

A Study to Assess the Effective of Planned Teaching, Programme on Knowledge and Practices in Relation to Home Care of Low-Birth-Weight Babies among Mothers in a Selected Hospital, of Kanpur

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INTRODUCTION

Background of the study:

The birth of the babies brings happiness to all parents. Every parents expected to have a healthy child. After all, they feel this is the most important thing they have ever done in their lives and they want their child to be a success. They tend to view the child as a reflection of their abilities as parents, and want to feel they are valuable. The period after birth is a vulnerable time for an infant, who is still undergoing many physiologic and behavioural adjustments with their new environment. The baby no longer dependent on maternal circulation and all the body systems of the infant have to become self-sufficient.

Sometimes due to unfair circumstances the birth of the babies happens a bit early than expected time and they tend to have low birth weight babies and might create an emotional disturbance in the family. But like all other babies, these babies will also survive if mothers are giving proper care, for that they need extra care and warmth and affection. The birth of an infant is the single most important determinants of its chances of survival, healthy growth and development. Low birth weight and malnutrition continue to be major public health problem in India.

According to World Health Organization (WHO), Low birth weight (LBW) has been defined as weight at birth less than 2500 g (up to and including 2499 g) regardless of gestational age.

This includes both preterm birth (that is, a low gestational age at birth, commonly defined as younger than 37 weeks of gestation) or the term infant being small for gestational age (that is, a slow prenatal growth rate), or a combination of both. Being born with LBW is generally recognized as a disadvantage for the infant.

According to World Health Organization, the global prevalence of LBW is 15.5%, which means that about 20.6 million such infants are born each year among them 96.5% of them in developing countries¹. There is significant variation in LBW rates across the United Nations regions, with the highest incidence in South-Central Asia (27.1%) and the lowest in Europe (6.4%). According to UNICEF,2010 the incidence of low birth weight babies is world is

high in Pakistan i.e 32%. After Pakistan, India has the dubious distinction of having the highest incidence of low birth weight babies in the south east region i.e 28%. In India alone 6 to 8 million LBW infants are born annually. LBW infants have 2.3 times increased risk of mortality due to infections compared to normal birth weight babies.

Need and significance: -

The period of intra uterine growth and developmental is one of the most vulnerable period in the human life. The weight of the infant at birth is the powerful predictor of infant growth and survival. The first 28 days of life after birth of the child represent the most vulnerable time for a child's survival. The proportion of new born deaths which occur in the neonatal period has increased in all WHO regions over the last

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20 years. Low birth weight is the leading cause of new-born deaths. The majority of all neonatal deaths (75%) occur during the first week of life, and between 25% to 45% occur within the first 24 hours¹.

Among all the causes preterm birth is the most common direct cause of new-born mortality. Preterm birth and being small for gestational age (SGA), which are the reasons for low-birth-weight (LBW), are also important indirect causes of neonatal deaths. Low birth weight babies contribute to 60% to 80% of all neonatal deaths¹.

Low birth weight babies will have variable problems after their birth includes respiratory distress syndrome, Hypothermia, Hypoglycaemia, Feeding difficulties, mental retardation, infections and failure to thrive¹. Low birth weight babies need special care and attention after their birth, until the time they are able to catch up with growth and development suitable for their age. With proper care and attention, most pre-term and LBW babies catch up and lead normal and healthy lives as their peer group.

Problem statement:

“a study to assess the effective of planned teaching programme on knowledge and practices in relation to home care of low-birth-weight babies among mothers in a selected hospital, of Kanpur”

Objectives:

- Assess the knowledge in relation to home care of low-birth-weight babies before and after planned teaching programme among mothers.
- Assess the practices in relation to home care of low-birth-weight babies before and after planned teaching programme among mothers.
- Find out the association between post-test knowledge in relation to home care of low-birth-weight babies and selected demographic variables among mothers.
- Find out the association between post-test practices in relation to home care of low-birth-weight babies and selected demographic variables among mothers.

Operational definitions:

Effect: According to oxford dictionary, effect is a change which is a result of an action or other cause.

In this study, effect refers to the difference in knowledge and practices of mothers in relation to home care of low-birth-weight babies after the planned teaching programme.

planned teaching programme: According to oxford dictionary, planned teaching programme is an event

or an action to impart information or skill to a person¹⁰.

In this study, planned teaching programme refers to systematically planned instructions designed for home care of low-birth-weight babies for 3- 4 mothers at a time, using lesson plan in one session for a duration of 25-30 minutes.

