

A Study to Assess the Knowledge and Attitude on Skin to Skin Contact Among Full Term Mothers in Selected Hospitals at Mangalore.

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Abstract:

Skin to skin contact begins ideally at birth and should last continually until the end of the breastfeeding. The aim of this study is to assess the existing level of knowledge on skin to skin contact among full-term mothers by structured knowledge questionnaires and to assess the attitude on skin to skin contact among full-term mothers by rating scale and to find the correlation between knowledge and attitude on skin to skin contact among full-term mothers along with to find out the association between knowledge and attitude on skin to skin contact among full-term mothers with selected demographic variables.

A quantitative approach was adopted and aimed to assess the knowledge and attitude on skin to skin contact among full-term mothers in selected hospitals at Mangalore. The present study consists of 80 full term postnatal mothers between the age group of 21years the results showed that 78.8% of the mothers had moderate knowledge, and 21.2% had adequate knowledge with a mean and SD of 14.88 (± 2.47). Attitude score showed that 68.8% of mothers had positive attitude and 30% of them had neutral attitude with mean and SD of 41.29 (± 3.59) There was moderately positive correlation ($r=0.460$, $p < 0.05$) significant at 0.05 level. There was significant association of level of knowledge score and attitude score with selected demographic variables.

The study concluded that the mothers had moderate knowledge about skin to skin contact and had positive attitude towards skin to skin contact.

Keywords: Skin to skin contact; mothers; knowledge; attitude.

Introduction:

In ancient India, early skin to skin contact was the custom and so was proximity between the mother and her baby. The concept of

rooming-in described in the Sushruta Samhita, states that the sight, sound, or touch of the baby is enough to promote lactation in the mother. World Health Organization estimation neonatal

deaths account for 45% of the under-five deaths. More than one-third of these deaths take place in the first 24 hours of birth. Skin to skin contact begins ideally at birth and should last continually until the end of the breastfeeding. “Kangaroo mother care,” a type of new-born care involving “Skin-to-skin contact” with the mother or other caregiver, reduces mortality in infants.

Objectives of the Study:

1. To assess the existing level of knowledge on skin to skin contact among full-term mothers by structured knowledge questionnaires.
2. To assess the attitude on skin to skin contact among full-term mothers by rating scale
3. To find the correlation between knowledge and attitude on skin to skin contact among full-term mothers

4. To find out the association between knowledge and attitude on skin to skin contact among full-term mothers with selected demographic variables.

Material and Methods:

Source of Data: full-term postnatal mothers with age group of 21 years-35 years.

Research design and approach:

The research design used in this study is descriptive survey approach and a quantitative approach was adopted.

Sample:

This study consists postnatal mothers between the age group of 21 years-35 years, at selected hospitals in Mangalore

Sampling technique:

Non-probability purposive sampling technique

Sample size: The sample size is 80 full term postnatal mothers between the age group of 21 years-35 years.

Criteria for selection of sample

- **Inclusion Criteria:** The mothers willing to participate in the study and their availability during the period of data collection.
- **Exclusion criteria:** Not available and are not willing to participate in the study.

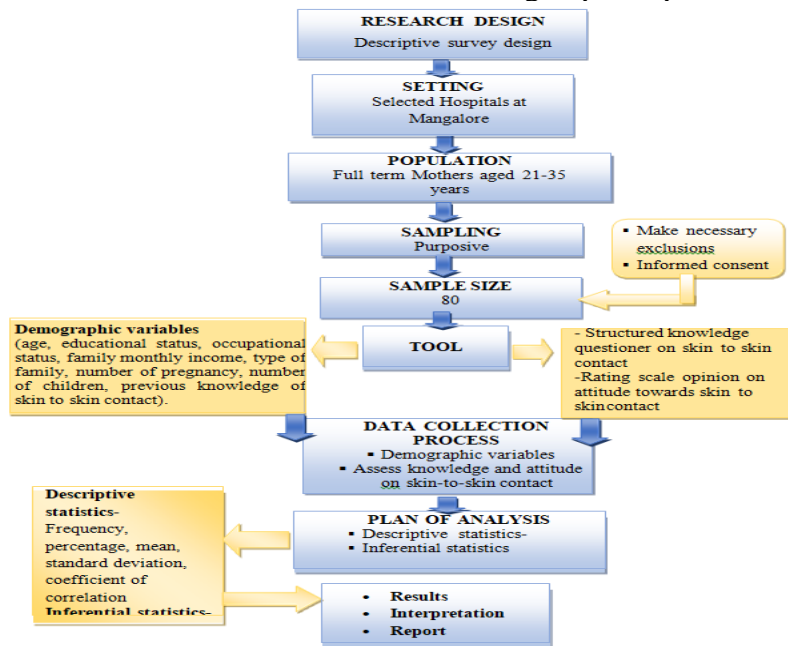


Figure 2: Schematic representation of research design

Instruments intended to be used: The tool had 3 sections

Section A: Demographic Performa.

