

Research Article

# Effectiveness of Video Assisted Teaching Programme on Knowledge and Attitude of Postnatal Mothers regarding Kangaroo Mother Care at Selected Maternity Hospital, Jammu and Kashmir

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## I N F O

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## A B S T R A C T

**Background:** Kangaroo care also called skin-to-skin contact is defined as a method of holding a small neonate in skin to skin contact, prone and up right on the maternal chest. The neonate is enclosed in maternal clothing in order to maintain temperature stability.

**Methodology:** A quantitative research approach with pre experimental one group pre test post test design was used. 75 postnatal mothers selected by purposive sampling technique admitted at Maternity Hospital SKIMS Soura, Srinagar Kashmir.

**Results:** The mean post test knowledge score (35.20±5.167) of the study subjects was significantly higher than that of mean pre test knowledge score (10.47±4.833) at 0.05 level of significance. There was significant association between selected demographic variables like educational status, occupation and residence with the pre test knowledge score  $p \leq 0.05$ . The mean post test attitude score (57.01±4.557) of the study subjects was significantly higher than that of mean pre test attitude score (33.11±3.443) at 0.05 level of significance.

**Conclusion:** Postnatal mothers had poor knowledge and attitude scores regarding kangaroo mother care. The video assisted teaching programme was found to be effective in improving the knowledge and attitude scores of study subjects, hence there was dire need to educate them regarding kangaroo mother care.

**Keywords:** Knowledge, Attitude, Effectiveness, Kangaroo Mother Care, Video Assisted Teaching Programme, Postnatal Mothers

## Introduction

Children are one of the most precious gifts of God.<sup>1</sup> Among the major child health challenges facing the world at the turn of the new millennium is the problem of high neonatal mortality. The global burden of newborn deaths is estimated to be a staggering five million per annum. Only 2% (0.1 million) of these death occur in developing countries, the rest 98% (4.9 million) takes place in the developing countries.<sup>2</sup> According to the World Health Organization (WHO) complications associated with a low birth weight cause between 60 and 80 percent of newborn deaths around the world, making it the leading cause of infant death as of 2018. Low birth weight infants can experience complications such as the inability to maintain body temperature, difficulty in breathing, difficulty in gaining weight, long term problems with brain function, and sometimes death as a result of these complications.<sup>3</sup>

Globally 25 million infants (17%) are born with low birth weight and most of these occur in low income countries. These low birth weight infants suffer from high rates of morbidity and mortality and often remain underweight or stunted or wasted from the neonatal period through childhood. Therefore, low income countries have recognized kangaroo mother care as a necessity to promote positive neonatal health under adverse conditions. The benefits of kangaroo mother care include improving the mother to care for her low birth weight infants, decreasing infant mortality, encouraging breast feeding and reducing the frequency of low birth weight babies and visiting clinics after discharge from the hospital.<sup>4</sup>

In a study conducted at Columbia to find out the causes and remedies for the increased neonatal mortality and morbidity rates of the Neonatal Intensive Care Unit of his institute. He found that pre terms as well as low birth weight were the main reasons for neonatal mortality and morbidity. His study findings concluded that kangaroo mother care is one of the best methods for treating low birth weight babies as well as preterm babies.<sup>4</sup>

Incubator care though helps in maintaining the temperature of babies, but it causes dehydration in preterm and full term babies. There is a similar effect of maintaining temperature by a cost effective method of care named as "Kangaroo Care".<sup>5</sup>

It is defined as a method of holding a small nappy neonate in Skin-To Skin contact (STS), prone and upright on the maternal chest. The neonate is enclosed in maternal clothing in order to maintain temperature stability.<sup>6</sup> Although it was initially developed for preterm and low birth weight babies, it is beneficial for all babies as constant contact with their mothers and her warmth, breast milk, love and protection are the entire basic requirement needed for their wellbeing

and survival.<sup>7</sup> There is evidence that Kangaroo Mother Care (KMC), when compared to conventional neonatal care in resource-limited settings, significantly reduces the risk of mortality in infants weighing less than 2000g. KMC also reduces the risk of hypothermia, severe illness, nosocomial infection and length of hospital stay.<sup>8</sup>

