



A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE AND PRACTICE REGARDING KANGAROO MOTHER CARE AMONG POST NATAL MOTHER IN SELECTED HOSPITAL AT AHMEDABAD CITY.

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Article Received on 01/03/2021

Article Revised on 31/03/2021

Article Accepted on 21/04/2021

CHAPTER I

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

“Hold me, Feed me, and Love Me”

-Nils Bergman (1979)

Conventional neonatal care of LBW infants (<2500gm) is expensive and requires both highly skilled personnel and permanent logistical support. Kangaroo mother care has been proposed as an alternative to conventional neonatal care of Low birth weight infants. The major component of Kangaroo mother care is skin-to-skin contact between mother and new-born. The other two components of Kangaroo mother care are frequent and exclusive or nearly exclusive breastfeeding and attempted early discharge from hospital.

Human babies are the most dependent young ones and for a much longer time than the young ones of other species. In the case of other mammals the young ones immediately after birth or very soon become independent. They learn to be independent fast and they are left unaided very soon. For example in the case of cattle as soon as the calf in born, it learns to stand up by itself, and suck the milk from the mother and begins to run around soon. If the new born babies are left unaided or not taken care they cannot survive. So much care is needed to a new born infant, especially from the mother and this care includes love, affection, warmth, protection, nutrition for good health.

NEONATE DEATH RATIO

In Gujarat state total neonate death 6.7%, in rural 7.4%, in urban area 5.7%, in Andhra Pradesh total neonate death 7.5%, in rural 8.5%, in urban area 5.2%, in Bihar total neonate death 6.7%, in rural 6.9%, in urban 5.2%, in Odessa total neonate death 8.5%, in rural 8.8%, in urban 6.5%, in Assam total neonate death. The project, led by the community empowerment lab, a research organization, has involve mothers like sahu being trained

as “life coaches” and then paid to advise women during their pregnancies and in first month after their babies are born. The aim is to entice women to change their pre - and post -partum- practice -including adopting early breastfeeding and skin-to-skin contact, which together are known as “kangaroo mother care”-and measurably cut new born deaths.

In India’s public health professionals believe simple practices such as kangaroo mother care could help reduce India’s neonate mortality rate: 700,000 new borns die within a month every year. In the state of Uttar Pradesh alone, 240000 new borns die each year.

Low birth weight account for 28% of all newborn deaths globally. It is a major contributor to neonatal and infant morbidity with 30% mortality in developing countries.

Low birth weight (LBW), define as weight at birth of less than 2500g, irrespective of gestational age, has an adverse effect on child survival and development, and may even be an important risk factors for adult disease. Overall, it is estimated that 15% to 20% of all births a year, the great majority of them reported in low-and middle income countries.

Kangaroo mother care has been recommended as an alternative care for low birth weight infants. There is limited evidence in our country on kangaroo mother care initiated at home. The information about kangaroo mother care is not found in health education at school or college level. Thus, most of the educated indian mothers do not have knowledge about kangaroo mother care.

Low birth weight is a major contribute to both neonatal care of LBW infant is expensive and requires both trained personnel and permanent logistical support. This complexity is critical, mainly during the stabilization period until the infant has adapted to autonomous extra-

uterine life. In low and middle income countries, financial and human resources for neonatal care are limited, and hospital wards for Low birth weight infants are often overcrowded.

Kangaroo mother care satisfies all five senses of the baby.

Touch - skin to skin contact

Hearing - listens to mother's voice and heart beat

Taste -sucks on breast

Vision- eye contact with mother

Olfactory- smells mother's odour

The study is intended to identify learning needs of postnatal mother on various aspect of kangaroo mother care give to the baby's.

1.2 NEED OF THE STUDY

Some 20 million low birth weight babies are born each year and according to world health organization statistics, because of either preterm birth or impaired prenatal growth, mostly in less developed countries. They contribute substantially to a high rate of neonatal mortality whose frequency and distribution correspond to those of poverty. LBW and preterm birth are thus associated with high neonatal and infant mortality and morbidity. This represents more than a fifth. India is one of the countries which register a large number of neonatal deaths. Statistical peg the neonatal mortality rate in the country at 0.75 million per year. The under-five mortality rate in Gujarat was 55.7 per 1000 live births, but among scheduled tribes were 115.8 deaths per 1000 live births.

Over 50% of the two lakh babies who die in UP each year due to infections and problems like hypothermia can be saved through kangaroo mother care. The simplicity of kangaroo mother cares its biggest strength. There is no need any machine or medication. The transfer of warmth by placing a bare-bodied infant over the chest for 20 hours a day gives the baby all the protection required to tight diseases and infections. Besides a mother, the baby's father or any healthy relative can share the responsibility.

Larger numbers of deliveries are unattended experts especially in rural areas and urban slums. Therefore, the care of such infants becomes a burden for health and social systems everywhere. Although kangaroo mother cares benefits are proven scientifically in both developed and developing countries, it is not widely implemented. The health care workers are unsure of introducing kangaroo mother care into their neonatal services. Kangaroo mother care is a technique in or country.

Successfully implementation kangaroo mother care, need to determine prior knowledge, feelings, and problems face during kangaroo mother care regarding the acceptability of kangaroo mother care by the mothers.

Modern technology is either not available or cannot be

used properly, often due to the shortage of skilled staffs incubator instance where available are often insufficient to meet local needs or are not adequately cleaned purchase of equipment, maintenance is difficult Advanced Technology has resulted in separation of infants from mothers. Under such circumstances good care of preterm and LBW babies is a big problem and it leads topoor out comes.

Unfortunately, there is no simple solution to this problem since the health of an infant is closely linked to the mother's health and the care she receives in pregnancy and childbirth. There are limited financial resources for infrastructure and manpower need for care of all such babies.

Under the National Rural Health Mission [NRHM] programme, the government of India is committed to improve the new-born care and bring down the neonatal and infant mortality to meet the millennium development Goals. It is therefore important to operationalize primary health for round the clock deliveries and upgrade the health facilities at the district hospital and referrals centers. It is also important to build up public private partnership at each level.

The main cause of low birth weight baby is.

- Poor socio economic status
- Illiteracy
- Cultural and social factors
- Depriving the baby of first milk or colors
- Poor nutritional Food taboos, myths and customs

These factors also make the mother vulnerable to various diseases and related problems.

Kangaroo mother care is humanization of high technology and is an alternative for minimal 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 an alternative for all low birth weight and sick new-born babies. Kangaroo mother care can be given either mother or father.

Kangaroo mother care-what it is and why it matter

- Continuous and prolonged skin to skin contact between the mother and the baby.
- Exclusive breastfeeding.
- It is initial in hospital and can be continued in home Small babies can be discharged early Mothers at home require adequate support and follow-up.

Since large number of deliveries occur in hospital now a days we require that sufficient knowledge should be created enough to mothers regarding "quality mothering" through natural and universally approved easily applicable way of Kangaroo Mother Care among staff nurses.

1.3 PROBLEM STATEMENT**1.4 OBJECTIVES OF THE STUDY**

1. To assess the knowledge regarding kangaroo mother care among post natal mother.
2. To observe the practice regarding kangaroo mother care among post natal mother.
3. To evaluate the effectiveness of planned teaching programme on kangaroo mother care
4. To establish the association of pre-test knowledge score and pre test practice score with selected demographic variables.

1.5 HYPOTHESES

H1 The mean post-test knowledge score of postnatal mothers will be significantly, higher than mean pretest knowledge scores regarding kangaroo mother care.

H2 The mean post-test practice test scores of postnatal mothers will be significantly higher than their mean pretest practice scores regarding kangaroo mother care.

H3 There will be significant relationship between pretest knowledge and practice score of post natal mother with selected demographic variables.

1.6 OPERATIONAL DEFINITIONS**1.6.1 ASSESS**

It refers to a process to identify the knowledge and practice regarding kangaroo mother care among post-natal mothers.

1.6.2 EFFECTIVENESS

In this study effectiveness is define as a significant increase in the level of knowledge after undergoing planned teaching programme regarding kangaroo mother care among post-natal mother by increase in the post test knowledge scores.

1.6.3 PLANNED TEACHING PROGRAMME

It Refers to teaching programme through verbal interaction with the use of charts, Flash cards, leaflet, flip cart, demonstration to improve the knowledge of postnatal mother regarding kangaroo mother care.

1.6.4 KNOWLEDGE

It means to information and skill gained through education. In this study it refers to the range of information and understanding gained by the post natal mother's regarding kangaroo mother care is observed with the help of structured knowledge questionnaire.

1.6.5 PRACTICE

Practice referred to psychomotor abilities necessary for a postnatal mother to provide high-quality care to the baby. In this study the practice of kangaroo mother care in postnatal mother is observed with the help of a structured observational check list.

1.6.6 POSTNATAL MOTHER

It Refer's to a post partum period beginning immediately after the birth of child and extending for about six weeks.

1.6.7 KANGAROO MOTHER CARE

Kangaroo mother care is a method of care of neonate. The method involves neonate being carried, usually by mother, with skin -to-skin contact. Between the baby's front and the mother's chest.

1.6.8 SETTING

The study will be conducted in neonatal intensive care unit of selected Municipality corporate hospital in Ahmedabad city.

1.7 DELIMITATION

The study is delimited to:

1. The present study is delimited only to the postnatal mother's.
2. This study includes low birth weight baby.
3. The study is delimited to a sample size of 40.
4. The study is delimited to selected hospital at Ahmedabad.

1.8 CONCEPTUAL FRAMEWORK OF THE STUDY

The conceptual model could be a general amalgam of all the connected ideas within the downside area & provides sure frame of reference for the research worker. The present study aims at testing the effectiveness of planned teaching programme on knowledge and practice regarding kangaroo mother care among postnatal mother in selected hospital at Ahmedabad city.

The abstract framework coined for this study is predicated on "GENERAL SYSTEM MODEL". Conceptualization refers to the method of processing general or abstract ideas (Polit and Hungler 2008).

In a study supported a theory, the framework is named as theoretical framework, in a study that has its roots during a given abstract model, the framework is commonly called, the abstract framework.

The conceptualization of this study relies on system model theory. A system is a group of components that move with another so as to realize a goal. This theory has 3 elements input, method and output.

Input

Input refers to the learner, target cluster with their characteristics, level of competence; learning need and interest, entrance in to the planned teaching programme. In present study, it refers to the postnatal mothers in selected hospital at Ahmedabad city and their demographical data such as age of mother, qualification of mother, type of family, monthly income of family, employment status of mother, Birth weight of the baby, type of delivery, and type of parity.

Process

Process refers to the various operational procedure within the overall programme implementation and embody the factors that facilitate or block the

implementation in numerous stages of development. It describes however input goes to be handled. The process refers to the various steps such as validation and reliability of tool, pre-test knowledge and practice of postnatal mothers, administration of planned teaching programme on kangaroo mother care, post-test of knowledge and practice of postnatal mother on kangaroo mother care.

Output

It refers to evaluate the effectiveness of planned teaching programme as resultant change in the knowledge and

practice of postnatal mother on kangaroo mother care.

Feedback

It is the method by that data is received from every level of the system. It emphasis the necessity to strengthen the input and method, so it ends up in the fascinating output. If there is insufficient gained by planned teaching programme, the whole process has to be again to attain objectives, if the output is that of expected at level then also whole series should be continued because it is never finished process.

