Effectiveness of Video-Assisted Teaching Program on Knowledge, Attitude, and Practices Of Antenatal, Intranatal, And Postnatal Care Among Primi Gravida Women At Tertiary Care Hospital

Section: Research Paper

Effectiveness of Video-Assisted Teaching Program on Knowledge, Attitude, and Practices Of Antenatal, Intranatal, And Postnatal Care Among Primi Gravida Women At Tertiary Care Hospital

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Abstract

This study was conducted "To evaluate the effectiveness of video assisted teaching on knowledge and attitude regarding childbirth preparation among primi mothers in tertiary care hospital, Karad, Maharashtra to assess the pre-test and post-test level of knowledge and attitude on child birth preparation among primi mothers in the experimental and control group, to evaluate the effectiveness of video assised teaching on child birth preparation among primi mothers in the experimental group,to correlate the overall improvement in the level of knowledge and attitude of primi mothers on child birth preparation in the experimental group and to associate the knowledge and attitude on child birth preparation among primi mothers and their selected demographic variables.

At first visit, the objectives of the study was explained to the participant and formal written consent was taken from the subject. The investigator introduced herself to the participants and then the tool was administered. After 20 minutes, the questionnaire was collected back and on the same day, a well-designed Video Assisted Teaching on antenatal, intranatal, and postnatal care will be presented to the participant with a proper explanation. In the next visit posttest was conducted by using the same questionnaire schedule.

Using descriptive and inferential statistics, the collected data were examined and it concluded that the video assisted teaching helped to give adequate knowledge and develop favourable attitude regarding childbirth preparation among primi mothers.

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INTRODUCTION

Children bring happiness in the family. Pregnancy and child birth is one of the greatest event in the life of a woman which she aspires and longs for with great expectation. She has fantasies about pregnancy and motherhood but when confronted with reality, many of them doubt their ability to cope with this great event [1]. Child birth is a natural and universal phenomenon. Yet the knowledge of it among average women is haphazard, incomplete or distorted. A woman generally has notion that child birth is unbearable pain [2]. This is formed as a result of the tales heard during adolescence or later in life. The information she gets from gossip, media or fiction draws a picture of passive pain to which a woman has to submit in utter helplessness. A negative attitude during labour causes her entire body to tense up with fear and each contraction will become a signal of pain and therefore will result in pain. On the other hand, a trained woman can have a very positive attitude towards birth and may have a smooth and easy labour [3]. The health of mothers, infants and children is of critical importance, both as a reflection of the current health status of a large segment of the population and as a predictor of the health of the next generation (Healthy people 2010-US department of health and human services). According to the WHO, maternal mortality is currently estimated to be 5, 29,000 deaths per year, a global ratio of 400 maternal deaths per 1, and 00,000 live births. Between 11 – 17 % of maternal deaths happen during child birth itself and 50- 71% in the postpartum period. About 45% of the postpartum maternal deaths occur in the first 24 hours. [4]. In India, the maternal mortality rate is 212 per 1, 00,000 live births. (WHO, 2013). The district level sample registration system survey of 2003 revealed that in Tamil Nadu, the MMR is 8.8% and in India it is overall 27.4% [5]. Many 5 mothers in India die due to haemorrhage (38%), obstructed labour (5%) and other conditions which can be prevented by giving proper education to the mother. Indian mothers are ignorant of the care they have to take during the antenatal period [6]. They do not go for antenatal visits regularly, their diet is poor and they do not know certain important facts to be followed. There is a lot of evidence in the literature that various characteristics influence birthing behaviors and outcomes. Anxiety, pain, self-efficacy, perceived childbirth knowledge, non-pharmacologic support methods, prenatal care, birth education classes, and level of labor assistance from the birth partner are among these factors [7] . According to the evaluation of the literature, past study findings confirm the usefulness of non-pharmacological techniques of pain treatment; prenatal education and nursing support assist a parturient in coping with labor and birth and overcoming tension and dread of the unknown[8] . However, because prior studies were done in culturally diverse places, the structure and content of the childbirth lessons delivered differed greatly. As a result, it advocates for the development of a tailored birthing education program that is more culturally relevant for usage in India [9]. Pregnant women should be thoroughly informed on the entire labor process, labor pain, and the benefits and drawbacks of various labor pain relief treatments [10]. As women approach to labor, childbirth education sessions that include knowledge on a broad range of expectant intrapartum behavior may be beneficial. A study of the literature also revealed that a video-assisted education program was beneficial in improving knowledge and practice in a variety of healthcare settings [11] As a result, the researcher felt compelled to create a video-assisted

