

A quasi-experimental study to evaluate the effectiveness of videoassisted teaching programme on knowledge & attitude regarding birth preparedness among primi mothers in selected community areas of Surat district, Gujarat

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KEYWORDS	ABSTRACT:						
video assisted	Introduction: Children are a gift from God to humanity. One of the greatest events in a woman's life is pregnancy and childbirth, which she looks forward to and longs for with tremendous anticipation. She has						
teaching programme,	fantasies about being pregnant and becoming a mother, but when reality sets in, many of them make her						
knowledge, attitude,	question her ability to handle such a significant event.						
birth preparedness,	Aim of the study: The aim of this study was to assess knowledge and attitude regarding birth preparedness						
primi mothers	among primi mothers and to develop an informational video regarding 'Birth Preparedness'.						
	Material and Methods : Quantitative research approach in was used in this study. The study was conducted in selected community areas of Surat district Gujarat. The convenience non-probability sampling technique was used to select 60 mothers in selected community areas of Surat. A structured knowledge questionnaire and attitude scale were used. Data were analyzed using descriptive and inferential statistics.						
	Results : The result of the study showed that mothers of the experimental group had increased knowledge and attitude compared to the control group mothers. In the Experimental Group, data revealed the mean pretest level of knowledge score was 12.5 and SD was 2.52 and the mean post-test score was 18.33 and SD was 2.17. In the control group, data revealed the mean pretest level of knowledge score was 12.53 and SD was 2.32, and the post-test test score was 12.77 and SD was 2.69. In the Experimental Group, data revealed the mean pretest Attitude score was 24.8 and SD was 1.86 and the mean post-test score was 35.97 and SD was 2.96. In the control group, data revealed the mean pretest attitude score was 24.77 and SD was 1.81 and the post-test test score was 25.03 and SD was 1.79.						
	Conclusions : The above findings supported that video-assisted teaching helped to give adequate knowledge and develop a favorable attitude regarding birth preparedness among primi mothers.						

INTRODUCTION

Since the past two decades, reducing maternal mortality has been a primary priority in global health. According to estimates from the World Health Organisation (WHO), more than 500,000 mothers die each year from complications connected to pregnancy that may have been prevented. Birth preparation is seen as a realistic and beneficial intervention with a number of benefits. In particular, it can raise the demand for specialised services to assist women plan for the necessary backup and prevent probable unexpected problems during pregnancy. Planning for a routine delivery and preparing for emergency situations are both parts of being birth prepared. It can be measured by the mothers' knowledge on identifying danger signs and their preparation to take measures during emergency and normal obstetric care. Although birth readiness classes are offered in India, they do not reach the bulk of the population. Only people from the upper classes of society have access to it and profit from it. In India, rural areas still account for 76.2% of the population. These areas' mothers ought to gain something as well. As a midwife, the investigator has taken on the duty of giving mothers a thorough, nonjudgmental educational package on birth readiness in the form of a video presentation. This will help them be ready and confidently face the labour process and, as a result, have a healthy baby free from complications.

Statement of the problem

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A quasi-experimental study to evaluate the effectiveness of video-assisted teaching program on knowledge & attitude regarding birth preparedness among primi mothers in selected community areas of Surat district, Gujarat.

Objectives of the study

- 1. To assess the level of knowledge on birth preparedness among primi mothers
- 2. To assess the level of attitude on birth preparedness among primi mothers
- 3. To evaluate the effectiveness of video-assisted teaching on birth preparedness among primi mothers.
- 4. To compare the level of knowledge and attitude on birth preparedness among primi mothers.
- 5. To determine the association between knowledge & attitude of birth preparedness among primi mothers and their selected demographic variables.

Hypothesis

H1 - The mean post-test level of knowledge and attitude on birth preparedness will be significantly higher among primi mothers in the experimental group than their pretest knowledge level.

H2 - The mean post-test level of knowledge and attitude of primi mothers in the experimental group will be significantly higher than the control group.

Delimitation

- 1. The study was limited to primi mothers after 22 weeks of gestation.
- 2. The study was limited to selected community areas of Surat district.

RESEARCH METHODOLOGY:

Research Design and approach: Quasi-experimental approach with one group pre-test post-test design.

Research Setting:

The setting of the study were the Primary Health Centres, Sub Centers and Anganwadi at villages of Surat district

Sampling technique

A purposive convenient sampling technique was used to select the samples

Sample size:

A sample of 60 antenatal mothers who fulfilled the criteria were selected - 30 for the experimental group and 30 for the control group

Development and description of tool:

The tool was constructed after extensive review of literature and consultation with medical and nursing experts. The tool comprised of four parts:

Part I

This comprises of the demographic variables like age, education, family type, religion, occupation, number of antenatal visits, and previous source of knowledge.

