



Impact of awareness package on knowledge related to vaginal delivery among women in selected rural area

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Abstract

The current study has been undertaken to assess knowledge score regarding Vaginal delivery among women by awareness package in Selected rural area, Udaipur. The research design used for study was pre-experimental in nature. The tool for study was self-structured knowledge questionnaire which consists of 2 parts-PART- I consisted questions related to Socio-demographic data; PART-II consisted of self -structured knowledge questionnaire to assess knowledge score regarding Vaginal delivery among women. The data was analyzed by using descriptive & inferential statistical methods. The most significant finding was that 20.5% of women were having average knowledge regarding Vaginal delivery whereas 79.5% had fair knowledge after post-test. It was suggested that nurses must educate women regarding Vaginal delivery.

Keyword- Impact, awareness package, knowledge & Vaginal delivery.

1. INTRODUCTION

A vaginal delivery is when a person gives birth through their vagina. It's the most common method of childbirth. During a vaginal birth, your uterus contracts to thin and open your cervix and push your baby out through your vagina (or birth canal). The birthing stage begins when you reach 10 centimeters and ends with the birth of your baby through your vagina. In this stage of labor, you experience strong contractions and begin pushing. You may feel pressure or like you need to poop. Your healthcare provider may coach you through pushing, especially if you've had an epidural and can't feel contractions. This phase can last a few minutes or a few hours. Generally, birth is quicker if you've had a prior vaginal delivery. The last stage of labor is delivering the placenta (commonly called afterbirth). It begins after your baby is removed from your vagina and ends when your placenta is delivered. Your healthcare provider may ask you for a few more pushes. This stage begins a few minutes after your baby is born and lasts up to 30 minutes. It's important to remember that labor and childbirth are different for everyone. Certain factors can play a role in your labor being longer or shorter.

2. NEED FOR STUDY

This study revealed that the C-section deliveries are higher in the southern states than in the other parts of India. Literacy plays a vital role in C-section deliveries. The probabilities of C-section deliveries are more in 30–40 and 40 + years. The women belonging to the median wealth index category were more likely (OR–CI, 1.62 [1.55–1.66]) to undergo the C-section followed by the women from wealthy households (OR–CI, 1.46 [1.41–1.52]).

Having a c-section can increase some risks to you and your baby. This does not mean that these things will happen to you, but there may be a higher chance of them happening than if you had a vaginal birth. Speak to your midwife or doctor about how these risks may affect you and your baby.

Possible risks to you include:

1. urine, womb or wound infection – your doctor will offer you antibiotics before your c-section to help prevent infection
2. needing to stay in hospital for longer after the birth – the average hospital stay is 2 days after a vaginal birth and 4 days after a c-section
3. taking longer to recover from the birth
4. bleeding that leads to a blood transfusion
5. needing to have your womb removed (hysterectomy) – this is uncommon and may be more likely if you had problems with the placenta or bleeding during pregnancy
6. blood clots
7. problems in future pregnancies, such as low-lying placenta, placenta accreta and damage to the wall of the womb.

Common advantages of vaginal birth

Vaginal birth experiences vary a lot, but when you have a vaginal birth, you generally:

1. are less likely to need to go back to hospital in the weeks after birth
2. have less need for strong pain relief after birth
3. recover more quickly from labour and birth
4. have a better chance of starting to breastfeed your baby straight away
5. are more likely to cuddle your baby and have skin-to-skin contact straight after birth
6. are less likely to have medical problems in future pregnancies
7. are more physically able to care for your baby (and other children) soon after birth.

3.OBJECTIVE OF THE STUDY

1. To assess the pre-test & post-test Knowledge score regarding Vaginal delivery among women.
2. To assess impact of awareness package on knowledge regarding Vaginal delivery among women.
3. To find out association between pre-test knowledge score regarding Vaginal delivery among women with their selected demographic variables.

4. HYPOTHESIS:

RH₀: There will be no significant difference between pretest & post-test knowledge score on Vaginal delivery among women.

RH₁: There will be significant difference between pretest & post-test knowledge score on Vaginal delivery among women.

RH₂: There will be significant association between pre-test score on Vaginal delivery among women with their selected demographic variables.

5. ASSUMPTION

1. Women may have deficit knowledge regarding Vaginal delivery.
2. Awareness package will enhance knowledge of women regarding Vaginal delivery.

