



## A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING OF PROLONGED USE OF DIAPER AND ITS ILLNESS AMONG MOTHERS OF INFANT IN SURGICAL DEPARTMENT AT INSTITUTE OF CHILD HEALTH AND HOSPITAL, FOR CHILDREN, EGMORE, CHENNAI-8

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### ABSTRACT

**Title :** A Study to assess the effectiveness of video assisted teaching of prolonged use of diaper and its illness among mothers of infant in surgical department at Institute of child health and hospital for children, Egmore, Chennai-08.  
**METHODS:** The present study is based on pre experimental one group pre test and post test study design. The samples of the study were selected by non probability convenience sampling technique (n = 60) and pre existing knowledge of the mothers were assessed by structured questionnaire. After pre test, planned video assisted teaching was given to the mothers. After 7 days post test knowledge was assessed. Conceptual framework used for the study was modified imogene king's goal attainment theory. The collected data were analyzed statistically by using "Chi Square Test" & Student paired 't' test.  
**RESULT:** The result on post intervention showed significant improvement (p = 0.001) in knowledge score. The percentage difference in knowledge score of 34.2 % with 95% confidence interval showed the effectiveness of the planned teaching.  
**Conclusion:** The above findings revealed that planned video assisted teaching is an effective method in enhancing the knowledge of mothers.

**Key words:** Assess, effectiveness, Diaper, prolonged use and its illness, video assisted teaching

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### INTRODUCTION

Adam and Eve had a need for a baby diaper, as much as Mr. and Mrs. Smith of today, no matter how pretty the Garden of Eden may have been. There are several documents that refer to the special clothing used for the babies in ancient times. Milkweed leaf wraps, animal skins and other creative natural resources, a far cry from today's disposable diapers[1].

The Egyptians, the Aztecs, the Romans, and many others, who left documentation of their day to day activities, mention its use. Its need covers all segments of the population, from princesses to beggars. The diaper was one of the very first items that distinguished man from animals! Infants have been "wrapped in swaddling bands"

in many European societies since antiquity. Swaddling bands were strips of linen or wool that were wrapped tightly around each limb and then crosswise around the body (like many Yoga advocates still do in India). In Elizabethan times, babies were treated to a fresh diaper only every few days[2].

### METHODOLOGY

This chapter explains the research methodology adopted to assess the effectiveness of video assisted teaching on prolonged use of diaper and its illness among mothers of infant at surgical department, Institute of child health and hospital for children, Chennai-8.



## RESEARCH APPROACH

The evaluative approach helps to great extent in evaluating the effectiveness of video assisted teaching regarding prolonged use of diaper and its illness among mothers of infant. This approach was considered to be the most appropriate to achieve the aim of this study[3].

## RESEARCH DESIGN

The pre-experimental design was used to assess the effectiveness of video assisted teaching on prolonged use of diaper and its illness among the mothers of infant.

## SETTING OF THE STUDY

This study was conducted at the surgical department, Institute of child health and hospital for children, Chennai-8. Institute of child health is one of the biggest hospitals for children in India. The hospital has almost all the specialties and super specialties [4].

It is an educational and Research Institute as well as the referral centre. The total bed strength of this hospital is five hundred and thirty seven.

## STUDY POPULATION

The population of this study comprises of mothers of infant admitted in surgical department, Institute of child health and hospital for children, Egmore, Chennai-8

## SAMPLING SIZE

The sample size for present study is composed of 60 mothers of infant who have attended the surgical department in institute of child health and hospital for children, Egmore, Chennai-8

## CRITERIA FOR SAMPLE SELECTION

The mothers of infant who satisfied the following criteria were selected for the study[5].

### Inclusion criteria:

- Mothers of infant admitted in surgical department at ICH
- Mothers of infant
- Willing to participate in the study
- Understand Tamil and English language

### Exclusion criteria:

- Mother with children > 1 year
- Who are not in the caregiver of infant
- Not willing to participate in the study
- Not able to understand Tamil and English language

## RESEARCH TOOL AND TECHNIQUE:

Description of the instrument: The tool was developed by the investigator after reviewing the related literature and guidance from experts in the field. A structured questionnaire was the instrument, which

included the demographic data and the specific questions regarding prolonged use of diaper and its illness[6].

## Format of the tools

### The tool consists of two parts.

- Part-I consists of demographic data and diaper rash profile
- Part-II specific questions regarding prolonged use of diaper and its illness

## SCORING PROCEDURE:

The scoring procedure consist of part –I and part - II

Part-I consists of demographic data and diaper rash profile. It consists of 10 questions.

