



## ***Effectiveness of Video Assisted Teaching Programme on Knowledge and Practice Regarding Minor Disorder and its Management Among Antenatal Mother at Selected Rural Area, Khammam, Telangana***

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### **Abstract**

A study was undertaken to assess the effectiveness of video assisted teaching programme on knowledge and practice regarding minor disorder and its management among antenatal mother at selected rural area, Khammam, Telangana. The objectives of the study were to assess the pre-test levels of knowledge and practice scores regarding minor disorder and its management among antenatal mother, to assess the effectiveness of video assisted teaching programme on levels of knowledge and practice scores regarding minor disorder and its management among antenatal mother, to find out the association between post test levels of knowledge and practice scores of antenatal mother with their selected socio-demographic variables.

**Methods:** The research approach selected for this study was quantitative evaluative approach. Pre- experimental research design - one group pre test post test design was used. The sample for the study was antenatal mother. The sample size was 60. The data was collected through Interview method, sample was selected with help of Non-probability convenience sampling technique. Data was collected, analysis was done by using descriptive and inferential statistics.

**Results:** The results revealed that overall knowledge was 55% in pre test and 96.67% in post test. Most of the antenatal mother had inadequate knowledge (55%), in pre test. After implementation of video assisted teaching programme. The majority of the sample had adequate knowledge levels in post test. There is a statistically significant association between post test practice scores of occupational status. As far as the effectiveness is concerned it is observed that video assisted teaching programme is effective at  $p<0.001$  level of significance.

This study revealed that video assisted teaching programme was effective and it is very highly significant.

**Conclusion:** The study concluded that majority of antenatal mother are in adequate knowledge levels and good practice regarding minor disorder and its management

**Keywords:** Video Assisted Teaching; Antenatal mothers; Rural area; Urban area; Knowledge; Attitude

### **Introduction**

Pregnancy is an innovative and effective duration within the lifestyles of a woman. It is one of the

critical events, which deserves unique care from idea to postnatal duration. Every mom desires to experience the

9 months duration with the toddler inner her; the completely satisfied enjoy of the being pregnant isn't constantly completely satisfied. Sometimes it's miles related to troubles of various severity [1]. Pregnancy is the duration which lasts about (10) lunar months, (9) calendar months, (40) weeks or (280) days. Length of being pregnant is computed from the primary day of the remaining menstrual duration (LMP) till the day of birth. However, idea happens about 2 weeks after the primary day of the LMP. Thus, the submit idea age of the fetus is two weeks much less, for a complete of 266 days or 38 weeks. Major variations in maternal anatomy, physiology, and metabolism are required for a success being pregnant. Hormonal modifications, initiated earlier than idea, notably modify maternal physiology, and preserve at some point of the complete being pregnant. The pregnant ladies' frame is going thru a few profound anatomical, physiological modifications to conform and aid the complete being pregnant, which in the long run aid the developing fetus. Although those physiologic modifications are every day, frequently they may be misinterpreted as ailment due to the fact the pregnant woman's frame can't safely adapt to the modifications of being pregnant. Significant physiological variations throughout being pregnant make contributions to its a success outcome. These arise early withinside the being pregnant and preserve at some point of gestation. Many modifications which can be everyday throughout being pregnant are pathological must they arise withinside the non-pregnant ladies [2]. In current years maternal and toddler fitness (MCH) carrier in India had been incorporated into the simple fitness offerings with multiplied emphasis on hazard technique in an effort to enhance the maternal and toddler fitness. Minor issues are simplest minor; they may be now no longer lifestyles-threatening. Minor issues throughout being pregnant are nausea, vomiting, heartburn, percent, immoderate Salvation, constipation, backache, muscle cramps, frequency of micturition, leucorrhoea, fainting - supine hypotension, varicosities, carpal tunnel syndrome, headache and insomnia. These are because of accommodation, metabolic and postural modifications [3]. Most of illnesses skilled throughout being pregnant are normally transient and resulting from hormonal modifications and the more stress your frame is under. Backache: Pregnancy lines your lower back and posture. To keep away from or lessen backache, keep away from lifting heavy weights, carrying excessive-heeled footwear or status for too lengthy. The following are a few guidelines which can also additionally assist to relieve backaches: Support your lower back with a cushion. Kneeling on all fours and rocking from facet to facet. Sleep to your facet with