6. METHODOLOGY:

An evaluative approach was used and research design pre-experimental one group pre-test post-test research design was used for the study. The samples consisted of 44 women selected by Non probability convenient sampling technique. The setting for the study was Selected rural area, Udaipur. Data was gathered with help of demographic variables & administering a self-structured knowledge questionnaire by analyst prior & after awareness package. Post-test was done after seven days of pre-test. Data were analysis using descriptive & inferential statistics.

7.ANALYSIS AND INTERPRETATION

SECTION-I Table -1 Frequency & percentage distribution of samples according to their demographic variables.

n = 44

S. No	Demographic Variables	Frequency	Percentage
1	Age in Years		
a.	22-28	23	52.3
b.	29-35	6	13.6
c.	≥36	15	34.1
2	Types of family		
a.	Extended	1	2.3
b.	Nuclear	19	43.2
c.	Joint	24	54.5
3	Occupation		
a.	House maker	13	29.5
b.	Heavy worker	26	59.1
c.	Employee	5	11.4
4	Educational Status		
a.	No formal education	16	36.4
b.	Primary	15	34.1
c.	Secondary	13	29.5
d.	Higher secondary & above	0	0.0
5	Previous knowledge related to vaginal delivery		
a.	Yes	5	11.4
b.	No	39	88.6

SECTION-II- Table- 2.1.1- Frequency and percentage distribution of Pre-test scores of studied subjects:

Category and test Score	Frequency (N=44)	Frequency Percentage (%)
POOR (1-10)	39	88.6
AVERAGE (11-20)	5	11.4
GOOD (21-30)	0	0.0
TOTAL	44	100.0

The present table 2.1.1 concerned with the existing knowledge regarding Vaginal delivery among women were shown by pre-test score and it is observed that most of the women 39 (88.6%) were poor (01-10) knowledge & some women have 5 (11.4%) were from average category.