Part-II specific questions regarding prolonged use of diaper and its illness. The questionnaire tool consists of 30 questions it consists of the followings:

- General information of the diaper rashes
- Etiology
- Signs and symptoms
- Hygiene
- Medication
- Management
- Prevention
- Complication
- Home care

The score is given as follows

Score of 1 is given for correct answer

Score of 0 is given for the incorrect answer.

## Based on the scores, the level of knowledge and way of practice are graded as follows:

- Inadequate knowledge and poor practice < 50%
- Moderately adequate knowledge and moderate practice 51%-74%
- Adequate knowledge and good practice > 75%

## ETHICAL CONSIDERATIONS:

All mothers of infant were carefully informed about the purpose of the study, their part in the study, and how the privacy is guarded and ensure confidentiality of the study results. Thus the investigator followed the ethical guidelines which are issued by research committee or authority.

## CONTENT VALIDITY OF THE TOOL:

After construction of questionnaire for the study on “A Study to assess the effectiveness of Video Assisted Teaching of Prolonged use of Diaper and its illness among mothers of Infant in Surgical department at ICH & HC , Egmore Chennai-8.” It was tested for its validity and reliability[7].

Validity of the tool was assessed using content validity. Content validity was determined by experts from



nursing and Medical. They suggested certain modifications in tool. After the modifications they agreed this tool for assessing effectiveness of Video Assisted Teaching of Prolonged use of Diaper and its illness among mothers of Infant in Surgical department

#### **PILOT STUDY:**

Pilot study was conducted at surgical ward on 6 mothers of infants. This was done to test the validity of the instrument. The tool was given to the medical and nursing experts for its content validity and the tool were checked for reliability by using test retest method. The investigator was found that the instrument was feasible in terms of time, space, expense and understanding by the caregivers [8].

#### **RELIABILITY**

After pilot study reliability of the tool was assessed by using Test-retest method. Knowledge score reliability correlation coefficient value is 0.80. This correlation coefficient is very high and it is good tool for assessing the effectiveness of Video Assisted Teaching of Prolonged use of Diaper and its illness among mothers of Infant in Surgical department.

#### **DATA COLLECTION PROCEDURE:**

The investigator obtained written permission from the director, Institute of child health and hospital for children, Egmore, Chennai-8 to conduct this study. The 60 samples were selected by convenience sampling technique. After an initial task of assembling the mothers of infants, the investigator introduced herself, explained the purpose of the study, ensures confidentiality and obtained consent[9].

#### **Method and technique:**

The investigator interviewed 60 caregivers of children with the age of below 1 year. The investigator takes 15 minutes for each mother. Structured questionnaire in Tamil was used to obtain data on their knowledge and practice about prolonged use of diaper and its illness before and after video assisted teaching.

#### **PLAN FOR DATA ANALYSIS:**

Using both descriptive and inferential statistics carried out a data analysis. Descriptive statistics includes: Demographic variables in categories were given in frequencies with their percentages.

- Knowledge score were given in mean and standard deviation.
- Association between demographic variables and level of knowledge score was analyses using chi-square test
- Pre test and post test knowledge score was compared using student's paired t-test.

- Each domain wise difference between pre test and post test knowledge score was analyses using paired t-test.
- Differences between pre test and post test score was analyses using proportion with 95% CI and mean difference with 95% CI.
- Simple bar diagram, multiple bar diagram, doughnut diagram, Pie diagram and Box plot were used to represent the data.
- $P < 0.05$  was considered statistically significant. All statistical tests are two tailed test.

#### **HUMAN PROTECTION RIGHTS:**

This study was conducted after the approval from the ethics committee, Madras Medical College, Chennai-3. All were informed carefully about the purpose of the study and their part during the study and how the privacy was guarded. Investigator ensured the confidentiality of the study result. Thus the investigator followed the ethical guidelines which were issued by the research committee. Written permission was obtained from all participants.

Table 1 shows the demographic information of mothers those who are participated for the following study on "A Study to assess the effectiveness of Video Assisted Teaching of Prolonged use of Diaper and its illness among mothers of Infant in Surgical department at ICH & HC , Egmore Chennai-8."

