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Original Research Paper

Nursing

TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING KANGAROO MOTHER CARE AMONG POSTNATAL MOTHERS IN SELECTED RURAL AREAS OF YEOLA

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ABSTRACT

Introduction: Kangaroo mother care for low-birth-weight Infant started in Colombia 1978, Edgur Rey in Bogotu, Colombia. Initiated what become known as kangaroo mother care, as a response to both the incubator and separation of mother and infant. Kangaroo mother care can be started as soon as baby is stable and receiving oral feeds, babies with several illness and those requiring special treatment must wait until, Recovery before kangaroo mother care can be started. It causes better regulation of infant heartbeat; kangaroo mother care babies have stable oxygen states and breathing. Breast milk production is stimulated by skin-to-skin care so baby get all benefits of breast milk including the correct milk for human, the baby's temperature stabilizer much faster on the mother's chest than in an incubator, improve infant feeling by hearing of mother's hearts beat, touch a visual contact with mother breast sucking and mother odor. **Material And Method:** Evaluative research approach and quasi-experimental research design was used. The subject for the study was n=30 post-natal mothers by using purposive non probability sampling technique. Effectiveness was analyzed by structured teaching programme with the help of questionnaire. The data was analyzed by using descriptive statistic that is in frequency, percentage, mean and standard deviation and inferential statistic, chi- square test to find out association between post test knowledge score of post-natal mothers with selected demographic variables. **Results:** Study findings reveal that (2) 3% of mothers had Very poor knowledge, (16)26% of mothers had poor knowledge, (18)31% of mothers had average knowledge and the remaining (18)31% had good knowledge. Significant association was found between knowledge scores of post-natal mothers regarding kangaroo mother care such as occupation, type of family, no of children, weight of the pre term baby, health services (Df =1, Table value=3.84, p<0.05). **Conclusion:** The postnatal mothers had a good knowledge after structured teaching programme about CPU. The structured teaching programme was effective in improving the level of knowledge.

KEYWORDS : Knowledge, Kangaroo mother care, Postnatal mothers.

INTRODUCTION

Kangaroo mother care can be started as soon as baby is stable and receiving oral feeds, babies with several illness and those requiring special treatment must wait until, Recovery before kangaroo mother care can be started. It causes better regulation of infant heartbeat; kangaroo mother care babies have stable oxygen states and breathing. Breast milk production is stimulated by skin-to-skin care so baby get all benefits of breast milk including the correct milk for human, the baby's temperature stabilizer much faster on the mother's chest than in an incubator, improve infant feeling by hearing of mother's hearts beat, touch a visual contact with mother breast sucking and mother odor.[1]

Child health is the foundation of the family and wealth of the Nation. Newborn is the very important personality of the home. All family members give him or her warm welcome.[2]

Among the major child health challenges facing world at the turn of the new millennium is the problem of high neonatal mortality. The global burden of newborn deaths is estimated to be staggering five million per annum. Only 2% (0.1 million) of these deaths occur in developed countries, the rest 98% (4.9 million) take place in the developing countries. Highest neonatal mortality rates are seen in countries of South Asia resulting in almost 2 million newborn deaths in the region each year, with India contributing 60% (1.2 million) of it.[3]

Kangaroo Mother Care was initially conceived in Bogota, Colombia in 1978 as an alternative to incubator care for the low bi11h weight baby. Kangaroo Mother Care is a humane, low-cost method of care of low birth weight (LBW) infants particularly for those weighing less than 2000gram at birth. It consists of skin-to-skin contact, exclusive breast-feeding early discharge and with an adequate follow-up.[4]

Kangaroo mother care (KMC), involving continuous skin-to-skin contact between a caregiver and a newborn immediately after birth, has been shown to decrease mortality among clinically stable neonates. One trial coordinated by WHO (the iKMC trial), which recruited newborns weighing 1000–1799 g in five tertiary-level hospitals with neonatal intensive care (level 3) in sub-Saharan Africa and India, reported that immediate KMC led to a 25% reduction in their secondary outcome of mortality within 28 days, compared with those who had received standard neonatal care plus KMC after stabilization.[5]

Around 22 million low birth weight babies are born each year because of either preterm birth on impaired prenatal growth mostly developed countries, Low Birth Weight and preterm birth are thus associated with high neonatal and infant morbidity. This represents more than a 5th, In India. In India 32.8% newborn babies are low birth weight, larger number of deliveries are unattended experts especially in rural area and urban slums therefore, the care of such infants becomes a burden for health and social systems everywhere.[6]

A study conducted on the effects of kangaroo care on sleep. The importance of sleep to the infant's developmental outcome was recognized and the use of skin-to-skin holding as a means of increasing stable infant sleep and rest was implemented.[7]

A study to assess the heart rate variability responses of a preterm infant to kangaroo care. The main outcome measure was heart rate variability, especially the parasympathetic component, was high when the infant was fussy in the open crib, indicating increased autonomic nervous system activity. With kangaroo care, the infant fell asleep and both sympathetic and parasympathetic components of heart rate variability decreased. Overall kangaroo care produced changes in heart rate variability that illustrates decreasing stress.[8]

Kangaroo care has many advantages over the conventional incubator care and it improves the health of the newborn. This care is a cheapest method and can be given even for the babies from below poverty line. In addition, it emphasizes that qualified nurse specially educated on Kangaroo care is an integral part of the newborn care team for ensuring quality care to the neonates. Therefore, the investigator felt the need

to undertake this study to evaluate the effectiveness of structured teaching programme on knowledge regarding kangaroo Care among post-natal mothers having low birth weight babies.[9]

OBJECTIVES:

1. To assess the existing knowledge regarding Kangaroo mother care among the post-atal mothers of selected rural areas of Yeola.
2. To assess the effectiveness of structured teaching programme on knowledge regarding Kangaroo mother care among the post-natal mothers of selected rural areas of Yeola.
3. To associate the pre-test knowledge score with selected demographic variables.