Geetha, hemavathy (2015)<sup>9</sup> conducted a pre experimental study on 60 mothers through non Probability convenient sampling technique at selected hospital, Chennai, to assess the effectiveness of structured teaching program on knowledge regarding kangaroo mother care. The results revealed that on the pre test knowledge level of mothers showed that 80% had inadequate knowledge, 20% had moderately adequate knowledge and none of the mother had adequate knowledge, on post test knowledge level showed, 10% had moderately adequate, 90% had adequate knowledge and none of the mother had inadequate knowledge.

Urmila, Kumar, Karunakaran (2018)<sup>10</sup> conducted a cross sectional descriptive study on 201 postnatal mothers at Tertiary Care of North Kerala, India, to assess the knowledge and attitude regarding kangaroo mother care. The result of this study showed that 95.4% mothers had no knowledge, 4.6% had prior knowledge about kangaroo mother care, 1% didn't want to follow KMC. 19% felt uncomfortable after hearing the explanation for how to do KMC and 158 were comfortable after explanation 92.8% thought that a photo exhibition will cause a better understanding, 7.2% thought that it won't be beneficial.

Priyadarshini (2021)<sup>11</sup> conducted a pre experimental one group pre test post test design on 50 mothers through purposive sampling technique at selected Rural Area in Chennai, to assess the effectiveness of structured video assisted teaching programme on knowledge and attitude regarding kangaroo mother care. The results of the study showed that as per, pre test results all the subjects had poor knowledge, whereas as per Post-test results 88% had good knowledge and 12% had average knowledge. Regarding attitude towards kangaroo mother care on Pre test 66% had poor attitude and 34% had better attitude where as on post test 90% had best attitude and 10% had better attitude regarding kangaroo mother care. There was statistically significant association between education status of mothers with level of attitude on kangaroo mother care at level  $p < 0.005$  level of significance.

As per the findings of the research studies and the researchers' own experiences during clinical posting it was found that a number of low birth weight and preterm babies die within the neonatal period due to the complications of low birth weight and preterm. Most of the mothers of low birth weight babies and preterm babies are ignorant about Kangaroo Mother Care. It was found that there is

inadequate knowledge among mothers regarding kangaroo mother care. Lack of knowledge leads to negative attitude regarding kangaroo mother care. Hence, the researcher felt the need to conduct a study that explores the knowledge and attitude of postnatal mothers regarding kangaroo mother care, so that mothers can have adequate knowledge which helps to increase birth weight of babies, maintains temperature, prevents hypothermia and thereby decrease the infant mortality and morbidity rates.

### Objectives

1. To assess the pre-test knowledge score of postnatal mothers regarding kangaroo mother care at Maternity Hospital SKIMS Soura, Srinagar, Kashmir.
2. To assess the post-test knowledge score of postnatal mothers regarding kangaroo mother care at Maternity Hospital SKIMS Soura, Srinagar, Kashmir.
3. To evaluate the effectiveness of video assisted teaching programme on knowledge of postnatal mothers regarding kangaroo mother care by comparing pre-test and post-test knowledge scores at Maternity Hospital SKIMS Soura, Srinagar, Kashmir.
4. To determine the association between the pre-test knowledge score of postnatal mothers regarding kangaroo mother care and selected demographic variables (i.e., age, educational status, occupation, residence, type of family, parity and mode of delivery).
5. To assess the pre-test attitude score of postnatal mothers regarding kangaroo mother care at Maternity Hospital SKIMS Soura, Srinagar, Kashmir.
6. To assess the post-test attitude score of postnatal mothers regarding kangaroo mother care at Maternity Hospital SKIMS Soura, Srinagar, Kashmir.
7. To evaluate the effectiveness of video assisted teaching programme on attitude of postnatal mothers regarding kangaroo mother care by comparing pre-test and post-test attitude scores at Maternity Hospital SKIMS Soura, Srinagar, Kashmir.
8. To determine the association between the pre-test attitude score of postnatal mothers regarding kangaroo mother care and selected demographic variables (i.e., age, educational status, occupation, residence, type of family, parity and mode of delivery).