Knowledge: According to oxford dictionary, knowledge is to know a factor about a subject .

In this study, knowledge refers to awareness of mothers in relation to home care of low-birth-weight babies assessed using structured interview schedule.

Practices: According to oxford dictionary, practice defines the usual way of doing something.

In this study practices refer to the actions carried out by the mothers in relation to home care of low-birth-weight babies such as breast feeding, kangaroo mother care, bathing assessed using observation checklist.

home care of low-birth-weight babies: According to oxford dictionary, the provision of what is necessary for the health, welfare, maintenance and protection of someone or something¹¹.

In this study home care refers to care provided by the mothers at home after discharge based on provision of warmth by kangaroo mother care, nutrition by breast feeding and prevention of infection by maintaining hygiene of low-birth-weight babies.

Mothers: Mothers refer to female who delivered babies whose weight is less than 2500 gm. In this study mothers refer to post-natal mothers who has completed 48 hours after delivery and who have babies whose weight is less than 2500 gm and gestational age from 36 weeks onwards.

low birth weight babies: Low birth weight babies refer to an infant whose birth weight is less than 2500gm, regardless of gestational age. In this study low birth weight babies refers to babies whose birth weight is between 1500gm-2499 gm and delivered after 36 weeks of gestation.

Hypotheses:

- H₀₁ There is no difference in knowledge in relation to the home care of low-birth-weight babies before and after the planned teaching programme among mothers.
- H₀₂ There is no difference in practices in relation to the home care of low-birth-weight babies before and after the planned teaching programme among mothers.

- H₀₃ There is no association between post-test knowledge in relation to home care of low-birth-weight babies and selected demographic variables among mothers.

Assumptions:

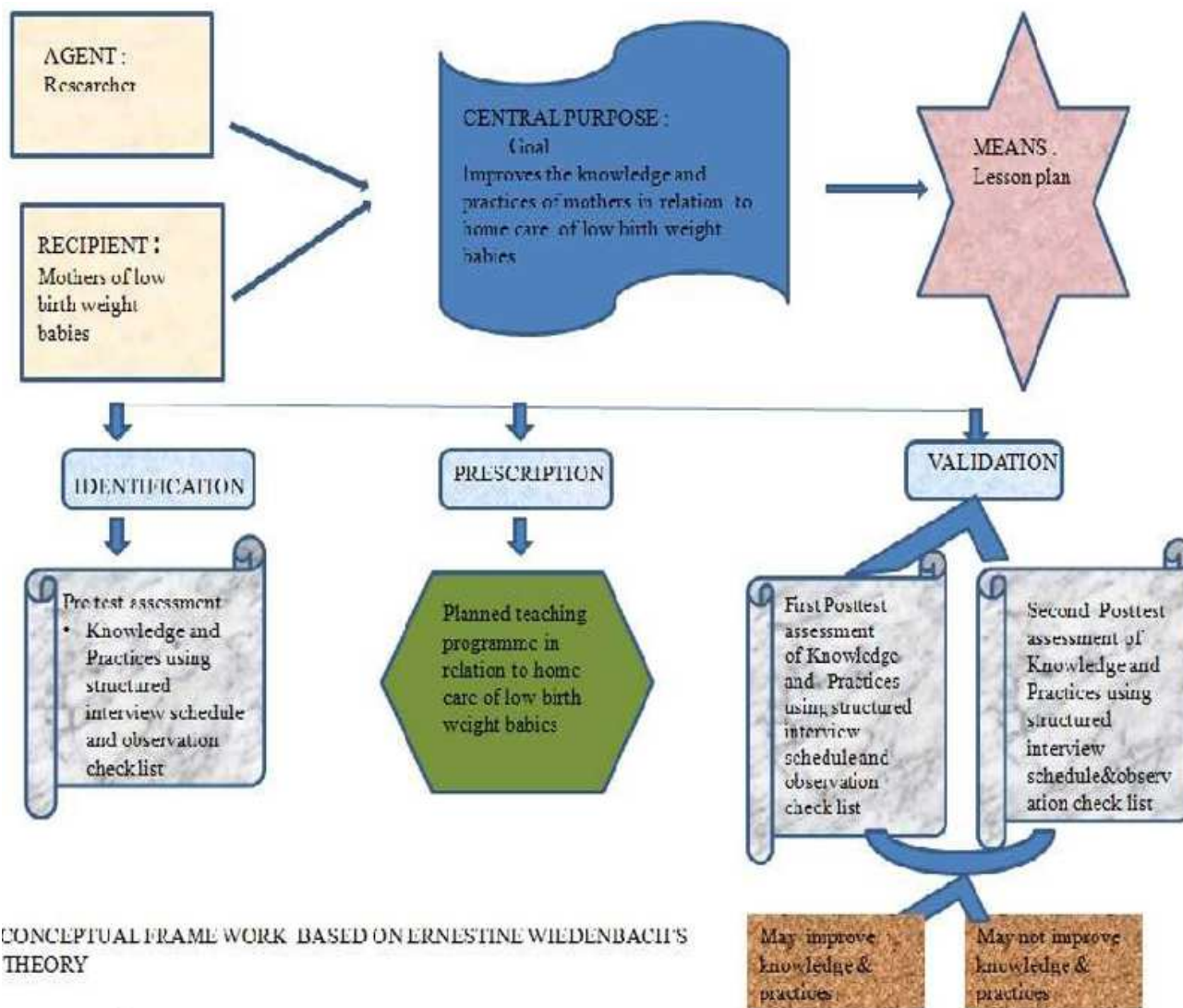
- Low birth weight babies need extra care.
- Kangaroo mother care help to increase the weight of the low-birth-weight babies.

