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Original Research Article

A study to assess the effectiveness of video assisted teaching programme on knowledge regarding preparation of mother about correct breastfeeding technique among primi antenatal mothers at selected hospital of Indore city

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test guide is significant i.e 20.12 at the 12 degree of freedom and at the
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ABSTRACT

Introduction: The present study was carried out to find out the awareness of mother related to breast feeding technique. Breastfeeding is the ideal method suited for the psychological and physiological needs of children. Most of the mothers don't know the correct technique of breast feeding. This leads to many unnoticed and biased problems in babies and lactating mothers. These include improper nutrition to baby, altered growth, Oral thrush, low secretion of milk, inadequate feeds, nipple problems etc. There are few simple ways to practice the art of breast feeding techniques like starting breast feeding immediately after birth, proper positions, latching up and burping up the baby. Minor problems may occur during breast-feeding. But with proper planning, knowledge, and support, mothers can overcome these challenges and continue breast-feeding. Before the baby is born, attending classes, reading books, and watching videos that demonstrate breast-feeding techniques will help the mothers in promoting breast feeding practice. Materials and Methods: An experimental study with one group pre-test post test design, an evaluator research approach was used to find out the effectiveness of video assisted teaching on mothers knowledge regarding correct position and breast feeding technique. The sample consist of 60 mothers who were admitting in SAIMS Hospital, Indore city. The samples were chosen by convenient purposive sampling technique. The data was collected prior and after the structured teaching programme by a structured questionnaire.
Results: The data was analyzed by descriptive and inferential statistics. The knowledge gained through video assisted teaching was found to be highly effective in gaining knowledge. The t- value found to be 28.9with standard error 0.271. The mean pre test 4.75 and post mean test 12.62. The demographic variable such as age, educational status, job, source of information and nutritional status found to be significant.
Conclusion: The video assisted teaching programme was found to be effective in teaching the primigravida mother about the breast feeding technique, it found to be effective for mothers. It was well appreciated and accepted by the mother. The more researches on failure to thrive will find better outcome for obstetrics and gynaecology department.

1. Background

The First year of life is crucial in laying the foundation of good health. At this time certain specific biological and psychological needs must be met to ensure the survival and healthy development of the child into a future adult. Breastfeeding is the ideal method suited for the psychological and physiological needs of children.[1]

Breast milk the "Cinderella substance of the decade" of nature's most precious gift to the newborn and equivalent of which is yet to be innovated by our scientific community

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despite tremendous advances in science and technology. Western world having experimented with bottle feeding for over five decades, now wants to go back to breast feeding and hence the slogan, "Breast is the Best for the Baby". Babies need appropriate nutrition, affection, stimulation and protection against infection. Breastfeeding meets these needs and gives them the best start in life. It is an integral part of the reproduction process and its effects on child spacing, family health, family and national economy and food production is well recognized. Breastfeeding is therefore a key aspect of self –reliance and primary health care.[2]

Colostrum, the yellowish, sticky breast milk produced at the end of pregnancy, is recommended by World Health Organization as the perfect food for the newborn and feeding should be initiated within the first half an hour after birth. So, Breast feeding principles and techniques is usually followed by mothers from the first feeding itself. World Health Organization actively recommend that breast feeding as the best source of nourishment for infants and young children.[3] So, there is an integral role in following correct techniques and principles while Breast feeding.

2. Need for the Study

Human Breast Milk is the healthiest form of milk for human babies. The improper breast feeding techniques and practices would make babies malnourished. Even though Breast feeding is a natural process, it is not always easy.[4] Many health care providers suggest that women get lactation support to learn how to breast feed and what is involved with breast feed. Many health-centres, clinics and hospitals have lactation.[5]

Primiparous mothers may have some anxiety because they aren't quite sure how to breastfeed. Rather than becoming anxious about it, the mothers need to learn all things about breast feeding process. Nipple pain is a common problem experienced by many new mothers and guidelines on managing it are definitely needed. Poor breast feeding causes sore nipples.[6] If the mother corrects the position, most cases of sore nipples will heal.

