



## KNOWLEDGE AND ATTITUDE ON CHILD BIRTH PREPARATION AND FACTORS PROMOTING AND DE-PROMOTING THE UTILITY OF SERVICE AMONG PRIMIGRAVIDA MOTHERS

**Mrs. Malathi. D**

Associate Professor, Sree Gokulam Nursing College, Trivandrum-695607

### ABSTRACT

A descriptive design was adopted and the study was conducted in Southern Railway Hospital, Perambur, Chennai, in the antenatal outpatient department. 100 primigravida mothers who fulfilled the inclusion criteria were selected by using non probability convenience sampling technique. Structured self-administered questionnaire were used to assess the knowledge and factors promoting and de-promoting the utility of service and modified three point Likert scale was used to measure the attitude on child birth preparation. Majority of them 51(51%) had moderately adequate knowledge, 45(45%) had inadequate knowledge and remaining four (4%) had adequate knowledge. Majority of them 64(64%) had moderately favorable attitude, 34(34%) had favorable attitude and remaining two (2%) had unfavorable attitude. Therefore, nurse midwife as a service provider must aim to teach all the components of child birth preparation to all antenatal mothers in all settings. There by pregnant mothers can develop coping ability towards labor process.

**KEYWORDS :** knowledge, attitude, child preparation, primigravida mothers

### Introduction

During pregnancy there was a general belief that fear of labour and delivery creates tension, which in turn leads to pain. To overcome the physiological, psychological and family problems the couples can go for child birth preparation classes. It is the vital role that, couples are to be equipped for the challenges of modern day parenting (Chertock, 1961).

The aim of antenatal education is to provide information about the child birth process and choices available for labour, infant feeding options and opportunity to meet other women in the same situation which will facilitate to form a new relationships and supportive networks (Spiby, 1999).

A child birth preparation classes usually covers three major methods. Plus guided imagery, music therapy and other relaxation techniques. Classes often cover changes in the body during the pregnancy and some information on new born care.

Fredric Leboyer (1975) was a French obstetrician who postulated that moving from a warm, fluid filled intrauterine environment to a noisy, air-filled, brightly lighted birth room is a major shock to a newborn. With leboyer method, the birthing room is darkened so there is no sudden contrast in light; it is kept pleasantly warm, not chilled. There should be soft music playing, or at least no harsh noises in the room. The infant should be handled gently; the cord is cut late; and the infant is placed immediately after birth into a warm water bath to reduce spontaneous respiration and allows a high level of acidosis to occur.

Thomas and Upton (2000), have suggested that changes in society and in the role of men and women have brought the increased involvement of men in child birth process. Changes within the family structure from the extended family network to the nuclear family had the most profound effect upon men involved in the process. Increasingly by men are attending child birth preparation classes, with an attendance rate of 97% in the 1990s as compared with only 5% in the 1950. According to the recent survey by the Maternity Center Association (MCA), 70 % of first time mothers took child birth education classes.

Fabian Helena. M (2005), conducted a study on "child birth and parenthood education classes in Sweden, Women's opinion and possible outcomes". The samples were 1197 Swedish speaking women completed three questionnaires: during early pregnancy, 2 months and 1 year after giving birth. Findings were 74% of first time mothers stated that antenatal education helped and prepared them for child birth and 40% for early childhood. Conclusion of the study suggests that participation on classes made women more aware of pain relief techniques available, rather than improving their own coping with pain.

John P.Sciacca (2005), conducted a study on "A breast feeding education and promotion program". Effects on knowledge, attitude and support for breast feeding. The samples were 68 primipara mothers out of which 34 were randomly assigned to control group and interventional group. The intervention group received special incentives for primipara mothers and their partners for educational program. Findings suggested that interventional group receives the positive changes in knowledge and attitudes regarding breast feeding and these incentives will attract the low socio economic group mothers and their partners to promote breast feeding promotion.

