iJRASET
International Journal For Research in Applied Science and Engineering Technology



INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 9 **Issue:** X **Month of publication:** October 2021

DOI: https://doi.org/10.22214/ijraset.2021.38480

www.ijraset.com

Call: 08813907089 | E-mail ID: ijraset@gmail.com

International Journal for Research in Applied Science & Engineering Technology (IJRASET)
ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.429
Volume 9 Issue X Oct 2021- Available at www.ijraset.com

A Study to Assess the Knowledge on Kangaroo Mother Care Among Post Natal Mothers of Low-Birth-Weight Babies at Selected Hospital of Vrindavan, Mathura, U.P.

Ms. Blessy Mathew
Assistant Professor, Subharti Nursing College, Meerut

Abstract: ***According to the statistical assessment nearly 20 million low-birth-weight (LBW) babies are born each year, because of either preterm birth or impaired prenatal growth, mostly in less developed countries. They contribute substantially to a high rate of neonatal mortality whose frequency and distribution correspond to those of poverty. Kangaroo mother care (KMC) is an effective way to meet baby's needs for warmth, breastfeeding, protection from infection, stimulation, safety and love. Kangaroo mother care is care of preterm infants carried skin-to-skin with the mother. It is a powerful, easy-to-use method to promote the health and well-being of infants born preterm as well as full-term. KMC facilitates the initiation and establishment of breastfeeding in small infants and it normalize infant physiology improves weight gain and provide sense of security to the baby. It has been demonstrated that Kangaroo Mother Care is associated with increased survival and reduced hospital.***

Objectives

1) ***To assess the level of knowledge among the post-natal mothers of low-birth-weight babies regarding kangaroo mother care in selected hospital of Vrindavan.***
2) ***To correlate the knowledge regarding Kangaroo Mother Care among the post-natal mothers of low-birth-weight babies with selected demographic variables.***

Methodology: This study was conducted to assess knowledge among the post-natal mothers regarding Kangaroo mother care in selected Hospital in Vrindavan, Mathura and the descriptive study design was selected. Population selected was post-natal mothers and sample size were 60.the consent was taken. The subjects were selected by convenient sampling technique. The structured questionnaires were distributed to the mothers of selected Low birth weight babies to assess their level of regarding Kangaroo Mother Care after obtaining an informed consent. Data was collected by using Structured Knowledge Questionnaire. A significant association was found between knowledge score and type of family and dietary habit whereas no significant association was found with age, religion, occupation of father, educational status of mother, family income and residential status

Results: The study revealed that the level of knowledge among the mothers is 42(70%) had inadequate knowledge and 12(20%) had moderately adequate knowledge and 06(10%) had adequate knowledge regarding Kangaroo Mother Care. The chi-square test revealed that there was no significant association with age, occupation, monthly income, place of living, type of marriage, type of family, number of children and but there was significant association between religion.

Keywords: Kangaroo mother care, Postnatal, Practice

I. INTRODUCTION

Kangaroo Mother Care or skin-to-skin care technique , is a simple, easy method of caring for new born infants where the mother uses her own body temperature to keep her infant warm. Kangaroo Mother Care (KMC) is particularly useful for nursing low birth weight infants (infants with a birth weight below 2500 g). The proper KMC provides the infant with the basic needs for survival, i.e., mother's warmth, stimulation, breast milk, love and protection. As 20 million low birth weight (LBW) infants are born each year worldwide, Kangaroo mother care has become a very important way of caring for these high-risk infants. As The infant is emotionally and physically programmed to remain constantly with the mother. As Low birth weight infants are relatively immature when they are born, they need constant care for some time after delivery. In this position the infant grows and develops rapidly. Kangaroo mother care is therefore a 'natural' way of nursing a human infant. Studies have shown that the number of low-birth-weight infants dying in hospitals without incubators can be dramatically reduced if KMC is introduced. (G Seidman 2015)

A. Statement of the Problem

A study to assess the knowledge on kangaroo mother care among post-natal mothers of low-birth-weight baby's mothers at selected hospital of Vrindavan, Mathura.

©IJRASET: All Rights are Reserved

B. Objectives

1) To assess the level of knowledge among the mothers of low-birth-weight babies regarding kangaroo mother care in selected hospital of Vrindavan.

