

A PHENOMENOLOGICAL STUDY TO ASSESS THE LIVED EXPERIENCE AMONG WOMEN UNDERGOING CESAREAN SECTION IN THE SELECTED HOSPITAL OF PUNJAB, INDIA.

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ABSTRACT

Background: Cesarean section involves making an incision in the abdominal wall and in the uterus to remove the fetus. Cesarean section continues to rise globally, this number is set to increase over the coming decade, with nearly a third (29%) of all births likely to take place by Cesarean section by 2030. Objective: To assess the health profile of post cesarean women at selected hospitals of Punjab. To explore and narrate the lived experiences among women undergoing cesarean section. Methodology: This phenomenological study was conducted on 30 subjects to explore the lived experience of women undergoing Cesarean section. In depth interview was used to collect the data. Audio recording was done after permission from the participants. Analysis of data was done by using descriptive and Colaizzi's approach for lived experiences. Results: Based on the patient verbatim, 6 themes were emerged. These were "lived experiences of women before conception", "after conception", "during the antenatal period", "during onset of labor", "before cesarean section" and "lived experience after cesarean section". Conclusion: The study concluded that the subjects who had second delivery by Cesarean Section reported that their experience of normal delivery during the first delivery was better than the second one.

Keywords: Lived experience, Cesarean Section, Women.

INTRODUCTION

A Cesarean Section (CS) is a widely performed surgery that is often considered a life-saving surgical intervention. It is typically performed on a woman who is experiencing problems during her pregnancy or labour. But since each person's experience with pregnancy is unique, no two women will ever have exactly the same pregnancy experience. Therefore, Cesarean Section (CS) may be required or the only practical choice when difficulties impact the outcome of pregnancies.¹

If there is any reason to believe that the mother or the baby won't make it through a vaginal delivery, or if their lives are in danger, a C-section is an essential need. The World Health Organization states that between 5% and 15% of births should involve a C-section.² Umbilical cord prolapses, placental abruption, uterine rupture, or an abnormally high fetal heart rate that does not improve with standard treatment are all circumstances where an emergency Cesarean section may be required.³ Numerous additional elements, including as antenatal care received, maternal traits, and social conventions, are also connected to the mode of delivery.⁴

When medically necessary, a Cesarean section (CS) can be a life-saving technique, but it can also have negative short- and long-term health impacts on both women and children. In this, we explore the importance of better understanding the health impacts of Cesarean on women and children in view of its rising consumption, particularly without medical justification of following Cesarean, maternal mortality and morbidity are more common than following vaginal delivery.⁸

Childbirth is a difficult bio-psycho-social experience that has a lasting impact on a woman's life. This experience explains how the mother will feel about the child, think well of herself, adjust to becoming a mother in a healthy way, and gain experience for pregnancies in the future. Whether a woman gives birth naturally or by a medical cesarean section, it is the most important event in her life. The primary goals are to deliver the baby safely and preserve the mother's life.¹²

MATERIALS AND METHODS

The phenomenological research design was used. This study was conducted CHC Kurali and Civil Hospital of Rupnagar. The data was collected in the month of February to March (2024). The target population of the study were women who undergoing Cesarean section. Purposive sampling technique was used. Data saturation occurred on 30 participants. The tool were Socio Demographic Profile, Health profile Performa, Semi Structured Interview Schedule was developed by the researcher to explore the

lived experiences of the women who undergoing Cesarean section. In depth interview was conducted. Audio recording was done following permission from the participants. Data analysis was done by using descriptive and thematic analysis by using Colaizzi's approach. All the audio recorded in-depth interview converted into easily understood, descriptive terms so that inferences could be drawn from them using statistical methods. The themes and subthemes were deductively identified guided by the main questions and data generated on factors influencing participants use of research.