From the observation in the post natal ward, the researcher found that the mothers especially primipara mothers were not aware of the facts regarding breast feeding techniques of their babies. They were often complaining of problems like baby is not sucking well, less milk, flat nipple, pain at the surgical site or at the episiotomy wound site, pain in the breast, breast engorgement etc.[7]

Breastfeeding technique is a learned skill for both mother and newborn. Breast feeding techniques comprises of commencement of breast feeding, breastfeeding positions, latching on, taking your baby off the breast and burping. The world breast feeding week also laid emphasis on the 10 successful steps of breast feeding technique. Researches also proved that video assisted teaching programme will improve the knowledge of the participants of the study.[8] As a result of the observations and related literature reviews the researcher realize that, giving a video assisted teaching programme to primipara mothers regarding the breast feeding technique will be beneficial for the improvement of the breast feeding practice, prevention of breast complications as well as for the health of the baby.

Thus, the Investigator felt that there is a need to assess the effectiveness of video assisted teaching on knowledge regarding breast feeding techniques among primigravida mothers.

3. Problem Statemen

"A study to assess the effectiveness of video assisted teaching programme on knowledge regarding preparation of mother about correct breastfeeding technique among primi antenatal mothers at selected hospital of Indore city.

4. Objectives of the Study

1. To assess the pre-test knowledge of primi antenatal mothers regarding correct breastfeeding technique.
2. To assess the effectiveness of video assisted teaching program on knowledge regarding correct breastfeeding technique among primi antenatal mothers.
3. To find out the association between pre-test & post-test knowledge score with selected demographic variables.

4.1. Hypotheses

1. H_1: There will be significant difference between pre-test and post-test knowledge scores among primi antenatal mothers.
2. H_2: There will be significant association between the pre-test knowledge score with selected socio-demographic variables.

4.2. Assumptions

1. The primi antenatal mothers will have inadequate knowledge regarding correct breast feeding techniques.
2. Video Assisted Teaching will enhance the knowledge of primi antenatal mothers regarding correct breast feeding techniques.

4.3. Delimitations

1. This study is limited to primi antenatal mothers.
2. This study is limited to only those patients who are willing to participate in the study.
3. This study is limited to only 60 patients admitted at selected hospitals of Indore city.
4. The duration of study is limited to 6 weeks.

4.4. Inclusion criteria

1. Those who are available at the time of data collection.
2. Those who are willing to participate in the study.
3. Those who are primi antenatal mothers.

4.5. Exclusion criteria

1. Those who are not willing to participate in the study.
2. Those mothers who are multi gravida mother.

5. Materials and Methods

5.1. Research approach

In this study evaluative approach was used to assess the effectiveness of video assisted teaching programme on knowledge regarding preparation of mother about correct breastfeeding technique among primi antenatal mothers. This study includes manipulation, control, non-randomization. This approach is considered by the investigator as the most suitable for this study.

5.2. Research design

In this present study the researcher adopted an experimental (one group pre-test post – research design). Experimental design is a research design that does not include mechanism to compensate for the absence of either randomization or a control group. One group pre-test post test design provides comparison between a group of subjects before and after the experimental treatment.

5.3. Variables

1. *Independent Variable:* In the present study the independent variable refers to the video assisted teaching to provide knowledge to the antenatal primi gravida mother.
2. *Dependent Variable:* In this present study the dependent variable refers to antenatal primigravida mothers.

5.4. The setting

The present study was conducted in selected hospitals of SAIMS hospital and Bhandari Hospital. They are well established hospital well known for its treatment and effective nursing care.

Sri Aurobindo Institute of Medical Sciences and P G institute is an 1200 bedded capacity medical college with all super specialities.

Bhandari Hospital,Pardeshipura comes under Bhandari group of hospitals, with a bed capacity of 50. The hospital is well equipped mainly for obstetrics and gynaecology department.

