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Original Article

A Study to Assess the Knowledge and Practice Regarding KMC among Mother of Under Five Children with a View to Develop an information Booklet in Selected Hospital at Bharatpur Raj

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Abstract

Introduction : Kangaroo mother care is the innovative method of taking care of low birth weight infants. Birth weight is the single most important marker of adverse perinatal, neonatal and infantile outcomes. Over 80% of all neonatal deaths, in both the developed and developing countries, occur among the low birth babies.[1]

Methodology : In this study descriptive research approach was used. A descriptive research design is best suitable, as it is used to examine characters of a single sample. Setting of the study was Gupta hospital, Bharatpur. The target population in the present study includes mothers of under five years children at Gupta hospital, Bharatpur. Under five year's children at Gupta hospital, Bharatpur. The Sample Size will be 60 mothers of under five years children at Gupta hospital, Bharatpur; Sampling Technique: convenient sampling technique used for the current study A structured interview questionnaire regarding KMC was selected as appropriate method of data collection for the study. A good deal of information could be obtained by giving questionnaire to the mothers of under five years children. A structured interview questionnaire regarding KMC was selected for the study to collect the data from mothers of under five years children to assess the knowledge of mother regarding KMC.

Results : The correlation score was 0.6 between knowledge and practices; it mean that there was a positive relationship between knowledge and practices. But it is not say that if knowledge will increase then practices also increased. Some mothers of under five children show the positive relationship. Some mothers of under five children has good knowledge with good practices.

Conclusions : The overall knowledge mean score of mothers of under five children regarding KMC was 15.62. It concluded that mother have low knowledge and not practice in proper way. After providing knowledge and practice Regarding KMC among mother of under five children increases.

Keywords : Assess; Knowledge and Practice; KMC; Under Five Children; information Booklet

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Introduction

"THE BEST YOU CAN DO FORY OUR PREMATURE BABY"

Babies with birth weight less than 2.5 kg irrespective of the period of their gestation are classified as Low Birth Weight Babies. These include both preterm and small for date babies. About 25-35% of babies in India are LBW opposed to about 5- 7% of newborn in the west.[2]

In the present circumstances, it is not possible to offer special care to all low birth weight babies. Skin-to -skin contact-direct contact with the skin of the motheror any family member provides biologically controlled heat source. The method has been effectively developed in South Africa to improve the survival of vary low birth weight and preterm babies.[3]

Just as a mother kangaroo who cradles her babyjoyin a pouch, parents of low birth weight infant can create a skin to skin connection that promotes healing and attachment. It is likely to provide useful electromagnetic vibration of healing, loveand compassion from mother to her infant.[4]

Kangaroo Mother Care is the method of holding an infant with skin to skin contact, prone and upright on the chest of the parents. This method was described as human incubator of low birth weight babies.[5]

When baby is ready for KMC, arrange a time that is convenient to the mother and her baby. Encourage her to bring her mother/mother in law, husband or any other members of the family. I t helps in building positive attitude of the family and ensuring family support to the mother which is particularly crucial for post discharge home based KMC, interacts with someone already practicing KMC for her baby.6

Inferring from mammalian animal behaviour, believe that there is much wrong with our present way of treating the newborn. On recent findings in neuro- endocrinology, it is the newborn infant itself which begins and directs the attachment process that is aided by skin contact with the mother. The mother responds to her infant?s "attachment program" and mother and infant set up a mutually stimulating system to which both respond by altering hormonal outputs. As an example, if the newborn is placed on the mother?s chest, within one hour, the baby will pull itself to the breast, find the nipple and begin nursing.[7]

One of the problems with our present attitude of unnecessarily separating mother from infant is that the newborn exhibits the protest-despair response as soonas it is removed from her. The skin-to-skin contact of the mother and child allows for a needed emotional closeness of both as well as allowing the production of essential bonding hormones.[8]

Low birth weight babies may also results in complications like respiratory distress syndrome, Hypothermia, Hypoglycemia, Feeding difficulties, mental retardation, failure to thrive etc. To manage and to prevent the complication in low birth weight babies, an effective and low cost method like kangaroo mother care needed to practiced by mothers of low birth weight babies.[9]

KangarooMother Care is a powerful, easymethod to use andto promote the health and wellbeing of low birth weight babies. Kangaroo Mother Care helps in maintaining temperature of infant; facilities breast feeding; improves growth; reduces infection; and improves mother- infant bonding.[10]

Methodology :

Research approach : In this study descriptive research approach was used to assess the knowledge and practices regarding KMC among mother of under five children in selected hospital at Bharatpur.

