

Assessment of Women's Perception Of Non-Spontaneous Vaginal Delivery Method As Alternative To Vaginal Delivery

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Abstract: *The quality of care during pregnancy and the puerperal period is sometimes measured by maternal and infant mortality and morbidity, where evaluations of the care process are carried out on a smaller scale.*

The objectives of the research is to assess the belief and attitudinal disposition of women towards non-spontaneous vaginal delivery method, explores the knowledge of the women about the advantage and risk associated, ascertain women's perception about non-spontaneous vaginal delivery is influenced by certain demographic variables (age, number of children, religion, education, exposure and socio-economic status).

The research was conducted at Adeoyo Maternity Hospital Ibadan, Oyo State. It was non-experimental and descriptive and 135 pregnant women were selected randomly from the Antenatal Clinic.

The results shows that Attitudinal Disposition, Knowledge of Risk in Non-spontaneous, Delivery Method, Age/No of Children/Religion and Antenatal Clinic Attendance) on the perception of the Acceptance of non-spontaneous vaginal delivery was significant ($F_{(4,130)} = 28.237$; $R = .682$, $R^2 = .465$, $Adj. R^2 = .448$; $P < .01$) ($r = .342$, $N = 135$ $p < .01$).

As part of the measure to reduce maternal and child mortality in Nigeria, the teaching of non-spontaneous vaginal delivery method should be included in the ante-natal teachings in all hospitals.

Keywords: *Women, Perception, Non-spontaneous, Vaginal, Delivery, Delivery mechanism*

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I. Introduction

The quality of care during pregnancy and the puerperal period is sometimes measured by maternal and infant mortality and morbidity, where evaluations of the care process are carried out on a smaller scale. Delivery mechanism is a spontaneous process and requires no intervention. Advances in medical technology in maternity care have drastically reduced maternal and infant mortality. However improper use of these interventions without scientific and legal reasons has converted a normal delivery to surgical and medical phenomenon^{1,2}. Previous experience of delivery has been found to influence the knowledge of women on the health centers and mode of delivery and child bearing. Television, health centers, private physicians have not had an adequate role in providing such information¹. According to the World Health Organization (WHO), a normal birth is defined as one that starts spontaneously and bears a low risk of complications, with the child being born between the 37th and 42nd week of pregnancy in a vertex position. It is an ideal way of finishing a pregnancy, as it entails both a lower risk of complications for the mother and better safety for the neonate. The development of medicine in the past decades, including obstetrics, has brought about certain improvements, such as better prenatal diagnostics and care of the mother and fetus, but also has resulted in some negative consequences³.

Cesarean section delivery of a fetus through a surgical incision (CS) may be used to describe the one on the anterior uterine wall. Due to the progress in medicine, the procedure has become safer over the years, with many developed nations having rates well over the WHO recommendation of 15%.⁴ In most African communities including Nigeria, the decision to seek care, including the type of care, is culturally in the hands of the man. Nigeria's current maternal mortality ratio of 630/100,000 live births is indicative that critical aspects of the health-care delivery continue to fail women. Women's autonomy in health-care decision-making is extremely important for better maternal and child health outcomes⁴. The objectives of the research is to assess the belief and attitudinal disposition of women towards non-spontaneous vaginal delivery method, explores the knowledge of the women about the advantage and risk associated, ascertain women's perception about non-spontaneous vaginal delivery is influenced by certain demographic variables (age, number of children, religion, education, exposure and socio-economic status).

II. Methodology

The research was conducted at Adeoyo Maternity Hospital Ibadan, Oyo State. It was non-experimental and descriptive and 135 pregnant women were selected randomly from the Antenatal Centre. The instrument used was structured questionnaire to assess the women response on the variables. The main variables were analyzed and tested at the 0.01 level of significance using inferential statistics of multiple regressions and Pearson's correlation.

III. Results

H₀₁: There is no joint and relative effect of independent variables (Belief/ Attitudinal Disposition, Knowledge of Risk in Non-spontaneous, Delivery Method, Age/No of Children/Religion and Antenatal Clinic Attendance) on the Perception of the Acceptance of Non-spontaneous Vaginal Delivery.

