

A Research to Evaluate the Impact of a Video Based Learning Program on Postpartum Mom's Understanding of How to Express Breast Milk for their Newborns in the NICU at Sri Chama Rajendra Hospital Hassan

¹S. R. RAKSHA

HOD Cum Assistant Professor

Department of OBG Nursing

Gopala Gowda Shathaveri Memorial College of Nursing

²JAYAMMA .A.U. M.Sc. (N),

HOD of OBG Nursing

Government College of Nursing,

HIMS, Hassan

Abstract:-

Aim & Objectives: Mothers of high-risk babies have problems with breastfeeding failure because their babies are unable to latch. This could be prevented by regular secretion of breast milk, and the milk can be stored and used for a short period of time. Milk banks have been in existence in developed countries like USA, Russia, UK and Austria etc. for more than a century. To keep sick, needy premature or laboring babies safe after birth. More importantly, breast milk is species specific and every part of the milk is adapted to meet the specific requirements of that species for the newborn. The use of expressed breast milk for these babies had a significant impact on reducing infant morbidity and mortality. and you have another chance to get breast milk for babies. **Methods** Evaluation approach In a quasi-experimental pre test posttest design, a convenience sampling technique was used to select the sample (N=40). A structured interview schedule was used to assess postpartum mothers' knowledge, and the VATP was administered and a post test was administered 7 days later and analyzed using descriptive and inferential statistics. **Results** The average percentile of the post-test knowledge score (93.18%) was higher than the average percentile of the pre-test knowledge score (42.0%). The calculated paired 't' value is greater than the table value (0.05, 39df) = 2.04 This showed a significant difference between the mean pre-test and post-test data scores. Calculated χ^2 values indicate a significant relationship between respondents' socio demographic information and their posttest data scores. **Interpretation and Conclusion** The results of the study showed that the knowledge about EBM and its management is less before VATP is given. The results showed that VTP helps to effectively improve their knowledge.

Mother of high risk babies run some problems of lactation failure as their babies is not able to suck the nipple. This could be prevented by regular expression of breast milk and can be stored and utilization of milk for a short duration. The milk banks are in-existence for

more than a century in developed countries like USA, Russia, UK and Austria etc..For safe guard to the sick, premature babies in need or for postnatal working mother's infants. More important, breast milk is species specific and every element of milk is knitter made to suit the specific requirements of that species of the new born baby's.The use of expressed breast milk for those infant had made considerable impact onreducing morbidity and mortality of infant and have a another chance to have breast milk for babies.

Methods: An evaluative approach with Quasi experimental pre-test post-test design was used with convenience sampling technique for selecting for the sample (N=40). A structured interview schedule was used to assess the Knowledge of postnatal mothers and VATP was administered and post testdone after 7 days and analyzed by descriptive and inferential statistics.

Results: The post-test knowledge score mean percentage (93.18 %) was higher than the mean percentile of pre-test knowledge score (42.0%). The calculated paired 't' value is greater than the table value (0.05, 39df) = 2.04 It showed a significant difference between mean pre and post- test knowledge scores. Calculated χ^2 values are show significant association between socio demographic data of respondents with their post-test knowledge scores.

Interpretation and Conclusion: The findings of the study showed that knowledge on EBM and its management amongis less before administration of VATP.The results indicated that the VATP is helpful in increasing their knowledge effectively.

Keywords:- Effectiveness, VATP, Knowledge, Expression of breast milk, Management, Postnatal mother

I. INTRODUCTION

Breast feeding is a mother's gift to herself, to feed her baby and to the earth".

One of the introductory requirements of living organisms is nutrition. It's a introductory nutritional food for invigorated babies for centuries. It not only fulfills the physical need for optimum growth but also develops emotional bonding. It protects baby from infections in immaturity and from other conditions in adult hood. More important, mother 's milk is species element of breast milk is knitter made to suit the specific requirements of that species of the new born baby's. 1.

Just as there's no cover for mama 's love, there's. Breast milk isn't only the stylish, but a must-have for the babies. Breast milk is safest and most secure aliment for babies and protect them against illness².

The nutrients are demanded by the baby like carbohydrate, protein, fat, minerals and vitamins are get in a form of breast milk. It contains all nutritive values like fat, lactose, proteins, and fat soluble vitamins like vitamin A,D,E, K and also water soluble vitamins like vitamin B complex, and vitamin C also it's having minerals like iron, zinc, calcium, phosphorus, sodium and potassium in lower level. Breast milk contains a number of immunological substances including anti-bodies and antimicrobials. It's rich in anti-infective factors which cover the baby. Growth factors, hormones, enzymes. It contains anti-infective factors like leucocytes, Immunoglobulin's IgA, IgG, IgM and IgD, lysozyme, lactoferrin, and the bifidus factors like lactobacillus bifidus. It improves their vulnerable system by furnishing expressed breast milk offered one way mater could be physiologically and emotionally connected to their high threat child while they were in the constant care of sanitarium staff. Indeed, breast milk was considered the only way the new mama could connect her body(or part there of) to her preterm baby in sanitarium.

Suckling alone is acceptable and sufficient to maintain optimum growth and development of an child up to the age for 4 to 6 months Breastfeeding is the stylish natural feeding and provides the optimal nutrition for babies during the first time of life when there's rapid-fire physical growth. Women have been doing it in every corner of the world for thousands of times. Breastfeeding is an easy and affordable way for a mama to feed her child. Mother's milk is precious to both mama and her baby. It's the ideal and uniquely superior food for babies which represents commitment on mama 's part and ideal aliment for her baby⁶. while WHO recommends that supplemented breastfeeding continue up to 2 times or further. breast feeding is abecedarian to health and development of children and also important for the mothers⁷.

Breast milk is one where not fed may cause for low birth weight and sick babe. These babies frequently bear prolonged hospitalization and benefit most from the biochemical and defensive factors present in mama 's milk.

Frequently, Factors responsible for this include perinatal stress, anxiety, and separation from baby due to work. And she can overcome this situation by feeding the baby with expressed breast milk's⁸.

II. NEED FOR THE STUDY

A baby is usually alright after spending a few hours apart from their mother, however it is not always easy for a breastfeeding mother to be apart from her child.

The most important thing is for mothers to understand the value of breast milk. One effective strategy to lower the infant death rate is to breastfeed. It is imperative that this duty be carried out in order to maintain and safeguard children, particularly throughout their formative years.⁸

Newborn babies have significant rates of illness and mortality. Approximately 65% of newborn deaths in India take place during the neonatal period, or the first four weeks of life. A typical newborn baby born at term weighs about 2.8 kg on average. which is less than that in the more affluent societies Importance of breast feeding indicates that both timing of initiation and type of breastfeeding pattern exert independent influences on neonatal mortality. Interventions to improve early infant feeding practices and prevent.

The study used a total weighted sample of 21,352 from the 2015–2016 India National Family Health Survey. EBM was measured as the proportion of infants 0–5 months of age who received breast milk as the only source of nourishment, based on mother's recall on feeds given to the infant 24 h before the survey. The prevalence of EBM and other breastfeeding patterns were estimated by region, and multivariable logistic regression that adjusted for clustering and sampling weights was used to investigate the association between the study factors (child, maternal, household, health service and community factors) and EBM by regional areas in India.

