KNOWLEDGE AND ATTITUDE REGARDING MODE OF DELIVERY AMONG ANTENATAL MOTHERS

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Abstract

Pregnancy and delivery is considered as normal physiological state of women. Sometimes it can be painful and it needs special care. All pregnancies are considered as high risk. Preference of women towards mode of delivery directly or indirectly affects the health condition of the mother. The objective of the study was to find out the knowledge and attitude regarding mode of delivery among antenatal mothers.

A descriptive cross sectional study design was adopted to conduct the study. Data were collected from 85 antenatal mothers using non probability convenience sampling technique from Gynecological and obstetrical out-patient department of National Medical College, Teaching Hospital, Birgunj, Parsa. Data collected on daily basis for two weeks by using structured interview schedule. Obtained data were entered using Statistical Package for Social Sciences (SPSS) version 16 and analyzed using descriptive statistics and inferential statistics.

The result of the study revealed that 45.9% had adequate knowledge and 54.1% had inadequate knowledge regarding mode of delivery which was statistically significant with monthly income of family with p value 0.020. Similarly 41.2% had positive attitude and 58.8% had negative regarding cesarean section which was statistically significant with place of residence and complications during present pregnancy with p value 0.006 and 0.013 respectively. Whereas 43.5% had positive attitude and 56.5% had negative attitude regarding vaginal delivery which was statistically significant with occupation of mother with p value 0.043. The knowledge score and attitude score regarding cesarean section was negatively correlated to each other as 'r' value was -0.216 which was found significant at 0.047. Similarly knowledge score and attitude score regarding vaginal delivery was negatively correlated to each other as 'r' value was -0.001 and p value 0.921 which was not statistically significant.

The study concluded that majority of the antenatal mothers had inadequate knowledge, more than half of the antenatal mothers had negative attitude regarding vaginal delivery and more than half of the antenatal mothers had negative attitude regarding cesarean, thus there is need for a program to increase women's understanding about different mode of delivery. Further studies on this issue can be conducted in large settings and large population as well.

Keywords *: Knowledge; Attitude; Mode of delivery*

BACKGROUND:

Pregnancy is a physiological phenomenon, and its end is associated with pain, fear, anxiety, and even fear of death for mothers. Child delivery is a multi dimensional process with physical, emotional, social, physiological, cultural, and psychological dimensions. Childbirth can be a critical and sometimes painful experience for women**.** Delivery mechanism is a spontaneous process and requires no intervention. Advances in medical technology in maternity care have drastically reduced maternal and infant mortality (Jamshidi Manesh, Oskouie, Jouybary & Sanagoo, 2009).

However improper use of these interventions without scientific and legal reasons has converted a normal delivery to surgical and medical phenomenon (Jansen, Gibson, Bowles & Leach, 2013).

Natural childbirth occurs without medication or obstetric intervention. Vaginal birth may involve any number of medical interventions. These medical interventions may include medical induction, oxytocics for augmentation, electronic cardiotocographic monitoring, analgesics for pain relief, episiotomy, and the delivery can be spontaneous i.e. unassisted or assisted i.e. by forceps or vacuum extractor (Walker, 2009).

Caesarean, which is defined as the termination of pregnancy by a surgical method, is a lifesaving procedure when a mother or her baby is at risk (Cunnigham, Leveno, Bloom, Haulth, Rouse & Spong, 2010).

Cesarean section involves surgical delivery of the fetus, and rates of this procedure have risen dramatically in the last decade, the rate occupy more than 50% in some countries, despite a lack of evidence of any increase in obstetric emergencies (Armson, 2007).

Culture has a significant impact on people's perceptions and attitudes towards labor pain, definition of labor pain, coping mechanisms against pain, and related behaviors. The attitude towards labor pain can be determinant of women's decisions about mode of delivery. One of the main goals of every medical team, dealing with childbirth, is performing a safe delivery. Cesarean section was first introduced to reduce the risks for the mother and fetus. However, today Cesarean section is perceived as an escape from labor pain, and the false assumption that Cesarean section is painless, safer, and healthier than vaginal delivery has become prevalent among women **(**Farahani, Malekzadegan, Mohammadi & Hosseini, 2005).

