



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

“Knowledge And Attitude Of Antenatal Mothers Towards The Choice Of Mode Of Delivery In Selected Hospitals, Kamrup (M), Assam: A Descriptive Study”

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ABSTRACT:

BACKGROUND: Child birth well-known as labor or delivery is a beautiful life event which is personal and different for each woman. During this period women have more concerns about their mode of delivery especially in the first delivery. The mother's right to choose the mode of delivery Vaginal delivery is the natural method of birth, though about 10% of normal deliveries may be complicated, caesarean section delivery is suggested to prevent either maternal or fetal morbidities and mortalities. Vaginal delivery is an essential component of compassionate and respectful care in modern obstetrics. Near about thirty years ago, there has been a significant rise in Caesarean section rates in middle- and developed countries all over the world. Caesarean section rates persist to increase in spite of data that there is no related enhancement to women or babies health; to a certain extent.

OBJECTIVES:

1. To assess the level of knowledge on the choice of mode of delivery among antenatal mothers in selected hospitals, Kamrup (M), Assam.
2. To assess the level of attitude on the choice of mode of delivery for normal vaginal delivery and caesarean section among antenatal mothers in selected hospitals, Kamrup (M), Assam.
3. To find out the correlation between the level of knowledge and attitude for normal vaginal delivery and caesarean section on choice of mode of delivery among antenatal mothers in selected hospitals, Kamrup (M), Assam.

4. To find out the association between the level of knowledge on choice of mode of delivery among antenatal mothers with the selected demographic variables.
5. To find out the association between the attitude on choice of mode of delivery for normal vaginal delivery and caesarean section among antenatal mothers with the selected demographic variables.

METHODS AND MATERIALS

A descriptive survey research design was used in the study to accomplish the objectives. Purposive sampling technique was used for obtaining adequate sample for the study. Study was undertaken on 100 samples of antenatal mothers of selected hospitals of Kamrup (M), Assam. Respondents were selected on the basis of inclusive and exclusive criteria. A self – structured knowledge questionnaire and 5 point Likert scale was used as tool for the study.

RESULT

Out of 100 antenatal mothers, majority i.e 78 (78%) had moderate knowledge, 16(16%) had adequate knowledge and 6(6%) had inadequate knowledge towards the choice of mode of delivery among antenatal mothers. The association was statistically tested and result showed that there were statistically significant between level of knowledge and selected demographic variables such as family income at $p < 0.01$ level. With fisher exact p value of ($p=0.004$).

On assessment of level of attitude towards the choice of mode of delivery for **normal vaginal delivery**, 64 (64%) had desirable attitude, 36(36%) had moderately desirable attitude and none had undesirable attitude towards normal vaginal delivery while for caesarean section, 53(53%) had moderately desirable attitude and 47(47%) had desirable attitude and none had undesirable attitude. On the assessment of correlation between knowledge and attitude scores towards the choice of mode of delivery for normal vaginal delivery, the 'r' value is 0.224 and 'p' value is 0.025 which is statistically significant at $p < 0.05$ level of significant. The other demographic variables had not shown statistically significant association with the level of knowledge of antenatal mothers towards the choice of mode of delivery.

On assessment of level of attitude towards the choice of mode of delivery for **caesarean section**, majority of the respondents i.e 53(53%) had moderately desirable attitude and 47(47%) had desirable attitude with mean 32.24 and SD 2.51. On assessment of correlation between knowledge and attitude scores towards the choice of mode of delivery for caesarean section among antenatal mothers, the 'r' value is 0.129 and 'p' value is $p = 0.200$ which is statistically not significant at 0.05 level of significant.

There was no statistically significant association between level of attitude towards both normal vaginal delivery and caesarean delivery with selected demographic variables. There is a weak positive correlation between knowledge and level of attitude of antenatal mothers towards the choice of mode of delivery for normal vaginal delivery and caesarean section.

