

## Original Research Article

# Effectiveness of Video Assisted Teaching Module on Knowledge and Practice Regarding Breast Massage for Breast Milk Expression and Volume

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## Abstract

A Pre-experimental research study was conducted to assess the Effectiveness of Video Assisted Teaching module on Knowledge and practice regarding Breast massage for breast milk expression and volume among 60 Primiparous mothers in a selected Government Hospital, Dehradun, Uttarakhand. A Structured Knowledge Questionnaire and observational checklist were prepared and used to collect the data, to assess the knowledge and practice of Primiparous mothers regarding breast massage. Descriptive and inferential statistics were used for data analysis. Findings shown that the pre-test knowledge score of Primiparous mothers' shows majority i.e., 97 percent had average knowledge, while 3 percent had poor knowledge and none of them had good knowledge. The knowledge score of Primiparous mothers in post-test shows all mothers acquired 100 percent good knowledge while, pre-test practice scores showed majority 93 percent falls under poor category and 7 percent falls in average. Post test practice scores revealed that majority 98% mothers acquired good practice and only 2% had average level of practice. The calculated value of paired t-test for knowledge was 30.327, For practice the value of paired t-test was 56.304. It showed that the Video Assisted Teaching Module was effective in increasing the knowledge and practice among Primiparous mothers on Breast massage. In the demographic variables only educational status had statistically significant association both with the knowledge and practice of Primiparous mothers.

**Keywords:** Breast milk expression, Primiparous mothers, Video Assisted Teaching Module.

## Introduction

Primiparous is a woman who has borne only one child or who is to give birth for the first time. Mother is the one who can immediately understand the needs of an infant by its expressions. She is again the only one who understands the sign language and the little unclear words that the child says when he starts talking [1].

Human milk provides the best nutrition for most babies and breastfeeding provides the best nutrition for infants and very young children, according to an updated position paper. The paper also outlines the health risks of not breastfeeding, which include increased rates of infant and maternal morbidity and mortality, increased health care costs and significant economic losses to families and employers. It is the position of the Academy of Nutrition and Dietetics that exclusive breastfeeding provides optimal nutrition and health protection for the first 6 months of life and that breastfeeding with complementary foods from six

months until at least 12 months of age is the ideal feeding pattern for infants [2].

Breastfeeding offers many benefits to the baby. Breast milk contains the right balance of nutrients to help infant grow into a strong and healthy toddler. Some of the nutrients in breast milk also help protect infant against some common childhood illnesses and infections. Certain types of cancer may occur less often in mothers who have breastfed their babies [3]. Women who don't have health problems should try to give their babies' breast milk for at least the first six months of life. There are some cases when it's better not to breastfeed.

Many mothers experience low milk supply after birth of the baby. It can be resolved by some methods or techniques and milk volume can be increased to adequate level. One of the methods is breast massage or massaging milk producing glands with hand expression of milk. Breast Massage, a "handy" multipurpose tool to promote breastfeeding success breast massage is not new.

It is a “handy” technique that has been studied for decades and praised for its many uses in establishing and sustaining lactation, overcoming breastfeeding difficulties [4].

Massaging the breasts will clear the milk ducts and cause the milk to flow more freely, which will help empty the breasts and therefore trigger a higher milk production. Breast massage is not just for those mothers wanting to increase their milk supply. It is also an important area of breast health that is neglected due to the image that society has created about “touching yourself”[5].

## Objectives

- ❖ To assess the pre-test and post-test level of knowledge and practice regarding breast massage among primiparous mothers.
- ❖ To develop and administer Video Assisted Teaching Module on breast massage.
- ❖ To evaluate the effectiveness of Video Assisted Teaching Module regarding knowledge and practice of breast massage.
- ❖ To find out the association of knowledge and practice of Primiparous mothers regarding breast massage with their selected demographic variables.

## Hypothesis

- **H<sub>1</sub>:** There will be significant difference in the pre-test and post-test level of knowledge among Primiparous mothers who will receive Video Assisted Teaching Module on breast massage for breast milk expression and volume.
- **H<sub>2</sub>:** There will be significant difference in the pre-test and post-test practice among Primiparous mothers who will receive Video Assisted Teaching Module of breast massage for breast milk expression and volume.
- **H<sub>3</sub>:** There will be significant association between the knowledge and practice of breast massage and their selected demographic variables.

## Materials and Methods

### Research approach:

Quantitative experimental (An Evaluative) approach was considered as an appropriate one for the study.

### Research design:

The research design was Pre-Experimental research design (one group pretest-posttest research design).

### Research setting:

The study was conducted in female District Hospital, Dehradun.

### Population:

Primiparous mothers who were admitted in female district hospital Dehradun.

### Target population:

60 Primiparous mothers were selected as sample by using purposive sampling technique.

### Sample and sampling technique:

Sample was Primiparous mothers and purposive sampling technique was adopted to select sample in the study.

### Sample size:

The sample size comprised of 60 Primiparous mothers.

## Criteria for Sample Selection

### Inclusion criteria

The study will be limited to Primiparous mothers who will be:

- Admitted in the District Government Hospital, Dehradun.
- Able to read and write Hindi.
- Available at the time of data collection.
- Willing to participate for the study.

### Exclusion criteria

The study will exclude Primiparous mothers:

- With intrauterine death and still birth.
- Who delivered by cesarean section.

## Variables

### Independent variable

Video Assisted Teaching module regarding breast massage.

### Dependent variable

Knowledge and Practice of breast massage among primiparous mothers.

## Selection and Development of Tool

Selection and development of tool was done, based on the objectives of the study.

