ACKNOWLEDGEMENT

The author owes her deepest gratitude to all of the following without whose support and guidance this manuscript would have not been completed.

First and foremost, her sincere and heartfelt gratitude to Lord Shiva and Lord Ganesha for abundant blessing which were felt throughout this task and in all spheres of her life.

Sincere thanks to all the officials of KIMS University for giving her the opportunity to carry out the research work under their esteemed University.

Her sincere gratitude to her respected guide Dr N. S. Kshirsagar, Professor and HOD of Gy OB dept KIMS, Karad for his valuable guidance and suggestion throughout the study period. His willingness to guide at all the time, in spite of his busy academic and professional commitment, was the constant source of inspiration for her.

A special thanks to Dr. P.M. Durgawale, Professor and HOD of Community Medicine department of KIMS for his valuable guidance.

A record of gratitude towards Dr Rajani Ganorkar, COE, KIMS University for her guidance and helping hand whenever needed. Heartfelt thanks to Dr. A.K. Pratinidi, Editor in Chief and Dr. Arun Patil, Executive Editor of Journal of KIMS University.

Her sincere thanks to Dr. Mrs. Smita Kachole, Director of MSG Institute of Business Studies, Nashik for statistical help.

Special note of thanks to the hospital authority which permitted her to conduct the study.

Last but not the least, to all the post caesarean mothers who participated in the study, as well their newborn babies too.

To her beloved and ever supporting husband Mr. Rajesh, her mother, in laws, and sisters for their love, support and trust in her which gave her strength and motivation to complete this task. Very special thanks to her loving daughter Avisha and son Advait for taking out her tension by their naughtily things during the task.

Jyoti V. Dube.
RESEARCH ABSTRACT

Introduction:-

Currently in addition to every obstetrical abnormality, caesarean section (CS) is frequently performed for no obstetrical abnormality at all. The increase in the rates of CS is a global phenomenon that has got the profession, the public and those who care for women’s health worried. A ‘perfect storm’ of medical, legal, personal choices and financial benefits has contributed to an uncontrolled rise in the rate of CS.

Though the indicated and timely CS has tremendous advantages for mother and baby, there are several consequences of caesarean delivery in comparison to normal delivery. Being a major abdominal surgery, CS carries the risks of complications due to anesthesia, medical reason or due to surgery. There is increased risk of possible postoperative complications following CS. Complications due to lack of early ambulation are the main cause for morbidity and mortality in India and all over the world. Pregnancy and birth are normal physiological events in a woman's life and every women desire a safe birth experience.

Many researches have been done to prove the early ambulation improves postoperative recovery, reduce incidence of postoperative complications and promote early discharge. Planned early ambulation, as preventive and promotive aspect of care, is an effective strategy to facilitate early recovery in postoperative period, which is applicable to post caesarean patients too.

Of all health team members nurse midwife spends the most time with post natal mothers and are recognized as primary care givers. Maternal confidence is based on the feelings that the midwife will act in the best interest of her and her baby and is
committed to provide highest standards of care. To deserve such trust demands professional accountability that the nurse midwife bases her practice on sound and scientific evidence.

Keeping this in mind the investigator felt the need to expand the role and dimension of professional practice and provide the basis for evidence based nursing. And so the study was undertaken to ensure that the selected aspect of post natal care is contributed with careful thought.

**Statement of the study:-**

A study to assess the effect of planned early ambulation on post caesarean patients.

**Objectives of the study:-**

- To assess and compare the selected post caesarean biophysiological health parameters of the post caesarean patients of experimental and control group.

- To assess and compare the selected post caesarean activities carried out by the post caesarean patients of experimental and control group.

- To assess and compare the potential postoperative problems likely to be faced due to immobility by post caesarean patients of experimental and control group.

- To assess and compare the psychophysical wellbeing and additional minor problems faced by post caesarean patients of experimental and control group.
Hypothesis:

H01- There will be no significant difference in selected post caesarean biophysiological health parameters of the study subjects of experimental and control group, as measured by post caesarean biophysiological health parameters chart.

H02- There will be no significant difference in the selected post caesarean activities carried out by study subjects of experimental and control group, as measured by post caesarean activity rating scale.

H03- There will be no significant difference in the potential postoperative problems likely to be faced by the study subjects due to immobility, between the study subjects of experimental and control group, as measured by checklist of potential postoperative problems.