This clearly infers that when the knowledge on choice of mode of delivery among antenatal mothers increases then their attitude towards the choice of mode of delivery for normal vaginal delivery also increases and their attitude for caesarean section will be moderately desirable.

CONCLUSION

After analyzing data collected, this study shows that the antenatal mothers have moderately adequate knowledge and desirable attitude for normal vaginal delivery and moderately desirable attitude for caesarean delivery towards the choice of mode of delivery. Therefore, it is recommended that there should be an awareness programme regarding the different mode of delivery its advantages, disadvantages respectively and its complications and also how to prepare mentally, emotionally and financially for delivery to the antenatal mothers, their spouse, family members so as to support them to choose their type of delivery. The healthcare worker should also educate the antenatal mothers whenever they come for check-up which will increase their knowledge and will promote maternal health.

KEYWORDS: Knowledge, Attitude, Mode of delivery, Normal Vaginal delivery, Caesarean delivery, Antenatal Mothers

INTRODUCTION

Mode of delivery method is defined as choosing either the vaginal or caesarean section. Vaginal delivery is the natural method of birth, though about 10% of normal deliveries may be complicated, caesarean section is suggested to prevent either maternal or fetal morbidities and mortalities. Childbirth style finishes a pregnancy by any one procedure, such as unassisted vaginal birth, assisted vaginal birth from ventouse or forceps, unplanned and planned caesarean section. With more than 80% of women in favor of vaginal delivery. Pregnant women attending public and private institutions and found that preferences in both sectors were close. For most participants, vaginal delivery was considered a normal, healthy, and natural delivery method, except in the case of a medical indication for caesarean section, which was seen as a medical decision.

NEED OF THE STUDY

Mode of delivery is an influential factor on postpartum period. Caesarean section rates are increasing with more women requesting an elective caesarean section for personal and societal reasons, yet whether such perceived benefits continue after birth is debated. In India the fifth National Family and Health Survey (NFHS) released by the Ministry of Health and Family Welfare on 24th November 2021 showed that the national cesarean section rate is 21.5%, which is higher than the WHO ideal rate i.e 10–15%. In many cases, ignorance, false beliefs, and wrong behaviors and attitudes determine delivery methods instead of medical indications

OBJECTIVES:

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3. To find out the correlation between the level of knowledge and attitude for normal vaginal delivery and caesarean section on choice of mode of delivery among antenatal mothers in selected hospitals, Kamrup (M), Assam.
4. To find out the association between the level of knowledge on choice of mode of delivery among antenatal mothers with the selected demographic variables.
5. To find out the association between the attitude on choice of mode of delivery for normal vaginal delivery and caesarean section among antenatal mothers with the selected demographic variables.

DESCRIPTION OF THE TOOL:

In order to meet the objectives of the study , the following tools were constructed which consists of three sections.

Section I: Demographic tool.

Section II: Self structured knowledge questionnaire was used to assess the knowledge towards the choice of mode of delivery.

Section III: 5- Point Likert Scale was used to assess the attitude towards the choice of mode of delivery.

DATA COLLECTION PROCEDURE: Permission was acquired from the concerned authorities of Marwari Multispeciality Hospital, Guwahati, Assam, Satribari Christian Hospital, Guwahati, Assam and KGMT Multispeciality Hospital, Guwahati, Assam. Data collection process was scheduled from 10th

September to 3rd October. Antenatal mothers who are admitting in the antenatal ward and are attending antenatal OPD were both selected for the study. 100 samples were. A brief self introduction and the purpose of the study were explained to the sample prior to data collection & keeping in mind the ethical aspect of the research, the data was collected after obtaining informed written consent from the participant. The participants were requested to complete the Self –structured knowledge questionnaire and 5-point Likert scale. The average time taken for the participants to complete the questionnaire and statements was about 30-40 minutes. Once knowledge questionnaire and attitude statement was completed, investigator collect it back. The collected data was then coded and the master data sheet prepared for analysis.