### Materials and Methods

The study was conducted in Southern Railway Hospital, Perambur, Chennai, which is 25 kilometers away from Vel R.S. Medical College - College of Nursing. It is a multispecialty hospital which has 750 beds in those 60 beds for maternity ward. In the outpatient department, 100 antenatal mothers were attended daily and total strength for the month of April 2007 was 3000 mothers. The sample of the present study comprised of 100 primigravida mothers from antenatal outpatient department in Southern Railway Hospital, Perambur, Chennai who were recruited using non probability convenience sampling technique. After an extensive review of literature, discussion with experts, the investigators developed two types of tools to collect the data, a structured self-administered questionnaire to assess the knowledge on child birth preparation and factors promoting and depromoting the utility of service and a modified three point Likert Scale to assess the attitude on child birth preparation. The study was conducted only after the approval of dissertation committee. The formal consent was taken from the Medical Director, Southern Railway Hospital, Perambur, Chennai, before proceeding the study. Primigravida mothers were explained clearly about the study purpose and oral consent was obtained, before distributing questionnaire. All information about samples was kept confidential.

### Results

#### a.Socio demographic characteristics of subjects

With regard to age, among primigravida mothers 56(56%) were in the age group of 20-25 years, 37(37%) were in the age group of 26-30 years and remaining seven (7%) belongs to the age group of 30-35 years. Considering the education, among primigravida mothers 45(45%) had higher secondary education and 55(55%) were graduates. With regard to religion, among primigravida mothers 82(82%) were Hindu, two (2%) were Muslim and 16(16%) were Christian. Considering the duration of marriage, among primigravida mothers 26(26%) were <1, 28(28%) were 1 year, 20(20%) were 2 years and 26(26%) were 3 years above. With regard to type of family, among primigravida mothers 35(35%) were nuclear family and 65(65%) were joint family. Considering the family

income, among primigravida mothers 80(80%) were earned between Rupees 3000-7000/month, 14(14%) were earned between Rupees 7001-12000/month, four (4%) were earned between Rupees 12001-15000/month and two (2%) earned above Rupees 15001/month. With regard to the exposure to information, among primigravida mothers 80(80%) got information through health care professionals, 11(11%) got information through relatives and nine (9%) got information through other sources. Considering the gestational age, among primigravida mothers 26(26%) were between 28-32 weeks, 42(42%) were between 32-36 weeks and 32(32%) were > 37 weeks. With regard to the time of registration, among primigravida mothers 88(88%) were registered in the antenatal clinic within 12 weeks of gestational age and 12(12%) were registered between 13-24 weeks of gestational age.

#### **b. Knowledge regarding child birth preparation**

**Table 1: Frequency and percentage distribution of level of knowledge on child birth preparation among primigravida mothers**

Level of Knowledge	Frequency	%
Inadequate (50%)	45	45
Moderately adequate (51 - 75%)	51	51
Adequate (>75%)	4	4

The analysis reveals that majority of primigravida mothers 51(51%) had moderately adequate knowledge, 45(45%) had inadequate knowledge and remaining four (4%) had adequate knowledge.

#### **a. Attitude on child birth preparation among primigravida mothers**

**Table 2: Frequency and percentage distribution of subjects based on level of attitude on child birth preparation among primigravida mothers**

Level of Attitude	Frequency	%
Unfavorable attitude (50%)	2	2
Moderately favorable (51 - 75%)	64	64
Favorable attitude (>75%)	34	34

The analysis reveals that majority of primigravida mothers 64(64%) had moderately favourable attitude, 34(34%) had favourable attitude and two (2%) had unfavourable attitude.

#### **a. Correlation between the level of knowledge and attitude on child birth preparation among primigravida mothers.**

The analysis reveals that among primigravida mothers, the overall mean score of knowledge is 7.84 with S.D 21.65 and the overall mean score of attitude is 2.28 with S.D 2.63 and r value of 0.29. It clearly indicates positive correlation between knowledge and attitude ( $r = 0.29$ ) which is significant at  $P < 0.05$  level.