2) To correlate the knowledge regarding Kangaroo Mother Care among the mothers of low-birth-weight babies with selected demographic variables.

C. Hypothesis

1) H_1-There will be significant difference on knowledge on Kangaroo Mother Care.

2) H_2-There will be significant association between the knowledge and the selected socio demographic variable.

II. METHODOLOGY

This study was conducted to assess knowledge among the post-natal mothers regarding Kangaroo mother care in selected Hospital in Vrindavan, Mathura and the descriptive study design was selected. Population selected was post-natal mothers and sample size were 60.the consent was taken. The subjects were selected by convenient sampling technique. The structured questionnaires were distributed to the mothers of selected Low birth weight babies to assess their level of regarding Kangaroo Mother Care after obtaining an informed consent. Data was collected by using Structured Knowledge Questionnaire. A significant association was found between knowledge score and type of family and dietary habit whereas no significant association was found with age, religion, occupation of father, educational status of mother, family income and residential status

A. Criteria For Selection Of Samples

1) Inclusion Criteria

a) Post-natal mothers Who can understand & speak Hindi

b) Post-natal mothers Who are willing to participate in the study .

2) Exclusion Criteria

a) Post-natal mothers Who have any psychiatric illness.

b) Post-natal mothers Who are deaf & dumb.

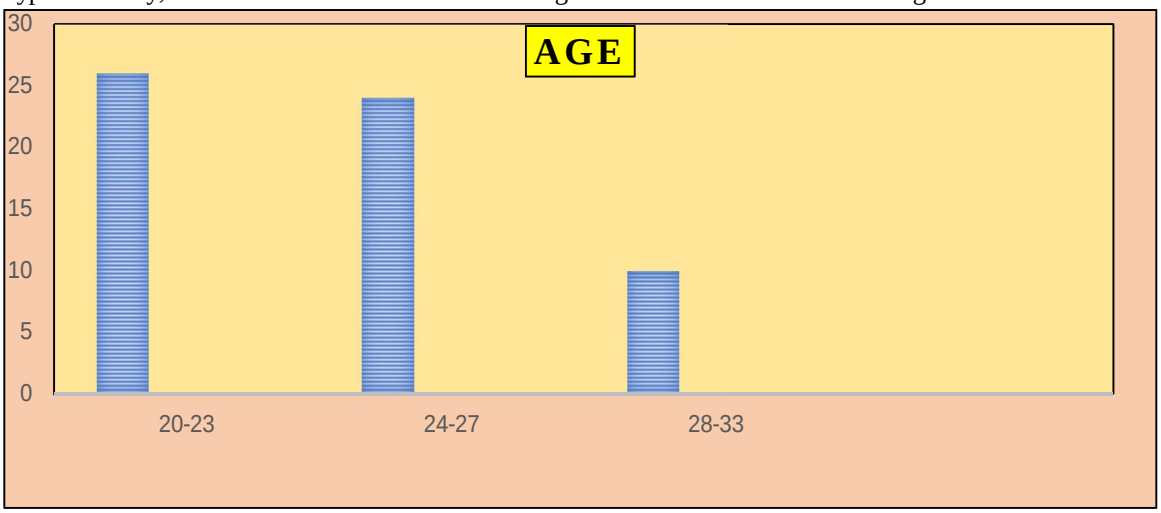
Demographic Variable	Percentage Of Obtained Knowledge Scores			Chi Square	Inference	Frequency	Percentage
AGE	Inadequate	Moderate	adequate				
20-23	20	03	03			26	43%
24-27	17	07	02	2.53	NS	24	40%
28-33	07	02	01			10	17%
RELIGION							
HINDU	21	02	01	9.75	S	24	40%
CHRISTIAN	09	05	02			16	27%
MUSLIM	12	05	03			20	33%
OCCUPATION						39	65%
NON-WORKING	30	07	02			21	35%
WORKING	12	05	04	1.09	NS		
MONTHLY INCOME							
<5000	18	06	01			25	42%
5000-10000	16	02	03	3.43	NS	21	35%
>10000	08	04	02			14	23%
PLACE OF LIVING							
RURAL	22	08	03			33	55%
URBAN	20	04	03	1.73	NS	27	45%
TYPE OF MARRIAGE							
CONSANGUINEOUS MARRIAGE	26	07	04			37	62%
NON-CONSANGUINEOUS	16	05	02	1.86	NS	23	38%
TYPE OF FAMILY							
JOINT	28	08	02	2.64	NS	33	63 %
NUCLEAR	14	04	04			22	37%
NUMBER OF CHILDREN							
ONE							
TWO	12	01	01	2.62	NS	14	25%
THREE	10	03	03			16	27%
	10	08	02			30	50%

