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“A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE ON SELF CARE OF POST CAESAREAN SECTION AMONG RURAL WOMEN AT CHERLOPALLI, CHITTOOR DISTRICT”

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INTRODUCTION In philosophy, the women symbolize the mother's natural feminine characteristics in the universe. Caesarean section is a surgical procedure in which incision is made through a mother's abdomen and uterus to deliver one or more babies. It is usually performed when a vaginal delivery would put a baby's or mother's life or health at risk. The WHO recommended that the rate of caesarean section should not exceed 15% in any country. **METHODOLOGY** Quantitative research approach was adopted to achieve the objectives of the study, which was felt to be most appropriate for its practicability in real life situation. It has the advantages of practicability, feasibility and to a certain extent for generalization. Research design was descriptive research design. The study was conducted at cherlopalli, Chittoor district. Population includes rural women at cherlopalli, Chittoor district. Sample size consists of 100 rural women under inclusion criteria. Non probability convenient sampling technique was adapted for the present study based on inclusion criteria.

RESULTS

The present study revealed -that among 100 rural women 45% had inadequate knowledge 34% had moderate and only 21% had adequate knowledge regarding self-care of post caesarean section. There is need for health education to the rural women to enhance the knowledge. The women's knowledge regarding self-care of post caesarean section the sample mean-scores were 22.43 with standard deviation 7.21. There was significant association between knowledge scores of women on self care of- post caesarean section with their selected demographic variables like age in years, religion, educational status of the women, educational status of the spouse, occupation of the women, family income per month in rupees, history of previous caesarean section, source of information related to caesarean section at 0.01 level. Hence H02 was rejected. And some of the variables as type of family and gravida has not shown significant association.

CONCLUSION The obtained findings led to the following conclusions. The present study revealed that among 100 rural women 45% had inadequate knowledge 34% had moderate and only 21% had adequate knowledge regarding self-care of post caesarean section. There is need for health education to the rural women to enhance the knowledge.

INTRODUCTION

In philosophy, the women symbolize the mother's natural feminine characteristics in the universe. A birth of a child is generally viewed as a time of rejoicing, despite the physical pain and exhaustion experienced by many women during childbirth. Usually pregnancy is a normal pathway. Some go with struggle, yet could not achieve normal delivery. Such types of mothers are considered for operative delivery. The ultimate aim is to preserve the life and health of the mothers and foetus which is successfully done through the process of caesarean section.¹

Today, it is one of the most frequently performed surgeries in the world. Caesarean births are more common than most surgeries due to many factors. One factor, of course, is that nearly 50% of the world population are women, and pregnancy is still a very common condition. However, more important is the fact that a caesarean section may be life saving for the baby, or mother (or both). Caesarean birth is also much safer today than it was a few decades ago. Thus 'caesarean' is not something that should scare, as the ultimate goal is a healthy mother and healthy baby, regardless of the method of delivery.²

Caesarean section is a surgical procedure in which incision is made through a mother's abdomen and uterus to deliver one or more babies. It is usually performed when a vaginal delivery would put a baby's or mother's life or health at risk. The WHO recommended that the rate of caesarean section should not exceed 15% in any country. Caesarean section in developing countries is associated with significant increase in maternal morbidity particularly following elective caesarean section or caesarean section with medical

indication. In low income countries, a very low caesarean rate (less than 1%) have been associated with higher maternity and infant mortality linked to the inability to perform a caesarean section when needed.³

The main maternal indications being obstructed labour, placental abruption, previous caesarean section, eclampsia, placenta previa and mal presentation include breech presentation, shoulder presentations, big baby, fetal distress, failed induction, contracted pelvis or cephalopelvic disproportion, short structure and previous caesarean section. In areas where HIV is prevalent, caesarean section may be increasingly indicated to reduce risk of transmission from mother to child. Among the primary caesarean deliveries, the most common indication for an elective procedure is breech presentation and for an emergency procedure includes shoulder dystocia and non-reassuring fetal heart rate tracings. As primary caesarean deliveries contributed most to the overall caesarean section rate (CSR).^{4,5}