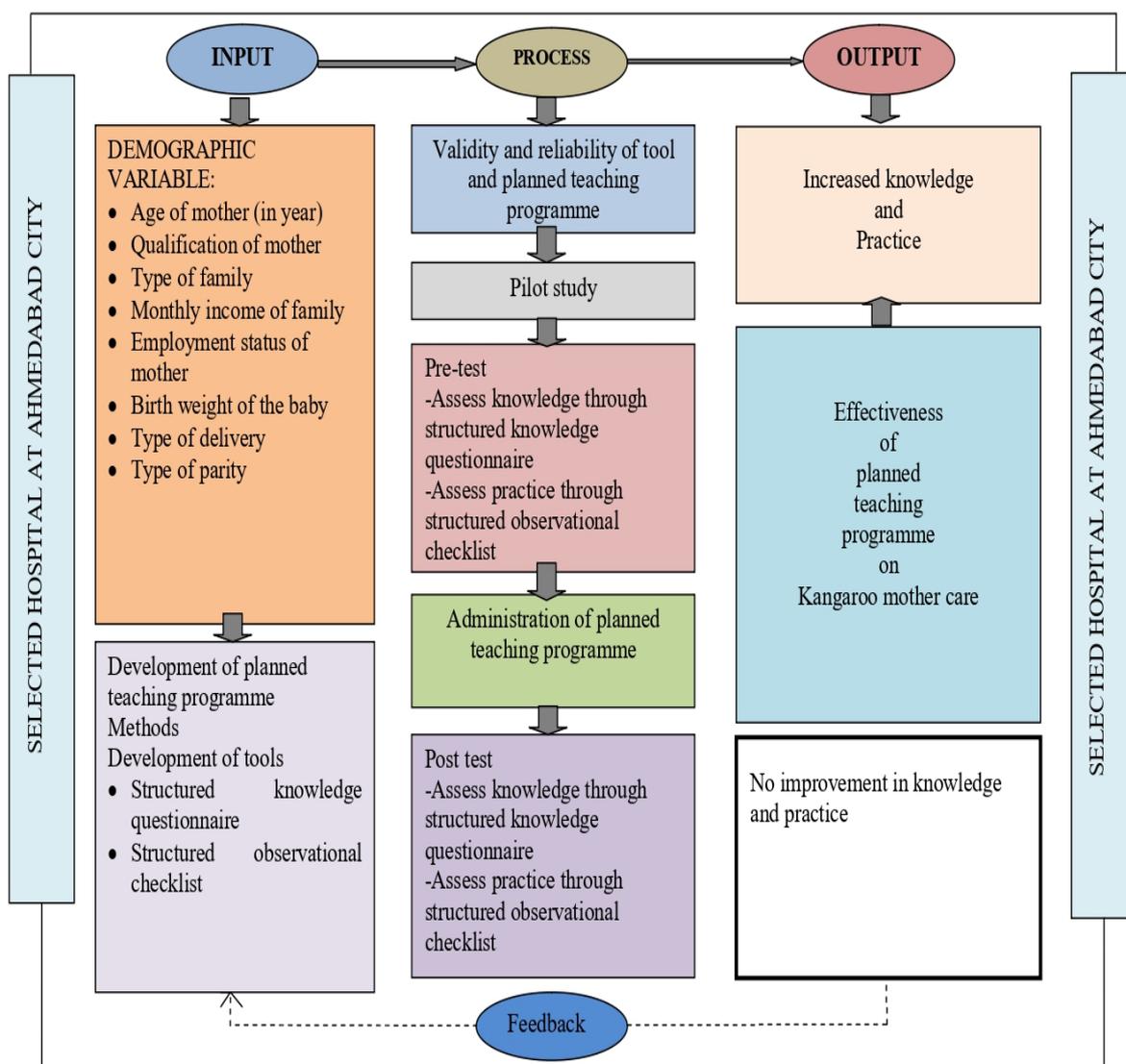


Figure 1: Conceptual frame work based on general system model

Keys:
 -----: Not Included
 ———: Included

**CHAPTER-II
 LITERATURE REVIEW
 INTRODUCTION**

A review of literature on the research topic makes the

researcher familiar with the existing studies and provides information, which helps to focus on a particular problem, lay a foundation upon which to base a new knowledge. It creates accurate picture of the information

found on the subject.

Review of literature is an important step in the development of any research project. (Sharma, 2011) Review of literature refers to activities involved in identifying the search for information on a topic and developing an understanding of state of art on research problem. Both the research and the write up are important in the research process. (Polit and Hungler, 1999).

Review of literature provides a basis for further investigations, justifies the need for replication, throws light on the feasibility of the study, indicates constraints of data collection and helps to relate findings from one study to another. (Abdella and Livine, 1979)

For the easy understanding of readers, the literature is organized and presented under the following headings.

- 2.1 Literature review related to knowledge of kangaroo mother care
- 2.2 Literature review related to practice of kangaroo mother care
- 2.3 Literature review related to knowledge and practice of kangaroo mother care

2.1 LITERATURE REVIEW RELATED TO KNOWLEDGE OF KANGAROO MOTHER CARE

Gayathri S., Ms. Sampada S., and Ms. Hiral R., (2016) had conducted a study on pre- experimental study to assess the knowledge regarding kangaroo mother care among mothers of low birth weight babies. Data was collected of kangaroo mother care by structured knowledge questionnaire. The study was conducted at Rajkot district hospital, among 30 mothers of low birth weight babies who were selected by convenience sampling technique. The study results revealed that there was a marked increase in overall knowledge score of post- test than pre-test score which represent the effectiveness of STP ($t = 3.04$; $p = 0.005$). The study was concluded based on findings suggested that STP was effective among mothers of low birth weight babies for improve knowledge regarding kangaroo mothers care.

Sumanpreet kaur, And et.al(2016) had conducted a study on pre- experimental study 40 student sample of 3rd year B.Sc nursing at selected college royal institute of nursing of district Gurdas pur, Panjab. Self-structured questionnaires related to assessment of effectiveness of demonstration method and STP on knowledge has used for data collection. The result of pre-test shows that nearly three-fourth 80(80%) of the subjects had average level of knowledge as compared to those with good level of knowledge 17.5 (17.5%) poor level of knowledge was shown by very few subjects 2.5(2.5%). Overall findings of the study clearly showed that knowledge level regarding kangaroo mother care has increased among, students after application of structured teaching programme and demonstration method.

Santosh kumar(2016) had conducted a study on descriptive study to assess the knowledge regarding kangaroo mother care among postnatal mothers. Data was collected of kangaroo mother care by structured knowledge questionnaire. The study was conducted at JSS Hospital, Mysuru among 60 postnatal mothers who were selected by probable convenience sampling technique. The study results revealed that 53% of postnatal mothers had poor knowledge regarding kangaroo mother care followed by 45% had average knowledge and least i.e. 1% had good knowledge regarding kangaroo mother care. The knowledge scores ranged from 01-23. Mean knowledge score was 9.18 with a standard deviation of ± 4.45 .

S.Geetha, and Prof. V. Hemavathy (2015) had conducted a study on The term “newborn” includes pre mature infant, post mature infant and full term newborns. About 12% of newborns are born prematurely (preterm) to assess the level of knowledge regarding kangaroo mother care among mothers of hospitalized newborn. To assess the effectiveness of structured teaching programme regarding kangaroo mother care among mothers of hospitalized newborn. Evaluative research approach and a pre-experimental (one group pre- test-post-test design) has used for this study. The study concluded that over all the pre-test knowledge mean score was [2.7 with the SD of 4.2. In the post-test knowledge mean score was 24.7 with the SD 2.0 and the paired ‘T’ test 20.8 shows that there is statistically significant improvement score in the knowledge regarding kangaroo mother care. The paired T’ test value of the knowledge was highly significant at $p < 0.001$ between pre and post-test.

R. Mahejaven (2011) had conducted a study on experimental study to assess the knowledge of mothers of preterm babies regarding kangaroo mother care among the mother care and evaluate the effectiveness of structured teaching programme on kangaroo mother care among the mothers of pre term babies. A total of 35 mothers were selected for the study, findings of the study revealed that the pre test knowledge of mothers regarding kangaroo mother care was increased. 6(17.10%) mothers had inadequate knowledge on kangaroo mother care had moderate adequate knowledge on kangaroo mother care. Kangaroo mother care is a simple cost free and highly effective intervention for preterm babies. And also teaching programme can improve the knowledge of mothers on kangaroo mother care can be provided to mothers which in turn will improve the preterm and low birth care.

Kamala S, Subash J and Sivpriya S. (2008) had conducted a study on quasi-experimental study to assess the knowledge of mothers of preterm babies regarding kangaroo mother care and to evaluate the effectiveness of structured teaching programme on KMC among the mothers of preterm babies. A total of 35 mothers were selected for the study. Findings of the study revealed

that. the pre-test knowledge of mother regarding kangaroo care was increased. 6(17.10%) mothers had inadequate knowledge on kangaroo care 25(71.4%) mothers had moderately adequate knowledge and 4(11.5%) mothers had adequate knowledge on kangaroo care. Kangaroo mother care is a simple low cost and highly effective intervention for low birth weight babies. And also teaching programmes can improve the knowledge of mothers on kangaroo care. So, educational programme on kangaroo care can be provided to mothers, which in turn will improve the preterm and low birth care.

2.2 LITERATURE REVIEW RELATED TO PRACTICE OF KANGAROO MOTHER CARE.

Heidarzadeh M and Hosseini MB (2013) had conducted a study at Alzahra university hospital in Tabriz, aim of the study is exclusive breastfeeding is one in all the foremost necessary essential elements of pouched mammal mother care. The cross sectional method has used. In this study 157(62.5%) mothers performed kangaroo mother care (KMC group) versus 94(37.5%) conventional method care (CMC group), In KMC group exclusive breast feeding was 98(62.5%) vs. 34(37.5%), and $P=00$ In CMC group, at the time of hospital discharge, receiving KMC, and gestational age were the only effective factor predicting exclusive breastfeeding. There was a 4.1 time increase in exclusive breastfeeding by KMC, and also weekly increase in gestational age increased it 1.2 times, but maternal age, birth weight, mode of delivery, and 5 minute Apgar score had no influence on it. The study was concluded that kangaroo mother care is more practical, and will increase exclusive nursing with success, it will be a decent substitution for conventional ways of care.

Narendar dawani (2012) had conducted a study on experimental study regarding kangaroo care on 30 preterm infants growth and maternal attachment and postpartum depression in South Korea. The study was conducted to investigate the effect of kangaroo care on both pre mature infants and their mothers. The sections of 60 minute KMC for 3 weeks were practiced at a level of 11th NICU at E university hospital. Infants body weight height and head circumference, maternal attachment and depression were measured. Study revealed that premature infants in kangaroo care showed higher in the height and bigger in head circumference than infants in control. Maternal attachment sores were higher among kangaroo care infants. The result supported the beneficial effect of kangaroo care on premature infants and their mothers.

Shweta Joshi (2012) had conducted a study in Dr. D. Y. Patil hospital and jijamata hospital on 60 selected postnatal mothers and newborn.

Randomization was accomplished by using a table of random numbers. The generator of the study was a different person than executor of group assignment.

Mothers were blind to each other's group assignments, because they spent all delivery stages time in separate delivery rooms. The group was divided in 30 experimental and 30 control group. Investigator had prepared observation checklist for assessing maternal and neonatal outcome. On analysis finding showed that birth kangaroo care help mother for better outcome in experimental group in terms of height of uterus, hardness of uterus pain after BKC. Finding also shows that BKC improves neonatal outcome in experimental group all samples spelt well, they had flexed arm and flexed legs, and had normal temperature. Most of neonates initiation of breast feed was an achieved within 1hr and 5 neonates showed breast crawl. Where as in control group there not much changes were observed.

Samuel B Neguah and Regina obeng(2010) had conducted a study on longitudinal study regarding practice of kangaroo mother care on 202 mothers and their inpatient LBW neonate was conducted from november 2009 to 2010 in sub-saharan Africa. Mother were interviewed at recruitment to ascertain their knowledge of KMC, and then oriented on its practice. Result of this study at recruitment 23(11.4%, 95% ci;7.4 to 16.6%)mother knew about KMC. At discharge 95.5%were willing to continue KMC at home with 93.1% willing to practice at night. 95.5% through KMC was beneficial to them and 96.0% beneficial to their babies, 98.0% would recommended KMC to other mothers with 71.8% willing to practice KMC outdoors. At first follow up visit 99.5%(181) were still practicing either intermittent or continuous KMC. These proportions not change significantly over the four weeks. Over the four weeks increasingly more mothers practiced KMC at night, outside their homes, and received spousal help. During the follow-up period the neonate gained 95%CL; 22.6 g to 24.7 g) per day. The study concluded maternal knowledge of KMC was low at outset. Once initiated mothers continued practicing KMC in hospital and at home with their infants gaining optimal weight continued KMC. practice was not affected by perceived community attitude.

Subedi K, and et.al (2008) had conducted a study on prospective study to assess the effectiveness of KMC especially on weight gain on low birth weight babies weighting 2000 grams or less at special care baby unit of Paropakar maternity and women's hospital Kathmandu. The sample size is 60 low birth weight babies. The study result revealed that it was observed that babies had good weight gain of average 9 days. Babies had less morbidity like hypothermia, Apnea, skin infection and oral thrush. 100% babies had exclusive breast feeding and KMC was acceptable to mothers. The study was concluded that kangaroo mother care shows early and good weight gain in low birth weight babies. It is simple; low cost technique and well acceptable by mother and family and can be continued at home.

2.3 LITERATURE REVIEW RELATED TO KNOWLEDGE AND PRACTICE OF KANGAROO MOTHER CARE

Dr. Naveen pareek, and Mamta Chaudhar(2017) had conducted a study on pre experimental study to evaluate the effectiveness of structured teaching program on knowledge and practice regarding kangaroo mother care among post natal mothers having low birth weight babies. A structured knowledge questionnaire and practice checklist on kangaroo mother care was developed to collect the data. A study was conducted at Jhunjhunu, Rajasthan among 180 postnatal others who were selected by purposive sampling technique. The study results is the mean difference between pre-test and post- test knowledge was 30 and the 't' value was 48.36 and it was found to be highly significant at the level of $p < 0.05$. Whereas the mean difference between pre-test and post-test practice was 27 and 't' value was 47.0 and it was found to be highly significant at the level of $p < 0.05$. Significant relation was found between pre- test knowledge and practice scores with r value of 0.09 at $p < 0.05$. the study was concluded that structure teaching program was effective as denoted by t-value of 48.36 in knowledge scores and 47.0 in practice score at $p < 0.05$.

Aklilu Abraham and Mahantesh A Naganuri (2017) had conducted a study on descriptive study to assess the knowledge, attitude and practice of kangaroo mother care among postnatal mothers who gave preterm and low birth weight babies. Data was collected of kangaroo mother care by interviewing 349 mothers by a pretested questionnaire. It was entered in Epi data software version 3.1 and exported to SPSS version 20 for analysis. The study was conducted at public hospital, Eastern Ethiopia. Among 349 postnatal mothers were selected by purposive sampling technique. The study results revealed that 69.91% of mothers mentioned the benefits of kangaroo mother care correctly. The majority of mothers 221 (23.33) felt positive regarding implementation of KMC for it corrects the temperature, increase attachment and improve the growth of their small babies. On the other hand 195 (55.87%) believed that kangaroo mother care has positive effect on breast feeding. During the study period, 189(54.15%) mothers practiced KMC in hospitals and also willing to continue at home. The mean duration of KMC was 2 H/Day. Conclusion of the study was the majority of mothers felt positive regarding implementation of kangaroo mother care. The study also revealed that more than half of the study participants practiced KMC in hospital and also to continue at home. Therefore, it will be crucial if there are health education sessions during antenatal care follow up for complete acceptance of KMC after delivery.

