



Assess the Effectiveness of Planned Teaching on Knowledge Regarding Kangaroo Mother Care among Husbands of Primigravida Mother

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Kangaroo care is a practise that allows moms and fathers to have direct skin-to-skin contact with their infants. It has been demonstrated to promote the mother's mental health, strengthen mother-infant connection, and increase maternal lactation. Many studies feel that returning to the original paradigm of infant-mother early care, rather than our current incubator, bottle, and formula-feeding model, will result in happier and healthier newborns [1].

Objective: 1) To determine whether primigravida women' spouses have any awareness of kangaroo mother care. 2) To assess the efficiency of a planned education programme on kangaroo mother care among primigravida moms' husbands. 3) To see if there's a link between post-test

knowledge scores on kangaroo mother care among primigravida moms' spouses and certain demographic variables.

Methodology: A total of 60 people took part in the research. Husbands of primigravida women from various hospitals will be used as study subjects.

Results: There is a significant difference between pre-test and post-test knowledge scores when measuring effective planned training on knowledge about kangaroo mother care among husbands. The pretest has a mean of 8.18, while the posttest has a mean of 16.30, and the pretest has a standard deviation of 2.855, while the posttest has a standard deviation of 1.710. The t-value is 18.57, and the p-value is 0.000.

Conclusion: As a result, the planned education on knowledge about kangaroo mother care among primigravida moms' husband is statistically interpreted. The research hypothesis was accepted in this study, while the null hypothesis was denied.

Keywords: Kangaroo mother care; primigravida mothers husband; knowledge; plan teaching.

1. INTRODUCTION

Kangaroo care is a practice that allows moms and fathers to have direct skin-to-skin contact with their infants. It has been demonstrated to promote the mother's mental health, promote mother-infant connection, and increase maternal lactation. Many studies feel that returning to the original paradigm of infant-mother early care, rather than our current incubator, bottle, and formula-feeding paradigm, will result in happier and healthier newborns [1].

Kangaroo care is generally used by mothers, but fathers should also practice it for father-infant connection. Kangaroo Mother Care (KMC) is a one-of-a-kind method of baby care. By promoting appropriate heat management, breastfeeding, infection prevention, and bonding, it promotes their health and well-being. The parents in KMC keep the baby in constant skin-to-skin contact and breastfeed it exclusively to the fullest extent possible. KMC starts in the hospital and continues to the patient's residence [2].

Based on mammalian animal behavior, I feel there is a lot wrong with the way we now treat newborns. According to recent neuroendocrine studies, the newborn infant initiates and guides the attachment process, which is facilitated by skin contact with the mother. The mother reacts to her newborn's "attachment program," and the mother and infant create a mutually stimulating system in which both respond by changing hormone outputs. If a newborn is placed on the mother's chest, the baby will pull itself to the breast, find the nipple, and begin feeding within one hour [3-5].

One of the issues with our current mentality of separating mother and infant unnecessarily is

that the baby displays the protest-despair response as soon as it is taken away from mom. This despondent and despondent howling is a survival tactic used by an infant in distress who is attempting to reclaim its mother. Unfortunately, if this doesn't work and the mother doesn't show up, the baby will get too weary to cry. It surrenders in desperation and to save energy for survival [6,7]. The mother and child's skin-to-skin contact allows for much-needed emotional connection as well as the creation of important bonding hormones. Kangaroo care should give by family members also because it is important for baby for recover from low birth weight, provide good immunity to infant, increase attachment with father and family members.

One of the problems with our present attitude of unnecessarily separating mother from infant is that the newborn exhibits the protest-despair response as soon as it is removed from her. This sorrowful and despairing wailing is the survival mechanism of an infant in pain trying to bring its mother back. Sadly, if this doesn't work, and the mother doesn't appear, the baby becomes too tired to cry any more. It gives up in despair, and to conserve energy for survival [8,9]. 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

Kangaroo care should give by family members also because it is important for baby for recover from low birth weight, provide good immunity to infant, increase attachment with father and family members

1.1 Background of Study

KMC began as a method of caring for low-birth-weight neonates in resource-poor nations with

high rates of neonatal death and infection due to overcrowding, insufficient workers, and a lack of equipment. The baby is wholly (or nearly entirely) nursed in the original version of KMC, with the newborn positioned vertically between the mother's breasts and beneath her garments, providing for continuous skin-to-skin contact. A meta-analysis of 988 neonates who took part in three randomised controlled trials of continuous KMC commencing in the first postnatal week in low- and middle-income countries found that babies weighing less than 2000 grammes died 51% less frequently. Despite the review's methods being questioned [2], a Cochrane meta-analysis of 18 trials of continuous KMC in neonates weighing less than 2500 g found that infants weighing less than 2500 g had significantly decreased mortality and morbidity at discharge and follow-up. Infant development, breastfeeding, and the mother-infant or father-infant bond, as well as the incidence of health-care-related sepsis, have all improved.