- Breast feeding helps to gain the weight of the low-birth-weight babies
- Hygienic care helps to prevent from infections.
- Planned teaching programme may influence knowledge and practices.

Planned teaching programme is an accepted teaching strategy aimed at improving knowledge of mothers regarding home care of low-birth-weight babies.

Delimitations:

The study is delimited to selected aspects of home care in planned teaching programme.



REVIEW OF LITERATURE:

According to Polit, literature review helps to lay the foundation for study with significance for nursing. It helps in the identification and refinement of a research problem, the identification of relevant theoretical/conceptual framework and also in the interpretation of the study finding. Thus reviewing the literature help to gain a better understanding and insight necessary at steps of research process.

Studies related to prevalence, incidence, morbidity and mortality among low-birth-weight babies

A study conducted on prevalence of low birth weight (LBW) and its association with maternal factors Design were used are Cohort study. Studies were done in Urban community. Sample size was 210 pregnant women. A result of the study is the LBW prevalence was 30.3%. On multivariate analyses the maternal factors significantly associated with LBW were anaemia, low socioeconomic status, short birth interval, tobacco exposure height, maternal age, body mass index and prim parity. Conclusion: Anaemia, low socioeconomic status, short stature,

short birth interval, tobacco exposure, low maternal age, low body mass index, and prim parity are significantly risk factors for LBW.

A study conducted on infant mortality rates. Countries can reduce their neonatal and infant mortality rates by improving the care for the mother during pregnancy and childbirth and of LBW infants. Experience from developed and low- and middle-income countries has clearly shown that appropriate care of LBW infants, including their feeding, temperature maintenance, hygienic cord and skin care, and early detection and treatment of infections and complications including respiratory distress syndrome can substantially reduce mortality.

Studies related to complications among low-birth-weight babies

A study conducted on complications in low birth weight. Low-birthweight babies are more likely than babies with normal weight to have health problems as a new-born. Some need special care in a hospital's new-born intensive care unit (NICU) to treat medical problems like **respiratory distress syndrome (RDS)**. This breathing problem is common in babies born before 34 weeks of pregnancy. Babies with RDS also may need oxygen and other breathing help to make their lungs work. **Bleeding in the brain (called intraventricular haemorrhage or IVH)**. Bleeding in the brain can affect low-birth weight premature babies, usually in the first 3 days of life. Most brain bleeds are mild and fix themselves with no or few lasting problems. Patent ductus arteriosus is a common heart problem for premature babies. When the artery doesn't close properly, it can lead to heart failure. If the drug doesn't work, a baby may need surgery. **Necrotizing enter colitis** is a problem in a baby's intestines. NEC can develop up 2 to 3 weeks after birth. It can lead to feeding problems, swelling in the belly and other complications. Babies with NEC are treated with antibiotics and fed intravenously (through a vein) instead of by mouth while the intestine heals. In some cases, a baby may need surgery to remove damaged parts of intestine. **Retinopathy of prematurity (ROP)** Babies born with low birth weight may be more likely than babies born at a normal weight to have certain medical factors later in life. These include high blood pressure, diabetes and heart disease cause later in life.

Studies related to effect of Kangaroo mother care on low-birth-weight babies.

