soon as the calf in both, it learns to stand up by itself, and suck the milk from the mother and begins to run around soon. If the new born b abies are left unaided or not taken care they cannot survive, so much care is needed to a new born infant, especially from the mother and this care includes love, affection, warmth, protection, nutrition for good health¹.

Kangaroo mother care satisfies all five senses of the baby-TOUCH- Skin-to-skin contact, HEARING- Listens to mother's voice and heartbeat, TASTE- Sucks on breast, VISION- Eye contact with mother, OLFACTORY- Smells mother's odour. Milestones in the development of kangaroo mother care 1979 Dr Rey and Martinez started programme in Bogota, Columbia. In response to shortage of incubators

and severe hospital infections. Worldwide problem than 20 million babies are born each year with low birth weight because of preterm birth. This represents 15.55% all births of these low-birth-weight babies, 95.6% are born in developing countries. The world health organization defines preterm baby at birth less than 2500 grams, of these babies, approximately one third die before stabilization or first twelve hours, low birth weight and very low birth weight babies require intensive neonatal nursing and care from often limited resources at a vast expens².

As India is a developing country, where in many places the availability of incubators and warmers are not seen. Hence kangaroo mother care method of caring can be used as a substitute for conventional way of caring the babies, which needs very less equipment and less costly way of caring with little knowledge¹.

2. Literature

- Study related to interventions to promote knowledge on Kangaroo Mother Care
- 2) Study related to practice among postnatal mothers
- 3) Study related to effectiveness of different planned teaching programme

3. Methodology

This chapter deals in detail with the methodology adopted for the study. It describes Research approach, Research

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design, Population, Sample, Sampling technique, Sample size, Setting of the study, criteria for sample section, Method of data collection, Development of tool, Description of the tool, Development of Planned Teaching Programme, validity of the tool, pilot study, Reliablity of the tool, Data collection procedure, plan for analysis and Ethical consideration. In experimental design, one group pretest and posttest pre experimental research design was selected for the present study. A pre test was conducted to the sample, planned teaching programme was intervened and post test was conducted after a gap of seven days to assess the effectiveness of planned teaching programme. Reliability of an instrument is the degree of consistency with which it measures the attribute it is supposed to measure⁴⁴.

The reliability of the tool was elicited by using test-retest method. Karl Pearson's correlation 'r' was computed for finding out the reliability. The obtained value of 't' was 0.86, indicating that the tool was highly reliable for the final study.

Description of the Tool

The instrument was divided into 3 parts, namely part-I, part-II and part-III

Part - I

It consists of 8 items regarding demographic information of the subjects such as age, education, occupation, type of family, birth weight of preterm baby, area of residence, previous birth of preterm baby and source of information.

Part -II

It consists of 25 knowledge items related to Kangaroo Mother Care. These items were closed ended, multiple choice questions. Each correct response has been scored with one mark. Total score was 25.

Part -III

It consists of 10 practice items related to Kangaroo Mother Care. These items were checklist with the option of yes or no. Each correct response has been scored with one mark. Total score was 10.

4. Result & Findings

Comparison of pre-test and post-test Knowledge Scores for assessing the effectiveness of Planned Teaching Programme on Kangaroo Mother Care by using paired't' test.

Knowledge	Mean	SD	SD Error of	Paired	
Score	Mean	Difference	mean difference	't' test	
Pre-test	17.12	2.50	0.21	17.14	
Post-test	20.72	1.36	0.21	17.14	

(Table value of 't' for 49 df at 0.05 level of significant is 2.00)

Table-7 shows the mean pre-test practice score is 6.42 ± 1.07 and the mean post-test practice score is 8.90 ± 0.68 (SD error 0.18). the 't' value computed at 0.05% level of significant 13.20, tabulated 't' value is 2.00, which indicated that 't' value is more than tabulated value. Hence the research hypothesis H_1 is accepted.

Association between the post-test practice score of Postnatal Mothers on Kangaroo Mother Care with their demographic variables by using "Chi- square", N=50

S. No.	Variable	Chi-square (x^2) value	Association	Df	Chi-square (x^2) table value at 5% level
1.	Age	0.03	NS	2	5.99
2.	Educational status	2.7	NS	4	9.49
3.	Occupation	1.1	NS	3	7.82
4.	Type of family	0.03	NS	2	5.99
5.	Birth weight of preterm baby	0.12	NS	3	7.82
6.	Area of residence	0.88	NS	1	3.84
7.	Previous birth of preterm baby	1.21	NS	3	7.82
8.	Source of information	0.09	NS	2	5.99

Note: N.S Denotes not significant, N Denotes significant at 5% level of significant.

The Chi-square (x^2) value computed for knowledge score on Kangaroo Mother Care with Age $(x^2=0.03)$, Educational status $(x^2=2.7)$, Occupation $(x^2=1.1)$, Type of family $(x^2=0.03)$, Birth weight of preterm baby $(x^2=0.12)$, Area of residence $(x^2=0.88)$, Previous birth of preterm baby $(x^2=1.21)$, Source of information $(x^2=0.09)$ are found to be less than the value at 0.05% level of significant which implies that there is no significant relationship between posttest Knowledge score of Postnatal Mothers with regard to Kangaroo Mother Care with their Demographics variables, but on knowledge source of information is significant. Hence the researcher hypothesis H_3 is accepted.

5. Discussion

In pre-test, majority of Knowledge respondents had Low Knowledge 0-50 percent (0 to 13), Average knowledge 51-

75 percent (14 to 18), High knowledge above 75 percent (19 to 25). The practice of the respondents were classified into two categories Unsatisfactory 0-40 percent (0 to 4), Satisfactory 50-100 percent, (5 to 10).

A similar study was conducted in Eastern and Central zone, Tigray, North Ethiopia, Adigrat University, among 397 Postnatal Mother. A significant increase was seen in post test Knowledge and Practice Score (27.4±5.7) compare to pre test Knowledge and Practice Score (20.4±5.0). The finding indicated that Planned Teaching Programme was effective in improving the Knowledge and Practice of Postnatal Mothers⁴⁶.

In the present study, mean score of the pre test was 17.12 (SD=2.50) and post test mean score increased to 20.72 (SD=1.36.

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