

A Study to Assess the Effectiveness of Video Assisted Teaching on “Focused Antenatal Care”, among Primi Mothers Attending Antenatal Outpatient Department, of a Selected Hospital, Bangalore, India

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ABSTRACT

Introduction: Focused Antenatal Care (FANC) is a new model of antenatal care resulted in WHO recommendation to deliver antenatal services in four focused visits; one within the first trimester and three after quickening. This study aimed at assessing the effectiveness of video assisted teaching (VAT) on FANC, among Primi mothers attending antenatal outpatient department (OPD), of a selected Hospital, Bangalore, India, based on pre-experimental one group pretest-posttest research design.

Methods and Materials: 50 antenatal mothers were selected using non-probability convenient sampling technique. A Pre-test was administered using a structured knowledge questionnaire to collect the data. The pilot study was conducted at Chaitanya Hospital, among 6 Primi mothers and the main study was carried out in K.C.G Hospital. The post-test was conducted using the same instrument to identify the changes in knowledge. The collected data were analysed using SPSS.

Results: The present study revealed that most of the subjects 28 (56.0%) had the moderately adequate knowledge and 22 (44%) had inadequate knowledge regarding Focused Antenatal Care in the Pre-test while in the posttest 12 (24.0%) subjects had moderate knowledge and 38 (76.0%) subjects had adequate knowledge. The improvement score for overall knowledge was 78.45 ($P < 0.05$). And the findings indicate that the Video Assisted Teaching was effective in increasing the knowledge of Primi mothers regarding Focused Antenatal Care, and it was found to be appropriate, effective and can motivate the Primi Mothers to enhance their knowledge. There was no statistically significant association found between the pre and post test knowledge score of Primi mothers with selected

demographic variables like age, education status of mother, occupation, religion, marital status, economic status, type of family at the level, duration of pregnancy, previous exposure to health education on antenatal care and source of $p < 0.05$.

Conclusions: Focused Antenatal Care is an important way through which maternal care during pregnancy should begin from the early stages of pregnancy, regular monitoring and taking adequate care which is associated with favorable birth outcomes. The present study was effective in increasing the knowledge of the Primi mothers regarding Focused Antenatal Care.

Keywords: Effectiveness, focused antenatal care primi mothers, prevalence, video assisted teaching

INTRODUCTION

Focused Antenatal Care is a type of preventative care with the goal of providing regular check-ups that allow doctors or midwives to treat and prevent potential health problems throughout the course of the pregnancy while promoting healthy lifestyles that benefit both mother and child. (World Health Organization [WHO], 2011).

In 2001, the World Health Organization (WHO), issued guidance on a new model of antenatal care (ANC) called Goal Oriented or Focused Antenatal Care (FANC). A global evaluation of ANC has resulted in a recommendation to deliver antenatal services in four focused visits; one within the first trimester and three after quickening (WHO, 2011).

The new approach to ANC emphasises the quality of care rather than the quantity. For normal pregnancies WHO

recommends only four antenatal visits. The major goal of FANC is to help women maintain normal pregnancies through:

- Identification of pre-existing health conditions.
- Early detection of complications arising during the pregnancy.
- Health promotion and disease prevention.
- Birth preparedness and complication readiness planning (WHO, 2011)

The midwife is in a unique position to educate and empower Primi mothers through the phases of pregnancy, in order for them to achieve a healthy pregnancy, with the optimum outcome of a healthy baby. The educational role of the midwife is integrated into every aspect of her work. Pregnancy may be complicated by a variety of disorders and conditions that can profoundly affect the women and the fetus. Knowledge and awareness about the focused antenatal care at the right time will help to reduce maternal mortality and morbidity. Hence dissemination of health information should be regarded as the primary function of the midwives in promoting the health of the antenatal primi mothers and attaining their optimum state of well-being (Annamma, 2008).

During check-ups, women will receive medical information over maternal physiological changes in pregnancy, biological changes, and prenatal nutrition including prenatal vitamins (Kamini, 2011). Recommendations on management and healthy lifestyle changes are also made during regular check-ups. The availability of routine prenatal care has played a part in reducing maternal death rates and miscarriages as well as birth defects, low birth weight, and other preventable health problems related to pregnancy (Padamsingh & Yadav, 2007)

Essential interventions in ANC include identification and management of obstetric complications such as pre-eclampsia, tetanus toxoid immunisation, intermittent preventive treatment for malaria

during pregnancy (IPTp), and identification and management of infections including HIV, syphilis and other sexually transmitted infections (STIs) (Dowswell, 2010).

