

Knowledge and Attitude on Mode of Childbirth among Primigravid Women Attending Antenatal Outpatient Department at Mahatma Gandhi Medical College and Research Institute, Puducherry

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ABSTRACT

Background: Delivery mechanism is a spontaneous process and requires no intervention. Advance in medical technology in maternity care have drastically reduced maternal and infant mortality. Childbirth is not only of great importance to the mother and her partner, but also to the entire family. It is a profound event which is physiological, psychosocial and metaphysical. This is the whole family's joy and hope that pushes the mother to face all of the pain associated with this.

Aims and objectives: To assess the knowledge and attitude regarding mode of childbirth among primigravid women.

Materials and methods: Descriptive research approach and design was adopted for this study. Sixty primigravid women were selected by purposive sampling technique based on the inclusion and exclusion criteria. The demographic variables were collected using structured questionnaire, structured knowledge questionnaire used to assess the knowledge regarding mode of childbirth and five point rating scale was used to assess the attitude regarding mode of childbirth. The data were analyzed by means of descriptive and inferential statistics like frequency, percentage, mean, standard deviation, Spearman's Rank Correlation and Chi-square test.

Results: Among 60 primigravid women 40 (66.7%) had moderately adequate knowledge and 20 (33.3%) had adequate knowledge regarding mode of childbirth. Regarding the attitude 53 (88.3%) had positive and 7 (11.7%) had neutral attitude towards normal vaginal delivery and 8 (13.3%) had positive and 52 (86.7%) had neutral attitude towards cesarean section. By using Spearman's Rank Correlation Coefficient there was no correlation between mode of childbirth (normal vaginal delivery vs cesarean section) among primigravid women. By using Chi-square, findings showed that there was no significant association between the level of knowledge and attitude regarding mode of childbirth among primigravid women at $p < 0.05$ level.

Conclusion: This study concludes that the preference of mode of childbirth is very important among healthy primigravid women. Our research suggests that women are not responsible for the increase in cesarean section rates. Women have to accept the medically-indicated reasons for mode of delivery.

Keywords: Attitude, Knowledge, Mode of childbirth, Primigravid women.

Pondicherry Journal of Nursing (2020): 10.5005/jp-journals-10084-12169

INTRODUCTION

Childbirth style finishes a pregnancy by any one procedure, such as unassisted vaginal birth, assisted vaginal birth from ventouse or forceps, unplanned and planned cesarean section (CS).¹⁻⁸ With more than 80% of women in favor of vaginal delivery (VD), Potter et al. surveyed pregnant women attending public and private institutions and found that preferences in both sectors were close.⁹⁻¹¹ For most participants, VD was considered a normal, healthy, and natural delivery method, except in the case of a medical indication for CS, which was seen as a medical decision.^{12,13} Cesarean section rates have steadily risen over the last few decades, without a medical reason, in most middle- and high-income countries.¹⁴ The maternal order for a CS is one of the widely cited non-medical variables leading to this pattern.¹³⁻¹⁷ As critical as physical and material preparation, mental preparation must be provided enough time and space for expectant mothers to have a free and frank discussion about all aspects of their pregnancy and delivery.¹⁸⁻²⁰

More recently, among pregnant women visiting public and private hospitals, multiple factors of motivation related to women's mode of delivery preferences have been added.^{21,22} The majority of participants, considered VD as a normal, safe, and natural mode of delivery, except for a medical indication for CS.^{23,24} The experience

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How to cite this article: Poongodi V, Renuka K. Knowledge and Attitude on Mode of Childbirth among Primigravid Women Attending Antenatal Outpatient Department at Mahatma Gandhi Medical College and Research Institute, Puducherry. *Pon J Nurs* 2020;13(4): 78-81.

Source of support: Nil

Conflict of interest: None

of childbirth has always represented a very important event in women's lives, a rare and unique moment marked by the woman's transformation into her new status of being a mother. Vaginal delivery is the natural form of birth, but CS delivery is recommended to avoid either maternal or fetal morbidity or mortality, although about 10% of regular deliveries may be complicated.^{25,26}

Worldwide, the rate of CS delivery is growing. In some nations, it is a part of their culture. The World Health Organization (WHO) proposed that CSs should be terminated for no more than 10–15% of pregnancies. The rate of CS can be influenced by certain individual and cultural factors. It has been well established that CS delivery mortality and morbidity are greater than normal VD.^{27,28} One of WHO's tactics for improving maternal well-being is to shield mothers from needless medical technology. The International Confederation of Midwives declared that it is illegal to deliver CS deliveries without any medical indication.^{29,30} While the health professional authorities have considered reducing the rate of elective CS delivery, in some countries this rate is rising. Because of the importance of the values and beliefs in directing behavior, understanding elements of behavior are necessary to promote any health promotion program.^{31,32} The current investigation aims to establish the mode of childbirth among primigravid women attending antenatal outpatient department at Mahatma Gandhi Medical College and Research Institute, Puducherry.

