

Effect of Video-Assisted Teaching on Knowledge of Family Welfare Measures among Primigravidae in Kanyakumari District

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Abstract

With growth in population, there has been increase in unintended and unwanted pregnancies. This experimental study assessed the effectiveness of video-assisted teaching on knowledge of selected family welfare measures including temporary contraceptive methods such as condom, safe period, copper-T, oral contraceptive pills, emergency contraceptive pills among primigravidae in the gestational age of 16-24 weeks at a selected hospital in Kanyakumari district (TN). 30 samples each for experimental group and control group were selected by Simple Random Sampling technique. Data was collected by using structured interview schedule, analysed and interpreted by using descriptive and inferential statistics. The pre-test mean value of experimental group was 9.37 with a standard deviation of 2.659. The post-test mean value was 18.53 with a standard deviation of 2.374. Difference between the pre-test and post-test score in experimental group was found to be statistically significant. It is suggested that health teaching on family welfare measures should be practiced as an integral part of the nursing profession by the nurse working in the hospital, community and in family welfare clinics.

India stands as the second largest populated country in the world with very high birth rate of 22.22 births per 1,000 population. Since death rate is low i.e. 6.4 deaths/1,000 population (in 2009), so the net survival rate is high.

United Nations Population Fund (2006) had estimated that about 210 million pregnancies occur worldwide. Also, 200 million women want to limit or space their pregnancies but are still without the means to do so effectively. Although 80 million pregnancies each year are unwanted, this results in 42 million induced abortions per year and 34 million unintended births. Further, 68,000 women die each year as a result of unsafe abortions and 20 million infections and disabilities following childbirth for women aged between 15-44 years worldwide. National Family Health Survey III (2005) revealed that unintended pregnancy remains same as in NFHS II. Also, 78 percent pregnancies in India were unplanned and at least 25 percent of these were unwanted. Each year 11 million abortion take place in the country and at least half of these are unsafe, contributing to high maternal morbidity and mortality. Annually

approximately 20,000 women die from abortion-related complications.

A study was therefore undertaken to assess the effectiveness of video-assisted teaching on knowledge of selected family welfare measures among primigravidae in a selected hospital in Kanyakumari district.

Objectives

The study sought :

- * To assess the level of knowledge on selected family welfare measures among primigravid women in experimental and control group.
- * To determine the effectiveness of video-assisted teaching on knowledge of selected family welfare measures among primigravid women.
- * To associate the pre-test and post-test knowledge level with the selected socio demographic variables on family welfare measures among primigravid women in both experimental and control group.

Hypothesis: There is a significant increase in knowledge on selected family welfare measures among primigravid women in experimental group after video-assisted teaching than in control group.

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Review of Literature

Moitreyee Choudhuri (2010) conducted a study to assess the knowledge, preferred options and the problems faced regarding methods of contraception among 100 married women who were attending family welfare clinics in Delhi. The findings revealed that the mean score of the married women regarding various methods of contraception was 18.57. The fact that 52 percent subjects fell below the mean score, signifies that subjects had less knowledge regarding various contraceptive devices and there was no significant correlation between knowledge, score and the problem faced by married women after using various contraception and there was a significant association between knowledge score and education, occupation at 0.05 levels.

Sudha Johnsy et al (2008) conducted a study to assess the effectiveness of structured instructional module (SIM) on knowledge of family planning methods among 30 pregnant women who attended antenatal clinic in a maternity centre in Coimbatore. In this study the mean post-test knowledge score 26.76 of pregnant mothers was found to be significantly higher than their mean pre-test knowledge score of 10.4 as evidenced from 't' value (29) = 8.01, $p < 0.05$ level. This suggested effectiveness of SIM in increasing the knowledge of pregnant mother on family planning methods. The chi-square association revealed that there was no significant association of knowledge of family planning method with that of selected demographic variables.

