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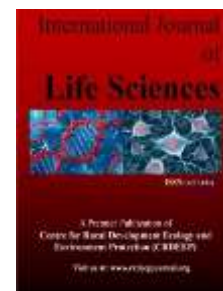
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Full Length Research Paper

A Study to Assess the Effectiveness of Video Assisted Teaching Program on Knowledge regarding Sudden Infant Death Syndrome Among Mother of Infant in Pediatric Unit, SMI Hospital, Dehradun, Uttarakhand, India.

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ABSTRACT

Objectives: to assess the pre-test and post-test level of knowledge and the effectiveness of the video assisted teaching program regarding sudden infant death syndrome among mothers of infant. **Materials and methods:** Pre -experimental one group pre-test and post-test research design was adopted. Structured self-administered questionnaire was prepared. The data were collected from 60 mothers of infants in pediatric unit, SMI Hospital Dehradun using non probability convenient sampling techniques. Pilot study was conducted. The reliability of tool was established (0.86). The data was analyzed by SPSS version 25 and interpreted using descriptive and inferential statistics. **Results:** The findings revealed that majority (98.3%) of the samples had inadequate knowledge in pre-test whereas in the post-test, 71.7 % of them had adequate knowledge. The mean and standard deviation of post-test knowledge score was 24.70, SD 3.13 being compared to pre-test score 6.55 and 3.03 respectively. The calculated "t" value was 36.246 on analyses of the data were found to be significant at p value 0.05. **Conclusion:** The post-test knowledge score was higher than pretest knowledge score. Therefore, it can be concluded that the video assisted teaching program was effective in increasing knowledge among mothers of infant, regarding sudden infant death syndrome.

Introduction

Sudden infant death syndrome (SIDS) is defined as the sudden unexpected death of a child less than 1 year of age and beyond the perinatal period that remains unexplained after thorough investigation, including a complete autopsy and analysis of the circumstances of death and previous clinical history.[1]. Most conditions or diseases are identified by the presence of particular symptoms and sign but SIDS is a diagnosis of exclusion. Finding the cause of an infant's death frequently involves gathering information, carrying out forensic tests and procedures, and questioning parents and medical professionals in addition to thoroughly examining the scene of the death and the infant's medical history. [2]. It is uncertain whether SIDS occurs during sleep itself or during the many transitions between sleep and arousal that occur during the night.[3] No solitary definition of SIDS is universally recognized, and conflicts among studies are due to the use of various definitions of the syndrome around the world.[4]. Sudden death of an infant used to be considered as one of the most mysterious events in medicine as there is usually no sign of struggle or any noise produced[5]. However, Researchers now believe that some infants who die of SIDS are born with brain abnormalities or defects, making them vulnerable to both internal and external influences[6].

There are two types of risk factors: extrinsic and intrinsic. [7] Physical stressors that put a fragile infant in danger of suffocation or other homeostatic derangement are known as extrinsic risk factors. Prone and side sleeping positions, bedclothes that hide head, sleeping on sofas or other soft furniture where the infant could become jammed, and a high ambient temperature in the sleeping environment, soft bedding, and bed sharing are examples of extrinsic influences [8]. In

addition to extrinsic risk factors linked to external events near the time of death, intrinsic risk factors such as infant's inherent vulnerability, increasing the chance of SIDS. Developmental variables, such as preterm, and suspected genetic factors, e.g. familial SIDS (i.e., a recurrence of SIDS in future siblings), male sex (by a 2:1 ratio), and race or ethnic group, are all examples of intrinsic risk factors.[4]. Premature birth, infant age, gender, ethnicity, and mother smoking during and after pregnancy are all risk factors for sudden infant death syndrome. Suffocation caused by bed sharing or soft objects could also be a factor. Other risks include the parents' socioeconomic situation, clinical difficulties during pregnancy and childbirth, sleeping in a prone position, sleeping in a hot environment, infection, and stress[5]. SIDS is the primary cause of infant mortality in the post-natal period between one month and one year [9] with the peak incidence occurring between two and four months of age and 90% of cases occur before six months of age. According to studies, SIDS deaths are most common between the hours of midnight and 8:00 a.m. Prevalence of SIDS is higher in boys than girls, at a ratio of 3:2[10].