Current World Neonatal Mortality Rate: 16.19 deaths per 1000 live birth. Neonatal mortality accounts for a large proportion of child deaths in many countries, especially in low-income settings such as India, Africa etc. In United States, nearly 19,000 babies died in the first month. Neonatal deaths are a serious national health concern, especially in developing countries where 96% of the world's approximate 5 million annual neonatal deaths occur. Each year in India over one million newborns die before they complete their first month of life, accounting for 30% of the world's neonatal deaths. Almost one in every 3 babies in the world, who die before they are 4 weeks old, is in India. India's current neonatal mortality rate of 24 per 1000 live births represents 6.4 lakh children who die each year. Neonatal mortality is higher at rural areas about 49 per 1000 live births (vs. 27/1000 in urban areas).The neonatal mortality rate also varies among Indian states like considerably Karnataka would come next with a neonatal mortality of above 40 per 1000 live births.¹²

Breast milk expression has proven to be helpful in establishing and continuing the breast feeding. Milk expression, by hand or with a pump device, may help mothers to overcome some obstacles to successful breastfeeding and, therefore, increase breastfeeding duration.¹³

The World Health Organization cites under-nutrition as the largest single contributor to unseasonable death, as babies importing lower than 2,500 grams or 5.5 pounds at birth are at lesser threat of death and complaint than those with normal birth weight(2,500 – 4,000 grams, or over to about 8.5 pounds). Two crucial interventions for low birth weight babies are suckling and operation of the infant’s temperature. So, educating of child deaths causes about the mortality rate is matters about the significance of immediate and exclusive breastfeeding is one of the most cost-effective survival may results 14.

In the globalization area, where in country like India are in lot of maters who are working, so there's a need to develop a module on expression and storehouse of breast milk, with a view that the health professionals for the employed maters could use this module as a health education material¹⁵.

To cap it all, As I felt in my clinical experience when I witnessed many postnatal mothers and working mothers

with difficulty in lactation due to ill health or premature babies makes me to motivate this study. “Simply having children does not make mothers” this simple quote contains the overall need of this study.

III. METHODOLOGY

Research methods are the steps, procedure and strategies to gather and analyzes the data in a research investigation. This chapter deals with the methodological approaches. It includes description of research approach, research design, study setting, sampling technique, description about the tool, development and description about the video assisted teaching program, collection of data done plan for data analysis.

A. Research Approach

It guidesthe researcher what to research, whom to analyze and how to interpret the results. A Quantitative evaluative approach was considered as an appropriate one for present study. An approach helps to explain the effect of the independent variable on the dependent variables.

B. Research Design

A Quasi experimental research design is adopted and characterized by one group pre test and post test .In this design pre test design conducted followed by the VATP and then post test for the same group after 7 days.

Table 1: Research Design

GROUP	PRETEST	INTERVENTION	POSTTEST
S	O ₁	X	O ₂

S=Single group, O₁= Pre test, X=Intervention, O₂=Post test

C. Setting Of The Study

It is the regional location and where the condition that permits to collect the data collection which takes place in a study. The study was conducted in Sri Chamarajendra Hospital ,Hassan ,which is located in heart of the city where as 1 km from Government College of Nursing ,Hassan. The average neonatal cases admits NICU is about 30-40/day

D. Target Population

The population referred to as the target which represents the entire group or all the elements like individual or objects that meet certain criteria for inclusion in the study. The target populations of the present study are postnatal mothers.

E. Sample And Sampling Techniques

➤ Sample

It refers to a subset of a population or It is a portion of the population, which represents the total population. In the study sample is postnatal mothers of babies are in NICU at Sri Chamarajendra Hospital, Hassan.

➤ Sample size

The sample comprise of 40 postnatal mothers are selected.

➤ Sampling technique

Sampling is defined as the process of opting group of people or elements with which to conduct study. In this study non-probability sampling (convenience sampling) technique was used to select the samples.

➤ Criteria for selection of Sample

- Inclusion criteria
- ✓ Mother willing to participate in the study.
- ✓ Mother ‘s present during the time of data collection.

● Exclusion Criteria

- ✓ Mother who are absent during the time of data collection.
- ✓ Mother who are not willing to participate in the study.

➤ Data collection instruments

A structured interview schedule was used to collect the datato observe variables in the research problem.

➤ *Development of the Tool*

The steps adopted for the development of tool are;

First draft of tool regarding knowledge of expression of breast milk and its management was developed based on objectives, extensive review of literature and suggestions obtained after consulting with Guide and personal experience. Main factors like level of understanding of the participants, method of teaching to be adopted, simplicity of language, appropriate use of teaching aids and attention span of the subjects were also considered.

➤ *The tool consisted of two parts:*

• *Part I: Socio demographic data*

Variables like socio demographic consists of 10 items, which includes age, religion, Type of family, residence, parity, educational status, annual income, occupation, dietary habits, and source of health information to collect the personal information of the subjects.

• *Part II: Structured knowledge questionnaire*

The part of the tool consisted of 40 items in 4 areas.

That were:

- ✓ Introduction to expression of breast milk .Definitions of EBM and Indication for EBM
- ✓ Expression of EBM: a)Preparation for EBM b)Method of sterilization of vessels c) Method of Expression
- ✓ Storage of EBM
- ✓ Feeding of EBM

➤ *Development of the VATP*

The steps adopted for the development of VATP are;

Draft of video assisted teaching programme regarding knowledge of expression of breast milk and its management was developed grounded on objectives, extensive review of literature and suggestions attained after consulting with Guide and particular experience. Main factors like position of understanding of the participants, method of teaching to be adopted, simplicity of language, appropriate use of teaching aids and attention span of the subjects were also considered.

➤ *Preparation of the final draft of video-assisted teaching programme.*

The video-assisted teaching comprised the following headings:

- Defines Expression of breast milk.
- List out the Indication of EBM
- procedure on Expression of breast milk.
- method of sterilization of vessels
- Storage of expressed breast milk.
- Method of feeding used by expressed breast milk

➤ *Content validation of Tool along with VATP*

The video-assisted teaching programme was given to 8 OBG Nursing experts and 2 obstetricians for validation against the criteria checklist. Modifications were made as per the experts' suggestions and the final draft was

prepared.. There was 100% agreement by experts on the content of the video assisted teaching programme.

F. Pilot Study

Pilot study is a small scale version or trail run of the major study. To assess the feasibility in conducting the main study and to gain information for improve the project, The pilot study was conducted on 21/02/ 2020-28/02/2020 by opting 10% of the sample size/subjects like postnatal mothers and they were excluded in the main study. After administration of intervention, the knowledge of the postnatal mothers was assessed by using a structured interview schedule with the socio demographic variable. After pre test the VATP was given to them regarding expression of breast milk and its management. After a week post test was conducted by using the same tool and assessed. The data collected of pre test and post test were coded numerically, and tabulated.

G. Reliability Of The Tool

Reliability of the instrumental research is defined as some extent to which that yields thatsame results on repeated measures. Concerned with internal consistency, with some perfection, stability, and homogeneity. The reliability of the tool was reckoned by using Spearman-Brown prophecy formula ($r1=2r1/2/1+r1/2$) and was found to be 0.84.

H. Data Collection Procedure

As the first step in the data collection procedure, the investigator met the Medical Superintend of Sri Chamarajendra Hospital at Hassan in order to establish support and cooperation to conduct study successfully. The formal authorization was taken from the department in charge for the data collection. After carrying the permission investigator met the subjects and established rapport with them. A written informed consent was taken separately from each mother. Appropriate orientation was given to the mothers about the aim of the study, nature of the Interview schedule and adequate care was taken for guarding the subjects from the implicit, pitfalls, including maintaining confidentiality, security and identity.