Methodology

True experimental (pre-test : post test only) research design was used for this study conducted at PPK Hospital, Marthandam in Kanyakumari district (TN). All primigravid women who were registered in antenatal OPD of PPK Hospital at Marthandam constituted the subjects. The sample consisted of 60 primigravid women who were registered and in the gestational age between 16-24 weeks; 30 samples each for experimental and control group were included. Primigravid women who speak Tamil or English and those who were willing to participate were included. Multigravid mothers and primigravid women with high risk factors were excluded.

Sampling Technique: Simple random sampling technique was used to select the samples who met the inclusion criteria; 30 samples each from experimental and control group were selected on

alternative days by lottery methods.

Inclusion criteria: Primigravid women who were between 16-24 weeks of gestation and attended OPD of PPK Hospital at Marthandam

Study Tools

The tool used for this study was structured interview schedule and it consisted of :

Part I – Sociodemographic variables such as age, religion, educational status, occupation, monthly income in rupees, type of family, gestational age, and exposure to previous health information regarding family planning methods.

Part II – It consisted of structured interview schedule with 25 items regarding family welfare measures (temporary contraception). Out of those, four questions each were general and related to family welfare, condom use, safe period, oral contra-ceptive pills and emergency contraception and five questions regarding Copper-T.

Results

- ♦ In experimental group 26 (86.7%) had inadequate knowledge, 4 (13.3%) had moderately adequate knowledge, and none had adequate knowledge in the pre-test.
- ♦ In control group 26 (86.7) had inadequate knowledge, 4 (13.3%) had moderately adequate knowledge, and none had adequate knowledge in the pre-test.
- ♦ In experimental group 12 (40%) had adequate knowledge, 18 (60%) had moderately adequate knowledge, and none had inadequate knowledge
- ♦ In control group none had adequate knowledge, 3 (10%) had moderately adequate knowledge and 27 (90%) had inadequate knowledge in the post-test.
- ♦ In experimental group the pre-test mean value was 9.37 with a standard deviation of 2.659 and the post-test mean value was 18.53 with a standard deviation of 2.374. Difference between the pre-test and post-test score in experimental group was found to be statistically significant.
- ♦ In control group the pre-test mean value was 10.00 with the standard deviation of 2.613 and the post-test mean value was 9.97 with a standard deviation of 2.484. Difference between the pre-test and post test score in control group was found to be statistically not significant.

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- ♦ In experimental group, the chi-square values showed that there was an significant association between the pre-test knowledge and selected socio-demographic variables such as occupation and gestational age ($p < 0.05$) and no association found between the post-test knowledge and none of the socio-demographic variables ($p > 0.05$).
- ♦ In control group chi-square values showed that there was no association between the level of knowledge and socio demographic variables in the pre-test and post-test ($p > 0.05$).

Discussion

The first objective of the study was to assess the level of knowledge on selected family welfare measures among primigravidae in the gestational age of 16-24 weeks in experimental group and control group.

The pre-test in experimental group 26 (86.7%) had inadequate knowledge, four (13.3%) had moderately adequate knowledge, and none had adequate knowledge. In control group 26 (86.7%) had inadequate knowledge, four (13.3%) had moderately adequate knowledge, and none had adequate knowledge.

This result was supported by a study conducted by Aleyamma (2004) to assess the knowledge and attitude on temporary contraceptive measures among 150 primigravid women at the Institute of Maternal and Child Health, Calicut, which revealed that 90.7 percent of primigravid had below average knowledge score, 7.3 percent had average knowledge, and 0.2 percent had above average knowledge in the pre-test.

The post-test in experimental group 12 (40%) had adequate knowledge, 18 (60%) had moderately adequate knowledge and none had inadequate knowledge. In control group none had adequate knowledge, three (10%) had moderately adequate knowledge and 27 (90%) had inadequate knowledge. These findings were supported by those of Arulmozhi & Nalini, who assessed the effectiveness of STP in terms of knowledge and attitude regarding contraceptive methods among 100 women who were undergoing MTP in Family planning Association of India, Madurai and showed that in the pre-test none of the women had adequate knowledge and favourable attitude towards contraceptive methods but in the post-test 85 percent had adequate knowledge and 93 percent had favourable attitudes.