Sangeetha Lakshmi Boju and Ravikumar Chodavarapu (2013) had conducted a study on pre-experimental study to assess the knowledge and attitude regarding kangaroo mother care among post natal mothers who have preterm babies the data was collected of kangaroo mother care by structured knowledge

questionnaire and Likert scale. The study was conducted at hospital among 46 preterm babies selected by consecutive sampling technique. The study result revealed that most of mothers could understand what was explained to them (97.8%, 95% CL 88.5- 99.9%) in a single session. Positive feeling like closeness to baby (93.5%) and sense of goodness (97.8%) were noted amongst mothers. Though statistically not significant, the proportion of mothers who felt it impracticable of mothers who felt it impracticable to give breast feeding while doing KMC was considerable (39.1%, 95% CL 25.1-54.6%) compared to those who felt no difficulty in breast feeding (60.9%; 95%CL 45.4-74.95). practicable duration of KMC is 1, 2 and 12 h as felt by 52%, 19.6% and 6.5% of mothers respectively. The study was concluded that mothers can understand and implement KMC with simple and clear oral instruction in local language. Positive feeling arise in mothers even with 1 h of KMC.

Solomons N, Rosant C (2012) had conducted a study on descriptive study to assess the knowledge and attitude of nursing staff and mothers towards kangaroo mother care in Estern sub district of Cape Town. Data was collected of KMC by structure knowledge questionnaire for knowledge and Likert Scale for attitude. A multi stage sample of 30 kangaroo care mothers admitted to the Helderberg district hospital; six nurses from HDH and 9 nurses from 7 antenatal clinics that the mothers attended. The study result revealed data were analysed using CDC Epi. Info version 3.3., 2 and Microsoft excel software programmes. The majority of mothers (83.3%) did not have prior knowledge of KMC. Sixty per cent of the nursing staff did not have any KMC training. The majority of mothers were committed to KMC, were satisfied with the results (with regard to the weight gain of the infant), and indicate that they would continue to practice KMC at majority of the hospital nursing staff was very positive toward KMC, And agreed that it was beneficial to both mother and infant. The study was concluded that most of mothers lacked prior knowledge of KMC, and were only informed about if when they were admitted to the KMC ward. All of the nursing staff who were engaged in KMC (n= 15) had positive attitude towards it.

Ray K. (2010) had conducted a study on experimental study to evaluate the barriers and knowledge of health professionals regarding this care in 2 level neonatal care units. Studies was conducted by means of 2 questionnaires, one intended to physicians the other to nursing staff sharing some common questions. Study result revealed that 80% of the physician and 71.4% of nursing staff answered to the questionnaires. The difficulties were linked technical constraints. Responses were not very difficult were not very difficult between the two teams. The majority considered this practice as a fully fledged care. The positive effects on attachments were well known but those on sleep breast feeding were rarely mentioned. Barriers to implementation

were centred on Infants safety. The majority of the team wished to benefit from an educational intervention.

Engler et al. (2002) had conducted a study on descriptive survey to investigate nurse clinical practice and knowledge, barriers, and perception of KMC. A non-validated questionnaire was sent to 1,133 nurse managers in all hospitals known to provide neonatal intensive care services in the United States requesting that this be completed by the nurse most familiar with KMC. The response rate was 59%. In total, 82% reported practicing KMC and nurses were generally knowledgeable about this method of care. Overall, those nurse in NICUs where KMC was practiced held more positive prescription of implementing KMC were identified as safety concerns and reluctance among other health care workers, mothers or family members to participate in KMC. Misperceptions regarding were evident, with 40% of nurses believing that low gestational age or low birth weight were contraindications to KMC.

2.4 SUMMARY

In this chapter Investigator has reviewed literature work of many researchers from various journals and other sources. Investigator has reviewed literature related to the kangaroo mother care among post natal mothers, study related to knowledge and practice of postnatal mothers related to the kangaroo mother care, study related to effectiveness of teaching strategy.

The studies reported in this chapter have helped the Investigator in gaining an insight into various aspects under study. The extensive review helped the Investigator to broaden her understanding and helped in identifying the research methodology, research approach, research design, research setting, sampling technique, designing research tools and developing a Planned Teaching Programme, about data analysis.

CHAPTER-III

RESEARCH METHODOLOGY

Research methodology indicates the general patterns of organizing the procedure for gathering valid and reliable data for the investigation (**Polit, D F., and Hungler, 1999**). The content of this chapter includes research approach design description of setting and population, sampling technique, sample size, description and rationale of the tool, procedure of the data collection and plan for the data analysis.

3.1 RESEARCH APPROACH AND RATIONALE

Research approach refers to the overall plan for obtaining answers to the research questions and for testing the hypothesis. (**Polit and Beck, 2010**)

Quantitative Research approach is used in a study to assess the effectiveness of planned teaching programme on knowledge and practice regarding kangaroo mother care among post natal mother in selected hospital at Ahmedabad city. It helps to investigator in study. Hence, the pre-experimental design is used in the study.

3.2 RESEARCH DESIGN AND RATIONALE

Research design is Investigator's overall plan for obtaining answers to the research questions for testing the research hypotheses. (**Sharma, 2011**)

Research design selected for the present study is pre-experimental one group pre test and post test design. The investigator has developed structured knowledge questionnaire and structured observation checklist for evaluation of pre-test and post-test. This design helped the investigator to manipulate the independent variables effectiveness of planned teaching programme regarding kangaroo mother care and to observe its effect on the dependent variables regarding kangaroo mother care on Knowledge and Practice. In one group pre-test post-test design the dependent variable will measure before the independent variable will apply after an appropriate period of time has elapsed and then the dependent variable will be measured again.

The research design adopted for the study is diagrammed as

GROUP	PRE-TEST	TREATMENT	POST-TESTONE GROUP
ONE GROUP	OK1		OK2
		X	
SAME GROUP	OP1		OP2

O_{k1} -Pre-test of knowledge regarding kangaroo mother care among post natal mother. O_{K2} -Post-test of knowledge regarding kangaroo mother care among post natal mother. O_{p1} -pre-test of practice regarding kangaroo mother care among post natal mother.

O_{p2} -post test of practice regarding kangaroo mother care among post natal mother.

X- Administration of a planned teaching programme regarding kangaroo mother care among post natal mother.

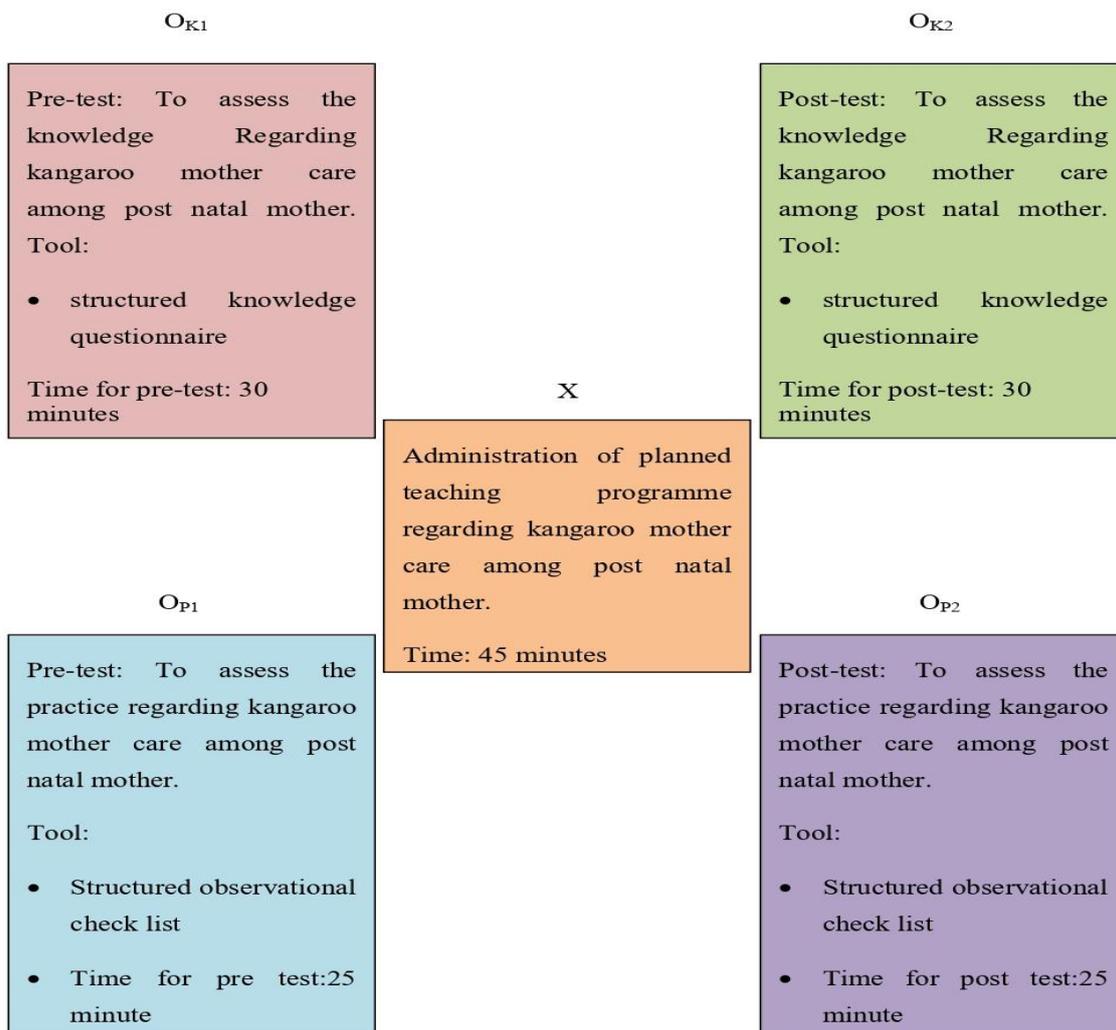


Figure 2: Schematic representation of research design regarding kangaroo mother care among post natal mother in selected hospital at Ahmedabad city.

VARIABLES

Dependent Variable

Knowledge and Practice regarding kangaroo mother care,

Independent Variable

Effectiveness of planned teaching programme.

Demographic variable

Any health education attended related to kangaroo mother care programme included Age of mother,

qualification of mother, type of family, monthly income of family, employment status of mother, birth weight of baby, mode of delivery, type of parity.

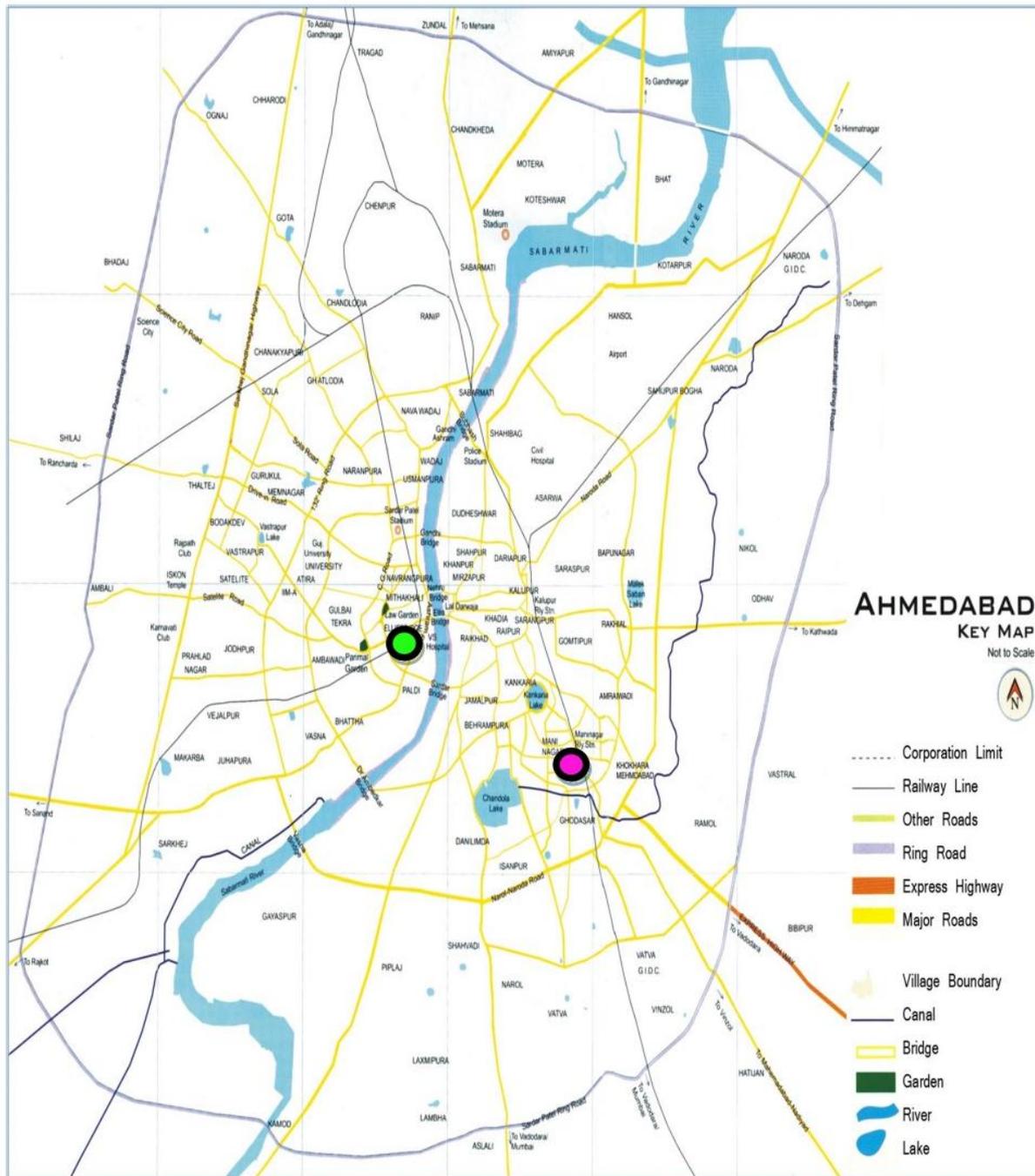
3.3 RESEARCH SETTING

Research setting is the physical location and condition in which data collection takes place in a study (Polit and Hungler (2007)). The present study was conducted in selected hospital at Ahmedabad city.