a pillow among your legs. Sit together along with your lower back immediately and well-supported. Use warm or bloodless percent at the sore a part of your lower back. Have a person to rub down your lower back. If you're attractive a expert rub down therapist, do tell him/her which you are pregnant. Bloatedness: This is due to the fact you're keeping fluid, that's a not unusual place criticism this is annoyed with the aid of using extended status. You must drink 2 litres of fluid each day and must restriction your consumption of tea, espresso and cola because the caffeine content material of those beverages will have an effect on the nutrients on your food, specifically nutrition C. Some ladies additionally experience higher after they consume much less salt and monosodium glutamate. Constipation: constipation is everyday throughout being pregnant. The intake of iron-containing prenatal nutrients, hormonal modifications and the strain of the uterus at the rectum can worsen constipation. You must make certain which you have ok quantities of fibre on your weight loss plan and drink masses of water. Faintness: This arises from low blood strain. Avoid lengthy durations of status, getting up too fast and overheating, specifically withinside the bath [5]. Heartburn /Indigestion This is a painful, burning sensation withinside the chest resulting from the regurgitation of belly acid into the throat. The signs and symptoms of indigestion, along with heartburn, are not unusual place throughout being pregnant and are resulting from hormonal modifications and the developing womb urgent at the belly. To lessen indigestion and heartburn, you must consume small common food, keep away from highly spiced and greasy meals and chorus from consuming huge quantities of liquid earlier than bedtime. Alcohol, espresso and chocolate can also additionally worsen the problem. You must try and take a seat down as upright as feasible and keep away from mendacity flat after a meal. Propping yourself up with pillows at night-time can also additionally assist to ease the signs and symptoms. If the signs and symptoms aren't relieved with weight loss plan and way of life modifications, the medical doctor can also additionally prescribe medicines to assist to ease the signs and symptoms. Incontinence This may be because of the more weight and strain of your toddler urgent to your bladder and pelvic ground, specifically whilst you laugh, sneeze or run. Regular pelvic ground sports throughout and after being pregnant will assist. Leg Aches and Cramps: The more weight that you bring throughout the being pregnant can purpose your legs to ache. Leg cramps also are not unusual place withinside the remaining months of being pregnant. Simple stretching and sports can also additionally assist in

assuaging those aches and cramps [4]. Morning Sickness: This is specifically not unusual place within the early months of being pregnant and may arise at any time of the day. It normally disappears with the aid of using 14 weeks. The American College of Obstetricians and Gynecologists gives those guidelines to assist soothe morning sickness: Make certain you get sufficient relaxation. Stay far from odors that disenchanted your belly. Instead of ingesting 3 huge food every day, consume 5 to 6 smaller food at some point of the day. Before getting out of bed, consume some crackers to calm your belly. Snack on protein-wealthy meals, including yogurt. Skip meals which can be greasy or excessive in fat. Piles These are dilated veins on your anus and may be very painful, itchy and uncomfortable, normally going on from the 0.33 month onwards. Piles can also additionally bleed a touch and might make going to the bathroom uncomfortable and painful [4]. Constipation and straining on the bathroom can worsen the condition, so try and preserve your stools gentle and regular. Having a weight loss plan excessive in fibre, including wholemeal bread, culmination and vegetables, and drink masses of water will assist to save you constipation, which in flip can assist to ease or save you piles. Sleeplessness and Tiredness: It is not unusual place to experience worn-out and exhausted throughout your being pregnant.<sup>(4)</sup> This can be because of anxiety, heartburn, and your toddler urgent to your bladder or sheer bulk, making it tough to get a terrific night time's sleep. A warm milky drink and a heat bathe can also additionally assist you loosen up and try and get as a whole lot of relaxation as feasible. Avoid caffeinated beverages as caffeine could make it tougher to visit sleep. Stretchmarks / Striae: These are raised, pink strains to your breasts, abdomen, thighs or bottoms and are normally permanent. Stretch marks appear every time the pores and skin is stretched and have an effect on as much as round 80% of the pregnant ladies. The probability of having stretch marks will increase in case your weight benefit is greater than common throughout your being pregnant. Certain lotions or cocoa butter can also additionally assist lighten the marks. Over time, the pores and skin will reduce, and the stretch marks will fade into white-colored scars [4]. Swollen Ankles, Feet and Fingers: During being pregnant, you could enjoy swelling of the ankles, ft and hands as you're keeping greater fluid than usual. To keep away from and simplicity the swollen ankles, chorus from status for extended durations, try and put on cushty footwear and positioned your ft up as a whole lot as you can. Swelling of the ankles and ft frequently happens on the give up of the day, after an afternoon of on foot and status [4].