RESULTS:

SECTION I: Frequency and percentage distribution of demographic variables of antenatal mothers.

Table I:

n=100

Demographic Variables	Frequency (f)	Percentage (%)
Age(in years)		
21-30 years	70	70
31-40 years	22	22
>40 years	8	8
Religion		
Hinduism	65	65
Islam	19	19
Christianity	15	15
Others	1	1
Educational qualification		
No formal education	1	1
Primary school	10	10
High school	37	37
Graduate and above	52	52
Occupational status		
Unemployed	39	39
Daily wages earner	16	16
Government employee	8	8
Private employee	37	37
No. of children		
0	60	60
1	39	39
2	1	1
>2	-	-
Type of family		
Nuclear	41	41
Joint	50	50
Extended family	8	8
Others	1	1
Family income		
Rs.< 6293	9	9
Rs.6294 – 18,858	23	23
Rs.18,859 – 31,435	25	25

Demographic Variables	Frequency (f)	Percentage (%)
Rs.31,456 – 47,034	19	19
Rs.47,035 – 62,874	8	8
Rs.62,875 – 1,25,752	7	7
Rs. 1,25,753 and above	9	9
Any special education received related on the choice of mode of delivery		
Yes	49	49
No	51	51
If yes, from whom?		
Nurse	20	38.5
Doctor	20	38.5
Others	12	23
Previous type of deliveries done		
Yes	39	39
No	61	61
If yes, which type of delivery?		
Normal vaginal delivery	18	46.2
Caesarean section	20	51.3
Both	1	2.5
Have any female family members delivered baby before?		
Yes	74	74
No	26	26
If yes, which type of delivery?		
Normal vaginal delivery	38	51.4
Caesarean section	35	45.9
Both	2	2.7
Whether they have influence you to choose the type of delivery		
Yes	77	77
No	23	23
If yes which type?		
Normal vaginal delivery	48	62.3
Caesarean section	29	37.7
What is your preference towards the choice of mode of delivery?		
Normal vaginal delivery	65	65
Caesarean section	35	35

The table I portrays that most of the antenatal mothers, 70(70%) were age 21-30 years, 65(65%) were followers of Hinduism. 52(52%) were graduate and above, 39(39%) were unemployed, 60(60%) had only one child, 50(50%) belonged to joint family, 25(25%) had family income of Rs.46,089 – 68,961, 51(51%) had not received related on the choice of mode of delivery, 20(38.5%) had the choice from nurse and doctor, 61(61%) had not undergone any previous delivery, 20(51.3%) had caesarean section, 74(74%) had female family members delivery baby before, 38(51.4%) of female family members had normal vaginal delivery, 77(77%) had been influenced to choose the type of delivery, 48(62.3%) had been influenced to undergo normal vaginal delivery and 65(65%) had preferred normal vaginal delivery as mode of delivery.

SECTION II: Frequency and percentage distribution of level of knowledge on choice of mode of delivery among antenatal mothers.

Table II:

n = 100

Level of Knowledge	Frequency	Percentage (%)
Inadequate knowledge ($\leq 33\%$)	6	6
Moderate knowledge (34 – 65%)	78	78
Adequate knowledge ($\geq 66\%$)	16	16

The table II depicts the frequency and percentage distribution of level of knowledge on choice of mode of delivery among antenatal mothers. It shows that, 78(78%) had moderate knowledge on choice of mode of delivery, 16(16%) had adequate knowledge and 6(6%) had inadequate knowledge on choice of mode of delivery among antenatal mothers.

