

Education on Kangaroo Mother Care (KMC) For Low Birth Weight (LBW) Babies in The Perinatology Room of Banten Regional Hospital

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ABSTRACT

Introduction Infants are children aged 0-12 months, the toddler period is a golden period as well as a critical period for a child's growth and development. It is called the golden age because infancy is very short and cannot be repeated. (Nurjakiah et al., 2018). The Infant Mortality Rate (IMR) is one of the indicators commonly used to determine the level of public health, both at the provincial and national levels. One of the main causes of infant mortality is low birth weight. stated that this method is also useful in improving the function of the baby's organs, increasing the baby's immunity, and helping the baby's weight development. Based on the description above, kangaroo mother care has many positive impacts on the health of newborns, one of which is helping to increase weight in babies with LBW according to several studies that have been conducted. Purpose devotion public This is to determine the effect of Kangaroo Mother Care Health Counseling Method on LBW babies. Method which is used in devotion this , namely method quantitative with quasi-experimental, one group pre-test and post-test. The instrument used was the Kangoro questionnaire test. Data were analyzed using the Wilcoxon test. The results that is obtained shows that the results of the t-dependent test conducted in this study with a p-value of 0.002 (p value < alpha value 0.05) indicate a significant influence of kangaroo care method counseling on LBW babies on respondents' knowledge in the Perinatology Room of Banten Regional Hospital. So that can concluded method kangaroo can help improve weight in LBW.

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INTRODUCTION

Low Birth Weight (LBW) is a newborn baby weighing <2500 grams regardless of gestational age measured 1-24 hours after birth. The World Health Organization (WHO) states that low birth weight is the cause of 60-80% of infant deaths with a 20-fold increased risk of death. The prevalence of LBW in Indonesia according to WHO is around 5-10% (UNICEF, 2019). LBW is the main cause of the National Mortality Rate (AKN) in 2019 and causes 35.5% of neonatal deaths in Indonesia (Ministry of Health of the Republic of Indonesia, 2020).

The World Health Organization (WHO) estimates that 15% to 20% of all births in the world are classified as Low Birth Weight (LBW), which amounts to more than 20 million each year. It is known that in 2019, the condition of LBW reached 14.9% of all births worldwide. Then the data decreased to 13% in 2020 and then to 12.7% in 2021, which means a decrease of 1.9% to 2.2% (WHO, 2019). Statistical data shows that 98.5% of LBW cases occur in developing countries. The highest incidence of LBW is in the South-Central Asia region, which is 27.1%, while in other Asian regions it ranges from 5.9% to 15.4% (Anil et al., 2020).

It is known that there are many cases of babies with low birth weight problems based on the data above, so special treatment is needed to maintain and improve their health. One of the treatments is the Kangaroo Method Care (KMC). This treatment is a treatment method carried out on babies with low birth weight through skin-to-skin contact between mother and baby early, for a long time and continuously (Muthaharoh & Rustina, 2022). This method is one of the methods that is quite effective and easy to do, but is not yet widely known by some Indonesian people.

The benefits of kangaroo care include balancing the baby's body temperature, reducing infection, improving the baby's growth and development, facilitating breastfeeding, and strengthening the bond between mother and child (Hastuti et al., 2018). Saddullah et al., (2022) stated that this method is also useful in improving the function of the baby's organs, increasing the baby's immunity, and helping the baby's weight gain. Based on the description above, kangaroo care has many positive impacts on the health of newborns, one of which is helping weight gain in babies with LBW according to several studies that have been conducted. Previous studies have only focused on increasing body weight in LBW babies, but the research to be conducted with the title "Health Counseling on Kangaroo Care Methods for LBW Babies in the Perinatology Room of Banten Regional Hospital" focuses more on health counseling regarding the Kangaroo Care method as a whole for LBW babies.

METHOD

Types of devotion public The study was quantitative using quasi-experimental methods, one group pre-test and post-test to see the effect of health education on kangaroo care methods on LBW babies in the perinatology room of Banten Regional Hospital. The data collection method was total sampling, with a population of 12 people each month, the sample used was 8 people who met the inclusion and exclusion criteria. Inclusion criteria: Patients who are willing and willing to be respondents, postpartum patients who are fully conscious, low birth weight babies.

The implementation of the activity was given to parents who gave birth to children with Low Birth Weight (LBW), participants totaling 8 people who were tested before and after counseling. The counseling method used was before being given the material, participants were given questions (pre-test) regarding knowledge of Kangaroo Care (PMK), then counseling was carried out by providing material on how to care for LBW babies using the kangaroo method for 60 minutes, after being given the material, participants were given training and practice on how to carry out Kangaroo Care (PMK) on LBW babies for 90 minutes, after being given training, participants filled in the PMK knowledge questions again (post-test).

RESULTS AND DISCUSSION

TABLE 1 Results of Pre and Post Test of Knowledge of Kangaroo Care Method for Low Birth Weight Babies

NO	Name e	Knowledge	
		Pra	Pos
1.	SM.baru	40	80
2.	The. R	80	100
3.	Ny.N	80	80
4.	Ny.Y	60	80
5.	The. Saya	20	40
6	The. S	60	80
7.	Phone Number number Ny.	60	80
8.	The. M	20	80

Based on table 1, it describes the knowledge value of 8 counseling participants in the Perinatology Room of Banten Regional Hospital before and after being given an explanation and training regarding the kangaroo care method for LBW babies.