Data collection was started with the help of interview schedule on knowledge from 1/03/2020 to 30/03/2020 for about 30 days. roughly 2-4 postnatal mother were interviewed daily about 30 minutes were spent with each participant. After the pre test, VATP was given to the postnatal mother whose babies are in NICU. Post test was conducted using the same tool, with an interval of one week to assess the effectiveness of VATP.

I. Plan For Data Analysis

The attained data from the replier were coded numerically and tabulated. After tabulation and coding, the entered data in master sheet, are collected and analyzed with the descriptive and inferential statistics like paired 't' test were used to test the thesis. The chi-square test was used and finds the association between variables with knowledge scores.

J. Results

The collected data are analysis and interpretation to see the effectiveness of video assisted teaching programme regarding EBM management among postnatal mothers of neonates in NICU. The purpose of this analyses is to reduce the data to a manage and interpretable for the research problems can be studied and tested.

The data collected through Structured interview schedule from postnatal mothers (N=40) is analyzed and interpreted.

K. Objectives Of The Study

- To assess knowledge regarding expression of breast milk and its management among post natal mother of neonates in NICU
- To evaluate effectiveness of video assisted teaching program regarding expression of breast milk and its management
- To determine the association between posttest knowledge scores regarding expression of breast milk and its management with their selected demographic variables.

- **SECTION I:**

L. Presentation Of The Data

In order to find the relationship, the data was tabulated, analyzed and interpreted by using descriptive and inferential statistics. The data is presented under the following headings.

- **Section I:** Analysis of demographic characteristics of respondents under study.
- **Section II:** Analysis of pre-test and post-test knowledge scores of respondents and effectiveness of Video assisted teaching programme.
- **Section III:** Association between demographic variables with post-test knowledge scores.

➤ **Section I: Demographic Characteristics of Respondents Under Study**

Analysis of demographic data of the sample is described in terms of Age, Religion, Type of family, Residence, Parity, Occupation, Annual income, Dietary habits, Educational status and information source about knowledge regarding EBM.

The frequency and percentage distribution of respondents according to demographic characteristics are shown in the Table.1, 2 and in respective figures.

Table 2: Classification of respondents by Personal Characteristics

Characteristics	Category	Respondents	
		Number	Percent
Age group (years)	20-23	13	32.5
	24-26	13	32.5
	27-29	10	25.0
	>30	04	10.0
Religion	Hindu	23	57.5
	Christian	03	7.5
	Muslim	14	35.0
	Others	00	00
Family Type	Nuclear	30	75.0
	Joint	10	25.0
	Extended family	00	00
Residence	Rural	21	52.5
	Urban	19	47.5
Parity	Primi	21	52.5
	Multi	19	47.5
Total		40	100.0

Table.2 shows the following findings, The subjects (32.5%) were in the age group of 20-23 years and 24-26 years, (25%) were age group of 27-29 years and (10%) were age group of >30 years (Fig.3), Most of them are were Hindu Religion (57.5%),Christians are(7.5%),Muslims were(35.0%)and others were (0%) (Fig.4), Majority (75%)

of them are Nuclear family and 25% were Joint family (Fig.5), Major of them were Reseeding in rural (52.5%) and remaining(47.5%) were living in Urban area(Fig.6).Then coming to the parity primi mothers are more(52.5%) than multipara mothers are 47.5% (Fig7).

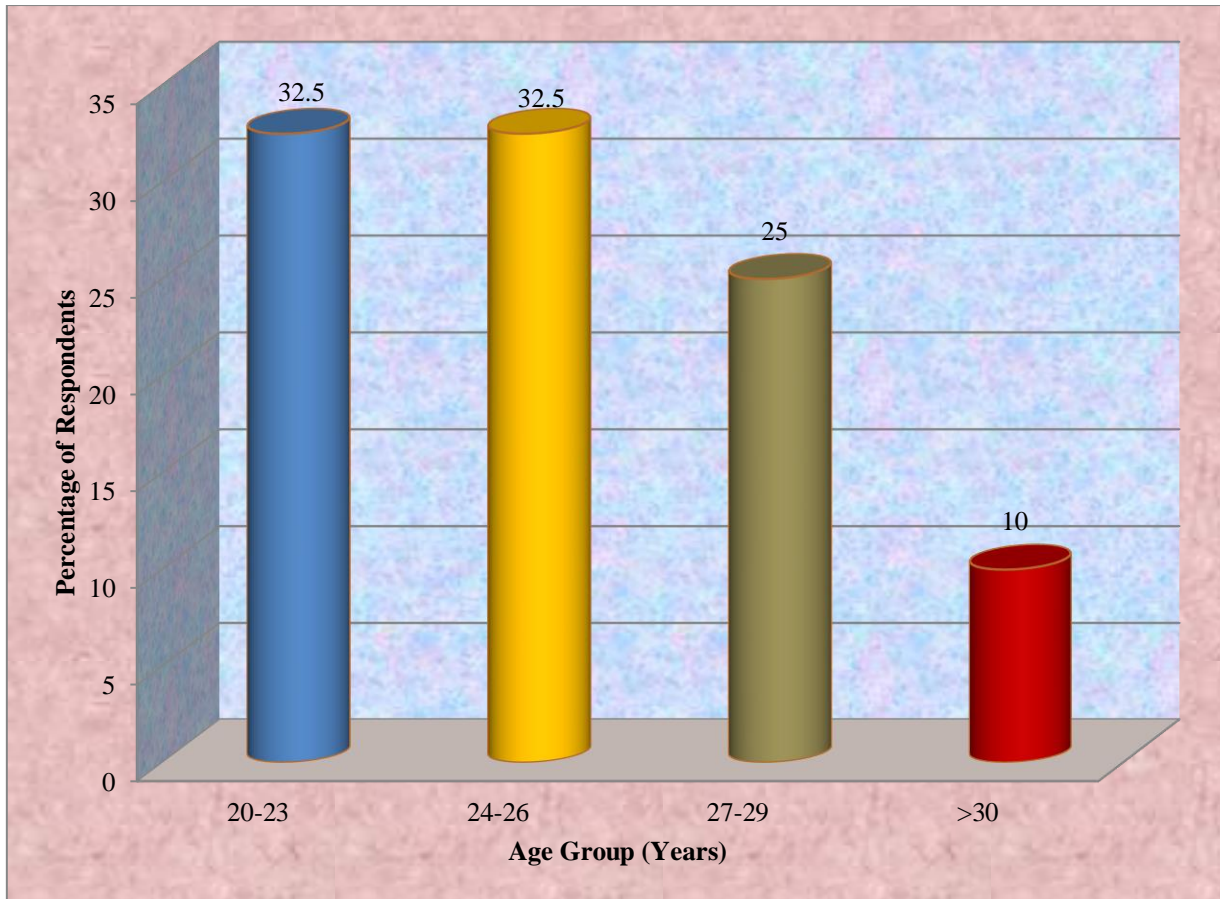


Fig. 3: Classification of Respondents by Age group (years)

