

A Study to Assess the Effectiveness of Video Assisted Teaching Programme on Knowledge regarding Normal Vaginal Delivery Preparation among Primigravida Antenatal Mothers at Selected Hospital of Indore City

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Abstract: The majority of approximately 140 million births that occur globally every year are among women without risk factors for complications for themselves or their babies at the beginning and throughout labor. Nevertheless, the time of birth is critical to the survival of women and their babies, as the risk of morbidity and mortality could increase considerably if complications arise. To reduce the maternal mortality normal vaginal delivery preparation, play a very important role. **Aim:** Assessing the effectiveness of video assisted teaching programme on knowledge regarding normal vaginal delivery preparation among primigravida antenatal mothers at selected hospital of Indore city. **Research Design:** An evaluator pre experimental research approach was used to assess the effectiveness of video assisting teaching program prepared on normal vaginal delivery preparation among primigravida antenatal mothers. The main goal is to assess or evaluate the success of program. **Sample and Sample Size:** The total sample size was 60 primigravida antenatal mothers. **Result:** There was significant difference between the pretest and posttest score of knowledge ($t = -15.641$), $P < .000$) of mothers. The computed chi square association showed significant association between age ($x^2 = 7.515$), education ($x^2 = 6.333$), occupation ($x^2 = 3.458$), income ($x^2 = 6.378$), dietary pattern ($x^2 = 9.389$), type of family ($x^2 = 5.727$), previous knowledge ($x^2 = 4.101$) of mothers. **Conclusion:** Video assisted teaching is one of the effective methods to impart knowledge and to improve the knowledge of practice.

Keywords: Primigravida antenatal mothers, Normal vaginal delivery preparation, Effectiveness of video assisted teaching

1. Introduction

A woman generally has notion that child birth is unbearable pain. This is formed as a result of the tales heard during adolescence or later in life. The information she gets from gossip; media or fiction draws a picture of passive pain to which a woman has to submit in utter helplessness. A negative attitude during labor causes her entire body to tense up with fear and each contraction will become a signal of pain and therefore will result in pain. On the other hand, a trained woman can have a very positive attitude towards birth and may have a smooth and easy labor.

The women who are pregnant for the first time is called as primigravida, they are very new to the pregnancy hence less knowledge about the physiological and psychological change during pregnancy, labor and care of baby. Childbirth is a natural and universal phenomenon. Although labor is one of the most painful events in human experience, supportive care is given to reduce women anxiety and discomfort (D' Silva P, Mathis A (2016). They undergo anxiety and stress due to less knowledge and can lead to the inability of primigravida to adjust with discomfort that mother feel.

2. Methodology

The methodology adopted for the study such as research approach and research designs, setting of the study, variables, population, and sampling technique, development of tool, testing of the tool, reliability of the tool, development

of video assisting teaching program, content validation of video assisting teaching program, pre-testing of video assisting teaching program, pilot study, data collection process and plan for data analysis are discussed.

Research Approach

- "Research approach refers to the researcher's overall plan for obtaining answers to the research questions for testing the research hypothesis."
- Research approach indicates the basic procedure for conducting research. The choice of the appropriate approach depends on the purpose of the study.

Research Design

The researcher's overall plan for obtaining answers to the research questions for testing the research hypothesis is referred to as the research design. It spells out the basic strategies that the researcher adopts to elicit information that is accurate and interpretable. (Polit, D.F - 2005)

The true research designs refer to the plan of organization a scientific investigation. It is concerned with an overall form for conducting the study.

The design can be presented as:

C1 -----X1-----C2

One group pretest – posttest evaluatory design

C1 – Pretest of knowledge of primigravida antenatal mothers.

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X1 – Intervention (video assisting teaching program)
C2 – Posttest of knowledge of primigravida antenatal mothers.

The overall plan for addressing a research question, including specification for enhancing the integrity of the study. (wood. G. 2002)

The research design for the present study is depicted in figure. The schematic presentation of the study design is presented in 3 phases.

1st phase – it includes

Target population – In this study, the target population is all primigravida antenatal mothers.

Accessible population – In this study, the accessible population is primigravida antenatal mothers at selected hospital of Indore City.

Sampling technique – In this study, Sampling technique is purposive sampling.

