



PROBLEM STATEMENT: “A quasi experimental study to assess the effectiveness of video assisted teaching on the knowledge regarding kangaroo mother care among the mothers of low birth weight babies in selected hospital, Punjab.”

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ABSTRACT: Kangaroo Mother Care is humanization of high technology and is an alternative for minimum neonatal care unit. In communities where majority of deliveries are at home and very limited resources for neonatal care are available. Kangaroo Mother Care is alternative for all low birth weight and sick new born babies. A Quasi-experimental research design was used to assess the effectiveness of video assisted teaching on the knowledge regarding kangaroo mother care among 60 mothers of low birth weight babies who are admitted in Mata Kaushalya hospital, The results the study were: In pre-test knowledge score • Maximum mothers 26(86.7%) had average knowledge regarding KMC in preexperimental group. • Maximum mothers 27(90%) had average knowledge regarding KMC in post-control group. In post-test knowledge score • Maximum mothers 29(96.7%) had good knowledge regarding KMC in post experimental group. • Maximum mothers 27(90%) had average knowledge regarding KMC in post control group. The Chi-square value shows that there is significance association between the score level and demographic variables (Occupation i.e. 16.494, $p=0.002$ and Child gender i.e. 6.667, $p=0.036$). There is no significance association between the level of scores and other demographic variables because the calculated chi-square values were less than the table value at the 0.05 level of significance.

KEY WORDS: Effectiveness, Video Teaching, Kangaroo Mother Care, Low Birth Weight Babies.

INTRODUCTION: Child Health is the foundation of the family and health of the nation. New born is the very important personality of the home. Among the major child health challenges facing the world at the turn of new millennium is the problem of high neonatal mortality. Some twenty million low birth babies are born

each year either preterm birth are thus associated with high neonatal and infant morbidity. Kangaroo Mother Care is humanization of high technology and is an alternative for minimum neonatal care unit. In communities where majority of deliveries are at home and very limited resources for neonatal care are available. Kangaroo Mother Care is alternative for all low birth weight and sick new born babies. Approximately, in India alone; 6 to 8 million low birth weight infants are born annually. Kangaroo Mother Care (KMC) includes thermal care continuous into skin to skin contact support for exclusive breast feeding or appropriate feeding and early recognition, response to the illness whilst increasingly accepted in both high and low income countries. Almost 99% of the 4 million neonates (in the first 4 weeks of life) deaths worldwide occur in low and a middle union country although kangaroo mother care has been promoted service. Babies with the birth weight of less than 2500gm, irrespective of the period of their gestation are classified as low birth weight babies. High incidence of low birth weight babies in our country is accounted for by a higher number of babies with intra uterine growth retardation rather than pre term babies. In the present circumstance, it is not possible to offer special care to all low birth weight babies. Birth weight is the single most important marker of adverse prenatal, neonatal and infantile outcome. Indian Statistical Institute reported nearly 20% of new born have 2 low birth weight in India. Over 80% of all neonatal death in both the developed and developing countries. One of the most critical factors is the survival of low birth weight babies is satisfactory maintenance of their body temperature. A new born baby is physiologically homo thermal and is equipped with a thermostat in the hypothalamus but thermo regularity efforts are often insufficient in pre-term. Kangaroo mother care is a method in which mother holds baby only in a diaper, in an upright prone position on her breast. The baby's head is turned to one side so that ear of the baby is above mother's heart. The baby is covered with mother's gown. The benefits of Kangaroo mother care (KMC) to baby includes providing warmth, promoting lactation breast feeding, sense of security, improve weight gain, promotes sleep. Benefits to parents include promoting parent child bonding, reducing parental stress, and providing confidence to take care of baby. By providing and promoting kangaroo mother care, the problem of hypothermia's infection is reduced. Video assisted teaching programme is more useful and effective as mothers can understand it in real situation. All aspects of kangaroo mother care can be covered with video assistance and the concept will be clear to them. Video assisted teaching programme, thus enables mothers to practice KMC in their settings. Nurses should be given extra training regarding when and how to initiate KMC, so that mothers and infants are benefited

RESEARCH METHODOLOGY:

RESEARCH APPROACH: A quantitative research approach was considered appropriate for the present study as A Quasi-experimental study to assess the effectiveness of video assisted teaching regarding kangaroo mother care among the mothers of low birth weight babies in selected hospital of District Patiala, Punjab

RESEARCH DESIGN: A Quasi-experimental research design was used to assess the effectiveness of video assisted teaching on the knowledge regarding kangaroo mother care among the mothers of low birth weight babies in selected hospital of District Patiala, Punjab. The Present study was conducted in Mata Kaushalya Govt. hospital of District Patiala, Punjab.

TARGET POPULATION: Population of study consisted of mothers of low birth weight babies who are admitted in postnatal wards of Mata Kaushalya hospital, Patiala.

