

# Assess the Effectiveness of Video Assisted Teaching on Knowledge regarding Domestic Violence among Married Women in Selected Rural Area

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**Abstract:** *The purpose of the present study was to assess the effectiveness of video assisted teaching on knowledge regarding domestic violence among married women in selected rural area. A quasi experimental one group pre test post test control group research design was used. 60 samples (30- control group &30-experimental group) of Non probability purposive sampling technique was used. The pre test knowledge score was 10.73 and post test knowledge score was 16.6 in experimental group. The t test statistics value of the paired t test was 10.14. The p value less than 0.0 shows significant difference in the knowledge scores. The pre test knowledge score was 10.6 and post test knowledge score was 10.70 in control group. The t test statistics value of the paired t test was 0.37. The p value of the test was 0.71. The p value more than 0.05 shows no significant difference in the knowledge scores. Result shows that video assisted teaching was effective to provide knowledge regarding domestic violence to married women.*

**Keywords:** Married women, domestic violence, video assisted teaching

## 1. Introduction

A 2014 study in The Lancet reports that the reported sexual violence rate in India is among the lowest in the world, the large population of India means that the violence affects 27.5 million over women their lifetime.[1]The 2012 National Crime Records Bureau report of India states a reported crime rate of 46 per 100,000, rape rate of 2 per 100,000, dowry and homicide rate of 0.7 per 100,000 and the rate of domestic cruelty by husband or his relatives as 5.9 per 100,000.[15]These reported rates are significantly smaller than the reported intimate partner domestic violence rates in many countries[2].

According to the Protection of Women from Domestic Violence Act 2005, domestic violence of any kind - physical, verbal, sexual or economic - is an offence punishable by law. The law came into force on Oct 26, 2006. However, experts working in the field of women's rights say very few have been convicted under the law. According to them, lack of awareness about the law itself is a stumbling block. Firstly, there is a lack of awareness about the law. Very few women come out in the open to tell the truth. They fear losing their families and a long-drawn legal battle ahead if they file a police complaint against their husband or in-laws. [3]

Unfortunately there is only limited nursing research related to domestic violence in rural community. Population based household surveys on domestic violence in remote areas is the need of a time and it may reveal the health implications of domestic violence in rural setting.

## 2. Literature Survey

A cross sectional study was carried in the field practice area of rural health training centre of Dr. Panjabrao Deshmukh

Memorial Medical College, Nerpinglai in **Amravati** district of Maharashtra state for a period of 3 months. Simple random sampling method was used for the selection of samples. The most common type of violence reported was physical violence. The most common cause of domestic violence reported in our study was financial problems followed by influence under alcohol. The prevalence of domestic violence was 40.25% which is still high and necessary measures should be taken to strengthen the laws for women and to empower them[4].

Kamimura A et.al (2014) conducted a study to examine the association between IPV and physical and mental health well-being, among women utilizing community health services for the economically disadvantaged in **Gujarat, India**. Participants with a lifetime history of IPV were more likely to have reported poorer physical and mental health compared to those without a lifetime history of IPV. More than half of the participants with an IPV history experienced multiple types of IPV. While being in the highest caste was a significant positive factor associated with better health, caste and other socio-demographic factors were not associated with IPV. Women in India face risk of IPV. Yet those experiencing IPV do not seek help or rely on informal help. Community health organizations may take a role in IPV prevention and intervention. Diversity of intervention options would be important to encourage more women with IPV experience to seek help[5].

Sabarwal S et.al (2014) conducted a study to investigate the relationship between women's autonomy and their experience of marital violence in **rural India** using prospective data. Three dimensions of autonomy were used: financial autonomy, freedom of movement, and household decision-making. Marital violence was measured as experience of physical violence in the year prior to the follow-up survey. Findings indicate the protective effects of

financial autonomy and freedom of movement in reducing the risk of marital violence. However, in the more gender-stratified settings of north India, none of the dimensions of autonomy were found to have any protective effect on women's risk of marital violence [6].

AMA Ferreira et.al (2010) conducted a cross-sectional study aimed to the prevalence of physical spousal violence and the help-seeking behaviour of its victims in **Goa**. Factors predisposing the women to victimization included early years of marriage, poor educational status for men and women, working women (OR=3.3; 2.1,5. 5), and alcohol consumption by the husband. Majority of the victimised women preferred to be silent sufferers. The help seeking behaviour was not proportionate to the severity or the duration of violence but seemed to be influenced by variables like women's employment, education and income. The study emphasises the role of social factors in perpetuating domestic violence by intimate partner. Change in the social attitude that permits and legitimizes such acts through awareness is the only long lasting panacea [7].