Model	Sum Squares	DF	Mean Square	F	Sig.
Regression	479.442	4	119.860	28.237	.000
Residual	551.818	130	4.245		
Total	1031.259	134			

R= .682

R²= .465

Adj R²= .448

Model	Unstandardized Coefficient		Standardized Coefficient	T	Sig
	B	Std. Error			
(Constant)	-.411	1.039		-.395	.693
Belief/ Attitudinal Disposition, Knowledge of Risk in Non-spontaneous, Delivery Method, Age/No of Children/Religion and Antenatal Clinic Attendance	7.331E-02	0.38	.147	1.923	.057
	4.123E-02.233	.058	.054	.713	.477
	9.092E-02	.029	.563	8.065	.000
		.065	.098	1.391	.167

It was shown from the table above that the joint effect of independent variables (Belief/ Attitudinal Disposition, Knowledge of Risk in Non-spontaneous, Delivery Method, Age/No of Children/Religion and Antenatal Clinic Attendance) on the perception of the Acceptance of non—spontaneous vaginal delivery was significant ($F_{(4,130)} = 28.237$; $R = .682$, $R^2 = .465$, $Adj. R^2 = .448$; $P < .01$) about 47% of the variance in perception of the acceptance of Non- spontaneous vaginal delivery was accounted for by the independent variables. The result above further shows the relative contribution of each of the independent variables on the perception of the acceptance of Non-spontaneous vaginal delivery were as follows: Age/No of Children/Religion ($\beta = .563$, $p < .01$), Belief/Attitudinal Disposition ($\beta = .147$, $p < .01$) and Knowledge of Risk in Non-spontaneous Delivery method ($p = .054$, $p < .01$). It can be inferred from the result that the combination of Age, No of children, Religion had more significance on the perception of the acceptance of non-spontaneous vaginal delivery than the combination of Belief and attitudinal dispositions of the respondents. These were followed by the women's Antenatal Clinic Attendance. The Knowledge of Risk involved in Non-spontaneous Delivery Method had the least effect on the women's perceptions.

RELATIONSHIP BETWEEN PERCEPTIONS OF THE ACCEPTANCE OF NON-SPONTANEOUS VAGINAL DELIVERY AND BELIEF/ATTITUDINAL DISPOSITION

H₀₂: There is no significant relationship between perception of the Acceptance of Non-spontaneous Vaginal Delivery and Belief/Attitudinal Disposition

Variable	Mean	Std. Dev	N	R	P	Remark
Perception of the Acceptance of Non-spontaneous Vaginal Delivery	9.9259	2.7742	135	.342	.000	Sig.
Belief Attitudinal Disposition	21.3333	5.5731				

Sig. at 0.01 level

It was shown that there was significant relationship between Perception and the Acceptance of Non-spontaneous Vaginal Delivery and Belief/ Attitudinal Disposition ($r = .342$, $N = 135$, $p < .01$). Null hypothesis is rejected. Disposition had an influence on the Perception of the Acceptance of Non-spontaneous Vaginal Delivery of respondents in the study.

RELATIONSHIP BETWEEN PERCEPTION OF THE ACCEPTANCE OF NON-SPONTANEOUS VAGINAL DELIVERY AND KNOWLEDGE OF RISK OF NON-SPONTANEOUS METHOD

H₀₃: There is no significant relationship between Perception of the Acceptance of Non-spontaneous Vaginal Delivery and Knowledge of Risk of Non-spontaneous Method

Variable	Mean	Std. Dev	N	R	P	Remark
Perception of the Acceptance of Non-spontaneous Vaginal Delivery	9.9259	2.7742	135	.304	.000	Sig.
Knowledge of Risk of Non-spontaneous Method	11.9481	3.6412				

Sig. at 0.01 level

The study revealed that there was significant relationship between Perception of Acceptance of Non-spontaneous Vaginal Delivery and Knowledge of Risk of Non-spontaneous Method ($r = .304, N=135, p < .01$). Null hypothesis is rejected. Knowledge of Risk of Non-spontaneous Method had a positive influence on the Perception of the Acceptance of Non-spontaneous Vaginal Delivery of respondents in the study.

RELATIONSHIP BETWEEN PERCEPTION OF THE ACCEPTANCE OF NON-SPONTANEOUS VAGINAL DELIVERY AND AGE/NO OF CHILDREN/RELIGION

Variable	Mean	Std. Dev.	N	R	P	Remark
Perception of the Acceptance of Non-spontaneous Vaginal Delivery	9.9259	2.7742	135	.647	.000	Sig.
Age/No of Children/Religion	30.9704	6.6914				

Sig. at 0.01 level

It was revealed from the study that there was significant relationship between Perception of the Acceptance of Non-spontaneous Vaginal Delivery and Age/No of children / Religion ($r = .647, N=135, p < .01$). Null hypothesis is rejected. Age/No of children/ Religion Had a positive influence on the Perception of the Acceptance of Non-spontaneous of respondents.

IV. Recommendation

As part of the measure to reduce maternal and child mortality in Nigeria, the teaching of non-spontaneous vaginal delivery method should be included in the ante-natal teachings in all hospitals. Hearing what it is at each antenatal visits will make the pregnant women to accept this method of delivery and attach nothing to it. Awareness should be created on life-threatening conditions that pregnant women are exposed to during pregnancy and at the time of labour.

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