SAMPLE SIZE: A total sample size was 60 mothers of low birth weight babies who are admitted in Mata Kaushalya hospital, Patiala.

SAMPLING TECHNIQUE: Random Sampling Technique was used to collect data.

INCLUSION CRITERIA AND EXCLUSION CRITERIA:

INCLUSION CRITERIA: It includes those mothers who have: *Low birth weight babies (less than 2500gm)
*Under age of 10 days.

EXCLUSION CRITERIA: *Above 10 days babies are not included *More than 2500gm weight babies are excluded.

VARIABLES: Independent variable *Video assisted teaching Dependent variable *Knowledge

METHODS OF DATA COLLECTION: Data was collected through demographic variables and self-structured questionnaire

RESULTS: As per percentage distribution of mothers of LBW babies according to age and gender it was found that maximum mothers(60%) were in age group 20-25 years (60%) in experimental group, minimum (53%) in control group .However, in age group 26-35 years maximum number of mothers (47%) were in control group and minimum were (40%). As per area of residence percentage distribution of mothers of LBW babies was found that most of the mothers were belong to rural area (67%) in control group, followed by (57%) in experimental group were living in urban area. In spite of this, (43%) in experimental group mothers were living in rural area and only (33%) in control group mothers were living in urban area. 23 As per religion percentage distribution of mothers of LBW was found that most of the mothers (67%) were belongs to Sikh religion in control group and (43%) in experimental group, followed by (47%) mothers belong to Hindu religion in experimental group and (27%) in control group. In spite of this, (10%) mothers were belonging to Muslim religion in experimental group and only (7%) mothers were from control group. No one is from Christian religion. As per type of family percentage distribution of mothers of LBW babies was found that most of the mothers were belong to nuclear family (53%) in experimental group, followed by (47%) in control group. On the other hand (40%) mothers were belonging to joint family in experimental group as well as control group. Moreover, only (13%) mothers were from extended family in control group and (7%) in experimental group. As per marital status percentage distribution of mothers of LBW babies was found all the mothers were married in control as well as experimental group. As per educational status percentage distribution of mothers of LBW babies was found that most of the mothers (63%) were Matric pass in control group, followed by (43%) in experimental group. On the other hand (27%) mothers were passed secondary school in control group and (23%) in experimental group. In spite of this, (33%) mothers were graduate in experimental group and (10%) in control group. None of mother was illiterate in research study. As per occupation percentage distribution of mothers of LBW babies was found that most of mothers (87%) were housewife in experimental group, followed by (73%) mothers were housewife in control group. Besides this, (23%) mothers were doing private job in control group and only (7%) in experimental group. Moreover, (7%) mothers were doing government job in experimental group and only (3%) in control group. Nobody was self-employed in research study. As per Number of children percentage distribution of mothers of LBW babies was found that (43%) mothers have only one child in experimental group and (40%) in control group. Apart from this, (37%) mothers have two children in experimental as well as in control group. However, (23%) mothers have three Children in control group and (13%) in experimental group. Whether, only (7%) mothers have above 3 children in experimental group. As per monthly income percentage distribution of mothers of LBW babies was found that most of mothers (63%) have less than 5000 monthly income in control group ,followed by (30%) in experimental group. In spite of this, (53%) mothers have 5000- 10,000 monthly income in experimental group and only (20%) in control group. Besides 24 it, (17%) mothers have 10,000-15,000 monthly income in control group as well as in experimental group. Nobody have above 20,000 monthly incomes in research study. As per Source of Health information percentage distribution of mothers of LBW

