



"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON KNOWLEDGE REGARDING KMC AMONG 2ND YEAR GNM STUDENTS STUDYING IN HILLSIDE COLLEGE OF NURSING, BANGALORE."

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ABSTRACT

A woman plays a vital role in any society. Her role is to provide care, support and nurturing their families and are essential to the development of children. They also play a significant role in community building and often take on leadership roles in community organizations. A mother is often described as loving, compassionate, endearing, kind, protective, strong, extraordinary, intuitive, caring and mindful. A mother is someone who not only cooks but also provide emotional support, listen attentively and even make jokes with her kids. Being a mother means being completely and totally overwhelmed by love, joy, responsibility, and selflessness. Acc. To WHO Kangaroo mother care is a method of care of preterm infants. The method involves infants being carried, usually by the mother, with skin-to-skin contact. This guide is intended for health professionals responsible for the care of low-birth-weight and preterm infants. Designed to be adapted to local conditions, it provides guidance on how to organize services at the referral level and on what is needed to provide effective kangaroo mother care. The guide includes practical advice on when and how the kangaroo-mother-care method can best be applied. **Method:** A quantitative research approach with pre-experimental research design with one group pre and posttest design was adopted in order to achieve the objectives of the study. The study was conducted Hillside school of nursing, Bengaluru. **Results:** the mean level of pretest knowledge is 9.06 and mean level of post test knowledge is 13.86. A paired t-test was computed to assess the difference between the mean level of pretest and post-test. The calculated t-value($t=8.72$) is greater than the tabulated value($t=2.05$) at 0.05 level of significance. The above findings suggest that there was significant difference between the mean levels of pretest and post-test. **Conclusion:** It is observed that structured teaching programme helps to gain knowledge regarding KMC among 2nd year GNM students.

KEYWORDS : Kangaroo Mother Care, GNM students, structured teaching programme

INTRODUCTION

A woman plays a vital role in any society. Her role is to provide care, support and nurturing their families and are essential to the development of children. They also play a significant role in community building and often take on leadership roles in community organizations.

A mother is often described as loving, compassionate, endearing, kind, protective, strong, extraordinary, intuitive, caring and mindful. A mother is someone who not only cooks but also provide emotional support, listen attentively and even make jokes with her kids. Being a mother means being completely and totally overwhelmed by love, joy, responsibility, and selflessness.

Motherhood is defined by the art of nurturing and loving someone from the deepest corner of the heart without expecting anything in return for it. It encompasses all the phases of life, hopes, dreams, acceptance, failures, disappointment, repentance and forgiveness.

Acc. To WHO Kangaroo mother care is a method of care of preterm infants. The method involves infants being carried, usually by the mother, with skin-to-skin contact. This guide is intended for health professionals responsible for the care of low-birth-weight and preterm infants. Designed to be adapted to local conditions, it provides guidance on how to organize services at the referral level and on what is needed to provide effective kangaroo mother care.

The guide includes practical advice on when and how the kangaroo-mother-care method can best be applied. KMC have many benefits, particularly for babies born preterm or at low birth weight. Research shows that kangaroo mother care can help stabilize baby's heart rate, improve breathing pattern and make breathing more regular.

KMC is one of the leading proven interventions that can radically improve inpatient care for the sick newborns. It is usually started as soon as possible following child birth, and can occur while stabilizing care is provided to the mother to the mother and newborn. It should be done as long as the

baby is comfortable and should be stopped once the baby started showing discomfort. It can also be given by any other member of the family if mother is not in the state to give KMC.

KMC provides a nurturing and holistic approach to neonatal care, emphasizing the importance of physical closeness, warmth, and emotional connection between the parent and the baby. Caring for LBW infants imposes a heavy burden on poor countries; an effective healthcare technique developed in 1978 may offer a solution to this problem and additionally be of use in wealthy countries too. KMC is a special way of caring of LBW babies.

The infant is placed a mother's chest between the breasts. Exclusive breast feeding the baby on KMC is breastfeed exclusively skin to skin contact promotes lactation and facilitates the feeding interaction KMC is a scientifically sound and socially acceptable methods:

A mother cannot successfully provide Kangaroo mother care to her baby all alone. She requires counselling and supervision from health care providers.

Although, for countries, women of many cultures have carried infants against their breasts, KMC was 'rediscovered' in Bogota, Columbia in 1984 by neonatologists Edgar Rey and Hector Martinez.

An estimated 2.5 million new-born die every year, of which the vast majority of deaths occur in low-and lower middle-income country. Providing care for premature new born imposes a heavy burden on health care and effective interventions require high technology, scaled staff, and an efficient care system in addition to high cost. 2 Around the globe, about 15 million preterm births take place annually. Indonesia is one of the 10 highest preterm birth rate countries preceded by countries like India, China, and the Philippines.

Although researchers over the last decade have called for increased care and support for both preterm infants and their mothers in NICUs, including intervention such as KMC, there is considerable variation in practice among different NICUs. This may be related in part, to concerns about the frailty and

haemodynamic instability of preterm babies and concerns about the safety of transferring babies to their mother in the presence of the necessary tubes and catheters.

