



REVIEW ARTICLE

EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING SELECTED ASPECTS OF DAWN'S RULE OF TEN AMONG PRIMIGRAVIDA MOTHERS

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ABSTRACT

Background: The prenatal period is a time of physical and psychological preparation for birth and parenthood. Becoming a parent is considered one of the maturational milestones of adult life. The prenatal period provides a unique opportunity for nurses and other members of the health team to influence family health. During this period, essentially healthy women seek regular care and guidance. The nurse's health promotion interventions can affect the wellbeing of the woman, her child, and the rest of her family for many years. **Method:** A quantitative research approach with pre-experimental research design with one group pre and posttest design was adopted in order to achieve the objectives of the study. **Results:** There was a significant difference ($P < 0.05$) between the pretest mean score [12 (± 3.78)] and post-test score of knowledge [(23 ± 2.2)] and pretest attitude mean score [19.23 (± 3.173)] and posttest mean score [29.42 \pm (2.75)]. **Conclusion:** It is observed that video teaching programme helps to gain knowledge and change attitude on Dawn's Rule of Ten among primi gravida mothers.

Key words: Dawn's Rule of Ten, primi gravida mothers, video teaching programme.

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INTRODUCTION

Antenatal care (ANC) that includes education, screening, counseling, treatment, promoting, and monitoring is an important step for the safety of the mother and fetus. ANC provides both psychological and medical needs of pregnant women within the context of health care delivery system, culture, and religion in which the women live. Regular use of antenatal care by pregnant women gives opportunities to health workers to predict and manage pregnancy complications to ensure acceptable maternal and perinatal outcomes.¹ Confidential inquiries into maternal deaths in developing countries have found a positive association with inadequate antenatal care as a risk factor for maternal mortality. Understanding maternal knowledge and practices of the community regarding care during pregnancy and delivery is required for program implementation. Almost 90% of maternal deaths occur in developing countries, and over half a million women die each year due to pregnancy and childbirth-related causes.¹ Different factors influence the awareness regarding importance of antenatal checkups which include role of education, income, support of the family and equitable distribution of health services between rural and urban population. It has been documented that as the educational status of the females in urban settings is improving leading to increase in the awareness regarding importance of antenatal care. It is seen that educated mothers make conscious decision of availing ANC services from government or private hospitals.

The estimates also support that, maternal deaths can also be reduced by capacity building of the health personals both at government and private sector who can identify the pregnancy related complication and at the same time provide health education to the expectant mother.² Moreover, tetanus toxoid coverage in Pakistan range from 60%-74%, this low vaccination coverage is due to many factors most important among them is lack of information about its benefits among health care providers and expecting females. Media and health care providers are playing negligible role in spreading awareness. Inadequate knowledge among women of reproductive age especially in rural settings than urban which can only be improved by health education and effective communication.² Antenatal Care was provided to pregnant women of Delhi residing in resettlement colonies and urban slums by organizing campaigns on a single fixed day of every month. A total of 260 centers were identified each time and about 4000 health staff was employed to provide complete antenatal care including ultrasound examination if needed. During each program, 20,000 - 25,000 women were examined and high risk factors were identified in 42% of cases. Anemia was the commonest associated complication. Congenital Malformation was diagnosed in 3.2% of women. The breast lump was detected in 100 women and in 2 of them, further investigation led to a diagnosis of breast carcinoma. Evaluation of the mass antenatal care has demonstrated a reduction in maternal morbidity and mortality.³ Every year about 6 million women become pregnant; 5 million of these pregnancies lead to the birth of the child. An adequate use of antenatal health services is associated with improved maternal and neonatal health status. Pregnancy care expected to affect the development of the fetus and the baby as well as

