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## RESEARCH ARTICLE

### EFFECT OF VIDEO ASSISTED TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING ANTENATAL CARE AMONG ANTENATAL MOTHERS

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#### ABSTRACT

**Introduction:** Antenatal care is the systemic medical supervision of antenatal mother during pregnancy period. World Health Organization recommends a minimum of four antenatal visits, comprising interventions such as tetanus toxoid vaccination, screening and treatment for infections and identification of warning signs during pregnancy. In India the maternal mortality ratio has been maintained at a higher level since long. **Statement of the problem:** "A study to assess the effect of video assisted teaching programme on knowledge and attitude regarding antenatal care among antenatal mothers in primary health center, Kalapet, Puducherry". **Objectives of the study:** 1. To assess the level of knowledge and attitude on antenatal care among antenatal mothers. 2. To assess the effect of Video Assisted Teaching Programme on knowledge and attitude regarding antenatal care among antenatal mothers. 3. To correlate the knowledge and attitude on antenatal care among antenatal mothers. 4. To determine the association between level of knowledge and attitude regarding antenatal care among antenatal mothers with selected socio demographic variables. **Methodology:** An evaluative approach with pre-experimental one group pre-test and post test design was used in the study. The study was conducted in primary health center, Kalapet, a rural area of Puducherry. Prior to data collection permission was obtained from Directorate of Health and Family Welfare Services for conducting the main study. 30 antenatal mothers who fulfill the inclusion criteria were selected by purposive sampling technique. The data was collected using structured interview schedule on knowledge regarding antenatal care and 5 point likert scale to assess the attitude regarding antenatal care. **Results:** In pre test 18(60%) had Inadequate knowledge, 12 (40%) had moderately adequate Knowledge and none of them had adequate knowledge. In post-test, 18 (60%) had moderately adequate Knowledge, 12(40%) had adequate knowledge and none of them had inadequate knowledge. In pre test 3(10%) had neutral attitude, 27 (90%) had desirable attitude. In Post-Test 30 (100.0%) had desirable attitude, none of them had neither undesirable nor neutral attitude. Video assisted teaching programme was effective in improving the level of knowledge ( $t=20.924$ ) and attitude ( $t=8.148$ ) regarding antenatal care among antenatal mothers at  $p<0.001$ . There was weak correlation between knowledge and attitude ( $r=0.143$ ). There was a statistically significant association between level of knowledge with previous knowledge at  $p<0.05$ . There was no statistically significant association between level of attitude and socio demographic variables. **Conclusion:** The findings of the study revealed that there is a significant difference between the pre test and post test level of knowledge and attitude regarding Antenatal care among antenatal mothers at different time points of study period. Hence it is proved that video assisted teaching programme was effective in enhancing the level of knowledge and attitude of antenatal mothers regarding antenatal care. There is significant association between pre test level of knowledge and attitude on antenatal care with selected socio demographic variables.

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## INTRODUCTION

**Background of the study:** Every pregnant women and newborn has the right to receive quality care throughout the pregnancy, child birth and postnatal period – WHO Pregnancy and child birth is one of the special events in women's lives and among the lives of their families. It is great time of hope and joyful anticipation. The primary goal of antenatal care is to achieve a

healthy mother and healthy baby at the end of pregnancy (Babitha Mathew, 2009). World health organization has issued a new series of recommendations to improve the quality of antenatal care to reduce the risk of still births, complications and gives a positive experience. The new guidelines focusing to ensure not only healthy pregnancy for mother and baby but also an effective transition for positive labor and childbirth (WHO 2016). Antenatal care refers to pregnancy and related health

care provided by a doctor or health worker in medical facility or at home. Antenatal care aims to monitor pregnancy, early identification of risk factors and pregnancy problems like preterm delivery, to detect and treat the pre-existing concurrent problems of pregnancy and also to give advice to take medication that improves pregnancy outcomes and counseling on preventive care, delivery care, postnatal care, pregnancy issues and about antenatal diet (Patel Neha *et al.*, 2015). The antenatal period is a time of preparing the antenatal mothers physically and psychologically for childbirth and parenthood (Ali *et al.*, 2018).

