

A Quasi-Experimental Study To Evaluate The Effectiveness Of Structured Teaching Program On Knowledge Regarding Kangaroo Mother Care Among Post-Natal Mothers At Rajshree Medical College & Hospital Bareilly, U.P.

Ms. Anshita^{1*}, Ms. Heena Praveen²

^{1*}Faculty of Nursing, Arya Institute of Paramedical Sciences, Bareilly, U.P, India, Email: anshitajohri1998@gamil.com

²Faculty of Nursing, Arya Institute of Paramedical Sciences, Bareilly, U.P, India, Email: anshitajohri1998@gamil.com

ABSTRACT

BACKGROUND OF THE STUDY

A research on kangaroo care with full-term infants who were having trouble breastfeeding was done in a clinical environment. This clinical experience led to the conclusion that Kangaroo care is a good technique to explore when a woman and her full-term newborn are having trouble latching on successfully. Skin-to-skin contact with the mother improves neurobehavioral development in preterm infants who are not fully formed. In 1979, Colombian doctors Ray and Martinez advised moms to hold their preterm kids skin-to-skin like kangaroos in order to act as "human 16 incubators." Due to the high likelihood of nosocomial infections and lack of resources, it serves as an alternative to NICU treatment. Due to Colombia's experience, several European nations have adopted kangaroo care in their nurseries because of the physiological, mental, and physical advantages it provides for both parents and newborns.

OBJECTIVES

- To assess the pre-test knowledge score regarding kangaroo mother care among post-natal mothers at Rajshree medical college & Hospital Bareilly, U.P.
- To assess the effectiveness of planned teaching program on knowledge regarding kangaroo mother care among post-natal mothers at Rajshree medical college & Hospital Bareilly, U.P.
- To assess the post-test knowledge score regarding kangaroo mother care among post-natal mothers at Rajshree medical college & Hospital Bareilly, U.P.
- To find out the association between post- test knowledge score with their demographic variables.

METHOD

A quasi-experimental research design was used for the present study. The samples was postnatal mothers of Rajshree Medical College and Hospital, Bareilly. Convenient sampling technique was used to select a total number of 60 participants. The data was collected by using questioners to evaluate the knowledge regarding kangaroo mother care. The main study was conducted in Rajshree medical college and hospital Bareilly, U.P. The data analysis was done by using descriptive and inferential statistics.

RESULTS

Mean pre-test knowledge score was 14.4 and mean post –test knowledge score was 34.9 the difference between pre-test knowledge score was statistically significant.

Highest percentage of knowledge are in age group (50%) below 25 years. Highest percentage are in educational qualification is (40%) no formal education. Highest percentage are in occupation (58.33%) house wife. Highest percentage are in type of family (30%) nuclear. Highest percentage are in no. of children (41.66%) 2, (41.66%) 3. Highest percentage are in sources of information (40%) mass media (radio, T.V.). Highest percentage are in health services availed from (58.33%) P.H.C. Highest percentage are in type of delivery (50%) normal delivery.

The study shows that there is not significant association of level of knowledge of postnatal mothers regarding kangaroo mother care with age, educational qualification, occupation, type of family, no. of children, sources of information, health services availed from, type of delivery. There is not significant association of level of knowledge regarding kangaroo mother care among postnatal mothers, hence the hypothesis is not accepted.

1. INTRODUCTION

**“Children are the wealth of the nation, Take care of them,
If you wish to have a strong India”**

-Nehru

Yes, a healthy kid is the cornerstone of a strong family and a prosperous country.

The most significant personality in the home is the newborn. The entire family extends a warm welcome to him or her.ⁱ
M.J.Anderson (2010)

The issue of elevated neonatal mortality is one of the main issues in child health that the world is currently confronting. An astounding five million infant fatalities are thought to occur annually in the world. Only 2% (0.1 million) of these deaths take place in industrialized nations; the remaining 98% (4.9 million) occur in underdeveloped nations. Nearly 2 million newborns die in the South Asian nations with the greatest neonatal mortality rates each year, with India accounting for 60% of those fatalities (1.2 million).ⁱⁱ

Belizan, J. M. (2012)

Each year, more than 20 million infants are born underweight. 15.5% of all births are accounted for by this. 95.6% of these low birth weight infants are born in poor nations. In India in 2005, one in twelve infants (8.3% of live births) had low birth weight. In India, the proportion of low birth weight newborns rose to 11% between 1995 and 2005. This rate was progressively rising as a result of the inadequate resources and treatment. About 26% of all live births in India involve infants that are under 2500 grammes in weight. Term births account for more than half of these. Greater body surface area in comparison to body weight is a problem for premature newborns.ⁱⁱⁱ

Alencar, De (2013)

About 26% of all live births in India involve infants that are under 2500 grammes in weight. Term births account for more than half of these. Due to insufficient brown fat reserves, preterm newborns have larger body surfaces relative to their body weight and struggle to maintain a healthy weight. He goes on to say that compared to full-term newborns and adults, preterm infants have thin skin, smaller fat reserves, an undeveloped neural system, and less readily available metabolic substrate. As a result, preterm babies in adults have a four-fold increase in heat transmission through internal gradient.^{iv}

NEED OF STUDY

Neonatal morbidity and death are mostly caused by preterm, intra uterine growth retardation, and low birth weight. According to WHO (2001), a specific low birth weight is to blame for 16% of newborn mortality (109.5 per 1000 live births).^v

In India, the infant death rate is 60 per 1,000 live births, while the neonatal mortality rate is 40 per 1,000 live births. In Tamil Nadu, the rate is 44 per 1,000 live births, while in Karnataka, it is 40 per 1,000 live births. Data point to a worrying situation. It is essential to establish a low-cost, effective modality while providing care for low birth weight infants in order to achieve the Health for All by 2010 goals of 20 Infant Mortality Rate.^{vi}

The infant should keep their body temperature at 37 degrees Celsius. Inadequate thermoregulation in newborn newborns causes the central nervous system to grow immaturely, birth hypoxia, cerebral bleeding, and a failure to maintain a healthy temperature neural environment. Infants that are premature or tiny for gestational age lose more heat because of their large surface area, thin subcutaneous tissue, low levels of brown fat, and low glycogen reserves.^{vii}

In low birth weight infants, hypothermia causes an increase in surfactant synthesis and surfactant efficacy, a decrease in PH, a lower partial oxygen pressure (PO₂), hypoglycemia, less oxygen consumption, a shift in cardiac output to brown fat, a greater use of caloric reserves, a decrease in infant weight gain, and a decrease in blood coagulability. As a result, infant mortality rises.^{viii}

In order to analyse preterm mothers' understanding of kangaroo mother care and to assess the efficacy of a systematic education programme on kangaroo care among preterm mothers, Siva Priya S, Subash J, and Kamala S. (2008) did a quasi-study research. 35 moms in all were chosen for the study. The study's conclusions showed that there was no prior awareness about kangaroo care. The mother's understanding of kangaroo care enhanced following the organised education program, as evidenced by the posttest. There were 6 (17.10%) moms who knew too little about kangaroo care, 25 (71.4%) mothers who knew enough, and 4 (11.5%) mothers who knew enough. A straightforward, inexpensive, and highly successful solution for low birth weight is kangaroo mother care.^{ix}

STATEMENT OF THE PROBLEM

A quasi-experimental study to evaluate the effectiveness of structured teaching program on knowledge regarding kangaroo mother care among post-natal mothers at Rajshree medical college & Hospital Bareilly, U.P.