This sluggish swelling isn't dangerous to you or your toddler. However, in case you enjoy unexpected swelling of the face, ft and hands, do touch your medical doctor immediately. Thrush: This is a yeast contamination of the vagina and may be dealt with a cream or pessary. Vaginal Secretions: Vaginal discharge throughout being pregnant is everyday. The discharge is normally clean and white and must now no longer odor unpleasant. If the release is colored or smells strange, otherwise you experience itchy or sore, you may want to seek advice from a medical doctor as you'll be having vaginal contamination [4].

Varicose Veins: Varicose veins are distended veins round your calves, lower back, legs or thighs. The veins within the legs are maximum typically affected. If you've got got varicose veins, you must keep away from status for extended durations and sitting together along with your legs crossed. Avoid setting on an excessive amount of weight as this will increase the strain. You must additionally take a seat down together along with your legs up, as this could assist to ease the discomfort. Regular sports will assist in enhancing the move and simplicity the signs and symptoms [4].

### **Need for the study**

The study discovered that the most typical complaints of the studied cluster throughout their maternity were nausea and ejection, fatigue, back pain, symptom and duct discharge. Out of 340 girls, the foremost common complaint during this pregnancy is leg cramps (75 women), followed by nausea and vomiting (56 women), solely 3 women complained breast issues during current pregnancy As regards management of the current complaints comparatively high percentages of mothers used home remedies to manage low back pain, nausea and vomiting, breast problems, and constipation (73.7%, 73.2%, 66.7% & 65.4%) respectively. the utilization of home remedies for these signs was high. The study counseled the requirement to incorporate data concerning abnormal signs of maternity by health care providers, significantly the maternity nurses and midwives as a routine care throughout antepartum visits [5]. There has been a many studies relating to the medical specialty of pregnancy connected low back pain. Rates vary from 25% to 90%, with most studies estimating that 50% of pregnant women will suffer from low back pain. One third of them will suffer from severe pain, which is able to cut back their quality of life. the bulk of ladies are affected in their 1st pregnancy. 80% of women suffering from low back pain claim that it affects their daily routine Associate in Nursing 10% of them report that they're unable to work. maternity