Dutt D et.al (2008) A cross-sectional study in a representative sample of 751 women, living at slums in **Calcutta**, examined their perspectives on partner and relationship factors of domestic violence. The results shown that more than 17% of women experienced physical violence in the past year. Individual factors related to the husband-namely, poor socioeconomic status, use of alcohol, extramarital relations, and visiting red light districts-increased the risk of violence. The study concludes that adverse socioeconomic conditions create low self-esteem and insecurity among men, who find expression in aberrant behaviours, and violence is used as a compensatory behaviour. Interventions, therefore, need to go beyond the victim-centric approach and address partner and relationship issues for greater impact [8].

Jeyaseelan L et.al (2007) Conducted study in Vellore, India on Physical spousal violence against women in India: some risk factors. A cross-sectional household survey was carried out in rural, urban and urban-slum areas across seven sites in India, among women aged 15-49 years, living with a child less than 18 years of age. The sample was selected using the probability proportionate to size method. The outcome variables included three physical violence behaviours of hit, kicks and beat. Of 9938 women surveyed, 26% reported experiencing spousal physical violence during the lifetime of their marriage. The study recommended that higher socioeconomic status and good social support acted as protective buffers against spousal physical violence. The findings provide compelling evidence of the potential risk factors for spousal physical violence, which in turn could help in planning interventions [9].

Weiss HA et.al (2007) Conducted study in **Goa**, India on Spousal sexual violence and poverty are risk factors for sexually transmitted infections in women. To describe factors associated with incident sexually transmitted infections in a population-based sample of women. incidence was highest among women who were married and exposed to sexual violence (16.9%), were concerned about their husbands' affairs (20.5%). Sexual intercourse outside

marriage was rarely reported in this population, and women are at risk of becoming infected within marriage, especially those with sexual violence. This study highlights the vulnerabilities of socially disadvantaged married women in India, and the need for healthcare professionals to screen STI patients for violence, and provide the necessary support [10].

### 3. Problem Definition

A quasi experimental study to assess the effectiveness of video assisted teaching on knowledge regarding domestic violence among married women in selected rural area.

### 4. Objectives of the study

- To assess the pretest knowledge score regarding domestic violence among married women in experimental and control group.
- To assess the effectiveness of video assisted teaching on knowledge regarding domestic violence by comparing the pretest and post test score among experimental group.
- To assess the effectiveness of video assisted teaching on knowledge regarding domestic violence by comparing post test score among experimental and control group.
- To find out association between the pretest level of knowledge score regarding domestic violence and selected demographical variables among the experimental and control group.

### 5. Methods / Approach

In this study quasi experimental non equivalent research design was adopted, based on the problem statement & objectives of the study, evaluative approach was used. The purpose of evaluative approach is to assess the effectiveness of video assisted teaching on knowledge regarding domestic violence among married women. Here the investigator identifies and evaluate the effectiveness of video assisted teaching on knowledge regarding domestic violence among married women with the help of 24 structured questionnaire related to domestic violence. The population & sample were married women who were fulfilling the inclusive & exclusive criteria & sample consisted of 30 married women in experimental group and 30 married women in control group. The Non probability purposive sampling technique was used. Tools used for data collection include two sections namely demographic variables & structured questionnaire on knowledge regarding domestic violence among married women.

### 6. Result

For the data analysis and interpretation, various methods has been used by researcher that are descriptive and inferential statistics were widely used. In that frequency and mean percentage were calculated, 24 questions are analysed based on the response of participant regarding domestic violence. A structured questionnaire is used for data collection. The analysis was done with the help of descriptive & inferential statistics.

SN	Data analysis	Method	Remark
1.	Descriptive statistics	Mean, Frequency & percentage	Assess the level of knowledge on domestic violence
2.	Inferential statistics	Paired “t” test	Assess the effectiveness of video assisted teaching
		Chi- square test	Association between level of pre- test knowledge score with demographic variables

**Section –II:** This section deals with assessment of pre-test and post- test knowledge in experimental and control group regarding domestic violence by using frequency and percentage distribution.