Singh M. (2000). A study was conducted on the assessment of newborn babies' temperature by human touch at AIIMS, New Delhi. Fifty healthy term neonates were assessed by three paediatricians for skin temperature to the nearest $\pm 0.05^{\circ}\text{C}$ at three body sites, that is, mid-forehead, abdomen and dorsum of right foot by touch. The predicted temperatures at different sites were compared with simultaneously recorded temperatures at the same sites with the help of electronic thermometers. Rectal temperatures were also recorded in all the babies with rectal thermometer to compare the variation between the core and skin temperatures. There was a good correlation between the skin temperature of the babies as perceived by touch and values recorded with the help of electronic thermometer. All the hypothermia babies were correctly picked up by all the observers. Finally the study was recommended that health professionals and mothers should be explained the importance of evaluating the core and peripheral skin temperature by touch for early identification of babies under cold stress in order to prevent occurrence of life-threatening hypothermia.

1.2 Need for the Study

'kangaroo care is important to decrease morbidity and mortality rate'

- Kangaroo care is a technique that involves holding a newborn, usually preterm, infant skin-to-skin with an adult.

- The benefits of kangaroo position provides physiological warmth and bonding which enhance the attachment and bonding ,normalized temperature, heart rate and respiratory rate, gain in sleep time, improved oxygen saturation ,more rapid weight gain ,reduction of purposeless activity.
- Kangaroo care protects against infections.
- Kangaroo care only practice by mother.
- but male parent also can practice kangaroo care for improving attachment with the baby.
- father is not practicing kangaroo care because they don't have sufficient knowledge regarding kangaroo care.
- kangaroo care can do any middle class persone for no money is required it is freely available.

1.3 Title of the Study

Assess the effectiveness of planned teaching on knowledge regarding kangaroo mother care among husbands of prim gravid mothers

1.4 Objectives

- 1) To determine whether primi gravida women' spouses have any awareness of kangaroo mother care.
- 2) To assess the efficiency of a planned education programme on kangaroo mother care among primi gravida moms' husbands.
- 3) To see if there's a link between post-test knowledge scores on kangaroo mother care among primi gravida moms' spouses and certain demographic variables.

1.5 Hypothesis

H₁: There will be a substantial rise in understanding in this area.

2. METHODOLOGY

Study Design: A pre-experimental research design one-group pre-test design and post-test design inquiry was conducted using an evaluative approach. After taking pre-test gave them planned teaching and after 7 days collected pot test was given.

Population: Husbands of primigravida mothers will be the subjects of this study.

Setting of Study: Selected hospital in Sawangi wardha.

Sample Size: 40.

Study Duration: From 13 June 2018 to 19 August 2018.

Materials: Self-administered investigation there are a total of 20 multiple-choice questions in this quiz. A score of 1 was given to the correct answer, while a score of 0 was given to the erroneous response. To link a knowledge score to demographic data that can be verified.

Method of Data Collection: Data was collected from June 13 to August 19, 2018. Permission was acquired from the relevant authority prior to data collection. The samples were chosen based on the criteria for admission. The participants were informed about the study's purpose. A post-test with the same questionnaire was provided the same day, and data was collected within the time frame. Following the completion of the data collection process, the investigator expressed gratitude to all of the research samples as well as the authorities for their cooperation.

Analysis: The data were evaluated using several statistical tests based on the aims and hypotheses, such as mean, standard deviation, mean %. paired t-test, one-way analysis of variance and unpaired t-test (ANOVA).

3. RESULTS AND DISCUSSION

Section A: Sample distribution by percentage for chosen demographic characteristics.

Section B:

- 1) Evaluation of existing information among primigravida mothers' spouses about kangaroo mother care.
- 2) Evaluation of primigravida moms' husbands' understanding of kangaroo mother care after the test.

Section C: The impact of planned teaching on husbands of primigravida moms' understanding of kangaroo mother care.

Section D: Relationship between knowledge score and specified demographic variables.

Table 1 shows that, Age distribution of the sample as a percentage of the total population education, occupation, number of present child,

present child delivered by and birth weight of baby.