A study conducted on the Kangaroo Mother Care after 25 years, the components of the Kangaroo Mother Care intervention, their rational bases, and their current uses in low, middle, and high-income countries are described. KMC was started in 1978 in Colombia in response to overcrowding and insufficient resources in neonatal intensive care units associated with high morbidity and mortality among low-birth weight infants. The intervention consists of continuous skin-to-skin contact between the mother and the infant, exclusive breastfeeding, and early home discharge in the kangaroo position. Body temperature and weight gain are significantly increased, and a meta-analysis showed that the kangaroo position increases the uptake and duration of breastfeeding.

The psychosocial effects of KMC include reduced stress, enhancement of mother– infant bonding, and positive effects on the family environment and the infant's cognitive development. **Conclusion:** Past and current research has clarified some of the rational bases of KMC and has provided evidence for its effectiveness and safety, although more research is needed to clearly define the effectiveness of the various components of the intervention in different settings and for different therapeutic goals.

Studies related to effect of breast feeding on low-birth-weight babies.

A study was conducted at urban Brazil to assess the efficacy of counsellor trained in Breast feeding counselling on the rates of exclusive Breast feeding. The results showed that exclusive Breast feeding are was 38% in the intervention group & 35% in the control group.

A Study conducted at Islamic Republic to assess the effect of Brest feeding. Education on feeding pattern & health of infant revealed that Exclusive Breast-feeding Rate was 54% in the intention group with 6.5% in the control group.

A study was conducted to evaluate the effectiveness of a peer counselling program on Breast feeding by participant in the Mississippi clinics. The results were that the incidence of breast feeding rose from 12.3% to 19.9% in those clinics with peer counselling programs, but only from 9.2% to 10.7% in clinics without the program.

A study was conducted in Iowa to test the effectiveness of peer counselling on breastfeeding duration. The result revealed that initiation of Breast feeding was 82% in the intervention group compared 31% in the control group. At fourth week of postnatal period, 50% of mothers in the intervention group & 10% in the control group were still breastfeeding.

Methodology:

Research methodology refers to the steps, procedures and strategies for conducting the study and it indicates the pattern to gather, organize and analyse data. This chapter deals with the methodology adopted to find the effect of planned teaching programme on knowledge and practices in relation to home care of low birth weight babies among mothers.

The methodology formulated for this problem statement is discussed under the following headings: Research approach, research design, schematic representation, variables, setting, population, sample, sampling technique, sampling criteria, data collection instrument, development and description of the instrument, content validity, reliability, pilot study, procedure for data collection and plan for data analysis

Research approach and design:

Research approach refers to the way in which the researcher plans and conducts the research process. The research approach chosen by the investigator in the study was Descriptive evaluating approach.

A descriptive evaluative approach aims at gathering about the object of study but does not wish to modify the object of the study. The purpose of descriptive approach is to find out the effectiveness of the treatment.

Research design is the plan for addressing the research question and it provides an overall framework for collecting data. Research design refers to the researcher's overall plan for collecting data and analysing data, including specification for enhancing the internal and external validity of the study.

A quasi-experimental one group pre-test-post-test design was used for the study. Quasi-experimental design is a design for an intervention study in which subjects are not randomly assigned to treatment conditions or sometimes it lacks control group. This method provides a broad scope for data collection and analysis. In this study the researcher evaluates the effect of planned teaching programme on knowledge and practices in relation to Home care of low birth weight babies among mothers.

Schematic representation of the design:

Schematic representation of the design is shown in the fig.2

DAY 1	DAY 1	DAY 3-5	DAY 10-12
K1P1	X	K2P2	K3P3

Keys:

K₁ –Assessment of knowledge in relation to home care of low-birth-weight babies among mothers before planned teaching programme.

P₁ - Assessment of practices in relation to home care of low-birth-weight babies among mothers before planned teaching programme.

X-Planned teaching programme in relation to home care of low-birth-weight babies among mothers.

K₂ - Assessment of knowledge in relation to home care of low-birth-weight babies among mothers after 3-5 days of planned teaching programme.

P₂ - Assessment of practices in relation to home care of low-birth-weight babies among mothers after 3-5 days of planned teaching programme

K₃- Assessment of knowledge in relation to home care of low-birth-weight babies among mothers after 10-12 days of planned teaching programme

P₃. Assessment of practices in relation to home care of low-birth-weight babies among mothers after 10-12 days of planned teaching programme.