Sudden infant death syndrome, SIDS, is uncommon but the results are disastrous and influence the family for the rest of their lives. For the bereaved parents it is important and necessary to be taken care of in a professional and empathetic manner.” [11]. In 1990, before the risk reduction campaigns, SIDS rates ranged from 0.30 deaths in Japan to 2.90 deaths per 1,000 live births in New Zealand, with most countries reporting rates of between 1.00 and 2.00 deaths per 1,000 live births. In 2000, SIDS rates decreased significantly that ranged from 0.12 deaths in Netherlands to 1.10 deaths per 1,000 live births in New Zealand. The greatest declines in SIDS rates occurred mainly in the first few years following the risk reduction campaigns. [12]. Despite more than 50% reductions in SIDS rates in Canada, the United States, and many other countries, SIDS remains the largest cause of post-neonatal baby mortality, accounting for around 25% of all fatalities between the ages of one month and one year. [13]

The majority of SIDS researches were undertaken in industrialized countries, and lower socio-economic people were found to be at a higher risk. Although SIDS is the leading cause of infant mortality in industrialized nations and affects low-income populations more frequently, its characteristics and incidence rates in developing countries with very low-income populations are still unknown. Because infant mortality remains high in developing countries and is often linked to infectious illnesses and malnutrition, pediatricians and health workers are unfamiliar with SIDS. As a result, SIDS is frequently misdiagnosed, and parents are rarely informed about SIDS risk factors [14]. SIDS risk reduction strategies have focused on eliminating risk factors that are associated with SIDS in epidemiologic studies. Supine positioning should begin in the newborn nursery within a few hours of birth. [15]. Risk-reduction recommendations include putting infants to bed in the supine position on a firm mattress, preferably with a pacifier (mechanism unknown) and in a shared room but in a separate bed. Prone and side sleeping, overheating, bed sharing, soft bedding, and smoking by mothers during pregnancy or around infants should be avoided [15 16 18]. Breastfeeding (BF), non-nutritive sucking with the use of a pacifier during sleep, sharing a room with the parents, and vaccination are all protective factors. [17] It is advised that a firm mattress be used in the cot. Soft objects such as cushions, duvets, eiderdowns, sheepskins, stuffed animals, and bumpers should not be present in the child's sleeping environment. [18]. India is one of the developing countries having high rates of infant and neonatal mortality. Among the different causes of infant and neonatal mortality, SIDS is one of most important cause. In India and other South Asian countries, not much research has been done to know the true scenario of sudden infant death syndrome. Most of the risk factors for SIDS are common in developing countries, yet there has been little interest in SIDS by researchers. There are no studies found to show incidence in the South Asia region. So, awareness program about SIDS are important to reduce its incidence.

Objective of this research paper

1. To assess the pre-test level of knowledge regarding sudden infant death syndrome by structured self-administered questionnaire among mothers of infant in pediatric unit, SMI Hospital Dehradun
2. To assess the post-test level of knowledge regarding sudden infant death syndrome after administering video assisted teaching programme by structured self-administered questionnaire among mothers of infant in pediatric unit, SMI Hospital Dehradun
3. To assess the effectiveness of the video assisted teaching programme on sudden infant death syndrome among mothers of infant in pediatric unit, SMI Hospital Dehradun

Materials and methods

Study Design: Pre experimental one group pre-test post-test design was used for this study.

Study Location: The study was conducted in Shri Mahant Indresh (SMI) Hospital Patel Nagar, pediatric unit Dehradun.

Sample size: 60 mothers of infant under 1 year of age

Sampling Technique: non-probability convenient sampling technique

Sampling criteria

Inclusion criteria: Mothers of infant under 1 year who were

1. Present in pediatric unit, SMI hospital Dehradun.
2. Willing to participate in the study.

3. Available at the time period of data collection.

Exclusion criteria: mothers of infant

1. Whose infant is admitted in intensive care unit
2. Who have attended any workshop/conference on SIDS

Data collection procedure

The study was conducted at SMI hospital, Dehradun, India after getting permission from the concerned authorities, the researcher met the mothers. The researcher introduced her and developed rapport with the subjects. The purpose and nature of the study was explained to the mothers and their consent was obtained. The sample was collected by non-probability convenient sampling with reference to the selected criteria. The questionnaire was distributed to assess the effectiveness of video assisted teaching program on knowledge regarding SIDS among mother of infant. After the completion of the pretest through video assisted teaching program, a sequential presentation of information regarding SIDS with the help of video was organized and it was conducted on same day for 10 minutes. The mothers were encouraged to clarify their doubts; post test was conducted on the 7th day to assess the effectiveness of video assisted teaching in improving the knowledge regarding SIDS by using the same questionnaire and the same manner as pretest was conducted.

