Effectiveness Of Vatp On Knowledge Level Regarding Home Care Management Of Preterm Babies: A Quasi Experimental Study

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Abstract

Preterm birth is defined as the time when the birth of any neonate occurs before the end of the last day of the 37th week of gestation. Premature births encompass 8-10% of the whole births and are the principal cause of mortality and morbidity in the neonates. Therefore, present study aims to assess the effectiveness of Video assisted teaching Program (VATP) on knowledge regarding home care management of preterm babies among mothers. Quasi experimental research design was selected to conduct the study.347 mothers (174 in control group and 173 in experimental group) were selected for this study by using convenient sampling technique. Result revealed that around 73.56% mothers in control group and 73.41% in experimental group had inadequate knowledge in pre test. Whereas in post-test similar findings in control group while in experimental majority of mothers 57.23% had adequate knowledge and 42.77% of them had moderately adequate knowledge in post test. The Paired 't' test value for control group was 0.4749 (p-0.317), for experimental group was *23.09 (p .00001) and between post test of control and experimenta group was 24.97 (p=.00001). This significant difference indicated the effectiveness of VATP. There was significant association found between the pre-test knowledge score and attended any educational activity on home care management of pre term baby in control group (χ^2 =9.868) and in experimental group (χ^2 =5.796).

Conclusion: Study concluded with strong need for proper health education in enhancing knowledge regarding pre term care at home among mothers.

Keywords: Video assisted teaching program (VATP), Effectiveness, pre term baby care, mothers, home management.

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I. Introduction

According to the American Academy of Paediatrics and the American College of Obstetricians and Gynaecologists, preterm birth is defined as the time when the birth of any neonate occurs before the end of the last day of the 37th week of gestation. Premature births encompass 8-10% of the whole births and are the principal cause of mortality and morbidity in the neonates without congenital anomalies across the world.² Preterm babies are more likely to experience neurological issues such as apnoea of prematurity, hypoxicischemic encephalopathy, retinopathy of prematurity, developmental disability, kernicterus, cerebral palsy, and intraventricular haemorrhage. Common respiratory issues include the respiratory distress syndrome (previously called hyaline membrane disease). Gastrointestinal and metabolic problems can occur due to neonatal hypoglycemia, feeding difficulties, rickets of prematurity, hypocalcemia, inguinal hernia, and necrotizing enterocolitis.³ As per UNICEF (2022), Nearly 3.5 million babies in India are born too early. Forty percent of newborn deaths occur during labour or in the first twenty-four hours following delivery. Pre-maturity (35 per cent), neonatal infections (33 per cent), birth asphyxia (20 per cent) and congenital malformations (9 per cent) are among the major causes of new-born deaths. 4 Reddy Ke et al (2022) revealed the prevalence rate of preterm birth as 10.86%. Rajesh Kumar Rai et al (2019) revealed in their study, Of 2430 pregnancies, 16% were preterm births.⁶ The development of a premature baby could be slower than that of a full-term baby. Growth may be affected by poor feeding and nutrition problems. If these problems are not managed, baby's body may have a hard time growing, skills such as sitting, walking, running, and talking may develop later. Bajaj Divyanshi et al (2019) found low awareness with respect to "Providing warmth" 24.64%, "Breastfeeding" 19.02%, "Prevention from infection" 17.66%, "Immunization" 59.39%, "Kangaroo Mother Care" 18.35%, "LBW Supplementation" 20.66%, and that about the Danger signs as 10.98%. H. Mohini, B. Shanta Shetty (2017) revealed that 64.6% mothers had moderate, 21.8% had inadequate and 14.2% had adequate knowledge on home based neonatal care. Julie Jadhav (2018) showed an observable increase in the knowledge of

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Primipara mothers inpost test after educational program as 12 (30%) of them had high knowledge and remaining 28(70%) had average knowledge. Puthussery S et al (2018) in their meta-review found effectiveness of interventions with both home and facility-based components showed the most frequent positive impact across outcomes related to preterm infants. It is in this background and by clinical experience; the researcher encouraged to undertake a study to design Video assisted teaching program which will be useful and informative to the mothers of pre term babies regarding home care management of pre-term babies

