

Research Article

A STUDY TO EVALUATE THE EFFECTIVENESS OF STRUCTURED AWARENESS PROGRAMME ON KNOWLEDGE REGARDING SELF CARE AFTER LOWER SEGMENTAL CAESAREAN SECTION (LSCS) AMONG PRIMIGRAVIDA WOMEN IN SELECTED HOSPITAL CHITRADURGA INDIA

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ABSTRACT

Objectives: 1. To Assess the Pre-test Knowledge of the Primigravida Women Regarding Self Care After Lower Segmental Caesarean Section(LSCS)through Structured Questionnaire.2.To Evaluate the Effectiveness of Structured Awareness Programme on Knowledge of the Primigravida Women Regarding Self Care After Lower Segmental Caesarean Section.3.To Determine the Association between Knowledge Score of Primigravida Women with Selected Demographic Variable. **Methodology:** A pre experimental one group Pre-test Post-test Design and a Quantitative Research Approach was carried out on 60 Primigravida Women Selected by Convenient Sampling Technique to Test the Effectiveness of Structured Awareness Programme. The Data was Collected by using Structured Questionnaire consists of 24 items **Results:** The resent Study Evaluates and found that Demographic Variables Majority 43% of them were in the age group 31-35 years ,Majority 35% of them were puc and above in Education, Majority 63% of them House wife ,majority 81% of Hindu religion ,Majority 88 of Primipara women. **conclusion:** The Data were Analysed by Applying Descriptive and Inferential Statistics .The result of the study Indicate that after Intervention there was an Improvement in the Knowledge and they gain good Knowledge about Self Care after Ceaserean Section ,Analysis data shows highly significance difference found between Pre-test and Post-test Knowledge score at the level of($P < 0.05$),the Hypothesis is proved and Accepted.

Keywords: Effectiveness, Structured Awareness Programme (STP), Primigravida Mother, Lower Segmental Ceaserean Section (LSCS), Knowledge.

INTRODUCTION

Caesarean section is one of the major emergency procedure carried out for obstetrical emergencies in all over the world. It also called C-section, is a surgical procedure for deliveries and involves complicated conditions (transverse or vertical) skin incision, above the pubic hair line, successively opening the subcutaneous tissue, the aponeurosis of the rectus abdominis muscles, separating the muscles at the midline, opening the parietal peritoneum, the visceral peritoneum and then the uterine wall, from where the fetus is extracted, followed by the removal of the placenta and review of the uterine cavity, and finally, the suturing of the incised levels.¹

A lower (uterine) segment caesarean section (LSCS) is the most commonly used type of caesarean section.^[1] Most commonly, a baby is delivered by making a transverse incision in the lower uterine segment, above the attachment of the urinary bladder to the uterus. This type of incision results in less blood loss and is easier to repair than other types of caesarean sections².

Generally pregnancy is a natural phenomenon, after experiencing some of trouble so many women cannot delivered a baby normally. Such type of women has undergone operative interference to obtain a baby. The aim of performing delivery is to save the life of mother and baby and this is materialized through the process of caesarean section. This surgery is being performed so frequently in all over the world. Many more factors are responsible for performing cesarean

birth rather than the other surgeries. One of the most known factors is that the 50% of the world population is female, so pregnancy is so common and it is seen through the decades that cesareans section is safer process of birth and which is easier to save the health & life of mother and child which method could not be through few decades ago³. Caesarean section has become an increasingly common method of delivery worldwide and also it is increasing in developing countries like our India. Caesarean section is an operative procedure where fetus is delivered through an incision on the abdominal and uterine walls. LSCS is a surgical procedure it carries more risk to mother & baby. The maternal death rate is approximately 0.2%.⁴

According to the latest data from 150 countries (from 1990-2014), currently 18.6% of all births occur by CS, ranging from 6% to 27.2% in the least and most developed regions, respectively. Latin America and the Caribbean region has the highest CS rates (40.5%), followed by Northern America (32.3%), Oceania (31.1%), Europe (25%), Asia (19.2%) and Africa (7.3%). The global average CS rate increased 12.4% (from 6.7% to 19.1%) with an average annual rate of increase of 4.4%. The largest absolute increases occurred in Latin America and the Caribbean (19.4%, from 22.8% to 42.2%), followed by Asia (15.1%, from 4.4% to 19.5%), Oceania (14.1%, from 18.5% to 32.6%), Europe (13.8%, from 11.2% to 25%), Northern America (10%, from 22.3% to 32.3%) and Africa (4.5%, from 2.9% to 7.4%). Asia and Northern America were the regions with the highest and lowest average annual rate of increase (6.4% and 1.6%, respectively)⁵

