RESEARCH PAPER

# A Study to Evaluate the Effectiveness of Video Assisted Teaching Programme on Selected Contraceptive Methods Among Primi Postnatal Mothers Admitted at PES Hospital, Kuppam, Chittoor District, AP.

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**ABSTRACT**
**Introduction:** Contraceptive advice is a component of good preventive health care. Further unintended pregnancy poses a major challenge to the reproductive health of young adults in developing countries. Birth spacing is the interval between birth that provides greater health, social and economical benefits for the family. The main objective of the study was to evaluate the effectiveness of video assisted teaching programme on selected contraceptive methods among primi postnatal mothers.
**Methodology:** A evaluative Approach with quasi experimental one group pre-test and post-test research design was used. 80 primi Postnatal mothers will be selected through non probability purposive sampling technique. Structured questionnaires were used to collect the data from primi postnatal mothers Wilcoxon signed rank test was used to check the reliability of the tool and it was found 'r'-value 0.89. The tool was highly reliable.
**Results:** The pre-test knowledge scores of primi postnatal mothers, out of 80 mothers 23 (28.8%) had inadequate knowledge, 56 (70%) had moderate knowledge, and 1(1.2%) had adequate knowledge whereas after intervention or post test out of 80 mothers 21 (26.2%) had moderate level of knowledge and 59 (73.8%) had adequate level of knowledge and no one had inadequate knowledge.
**Conclusion:** Hence it is concluded that, there was a significant increase in level of effectiveness among the primi postnatal mothers after video assisted teaching programme ,when compared the pre-test scores with the post-test scores when the researcher assessed the effectiveness scores of primi postnatal mothers in pre-test ,the primi postnatal mothers were unaware of the selected temporary contraceptive methods, but the same primi postnatal mothers after receiving the intervention with video assisted teaching programme, the post level knowledge effectiveness scores, increased that is, the p-value (<0.001) showed as highly significant, Hence the researcher concluded that the video assisted teaching was effective.
**Key Words:** Video assisted teaching programme, contraceptive methods, primi postnatal mothers
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## INTRODUCTION

Reproductive health is a state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. It is the right of men and women to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, and the right to appropriate health care services that enable women to safely go through pregnancy and childbirth.[1]

Maintaining optimal health is a goal for all women especially in child bearing years, because conditions that increase a woman's health risks are not only the concern for her well-being but also are potentially associated with negative outcomes for both mother and baby. Nutritional reserves may be depleted in the women who have frequent pregnancies within 2 years. Child spacing and quality maternal care, improve perinatal outcomes and health in general for mother and children. [2]

Contraceptive advice is a component of good preventive health care. Further unintended pregnancy poses a major challenge to the reproductive health of young adults in developing countries. Birth spacing is the interval between birth that provides greater health, social and economical benefits for the family.[3]

## NEED OF THE STUDY

According To World Health Statistic (2015): Indian maternal mortality rate reduced from 212 deaths per/100,000 live births in the period 2007-2009 to 178 in 2010-2012. Among developing countries, in Cuba the Maternal Morbidity rate was 73 deaths per 100,000 live births in 2010. It is

much lower Morbidity rate than India. It has declined further to 67 per 100.000 live births in the period 2011-2013, which means an estimated 44,000 maternal deaths occur in the developing countries every year; 200 deaths per/ 100,000 live births. Indian infant mortality rate total: 40.5 deaths/ 1000 live births. [4]

Indian journal of community health (2015): Spacing is very essential in reproductive life to promote good health and well being of the mother and child. Spacing of minimum 3 years gives the child a healthier start in life and the mother an adequate time to recuperate from physiological and psychological stress from previous pregnancy, delivery and strain of taking care of the child. [5]

Andhra Pradesh (2015): In Chittoor district about 830 women die from pregnancy and child birth related complication every day. It was estimated that in 2015, roughly 303,000 women died during or following pregnancy and child birth.[6]

According to PES Hospital census (2016): Kuppam, Chittoor District PES Hospital new born death rate was 57/2263 (2.51%) live births and maternal death rate was 2/2263 (0.08%) deliveries.