Variables under study: -

Variable is defined as an attribute of a person or object that varies, that is, takes on different values. Variables are mainly of two types: independent variables and dependent variables¹²

➤ **Independent variable:** The presumed cause is referred to as the independent variable and the presumed effect is referred to as the dependent variable

In this study, the planned teaching programme on home care of low-birth-weight babies is the independent variable.

- **Dependent variable:** The dependent variable usually is the variable that the researcher is interested in understanding, explaining or predicting. Dependent variable is the outcome variable of interest, the variable that is hypothesized to depend on or be caused by another variable ie. the independent variable

In this study, the knowledge and practices of mothers in relation to home care of low-birth-weight babies are the dependent variables.

Setting of the study:

The word setting refers to the place where the study is conducted¹². The study was conducted in postnatal ward of Regency Hospital, Kanpur. is a tertiary referral centre which offers maternal and child health care services to the vast population of Kanpur? It has a bed capacity of 150 with an average of 2530 low birth weight babies delivered every month. The researcher has selected this hospital for conducting the study on the basis of:

1. Geographical proximity
2. Feasibility of conducting the study and
3. Availability of sample

Population: Population is the entire aggregation of cases in which a researcher is interested. In this study the population consisted of mothers.

- **Target population:** The target population is the aggregate of cases about which the researcher would like to generalize. In this study the target population consists of mothers of low-birth-weight babies.
- **Accessible population:** The accessible population is the aggregate of cases that conform to designated criteria and that are accessible as subject for the study. In this study, the accessible population consisted of mothers of low-birth-weight babies in Regency Hospital, Kanpur.

Sample.:

Sample is the subset of population elements. An element is the basic unit about which information is collected¹².

In this study, sample are mothers of low-birth-weight babies who are fulfil the sampling criteria.

Sample size and Sampling technique:

In the study sample size was 30 mothers of low birth weight babies. Sampling technique is defined as the process of selecting a portion of the population to represent the entire population. There are various types of sampling techniques which are used to minimize bias, or be free of random sampling error¹².

In this study, the sampling technique used was non probability convenient sampling. Non probability convenient sampling enables the use of most conveniently available people as study participates.

Sampling criteria:

Eligibility criteria are the characteristic that delimit the population of interest.

- **Inclusion criteria:** Inclusion criteria are also called as eligibility criteria by which people are selected for inclusion in a study.
- **Exclusion criteria:** Babies and mothers of low-birth-weight babies who are critically ill at the time of data collection

Data collection technique:

In this study observation technique was used to assess the practices. Interview technique used to assess the demographic data and knowledge in relation to home care of low-birth-weight babies.

Content Validity of Tool:

Validity is defined as the extent to which an instrument measures what it is supposed to measure or the extent to which its use provides data, which is compatible with other relevant evidence⁵². The content validity of the tool involves the systematic examination of the tool to determine whether all aspects of the study are adequate or not.

Content validity is the degree to which the items in an instrument adequately represent the universe of content for the concept being measured. The content was validated by Sixteen experts who included Five gynaecologist, ten nursing experts and one statistician. Various suggestions given by the experts were incorporated in the final tool. (Appendix C)

Pilot study:

Pilot study is a small-scale version or trial run designed to test the methods to be used in a larger, more rigorous study. This study is used to assess the feasibility and practicability of research methodology and to ensure that

the investigation laid out in the protocol was realistic. The pilot study was conducted after obtaining permission from the Guide, Principal, Medical superintendent of Regency Hospital, Kanpur. The pilot study was conducted at Regency Hospital, Kanpur from 6th to 16th of November 2024. The researcher selected 4 samples that fulfilled the inclusion criteria for the pilot study by non-probability convenient sampling method.

A brief description about investigator and the purpose of the study was given to the sample. Confidentiality of the responses was assured. Structured interview was used to obtain data from the sample. Observation checklist to assess practices in relation to home care of low birth weight babies. A pre-test of approximately 15-20 minutes' duration was conducted individually followed by the planned teaching programme of approximately 30 minutes on the same day after 48 hours of delivery. First post test was carried out individually during their discharge day after 3-5 days of planned teaching programme and second post-test at home after 7 days from the discharge day for the same sample.