Target population of the post natal mother in selected hospitals of Ahmedabad city.

Table No: 3.1.

Sr.no	Hospitals name	Study
1	V.S Hospital, Ahmedabad city	Pilot study
2	V.S Hospital, Ahmedabad city	Main study
3	L.G Hospital, Ahmedabad city	Main study



-  --- V.S Hospital, Ahmedabad
-  --- L.G Hospital, Ahmedabad

Figure 3: Map showing the location of selected hospitals at Ahmedabad City.

3.4 TARGET POPULATION

The target population refers to the population that the researcher wishes to study the population about which the researcher wishes to make generalization (BT Basvanthappa, 2010). In this study, target population was postnatal mother in selected hospital of Ahmedabad

City.

3.5 SAMPLE SIZE AND SAMPLING TECHNIQUE

According to Denis F. Polit (2010), sample is a portion of population selected for observation and analysis. Sampling is the process of selecting a portion of the

population to represent the entire population. Sampling is necessary because it is more economical and efficient to work with the small group of elements. Sample size for this study contained 40 post natal mothers from

selected hospital at Ahmedabad city. Non Probability Convenient Sampling technique is used for sample selection.

Table 3.2: Number of sample from the target population of post natal mother in selected hospital at Ahmedabad city.

Sr.no	Hospitals name	Number of samples selected
1	V.S hospital, Ahmedabad city	10
2	L.G hospital, Ahmedabad city	20
3	V.S hospital, Ahmedabad city	20
	Total	10(pilot study) + 40(main study)

CRITERIA FOR SAMPLE SELECTION

Inclusion Criteria

1. All the post natal mothers who are available at the time of data collection.
2. Mother those are willing to participate in the study.
3. Mother who can read and write Gujarati.
4. Mother who delivered low birth weight baby.
5. All the post natal mothers including caesarian section as well as normal delivery.
6. All the post natal mother including primipara and multipara.

Exclusion Criteria

1. Those mothers who are not able to understand the language.
2. Postnatal mothers who refused to give informed consent.

3.6 SELECTION AND RATIONALE OF TOOL FOR DATA COLLECTION

Treعه and Treعه (1986) stated that, "The instrument selected in the research should as far as possible to be the vehicle that would best obtain data for drawing conclusion, pertinent to the study and add to the body of knowledge in a discipline".

Based on the objectives of the study the following data collection tools were developed in order to obtain necessary information. A planned teaching programme regarding kangaroo mother care among post natal mother. To collect the data for present study following tools are selected and constructed.

Table 3.3: Illustrate data collection tool and techniques.

Tools	Techniques	Observer
Structured Knowledge Questionnaire	Paper and Pen	Investigator
Structured Observational Checklist	Observation	Investigator

3.7 DEVELOPMENT OF TOOL FOR DATA COLLECTION

The investigator developed tool in order to more practical oriented reviewed the literature on study topic

3.6.1. Structured knowledge questionnaire

A structured knowledge questionnaire was used for assessing the knowledge regarding kangaroo mother care among post natal mother.

It is a relatively a simple method for collection of data. Structured Knowledge questionnaire helps to elicit factual information. It offers the possibility of anonymity and group administered. Knowledge questions are less time consuming. The closed ended questions are covers a large group within a short period of time, efficient and easy to administer. It for above all reason structured knowledge questionnaire was considered the most appropriate tool for the collection of data for the present study.

3.6.2 Structured observational Checklist

Structured observational checklist is a list of certain predetermined criteria that an observer is going to look or observe rather than asking questions about it. The structured observational checklist, quite easy to develop without any ambiguity or complexity.

This gives the investigator an idea of the lack of Practice regarding kangaroo mother care among the samples before administration of planned teaching programme. It also gives the investigator data about improve in the practice regarding kangaroo mother care after administration of planned teaching programme.

Observation technique also allowed the collection of factual information without making demand on the time of respondents.

such as a book, articles published and unpublished thesis, news- paper and website to develop the tool to assess the knowledge and practice of samples on study. The investigator had selected the following tool for the

collection according to the objectives of the study.

Development of planned teaching programme

Investigator developed the planned teaching programme regarding kangaroo mother care by an extensive research and non research literature and took the opinion of the experts. Before planning for planned teaching programme general objectives were formulated then selection of content and the appropriate teaching learning activity was selected and organized in appropriate manner considering the sequence and level of the post natal mothers. The content validity of a planned teaching programme was done by experts after content validity. Lecture cum discussion was adopted as the method of teaching along with poster, charts, pamphlet, leaflet, flipchart, & demonstration.

Development of structured knowledge questionnaire

Development of structured knowledge questionnaire to assess the knowledge regarding kangaroo mother care among post natal mother in selected hospital at Ahmedabad city. Total items were 30 and maximum score was 30. Every correct answer was given a score of one and wrong answer was given zero score. The response given by the samples are address by putting tick marks [√].

Development of structured observational checklist

Development of structured observational checklist to assess the practice regarding kangaroo mother care among post natal mother in selected hospital at Ahmedabad city.

Total items were 20. Structured Observational checklist is divided into 3 components preparation, position, and duration of kangaroo mother. Each component consist different items.

3.8 DESCRIPTION OF TOOL

The investigator prepared a structured knowledge questionnaire and structured observational checklist to assess the knowledge and practice regarding kangaroo mother care among post natal mother. Tool was divided in three sections.

Section I- Demographic variables of the samples such as Age of mother, qualification of mother, type of family, monthly income of family, employment status of mother, birth weight of baby, mode of delivery, type of parity.

Section II- Structured knowledge questionnaire consist of 30 items and each item carries one mark. Maximum score of questionnaire will 30. Every correct answer was given a score of one and wrong answer will give 0 score. The answer key for structured knowledge questionnaire prepared by investigator.

Table 3.4: Blue print on Content area, Number of items of level of knowledge, domain of structured Knowledge questionnaire for assessing knowledge of samples regarding kangaroo mother care.

Area/ component	Number of items			Max. score	Percentage %
	Knowledge	Comprehensive	Application		
Definition	1,3	2		3	10%
Components	4	5		2	7%
Pre requisites & benefits	6,9,10,11,12	7,8		7	23%
Requirement for implementation & eligible criteria	13,15,17	14,18	16	6	20%
Preparation & procedure		24	19,20,21,22,23	6	20%
Psychological support to mother	25,26			2	7%
Discharging criteria & discontinuation of KMC	27,30	29	28	4	13%
Total	15	8	7	30	100%
Percentage %	50%	26%	24%	100%	100%

Section III- Structured Observational checklist comprised of 20 items. Structured Observational checklist is divided into 3 components. Each component

consist different items. Each subtask of one mark thus total of 20 items blue print of structured observation check list was prepared.

Table 3.5: Blue Print on Performance areas, number of performance items and total scores of observations on structured observation checklist for Samples.

Sr. no	Component	Number of performance Items	Total performance score	Percentage %
1.	Preparation	9	9	45%
2.	Positioning	10	10	50%
3.	Duration	1	1	5%
Total		20	20	100%

VALIDITY OF TOOL

In order to measure the validity of the tool i.e. structured knowledge questionnaire, structured observation checklist and planned teaching programme were given 10 experts for validation. Tools were validated by 10 experts. The experts were requested to validate the relevancy, objectivity, adequacy and appropriateness of the content areas. Tool was developed under expert guidance to make the clarity of each item and minor correction was given.

3.9 RELIABILITY OF TOOL

The reliability is a criterion for measuring adequacy, Consistency, accuracy of tool. The reliability of tools was checked before Pilot study.

The reliability of the structured knowledge questionnaire was determined by 'test retest method' by using Spearman correlation coefficient formula. The reliability coefficient of the Questionnaire was 0.73 which was more than 0.70; hence the structured knowledge questionnaire was found to be reliable.

The reliability of the structured observational checklist was determined by 'intra observer method' by using spearman correlation coefficient formula. The reliability of checklist was 0.72 which was more than 0.70; hence structured observational checklist was found to be reliable.

3.10 PILOT STUDY

Pilot study was carried out at the end of the planning phase of research, in order to explore and test the research elements. The objectives for the pilot study is validate the consistency of the data collection instrument, adequacy of the contents, Feasibility of the study and time duration require for responding the data collection instruments.

According to Treece (1986), —Pilot study is a miniature version of the planned research, to identify and correct problems which could affect the research process. The pilot study was conducted at V.S hospital of Ahmedabad city. The investigator obtained formal permission from Medical Superintendent and Nursing Superintendent of V.S Hospital. Pilot study was conducted from 18/02/2019 to 23/02/2019.

Ten samples were selected for pilot study. The investigator was approached the samples individually, discussed the objectives of study and obtained consent for the participation in the study. The findings of the Pilot study were: mean pre and post test knowledge score of samples were 12.7 and 20.2 respectively, mean difference was 7.5, so increase in mean post test score was significant and statistically proved that the enhancement of knowledge was not by chance but was the effect of planned teaching program on kangaroo mother care. The mean pre and post test practice score of samples were 9.3 and 15.1 respectively, mean difference

was 5.8, so it was statistically proved that samples had gained practice. So study was feasible and the tool was effective during pilot study. Therefore, this tool was implemented for final data collection.

3.11 PROCEDURE FOR DATA COLLECTION

The formal permission was obtained from the concerned authority like Medical superintendent and Nursing superintendent of the selected hospital.

Investigator had done main study data collection from 25/03/2019 to 10/04/2019 from post natal mother who were in first, second, third post natal day.

3.12 PLANS FOR DATA ANALYSIS

The Investigator planned to analyze the data in the following manner:

Section I: Demographic variables analyzed using frequency and percentage and presented in the form of the table. The association of each Demographic variable with pre test knowledge and practice score was analyzed by using chi square test and present in the form of table.

Section II: The data from the Structured Knowledge Questionnaire before and after administration of Planned Teaching Programme was analyzed by using mean, standard deviation (SD) and paired 't' test and present in the form of tables and graphs.

Section III: The data from the structured observational checklist before and after administration of Planned Teaching Programme was analyzed by using mean, standard deviation (SD) and paired 't' test and present in the form of tables and graphs.

3.13 SUMMARY

This chapter dealt with methodology adopted for the present study. It included the Pre Experimental research approach, one group pre test-post test research design. Variables under study are Planned Teaching Programme as Independent variable. Knowledge and Practice related to kangaroo mother care among post natal mother as a dependent variable.

The lesson plan was developed. The Samples of 40 post natal mothers from selected hospitals of Ahmedabad city, was selected by Non probability convenient sampling technique. The instrument used for generating necessary data is Structured Knowledge Questionnaire and structured observational checklist. The content validation of the tool was done by experts and the reliability of the Structured Knowledge Questionnaire were checked by test retest method and structured observational checklist was determined by intra rated observer method by using Spearman's Correlation Coefficient Formula. The pilot study was conducted at V.S Hospital and the data analyzed by using Descriptive and Inferential statistics. The tools were found proper and reliable. Final data collection was done in the month of March-April 2019. Descriptive and inferential statistics

was used for analysis of data.

CHAPTER IV ANALYSIS AND INTERPRETATION

The main purpose of this chapter is to organize and summarize the data for easy interpretation. This chapter deals with analysis and interpretation of the data collected during study from 40 samples. For collecting the data the Investigator has used Structured Knowledge Questionnaire for the assessment of knowledge and structured observational checklist for the assessment of practice. Descriptive and inferential statistics were used for analysis. The data collected was analyzed on the basis of objectives and hypothesis of the study.

Polit and hungler (1999) described analysis as “a process of organizing and synthesizing data such a way that research question can be answered and hypotheses tested”.

Interpretation refers to study the results of the analysis, make inferences about its occurrence of relations, and draw conclusions about the relations. (Basavanthappa, 2007).

OBJECTIVES OF THE STUDY

1. To assess the knowledge regarding kangaroo mother care among post natal mother.
2. To observe the practice regarding kangaroo mother care among post natal mother.
3. To evaluate the effectiveness of planned teaching programme on kangaroo mothercare.
4. To establish the association of pre-test knowledge score and pre test practice score with selected demographic variables.