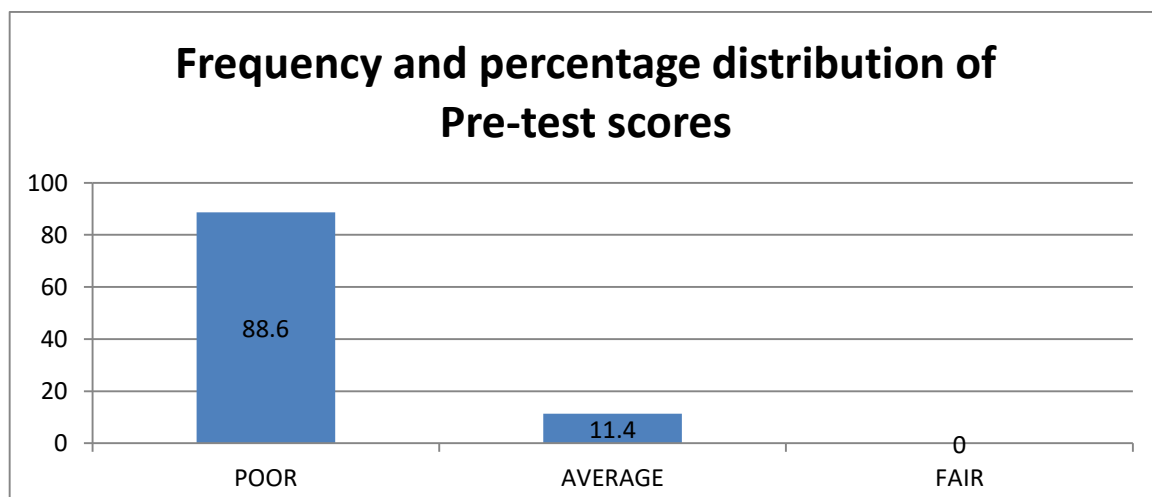


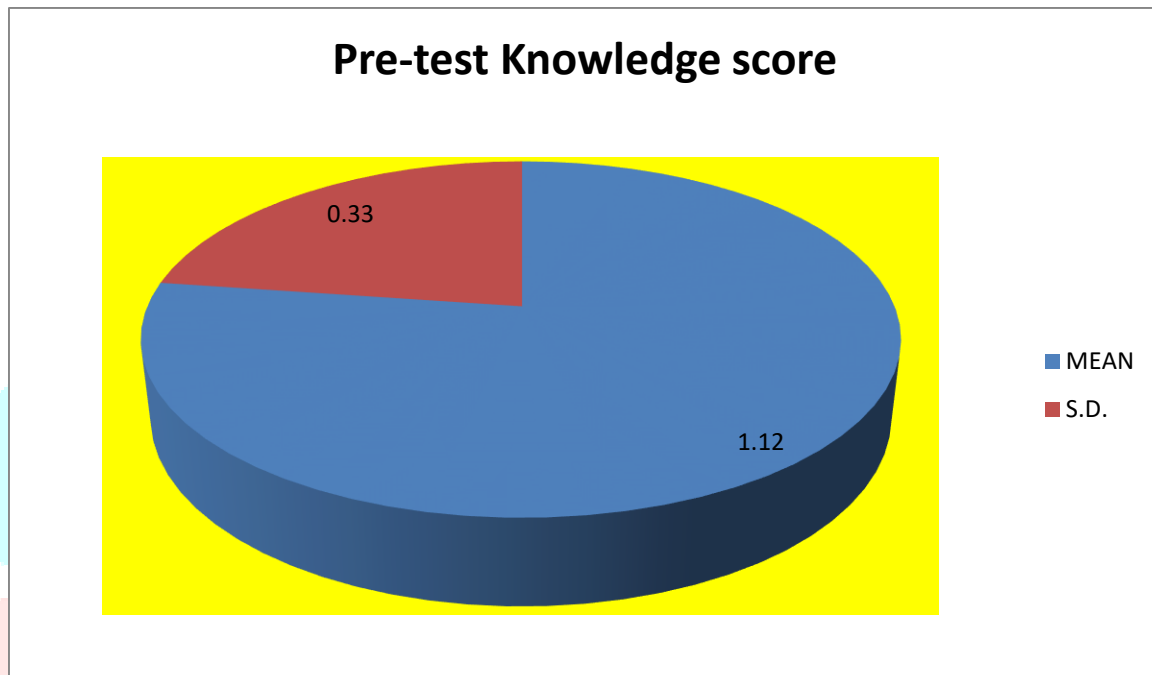
FIG.-2.1.1- Frequency and percentage distribution of Pre-test scores of studied subjects

Table-2.1.2. - Mean (\bar{X}) and standard Deviation (s) of knowledge scores:

Knowledge Pre –test	Mean (\bar{X})	Std Dev (S)
Pre-test score	1.12	0.33

The information regarding mean, percentage of mean and standard deviation of test scores in shown in table 2.1.2 knowledge in mean pre-test score was 1.12 ± 0.33 while in knowledge regarding Vaginal delivery among women in Selected rural area, Udaipur.

Hence, it is confirmed from the tables of section-II that there is a significant difference in mean of test scores which partially fulfill first objective of the present study.

**FIG.-2.1.1. - Mean (\bar{X}) and standard Deviation (s) of knowledge scores****Table-2.2.1- Frequency and percentage distribution of Post test scores of studied subjects:**

Category and post-test Score	Frequency (N=44)	Frequency Percentage (%)
POOR (01-10)	0	0.0
AVERAGE (11-20)	9	20.5
GOOD (21-30)	35	79.5
TOTAL	44	100%

The present table 2.2.1 concerned with the posttest knowledge regarding Vaginal delivery among women was shown by post test score and it is observed that most of the women 35 (79.5%) were **FAIR** (21-30) knowledge & other women have 9 (20.5%) category which are **AVERAGE** (11-20) posttest knowledge score in present study.