Generally, at the time of first antenatal visit, a pregnant mother is issued with an antenatal care card. The antenatal care card is recording the pregnancy whenever the pregnant woman goes for an antenatal visit (Kenneth Finlayson *et al.*, 2015). After the 1st visit, mother is considered as booked case for subsequent antenatal visits and they can receive complete antenatal care throughout the gestational age. The subsequent antenatal visits to identify the risk factors, complications and its management.<sup>6</sup> The complete history is collected from the pregnant women including current physiological state, complications during previous pregnancies, psychiatric problems, past medical and surgical history, congenital disorders, allergies, use of medications, use of alcohol, tobacco and other substances (Gayatri and Mugali, 2011). The physical and systematic examination done during the first antenatal visit includes weight, height, heart rate, blood pressure, color of mucus membranes, check for edema and palpation of lymph nodes. Systematic examination which includes examination of teeth, gums, breasts, thyroid, heart and lung functions (Gayatri and Mugali, 2011). Finally the abdominal examination done related to pregnancy which includes inspection and palpation of the uterus, measuring the fundal height in centimeters after that the pregnant woman undergoes essential screening which includes syphilis serology, blood grouping, hemoglobin level, human immunological disorder and urine test (Ali *et al.*, 2018). The tablets such as folic acid, ferrous sulphate and calcium supplements given to all pregnant mothers to prevent anemia, neural tube defects and tetanus injection to prevent neonatal tetanus. Recently World Health Organization recommended that pregnant women should have their first visit in 12 weeks of gestation with subsequent visits at 20, 26, 30, 34, 36, 38 and 40-weeks gestation (Ali *et al.*, 2018). The minimum of eight visits is recommended to reduce perinatal mortality and to improve the women's health status (Gayatri and Mugali, 2011). Mostly all pregnant women benefit greatly from exercising throughout their pregnancies is called antenatal exercises for example walking exercises, pelvic tilting, pelvic floor exercise, foot and leg exercises, breathing exercise etc. Regular exercises throughout the pregnancy helps to stay healthy, feel best, improve the posture and reduce some common discomforts like backaches and fatigue. Antenatal exercises may prevent gestational diabetes mellitus, reduce stress, and build more stamina needed for labor and delivery. Early monitoring and on-going care during pregnancy is more favorable birth outcomes (Gold Punithavathy, 2018).

Improving the maternal health is one of the eighth millennium development goal (MDGs). In MDGs, target 5A is to reduce the maternal mortality rate by three quarters between 1990 and 2015. It is the challenge to assess the extent of progress due to the lack of reliable and accurate maternal mortality data. Maternal mortality rate is high in developing country. (WHO, UNICEF, UNFPA, Geneva, 2003) World Wide maternal deaths

has dropped by 47 %.<sup>9</sup> Maternal mortality rate is high in developing country (WHO, UNICEF, UNFPA, Geneva, 2003).

**Need for the study:** Antenatal care is the systemic medical supervision of antenatal mother during pregnancy period. World Health Organization recommends a minimum of four antenatal visits, comprising interventions such as tetanus toxoid vaccination, screening and treatment for infections and identification of warning signs during pregnancy (Planning Commission, 2012-2017). Worldwide approximately 830 women are dying every single day due to complications during pregnancy or childbirth. In 2105, the maternal mortality ratio reduced (MMR) from 216/ 100 000 live birth to less than 70/ 100 000 live birth by 2030 (SDG Target 3.1) will require a global annual rate of reduction of at least 7.5% – which is more than triple the annual rate of reduction that was achieved between 1990 and 2015 (World Health Statistics, 2017). It is estimated that only half of all pregnant women receive recommended amount of antenatal care globally. Mothers of lower socio-economic status consider visiting antenatal clinic as the mean loss of daily wages. Antenatal care will give opportunity to identify high risk mothers, to monitor and support them. As of 2015- 3,03,000 women died related causes of pregnancy (World Health Organization, 2018). In India 2015, the MMR was 174 per 1 lakh live birth (Rhythma Kaul, 2017). Annually, 5 lakhs women die globally as a result of pregnancy and childbirth (Babitha Mathew, 2009). Goal 5-A of the Millennium Development Goals aim to improve maternal health with the target of reducing maternal mortality ratio (MMR) by 75% between 1990 and 2015 (Babitha Mathew, 2009).