During pregnancy, women should make a decision about the mode of delivery. Decision-making process is one of the most complex mechanisms of human thought, and is influenced by several factors. Decision making is defined as "information analysis, making a decision, and implementing that decision" (Adib Haj Bagheri, Salsali & Ahmadi, 2003).

Access to cesarean sections can reduce maternal and neonatal mortality and complications of

labor. WHO advises that cesarean sections be done only when medically necessary and does not recommend a target rate for countries to achieve at the population level. The proportion of births delivered by cesarean section has almost doubled in the past 5 years, from 5% in 2011 to 9% in 2016. (National Demographic Health Survey, 2016).

It has been found that women with higher parity and more previous caesarean deliveries showed positive attitudes towards vaginal delivery, as did housewives and women whose spouses were employed in education or health organizations. Overall, 63.5% of women scored weak on knowledge questions. Knowledge was higher in women who had a history of miscarriage. Of the women, 96.5% and 33.0% had positive attitudes towards vaginal delivery and caesarean section respectively; 40.5% had negative attitudes about caesarean section. No significant differences were found in attitude and knowledge scores according to women's levels of education (Aali & Motamedi, 2005).Majority of the women (89%) interviewed had positive attitude towards vaginal delivery as a mode of delivery (Varghese, Singh, Kour & Dhar, 2016).

Research conducted worldwide indicates that the pregnant women having different knowledge and attitude regarding the modes of delivery in relation to their demographic characteristics. In Nepal, no similar research study has been conducted related to this topic. This encouraged the researcher to perform a study on this aspect to find out the major demographic factor which influences the feelings and attitude of the pregnant women towards the modes of delivery and to make awareness about the different modes of delivery. So, the researcher felt the need for assessing the level of knowledge and attitude regarding mode of delivery.

RESULTS:

A descriptive cross-section research design was selected to find out the knowledge and attitude regarding Mode of Delivery among Antenatal Mothers visiting gynecological and obstetrical out-patients department of National Medical College Teaching Hospital. The study population for the present study was all the Antenatal Mothers visiting the gynecological and obstetrical out-patient department of National Medical College Teaching Hospital. The non probability sampling technique i.e. purposive sampling was adopted for selecting Antenatal Mothers visiting gynecological and obstetrical out-patient department of NMCTH. The sample size was 85. The research instrument had three sections in which section A included socio-demographic information, section B included structures interview schedule to assess the level of knowledge regarding mode of delivery and section C included likert scale to assess the level of attitude regarding mode of delivery among antennal mothers. The questions were related to different mode of delivery, its cause etc. and were scored to assess the level of knowledge and attitude.

Total 46 questions (20 dichotomous question and multiple choice questions) were included in this section. The tool was prepared in English language and was further translated to Nepali and Bhopuri language. Content validity was done by a group of expertise and certain changes were done in the tool. For structured interview schedule Cronbach's Alpha Reliability Test was used. The value of result was found 0.76 and -0.751.data was collected from 2074-05-2 to 2074-06-6. Self introduction and the title of research, purpose of the study, method of sampling and data collection and time frame were explained to the respondents. Written informed were taken from the respondents. Data were encoded and decoded then they were entered in epi- data in version 16.0. After entering all data it was exported to SPSS version 16.0 program. For the descriptive statistic frequency, percentage, mean, range and standard deviation were calculated, for inferential statistics chi-square was checked to determine the association between dependent and independent variables.