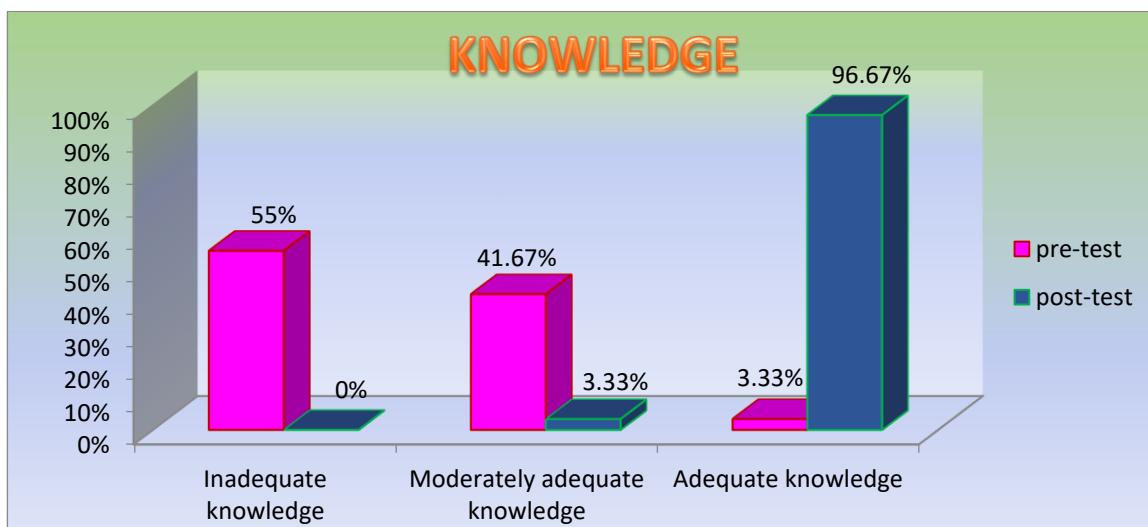
connected low back pain sometimes begins between the twentieth and also the twenty eighth week of gestation, but it should have an earlier onset [5]. A study concerning low back pain in Holland shows that 38% of ladies still have symptoms at 3 months postnatal and 13.8% at twelve months. low back pain throughout pregnancy is taken into account to be the foremost vital risk issue for postpartum low back four pain and the existing literature supports low back pain because the leading reason for sick leave, as way as pregnant operating girls are concerned. 503 women were registered with mean (+/-standard deviation) age of 28 ( $\pm 5$ ) years; 54% were nulliparous and 92% white. Constipation prevalence rates were 24% (95% confidence interval [CI] 16-33%), 26% (95% CI 17-38%), 16% (95% CI 8-26%), and 24% (95% CI 13-36%) within the first, second, and third trimesters and three months postpartum, respectively. Additionally, irritable internal organ syndrome prevalence rates were 19% (95% CI 12-28%), 13% (95% CI 6- 23%), 13% (95% CI 6-23%) and 5% (95% CI 1-13%) within the first, second, and third trimesters and three months postpartum, respectively [5]. Constipation, symptom, and haemorrhoids are common channel complaints throughout maternity. Constipation happens in 11-38% of pregnant girls. though the precise prevalence of haemorrhoids during pregnancy is unknown, the condition is common, and also the prevalence of symptomatic haemorrhoids in pregnant women is beyond in non-pregnant women. The incidence of heartburn in pregnancy is reportable to be 17-45%.

Among the contractor dysfunctions reported by the pregnant women, 64.6% reported calf muscle cramps, 37.1% reported foot pain, and 33.7% old low back pain in their third trimester. within the second trimester, common contractor dysfunctions old by the ladies were that of calf pain (47.8%), low back pain (42%), and hip pain (37%). Musculoskeletal dysfunctions and general discomforts terribly usually have an effect on the activities of daily living of pregnant women. Understanding the common discomforts throughout varied trimesters of maternity can facilitate to develop a comprehensive program for hindrance and cure [5].

### Methodology

Quantitative Evaluative Approach, Pre- experimental research design, one group pre test Post test design. The sample selected for the study was Antenatal mother who are between the age group of 18-28 years, residing in raghunadha pallem , Khammam, Telangana and who fulfils inclusive criteria. Sample size 60 Antenatal mother. Sampling technique non-probability convenience sampling technique. Tool used for data collection Structured interview schedule. Independent variable is video assisted teaching programme regarding minor disorders during pregnancy and its management. Dependent variables are knowledge levels and practice scores of antenatal mothers.

### Results



**Figure 1: Frequency and percentage distribution of pre test and post test knowledge levels (n=60).**

The above figure (Figure 1) shows that the distribution of pre-test knowledge levels of antenatal mother regarding minor disorder during pregnancy and its

management among 60, majority of them 75(55%) had inadequate knowledge and 25(41.67%) had moderately adequate knowledge and 2(3.3%) had adequate

knowledge. Whereas in post-test knowledge levels of antenatal mother regarding minor disorder during pregnancy and its management among 60, majority of

them 58(96.67%) had adequate knowledge and 02(3.33%) had moderately adequate knowledge and none of them had inadequate knowledge.