### Methodology

A quantitative research approach with pre experimental one group pre test post test design was selected to carry out this study. Permission was obtained from the concerned authorities to conduct the final study. Ethical clearance was obtained from Institutional Ethics Committee (IEC), SKIMS to conduct the study on purposively selected 75 postnatal mothers who were admitted in maternity hospital. Permission was also obtained by taking informed

consent individually from each postnatal mother, prior to his/ her inclusion as sample in the study. Assessment of demographic data of study subjects was done through 7-itemed interview schedule related to their age, educational status, occupation, residence, type of family mode of delivery and parity regarding kangaroo mother care. Assessment of knowledge regarding kangaroo mother care was done through 45-itemed self-structured interview schedule and assessment of attitude was done through 24-itemed three point likert scale.

The knowledge score was categorized into Good, 33-66% (16-30), Average 33-66% (16-30), Poor < 33% (0-15), based on the criterion developed by Philip and Subramanian (2019)<sup>13</sup> in their study. The attitude score was categorized into three better 76-100% (55-72), good 51-75% (37-54), poor 0-50% (0-36), based on the criterion developed by Mayakutty (2019)<sup>14</sup> in his study. The prepared tool (self-structured interview schedule and three point likert scale) and intervention (video assisted teaching programme) was validated by a panel of experts. Pre-testing of the tool and intervention was done to check them for the clarity and feasibility.

The reliability of the self-structured interview schedule was determined by 'Test-retest method' and the reliability of three point likert scale was determined by 'Inter-rater method'. Karl Pearson's correlation reliability coefficient computed for self-structured interview schedule was "r = 0.93" and for three point likert scale, it was "r = 0.82". The main study was conducted from 11-05-2022 to 10-06-2022. Pre-test was done by administering self structured interview schedule and three point likert scale followed by Video assisted teaching programme on the same day and on day 4th post-test was conducted by using same tool.

### Results

Maximum of study subjects (56.0%) belonged to age group of >30 years, about 37.3% of study subjects had educational status as graduates and above, majority of study subjects (81.3%) were non-working, highest number of the study subjects (70.7%) belonged to rural areas, maximum of the study subjects (62.7%) belonged to joint family, majority of the study subjects (74.7%) had undergone caesarean section, about (42.7%) of the study subjects were second Para Table 1.

The knowledge score of study subjects regarding kangaroo mother care showed that on the pretest, majority of study subjects (90.7%) had poor knowledge, whereas only 9.3% had average knowledge and none of the study subjects had good knowledge. Whereas on post test, majority (72%) had good knowledge, 28% had average knowledge and none of the study subjects had poor knowledge regarding kangaroo mother care Tables 2.

The mean post test knowledge score ( $35.20 \pm 5.167$ ) of the study subjects was significantly higher than that of mean pre test knowledge score ( $10.47 \pm 4.833$ ) at 0.05 level of significance Table 3.

There was significant association between selected demographic variables like educational status ( $p=0.011$ ), occupation ( $p=0.000$ ) and residence ( $p=0.001$ ) with the pre test knowledge score. But pre test knowledge score has no significant association with age ( $p=0.462$ ) type of family ( $p=0.615$ ) mode of delivery ( $p=0.106$ ) and parity ( $p=0.438$ ) at 0.05 level of significance Table 4.

The attitude score of study subjects regarding kangaroo mother care showed that on the pretest, majority of study subjects (90.7%) had poor attitude, whereas only 9.3% had good attitude and none of the study subjects had better attitude. Whereas on post test, almost equal number of

study subject (50.7%) and (49.3%) had good and better attitude respectively and none of the study subjects had poor attitude regarding kangaroo mother care Tables 5.