ANALYSIS AND INTERPRETATION OF THE DATA

Major findings of the study are presented under following sections and heading: The obtained data are organized and presented in the following sections:

4.1 Analysis and Interpretation of the demographic Data of the samples such as age of mother, type of family, monthly income of family, employment status of mother, birth weight of baby, mode of delivery, type of parity.

4.2 Analysis and Interpretation of the data related to the Knowledge of the Samples before and after administration of a Planned Teaching Programme on kangaroo mother care.

4.3 Analysis and Interpretation of the data related to the practice of the Samples before and after administration of a Planned Teaching Programme on kangaroo mother care.

4.4 Analysis and Interpretation of the data related to association between pre test knowledge scores with demographic variables of the samples.

4.5 Analysis and Interpretation of the data related to association between pre test practice scores with demographic variables of the samples.

TESTING OF NULL HYPOTHESES

This is a Pre Experimental study and it follows Hypothesis. Hence, it is essential to test Null Hypothesis, for testing the null hypothesis ‘t’ value was calculated at 0.05 level of significance. If the calculated ‘t’ value is greater than the table ‘t’ value then the null hypothesis is rejected and the research hypothesis is accepted. Paired ‘t’ test is applied for paired data of the variables for finding the significance between pre and post-test Knowledge score. In paired ‘t’ test degree of freedom is number of observation minus one (n-1). In this study, total samples are 40, so degree of freedom (df) was (40-1= 39). So the tabulated ‘t’ value at 0.05 level of significance was 2.02.

For testing of hypotheses Investigator has formulated null hypotheses as follows.

Investigator had formulated Null Hypotheses as follows:

H₀ – There will be no significant association between pre test and post test of knowledge and practice score on kangaroo mother care among post natal mother.

H₀₁ – There will be no significant difference between mean Pre test and mean post test knowledge scores of the post natal mother after administration of planned teaching Programme on kangaroo mother care at 0.05 level of significance.

H₀₂ – There will be no significant difference between mean Pre test and mean post test practice scores of the post natal mother after administration of planned teaching Programme on kangaroo mother care at 0.05 level of significance.

H₀₃ – There will be no significant association between pre test knowledge and pre test practice scores of post natal mother on kangaroo mother care with selected demographic variables.

4.1 ANALYSIS AND INTERPRETATION OF THE DEMOGRAPHIC VARIABLES OF THE SAMPLES.**Table 4.1: Frequency and percentage wise distribution of sample based on demographic variables of the samples. [N=40]**

Sr. no	Demographic variables	Frequency	Percentage (%)
1.	Age of mother (in year)		
	A. 18-23 years	11	27.5%
	B. 24-29 years	22	55.0%
	C. 30-35 years	7	17.5%
2.	Education		
	A. Lower primary education (1-5 std)	19	47.5%
	B. Upper primary education (6-8 std)	16	40.0%
	C. Secondary education (9-10 std)	3	7.5%
	D. Higher secondary education (11-12 std)	1	2.5%
3.	Type of family		
	A. Joint family	26	65.0%
	B. Nuclear family	9	22.5%
4.	Income		
	A. < 5000 Rs.	1	2.5%
	B. 5000- 7000 Rs.	12	30.0%
	C. 7001- 9000 Rs.	17	42.5%
5.	Employment status		
	A. Employed	6	15.0%
6.	Birth weight		
	A. <1000 grams	1	2.5%
	B. 1000-1500 grams	17	42.5%
7.	Mode of delivery		
	A. Normal vaginal delivery	2	5.0%
	B. Normal episiotomy delivery	23	57.5%
	C. Instrumental delivery	2	5.0%
8.	Parity		
	A. Primi Para	22	55%
	B. Multi Para	18	45%

Table 4.1 shows that the distribution of sample by age, majority of samples 22(55.0%) belong to the age group 24-29 years, 11(27.5%) samples belong to the age group 18-23 years and lowest sample 6(17.5%) belong to the age group 30-35 years. In educational status, majority of the samples 19(47.5%) belong to lower primary education, 16(40.0%) sample belong to upper primary education, 3(7.5%) samples belong to secondary education, 1(2.5%) sample belong to higher secondary education and 1(2.5%) belong to other education. In type of family, majority of the samples 26(65%) belong to the joint family, 9(22.5%) belong to the nuclear family, 5(12.5%) belong to the extended family. In income of family, majority of samples 17(42.5%) belong to Rs.

7001-9000, 12(30.0%) belong to Rs. 5001-7000, 10(25.0%) belong to above Rs. 9000, 1(2.5%) belong to <5000. In employment status of mother, majority of the samples 34(85.0%) belong to home maker and 6(15.0%) belong to employed. In birth weight, majority of the samples 22(55.0%) belong to 1500-2500 grams, 17(42.5%) belong to 1000-1500 grams, and 1(2.5%) belong to < 1000 grams. In mode of delivery, majority of the samples 23(57.5%) belong to normal episiotomy delivery, 13(32.5%) belong to lower segment caesarean section, 2(5.0%) belong to normal vaginal delivery and instrumental delivery. In type of parity, majority of the samples 22(55%) belong to primi Para, and 18(45%) belong to multi Para.

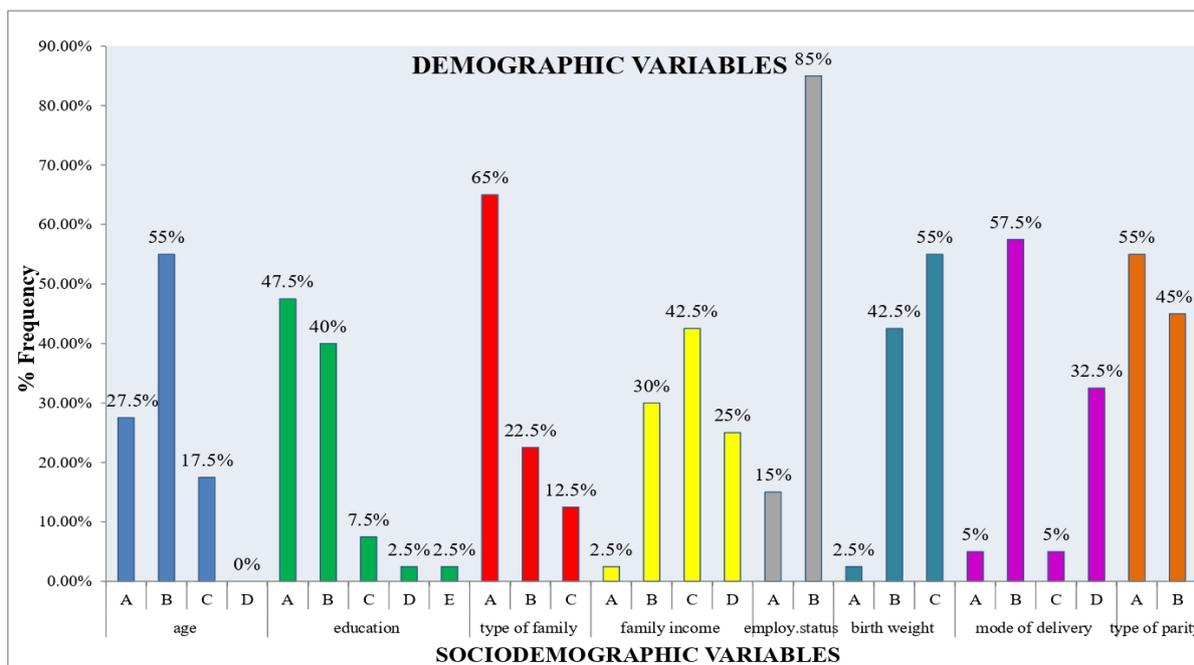


Figure 4: Column graph showing comparison of area wise socio-demographic variables of samples.

4.2 ANALYSIS AND INTERPRETATION OF THE DATA COLLECTION ON STRUCTURED KNOWLEDGE QUESTIONNAIRE OF THE SAMPLES

Table: 4.2.1 Area wise Mean, Mean Percentage, Standard Deviation, Percentage Gain and Mean Difference of Pre test and Post test Knowledge scores of samples. [N=40]

Sr. No	Area OfContent	Max. Score	Pre Test Knowledge Score			Post Test Knowledge Score			% Gain	Mean Difference
			Mean Score	Mean %	SD	Mean Score	Mean %	SD		
1	Definition	3	1.56	52.00	0.82	2.68	89.3	0.47	37.33	1.12
2	Components	2	1.08	54.00	0.74	1.43	71.5	0.64	17.50	0.35
3	Pre requisites & benefits	7	2.53	36.14	1.57	4.03	57.6	1.19	21.43	1.5
4	Requirement for implementation & eligible criteria	6	2.23	37.17	1.37	3.65	60.8	1.41	23.67	1.42
5	Preparation & procedure	6	2.58	43.00	1.02	3.7	61.7	1.14	18.67	1.12
6	Psychological support to mother	2	0.38	19.00	0.49	0.68	34.0	0.62	15.00	0.3
7	Discharging criteria & discontinuation of KMC	4	1.45	36.25	1.04	2.25	56.3	0.93	20.00	0.8
TOTAL		30	11.83	39.43	2.31	18.4	61.3	1.72	21.90	6.57

Table 4.2.1 shows the pre test and post test knowledge score obtained by the sample on kangaroo mother care. The knowledge area were divided into seven sub area such as definition, components, pre-requisites and benefits, requirement for implementation and eligible criteria, preparation and procedure, psychological support to mother, discharging criteria and discontinuation of KMC. The area wise result related to definition, pre test mean score was 1.56(52%) and post test mean score was 2.68(89.3%). hence the mean difference noted was 1.12(37.33%) in this area. The mean pre test knowledge score related to components was 1.08(54%) and post test mean score was

1.42(71.5%). The mean difference was 0.35(17.59%) in this area. The mean pre test knowledge score related to pre-requisites and benefits was 2.53(36.14%) and post test mean score was 4.03(57.6%). The mean difference was 1.5(21.43%) in this area. The mean pre test knowledge score related to requirement for implementation and eligible criteria was 2.23(37.17%) and post test mean score was 3.65(60.8%) . The mean difference was 1.42(23.67%) in this area. The mean pre test knowledge score related to preparation and procedure was 2.58(48.00%) and post test mean score was 3.7(61.7%). The difference was 1.42(23.67%) in this area. The mean pre test knowledge score related to

psychological support to mother was 0.38(19.00%) and post test mean score was 0.68(34.00%). The difference was 0.3(15.00%) in this area. The mean pre test knowledge score related to discharging criteria and discontinuation of KMC was 1.45(36.25%) and post test mean score was 2.25(56.3%). The difference was 0.8(20.00%) in this area.

Thus it was concluded that there was increase in the mean post test knowledge score as compared to mean pre test knowledge score after the administration of a Planned Teaching Programme on kangaroo mother care.

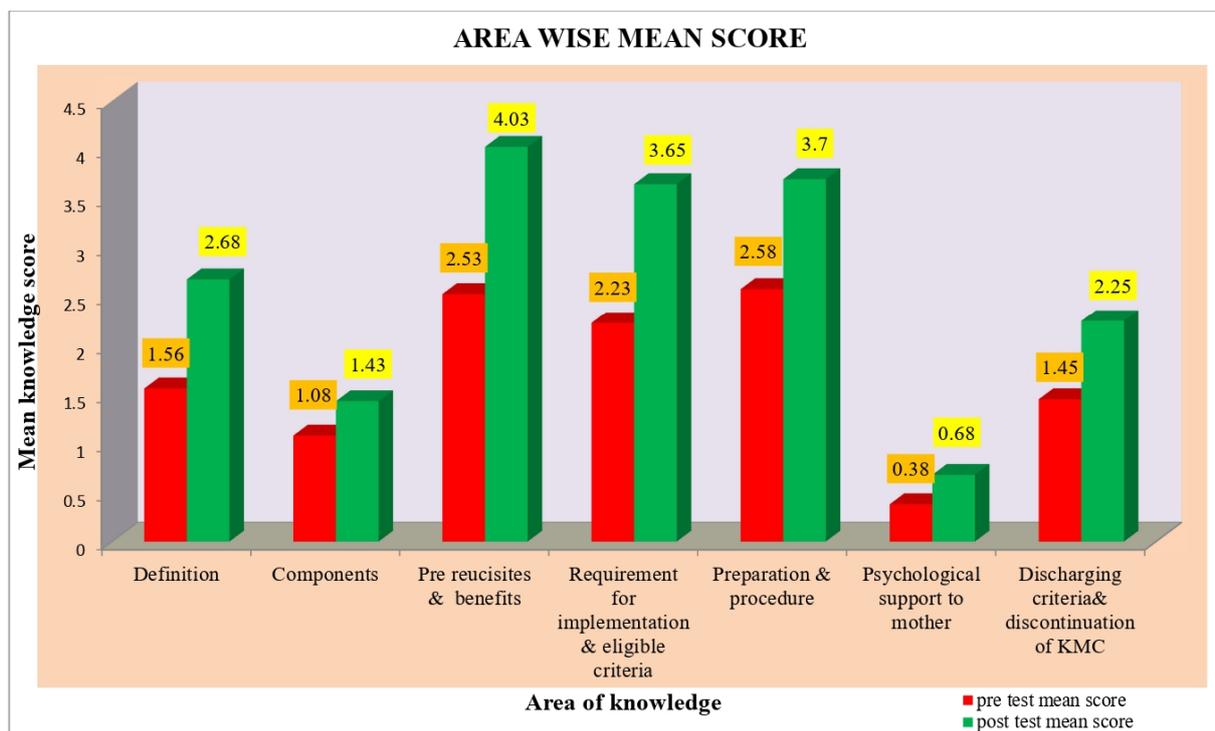


Figure 5: Bar Graph showing comparison of area wise mean score of pre test and post test knowledge score of samples.