Research design : A descriptive research design is best suitable, as it is used to examine characters of a single sample.

Setting of the Study : This study was conducted in selected hospital at Bharatpur i.e. Gupta hospital, Bharatpur.

Population : The target population in the present study includes mothers of under five years children at Gupta hospital, Bharatpur.

Sample : Under five year's children at Gupta hospital, Bharatpur;

Sample Size : The Sample Size will be 60 mothers of under five years children at Gupta hospital, Bharatpur; Sampling Technique: convenient sampling technique used for the current study

Data collection technique : A structured interview questionnaire regarding KMC was selected as appropriate method of data collection for the study. A good deal of information could be obtained by giving questionnaire to the mothers of under five years children.

Description of the Tool :

Selection of Tool : A structured interview questionnaire regarding KMC was selected for the study to collect the data from mothers of under five years children to assess the knowledge of mother regarding KMC.

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Development of the tool : In the process of developing the tool, the investigator research and non- research literature, had discussion with experts in the field of nursing, other various department and statistician. After the discussion and correction the final tool was prepared; this helped in the selection of the content for the development of the tool.

Description of the Tool : The Structured interview questionnaire of final tool consists of two sections:

Section I : This section is the first section related to demographic variables of mothers of under five year children i.e. age, religion, education of mother, occupation, type of family previous knowledge regarding KMC.

Section II : This section is the second part of structured interview questionnaire, which consists of 30 questions related to KMC.

Results :

The finding of the study was organized and presented in the following section:

Part I : Description of demographic variables of the mothers of under five children

Section II : Level of knowledge and practices of mothers of under five children regarding KMC.

Section III : Correlation between knowledge and practices of mothers of under five children regarding KMC

Section IV : Association level of knowledge of mothers of under five children regarding KMC with selected demographic variables.

Part I : Description of demographic variables of the mothers of under five children

Table-1 : Description of demographic variables of the mothers of under five children

Demographic Variables	Frequency	Percentage (%)
Age (in year)		
20 - 25	20	33.33%
26 - 30	25	41.66%
31 - 35	10	16.66%
Above 35	05	08.33%%
Religion		
Hindu	35	58.33%
Muslim	15	25%
Christian	06	10%
Other	04	06.66%
Education of mother		
No formal education	15	25%
Primary school	20	33.33%
Secondary & higher secondary	15	25%
Graduate and post graduation	10	16.66%
Occupation		
Housewife	30	50%
Government employee	10	16.66%
Self employment	05	08.33%
Other	15	25%
Type of Family		
Nuclear	20	33.33%
Joint	40	66.66%
Previous Knowledge		
Yes	25	41.66%
No	35	58.33%

SECTIONII : Level of Knowledge and Practices of Mothers of Under Five Children Regarding KMC

a) Level of knowledge of the mothers regarding KMC

Table-2 : Level of Knowledge of Mothers Regarding KMC

S. No.	Level of knowledge	Frequency	Percent
1.	Poor (<50%)	30	50%
2.	Average (51 to 65%)	28	46.7%
3.	Good (>65%)	02	3.33%

b) Knowledge score of mothers of under five children regarding KMC

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Table-3 : Knowledge score of mothers of under five children

S.No.	Aspect of Knowledge	Max. Score	Mean	Mean percentage	Median	Standard Deviation
1.	Knowledge score regarding KMC	30	15.62	52.07	15.5	1.60