Part II

It was a standardised 30-item self-administered questionnaire designed to gauge knowledge. The following topics were covered by the questions: General information - 10 items.

Preparation for labour - 5 items.

Normal physiology of labour - 7 items. Pain management during labour - 3 items.

Part III

It consisted of a four point modified Likert scale of 10 items to assess the attitude of the primi antenatal mothers towards birth preparedness of which 5 items were positive and 5 items were negative statement.

Part IV

For the mothers in the experimental group, it was a film that provided birth preparation education. A video compact disc was prepared to provide information to the primi mothers in the last trimester on the aspects of maternal nutrition, general care such as clothing, travel, rest, activity, importance of antenatal visits, fetal monitoring by kick-count, preparation for delivery, normal physiology of labor, identification of onset of labor and the immediate action to be taken, relaxation and breathing during labor and the preparation of the family for child birth.

Scoring key for assessing of the knowledge

Consisted of multiple choice questions to assess the knowledge. Total score was "25". Scoring for the correct answer was "1" and "0" for wrong answer.

Level of knowledge

>76% - Good

51-75% - Average

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<50% - Poor

Scoring key for assessing of the attitude

Sr. No	Items	Strongly agree	Agree	Neutra l	Disagree
1.	Positive	4	3	2	1
2.	Negative	1	2	3	4

Level of attitude

>76% - highly favorable

51-75 % - moderately favorable

<50 % - unfavorable

RESULT:

Analysis and Interpretation of data are based on the objectives and Hypothesis. Analysis of the data collected using Structured Questionnaire were based on following heading:

1.1 Analysis and interpretation of the demographic variables of primi mothers on birth preparedness

1.2 Analysis and interpretation of the assessment of knowledge & attitude on birth preparedness in the experimental group and control group

1.3 Analysis and interpretation of the difference in knowledge and attitude before and after intervention

1.4 Analysis and Interpretation of the association of the level of knowledge of birth preparedness among primi mothers and their selected demographic variables in the experimental group and control group.

RECOMMENDATIONS:

1. In order to educate mothers about labor preparation, video assisted education might be shown in the antenatal clinic waiting area of the hospitals.

2. For improved generalization, the study might be repeated using a large number of samples.

3. Using other teaching styles and skill-training techniques, a similar study can be conducted.

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Table 1: - Frequency and percentage distribution of primi mothers according to their selected demographic variables.

						N=30+30
Sr. No.	Socio-Demographic Variables		Experi	mental	Cor	ntrol
			Frequency	Percentage	Frequency	Percentage
1.	Age	18-20 years	4	13.3%	5	16.7%
		21-25 years	22	73.3%	15	50.0%
		26-30 years	3	10.0%	8	26.7%
		>31 years	1	3.3%	2	6.7%
2.	Education	Illiterate	1	3.3%	4	13.3%
		Primary	5	16.7%	15	50.0%
		Secondary		70.0%	9	30.0%
		Higher Secondary & above	3	10.0%	2	6.7%
3.	Family Type	Nuclear	15	50.0%	14	46.7%
		Joint	15	50.0%	16	53.3%
4.	Religion	Hindu	23	76.7%	21	70.0%
		Muslim	7	23.3%	9	30.0%
		Christian	-	-	-	-
		Others	-	-	-	-
5.	Occupation	Housewife	20	66.7%	16	53.3%
		Labour work	5	16.7%	6	20.0%
		Skilled worker	2	6.7%	5	16.7%
		Professional	3	10.0%	3	10.0%

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6.	Monthly Income	1000 - 5000	6	20.0%	9	30.0%
		5000 - 10000	13	43.3%	11	36.7%
		10000 - 15000	9	30.0%	7	23.3%
		Above 15000	2	6.7%	3	10.0%
7.	Any Bad	Yes	1	3.3%	2	6.7%
	Obstetrical History	No	29	96.7%	28	93.3%
8.	Previous	Yes	12	40.0%	8	26.7%
Information		No	18	60.0%	22	73.3%
9.	If YES Then	News Paper	1	8.3%	1	12.5%
	Information	Family	8	66.7%	5	62.5%
		Neighbour	2	16.7%	2	25.0%
		others	1	8.3%	-	-

Bar Graph shows the Mean and SD of the level of knowledge on birth preparedness in the experimental group and control group.



In light of this, it was determined that video-assisted teaching was very successful in raising the level of knowledge among primigravidae on birth preparedness.

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Bar Graph shows the Mean and SD of the level of attitude on birth preparedness in experimental group and control group and it concluded that the video-assisted teaching was highly effective in improving the level of attitude of the primi mothers about birth preparedness.