#### **b. Association between level of knowledge, attitude and factors influencing with socio demographic variables**

The analysis reveals statistically significant association of knowledge are education, family income and exposure to information at  $p < 0.05$  level and does not reveal any statistical significant association of knowledge with other selected demographic variables of primigravida mothers like age, religion, duration of marriage, type of family, gestational age and time of registration. The analysis reveals statistically significant association of attitude with selected demographic variables are education at  $p < 0.05$  level and does not reveal any statistical significant association of attitude with other selected demographic variables among primigravida mothers like age, religion, duration of marriage, type of family, family income, exposure to information, gestational age and time of registration. The analysis reveals statistically high significant association of factors promoting with selected demographic variables are gestational age at  $p < 0.001$  level and does not reveal any statistical significant association of factors promoting child birth preparation with other selected demographic variables among primigravida mothers like age, education, religion, duration of marriage, type of family, family

income, exposure to information and time of registration.

#### **Discussion**

The analysis revealed that majority of 51 (51%) of primigravida mothers had moderately adequate knowledge, 45 (45%) of primigravida mothers had inadequate knowledge and remaining four (4%) of primigravida mothers had adequate knowledge. The study findings is consistent with the findings of Mehdizadeh (2005), which reveals that couples who attended child birth preparation classes plays a major role in health of the mother and newborn during labour and postpartum.

The assessment of attitude among primigravida mothers revealed that majority of 64(64%) primigravida mothers had moderately favourable attitude, 34(34%) primigravida mothers had favourable attitude and remaining two (2%) primigravida mothers had unfavourable attitude on child birth preparation. The study findings are found to be consistent with the findings of BartotoszyJ.Nickel (1986). It reveals that pretrained fathers diapered and fed the newborn significantly more often than the untrained fathers.

#### **References**

1. Bartoszyk, J. (1986). Preparation for labor, labor experience and parent - child contact during the clinical stay: with special reference to the role of the father. *Journal of midwives*, Vol 46 (6), 353-358.
2. Fabian Helena, M. (2005). Child birth and Parenthood education classes in Sweden – Women's opinion and possible outcomes. *Journal of obstetrics and gynecology*, Vol 84 (5), 436- 443.
3. Florida, J. (1997). Plasma Concentrations of beta – endorphin and adrenocorticotrophic hormone in women with and without childbirth preparation. *Journal of obstetrics and gynecology and reproductive biology*, Vol 73 (2), 121 -125.
4. Grignaffini, A. (2000). Childbirth preparation courses – obstetrical and neonatal evaluation. *Midwifery and Women's Health*, Vol 71 (1), 701 - 707.
5. Handfield, B. (1995). Do childbirth classes influence decision making about labor and postpartum issues. *Journal of Midwives*, Vol 22 (3), 153-160.
6. Helena Fabian, M. (2004). Characteristics of Swedish Women who do not attend childbirth and Parenthood education classes during Pregnancy. *Journal of Midwifery*, Vol 20 (3), 226 - 235.
7. Ingrid Johnston – Robledo, A. (1998). Beyond Lamaze- Socio economic status and Women's Experiences with childbirth preparation. *Gender, Culture and Health*, Vol 3 (3), 159- 169.
8. Joseph Kuruvilla, A. (1987). Fathers in the labor Room. *The Journal of India*, Vol 78 (2), 37 -39.
9. Lumley, J. (1993). Attenders and nonattenders at childbirth education classes in Australia: how do they and their births differ. *Journal of Midwifery*, Vol 20 (3), 123 - 130.
10. Munichandrika, D. (2006). Knowledge of Primigravida Mothers Regarding Labor and its Management. *Nightingale Nursing Times*, Vol 93 (2), 12 - 13.