- According to their age in years, 21(35%) were between the ages of 19 and 23, 22(37%) between the ages of 24 and 28, 11(18%) between the ages of 29 and 38, and 6(10%) between the ages of 39 and above.
- Distribution of mother husband according to their education shows that 19 (47.5%) of them were educated up to primary education, 15(37.5%) were educated up to secondary school, 4 (10%) were educated up to higher secondary school, and 2 (5%) were graduate and above.
- Distribution of mother husband according to their occupation shows that, 12 (30%) were farmer, 9(22.5%) of them business, 10(25%) of them were labor, 0% were service, 2(5%) of them were industrial worker and 7 (17.5%) of them include in others like housewife, student respectively.
- Distribution of mother husband according to their present type of delivery show that 24(42%) were having vaginal delivery and 35(58%) were having L.S.C.S.

Distribution of mother husband according to their birth weight of baby show that 3(5%) were of 1000 gm, 19(31%) were of 1500 gm and 23(39%) were of 2000 gm.

Section B- part I: Assessment of existing knowledge regarding kangaroo mother care among husbands of primigravida mothers.

This part deals with the assessment of existing knowledge regarding kangaroo mother care among husband of primigravida mother. The level of knowledge is divided under following heading of poor, average, good, very good.

The above Table 2 shows that, 17(28%) had poor level of knowledge score, 26(44%) of them had average level of knowledge score, 17(28%) of them had good level of knowledge score and none of them had very good level of knowledge score. The minimum score was 4 and the maximum score was 15, the mean score was 8.18 ± 2.855 with a mean percentage score of 40.9%.

Section B- part II: Assessment of post test knowledge regarding kangaroo mother care among husbands of primigravida mothers.

This part deals with the assessment of post test knowledge regarding prevention of recurrence of asthma among asthmatic patients. The level of knowledge is divided under following heading of poor, average, good, very good.

score, 18(30%) had good level of knowledge score,42(70%) of them had very good level of knowledge. The minimum score was 13 and the maximum score was 20, the mean score was 16.30 ± 1.71 with a mean percentage score of 81.5%.

The Table 3 shows that of sample none of them had poor and average level of knowledge

Table 1. Sample distribution by percentage for chosen demographic characteristics n =40

Demographic variable	Frequency	Percentage (%)
Age(years)		
19-23	21	35%
24-28	22	37%
29-38	11	18%
39 and above	6	10%
Education		
Primary	23	39%
Secondary	12	20%
Higher secondary	17	28%
Graduation	8	13%
Post graduation	00	0%
Illiterate	00	0%
Occupation		
Labourer	10	17%
Farmer	30	50%
Government employee	3	5%
Private employee	13	22%
Business	4	6%
Present child is delivered by		
Vaginal delivery	25	42%
L.S.C.S	35	58%
Birth weight of baby		
1000 gm	3	5%
1500 gm	19	31%
2000 gm	23	39%
2500 gm	15	25%

Table 2. Assessment of existing knowledge regarding kangaroo mother care among husband of primigravida mother n-60

Level of knowledge score	Score range	Percentage score	Pre Test	
			Frequency	Percentage
Poor	0-5	0-25%	17	28%
Average	6-10	26-50%	26	44%
Good	11-15	51-75%	17	28%
Very good	16-20	76-100%	0	0%
Minimum score	4			
Maximum score	15			
Mean score	8.18 ± 2.855			
Mean %	40.9%			