Statistical Analysis

The investigator adopted descriptive and inferential statistics to analyze the data. The demographic variables were analysed by using frequency and percentage, mean and standard deviation. The effectiveness of video assisted teaching program and association between variables were analyzed by using paired 't' test and chi square test.

Results

The result of data analysis is organized and presented under the following broad heading:

SECTION I: - Description of demographic variables

SECTION II: Assessment of pre-test and post-test level of knowledge regarding SIDS among mothers of infant

SECTION III: Effectiveness of the video assisted teaching programme on sudden infant death syndrome among mothers of infant

SECTION IV: Association of pretest knowledge score with demographic variable.

SECTION V: Association of post-test knowledge score with demographic variable.

SECTION I: - Description of demographic variables

Table 1 below shows that out of 60 respondents, 19 (31.7%) of the subjects were in the age group of 21-25 years, 21 (35%) subjects were in the age of 26-30 group years, and 20(33.3%) subjects were in the age group of 31-35 years. Majority of women 37(61.7%) were housewives from joint family resided in urban area 36 (60%) with middle socioeconomic condition 53 (88.3%). Most of the subjects 40 (66.7 %) were Hindu, 14(23.3%) were Muslim and 6 (10%) were Sikh. Regarding educational qualification, majority of women are 23 (38.3%) graduate, followed by 21 (35%) secondary level, 9 (15%) Primary level and 7 (11.7%) Post graduate level of education. The distribution of women according to the types of family where 24 (40%) subjects belonged to nuclear family, 36(60%) belonged to joint family. Among the woman only 6 (10%) have previous knowledge about SIDS whereas majority 54 (90%) do not have.

Table 1: Distribution of mothers of infants according to demographic variables

S. No.	Demographic variables	Frequency (f)	Percentage (%)
1.	Age in years		
a.	15-20 years	00	00%
b.	21-25 years	19	31.7%
c.	26-30 years	21	35%
d.	31-35 years	20	33.3%
2.	Religion		
a.	Hindu	40	66.7%
b.	Muslim	14	23.3%
c.	Sikh	06	10%
d.	Christian	00	00%
3.	Family type		
a.	Nuclear	24	40%
b.	Joint	36	60%

4.	Residence		
a.	Rural	24	40%
b.	Urban	36	60%
5.	Level of education		
a.	Primary	09	15%
b.	Secondary	21	35%
c.	Graduate	23	38.3%
d.	Post graduate	07	11.7%
6.	Occupations		
a.	Housewife	37	61.7%
b.	Self employed	05	8.3%
c.	Business	05	8.3%
d.	Others	13	21.7%
7.	Socioeconomic status		
a.	Low socioeconomic status	00	00%
b.	Middle socioeconomic status	53	88.3%
c.	High socioeconomic status	07	11.7%
8.	Previous knowledge about SIDS		
a.	Yes	06	10%
b.	No	54	90%

SECTION II: Assessment of pre-test and post-test level of knowledge regarding SIDS among mothers of infant

Overall pre-test and post-test knowledge score of mothers of infant (N=60)

In pretest majority of women 59 (98.3%) were having inadequate knowledge and only one of them (1.7%) had moderate knowledge regarding SIDS. However, following the video assisted teaching program, majority of women 43(71.7%) had Adequate knowledge, 17 (28.3%) had moderate knowledge (Table 2).

Table 2: Assessment of pre-test and post-test level of knowledge regarding SIDS among mothers of infant (N=60)

Level of knowledge	Score range	Pretest		Post test	
		N	%	N	%
Inadequate	<50%	59	98.3%	00	00
Moderate	(50-75)%	1	1.7%	17	28.3%
Adequate	>75%	00	00	43	71.7%

So, the above finding summarizes that, the video assisted teaching program has significant beneficial effect in the level of knowledge among mothers of infant. So as per hypothesis H1 stated, there was significant difference in pre-test level of knowledge score and post-test level of knowledge score regarding SIDS is proved, hence H1 research hypothesis is accepted and null hypothesis is rejected.