H04 - There will be no significant difference in the psychophysical wellbeing and minor problems experienced by the study subjects of experimental and control group, as assessed by semi structured interview schedule.

H1- There will be significant difference in post caesarean biophysiological health parameters in the study subjects of experimental and control group, as evidenced by better health parameters in experimental group, as measured by post caesarean biophysiological health parameters assessment chart.

H2- There will be significant difference in the post caesarean activities carried out by study subjects of the experimental and control group, as evidenced by better post caesarean activities of experimental group, as measured by post caesarean activity rating scale.
**H3**- There will be significant difference in the potential postoperative problems likely to be faced due to immobility, between the study subjects of experimental and control group, as evidenced by fewer problems in experimental group, as measured by checklist of potential post operative problems.

**H4** - There will be significant difference in the psychophysical wellbeing and minor problems experienced by the study subjects of experimental and control group, as evidenced by better feelings and less minor problems in experimental group, as assessed by semi structured interview schedule.

**Assumptions:**

- Patients’ undergone major abdominal surgeries are at risk of delayed recovery and post operative complications.

- Each post caesarean patient requires systemic supervision and care.

- Each postnatal patient delivered by CS is dependent on nurse midwife for self and newborn care and progressively moves to independence.

- Systemic and scientific care helps in early recovery.

- Planned early ambulation helps in early resumption of activities of daily living, decreases the potential postoperative problems and helps in early recovery.

**Limitations:**

- The study was confined to post caesarean patients who had undergone LSCS only by transverse incision under spinal anesthesia, in the selected hospital.
➢ The study was confined to only one selected nursing intervention of planned early ambulation.

➢ The study was confined to certain observable and measurable components of selected biophysiological health parameters, post caesarean activities, post operative complications and opinions of subjects related to psychophysical wellbeing, carried out only during first five days of hospital stay.

Conceptual framework-

The conceptual framework of the study is based on Neuman’s Health Care System Model (1982).

Research approach:-

Quantitative-quasi experimental approach was used based on aim and objectives of the study.

Research design:-

Multiple time series nonequivalent control group before and after design was adopted.

Variables of the study:-

a) Independent variable-In this study, planned early ambulation was the independent variable as the investigator manipulated it, in order to study its effect on selected dependent variables.

b) Dependent variables-dependent variables in study were selected post caesarean biophysiological health parameters, selected post caesarean activities performed by study subjects in relation to self and care of newborn, selected potential
post operative problems likely to be faced by study subjects due to immobility and psychophysical wellbeing of the study subjects.

Setting of the study:-

Partially controlled setting of tertiary care hospital was used for the study.

Population:-

The target population for this study was all maternity patients who had undergone lower segment cesarean section under spinal anesthesia.

The accessible population of the study consisted of all indoor maternity patients who had undergone lower segment cesarean section under spinal anesthesia, admitted in the selected hospital during the period of data collection.

Sample:-

The study subjects consisted of 500 post caesarean patients who were delivered by lower segment caesarean section under spinal anesthesia.

Sampling Technique:-

Non-probability purposive sampling technique was used to obtain desired sample size of study.

Tools and Techniques:-

Based on the objectives of the study; the following tools were used for data collection.

Tool I. Observation checklist

i. Demographic and obstetrical data of the study subjects.
ii. Post caesarean biophysiological health parameters chart.

iii. Post caesarean activity rating scale

iv. Checklist of potential post operative problems likely to be faced due to immobility.

**Tool II. Semi structured interview schedule.**

**Tool III. Ambulation guideline.**

**Validity and reliability of the tool:-**

The content validity of observation checklist of demographic and obstetrical data, biophysiological health parameters chart, post caesarean activity rating scale, potential post operative problems related to immobility and semi structured interview schedule was carried out by 10 subject experts for it’s adequacy, relevance, objectivity and usability.

The reliability of the selected tools was done by inter rater method. The obtained reliability coefficient of selected post caesarean biophysiological health parameters, selected post caesarean activity rating scale and checklist of potential post operative problems related to immobility was 0.86 and 0.81 and 0.86 respectively, which was more than the 0.80, indicating high reliability of the tool.