**Section – III:** This section deals with analysis to determine the effectiveness of video assisted teaching on knowledge regarding domestic violence among married women

**Section –IV:** Finding related to association between pre test knowledge score with selected demographic variables in experimental and control group

The analysis of data is organized and presented under the following heading

**Section- I:** This section includes distribution of married women in relation to demographics data by using frequency and percentage.

**Table 1:** Frequency and percentage wise distribution of samples according to their demographic characteristics.

Sr .No.	Variable	Groups	Experimental		Control	
			Frequency	Percentage	Frequency	Percentage
1	Age	18-27	1	3.33	2	6.67
		28-37	10	33.33	11	36.67
		38-47	14	46.67	13	43.33
		48 &above	5	16.67	4	13.33
2	Education of women	Primary	11	36.67	16	53.33
		Secondary	13	43.33	11	36.67
		Higher Secondary	6	20.00	3	10.00
		Graduate	0	0.00	0	0.00
		PG & above	0	0.00	0	0.00
3	Education of Husband	Primary	0	0.00	1	3.33
		Secondary	14	46.67	17	56.67
		Higher Secondary	13	43.33	11	36.67
		Graduate	3	10.00	1	3.33
		PG & above	0	0.00	0	0.00
4	Occupation of wife	Home maker	22	73.33	21	70.00
		Labourer	6	20.00	8	26.67
		Self Employed	0	0.00	0	0.00
		Government	0	0.00	0	0.00
		Private	1	3.33	1	3.33
5	Occupation of Husband	Home maker	0	0.00	0	0.00
		Labourer	13	43.33	16	53.33
		Self Employed	9	30.00	7	23.33
		Government	0	0.00	0	0.00
		Private	8	26.67	7	23.33
6	Family Income	3001-8000	13	43.33	16	53.33
		8001-13000	9	30.00	9	30.00
		13001-18000	8	26.67	5	16.67
		18001 & above	0	0.00	0	0.00
7	Religion	Hindu	20	66.67	22	73.33
		Christian	0	0.00	0	0.00
		Muslim	4	13.33	2	6.67
		Buddhist	3	10.00	1	3.33
		Other	3	10.00	5	16.67
8	Type of Family	Joint	10	33.33	9	30.00
		Nuclear	17	56.67	20	66.67
		Extended	3	10.00	1	3.33
9	Type of Marriage	Love Marriage	9	30.00	11	36.67
		Arrange Marriage	21	70.00	19	63.33

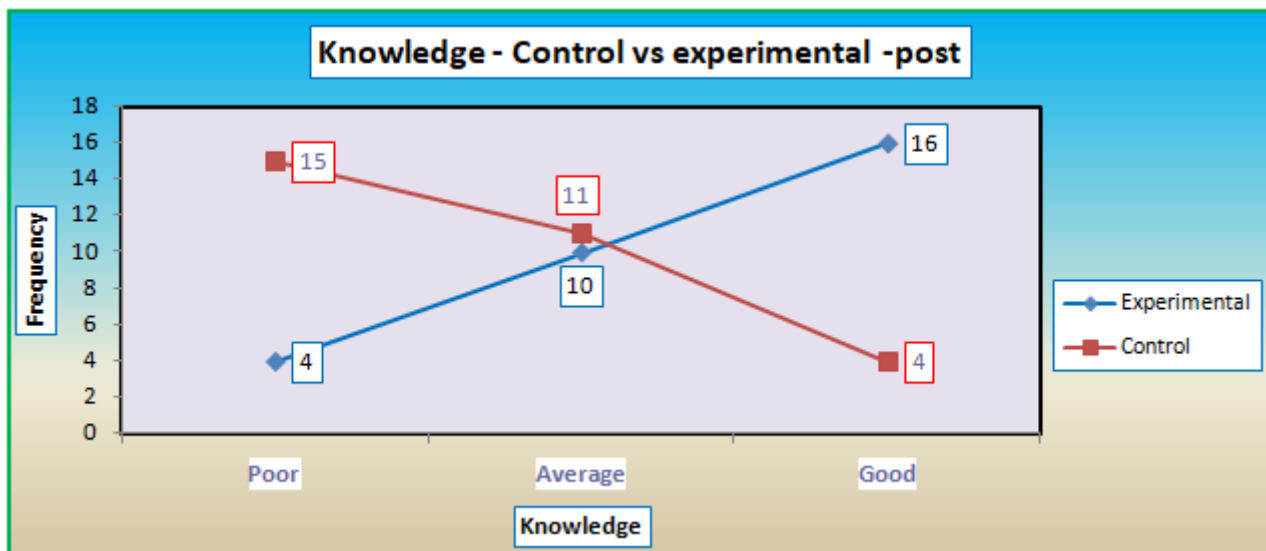


Figure 1: Line diagram showing effectiveness of video assisted teaching by comparing post test knowledge score in experimental and control group

