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# "A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE AND ATTITUDE TOWARDS THE HOME MANAGEMENT OF ORAL AND DENTAL INJURIES IN CHILDREN AMONG PARENTS OF CHILDREN IN SELECTED HOSPITALS OF MEERUT."

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**Abstract:** ***Abstract:*** This study has been undertaken to assess the effectiveness of video assisted teaching on knowledge and attitude towards the home management of oral and dental injuries in children among parents of children in selected hospitals of Meerut. **The research approach in this study was a quantitative approach**. The Research design selected for the **study Quasi- experimental and pre-test post-test design. The setting of the study was in Chhatrapati Shivaji Subharti Hospital, and Lok Priya hospital at Meerut.** The sample includes 60 **(parents of children)**

## INTRODUCTION

**Oral health education**, an important component of oral health promotion, has been considered an essential part of dental health services. It aims to promote oral health primarily by providing information to improve awareness, leading to adoption of a healthier lifestyle, positive attitudes, and good oral health behavior. Health education and preventive dental care interventions not only reduce the incidence of oral diseases but are also cost-effective, easy to administer, and logical to use at community level. Health education is a widely accepted approach in the prevention of oral diseases, a process of transmission of knowledge and skills are necessary for improvement in oral health and quality of life.

The goal of planned health education program is not only to bring about new behavior but also to reinforce and maintain healthy behavior that will promote and improve individual, group, or community health. It concentrates on developing such health practices as are believed to bring about the best possible state of well-being. The presumption is that health education follows a knowledge, attitude, and behaviours route, with information being transmitted, resulting in attitude and behavior change.

## I. RESEARCH METHODOLOGY

**METHOD** A quasi experimental study was done on 60 parents of children 30 in both experimental & control group selected by non-probability purposive sampling technique. Data was collected by using self-structure variables demographic Data Variables like-age, Gender, No of children, Residence, Education, Occupation Using Self Structured Questionnaire knowledge & attitude scale pre-test & post-test was taken from both experimental & control group -Video assisting teaching was given only in experimental group.

### 3.1 Population and Sample

The target Population for the study was parents of children admitted in CSSH hospital Meerut.The samples were 60 parents of children admitted in CSSH hospital at Meerut.

### 3.2. Data and the Source of Data

Formal administrative permission was taken from the medical superintendent of CSSH hospital at Meerut. Final data was done from 03/01/2019 to24/01/2019. 60 parents of children (30 experimental group and 30 control group) were selected from selected CSSH hospital by Non- Probability convenience sampling technique.

### 3.3 Theoretical Framework

Variables of the study contains dependent and independent variables. independent variable was structured teaching programme on home management of oral and dental injuries in children among parents of children and dependent variable was Knowledge and attitude.

### 3.4 Statistical tools and econometric models

The details of methodology is given as follow
find out the effectiveness of video assisted teaching on knowledge & attitude of parents regarding home management of oral & dental injuries in children

## IV RESULT AND DISCUSSION

**The frequency and percentage distribution of the PARENTS OF CHILDREN saccording to the age group**

| S.NO. | SOCIO DEMOGRAPHIC VARIABLE | EXPERIMENTALGROUP | | CONTROL GROUP | |
|---|---|---|---|---|---|
| | | Frequency | Percentage | Frequency | Percentage |
| 1. | AGE (YEARS) | | | | |
| | a) 24-30 years | 8 | 26.6% | 10 | 33.3% |
| | b) 31-40 years | 16 | 53.3% | 14 | 46.6% |
| | c) 41and above years | 6 | 20% | 6 | 20% |

- Out of 60 Parents of children with regard to age, majority of the samples belongs to 31 to 40 years of age were 16 (53.3%), 24 to 30 years of age were 8 (26.6%),41and above age were 6 (20%),

**TABLE: 1.2**

**The frequency and percentage distribution of the PARENTS OF CHILDREN according to the Gender**

| 2. S.NO. | SOCIO DEMOGRAPHIC VARIABLE | EXPERIMENTALGROUP | | CONTROL GROUP | |
|---|---|---|---|---|---|
| | GENDER | Frequency | Percentage | Frequency | Percentage |
| 1.2 | a) Female | 22 | 73.3% | 21 | 70% |
| | b) Male | 8 | 26.6% | 9 | 30% |

- Out of 60 Parents of children with regard as per gender, most of the samples were females 22 (73.3%) and males were 8 (26.6%).

**TABLE: 1.3**

**The frequency and percentage distribution of the PARENTS OF CHILDREN saccording to the No of children**

| 3. S.NO. | SOCIO DEMOGRAPHIC VARIABLE | EXPERIMENTALGROUP | | CONTROL GROUP | |
|---|---|---|---|---|---|
| 4. | No of children | Frequency | Percentage | Frequency | Percentage |
| | a) 1 | 16 | 53.3% | 11 | 36.6% |
| | b) 2 | 13 | 43.3% | 12 | 40% |
| | c) 3 | 01 | 3.3% | 05 | 6.6% |
| | d) 4 or more | 0 | 00% | 0 | 00% |

- Out of 60 Parents of children with regard as per no. of childre
- n majority to the sample belongs to 1 year of age were c 16 (53.3%), 2 years of age were 13(43.3%) ,3 years of age were 1 (3.3%), and 4 years of age were none of the samples.