SECTION III: Frequency and percentage distribution of level of attitude on choice of mode of delivery among antenatal mothers

SECTION III A: Frequency and percentage distribution of level of attitude on choice of mode of delivery for normal vaginal delivery among antenatal mothers

Table III

n = 100

Level of Attitude (Normal Vaginal Delivery)	Frequency(f)	Percentage (%)
Undesirable attitude ($\leq 33\%$)	-	-
Moderately desirable (34 – 65%)	36	36
Desirable ($\geq 66\%$)	64	64

The table III depicts the frequency and percentage distribution of level of attitude for normal vaginal delivery among antenatal mothers. It denotes that, 64(64%) had desirable attitude on choice of mode of delivery as normal vaginal delivery and 36(36%) had moderately desirable attitude.

SECTION III B: Frequency and percentage distribution of level of attitude on choice of mode of delivery for caesarean section among antenatal mothers

Table IV

n = 100

Level of Attitude (Caesarean Section)	Frequency(f)	Percentage (%)
Undesirable attitude ($\leq 33\%$)	-	-
Moderately desirable (34 – 65%)	53	53
Desirable ($\geq 66\%$)	47	47

The table IV depicts the frequency and percentage distribution of level of attitude for caesarean section among antenatal mothers. It denotes that, 53(53%) had moderately desirable attitude on choice of mode of delivery as caesarean section and 47(47%) had desirable attitude.

SECTION IV: Correlation between the level of knowledge of the antenatal mothers on choice of mode of delivery with the level of attitude.

SECTION IV A : Correlation between knowledge and attitude scores on choice of mode of delivery for normal vaginal delivery among antenatal mothers.

Table V

n= 100

Variables	Mean	S.D	Karl Pearson's Correlation "r" and p- Value
Knowledge	12.08	3.46	r =0.224 p=0.025, S*
Attitude (Normal Vaginal Delivery)	33.62	2.69	

*p<0.05, S – Significant

The table V shows that the mean score of knowledge on choice of mode of delivery among antenatal mothers was 12.08 ± 3.46 and the mean score of attitude for normal vaginal delivery as choice of mode of delivery was 33.62 ± 2.69 . The calculated Karl Pearson's Correlation value of $r=0.224$ shows a weak positive correlation statistically significant at $p<0.05$ level. This clearly infers that the when the knowledge on choice of mode of delivery among antenatal mothers increases then their attitude towards the choice of mode of delivery for normal vaginal delivery also increases.

SECTION IV B : Correlation between knowledge and attitude scores on choice of mode of delivery for caesarean section among antenatal mothers.

Table VI

n = 100

Variables	Mean	S.D	Karl Pearson's Correlation "r" and p- Value
Knowledge	12.08	3.46	r = 0.129 p=0.200, N.S
Attitude (Caesarean Section)	32.24	2.51	

N.S – Not Significant, $p>0.05$

The table VI further depicts that the mean score of knowledge on choice of mode of delivery among antenatal mothers was 12.08 ± 3.46 and the mean score of attitude on caesarean section as choice of mode of delivery was 32.24 ± 2.51 . The calculated Karl Pearson's Correlation value of $r=0.129$ shows a weak positive correlation statistically not significant at $p<0.05$ level. This clearly infers that although the knowledge on choice of mode of delivery among antenatal mothers increases but their attitude towards the choice of mode of delivery for caesarean section were moderately desirable.

SECTION V: Association on the level of knowledge on choice of mode of delivery among antenatal mothers with their selected demographic variables.