**OBJECTIVES OF THE STUDY:**

1. To assess the knowledge of primi postnatal mothers regarding selected temporary contraceptive methods.
2. To evaluate the video assisted teaching programme regarding selected temporary contraceptive methods among primi postnatal mothers.
3. To associate the knowledge scores of primi postnatal mothers with their selected socio demographic variables.

**METHODOLOGY**

A evaluative Approach with quasi experimental one group pre-test and post-test research design was suitable for present study. The independent variable was Video assisted teaching program regarding selected temporary contraceptive methods on Rhythm method, Oral contraceptive pills and Intra uterine device for safe motherhood and spacing between child to child and dependent variable was knowledge of primi postnatal mother for this study. The demographic variables include Age, Religion, Marital life, Educational status, Occupational status, Type of family, Income of the family, Type of delivery, Area of living and Adopted any contraceptive methods after marriage. 80 Primi Postnatal mothers who are admitted in postnatal ward, PES Hospital, kuppam, Chittoor District, A.P. will be selected as per the inclusion criteria of the study. Non Probability purposive sampling technique was used for selecting the study samples. Structured questionnaires were used to determine the effectiveness of knowledge scores before and after video assisted teaching programme regarding selected contraceptive methods. Wilcoxon signed rank test was used to check the reliability of the tool and it was found that the tool was highly reliable at the 'r'-value 0.89. The data collection procedure was done for four weeks from 6-03-2017 to 2-04-2017,at post natal ward of PES Hospital, Kuppam, A.P.

**RESULTS**

Table 1: Frequency and percentage distribution of demographic variable

| S.NO | DEMOGRAPHIC VARIABLES | FREQUENCY | PERCENTAGE |
|---|---|---|---|
| 1 | AGE IN YEARS | | |
| | <18years | 4 | 5% |
| | 19 to 21years | 47 | 58.7 % |
| | 22 to 24years | 19 | 23.8 % |
| | >25years | 10 | 12.5 % |
| 2 | RELIGION | | |
| | Hindu | 74 | 92.5 % |
| | Muslim | 6 | 7.5% |
| | Christian | - | - |
| | Other | - | - |
| 3 | MARITAL LIFE | | |
| | < 1year | 8 | 10% |
| | 1-2year | 55 | 68.7 % |
| | 2-3year | 13 | 16.3 % |
| | >3year | 4 | 5% |
| 4 | EDUCATIONAL STATUS | | |
| | Illiterate | 4 | 5% |
| | Primary education | 22 | 27.5 % |
| | Secondary education | 38 | 47.5 % |
| | Graduation and above | 16 | 20% |
| 5 | OCCUPATION STATUS | | |
| | House Wife | 65 | 81.3 % |
| | Daily Wages | 2 | 2.5% |
| | Government employee | 1 | 1.2% |
| | Private employee | 12 | 15% |
| 6 | TYPE OF FAMILY | | |
| | Joint Family | 28 | 35% |
| | Nuclear Family | 52 | 65% |
| 7 | MONTHLY INCOME | | |
| | Rs<5000 | 1 | 1.2% |
| | Rs5001 to 10,000 | 23 | 28.8 % |
| | Rs10,0001 to 15,000 | 36 | 45% |
| | Rs>15,001 | 20 | 25% |
| 8 | TYPE OF DELIVERY | | |
| | Normal | 26 | 32.5 % |

| | | | |
|---|---|---|---|
| | Caesarean Section | 51 | 63.8 % |
| | Assisted instrumental | 3 | 3.7% |
| 9 | AREA OF LIVING | | |
| | Rural | 28 | 35% |
| | Urban | 52 | 65% |
| | Semi Urban | - | - |
| 10 | ADOPTED ANY CONTRACEPTIVE METHODS AFTER MARRIAGE | | |
| | Yes | 1 | 1.2% |
| | No | 79 | 98.8 % |