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childbirth education curriculum on labor process and birthing preparation that is culturally and physiologically compatible with the needs of primigravida mothers of the selected study settings.

METHODS AND MATERIALS

This study was carried out at the outpatient department of Krishna Hospital in Karad, Maharashtra. The maternity unit contained an outpatient department, (antenatal OPD's) and a postnatal ward. This hospital's OPD is open from 9:00 a.m. to 17:00 p.m., while the labour ward and postnatal ward are open 24 hours a day, seven days a week. Antenatal clients who use the ANC OPD services come from both urban and rural locations in the Karad district. According to the statistics kept in the prenatal OPD, there are typically 20 - 30 new patients documented on any particular antenatal OPD day. According to the maternity ward and postnatal ward records, 100 - 150 low-risk primiparous women who meet the requirements of the study samples have normal vaginal delivery on average in a given month. The rationales for doing the study in the specified hospital were: □ Familiarity with the setting \s□ Availability of the subjects \s□ Convenience for the investigator to access \s□ Administrative permission and expectation of cooperation for the research from various personnel.

SAMPLE SIZE-

The number of sample elements from which data is collected in order for evaluation findings to be statistically significant is referred to as sample size. The size of the sample is determined by a number of criteria, including the indicators chosen, the baseline values of the indicators in the research population, and the amount of change that needs to be reliably measured.

The required sample size was calculated by applying the below-mentioned formula:

$$N = \frac{Z^2[P(1-P)]}{d^2}$$

Where:

N	=	required sample size
P	=	estimated delivery rates of low-risk primigravida is 16.83% (0.1683)
Z	=	table value at 0.05 level of significance is 1.96
D	=	absolute precision (acceptable margin of error) was assumed to be 5% (0.05)

So,

$$N = \frac{1.96^2[0.1683 X (1-0.1683)]}{0.05}$$

$$= \frac{3.8416[0.1683 X 0.8317]}{0.0025}$$

$$= \frac{3.8416 X 0.14}{}$$

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0.0025

0.54934

$$= \frac{0.54934}{0.0025}$$

N = 219.736

As a result, the calculated sample size for the current study was 220 in each group. Taking attrition (10%) into account, a total of 240 samples were included in the investigation. There were 240 samples in the control group and 240 samples in the experimental group. The final sample size was 480 primigravida mothers.

Inclusion Criteria

The criteria that specify the characteristics that the people in the population must possess are referred to as inclusion criteria.

In this study the inclusion criteria were:

Registered primigravida women who

- Can read and/ or write and/ or understand English/Marathi
- Beginning of the fourth month.
- Are willing to attend video-assisted teaching programme sessions conducted by the researcher.
- Are available at the time of data collection.

Exclusion Criteria

Primi gravida women who are,

➢ Suffering from psychiatric illness.
➢ Not willing to participate
➢ Those who are planning the delivery in other places.

