

A DESCRIPTIVE STUDY TO ASSESS THE LEVEL OF KNOWLEDGE ON THE IMPACT OF CESAREAN SECTION ON FUTURE PREGNANCIES AMONG MARRIED WOMEN IN ABDULLAPUR MAFI, BAREILLY U.P

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ABSTRACT

A cesarean delivery can save a mother delivery can save a mother's life in cases of obstructed labour and other urgent obstetrical situations. It is a surgical operation, there are potential dangers for complications, and excessive use can be detrimental to both pregnant women and newborns. Aim of the study: to determine the level of knowledge of married women towards the impacts of cesarean section on future pregnancies. Objectives of the study were: To assess the knowledge of married women regarding the impacts of cesarean section on future pregnancies. To find out the association between the knowledge of married women regarding the impacts of cesarean section on future pregnancies with selected demographic variables. To distribute the information guide sheet in the form of pamphlets. Material and Methods: This study was conducted at Abdullahpur Mafi, Bareilly, U.P. The research design used for the research was descriptive cross- sectional study. A sample of 100 married women was selected through a convenience sampling technique. The conceptual framework used for the study is based on the health belief model. The data was collected by using a structured knowledge questionnaire. The data were collected, analyzed, and interpreted by using descriptive and inferential statistics. Results: The findings of the study revealed that the knowledge score of the study was 4% of married women had an adequate knowledge score (above 20), 53% of married women had a moderate knowledge score (11-20), and 43% had an inadequate knowledge score. The mean value was 11.44 and the standard deviation was 4.13. The study proved that there was no significant association between the knowledge of married women regarding the impacts of cesarean section on future pregnancies with the demographic variables i.e. age, religion, level of education, source of information, occupation, age at marriage time, and no. of children. Hence the research hypothesis was rejected. Based on the findings of the study obtain the following conclusion were drawn. It can be concluded that in married women knowledge score was less regarding the impacts of cesarean section on future pregnancies and provided an information guide sheet in the form of a pamphlet to improve the knowledge regarding the impacts of cesarean section on future pregnancies among married women.

Keyword: knowledge, married women, impact, cesarean section, descriptive cross-sectional study

1. INTRODUCTION

Cesarean section has been part of human culture since ancient times and there are tales in both Western and non-Western cultures of this procedure resulting in live mothers and offspring. The cesarean section operation derives its name from the notification 'lex Cesarea'- a Roman law promulgated in 715BC which was continued even during Caesar's reign. The law allowed for two options: either performing a post mortem abdominal delivery for a separate burial or

performing an abdominal delivery on a dying lady in the hopes of getting a living baby. The operation derives its name from the birth of Caesar, as his mother lived a long time after his birth. The other explanation is that the word cesarean is derived from the Latin verb 'Cedere' which means 'to cut'. In 1668, French obstetrician Francios Mauriceau published the earliest account of a caesarean section. The uterine walls were initially stitched in 1882 by Max Sanger. Lower segment vertical incision was first introduced by Kronig in 1912, and De Lee popularised it in 1922. Kehr in 1881 did

the transverse lower segment operation for the first time. [1]

A cesarean delivery can save a mother's life in cases of obstructed labor and other urgent obstetrical situations; increasing access to cesarean deliveries is a key approach for achieving the Millennium Development Goals¹ and the upcoming Sustainable Development Goals 2 of lowering child and maternal mortality. However, because it is a surgical operation, there are potential dangers for complications, and excessive use can be detrimental to both pregnant women and newborns. The World Health Organization (WHO) advised that national rates not exceed 10 to 15 cesarean deliveries per 100 live births, even though it is challenging to determine the ideal population-level cesarean delivery rate.³ However, many countries have significantly higher rates of cesarean births. [2]

Cesarean birth complications are often unexpected and infrequent, but risk factors include diabetes, inactivity, low maternal blood cells, large-for-gestational-age infants, emergency issues, protracted labor, having multiple children, and allergies to anesthetics or medications. Side effects include post-operative infections, excessive bleeding, organ damage, emergency hysterectomy, blood clots, reactions to drugs or anesthesia, psychological issues, wounds, mother's mortality, and baby injury. [3]