AIM

To gain the knowledge regarding kangaroo mother care among post-natal mothers at Rajshree medical college & Hospital Bareilly, U.P.

OBJECTIVES

- To assess the pre-test knowledge score regarding kangaroo mother care among post-natal mothers at Rajshree medical college & Hospital Bareilly, U.P.
- To assess the effectiveness of planned teaching program on knowledge regarding kangaroo mother care among post-natal mothers at Rajshree medical college & Hospital Bareilly, U.P.
- To assess the post-test knowledge score regarding kangaroo mother care among post-natal mothers at Rajshree medical college & Hospital Bareilly, U.P.
- To find out the association between post- test knowledge score with their demographic variables.

OPERATIONAL DEFINITIONS

- **ASSESS:** In this assess means “gathering information for evaluation of knowledge regarding kangaroo mother care by formulating close-ended questions”

- **EFFECTIVENESS:** It refers to the out put of structured teaching program in terms of gain in knowledge among postnatal mothers having low birth weight babies as assessed by a structured questionnaire.
- **STRUCTURED TEACHING PROGRAMME:** Structured teaching programme is designed to provide information about kangaroo care on all do mains among post-natal mothers.
- **KNOWLEDGE:** It refers to the level of under standing on kangaroo care as expressed through written responses by the postnatal mothers.
- **KANGAROO MOTHER CARE:** It refers to the practice of skin-to-skin contact between mother and infant in order to transfer the heat from the parent to the neonate.
- **POSTNATAL MOTHERS:** It refers to the postnatal mothers (mothers after the delivery of the baby) low birth weight babies in selected hospital, Bareilly.

CONCEPTUAL FRAMEWORK

An organized, cohesive set of discoveries typically results from good research. Such integration usually ties together new information and what is already known by looking back at earlier study on a subject and choosing or creating a suitable conceptual framework

REVIEW OF LITERATURE

The stage of reviewing the literature is crucial to the research effort. It lays the groundwork for further research, bolsters the case for research needs, sheds insight on study feasibility, explains the limitations of the data collecting and connects the results in an effort to provide a thorough examination of scientific information in a professional subject, from which sound hypotheses emerged.

Review of Literature categorized under following Headings:

- 1) Literatures related to benefits of kangarooing among newborns
- 2) Literatures related to knowledge regarding kangarooing among mothers

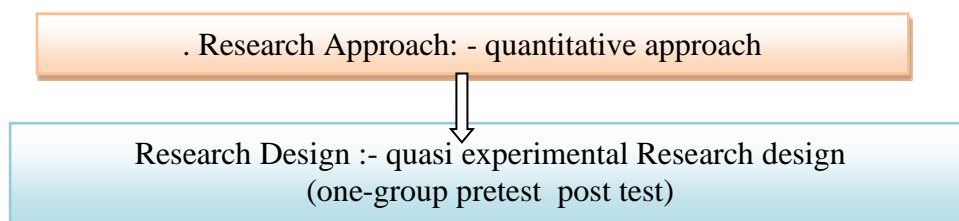
➤ Literatures related to benefits of kangarooing among newborns

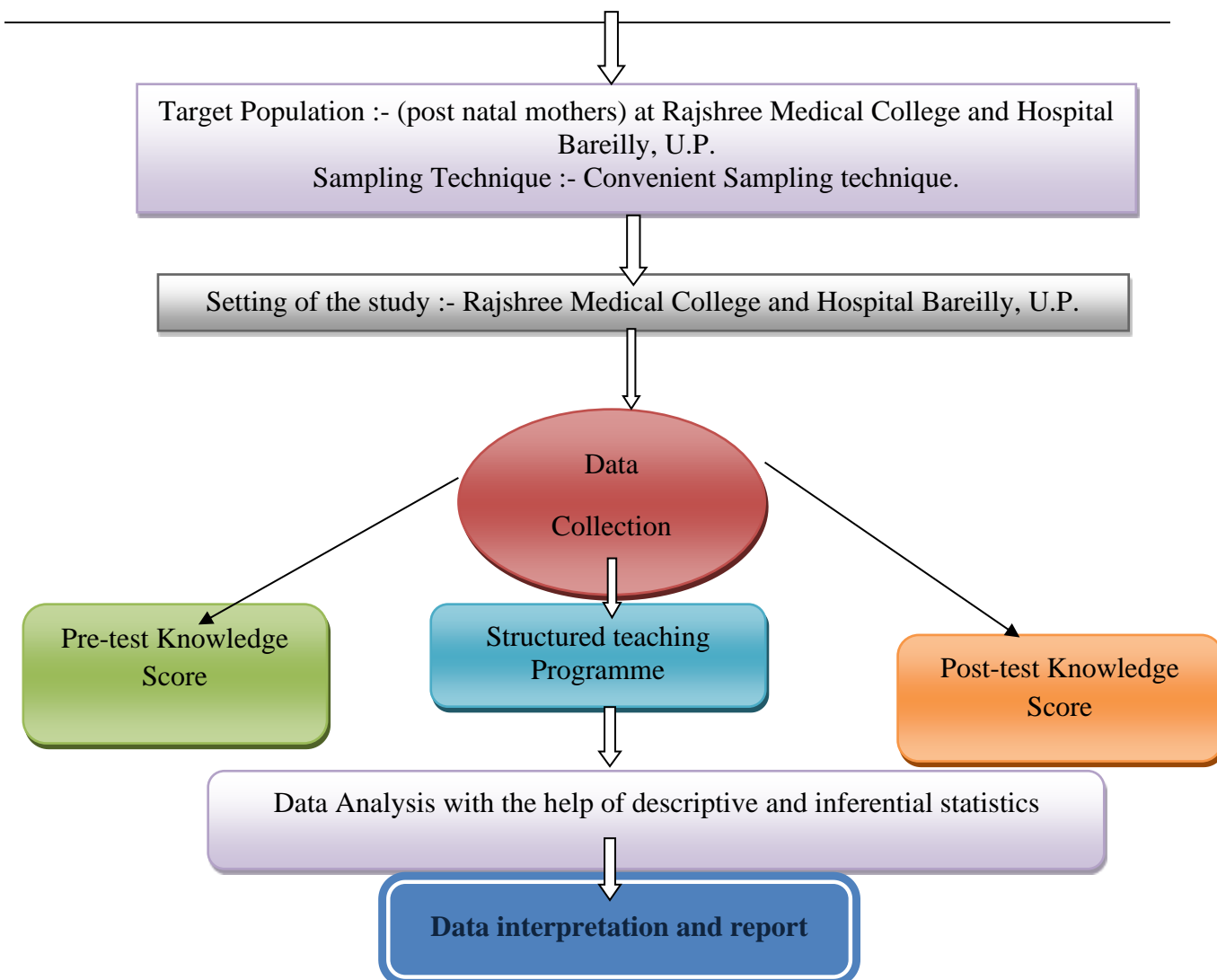
Nirmala et al. (2011) were examined a research using a repeated measure methodology related to Mothers and healthcare professionals' opinions of KMC in 50 neonates weighing between 1070 and 2460 g at birth made up the purposive sample for this investigation. A sample of 45 mothers (attrition rate = 8%) and 33 healthcare professionals were used to evaluate their perceptions of KMC. However, neither this information nor a summary of the questions was supplied in the publication. Instead, a guide that had been previously vetted by nine experts was utilized for the interviews with mothers. There is no information given about the interviewer or their connection to the study's subjects. All women agreed that KMC improved bonding and made them feel comfortable, content, and delighted to be helping with their child's care; 86.7% had no issues giving KMC to their child, and 30% thought it had enhanced their milk production. Nevertheless, 88% of respondents said they planned to keep using KMC at home.^x