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the mother.⁴ Approximately 810 women die every day from preventable causes related to pregnancy and childbirth around the world. Global maternal deaths estimated about 295,000 women died during and following pregnancy and childbirth. The vast majority of these deaths (94%) occurred in low-resource settings, and most could have been prevented. The Sub-Saharan Africa alone accounted for roughly two-thirds (196,000) of maternal deaths.⁴ Knowledge of pregnant mothers may be major factor in determining the extent of antenatal services use. Reports from various parts of the world have shown that increased levels of a wariness of pregnant mothers in terms of antenatal care have an impact on their utilization.⁴

Skilled care during pregnancy, delivery and the postpartum period are essential interventions that ensure favorable maternal and neonatal outcomes. Of these, antenatal care (ANC) is the care provided to all pregnant women by qualified health professionals during pregnancy. It is given to all pregnant women regardless of prerequisites. However, the number of ANC contacts might increase in women with medical problems. Antenatal care aids pregnant women and their families to become arranged and prepared for the consequences related to pregnancy and childbirth. Accordingly, the primary purpose of ANC is to ascertain pregnant women who are at risk, support them to be healthy, prevent disease, and improve healthcare access throughout the continuum of maternal care.⁵ To the knowledge of the researchers, there are no similar studies done in the study area. Therefore, this study is believed to give video assisted teaching programme on knowledge and attitude regarding selected aspects of DAWN'S rule of ten Among Primigravida mothers. Thus, the objective of this study was to evaluate the level of knowledge and attitude DAWN'S rule of ten among Primigravida mothers.

MATERIALS AND METHODS

A present study is based on quantitative research approach with pre experimental research design with one group pre and posttest design was adopted in ordered to achieve the objectives of the study, after approval of institutional ethical committee for the period for three months. The Independent variable is video assisted teaching programme on DAWN'S rule of ten developed by author is independent variable and dependent variable is knowledge and attitude on DAWN'S rule of ten. By adopting Non - probability convenient sampling technique. Total 60 primigravida sample was included in the study with following sampling criteria:

Inclusion criteria: Mothers who are available at the time of data collection.

Exclusion criteria:

1. Mothers who are in first trimester.
2. Not cooperative

RESULTS

The present study was conducted to assess knowledge and attitude DAWN'S rule of ten among Primigravida mothers.

Section – I Socio Demographic variables of the studied Primigravida mothers

Table 1 reveals the socio-demographic information of prime grivda who participated in the study.

Distribution of age: The age distribution revealed that 38.3% (n=23) of the subjects aged about 18- 20 years, 38.3% (n=23) were aged 21- 24 years and remaining 23.3% (n=14) were aged about 25-30 years.

Religion: It reveals that the majority 73.3% (n=44) of the subjects belong to Muslims religion, 1.7% (n=1) of them were Sikh and remaining 25% (n=15) were Hindu.

Table 1. Distribution of primi gravid mother by their demographic variables

Variable	N=60	
	Frequency	Percent
1. Age in years		
a. 18-20	23	38.3
b. 21-24	23	38.3
c. 25-30	14	23.3
2. Religion		
a. Muslim	44	73.3
b. Sikh	1	1.7
c. Hindu	15	25.0
3. Mothers education		
a. No formal education	6	10.0
b. Primary school	20	33.3
c. Middle school	16	26.7
d. Graduation and above	18	30.0
4. Mother's occupation		
a. House wife	24	40.0
b. Daily wages	15	25.0
c. Employed	12	20.0
d. Self Employed	9	15.0
5. Family Type		
a. Nuclear family	48	80.0
b. Joint family	12	20.0
6. Family Income		
a. Rs. 5001-8000	13	21.7
b. Rs. 8001-10000	31	51.7
c. More than 10001	16	26.7
7. History of minor ailments		
a. Yes	6	10.0
b. No	54	90.0
8. Previous information on Breast feeding		
a. Yes	6	10.0
b. No	54	90.0
9. Source of information		
a. Health personnel	11	18.3
b. Friends	13	21.7
c. Teachers	8	13.3
d. Mass media	7	11.7
e. No information	21	35.0

Mother's Education: Almost 33.3% (n=20) of the subjects had primary education, 30% (n=18) of the subjects had completed graduation, 26.7% (n=16) of the subjects had middle school education and remaining 10% (n=6) of the subjects had No formal education.