TABLE 1: Socio- Demographic Characteristics of Antenatal Mothers (n=85)

Characteristics	Frequency	Percentage
Age (in years)		
Below 20	15	17.6
20-25	49	56.5
26-30	16	18.8
Above 30	5	5.9
Religion		
Hindu	47	53.3
Muslim	36	42.4
Buddhist	2	2.4
Place of residence		
Rural	59	69.4
Urban	26	30.6
Education level		
Illiterate	31	36.5
Primary or Informal education	15	17.6
Lower Secondary level	8	9.4
Secondary level	18	21.2
Higher secondary level	9	10.6
Bachelor and above	4	4.7

Occupation of mother		
Housemaker	77	90.6
Private job	3	3.5
Government job	2	2.4
Self-employed	3	3.5
Type of family		
Nuclear	11	12.9
Joint	66	77.6
Extended	8	9.4
Monthly income of family (in NRs)		
Less than 5,000	2	2.4
5,000-10,000	12	14.1
10,001-15,000	19	22.4
More than 15,000	52	61.2
Number of children		
No children	34	40.0
One	30	35.3
Two	14	16.5
More than two	7	8.2
Previous method of delivery(if applicable only)		
Normal vaginal delivery	41	71.9
Cesarean Section	16	28.1
Complications during present pregnancy		
No any complication	80	94.1
Pre-eclampsia	2	2.4
If other specify (oligohydraminous,polyhyraminous)	3	3.5

TABLE 2: Antenatal Mother's Level of Knowledge Regarding Mode of Delivery

n=85

Level of knowledge	Frequency	Percentage
Adequate ≥12	39	45.9
Inadequate <12	46	54.1

TABLE 3: Mean Score of Knowledge of Antenatal Mother's Regarding Mode of Delivery

n=85

Variable	Maximum possible score	Mean ±SD	Mean percentage	Range
Knowledge score	20	12.74±2.67	63.706	17-5

TABLE 4: Antenatal Mother's Level of Attitude Regarding Mode of Delivery

n=85

Level of knowledge	Frequency	Percentage
Positive	39	45.9
Negative	46	54.1

TABLE 5: Mean Score of Attitude of Antenatal Mother's Regarding Cesarean Section and Vaginal Delivery

n=85

Variable	Maximum possible score	Mean ±SD	Range
Attitude score regarding cesarean section	35	21.9765±3.203	29-12
Attitude score regarding vaginal delivery	40	35.0118±1.985	40-29

TABLE 6: Antenatal Mother's Level of Attitude Regarding Cesarean section and vaginal delivery

n=85

Level of attitude	Frequency	Percentage

Cesarean section		
Positive ≥22	35	41.2
Negative <22	50	58.8
Vaginal delivery		
Positive ≥ 35	37	43.5
Negative < 35	48	56.5

Table 7: Association between level of knowledge and Socio demographic variables

n=85

Level of knowledge				
Variables	**Adequate No. (%)**	**Inadequate No. (%)**	**X^2**	**P value**
Monthly Income of Family (in NRs)				
Less than 5,000	1(50)	1(50)	5.426	0.020*
5001-10,000	8(66.7)	4(33.3)		
10,001-15,000	5(26.3)	14(73.7)		
More than 15,000	17(32.7)	35(67.3)		

TABLE 8: Association between Level of Attitude and Socio demographic variables

n= 85

Level of Attitude				
Variables	**Positive No.(%)**	**Negative No.(%)**	**X^2**	**P value**
Place of Residence				
Rural	30(50.8)	29(49.2)	7.448	0.006*
Urban	5(19.2)	21(80.8)		
Occupation of Mother				
Homemaker	36(46.8)	41(53.2)	4.088	0.043*
Private job	1(33.3)	2(66.7)		
Government job	1(50.0)	1(50.0)		

Self employed	1(25.0)	2(75.0)		
Complications during Present Pregnancy				
No any complications	30(37.5)	50(62.5)	6.195	0.013*
Pre-eclampsia	1(50.0)	1(50.0)		
If other specify (oligohydraminous, polyhydraminous)	2(75.0)	1(50.0)		