Data will be collected after getting permission from the concerned authority of the Krishna hospital by explaining the purpose of the study. At the first visit, the objectives of the study will be explained to the participant and formal written consent will be taken from the subject. The investigator will introduce herself to the participants and then the tool will be administered. After 20 minutes, the questionnaire will be collected back and on the same day, a well-designed Video Assisted Teaching on antenatal, intranatal, and postnatal care will be presented to the participant with a proper explanation. The next visit posttest will be conducted by using the same questionnaire schedule

Summary of Data Collection Tools & Techniques

Tool	Selection of the tool	Purpose	Data Collection Technique
Structured questionnaire to access knowledge regarding antenatal, intranatal and postnatal care	**Section-I-** Demographic Profile. **Section-II** Knowledge questionnaire regarding antenatal, intranatal and	To collect Background data **Beginning of the fourth month**	By paper and pencil method By paper and Pencil Method

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	postnatal care. • Case enrollment and pre test of A.N.C. Care and administration of V.A.T.I		
Likert scale to assess the attitude towards antenatal, intranatal, and postnatal care. Practices related to antenatal, intranatal, and postnatal care.	**Section – III** **Attitude toward antenatal, intranatal, and postnatal care** **Fifth month-** Post-test of A.N.C. care. **Seven to eight-month-** Pre-test of intranatal and post-natal care and administration of V.A.T.2,3. **After delivery-** Post-test of intranatal and postnatal care.	To study sample for the expected attitude.	

VALIDITY

Experts from diverse domains assessed the content validity of the tool, which included demographic characteristics, structured knowledge questions, a Likert attitude scale, and structured self-reported practises items and content for the video assisted training programme. The tool's validity was determined by ten specialists, nine of whom returned the tool following validation. During the period August 2021 to October 2021, the overall suggestions on the content of the tool and advanced training programme were gathered. The expertise came from gynaecologists, doctors from the nursing fraternity, biostatisticians, and other nursing specialists.

They were asked to provide their thoughts and ideas on the utility of the tool for future item adjustments to improve the clarity and content. Furthermore, the instrument was improved and translated into Marathi after consultation with a reputable advisor.

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The tool's authenticity was validated by experts through certification. A validated instrument and teaching content were prepared to collect data from participants.

RELIABILITY

The final tool was created after determining the reliability of the tool to be used in the study, and it was then tested for dependability. Following formal approval, the integrated knowledge questionnaire, attitude scale, and structured self-reported practices checklist tool in the Marathi local language was delivered to 40 samples chosen based on the criteria from November 14th to November 27th, 2021. The tool's reliability was determined using the test-retest procedure. It was completed in 2-hour intervals. Karl's Pearson correlation coefficient for the tool on structured knowledge of evaluation of prenatal, intranatal, and postnatal care was 0.84 among expectant moms and 0.75 for practice. This method provides precise inaccuracy in dependability scores. This result suggests that the instrument was dependable for carrying out the study because the test items produced consistent findings, as expected by the researcher.

PILOT STUDY

The pilot test was conducted between March 2021 to May 2021 with goal of testing the accuracy of the data collection instrument, reviewing the feasibility of the study, and deciding on statistical analysis and research practicability. . 50 samples were chosen. The samples gave their written informed consent. The convenience sampling strategy was used to choose the samples. The pre-test and post-test intervals were kept at 15 days since these groups need extra time to return to the ANC OPD and those mothers who were chosen. The pilot study participants were flagged for exclusion from the final study.

The study's analysis and interpretation were completed, and the data were deemed to be reliable. It was practical to conduct the final study, and it did not show any serious problems as it provided the investigator with a better understanding. The pilot study was aided in scheduling pre-rest, video-assisted instruction programme administration, and post-test timings.

COLLECTION OF DATA

The acquisition of correct information is the most important component of any inquiry in the research study; the information obtained gives necessary facts to answer the questions and queries presented. Data were collected from participants in the video-assisted education programme using a Marathi structured knowledge questionnaire and a structured self-reported practises checklist on assessment of prenatal, intranatal, and postnatal care.

a) Permission from the relevant authorities and participants: Official permission was acquired from the relevant hospital authorities. The samples provided written informed consent. The primigravida moms were ensured of secrecy and anonymity during the trial and while the results were communicated through publications.