The mean post test attitude score ( $57.01 \pm 4.557$ ) of the study subjects was significantly higher than that of mean pre test attitude score ( $33.11 \pm 3.443$ ) at 0.05 level of significance. This indicates that video assisted teaching programme was effective in enhancing the knowledge and attitude scores regarding kangaroo mother care Table 6.

There was significant association between pre test attitude score with selected demographic variables like educational status ( $p=0.011$ ), occupation ( $p=0.006$ ) and residence ( $p=0.001$ ) whereas there was no significant association between pre test attitude score with age ( $p=0.462$ ), type of family ( $p=0.186$ ), mode of delivery ( $p=0.106$ ) and parity ( $p=0.086$ ) at 0.05 level of significance Table 7.

**Table 1. Frequency and Percentage Distribution of Study Subjects Related to the Demographic Variables**

N = 75

Variables	Categories	Frequency	Percentage
Age of mothers	< 20 years	0	0.0%
	20 - 30 years	33	44.0%
	> 30 years	42	56%
Education status	No formal Education	20	26%
	Middle School	5	6.7%
	High School	11	14.7%
	Higher Secondary School	11	14.7%
	Graduates & Above	28	37.3%
Occupation	Working	14	18.7%
	Non-Working	61	81.3%
Residence	Urban	22	29.3%
	Rural	53	70.7%
Type of family	Nuclear Family	28	37.3%
	Joint Family	47	62.7%
Mode of delivery	Normal Vaginal Deliver	19	25.3%
	Assisted Vaginal Delivery	56	74.7%
	Caesarean Section	0	0.0%
Parity	Primi Para	23	30.7%
	Second Para	32	42.7%
	Multi Para	16	21.3%
	Grand Multi Para	4	5.3%

**Table 2. Frequency and Percentage Distribution of Study Subjects According to Pre -Test and Post –Test Knowledge Score**

N = 75

Knowledge Level of Study Subjects	Knowledge Scores of Study Subjects	Pre-Test Score		Post-Test Score	
		Frequency	Percentage	Frequency	Percentage
Poor Knowledge	0-15	68	90.7%	0	0%
Average Knowledge	16-30	7	9.3%	21	28%
Good knowledge	31-45	0	0%	54	72%

**Table 3. Comparison of Pre and Post Test Knowledge Scores of Study Subjects regarding Kangaroo Mother Care**

N = 75

Paired 't' Test		Mean	S.D.	Mean %	Mean Difference	Paired 't' Test	P-Value	Table value at 0.05	Result
Knowledge	Pre	10.47	4.833	23.30	24.730	68.073 *Sig	<0.001	1.99	Significant
	Post	35.2	5.167	78.20					

\* Significance Level 0.05

**Table 4. Association of Pre - Test Knowledge Score of Study Subjects regarding Kangaroo Mother Care with their Selected Demographic Variables**

N = 75

Association of Pretest Knowledge Scores of Selected Demographic Variables									
Variables	Categories	Good Knowledge	Average Knowledge	Poor Knowledge	Chi Test	P-Value	df	Table Value	Result
Age of Mothers	< 20 years	0	0	0	0.541	0.462	1	3.841	Not Significant
	20 - 30 years	0	4	29					
	> 30 years	0	3	39					
Education Status	No formal education	0	0	20	12.960	0.011*	4	9.488	Significant
	Middle school	0	0	5					
	High school	0	0	11					
	Higher secondary school	0	0	11					
	Graduates & above	0	7	21					
Occupation	Working	0	5	9	14.157	0.000*	1	3.841	Significant
	Non-working	0	2	59					
Residence	Urban	0	6	16	11.840	0.001*	1	3.841	Significant
	Rural	0	1	52					
Type of Family	Nuclear family	0	2	26	0.253	0.615	1	3.841	Not Significant
	Joint family	0	5	42					
Mode of Delivery	Normal vaginal deliver	0	0	19	2.619	0.106	1	3.841	Not Significant
	Caesarean section	0	7	49					



Parity	Primi Para	0	4	19	2.716	0.438	3	7.815	Not Significant
	Second Para	0	2	30					
	Multi Para	0	1	15					
	Grand Multi Para	0	0	4					