Table 2: Significance of difference between knowledge scores of pre and post- test knowledge score in experimental group

Group	Frequency	Mean	S.D.	t value	P value
Pre	30	10.73	5.23	10.14	0.000
Post	30	16.6	5.54		

Table 3: Showing mean percentage of post-test of knowledge effectiveness of video assisted teaching

Group	Frequency	Mean	S.D.	t value	P value
Exp.	30	16.6	5.54	4.49	0.000
Control	30	10.70	4.61		

7. Discussion

The findings of the study have been discussed with reference to the objectives of the study & with findings of the other studies

With regard to the demographics variables the majority group are 14 (46.67%) of subjects were age group of 38-47 years in experimental group 13 (43.33%) women educated of Secondary education in experimental group.

14 (46.67%) Education of husband were in the Secondary education in experimental group 22 (73.33%) Occupation of women were Home maker in experimental group.16(53.33 %) Occupation of Husband were Labourer and Home make in the in control group16(53.33 %) Family monthly income were 3001-8000in the in control group and 22(73.33 %) of subject belongs to Hindu Religion in control group20(66.67 %) of subject belongs to Nuclear Type of Family in control group 21(70.00%) of subject were had Arrange Marriage in experimental group

Finding regard to post test knowledge score regarding domestic violence 16(53.33%) subjects had good knowledge score in post test 10 (33.33%) subjects got average 4(13.33%) subjects had poor knowledge regarding domestic violence in experimental group.15 (50.00%) subjects had poor knowledge score in post test regarding domestic violence in control group and 11( 36.67%) subjects got

4(13.33%) subjects had good knowledge regarding domestic violence in control group

Finding regard to description of effectiveness of video assisted teaching on domestic violence among married women had pre test knowledge average score was 10.73 in experimental group. The post test knowledge average score was 16.6.The t test value was 10.14 in experimental group. The p value of the test was 0.000. shows significant difference in the average knowledge scores. Therefore hypothesis H1 was accepted.

Finding related to the post test knowledge score of experimental group was 16. The post test knowledge score of control group was 10. The t test value.49. The p value of the test was 0.000. shows significant difference in the average knowledge scores. Therefore the H2 hypothesis was accepted.

There was significance association between demographic variables such as Education of women, education of husband, religion, Type of family with pre test knowledge score. So the H3 hypothesis was accepted.

8. Conclusion

The findings of present study shows that the comparison of pre-test and post-test knowledge score in experimental and control group result showed that there was a significant gain in knowledge scores of the domestic violence after giving video assisted teaching at 0.05 level (t-4.49 , p<0.05) in experimental group. This results shows that the video assisted teaching was effective.

The study findings concluded that the married women were had poor knowledge regarding domestic violence. The video assisted teaching had great potential for accelerating the awareness regarding knowledge of domestic violence



## 9. Future scope

### Nursing Practice

Nurses are key personnel of a health team, who play a major role in the health promotion and maintenance, nursing is a practicing profession, so the investigator, generally integrates findings in to practice. Nurses are uniquely qualified to bring information on domestic violence to public. Nurses have the role to support the knowledge regarding domestic violence in a way that promotes and maintains the healthy marital life of an individuals, families and communities.

### Nursing Education

It emphasis that adequate knowledge owned by the nurses may help to update themselves on the recent advancements, which in turn helps the nurses to give health education for people who are seeking medical care and in the community. Indian nursing council and universities should include the need of knowledge regarding domestic violence as one of the main educational aspects in the nursing curriculum.

### Nursing Administration

Staff development program in any organization is the prime responsibility of the nurse administrator. Strengthening public health infra-structure, surveillance, emerging planning and protective acts relating to the importance of knowledge regarding domestic violence. Improving communication between the levels of government responsible for public health. Strengthening links between the public health and personal health services.

### Nursing Research

Nursing research is the means by which nursing profession is growing. Very few studies have been done on a similar basis with on domestic violence. The research design, findings and the tool can be used as avenues for further research. This study will serve as a valuable reference material for future investigators.

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