Data collection process:

After obtaining the letter seeking permission from principal and medical superintendent of Regency Hospital, Kanpur, the investigator proceeded for the data collection. Data collection was done from 10th December 2023 to 14th January 2024. Non probability convenient sampling technique was used to select the sample. Sample was selected from a Regency Hospital, Kanpur. Data collection process started with introduction where the investigator introduced herself to participants and informed the purpose of conducting the study. Informed consent was obtained in the language of their choice such as Hindi and English. The pre-test was administered by using structured interview schedule and observation checklist then the planned teaching programme was administered for a time period of 25-30 minutes with the help of AV aids followed by demonstration for 3-4 mothers at a time. First post test was carried out individually during their discharge day after 3-5 days of PTP in the hospital and second post-test done at home 7 days after discharge from hospital on the same sample. Permission was taken from the sample through phone before visit home.

The data was then scored as for each item. The same was repeated till the sample size of 30 was achieved.

Plan for Data Analysis:

Data was analysed in the master sheet and then the plan for analysis was developed with the opinion of the guide, experts and the statistician. Analysis was done based on the objectives of the study. The researcher arranged its results under 5 Sections.

Section I: The demographic data will be presented in the form of frequency and percentage

Section II: Analysis of knowledge in relation to home care of low-birth-weight babies will be done using repeated measure ANOVA test.

Section III: Analysis of practices in relation to home care of low-birth-weight babies will be done using repeated measure ANOVA test.

Section IV: Association between demographic variable and post-test knowledge in relation to home care of low-birth-weight babies will be done with chi square test.

Section V: Association between demographic variable and post-test practices in relation home care of low-birth-weight babies will be done with chi square test.

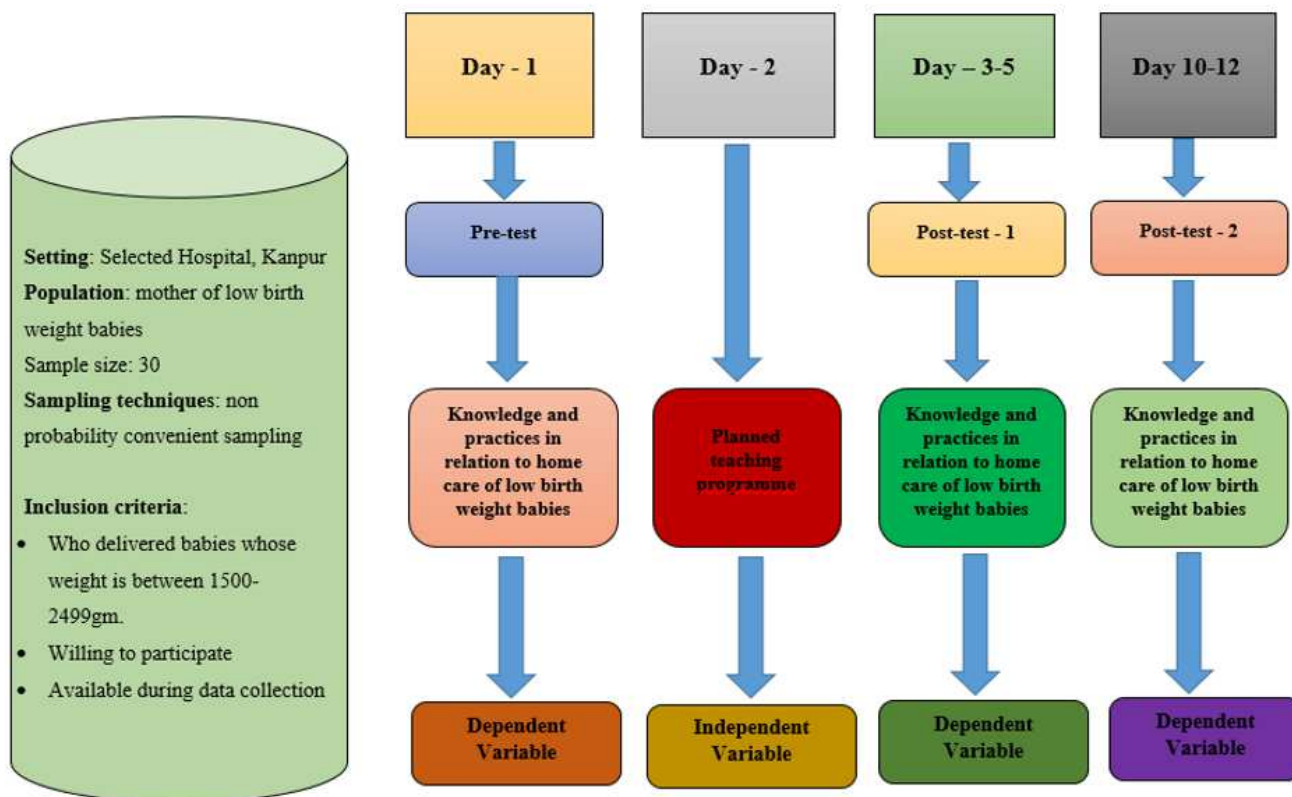


Figure – schematics representation of research study.