**Figure 2:** Frequency and percentage distribution of pre test and post test practice scores (n=60).

**Table 3:** Effectiveness of video assisted teaching programme on knowledge levels among antenatal mother (n=60)

Knowledge	Mean	Standard deviation	Mean difference	Paired “t” test Calculated value	“t” Table value	Significance
Pre test	9.95	4.44	12.15	19.36	3.46	S**
Post test	22.1	2.47				

df: (n-1)

S \*\*: Significant at (p<0.001)

**Table 2:** Effectiveness of video assisted teaching programme on paactice scores of antenatal mother (n=60).

Practice scores	Mean	Standard deviation	Mean difference	Paired “t” Calculated value	“t” Table value	Significance
Pretest	8.41	1.89	4.79	15.52	3.46	S**
Post test	13.2	1.46				

df: (n-1)

S \*\*: Significant at (p<0.001)

The above figure (Figure 2) shows that the distribution of pre-test practice scores of antenatal mother regarding minor disorder during pregnancy and its management among 60, majority of them 52(86.67%) had fair practice and 07(11.66%) had poor practice and

01(1.66%)had good practice. Whereas in post-test practice scores of antenatal mother regarding minor disorder during pregnancy and its management among 60, majority of them 58(96.67%) had good practice and

02(3.33%) had fair practice and none of them had poor practice.

The above table (Table 1) shows that the pre-test mean knowledge score is 9.95 and standard deviation is 4.44 whereas post-test mean score is 22.1 and standard deviation is 2.47 and the mean difference is 12.15, the paired 't' test calculated value is 19.36, which is greater than table value of 3.46 with df value of 59 at ( $p<0.001$ ) level. It proves that there is a significant difference between pre test and post test knowledge levels of antenatal mother it indicates that video assisted teaching programme was highly effective.

The above table (Table 2) shows that the pre-test mean practice score is 8.41 and standard deviation is 1.89 whereas post-test mean score is 13.2 and standard deviation is 1.46 and the mean difference is 4.79, the paired 't' test calculated value is 15.52, which is greater than table value of 3.46 with df value of 59 at ( $p<0.001$ ) level. It proves that there is a very difference between pre test and post test practice scores of antenatal mother it indicates that video assisted teaching programme was highly effective.

## Discussion

### Objective 1: To describe the socio-demographic variables of antenatal mother

- Regarding to the distribution of antenatal mother according to age among 60, majority of them 31 (51.67%) were in the age group between 18-22 years, 29(48.33%) of them were between the age group of 23-28 years.
- Regarding to the distribution of antenatal mother according to religion 28(46.67%) were Hindus, 20 (33.33%) were Christians and 12 (20%) were Muslims.
- Related to the distribution of antenatal mother according to educational status, among 60, majority of them 48(80%) were Non-literate, 12 (20%) had primary education.
- Regarding to the distribution of antenatal mother according to occupational status 53(88.34%) were daily wager, 04 (6.66%) belongs to home makes/ unemployed and 02 (3.34%) were doing business, 01 (1.66%) were private employee.
- Related to distribution of antenatal mother according to type of family, among 60, majority of them 28(46.67%) belongs to nuclear family, 21(35%) belongs to extended family, 11 (18.33%) belongs to joint family.
- Regarding to the distribution of antenatal mother according to number of children among 60,

majority of them 31 (51.67%) had two children, 19(31.67%) had three children and above, 10 (16.66%) had one child in the family.

- Related to the distribution of antenatal mother according to family income per month among 60, majority of them 39(65%) were earning Rs 3001- 6000, 15 (25%) were earning Rs 6001- 9000, 5 (8.34%) were earning Rs 9001- 12000, 01 (1.66%) were earning and Rs above 12000 family income per month.
- Related to the distribution of antenatal mother according to source of information regarding minor disorder and its management among 60, majority of them 33(55%) had received information from health care personnel, remaining 19 (31.67%) had received information from family members, relatives and friends and remaining 08 (13.33%) had received information from mass media

### Objective 2: To assess the pre-test levels of knowledge and practice scores regarding minor disorder and its management among antenatal mother

Regarding to the distribution of antenatal mother according to pre – test knowledge levels regarding minor disorder and its management among 60, majority of them 33 (55%) had inadequate knowledge and 25 (41.67%) had moderately adequate knowledge and 02 (3.33%) had adequate knowledge.

