



A Study To Assess The Attitude Towards Vaginal Delivery VS Caesarean Delivery Among Mothers At Primary Health Centre At Guduvancherry, Kancheepuram District, Tamil Nadu, India

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ABSTRACT

The objective of the study was to assess the number and percentage distribution of demographic variables among mothers and to assess the number and percentage distribution of attitude towards normal vaginal delivery among mothers and also to assess the number and percentage distribution of attitude towards caesarean delivery among mothers. Non experimental design was used. One hundred six mothers were selected for this study. It was conducted at the primary health centre at Guduvancherry, Kanchipuram district, Tamilnadu, India. Three Parts were used. Part.A, Demographic variables, Part .B, Contains attitude towards Vaginal delivery of 15 questions, Part.C, contains attitude towards caesarean delivery among mothers. Contains 15 questions of Study variable among attitude on caesarean delivery and normal delivery and the demographic variable was the age of the mother, type of family, number of children in the family, dietary pattern, monthly income, education, place of living, religion, occupation, type of work, preferences of the mother for the mode of delivery. Scoring key 5 points on the Likert scale was used for this study. The final result of this study shows that most of the mothers 82(77.4%) had a favourable attitude, 24(22.6%) of them had moderately unfavourable attitude, and none of them had an unfavourable attitude towards normal delivery. Most of the mothers 68(64.2%) had Moderately favourable attitude, 38(35.8%) of them had an unfavourable attitude, and none of them had a favourable attitude towards caesarean delivery.

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INTRODUCTION

There was are two modes of birth. One is vaginal birth, and another is caesarean birth. If both mother and foetus health condition were good doctors can plan vaginal delivery. In some situation both the mother and foetus had any medical abnormalities such as diabetes mellitus, increased blood pressure, malpresentation, significant baby weight more than, 3.5-kilogram small pelvis, intrauterine growth retardation, etc. In that condition doctor to decide for caesarean delivery.

Doctor, Allison Bryant suggested that most of the mothers mentioned that vaginal delivery was the natural one. (Nierenberg, 2018) In India having too many cesarean section.

The caesarean delivery rate in India was increased in both the Government hospital and Private hospital in the year 2008 to 2009. But now compared to Government hospital, the private hospital for cesarean delivery rate was increased by 33.80 percentage, in the year of 2018 to 2019. (Rao, 2015)

In many medical procedures, there are many benefits, and many risks may occur. Zakerihamidi (2015) stated that both vaginal delivery and caesarean delivery was based on the understanding of women's culture, beliefs, perceptions and values. In the north of Iran, it was believed that vaginal delivery was a safe method and more benefits of both baby and mother, but caesarean delivery had more complications. In the same study, some mothers had a more positive belief in caesarean delivery. They perceived that it was a safe and painless delivery. It also maintains the beauty and also protects the reproductive organs. (Zakerihamidi, 2015)

Author Dr Sangeeta Agrawa stated that all regular deliveries were not safe. If the mother had painful contractions, they need epidural analgesia and pain killers. In some conditions, if the mother had pelvic floor disorders, including urinary and faecal incontinence and excessive bleeding means they need medical interventions.

In the case of caesarean birth, the mother had anaesthesia related complications and surgery-related infections. So any mode of a delivery mother should have a proper birth plan. They should have professionally trained women who provide support, before, during and after delivery. Mother should have adequate knowledge of childbirth procedures. Mother should take healthy diet, proper exercise and also avoid a labour induction before 37 weeks. So these are the safe mode of delivery, either vaginal and caesarean delivery. (Agrawal, 2019)

The author describes that the mother's cultural beliefs, traditions, values were significantly affected by the modes of delivery. They believe that normal vaginal delivery was a symbol of God's power and inexpensive. But in caesarian delivery was to protect of genital tract integrity and also it's a prestigious mode of birth (Roudsari, 2015). Shantha Sharma, Indra dhakal did a study of caesarian vs vaginal delivery an institutional experience.

In this study, they reported that caesarian delivery was performed for the safety of mother's obstetrical indication. Sometimes mother's solicitation. In this study, most of the mother underwent normal vaginal delivery, and the remaining cases were caesarean delivery. This study reports that maternal complications were prolonged labour postpartum haemorrhage and wound infections.

Conclusion of this study stated that vaginal delivery has fewer complications when compared to caesarean delivery. (Sharma and Dhakl, 2018)

MATERIALS AND METHODS

The objective of the Study

1. To assess the number and percentage distribution of demographic variables among mothers
2. To assess the number and percentage distribution of attitude towards normal vaginal delivery among mothers
3. To assess the number and percentage distribution of attitude towards caesarean delivery among mothers

Non experimental design was used. One hundred six mothers were selected for this study. It was conducted at the primary health centre at Guduvancherry, Kanchipuram district, Tamilnadu, India.

Three Parts were used, Part. A, Demographic variables, Part. B, Contains attitude towards Vaginal delivery of 15 questions, Part. C, contains attitude towards caesarean delivery among mothers. It contains 15 questions study variable was the attitude on caesarean delivery.

Standard delivery and the demographic variables were the age of the mother, type of family, number of children in the family, dietary pattern, monthly income, education, place of living, religion, occupation, type of work, preferences of the mother for the mode of delivery. Scoring key 5 points on the Likert scale was used for this study.

After establishing good rapport, a brief introduction to the study was explained. Verbal consent was obtained. The researcher observed the attitude, and it was assessed by Structured Questionnaire on attitude towards normal delivery vs caesarean delivery.