Table VII

n = 100

Demographic Variables	Inadequate		Moderate		Adequate		Fisher Exact test p-value
	f	%	f	%	F	%	
Age (in years)							p=0.853 (N.S)
21-30 years	4	4	55	55.0	11	11.0	
31-40 years	1	1	17	17.0	4	4.0	
>40 years	1	1	6	6.0	1	1.0	
Religion							p=0.348 (N.S)
Hinduism	5	5.0	46	46.0	14	14.0	
Islam	0	0	18	18.0	1	1.0	
Christianity	1	1.0	13	13.0	1	1.0	
Others	0	0	1	1.0	0	0	
Educational qualification							p=0.199 (N.S)
No formal education	0	0	1	1.0	0	0	
Primary school	1	1.0	9	9.0	0	0	
High school	2	2.0	32	32.0	3	3.0	
Graduate and above	3	3.0	36	36.0	13	13.0	
Occupational status							p=0.071 (N.S)
Unemployed	2	2.0	32	32.0	5	5.0	
Daily wages earner	1	1.0	15	15.0	0	0	
Government employee	1	1.0	7	7.0	0	0	
Private employee	2	2.0	24	24.0	11	11.0	
No. of children							p=0.760 (N.S)
0	3	3.0	46	46.0	11	11.0	
1	3	3.0	31	31.0	5	5.0	
2	0	0	1	1.0	0	0	
>2	-	-	-	-	-	-	
Type of family							p=0.310 (N.S)
Nuclear	2	2.0	28	28.0	11	11.0	
Joint	4	4.0	41	41.0	5	5.0	
Extended family	0	0	8	8.0	0	0	
Others	0	0	1	1.0	0	0	
Family income							p=0.004 (S**)
Rs.< 6293	0	0	8	8.0	1	1.0	
Rs.6294 – 18,858	3	3.0	16	16.0	4	4.0	
Rs.18,859– 31,435	0	0	23	23.0	2	2.0	
Rs.31,456 – 47,034	1	1.0	18	18.0	0	0	
Rs.47,035 – 62,874	2	2.0	4	4.0	2	2.0	
Rs. 62,875 – 1,25,752	0	0	5	5.0	2	2.0	
Rs. 1,25,753 and above	0	0	4	4.0	5	5.0	
Any special education received related on the choice of mode of delivery							p=0.425 (N.S)
Yes	3	3.0	43	43.0	6	6.0	
No	3	3.0	35	35.0	10	10.0	
If yes, from whom?							p=0.445

Demographic Variables	Inadequate		Moderate		Adequate		Fisher Exact test p-value (N.S)
	f	%	f	%	F	%	
Nurse	1	1.9	18	34.6	1	1.9	(N.S)
Doctor	2	3.8	16	30.8	2	3.8	
Others	0	0	9	17.3	3	5.8	
Previous type of deliveries done							p=0.325 (N.S)
Yes	4	4.0	30	30.0	5	5.0	
No	2	2.0	48	48.0	11	11.0	
If yes, which type of delivery?							p=0.308 (N.S)
Normal vaginal delivery	0	0	16	41.0	2	5.1	
Caesarean section	4	10.3	13	33.3	3	7.7	
Both	0	0	1	2.6	0	0	
Have any female family members delivered baby before?							p=0.763 (N.S)
Yes	5	5.0	56	56.0	13	13.0	
No	1	1.0	22	22.0	3	3.0	
If yes, which type of delivery?							p=0.312 (N.S)
Normal vaginal delivery	1	1.4	31	41.9	6	8.1	
Caesarean section	4	5.4	24	32.4	6	8.1	
Both	0	0	1	1.4	1	1.4	
Whether they have influence you to choose the type of delivery							p=0.552 (N.S)
Yes	6	6.0	59	59.0	12	12.0	
No	0	0	19	19.0	4	4.0	
If yes which type?							p=0.346 (N.S)
Normal vaginal delivery	2	2.0	38	38.0	8	8.0	
Caesarean section	4	4.0	21	21.0	4	4.0	
What is your preference towards the choice of mode of delivery?							p=0.496 (N.S)
Normal vaginal delivery	3	3.0	50	50.0	12	12.0	
Caesarean section	3	3.0	28	28.0	4	8.0	

**p<0.01, S – Significant

N.S – Not Significant, p>0.05

The table VII indicated the level of knowledge on choice of mode of delivery among antenatal mothers with their selected demographic variables. It was observed that demographic variable family income (**p=0.004**) had statistically significant association with level of knowledge on choice of mode of delivery among antenatal mothers at p<0.01 level and the other demographic variables did not show statistically significant association with level of knowledge on choice of mode of delivery among antenatal mothers at p<0.05 level.