Table 3 : Comparison of mean, mean percentage and standard deviation of pre-test and post-test level of knowledge regarding SIDS among mothers of infant N=60

S. No	Assessment	Range	Mean	Mean Difference	Mean Percentage	Standard Deviation
1.	Pre-test	15-1	6.55		21.83%	3.03
2.	Post test	29-18	24.70	18.15	82.33%	3.16

Data presented in table 3 reveals difference between pre and post- test level of knowledge that the post-test mean level of knowledge score is significantly higher than the pretest mean level of knowledge score. After administering video assisted teaching program the knowledge level score (mean=24.70, SD=3.16) in comparison with the pre –test score (mean =6.55, SD=3.03) was higher. It implies that the mothers of infants had inadequate knowledge before providing video assisted

teaching whereas after administrating most of them had adequate knowledge. So, the above finding summarizes that, the video assisted teaching program has significant beneficial effect in the level of knowledge among mothers of infant. So as per hypothesis H1 stated there was significant difference in pre-test level of knowledge score and post-test level of knowledge score regarding SIDS is proved, hence H1 is accepted.

SECTION III: Effectiveness of the video assisted teaching programme on sudden infant death syndrome among mothers of infant

Table 4: “t” value between the pretest and post test score value. (N=60)

Knowledge score value	Mean	SD	Df	Calculated “t” value	Tabulated “t” value	Calculated “p” value	Level of significance
Pre test	6.55	3.03	59	36.246	2.0010	0.000	Significant
Post test	24.70	3.16					

Paired sample “t” test (calculated $t=36.246$, $p<0.05$) “t”(0.05)=2.0010

Data shown in table 4 revealed that the mean post-test knowledge score (24.70) among mothers of infant were significantly higher than the mean pre-test knowledge score (6.55). The calculated “t” value is 36.246 greater than the tabulated value (2.0010) at $p<0.05$ level of significance. (P value is less than 0.05). Therefore, it can be said that the video assisted teaching programme was effective in increasing knowledge level among mothers of infant.

SECTION IV: Association of pretest knowledge score with demographic variable.

Hypothesis testing

H2: There will be a significance association between the pretest knowledge among mothers of infant regarding SIDS and selected demographic variables.

To test the above hypothesis we used chi square (with Yates correction and fisher’s exact test) for finding the association.

Table 5: Association between the pretest knowledge score among mothers of infant with selected demographic variables (N=60)

S. no.	Demographic variables	Inadequate knowledge	Moderate knowledge	Adequate knowledge	df	Chi square value	P value	Level of association
1.	Age in years:							
a.	15-20 years	00	00	00	2	1.889	0.389	# Not significant
b.	21-25 years	19	00	00				
c.	26-30 years	20	01	00				
d.	31-35 years	20	00	00				
2.	Religion							
a.	Hindu	39	01	00	2	0.508	0.776	# Not significant
b.	Muslim	14	00	00				
c.	Sikh	6	00	00				
d.	Christian	00	00	00				
3.	Family type							
a.	Nuclear	24	00	00	1	0.678	0.410	# Not significant
b.	Joint	35	01	00				
4.	Area of living							
a.	Rural	24	00	00	1	0.678	0.410	# Not significant
b.	Urban	35	01	00				
5.	Education							
a.	Primary	09	00	00	3	1.636	0.651	# Not significant
b.	Secondary	21	00	00				
c.	Graduate	22	01	00				
d.	Post graduate	07	00	00				

6.	Occupation							
a.	Housewife	37	00	00				#
b.	Self employed	05	00	00	3	3.677	0.299	Not
c.	Business	05	00	00				significant
d.	Others	12	01	00				
7.	Socio economic status							
a.	Low	00	00	00				#
b.	Middle	52	01	00	1	0.134	0.714	Not
c.	High	07	00	00				significant
8.	Previous knowledge							
a.	Yes	06	00	00	1	0.113	0.737	#
b.	No	53	01	00				Not significant