RESULT

There were total 30 subjects. It was observed that majority of participants were in age group 26–30 13 (43%), were qualified 11 (37%) were secondary, 26 (87%) of the subjects were non-working worker, 14 (47%) of the ladies identified as Hindu, 20 (67%) were joint families, 18 (60%) of them were vegetarians, 18 (60%) of the subject's family income falls under 10001- 15,000, 22 (73%) were from rural areas.

Table: 1: frequency and Percentage distribution of Socio-demographic variables.

N=30

Socio Demographic variable	Frequency	Percentage
AGE IN YEARS		
>21	05	17%
21-25	09	30%
26-30	13	43%
Above 30	03	10%
EDUCATION		
Illiterate	08	27%
Primary	09	30%
Secondary	11	37%
Graduate	02	6%
OCCUPATION		
Working	04	13%
Non-working	26	87%
RELIGION		
Hindu	14	47%
Muslim	04	13%

Sikh	12	40%
TYPE OF FAMILY		
Nuclear	09	30%
Joint	20	67%
Extended	01	3%
DIETARY PATTERN		
Vegetarian	18	60%
Non vegetarian	12	40%
FAMILY INCOME (MONTHLY) RS		
5000-10000	08	27%
10001-15000	18	60%
>15001	04	13%
RESIDENCE		
Urban	08	27%
Rural	22	73%

Table 2: depicts that 29 (97%) of women were having complete Antenatal visit, 25(83%) women were having menarche at the age of 13yrs to 15 yrs, 27(90%) women were having regular periods, 23(77%) women were having adequate diet, 28 (93%) of women were take sleep for 8-10 hr, 26(87%) of women were done regular exercise, 28(93%) of women were having no past medical history, 22(73%) were having no history of past surgical, 22(73%) were having no present medical history, 28 (93%) delivered in 39 to 40 weeks, 9 (30%) of women had Previous CS, 29 (97%) of women had normal bleeding, 20(66%) of women were ambulated within 12 hrs., 30 (100%) women were having normal bowel sounds, 30(100%) of women were having normal breast, 25(83%) women were having immediately initiation of breast feeding, 23(77%) were maintained breast care, 25(83%) women were maintained perineal hygiene.

Table 2: Frequency and percentage distribution of health profile performa of the subjects undergoing cesarean section.

N = 30

Sr.No.	Health profile	Frequency	Percentage
1	NO. OF ANTENATAL VISIT:		
	• Completed	29	97%
	• Incomplete	01	03%
2	MENSTRUAL HISTORY		
	Age of menarche		
	• 10yrs- 12yrs	05	17%
	• 13 yrs -15 yrs	25	83%
	Regularity of period		
	• Regular	27	90%
	• Irregular	03	10%
3	HEALTH HABITS		
	Diet		
	• Adequate	23	77%
	• Inadequate	07	23%
	Adequate sleep		
	• 5-7 hrs	02	07%
	• 8-10 hrs	28	93%
	Exercise: -		
	• Regular	26	87%
	• Irregular	04	13%
4	HISTORY OF PERSONAL ILLNESS		
	Past medical illness		
	• Yes	02	07%
	• No	28	93%
	Past surgical illness		



		• Yes	08	27%
		• No	22	73%
		Present medical history		
		• Yes	08	27%
		• No	22	73%
5		OBSTERTIC HISTORY		
		Gestational week of Delivery		
		• 37 to 38 weeks	01	3%
		• 39 to 40 weeks	28	94%
		• Upto 41 weeks	01	3%
		Indication for C- Section		
		• Medical Problem	03	10%
		• Previous CS	09	30%
		• Mal Position	02	7%
		• Inadequate Pelvis	08	27%
		• Meconium	03	10%
		• Other	05	16%
6		POST CESAREAN HISTORY		
		Vaginal discharge: -		
		• Normal	29	97%
		• Exceed	01	3%
		Ambulation: -		
		• Within 12 Hrs	20	66%
		• After 24 Hrs	05	17%
		• Dealy	05	17%
		Bowel sound: -		
		• Present	30	100%
		• Absent	00	0%
		Breast: -		
		• Normal	30	100%

7	• Engorged	00	0%
	Initiation of breast feeding:		
	• Immediate	25	83%
	• Delay	05	17%
	HYGIENIC HABITS		
	Breast care		
	• Maintained	23	77%
	• Not Maintained	07	23%
	Perineal care		
	• Maintained	25	83%
	• Not Maintained	05	17%

PART B

QUALITATIVE ANALYSIS OF SUBJECTS

Thematic analysis of in-depth interviews of women lived experience who undergoing Cesarean section identified six major categories, which are discussed below with illustrative extracts from the interviews.