SECTION VI: Association of level of attitude on choice of mode of delivery among antenatal mothers with their selected demographic variables.

SECTION VI A: Association of level of attitude on choice of mode of delivery for normal vaginal delivery among antenatal mothers with their selected demographic variables.

Table VIII

n = 100

Demographic Variables	Moderately desirable		Desirable		Chi-Square p-value and Fisher Exact test p-value
	F	%	f	%	
Age (in years)					p=1.000 (N.S)
21-30 years	25	25.0	45	45.0	
31-40 years	8	8.0	14	14.0	
>40 years	3	3.0	5	5.0	
Religion					p=0.572 (N.S)
Hinduism	21	21.0	44	44.0	
Islam	9	9.0	10	10.0	
Christianity	6	6.0	9	9.0	
Others	0	0	1	1.0	
Educational qualification					p=0.839 (N.S)
No formal education	0	0	1	1.0	
Primary school	4	4.0	6	6.0	
High school	15	15.0	22	22.0	
Graduate and above	17	17.0	35	35.0	
Occupational status					$\chi^2=1.422$ d.f=3 p=0.071 (N.S)
Unemployed	13	13.0	26	26.0	
Daily wages earner	7	7.0	9	9.0	
Government employee	4	4.0	4	4.0	
Private employee	12	12.0	25	25.0	
No. of children					p=0.694 (N.S)
0	20	20.0	40	40.0	
1	16	16.0	23	23.0	
2	0	0	1	1.0	
>2	-	-	-	-	
Type of family					p=0.263 (N.S)
Nuclear	12	12.0	29	29.0	
Joint	22	22.0	28	28.0	
Extended family	1	1.0	6	6.0	
Others	1	1.0	1	1.0	
Family income					p=0.433 (N.S)
Rs.< 6293	4	4.0	5	5.0	
Rs.6294– 18,858	9	9.0	14	14.0	
Rs.18,859– 31,435	11	11.0	14	14.0	
Rs.31,436– 47,034	5	5.0	14	14.0	
Rs.47,035 – 62,874	3	3.0	6	6.0	
Rs. 62,875 – 1,25,752	4	4.0	3	3.0	
Rs . 1,25,753 and above	1	1.0	8	8.0	
Any special education received related on the choice of mode of					p=0.678 (N.S)

Demographic Variables	Moderately desirable		Desirable		Chi-Square p-value and Fisher Exact test p-value
	F	%	f	%	
delivery					
Yes	20	20.0	32	32.0	
No	16	16.0	32	32.0	
If yes, from whom?					
Nurse	8	15.4	12	23.1	$\chi^2=0.173$ d.f=2 p=0.917 (N.S)
Doctor	8	15.4	12	23.1	
Others	4	7.7	8	15.4	
Previous type of deliveries done					
Yes	13	13.0	26	26.0	$\chi^2=0.197$ d.f=1 p=0.657 (N.S)
No	23	23.0	38	38.0	
If yes, which type of delivery?					
Normal vaginal delivery	6	15.4	12	30.8	p=1.000 (N.S)
Caesarean section	7	17.9	13	33.3	
Both	0	0	1	2.6	
Have any female family members delivered baby before?					
Yes	28	28.0	46	46.0	$\chi^2=0.417$ d.f=1 p=0.518 (N.S)
No	8	8.0	18	18.0	
If yes, which type of delivery?					
Normal vaginal delivery	13	17.6	25	33.8	p=0.479 (N.S)
Caesarean section	15	20.3	19	25.7	
Both	0	0	2	2.7	
Whether they have influence you to choose the type of delivery					
Yes	30	30.0	47	47.0	$\chi^2=1.274$ d.f=1 p=0.259 (N.S)
No	6	6.0	17	17.0	
If yes which type?					
Normal vaginal delivery	21	27.3	27	35.1	$\chi^2=1.229$ d.f=1 p=0.268 (N.S)
Caesarean section	9	11.7	20	26.0	
What is your preference towards the choice of mode of delivery?					
Normal vaginal delivery	25	25.0	40	40.0	$\chi^2=0.488$ d.f=1 p=0.485 (N.S)
Caesarean section	11	11.0	24	24.0	