Table: 1.1 Association Between the level of Knowledge on reproductive health care Among Students with selected Demographic Variables=60

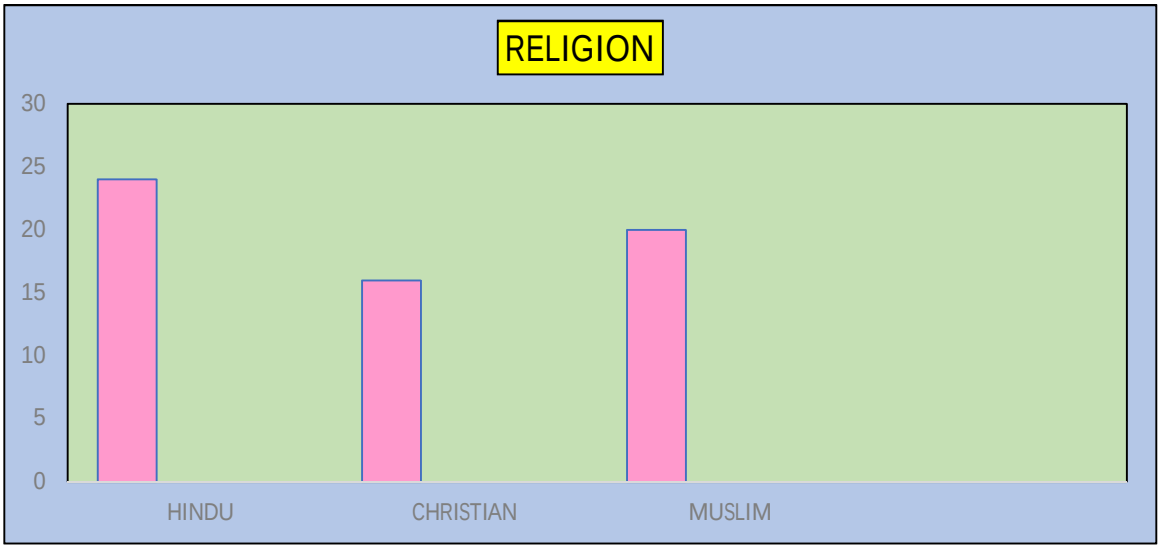
©IJRASET: All Rights are Reserved

* Significant at level of p<0.05

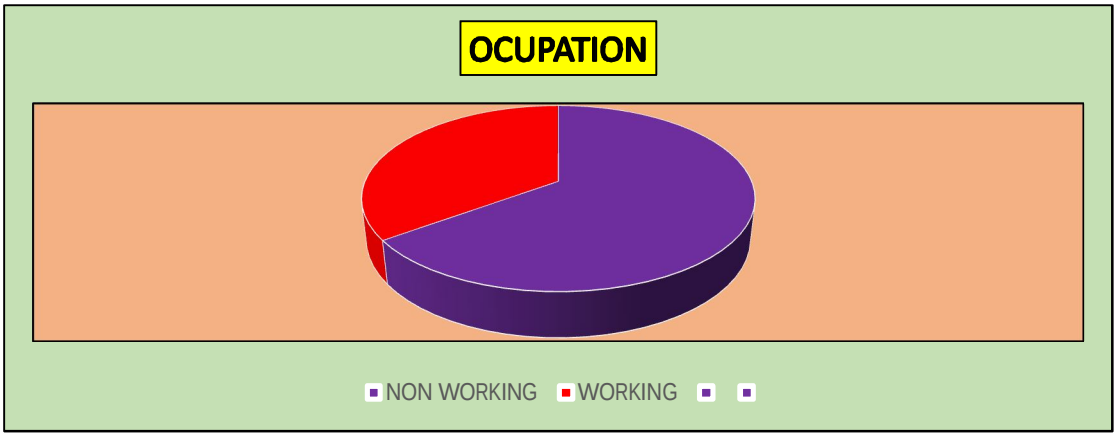
The chi-square test revealed that there was no significant association with age, occupation, monthly income, place of living, type of marriage, type of family, number of children and there was significant association between religion.