DATA COLLECTION PROCEDURE

The data collection period began on January 1, 2022 and ended on December 31, 2022.

On 480 samples, actual data was collected. The study's criteria were considered for choosing samples. The data was gathered using the pencil point approach. The mothers were instructed to simply mark the appropriate answer with a tick ($\sqrt{}$).

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To collect data for the current study, the investigator went through the following step

1. Step 1: Data Collection Methods

2. Step 2: Data collecting technique- Procedure for administering the advanced training program to the Video-assisted teaching program sessions

Procedure for delivering the training program-

- The event was held in a room of Krishna Hospital's OPD facility in Karad. The space has sitting configurations with benches as well as ample ventilation.
- With a detailed description of the program's objective and schedule, a nice relationship was built with the participants.
- The video-assisted education initiative was carried out in Marathi.
- Animated videos were shown on antenatal care, including food and exercise, the labour process, episiotomy, and breast feeding.
- A video was provided that demonstrated relaxation activities, pleasant labour postures, and proper techniques for bearing down effort.
- Expected intrapartum behaviors were observed during all four phases of labour, as well as breast feeding practices etc..
- Participants were invited to share their labour and delivery concerns.
- Primigravida mothers were also stimulated to discuss any difficulties come across.

Results

Table : 1 Description of primigravida mothers based on their demographic characteristics in terms of frequency and percentages in both groups

N=480

Sl.No.	Demographic variables	Experimental group (n=240)		Control group (n=240)	
		Freq	**%**	**Freq**	**%**
1	**Completed period of present pregnancy (weeks)**				
	13-16	14	5.84	28	11.67
	17-20	30	12.5	25	10.41
	21-24	**196**	**81.66**	**187**	**77.92**
2	**Age in years**				
	18-21	61	25.41	59	24.73
	22-25	**158**	**65.84**	**135**	**56.22**
	26-29	14	5.84	27	11.14
	30 and above	7	2.91	19	7.91
3	**Type of your family**				
	Nuclear	84	35	91	37.92

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	Joint	**144**	**60**	**139**	**57.92**
	Extended	12	5	10	4.16
4	**Education**				
	Primary	73	30.42	68	28.33
	Secondary	**90**	**37.5**	**87**	**36.26**
	Higher Secondary	58	24.16	72	30
	Graduation and above	19	7.92	13	5.41
5	**Occupation**				
	Housewife	**141**	**58.75**	**138**	**57.5**
	Farming	16	6.67	21	8.76
	Self employed	35	14.58	29	12.08
	Service	14	5.83	13	5.41
	Labourer	34	14.17	39	16.25
6	**Monthly family income in rs.**				
	< Rs 3,000/-	11	4.59	13	5.41
	Rs 3,001 – 5,000	56	23.34	60	25
	Rs 5,001 – 10,000	**154**	**64.16**	**146**	**60.84**
	> Rs 10,000/-	19	7.91	21	8.75
7	Have you heard about antenatal, intranatal, and postnatal care information?				
	Yes	**82**	**34.17**	**86**	**35.83**
	No	158	65.83	154	64.17
7.1	If yes what was the source of information				
	Books/Magazines	5	2.08	6	2.5
	Electronic media	13	5.42	15	6.25
	Health Worker	**49**	**20.42**	**45**	**18.76**
	Family members	6	2.5	10	4.16
	Friends	9	3.75	10	4.16
			34.17		35.83

Section II.a - Results of the PRETEST and POSTTEST knowledge score of primigravida mothers at the beginning of the **fourth month** and in the **fifth month** among the experimental group.