Moreover, to date there is no consensus on the duration of KMC that is necessary to optimize beneficial effects and stress reduction. Based on previous research with preterm infants several research were conducted to find out the positive outcome of the kangaroo mother care and influence mother on practicing the care for better growth and development of baby.

Current World Health Organization recommendations indicate starting kangaroo mother care only after the baby stabilized in an incubator or warmer, which can take on average of 3-7 days. In conclusion, the study and implementation of Kangaroo Mother Care are crucial for improving the health, survival, and overall well-being of premature and low birthweight infants. It offers a holistic approach that benefits not only the infant but also the parents, and it has the potential to make a significant impact on neonatal healthcare practices worldwide.

MATERIALS AND METHODS

A present study is based on quantitative research approach with pre-experimental research design with one group pre and posttest design was adopted in ordered to achieve the objectives of the study, after approval of institutional ethical committee for the period for three months. The study was conducted in Hillside School of Nursing, Bengaluru. The Independent variable is structured teaching programme on KMC and dependent variable is knowledge of IInd Year GNM students. By adopting non-probability convenient sampling technique. Total 30 IInd Year GNM students' samples was included in the study with following sampling criteria:

Inclusion criteria

Students studying in Hillside college of nursing who are willing to participate in the study, 18 to 22 years 2nd year GNM students who are present during the time of data collection.

Exclusion criteria

Students who are not willing to participate in the study. Students who are not present during the time of data collection.

RESULTS

The present study was conducted to assess knowledge of KMC among IInd Year GNM Students

Section - I Socio Demographic variables of the studied IInd Year GNM Students

1. Age group: The least number of samples 2(6.6%) belongs to the age group 15-18 years. The remaining samples 15(50%) belongs to the age group 18-20 years and 13(43.3%) belongs to the age group 20-22.

2. Marital status: Majority of the samples 28(93.3%) were single and the remaining 2(6.6%) were married.

3. Religion: Majority of the samples 20(66.7%) belongs to Hindu religion and the least number of samples 3(10%) belongs to Muslim. The remaining 7(23.33%) belongs to Christian.

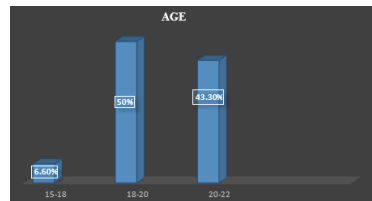
4. Educational status: The least number of samples 4(13.3%) belongs to post graduate, the remaining 26 samples were equally distributed between 13 (43.3%) samples in PUC and 13(43.3%) samples in Undergraduate.

5. Sex: Majority of the samples 17(56.7%) were female and the remaining 13(43.3%) were male.

6. No. Of members in family: Majority of samples 12(40%) have 3-5 members in them family, the least number of samples 8(26.7%) have >5 members in their family and the remaining 10(33.33%) have 1-3 members in their family.

7. Family income per month: The least number of samples 5(16.6%) have income between Rs1000-4000, and among the remaining samples 13(43.3%) samples have income between Rs4000-8000 and 12(40%) samples have income > Rs8000.

8. Type of family: The majority of the samples 18(60%) belong to nuclear family and the remaining 12(40%) belongs to joint family.



Section-2 - Comparison of pretest and post-test knowledge regarding KMC

CATEGORY	MEAN	SD	t' VALUE	INFERENCE
PRETEST	9.06	1.48	8.72	Significant
POSTTEST	13.86	2.59		

Maximum score: 18

Table value: t=2.05, >P:0.05

Section-3- Association between post-test knowledge and demographic variables

The present study shows that there is no association between levels of post-test knowledge and selected demographic variables such as sex, types of family, and family income per month at 0.05 level of significance, but there is association found in the demographic variables age, marital status, religion, educational status and no. Of members in family at 0.05 level of significance. The findings are congruent with the study done by Jophy Mary Philip, Niza `Subramanian A Study to Assess the Effect of Structured Teaching Programme on Knowledge and Practice Regarding Kangaroo Mother Care among the Nursing Mothers. In pre-test 40(80%) of nursing mothers have poor knowledge, 10(20%) nursing mothers have average knowledge and a single nursing mothers not having good knowledge and in post-test 18(36%) nursing mothers have poor knowledge, 16(32%) nursing mothers have average knowledge and 16(32%) nursing mothers have good knowledge. In post-test 39(78%) nursing mothers have poor practice, 11(22%) nursing mothers have average practice and no single nursing mothers have good practice regarding kangaroo mother care and in post-test all the nursing mothers 50(100%) have good practice regarding kangaroo mother care.

Limitations

1. The study was limited to IInd year GNM students.
2. Random sampling technique was not adopted in selecting sample.

CONCLUSION

The present study concludes that the study revealed that Structured Teaching shows effectiveness on knowledge regarding KMC among IInd year GNM students. There was a significant association between pretest levels of knowledge with IInd year GNM students with selected demographic variables and knowledge.

Declarations

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Conflict of interest: The authors have no conflicts of interest regarding this investigation.

Ethical approval: The study was approved by the Institutional Ethics Committee

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