Graph-1 Graph showing the age distribution



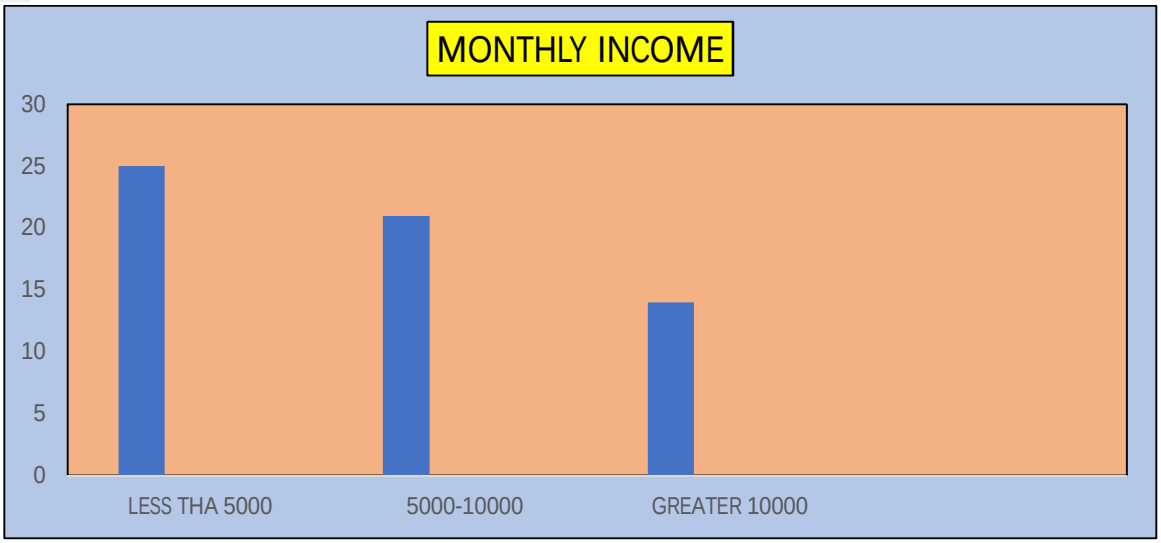
Graph 2- Graph showing the religion distribution



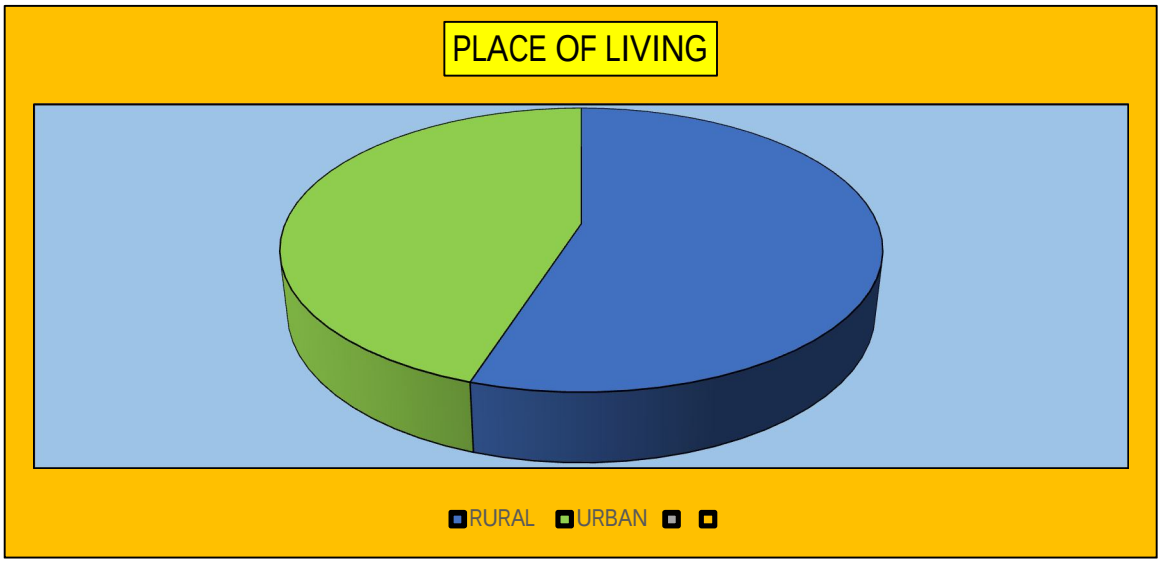
Graph 3- Graph showing occupation distribution