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Table No.2

(N=480)	Pre-test Knowledge score Experimental group (n=240)		Post-test Knowledge score Experimental group (n=240)	
	Freq	%	Freq	%
Poor (0-11) - 50%	**185**	**77.08**	29	12.08
Average (11-16) - 50-75%	44	18.33	**198**	**82.5**
Good (17-20) - 76-100%	11	4.59	13	5.42

Section II.b. Analysis of Comparisons of Mean, SD, and df. of the PRETEST and POSTTEST knowledge scores of primigravida mothers in the experimental group regarding antenatal care

Table no-3

n-240

Experimental group Knowledge	Mean	SD	df	Calculated t- value	p -Value
Pre-test (Beginning of the fourth month)	9.59	11.5	239	15.46388	< .00001
Post-test (Fifth month)	23.08	27.74	239		

Section II.c - Results of the PRETEST and POSTTEST knowledge score of primigravida mothers at the beginning of the **fourth month** and in the **fifth month** among the control group.

Table 4

(N=480)	Pre-test Knowledge score Control group (n=240)		Post-test Knowledge score Control group (n=240)	
	Freq	%	Freq	%
Poor (0-10) - 50%	**178**	**74.17%**	**157**	**65.41**
Average (11-16) - 50-75%	52	21.67%	69	28.76
Good (17-20) - 76-100%	10	4.16%	14	5.83

Section II.d. Analysis of Comparisons of Mean, SD, and df. of the PRETEST and POSTTEST knowledge scores of primigravida mothers in the control group regarding antenatal care

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Table no-5

N-240

Control group Knowledge	Mean	SD	df	Calculated t- value	p -Value
Pre-test (Beginning of the fourth month)	9.81	12.11	239		
Post-test (Fifth month)	10.97	14.57	239	2.14853	0.016087

Section II.e. Results of the POSTTEST knowledge score of primigravida mothers in the fifth month among experimental and control groups.

Table 6

Frequency and percentage distribution of the POST-TEST knowledge scores of primigravida mothers in the control and experimental group regarding antenatal care after the administration of the Video-assisted teaching program

N=480

post-test Knowledge score	Experimental group (n=240)		Control group (n=240)	
	Freq	%	Freq	%
Poor (0-10) - 50%	29	12.08	**157**	**65.41**
Average (11-16) - 50-75%	**198**	**82.5**	69	28.76
Good (17-20) - 76-100%	13	5.42	14	5.83

Section II.f. Analysis of Comparisons of Mean, SD, and df. of the POSTTEST knowledge scores of primigravida mothers in the experimental and control group regarding antenatal care

Table no-7

n-480

Knowledge	Mean	SD	df	Calculated t- value	p -Value
Experimental group Post-test (Fifth month)	23.08	27.74	239	16.52443	< .00001
Control group Post-test (Fifth month)	10.97	14.57	239		

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Section III-a - Results of the PRETEST attitude score of primigravida mothers at the beginning of the fourth month among experimental and control groups.

Table. 8

Frequency and percentage distribution of the PRETEST attitude score of primigravida mothers in the control and experimental group regarding antenatal care before the administration of the Video-assisted teaching program

N=480

Level of Attitude	Experimental Group(n=240)		Control Group(n=240)	
	F	*%*	*f*	*%*
Favourable attitude	12	5	11	4.58
Moderately favourable attitude	**143**	**59.59**	**138**	**57.5**
Unfavourable attitude	85	35.41	91	37.92

Section III-b - Results of the POSTTEST attitude score of primigravida mothers in the Fifth month among experimental and control groups.

Table. 9

Frequency and percentage distribution of the POSTTEST attitude score of primigravida mothers in the control and experimental group regarding antenatal care

N=480

Level of Attitude- Post-test	Experimental Group (n=240)		Control Group (n=240)	
	Fre.	%	Fre.	%
Favourable attitude (>76%)	**122**	**50.83**	23	9.58
Moderately favourable attitude (51-75 %)	93	38.76	**117**	**48.76**
Unfavourable attitude (<50%)	25	10.41	100	41.66

Section IV.a. - Results of the PRETEST practices score of primigravida mothers at the beginning of the fourth month among experimental and control groups.