**Pilot study:-**

The pilot study was conducted on total 50 samples in the actual setting in which main study was conducted. The necessary changes were made as needed for the main study, with due approval of the guide.
Data collection method:-

After completing the official formalities with the selected hospital authorities, the investigator carried out data collection. The study subjects were solicited from the target population of maternity patients who had undergone LSCS. The sample selection was done according to the sample selection criteria. Each willing sample was assigned to either of group, experimental or control, which consisted of total 250 study subjects each. Based on the predetermined plan of action, the investigator carried out the planned intervention and observations in post caesarean period. The record in relation to dependent variables was maintained as per predetermined schedule for 1st five post cesarean days. The data collection process continued till the required number of samples was obtained.

Analysis and interpretation of data:-

A: Findings related to selected demographic and obstetrical data of the study subjects: Out of total 500 study subjects, majority of the subjects 244(48.8%) were from the age group of 21 to 25 years. Majority of them 267(53.4%) were multi gravida. Majority of subjects i.e. 395(79%) had undergone an emergency caesarean section. Out of total 500 study subjects, majority 313(62.6%) subjects had primary CS at the time of study and also for majority of subjects 309(61.8%) surgery was due to maternal indications. Total 76(15.2%) subjects had undergone caesarean due to combined factors related to both mother and fetus. In post caesarean period, the maximum study subjects 173(34.6%) were discharged on eighth post operative day. And 122(24.4 %) subjects were discharged as early as on fifth post caesarean day. The obtained χ2 value for all the parameters except for day of discharge showed equal
probability indicating that the study subjects of both group were representative of population.

B: Findings related to day wise scores of selected post caesarean biophysiological health parameters of experimental and control group-

1) Distribution of study subjects based on total scores of selected post caesarean biophysiological health parameters- From the analysis of total scores of selected post caesarean biophysiological health parameters it was evident that, the study subjects with poor, good and excellent parameters were almost same in both the groups at initial assessment. This showed that the samples of experimental and control group were homogenous in nature. From the first post operative day till the end of the post operative day five, the number of subjects with excellent biophysiological parameters were more in experimental group (mean 40.73%) as compared to control group (mean 12.86%). The experimental group had less number of subjects with poor biophysiological parameters (mean 0.2%) as compared to that of control group (mean 2.93%).

2) Comparison of day wise total scores of selected post caesarean biophysiological health parameters between experimental and control group- From day one to fifth post caesarean day, the experimental group had significantly more number of study subjects with excellent parameters as compared to that of control group. On all post caesarean days, the subjects with good parameters were more in control group than that of experimental group; because more number of study subjects of experimental group were in excellent parameter category. The selected parameters were found to be on better side in the experimental group as compared to
that of control group. These findings may be due to the intervention of planned early ambulation which was carried out for the study subjects of experimental group.

C: Findings related to day wise total scores of selected post caesarean activities of study subjects of experimental and control group -

1) Distribution of study subjects based on total scores of selected post caesarean activities - The analyzed data showed the equal number of subjects i.e. 248 (99.2%) with poor post caesarean activities in both the groups on post caesarean day one, which was suggestive of homogenicity of study groups. Later on, on all post operative days from day two to the day five, the subjects with good and excellent scores of selected post caesarean activities were more in experimental group (mean 24.8% and 47.76% respectively) than that of control group (mean 21.92% and 11.2% respectively). Also it was noted that the percentages of study subjects with poor postcaeserean activities were more in control group (mean 74.58%) as compared to experimental group (mean 28.16%) from post caesarean day one to five.

2) Comparison of day wise total scores of selected post caesarean activities between experimental and control group - The significant difference in the selected post caesarean activities of experimental and control group was noted on all remaining days of assessment except at baseline assessment which was done at the end of first caesarean day. The number of study subjects with good and excellent post caesarean activities were more in experimental group than that of control group on day two and three. And the numbers of study subjects with excellent post caesarean activities were more in experimental group as that of control group on day four and five. Thus the selected post caesarean activities of experimental group were on better side than that of control group.
3) Comparison of scores of selected post caesarean activities on all five post caesarean days- On first post caesarean day, for few selected post caesarean activities like bladder elimination, bowel elimination, and self care there was no significant difference among the study groups. For the remaining activities that is breast feeding, sitting on the bed, walking, oral intake and attention to the newborn the significant difference was noted on the first post caesarean day. Later on from day two to day five the significant difference was obtained in all the selected post caesarean activities in the experimental and control group. These findings may be the result of planned early ambulation where more number of subjects of experimental group showed excellent and good post caesarean activities as compared to control group.