In India the maternal mortality ratio has been maintained at a higher level since long. Health status of women has improved over the years due to concentrated efforts of government of India, it is still not at par with the International benchmark is unacceptable high. Health outcome goals in 12<sup>th</sup> 5-year plan to reduce maternal mortality ratio to 100 per 100,000 live births by 2017 (Patel and Gurmeet, 2016). Globally (2010-2016), 86 % of pregnant woman access antenatal care with a skilled health personnel at least once, only three in four (62%) receive at least four antenatal visits. Only half of the women World Wide receive the recommended amount of care during pregnancy (WHO). In India (2015), in Nigeria all pregnant women estimated 1/3<sup>rd</sup> of maternal deaths. Overall 9.2% pregnant women did not consume IFA supplements, 6.6% did not receive TT doses and 10.3% pregnant women could not receive any antenatal care during pregnancy in India (United Nations, 2011).

In Pondicherry: (2015- 16), women who had antenatal checkup in first trimester, urban was 86.5% and rural 67.5%, women who had at least 4 antenatal care visits in urban 90.1% and rural 81.75%. Mothers who consumed iron folic acid for 100 days or more when they were pregnant in urban 67.45% and rural 63.8% (Ministry of Health and Family Welfare, 2015). A Cross-sectional study was conducted to assess the knowledge and practice regarding antenatal care among the mothers of infants in the urban field practice area of the Department of Community Medicine, SGRDIMSAR, Amritsar. House to house survey was conducted. Out of 332 mothers 327 had interest to participate in the study. A pre-designed questionnaire was used. 22% mothers had poor knowledge while 45.6 and 32.4% had average and good knowledge. Age and education status of the mother had significant relation with

the knowledge regarding antenatal care. 96% of mother started ANC in first trimester. 76.5% of mothers had regular ANC visits during pregnancy. The study concluded that considerable gaps were found in the knowledge and practices regarding Antenatal care. Health care workers play an important role in monitoring the women and her family to utilize the antenatal care services. The health care workers should be trained adequately about the available antenatal care services. Community IEC activities should be increased to create awareness about the ANC services which are available free of cost in our country (Amanpreet Kaur and Jagdeep Singh, 2018). A Cross-sectional study was conducted to determine the level of knowledge, attitude, and practice on antenatal care among pregnant women attending the antenatal clinic at a Tertiary Care Hospital in Pune, Maharashtra and their association with various socio-demographic factors. 384 pregnant women selected by pre-tested questionnaire was used for collecting data by interview after obtaining informed consent. Study reveals that 58% women had adequate knowledge regarding ANC. It was found that almost all the variables such as age, education, occupation, parity, type of family, and socioeconomic status (SES) had a significant association with awareness about ANC. 100% women were having a positive attitude toward ANC. Around 70%, women were practicing adequately, and variables such as education and socio economic status had a significant association with practices about antenatal care (Barunbhai Patel *et al.*, 2016).

During OBG clinical posting investigator has observed in maternity ward most of the mothers undergone lower segment cesarean section, compared to normal delivery. Also found that most of mothers delivered with risk of eclampsia, gestational diabetes mellitus, and pregnancy induced hypertension due to sedentary life style and reduced physical activity of mothers during pregnancy. As most of the mothers lack knowledge on antenatal care, the investigator planned to assess the effect of video assisted teaching programme on knowledge and attitude regarding antenatal care (Barunbhai Patel *et al.*, 2016). This study to identify the knowledge of antenatal mothers in different categories of antenatal care like antenatal visits, antenatal check up and antenatal exercise and to enhance the knowledge of antenatal mothers by video assisted programme to improve the quality of care and positive outcome of delivery.

**Statement of the problem:** “A study to assess the Effect of Video Assisted Teaching Programme on Knowledge and Attitude Regarding Antenatal Care among Antenatal Mothers in Primary Health Center, Kalapet at Puducherry”.

**Research question:** Does the Video Assisted Teaching Programme have an effect on knowledge and attitude regarding antenatal care among antenatal mothers?