**Table 5. Frequency and Percentage Distribution of Pre- and Post Test Attitude Scores of Study Subjects**

N = 75

Attitude Level of Study Subjects	Attitude Scores of Study Subjects	Pre-Test Score		Post-Test Score	
		Frequency	Percentage	Frequency	Percentage
Poor Attitude	0-36	68	90.7%	0	0%
Good Attitude	37-54	7	9.3%	38	50.7%
Better Attitude	55-72	0	0%	37	49.3%

**Table 6. Comparison of Pre and Post Test Attitude Scores of Study Subjects regarding Kangaroo Mother Care**

N = 75

Paired 't' Test		Mean	S.D.	Mean %	Mean Difference	Paired 't' Test	P - Value	Table Value at 0.05	Result
Attitude	Pre	33.11	3.443	137.90	23.900	65.456 *Sig	<0.001	1.99	significant
	Post	57.01	4.557	237.60					

\*\* Significance Level 0.05

**Table 7. Association of Pre-Test Knowledge Score of Study Subjects regarding kangaroo Mother Care with their Selected Demographic Variables**

Association of Pretest Attitude Scores of Selected Socio-Demographic Variables									
Variables	Categories	Better	Good	Poor	Chi Test	P Value	df	Table Value	Result
Age of mothers	< 20 years	0	0	0	0.541	0.462	1	3.841	Not Significant
	20 - 30 years	0	4	29					
	> 30 years	0	3	39					
Education status	No formal education	0	0	20	12.960	0.011*	4	9.488	Significant
	Middle school	0	0	5					
	High school	0	0	11					
	Higher secondary school	0	0	11					
	Graduates & above	0	7	21					
Occupation	Working	0	4	10	7.528	0.006*	1	3.841	Significant
	Non-working	0	3	58					
Residence	Urban	0	6	16	11.840	0.001*	1	3.841	Significant
	Rural	0	1	52					
Type of family	Nuclear family	0	1	27	1.753	0.186	1	3.841	Not Significant
	Joint family	0	6	41					

Mode of delivery	Normal vaginal deliver	0	0	19	2.619	0.106	1	3.841	Not Significant
	Caesarean section	0	7	49					
Parity	Primi Para	0	5	18	6.601	0.086	3	7.815	Not Significant
	Second Para	0	2	30					
	Multi Para	0	0	16					
	Grand multi Para	0	0	4					

## Discussion

The pre-test of postnatal mothers regarding kangaroo mother care was conducted through a self structured interview schedule and three point likert scale which was followed by the implementation of the Video Assisted Teaching Programme (VATP). The post-test of mothers was conducted on the 4th day of intervention (VATP), using the same self structured interview schedule and three point likert scale to assess the effectiveness of the Video assisted teaching programme.

The findings of the present study showed that Higher number of study subjects (56.0%) belonged to age group of >30 years where as 44.0% belonged to the age group of 20-30 years and none belonged to the age group of <20 years, About 37.3% of study subjects had educational status as Graduates and above whereas equal number (14.7%) had high school and higher secondary school, Only 6.7% had educational status of middle school and 26.7% of study subjects had no formal education, majority of study subjects (81.3%) were non-working, whereas 18.7% were working, maximum of the study subjects (70.7%) belonged to rural areas, 29.3% belonged to urban area, maximum of the study subjects (62.7%) belonged to joint family, 37.3% belonged to Nuclear family, majority of the study subjects (74.7%) had undergone caesarean section whereas 25.3% of study subjects had normal vaginal delivery, about (42.7%) of the study subjects were second Para, 30.7% were primipara, 21.3% were multipara and only 5.3% was grand multipara.