5.5. The sample

In the present study the sample comprises of antenatal primigravida mother who are admitted in the selected hospitals of Indore.

5.6. Sampling technique

In present study the samples were selected through a non – probability convenient sampling technique.

5.7. Sample size

The sample size comprised of sixty antenatal primigravida mothers, those who are admitted in the SAIMS Hospital Indore.

6. Sample Selection Criteria

6.1. Inclusive criteria

1. Those who are available at the time of data collection.
2. Those who are willing to participate the study.
3. Those who are primi antenatal mothers.

6.2. Exclusive criteria

1. Those who are not willing to participate in the study.
2. Those mothers who are multi gravid mother.
3. Those who are not available at the time of data collection.

6.3. Pilot study

The pilot study was conducted in Bhandari Hospital, Pardeshipura, Indore from to check the feasibility and practicability of the study.

The investigator obtained a written permission from the concerned authority prior to the study. The topic was explained to the sample group and confidentiality was assured. The tool was administered on 6 patients who were eligible for the study according to the inclusive criteria. Assessment was taken by using self structured validated tool. The tools were found to be feasible and practicable. Data was analysed by descriptive and inferential statistics.

The data analyses showed that the “t” value obtained as 14.65 at a degree of freedom of 5, hence here the calculated value was more than tabulated value, which means tool was significant. Thus, there were statistical significant differences seen in post test and pre test. Therefore, the intervention “Video assisted Teaching” was effective in acquiring knowledge among the antenatal primigravida mothers.

7. Result

Table 1 Depicts the age distribution of studied population. It is observed that most of the mothers belongs to the age

Table 1: Frequency and percentage distribution ofantenatal mothers according to age

Age (in years)	Frequency(N=60)	Frequency Percentage (%)
18-20yrs.	21	35
21-25 yrs.	15	25
26-30 yrs.	16	26.7
31-35 yrs	07	11.7
Above 35 yrs.	01	1.6
Total	60	100.0

group of 18-20 yrs i.e 21(35%), followed by samples under 21-25 years 15(25%), mothers whose age group between 26-30 y 16(26.7%)r is then samples of age group 31-35 yrsi.e 7(11.7%) and lastly samples above 35 yrs i.e 01(1.6%).

Table 2 Depicts the qualification distribution of studied population. It is observed that most of the mothers belongs to the primary education i. e 17(28.3%), followed by samples under middle education15 (25%), mothers also were completed secondary and higher education i.e. 16(26.7%), some samples went graduation and post-graduation i.e. 10(16.7

Table 3 Depicts the job wise distribution of studied population. It is observed that most of the mothers belongs to the housewife, 30 (50%), followed by samples under private service, 24(40%), mothers who had government service were 06(10%)

Table 4 Depicts the familial status of the sample. The researcher finds that out of 60ie 23(38.3%) belongs to nuclear family, 19(31.7%) belongs to extended family, 16(26.7%) belongs to mixed family and 2(3.3%) belongs to others.

Table 5 Depicts the source of information about the subjects. It shows that 18(30%) had knowledge through TV / radio, 21(35%) had information through health person, 07(11.7%) had no information and 14(23.3%) had information through newspaper.

Table 6 Depicts the nutritional status of the client, it clearly shows that out of 60, 43(71.7%) were vegetarian and 17(28.3%) were non vegetarian.

Table 7 Shows the pre test knowledge score of the samples regarding breast feeding techniques. It clearly seen that out of 60 samples 36(60%) had poor knowledge, 22(36.7%) had average knowledge and 2(3.3%) had good knowledge.

Table 8 Shows the post test knowledge of the samples regarding knowledge among mothers, it shows that during the post test the 30 (50%) had good score, 25(41.7%) had excellent score and 5(8.3%) had average score.

Section III — Effectiveness of Video assisted teaching regarding breast feeding techniques among antenatal primigravida mothers.