D: Findings in relation to potential post operative problems faced by the study subjects of experimental and control group-

1) Analysis and comparison of data related to potential post operative problems faced by the study subjects- the subjects of both the groups suffered with some of the potential post operative problems associated with immobility, in first five post caesarean days. From the experimental group total 40(16%) subjects suffered with either of the selected problem in comparison to 156(62.4%) subjects of control group. It was evident that the few problems like thrombophlebitis, urinary tract infection, constipation and tympanites were noticed more in control group (3.6%, 3.2%, 20.4% and 34% respectively) as compared to that of experimental group (1.2%, 2.0%, 5.6% and 6.4% respectively). In few problems related to circulatory system and gastrointestinal system, i.e. thrombophlebitis, constipation and tympanites, the significant difference was observed between both study groups. These findings may be the result of intervention of early planned ambulation which was
practiced for the study subjects for experimental group and was refrained from the control group.

E: Findings related to response to semi structured interview schedule -

1) **Data related to response to semi structured interview schedule** - The study subjects who had better psychophysical wellbeing at the end of the day, more comfort during day and night and the subjects who experienced maximum comfort during activities were more in experimental group as compared to control group. The subjects with good feelings at the end of the day, comfort during day, and comfort at night on all post caesarean days were more than 90% in experimental group whereas in control group it was less than 75%. Also more than 50% subjects of experimental group showed comfort during the activities; whereas less than 10% subjects were comfortable during activities from the control group, on all days of assessment.

2) **Analysis, comparison of data related to response to semi structured interview schedule** - On all first five post caesarean days the significant difference was obtained in the responses given by the study subjects on selected aspects of psychophysical wellbeing like feelings at the end of the day, comfort during day, comfort at night, and comfort during activities, among the study subjects of experimental and control group. Except for the feelings at the end of the day, on first post caesarean day, there was no significant difference noted.

3) **Analysis, comparison of data related to additional minor problems faced by study subjects** - The data revealed that the study subjects of both the groups faced few additional health problems in first five days of hospitalization after caesarean section. These were abdominal pain, difficulty in moving, difficulty in breast feeding, difficulty in defecation, generalized weakness and few other minor
problems. The significant difference was noted in the additional minor problems faced in post caesarean period among experimental and control group. The overall additional problems faced by experimental group were significantly less than that of control group, except for abdominal pain.

4) **Analysis of data related to opinion about planned early ambulation of study subjects of experimental group**- The analysis of opinion about planned early ambulation of experimental group clearly showed that out of total 250 study subjects of experimental group, the majority of study subject i.e. 240 (96 %) were of opinion that planned early ambulation was very much useful to them. And remaining all 10 (4%) study subjects gave opinion that it was useful.

**Conclusion:-**

From the analysis of the obtained data of first five post caesarean days of hospitalization, it was clearly evident that the planned early ambulation was effective in early stabilization of the selected post caesarean biophysiological health parameters of the study subjects, and in improving the selected post cesarean activities of post caesarean patients. The data also reflected that the potential post operative problems likely to be faced due to immobility which were related to circulatory system and gastrointestinal system were significantly less in experimental group and also the severity of overall selected potential post operative problems related to immobility was less in the subjects who received planned early ambulation as compared to those who were refrained from this intervention. Also it was noticed that the psychophysical wellbeing experienced by the study subjects was better in experimental group as
compared to that of control group. And additional minor problems faced by subjects were less in experimental group.

It could be concluded that the planned early ambulation after LSCS plays an important and beneficial role in early recovery of the patients. It is an effective strategy in improving the general condition of post caesarean patients and also it helps in early resumption of the activities of daily living in relation to self and care of newborn. It reduces the potential post operative problems associated with immobility and adds in the better feelings and comfort of the patients. Also the patients are less likely to suffer with minor problems in post caesarean period.