Objectives

- To assess existing knowledge on home care management of preterm babies before video assisted teaching program in experimental and control group
- To compare knowledge on home care management of preterm babies in experimental and control group
- To find out the association between the level of post-test knowledge scores on homecare management of pre-term babies with selected demographic variables between experimental groups

II. Materials and Method

A quantitative approach, Quasi-experimental research design was used in the present study.347 mothers were chosen by using convenient sampling technique from selected hospitals of Udaipur, Rajasthan. Among them 173 samples were in experimental group and 174 samples were in control group respectively. The tools for the present study included socio-demographic variables, structured knowledge questionnaire to assess knowledge regarding home care management of pre term babies. The data were analysed and the hypothesis was tested using descriptive statistics (frequency, percentage, mean, and standard deviation) and inferential statistics (chi-square, paired "t" test). "Split half method" (spearman brown formula) was used to test the reliability of the tool and tool was found to be reliable (r = 0.763). Prior to tool administration all subjects were explained about the purpose, nature and outcome of study. Participants provided their informed permission.

III. Results

The data given in **Table 1** shows that in experimental group according to **age**, 51(29.48%) mothers were in the age group of 26-30 years, 48(27.75%) were in the age group of 31-35 years, 125 (72.25%) mothers of them were Hindus and 36(20.81%) were Muslims, 64(36.99%) mothers had secondary school education and 45 (26.01%) had primary school education, 65 (37.57%) mothers belongs to nuclear family, 53 (30.64%) mothers had monthly family income of 10001 to 20000 Rs., 72 (41.62%) mothers were homemaker and 54 (31.21%) were in business, 73 (42.20%)mothers were living in urban area and 41 (23.70%)mothers were living in rural area, 99 (57.22%)mothers had para 1 and 152 (87.86%) mothers had not attended **any educational activity on home care management of pre term baby.**

While in control group, 55(31.61%) mothers were in the age group of 26-30 years, 51 (29.31%) were in the age group of 31-35 years, 122 (70.12%) of them were Hindus and 43(24.71%) were Muslims. 62 (36.63%) mothers had secondary school education and 49 (28.16%) mothers had graduation and more. 76 (43.68%) mothers belongs to nuclear family, 58 (33.33%) mothers had monthly family income of 10001 to 20000 Rs., 77 (44.25%) mothers were homemaker and 51 (29.31%) were in business. 82 (47.13%) mothers were living in urban area and 35 (20.11%)mothers were living in rural area. 94 (54.02%) mothers had para 1 and 148 (85.06%) mothers had not attended **any educational activity on home care management of pre term baby.**

Table 1. Distribution of subjects according to socio demographic variables (N=347)

S. No.	Demographic Variables	Experimental Group n ₁ =173		Control n ₁ =1	1
		Freq.	%	Freq.	%
1.	Age (in years)	_		_	
a)	Below 25 years	45	26.01%	43	24.71%
b)	26-30 years	51	29.48%	55	31.61%
c)	31-35 years	48	27.75%	51	29.31%
d)	More than 35 years	29	16.76%	25	14.37%
2.	Religion				
a)	Hindu	125	72.25%	122	70.12%
b)	Muslim	36	20.81%	43	24.71%
c)	Christian	12	06.94%	09	05.17%
d)	Others	00	00	00	00
3.	Educational status				
a)	Never went to school	21	12.14%	23	13.22%
b)	Primary school	45	26.01%	40	22.99%
c)	Secondary school	64	36.99%	62	36.63%
d)	Graduation and more	43	24.86%	49	28.16%

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4.	Type of the family				
a)	Nuclear family	65	37.57%	76	43.68%
b)	Joint family	45	26.01%	44	25.29%
c)	Extended family	63	36.42%	54	31.03%
5.	Monthly family income				
a)	< 10000 Rs.	35	20.22%	38	21.84%
b)	10001-20000 Rs.	53	30.64%	58	33.33%
c)	20001-30001 Rs.	53	30.64%	52	29.89%
d)	30001 Rs. and more	32	18.50%	26	14.94%
6.	Occupation				
a)	Private Job	14	08.09%	15	08.62%
b)	Govt. Job	33	19.08%	31	17.82%
c)	Business	54	31.21%	51	29.31%
d)	House maker	72	41.62%	77	44.25%
7.	Area of living				
a)	Rural	41	23.70%	35	20.11%
b)	Urban	73	42.20%	82	47.13%
c)	Semi-urban	59	34.10%	57	32.76%
8.	Parity of women				
a)	Para 1	99	57.22%	94	54.02%
b)	Para 2	31	17.92%	42	24.14%
c)	Para 3	28	16.17%	25	14.37%
d)	Para 4	14	08.09%	13	07.47%
9.	Attended any educational activity on				
	home care management of pre term baby				
	Yes				
	No				
a)		21	12.14%	26	14.94%
b)		152	87.86%	148	85.06%