Table 9 When the mean and SD of pre-test and post-test were compared and 't' test was applied. It can be clearly seen that the 't' value was 28.97 and p value was 0.0001 which clearly show that video assisted teaching was very effective in increasing the knowledge of mothers.

Section IV: Association between pre-test knowledge score and demographic variables.

Table 10 Represents the association of educational status with the pre test knowledge score, it depicts that the probability value of Chi — square test guide is significant i.e 20.12 at the 12 degree of freedom and at the 0.05 level of significance.

Table 11 Represents the association of educational status with the pre test knowledge score, it depicts that the probability value of Chi — square test guide is significant i.e 39.85 at the 12 degree of freedom and at the 0.05 level of significance.

Table 12 Represents the association of job status with the pre test knowledge score, it depicts that the probability value of Chi — square test guide is significant i.24.11 at the 6 degree of freedom and at the 0.05 level of significance.

Table 13 Represents the association of type of family with the pre test knowledge score, it depicts that the probability value of Chi — square test guide is significant i.16.96 at the 9 degree of freedom and at the 0.05 level of significance.

Table 14 Represents the association source of information with the pre test knowledge score, it depicts that the probability value of Chi — square test guide is significant i.17.44 at the 9 degree of freedom and at the 0.05 level of significance.

Table 15 Represents the association source of information with the pre test knowledge score, it depicts that the probability value of Chi — square test guide is significant i.7.82 at the 3 degree of freedom and at the 0.05 level of significance.

Table 2: Frequency and percentage distribution of antenatal mothers according toeducational status

Educational Status	Frequency (N=60)	Frequency Percentage (%)
Illiterate	02	3.3
Primary education	17	28.3
Middle education	15	25
Sec. & Higher education	16	26.7
Graduates &PG	10	16.7
Total	60	100.0

Table 3: Frequency and percentage distribution of antenatal mothers according to job description

Job description	Frequency (N=60)	Frequency Percentage (%)
House wife	30	50
Government Service	06	10
Private Service	24	40
Total	60	100.0

Table 4: Frequency and percentage distribution of antenatal mothers according to type of family

Type o f Family	Frequency (N=60)	Frequency Percentage (%)
Nuclear Family	23	38.3
Extended Family	19	31.7
Mixed	16	26.7
Others	02	03.3
Total	60	100.0

Table 5: Frequency and percentage distribution of antenatal mothers according to source of information

Source o f Information	Frequency (N=60)	Frequency Percentage (%)
TV/Radio	18	30
Newspaper	07	11.7
Health Person	21	35
None of Them	14	23.3
Total	60	100.0

Table 6: Frequency and percentage distribution of antenatal mothers according to nutritional status

Nutritional Status	Frequency (N=60)	Frequency Percentage (%)
Non – Vegetarian	17	28.3
Vegetarian	43	71.7
Total	60	100.0

Table 7: Pre test knowledge score

S. No.	Knowledge Score	Pre knowledge Score	
		No.	%
1.	Poor (0-4)	36	60%
2.	Average (5-8)	22	36.7%
3.	Good (9-12)	02	3.3%
4	Excellent (13-16)	00	00
	Total	60	100

Table 8: Comparison between pre test knowledge and post test knowledge score

S. No.	Knowledge Score	Pre knowledge Score	
		No.	%
1.	Poor (0-4)	00	00 %
2.	Average (5-8)	05	8.3 %
3.	Good (9-12)	30	50 %
4.	Excellent (13-16)	25	41.7
	Total	60	100

Table 9: Effectiveness of VAT by calculating Mean, SD, Mean Difference and 't' Value of Pre-test and Post-test knowledge.