**TABLE: 1.4**

**The frequency and percentage distribution of the PARENTS OF CHILDREN according to the Place of residence**

| 5. S.NO. | SOCIO DEMOGRAPHIC VARIABLE | EXPERIMENTALGROUP | | CONTROL GROUP | |
|---|---|---|---|---|---|
| 6. | **Place of residence** | **Frequency** | **Percentage** | **Frequency** | **Percentage** |
| | a) Rural | 08 | 26.6% | 12 | 40% |
| | b) Urban | 18 | 60% | 17 | 56.6% |
| | c) Sub urban | 04 | 13.3% | 01 | 3.3% |

- Out of 60 Parents of children with regard area of residence of shows that maximum 18 (60%) belongs to urban area, 8(26%) belongs to rural area, and 4 (13.3%) belongs to sub urban area.

**TABLE: 1.5**

**The frequency and percentage distribution of the PARENTS OF CHILDREN according to the Education.**

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| 7. S.NO. | SOCIO DEMOGRAPHIC VARIABLE | EXPERIMENTALGROUP | | CONTROL GROUP | |
|---|---|---|---|---|---|
| 8. | **EDUCATION** | **Frequency** | **Percentage** | **Frequency** | **Percentage** |
| | a) No formal education | 03 | 10% | 05 | 16.6% |
| | b) Primary Education | 9 | 30% | 12 | 40% |
| | c) Secondary Education | 12 | 40% | 10 | 33.3% |
| | d) Graduate | 6 | 20% | 3 | 10% |

- Out of 60 Parents of children with regard qualification show that the maximum sample were secondary education 12(40%), 9(30%) were primary education, 06 (20%) were graduation and 3(10%) were no formal education.

**TABLE: 1.6**

**The frequency and percentage distribution of the PARENTS OF CHILDREN according to the Occupation.**

| S.NO. | SOCIO DEMOGRAPHIC VARIABLE | EXPERIMENTALGROUP | | CONTROL GROUP | |
|---|---|---|---|---|---|
| | OCCUPATION | Frequency | Percentage | Frequency | Percentage |
| | a) Self employed | 14 | 46.6% | 12 | 40% |
| | b) Un employed | 6 | 20% | 7 | 23.3% |
| | c) Employed | 8 | 26.6% | 7 | 23.3% |
| | d) Sikken employed | 2 | 6.6% | 4 | 13..3% |

- Out of 60 Parents of children with regard majority of samples were self-employed 14(46.6%), employed 8(26%) un-employed 6(20%), and 2 (6.6%) sikken employed.

## SECTION-II

This section reveals the level of knowledge of parents of children regarding the home management of oral and dental injuries in children before and after conducting structured video assissted teaching programme.

**Table-2.1:**

Assessment of pre-test knowledge level of parents of children regarding the home management of oral and dental injuries in children**.**

**n=30**

**n=30**

| SCORE | LEVEL OF KNOWLEDGE | PRE- TEST | | POST- TEST | |
|---|---|---|---|---|---|
| | | FREQUENCY | PERCENTAGE | FREQUENCY | PERCENTAGE |
| 0-10 | POOR KNOWLEDGE | 10 | 33.3% | 0 | 0% |
| 11-20 | AVERAGE KNOWLEDGE | 20 | 66.6% | 0 | 0% |
| 21-30 | GOOD KNOWLEDGE | 0 | 0% | 10 | 33.30% |
| 31-40 | EXCELLENCE KNOWLEDGE | 0 | 0% | 20 | 66.6% |

This table indicates the frequency and percentage distribution of parents of children level of knowledge in pretest. Majority of 20(66.6%) had inadequate knowledge regarding home management of oral and dental injuries in children of 10(33.3%) parents of children had moderate knowledge regarding home management of oral and dental injuries in children and nobody having adequate knowledge regarding home management of oral and dental injuries in children. but in post- test but in post-test majority of parents of children, 20(66.6%) were had Excellence level of knowledge, 10(33.3%) were had level of good knowledge, and non-have Poor knowledge

**TABLE:-2.2**

Assessment of pre-test and post test level of attitude of parents of children regarding the home management of oral and dental injuries in children **n=30**

| SCORE | LEVEL OF ATTITUDE | PRETEST | | POSTTEST | |
|---|---|---|---|---|---|
| | | Frequency | Percentage | Frequency | Percentage |
| 0-10 | Sikken attitude | 11 | 36.6% | 0 | 0% |
| 11-20 | Negative attitude | 19 | 63.3% | 0 | 0% |
| 21-30 | Neutral Attitude | 0 | 0% | 4 | 13.33% |
| 31-40 | Positive attitude | 0 | 0% | 26 | 86.6% |

**PRE-TEST&POST-TEST LEVEL OF ATTITUDE IN EXPERIMENTAL GROUP.** Data represented in table depicts that in pre-test majority of parents of children,19 (63.30%) were had Negative Attitude, 11 (36.66%) had Sikken Attitude, 0 (0%) had the Neutral Attitude and 0 (0%) had Positive Attitude but in post-test majority of parents of children had shown that the, 26(86.6%) have Positive attitude, 4(13.33%) had Neutral Attitude the and 0 (0%) had Negative Attitude, and 0 (0%) had shown the Sikken attitude.