Analysis and Interpretation

Analysis is the process of organizing and synthesizing data in such a way that research questions can be answered and hypotheses tested. Interpreting findings is the most challenging and least structured step in research which requires the investigator to be creative. Hence in order to interpret the data in an intelligible form, the data was processed and analysed based on the objectives of the study using descriptive and inferential statistics using SPSS version 17. Level of significance is less than 0.01.

Results of the study are organized in the following sections:

- **Section 1:** Distribution of sample based on demographic variables.
- **Section 2:** Analysis of knowledge of sample in relation to home care of low birth weight babies before and after planned teaching programme.
- **Section 3:** Analysis of practices of sample in relation to home care of low birth weight babies.
- **Section 4-** Association between post-test knowledge of sample in relation to home care of low-birth-weight babies and selected demographic variables.
- **Section 5-** Association between post-test practices of sample in relation to home care of low birth weight babies and selected demographic variables.

Table 2. Distribution of Sample based on type of family, occupation, obstetric characteristics, method of delivery.

Demographic Variables	f	%
n=30		
Type of family		
Nuclear	13	43
Joint	7	23
Extended	10	34
Occupation		
House Wife	28	93
Self-employed	02	07

Obstetric Characteristics		
Primigravida	16	53
Multi gravida	14	47
Type of delivery		
Normal	25	83
Caesarean	05	17

Table2 shows that Forty three percentage were from nuclear family, most of the sample (93%) were housewife, (53%) were multi gravida and majority (83%) were undergone normal delivery.

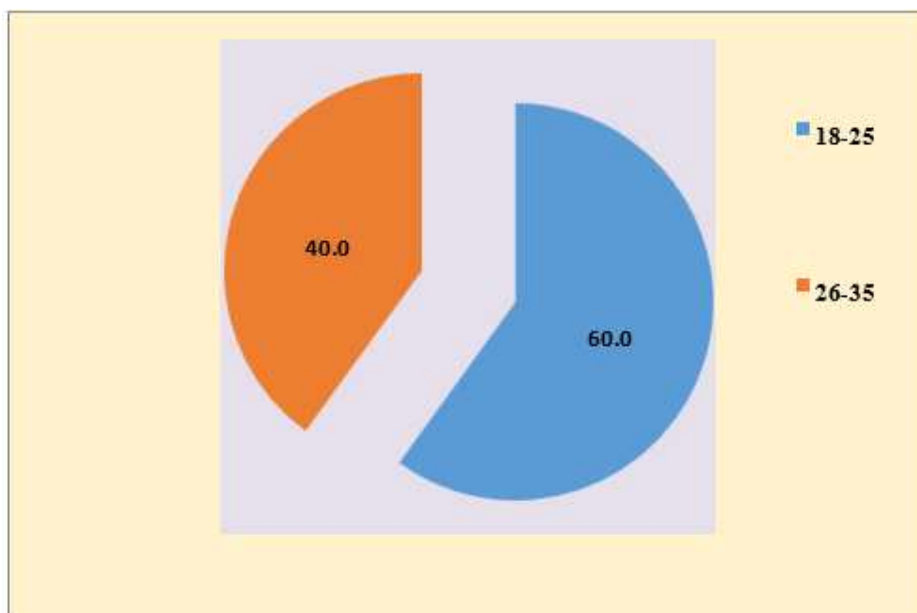


Figure 3 Distribution of sample based on Age

Figure 3 shows that majority of sample were in the age group of 18- 25 years.