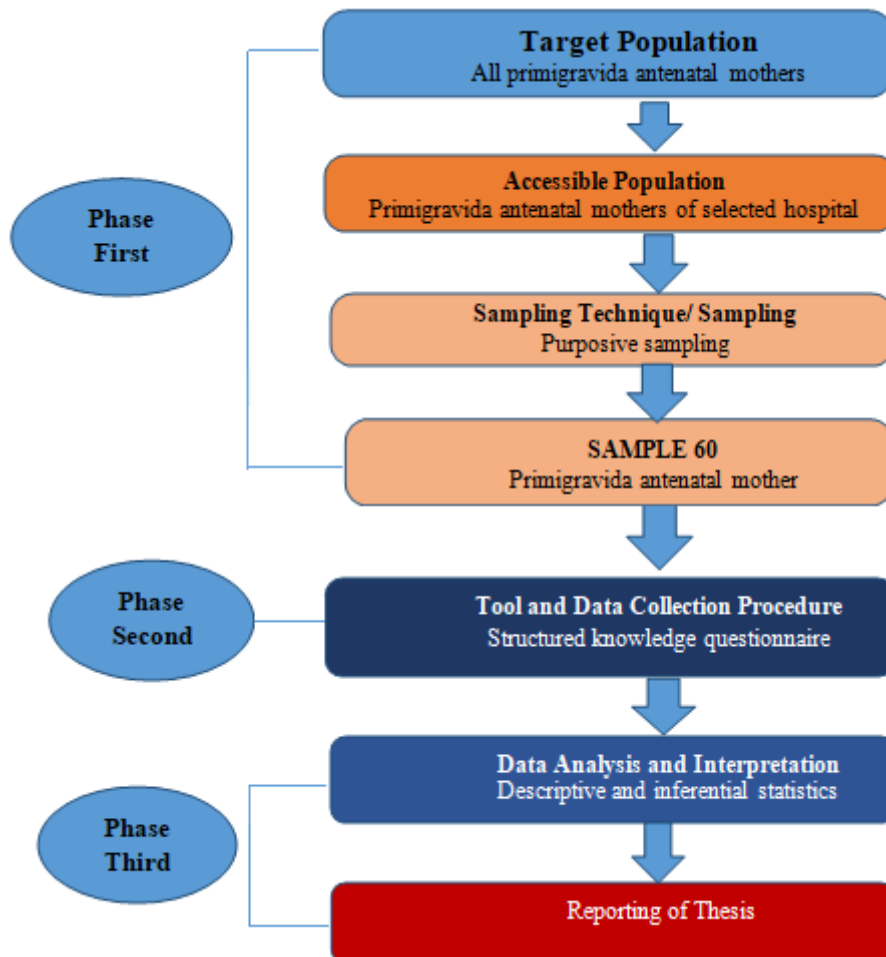
Sample size – In this study, 60 samples are selected in the study.

2nd Phase – It includes

Tool and data collection procedure – Structured interview schedule used in tool and data collection. First take pretest and give intervention and in last take posttest.

3rd Phase – It includes

Data analysis and interpretation – Description and inferential statistics



Sampling Technique

Sampling is a process of selecting a part of the assigned population to represent the entire population. In this study, Non probability, purposive sampling technique is used.

Sampling Size

Sample size in current study 60 primigravida antenatal mothers.

Effectiveness of Video Assisted Teaching Program In Terms Of Gain Knowledge

This section deals with analysis and interpretation of data in order to evaluate the effectiveness of video assisted teaching in term of gain in knowledge.

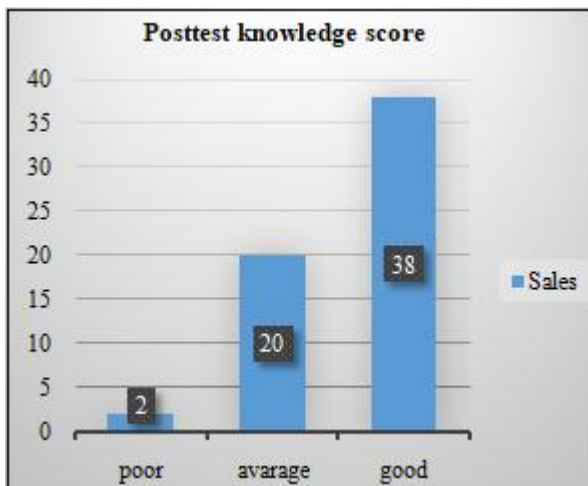
Table 4.2.1: Frequency distribution of pretest knowledge score

| Category & pre-test Score | Frequency (N=60) | Frequency percentage (%) |
|---------------------------|------------------|--------------------------|
| Poor (less than 15) | 16 | 26.7 |
| Average (15-23) | 39 | 65.0 |
| Good (more than 23) | 5 | 8.3 |
| Total | 60 | 100(%) |

Pretest mean score = 16.63

Standard deviation = 4.449

This table 4.2.1 Depicts that majority 65% of the subjects had average knowledge and 26.7% had very poor knowledge and only 8.3% subjects had good knowledge in pretest.