The share of caesarean deliveries in institutional births in India—a surgery that costs two to five times a normal delivery—has doubled in the past decade. Even in public hospitals, 19 states or Union territories (UTs) have crossed the 15% threshold. But their incidence

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is much higher in private hospitals: the rate of caesareans in private hospitals is nearly thrice that in public hospitals. And, of the 318 6districts where private establishments had at least a 10% share in total deliveries, four-fifths were above the 15% mark and one-fourth above 50% in the private space⁶

In India, C-section deliveries sky-rocketed since and the NFHS report states that 23.6% of all babies in Karnataka are delivered under the knife. In Bengaluru, out of 3,683 deliveries in 2016, around 2,264 were Caesarean births; that is 61.60 per cent at private hospitals empanelled under the Central Government Health Scheme (CGHS) as against the national average of 17.2%, according to the fourth National Family Health Survey (NFHS) report. According to popular perception, it is thought that many private hospitals carry out C-section deliveries as money involved in birth by intervention is more. In 2016, change.org, an online forum for citizen's petition, even sent a petition to the health and family welfare department seeking intervention from the government as there were more C-section deliveries in private hospitals as compared to public health institutions.⁶

The prevalence of Cesarean Delivery in India is about 12 percent. In all the southern states of India the occurrence of CD is higher than all other states of India. About one third of the total deliveries are cesarean in Kerala and 28.6 percent in Andhra Pradesh. In northern states of India percentage of CD is low. In Madhya Pradesh it is 8.3 percent however in Uttar Pradesh it is 6.7 percent. In Bihar and Rajasthan the CD is about 5 percent. In Maharashtra and West Bengal the prevalence of CD is same. Table also reveals that in rural areas the prevalence of CD is quite low in comparison to its urban counterparts in all states of India here in this study. In urban West Bengal the prevalence of CD is unexpectedly high.⁷

However, many caesareans are necessary and should not always be avoided – they can be life-saving to mother and baby in some cases. At the same time we need to recognize that caesarean surgery significantly increases the risk of death of a woman. The postpartum infection rate was 6.0%. Urinary tract infection accounted for nearly half of the infection in patients following caesarean delivery (3.6% of caesarean delivery). Patients with UTIs may have tenderness at cost vertebral angles an elevated temperature. Causes and risk factors of UTI may include and form of invasive manipulation of the urethra⁸

In addition, some commentators are concerned by the rise and have noted several evidence based studies. Louise Silverton, deputy general-secretary of the Royal College of Midwives, says not only has society's tolerance for pain and illness been "significantly reduced", but also women are scared of pain and think if they have a Caesarean, there will be less, if any, pain. In the opinion of Silverton and the Royal College of Midwives, "women have lost their confidence in their ability to give birth."⁹

It is difficult to study the effects of Caesarean sections because it can be difficult to separate out issues caused by the procedure itself versus issues caused by the conditions that require it. For example, one study found women who had just one previous Caesarean section were more likely to have problems with their second birth. Women who delivered their first child by Caesarean delivery had increased risks for mal, placenta previa, ante partum hemorrhage, placenta excreta, prolonged labor, uterine rupture, preterm birth, low birth weight, and stillbirth in their second deliveries.¹⁰

Until there are opportunities to obtain quality post natal care service and education to the mother about its potential. Life saving importance, post natal care services may continues to be regarded by

many as having little values. So proper guideline and knowledge should be given regarding the outcomes and complications. Post natal care is life saving and essential for improving the health and survival of both Primigravida women and babies.¹¹

A study was conducted in Mangalore, India to assess the Effectiveness of structured awareness programme on knowledge of post operative self care for Primigravida women undergoing elective caesarean section in selected hospitals. The research design was a one group pre test post test design which was a pre experimental research design. 40 mothers undergoing elective caesarean section by Convenient sampling. Results showed that the mean knowledge score was 14.98 whereas maximum possible score was 30. Among the 11 areas, the mean percentage knowledge score in the area of caesarean section and self care was 77.50% bladder and bowel care was 60% breast feeding was 58.40% diet was 52.50% pain management was 47.50% post operative complications and home care was 46% baby care was 44.33% early ambulation and exercise was 44% perineal hygiene was 41% wound care was 40.67% and deep breathing and coughing was 40.67%. This study concludes that there was significant association between the level of knowledge and demographic variables namely age parity, education, occupation, monthly income, exposure to health awareness and history of caesarean section.¹²

Even the maternal mother needs to practice wide variety of domestic preventive self care measure in order to cope with possible antenatal and post natal caesarean complications. Therefore she might have needed external assistance to know and understands about this aspects and her role in manage the certain obstetric challenges. Hence this study will hopefully enhance maternal mother knowledge regarding self care efficiency through structured awareness programme.