Table 4.2.2: Analysis and Interpretation of the Data Collected on Structured Knowledge Questionnaire of the Samples. [N=40]

Scores of knowledge	Pre test		Post test	
	Frequency	Percentage	Frequency	Percentage
Poor (1-10 score)	24	60%	0	0%
Average (11-20 score)	16	40%	36	90%
Good(21-30 score)	0	0%	4	10%
TOTAL	40	100%	40	100%

Table 4.2.2 shows that pre test knowledge scores of the samples on kangaroo mother care was poor knowledge 24(60%), average knowledge 16(40%) whereas post test was about average knowledge 36(90%) and good knowledge 4(10%).

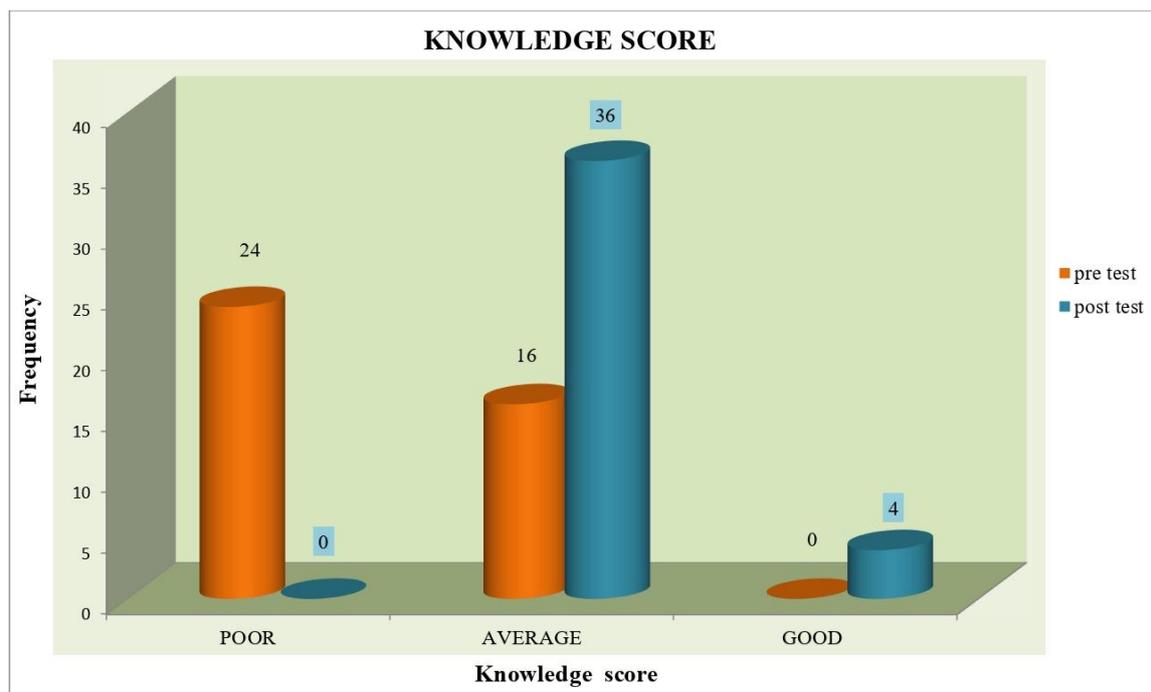


Figure 6: Bar Graph showing the comparison of pre test and post test knowledge frequency of samples.

4.2.3 MEAN, MEAN DIFFERENCE, STANDARD DEVIATION (SD) AND 't' TEST VALUE OF THE PRE TEST AND POST TEST KNOWLEDGE SCORES OF THE SAMPLES.

Table: 4.2.3: Mean, mean difference, standard deviation (SD) and 't' test value of the pre test and post test knowledge scores of the samples. [N=40]

knowledgetest	Meanscore	Mean difference	SD	Calculated 't' Value	table "t" value	DF	level of significance
pre test	11.83	6.57	2.31	19.262	2	39	0.05
post test	18.40		1.72				

Calculated 't' value > table 't' value so Null hypothesis is rejected. Research hypothesis is accepted.

Table 4.2.3 shows the comparison between pre test and post test knowledge scores obtained by samples on kangaroo mother care. The mean pre test score was 11.83 and the mean post test knowledge score was 18.40 with the mean difference of 6.57. The table also shows that the standard deviation of pre test knowledge score was 2.31 and standard deviation of post test knowledge score was 1.72. the calculated 't' is 19.262 and the tabulated 't' is 2 at 0.05 level of significance.

Table 4.2.3 reveals that mean post test knowledge score was significantly higher than mean pre-test knowledge scores with mean difference of 6.57. The calculated 't' value ('t' = 19.292) was greater than the tabulated 't' (t = 2). This indicates that difference obtained in the mean pre test and post test knowledge score was a real difference and not by chance. Therefore the null hypothesis H₀1 was rejected and research hypothesis H₁ was accepted and it revealed that the Planned Teaching Programme was effective in terms of knowledge among the post natal mother. Investigator concluded that there was significant increase in the mean post test knowledge score as compared to the mean pre test knowledge score after administration of a Planned Teaching Programme on kangaroo mother care.

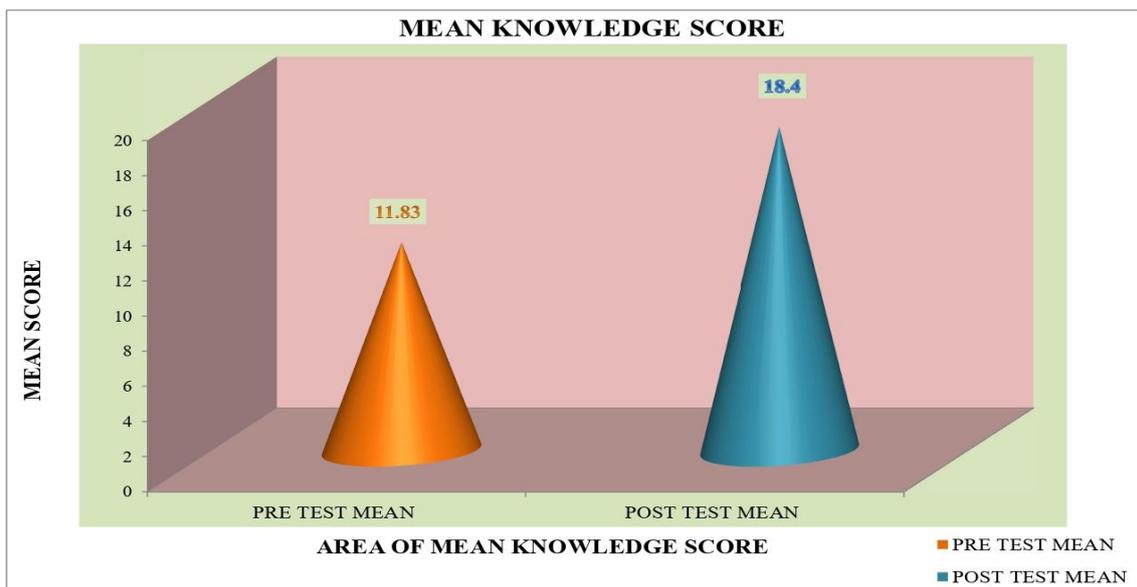


Figure 7: Bar Graph showing the comparison of mean pre test and post test knowledge scores of samples on kangaroomother care.

4.3 ANALYSIS AND INTERPRETATION OF THE DATA COLLECTED ON STRUCTURED OBSERVATIONAL CHECKLIST OF THE SAMPLES

Table 4.3.1: Frequency and Distribution of practice score of the samples before and after administration of planned teaching programme on Kangaroo mother Care. [N=40]

Score of practice	PRE TEST		POST TEST	
	Frequency	Percentage	Frequency	Percentage
Poor (1-6 score)	0	0%	0	0%
Average (7-13 score)	40	100%	10	25%
Good (14-20 score)	0	0%	30	75%
TOTAL	40	100%	40	100%

Table 4.3.1 shows that pre test practice score of samples on kangaroo mother care was poor practice 0(0%), average practice 40(100%) whereas post test practice

score was about 10(25%) average practice, and good practice 30(75%).

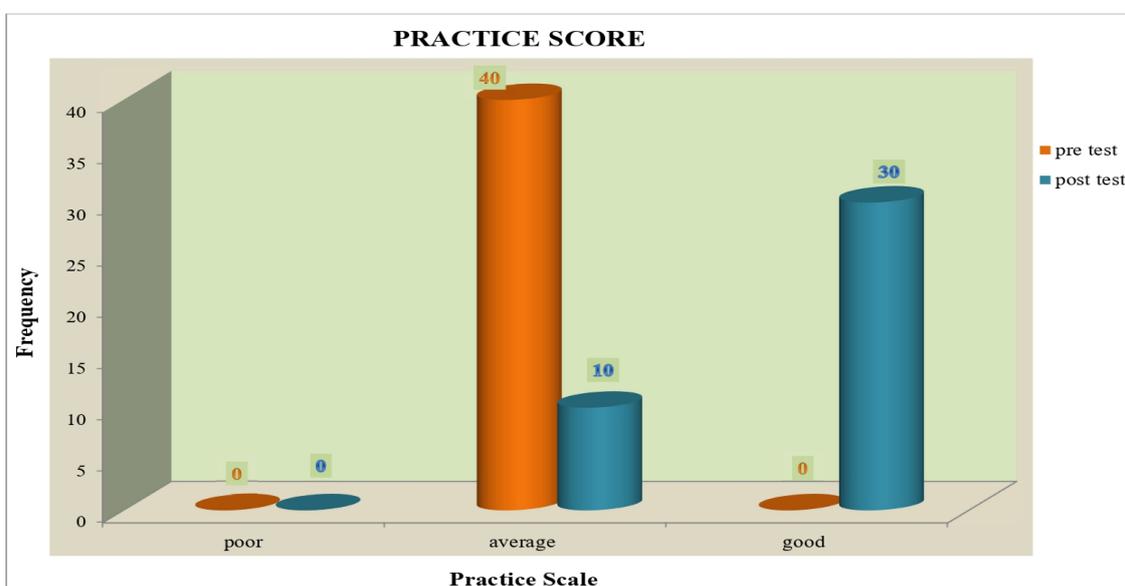


Figure 8: Bar Graph showing the comparison of pre test and post test practice frequency of samples.

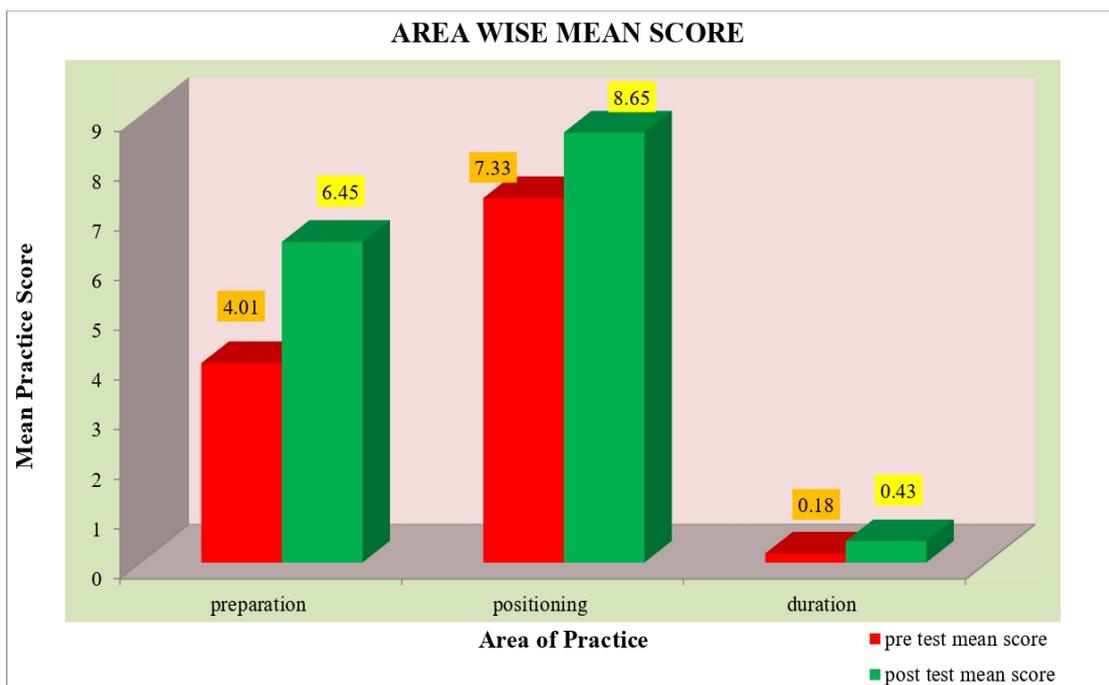
Table 4.3.2: Area wise Mean, Mean Percentage, Standard Deviation, Percentage Gain and Mean Difference of Pre test and Post test Practice scores of Samples. [N=40]

Sr No	Area Of Content	Max. Score	Pre Test PracticeScore			Post Test PracticeScore			% Gain	Mean Difference
			Mean Score	Mean %	SD	Mean Score	Mean %	SD		
1	Preparation	9	4.08	45.33	0.94	6.45	71.67	0.88	26.33	2.37
2	Positioning	10	7.33	73.30	1.53	8.65	86.50	1.36	13.20	1.32
3	Duration	1	0.18	18.00	0.38	0.43	43.00	0.5	25.00	0.25
TOTAL		20	12.9	64.50	1.82	14.2	71.00	1.67	6.50	1.3

Table 4.3.2 shows the pre test and post test practice score obtained by the samples on kangaroo mother care. The practice area were divided into three sub areas such as preparation, positioning, and duration. The area wise result related to preparation, pre test mean score was 4.08(45.33%) and post test mean score was 6.45(71.67%). Hence the mean difference noted was 2.37(26.33%) in this area. The mean pre test practice score related to positioning 7.33(73.30%) and post test mean score was 8.65(86.50%). The mean difference was

1.32(13.20%) in this area. The mean pre test practice score related to duration 0.18(18.00%) and post test mean score was 0.43(43.00%). The mean difference was 0.25(0.25%) in this area.