- Out of 60 mothers, age groups of mothers less than 25 years were highest and 31-35 years mothers were less.
- In this study, children age group 10-12 months are 40.0%, 0-3 months are 33.3%, 4-6 months children are 15.0% and 7-9 months are 11.7%.
- The majority of mothers of Infant belong to Hindu religion 76.7%, Christian religion 15.0%, and Muslim religion 8.3%.
- The mothers of Infant were 41.7% were nuclear family and 58.3% joint family.
- The majority of mothers belong to urban area. Regarding education the maximum number of the mothers are (46.6%) up to 8th std and 10.0% are graduated.
- Out of 60 mothers, 95.0% are housewife, 3.3% are private employed, and 1.7% is government employed.
- The monthly economic status of the family shows that 46.7% were Rs.5000 to 10000, 10.0% were more than Rs.15000.
- The majority of mothers having 51.7% are two children and 8.3% are three children.
- 80.0% of children are non-hospitalized and 20.0% are previous hospitalized children.

Table 2 assess the knowledge and practice of the Mothers of infant regarding diaper rash and its illness before Video Assisted Teaching[10]. Maximum knowledge score in complication (55.0%) and minimum



knowledge score in medication (31.5%). Overall they are having 47.1% of knowledge score.

Table 3 shows the pre test level of knowledge of mothers before Video Assisted Teaching 71.7% of the mothers are having inadequate knowledge, 21.7% of them are having moderate knowledge and 6.6% of them are having adequate knowledge[11].

#### Interpretation for knowledge score

Minimum score = 0  
Maximum score = 1  
Questions = 50  
Total score = 50

**Table 4:** assess the knowledge and practice of the Mothers of infant regarding diaper rash and its illness after Video Assisted Teaching. Maximum knowledge score in complication (80.0%) and minimum knowledge score in medication (86.5%). Overall they are having 81.3% of knowledge score

#### Table 5:

Shows the post test level of knowledge of mothers after Video Assisted Teaching none of the mothers are having inadequate knowledge, 15.0% of them are having moderate knowledge and 85.0% of them are having adequate knowledge.

**Table 6:** compares the pre test & post test knowledge of mothers.

**General information,** before video assisted teaching, mothers scored 2.53 and after video assisted teaching, they are able to score 4.10. So the difference is 1.57. This difference is large and statistically significant,

**Etiology,** before video assisted teaching, mothers scored 0.68 and after video assisted teaching, they are able to score 1.60. So the difference is 0.92. This difference is large and statistically significant

**Signs and symptoms,** before video assisted teaching, mothers scored 0.68 and after video assisted teaching, they are able to score 1.6 so the difference is 0.92. This difference is large and statistically significant,

**Hygiene,** before video assisted teaching, mothers scored 1.03 and after video assisted teaching, they are able to score 1.55. So the difference is 0.52. This difference is large and statistically significant.

**Medication,** before video assisted teaching, mothers scored 0.63 and after video assisted teaching, they are able to score 1.73. So the difference is 1.10. This difference is large and statistically significant.

**Management,** before video assisted teaching, mothers scored 3.95 and after video assisted teaching, they are able to score 6.60. So the difference is 2.65. This difference is large and statistically significant.

**Prevention,** before video assisted teaching, mothers scored 2.47 and after video assisted teaching, they are able

to score 4.03. So the difference is 1.57. This difference is large and statistically significant.

**Complication,** before video assisted teaching, mothers scored 0.55 and after video assisted teaching, they are able to score 0.80. So the difference is 0.25. This difference is large and statistically significant.

**Home care,** before video assisted teaching, mothers scored 1.61 and after video assisted teaching, they are able to score 2.37. So the difference is 0.76. This difference is large and statistically significant [12].

#### Table 7:

Shows the comparison of overall knowledge score between pre test and post test, Considering overall, in pre test, mothers scored 14.13 and after Video assisted teaching, they are able to score 24.40. So the difference is 10.27. The difference between pre test and post test knowledge score is large and it is statistically significant. Differences between pre test and post test knowledge was analyzed using paired t-test.

#### Table 8:

Compare the before and after video assisted teaching knowledge of mothers. In pre test, 71.7% of the mothers are having inadequate knowledge, 21.7% of them are having moderate knowledge and 6.6% of them are having adequate knowledge. After the administration of Video assisted teaching, none of the mothers are having inadequate knowledge, 15% of them are having moderate knowledge and 85% of them are having adequate knowledge [13].