### Objectives

1. To assess the level of knowledge and attitude on antenatal care among antenatal mothers, before video assisted teaching programme.
2. To assess the effect of Video Assisted Teaching Programme on knowledge and attitude regarding antenatal care among antenatal mothers.
3. To correlate the knowledge and attitude on antenatal care among antenatal mothers.
4. To determine the association between level of knowledge and attitude regarding antenatal care among antenatal mothers with selected socio demographic variables.

### Operational definitions

**Knowledge:** It refers to level of understanding verbalized by antenatal mother regarding antenatal care which is measured by structured questionnaire on antenatal care.

**Attitude:** It refers to the opinion of antenatal mothers regarding antenatal care assessed by 5 point likert scale on antenatal care.

**Effectiveness:** A significant gain in the level of knowledge and attitude regarding antenatal care after video assisted teaching represented by significant difference in pre and post test level of knowledge and attitude.

**Antenatal Care:** Antenatal care is the care given to the women during pregnancy to maintain the health of pregnant women throughout pregnancy, to prevent, diagnose and treat the complications. In this study, antenatal care refers to antenatal visits, antenatal check up and antenatal exercises.

**Antenatal Visit:** Antenatal visit refers to the Antenatal mother's attendance at the antenatal clinic. WHO recommends having antenatal visit, once a month during the first seven months, twice a month during the next month and there after once a week. Activities during antenatal visits are as follows

- Antenatal check up
- Distribution of iron, folic acid and calcium supplements
- Immunization against tetanus
- Advice on diet, personal hygiene, rest and sleep, care of breasts and dental care.

First visit is done as soon as the pregnancy is diagnosed. During the first visit, registration of antenatal mothers, health history, physical examination, laboratory investigations are done. During subsequent visits, physical examination is carried out which includes height, weight gain, blood pressure. Routine laboratory investigation includes urine examination for albumin and sugar, hemoglobin estimation.

**Antenatal check up:** Antenatal checkup refers to the physical examination, systemic examination, abdominal examination and laboratory investigations for the antenatal mothers. Physical examination includes checking height, weight, heart rate, Blood pressure, checking for ankle edema, signs of anemia (paleness of sclera, nail beds) and infection. Systemic examination includes examination of teeth, gums, breast, thyroid, heart and lung functions. Abdominal examination includes inspection, palpation of abdomen which includes measuring the fundal height, abdominal girth, determining lie, presentation, position, state of engagement, along with auscultation of fetal heart sounds. Lab investigation includes, blood grouping, OGTT, Hemoglobin level, virology test VDRL, HIV, HBsAg, urine test for sugar and albumin, fetal wellbeing by (ultra sonography).

**Antenatal exercises:** Antenatal exercises refers to exercises that are recommended for antenatal mothers to improve the physical ability and strengthen pelvic muscles during pregnancy and to cope up with labor pain which includes walking, breathing exercise, pelvic floor and pelvic tilt exercise, leg and foot exercise.

**Video assisted teaching programme:** it refers to the structured teaching programme assisted by Video 20 minutes duration on selected aspects of Antenatal Care such as Antenatal Visits

which includes registration of antenatal mothers, health history, physical examination, laboratory investigations, Antenatal Check Up includes physical examination, systemic examination, abdominal examination and laboratory investigations for the antenatal mothers and Antenatal Exercise like breathing exercise pelvic floor and pelvic tilt exercise , leg and foot exercise , walking exercise.

**Antenatal mother:** It refers to all antenatal mothers in 1<sup>st</sup> and 2<sup>nd</sup> trimester of pregnancy.

**Assumption:** Video assisted teaching programme may help to improve knowledge and attitude and develop a positive attitude regarding antenatal care among antenatal mothers.

## HYPOTHESES

- H<sub>1</sub>:** There is a significant difference in pre and post-test level of knowledge and attitude regarding antenatal care among Antenatal mothers.
- H<sub>2</sub>:** There is a significant correlation between knowledge and attitude regarding antenatal care among Antenatal mothers.
- H<sub>3</sub>:** There is a significant association between pre-test level of knowledge and attitude regarding Antenatal Care among Antenatal mothers with selected socio demographic variables.

## DELIMITATIONS

- This study is delimited to antenatal mothers in 1<sup>st</sup> and 2<sup>nd</sup> trimester on antenatal care among antenatal mothers at Primary Health Centre, Kalapet, puducherry.
- This study is limited to 4 weeks.