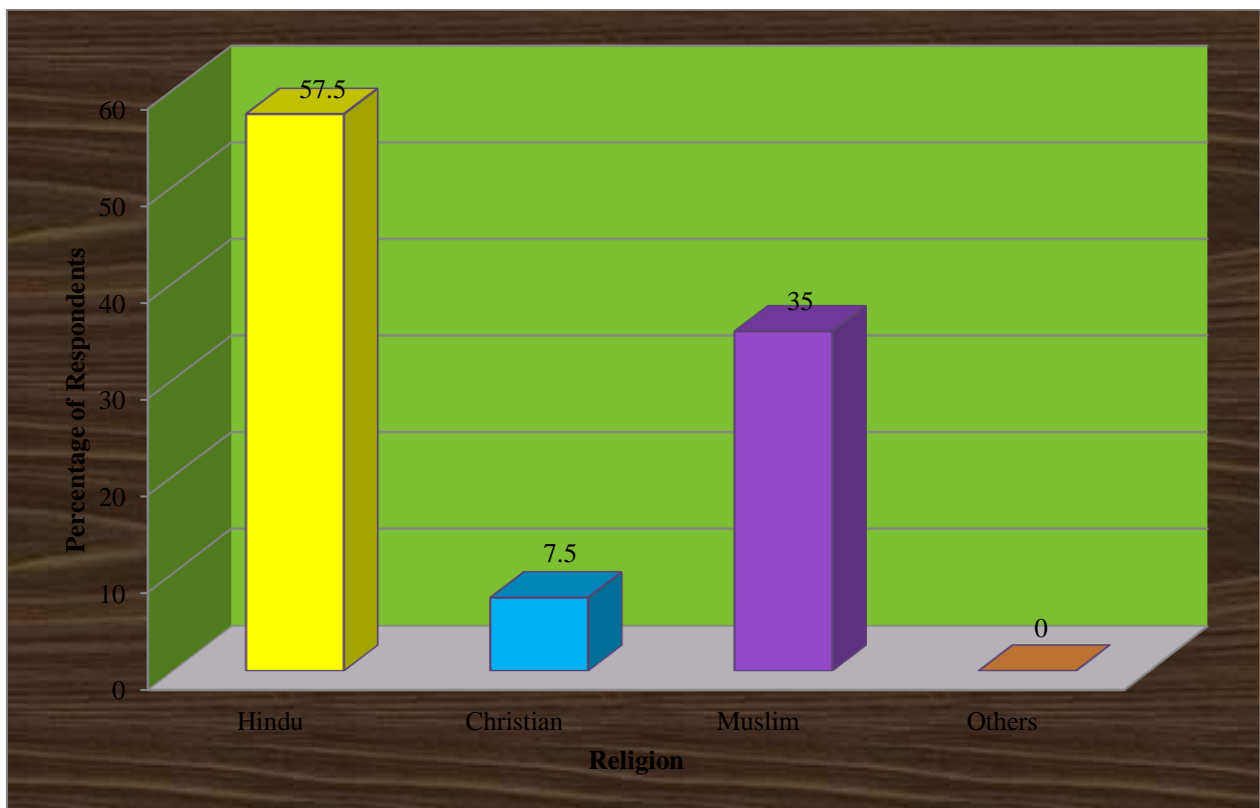


Fig. 4: Classification of Respondents by Religion

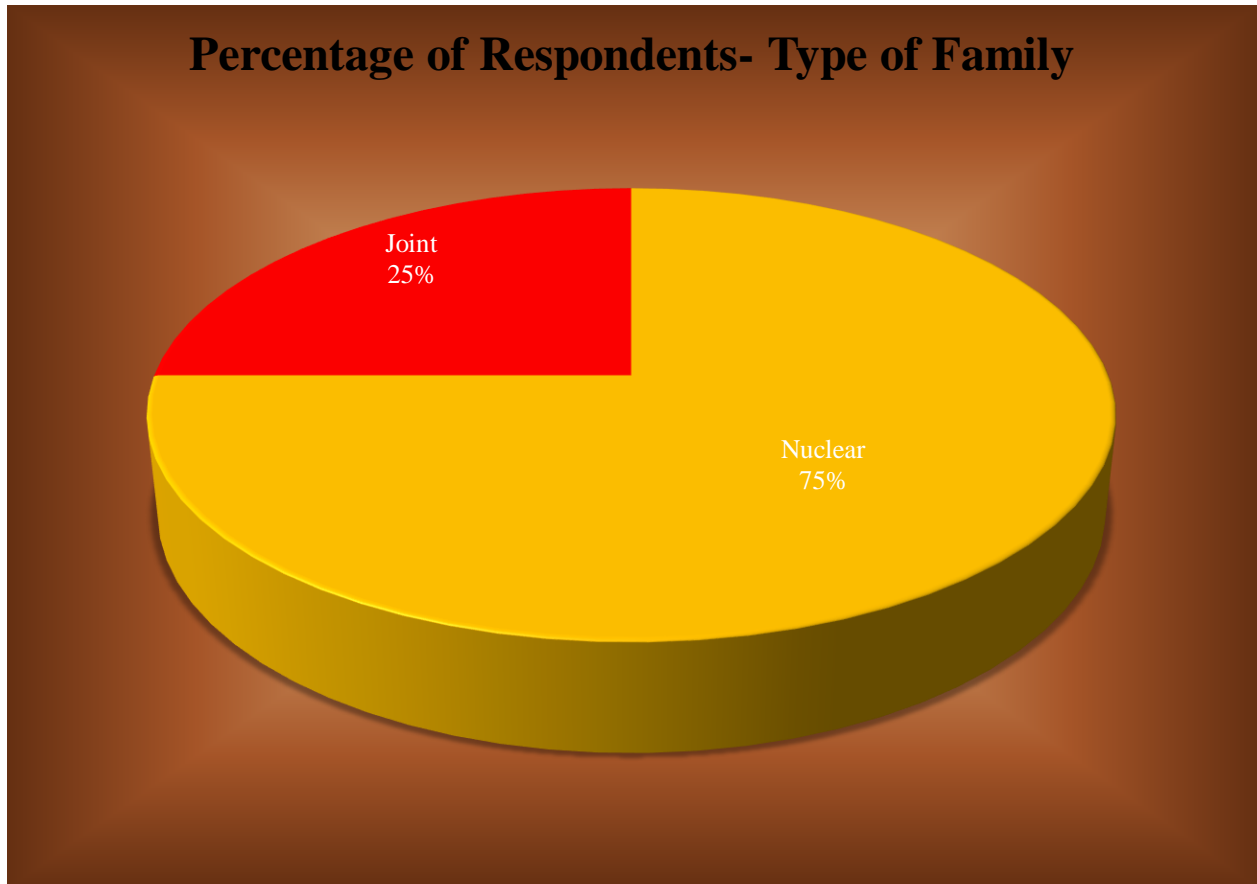


Fig. 5: Classification of Respondent by Type of Family

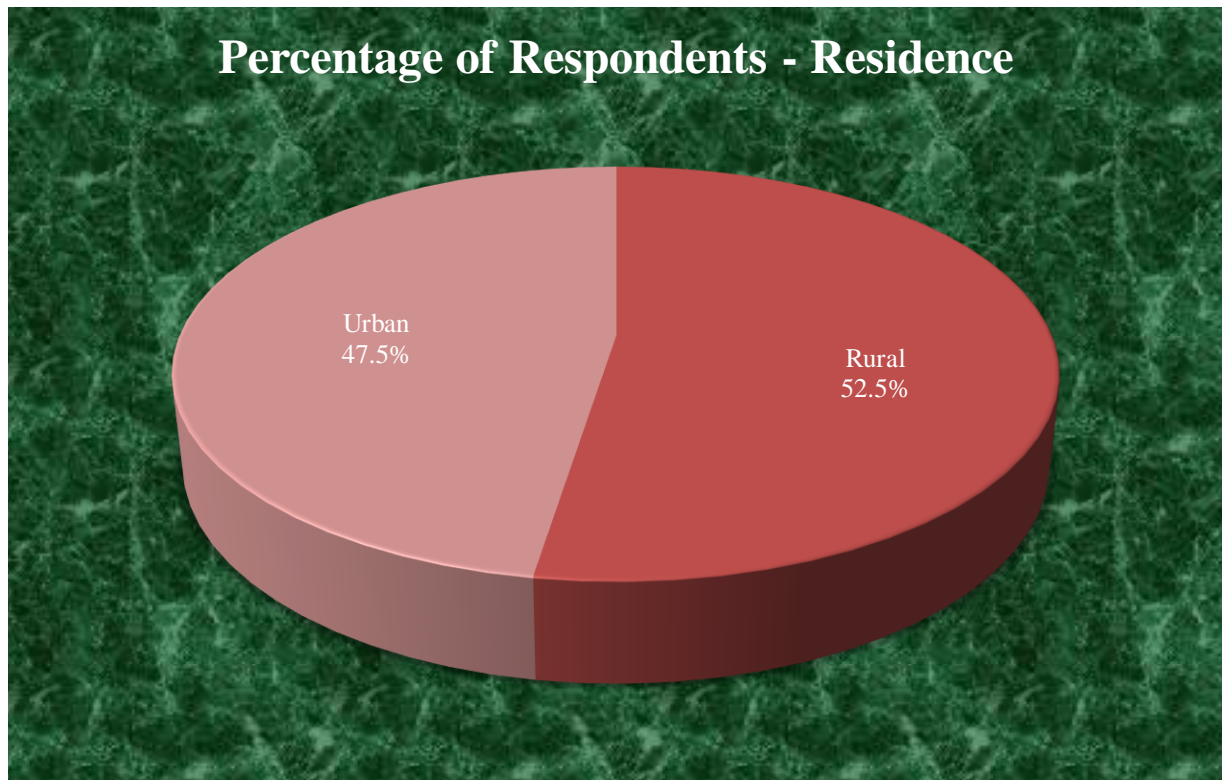


Fig. 6: Classification of Respondent by Residence

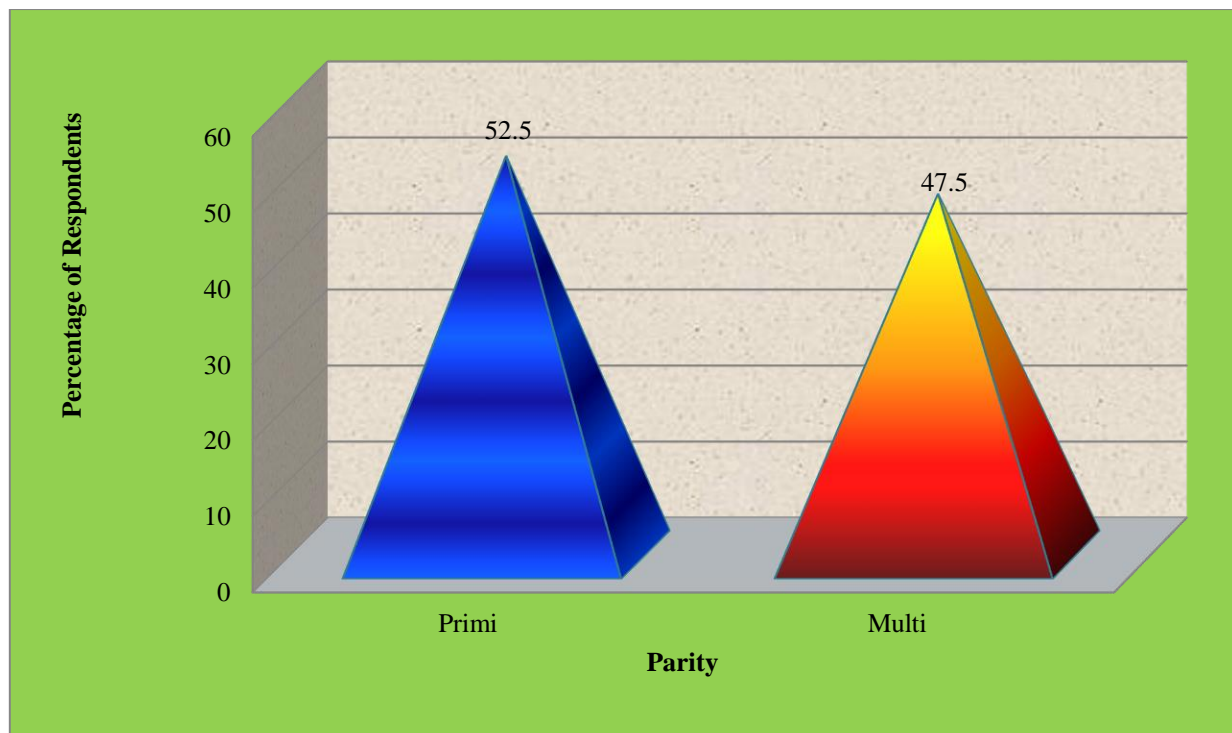


Fig. 7: Classification of Respondent by Parity

Table 3: Distribution of Respondents by Related Characteristics

Characteristics	Category	Respondents	
		Number	Percent
Occupation	Government Employee	00	00
	Private Employee	11	27.5
	Daily wages	13	32.5
	House wife	16	40.0
Annual income	Below 20,000	13	32.5
	20,001-40,000	16	40.0
	40,001-80,000	11	27.5
	Above 80,000	00	00
Dietary habit	Vegetarian	20	50.0
	Mixed Diet	20	50.0
Educational status	SSLC	15	37.5
	PUC	14	35.0
	Graduates and above	11	27.5
Source of Information	Family members	02	5.0
	Friends	00	00
	Health Professionals	23	57.5
	Mass media	15	37.5
Total		40	100.0

N=40

Table-3. Depicts that Private Employees were (27.5%), about (32.5%) of them were daily wages worker and majority of them were House wife’s (40%),and Government employee are (0%) (Fig.8), Most of their Annual income is (32.5%) were below 20,000 (40%) were from 20,000 to 40,000 income based and (27.5%) were in the group of 40,001 to 80,000 group, none of them were above 80,000 (0%) (Fig.9), and Half of them were belongs

to vegetarian (50%) and another half (50%) were habit of mixed diet (Fig.10),Majority (37.5%) were have done SSLC,(35%) of them were PUC and about (27.5%) were have their Graduation and above in their educational status (Fig.11), Majority of them are fromhealth informationsource (5%) from family members(57.5%) were get it from health professions and about (37.5%) from Mass media (Fig.12) .

