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Original Research Paper

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KNOWLEDGE AND ATTITUDE OF PREGNANT WOMEN REGARDING MODE OF DELIVERY AMONG WORKING AND NON-WORKING ANTENATAL WOMEN

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ABSTRACT The main aim of this quantitative non experimental study was to compare the knowledge and attitude regarding mode of delivery among working and non-working pregnant women in selected hospital at K.G.F. The research design selected for the present study is non-experimental comparative design. The knowledge and attitude of working and non-working pregnant women regarding mode of delivery by administering structured knowledge questionnaire. Formal permission was obtained from Sambhram ethical committee, Govt maternity and child birth hospital and Mannan maternity and infertility center. The main study was conducted among 50 working and 50 no-working pregnant women, who were selected by non-probability convenience sampling technique. Results revealed that working women have better knowledge than non working women. Regarding attitude towards modes of delivery working women have a positive attitude when compared with non working women.

KEYWORDS : Modes of delivery, working women, non working women, knowledge, attitude.

INTRODUCTION

Caesarean section (CS) is the delivery of a foetus through a surgical incision into the uterine wall after 28 weeks of gestation1. It was reported sporadically throughout medical history and was only rendered safe for both mother and foetus during the 20th Century. It is the most commonly performed major obstetric operation in the world and there is no doubt that it has contributed to improved obstetric care throughout the world. CS is usually performed when vaginal birth is deemed hazardous either to the foetus or the mother.

The CS rate varies worldwide, from country to country and within a country. The National CS rate of Great Britain and America have been reported as 23.8% and 32.8% respectively5,6 while 0.6% national CS rate was reported from Ethiopia. In Nigeria, CS rates ranging from 12.2% to 34.5% were reported in some tertiary health facilities and in recent times the CS rates globally have been on the rise. This has been noted in Ghana, Britain and similarly in Nigeria, although there are still some concerns with accessing this service in the rural areas. CS is commonly done in India as an emergency procedure for indications like foetal distress, ante-partum haemorrhage, previous CS and obstructed labour. Interestingly, previous CS and obstructed labour are also important risk factors for ruptured uterus which is common in rural settings in northern India due to issues relating to the accessibility and utilization of essential obstetric care services. Some of the reasons often cited for non-utilization of health facility by women in northwest India include the distance to the health facility, the need to pay for service and the fear of surgery.

Traditionally, Indian women are unwilling to have CS because of the general belief that abdominal delivery is reproductive failure on their part16 regardless of the feasibility of vaginal birth after CS and the decreasing mortality from Caesarean sections. Imperative to the average pregnant woman irrespective of her level of education and parity therefore is CS.

Incidence rate of Karnataka shows that the increases in institutional deliveries and growing access to gynecological and obstetrical care cesarean section deliveries too have shown an increasing trend NHSRL-DATA management and analysis , Karnataka Raichur (summary April 12 to March 13, 2019) home deliveries (SBA AND non SBA)against estimated deliveries 4.9%,cesarean section deliveries against institutional deliveries 10.8%.

Thus the investigator felt the needs to explore and to assess the knowledge and attitude of working and non-working antenatal women regarding mode of delivery. The aim of the investigator is to find out any correlation between knowledge and attitude of antenatal women regarding mode of delivery in selected demographic variables.

MATERIALS AND METHODS

The main fact of the study was to compare the knowledge and attitude regarding mode of delivery among working and non-working pregnant women in selected hospital at K.G.F. The research design selected for the present study is non-experimental comparative design.

The knowledge and attitude of working and non-working pregnant women regarding mode of delivery by administering structured knowledge questionnaire. Formal permission was obtained from Sambhram ethical committee, Govt maternity and child birth hospital and Mannan maternity and infertility center. The main study was conducted among 50 working and 50 no-working pregnant women, who were selected by non-probability convenience sampling technique.

RESULTS

Socio demographic data

This study revealed that the majority of the pregnant women were in the age group of18-35 years. This is similar to the findings of the studies done in Punjab in which the majority of the respondents were 18-32 years old respectively. In this study the majority of the respondents were Hindus and Muslim. In this study the majority of pregnant women educational status was illiterate and higher secondary education. The majority of the respondents in this study sources of information from their friends and media.

Table 1: Assessment of knowledge

Knowledge Level	Working women		Non-working pregnant women	
	frequency	%	frequency	%
Poor knowledge (<50%)	06	12	10	20
Moderate knowledge (50-75%)	17	34	40	80
Adequate knowledge (>75%)	27	54	00	00
TOTAL	50	100	50	100

Table 2: Assessment of attitude

Attitude Level	Working women		Non-working pregnant women	
	frequency	%	frequency	%
Poor Attitude (<50%)	00	00	45	90
Moderate Attitude (50-75%)	09	18	05	10
Adequate Attitude (>75%)	41	82	00	00
TOTAL	50	100	50	100

Association between knowledge level, attitude with selected socio demographic variables

The demographic variables like religion, education, occupation, sources of income, number of children, mode of delivery and indication for caesarean section show a statistically significant association with knowledge regarding mode of delivery among workingwomen.

The demographic variables like religion, education, occupation, sources of information number of children, and mode of delivery show a statistically significant association with Attitude regarding mode of delivery among Non-workingwomen.

DISCUSSION

It is important for health workers to explain to patients that having a primary CS does not preclude the possibility of achieving a vagina birth afterwards; however subsequent deliveries must be in a health facility equipped to provide adequate monitoring in labour and immediate recourse to CS. This point should also be understood by the husbands. Emphasis should be on the couple having birth preparedness and complication readiness plan which should also take into cognizance who gives consent for emergency surgery if the need arises. All these need to be stressed to all women attending antenatal care in this setting.

Though this study utilised a scoring system which grouped the respondents' knowledge to adequate and inadequate, a prospective study to determine the implication of this categorization on the maternal and foetal outcome is recommended. Also it would be worthwhile to further explore the reasons why women in rural setting won't like to give consent for CS; the belief and attitude of men to women who have had a CS since majority of the respondents surveyed believed that the men should give consent for CS. Although majority of the women surveyed were aware and would accept to have CS if indicated, knowledge about CS is still low in our setting. The need for birth preparedness and complication readiness with the involvement of men is crucial to influencing the perception of women in this setting towards CS.

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