Self-care is an integral part of holistic living of one's life. Self-care approach is a challenge in post-operative period in the health care system. Post-operative period after caesarean section is a time of transition during which the mother must care for herself and for her new-born. Educating the mother preoperatively on post-operative self-care will help them to practice it as early on post-operative self-care will help them to practice it as early as possible after the delivery; there by improving the self-care practices and preventing complications.^{6,7}

METHODOLOGY

Quantitative research approach was adopted to achieve the objectives of the study, which was felt to be most appropriate for its practicability in real life situation. It has the advantages of practicability, feasibility and to a certain extent for generalization. Research design was **descriptive research design**. The study was conducted at cherlopalli, Chittoor district. Population includes rural women at **cherlopalli**, Chittoor district. Sample size consists of **100 rural women** under inclusion criteria. **Non probability convenient sampling technique** was adapted for the present study based on inclusion criteria.

The structured questionnaire was developed to "Assess the knowledge of rural women by the investigator, based on literature review, past experience and guidance of the experts in the field of Nursing and obstetrics. The tool consists of two sections:

Section-1: consists of demographic data

Section-2: questionnaire consists of 34 questions to assess the level of knowledge on self-care of post caesarean section among rural women. Scoring interpretation: scoring key was prepared for **Section-1:** consists of demographic variables.

Section-2: each question has minimum 4 options and for only one question has more 4 options. Each right answer carries "1" Mark, each wrong answer carries "0". Total score was- 41. 34 questions were developed

to assess the knowledge on self care regarding various aspects of post caesarean section as definition, indications, ambulation, exercises, bowel and bladder care, perinial care, rest and sleep, diet, breast care, breast feeding, family planning, follow up, warmth, eye care, general care, immunization, umbilical cord care.

ANALYSIS

SECTION-1

Frequency and percentage distribution of demographic variables among rural women

Shows that out of 100 rural women majority 39(39%) were in the age group of 20- 25 years where as least 12(12%) were above 35years.

- Regarding to the religion majority 50(50%) were Hindus, 27(27%) were Christians and only 23(23%) were Muslims.
- With regard to educational status of the rural women 36(36%) were illiterates, where as the least 1(1%) had degree and above.
- Pertaining to educational status of the spouse 40(40%) were illiterates, where as the least 1(1%) had degree and above.
- Related to occupational status of the rural women 46(46%) were home makers and the least 7(7%) were government employees.
- With regard to family income per month in rupees majority 33(33%) had 15001-20000, where as the least 15(15%) had 20001-25000.
- Related to family type of rural women majority 77(77%) were from nuclear, where as the least 4(4%) were from Extended.
- Pertaining to Gravida of the rural women majority 37(37%) had no children, where as the least 28(28%) had two or More children.
- With regard to history of exposure to previous caesarean section majority 55(55%) said 'yes', where as 45(45%) said 'no'.
- Related to source of information majority 18(18%) obtained through radio/ television, 18(18%) through exposure to relatives/ neighbours underwent caesarean section, where as the least 6(6%) through news papers.

SECTION-II

Frequency & percentage distribution, mean & standard deviation on knowledge scores of rural women on self care of post caesarean section.

TABLE 1: Overall knowledge of rural women on self-care of post caesarean section

S.NO	CATEGORIES	FREQUENCY	PERCENTAGE	MEAN	S.D
1	Inadequate	45	45.00	23.43	7.21
2	Moderate	34	34.00		
3	Adequate	21	21.00		
	Total	100	100.00		

TABLE 1: Describes that the overall knowledge of rural women regarding self-care of post caesarean section, majority 45(45%) were having inadequate knowledge followed by 34(34%) had moderate knowledge and only 21(21%) had adequate knowledge with mean 23.43 and S.D 7.21.

