

## A PRE-EXPERIMENTAL STUDY TO EVALUATE THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME ON KNOWLEDGE REGARDING SHAKEN BABY SYNDROME AMONG PARENTS OF INFANTS AND TODDLERS

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### **Abstract**

Shaken baby syndrome is the physical, sexual or emotional mistreatment or neglect of a child or children. In that physical abuse is the leading cause of serious head injury in infants. Although physical abuse in the past has been a diagnosis of exclusion, data the nature and frequency of head trauma consistently support the need for a presumption of child abuse when a child younger than 1 year has suffered an intracranial injury.

**Keywords:** Knowledge, Evaluate, Effectiveness, Syndrome, Teaching.

### **INTRODUCTION**

Head injuries are the leading cause of traumatic death and the leading cause of child abuse fatalities. Homicide is the leading cause of injury-related deaths in children younger than four years. Serious injuries in infants, particularly those that result in death, are rarely accidental unless there is another clear explanation, such as trauma from a motor vehicle crash. When uncomplicated documented that 80% of deaths from head trauma in infants and children younger than two years were the result of non-accidental trauma. Shaken baby syndrome is unlikely to be an isolated event. Evidence of prior child abuse is common.

Shaken baby syndrome is the term that is used to describe a form of child abuse caused by vigorously shaking an infant, often in anger, to get a child to stop crying or whining. It usually occurs in children less than one year of age and the violent shaking often results in spinal cord injuries, bleeding in the eyes, severe brain injuries and even death. At the incidence and demography of non-accidental head injury in a prospective population-based study in pediatric units in Scotland during 1998-99. Shaken baby syndrome occurs with an annual incidence of 24.6 per 100,000 children under one year (95%).

### **OBJECTIVES**

1. To assess the pretest knowledge level regarding shaken baby syndrome among parents of infants and toddlers in semi-urban area of Abhanpur, Raipur (Chhattisgarh).
2. To assess the posttest knowledge level regarding shaken baby syndrome among parents of infants and toddlers in semi-urban area of Abhanpur, Raipur(Chhattisgarh).
3. To assess the effectiveness of video assisted teaching programme regarding shaken

baby syndrome among parents of infants and toddlers in semi-urban area of Abhanpur, Raipur (Chhattisgarh).

4. To find out the significant association between the pretest knowledge level regarding shaken baby syndrome among parents of infants and toddlers with their selected demographic variables

### RESEARCH HYPOTHESIS

**H0<sub>1</sub>:** There is a no significant enhancement in posttest knowledge score regarding shaken baby syndrome among parents of infants and toddlers.

S.NO.	CRITERIA	SCORE	PERCENTAGE
1.	POOR	0-10	0-35%
2.	AVERAGE	11-20	36-69%
3.	GOOD	21-30	70-100%

**H0<sub>2</sub>:** There is a no significant association between the pretest knowledge score among parents with their socio demographic variables.

**H1:** There is a significant enhancement in post test knowledge score regarding shaken baby syndrome among parents of infants and toddlers .

**H2:** There is a significant association between the pretest knowledge score among parents with their socio demographic variables.

### METHODOLOGY

Methodology of investigation is the core of every research work. The success of all research studies depends on the methodology adopted and the tools and techniques employed.

**Polit and Beck** "Methodology means the steps, procedure and strategies for gathering and analysing data a research investigation.

A Pre- experimental, one group pretest posttest design was adopted; purposive sampling technique was used to select 60 subjects based on certain pre-determined criteria. The data generated by using investigator developed structured questionnaire, content validity of investigator developed tool was obtained from experts of related departments. The reliability of the tool was determined by using Split Half method and reliability was found to be 0.97, highly significant. The Parents knowledge was assessed by using investigator developed questionnaire. Pilot study was conducted on 6 parents with constructed tool.

### SAMPLING CRITERIA

#### Inclusion criteria:

- The Parents of infants and toddlers who are present at the time of data collection
- Those who willing to participate in the study.
- Those who understands Hindi.

#### Exclusion criteria:

- Who are not available at the time of data collection?
- Who are sick during the time of data collection?