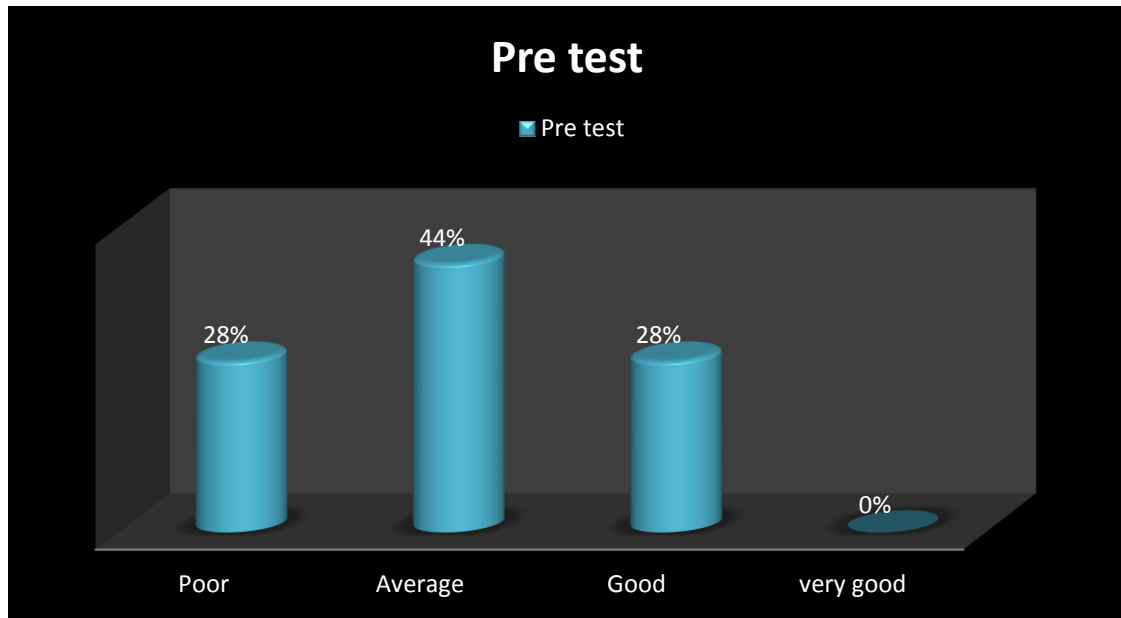


Fig. 1. Knowledge score regarding kangaroo mother care among husband of primigravida mother

Table 3. Assessment of post test knowledge regarding kangaroo mother care among husbands of primigravida mothers n =60

Level of knowledge score	Score range	Percentage score	Post Test	
			Frequency	Percentage
Poor	0-5	0-20%	0	0%
Average	6-10	21-40%	0	0%
Good	11-15	41-60%	18	30%
Excellent	16-20	61-80%	42	70%
Minimum score	13			
Maximum score	20			
Mean score	16.30± 1.710			
Mean %	81.5%			

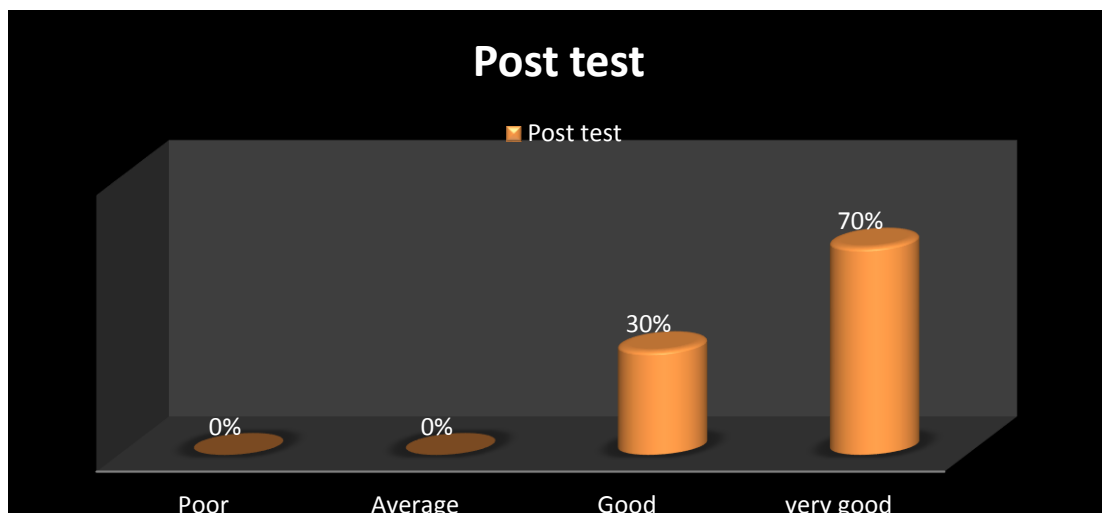


Fig. 2. Knowledge score regarding kangaroo mother care among husband of primigravida mother in post test

Table 4. Percentage wise distribution of Effectiveness of planned teaching on knowledge regarding kangaroo mother care among husband of primigravida mother

Tests	Mean score	SD	t' _(cal) -value	t' _(tab) -value	Degree of freedom	p-value	Significant
Pre Test	8.18	±2.855	-18.572		59	0.000	S, p<0.05
Post Test	16.30	±1.710					