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Table. 10

Frequency and percentage distribution of the PRETEST practices score of primigravida mothers in the control and experimental group regarding antenatal care before the administration of the Video-assisted teaching program.

n=480

SCORE LEVEL	CATEGORIES	The experimental group (n=240)		Control Group (n=240)	
		(f)	%	(f)	%
0-11 - <60%	Unsatisfactory practices	197	82.08	207	86.25
12-20 - 60-100%	Satisfactory practices	43	17.92	33	13.75

Section IV.b. Analysis of Comparisons of Mean, SD, and df. Of the PRETEST and POSTTEST practice scores of primigravida mothers in the experimental group regarding antenatal care
Table no-11

n=240

Experimental group Practices	Mean	SD	df	Calculated t- value	p - Value
Pre-test (Beginning of the fourth month)	9.09	8.59	239		<
Post-test (Fifth month)	12.27	5.76	239	12.982	.00001

Section IV.c. Analysis of Comparisons of Mean, SD, and df. of the POSTTEST practice scores of primigravida mothers in the experimental and control group regarding antenatal care
Table no-12

n=480

Practices	Mean	SD	df	Calculated t- value	p -Value
Experimental group Post-test scores (Fifth month)	12.27	5.76	239		
Control group Post-test scores (Fifth month)	9.32	6.8	239	8.55	< .00001

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SECTION-V
Findings relating to primigravida mothers' knowledge scores of intranatal care and postnatal care among control and experimental groups.

Section V.a – Frequency and percentage distribution of the results of the PRETEST in the eighth month and POSTTEST after the delivery on knowledge score of primigravida mothers among the experimental group.

Table No. 13

Knowledge scores of intranatal care and postnatal care (N=480)	Pre-test Knowledge score in the eighth month Experimental group (n=240)		Post-test Knowledge score after delivery Experimental group (n=240)	
	Freq.	**%**	**Freq.**	**%**
Poor (0-10) - 50%	**153**	**63.75**	21	8.75
Average (11-16) - 50-75%	67	27.91	**184**	**76.66**
Good (17-20) - 76-100%	20	8.33	35	14.58

Section V.b. – Analysis of Comparisons of Mean, SD, and df. of the PRETEST and POSTTEST knowledge scores of primigravida mothers in the experimental group regarding intranatal and postnatal care
Table no-14

n=240

Experimental group Knowledge	Mean	SD	df	Calculated t- value	p -Value
Pre-test (eighth month)	8.79	9.75	239	12.3745	< .00001
Post-test (After delivery	21.01	23.17	239		

Section V.c. – Frequency and percentage distribution of the results of the PRETEST in the eighth month and POSTTEST after the delivery on knowledge score of primigravida mothers among the control group.
Table No.15

(N=480)	Pre-test Knowledge score Control group (n=240)		Post-test Knowledge score Control group (n=240)	
	Freq.	**%**	**Freq.**	**%**

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Poor (0-10) - 50%	**199**	**82.91**	**195**	**81.25**
Average (11-16) - 50-75%	21	8.76	19	7.92
Good (17-20) - 76-100%	20	8.33	26	10.83

Section V.d. Analysis of Comparisons of Mean, SD, and df. of the PRETEST and POSTTEST knowledge scores of primigravida mothers in the control group regarding intranatal and postnatal care
Table no-16

n-240

Control group Knowledge	Mean	SD	df	Calculated t- value	p -Value
Pre-test (in the eighth month)	8.87	5.77	239		
Post-test (after delivery)	8.33	5.13	239	6.4533	0.13734

Section V.e Results of the POSTTEST knowledge score of primigravida mothers after the delivery among experimental and control groups.
Table 17
Frequency and percentage distribution of the POST-TEST knowledge scores of primigravida mothers in the control and experimental group regarding intranatal and postnatal care