Theme 1: Lived experience of women before conception.

Sub theme 1.1: Problem during conception.

The majority of the participants had problems during conception, but some participants had no problems during conception. The following responses were obtained from the discussion;

Participant 1:

“kyunki mujhe bcaha dani me rasoli thi to thodi bacha thehrany me dikat ho rhi thi.”

Participant 5:

“badi dikat aundi si pregnant hon nu kyunki menu thyroid di problem si ta badi dikat hoi si.”

Participant 7:

“Bahot khushi wase to phela bacha tha aur te age bhi theek h kyunki asi bahot time te try kar rhe si.”

Theme 2: Lived experiences of women after conception.

Sub theme 2.1: Feeling of conception.

Majority of the participants had a positive feeling about conceiving, but some participants felt worried about having a child with a lot of responsibilities. The following was responses obtained from the discussion;

Participant 4

“Meko bahot acha laga tha.”

Participant 6

“Meko ultiyan ana shuru ho gayi thi tab mene ghar pe check kiya to pata chala ki me pregnant hu or badiya laga mujhe.”

Participant 7

“Bahot khushi wase to phela bacha tha aur te age bhi theek h.”

Theme 3 : Lived experiences of women during an antenatal period.

Sub theme 3.1: Condition during pregnancy.

Some of the participants had no health issues during the pregnancy period, but some participants had nausea, B.P., and thyroid issues. The following were responses obtained from the discussion:

Participant 1

“Hanji 3 mahine tak man kharab hua tha par baad me theek ho gaya tha aur BP ki problem thi.”

Sub theme 3.2: Antenatal checkups:

All of the participants attended the complete antenatal visit. The following responses were obtained from the discussion:

Participant 1

“Hanji doctor ne hume 8-9 baar bulaya tha.”

Participant 2

“Hanji karwai thi.”

Sub theme 3.3: The doctor advises during antenatal checkup:

Almost all of the participants said the doctor provided proper advice during the antenatal visit. The following were responses obtained from the discussion:

Participant 1

“Hanji dawai likhi ultrasound ke bare me btaya, khane pine ke bare me btaya aur phir 2 hafta ke baad ana h ye btaya aur jo bhi mere swaal hote the unko doctor ache se btate thi.”

“Bahot acha tha aur sari cheezien bahot ache se smjhate the.”

Sub theme 3.4: Preference to mode of delivery:

The majority of the participants preferred a normal vaginal delivery, but some participants were happy with a cesarean section. The following were responses obtained from the discussion:

Participant 1

“Hanji mein to socha tha ki meri delivery normal ho pr high BP ke Karan doctor ne kaha ki ab operation hi karege.”

Participant 2

“Hanji mein to socha tha ki meri delivery normal ho toh best hai because during my first delivery mera operation hi hua tha.”

Theme 4: Lived experiences of women during onset of labour.

Sub theme 4.1: Reception during admission and health worker attitude.

All of the participants told me the attitude of the health workers was nice, and the reception during admission was good. The following were responses obtained from the discussion:

Participant 1

“Hanji mene doctor se kaha ki mujhe halki halki dardien ho rahi hai toh doctor ne kaha ki hum risk nahi le sakte aur apko admit kr lete hai.”

“Mujhe ye btaya gya ki kal apka operation hoga to raat se kuch nahi khana hai aur khaali pet hi rehna hai aur jewellery utaar deni hai.”

Sub theme 4.2: Experiences of women during onset of labour.