**Table 9:** shows each domain wise percentage of knowledge gain score.

- ✚ In General information aspect they are gained 31.45 % of knowledge.
- ✚ In Etiology aspect they are gained 46.0 % of knowledge.
- ✚ In Signs and symptoms aspect they are gained 47.0 % of knowledge.
- ✚ In Hygiene aspect they are gained 26.0 % of knowledge.
- ✚ In Etiology aspect they are gained 46.0 % of knowledge.
- ✚ In Medications: Follow-up aspect they are gained 55.0 % of knowledge.
- ✚ In Management aspect they are gained 33.1 % of knowledge.
- ✚ In Prevention aspect they are gained 31.2 % of knowledge.
- ✚ In Complication aspect they are gained 25.0 % of knowledge.
- ✚ In Home care aspect they are gained 25.7 % of knowledge.

Over all they gained 34.2% of knowledge after Video Assisted Teaching.



This shows the comparison of overall knowledge score between pre test and post test. In post test, mothers are gained 34.2% of knowledge after having Video Assisted Teaching.

**Table no 10:**

Shows the effectiveness of Video Assisted Teaching, Mothers are gained 34.2% more knowledge score after Video Assisted Teaching. This is the net benefit of this study. Effectiveness of the study was analyzed using proportion with 95% CI and mean difference with 95% CI.

This shows the effectiveness of video assisted teaching regarding prolonged use of diaper and its illness among mothers of Infant.

**Table no 11:**

shows the association between level of knowledge gain score and their demographic variables. Elder, more educated, urban mothers are gained more knowledge than others. Statistical significance was calculated using chi square test.

**Table: 1 DEMOGRAPHIC PROFILE**

DEMOGRAPHIC VARIABLES		NO. OF MOTHERS	%
Age of the mother	20 -25 yrs	32	53.3%
	26 -30 yrs	19	31.7%
	31 -35 yrs	9	15.0%
Age of child	0-3 months	20	33.3%
	4-6 months	9	15.0%
	7-9 months	7	11.7%
	10-12 months	24	40.0%
Religion	Hindu	46	76.7%
	Christian	9	15.0%
	Muslim	5	8.3%
Type of family	Nuclear family	25	41.7%
	Joint family	35	58.3%
Place of residence	Rural	24	40.0%
	Urban	27	45.0%
	Semi urban	9	15.0%
Education	Illiterate	13	21.7%
	Up to 8th std	28	46.6%
	Up to 12th std	13	21.7%
	Graduated	6	10.0%
Employment of mother	House wife	57	95.0%
	Govt employed	1	1.7%
	Private employed	2	3.3%
Income/month	Less than Rs. 5000	15	25.0%
	Rs. 5000 to 10,000	28	46.7%
	Rs. 10,000 to 15,000	11	18.3%
	Rs > 15,000	6	10.0%
No. of. Child	One	24	40.0%
	Two	31	51.7%
	Three	5	8.3%
Previous hospitalization	Hospitalized	12	20.0%
	Non hospitalized	48	80.0%

**Table: 2 Each Domain wise Percentage of Pre test Knowledge**

Knowledge on	No. of questions	Min – Max score	Knowledge score		
			Mean score	SD	% of mean score
General information	5	0 -5	2.53	.70	50.6%
Etiology	2	0 -2	.68	.54	34.0%
Signs and symptoms	2	0 -2	.68	.50	34.0%
Hygiene	2	0 -2	1.03	.74	51.5%
Medication	2	0 -2	.63	.55	31.5%



<b>Management</b>	8	0 -8	3.95	1.27	49.4%
<b>Prevention</b>	5	0 -5	2.47	1.02	49.4%
<b>Complication</b>	1	0 -1	.55	.50	55.0%
<b>Home care</b>	3	0 -3	1.61	.87	53.3%
<b>TOTAL</b>	30	0 -30	14.13	3.71	47.1%

**Table: 3 PRETEST LEVEL OF KNOWLEDGE**

LEVEL OF KNOWLEDGE	NO. OF MOTHERS	%
Inadequate	43	71.7%
Moderate	13	21.7%
Adequate	4	6.6%
Total	60	100%

**Objective 2: To assess the knowledge and practice of the Mothers of infants regarding diaper rash and its illness after Video Assisted Teaching.**

Level of knowledge	Score	%
Inadequate	< 15	<50%
Moderate	15 -22	50- 75%
Adequate	23- 30	76-100%