2. Literatures related to knowledge regarding kangarooing among mothers

Fernandez, A., Kadam, S., Binay, S., Kanbur, W., and Mondkar, J. (2010) performed a randomised controlled experiment to assess the acceptability of Kangaroo Care in an Indian tertiary care facility. 89 newborns throughout the course of a year were divided randomly into two groups: the Kangaroo Mother Care group and the group using the conventional method of care. Both the KMC and CMC groups received 45 infants each through randomization. Seventy percent of moms said they felt at ease when receiving Kangaroo Mother Care, according to research results. 73% of respondents said they could provide care for kangaroo mothers. Enhancing the bond between a mother and her low birth weight infant may be done quickly and effectively with kangaroo mother care. It also has a significant impact in lowering the incidence of hypothermia in low birth weight infants.¹

METHODOLOGY





RESEARCH DESIGN

The research design adopted for this study is quasi- Experimental study. This study to evaluate the effectiveness of structured teaching programme on knowledge regarding kangaroo mother care among post-natal mothers at Rajshree Medical College & Hospital Bareilly, U.P. In this study investigators assessed the prevalence knowledge regarding kangaroo mother care in order to achieve and laid for this study objectives. An quasi-Experimental one group pre-test & post-test design was chosen for present study, which was felt to be appropriate by the investigator.

RESEARCH SETTING:-

The study was conducted in selected hospitals of Bareilly. The Hospital were:

- For Pilot study:- Keshlata College of Nursing Bareilly, U.P.
- For Main study :- Rajshree Medical College & Hospital Bareilly, U.P.

POPULATION

- **Accessible population:-** The population available from which the researcher can select.
- **Target population:** - The population the researcher would like the results to be generalized.
- **Sample :-** Samples are all the postnatal mothers at Rajshree Medical College & Hospital Bareilly, U.P.

SAMPLE SIZE

The sample size of the present study is N = 60

SAMPLING TECHNIQUE

In this study convenient sampling was used.

DEVELOPMENT OF TOOLS

- The tool was constructed to evaluate the effectiveness of structured teaching program on knowledge regarding kangaroo mother care among postnatal mothers at Rajshree Medical College & Hospital Bareilly, U.P .Review literature i.e. books, journals, internet expert opinion, the investigator professional experience was provided for the construction of structured tool.

METHOD OF DATA COLLECTION

- Based on inclusion and exclusion criteria postnatal mothers were selected as sample to participate in the study.
- They were informed that the data collection will be kept confidential. The postnatal mothers interviewed and area without any distraction. Scoring (correct answer 1 mark and wrong answer 0 mark) is allotted.
- The data collection procedure was carried out from 04/Nov/2022.

DATA ANALYSIS AND INTERPRETATION

- This chapter deals with the analysis and interpretation of data obtain from 60 participants to evaluate the effectiveness of structured teaching program on knowledge regarding kangaroo mother care among postnatal mothers at Rajshree medical College and Hospital Bareilly, U.P. In order to find a meaningful answer to the research answer to the research problem, the data was processed and analyzed on the basis of objectives.

Analysis refers to number of closely related operation which is performed with the purpose of summarizing the collected data and organizing data in such a manner that the answer the research question.

The collected data was organized in tabulated and interpreted by using inferential statistics and describe with helps of tables and graphs.

THE DATA IS PRESENTED IN THE FOLLOWING SECTION SECTION A

- Percentage wise distribution of demographic characteristics of sample.

SECTION B

Effectiveness of structured teaching programme regarding promotion kangaroo mother care among postnatal mothers.

SECTION C

Association between post test knowledge score with their demographic variables

RESULT

DISTRIBUTION OF FREQUENCY AND PERCENTAGE OF DEMOGRAPHIC VARIABLES

| S.NO. | DEMOGRAPHIC VARIABLES | FREQUENCY | PERCENTAGE |
|-------|---|-----------|------------|
| 1. | Age of women:- | | |
| | Below 25 years | 30 | 50% |
| | 26-30 years | 20 | 33.33% |
| | 30-40 years | 10 | 16.66% |
| | Above 40 years | 00 | 00 |
| 2. | Educational qualification of women | | |
| | No formal education | 40 | 66.66% |
| | primary | 15 | 25% |
| | secondary | 05 | 8.33% |
| | degree or above | 00 | 00 |
| 3. | Occupation | | |
| | House wife | 35 | 58.33% |
| | Business/company | 15 | 25% |
| | Private employee | 10 | 17% |
| | Government employee | 00 | 00 |
| 4. | Type of family | | |
| | Nuclear | 30 | 50% |
| | Joint | 15 | 25% |
| | Extended family | 15 | 25% |
| | Others | 00 | 00 |
| 5. | No. of children | | |
| 1 | 10 | 16.66% | |

| | | | |
|-----------|-------------------------------------|----|--------|
| | 2 | 25 | 41.66% |
| | 3 | 25 | 41.66% |
| | 4 or above | 00 | 00 |
| 6. | Source of information :- | | |
| | Mass media (radio, T.V.) | 40 | 66.66% |
| | Friends and relatives | 15 | 25% |
| | Medical professionals | 05 | 8.33% |
| | Printed materials | 00 | 00 |
| 7. | Health services availed from | | |
| | P.H.C | 35 | 58.33% |
| | Sub centre | 15 | 25% |
| | Nursing Home | 10 | 16.66% |
| | Hospital | 00 | 00 |
| 8. | Type of delivery | | |
| | Normal delivery | 30 | 50% |
| | Lower segmental cesarean section | 15 | 25% |
| | Forceps delivery | 00 | 00% |
| | Normal delivery with episiotomy | 15 | 25% |