N=480

post-test Knowledge score	Experimental group (n=240)		Control group (n=240)	
	Freq	%	Freq	%
Poor (0-10) - 50%	21	8.75	**195**	**81.25**
Average (11-16) - 50-75%	**184**	**76.66**	19	7.92
Good (17-20) - 76-100%	35	14.58	26	10.83

Section-V-f. Analysis of Comparisons of Mean, SD, and df. of the POSTTEST knowledge scores of primigravida mothers in the experimental and control group regarding intranatal and postnatal care

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Table no-18

n-480

Knowledge	Mean	SD	df	Calculated t- value	p -Value
Experimental group Post-test after delivery	14.08	8.57	239	11.4513	< .00001
Control group Post-test delivery	8.33	5.13	239		

SECTION-VI

Section VI-a - Results of the PRETEST attitude score of primigravida mothers in the eighth month among experimental and control groups.

Table. 19

Frequency and percentage distribution of the PRETEST attitude score of primigravida mothers in the control and experimental group regarding intranatal and postnatal care before the administration of the Video-assisted teaching program

N=480

Level of Attitude	Experimental Group(n=240)		Control Group(n=240)	
	F	*%*	*f*	*%*
Favourable attitude	18	7.5	10	4.17
Moderately favourable attitude	**121**	**50.42**	100	41.67
Unfavourable attitude	101	42.08	**130**	**54.16**

Table. 20

Frequency and percentage distribution of the POSTTEST attitude score of primigravida mothers in the control and experimental group regarding intranatal and postnatal care

N=480

Level of Attitude- Post-test	Experimental Group (n=240)		Control Group (n=240)	
	Freq.	%	Freq.	%
Favourable attitude (>76%)	83	35.83	11	4.58

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Moderately favourable attitude (51-75 %)	**101**	**42.09**	98	40.83
Unfavourable attitude (<50%)	56	22.08	**131**	**54.58**

Table. 21

Frequency and percentage distribution of the PRETEST practices score of primigravida mothers in the control and experimental group regarding intranatal and postnatal care before the administration of the Video-assisted teaching program.

SCORE LEVEL	CATEGORIES	The experimental group (n=240)		Control Group (n=240)	
		(f)	**%**	**(f)**	**%**
0-11 - <60%	Unsatisfactory practices	**174**	**72.5**	**188**	**78.33**
12-20 - 60-100%	Satisfactory practices	66	27.5	52	21.67

Section VII b. - Analysis of Comparisons of Mean, SD, and df. of the PRETEST and POSTTEST practice scores of primigravida mothers in the experimental group regarding intranatal and postnatal care

Table no-22

n-240

Experimental group Practices	Mean	SD	df	Calculated t- value	p - Value
Pre-test (eighth month)	7.44	8.38	239		<
Post-test (after the delivery)	13.21	15.47	239	16.543	.00001

Section VII c. Analysis of Comparisons of Mean, SD, and df. of the POSTTEST practice scores of primigravida mothers in the experimental and control group regarding intranatal and postnatal care

Table no-23

n-480

Practices	Mean	SD	df	Calculated t- value	p -Value
Experimental group Post-test scores (After the delivery)	13.21	16.46	239		
Control group Post-test scores (After the delivery)	7.79	8.90	239	10.222	< .00001

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Table 24

Description of samples (primigravida mothers) based on their demographic characteristics in terms of frequency and percentages in the experimental group

n=240

Sl.No.	Demographic variables	Good	Average	Poor	Chi Square Value Cal	Tab	Inference
1	**Completed period of present pregnancy (weeks)**						
	13	1	23	43	2.171	0.704	(NS)
	14	8	46	15			
	15	6	35	7			
	16	20	22	12			
2	**Age in years**						
	18-21	5	51	17	**0.045**	**5.26**	**(S)**
	22-25	4	23	32			
	26-29	3	19	43			
	30 and above	10	11	22			
3	**Type of your family**						
	Nuclear	4	64	38	4.72	12.19	(NS)
	Joint	5	39	34			
	Extended	4	31	21			
4	**Education**						
	Primary	3	43	11	**0.021**	**4.71**	**(S)**
	Secondary	6	31	21			
	Higher Secondary	11	47	12			
	Graduation and above	10	34	11			
5	**Occupation**						
	Housewife	0	12	21	2.456	1.493	(NS)
	Farming	3	32	42			
	Self-employed	5	21	14			
	Service	4	43	12			
	Labourer	4	15	12			
6	**Monthly family income in rs.**						
	< Rs 3,000/-	6	13	12	1.089	0.674	(NS