Thus the planned early ambulation is effective in preventing morbidity and helps in the early recovery of post caesarean patients.
# TABLE OF CONTENT

<table>
<thead>
<tr>
<th>Content</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT ........................................................................</td>
<td>i-xiii</td>
</tr>
<tr>
<td>LIST OF TABLES ..................................................................</td>
<td>xvii</td>
</tr>
<tr>
<td>LIST OF FIGURES ..................................................................</td>
<td>xix</td>
</tr>
<tr>
<td>ABBREVATIONS USED ..........................................................</td>
<td>xx</td>
</tr>
<tr>
<td>CHAPTER I - INTRODUCTION .................................................</td>
<td>1-14</td>
</tr>
<tr>
<td>Background of the study ..................................................</td>
<td>1</td>
</tr>
<tr>
<td>Need of the study ............................................................</td>
<td>6</td>
</tr>
<tr>
<td>CHAPTER II- AIM AND OBJECTIVES .......................................</td>
<td>15-26</td>
</tr>
<tr>
<td>Statement of the study ......................................................</td>
<td>15</td>
</tr>
<tr>
<td>Aim and objectives of the study .........................................</td>
<td>15</td>
</tr>
<tr>
<td>Hypothesis ..........................................................................</td>
<td>15</td>
</tr>
<tr>
<td>Operational definitions .....................................................</td>
<td>17</td>
</tr>
<tr>
<td>Assumptions ........................................................................</td>
<td>18</td>
</tr>
<tr>
<td>Limitations of the study ...................................................</td>
<td>19</td>
</tr>
<tr>
<td>Conceptual framework .......................................................</td>
<td>19</td>
</tr>
<tr>
<td>Scope of the study ............................................................</td>
<td>25</td>
</tr>
</tbody>
</table>
CHAPTER III - REVIEW OF LITERATURE

- Literature related to historical base of cesarean section
- Literature related to increasing rate of caesarean section
- Literature related to postoperative complications of cesarean section and major abdominal surgeries
- Literature related to early ambulation and its benefits
- Literature directly related to effectiveness of early ambulation on postoperative outcome

CHAPTER IV - METHODOLOGY

- Research approach
- Research design
- Study variables
- Setting of the study
- Population
- Sample
- Sampling techniques
- Sample selection criteria
Implications of the study ........................................ 165

Recommendations ........................................ 168

CHAPTER VIII - SUMMARY ............................. 168-177

Statement of the study ..................................... 169

Objectives .................................................. 169

Hypothesis .................................................. 169

Study findings ............................................. 171

Summary, conclusion and interpretation ............... 176

BIBLIOGRAPHY ........................................ 178-188

APPENDICES ........................................ 189

Consent form ............................................. 189

Tool I - I. Observation checklist .......................... 191

II. Semi structured interview schedule .................. 194

III. Ambulation guideline ............................... 195

Scoring key ............................................... 197

Permission letter from hospital authority .............. 199
LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Title of the Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1</td>
<td>Distribution of Study Subjects Based on Selected Demographic And Obstetrical Characteristics</td>
<td>108</td>
</tr>
<tr>
<td>Table 2</td>
<td>Distribution of Study Subjects Based on Total Scores of Post Caesarean Biophysiological Health Parameters</td>
<td>112</td>
</tr>
<tr>
<td>Table 3</td>
<td>Comparison of Scores of Selected Post Caesarean Biophysiological Health Parameters At Baseline Assessment</td>
<td>115</td>
</tr>
<tr>
<td>Table 4</td>
<td>Comparison of Scores of Selected Post Caesarean Biophysiological Health Parameters At End of Post Caesarean Day One</td>
<td>116</td>
</tr>
<tr>
<td>Table 5</td>
<td>Comparison of Scores of Selected Post Caesarean Biophysiological Health Parameters At End of Post Caesarean Day Two</td>
<td>117</td>
</tr>
<tr>
<td>Table 6</td>
<td>Comparison of Scores of Selected Post Caesarean Biophysiological Health Parameters At End of Post Caesarean Day three</td>
<td>118</td>
</tr>
<tr>
<td>Table 7</td>
<td>Comparison of Scores of Selected Post Caesarean Biophysiological Health Parameters At End of Post Caesarean Day four</td>
<td>119</td>
</tr>
<tr>
<td>Table 8</td>
<td>Comparison of Scores of Selected Post Caesarean biophysiological Health Parameters At End of Post Caesarean Day Five</td>
<td>120</td>
</tr>
<tr>
<td>Table 9</td>
<td>Distribution of Study Subjects Based on Total Scores of Selected Post Caesarean Activities</td>
<td>122</td>
</tr>
<tr>
<td>Table 10</td>
<td>Comparison of Scores of Selected Post Caesarean Activities At End of Post Caesarean Day One</td>
<td>125</td>
</tr>
</tbody>
</table>
Table 11  Comparison of Scores of Selected Post Caesarean Activities At
End of Post Caesarean Day Two........................................ 126

