

“A descriptive study among GNM 2nd year students on knowledge regarding caesarean delivery”

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Abstract-

The current study has been undertaken to assess the Knowledge score regarding caesarean delivery among GNM 2nd year students in selected nursing schools, Udaipur. The research design used for study was descriptive 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 the knowledge score regarding caesarean delivery among GNM 2nd year students. The data was analyzed by using descriptive & inferential statistical methods. The most significant finding was that 30.0% subjects have poor knowledge, 50.0% have average knowledge score while 20.0% GNM 2nd year students were having good knowledge score.

Keyword- Caesarean delivery and GNM 2nd year students.

I. Introduction

Cesarean section, C-section, or Cesarean birth is the surgical delivery of a baby through a cut (incision) made in the mother's abdomen and uterus. Health care providers use it when they believe it is safer for the mother, the baby, or both. Cesarean section is a fetal delivery through an open abdominal incision (laparotomy) and an incision in the uterus (hysterotomy). The first cesarean documented occurred in 1020 AD, and since then, the procedure has evolved tremendously. It is now the most common surgery performed in the United States, with over 1 million women delivered by cesarean every year. The cesarean delivery rate rose from 5% in 1970 to 31.9% in 2016. Though there are continuing efforts to reduce the rate of cesarean sections, experts do not anticipate a significant drop for at least a decade or two. While it confers risks of both immediate and long-term complications, for some women, cesarean delivery can be the safest or even the only way to deliver a healthy newborn.

II. Objective of the study

1. To assess the knowledge scores regarding caesarean delivery among GNM 2nd year students.
2. To find out association between knowledge score regarding caesarean delivery among GNM 2nd year students with their selected demographic variables.

III. Hypotheses:

RH₀: There will be no significant association between knowledge score on caesarean delivery among GNM 2nd year students with their selected demographic variables.

RH₁: There will be significant association between knowledge score on caesarean delivery among GNM 2nd year students with their selected demographic variables.

IV. Methodology

A descriptive research design was used to assess the knowledge score regarding caesarean delivery among GNM 2nd year students residing in selected Nursing schools, Udaipur. The study was carried out on 40 GNM 2nd year students selected by purposive sampling technique. Demographical variable and self-structured 30 knowledge questionnaire were used to assess the Knowledge score regarding caesarean delivery in children by survey method.

V. Analysis and interpretation

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

n = 40

S. No	Demographic Variables	Frequency	Percentage
1	Age in Years		
a.	Less than 20	16	40.0
b.	Greater than 20	24	60.0
2	Gender		
a.	Male	21	52.5
b.	Female	19	47.5
3	Previous knowledge regarding types of family		
a.	Nuclear	28	70.0
b.	Joint	12	30.0
4	Sources of information regarding caesarean delivery		
a.	Internet	1	2.5
b.	TV	29	72.5
c.	News paper	7	17.5
d.	Conference / workshop	3	7.5

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

Category and test Score	Frequency (N=40)	Frequency Percentage (%)
POOR (1-10)	12	30.
AVERAGE (11-20)	20	50.0
GOOD (21-30)	8	20.0
TOTAL	40	100.0

The present table 2.1.1 concerned with the existing knowledge regarding caesarean delivery in children among GNM 2nd year students were shown by knowledge score and it is observed that most of the GNM 2nd year students 12 (30.0%) were poor (01-10) knowledge, 20 (50.0%) were have average (11-20) knowledge score and rest of the GNM 2nd year students have 8 (20.0%) were from good (21-30) category.