The table no. 1 revealed that Out of the 80 primi postnatal mothers, majority 47 (58.7%) belongs to 19 to 21 years, 74 (92.5%) were Hindus, 55 (68.7%) had 1 to 2 years, 38 (47.5%) had secondary education, 65 (81.3%) belongs to House wife, 52 (65%) belongs to Nuclear Family, 36 (45%) had monthly income Rs10,001 to 15.000, 51 (63.8%) had Caesarean Section, 52 (65%) belongs to Urban and 79 (98.8%) informed that they did not adopt any contraceptive methods.

Table No. 2: Comparison Of Pre-Test And Post-Test Effectiveness Scores Of Primi Postnatal Mothers

| Level of knowledge | Pre-test knowledge scores | | Post-test effectiveness scores | | Chis quare Fisher's T-test | Result |
|---|---|---|---|---|---|---|
| | Frequency | Percentage | Frequency | Percentage | P value | |
| Inadequate | 23 | 28.8 % | - | - | <0.001 | The intervention was effective |
| Moderate | 56 | 70% | 21 | 26.2 % | | |
| Adequate | 1 | 1.2 % | 59 | 73.8 % | | |

Above table 2 shows that the pre-test knowledge scores of primi postnatal mothers, out of 80 mothers 23 (28.8%) had inadequate knowledge, 56 (70%) had moderate knowledge, and 1(1.2%) had adequate knowledge whereas after intervention or post test out of 80 mothers 21 (26.2%) had moderate level of knowledge and 59 (73.8%) had adequate level of knowledge and no one had inadequate knowledge. The comparisons of pre-test and post- test effectiveness scores. Fisher's chi square test was used to assess the pre- test and post-test effectiveness scores, the p-value was <0.001 hence the intervention was effective.

Table no. 3: Association between Chi-square values of Post-test scores with their demographic variables.

| S.NO | VARIABLES | CHI SQUARE VALUE | SIGNIFICANCE |
|---|---|---|---|
| 1. | Age | .049 | SIGNIFICANT |
| 2. | Religion | .500 | NOT SIGNIFICANT |
| 3. | Marital life | .652 | NOT SIGNIFICANT |
| 4. | Educational status | .262 | NOT SIGNIFICANT |
| 5. | Occupational status | .097 | NOT SIGNIFICANT |
| 6. | Type of family | .463 | NOT SIGNIFICANT |
| 7 | Monthly income | .587 | NOT SIGNIFICANT |
| 8. | Type of delivery | .587 | NOT SIGNIFICANT |
| 9. | Area of living | .211 | NOT SIGNIFICANT |
| 10. | Adopted any contraceptive methods after marriage | .737 | NOT SIGNIFICANT |

The above table 3 shows that the association of 80 samples with their demographic variables, chi-square analysis was used to determine the significance of association between effectiveness and demographic variables and it was found that age significant at 0.049 level (P> 0.05). other demographic variables like religion (0.500), marital life (0.652), educational status (0.262), occupational status (0.097), type of family (0.463), monthly income (0.587), type of delivery (0.587) area of living (0.211) and Adopted any contraceptive methods after marriage (0.737) were show the not significant at 0.05 level of significance (P >0.05).

**DISCUSSION**

According to the first objective in this study the pre-test knowledge scores of 80 samples were 23 (28.8%) samples belong to inadequate score, 56 (70%) samples belongs to moderate scores and 1 (1.2%) sample belongs to adequate scores.

According to the second objective in this study the post-test effectiveness score of 80 primi postnatal mothers were assessed after a duration of four days gap and the effectiveness scores were as follows ,out of which 21 (26.2%) of samples had moderate

effectiveness scores and 59 (73.8%) had adequate effectiveness scores.