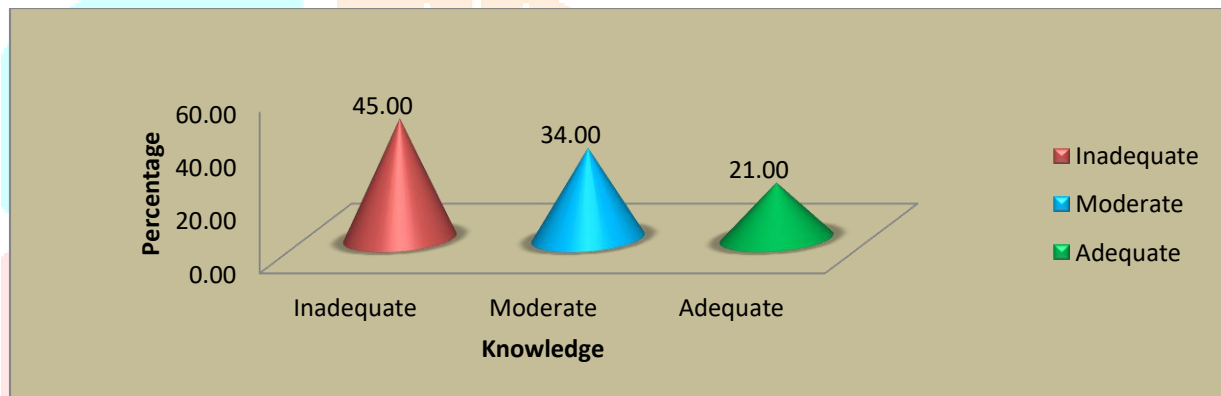


FIG1: Percentage distribution of the rural women based on over all knowledge on self care of post caesarean section.

SECTION-III

Association between the knowledge of rural women on self-care of post caesarean section with their selected demographic variables.

Shows that there was significant association between knowledge of rural women on self care of post caesarean section with their selected demographic variables like age in years, religion, educational status of the women, educational status of the spouse, occupation of the women, family income per month in rupees, history of exposure to previous caesarean section, source of information significant at 0.01 level. Hence H_{02} was rejected. Where as some of the variables such as type of family and Gravida does not show association.

DIACUSSION

The discussion of the present study was based on the findings obtained from the descriptive and inferential statistics.

The first objective of the study was to assess the knowledge of rural women on self-care of post caesarean section.

Present study showed that among 100 rural women, (45%) had inadequate knowledge, (34%) had moderate knowledge and only (21%) had adequate knowledge.

The results of the present study was supported with the previous study conducted by Vijaya Rani.M (2016) on practice of post natal exercises by 50 post c- section mothers who were selected by simple random technique. Results shows that in posttest the control group had inadequate practice score with a mean of 16.33%, standard deviation of 9.44 and mean percentage of 19.60 % where as in post test the experimental group there was a significant mean practice scores gain of 39.84 % and standard deviation of 12.58 and mean percentage 79.67 % with a differences of 60.07 %.

The Second objective of the study to find the association between self care of post caesarean and selected demographic variables.

There was association between knowledge of rural women on self care of post caesarean section with their was significant association selected demographic variables like age in years, religion, educational status of the women, educational status of the spouse, occupation of the women, family income per month in rupees, history of exposure to previous caesarean section, source of information related to caesarean section at 0.01 level. Hence H_{02} was rejected. There was no significant association with type of family and grvida.

The above findings were in consistent with findings of an observational study conducted by Arti Maria, Amilin shukla etal (2018) on achieving early mother- baby skin to skin contact in caesarean section: A quality improvement initiative. Results showed that the rate of early skin to skin contact after plan do study act cycle 1, 2 and 3, respectively was (87.5%, 90% and 83.3%). It was (100%) after sustainability phase after four months. It can be referred that mean (22.43%) knowledge score of rural women regarding self-care of post caesarean section. Hence the H_{01} was rejected.

CONCLUSION

The present study revealed that among 100 rural women 45% had inadequate knowledge 34% had moderate and only 21% had adequate knowledge regarding self-care of post caesarean section. There is need for health education to the rural women to enhance the knowledge.

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