Table2. Pre-test and post-test score of knowledge in control group (n₁=174)

Level of knowledge regarding preterm care at home	Control Group			
	Pre-Test Scores			
	Freq.	%	Freq.	%
Inadequate	128	73.56%	125	71.84%
Moderately adequate	35	20.11%	37	21.26%
Adequate	11	06.32%	12	06.90%

Table 2 depicts that in pre – test majority of mothers 128 (73.56%) had inadequate knowledge and 35 (20.11%) had moderately adequate knowledge while 11 (06.32%) had adequate knowledge, whereas in post – test 125 (71.84%) of them had inadequate knowledge and 37 (21.26%) moderately adequate knowledge while 12 (6.90%) had adequate knowledge level in control group.

Table 3. Pre-test and post-test score of knowledge in experimental group (n₂=173)

Level of knowledge regarding preterm care at home		Experimental group				
	Pre-test	Pre-test scores		est scores		
	Freq.	%	Freq.	%		
Inadequate	127	73.41%	0	0%		
Moderately adequate	33	19.08%	74	42.77%		
Adequate	13	7.51%	99	57.23%		

Table 3 depicts that in pre test, majority of mothers, 127(73.41%) had inadequate knowledge, 33 (19.08%) of them had moderately adequate knowledge and 13 (7.51%) had adequate knowledge, whereas in post – test majority of mothers 99 (57.23%) had adequate knowledge and 74 (42.77%) of them had moderately adequate knowledge in experimental group.

Table4. Domain wise comparison of mean pre & post test knowledge score in control group (n₁=174)

Domain	Pre-Test		Post Test		Mean &	T value
	Mean	Mean%	Mean	Mean%	Mean %	(p value)
					Difference	
Topic Introduction	2.33	58.25%	2.25	56.25%	08	0.633
_					(-2%)	(0.52)
						NS
Pre term baby characteristic,	3.52	50.28%	3.62	51.71%	+.10	0.855
challenges and special care					(1.43%)	(0.39)
need						NS

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Purpose and management of	7.93	41.73%	8.08	42.52%	+.15	0.552
preterm baby care at home					(0.79%)	(0.58)
						NS

Table 4 shows that in control group there was negligible difference in mean pre test and post test knowledge score in all domain i.e. Topic Introduction, Pre term baby characteristic, challenges and special care need and Purpose and management of preterm baby care at home. The difference was found statistically not significant at .05 level of significance in all domains.

Table 5. Domain wise comparison of mean pre & post test knowledge score in experimental group $\binom{n_1-173}{2}$

$(\mathbf{n}_1 = 1/3)$						
Domain	Pre	Test	Post Test		Mean &	T value
	Mean	Mean%	Mean	Mean%	Mean %	(p value)
					Difference	
Topic Introduction	2.24	56%	3	75%	0.76	6.894
_					(19%)	(0.0001)
						S
Pre term baby	3.48	49.71%	5.61	80.14%	2.13	17.026
characteristic, challenges					(30.43%)	(0.0001)
and special care need						S
Purpose and management	8.46	44.52%	14.33	75.42%	5.87	21.808
of preterm baby care at					(30.90%)	(0.0001)
home						S

Table 5 shows that in experimental group there was obvious difference in mean pre test and post test knowledge score in all domain i.e. Topic Introduction, Pre term baby characteristic, challenges and special care need and Purpose and management of preterm baby care at home. The difference was found statistically significant at .05 level of significance in all domains.