©IJRASET: All Rights are Reserved

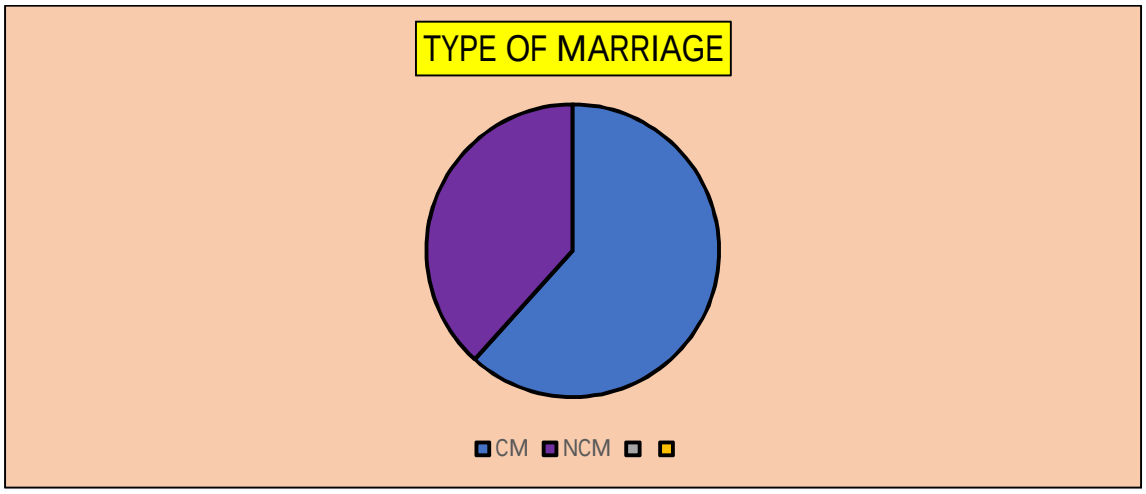
ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.429
Volume 9 Issue X Oct 2021- Available at www.ijraset.com