* Significant at $p < 0.05$; # Not significant at $p > 0.05$

The above table no.5 reveals the chi square value of demographic variables i.e., age in years ($\chi^2 = 1.889$) which is less than the tabulated value 5.99 at 0.05 significance level (p value $0.389 > 0.05$), religion $\chi^2 = 0.508$ which is less than tabulated value 5.99 at 0.05 significance level (p value $0.776 > 0.05$), Family type $\chi^2 = 0.678$ which is less than tabulated value 3.84 at 0.05 significance level (p value $0.410 > 0.05$), Area of living $\chi^2 = 0.678$ which is less than tabulated value 3.84 at 0.05 significance level (p value $0.410 > 0.05$), Education $\chi^2 = 1.636$ which is less than tabulated value 7.815 at 0.05 significance level (p value $0.651 > 0.05$). Occupation $\chi^2 = 3.677$ which is less than tabulated value 7.815 at 0.05 significance level (p value $0.299 > 0.05$). Socio economic status $\chi^2 = 0.134$ which is less than tabulated value 3.84 at 0.05 significance level (p value $0.714 > 0.05$), Previous knowledge of SIDS $\chi^2 = 0.113$ which is less than tabulated value 3.84 at 0.05 significance level (p value $0.737 > 0.05$). As the χ^2 value shows that there is no association with any of the demographic variable was found and hypothesis H2 stated that there will be a significance association between the pretest knowledge among mothers of infant regarding SIDS and selected demographic variables, is rejected and null hypothesis is accepted.

SECTION V: Association of post-test knowledge score with demographic variable.

Hypothesis testing

H3: There will be a significance association between the post-test knowledge score among mothers of infant regarding SIDS and their selected demographic variables.

(To test the above hypothesis we used chi square (with Yates correction and fisher's exact test) for finding the association.)

Table 6: Association between the pre-test knowledge score among mothers of infant with selected demographic variables

S. no.	Demographic variables	Inadequate knowledge	Moderate knowledge	Adequate knowledge	df	Chi square value	P value	Level of association
1.	Age in years:							#
a.	15-20 years	00	00	00	2	1.708	0.426	Not
b.	21-25 years	00	05	14				significant
c.	26-30 years	00	08	13				
d.	31-35 years	00	04	16				
2.	Religion							*
a.	Hindu	00	08	32	2	12.652	0.002	significant
b.	Muslim	00	09	05				
c.	Sikh	00	00	06				
d.	Christian	00	00	00				
3.	Family type							#
a.	Nuclear	00	08	16	1	0.492	0.483	Not
b.	Joint	00	09	27				significant

4.	Area of living							#
a.	Rural	00	10	14	1	3.502	0.061	Not
b.	Urban	00	07	29				significant
5.	Education							*
a.	Primary	00	08	01				
b.	Secondary	00	08	13	3	26.523	0.000	significant
c.	Graduate	00	01	22				
d.	Post graduate	00	00	07				
6.	Occupation							#
a.	Housewife	00	14	23				
b.	Self employed	00	00	05	3	5.776	0.123	Not
c.	Business	00	00	05				significant
d.	Others	00	03	10				
7.	Socio economic status							*
a.	Low	00	00	00				
b.	Middle	00	11	42	1	12.850	0.000	significant
c.	High	00	06	01				
8.	Previous knowledge							#
a.	Yes	00	01	05	1	0.447	0.504	Not
b.	No	00	16	38				significant

*Significant at $p < 0.05$ #Not significant at $p > 0.05$

The above table no.6 reveals the chi square value of demographic variables i.e., age in years ($\chi^2=1.708$) which is less than the tabulated value 5.99 at 0.05 significance level (p value $0.426 > 0.05$), religion $\chi^2= 12.652$ which is more than tabulated value 5.99 at 0.05 significance level (p value $0.002 < 0.05$), Family type $\chi^2= 0.492$ which is less than tabulated value 3.84 at 0.05 significance level (p value $0.483 > 0.05$), Area of living $\chi^2= 3.502$ which is less than tabulated value 3.84 at 0.05 significance level (p value $0.061 > 0.05$), Education $\chi^2= 26.523$ which is more than tabulated value 7.815 at 0.05 significance level (p value $0.000 < 0.05$). Occupation $\chi^2= 5.776$ which is less than tabulated value 7.815 at 0.05 significance level (p value $0.123 > 0.05$), Socio economic status $\chi^2= 12.850$ which is more than tabulated value 3.84 at 0.05 significance level (p value $0.000 < 0.05$), Previous knowledge of SIDS $\chi^2= 0.447$ which is less than tabulated value 3.84 at 0.05 significance level (p value $0.504 > 0.05$). Therefore, there are no significance association between the age, family type, area of living, occupation and previous knowledge of respondents and their post-test knowledge of SIDS so it can be concluded that the null hypothesis is accepted and the research hypothesis is rejected in these demographic variables. Whereas there are significance association between the religion, education, and socio economic status of the respondents and their post-test knowledge of SIDS so it can be concluded that the null hypothesis is rejected and the research hypothesis is accepted in these demographic variables.

