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Effectiveness of Video Teaching Programme on Knowledge of Reporting Health Vital Events and the Practice among Rural People

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A B S T R A C T

Vital statistics includes indicators such as birth rate, death rate, and natural growth rate, life expectancy at birth, morbidity, mortality and fertility rates. Pre experimental design was used to assess the effectiveness of Video Teaching Programme on knowledge of reporting health vital events and the practice among rural people residing at South Pitchavaram. A total of 50 subjects were selected by convenient sampling technique. The study revealed that, in the pretest, 27(54%) of subjects had inadequate knowledge, 10 (20%) of them had moderately adequate knowledge, 13(26%) of them had adequate knowledge, 11(22%) of them had poor level of practice, 26 (52%) of them had average level of practice and 13 (26%) of them had good practice. After the video teaching programe in the posttest, the mean score was found to be increased to 30.34 with a standard deviation of 2.88. According to the study results the video teaching programe was effective in improving the knowledge of the subjects living in rural area.

Keywords: Video teaching Programme, Health vital events, knowledge and practice.

1. Introduction

Vital Statistics are the demographic indicators which help in identifying areas that need policy and programmed investigations setting short and long term goals and deciding properties, besides understanding them in an integrated structure. Vital statistics includes indicators such as birth rate, death rate, and natural growth rate, life expectancy at birth, morbidity, mortality and fertility rates. Registration of vital events keeps a continuous check on demographic changes. If registration of vital events is complete and accurate, it can serve as liable sources of health information. The necessity for a complete, up to date, and reliable data on vital events hardly needs emphasis. These data are a pre-requisite for socio-economic planning and to evaluate the effective implementation of various programmes. Vital statistics are the major data source for health and demographic study and research undertakings

2. Research Design And Method Introduction

Pre experimental design (One group pretest and post test design) was used to assess the effectiveness of Video Teaching Programme on knowledge of reporting health vital events and the practice among rural people residing at South Pitchavaram in Chidambaram Taluk, Cuddalore district. A total of 50 subjects were selected by convenient sampling technique. The pretest was conducted by using a structured questionnaire regarding knowledge on reporting of health vital events and checklist was used to assess the practice on reporting of health vital events. The Video teaching was given on general

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information about health vital events, registration of birth, registration of death, registration of marriage, notification of disease and utilization of health services. One week later a post test was conducted by using the same structured questionnaire.

3. Result and Discussion Introduction

The distribution of demographic Variables of the subjects in rural area were out of 50 subjects, 30(60%) subjects belongs to the age group of 21-30 years, 12 (24%) of them belongs to the age group of 31-40, 5 (10%) of them belongs to the age group of 41-50 years, 3(6%) of them belongs to the age group of 51-50 years. With regard to education, 7(14%) illiterate, 39(78%) of them primary school, 3(6%) of them higher secondary school, only 1(2%) of them graduates. With regard to type of family, 46 (92%) of them nuclear family, 4(8%) of them joint family. Regarding occupation 41(82%) of them house wife, 9(18%) of them Self Help Group leader. Regarding monthly income 10(20%) of them below Rs.2000, 39(78%) of them Rs. 2001-4000, only 1(2%) of them Rs.4001-6000.

Table-1 Level of knowledge regarding reporting of health vital events in pre test

(N=50)

Level of knowledge	Pre test	
	NO	%
Inadequate knowledge	23	46
Moderately adequate knowledge	13	26
Adequate knowledge	14	28

Table-1 Level of knowledge assessed in health vital events, registration of birth, registration of death, registration of marriage, notification of disease and utilization of health services. The study revealed that, in the pretest, 27(54%) of subjects had inadequate knowledge, 10 (20%) of them had moderately adequate knowledge, 13(26%) of them had adequate knowledge. The comparison of mean knowledge score of the subjects in the pretest as 15.92 with a standard deviation of 2.65. After the video teaching programe in the posttest, the mean score was found to be increased to 30.34 with a standard deviation of 2.88. The above findings of the present study were similar to the findings of Atimati & Isara(2015) and Odimegwu & Adedini (2007)

Table-2 Overall level of practice regarding reporting of health vital events in pretest

(N=50)

Level of practice	Pretest	
	No	%
Poor practice	11	22.00
Average practice	26	52.00
Good practice	13	26.00

Table-2 The practice on reporting of health vital events among the rural people, in the pretest, 11 (22%) of the subjects had poor level of practice, 26(52%) of them had average level of practice and 13(26%) of them had good level of practice regarding reporting of health vital events. This result were supported by Atimati & Isara(2015) ,Isah.et al (2013) and Akande & Sekoni (2005)

Table -3 Comparison of mean and standard deviation of knowledge regarding reporting of health vital events in pretest and posttest

(N=50)

Level of knowledge	Mean	S.D	T-Value	P-Value
Pretest	15.92	2.65	26.047	0.001*** (S)
Post test	30.34	2.88		

***- Significant at P<0.001 level

Table-3 The comparison of mean knowledge score of the subjects in the pretest as 15.92 with a standard deviation of 2.65. After the video teaching programe in the posttest, the mean score was found to be increased to 30.34 with a standard deviation of 2.88. Thus the difference in the level of knowledge was confirmed by the paired't' value, which was found to be highly significant at P<0.001. The association between the pre test mean knowledge scores of the subjects with selected demographic variables were assessed, there is no association found between age, educational status, type of family, occupation, while comparing with pre test knowledge score. But there was a significant difference found between monthly income of the subjects and the knowledge, Rs. 4001-6000 shown the higher mean knowledge score of 23.00 (±0.00) than the below 2000 15.40 (±2.91). This difference was confirmed by (F/t value) (4.277) and found to be highly statistically significant at p<0.001 level.

4. Conclusion Introduction

The present study assessed the knowledge and practice on reporting of health vital events among the people living in the rural area of Chidambaram. The results showed that the subjects had inadequate knowledge and practice on reporting of health vital events during pretest. According to the study results the video teaching programe was effective in improving the knowledge of the subjects in rural area. Health education campaign can be conducted, to improve the knowledge, through information, education and communication materials to bring awareness on registration on vital events among the people living in the rural community.

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