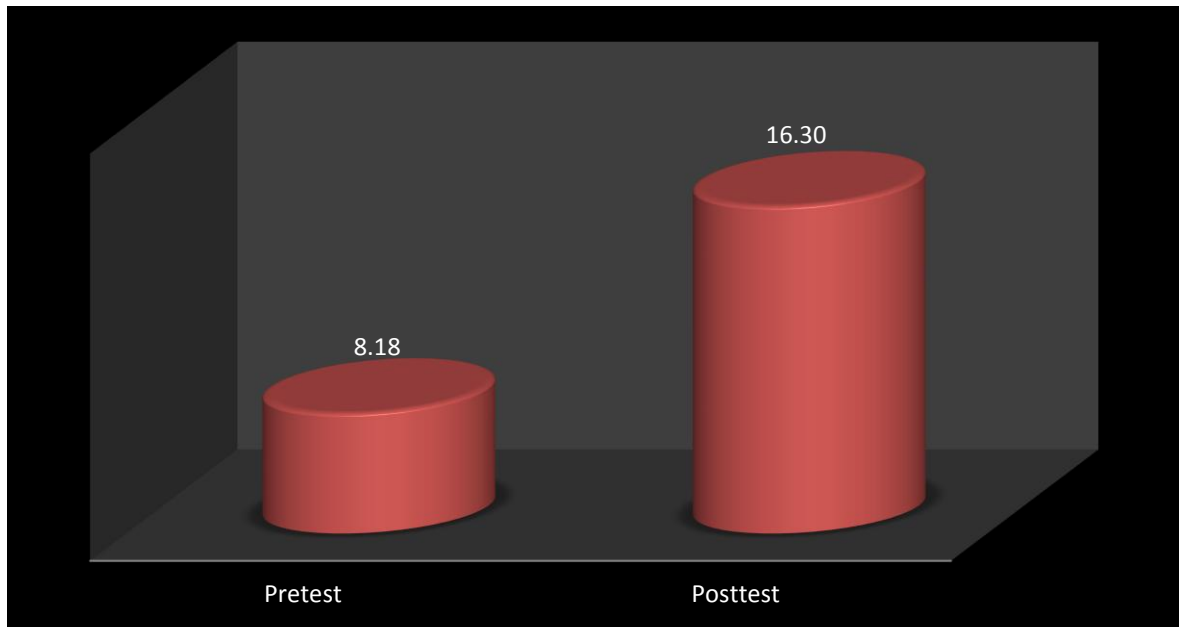


Fig. 3. Percentage wise distribution of Effectiveness of planned teaching on knowledge regarding kangaroo mother care among husband of primigravida mother

Section – C: The effectiveness of planned teaching on knowledge regarding kangaroo mother care among husbands of primigravida mothers.

The Table 4 shows that there is a significant difference between pretest and post test knowledge scores interpreting effective planned teaching on knowledge regarding kangaroo mother care among husband of primigravida mother. Mean value of pre test is 8.18 and post test is 16.30 and standard deviation values of pre test is 2.855 and post test is 1.710. The calculated t-value is 18.572 and tabulated t-value 2.02 and p-value is 0.000. Hence it is statistically interpreted that the planned teaching on knowledge regarding kangaroo mother care among husband of primigravida mother was effective. Thus the H_1 is accepted and H_0 is rejected in this study.

4. CONCLUSION

The researcher conducted an intervention study on the topic to determine the efficiency of

planned instruction on kangaroo mother care knowledge among primigravida moms' husbands. The goal of the study was to improve the degree of awareness about kangaroo mother care among primigravida mothers' husbands. She predetermined certain objectives, to precede the study. Those objectives were adequate to reach into the findings. A particular time period has been allocated for each step. Investigator had presented her hypothetical views about the study in its beginning. The study had done by separating the topic into 5 chapters. The range of pre-test scores was 4 to 15, with an average of 8.18 2.855 and a 40.9 percentile. With a mean of 16.30 1.710 and an 81.5 percent mean percentage score, the post-test score varied from 13 to 20. The t test was performed to determine whether planned training was successful, and the t value was calculated. At the 0.05 level, the post test score was significantly higher than the pre test score. As a result, systematic education on kangaroo mother care has been shown to be a successful teaching method.

5. RECOMMENDATIONS

Recommendations for additional research the following suggestions could be made based on the study's findings:

- To generalise the findings, a similar study with a large sample size can be conducted.
- The study can be carried out by evaluating the quantity and colour of striae gravidarum as well as perineal trauma on a scale.
- A similar study might be carried out with primipara mothers.
- A association research on striae gravidarum score and perineal trauma among primipara mothers could be conducted in a similar way.

CONSENT AND ETHICAL APPROVAL

The Institutional Ethics Board of Datta Meghe Institute of Medical Sciences, (Deemed University) Sawangi (Meghe) Wardha approved the study plan. Prior to the study's deadline, signed consent and willingness to participate in the study were obtained.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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