Thus it was concluded that there was increase in the mean post test practice score as compares to mean pre test practice score after administration of planned teaching programme on kangaroo mother care.

**Figure 9: Bar Graph showing comparison of area wise mean score of pre test and post test practice score of samples.****Table 4.3.3: Mean, mean difference, standard deviation (SD) and 't' test value of the pre test and post test practice scores of the samples. [N=40]**

Practicetest	Mean score	Mean difference	SD	Calculated't' Value	table't' value	DF	level of significance
pre test	12.90	1.3	1.82	3.8	2	39	0.05
post test	14.20		1.67				

Calculated 't' value > table 't' value so Null hypothesis is rejected. Research hypothesis is accepted.

Table 4.3.3 shows the comparison between pre test and Post test Practice scores obtained by the Samples on kangaroo mother care. The mean pre test score was 12.90 and mean post test score was 14.20 with the mean difference of 1.3. The table also shows that the standard

deviation of pre test practice score was 1.82 and standard deviation of post test was 1.67. the calculated 't' value is 3.8 and the tabulated 't' value is 2 at 0.05 level of significance.

Table 4.3.3 reveals that mean post test score was significantly higher than mean pre test practice score with mean difference of 1.3. The calculated 't' value ('t' = 3.8) was greater than the tabulated 't' value ('t' = 2). This indicates that the difference obtained in the mean pre test and post test practice score was a real difference and not by chance. Therefore the null hypothesis H₀ was rejected and research hypothesis H₂ was accepted

and it revealed that the Planned Teaching Programme was effective in terms of practice among the samples. The investigator concluded that there was a significant increase in the mean post test practice score as compared to the mean pre test practice score after administration of a Planned Teaching Programme on kangaroo mother care.

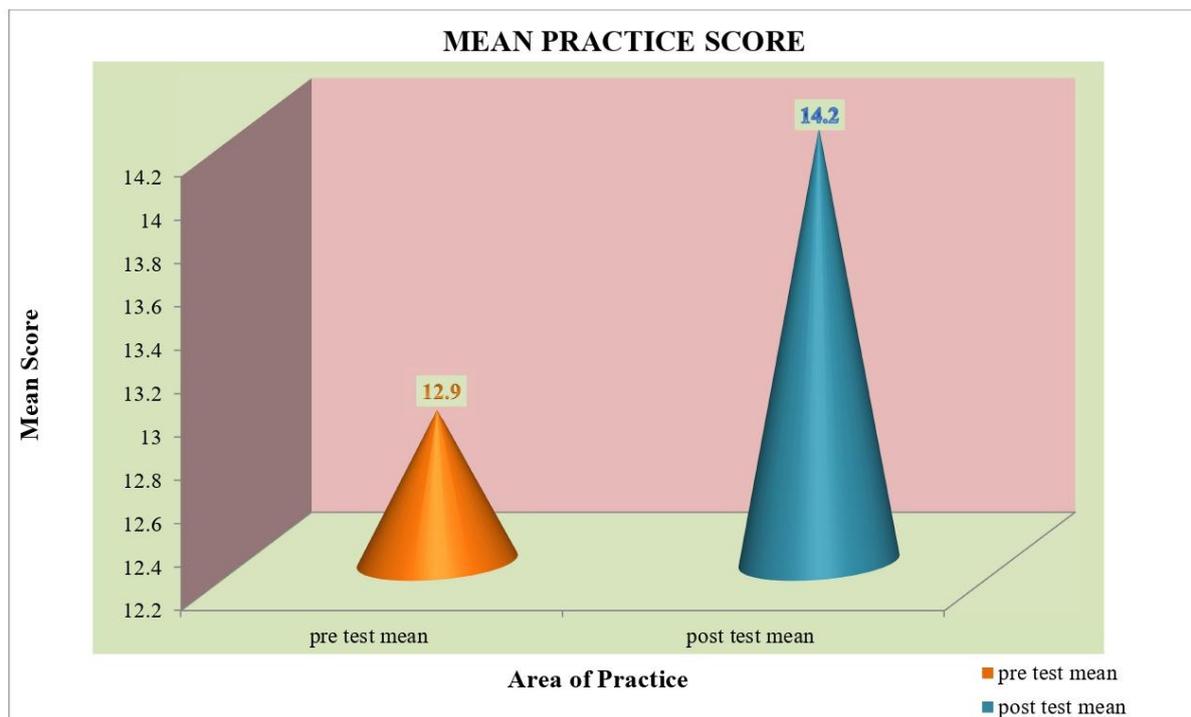


Figure 10: Bar graph showing the comparison of mean pre test and post test practice scores of samples on kangaroo mother care.

4.4 ASSOCIATION OF THE PRE TEST KNOWLEDGE SCORES REGARDING KANGAROO MOTHER CARE WITH SELECTED DEMOGRAPHIC VARIABLES OF SAMPLES.

Table 4.4: Association of the pre test knowledge scores regarding Kangaroo mother care with selected demographic variables of samples. [N=40]

Sr. No	Demographic Variables	Frequency		X ²		DF	Association
		Poor (0-10)	Average (11-20)	Calculated 't' Value	Table value		
1.	Age of the mother						
	A. 18-23 years	3	8	6.468	5.99	2	Significant
	B. 24-29 years	15	7				
	C. 30-35 years	2	5				
D. >35 years	0	0					
2.	Education						
	A. Lower primary education	8	11	3.803	9.49	4	Non-Significant
	B. Upper primary education	7	9				
	C. Secondary education	0	3				
	D. Higher secondary education	1	0				
E. Others	0	1					
3	Type of Family						
	A. Joint Family	18	8	6.309	5.99	2	Significant
	B. Nuclear Family	3	6				
C. Extended Family	1	4					
4.	Income per month (In Rupees)						

	A. Below Rs. 5000 B. Rs. 5001-7000 C. Rs. 7001-9000 D. Above > 9000	0 7 6 3	1 5 11 7	2.793	7.22	3	Non-significant
5.	Employment status A. Employed B. Home maker	3 13	3 21	0.294	3.84	1	Non-significant
6.	Birth weight A. < 1000 grams B. 1000-1500 grams C. 1500-2500 grams	0 7 9	1 10 13	0.684	5.99	2	Non-significant
7.	Mode of delivery A. Normal vaginal delivery B. Normal with episiotomy C. Instrumental delivery D. Lower segment caesarean section	1 11 1 3	1 12 1 10	2.779	7.22	3	Non-significant
8.	Type of parity A. Primipara B. Multipara	13 11	9 7	0.017	3.84	1	Non-significant

*Significance at the level of 0.05

Table 4.4 shows the association of the demographic variables such as age of mother, education, type of family, monthly income, employment status of mother, birth weight of baby, mode of delivery, and type of parity. For age group with the pre- test knowledge score the calculated value of chi-square (χ^2) 6.468 was greater than 5.99, the table value of chi-square (χ^2) at the 2 degree of freedom and 0.05 level of significance. Hence, age had significant association with the knowledge score of the samples. Regarding, Education of the samples with pre test knowledge score, the calculated value of chi square (χ^2) was 3.803 and table value of χ^2 was 9.49 at 4 degree of freedom. Therefor education was non-significant for the knowledge score among the samples. The association of type of family with the pre-test level of knowledge was calculated. The calculated value of chi-square (χ^2) was 6.309 and table vale of χ^2 was 5.99 at 2 degree of freedom and 0.05 level of significance. Hence, type of family had significant association with knowledge score of sample. For income per month with the pre test knowledge scores in which the calculated value of chi-square (χ^2) was 2.793 and it were less than 7.22, the table value of χ^2 at 3 degree of freedom and 0.05 levels of significance. Hence, the income of family was non significant with knowledge score of the sample. The association of employment status with the pre-test level of knowledge was calculated. The calculated value of chi- square (χ^2) was 0.294 it was less than 3.84, the table value of χ^2 at 1 degree of freedom and 0.05 levels of significance. Hence, the employment status of samples was Non significant with the knowledge score of the samples. Regarding, birth weight of the samples with the pre test knowledge scores, the calculated value of chi square (χ^2) was 0.684 and table value table value of χ^2 was 5.99 at 2 degree of freedom. Hence, Mode of delivery was non-significant association with the knowledge score of samples. The association of mode of delivery with the pre-test level of knowledge was

calculated. The calculated value of chi-square (χ^2) was 2.779 it was less than 7.22, the table value of χ^2 at 3 degree of freedom and 0.05 levels of significance. Hence, the mode of delivery was Non significant with the knowledge score of the samples. For type of parity with the pre test knowledge scores in which the calculated value of chi- square (χ^2) was 0.017 and it were less than 3.84, the table value of χ^2 at 1 degree of freedom and 0.05 levels of significance. Hence, type of parity was non significant with knowledge score of the samples.

4.5 ASSOCIATION OF THE PRE TEST PRACTICE SCORES REGARDING KANGAROO MOTHER CARE WITH SELECTED DEMOGRAPHIC VARIABLES OF SAMPLES.

Table 4.5: Association of the pre test practice scores regarding kangaroo mother care with selected demographic variables of samples. [N=40]

Sr. No	Demographic Variables	Frequency		χ^2		DF	Association
		Average	Good	Calculated 't' Value	Table value		
1.	Age of the mother						
	A. 18-23 years	9	2	6.149	5.99	2	Significant
	B. 24-29 years	8	14				
	C. 30-35 year	4	3				
D. >35 years							
2.	Education			3.13	9.49	4	Non-significant
	A. Lower primary education	12	7				
	B. Upper primary education	10	6				
	C. Secondary education	1	2				
	D. Higher secondary education	0	1				
E. Others	1	0					
3	Type of Family			0.34	5.99	2	Non-significant
	A. Joint Family	15	11				
	B. Nuclear Family	6	3				
4.	Income per month (In Rupees)			1.674	7.82	3	Non-significant
	A. Below Rs. 5000	0	1				
	B. Rs. 5001-7000	7	5				
	C. Rs. 7001-9000	11	6				
5.	Employment status			0.294	3.84	1	Non-significant
	A. Employed	3	3				
6.	Birth weight			2.38	5.99	2	Non-significant
	A. < 1000 grams	0	1				
	B. 1000-1500 grams	9	8				
7.	Mode of delivery			2.611	7.82	3	Non-significant
	A. Normal vaginal delivery	1	1				
	B. Normal with episiotomy	15	8				
	C. Instrumental delivery	2	0				
8.	Type of parity			4.31	3.84	1	Significant
	A. Primipara	10	12				
	B. Multipara	14	4				

*Significance at the level of 0.05

Table 4.5 shows the association of the demographic variables such as age of mother, education, type of family, monthly income, employment status of mother, birth weight of baby, mode of delivery, and type of parity. For age with the pre-test practice score the calculated value of chi-square (χ^2) 6.149 and table value χ^2 was 5.99 at 2 degree of freedom. Hence, age of mother was significant association with the practice of samples. Regarding education of the samples with the pre test practice scores, the calculated value of chi square (χ^2) was 3.13 and table value of χ^2 was 9.49 at 4 degree of freedom. Hence, education had non significant association with the practice was calculated. The association of type of family with the pre-test level of

practice was calculated. The calculated value of chi-square (χ^2) was 0.34 and it was less than 5.99, the table value of χ^2 at 2 degree of freedom and 0.05 levels of significance. Hence, the type of family of samples was Non significant with the practice score of the samples. For income of the family per month with the pre-test practice scores in which the calculated value of chi-square (χ^2) was 1.674 and it was less than 7.82 the table value of χ^2 at 3 degree of freedom and 0.05 levels of significance. Hence, the income of family of samples was Non significant with the practice score of the samples. The association of employment status with the pre-test level of practice was calculated. The calculated value of chi-square (χ^2) was 0.294 and it was less than

3.84, the table value of χ^2 at 1 degree of freedom and 0.05 level of significance. Hence, the employment status of sample was non significant with the practice score of samples. Regarding, birth weight of the samples with the pre test practice scores, the calculated value of chi square (χ^2) was 2.38 and it was less than 5.99, the table value of χ^2 at 2 degree of freedom and 0.05 level of significance. Hence, birth weight was of sample was non significant with the practice score of samples. For mode of delivery with the pre-test practice scores, the calculated value of chi-square (χ^2) 2.611 was less than 7.82, the table value of chi-square (χ^2) at the 3 degree of freedom and 0.05 level of significance. Therefore, mode of delivery was Non significant for the practice score among the samples. Regarding, type of parity of the samples with the pre test practice scores, the calculated value of chi square (χ^2) was 4.31 and table value of χ^2 was 3.84 at 1 degree of freedom. Hence, type of parity was significant association with the practice score of samples.