SECTION – A:

Table 1: DISTRIBUTION OF PARTICIPANTS BY AGE IN YEARS N=60

| Age in years | Frequency | Percentage |
|----------------|-----------|-------------|
| Below 25 years | 30 | 50% |
| 26-30 years | 20 | 33.33% |
| 30-40 years | 10 | 16.66% |
| Above 40 years | 0 | 0 |
| Total | 60 | 100% |

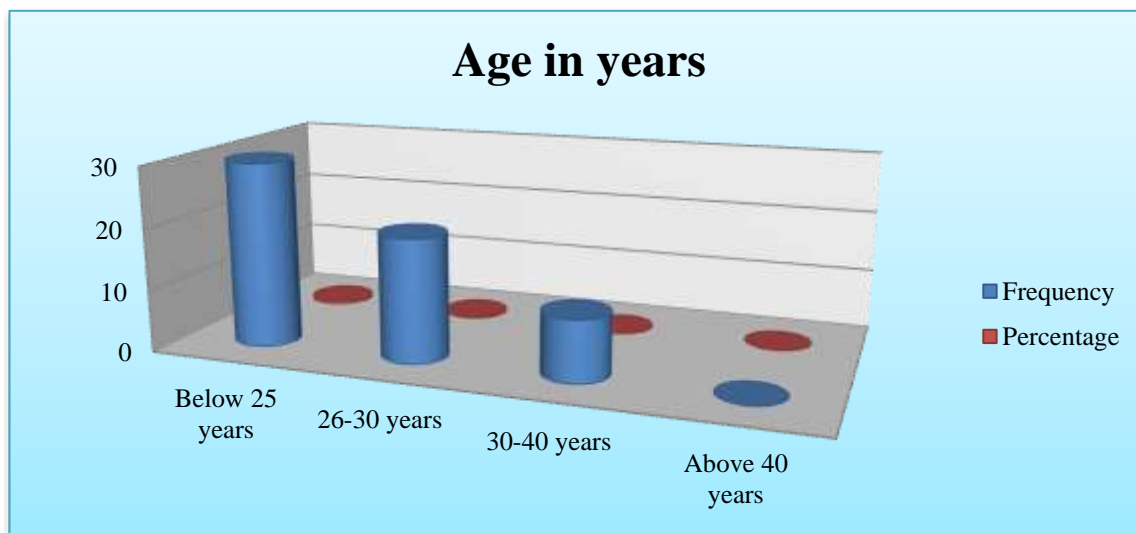


FIGURE 3: PERCENTAGE DISTRIBUTION OF POSTNATAL MOTHERS ACCORDING TO THEIR AGE

Figure 3: Shows percentage wise distribution of postnatalmothers with relationship to their age, 30 (50%) were in below 25 years, 20 (33.33%) were in 26-30 years, 10 (16.66%) were in 30-40 years, 0 (0%) were in above 40 years.

Table 2: DISTRIBUTION OF PARTICIPANTS BY EDUCATIONAL QUALIFICATION OF WOMEN N=60

| Educational qualification of women | Frequency | Percentage |
|------------------------------------|-----------|-------------|
| No formal education | 40 | 66.66% |
| Primary | 15 | 25% |
| Secondary | 5 | 8.33% |
| Degree of above | 0 | 0 |
| Total | 60 | 100% |

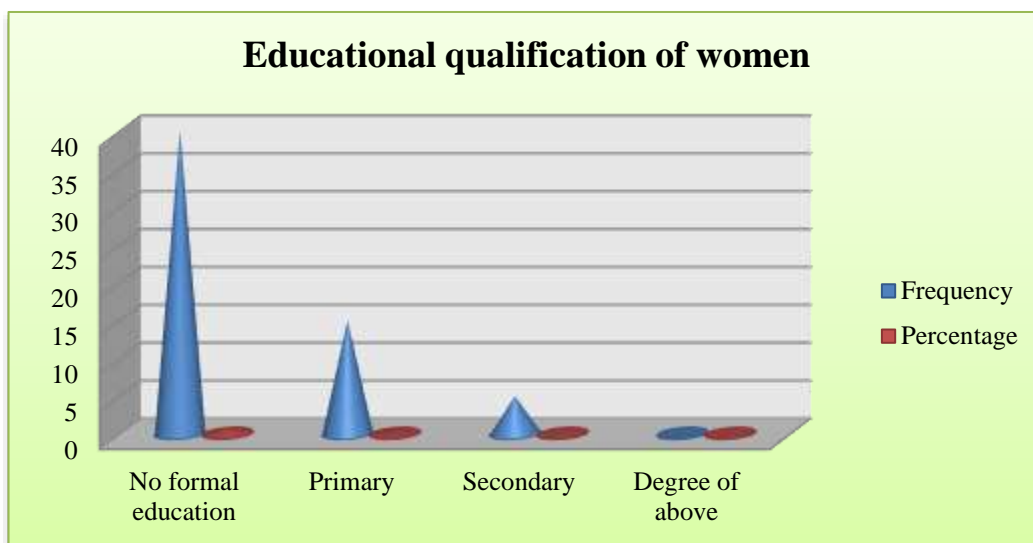


FIGURE 4: PERCENTAGE DISTRIBUTION OF POSTNATAL MOTHERS ACCORDING TO THEIR EDUCATIONAL QUALIFICATION OF WOMEN

Figure 4 shows percentage wise distribution of postnatal mothers with relationship to their educational qualification of women, 40(66.66%) were in no formal education, 15(25%) were in primary, 5(8.33%) were in secondary, 0% were in degree of above.