 Table 2: Mean, SD, t test, DF, P value & significant / non-significant of the level of Knowledge and attitude on

 birth preparedness in the experimental group and control group.

Gro	սթ	Mean	Std. Deviation	t test	DF	P Value	Significant /Non Significant	
Experimental	Pre Test Know	12.50	2.52	15.567	29	<0.001	Significant	
	Post Test Know	18.33	2.17					
	PreAttitude	24.80	1.86	17.652	29	<0.001	Significant	
	Post test Attitude	35.97	2.93				Significant	
Control	Pre Test Know	12.53	2.32	1.882	29	0.07	Non Significant	



Post Test Know	12.77	2.70				
PreAttitude	24.77	1.81	2.283	29	0.03	Significant
Post test Attitude	25.03	1.79		27	0.05	2.5.inteant

In the Experimental Group, this table revealed the knowledge t-test value was 15.567, DF was 29, P value was <0.001 and it was significant & the attitude t-test value was 17.652, DF was 29, the P value was <0.001 and it was significant.

In the Control Group, this table revealed the knowledge t-test value was 1.882, DF was 29, P value was 0.07 and it was non-significant & the attitude t-test value was 2.283, DF was 29, P value was 0.003 and it was significant.



Bar Graph shows the comparison of the experimental group and control group regarding Knowledge and attitude on birth preparedness

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Grou p			P	reKnowle dge						Significa nt Non	
			Poor (1-8)		Average(9- 16)	Good(17- 25)	Total	ChiSqu are	DF	PValue	Significa nt
		18-2	20Yrs	0	3	1	4				
Evnorimo	A gooftha Mothar	21-2	25yrs	1	20	1	22				Non
ntal	Ageonnemonier	26-3	30yrs	0	3	0	3	2.942	6	0.816	Non-
intar		>3	lyrs	0	1	0	1				Significant
		18-2	20Yrs	0	5	0	5				
<i>a</i> 1	AgeoftheMother	21-2	25yrs	1	0	1	15	2 1 4 2	6	0.006	Non-
Control	0	20-3	1 vro	0	<u> </u>	0	0	2.145	0	0.900	Significant
			erate	0	0	1	1				
		Prir	narv	0	4	1	5				
Experime	EducationalStatu	Seco	ndarv	1	20	0	21				
ntal	S	Highe nd &at	erSeco ary oove	0	3	0	3	17.481	6	0.008	Significan t
		Illit	erate	0	4	0	4				Non-
		Prir	nary	0	14	1	15				Significant
Control	EducationalStatu	Seco	ndary	1	8	0	9			0.7	
s		Highe nd &at	erSeco ary oove	0	2	0	2	3.381	6	6	
Experime		Nuc	clear	1	13	1	15		-		Non-
ntal	Familytype	Jo	int	0	14	1	15	1.037	2	0.595	Significant
		Nuc	clear	0	13	1	14				Non
Control	Familytype	Jo	int	1	15	0	16	2.018	2	0.384	Significant
Experime	Daliaian	Hiı	ndu	1	22	0	23	7 225	2	0.027	Significan
ntal	Religion	Mu	slim	0	5	2	7	1.225	Z	0.027	t
~ .		Hiı	ndu	0	20	1	21		-		Non-
Control	Religion	Mu	slim	1	8	0	9	2.789	2	0.207	Significant
		Hous	sewife	0	19	1	20				Non
		Labou	ırwork	1	3	1	5				Significant
Experime ntal	Occupation	Skille	dworke r	0	2	0	2	7.361	6	0.289	5-8
		Profes	ssional	0	3	0	3				
		Hous	sewife	0	15	1	16				Non-
		Labou	ırwork	1	5	0	6	-			Significant
Control	Occupation	Skille	dworke r	0	5	0	5	4.978	6	0.547	0
		Profes	ssional	0	3	0	3				
		1000	-5000	1	4	1	6				Non-
	(5000-	10000	0	13	0	13			0.0	Significant
Experime ntal	inrupees	100 15)00– 000	0	8	1	9	6.698	6	0.3 5	
		Above	e15000	0	2	0	2				
		1000	-5000	1	8	0	9				Non-
	Monthly Income	5000-	10000	0	11	0	11				Significant
Control	inrupees	100	000– 000	0	6	1	7	5.748	6	0.452	_
		Above	e15000	0	3	0	3				

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Ennering	Any Bad	Yes	0	1	0	1				Non- Significant
ntal	ory	No	1	26	2	29	0.115	2	0.944	U
	Any Bad	Yes	0	2	0	2				Non- Significant
Control	ory	No	1	26	1	28	0.153	2	0.926	C