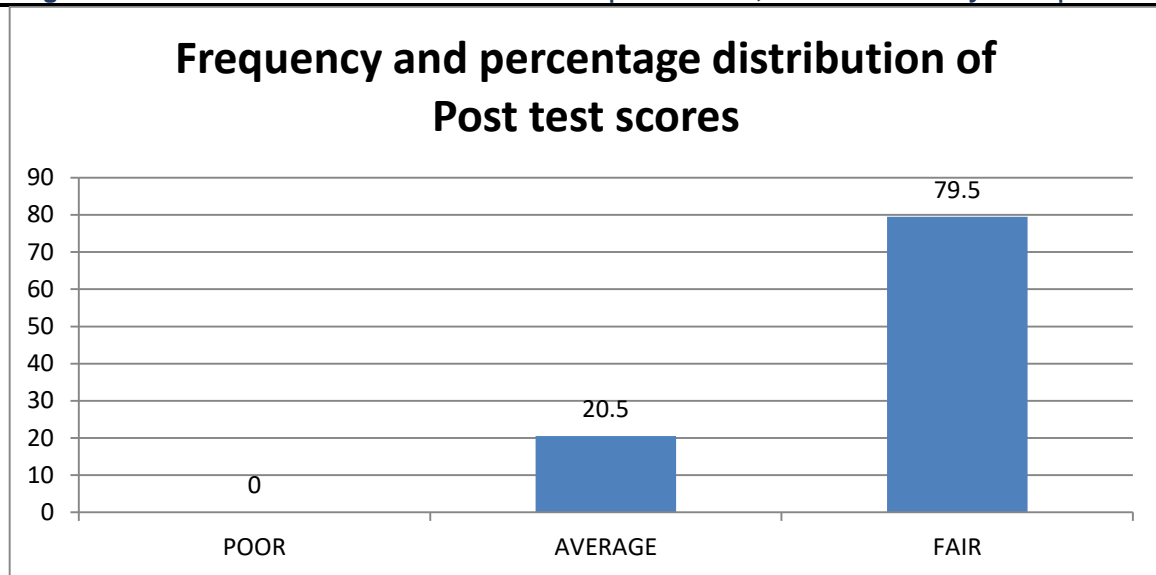


FIG.-2.2.1- Frequency and percentage distribution of Post test scores of studied subjects

Table-2.2.2. - Mean (\bar{X}) and standard Deviation (s) of knowledge scores:

Knowledge Test	Mean (\bar{X})	Std Dev (S)
Post-test score	2.79	0.40

The information regarding mean, percentage of mean and SD of post test scores in shown in table 2.2.2 knowledge in mean post test score was 2.79 ± 0.40 while in knowledge regarding Vaginal delivery among women in Selected rural area, Udaipur.

Hence, it is confirmed from the tables of section-II that there is a significant difference in mean of test scores which partially fulfill 2nd objective of the present study.

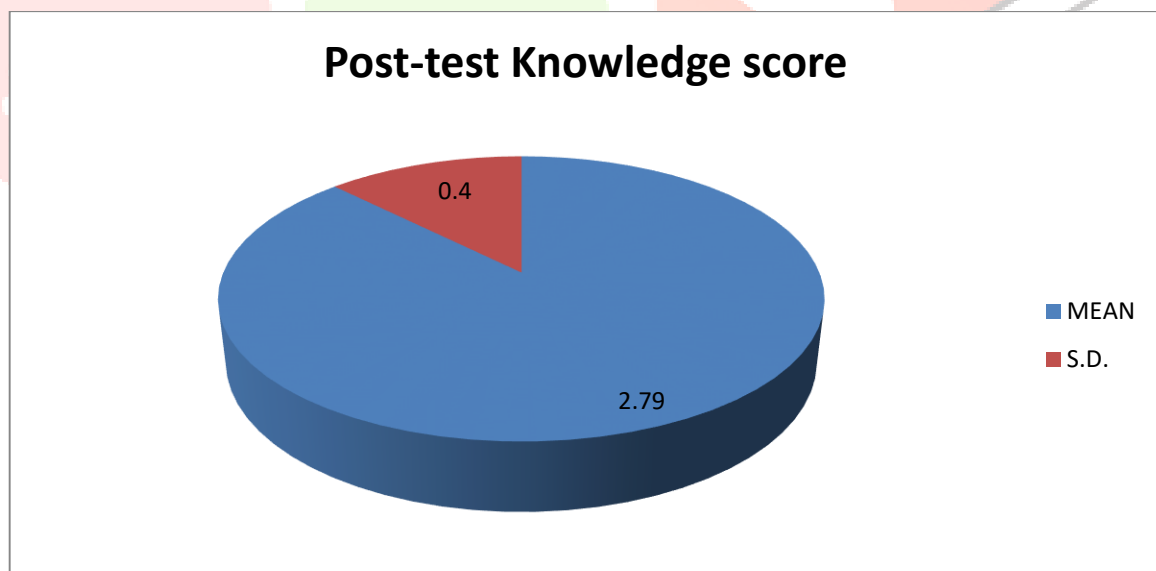


FIG.-2.2.2. - Mean (\bar{X}) and standard Deviation (s) of knowledge scores:

TABLE 2.2.3: Impact of awareness package by calculating Mean, SD, Mean Difference and 't' Value of Pre-test and Post-test knowledge.