**Scope of the study:** The video assisted teaching programme would enhance the knowledge and attitude of antenatal mothers there by facilitates regular antenatal visits, antenatal check up and motivates them to do antenatal exercises. In this chapter introduction, need for the study, statement of the problem, objectives of the study, operational definitions, hypotheses and delimitation of the study were discussed.

## METHODOLOGY

Quantitative research approach was used for this study, to test the effect of video assisted teaching programme on knowledge and attitude regarding antenatal care among antenatal mothers. The research design adopted for study was one group pre-test and post-test design. The study was conducted at Primary Health Centre, Kalapet, Puducherry, which comes under Pondicherry Union Territory. The independent variable refers to video assisted teaching programme regarding antenatal care. the dependent variable refers to knowledge and attitude regarding antenatal care among antenatal mothers. The sample for this study, antenatal mothers who are attending primary health centre, Kalapet, Puducherry. 30 antenatal mothers (1<sup>st</sup> and 2<sup>nd</sup> trimester) were selected by purposive sampling technique based on the inclusion criteria.

**Description of intervention:** Video Assisted Teaching Programme was prepared by the investigator for 20 minutes duration which includes three selected aspects of Antenatal Care such as Antenatal Visits includes registration of antenatal

mothers, health history, physical examination, laboratory investigations, Antenatal Check Up includes physical examination, systemic examination, abdominal examination and laboratory investigations for the antenatal mothers and Antenatal Exercise like breathing exercise pelvic floor and pelvic tilt exercise , leg and foot exercise , walking exercise. The video assisted teaching programme was given to the participants in the treatment room at primary health centre by investigator with laptop.

**Data collection process:** The main study was conducted from 01/09/2018 to 31/9/2018 at Primary Health Centre, Kalapet, Puducherry. 30 antenatal mothers who fulfill the inclusion criteria were selected by purposive sampling technique. Nature and purpose of the study was explained and informed consent was obtained from the participants.

On the first day pre test was conducted using structured knowledge questionnaire on knowledge and 5 point likert scale on attitude regarding antenatal care by interview. 15-20 minutes was spent for each participant. After pre test all participants were gathered in the examination room and Video Assisted Teaching was given for 20 minutes on the same day. Average 8 to 9 antenatal mothers were interviewed per day. On 7<sup>th</sup> day, the investigator visited each participant at their homes and post test was conducted with the same questionnaire for the same group of antenatal mothers to assess the effectiveness of Video assisted teaching programme on knowledge and attitude regarding antenatal care.

**Data analysis plan:** The investigator analyzed the data by using descriptive and inferential statistics.

**Descriptive statistics:** Frequency and percentage distribution was used to describe the demographic data. Mean and standard deviation was used to assess the pre-test and post-test level of knowledge and attitude regarding antenatal care among antenatal mothers.

## Inferential statistics

- Paired “t” test was used to evaluate the effectiveness of video assisted teaching on antenatal care among antenatal mothers.
- Karl Pearson correlation coefficient ‘r’ was used to find out the correlation between knowledge and attitude.

Chi square test was used to find out the association between the level of knowledge and attitude with their selected socio demographic variable.

## RESULTS

Table 1 shows frequency and percentage distribution of antenatal mothers according to level of knowledge regarding antenatal care among antenatal mothers in pre and post test.

The findings reveals that out of 30 antenatal mothers, in pre test 18 (60%) antenatal mothers had inadequate knowledge, 12 (40%) had moderate knowledge, none of them had adequate knowledge, in post-test 18 (60%) had moderate knowledge, 12 (40%) had adequate knowledge, none of them had inadequate knowledge.