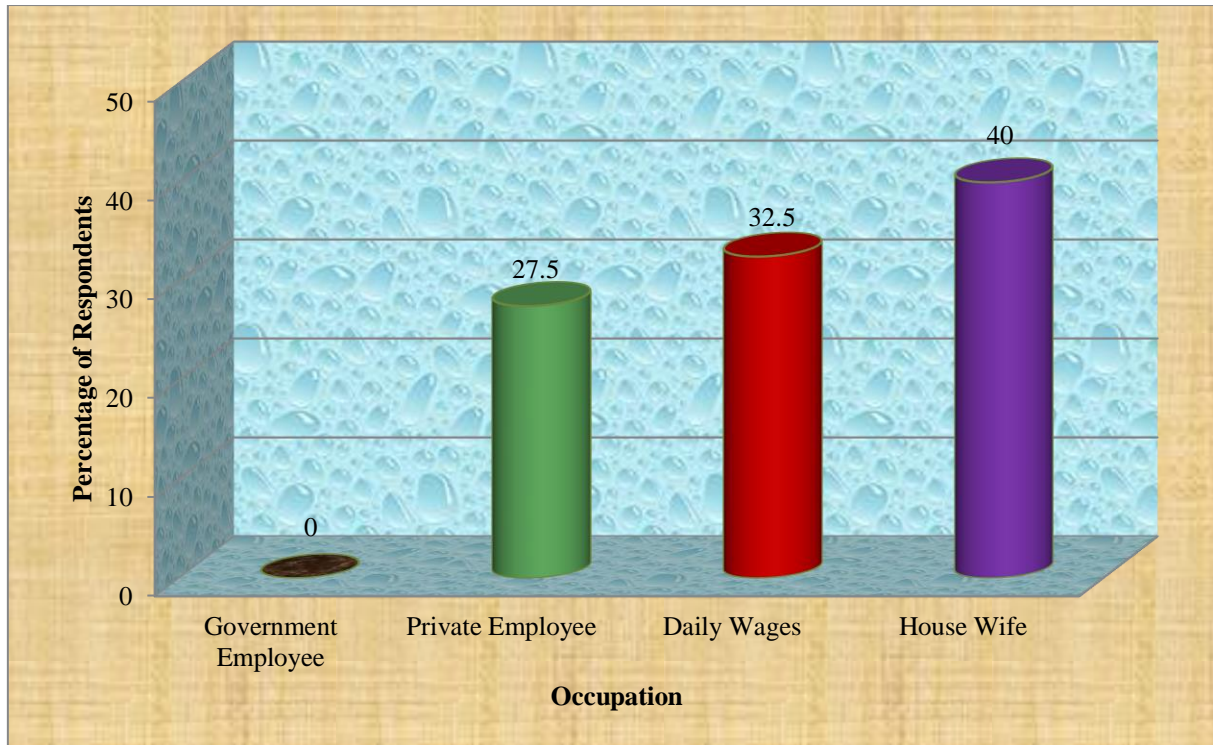


Fig. 8: Classification of Respondent by Occupation

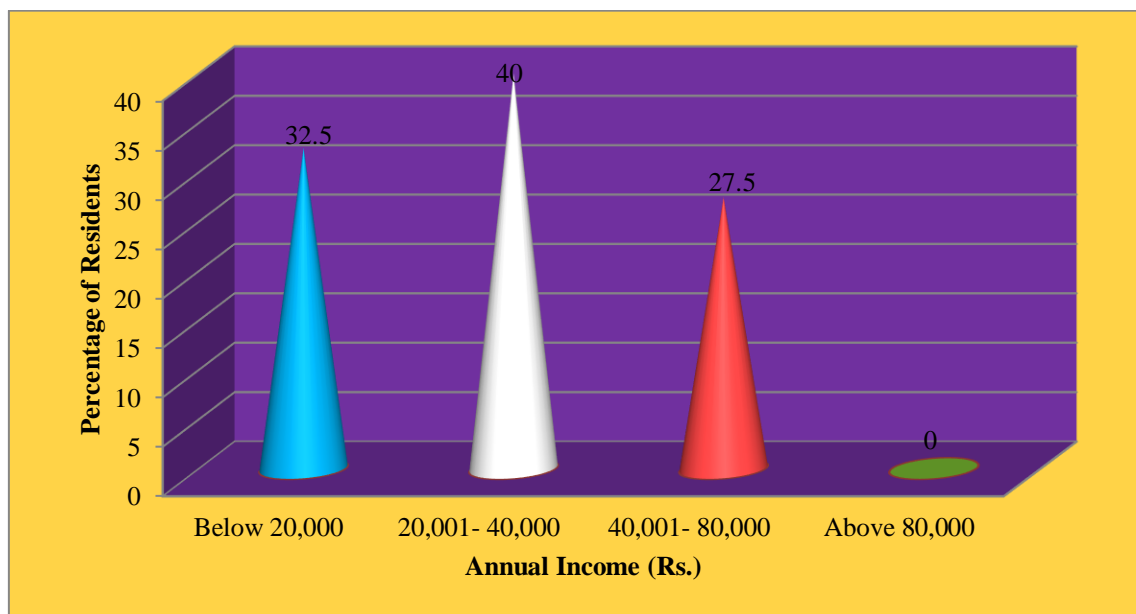


Fig. 9: Classification of Respondent by Annual Income

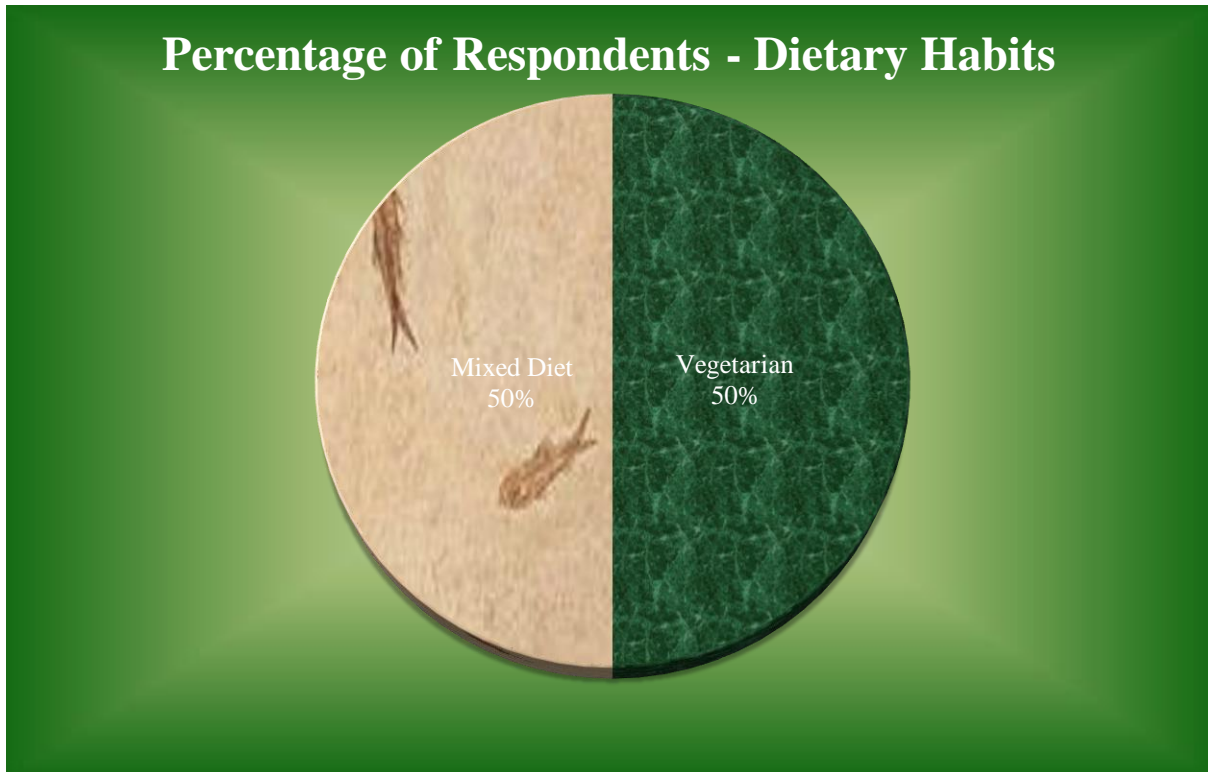


Fig. 10: Classification of Respondent by Dietary Habits

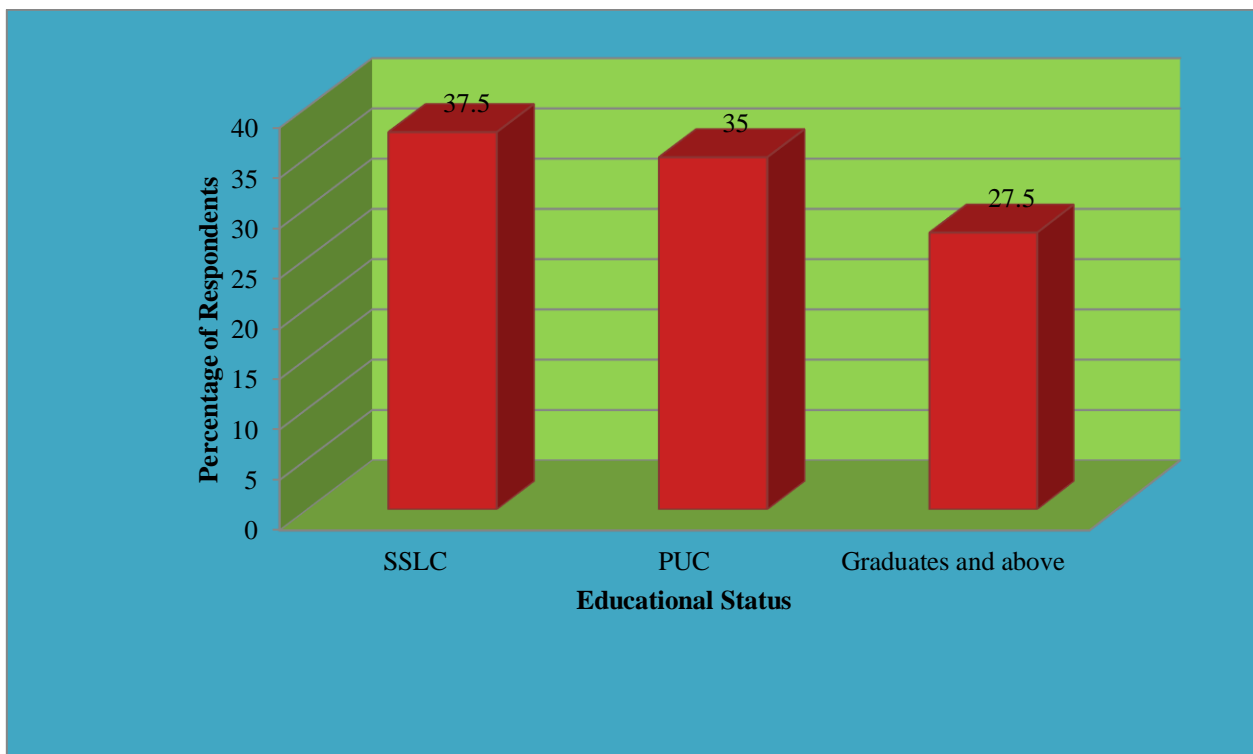


Fig. 11: Classification of Respondent by Educational Status

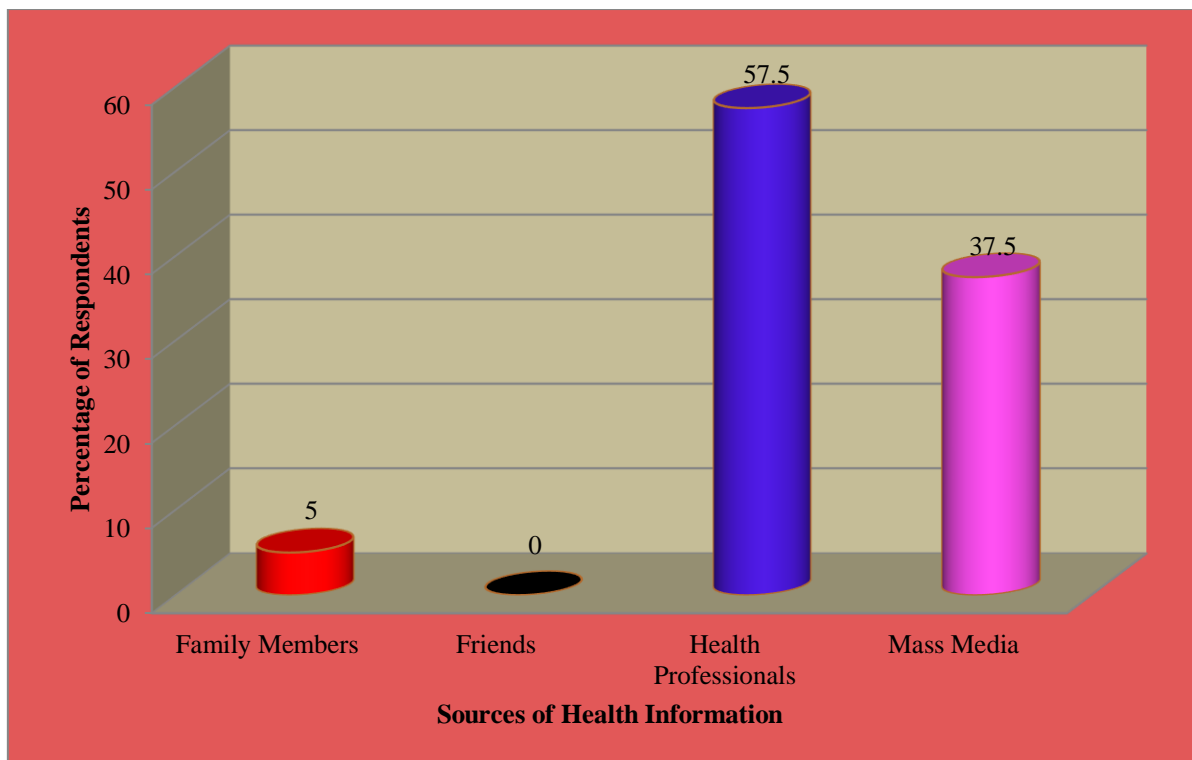


Fig. 12: Classification of Respondent by Sources of Health Information.

• Section II

Table 4: Analysis of Item wise practice score Mean Pre-test and Post-test Knowledge on Expression of Breast milk and its Management

No.	Knowledge Aspects	Respondents Knowledge (%)						Paired 't' Test
		Pre test		Post test		Enhancement		
		Mean	SD	Mean	SD	Mean	SD	
I	Introduction to expression of breast milk Definitions of EBM Indication for EBM	45.35	20.93	91.78	9.64	46.42	24.5	11.94
II	I. Expression of EBM a)Preparation b)Method of sterilization of vessels c) Method of Expression	44.23	12.88	90.0	8.56	45.76	14.03	20.61
III	II. Storage of EBM	45.0	15.70	95.0	7.38	50.0	17.67	17.88
IV	III. Feeding of EBM	35.62	19.51	96.25	7.04	60.62	17.90	21.41
	Combined	42.00	5.49	93.18	4.15	51.18	7.18	45.06

N = 40