- Related to distribution of pre – test practice scores of antenatal mother regarding minor disorder and its management among 60, majority of them 52 (86.67%) had fair practice , 07(11.67%) had poor practice , 01 had (1.67) Good practice.

### Objective 3: To assess the effectiveness of video assisted teaching programme on levels of knowledge and practice scores regarding minor disorder and its management among antenatal mother.

- Regarding to the distribution of post test knowledge levels of antenatal mother regarding minor disorder and its management among 60, majority of them 58(96.67%) had adequate knowledge and 02(3.33%) had moderately adequate knowledge and none of them had inadequate knowledge.
- Related to the distribution of post-test practice scores of antenatal mother regarding minor disorder and its management among 60, majority of them 58 (96.66%) had good practice and 02(3.33%) had fair practice and none of them had poor practice.
- The pre-test mean knowledge score is 9.95 and standard deviation is 4.44 whereas post-test mean

- score is 22.1 and standard deviation is 2.47 and the mean difference is 12.15, the paired ‘t’ calculated value is 19.36, which is greater than table value of 3.46 with df value of 1 at  $p<0.001$  level. In hypothesis<sub>1</sub>: the researcher said that there is a significant difference between pre test and post test levels of knowledge. Paired ‘t’ test has statistically proved that hypothesis<sub>1</sub> is accepted.
- The pre-test mean practice score is 8.41 and standard deviation is 1.89 whereas post-test mean score is 13.2 and standard deviation is 1.46 and the mean difference is 4.79, the paired ‘t’ calculated value is 15.52, which is greater than table value of 3.46 with df value of 1 at  $p<0.001$  level. In hypothesis<sub>1</sub> the researcher said that there is a significant difference between pre test and post test levels of practice scores. Paired ‘t’ test has statistically proved that hypothesis - 1 is accepted.

**Objective 4: To find out the association between post test knowledge levels and practice scores of antenatal mother with their selected socio demographic variables.**

- There is no significant association between the knowledge scores and selected socio- demographic variables such as age, religion, occupational status, family income per month, any history of systemic disease after the age of 50 years, source of information regarding minor disorder and its management as the obtained chi-square calculated value is less than the table value.
- Since expected values of variables such as educational status, occupational status, type of family, number of children are smaller than 5, chi-square cannot be calculated. So only proportions are calculated
- There is no significant association between the practice scores and selected socio- demographic variables such as age, religion educational status, type of family, number of children, family income per month, any history of systemic disease after the age of 50 years, source of information regarding minor disorder and its management as the chi-

square value obtained is less than the table value. Except occupational status.

- There is a significant association between practice scores and selected socio demographic variable such as occupational status as the chi square calculated value is 4.8 more than the table value is 3.84.
- In hypothesis -2 the researcher said that there is a significant association between post-test knowledge and practice scores and selected socio-demographic variables. The chi-square is not applicable for the knowledge scores and selected socio- demographic variables such as gender, educational status, type of family, number of children.
- Hence hypothesis-2 is accepted.

### Recommendations

- ✓ A similar study can be conducted by using comparative descriptive design in selected rural and urban areas of antenatal mother
- ✓ A similar study can be conducted on a large sample so that the findings can be generalized.
- ✓ A similar study can be conducted at different settings.

### Reference

1. <http://repository-tnmgrmu.ac.in/3162/1/3003078301420451Chachu%20Anthrayose.pdf>
2. [http://www.bu.edu.eg › uploads › discussed\\_thesis.\](http://www.bu.edu.eg › uploads › discussed_thesis.\)
3. Apeksha A. Ambavkar. A Study to Assess the Effectiveness of Information Booklet on Knowledge regarding Minor Ailments of Pregnancy and its Home Management among Primigravida Women in Selected Urban Slum. International Journal of Science and Research 2021; 10(6).
4. <https://www.pharmacy.nhg.com.sg/page.aspx?id=680>.
5. <http://repository-tnmgrmu.ac.in/3162/1/3003078301420451Chachu%20Anthrayose.pdf>