**Table 1. Distribution of antenatal mothers according to level of knowledge regarding antenatal care among antenatal mothers**

Level of knowledge	Pre test		Post test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Inadequate knowledge (<50%)	18	60.0	0	0
Moderately knowledge (50-75%)	12	40.0	18	60.0
Adequate knowledge(>75%)	0	0	12	40.0

n=30

**Table 2: Distribution of antenatal mothers according to the level of attitude regarding antenatal care among antenatal mothers**

Level of attitude	Pre test		Post test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Undesirable attitude (<50%)	0	0	0	0
Neutral attitude (50- 75%)	3	10.0	0	0
Desirable attitude (>75%)	27	90.0	30	100.0

n=30

**Table 3: Mean and standard deviation of knowledge scores on selected aspects of antenatal care among antenatal mothers**

Aspects of Knowledge on antenatal care	Pre- Test Score		Post- Test Score	
	Mean	Standard Deviation	Mean	Standard Deviation
Antenatal Visits	4.56	1.77	6.83	1.14
Antenatal Check up	8.56	2.82	14.63	2.38
Antenatal Exercises	1.13	0.97	2.9	0.84

n= 30

**Table 4: Difference in pre- test and post- test level of knowledge regarding antenatal care among antenatal mothers**

Sl.No	Level of knowledge	Mean knowledge score	Standard deviation	Paired t test	p value
1.	Pre test	14.3	4.6	20.924	<0.001*
2.	Post test	24.4	3.5		

n=30

\*P<0.001 statistically significant

**Table 5: Difference in pre-test and post-test level of attitude regarding antenatal care among antenatal mothers**

Sl.No	Level of attitude	Mean attitude score	Standard deviation	Paired t test	p value
1.	Pre test	40.5	2.7	8.148	<0.001*
2.	Post test	44.8	2.5		

n=30

\*P<0.001 statistically significant

**Table 6: Correlation between pre-test knowledge and attitude regarding antenatal care among antenatal mothers**

Pre test score	Correlation coefficient	Significance
Knowledge	0.143	0.451
Attitude		

n=30

**Table 7: Association between level of knowledge regarding antenatal care among antenatal mothers with selected socio-demographic variables**

Sl. No	Demographic variables	Knowledge level				Fisher Exact value	p value
		Inadequate knowledge (<50%)		Moderate knowledge (50 -75%)			
1.	<b>Age (in years)</b>					1.000 NS	
	a) 18 – 26	11	61.1	7	58.3		
	b) 27 – 37	7	38.8	5	41.7		
2.	<b>Educational qualification</b>					0.156 NS	
	a) Primary and secondary	9	50	3	25		
	b) Higher education	8	44.4	5	41.7		
	c) Degree	1	5.55	4	33.3		
3.	<b>Occupation</b>					1.000 NS	
	a) Home maker	16	88.9	10	83.3		
	b) Private employee	2	11.1	2	16.7		
4.	<b>Income(in rupees)</b>					1.000 NS	
	a) ≤ 10000	10	55.5	6	42.85		
	b) 10001 – 15000	6	33.3	4	33.3		
	c) >15000	2	11.1	2	16.6		
5.	<b>Religion</b>					- 1.000 NS	
	a) Hindu	17	94.4	11	91.7		
	b) Christian	1	5.55	1	8.3		
6.	<b>Area of residence</b>					0.814 0.465 NS	
	a) Urban	9	50	8	66.7		
	b) Rural	9	50	4	33.3		
7.	<b>Type of family</b>					0.556 0.710 NS	
	a) Joint	10	55.5	5	41.7		
	b) Nuclear	8	44.4	7	58.3		
8.	<b>Parity</b>					- 0.458 NS	
	a) Primi	12	66.7	6	50		
	b) Multi	6	33.3	6	50		
9.	<b>Gestation weeks</b>					0.660 NS	
	a) 1-12	3	16.7	3	25		
	b)13-28	15	83.3	9	75		
10.	<b>Previous knowledge</b>					5.792 0.026* S	
	a) Yes	7	38.9	10	83.3		
	b) No	11	61.1	2	16.7		

**Table 8: Association between the level of Attitude regarding antenatal care among antenatal mothers with selected socio-demographic variables. n=30**