4.6 SUMMARY

This chapter deals with the analysis and interpretation of data collected from 40 samples, before and after administration of planned teaching programme on kangaroo mother care among post natal mother in selected hospital. Descriptive and inferential statistics methods were used to analyse the data. The mean post test knowledge score 18.40 was higher than mean pre test knowledge score 11.83 with the mean difference of 6.57. Significance of the difference between pre test and post test knowledge scores was statistically using paired 't' test and it was found significant. The mean post test practice score 14.20 was higher than mean pre test practice score 12.90 with the mean difference of 1.3. Significance of the difference between pre test and post test practice scores was statistically tested using paired 't' test and it was found significant. Hence it was proved that the Planned Teaching Programme was effective in increasing knowledge and in gaining practice. It was also found that there was significant association between pre test knowledge score of the samples with age of mother and type of family and there was significant association between pre test practice score of the samples with age of mother and type of parity.

CHAPTER V DISCUSSION, SUMMARY, MAJOR FINDINGS, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

This chapter presents a brief summary of the study undertaken along with its major findings, implication and conclusions drawn from findings. Recommendations for further research in the field are also presented.

5.1 DISCUSSION

The present study was conducted to evaluate the effectiveness of planned teaching programme on knowledge and practice regarding kangaroo mother care among post natal mother in selected hospital at

Ahmedabad city. The investigator had administered planned teaching programme to improve the knowledge and practice of 40 samples. It was revealed that the mean post test knowledge score 18.40 was higher than mean pre test knowledge score 11.83 with the mean difference of 6.57 and the mean post test practice score 14.20 was higher than the mean pre test practice score 12.90 with mean difference of 1.3 which was statistically proved and it revealed that the planned teaching programme on kangaroo mother care was effective in term of knowledge and practice of post natal mother.

The present study can be supported with the Pre experimental study conducted by **Dr. Naveen pareek, and Mamta Chaudhar (2017)** study was conducted to evaluate the effectiveness of structured teaching program on knowledge and practice regarding kangaroo mother care among post natal mothers having low birth weight babies. A structured knowledge questionnaire and practice checklist on kangaroo mother care was developed to collect the data. A study was conducted among 180 postnatal others who were selected by purposive sampling technique. The study results is the mean difference between pre-test and post-test knowledge was 30 and the 't' value was 48.36 and it was found to be highly significant at the level of $p < 0.05$. Whereas the mean difference between pre-test an post-test practice was 27 and 't' value was 47.0 and it was found to be highly significant at the level of $p < 0.05$. Significant relation was found between pre-test knowledge and practice scores with rvalue of 0.09 at $p < 0.05$. the study was concluded that structure teaching program was effective as denoted by t-value of 48.36 in knowledge scores and 47.0 in practicescore at $p < 0.05$.

5.2 SUMMARY

The main aim of this study was to assess the knowledge and practice of kangaroo mother care

1. To assess the knowledge regarding kangaroo mother care among post natal mother.
2. To observe the practice regarding kangaroo mother care among post natal mother.
3. To evaluate the effectiveness of planned teaching programme on kangaroo mother care
4. To establish the association of pre-test knowledge score and practice score with selected demographic variables.

Based on the objectives, an extensive search for literature was made to determine and develop the conceptual framework, research approach and methodology to conduct the study. Conceptual framework was based on a system model, as a guide for development, utilization and evaluation.

The research approach used for the study was Pre experimental with one group pre-test post-test design. Present study was undertaken at selected municipality corporate hospital in Ahmedabad city. Planned

Teaching Programme was developed by reviewing literature on knowledge and practice regarding kangaroo mother care. The Planned Teaching programme was developed under guidance of Principal, Associate Professors and Senior Lecturers from JG College of Nursing, Ahmadabad.

The study comprised of 40 post natal mother in selected hospital at Ahmedabad city. The instruments used for generating necessary data were Structured Knowledge Questionnaire to assess knowledge and structured Observational checklist to assess practice of post natal mother on kangaroo mother care.

The investigator collected the data by establishing the rapport with the subject confidentiality of their response was assured. The data were analyzed and interpreted in terms of objectives of the study. Descriptive and inferential statistics were utilized for the data analysis.

5.3 MAJOR FINDINGS OF THE STUDY

The data were analyzed and interpreted in terms of objectives of the study. Descriptive and inferential statistics were utilized for the data analysis. After analysis of the data the major findings were as follows.

Findings related to Demographic variables of samples

In this study majority of 22(55%) of the sample were in the age group of mother 24-29 years, majority 19(47.5%) of samples were lower primary education (1-5 std.), majority 26(65%) of sample were belongs to joint family, majority 17(42.5%) had Rs. 7001-9000 of family income. Majority 34(85%) had home maker in employment status, majority 22(55%) had 1500-2500 grams in birth weight, majority 23(57.5%) of samples were normal episiotomy delivery, majority 22(55%) of samples were primi Para mothers.

Findings related to knowledge of samples

The mean pre test knowledge score of samples on kangaroo mother care was 11.83 where as mean post test knowledge score was 18.40 with a mean difference of 6.57. The calculated 't' value ('t' = 19.262) was greater than tabulated 't' value ('t' = 2.00) which was statistically proved at 0.05 level of significance. It revealed that the Planned Teaching Programme was effective in increasing knowledge among the Samples.

Findings related to Practice of samples

The mean pre test practice score of samples on kangaroo mother care was 12.90 where as mean post test practice score was 14.20 with a mean difference of 1.3. The calculated 't' value ('t' = 3.8) was greater than tabulated 't' value ('t' = 2.00) which was statistically proved at 0.05 level of significance. It revealed that the Planned Teaching Programme and demonstration was effective in improve practice among the samples.

Findings related to association between pre test knowledge scores of samples and selected demographic variables

The findings of the study revealed that there was significant association with pre-test knowledge scores and demographic variables such as age of the mother, as for age of the mother calculated χ^2 value 6.468 was greater than table χ^2 value 5.99, at 0.05 level of significance.

Also in type of family calculated value of chi-square (χ^2) 6.309 was greater than 5.99, the table value of chi-square (χ^2) at the 2 degree of freedom and 0.05 level of significance. Hence, type of family had significant association with the knowledge score of the samples.

Findings related to association between pre test practice scores of samples and selected demographic variables

The Findings of the study revealed that there was significance association with pre test practice scores and demographic variable such as age of the mother, as for age of the mother calculated χ^2 value 6.149 was greater than table χ^2 value 5.99, at 0.05 level of significance.

Also in type of parity calculated value of chi-square (χ^2) 4.31 was greater than 3.84, the table value of chi-square (χ^2) at the 1 degree of freedom and 0.05 level of significance. Hence, type of parity had significant association with the practice score of the samples.

5.4 CONCLUSION

The findings indicated that planned teaching programme was an effective in improving knowledge and practice of post natal mother in selected hospital at Ahmedabad city. Post natal mothers gained significant increase in knowledge and improve in practice shows that the planned teaching programme was effective. The Planned teaching programme on kangaroo mother care was acceptable and useful method of teaching for post natal mothers.

5.5 IMPLICATION

The findings of the study have several implications for nursing practice, Nursing Education, Nursing Administration and Nursing Research.

Nursing Practice

The post natal mothers improved their knowledge and practice on kangaroo mother care after administration of planned teaching programme. Neonatal nurse are equipped with enough knowledge then only they can apply into practice for care of neonate.

Kangaroo mother care is an evidence-based intervention that reduces neonatal morbidity and mortality. Kangaroo mother care includes early and continuous skin-to-skin contact between newborn and care giver, exclusive breast feeding, early discharge from health facilities, and supportive care and follow up. Mothers were

unable to implement kangaroo mother care without support of nurse or health care worker. Sometime parent did not assist with transferring the infant in and out of incubator in order to perform kangaroo mother care; therefore nurses had to perform these kangaroo mother care activities, impeding their ability to continue their other responsibilities.

Neonatal nurse to support the mother in caretaking tasks of LBW baby in order to identify problems quickly or if possible, prevent any that may occur.

Nursing education

Nursing personnel working in varying condition, ranging from high-teach, state of the art neonatal intensive care units should be given in-service and continuing education programme to update their knowledge and abilities in identifying the needs of low birth weight baby care.

The neonatal nurse practitioners have the clinical experience and skills to be able to establish and practice of kangaroo mother care taking on the roles of initiator, demonstrator, supervisor, coach and guide in neonatal care. This nurse clinician will incorporate efficient follow up care in to the kangaroo mother care practice, maintaining accurate records throughout the duration of care. To further the efficacy of kangaroo mother care, the clinician will drive the development of guidelines and protocols.

It will help the nursing faculty to give more importance for planning and organizing the teaching programme to improve the knowledge regarding kangaroo mother care.

Nursing administration

The findings of the study reveal the need to conduct an ongoing In Service Education Programme for the health workers who are working in neonatal intensive care unit. The kangaroo mother care service administrator's ultimate mission will be to provide sustainable, quality kangaroo mother care.

Neonatal nursing administrator will need to be knowledgeable of kangaroo mother care, buying into the concept of this treatment in order to provide administration support. Nursing administrator will oversee the facilitation of kangaroo mother care practice and implementation of strategies as well as assist with the coordination of kangaroo mother care services. The nursing administrator will implement quality assurance processes, seeking to solve problems and overcome challenges in care provision.

Nursing research

There is need to conduct further research in India in the field of knowledge and practice of postnatal mothers regarding kangaroo mother care. This is needed to bring out the facts which emphasizes the need and the extent of ignorance about low birth weight baby care. In future,

the investigator can use the findings and the methodology as reference material. Other researchers, conducting further studies in the same field, can utilize the suggestions and recommendations. Research can be conducted in different setting in a large sample.

5.6 RECOMMENDATIONS FOR FURTHER STUDY

The following recommendations are made on the basis of the findings of present study:

1. Similar study can be undertaken with a larger number of samples to generalize the findings.
2. A study can be conducted by using other teaching strategies.
3. A study can be conducted to assess knowledge and practice of post natal mother on kangaroo mother care using experimental and control group.
4. A comparative study can be conducted in order to compare knowledge and practice on kangaroo mother care, in Government hospitals and corporate hospitals, Graduated Nurses and GNM Nurses, Experienced nurses and non-experienced nurses.
5. A similar study can be conducted on larger population
6. A survey can be conducted to assess the knowledge of post natal mother regarding kangaroo mother care.
7. A study can be conducted to assess the knowledge and attitude of kangaroo mother care among post natal mothers.
8. A comparative study can be conducted assessing the effectiveness of structured teaching program and video assisted teaching program between the antenatal and postnatal mothers.
9. A similar study can be conducted on sample with different demographic variables
10. A descriptive study can be conducted to assess the knowledge, attitude, and practice of kangaroo mother care among post natal mothers in rural area.

ACKNOWLEDGEMENT

First and foremost I bow down before god with the deeper sense of everlasting gratitude to the master of the universe, his holiness, for love and showering and his everlasting blessings on me and was the source of wisdom strength and courage to carry out this study fruitfully.

It's my privilege to express my grateful thanks to **Mrs. Saroj Christian**, Principal of JG College of Nursing, Ahmedabad, Gujarat for her expert guidance during the entire study.

I express my heartfelt thanks to my guide **Mrs. Rekhamol Sidhanar**, assistant professor of Obstetrical and Gynaecological Nursing, for provided me necessary support to choose the most appropriate topic which is suitable and feasible for dissertation. With her able constant guidance, help, opinions, support and

valuable suggestions I am able to move forward on every step of my thesis successfully.

I am thankful to all the faculties of JG College of Nursing for their guidance and support during entire course of the study.

I extend my deep sense of gratitude and heartily thank you to all the experts who had spent their valuable time in validating the tool and who contributed their valuable suggestions in making a suitable tool for the study.

I am greatly thankful to the respondents for extending their co-operation and participation in the study without which it would not have been possible to complete the study.

I would also like to thank the administrative staff of JG College of Nursing, who also helped me in getting permission from selected hospitals for the study.

I also express my heartfelt gratitude to the respected Medical superintendent and Nursing Superintendent and administrative officers of selected municipal corporate hospitals who provided their humble support and necessary facilities.

I would like to express my sincere thanks to all Staff Nurses of NICU of selected municipal corporate hospitals for their consent and cooperation.

My sincere and immense gratitude to Dr. Hemant Tiwari, whose guiding me in data analysis.

I extend my thanks to Mr. Upesh sir, Computer lab Incharge, Mr. Yakshesh Chauhan, Mrs. Saroj Gaur, Librarian, JG College of Nursing for their kind support.

I express my heartfelt gratitude to Mukesh Parmar sir and Rekha Parmar mam for translating and correcting English and Gujarati tool.

Word acknowledgement would remain incomplete, if I do not express my sincere and deep sense of indebtedness to my beloved parents for their unconditional and never ending support, encouragement and prayers during the entire period of my study.

Heartfelt thanks to my colleagues and friends for being my strong support and correcting me during every phase to overcome the obstacles faced during the study.

Last but not the least; I am thankful to all of them who have directly or indirectly contributed in the completion of this study. With Grateful Heart.

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