Section B: Structured knowledge questionnaire on skin-to-skin contact.

Section C: Attitude scale on skin to skin contact.

Results& Interpretation:

Section-1: Socio-Demographic Characteristics of Study

Table 1: Distribution of samples according to demographic variables

N=80

Sl.No	Demographic variables	Frequency	Percentage%
1	Age in years		
	21-25	26	32.5
	26-30	42	52.5
	31-35	12	15.0
2	Religion		
	Hindu	35	44.0
	Muslim	28	35.0
	Christian	17	21.0
3	Occupation		
	Homemaker	42	52.5
	Non-Medical professional employee	35	43.8
	Skilled labor	1	1.2
	Other category	2	2.5
4	Educational status		
	Primary education	1	1.2
	High school	4	5.0
	Undergraduate	22	27.5
	Graduate	39	48.8
	Postgraduate	12	15.0
	Others	2	2.5
5	Monthly income		
	Rs6408-10,679	5	6.2
	Rs10,680-16,020	25	31.2
	Rs 16,021-21,360	27	33.8
	Rs21,361-42,720	23	28.8

6	Type of family		
	Nuclear family	27	34.0
	Joint family	53	66.0
	Other	-	-
7	Residence		
	Rural	36	45.0
	Urban	44	55.0
8	No. of pregnancy		
	One	48	60.0
	Two	28	35.0
	Three	4	5.0
9	No. of children		
	One	49	61.2
	Two	27	33.8
	Three	4	5.0
10	Source of Previous knowledge		
	Newspaper/journals/books	15	18.7
	Electronic media	27	33.8
	Friends/relatives/neighbors	18	22.5
	Health personnel's	15	18.8
	No previous information	5	6.2

Section-II: Assessment of Knowledge and Attitude Regarding Skin-To- Skin Contact Among Full-term Mothers in Selected Hospitals at Mangalore.

Table 2: Assessment of the existing level of knowledge on skin to skin contact among full-term mothers by structured knowledge questionnaires. N=80

Knowledge Status	Scoring	Frequency	Percentage (%)
Inadequate knowledge	0-7	-	-
Moderate knowledge	8-16	63	78.8
Adequate knowledge	17-25	17	21.2

Figure-01: Column graph showing percentage distribution of knowledge on skin to skin contact among full term mothers according to the level of knowledge:

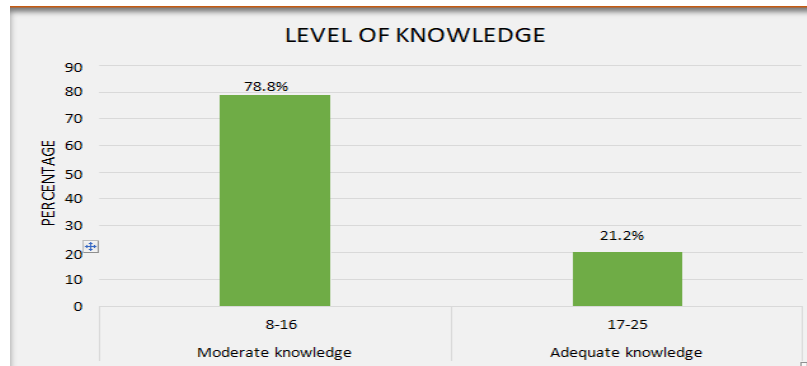


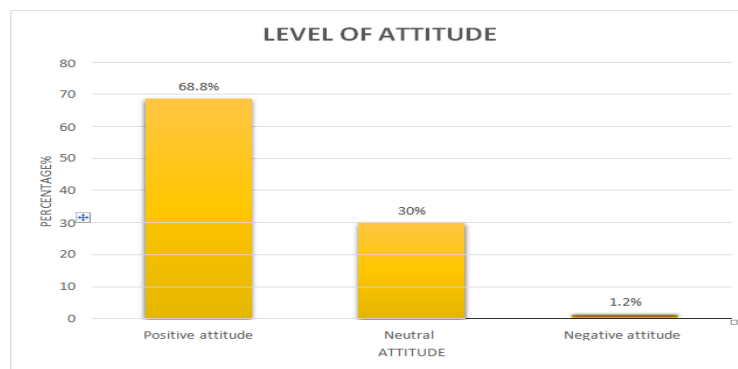
TABLE: 3-Aspect wise and overall Median, Mean%, SD of knowledge scores on skin to skin contact among full-term mothers.

N= 80

Aspect	Range	Maximum score	Mean	Std. Deviation	Median	Mean (%)
Skin to skin contact	2-8	8	5.65	1.56	6.00	70.6
Importance of skin to skin contact	1-7	7	4.00	1.18	4.00	57.1
Positions and methods	0-4	4	1.98	.95	2.00	49.4
Benefits of skin to skin contact	1-5	6	3.25	1.00	3.00	54.2

The overall Data presented in Table 3 reveals that the total samples (N=80), aspects of “skin to skin contact” minimum score is 2 and maximum score is 8, mean is 5.65 standard deviation is 1.560, Median is 6.00, and mean percentage is 70.63%. likewise read the above table.