TABLE 2 Normality Test of Pre and Post Kangaroo Counseling Method Data for LBW Babies

Normality Test	Shapiro Wilk		
	Statistics	Df	Signature.
Before (Pre-Test)	0.875	8	0.168
After (Post Test)	0.826	8	0,054

Based on table 2, it describes the results of the data normality test before and after the counseling was given. It can be seen that the variables in this study are normally distributed with a pre-test value of 0.168 (<0.05) and a post-test value of 0.054 (<0.05). Therefore, this data processing uses a parametric analysis test paired sample t-test or dependent T-test to determine the effect of counseling on participant knowledge.

TABLE 3 Frequency Distribution of Respondents' Knowledge Before and After Counseling

Variables	Maximum	Minimum um	Means	Standard Deviation
Knowledge :				
Before (Pre-Test)	80	20	52.5	23,755 people
After (Post Test)	100	40	75.0	17,728 people

Based on table 3, it illustrates that the average value of participants before counseling was 52.5 with the highest value of 80, the lowest 20 and a standard deviation of 23.755. Then after counseling, the average value of participants was 75.0 with the highest value of 100, the lowest 40 and a standard deviation of 17.728. Based on this, it can be concluded that there was an increase in the average value of participants before and after counseling, which was 22.5.

TABLE 4 The Effect of Kangaroo Care Counseling for LBW Babies on the Knowledge of Counseling Participants in the Perinatology Room

Variables	Means	SD	English	p-value
Knowledge :				
Before (Pre-Test)	52.5	23,755 people	8,399	0.002
After (Post Test)	75.0	17,728 people	6,268 people	

Based on table 4, it can be seen that the results of the t-dependent test that has been carried out in this study with a p-value of 0.002 (p value < alpha value 0.05) which shows a significant influence of the kangaroo care method counseling for LBW babies on the knowledge of respondents in the Perinatology Room of Banten Regional Hospital. Before conducting service, officer explaining the intent and purpose to respondents and there were 8 respondents who stated that they agreed and had met the inclusion criteria set by the researcher.

service is carried out by providing counseling or health education to participants who have children with LBW. According to WHO (2019), Low Birth Weight (LBW) is a condition where the weight of a newborn baby is in the category <2,500 grams (5.5 pounds). Babies with Low Birth Weight (LBW) have physical characteristics that can usually be observed directly. In addition to having a weight of <2500 grams, LBW babies usually also have a larger head size compared to other body sizes and look thin (Febriani, 2021).

Destia et al., (2020) in their study on Maternal Factors Associated with Low Birth Weight in General Hospitals, found that maternal health and behavioral factors that are at risk of causing Low Birth Weight include sociodemographic factors, nutrition and factors related to maternal health and behavior. Complications of Low Birth Weight Babies According to Rukiyah (2013) problems that occur in low birth weight babies (LBW), especially premature babies, occur because the baby's organ system is not yet mature. Frequent LBW problems are disorders of the respiratory system, central nervous system, cardiovascular, hematology, gastrointestinal, kidneys, thermoregulation.

There are several treatments for LBW babies (Wong, 2008), including providing respiratory support such as clearing the airways, stimulating breathing, positioning the baby on its side to prevent aspiration, positioning the baby on its stomach if possible because this position produces better oxygenation, oxygen therapy is given based on the baby's needs and illness, sociodemographic factors, nutritional factors, health-related factors, and factors originating from the mother's behavior. The most crucial need for LBW after respiration is achieved is the provision of warmth from the outside. Warming and maintaining the baby's body temperature can be done in several ways, namely (Kosim Sholeh, 2005) by performing Kangaroo Care or skin-to-skin contact between the baby and the mother, heating devices, room heaters, and incubators.

In devotion This focusing on how to care for LBW with the kangaroo method, most parents do not know about this method so that researchers then provide health education starting from explaining what the kangaroo method is, its benefits, how to implement it and providing respondents with the opportunity to practice this kangaroo method with the aim that mothers or respondents can carry out care independently at home.

Kangaroo Care Method (KMC) not only provides benefits for babies, but also provides benefits for mothers and fathers of LBW babies, such as skin-to-skin contact is not only done by the mother, but can be replaced by the husband or other family members. This can help build emotional relationships and relieve feelings of separation and increase self-confidence in helping to care for babies with LBW conditions (Hamil dan Bayi, 2020). The results of this study indicate that there is an effect of counseling regarding kangaroo care methods on the level of knowledge of counseling participants.

CONCLUSION

From the results of the intervention, it can be concluded that most parents do not know about this method, so counseling is needed. then provide health education starting from explaining what the kangaroo method is, its benefits, how to implement it and provide an opportunity for respondents to practice this kangaroo method with the aim that mothers or respondents can carry out care independently at home. Kangaroo Mother Care (KMC) in addition to providing benefits for babies also provides benefits for mothers

and fathers of LBW babies such as skin-to-skin contact is not only carried out by the mother but can be replaced by the husband or other family members. This can help build emotional relationships and relieve feelings of separation and increase self-confidence in helping to care for babies with LBW conditions (Pregnancy, Birth and Babies, 2020).

AUTHOR CONTRIBUTION

This activity involves a team working together to ensure the service runs smoothly. Zahrah Maulidia Septimar, Annisa Ena Rachmawati, Siti Nurlela Ma'daniah act as the activity proposer, writer, idea initiator, community service implementer, and compiler of activity results. Zahrah Maulidia Septimar plays a role in providing direction and suggestions.

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