Table 3: DISTRIBUTION OF PARTICIPANTS BY OCCUPATION N=60

| Occupation | Frequency | Percentage |
|---------------------|-----------|-------------|
| Housewife | 35 | 58.33% |
| Business/company | 15 | 25% |
| Private employee | 10 | 17% |
| Government employee | 0 | 0% |
| Total | 60 | 100% |

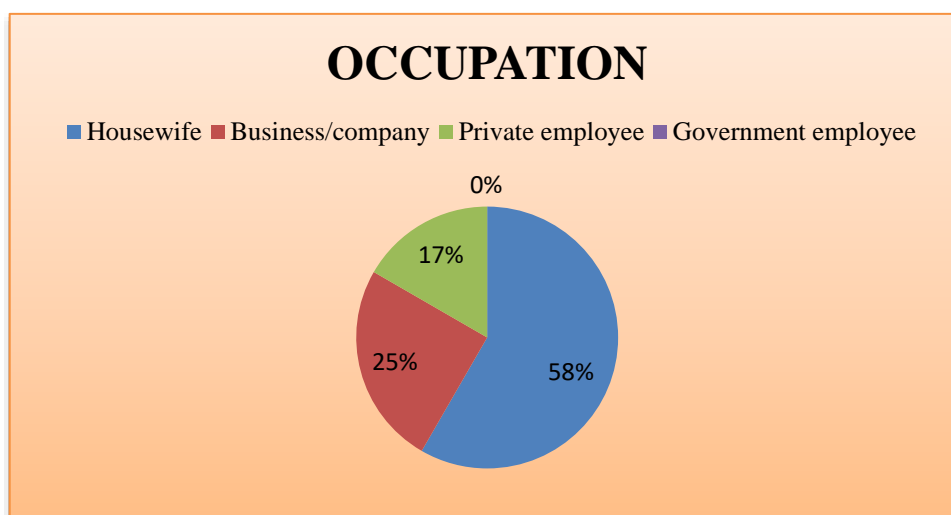


FIGURE 5: PERCENTAGE DISTRIBUTION OF POSTNATAL MOTHERS ACCORDING TO THEIR OCCUPATION

Figure 5 shows percentage wise distribution of postnatal mothers with relationship to their occupation, 35(58.33%) were in housewife, 15(25%) were in business/company, 10(17%) were in private employee, 0% were in government employee.

Table 4: DISTRIBUTION OF PARTICIPANTS BY TYPE OF FAMILY N=60

| Type of family | Frequency | Percentage |
|-----------------|-----------|-------------|
| Nuclear | 30 | 50% |
| Joint | 15 | 25% |
| Extended family | 15 | 25% |
| Others | 0 | 0% |
| Total | 60 | 100% |

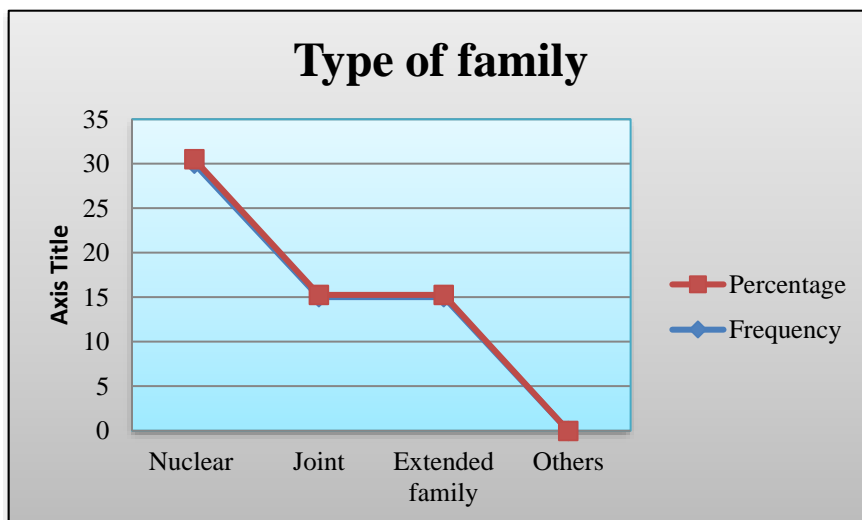


FIGURE 6: PERCENTAGE DISTRIBUTION OF POSTNATAL MOTHERS ACCORDING TO THEIR TYPE OF FAMILY

Figure 6 shows percentage wise distribution of postnatal mothers with relationship to their type of family, 30(50%) were in Nuclear family, 15(25%) were in joint family, 15(25%) were in extended family, 0% were in others.

Table 5: DISTRIBUTION OF PARTICIPANTS BY OCCUPATION N=60

| No. Of Children | Frequency | Percentage |
|-----------------|-----------|-------------|
| 1 | 10 | 16.66% |
| 2 | 25 | 41.66% |
| 3 | 25 | 41.66% |
| 4 or above | 0 | 0% |
| Total | 60 | 100% |

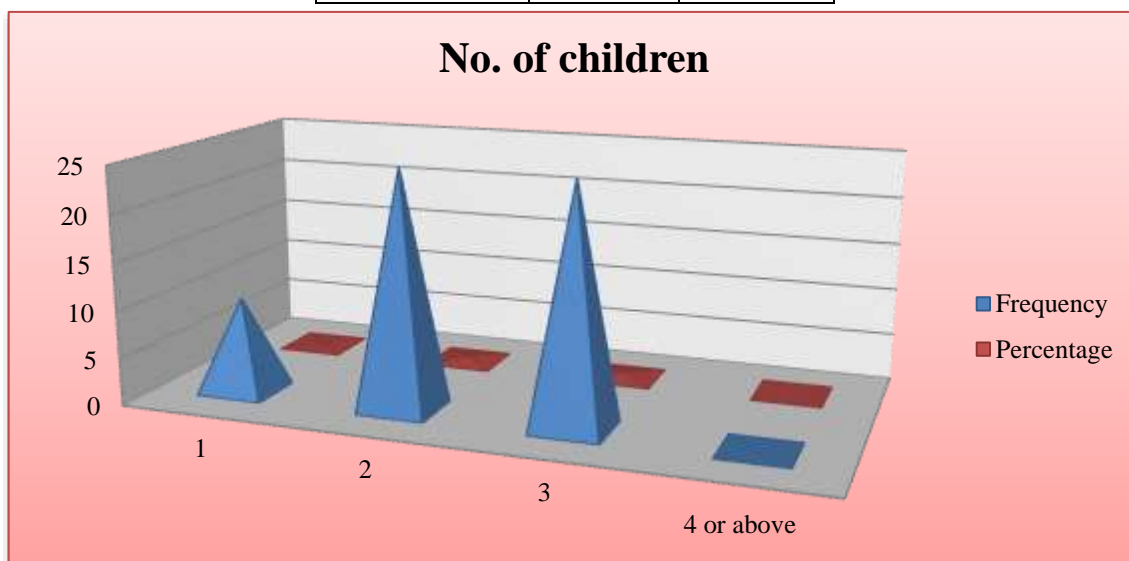


FIGURE 7: PERCENTAGE DISTRIBUTION OF POSTNATAL MOTHERS ACCORDING TO THEIR NO. OF CHILDREN

Figure 7 shows percentage wise distribution of postnatal mothers with relationship to their no. of children, 10(16.66%) were in 1, 25(41.66%) were in 2, 25(41.66%) were in 3, 0% were in 4 or above..