Table 6. Comparison of mean pre-test and mean post-test score of knowledge in control group and experimental group

Component	Observation	Mean	SD	Paired 't' value
Control group	Pre-test	13.78	3.88	0.4749
$(n_1=174)$	Post-test	13.97	3.49	(p.317)
Experimental group (n ₂ =173)	Pre-test	14.19	3.49	23.09 (p.00001)
(112-173)	Post-test	22.94	3.11	(p .00001)

Table 6 depicts that in control group, mean pre – test score is 13.78 with SD 3.88 and mean post –test score is 13.97 with SD 3.49, mean difference was 0.19, the Paired 't' test value was 0.4749 (p= 0.317) when compared to table value (2.02) is low. It seems that without video assisted teaching programme there is no significant difference between pretest and posttest scores of knowledge in control group.

In experimental group, mean pre – test score is 14.19 with SD 3.89 and mean post – test score is 22.94 with SD 3.11. Mean difference is 08.75. The Paired "t" test value was 23.09 (p=.00001) when compared to table value (2.02) is high. It seems that Video assisted teaching programme made significant difference between pre-test and post-test scores of knowledge in experimental group.

Table – 7 Comparison of mean post-test score of knowledge in control group and experimental group (n=347)

	(,		
Component	N	Mean	SD	Un paired 't' value
Control group	$(n_1=174)$	13.97	3.86	
				24.97
Experimental group	$(n_2=173)$	22.94	3.11	(p=.00001)

Table 7 showed that; mean post-test value of control group was 13.97 with SD 3.86 which is lesser than the post-test value 22.94 with Sd 3.11 of experimental group. The unpaired 't' value was 24.97 (p=.00001) when compared to table value (2) is high. The findings show that there is significant increase in the level of knowledge in experimental group than control group. It indicates the effectiveness of video assisted teaching programme in increasing knowledge level regarding preterm care at home among mothers in experimental group.

To determine the relationship between the pre-test knowledge score and the demographic factors in the control and experimental groups, a chi-square test was performed. Study result found that there was significant association between the pre-test knowledge score and attended any educational activity on home care

management of pre term baby in control group (χ^2 =9.868) and in experimental group (χ^2 =5.796). And rest demographic variables had no significant association found between the pre-test knowledge score in both control and experimental group.

IV. Discussion

Present study revealed that 73.56% mothers in control group and 73.41% in experimental group had inadequate knowledge in pre test regarding preterm care at home. Salwa HAM et al (2020)¹² also discovered that 53% of mothers had inadequate knowledge about premature infant health. Negi H et al (2019)¹³ found that 94% mothers had average knowledge on premature infant care among mothers. Aldirawi A et al (2019)¹⁴ revealed that only about 58.4% of mothers of premature babies had good knowledge about health care needed for premature infants after discharge from NICU. Ruth L. et al (2018)¹⁵ found that 77% postnatal mothers had average knowledge and 23% had good knowledge regarding problems of premature babies.

As researcher provided Video assisted teaching program regarding pre term care at home in experimental group. In experimental group our study found that majority of mothers 57.23% had adequate knowledge and 42.77% of them had moderately adequate knowledge in post test whereas there was negligible knowledge score difference in control group pretest-post test score. Our study findings supported by **Sakthivel R.** (2021)¹⁶ research study in which 87 % had adequate knowledge, remaining 13 % had moderate knowledge in post test regarding the Essential Newborn Care (ENC) among primipara mothers. **Sweta Patel** (2020)¹⁷ also found that in posttest 76.66% mothers had good knowledge, 21.67% had average knowledge regarding care of pre term baby.

Our study discovered that there was negligible difference in mean pre test and post test knowledge score in all domain i.e. Topic Introduction, Pre term baby characteristic, challenges and special care need and Purpose and management of preterm baby care at home. The difference was found statistically not significant. Obvious difference in mean pre test and post test knowledge score in all domains in experimental group and between control and experimental group post test score. The difference was found statistically significant. Our study findings supported by **T. Priyadharsini et al (2021)**¹⁸, in their study in which 42.7% and 48.48% mothers had poor knowledge in thermoregulation and nutritional needs domain. **Bajaj Divyanshi et al (2019)**⁸ also revealed that there was low awareness in domains like "Providing warmth" 24.64%, "Breastfeeding" 19.02%, "Prevention from infection" 17.66%, "Immunization" 59.39%, "Kangaroo Mother Care" 18.35%, "LBW Supplementation" 20.66%, and "Danger signs" 10.98% among mothers regarding LBW care at home. **H. Mohini et al (2017)**⁹ found that aspect wise mean knowledge score ranged between 55.3% and 65.3% among rural mothers on home based neonatal care.