Discussion

Sudden infant death syndrome (SIDS) has been identified as a common cause of death among infants. However, in countries that introduced risk reduction and safe sleep campaigns, there has been a significant decline in SIDS-related deaths. Unfortunately, no significant studies have been done in India. Mothers are main caregiver; they should have sufficient knowledge and perception of SIDS to decrease rate of sudden infant death. The aim of this study is to enhance their knowledge and practice by means of video assisted teaching programme. In present study, Out of 60 respondents, 19 (31.7%) of the subjects were in the age group of 21-25 years, 21 (35%) subjects were in the age of 26-30 group years, and 20(33.3%) subjects were in the age group of 31-35 years. Majority of women 37(61.7%) were housewives from joint family resided in urban area 36 (60%) with middle socioeconomic condition 53 (88.3%). Most of the subjects 40 (66.7%) were Hindu, 14(23.3%) were Muslim and 6 10%) were Sikh. Regarding educational qualification, majority of women are 23 (38.3%) graduate, followed by 21 (35%) secondary level, 9 (15%) Primary level and 7 (11.7%) Post graduate level of education. (Table4.1). In a study done in Riyadh Saudi Arabia, A total of 667 mothers took part in the research. The moms' average age was 31.44 ± 7.55 . In terms of nationality, 527 (79%) were Saudis and 140 (21%) were non-Saudis. The majority of the people have bachelor's degrees 407 (61 percent)[19].

In the present study, during pretest majority of women 59 (98.3%) were having inadequate knowledge and only one of them (1.7%) had moderate and no one had adequate knowledge regarding SIDS. However, following the video assisted teaching program (post-test), majority of women 43(71.7%) had Adequate knowledge, 17 (28.3%) had moderate knowledge

(Table 1.2). an another qualitative descriptive study done by Prabhjot.K,et al(2015) on “Knowledge and infant care practices regarding sudden infant death syndrome found that the majority of women (74%) had inadequate understanding, (22% had below average knowledge), and only 4% had average awareness on Sudden Infant Death Syndrome. In terms of baby care, more than half of mothers (53%) have good practices and less than half (47%) have average practices when it comes to Sudden Infant Death Syndrome[20]. In their study, Ali et al 2019 also found that the knowledge of mothers about meaning, risk factors, preventive measures of SIDS increase after application of educational program [21]. In the present study chi square test was used to see the association between post-test levels of knowledge with their selected demographic variables regarding sudden infant death syndrome among mothers of infant which showed that χ^2 value of certain demographic variables like religion, education and socioeconomic status of woman was more than the tabulated value this means these demographic variables are significantly associated with post-test knowledge. A hospital-based cross-sectional study conducted on “Awareness of sudden infant death syndrome and choice of infant’s sleep position among mothers in Enugu, Southeast Nigeria” establish the level of parental awareness and awareness of SIDS risk reduction measures in Nigeria in which higher educational qualification of mother had significantly high level of knowledge about SIDS prevention[22].

Conclusions

On the basis of the findings of the study, the following conclusions were drawn which also bring out the limitations of the study in picture. The assessment of the pre-test level of knowledge reveals that majority of the mothers of infant (98.3%) had inadequate knowledge about the SIDS only (1.7%) one of them had moderate level of knowledge. The assessment of post-test level of knowledge reveals that majority of the mothers of infant (71.7%) had adequate level of knowledge and 28.3% of them had moderate level of knowledge. The video assisted teaching programme about the sudden infant death syndrome was found to be quite effective in increase the level of knowledge the mothers of infant. There was no significance association found between the mothers of infant pre level knowledge with the selected demographic variables. But there was significant association found between the post-test knowledge score with religion, education, and socio economic status of mothers while there was no association with other demographic variables.

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