Table 6: DISTRIBUTION OF PARTICIPANTS BY OCCUPATION N=60

| Sources of Knowledge | Frequency | Percentage |
|--------------------------|-----------|-------------|
| Mass Media (Radio, T.V.) | 40 | 66.66% |
| Friends & Relatives | 15 | 25% |
| Medical professionals | 5 | 8.33% |
| Printed Materials | 0 | 0% |
| Total | 60 | 100% |

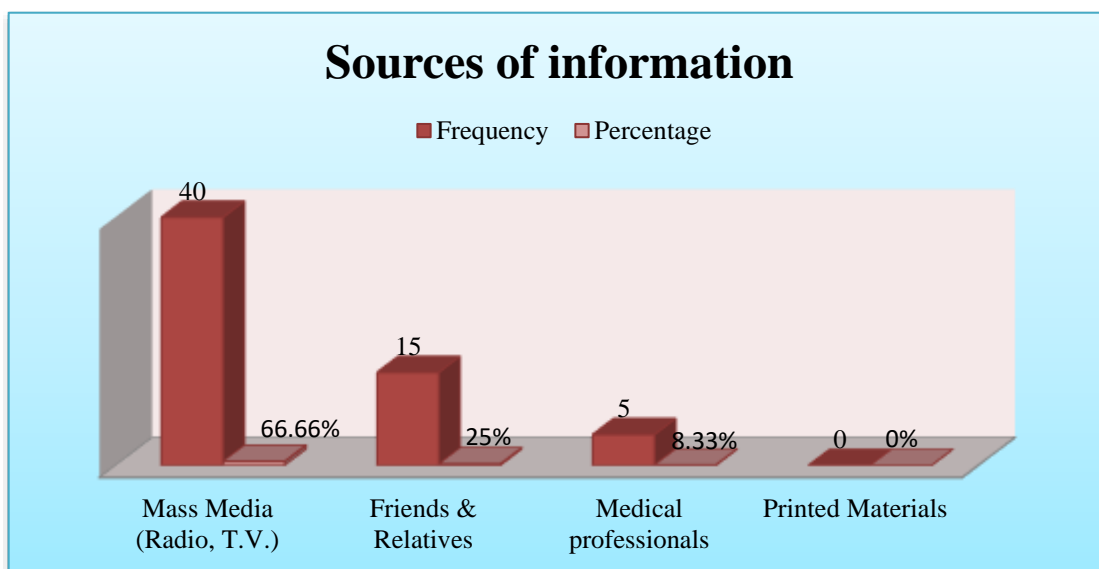


FIGURE 8: PERCENTAGE DISTRIBUTION OF POSTNATAL MOTHERS ACCORDING TO THEIR SOURCES OF INFORMATION

Figure 8 shows percentage wise distribution of postnatal mothers with relationship to their sources of information, 40(66.66%) were in mass media (Radio, T.V.), 15(25%) were in friends and relatives, 05(8.33%) were in medical professional, 0% were in printed materials.

Table 7: DISTRIBUTION OF PARTICIPANTS BY OCCUPATION N=60

| Health services availed from | Frequency | Percentage |
|------------------------------|-----------|-------------|
| P.H.C | 35 | 58.33% |
| Subcentre | 15 | 25% |
| Nursing Home | 10 | 16.66% |
| Hospital | 0 | 0% |
| Total | 60 | 100% |

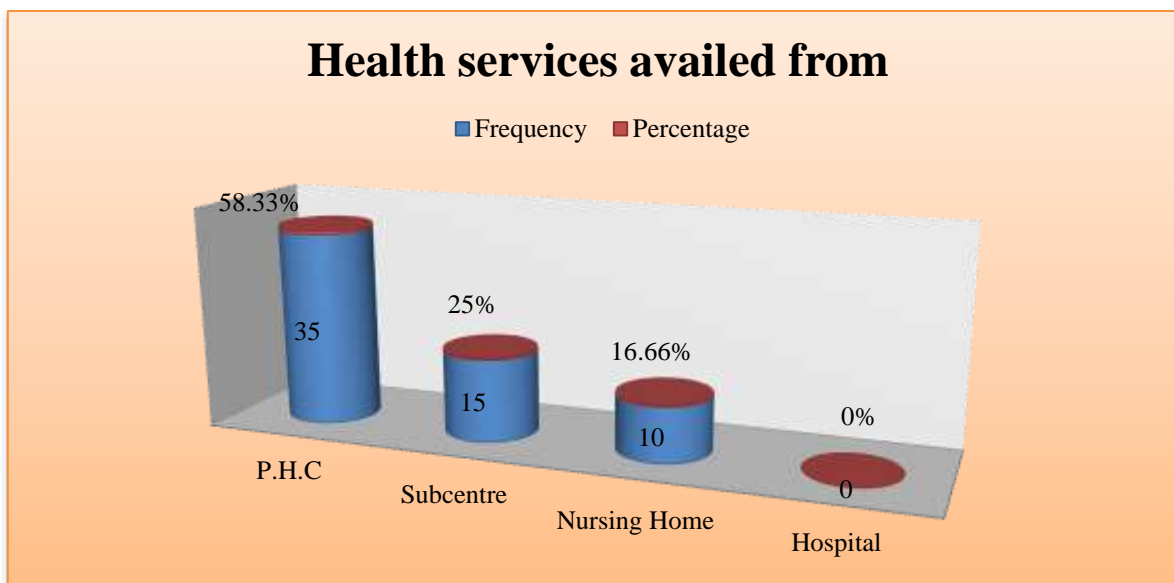


FIGURE 9: PERCENTAGE DISTRIBUTION OF POSTNATAL MOTHERS ACCORDING TO THEIR HEALTH SERVICES AVAILED FROM

Figure 9 shows percentage wise distribution of postnatal mothers with relationship to their health services availed from, 35(58.33%) were in P.H.C., 15(25%) were in Sub-centre, 10(16.66%) were in Nursing home, 0% were in hospital.