The efficacy of the video assisted teaching program was evaluated by using paired't' test and unpaired 't' test. In control group the mean pretest score is 13.78 and mean posttest score is 13.97, the Paired 't' test value was 0.4749 (p-0.317). It seems that without video assisted teaching programme there is no significant difference between pretest and posttest scores of knowledge in control group. While in experimental group, the mean pretest score is 14.19 and mean posttest score is 22.94, the Paired 't' test value was *23.09 (p .00001). Control group mean posttest score is 13.97 and experimental group mean posttest score is 22.94, the unpaired't' value was 24.97 (p=.00001). It clearly indicated that Video assisted teaching programme makes significant difference between pretest and posttest scores of knowledge in experimental group. Our study findings supported by Shijo J. et al (2022)¹⁹ research study in which they found effectiveness of education intervention in increasing knowledge and awareness regarding care of neonatal jaundice among mothers of preterm babies admitted in selected hospitals. Lavanya Subhashini et al (2018)²⁰ also revealed that Video assisted teaching had enhanced the knowledge and practice of mothers of pre term babies regarding breast feeding in experimental group. E. Jeyagowri Subash (2017)²¹ demonstrated that after structured teaching programme the knowledge, attitude and practice were increased significantly in experimental group among mothers of preterm babies regarding preterm care. Eqbal GAM (2021)²² also found effectiveness of an educational program on mother's knowledge toward discharge care plan of pre term baby in his quasi experimental study. Jiji Bapu Yelam et al (2020)²³ also revealed effectiveness of video assisted teaching programme on knowledge and practice regarding kangaroo mother care. Saranya S (2019)²⁴, Julie Jadhav (2018)²⁵ and also found effectiveness of educational intervention on the home care management of preterm babies and infant care among mothers. Meta-review conducted by Puthusserv S et al (2018)²⁶ revealed that interventions with both home and facility-based components showed the most frequent positive impact across outcomes on pre term infants. Meena H. et al (2020)²⁷ and Chaturvedi D. et al (2023)²⁸ also found effectiveness of educational intervention on knowledge among mothers. Our findings supported by a quasi experimental study conducted by Shobeiri F et al (2016)²⁹ and Shakil A et al (2010)³⁰ in which they found significant difference between control and experimental group.

Our study found that there was significant association between the pre-test knowledge score and attended any educational activity on home care management of pre term baby in control group (χ^2 =9.868) and in

experimental group (χ^2 =5.796). And rest demographic variables had no significant association found between the pre-test knowledge score in both control and experimental group. Our findings supported by **Salwa HAM et al** (2020)¹² and **T. Priyadharsini et al** (2021)¹⁸ in which, mother's knowledge about infant premature health showed a significant positive correlation with her education. Our findings partially supported by finding of **Ruth L et al** (2018)¹⁵ and **Bajaj Divyanshi et al** (2019)⁸ in which there was no significant association between the level of knowledge among the postnatal mothers of premature babies with selected socio-demographic variables. There were contradictory findings regarding association of knowledge scoire with socio demographic variables. **Sakthivel R.** (2021)¹⁶ revealed that, the mother's age, education, type of family and residence had significant association with knowledge score regarding the Essential Newborn Care. **H. Mohini et al** (2017)⁹ found that mother's knowledge, education, occupation, source of information and dietary pattern have significantly associated with their knowledge on home based neonatal care. **Negi H et al** (2019)¹³ found association between awareness of mothers and their occupation, area of residence, and total family monthly income regarding care of premature infants at home after discharge from NICU.

V. Conclusion

Study identified that the most of the mothers in both control and experimental group had below average knowledge score regarding care of pre term at home in pre test which was increased after video assisted teaching [program in experimental group only as video assisted educational intervention was provided to the experimental group only, thus the study suggests the need for regular continue education programs for mothers and expectant mothers to prevent complications in pre term baby and to regulate growth of pre term baby.

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Conflict of Interest: The current study was carried out without any conflicts of interest.

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