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	Rs 3,001 – 5,000	3	27	59			)
	Rs 5,001 – 10,000	8	26	34			
	> Rs 10,000/-	6	15	31			
7	**Source of information**						
	Books/Magazines	1	8	3			
	Electronic media	3	1	13			
	Health Worker	5	11	12	**0.007**	**10.431**	**(S)**
	Family members and friends	1	12	12			

Table 25

Description of samples (primigravida mothers) based on their demographic characteristics in terms of frequency and percentage in the control group

n=240

Sl.No.	Demographic variables	Good	Average	Poor	Chi-Square Value		Inference
					Cal	**Tab**	
1	**Completed period of present pregnancy (weeks)**						
	13	4	23	53			
	14	6	36	75	5.743	0.145	(NS)
	15	1	1	27			
	16	1	2	11			
2	**Age in years**						
	18-21	6	51	27			
	22-25	3	3	42	1.0432	0.6471	(NS)
	26-29	2	9	61			
	30 and above	1	3	32			
3	**Type of your family**						
	Nuclear	7	50	58			
	Joint	7	24	46	**0.0187**	**3.279**	**(S)**
	Extended	6	21	21			
4	**Education**						
	Primary	6	61	17			
	Secondary	3	51	21	5.17	12.19	**(NS)**
	Higher Secondary	2	21	33			

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	Graduation and above	1	12	12			
5	**Occupation**						
	Housewife	0	32	13			
	Farming	1	37	17			
	Self-employed	2	24	14	3.27	14.07	**(NS)**
	Service	19	19	22			
	Labourer	19	9	12			
6	**Monthly family income in rs.**						
	Rs 3,000/-	2	31	22			
	Rs 3,001 – 5,000	6	37	39	0.82	16.52	(NS)
	Rs 5,001 – 10,000	3	27	25			
	> Rs 10,000/-	1	35	12			
7	**Source of information**						
	Books/Magazines	5	9	5			
	Electronic media	4	2	11			
	Health Worker	4	13	6	**0.012**	**7.81**	**(S)**
	Family members and friends	1	15	11			

LIMITATIONS OF THE STUDY

The researcher could not control the atmosphere in the home throughout antenatal period, and labor room, such as attitudes and behavior of labor room staff. Sample attrition was one of the study's weaknesses.

RECOMMENDATIONS

Based on the findings, the following recommendations for future nursing practice and research are made.

1. The study can be duplicated on a large sample in diverse settings, allowing the results to be generalized to a large population.
2. A study on the attitudes of hospital personnel toward the policy to be adopted for the childbirth education program in their particular setting may be conducted.
3. To supplement the evidence obtained by this investigation, similar prospective longitudinal studies may be conducted in chosen regions across the country.
4. Qualitative research of expectant women's perceptions of antenatal period birthing and childbirth education can be done.
5. An evaluation study can be conducted to examine the effectiveness of alternative instructional modalities on primigravid women's knowledge, intrapartum behavior reactions, and labor outcomes.

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6. A study can be done to investigate the physiological and psychological impact of an intra-natal instructor's continuous one-on-one professional support on labor outcomes.
7. Comparative research can be conducted to investigate the efficiency of video-assisted teaching programs in primigravida and multigravida women.
8. To strengthen the findings, the study can be duplicated in diverse situations, such as primigravida in rural and urban settings.

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