N.S – Not Significant, $p>0.05$

The table VIII indicated the level of attitude on choice of mode of delivery as normal vaginal delivery among antenatal mothers with their selected demographic variables. It was noted that demographic variables did not show statistically significant association with level of attitude on choice of mode of delivery as normal vaginal delivery among antenatal mothers at $p<0.05$ level.

SECTION VI B: Association of level of attitude on choice of mode of delivery for caesarean section among antenatal mothers with their selected demographic variables.

Table IX

n = 100

Demographic Variables	Moderately desirable		Desirable		Chi-Square and Fisher p-value
	F	%	f	%	Exact test p-value
Age (in years)					
21-30 years	36	36.0	34	34.0	p=0.802 (N.S)
31-40 years	13	13.0	9	9.0	
>40 years	4	4.0	4	4.0	
Religion					
Hinduism	35	35.0	30	30.0	p=0.976 (N.S)
Islam	9	9.0	10	10.0	
Christianity	8	8.0	7	7.0	
Others	1	1.0	0	0	
Educational qualification					
No formal education	1	1.0	0	0	p=0.189 (N.S)
Primary school	6	6.0	4	4.0	
High school	15	15.0	22	22.0	
Graduate and above	31	31.0	21	21.0	
Occupational status					
Unemployed	19	19.0	20	20.0	p=0.617 (N.S)
Daily wages earner	8	8.0	8	8.0	
Government employee	6	6.0	2	2.0	
Private employee	20	20.0	17	17.0	
No. of children					
0	33	33.0	27	27.0	p=0.754 (N.S)
1	19	19.0	20	20.0	
2	1	1.0	0	0	
>2	-	-	-	-	
Type of family					
Nuclear	19	19.0	22	22.0	p=0.406 (N.S)
Joint	29	29.0	21	21.0	
Extended family	3	3.0	4	4.0	
Others	1	1.0	0	0	
Family income					
Rs.< 6293	4	4.0	5	5.0	p=0.772 (N.S)
Rs.6294– 18,858	11	11.0	12	12.0	
Rs.18,859 – 31,435	12	12.0	13	13.0	
Rs.31,436– 47,034	11	11.0	8	8.0	
Rs.47,035 – 62,874	6	6.0	2	2.0	
Rs. 62,875 – 1,25,752	3	3.0	4	4.0	
Rs. 1,25,753 and above	6	6.0	3	3.0	
Any special education received related on the choice of mode of delivery					
Yes	28	28.0	24	24.0	$\chi^2=0.031$ d.f=1 p=0.860 (N.S)
No	25	25.0	23	23.0	

Demographic Variables	Moderately desirable		Desirable		Chi-Square and Fisher Exact test p-value
	F	%	f	%	p-value
If yes, from whom?					$\chi^2=0.657$ d.f=2
Nurse	9	17.3	11	21.2	p=0.720 (N.S)
Doctor	11	21.2	9	17.3	
Others	7	13.5	5	9.6	
Previous type of deliveries done					$\chi^2=0.076$ d.f=1
Yes	20	20.0	19	19.0	p=0.783 (N.S)
No	33	33.0	28	28.0	
If yes, which type of delivery?					p=0.147 (N.S)
Normal vaginal delivery	7	17.9	11	28.2	
Caesarean section	13	33.3	7	17.9	
Both	0	0	1	2.6	
Have any female family members delivered baby before?					$\chi^2=0.127$ d.f=1
Yes	40	40.0	34	34.0	p=0.722 (N.S)
No	13	13.0	13	13.0	
If yes, which type of delivery?					p=0.517 (N.S)
Normal vaginal delivery	19	25.7	19	25.7	
Caesarean section	19	25.7	15	20.3	
Both	2	2.7	0	0	
Whether they have influence you to choose the type of delivery					$\chi^2=0.321$ d.f=1
Yes	42	42.0	35	35.0	p=0.571 (N.S)
No	11	11.0	12	12.0	
If yes which type?					$\chi^2=0.149$ d.f=1
Normal vaginal delivery	27	35.1	21	27.3	p=0.699 (N.S)
Caesarean section	15	19.5	14	18.2	
What is your preference towards the choice of mode of delivery?					$\chi^2=2.224$ d.f=1
Normal vaginal delivery	38	38.0	27	27.0	p=0.136 (N.S)
Caesarean section	15	15.0	20	20.0	