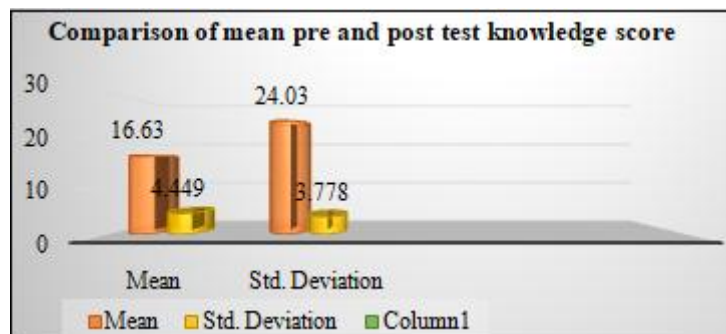
Bar diagram showing Effectiveness of video assisted teaching program in term of gain in knowledge score (Pre-test)

Frequency distribution of studied subjects according to Post-test Score

| Category & post-test Score | Post Frequency (N=60) | Post Frequency percentage (%) |
|----------------------------|-----------------------|-------------------------------|
| Poor (less than 15) | 2 | 3.33 |
| Average (15-23) | 20 | 33.33 |
| Good (more than 23) | 38 | 63.33 |
| Total | 60 | 100% |

Posttest mean score = 24.03

Standard deviation = 3.227

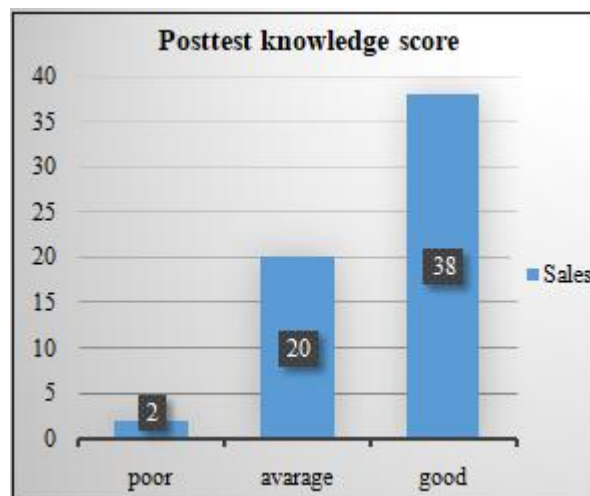


Bar diagram showing Pretest and Posttest knowledge score

3. Results

The previous knowledge 75% mothers having not knowledge, 25% mothers have knowledge.

Table depicts that majority 63.33% of the subject and had good knowledge. 33.33% had average knowledge and only 3.33% subjects had poor knowledge in posttest.



Bar diagram showing Effectiveness of video assisted teaching program in term of gain knowledge score (Posttest)

Comparison between knowledge score of pretest and posttest of primigravida antenatal mothers

A significant mean difference at the 0.000 level was evidence when means of knowledge test scores between pretest and posttest regarding normal vaginal delivery preparation among primigravida antenatal mothers had compared. It is easily seen in the table 4.2.3 that there was a significant mean difference ($p < 0.000$) of -7.400 knowledge score points in between pretest and posttest.

| Knowledge scores in | Mean | S.D | Mean diff | Std. Error of diff | t-value | p-value |
|---------------------|-------|-------|-----------|--------------------|---------|---------|
| Pre test | 16.63 | 4.449 | -7.400 | 3.665 | -15.641 | .000 |
| Post test | 24.03 | 3.227 | | | | |
| Total | 40.66 | 8.227 | - | - | - | - |

After the implementation of video assisting teaching program, there is a significant increase in knowledge of mothers regarding the normal vaginal delivery preparation. Which is calculated by t-test and the result was -15.641.

4. Discussion

In this chapter findings of the study are discussed in line with objectives, review of literature and conceptual framework.

The present study was undertaken to assess the effectiveness of video assisted teaching program on knowledge regarding normal vaginal delivery preparation among primigravida antenatal mothers at selected hospital of Indore city.

5. Conclusion

The baseline data of the primigravida antenatal mothers indicate that majority 43.3% of mothers were on the age group of 18-23 and 24-29, 11.7% of mothers were on the age group of 30-35 years and 1.7% mothers were on the age group of 36 and above. Over all mothers were in the age group 18-23 and 24-29 years. Educational status of mothers was, 33.3% were secondary education, 26% were in graduate and above, 16.7% were in higher secondary education, 15% primary education and 8.3% were not being school. Overall mothers were in the secondary education. Occupation status of the mothers was 85% were homemaker, 6.7% were private service and daily wages and 1.7% were in govt. service, overall mothers were homemaker. The monthly income 43% of mothers having monthly income between 15,000 to 20,000Rs., 30% were having in between 10,000 to 15,000Rs., 16.7% were having more than 20,000 and 10% were having less than 10,000. Majority that 58.3% mothers have mixed diet, 38.3% mothers having vegetarian, 3.3% mothers having non-vegetarian. Out of 60 mothers there were that 66.7% Of mothers were in nuclear category of family and 33.3% were in joint family. Overall majority of mothers (66.7%) were in the category of nuclear family. The previous knowledge 75% mothers having not knowledge, 25% mothers have knowledge.

There was significant association between knowledge on normal vaginal delivery preparation and educational status. Low educational attainment was a significant risk factor for normal vaginal delivery preparation.

The hypothesis RH₂- made by the investigator that, there would be a significant relationship between selected demographic variable and pretest knowledge on normal vaginal delivery preparation was accepted with only two variables that is age, education, occupation, income, dietary pattern, type of family, and previous knowledge. Hypothesis RH₃- made by the investigation that, there will be significant relationship between the primigravida antenatal mothers and normal vaginal delivery preparation was accepted.

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