The second objective of the study was to assess the effectiveness of video-assisted teaching on knowledge of selected family welfare measures among primigravidae.

The pre-test in the experimental group the mean value was 9.37 with a standard deviation of 2.659. In the post-test the mean value was 18.53 with a standard deviation of 2.374. Difference between pre-test score and post-test score in the experimental group was found to be statistically significant indicating a significant increase in knowledge level on selected family welfare measures among primigravidae who attended the video-assisted teaching programme.

Our findings also supported those of Robert D Rotherford (1997) on role of media exposure for increasing contraceptive use. An analysis of national health family services data for 84,558, currently married women of reproductive age indicated that general exposure to family planning message on radio, TV, cinema has a stronger positive effect on both present usage and intended future use of contraception.

The third objective of the study was to associate the level of knowledge and the selected socio-demographic variables among primigravidae in both experimental and control group.

In the pre-test of experimental group, there was a significant association between the level of knowledge and selected sociodemographic variables such as occupation, gestational age and there was no association with other demographic variables such as age, religion, education, income, family type among primigravidae.

In the post-test of experimental group, there was no significant association between the level of knowledge and socio demographic variables such as age, religion, education, occupation, income, family type, gestational age among primigravidae.

In the pre-test of control group, there was no significant association between the level of knowledge and socio demographic variables such as age, religion, education, occupation, income, family type, gestational age among primigravidae.

In the post-test of control group, there was no significant association between the level of knowledge and socio demographic variables such as age, religion, education, occupation, income, family type, gestational age among primigravidae.

The overall finding of the study showed that the video-assisted teaching on selected family welfare measures among primigravidae in the gesta-

tional age of 16-24 weeks was more effective and had brought excellent improvement in the knowledge level of the primigravidae about the temporary contraception.

Implications on Nursing

Family welfare has become a people's movement now. India has always viewed the population issues in the larger context of economic development and the family planning programme is being made a part of the total national efforts for providing a better life to the people. This is a vital concern for the health team including the professional nurse practitioners, nurse administrators, and nurse educators.

Implications on Nursing Education

Provision of family welfare services requires knowledge, skills, sensitivity to the client needs. Nurse practitioner plays an important role in providing family welfare services in public health department, community health centres and planned parenthood affiliates in many countries. So the nursing curriculum for the community health nursing and obstetrical & gynaecological nursing students needs to be strengthened to enable them to provide family welfare services in the community and clinical setting.

Implications on Nursing Practice

Health education practice is one of the important tools to change the negative attitude of the people regarding family planning methods.

The video-assisted teaching helps the pregnant women to understand the temporary contraception methods. Further, they can be a source of knowledge to other women in their family and community. This would decrease the unplanned pregnancy and illegal abortion thereby reducing the maternal morbidity and mortality.

Health and family planning workers regularly visit households in their assigned areas in order to provide information related to health and family planning and motivate women to adopt appropriate health and family planning practices, which helps to achieve the National Population Policy goals.

Implications on Nursing Administration

Nurses are challenged to take care of the society by effective organisation and management. The nurse administrator should actively participate in

making health policy, developing protocols, procedures and standing orders related to women's health and total Family Welfare.

They should concentrate on proper selection, placement, and effective utilisation of the nurses in all the areas and develop interest, creativity and ability in educating the eligible couples regarding family welfare services. Good supervision of the nursing services would motivate the nurses to carry out this role in a very effective manner.

Implications on Nursing Research

Extensive research must be conducted in this area to assess the knowledge and practices of family welfare services among the eligible couples.

The emerging researcher can effectively utilise the study for their research purpose. Various other teaching strategies can be used for giving knowledge to eligible couple regarding family welfare services and its effectiveness can be evaluated.

Conclusion

Video-assisted teaching is an effective teaching strategy to improve the knowledge of family welfare measures among primigravidae. Hence it can be practiced in all healthcare settings to impart knowledge on FWM among all women who are in the reproductive age group. This is likely to reduce the maternal mortality rate and unwanted childbirth in our country.

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