The literacy of women is the key to improving an antenatal care of pregnant women by regular check up. Hence efforts should be made to have information, education and communication (IEC) activities targeted to educate the mothers especially in rural areas (Hildingsson, Radestad, & Walderstrom, 2005).

Antenatal care (ANC) coverage is a success story in India since over two-thirds of pregnant women (62%) have at least one ANC contact. However, to achieve the full life-saving potential that ANC providing essential evidence-based interventions a package often called focused antenatal care are required Evaluation of routine immunisation 1997-98. (Ministry of health and Family Welfare, 1997-98).

In view of the above and from the investigator's experience of working among antenatal mothers investigator is of the opinion that "A study to assess the effectiveness of Video Assisted Teaching (VAT) on primi mothers attending OPD, of a selected Hospital, Bangalore, will educate the antenatal mothers on the correct knowledge on "Focused Antenatal Care".

The core objective of the study is to find the effectiveness of Video Assisted Teaching on "Focused Antenatal Care" with regards to History taking, examination, screening & test, treatments, preventive measures and health education, advice and counselling.

MATERIALS AND METHODS

Pre-experimental one group pretest-posttest research design was selected to assess the effectiveness of Video Assisted Teaching on Focused antenatal Care, for Primi Mothers Attending Antenatal OPD of a Selected Hospital, Bangalore

The samples of the present study include the 50 primi mothers attending antenatal OPD in K C G hospital Bangalore

and who fulfilled the inclusive criteria of the study.

The sampling technique used in this study was non-probability convenient sampling technique based on inclusive criteria. Convenience sampling entails using the most conveniently available people as study participants.

Data were collected by using a questionnaire to collect demographic variables, structured knowledge questionnaire on focused antenatal care was addressed to the pregnant women and then after, Video Assisted Teaching was administered to educate the primi mothers

after their pre-test. Plan for data analysis Data collected was analysed by using descriptive & inferential statistics through SPSS.

RESULTS

This part of research study systematically presents the analysis and interpretation of data collected, using the comparison of Pretest and Posttest knowledge score on Focused Antenatal care of Primi mothers (Analysis of effectiveness of Video Assisted Teaching on Focused Antenatal care on Focused Antenatal Care)

Table 1: Pre-Test Level of Knowledge among Primi mothers regarding Focused Antenatal Care

Knowledge Level	Category	Frequency	Percentage
Inadequate	< 50%(Low)	22	44.0
Moderately adequate	50-75%(Medium)	28	56.0
Adequate	> 75%(High)	0	0.0
Total		50	100

Table 1 shows with regard to pretest knowledge score on focused antenatal care, 28 (56%) primi mothers had the moderately adequate knowledge and 22 (44%) primi mothers had inadequate knowledge and no primi mothers had adequate knowledge on focused antenatal care.

Table 2: Frequency and Percentage distribution of Post-test level of knowledge score on Focused Antenatal Care among Primi mothers

Knowledge Level	Category	Frequency	Percentage
Inadequate	< 50%(Low)	0	0.0
Moderately adequate	50-75%(Medium)	12	24.0
Adequate	> 75%(High)	38	76.0
Total		50	100.0

Table 2 showed with regard to post test knowledge score on focused antenatal care, 38 (76%) primi mothers had adequate knowledge and 12 (24%) primi mothers had the moderately adequate knowledge and no primi mothers had inadequate knowledge on focused antenatal care.

Table 3: Comparison of pre-test and post-test of knowledge scores on Focused Antenatal Care among Primi mothers (Analysis of effectiveness of video assisted teaching on Focused Antenatal care)

Aspects of knowledge	Pre-test		Post-test		t value	df.	P value
	Mean	SD	Mean	SD			
History Taking	2.36	.802	3.66	.745	15.8	49	P < 0.05*
Examination	2.86	.670	4.08	.633	18.5	49	P < 0.05*
Screening and Test	2.68	.471	4.18	.388	21.0	49	P < 0.05*
Treatment	1.46	.787	2.06	.818	5.4	49	P < 0.05*
Preventive measures	2.70	.543	4.06	.549	17.0	49	P < 0.05*
Health education, advice and counselling	3.80	.989	6.28	.809	15.0	49	P < 0.05*
Overall knowledge	15.8600	1.27791	24.3200	1.43484	43.094	49	P < 0.05*

Note: * is significant, df: degree of freedom, SD: standard deviation

It is evident from the above table that the t-value of History taking, Examination, Screening and Test, Treatment, Preventive measure, Health

education, advice and counselling, were respectively 15.56, 18.56, 21.00, 5.42, 17.08, 15.05. So, based on this present

results their t- values calculated are more than table value at $P < 0.05$ level.