* Significant at 5% level, t (0.05,39df) = 2.04

The highest mean percentage are in aspect of Introduction ,Definition ,Indication for EBM , mean pre test was found to be 45.35±20.93% and mean post test score was 91.78± 9.64% with the enhancement of 46.42%±24.5% and significant (t=11.94*) at 0.05 level. aspect of Storage of EBM mean pre test was found to be 45.0±15.70% and mean post test score was 95.0± 7.38% with the enhancement of 50.0±17.67% and significant (t=17.88*) at 0.05 level. In the aspect Expression of EBM (preparation ,method of Sterilization of vessels and Method of Expression) , mean pretest was found to be 44.23±12.88.% and post test score

was 90.0±8.56% with the enhancement of 45.76±14.03%and significant (t=20.61*) at 0.05 level. And least scores in the aspect of Feeding of EBM, mean pre test score was found to be 35.62±19.51% and mean post test scores was 96.25±7.04% with the enhancement of 6.62%±17.90% and significant (t=21.41*) at 0.05 level. The overall percentage mean in pre test was 42.0±5.49%, post test was 93.18±4.15% with the enhancement of 51.18± 7.18% and significant (t=45.06*)at 0.05 level.. Hence the stated research hypothesisH₁was accepted for all aspects wise knowledge. (Fig.17).