Knowledge Score of Women	Mean (\bar{X})	S. D. (s)	Std. Error of Mean	D. F.	t-value	Significance
Pre-test	1.12	0.33	0.07812	43	-21.53	P<0.0001*
Post-test	2.79	0.40				

When the mean and SD of pre-test & post-test were compared & 't' test was applied. It can be clearly seen that the 't' value was -21.53 and p value was 0.0001 which clearly show that awareness package was very effective in enhancing the knowledge of women.

SECTION-III Association of knowledge scores between test and selected demographic variables:

Table- 3.1 Association of age of women with pre-test scores:

Age (In years)	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	FAIR (21-30)	
22-28	20	3	0	23
29-35	4	2	0	6
≥36	15	0	0	15
Total	39	5	0	44
$X^2=4.86$ $p>0.05$ (Insignificant)				

The association of age test scores is shown in present table 3.1. The probability value for Chi-Square test is 4.86 for 2 DF which indicated insignificant value ($p>0.05$). Hence, it is identified that there is a insignificant association between age & test scores. Moreover, it is reflected that age isn't influenced with current problem.

Table- 3.2 Association of types of family with pre-test scores:

Types of family	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	FAIR (21-30)	
Extended	1	0	0	1
Nuclear	15	4	0	19
Joint	23	1	0	24
Total	39	5	0	44
$X^2=3.13$ $p>0.05$ (Insignificant)				

The association of types of family & test scores is shown in present table 3.2. The probability value for Chi-Square test is 3.13 for 2 degrees of freedom which indicated a insignificant value ($p>0.05$). Hence, it is identified that there is a insignificant association between types of family & test scores.

Table-3.3. Association of Occupation with pre-test scores:

Occupation	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	FAIR (21-30)	
House maker	12	1	0	13
Heavy worker	25	1	0	26
Employee	2	3	0	5
Total	39	5	0	44
$X^2= 13.37$ $p<0.05$ (significant)				

The association of Occupation & test scores is shown in present table 3.3. The probability value for Chi-Square test is 13.37 for 2 degrees of freedom which indicated significant value ($p<0.05$). Hence, it is identified that there is a significant association between Occupation & test scores. Moreover, it is reflected that Occupation is influenced with present problem.

Table- 3.4 Association of educational status with pre-test scores:

Educationa l Status	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	FAIR (21-30)	
No formal	16	0	0	16
Primary	11	4	0	15
Secondary	12	1	0	13
Higher sec & above	0	0	0	0
Total	39	5	0	44
$X^2= 5.71$ $p>0.05$ (Insignificant)				

The association of educational status & test scores is shown in present table 3.4. The probability value for Chi-Square test is 5.71 for 2 degrees of freedom which indicated educational & test scores. Moreover, it is reflected that educational isn't influenced with present problem.

Table- 3.5 Association of previous knowledge related to vaginal delivery with pre-test scores:

Previous Knowledge	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	FAIR (21-30)	
Yes	4	1	0	5
No	35	4	0	39
Total	39	5	0	44
$X^2=0.41$ $p>0.05$ (Insignificant)				

The association of previous knowledge related to vaginal delivery test scores is shown in present table 3.5. The probability value for Chi-Square test is 0.41 for 1 degrees of freedom which indicated previous knowledge related to vaginal delivery & test scores. Moreover, it is reflected that previous knowledge vaginal delivery isn't influenced with current problem.

8.RESULTS

The result of this study indicates that there was a significant increase in post-test knowledge scores compared to pre-test scores of Preventions of Breast cancer. The mean percentage knowledge score was observed 1.11 ± 0.32 in pre-test & after implementation of awareness package post-test mean percentage was observed with 2.79 ± 0.40 .

9.CONCLUSION

Thus, after the analysis and interpretation of data we can conclude that the hypothesis RH1 that, there will be significance difference between pre-test knowledge score with post-test knowledge score at ($P < 0.001$) is being accepted.

Furthermore, awareness package related to Vaginal delivery among women may consider as an effective tool when there is a need in bridging & modifying knowledge.

10.LIMITATIONS-

- This was limited to Selected rural area, Udaipur.
- This was limited to 44 women.

11.REFERENCE-

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