TABLE 9: Correlation between Knowledge Score and Attitude Score of Cesarean Section and Vaginal Delivery

n=85

Variable	Karl Pearson's	P
Knowledge score and attitude score of cesarean section	-0.216	0.047
Knowledge score and attitude score of vaginal delivery	-0.011	0.921

p value≤0.05

DISCUSSION:

The finding of the present study revealed that among 85 antenatal mother's more than half 56.5% mothers belongs to age group of 20-25 years. This result was inconsistent with the study done by Ashimi, Amole and Aliyu (2013) revealed that 38.2% were ranged between age group of 20-24 years. From the present study it was found that 53.3% of the antenatal mothers follow Hindu religion, 42.4% of the antenatal mother follow Muslim religion and only 2.4% of the nurses follow Buddhist religion. 69.4% of the antenatal mothers were from rural area and 30.0% of the antenatal mothers were from urban area. Regarding the education level majority of antenatal mothers 36.5% were illiterate which was concurrent with the study done by Nisar, Sohoo and Memon (2009) which revealed 39.7%. The study revealed that most of the antenatal mothers 90.6% were housewife which was concurrent with the study done by Nisar, Sohoo and Memon (2009) which revealed 96%.. Majority (77.6 %) of the antenatal mothers live in joint family. In the context of monthly income of family 61.2% of the antenatal mothers had monthly income more than 15,000. Regarding number of children 40% of the participants were primi

mother, 35.3% of the mother had one child, 16.5% of the mother had two child and 8.2% of the mother had more than two child. Majority 71.9% of the mother had previous vaginal delivery which is inconsistent with the study done by Nisar, Sohoo and Memon (2009) which revealed 41.2%.Majority 94.1% of the antenatal mother had no any complications, 2.4% had pre eclampsia and 3.5% of the antenatal mother had other complications like polyhydraminous, oligohydraminous.

The study findings showed that more 45.9% of the antenatal mother had adequate knowledge and 54.1% of the mother had inadequate knowledge regarding mode of delivery which is concurrent with the study done by Ashimi, Amole and aliyu (2013) which revealed 40.9% had adequate knowledge and 59.1% had inadequate knowledge. The researcher interpreted that in Nepal most of the people are uneducated so they have no any idea regarding mode of delivery.

The findings of the study showed that 41.2% had positive attitude and 58.8% had negative attitude regarding cesarean section, similarly 43.5% had positive attitude and 56.5% had negative attitude regarding vaginal delivery which is in consistent with the study done by Nasir and Amir (2017) which revealed 51.4% had negative attitude and 48.6% had positive attitude regarding cesarean section furthermore 91.3% had positive attitude and 8.7% had negative attitude regarding vaginal delivery. The researcher interpreted that due to lack of awareness and education regarding mode of delivery they had negative attitude towards mode of delivery.

Regarding the correlation between knowledge and attitude regarding cesarean section, there was negative correlation with r= -0.216 and p-value=0.047 and it was statistically significant. Regarding the correlation between knowledge and attitude regarding vaginal delivery there was negative correlation with r= -0.011 and p-value=0.921 and it was not statistically significant which is in consistent with the study done by Nasir and Amir (2017) which revealed no association observed between women's knowledge and their attitude towards vaginal delivery (p=0.69), but there was significant association between women's knowledge and attitude towards cesarean section (p=0.02). In my study while decreasing or increasing the level of knowledge there is no change in attitude level.

CONCLUSION:

On the basis of findings, it is concluded that most of the antenatal mothers interviewed had inadequate knowledge regarding mode of delivery which was statistically significant with monthly income of family. Similarly most of the antenatal mothers had negative attitude regarding cesarean section which was statistically significant with the place of residence and complications during present pregnancy. Similarly most of the antenatal mothers had negative attitude regarding vaginal delivery which was statistically significant with occupation of mother

and there was no association between knowledge and attitude with any of the demographic characteristics. There was significant correlation between knowledge and attitude regarding cesarean section whereas there was no significant correlation between knowledge and attitude regarding vaginal delivery.

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