The majority of the participants experienced no problems during labour, but some participants were faced problems during labour. The following were response obtained from the discussion;

Participant 1

“Hnji mujhe halki halki dardien aana shuru ho gyi thi.”

Participant 2

“Nyi.”

Participant 3

“Nyi.”

Sub theme 4.3: Reason for Cesarean section.

The majority of the participants had health issues, pelvis abnormalities and fetal distress but some participants had previous cesarean section. The following responses were obtained from the discussion;

Participant 1

“Hanji high BP ke Karan doctor ne kaha ki hum operation hi karege.”

Participant 2

“meri pheli delivery operation se hi hui thi.”

Sub theme 4.5: Condition of baby during labour.

Majority of the participants said that the baby's condition was degraded during the labor process. The following responses were obtained from the discussion:

Participant 9

“ne kha ki bache ne potti kar di thi .”

Participant 11

“dhadkan kam ho gai to operation karna pada”

Theme 5: Lived experiences of women before cesarean section.

Sub theme 5.1: Fear of CS.

The majority of the participants were afraid of a cesarean section. The following responses were obtained from the discussion:

Participant 1

“Mujhe thodi ghabraat hui aur dar bhi lag raha tha.”

Participant 2

“Mujhe thodi ghabraat hui aur dar bhi lag raha tha ki pehle b operation aur ab fir se hoga toh thoda risk hai.”

Sub theme 5.2: Reaction of family.

The majority of the participants family members were worried about the procedure. The following responses were obtained from the discussion:

Participant 1

“Family ne kaha ki Maa aur Bacha bs thik ho.”

Participant 2

“Family bhi pehle se hi prepared thi qunki doctor ne pehle hi btaa diya tha operation ke bare mai.”

Sub theme 5.4 Support from staff

The majority of the participants had good experience with staff members, and they provided support. The following responses were obtained from the discussion:

Participant 1

“Pehle toh mujhe dar lgaa par jb doctor aur nurse ne baat karwai toh dar thoda kum hua.”

Participant 2

“dar lgaa par jb doctor aur nurse ne baat karwai toh dar kum hua bahot acha laga.”

Theme 6: Lived experience of women after cesarean section.

Sub theme 6.1 Reaction while seeing baby after Cesarean section.

Majority of the participants felt emotional, crying, and thankful to God for the healthy baby. The following were responses obtained from the discussion:

Participant 1

“Mujhe bahot acha lgaa or mai bahot khush thi.”

Participant 2

“bahot acha lga , bahot khush thi.”

Participant 3

“Bahot badiya lagya ji badi jada khushi hui ji.”

Sub theme 6.2 Pain intensity and pain management.

The majority of the participants felt excessive pain, but some patients had normal pain. The majority of the participants needed to be administered a painkiller injection, but some participants got relief only from medication. The following were responses obtained from the discussion:

Participant 1

“Thik tha par mujhe bahot dardien ho rahi thi fir Nurse ne mujhe dard ka injection lgaya tha.”

Sub theme 6.3 Experience of first ambulation.

The majority of the participants faced many problems, like weakness, dizziness, pain in the stitches and back, and difficulty standing during ambulation, but some of the participants were feeling normal and had no issues, which is why some of the participants delayed ambulation. The following were responses obtained from the discussion:

Participant 1

“Operation ke baad dikaat toh koi nahi hui bs thoda pet mai dar ho raha tha.”

Participant 2

“Normal experience hi tha jada dikkat nahi hui.”

Sub theme 6.4 Assistance and support while doing care of baby.

The majority of the participants said that their family members were very supportive and helped with providing care for the baby and managing their daily activities. The following were responses obtained from the discussion:

Participant 1

“Mere husband or mummy meri help karte hai.”

Participant 2

“Mere mummy meri help karte hai.”

Sub theme 6.5 Staff providing care.

The majority of the participants said that the staff provided full information regarding the care of the baby, how to initiate breast feeding, taking care of ourselves, and food, but some participants said that the staff did not provide any information. The following were responses obtained from the discussion:

Participant 1

“Hanji staff ne information di.”