Table 8: DISTRIBUTION OF PARTICIPANTS BY OCCUPATION N=60

| Type of delivery | Frequency | Percentage |
|----------------------------------|-----------|-------------|
| Normal delivery | 30 | 50% |
| Lower segmental cesarean section | 15 | 25% |
| Forceps delivery | 0 | 0% |
| Normal delivery with episiotomy | 15 | 25% |
| Total | 60 | 100% |

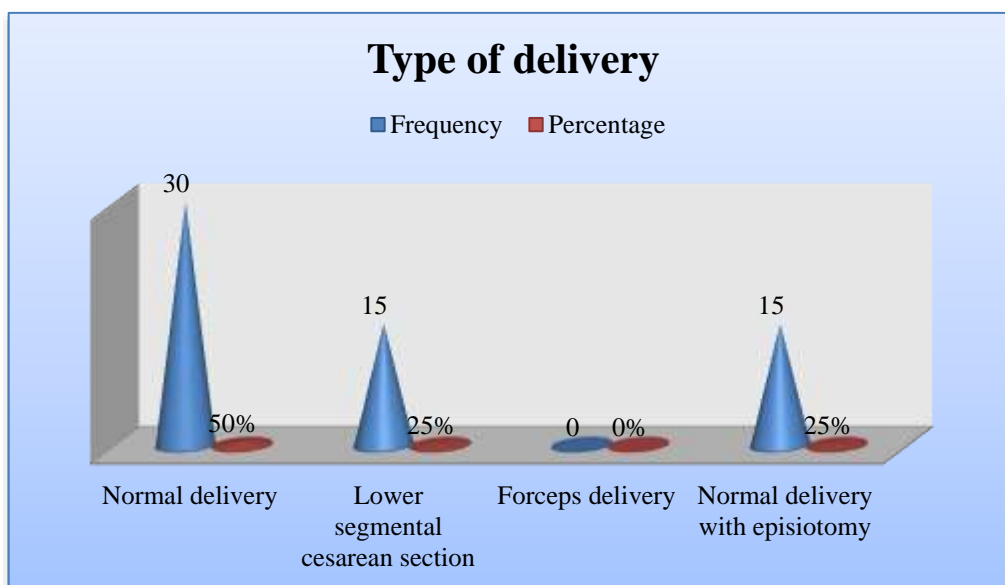


FIGURE 10: PERCENTAGE DISTRIBUTION OF POSTNATAL MOTHERS ACCORDING TO THEIR TYPE OF DELIVERY

Figure 10 shows percentage wise distribution of postnatal mothers with relationship to their type of delivery, 30(50%) were in Normal delivery, 15(25%) were in lower segmental cesarean section, 00(0%) were in forceps delivery, 0% were in normal delivery with episiotomy.

SECTION C

ASSOCIATION BETWEEN POST-TEST LEVEL OF KNOWLEDGE OF KANGAROO MOTHER CARE WITH THEIR DEMOGRAPHIC VARIABLES AMONG POSTNATAL MOTHERS

| S.No | Demographic variable | Poor | | Average | | Good | | d f | Calculated value | Table value |
|------|---|------|-----|---------|--------|------|--------|-----|------------------|-------------|
| | | F | % | F | % | F | % | | | |
| 1. | Age of women:- | | | | | | | 6 | 2.51 | 2.45 |
| | Below 25 years | 00 | 00% | 20 | 33.33% | 10 | 16.66% | | | |
| | 26-30 years | 00 | 00% | 15 | 25% | 05 | 8.33% | | | |
| | 30-40 years | 00 | 00% | 07 | 11.66% | 03 | 5% | | | |
| | Above 40 years | 00 | 00% | 00 | 00% | 00 | 00% | | | |
| 2. | Educational qualification of women | | | | | | | 6 | 0.97 | 2.45 |
| | No formal education | | | | | | | | | |
| | primary | 00 | 00% | 25 | 41.66% | 15 | 25% | | | |
| | secondary | 00 | 00% | 10 | 16.66% | 05 | 8.33% | | | |
| | degree or above | 00 | 00% | 03 | 5% | 07 | 11.66% | | | |
| 3. | Occupation | | | | | | | 6 | 1.34 | 2.45 |
| | House wife | 00 | 00% | 20 | 33.33% | 15 | 25% | | | |
| | Business/company | 00 | 00% | 07 | 11.66% | 08 | 13.33% | | | |
| | Private employee | 00 | 00% | 07 | 11.66% | 03 | 5% | | | |
| | Government employee | 00 | 00% | 00 | 00% | 00 | 00% | | | |
| 4. | Type of family | | | | | | | 6 | 4.7 | 2.45 |
| | Nuclear | | | | | | | | | |
| | Joint | 00 | 00% | 25 | 41.66% | 5 | 8.33% | | | |
| | Extended family | 00 | 00% | 10 | 16.66% | 05 | 8.33% | | | |
| | Others | 00 | 00% | 08 | 13.33% | 07 | 11.66% | | | |
| | | 00 | 00% | 00 | 00% | 00 | 00% | | | |

Shows the chi square value of postnatal mothers with the knowledge of kangaroo mother care in relation to demographic variables

The obtained chi square value for age of women is 2.51 is more than the table value which indicate there is not significant association between level of knowledge of kangaroo mother care with selected demographic variables, Hence the researchable hypothesis is not accepted. The obtained chi square value for educational qualification of women is 0.97 is less than the table value which indicate that there is significant association between level of knowledge of kangaroo mother care with selected demographic variables, Hence the researchable hypothesis is accepted. The obtained chi square value for occupation is 1.34 less than the table value which indicate that there is significant association between level of knowledge of kangaroo mother care with selected demographic variables, Hence the researchable hypothesis is accepted. The obtained chi-square for type of family is 4.7 is more than the table value which indicate there is a not significant association between level of knowledge of kangaroo mother care with selected demographic variables, Hence the researchable hypothesis is not accepted.

| S.No | Demographic variable | Poor | | Average | | Good | | d f | Calculated value | Table value |
|------|---------------------------------|------|-----|---------|--------|------|-------|-----|------------------|-------------|
| | | F | % | F | % | F | % | | | |
| 5. | No. of children | | | | | | | 6 | 0.87 | 2.45 |
| | 1 | 00 | 00% | 7 | 11.66% | 3 | 5% | | | |
| | 2 | 00 | 00% | 21 | 35% | 4 | 6.66% | | | |
| | 3 | 00 | 00% | 20 | 33.33% | 5 | 8.33% | | | |
| | 4 or above | 00 | 00% | 00 | 00% | 00 | 00% | | | |
| 6. | Source of information :- | | | | | | | 6 | 4.18 | 2.45 |
| | Mass media (radio, T.V.) | 00 | 00% | 30 | 50% | 10 | 16.6% | | | |
| | Friends and relatives | 00 | 00% | 8 | 13.33% | 7 | 11.6% | | | |
| | Medical professionals | 00 | 00% | 2 | 3.33% | 3 | 5% | | | |

| | | | | | | | | | | |
|----|---|----------------------|--------------------------|----------------------|----------------------------------|----------------------|-----------------------------|---|------|------|
| | Printed materials | 00 | 00% | 0 | 00% | 00 | 00% | | | |
| 7. | Health services availed from P.H.C Sub centre Nursing Home Hospital | 00 00 00 00 | 00% 00% 00% 00% | 25 10 07 00 | 41.66% 16.6% 11.66% 00% | 10 05 03 00 | 16.6% 8.33% 5% 00% | 6 | 0.10 | 2.45 |
| 8. | Type of delivery Normal delivery Lower segmental cesarean section Forceps delivery Normal delivery with episiotomy | 00 00 00 00 | 00% 00% 00% 00% | 20 12 00 08 | 33.33% 20% 00% 13.33% | 10 03 00 07 | 16.6% 5% 00% 11.6% | 6 | 2.4 | 2.45 |

The obtained chi-square value for no. of children is 0.87 is less than the table value which indicate that there is significant association between level of knowledge of kangaroo mother care with selected demographic variables, hence the researchable hypothesis is accepted. The obtained chi square value for source of knowledge is 4.18 is more than table value which indicate that there is not significant association between level of knowledge of kangaroo mother care with selected demographic variables, hence the researchable hypothesis is not accepted. The obtained chi square value for health services availed from is 0.106 is less than table value which indicate that there is significant association between level of knowledge of kangaroo mother care with selected demographic variables, hence the researchable hypothesis is accepted. The obtained chi square value for type of delivery is 2.4 is less than table value which indicate that there is significant association between level of knowledge of kangaroo mother care with selected demographic variables, hence the researchable hypothesis is accepted.