Mother's Occupation: Majority 40% (n=24) of the subjects were housewife, 25% (n=15) of them were on daily wages, 20% (n=12) were employed and remaining 15% (n=9) of them were self employed.

Family type: Majority 80% (n=48) of the subjects lives in nuclear family and remaining 20% (n=12) of them lives in joint family.

Family Income: In relation to the family income, majority 51.7% (n=31) of the subjects had income between Rs.8001-10000, 26.7% (n=16) of them had income More than Rs. 10001, and remaining 21.7% (n=13) had income of Rs. 5001-8000.

History of minor ailments: Majority 90% (n=54) of the subjects had no history of minor ailments and remaining 10% (n=10) of the subjects had history minor ailments.

Previous information on Breast feeding: It reveals that majority 90% (n=54) of the subjects had no previous information on breast feeding and remaining 10% (n=10) of the subjects had information on breast feeding.

Source of information: Among the subjects 21.7% (n=13) of the subjects receive information from friends, 18.3% (n=11) of the subjects receive information from health personnel 13.3% (n=8) received information from teachers, 11.7% (n=7) get information from mass media and remaining 35% (n=21) of the subjects had no information.

Table 2. Effectiveness of video teaching in improving the level of knowledge and level of attitude regarding selected aspects of Dawn's Rule of Ten among primi gravida mothers

Sl no	Variables	Maximum Score	Pre test		Post test		t value
			Mean	SD	Mean	SD	
1	Knowledge	25	12	3.78	23	2.2	19.5*
2	Attitude	30	19.23	3.173	29.42	2.72	22.29*