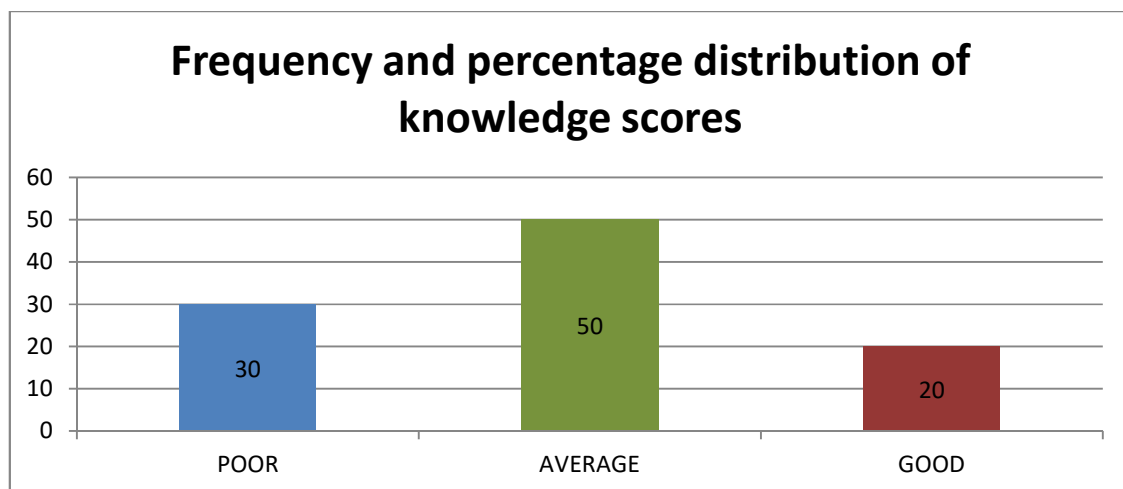


FIG.-2.1.1- Frequency and percentage distribution of knowledge scores of studied subjects

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

Knowledge	Mean (\bar{X})	Std Dev (S)
Pre -test		
Pre-Knowledge score	14.20	5.59

The information regarding mean, percentage of mean and standard deviation of Knowledge scores in shown in table 2.1.2 knowledge in mean knowledge score was 14.20 ± 5.59 while in knowledge regarding caesarean delivery among GNM 2nd year students residing in selected nursing schools.

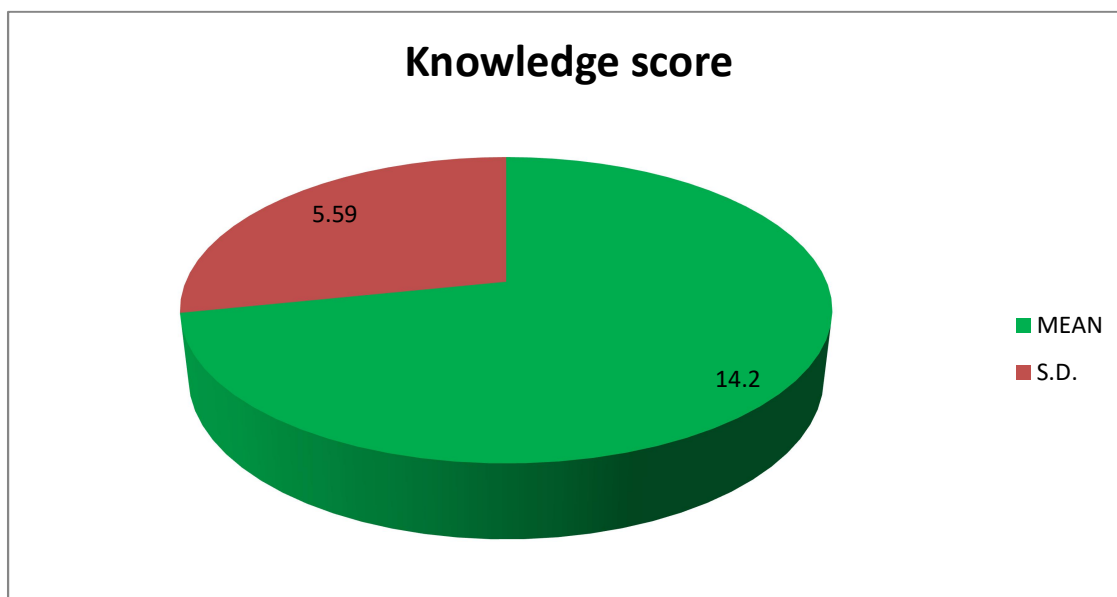


Figure no.-1 Mean and SD of knowledge score of GNM 2nd year students.

SECTION-III Association of knowledge scores between test and selected demographic variables:**Table- 3.1 Association of age of GNM 2nd year students with knowledge scores:**

Age (In years)	Knowledge score			Total
	POOR (1-10)	AVERAGE (11-20)	FAIR (21-30)	
Less than 20	4	8	4	16
Greater than 20	8	12	4	24
Total	12	20	8	40
$X^2 = 0.55$ $p > 0.05$ (Insignificant)				

The association of age & Knowledge scores is shown in present table 3.1. The probability value for Chi-Square test is 0.55 for 2 DF which indicated insignificant value ($p > 0.05$). Hence, it is identified that there is insignificant association between age & Knowledge scores. Moreover, it is reflected that age isn't influenced with current problem.