Graph 4-Graph showing the monthly income distribution

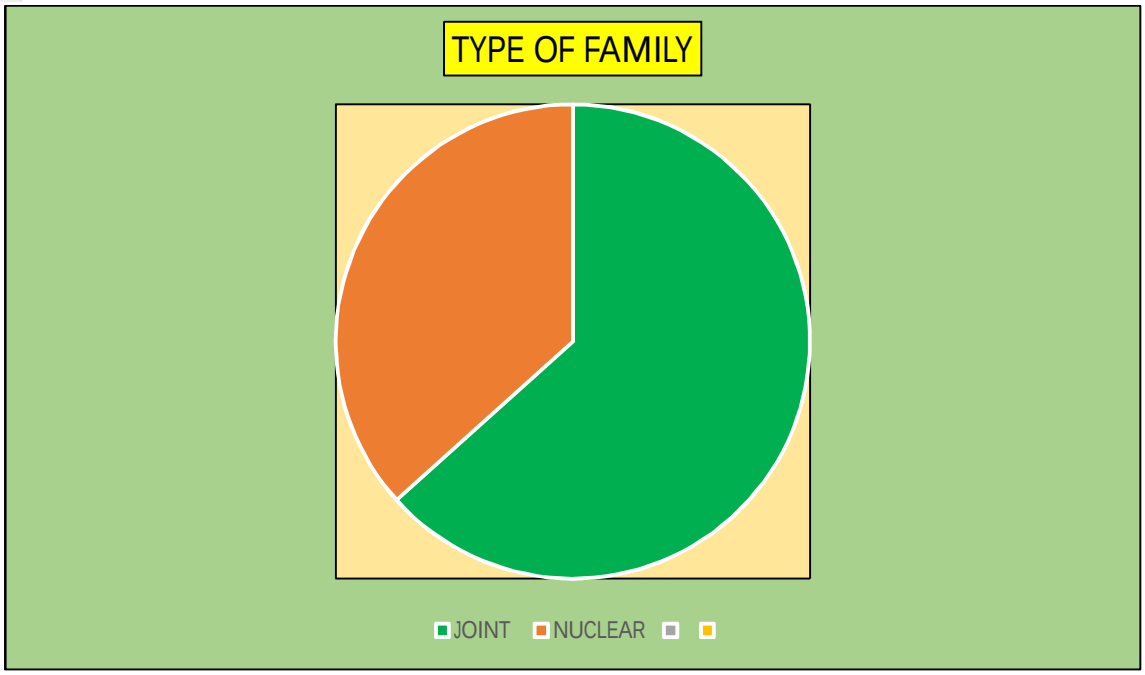


Graph 5-Graph showing the place of living

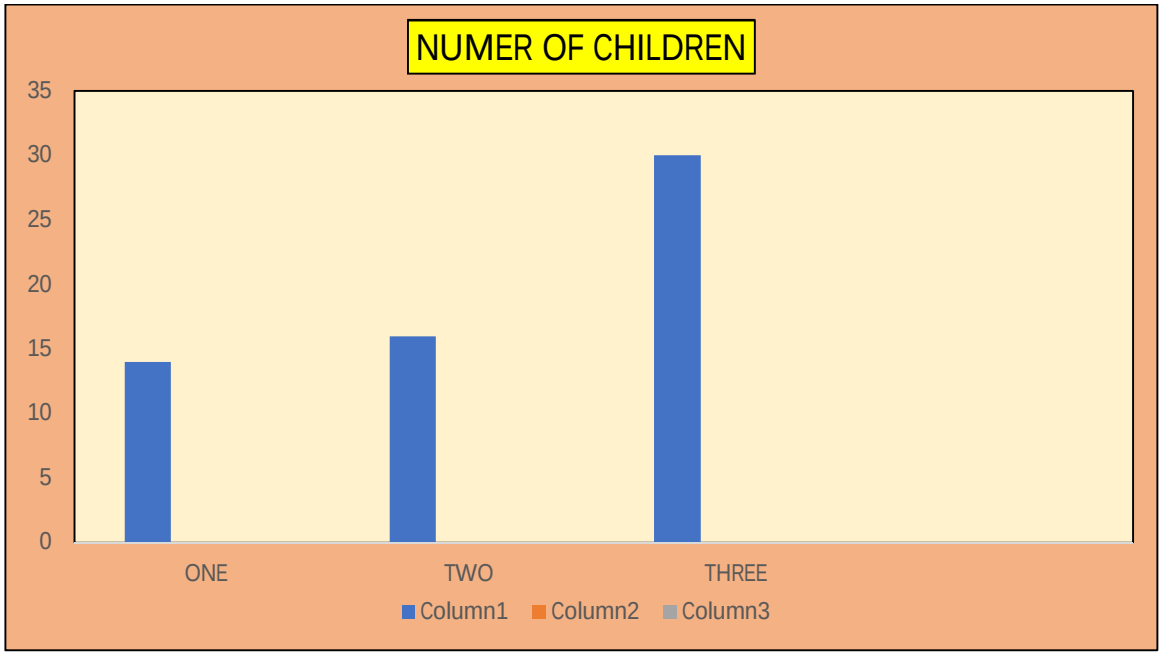


Graph 6-Graph showing type of Marriage

©IJRASET: All Rights are Reserved



Graph 7- Graph showing the type of family



Graph 8- Graph showing number of children

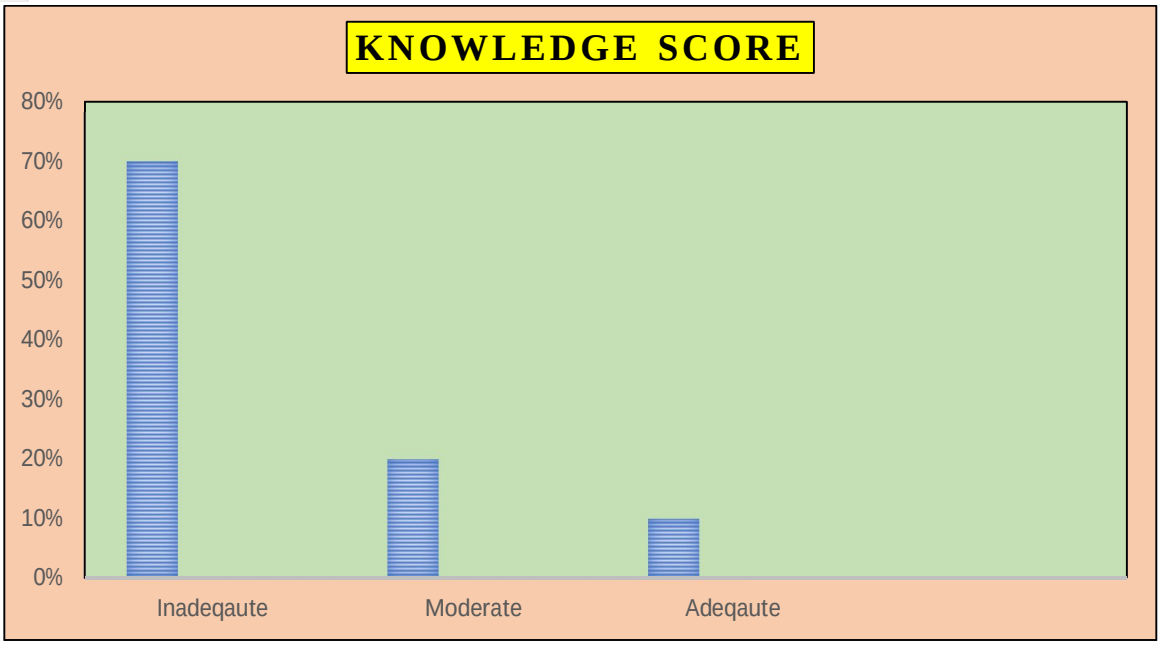
Table 1.2 Frequency & percentage distribution of level of knowledge of post-natal mother on Kangaroo mother care .

S.No	Level of Knowledge	Frequency N	Percentage %
1.	Inadequate Knowledge	42	70%
2.	Moderate Knowledge	12	20%
3.	Adequate Knowledge	06	10%

N=60

Table 1.2 Reveals the frequency & percentage distribution of level of knowledge on reproductive health care among the students. Out of 60 post-natal mothers 42(70%) had inadequate knowledge & 12(20%) had moderate knowledge and 06 (10%) had adequate knowledge on reproductive health care.

©IJRASET: All Rights are Reserved



Graph 9-Graph depicting the knowledge score of post-natal mothers regarding Kangaroo Mother care.

III. DISCUSSION

A. The first objective study was to assess the knowledge of Post Natal mother regarding Kangaroo Mother Care

The level of knowledge among the mothers is 42(70%) had inadequate knowledge and 12(20%) had moderately adequate knowledge and 06(10%) had adequate knowledge regarding Kangaroo Mother Care

B. The second objective of this study were to associate the selected demographical variables with knowledge among post-natal mothers regarding Kangaroo Mother Care

The chi-square test revealed that there was no significant association with age, occupation, monthly income, place of living, type of marriage, type of family, number of children and but there was significant association between religion.