N.S – Not Significant, $p>0.05$

The table IX indicated the level of attitude on choice of mode of delivery as caesarean section among antenatal mothers with their selected demographic variables. It was noted that demographic variables did not show statistically significant association with level of attitude on choice of mode of delivery as caesarean section among antenatal mothers at $p<0.05$ level.

DISCUSSIONS:

In the present study the knowledge and attitude towards the choice of mode of delivery among antenatal mother was conducted among 100 respondents. The analysis of the study revealed that the level of knowledge were majority i.e 78(78%) had moderate knowledge, 16(16%) had adequate knowledge and 6(6%) had inadequate knowledge towards the choice of mode of delivery among antenatal mothers. Out of 100 antenatal mothers, 64 (64%) had desirable attitude, 36 (36%) had moderately desirable attitude and none had undesirable attitude towards normal vaginal delivery with mean 12.08 and SD 2.69

The study is supported by Siabani S, Jamshidi K, Mohammadi MM who conducted a descriptive study on attitude of pregnant women towards normal vaginal delivery and factors driving use of caesarian section in Iran. Where the study findings showed out of 410 pregnant 21.5% had a negative attitude toward normal delivery and preferred CS. Participant attitude was negatively correlated with a pregnant woman's age, lower age, and a more positive attitude towards vaginal childbirth. The attitude of women with a history of normal delivery was 63 ± 9 and for those with a history of CS was 56.7 ± 9.3 , significantly different. The study concludes that most women had a positive attitude towards normal delivery, particularly those who had previous normal delivery.

While for caesarean section, 53(53%) had moderately desirable attitude and 47(47%) had desirable attitude and none had undesirable attitude with mean 12.08 and SD 2.51

The study is supported by Festus OO who conducted a descriptive cross sectional study on attitude towards caesarean section as a delivery option among pregnant women in Ogbomoso, Oyo. Where the study findings showed out of 900 pregnant 675 (67.5%) majority exhibited a generally positive attitude towards caesarean sections. Age groups 18-30 and 31-40 years showed similar attitudes, with a criterion mean of 2.55, indicating a broadly shared positive perspective across age groups. However, educational attainment and religious beliefs were found not to significantly influence attitudes towards caesarean sections [$F(4,291) = 1.473$, $p > 0.05$ for education; $F(3,292) = 1.936$, $p > 0.05$ for religion]. The study concludes that pregnant women in Ogbomoso have a generally positive attitude towards caesarean sections as a delivery option, with minor variations across different age groups but no significant differences based on educational attainment or religious affiliation.

CONCLUSION

Through this study, the investigator concluded that as the knowledge on choice of mode of delivery among antenatal mothers increases then their attitude towards the choice of mode of delivery for normal vaginal delivery also increases with desirable attitude and their attitude for caesarean section will be moderately desirable. Therefore, it is recommended that the healthcare worker should also educate the antenatal mothers whenever they come for check-up which will increase their knowledge to help on avoiding unnecessary intervention on caesarean section in uncomplicated cases and will promote maternal health.

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