### RESULTS

The data collected from the study subjects were analyzed and interpreted in terms of the objectives and hypothesis of the study. The descriptive and inferential statistics were used for data analysis; the level of significance was at 5%.

The characteristics of the demographic variables described in terms of their frequency and

percentage distribution of parents which showed that maximum 48.33% were in the age group of 25-27 yrs.' ,maximum age of children 53.33%, maximum 53.33% were males, most of them 98.33% were Hindu, maximum 31.66% education of father and mother in high school , maximum 56.66% belongs from joint family, maximum fathers occupation 48.33% belongs to private job and maximum mother occupation 73.33% from home worker, maximum income of the parents 53.33% under less than Rs. 5000/month , maximum 61.66% had no knowledge about risk of shaken baby syndrome, maximum 70% having source of knowledge through mass media (television).

Out of the 60 students, overall knowledge score during pretest was maximum 34(63%) parents performance was average followed 23 (38%) poor and , 3 (5%) good. The mean for total knowledge score of the parents during pretest was  $11.7 \pm 3.46$  which is 40.80% of total score. The assessment of overall knowledge score during posttest was maximum 53 (88%) parents performance was average followed 7 (12%) and 0 (0%) poor.

The mean total knowledge score of the parents during posttest was  $19.2 \pm 1.38$  which is 73.63% of total score. Comparison of mean, standard deviation and mean percentage of pre and posttest knowledge regarding shaken baby syndrome shows that the overall mean percentage of pretest was 38% whereas, in the posttest the mean percentage was 64% thus, depicting the overall difference in mean percentage was 25%. Hence, it is interpreted that the video assisted teaching programme was effective on various area of knowledge regarding shaken baby syndrome .

The overall Mean difference of 25%, S DD = 2.88, S ED = 0.37, the “ paired t” value is 20.54 at the level of significance 0.01 the table value is 2.66. The table value is less than the calculated value shows that there is significant difference between pre and post test scores. So the research hypothesis ( $H_1$ ) was accepted. Thus the difference in the mean score value of pretest and posttest were true difference.

The chi square test was done to find out the association between the pre test knowledge score and the demographic variables. No significant association was found the pretest knowledge score when compared with the demographic variables age of parents and children ,gender , religion, education of fathers and mother , fathers and mother occupation, family income , hence hypothesis( $H_{02}$ ) was accepted.

## CONCLUSION

Shaken baby syndrome occurs when a child is shaken violently as part of an adult or caregiver's pattern of abuse or because an adult or caregiver momentarily succumbs to the frustration of having to respond to a crying baby.

## RECOMMENDATION

Measures which can be implemented for parents in order to improve their prevention of shaken baby syndrome are:

- A similar study can be replicated for longer samples, in different setting for making broad generalization.
- A similar study can be conducted in community with a illiterate group using different mode of communication.
- The education curriculum should include current and more information to update the knowledge regarding prevention of shaken baby syndrome.

- A similar study can be conducted in parents through various audio-visual aids.

### **NURSING EDUCATION**

- The Parents curriculum should consist of knowledge related to child abuse and shaken baby syndrome and their effective implementation. While training services for parents by the community, emphasis should be on prevention of shaken baby syndrome.
- Nurses at the post-graduate level need to develop skills in preparing health video teaching material in various health aspects in Prevention of shaken baby syndrome, newer techniques have to be used for motivating the parents participation. Emphasis should be made on in-service education and training programmes in the department to increase the knowledge of parents.

### **NURSING ADMINISTRATION**

- As a part of community health service, the nurse administrator should plan and organize continuing education Programme for school teachers to motivate them in conducting teaching Programmes on prevention of shaken baby syndrome in society.
- Community health nurse can also teach to parents about the same. She/he should be able to plan and organize Programme taking into consideration the cost effectiveness and carry out successful educational Programme.

### **NURSING RESEARCH**

- There is need to carry out a survey on other cause of shaken baby syndrome, complication and knowledge regarding various other measures for its prevention. This information would be helpful in preparing literature or any health services or health video teaching Programme in different language.
- To develop the body of knowledge, to test the strategy, to bring new findings in current education and home care, nursing research is essential

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