Table- 3.2 Association of gender with knowledge scores:

Gender	Knowledge scores			Total
	POOR (1-10)	AVERAGE (11-20)	FAIR (21-30)	
Male	8	10	3	21
Female	4	10	5	19
Total	12	20	8	40
$X^2 = 1.73$ $p > 0.05$ (Insignificant)				

The association of gender & Knowledge scores is shown in present table 3.2. The probability value for Chi-Square test is 1.73 for 2 df which indicated gender & Knowledge scores. Moreover, it is reflected that gender isn't influenced with current problem.

Table- 3.3 Association of types of family with knowledge scores:

Types of family	Knowledge scores			Total
	POOR (1-10)	AVERAGE (11-20)	FAIR (21-30)	
Yes	9	13	6	28
No	3	7	2	12
Total	12	20	8	40
$X^2 = 0.47$		$p > 0.05$ (Insignificant)		

The association of Types of family & Knowledge score is shown in present table 3.3. The probability value for Chi-Square test is 0.47 for 4 degrees of freedom which indicated Types of family and Knowledge scores. Moreover, it is reflected that Types of family isn't influenced with present problem.

Table- 3.4 Association of sources of knowledge with knowledge scores:

Sources of knowledge	Knowledge scores			Total
	POOR (1-10)	AVERAGE (11-20)	FAIR (21-30)	
Internet	0	01	0	1
TV	9	12	8	29
News paper	1	6	0	7
Conference /workshop	2	1	0	3
Total	12	20	8	40
$X^2 = 8.14$		$p > 0.05$ (Insignificant)		

The association of sources of knowledge & Knowledge scores is shown in present table 3.4. The probability value for Chi-Square test is 8.14 for 6 degrees of freedom which indicated sources of knowledge & Knowledge scores. Moreover, it is reflected that source of knowledge isn't influenced with current problem.

VI. Results

The findings of the study revealed that 30.0% subjects have poor knowledge, 50.0% have average knowledge score while 20.0% GNM 2nd year students were having good knowledge score towards caesarean delivery in children. The mean knowledge score of subjects was 14.20 ± 5.59 . The association of knowledge score of GNM 2nd year students was found to be statistically insignificant with demographic variables ($p > 0.05$).

VII. Conclusion

It was concluded that majority of GNM 2nd year students had average knowledge score regarding caesarean delivery in children. GNM 2nd year students should also educate regarding caesarean delivery to control disease.

VIII. Limitations

- This was limited to selected Nursing schools, Udaipur.
- This was limited to 40 GNM 2nd year students.

IX. Reference

1. Berghella V, Baxter JK, Chauhan SP. Evidence-based surgery for cesarean delivery. *Am J Obstet Gynecol.* 2005 Nov;193(5):1607-17. [PubMed]
2. ACOG Practice Bulletin No. 205: Vaginal Birth After Cesarean Delivery. *Obstet Gynecol.* 2019 Feb;133(2):e110-e127. [PubMed]
3. Clapp MA, Barth WH. The Future of Cesarean Delivery Rates in the United States. *Clin Obstet Gynecol.* 2017 Dec;60(4):829-839. [PubMed]
4. Palmer SK, Zamudio S, Coffin C, Parker S, Stamm E, Moore LG. Quantitative estimation of human uterine artery blood flow and pelvic blood flow redistribution in pregnancy. *Obstet Gynecol.* 1992 Dec;80(6):1000-6. [PubMed]
5. Barber EL, Lundsberg LS, Belanger K, Pettker CM, Funai EF, Illuzzi JL. Indications contributing to the increasing cesarean delivery rate. *Obstet Gynecol.* 2011 Jul;118(1):29-38. [PMC free article] [PubMed]
6. Boyle A, Reddy UM, Landy HJ, Huang CC, Driggers RW, Laughon SK. Primary cesarean delivery in the United States. *Obstet Gynecol.* 2013 Jul;122(1):33-40. [PMC free article] [PubMed]
7. American College of Obstetricians and Gynecologists (College). Society for Maternal-Fetal Medicine. Caughey AB, Cahill AG, Guise JM, Rouse DJ. Safe prevention of the primary cesarean delivery. *Am J Obstet Gynecol.* 2014 Mar;210(3):179-93. [PubMed]
8. Walker SP, McCarthy EA, Ugoni A, Lee A, Lim S, Permezel M. Cesarean delivery or vaginal birth: a survey of patient and clinician thresholds. *Obstet Gynecol.* 2007 Jan;109(1):67-72. [PubMed]