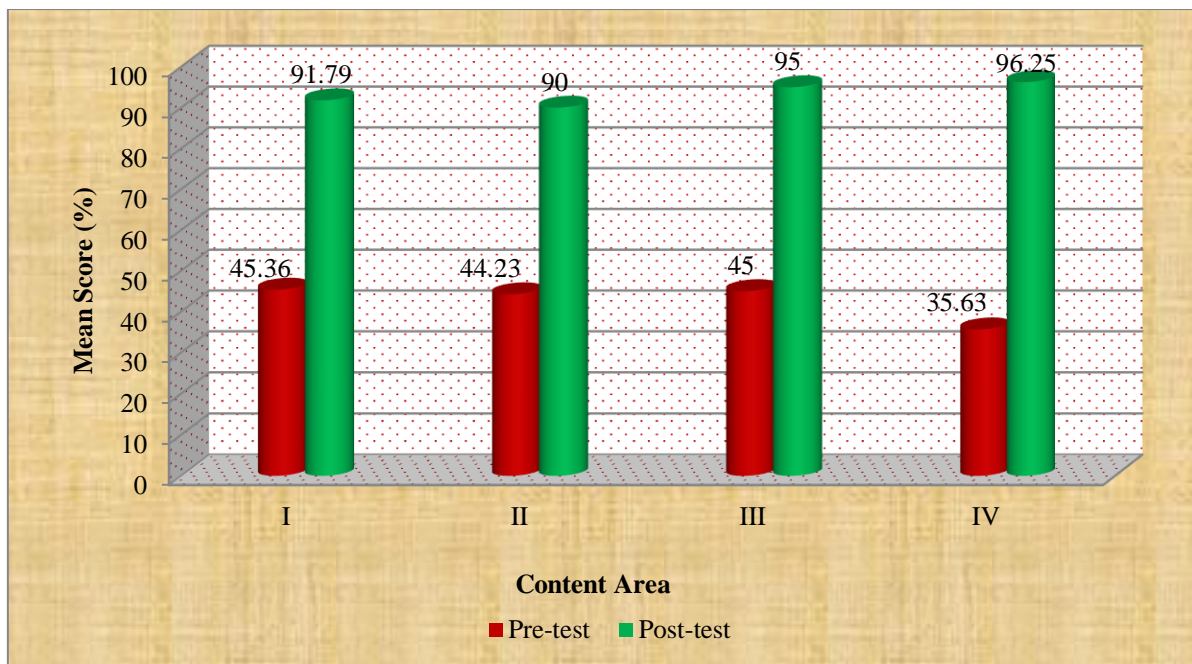


Fig. 17: Aspect wise Mean Pre-test and Post-test Knowledge scores regarding expression of breast milk and its management

• Section III

Table 4: Association between Demographic variables (Personal) and Post-test Knowledge level on Expression of Breast milk and its Management

n=40

Demographic Variables	Category	Sample	Knowledge Level				χ^2 Value	P Value
			Above or equal to median		Below median			
			N	%	N	%		
Age group (years)	20-23	13	9	69.2	4	30.8	0.824NS	P<0.05
	24-26	13	10	76.9	3	23.1		
	27-29	10	6	60.0	4	40.0		
	>30	04	3	75.0	1	25.0		
Religion	Hindu	23	16	69.6	7	30.4	0.32 NS	P<0.05
	Christian	03	2	66.7	1	33.3		
	Muslim	14	10	71.4	4	28.6		
	Others	00	00	00	0	0		
Type of family	Nuclear	30	21	70.0	9	30.0	0.0NS	P<0.05
	Joint	10	7	70.0	3	30.0		
	Extended family	00	00	00	0	0		
Residence	Rural	21	16	76.2	5	23.8	.807 NS	P<0.05
	Urban	19	12	63.2	7	36.8		
Parity	Primi	21	15	71.4	6	28.6	.043 NS	P<0.05
	Multi	19	13	68.4	6	31.6		
Occupation	Government Employee	00	00	00	0	0	.764 NS	P<0.05
	Private Employee	11	8	72.7	3	27.3		
	Daily wages	13	10	76.9	3	23.1		
	House wife	16	10	62.5	6	37.5		
Annual income	Below 20,000	13	9	69.2	4	30.8	.406 NS	P<0.05
	20,001-40,000	16	12	75.0	4	25.0		
	40,001-80,000	11	7	63.6	4	36.4		
	Above 80,000	00	00	00	0	0		
Dietary habit	Vegetarian	20	11	55.0	9	45.0	4.28*	P<0.05
	Mixed Diet	20	17	85.0	3	15.0		

Educational status	SSLC	15	10	66.7	5	33.3	.132 NS	P<0.05
	PUC	14	10	71.4	4	28.6		
	Graduates and above	11	8	72.7	3	27.3		
Information of source	Family members	02	1	50.0	1	50.0	.628 NS	P<0.05
	Friends	00	00	00	0	0		
	Health Professionals	23	17	73.9	6	26.1		
	Mass media	15	10	66.7	5	33.3		
Combined		40	28	70.0	12	30.0		

* Significant at 5% Level, NS : Non-significant

The association between post-test level of knowledge of study participants and their socio-demographic variables and calculated χ^2 values. The calculated χ^2 values with regard to all the selected socio-demographic variables viz. age ($\chi^2=0.824$), Religion ($\chi^2=0.032$), Type of family ($\chi^2=0.00$), Residence ($\chi^2=0.807$), Parity ($\chi^2=0.043$), Occupation ($\chi^2=0.764$), Annual income ($\chi^2=0.406$), Dietary habit ($\chi^2=4.286$), Educational status ($\chi^2=0.132$), Source of information ($\chi^2=0.628$) were less than the table value at 0.05 level of significance at respective degree of freedom and hence were statistically not significant except dietary habit. Hence the stated H_2 is accepted.

IV. CONCLUSION

The following conclusions were drawn from the study.

- The Postnatal mothers were less in knowledge before the invention of VATP.
- Significance difference between mean pre-test and post-test knowledge scores of Respondent regarding EBM is present after VATP is proved to be one of the effective tutoring styles.
- Thus the significance association between demographic variables and posttest knowledge scores are present Limitations.
- The study was conducted by opting convenience sample method. Hence it is limited to the Postnatal mother of neonates in NICU at Sri Chamarajendra Hospital, at Hassan.
- Extraneous variables like exposure to media, health care personnel's, peer contact or any other events passed in the period between pre-test and posttest were beyond the investigators control as control group wasn't used No attempts were made to do the follow up to check the retention of Postnatal mothers .

V. RECOMMENDATIONS

On the base of study findings, following recommendations have been made;

- The study can be a replicated to large sample with a control group and un control group.
- A relative study may be conducted to find out the effectiveness between Video supported tutoring programme and self-instructional module regarding the same content.
- Analogous study can be conduct in the civic area especially for working women's.

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