Table 12  Comparison of Scores of Selected Post Caesarean Activities At
End of Post Caesarean Day Three...................................... 127

Table 13  Comparison of Scores of Selected Post Caesarean Activities At
End of Post Caesarean Day Four........................................ 128

Table 14  Comparison of Scores Of Selected Post Caesarean Activities At
End of Post Caesarean Day Five....................................... 129

Table 15  Analysis And Comparison of Scores of Selected Post caesarean
Activities on All Five Post Caesarean Days......................... 130

Table 16  Distribution And Comparison of Potential Postoperative Problems
Faced Due To Immobility By The Study Subjects of Experimental
And Control Group.......................................................... 133

Table 17  Data Related To Responses To Semi Structured Interview
Schedule........................................................................... 136

Table 18  Analysis, Comparison of Data Related To Responses To Semi
Structured Interview schedule........................................... 138

Table 19  Analysis And Comparison of Additional Minor Problems Faced By
Study Subjects In Post Caesarean Period............................ 140

Table 20  Analysis of Opinion About Planned Early Ambulation of The Study
Subjects of Experimental Group........................................ 143
# LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Title of the Figure</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1</td>
<td>Conceptual Framework Based on Neuman’s Health Care System Model</td>
<td>24</td>
</tr>
<tr>
<td>Figure 2</td>
<td>Multiple Time Series Nonequivalent Control Group Before-After Design</td>
<td>84</td>
</tr>
<tr>
<td>Figure 3</td>
<td>Schematic Representation of Research Methodology</td>
<td>103</td>
</tr>
<tr>
<td>Figure 4</td>
<td>Graph Showing The Distribution of Study Subjects Based on Selected Demographic And Obstetrical Characteristics</td>
<td>111</td>
</tr>
<tr>
<td>Figure 5</td>
<td>Graph Showing Distribution of Subjects Based On Scores Of Selected Post Caesarean Biophysiological Health Parameters</td>
<td>114</td>
</tr>
<tr>
<td>Figure 6</td>
<td>Graph Showing Distribution of Study Subjects Based on Scores of Selected Post Caesarean Activity Checklist</td>
<td>124</td>
</tr>
<tr>
<td>Figure 7</td>
<td>Graph Showing Comparison of Potential Post Operative Problems Faced Due To Immobility By Study Subjects</td>
<td>135</td>
</tr>
<tr>
<td>Figure 8</td>
<td>Graph Showing The Comparison of Additional Minor Problems Faced By Study Subjects In Post Caesarean Period</td>
<td>142</td>
</tr>
<tr>
<td>Figure 9</td>
<td>Diagram Showing The Opinion About Planned Early ambulation of The Study Subjects Of Experimental Group</td>
<td>144</td>
</tr>
</tbody>
</table>
# LIST OF ABBREVIATIONS USED

<table>
<thead>
<tr>
<th>Sr.no</th>
<th>Abbreviation Used</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CS…………………..</td>
<td>Caesarean section</td>
</tr>
<tr>
<td>2</td>
<td>LSCS……………….</td>
<td>Lower Segment Caesarean Section</td>
</tr>
<tr>
<td>3</td>
<td>WHO……………….</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>4</td>
<td>POD……………….</td>
<td>Post operative Day</td>
</tr>
<tr>
<td>5</td>
<td>NS……………………</td>
<td>Not significant</td>
</tr>
<tr>
<td>6</td>
<td>Exp………………..</td>
<td>Experimental group</td>
</tr>
<tr>
<td>7</td>
<td>Con………………..</td>
<td>Control group</td>
</tr>
<tr>
<td>8</td>
<td>Freq……………….</td>
<td>Frequency</td>
</tr>
<tr>
<td>9</td>
<td>%……………………</td>
<td>Percent</td>
</tr>
<tr>
<td>10</td>
<td>resp……………….</td>
<td>Respectively</td>
</tr>
</tbody>
</table>