AIMS AND OBJECTIVES

- To assess the knowledge regarding the mode of childbirth among primigravid women.
- To assess the attitude regarding the mode of childbirth among primigravid women.
- To correlate knowledge and attitude regarding the mode of childbirth among primigravid women.
- To find out the association between selected sociodemographic variables with knowledge and attitude scores of the mode of childbirth among primigravid women.

HYPOTHESES

H₁—There is a significant difference in the level of knowledge regarding the mode of childbirth among primigravid women.

H₂—There is a significant difference in the level of attitude regarding the mode of childbirth among primigravid women.

H₃—There is a significant correlation between knowledge and attitude regarding the mode of childbirth among primigravid women.

H₄—There is a significant association between the level of knowledge and attitude regarding the mode of childbirth among primigravid women with selected demographic variables.

MATERIALS AND METHODS

For this study, descriptive research strategy and design were adopted. Sixty primigravid women were chosen based on inclusion and exclusion criteria using a purposeful sampling technique. The inclusion criteria include the primigravid women between 35 and 40 weeks of gestation with a single fetus and those who were able to take part in the research. The research was carried out after approval by the Institutional Human Ethical Committee (IHEC). The researcher received formal approval from the study participants and informed consent. For all samples, the aims of the analysis were clarified. Using a standardized questionnaire, demographic variables were collected. A structured knowledge questionnaire was used to assess the knowledge regarding the mode of childbirth and a five-point rating scale was used to assess the attitude regarding the mode of childbirth. Descriptive and inferential statistics, such as, frequency,

percentage, mean, standard deviation, Spearman's rank correlation, and Chi-square test, were used to analyze the results.

RESULTS

Most of the samples 37 (61.66%) belong to the age group of 26–30 years and 42 (70%) belong to Hindu, 39 (65%) belong to high school education, majority of samples 46 (76.66%) belong to the sedentary worker, 41 (68.33%) samples' family income is more than Rs. 10,001 to Rs. 15,000. Fifty-two (86.66%) were taking a mixed diet, 46 (76.66%) were had spontaneous conception, 38 (63.33%) belong to residential is an urban area, 35 (58.33%) were received information from health personnel, and 51 (85%) were in 38 weeks of gestation.

Table 1 reveals the level of knowledge regarding the mode of childbirth. Among 60 primigravid women, 40 (66.7%) had moderately adequate knowledge and 20 (33.3%) had adequate knowledge regarding the mode of childbirth. Hence, the stated hypotheses (H₁) were accepted.

Tables 2 and 3 show the level of attitude toward the mode of childbirth (VD), regarding the attitude 53 (88.3%) had positive and 7 (11.7%) had a neutral attitude toward normal VD and 8 (13.3%) had positive and 52 (86.7%) had a neutral attitude toward CS. Hence, the stated hypotheses (H₂) were accepted.

By using Spearman's rank correlation coefficient, there was no correlation between knowledge and attitude regarding the mode of childbirth. Hence, the stated hypotheses (H₃) were rejected. Results showed that there was no important correlation between the level of knowledge and attitude regarding the mode of childbirth among primigravid women at $p < 0.05$ level by the use of Chi-square. Hence, the listed hypotheses (H₄) were rejected.

IMPLICATIONS

The investigator extracted from the study the following implications that are of primary interest in the fields of nursing practice, nursing education, nursing administration, and nursing science.

- This can be encouraged by helping the mother to cope with the mode of delivery.

Table 1: Level of knowledge regarding mode of childbirth

Level of knowledge	Frequency (n)	Percentage
Adequate (8–10)	00	00
Moderately adequate (5–7)	40	66.7
Inadequate (0–4)	20	33.3

Table 2: Level of attitude toward the mode of childbirth (vaginal delivery)

Level of attitude (vaginal delivery)	Frequency (n)	Percentage
Positive 23–30	53	88.3
Neutral 15–22	7	11.7
Negative 6–14	00	00

Table 3: Level of attitude toward the mode of childbirth (cesarean section)

Level of attitude (cesarean section)	Frequency (n)	Percentage
Positive 23–30	8	13.3
Neutral 15–22	52	86.7
Negative 6–14	00	00

- Motivate other practitioners to endorse lectures and teachings by using research findings.
- Promoting further research studies on the mode of childbirth care during delivery.
- More research is to be carried out and the results are disseminated through conferences, lectures, publications in technical, national, and international journals.

LIMITATION

- Difficulty obtaining consent from the women who are at term.

RECOMMENDATIONS

- To avoid unnecessary CSs, research is required on other factors related to maternal healthcare, such as, health providers and the organization of prenatal and delivery care.
- Innovative approaches are also required to help explore and elucidate the real and possibly undisclosed explanations for women's mode of delivery preferences.
- For better generalization, the analysis can be repeated with a wide sample.
- The efficacy of other nursing interventions can be measured by comparison.

CONCLUSION

This study concludes that the preference for a mode of childbirth is very important among healthy primigravid women. Our study indicates that women are not responsible for the rise in CS rates. Women have to accept the medically indicated reasons for the mode of delivery. Finally, education has been given regarding the progress of childbirth (normal VD and CS) and postnatal care.

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