Sl.No	Demographic variables	Attitude level				p value
		Neutral attitude (50-75%)		Desirable attitude (> 75%)		
		N	%	N	%	
1.	<b>Age (in years)</b>					0.255 NS
	a) 18 – 26	3	100	15	55.6	
	b) 27 – 37	0	0	12	44.4	
2.	<b>Educational qualification</b>					0.769 NS
	a) Primary and secondary	2	66.7	10	37.0	
	b) Higher education	1	33.3	12	44.4	
	c) Degree	0	0	5	18.5	
3.	<b>Occupation</b>					0.360 NS
	a) Home maker	2	66.7	24	88.9	
	b) Private employee	1	33.3	3	11.1	
4.	<b>Income (in rupees)</b>					1.000 NS
	a) ≤10000	2	66.7	14	51.9	
	b) 10001 – 15000	1	33.3	9	33.3	
	c) >15000	0	0	4	14.8	
5.	<b>Religion</b>					0.193 NS
	a) Hindu	2	66.7	26	86.6	
	b) Christian	1	33.3	1	3.33	
6.	<b>Area of residence</b>					0.565 NS
	a) Urban	1	33.3	16	59.3	
	b) Rural	2	66.7	11	40.7	
7.	<b>Type of family</b>					1.000 NS
	a) Joint	1	33.3	14	51.9	
	b) Nuclear	2	66.7	13	48.1	
8.	<b>Parity</b>					1.000 NS
	a) Primi	2	33.3	16	59.3	
	b) Multi	1	66.7	11	40.7	
9.	<b>Gestation weeks</b>					0.501 NS
	a) 1-12	1	33.3	5	18.5	
	b) 13-28	2	66.7	22	81.5	
10.	<b>Previous knowledge</b>					1.000 NS
	a) Yes	2	66.7	15	55.6	
	b) No	1	33.3	12	44.4	

Table 2 shows the frequency and percentage distribution of antenatal mothers according to level of attitude regarding antenatal care among antenatal mothers in pre and post test. The finding reveals that out of 30 antenatal mothers, in pre test 3(10%) antenatal mothers had neutral attitude, 27(90%) had desirable attitude, in post-test 30(100.0%) had desirable attitude.

Table 3 depicts that the Pre-test mean score of antenatal mothers on antenatal visit 4.56 with standard deviation 1.77, in the Pre-test mean score of antenatal mother on antenatal check-up 8.56 with standard deviation 2.82 and Pre-test mean score of antenatal mothers on antenatal exercises 1.13 with standard deviation 0.97. In post test mean score of antenatal mothers on antenatal visits 6.83 with standard deviation 1.14, mean score of antenatal mothers on antenatal check-up 14.63 with standard deviation 2.38 and post test score of antenatal mothers on antenatal exercises 2.9 with standard deviation 0.84.

Table 4 shows that, the post test mean knowledge score on antenatal care among antenatal mothers was significantly higher (24.4) than in pre test (14.3). The observed difference in the knowledge was found to be statistically significant at p<0.001.

Table 5 shows that, the post test mean attitude on antenatal care among antenatal mothers was higher (44.8) than in pre test (40.5). The observed difference in the attitude score was found to be statistically significant at p<0.001.

Table 6 shows that there was weak correlation between knowledge and attitude. Karl Pearson’s correlation was used

find the correlation between knowledge and attitude test regarding antenatal care (r=0.143). The correlation was not significant (p=0.451).

Table 7 Fisher’s Exact test was used to find the association between pre test level of knowledge on antenatal care with selected socio demographic variables. Only previous knowledge was statistically significant at the level of p <0.05. There was no statistically significant association between level of knowledge and other demographic variables such as age, education qualification, occupation, income, religion, are of residence, type of family, parity, gestation weeks.

Table 8 shows that there was no statistically significant association between pre test level of attitude on antenatal care with selected socio demographic variables like age, education qualification, occupation, income, religion, are of residence, type of family, parity, gestation weeks and previous knowledge.

**Recommendations**

- Comparative study can be conducted in rural and urban areas regarding knowledge and attitude on antenatal care among antenatal mothers.
- This similar study can be replicated on control and experimental group.
- A study can be conducted to identify the practices of antenatal mothers to prove the results of the study.
- This similar study can be replicated on large sample there by finding can be generalized for a large population

## CONCLUSION

The present study assessed the effect of video assisted teaching program on knowledge and attitude regarding antenatal care among antenatal mothers before and after video assisted teaching program. The study results revealed that antenatal mother have inadequate knowledge and attitude about the three aspects of antenatal care (antenatal visit, antenatal checkups, and antenatal exercise). The level of knowledge and attitude increased after the video assisted teaching program. So the study concluded that the video assisted teaching program is effective in improving the level of knowledge and attitude regarding antenatal care among antenatal mothers.

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