IV. CONCLUSION

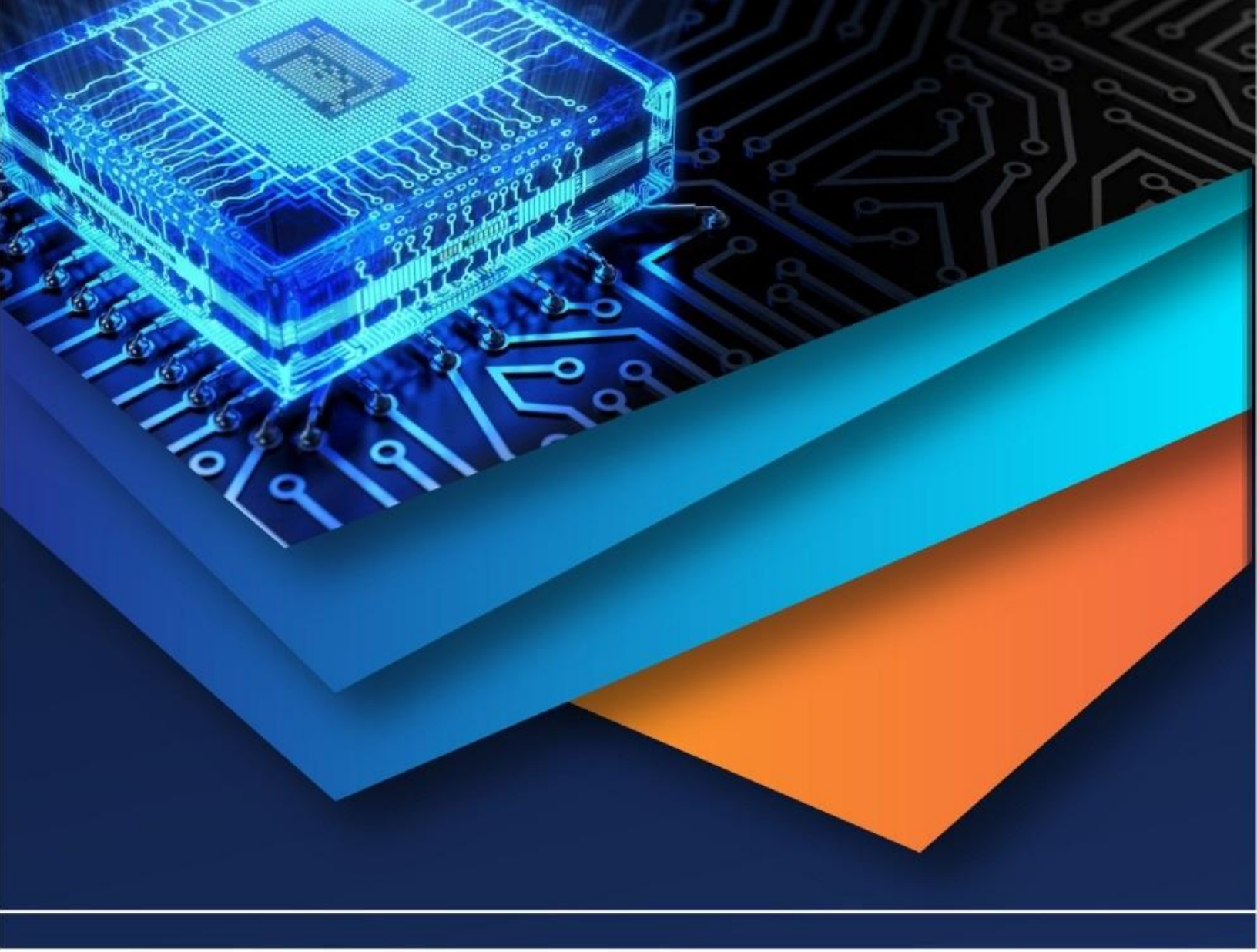
The study concluded that the most of the mothers are not having adequate knowledge regarding kangaroo mother and there was no significant association with age, occupation, monthly income, place of living, type of marriage, type of family, number of children and but there was significant association between religion

1) Acknowledgements- None.
2) Conflict of Interest- Author declares that there is no conflict of interest.

REFERENCES

[1] Bhutta ZA, Das JK, Bahl R, Lawn JE, Salam RA, Paul VK, et al. Can available interventions end preventable deaths in mothers, newborn babies, and stillbirths, and at what cost? Lancet. 2014;384:347–70. doi: 10.1016/S0140-6736(14)60792-3.
[2] Liu L, Oza S, Hogan D, Perin J, Rudan I, Lawn JE, et al. Global, regional, and national causes of child mortality in 2000–13, with projections to inform post–2015 priorities: an updated systematic analysis. Lancet. 2015; 385:430–40doi: 10.1016/S0140-6736(14)61698-6.
[3] Birthweight L. Country, Regional, and Global Estimate. New York: UNICEF, 2004.
[4] Institute of Medicine Committee on Understanding Premature B. Assuring Healthy O. The National Academies Collection: Reports funded by National Institutes of Health. In: Behrman RE, Butler AS, editors. Preterm Birth: Causes, Consequences, and Prevention. Washington (DC): National Academies Press (US). National Academy of Sciences, 2007.
[5] Lawn JE, Mwansa-Kambafwile J, Barros FC, Horta BL, Cousens S. Kangaroo mother care to prevent neonatal deaths due to preterm birth complications. Int J Epidemiol. 2010;39:i144–54. doi: 10.1093/ije/dyq031.

©IJRASET: All Rights are Reserved



10.22214/IJRASET

45.98

IMPACT FACTOR: 7.129

IMPACT FACTOR: 7.429

INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Call : 08813907089 (24*7 Support on Whatsapp)