Knowledge score	Mean ($\overline{X}$)	S. D.(s)	Std. Error of Mean	D. F.	t-value	Significance
Pre-test	4.75	2.61	0.271	59	28.97	P<0.0001*
Post-test	12.62	0.34				

Table 10: Association of educational status with pre –Test Score (N = 60) (P=.0671)

Particular	Pre-Test Score					Degree of Freedom	c2 value
	Po or	Average	Good	Excellent	Total		
Educational Status							
Illiterate	02	00	00	00	02		
Primary education	15	02	00	00	17		
Middle education	08	07	00	00	15	12	20.12 Significant
Sec. & Higher education	07	09	00	00	16		
Graduates & PG	04	04	02	00	10		
Total	36	22	02	00	60		

Table 11: Association of educational status with post –test score (n = 60) (p=.0671)

Particular	Post-Test Score					Degree of Freedom	c2 value
	Poor	Average	Good	Excellent	Total		
Educational Status							
Illiterate	00	02	00	00	02		
Primary education	00	03	10	04	17		
Middle education	00	00	06	09	15	12	39.85 Significant
Sec. & Higher education	00	00	05	11	16		
Graduates & PG	00	00	09	01	10		
Total	00	05	30	25	60		

Table 12: Association of job of mother with Post –Test Score (N = 60) (P=.4482)

Particular	Post-Test Score					Degree of Freedom	c2 value
	Poor	Average	Good	Excellent	Total		
Job status							
House wife	00	03	27	09	39		
Government Service	00	00	02	00	02	6	24.11 Significant
Private Service	00	02	01	16	19		
Total	00	05	30	25	60		

Table 13: Association of type of family with Post –Test Score(N = 60) (P=0.847)

Particular	Post-Test Score Poor	Average	Good	Excellent	Total	Degree of Freedom	c2 value
Type of family							
Nuclear Family	00	05	15	03	23		
Extended Family	00	00	08	11	19		
Mixed	00	00	10	06	16	9	16.96 Significant
Others	00	00	02	00	02		
Total	00	05	30	25	60		

Table 14: Association of source of information with Post –Test Score (N = 60) (P=0.2106)

Particular	Post-Test Score Poor	Average	Good	Excellent	Total	Degree of Freedom	c2 value
Source of Information							
TV/Radio	00	05	06	07	18		
Newspaper	00	00	03	04	07		
Health Person	00	00	10	11	21	9	17.44 Significant
None of Them	00	00	11	03	14		
Total	00	05	30	25	60		

Table 15: Association of nutritional status with Post –Test Score (N = 60) (P=0.0001)

Particular	Post-Test Score Poor	Average	Good	Excellent	Total	Degree of Freedom	c2 value
Nutritional Status							
Non vegetarian	00	00	13	04	17		
Vegetarian	00	05	17	21	43	3	7.82 Significant
Total	00	05	30	25	60		

8. Conclusion

Thus, after the analysis and interpretation of the data,we can conclude that the hypothesis, H1 that, "There will be significant difference between the mean post-test knowledge scores of the mothers regarding breast feeding techniques will be significantly higher than mean pre -test knowledge scores at the level of $P < 0.05$." is being accepted."

Also, the hypothesis, H2, "It was found out that age,,job status, nutritionals status, source o information, information socio demographic variables found to be insignificant, and educational status is significant at the level of $p = 0.05$." for pre test score. And for post test score educational status, nutritional status, type of family, source of information are found to be significant. is being accepted.

From the above results, we can conclude that there were a statistically significant in gaining knowledge among the mothers related to breast feeding and correct position. Thus, the intervention "Video assisted teaching" was effective.

9. Summary

The present study attempted to find out the effectiveness of breast feeding techniques among 60 antenatal mothers. Descriptive and Inferential statistics were used for analysis; descriptive statistics have been used to present the features and characteristics of the samples while inferential statistics have been used to draw to valid inferences from the collected data. Before the intervention, majority of samples 36 out of 60 had poor knowledge, 22 had average and 2had good knowledge. But after the intervention, majority of the samples falls under good category i.e 30(50%). 25(41.7%) had excellent knowledge and only 5 had average knowledge.

From the above results, we can conclude that there were a statistically significant in gaining knowledge among the mothers related to breast feeding and correct position. Thus, the intervention "Video assisted teaching" was effective.

10. Source of Funding

None.

11. Conflict of Interest

None.

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