DISCUSSION

The aim of the present study to evaluate the knowledge of postnatal mothers regarding 60 postnatal mothers was selected for the study group to assess their knowledge regarding kangaroo mother care.

- The chapter deals with discussion in accordance with the objective of the study and hypothesis. The statement problem was **“A quasi-experimental study to evaluate the effectiveness of structured teaching programme on knowledge regarding kangaroo mother care among post-natal mothers at Rajshree medical college & Hospital Bareilly, U.P.”**with the due to develop information guide sheet.

OBJECTIVES

- To assess the pre-test knowledge score regarding kangaroo mother care among post-natal mothers at Rajshree medical college & Hospital Bareilly, U.P.
- To assess the effectiveness of planned teaching program on knowledge regarding kangaroo mother care among post-natal mothers at Rajshree medical college & Hospital Bareilly, U.P.
- To assess the post-test knowledge score regarding kangaroo mother care among post-natal mothers at Rajshree medical college & Hospital Bareilly, U.P.
- To find out the association between post- test knowledge score with their demographic variables.

Objectives 1: To assess the pre-test knowledge score regarding kangaroo mother care among post-natal mothers at Rajshree medical college & Hospital Bareilly, U.P.

In this study table 9 show the pre-test knowledge score was 98.33% (poor), 1.66% (Average), 00% (good) and in the post test knowledge score was 00% (poor), 86.66% (average), 13.32% (good).

Objective 2: To find out the association between post- test knowledge score with their demographic variables.

Age of years

Percentage wise distribution of post natal mothers in relation of their age group depicts that highest of postnatal mothers was in age group 30 (50%) were in below 25 years, 20 (33.33%) were in 26-30 years, 10 (16.66%) were in 30-40 years, 00(00%) were in above 40 years.

Educational qualification of women

Percentage wise distribution of postnatal mothers with relationship to their educational qualification of women, 40(66.66%) were no formal education, 15(25%) were in primary, 5 (8.33%) were in secondary, 00 (00%) were in degree and above.

Occupation

Shows percentage wise distribution of post natal mothers according to their occupation, 35(58.33%) were in housewife, 15(25%) were in business, 10(16.66%) were in private employee, 00(00%) were in government employee.

Type of family percentage wise distribution of postnatal mothers according to their type of family, 30(50%) were in nuclear, 15(25%) were in joint, 15(25%) extended family, 0(0%) were in others.

No. of children

percentage wise distribution of postnatal mothers according to their no. of children, 10(16.66%) were in 1, 25 (41.66%) were in 2, 25(41.66%) were in 3, 0 (0%) were in 4 or above.

Sources of information

percentage wise distribution of postnatal mothers according to their sources of information, 40 (66.66%) were in mass media (radio, T.V.), 15(25%) were in friends and relatives, 05 (8.33%) were in medical professionals, 00(00%) were in printed materials.

Health services availed from

Percentage wise distribution of postnatal mothers according to their health services availed from, 35 (58.33%) were in P.H.C., 15(25%) were in sub centre ,10 (16.66%) were in medical nursing home, 00(00%) were in hospital.

Type of delivery

Percentage wise distribution of postnatal mothers according to their type of delivery, 30(50%) were in normal delivery., 15(25%) were in lower cesarean section ,00(00%) were in forceps delivery, 15(25%) were in normal delivery with episiotomy.

RECOMMENDATION

Recommended for further research:

- The large scale study can be conducted on large sample to generalize the findings.
- A comparative study can be conducted to assess the effectiveness of structured teaching programme on knowledge among postnatal mothers regarding kangaroo mother care
- The study can be done on postnatal mothers regarding of kangaroo mother care.

SUMMARY

This chapter represent summary, findings and conclusion which create a base for researcher for evidence based practice. The aim of the study was to evaluate the effectiveness of structured teaching programme on knowledge regarding kangaroo mother care among post-natal mothers at Rajshree medical college & Hospital Bareilly, U.P.

SUMMARY OF THE STUDY:

“A quasi experimental study to evaluate the effectiveness of structured teaching programme on knowledge regarding kangaroo mother care among post-natal mothers at Rajshree medical college & Hospital Bareilly, U.P.

Based on the study evaluate the effectiveness of structured teaching programme on knowledge regarding kangaroo mother care a set of questionnaires were used to. In this study the data collection instrument were:

- Demographical variables.
- Knowledge questionnaires.

The data obtained was analyzed and interpreted in terms of hypothesis and objectives made in study.

In age group depicts that highest of postnatal mothers was in age group 30 (50%) were in below 25 years, 20 (33.33%) were in 26-30 years, 10 (16.66%) were in 30-40 years, 00(00%) were in above 40 years.

In educational qualification of women, 40(66.66%) were no formal education, 15(25%) were in primary, 5 (8.33%) were in secondary, 00 (00%) were in degree and above.

LIST OF FORMULA

CHI SQUARE =

$$\chi_c^2 = \sum \frac{(O_i - E_i)^2}{E_i}$$

MEAN =

$$\bar{X} = \frac{\sum X}{N}$$

STANDARD DEVIATION =

$$SD = \sqrt{\frac{\sum |x - \bar{x}|^2}{n}}$$

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. "Maternal Child Health Nursing Care" (first edition), Wong's D.L. and Perry's S.E. (1998). Mosby Publications, page number 456, London.
 4. Murray, S. S. (2006). "Foundations of maternal new born Nursing" (4 th ed). Philadelphia : Saunders Elsevier Page No: 556.
 5. Meharaban singh (2004). "Care of the newborn" (6th rd), NEW delhi : sagar publications Page No: 304.
 6. Miss I. Ggirardeau M. D. Miss louise Scott , Reg.N., (1960). "Pediatrics Nursing" (1st ed), Indore . the sat parchar press. Page No: 127.
 7. Dutta, D.C. (2004), Text Book Of Obstetrics (6th ed) . "Calcutta New central book agency". Pvt LTD . Page No: 418.
-