SECTION III : Correlation between Knowledge and Practices of Mothers of Under Five Children Regarding KMC

Table-4 : Correlation between knowledge and practices level

S.No.	Mean	Median	SD	Correlation
Knowledge level	15.62	15.5	1.60	0.6
Practice level	9.83	10	1.46	

SECTION IV : Association Level of Knowledge of Mothers of Under Five Children Regarding KMC with Selected Demographic Variables

Table-5 : Association Level of Knowledge with Selected Demographic variables

S. No.	Variables	Level of Knowledge			Df	X^2 Value	Table Value	Remarks
		Poor	Average	Good				
1.	**Age**							
	20- 25years	17	8	5	6	8.98	12.59	NS
	26- 30years	10	12	13				
	31- 35years	8	10	7				
	Above35years	3	2	5				
2.	**Religion**							
	Hindu	29	17	19	6	5.92	12.59	NS
	Muslim	6	7	12				
	Christian	1	2	4				
	Other	1	1	1				
3.	**Education of Mothers**							
	No formal education	11	6	3	6	17.86	12.59	S
	Primary School	21	23	11				
	Secondary and Higher secondary	3	3	9				
	Graduate and post graduate	3	1	6				
4.	**Occupation**							
	Housewife	20	17	15	6	13.60	12.59	S
	Government employee	2	1	5				
	Self employment	1	1	3				
	Other	13	18	4				
5.	**Typeof Family**							
	Nuclear	15	11	9	2	4.39	5.99	NS
	Joint	35	9	21				
6.	**Previous Knowledge**							
	Yes	16	15	29	2	9.05	5.99	S
	No	20	12	08				

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Discussion

Major finding of the study are summarized as follows:

- Most samples 25 in number 41.66% were from age group of 26 - 30, followed by 20 in number 33.33% from age group of 20 - 25, some was 10 in number 16.66% from age group of 31 - 35 and remaining 05 in number 08.33% from age group of above 35.
- Most samples 35 in number 58.33% were Hindu, followed by 15 in number 25%wereMuslim,some was 06 in number 10% wereChristianandremaining 04 in number 06.66% were Other.
- Most of samples 20 in number 33.33% have primary school education level, followed by 15 in number 25% were have bot no formal education and secondary and higher secondary education and remaining 10 in number 16.66% have graduation and post graduation.
- The occupation of most of samples 30 in number 50% was house wife followed by 15 in number 25% was other work, some of them 10 in number 16.66% was government employee and remaining 05 in number 08.33% was self-business.
- Most of samples 40 in number 66.66% was have joint family and remaining20 in number 33.33% were have nuclear family.
- The most of samples 35 in number 58.33% was have not any type of previous knowledge regarding KMC and remaining 25 in number 41.66% was have previous knowledge regarding KMC.

Conclusions

The following conclusion were drawn on the basis of the findings of the study

- The overall knowledge mean score of mothers of under five children regarding KMC was 15.62.
- The overall knowledge median score of mothers of under five children regarding KMC was 15.5.
- The overall knowledge SD score of mothers of under five children regarding KMC was 1.60.
- The overall practice mean score of mothers of under five children regarding KMC was 9.83.
- The overall practice median score of mothers of under five children regarding KMC was 10.
- The overall practice SD score of mothers of under five children regarding KMC was 1.46.
- The correlation value between knowledge and practices was 0.6. Which indicate the positive relationship between knowledge and practice?
- The association level of knowledge with selected demographic variables was significant association with education of mother, occupation and previous knowledge and not significant with age, religion, and type of family.

Recommendations

1. A similar study can be replicated on a samples with different demographic variables
2. A similar study can be replicated on a other problems of new born
3. A similar study can be conducted by taking samples from two different settings like private hospitals, nursing homes, others clinical facilities or selected area etc.
4. A similar study on a large sample may help to draw more definite conclusions and make generalization.
5. A similar study can be conducted by descriptive approach, often serves to generate hypothesis for future research.
6. A similar study can be conducted use of different research design.

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Conflict of Interest : There are no conflicts of interest

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