MATERIAL AND METHOD:

Evaluative research approach and quasi-experimental research design was used. The subject for the study was n=30 post-natal mothers by using purposive non probability sampling technique. Effectiveness was analyzed by structured teaching programme with the help of questionnaire which includes Section A: Demographic Variables of the post-natal mothers and Section B: Structured Knowledge questionnaire on Kangaroo mother care containing 30 items which is scored as Adequate knowledge 75% to 100%, Moderately adequate 51% to 74%, Inadequate knowledge 50% and below. The data was analyzed by using descriptive statistic that is in frequency, percentage, mean and standard deviation and inferential statistic, chi- square test to find out association between post-test knowledge score of post-natal mothers with selected demographic variables.

Inclusion Criteria:

1. Sample those who were registered postnatal mother in Primary Health Centers at Yeola.
2. Sample those who were willing to participate in the study.
3. Who were present at the time of data collection.

Exclusion Criteria:

1. Not willing to participate in the study
2. Post natal mothers those who undergone health education on Kangaroo mother care.
3. Not able to understand and read marathi

Statistical Analysis:

The collected data was organized, tabulated and analyzed by using descriptive statistic that is in frequency, percentage, mean and standard deviation and inferential statistic chi-square test to find out association between post test knowledge score of post-natal mothers with selected demographic variables.

RESULTS:

Study findings reveal that (2) 3% of mothers had Very poor knowledge, (16)26% of mothers had poor knowledge, (18)31% of mothers had average knowledge and the remaining (18)31% had good knowledge. Significant association was found between knowledge scores of post-natal mothers regarding kangaroo mother care such as occupation, type of family, no of children, weight of the pre term baby, health services (Df =1, Table value=3.84, p<0.05).

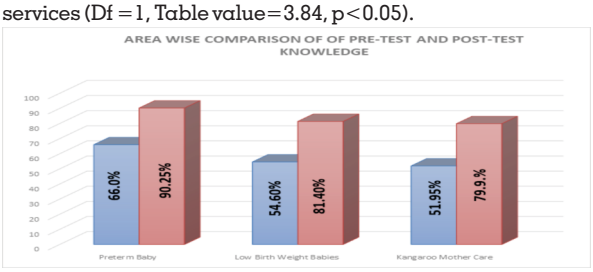

Figure No.1: Pre test and post Test knowledge score of Post Natal Mothers

Table No 1: Distribution Of Mean And SD Level Of Post Natal Mothers

Sr No	Content	Mean			SD		
		Preterm Baby	Low Birth Weight Babies	Kangaroo Mother Care	Preterm Baby	Low Birth Weight Babies	Kangaroo Mother Care
1	Pre-Test	2.2	1.8	1.7	1.22	2.93	2.6
2	Post Test	3.0	2.7	2.6	1.2	2.9	1.9

CONCLUSION:

Postnatal mothers had a good knowledge after structured teaching programme about CPU. The structured teaching programme was effective in improving the level of knowledge.

REFERENCES:

1. Suraj Gupta (2004). "Text book of pediatrics" (7 th ed,), New delhi: jaypee brothers Page No: 255-267.
2. Treece,j. w., and Treece J.W.E. (1980). "Elements of research in nursing" (4 th ed), St. Louis: the CV. Mosby.Combany Page No: 687.
3. Wong's D.L. and Perry, S.E. (1998). "Maternal child health Nursing care" (1 st) . London: Mosby Publications Page No: 456.
4. Meharaban singh (2004). "Care of the newborn" (6th rd), NEW delhi : sagar publications Page No: 304.
5. Abdellah, F.G and Levine (1979). "Better Patient care through Nursing research". (2nd ed), New yor : MC Millan. Page No: 350
6. Fraser, D. M, Cooper, M.A. (2003). "Myles test book for midwives".(14 th ed,), New york : Churchil Livingston. Page No: 490
7. Gardener, S., and Goldson (2002) the mother as incubator after delivery. Journal of obstetrics, Gynaecolgic and neonatology nursing P.No. 174-176.
8. Daga S.G. (1989). Reduction in neonatology mortality with simple interventions. 'Journal of tropical pediatrics" 35 Page No: 191-194.Sreedevi K. A study to assess the effectiveness of structured teaching programme regarding knowledge, Attitude and practice on breast self examination in a selected group of women in garment textile industries at Chennai. "Indian Journal of Holistic Nursin" 2006 Dec 1; 2(3) Page No: 26-27.
9. Bohnhorst, B., Heyne, T., Peter, C. S., Poets, C. F. (2001). Skin-to-skin (kangaroo) care, respiratory control, and thermoregulation. 'Journal of Pediatrics", Page No: 138(2), 193-7.