Macharey Georg et.al (2020) conducted a national cohort study to determine the association between term cesarean breech delivery in the first pregnancy and maternal and neonatal morbidities in the subsequent pregnancy and delivery using data from the Finnish national medical birth register and the hospital discharge register, from January 2000 to December 2017 it was kept up by the National Institute for Health and Welfare. 28 A total of 11,953 women were included in the study to collect data which was analyzed by calculating p-value, odd ratio, and adjusted odds ratio. The study found that neonates who delivered after cesarean breech deliveries had higher risks of umbilical artery pH, APGAR score below seven, and newborn critical care unit hospitalization. Women who had previously undergone cesarean sections with a breech fetus were more likely to require blood transfusions and experience uterine ruptures. Scheduled cesarean sections, emergency cesarean sections, or vaginal deliveries with assistance were more common for second births. Primary cesarean sections during breech pregnancy are linked to poor

outcomes for both the mother and newborn during later births. [4]

Over the past ten years, India has seen a 400% increase in C-section deliveries in private hospitals, compared to a 300% increase in public ones. According to information gathered by the Union Ministry of Family Welfare and Health under the Health Management Information System (HMIS), over 19 lakhs out of a total of 1.3 crore births in public hospitals in 2018–19 occurred through C-section, or more than 14% of all births. It has been shown that South India, rather than Maharashtra, has the highest rate of cesarean deliveries. Public hospital C-section births in Maharashtra increased from 26,000 in 2008-09 to 1.75 lakh, while private hospital C-section deliveries increased from 51,000 to 2.25 lakh. As opposed to 18.7% percent the year before, India performed 20% of all institutional deliveries through C-section in 2018 19. [5]

The usage of cesarean sections has increased internationally, currently making up more than 1 in 5 (21%) of all deliveries, according to recent study from the World Health Organization (WHO). By 2030, over a third (29%) of all newborns are predicted to be delivered through cesarean section, according to the study. This figure is expected to rise during the ensuing ten years. [6]

In Uttar Pradesh, 3.6 lakh babies were delivered in the last 80 days. Usually, women opted for C-sections, but during Covid-19, they have avoided the procedure. In the last 20 days, just one thousand babies out of a total number of 90,000 were born surgically. 1,194 of the 4,572 infants born in January—out of the total births in number in month of January—were delivered through C-section. 2,204 infants were born in the month of May, 708 of them were delivered by surgery.

All the above statistics revealed that cesarean section deliveries are more common and rise increasingly. Therefore, the researcher wants to perform a study among married women to assess their level of knowledge regarding the impacts of cesarean operation on future pregnancies. This study sought to learn what is known about cesarean sections (CS) and the effects they have on subsequent pregnancies.

2.OBJECTIVES

1. To assess the knowledge of married women regarding the impacts of cesarean section on future pregnancies.

2. To find out the association between the knowledge of married women regarding the impacts of cesarean sections on future pregnancies and selected demographic variables.

3. MATERIAL AND METHODS:

Research approach: Quantitative research approach

Research design: Descriptive Cross-sectional study

Population: Married women

Sample: Married women age group 18 years to 49 years.

Sample size: 100

Sampling technique: Non-probability convenience sampling technique

Setting: Abdullahpur Mafi, Bareilly

SAMPLING CRITERIA: Sampling criteria are also known as eligibility criteria. This includes exclusion and inclusion criteria.

A. Inclusive criteria: Married women who are

- Willingness to take part in the study.
- From 18 to 49 years old.

B. Exclusive criteria: Married women who are

- Unavailable at the time of data collection.
- Suffering from severe illness condition and mental illness.

Development of tools:

SECTION A: A demographic Performa (8 items) was developed to gather the information on sample characteristics. It includes mainly: age in years, religion, level of education, source of information, occupation, age at marriage time, no. of children, and family experience of cesarean section.

SECTION B: SELF-STRUCTURED QUESTIONNAIRE
 There were 30 multiple-choice questions were used to measure the level of knowledge of married women regarding the impacts of cesarean section on future pregnancies.