Hence there was statistically high significance difference between the pretest and posttest level of aspect wise knowledge on focused antenatal care such as History taking, Examination, Screening and Test, Treatment, Preventive measures and Health education, advice and counselling.

Hence the intervention: Video-assisted teaching on focused antenatal care which was adopted by the researcher was found to be effective in increasing the aspect wise knowledge on focused antenatal care among primi mothers.

DISCUSSION

With regard to pretest knowledge score on focused antenatal care, 28 (56%) primi mothers had the moderately adequate knowledge and 22 (44%) primi mothers had inadequate knowledge and no primi mothers had adequate knowledge on focused antenatal care.

From the above findings, it shows that antenatal mothers have moderate knowledge on focused antenatal care which could be due to the mothers discussing with other antenatal mothers on antenatal care, and also from friends, relatives and elders on various aspects of antenatal care.

These findings are supported by the study findings of Nuraini (2005) in the study "New approach to improving knowledge of antenatal care among pregnant women in Indonesia, which showed that antenatal mothers had moderate knowledge 50% on the new approach to antenatal care (Nuraini, 2005).

This is also supported by the study findings of Akhund and Avan (2010) in the study; Development and pretesting of an information, education and communication on focused antenatal care, where antenatal mothers had moderate knowledge on focused antenatal care (51.1%) (Akhund & Avan, 2010).

With regard to post test knowledge score on focused antenatal care, 38 (76%) primi mothers had adequate knowledge and

12 (24%) primi mothers had the moderately adequate knowledge and no primi mothers had inadequate knowledge on focused antenatal care.

The above findings showed that the most of the primi mothers had adequate knowledge on focused antenatal care. The study findings showed that post-test knowledge was improved. The reason for the improvement of post-test scores could be the antenatal mothers needs to learn more about antenatal care, in order to practice the correct methods and routine for safe pregnancy, labour, puerperium and for the delivery of a healthy baby.

The study findings are also supported by study findings done by at Pondicherry, on assessing the effectiveness of video assisted teaching module on various aspects of antenatal care with regard to knowledge & attitude of couples. The study findings also highlight that post-test means on knowledge was significantly higher than (76%) after video assisted teaching.

Regarding the effectiveness of video assisted teaching on focused antenatal care on primi mothers, data findings reveal comparison of pretest and post test of knowledge score on focused antenatal care among primi mothers. On comparison for pretest and post test knowledge score on focused antenatal care among primi mothers revealed that the t-value 43.09* which is more than table value $p=1.96$ which showed statistically high significant at $p<0.05$ level. This indicated that there was a significant difference between the pretest and post test knowledge score of primi mothers.

The above study findings are supported by the study findings of Akhund and Avan (2010) in their study done on a development and pre-test of an information, education on antenatal care and the mean improvement is 36% after video assisted teaching on counselling on focused antenatal care (Akhund & Avan, 2010).

CONCLUSION

The existing knowledge of Primi mothers regarding Focused Antenatal Care was found deficient in varying degrees during the Pre-test. It was evident from the mean difference of the Pre-test and Post-test knowledge score that a Video Assisted Teaching Program is effective in improving the knowledge of Primi mothers. The Video demonstration has made a commendable contribution to increasing the knowledge of Primi mothers regarding the Focused Antenatal Care and was much appreciated by them.

The method of Video-assisted teaching on focused antenatal care increases mothers' understanding of basic health care provided during pregnancy and newborn care. Mothers participated in Video-assisted teaching to retain this knowledge into the early postpartum period and during early infancy when it might help reduce morbidity and mortality. The education was effective for mothers with little education. The brief focused antenatal module seems feasible, sustainable means of improving mothers' knowledge on a healthy newborn from a healthy mother. We consider that similar programs could improve in general maternal, neonatal morbidity and mortality.

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How to cite this article: Mukamana ML. A study to assess the effectiveness of video assisted teaching on “focused antenatal care”, among primi mothers attending antenatal outpatient department, of a selected hospital, Bangalore, India. *Galore International Journal of Health Sciences & Research*. 2019; 4(1): 1-5.