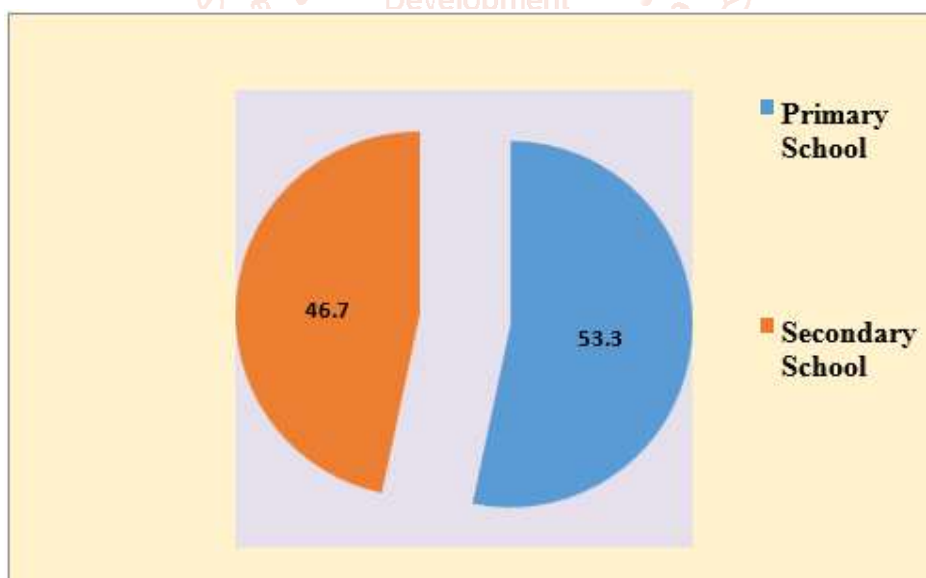


Figure 4 Distribution of sample based on Education

Figure 4 shows that majority of the sample had education till primary school.

Findings, Discussion, Limitations, Conclusions and Recommendations

This chapter describes a brief summary of the study and its significant findings. It also includes the implications, suggestions and recommendations for further study. The findings of the study facilitate

information needed for evidence based practice to be used in nursing practice. The present study has been conducted to assess the effect of planned teaching programme on knowledge and practices in relation to home care of low-birth-weight babies among mothers in home and, Regency Hospital, Kanpur.

Discussion:

Majority of the mothers who participated in the study were in the excellent category in KMC practice during post-test which shows PTP had an effect among mothers participated in the study conducted in Regency Maternity Hospital, Kanpur.

A similar study was conducted by Mr. Suresh an experimental study to determine the effectiveness of health education on kangaroo mother care among mothers of low-birth-weight babies in selected hospital from Bangalore. The study reveals that kangaroo mother care is a simple intervention that reduce length of hospital stay and improves breast feeding rates on discharge from hospital for babies and in post-natal care settings

Data was collected from post-natal mothers in Regency Maternity Hospital, Kanpur. Structured interview schedule was used to collect the data regarding their knowledge quasi experimental research design was chosen. The research approach was descriptive evaluator approach. The sample size was 60 and was selected by non-probability convenient sampling. The study findings revealed that the knowledge of mothers improved after planned teaching programme.

Another study conducted by Suman RP on Kangaroo mother care for low-birth-weight babies: a randomized controlled trial. The results reveal that that Kangaroo mother care improves the growth and reduces morbidity in low birth weight babies. It is simple acceptable to mother and be continued at home.

Conclusion:

This study was done to find the effect of planned teaching programme in relation to home care of low birth weight babies among mothers. As per the felt need, the researcher provided planned teaching programme to mothers who attended Regency Maternity Hospital, Kanpur. The finding revealed that there was a highly significant difference between the pre-test, post-test 1 and post-test 2 knowledge and practices scores in relation to home care of low birth weight babies among mothers. Thus it is statistically proved that the planned teaching is found to be effective in improving knowledge and practices in relation to home care of low birth weight babies among mothers who participated in the study.

Limitations:

The following were the limitations found during the study:

- Generalization of the finding is limited due to small size and use of non-probability sampling technique.

- Interview technique for eliciting information has its own limitation of objectivity
- Investigator taught only selected aspects of home care of low birth weight babies to the mothers.

Implications:

The findings of the study have implications in the field of nursing practice, nursing education, nursing administration and nursing research.

Recommendations:

Based on the findings of the study the following recommendations are put forward for further study.

1. A similar study can be replicated on a large number of sample and in a different setting to generalize the findings.
2. A study can be conducted using self-instructional module in relation to home care of low birth weight babies
3. A experimental study conducted to assess the effect of kangaroo mother care among low-birth-weight babies with experimental and control group
4. A follow up study can be done after one month to assess knowledge and practices of mothers of low birth weight babies in relation to home care.

Summary: This chapter dealt with the nursing implication, limitation and recommendation of the study. This chapter was a new learning experience for the investigator. The result of the present study shows that there is an effect of planned teaching programme in relation to home care of low birth weight babies among mothers.

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