OBJECTIVES

1. To assess the pre-test knowledge of the Primigravida women regarding self care after lower segmental caesarean section (LSCS) through structured questionnaire.
2. To evaluate the effectiveness of structured awareness programme on knowledge of the primigravida women regarding self care after lower segmental caesarean section.

HYPOTHESIS

H1: There will be a significant difference between pre-test and post-test knowledge scores of the primigravida women regarding self care after lower segmental caesarean section (LSCS).

H2: There will be significant association between the pre test knowledge Scores with selected demographic variables regarding self care after lower segmental caesarean section (LSCS).

METHODOLOGY

The research design of the study was pre experimental one group pre-test post-test design. The population was primigravida mothers Aquantitative research approach will be used. the sample consists of 60 primigravida women in Government District Hospital, Chitradurga. convenient sampling technique was used for the present study .the pre-test was conducted using structured questionnaire and structured awareness programme was given to primigravida mothers and pre test on same day. The post-test was conducted after 7 days of intervention by using same questionnaire. the data obtained was analysed by using descriptive and inferential statistics.

RESULTS

Table-1 Analysis Of Pre-Test An Post-Test Knowledge Score

N = 60

Knowledge level	Pre test		Post test	
	Frequency	%	Frequency	%
Inadequateknowledge	54	90.0	6	10.0
Moderateknowledge	6	10.0	38	63.3
Adequateknowledge	0	0	16	26.7
Total	60	100	60	100

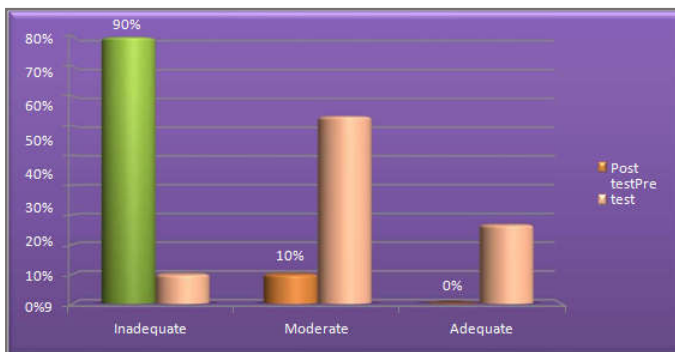


FIG-1 Pre and Post test Knowledge of Self Care Before and After LSCS.

FIG-1 Depicts That Majority 90%of the primigravida women had inadequate knowledge and 10% had moderate knowledge in the pre-test .After administration of structured awareness programme26.7% of mothers had adequate knowledge ,63% had moderate knowledge and only 10% had inadequate knowledge.

DISCUSSION

The present study was conducted to evaluate the effectiveness of structured awareness programme on knowledge of Primigravida women regarding selected post operative self care aspects in postnatal ward at Government District Hospital, Chitradurga. In order to achieve the objectives, Evaluative approach and pre experimental design was adopted and Convenient sampling technique was used to select the samples.

The study was conducted over a period of 4 weeks from 22-05-2023 to 22-06- 2023. The data were collected from 60 Primigravida women who are undergone lower segmental caesarean section in selected hospitals, Chitradurga, by using the structured questionnaires through structured interview schedule followed by administration of structured awareness programme. After one week post test was conducted.

CONCLUSION

The focus of this study was to evaluate the effectiveness of structured awareness programme on knowledge of Primigravida women regarding selected post operative self care aspects in postnatal ward at Government District Hospital, Chitradurga, Karnataka. Evaluative approach and one group pre test – post test design was used in the study. The data was collected from 60 samples through Convenient sampling technique. The focus of this study was to evaluate the effectiveness of structured awareness programme on knowledge of Primigravida women regarding selected post operative self care aspects in postnatal ward at Government District Hospital, Chitradurga, Karnataka. Evaluative approach and one group pre test

– post test design was used in the study. The data was collected from 60 samples through Convenient sampling technique.

The post test results shows that knowledge of primigravida mothers has increased to 63%. It is quite evident that their awareness and all the preventive measures regarding the complications arises in high risk pregnancies.

RECOMMENDATION

- 1 Recommended to conduct experimental study.
- 2 Comparative study can be undertaken to find out the difference between knowledge among primigravida mothers in urban and rural hospitals.
- 3 A similar study can be replicated with large size sample.

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