The findings of the present study are supported by a research study conducted by Samuel, Elizebeth, priya, Devi, vinitha, Anbarasi, et al (2017)<sup>15</sup> who assessed the knowledge on kangaroo mother care among mothers at JIPMER Hospital, Pondicherry. Findings revealed that 50% belonged to age group of 24-27 years, 41% belonged to the age group of 20 -23 years and 9% belonged to age group of 28-31 years, majority of mothers (70%) were non-working whereas, 30% were working, maximum of mothers (56%) belonged to rural areas and 44% belonged to urban areas, maximum of mothers (63%) belonged to nuclear family and 37% belonged to joint family.

These findings are also supported by a study conducted by Clarissa, Mohini (2021)<sup>16</sup> who assessed the effectiveness

of video assisted teaching programme on knowledge regarding kangaroo mother care among mothers of preterm at selected Pediatric Hospital, Bangaluru. Findings showed that equal number of mothers 50% belonged to urban areas and 50% belonged to rural areas, maximum (62%) of mothers were joint family and 38% were nuclear family, maximum 36% of mothers were normal delivery, 26% were caesarean section and only 1% forceps delivery.

These findings are further endorsed by a study conducted by Nayak (2017)<sup>17</sup> who studied the effectiveness of planned teaching programme on knowledge of postnatal mothers regarding kangaroo mother care among mothers at Maternity Ward of Prdyumna Bal Memorial Hospital, KalingaInstitute of Medical sciences, Bhubaneswar. Findings showed that 44% belonged to age group of 26-29 years, 36% belonged to the age group of 22 -25 years and 18% belonged to age group of 30 years, 60% were primipara, 34% were second Para and 6% were third and above.

These findings of the present study are also supported by a study conducted by Mayakutty (2017)<sup>14</sup> who assessed the effectiveness of structured video assisted teaching programme on knowledge and attitude regarding kangaroo mother care among mothers at selected Tribal Area in Munnar Idukki District, Kerala. Findings revealed that 8% of mothers were illiterate, 22% had primary education, 52% had done high school, 8% had done higher secondary and 10% were graduated and above.

The findings of the study showed that on the pretest, out of 75 study subjects, majority of subjects (90.7%) had poor knowledge, whereas only 9.3% had average knowledge and none of the study subjects had good knowledge.

These findings of the present study are supported by a study conducted by Philip, Subramanian (2019)<sup>13</sup> who assessed the effect of structured teaching programme on knowledge regarding Kangaroo mother care among nursing mothers at selected Hospital Dervan Ratnagiri District Maharashtra India. The pretest knowledge score in this study showed that 80% of nursing mothers have poor knowledge 20% nursing mothers have average knowledge and none of the nursing mother having good knowledge.

The findings of the study showed that in post-test out of 75 study subjects, maximum (72%) had good knowledge,

28% had average knowledge and none of the study subjects had poor knowledge regarding kangaroo mother care.

These findings of the present study are supported by a study conducted by Philip, Subramanian (2019)<sup>13</sup> who assessed the effect of structured teaching programme on knowledge regarding kangaroo mother care among nursing mothers at selected hospital Dervan Ratnagiri District Maharashtra India. The post test knowledge score in this study showed that 36% nursing mothers have poor knowledge 32% nursing mothers have average knowledge and 32% nursing mothers have good knowledge.

The mean post test knowledge score ( $35.20 \pm 5.167$ ) of the study subjects was significantly higher than that of mean pre test knowledge score ( $10.47 \pm 4.833$ ) at 0.05 level of significance. This indicates that video assisted teaching programme was effective in enhancing the knowledge regarding kangaroo mother care.

Similar findings of the present study are also showed in study conducted by Clarissa, Mohini (2021)<sup>16</sup> who assessed the effectiveness of video assisted teaching programme on knowledge regarding kangaroo mother care among mothers at selected Pediatric Hospital, Bangaluru. Findings revealed that the mean post-test knowledge score was  $26.98 \pm 2.54$  was higher than mean pre test knowledge score  $17.16 \pm 3.99$ . A significant enhancement in the post test knowledge of mothers from the pre test knowledge was observed.

The present study showed that there was significant association between selected demographic variables like educational status, occupation and residence with the pre test knowledge score. But pre test knowledge score has no significant association with age, type of family, mode of delivery and parity.