**TABLE: 2.3**

**Assessment of parents of children post- test level of knowledge regarding home management of oral and dental injuries in children.**

**n=30**

| **Level of knowledge** | **POST-TEST** | |
|---|---|---|
| | **frequency** | **%** |
| POOR KNOWLEDGE | 0 | 0 |
| AVERAGE KNOWLEDGE | 0 | 0 |
| GOOD KNOWLEDGE | 10 | 33.3% |
| EXCELLENCE KNOWLEDGE | 20 | 66.6% |
| **TOTAL** | **30** | **100%** |

Table indicates the frequency and percentage distribution of parents of children level of knowledge in post-test majority of parents of children, 20(66.6%) were had Excellence level of knowledge, 10(33.3%) were had level of good knowledge, and non-have Poor knowledge. post-test.

**TABLE: 2.4**

**TABLE NO-9: MEAN, MEAN DIFFERENCE, STANDARD DEVIATION OF DIFFERENCE, STANDARD ERROR OF MEAN DIFFERENCE AND "T" VALUE OF PRE-TEST AND POST-TEST KNOWLEDGE SCORES OF EXPERIMENTAL GROUPS:**

**n=30**

| Level of Knowledge | Mean | $M_D$ | SD | $SD_E$ | Paired t-test | Table value | P value |
|---|---|---|---|---|---|---|---|
| PRE- TEST | 6.00 | 10.57 | 2.20 | 2.05 | 7.75 | 2.05 | P<0.0001 S* |
| POST TEST | 12.57 | | 4.25 | | | | |

**Df- 29 ('t'-2.05), p<0.05 level of significance, ('t'-7.75),**

Data represents in table shows - The table shows that the mean, mean difference and the standard deviation of pre-test and post-test of knowledge score in experimental group. The post -test mean of experimental group was 12.57 which was much higher than the pre-test of experimental group means 6.00. The standard error was 0.846 The calculated' value was 7.75 (DF=29). Which was much higher than the tabulated' i.e., 2.05 at 0.05 level of significant. also, the calculated **'p'<0.0001** which was much lower than the acceptable level of significant i.e., 'p'<0.05. Hence ($H_1$) It is significantly interpreted that video Assisted teaching was highly effective in improving the Knowledge on oral & dental injuries.

**Hence the research hypothesis $H_1$ was accepted & null hypothesis $H_{01}$ is rejected at 0.05 level of significance.**

**SECTION-III**

This section deals with the comparison of pretest and posttest knowledge scores of antenatalmothers regarding the maternal fetal attachment.

**TABLE: 3.1**

Comparison of antenatal mothers pretest and posttest knowledge scores regarding thematernal fetalattachment**.**

**n=60**

| Aspect | Group | | | | | | Paired t value |
|---|---|---|---|---|---|---|---|
| | Pretest | | | Post test | | | |
| | Mean | Mean (%) | SD | Mean | Mean (%) | SD | |
| Maternal fetal attachment. | 1.517 | 30.33 | 0.911 | 3.63 | 72.6 | 1.13 | 11.28 |
| The benefits of maternal fetal attachment. | 4.6 | 28.75 | 2.356 | 9.1 | 56.88 | 2.4 | 10.34 |
| The factors influencing maternal fetal attachment. | 1.37 | 27.4 | 0.66 | 2.83 | 56.6 | 1.11 | 8.763 |
| The strategies for increasing maternal fetal attachment | 1.22 | 30.5 | 0.85 | 2.4 | 60 | 0.7 | 8.309 |
| **Total** | **8.7** | **29** | **3.841** | **18** | **60** | **3.97** | **13.04** |

The table 3.1 shows that the post-test Mean score was higher than pre-test Mean score in all the aspects of knowledge and paired t value shows there is a significant difference between the pretest and posttest values such as Maternal fetal attachment Mean score was (1.52,3.63) with SD (0.91,1.13) and paired t value was (11.281), The benefits of maternal fetal attachment, Mean score was (4.6,9.1) with SD(2.36,2.4),and paired t value was (10.34) The factors influencing maternal fetal attachment Mean score was (1.37,2.83) with SD (.66,1.11) and paired t value was (8.763), The strategies for increasing maternal fetal attachment Mean score was (1.22,2.4) with SD (0.85,0.7) and paired t value was (8.309).

The overall t value was13.043 this indicates there is a significant difference between pretest and posttest knowledge scores. The over-all Mean score was higher in the post-test 18 with SD 3.97 than the pre-test Mean 8.7and with SD 3.84. Hence H1 is accepted

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