**Section A:** Socio-demographic variables. The socio demographic data was prepared with 7 items to collect the personal information of the participants.

**Section B:** Self structured knowledge questionnaire to assess the knowledge of mothers regarding breast massage. The Structured Knowledge Questionnaire was prepared with 31 questions.

**Section C:** Structured observational checklist to assess the practice of breast massage among primiparous mothers.

**Section D:** video assisted teaching module on breast massage.

## Description of Tool

The tools were constructed to assess the knowledge and practice of Primiparous mothers regarding breast massage for breast milk expression and volume.

Tool was comprised of 4 sections:

**Section A:** The socio demographic data was prepared with 7 items to collect the personal information of the participants, obtaining information about selected background factors such as Age, Type of family, Residence, Dietary pattern, Educational status, Annual income, Previous exposure to health teaching.

**Section-B:** The Structured Knowledge Questionnaire was prepared with 31 questions to assess the knowledge on breast massage breast milk expression and volume among primiparous mothers.

**Section-C:** The observational checklist was prepared with 20 items to assess the practice of breast massage among primiparous mothers.

**Section-D:** A 30 min video-assisted teaching was developed to teach primiparous mothers regarding breast massage who were admitted in female Doon hospital, Dehradun.

## Criterion Measures

Criterion measures used in this study were as follows:

### Assessment of knowledge:

There were total 31 items to assess the knowledge regarding breast massage for breast milk expression and volume among primiparous mothers. The maximum score was 31.

### Assessment of practice:

There were total 20 items to assess the practice regarding breast massage among primiparous mothers. The maximum score was 20 and minimum 0.

### Content Validity of Tool:

The present data collection tool, along with the problem statement, objectives, blueprint and criteria checklist designed for validation was submitted to 6 experts. The experts were requested to give their valuable opinions and suggestions regarding the relevancy, adequacy and appropriateness of items in the tool.

### Pilot Study:

Pilot study was conducted on 1/10<sup>th</sup> of the samples in considered setting. Pilot Study was conducted between 28.07.2015 to 04.08.2015. After explaining the purposes of the study and confidentiality of their responses, the knowledge of the Primiparous mothers was assessed by using a structured knowledge questionnaire and practice was assessed by using a structured observational checklist. A video assisted teaching was given to all selected subjects and after that posttest was taken. A concise analysis was done by using statistics.

### Reliability of Tool

The tools were tried out on six Primiparous mothers from Community Health Centre Raipur, Dehradun by administering knowledge questionnaire and observational checklist to assess their knowledge and practice. The reliability of the tool was tested by test-retest method.

## Data Collection Procedure

As the first step in the data collection procedure, the investigator had taken a formal permission from Medical Superintendent and Nursing Superintendent of female Doon Hospital. Informal permission was taken from the Departmental In charges for the data collection. The data was collected in the month of august. Samples were selected according to the laid down inclusion criteria. A written informed consent was taken separately from each mother. All selected mothers were asked to answer the questions to assess the knowledge and practice was assessed through a structured observational checklist. A video assisted teaching was given to all selected mothers for 30 minutes. Posttest was conducted by using the same tool.

## Ethical Consideration

Permission for conducting the study was obtained from the concerned authority. Written informed consent was obtained from all participants of the study after explaining the purpose, procedure and other details. The participants were asked to maintain confidentiality of the data obtained and about the proceedings of the educational program.

## Plan of Data Analysis

In order to achieve the stated objectives of the study, the data was obtained from the 60 subjects and was coded numerically and tabulated. After tabulation and coding, the collected data was analyzed with the descriptive and inferential statistics. Frequency, Percentage, Mean, SD, paired t- test were used to see the effectiveness of video assisted teaching module and chi-square and fisher exact test were used to find out the association of knowledge and practice with their demographic variables.

## Major Findings of the Study

Major findings of the study revealed that according to age group 18 mothers (30%) were in 18-20 years of age group, 34 mothers (57%) were in 21-25 years age group, 5 mothers (8%) were in 26-30 years age group and 3 (5%) mothers were in above 30 years age group. 41(68%) mothers belonged to joint family. 36 (60%) Primi parous mothers were residing in rural area. 37(62%) mothers were Vegetarian by dietary habits. 23(38%) belonged to intermediate education level. 21(35%) were in 15,000-50,000 Rs. income group. Majority 47 (78%) primiparous mothers did not have any previous exposure to education.

Paired t-test with confidence interval was used to show the effectiveness of VATM on knowledge and practice as well as volume of milk of Primiparous mothers.

Chi square and fisher extract test were done to find out the association between pre test level of knowledge and

practice with their selected demographical variables and it was find out that only educational status was significantly associated with pretest knowledge and practice of Primiparous mothers

## References

1. Hasanrashel ,“ValueofMother”21March2013,*retrieved from*  
*http://mothersvalue2013.blogspot.in/2013/03/mother*
2. Journal of the Academy of Nutrition and Dietetics, News wise, 5-Mar-2015, *Retrieved from*  
*http://www.newswise.com*
3. Medline Plus, U.S. National Library of Medicine, Lactation, Nursing,1 September 2015, *Retrieved from* *https://www.nlm.nih.gov/medlineplus*
4. Betty Carlson Bowles , [Clinical Lactation](#), Springer Publishing Company, Volume 2, Number 4, 2011, pp. 21-24. *Retrieved from:*  
*http://www.ingentaconnect.com.*
5. Tracy Behr, New Health Guide.Org © 2014, Last Updated 04 September, 2015, *http://www.newhealthguide.org/How-To-Produce-More-Breast-Milk*