These findings of the present study are supported by a study conducted by Philip, Subramanian (2019)<sup>13</sup> who assessed the effect of structured teaching programme on knowledge regarding Kangaroo mother care among nursing mothers at selected hospital Dervan Ratnagiri District Maharashtra India. The study findings showed that there was no significant association between pre test knowledge score and selected demographic variables like religion and type of family as p value is  $> 0.05$ , but shows significant association with age, educational status, occupation residence and monthly income ( $p < 0.05$ ).

In pre-test out of 75 study subjects majority (90.7%) of study subjects had poor attitude, 9.3% had good attitude and none of the study subject had better attitude regarding kangaroo mother care.

These findings of the present study are supported by a study conducted by Mayakutty (2017)<sup>14</sup> who assessed the effectiveness of structured video assisted teaching

programme on knowledge and attitude regarding kangaroo mother care among mothers at selected tribal area in Munnar Idukki District, Kerala. The pretest attitude score in this study revealed that 66% of mothers had poor attitude 34% mothers had better attitude and none of the mother had best attitude.

In post- test almost equal number of study subjects (50.7%) and (49.3%) had good attitude and better attitude respectively and none of the study subject had poor attitude regarding kangaroo mother care.

These findings of the present study are supported by a study conducted by Mayakutty (2017)<sup>14</sup> who assessed the effectiveness of structured video assisted teaching programme on attitude regarding kangaroo mother care among mothers at selected tribal area in Munnar Idukki District, Kerala. Out of 50 study subjects majority 90% had best attitude and 10% had better attitude and none of the mother had poor attitude.

The mean post test attitude score ( $57.01 \pm 4.557$ ) of the study subjects was significantly higher than that of mean pre test attitude score ( $33.11 \pm 3.443$ ) at 0.05 level of significance. This indicates that video assisted teaching programme was effective in enhancing the attitude regarding kangaroo mother care.

Similar findings of the present study are also showed in study conducted by Mayakutty (2017)<sup>14</sup> who assessed the effectiveness of structured video assisted teaching programme on attitude regarding kangaroo mother care among mothers at selected tribal area in Munnar Idukki District, Kerala. Findings showed that the mean the pre and post test attitude scores were 27.90 and 51.98 respectively with the mean difference of 24.08. The paired 't' value on comparison of pre and post test attitude on kangaroo mother care among mothers was 29.68 which was statistically significant at level  $< 0.001$ . This disclosed that structured video assisted teaching programme has yielded good outcome towards the improvement of attitude in post-test.

The present study showed that there was significant association between selected demographic variables like educational status, occupation and residence with the pre test attitude score. But pre test attitude score has no significant association with age, type of family, mode of delivery and parity.

These findings of the present study are supported by a study conducted by Mayakutty (2017)<sup>14</sup> who assessed the effectiveness of structured video assisted teaching programme on attitude regarding kangaroo mother care among mothers at selected tribal area in Munnar Idukki District, Kerala. The study findings showed that there was no significant association between pre test attitude score



and selected demographic variables like age, occupation, residence and type of family as p value is > 0.05, but shows significant association with educational status ( $p < 0.05$ ) level of significance.

## Conclusions

Pre-test findings showed that the majority of the study subjects possess poor knowledge and attitude regarding kangaroo mother care. So, there was a need to educate them regarding kangaroo mother care. There was an improvement in the knowledge and attitude scores of study subjects after implementation of video assisted teaching programme regarding kangaroo mother care which was evident from post-test knowledge and attitude scores. There was a significant association between pre test knowledge and attitude scores and the variables such as educational status, occupation and residence which indicates that probably educational status, occupation and residence of postnatal mothers have profound effect on their knowledge and attitude regarding kangaroo mother care. This indicates that video assisted teaching programme must be implemented on regular basis in maternity units like in antenatal and postnatal wards with a view to make pregnant as well as postnatal mothers knowledgeable about kangaroo mother care and its practice for the prevention of hypothermia, infections and there by decreasing infant mortality and morbidity.

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