babies was found that most of mothers(33%) were getting information from health workers in control group followed by (30%) in experimental group. Apart from this, (23%) mothers were getting information from media in control group as well as in experimental group. Moreover, (13%) mothers were getting information from newspaper in control as well as in experimental group. However, (33%) mothers were getting information from other sources in experimental group, followed by (30%) in control group. As per Child age(in days) percentage distribution of mothers of LBW babies was found that (80%) babies were of 0-5 days age group in control group ,followed by (73%) children in experimental group . Moreover, only (27%) babies were of 6-10 days age group in experimental group and (20%) in control group. As per child gender percentage distribution of mothers of LBW babies was found that most of babies (67%) were female babies in control group followed by (43%) babies in experimental group .Apart from this,(57%) were male babies in experimental group followed by (33%) in control group. Levels of knowledge Scores about VAT on KMC among mothers of LBW babies in pre experimental and control group. This showed that the maximum number of mothers 26(86.7%) were average knowledge, followed by only 2(6.7%) mothers were good and below average knowledge in pre experimental 32 group. Moreover, it was found that 27(90%) mothers were average knowledge, followed by 2(6.7%) mothers were good knowledge and 1(3.3%) mothers were below average knowledge in pre control group. mean score was maximum (11.73) in pre experimental group and minimum (11.53) in pre control group, followed by median score was more (12) in pre experimental group and only (11) in pre control group. Moreover, S.D. score was only 2.258 in pre experimental group and more in 2.432 in pre control group. Apart 7 87 7 7 90 3 0 10 20 30 40 50 60 70 80 90 100 Good(15-20) Average (8-14) Below Average(0-7) Evaluation criteria(Knowledge Scores) Pre Experimental Pre Control 33 from it, maximum mean percentage was (58.67%) in pre experimental group and minimum was (57.67%) in pre control group. Levels of knowledge Scores about VAT on KMC among mothers of LBW babies in post experimental and control group. This showed that the maximum number of mothers 29(96.7%) were good knowledge followed by only 1(3.3%) mothers were average and nobody were below average. PRE Experimental PRE Control 34 knowledge in post experimental group. Moreover, it was found that 27(90%) mothers were average knowledge, followed by 2(6.7%) mothers were below average knowledge and 1(3.3%) mothers were good knowledge in post Control group. Descriptive Statistics in post experimental and control group. This showed that mean score was maximum (16.77) in post experimental group and minimum (11.60) in post control group, followed by median score was more (17) in post experimental group and only (12) in post control group. Moreover, S.D. score was only (1.135) in post experimental group and more (2.458) in post control group. Apart from it, maximum mean percentage was (83.83%) in post experimental group and minimum was (58.00%) in post control group. Levels of knowledge Scores about VAT on KMC among mothers of LBW babies in pre/ post experimental and control group. This showed that the maximum number of mothers 29(96.7%) were good knowledge in post experimental group, followed by only 27(90%) mothers were average knowledge in Control 36 pre/post experimental and control group. Moreover, it was found that only 2(6.7%) mothers were below average knowledge in pre/post experimental and control group. maximum (16.77) in post-test experimental group and minimum was (11.53) in pretest control group. Moreover, S.D. score was maximum (2.458) in post control group and only in (1.160) in post experimental group. The result was significant in paired T test in experimental group and unpaired T test in control group.

CONCLUSION: The study showed that: • Post-test knowledge mean score was higher than pre-test knowledge score and standard deviation of pre-test knowledge score was higher than the post-test knowledge score in experimental group regarding KMC among mothers of LBW babies. • Post-test knowledge mean score was higher than pre-test knowledge score and standard deviation of post-test knowledge score was higher than the pre-test knowledge score in control group regarding KMC among mothers of LBW babies. • There was significance association between the score level and demographic variables (Type of family i.e.

9.856, $p = 0.043$ and monthly income i.e. 10.769, $p = 0.029$) in pre experimental group .Moreover, there was no significance association between the level of scores and other demographic variables in pre experimental group. There was no significance association between the level of scores and other demographic variables in post experimental group regarding KMC among the mothers of LBW babies. • There was significance association between the score level and demographic variables (Type of family i.e. 9.815, $p = 0.044$) in pre control group. Besides this, there was significance association between the score level and demographic variables (Occupation i.e. 16.494, $p = 0.002$ and Child gender i.e. 6.667, $p = 0.036$) in post control group. Besides it, there was no significance association between the level of scores and other demographic variables in pre control group. Whether, was no significance association between the level of scores and other demographic variables in post control group. Hence it was concluded that VAT was effective as evidence by the result of pre-test and post- test knowledge in experimental and control group regarding KMC among 64 mothers of LBW babies. The knowledge and skills of mothers can be improved through VAT.

IMPLICATIONS OF THE STUDY: The findings of this study can be utilized in all the domains of nursing i.e. nursing practice, nursing research, nursing education, nursing administration and the implications are: Nursing practice • Nurses are the key persons of the health team, who play a major role in health promotion and maintenance. Nursing care is an art and science in providing quality care. • This study implies a basis for developing a view for the mothers towards appropriate care of the LBW babies. Nursing Education • As a nurse educator, there are an abundant opportunities for nursing professional to educate people regarding the KMC. • It will help them to adopt the appropriate knowledge regarding KMC towards their babies and helps to increase awareness. • Nursing personnel working in different areas should be given in-service education and help them to update with recent knowledge. • Through the mass media information can be given to people about the KMC. • Nursing Administration • To assess the knowledge and practice of staff nurses and mothers of LBW babies regarding KMC. • Nurse administrator can take part in conducting educational programs to provide knowledge to mothers of LBW babies regarding the KMC. • Administrative support should be provided to conduct in service educational programs for the nursing personnel regarding KMC. • Administration should form the standard protocol for KMC for all mothers of LBW babies. Nursing Research • This study helps nurse researcher to develop appropriate information for educating the mothers of LBW babies regarding the KMC. 60 • The study will motivate the beginning researchers to conduct same study with different variables on a large scale. The public and private agencies should also encourage research in this field through materials and funds. • Similar study can be undertaken in order to find out other variables influencing the mothers of LBW babies regarding KMC. • In service education programme should be developed to spread the awareness about the thermal control and prevention from infection regarding KMC

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