4. DATA ANALYSIS AND INTERPRETATION

Section A: Description of Demographic Performa

Table 1: Description of sample characteristics in terms of frequency and percentage wise distribution of demographic characteristics of samples. (N=100)

S.No.	Demographic Variables	Total frequency(F)	Percentage (%)
1	Age (A) 18-24 years (B) 25-32 years (C) 33-40 years (D) Above 40 years	34 37 27 12	34% 37% 17% 12%
2	Religion (a) Hindu (b) Muslim (c) Christian (d) Sikh	64 36 0 0	64% 36% 0% 0%
3	Level of education (a) Informal education (b) 10 th passed (c) 12 th passed (d) Graduate (e) Others	37 32 24 7 0	37% 32% 24% 7% 0
4	Source of information (a) Health professionals (b) Mass media (c) Friends/ family members (d) Others	31 37 25 7	31% 37% 25% 7%
5	Occupation	82	82%

	(a) Housewife (b) Private employee (c) Government employee (d) Student	10 1 7	10% 1% 7%
6	Age at marriage time in years (a) Below 18 years (b) 18-22 years (c) 23-28 years (d) Above 28 years	9 61 30 0	9% 61% 30% 0%
7	No. of children (a) No (b) 1 (c) 2 (d) More than 2	18 29 22 30	18% 29% 22% 30%
8	Family experience of cesarean section (a) Yes (b) No	42 58	42% 58%

SECTION-B: DISTRIBUTION OF LEVEL OF KNOWLEDGE

Table 2: Mean, standard deviation, and level of knowledge score regarding impacts of cesarean section on future pregnancies among married women.

Level of Knowledge	Score	Knowledge Score		
		N	Percentage	Mean $\pm$ Standard Deviation
Adequate	21-30	4	4%	11.44 $\pm$ 4.13
Moderate	11-20	53	53%	
Inadequate	0-10	43	43%	

SECTION- C: ASSOCIATION OF DEMOGRAPHIC CHARACTERISTICS WITH KNOWLEDGE

The association of knowledge and demographic variables, the chi square (χ^2) test is used. The results revealed that the calculated chi-square value of all the demographic variables was less than the corresponding table value ($p < 0.05$ level), hence It demonstrates that there was no significant relationship between the knowledge score and the demographic variables.

5. RESULT AND DISCUSSION:

The knowledge score of the study, 4% of married women have adequate knowledge, 53% of respondents have moderate knowledge, and 43% of them have inadequate knowledge. The results revealed that the calculated chi-square value of all

the demographic variables was less than the corresponding table value ($p < 0.05$ level), hence It demonstrates that there was no significant relationship between the knowledge score and the demographic variables.

The Major finding of the study

- The findings are summarized to as follows:
- Highest percentage of married women (37%) were in the age group 25-32 years.
- Maximum samples were Hindu (64%).
- Majority of sample had the educational status of informal education (37%).
- Most of the married women (37%) got the source of information from mass media.

- Highest percentage of married women (82%) are housewives.
- Highest percentage 61% of women got married at 18-22 years of age.
- Highest percentage of married women (30%) had more than 2 children.

6. RECOMMENDATION:

Considering the results of the following recommendation have been recommended for future research:

- A large scale can be conducted on the large sample to generalize the findings.
- The same study can be done in different settings with different populations.
- An experimental study can be conducted to aware of the mothers about the impact of cesarean sections on women's and children's health both immediately after and over time.
- A study can be conducted on the knowledge of the risk of further cesarean operations following a cesarean birth.

7. CONCLUSION:

The stage of knowledge score related to the impacts of cesarean section on future pregnancies is different. From the findings, it is concluded that the highest percentage of married women is 37% in the age group of 25-32 years. The majority of married women 58% had no family experience of the Cesarean section. The study proved that there was no significant association between the level of knowledge and selected demographic variables such as age, religion, level of education, source of information, occupation, age at marriage time, and no. of children regarding the impacts of cesarean section on future pregnancies. Hence the hypothesis is rejected. Thus, the investigator concludes that the knowledge regarding the impacts of cesarean section on future pregnancies among married women was less so, an informational guide sheet was distributed to the participants to increase their knowledge regarding impacts of cesarean section on future pregnancies.

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