Figure 2:-Distribution of mothers according to level of attitude.

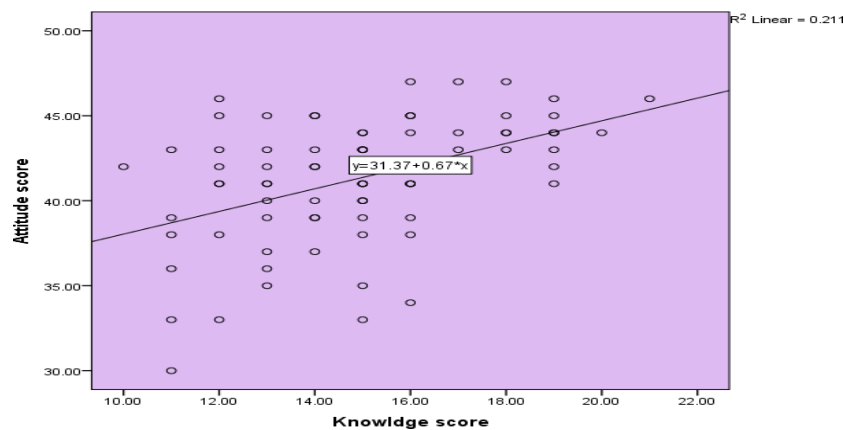


The above figure shows the level of attitude of mothers on skin to skin contact. Majority (68.8%) of mothers had positive attitude, (30.0%) of mothers had neutral attitude, and (1.2%) had negative attitude.

Table 4: Correlation of knowledge and attitude on skin to skin contact among full term mothers. N=80

Variables	Mean	SD	R value	p value	Type of correlation
Knowledge	14.87	2.47	0.460	<0.05*	Moderate positive
Attitude	41.29	3.59			

Figure 3: Correlation of knowledge and attitude on skin to skin contact among full term mothers.



The above Scatter diagram representing correlation of knowledge and attitude on skin to skin contact among full term mothers.

Section 3: Association between knowledge and attitude on skin to skin contact among full term mothers with selected demographic variables.

Table 5: Showing Overall Knowledge of Demographic variables.

Sl No.	Demographic Variables	Over all, Knowledge		Total	X2Test
		<Median (15)	≥Median (15)		
1	Age in years				$\chi^2=2.164,$ df= 2,p=0.339(NS)
	21-25	18	8	26	
	26-30	28	14	42	
	31-35	5	7	12	
2	Religion				$\chi^2=5.380,$ df= 2,p=0.068(NS)
	Hindu	18	17	35	
	Muslim	22	6	28	
	Christian	11	6	17	

3	Occupation				$\chi^2=5.440$ df=1,p=0.020*
	Homemakers	32	10	42	
	Non-medical professional employees	16	19	35	
	Skilled labor	1	0	1	
	Other category	2	0	2	
4	Education				$\chi^2=4.684$ df= 1p=0.030*
	Primary education	1	0	1	
	Highschool education	4	0	4	
	Undergraduates	16	6	22	
	Graduates	23	16	39	
	Postgraduates.	5	7	12	
	Others	2	0	2	
5	Income				$\chi^2=10.381$ df=2,p=0.05*
	Rs6408-10,679	4	1	5	
	Rs10,680-16,020	20	5	25	
	Rs16,021-21,360	11	16	27	
	Rs21,361-42,720	16	7	23	
6	Family				$\chi^2=0.063$ df= 2p=0.802(NS)
	Nuclear family	17	10	27	
	Joint family	34	19	53	
7	Residence				$\chi^2=0.101$ df= 1,p=0.750(NS)
	Rural	25	11	36	
	Urban	26	18	44	
8	No of pregnancy				$\chi^2=0.546$ df= 1p=0.460(NS)
	One	34	14	48	
	Two	15	13	28	
	Three	2	2	4	
9	No. of children				$\chi^2=1.416$ df= 2,p=0.493(NS)
	One	35	14	49	
	Two	14	13	27	
	Three	2	2	4	
10	Newspaper/journals/books	12	3	15	$\chi^2=3.857,$ df= 4,p=0.426(NS)
	Electronic media	11	16	27	
	Friends/relatives/neighbors	13	5	18	
	Health personnel's	10	5	15	
	No previous information	5	0	5	

NS-Not Significant.*-Significant at 0.05level

Conclusion:

The present study explored existing knowledge of Mother on skin to skin contact, Importance of skin to skin contact, Positions and methods of skin to skin contact, Benefits of skin to skin contact. Along with knowledge, attitude of mothers was also assessed regarding skin to skin contact. The provided information helped the mother to improve their knowledge regarding Skin to skin contact.

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