**Table 4: EACH DOMAINWISE PERCENTAGE OF POSTTEST KNOWLEDGE**

Knowledge on	No. of questions	Min – Max score	Knowledge score		
			Mean score	SD	% of mean score
<b>General information</b>	5	0 -5	4.10	.66	82.0%
<b>Etiology</b>	2	0 -2	1.60	.49	80.0%
<b>Signs and symptoms</b>	2	0 -2	1.62	.49	81.0%
<b>Hygiene</b>	2	0 -2	1.55	.53	77.5%
<b>Medication</b>	2	0 -2	1.73	.48	86.5%
<b>Management</b>	8	0 -8	6.60	1.22	82.5%
<b>Prevention</b>	5	0 -5	4.03	1.21	80.6%
<b>Complication</b>	1	0 -1	.80	.40	80.0%
<b>Home care</b>	3	0 -3	2.37	.71	79.0%
<b>TOTAL</b>	30	0 -30	24.40	2.79	81.3%

**Table 5: POST TEST LEVEL OF KNOWLEDGE**

Level of Knowledge	No. of mothers	%
Inadequate	0	0.0%
Moderate	9	15.0%
Adequate	51	85.0%
Total	60	100%

### SECTION C

**Objective 3: To determine the effectiveness of by comparing pre-test and post-test scores.**

**Table 6: COMPARISON OF DOMAINWISE PRETEST AND POSTTEST KNOWLEDGE**

	Pre test		Post test		Mean Difference	Student paired t-test
	No. of mothers	%	No. of mothers	%		
<b>General information</b>	2.53	.70	4.10	.66	1.57	t=12.59 P=0.001***Significant
<b>Etiology</b>	.68	.54	1.60	.49	0.92	t=9.02 P=0.001***Significant
<b>Signs and symptoms</b>	.68	.50	1.62	.49	0.92	t=10.57 P=0.001***Significant
<b>Hygiene</b>	1.03	.74	1.55	.53	0.52	t=4.39 P=0.001***Significant



Medication	.63	.55	1.73	.48	1.10	t=11.00 P=0.001***Significant
Management	3.95	1.27	6.60	1.22	2.65	t=12.03 P=0.001***Significant
Prevention	2.47	1.02	4.03	1.21	1.57	t=7.54 P=0.001***Significant
Complication	.55	.50	.80	.40	0.25	t=3.39 P=0.001***Significant
Home care	1.61	.87	2.37	.71	0.76	t=5.27 P=0.001***Significant

Significant at  $P \leq 0.05$

\*\* Highly significant at  $P \leq 0.01$

\*\*\* Very high significant at  $P \leq 0.001$

**Table 7: COMPARISON OF OVER ALL KNOWLEDGE SCORE**

	No. of mothers	Mean $\pm$ SD	Mean difference	Student's paired 't'-test
Pre test	60	14.13 $\pm$ 3.71	10.27	t=19.99 P=0.001*** significant
Post-test	60	24.40 $\pm$ 2.65		

\* Significant at  $P \leq 0.05$

\*\* Highly significant at  $P \leq 0.01$

\*\*\* Very high significant at  $P \leq 0.001$

**Table 8: COMPARISON OF PRETEST AND POSTTEST LEVEL OF KNOWLEDGE**

	Pre test		Post test		Chi square test
	No. of mothers	%	No. of mothers	%	
Inadequate	43	71.7%	0	0.0%	$\chi^2=89.58 P=0.001$ *** Significant
Moderate	13	21.7%	9	15.0%	
Adequate	4	6.6%	51	85.0%	
Total	60	100%	60	100%	

\* Significant at  $p \leq 0.05$

\*\* Highly significant at  $p \leq 0.01$

\*\*\* Very high significant at  $p \leq 0.001$

**Table 9: PERCENTAGE OF KNOWLEDGE GAIN AFTER VIDEO ASSISTED TEACHING**

Knowledge on	% of knowledge score		% of knowledge gain
	Pre test	Post test	
General information	50.6%	82.0%	31.4%
Etiology	34.0%	80.0%	46.0%
Signs and symptoms	34.0%	81.0%	47.0%
Hygiene	51.5%	77.5%	26.0%
Medication	31.5%	86.5%	55.0%
Management	49.4%	82.5%	33.1%
Prevention	49.4%	80.6%	31.2%
Complication	55.0%	80.0%	25.0%
Home care	53.3%	79.0%	25.7%
TOTAL	47.1%	81.3%	34.2%

**Table 10: Effectiveness of Video Assisted Teaching**

	Max score	Mean score	Mean knowledge score gain with 95% Confidence interval	Percentage of knowledge gain with 95% Confidence interval
Pre test	30	14.13	10.27(9.24 – 11.29)	34.2 % ( 30.8% –37.6%)
Post test	30	24.40		

\* Significant at  $p \leq 0.05$

\*\* Highly significant at  $p \leq 0.01$

\*\*\* Very high significant at  $p \leq 0.001$



## SECTION – D

**Objective 4:** To find the association between the effectiveness of Video Assisted Teaching with selected demographic variables.

