



ORIGINAL RESEARCH PAPER

Nursing

INFLUENCE OF SOCIO-DEMOGRAPHIC VARIABLES ON KANGAROO FATHER CARE (KFC)

KEY WORDS:

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ABSTRACT

Background And Aim: Skin-to-skin contact is the best way of maintaining thermoregulation of the baby. It can be practiced by any one. The present study is intended to find out the influence of Socio-Demographic Variables on Kangaroo Father care. **Methodology:** Quantitative research approach with True Experimental Randomized control design was used. Study was conducted in Shri Vinoba Bhav Civil Hospital, Silvassa. In total 100 fathers were selected who had first baby born by Lower Segmental Caesarean Section by using Non-Probability, Total Enumeration Sampling Technique, then they were randomized into control and Experimental group. Self report was used to collect the data. Interview Schedule was used to collect the data. Modified Father Baby Attachment Scale was used to assess the attachment between father and baby after implementation of KFC. **Results:** Obtained p value shows that there is no significant association between Level of FBA and Socio-Demographic variables such as Age, Occupation of the father, Family monthly income (Rs.), Type of family, Marital status, Religion, Place of Residence and Source of Information at 0.05 level of significance. Hence research hypothesis does not have adequate support to accept at 0.05 level of significance. There is significant association between FBA and Educational Qualification of the father at 0.05 level of significance. Hence research hypothesis is accepted at 0.05 level of significance. **Conclusion:** Present study shows that Education status of the father influence the Father baby attachment.

INTRODUCTION

The skin-to-skin contact was first begun in Colombia, south American in 1978 by Rey and Martine due to lack of baby equipment and increased risk of infection in hospital with an aim to prevent hypothermia. Father's participation in care, father's, supporter by their wife's, taking responsibility of their children, spending full attention is given with their children on leisure times, playing games together and attending activities supports their attachment with their babies. A strong father -infant attachment after childbirth serves as a good first point for such a role.

New-born receives the care in the initial weeks is the key to their successful outcome and the vital factor for the survival and future development of the new-born. New born care includes maintenance of body temperature, Breastfeeding skin care baby bath, umbilical cord care and eye care. New born have more chances to get hypothermia, which will be prevented by Kangaroo mother care. Breastfeeding is the best natural feeding and the best milk will for the new born. Breastfeeding is the most effective way to provide a baby with a caring environment & it is a complete food. It meets the nutritional as well as emotional & psychological needs of the new-born. Immunization is a process of protecting an individual from a disease through introduction of live or killed or attenuated organisms by providing or Augmentin the immunity. Skin care by baby massage will improve blood circulation and provide strength to new born babies vital component of new born care is to prevent baby from infection.

The term attachment has many different meanings. Traditionally, it refers to an infant's attachment to the mother as assessed by observing the infant's behaviour in specific situations. For example, the Strange Situation is a separation reunion paradigm, which can be used to subtype the infant's attachment to the parent.

METHODOLOGY

Research Approach and Research Design: Quantitative research approach with True Experimental Randomized control design was used.

Setting: Study was conducted in Shri Vinoba Bhav Civil Hospital, Silvassa.

Sampling & Sample: In total 100 fathers were selected who had first baby born by Lower Segmental Caesarean Section by using Non-Probability, Total Enumeration Sampling Technique, then they were randomized into control and Experimental group.

Data Collection Technique & Tool: Self report was used to collect the data. Interview Schedule was used to collect the data. Modified Father Baby Attachment Scale was used to assess the attachment between father and baby after implementation of KFC.

Independent Variables: Kangaroo Father Care

Dependent Variable: Level of Father Baby Attachment

Data Analysis: Descriptive and Inferential Statistics

RESULT

Association Between Level Of Father Child Attachment With Selected Socio-demographic Variables By Using Fisher Exact Test n = 100

Sr No	Socio- Demographic variables	Level of Father Baby Attachment				F value & Inference
		Secure (85-69)	Avoidant (68-52)	Ambivalent (51-35)	Disorganise (34-0)	
1	Age					0.424, NS
	≤19	0	3	0	0	
	20-25	6	26	3	0	
	26-30	11	33	0	0	
	≥31	3	15	0	0	
2	Educational qualification of father					0.028*
	No formal educational	0	7	0	0	
	Primary school education	2	10	3	0	

	Middle school education	3	30	0	0	
	High school education	7	15	0	0	
	Intermediate or post high school	0	2	0	0	
	Diploma education	1	5	0	0	
	Graduation	6	8	0	0	
	Post graduate	0	1	0	0	
3	Occupation of father					

Sr No	Socio-Demographic variables	Level of Father Baby Attachment				F value & Inference
		Secure (85-69)	Avoidant (68-52)	Ambivalent (51-35)	Disorganise (34-0)	
	Unemployed	1	3	2	0	0.233 NS
	Unskilled worker	0	7	2	0	
	Semi-skilled worker	6	23	0	0	
	Skilled worker	7	24	1	0	
	Clerical farmer, Shop owner	3	8	0	0	
	Semi professional	2	5	0	0	
	Professional	0	6	0	0	
4	Family monthly income (Rs.)					
	≥41430/-	0	2	0	0	0.18 NS
	20715-41429/-	4	5	0	0	
	15536-20714/-	7	17	2	0	
	10357-15535/-	5	30	0	0	
	6214-10356/-	2	21	2	0	
	2092-6213/-	0	3	0	0	
5	Type of family					
	Nuclear	13	34	2	0	0.327, NS
	Joint	5	39	2	0	
	Extended	1	4	0	0	
6	Marital status					
	Married	17	68	2	0	0.111, NS
	Engaged	0	12	1	0	
7	Religion of father					
	Hindu	29	58	3	0	0.249, NS
	Muslim	1	6	1	0	
	Christian	1	0	0	0	

Sr No	Socio-Demographic variables	Level of Father Baby Attachment				F value & Inference
		Secure (85-69)	Avoidant (68-52)	Ambivalent (51-35)	Disorganise (34-0)	
	Other	0	1	0	0	
8	Place of residence					
	Urban	4	50	1	0	0.047*
	Rural	5	31	1	0	
	Semi urban	0	2	0	0	
	Belongs to DNH	1	3	2	0	
	Mention if from other state	1	1	0	0	
9	Sources of information on skin-to-skin contact					
	Mass media	2	6	1	0	0.543, NS
	Printed materials	2	6	0	0	
	Health personnel	14	53	2	0	
	Family and Relatives	1	12	1	0	

*Significant at 0.05 level, ** Highly significant 0.01 level, *** Very highly significant at 0.001 level and NS:Not significant.

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