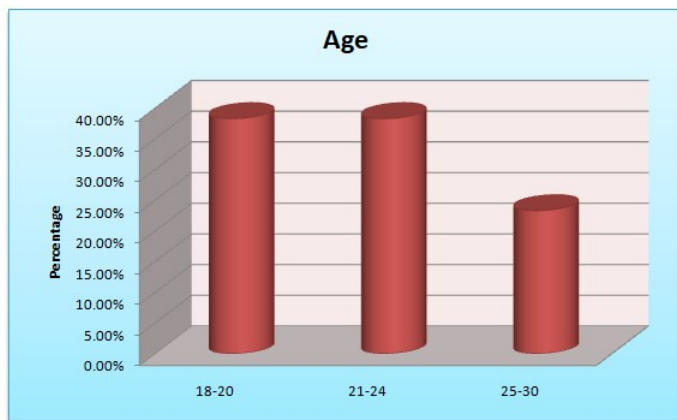


Figure 1. Cylindrical diagram showing distribution of age

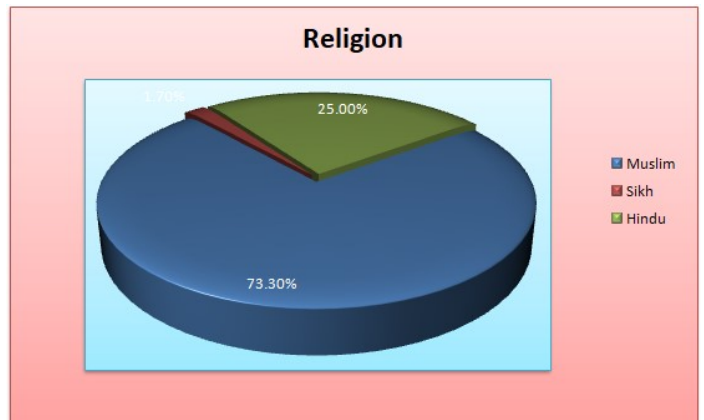


Figure 2. Pie diagram showing the distribution of Religion

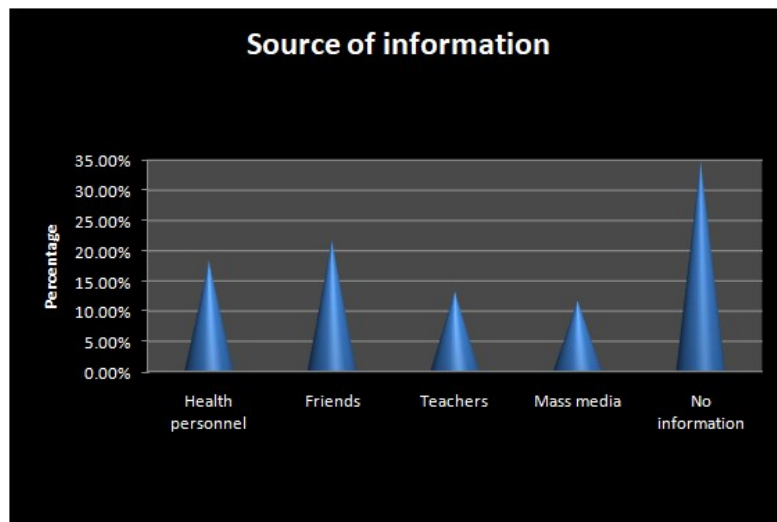


Figure 3. Conical diagram showing the distribution of Primigravida mothers according to source of information

Table 2 showed that there was significant difference found ($P < 0.05$) between the pre test mean score ($12(\pm 3.78)$) and post test score of knowledge ($23(\pm 2.2)$) and pretest attitude mean score $19.23(\pm 3.173)$ and post test mean score ($29.42(\pm 2.75)$). The t value for knowledge is 19.5 and 22.29 for attitude which is greater than table value (2) at $p < 0.05$. Hence the video teaching on knowledge and attitude was considered more effective.

DISCUSSION

The first objective was to assess the knowledge on selected aspects of Dawn's Rule of Ten among primi gravida mothers before and after video teaching. The findings shows that among the 60 subjects, majority of the subjects 32(53.33%) had inadequate knowledge, 26(43.33%) of the subjects had moderately adequate knowledge and 2(3.3%) of the subjects had adequate knowledge before video teaching Whereas majority of the subjects 53(88.33%) had adequate knowledge, 7(11.66%) subjects had moderately adequate knowledge after video teaching. The findings are congruent with the study done by J. Kamini (2007). The study was done to assess the knowledge, attitude and practices of pregnant woman on selected aspects of antenatal care. One group pretest posttest pre experimental design was used.

Results of the study showed that 40% of the study subjects lacked basic and essential knowledge about antenatal care. The second objective was to assess attitude on selected aspects of Dawn's Rule of Ten among primi gravida mothers before and after video teaching. The findings shows that among the 60 subject's, majority of the subjects' had 46(76.66%) had moderately adequate attitude, 8 (13.33%) had inadequate attitude, 6(10%) of the subjects had adequate attitude before video teaching. Whereas majority of the subjects 54(90%) had adequate attitude, 6(10%) subjects had moderate attitude after video teaching. It was found that the post test level of attitude was increased when compared to pre test level of attitude. The findings are congruent with the study done by Amutha (2008) the study was done to evaluate the effectiveness of IEC Package on Knowledge and attitude of women regarding CSSM in Thiruvalluvar District. Quasi Experimental design was used for 60 samples. The improved mean value for knowledge was 6.95 with t value of 16.65 and the improved mean for attitude was 9.3 with t value 14.96 which shows high statistical significance at $p < 0.001$ level.

Limitations

1. The study was limited to first trimester primi gravida mothers.
2. Random sampling technique was not adopted in selecting sample.

CONCLUSION

The present study concludes that the study revealed that Video Teaching shows effectiveness on knowledge and attitude regarding selected aspects Dawn's rule of ten among primi gravida mothers. There was a significant association between pre test levels of knowledge with period of primi gravida mothers with selected demographic variables regarding selected aspects Dawn's rule of Ten.

Declarations

Funding: No funding sources.

Conflict of interest: The authors have no conflicts of interest regarding this investigation.

Ethical approval: The study was approved by the Institutional Ethics Committee.

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