**Table 11:** Association between Level of Knowledge Gain and Demographic Variables.

Demographic variables		Level of knowledge gain				Total	Chi square test
		Below average ( $\leq 10.27$ ).		Above average ( $> 10.27$ )			
		n	%	n	%		
Age of the mother	20 -25 yrs	21	65.6%	11	34.4%	32	$\chi^2=7.21$ p=0.03*
	26 -30 yrs	7	36.8%	12	63.2%		
	31 -35 yrs	2	22.2%	7	77.8%		
Age of child	0-3 months	8	40.0%	12	60.0%	20	$\chi^2=1.72$ p=0.63
	4-6 months	4	44.4%	5	55.6%		
	7-9 months	4	57.1%	3	42.9%		
	10-12 months	14	58.3%	10	41.7%		
Religion	Hindu	23	50.0%	23	50.0%	46	$\chi^2=0.31$ p=0.85
	Christian	5	55.6%	4	44.4%		
	Muslim	2	40.0%	3	60.0%		
Type of family	Nuclear family	13	52.0%	12	48.0%	25	$\chi^2=0.06$ p=0.79
	Joint family	17	48.6%	18	51.4%		
Place of residence	Rural	17	70.8%	7	29.2%	24	$\chi^2=6.98$ p=0.03*
	Urban	10	37.0%	17	63.0%		
	Semi urban	3	33.3%	6	66.7%		
Education	Illiterate	9	69.2%	4	30.8%	13	$\chi^2=9.64$ p=0.02*
	Up to 8th std	17	60.7%	11	39.3%		
	Up to 12th std	3	23.1%	10	76.9%		
	Graduated	1	16.7%	5	83.3%		
Employment of mother	House wife	28	49.1%	29	50.9%	57	$\chi^2=3.01$ p=0.21
	Government employed	0	0.0%	1	100.0%		
	Private employed	2	100.0%	0	0.0%		
Income/month	Less than Rs. 5000	10	66.7%	5	33.3%	15	$\chi^2=2.62$ p=0.45
	Rs. 5000 to 10,000	13	46.4%	15	53.6%		
	Rs. 10,000 to 15,000	4	36.4%	7	63.6%		
	Rs > 15,000	3	50.0%	3	50.0%		
No. of. Child	One	13	54.2%	11	45.8%	24	$\chi^2=0.65$ p=0.72
	Two	14	45.2%	17	54.8%		
	Three	3	60.0%	2	40.0%		
Previous hospitalization	Hospitalized	5	41.7%	7	58.3%	12	$\chi^2=0.41$ p=0.51
	Non hospitalized	25	52.1%	23	47.9%		

\* Significant at  $P \leq 0.05$  \*\* highly significant at  $P \leq 0.01$  \*\*\* very high significant at  $P \leq 0.001$

Knowledge gain = post test score – pre test score





### SCHEMATIC REPRESENTATION OF THE RESEARCH DESIGN



### DISCUSSION

The aim of the study was to assess the effectiveness of video assisted teaching on knowledge and practice of mothers of infant in caring of children. The knowledge and practice of the mothers were assessed by structured interview schedule.

The purpose of the study was to educate the mothers of Infant. This would enable them to take care of their children to promote their well being by maintaining normal skin condition and to prevent early onset of complication.

The review of related literature which developed a strong knowledge base for the study collected



through various resources. The justification for taking this study was to improve the skin condition and to prevent the complication. Despite improve the knowledge of the mothers will prevent the diaper rashes[14].

A total of 60 mothers of infant were selected using convenience sampling technique. Pre test was conducted on 60 samples by using structured questionnaire. After collecting the data, the investigator administered the video assisted teaching. The post test were conducted to the same 60 samples using same structured questionnaire after 15 days by the investigators.

This chapter discusses the findings of the study derived from the statistical analysis [15]. The problem

selected for the study was to assess the effectiveness of video Assisted Teaching in knowledge and practice of mothers of infant. The results of this study have been discussed based on the objective stated for the study

## CONCLUSION

The study findings revealed that there is significant improvement in the knowledge of the mothers of Infant followed by video assisted teaching. Based on the statistical findings it is evident that the provision of video assisted teaching will motivate the mothers of infant to acquire knowledge and practice regarding management of diaper rashes and its illness that will ensure to maintain the normal life.

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