The investigator collected information regarding section-A [demographic data], Section-B [to assess the attitude towards normal delivery] and section C [to assess the attitude towards Caesarean delivery.

Each sample spent 15 minutes for data collection. Researcher thanked all the samples for their full cooperation.

Table 1 shows that scoring interpretation. one to thirty-three per cent indicates Unfavorable attitude, forty to sixty-seven per cent indicates Moderately favourable attitude and seventy-three to hundred per cent indicates Favorable attitude.

Table 1: Scoring interpretation

| Level of Attitude | Questions | % |
|------------------------------|-----------|-----------|
| Unfavourable Attitude | 1 to 5 | 1 to 33 |
| Moderate Favourable Attitude | 6 to 10 | 40 to 67 |
| Favourable Attitude | 11-15 | 73 to 100 |

Table 2: Attitude towards normal delivery vs caesarean delivery among mothers. N=106

| S. No | Demographic Variables | Class | No. of Mothers (n) | Distribution (%) |
|-------|--|-------------------------|--------------------|------------------|
| 1 | Age of the Mother | < 19 Years | 6 | 5.7 |
| | | 20-25 Years | 45 | 42.5 |
| | | 26-30 Years | 43 | 40.6 |
| | | 31-35 Years | 12 | 11.3 |
| 2 | Type of Family | Nuclear Family | 59 | 55.7 |
| | | Joint Family | 47 | 44.3 |
| | | None | 49 | 46.2 |
| 3 | Number of children in the family | One | 49 | 46.2 |
| | | Two | 8 | 7.5 |
| 4 | Dietary Pattern | Vegetarian | 24 | 22.6 |
| | | Non - Vegetarian | 82 | 77.4 |
| 5 | Monthly Income | Below Rs.2000 | 1 | 0.9 |
| | | Rs.2,000 - 3,000 | 7 | 6.6 |
| | | Rs.3500 - 5000 | 28 | 26.4 |
| 6 | Education | Above Rs.5000 | 70 | 66.0 |
| | | Illiterate | 9 | 8.5 |
| | | Primary School | 23 | 21.7 |
| | | High School | 35 | 33.0 |
| 7 | Place of Living | College and above | 39 | 36.8 |
| | | Rural | 39 | 36.8 |
| | | Urban | 67 | 63.2 |
| 8 | Religion | Hindu | 60 | 56.6 |
| | | Muslim | 42 | 39.6 |
| 9 | Occupation | Christian | 4 | 3.8 |
| | | Employed | 36 | 34.0 |
| 10 | Type of work | Housewife | 70 | 66.0 |
| | | Sedentary | 76 | 71.7 |
| 11 | Preferences of mother for mode of delivery | Moderate | 30 | 28.3 |
| | | Normal Vaginal Delivery | 82 | 77.4 |
| | | Caesarean Section | 24 | 22.6 |

Table 3: Frequency and percentage distribution of attitude towards normal delivery among mothers N=106

| S. No. | Level of Attitude | No. of Mothers (n) | Percentage distribution (%) |
|--------|------------------------------|--------------------|-----------------------------|
| 1 | Unfavourable Attitude | 0 | 0.0% |
| 2 | Moderate Favourable Attitude | 24 | 22.6 |
| 3 | Favourable Attitude | 82 | 77.4 |

Table 4: Frequency and percentage distribution of Attitude towards caesarean delivery among mothers N=106

| S. No. | Level of Attitude | No. of Mothers (n) | Percentage distribution (%) |
|--------|------------------------------|--------------------|-----------------------------|
| 1 | Unfavourable Attitude | 38 | 35.8% |
| 2 | Moderate Favourable Attitude | 68 | 64.2% |
| 3 | Favourable Attitude | 0 | 0 |

Table 2 depicts the attitude towards normal delivery versus caesarean delivery among mothers. It shows the Numbers and percentage.

Table 3 reveals that majority 82(77.4%) of mothers had favourable attitude, only 24 (22.6%) of them had Moderate Favourable Attitude, and none of them had Unfavourable Attitude towards normal delivery.

Table 4 reveals that most of mothers 68(64.2%) had Moderate favourable Attitude, 38(35.8%) of them had an unfavourable attitude, and none of them had a favourable attitude towards caesarean delivery.

DISCUSSION

Stefan 2016 conducted a postpartum quality of life regarding vaginal birth and cesarean delivery of the mothers. The author selected 178 mothers of vaginal delivery in a public hospital and 46 mothers of caesarean delivery in a private hospital. He compared and concluded that the vaginal delivery of the mothers had a higher quality of life. (Kohler *et al.*, 2018)

Fatemen Ghobi (2012) selected a six public and private hospital for to conduct a study on women's knowledge and attitude towards the mode of delivery. 28.8 percentage of mothers underwent for cesarean delivery due to the fear. The author concluded that if women's knowledge increased means, it would lead to normal vaginal delivery. (Gotbi *et al.*, 2014)

According to the objectives of the study the results were, most of mothers 68(64.2%) had Moder-

ate favourable Attitude, 38(35.8%) of them had unfavourable attitude, and none of them had favourable attitude towards caesarean delivery.

CONCLUSION

The myths of Indian women was the birth of the baby was not in our hands. God only decided. The researcher concluded that doctors only have to decide the mode of delivery. It consists of the health condition of both mother and baby.

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Conflict of Interest

Mrs. Deenajothy Dr. Jayabharathi, Mrs Dr. Abirami. P, Sangeetha Jagdeesh, and Ms Bhuvaneshwari informed that there was no conflict of interest about the study.

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