These findings are supported by A quasi experimental study was conducted to assess the effectiveness of structured teaching programme on temporary contraceptive methods. The objective was to evaluate the effectiveness of structured teaching programme on copper-T. They used 60 samples from Bangalore Hospital. One group pre test and post test design was used. The result showed that with regard to Copper-T 6.7% had inadequate knowledge, 55% had moderate and 38.3% adequate level of knowledge. In area of oral pills 10% had inadequate knowledge, 21.7% had moderate and 68.3% adequate level of knowledge. With regard to emergency pill 18.3% had moderate and 81.7% adequate level of knowledge. In rhythm method 33.3% had inadequate knowledge, 36.7% had moderate and 30.3% adequate level of knowledge.[8]

Fisher's chi square test was used to test the difference in effectiveness scores and the results was given as p-values <0.001. Hence the result was proved as effective .

The hypothesis $H_{01}$ i.e. there will be no significant difference between pre-test knowledge scores and post-test effectiveness scores of primi postnatal mothers after video assisted teaching programme.

In this present study there was increase in the knowledge scores. Hence the hypothesis $H_{01}$ is rejected.

These findings are supported by a studies using non propoblity purposive sampling technique, a study was conducted on "Awareness of hormonal Emergency Contraception", among 66 married women, in a Kuwaiti family social network with a cross-sectional survey by self-administered questionnaire. They revealed that four women (6.1%) had heard of hormonal Emergency contraception earlier and had used it. Most respondents (65.2%) neither had used nor they had informed to their friends about hormonal Emergency contraception. The main concerns were risks to the health of the woman (83.3%) or the baby (54.4%) or that it was abortifacient (21.7%). However, 90.9% of respondents wanted hormonal emergency contraception to be available at once. They concluded that awareness of hormonal Emergency pill is low among Kuwati women. In spite of some concerns, they feel it should be made available. Health care providers and policy makers should address this situation.[9]

According to third objective in this study the association table revealed that the demographic variables had no significant association with the pre-test knowledge scores of primi postnatal mothers with Religion, Educational status, Occupation status, Type of family, Monthly income, Type of delivery, Area of living and Adopted any contraceptive methods after marriage with their selected demographic variables. But there was significant association with the demographic variable of Age in postest knowledge scores.

Hypothesis $H_{02}$ i.e. there will be no significant association between pre-test knowledge scores and post-test effectiveness scores of primi postnatal mothers with their selected socio demographic variables.

In the present study, there is significant association between pre-test knowledge scores and post-test effectiveness scores of primi postnatal mothers on their demographic variables of Age. Hence hypothesis $H_{02}$ is partially accepted.

## CONCLUSION

Hence it is concluded that, there was a significant increase in level of effectiveness among the primi postnatal mothers after video assisted teaching programme ,when compared the pre-test scores with the post-test scores when the researcher assessed the effectiveness scores of primi postnatal mothers in pre-test ,the primi postnatal mothers were unaware of the selected temporary contraceptive methods, but the same primi postnatal mothers after receiving the intervention with video assisted teaching programme, the post level knowledge effectiveness scores, increased that is, the p-value (<0.001) showed as highly significant, Hence the researcher concluded that the video assisted teaching was effective. Researcher faced some problems during research study. It was the problem of mothers due to postnatal after pains. While giving video assisted teaching programme the mothers had some difficulty to sit due to episiotomy wound, it was managed by giving teaching to them at the bed side. All the study participants were explained about the complication and importance of contraceptive methods, and education regarding promotion of health and prevention of illness was given.

## RECOMMENDATIONS

1. A similar study may be conducted on a large sample size.
2. A similar study may be conducted by using Quasi experimental design.
3. A similar study may be conducted to early post natal mothers knowledge.
4. A comparative study can be done between the rural and urban mothers related to temporary contraceptive methods.

**Conflict of Interest:** The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper.

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