Participant 2

“Hanji dasya si ki kida dhud peelna hai kidan Dakaar marwana hai te dhud menu nikalya ni si tan doctor ne bahar te peelan nu kya si.”

Participant 3

“Hanji kya si pani achhi tarah peena ye naal dhud changi tarah peelana h, te jo mann kare ho kha skte ho.”

Sub theme 6.6 Sharing experiences after C-section with other

The majority of the participants who had their first C section after normal delivery said the normal delivery was better than the cesarean, but some participants were comfortable with the cesarean section, and some said both were good according to condition. The following were responses obtained from the discussion:

Participant 1

“Mai unko btaungi ki normal delivery se acha kuch nahi hai pr agr koi problem hoti hai to operation karwana hi achha hai.”

Participant 2

“Pehli baat to nervous nahi hona aur doctor se ache se advise lo, proper doctor checkup karwao.”

Participant 3

“mai ta kwan gi ki operation hi thik honda h kyunki mere ta dono baar hoye n.”

Participant 4

“dekho normal bi badiya h pr operation bi badiya h operation bich thode din dikat hodi h pr normal dard bahot leni pendi h phele.”

DISCUSSION

The result showed that the participants those shared their experience of difficulty during conception.in this majority of the participants having problem faced during conception. Majority of the participants having positive feeling of conceiving, but some participants felt worried to had child with a lot of responsibilities. During pregnancy was some of the participants were having no health issues during pregnancy period, but some participants were having nausea, B.P, thyroid. In antenatal checkups all of the participants attended complete antenatal visit. Almost all of the participant said that doctor provide proper advice during antenatal visit in the doctor advices during antenatal checkup. The prefences to mode of delivery in this majority of the participants were preferred normal vaginal delivery. Lived experiences of women during admission and health worker attitude in this part result shows that all of the participants told me the attitude of health worker were nice and reception during admission was good. Majority of the participant weren't faced problem during labour, majority of the participants had health issues, pelvis abnormalities and due foetal distress cesarean section was performed. The majority of women having fear of cesarean section. Participants family's member were tensioned, worried about the procedure. Participants had good experience with staff members and they provided support. Most of the participants felt emotional, crying and thankful to God for the healthy baby. Majority of the participants felt excessive pain but some patient having normal. Majority of the participants had need to administered pain killer injection, but some participant gets relived by only medication. Participant having pain in stiches and back, difficult while standing during ambulation, family member was very supportive and helped during providing care to the baby and managing their daily activities. Staff provided full information regarding the care of baby, how to initiated breast feeding, care of our self, food but some participants said that the staff did not provide any information.

The same study result showed that participants in **Husby and Aune's (2019)** study expressed fear of the unknown regarding the outcome of the surgery bas`ed on false stories they had heard about women who had undergone CS.⁶ Similarly, **Ezone et al. (2018)** reported that the main concerns voiced by the women in their study were fear of death and error during the procedure, fear of subsequent infertility, and fear of pain following the procedure.⁴

The similar study was conducted by **Shoorab, NJ, Mirteimouri M MD (2019)** a qualitative content analysis study to assess the women's experience of emotional recovery from childbirth-related perineal trauma. ⁷**Meric et al. (2019)** carried out a similar study in which the mothers' happiness was observed after they were shown their newborns. ⁰⁴The similar study was conducted by **Aziken M, Omo-Aghoja L, Okonofua F (2009)** by using quantitative and qualitative method to assess the perception and attitudes of pregnant women towards cesarean section in urban Nigeria.⁵

CONCLUSION AND RECOMMENDATIONS

This study suggests that there is need of should participate in educational sessions to enhance their understanding of the care and assistance given to women undergoing cesarean sections. Their is need of health education regarding care provided during period of antenatal and after C-section, to find out various innovative methods for effective teaching to improve the knowledge regarding it among mothers undergoing cesarean section.

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