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Assessment Knowledge and Attitude of Women's About Mode of Delivery and Frequency of Cesarean Section in Bint Al-Huda Teaching Hospital in Thi-Qar

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***Abstract*---**The awareness of pregnant women about the manner of delivery, factors related with insufficient understanding, and preference for cesarean section delivery were all investigated. Objectives: To assess Knowledge of Women's toward Mode of delivery. To assess attitude of Women's toward Mode of delivery. Find out reasons for Frequency of Cesarean Section. Cross-sectional study data collected from 300 pregnant women who took part in study between October 2020 and March 2021 were analyzed through self-administered questionnaire was used to collect about demographic and maternal ten knowledge about delivery method, and one question about preference towards mode of delivery was used. A total of 300pregnant women (Mean and ST: 27.43±6.977) completed the questionnaire. Highest percentage for age group104 (34.2%) 20-29, The highest percentage (37.3%) of study sample illiterate, income (46.7%) of study parely enough, (76.3%) of Study Sample their Residency was in urban, highest percentage (83.7%) of study sample are unemployed/housewife, more than half of sample lack of knowledge about complication of caesarean section on mother and child and preferred c/s because less painful. Pregnant women may not completely understand the health hazards linked with various means to deliver, according to this study.

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Introduction

Childbirth is seen as a significant event in a woman's life, with significant implications for her mental and social well-being and those of her family (Nosratabadi et al., 2018; Ansari et al.,2022). Unless difficulties arise, normal vaginal delivery is a spontaneous procedure that requires no intervention. The Cesarean section (CS) is the most prevalent obstetric surgical technique in the world (Abebe etal., 2016; Bokov et al.,2022). The choice to conduct a CS is generally determined on what is best for the mother and child's lives or what may save their lives (Eyowas et al., 2016; Mohammed and Qasim, 2021). According to Zhao and Chen (2013), the rate of ECS births is increasing in different regions of the world due to advancements in the medical profession; changing society's view on ECS and perceptions that ECS is the safest way of birth; pregnant women preferring ECS. ECS was conducted by pregnant women in the absence of any medical indication, according to studies (Loke et al., 2015). The psychological reasons for this practice include dread of a normal birth or a previous terrible experience with delivery, as well as the influence of others such as the husband, family, physician, and friends (Zhang et al., 2013). Moreover, some of the pregnant women described CS as being less painful and safer than vaginal birth[6] , Women desire ECS to prevent delivery discomfort and worry about the impact of vaginal delivery on future sex life (Shams-Ghahfarokhi et al., 2016, Yamasmit & Chaithongwongwatthana, 2012; Huldani et al.,2022). So, this study was designed to detect preference of women for CS and assess knowledge and attitudes of women toward the mode of delivery.

Materials and Methods

Design of the study

The present is descriptive analytical study was conducted prospectively at Bint AL-Huda teaching hospital for delivery in South of Iraq (a government public hospital).

Setting of the study

The study was conducted at Obstetrics Department in Bint AL-Huda teaching hospital at Al-Nasiriyah city during morning shift and the study sample interview at delivery room, words, consultant in hospital. According to the Bint AL-Huda maternity and children hospital statistical record the number of total beds in hospital (340), while the number of beds in delivery room (6) beds, (7) in recovery room, (10) bed in labour room, (6) beds in delivery room, and (12) nurses and midwives during morning shift.

Sample of the study

A non-probability (purposive) sample was selected from three hundred women. The study samples were distributed as follows: Inclusion Criteria are: women with normal pregnancy (no pathological conditions) at ≥ 37 weeks of gestation, primigravida and multigravida with normal pregnancy and live cephalic singleton fetuses, married women and inpatient. Exclusion Criteria: unmarried Women, unpregnant women women had chronic diseases during pregnancy, outpatient, uncooperative women who refused to answer questions.

Construction of the study instrument

The researchers has built a instrument based on literatures clinical background and previous studies.
Part I: Socio- demographic Data
This part was designed to include items that represented the general data of women related to age, level of education, occupation of women, residency and Monthly income.
Part II: Knowledge of women Mode of Delivery.
This part was designed to include items related to knowledge of women about delivery method among women participate in study which composed from (10) items.
Part lll: Attitude of Women Toward Vaginal Delivery and CS in Studied Mothers
This part was designed to include item related to attitude of women towards vaginal delivery and cesearan section participate in study which composed from (18) items.

Data collection

Data were collected through face to face to face interview. It started from 1 of January to 30 march 2021.Interview took approximately (15) minutes to complete questionnaire. The interviewing is carried out with each study sample who participated in the study.

Ethical consideration

The researchers explained purpose of study to each women before participate in study verbal consent was obtained from each study sample prior to data collection

Statistical design and analysis

Statistical presentation and analysis of present study was conducted with SPSS, version 25 (IBM, Armonk, New York, USA). Data were expressed into two phases: descriptive part, which included the following tests: mean value and SD for quantitative data, and frequency and percentage for qualitative date, and the analytic part, which included x^2 test, which was used to measure association between qualitative variables at *P* value 0.05 was considered statistically significant

Results

Table 1
Distribution of sample according to socio-demographic data

Age group in year	F	%
Under 20	88	28.9
20-29	**104**	**34.2**
30-39	93	30.6
40 and above	15	4.9
Level of Education		
Illiterate	**112**	**37.3**
Primary school	94	31.3
Secondary school	32	10.7
High school	54	18
Bachelor and above	8	2.3
Mean and ST: 27.43±6.977		

F=Frequency %=Percentage

Table (1) shows that the highest percentage (34.2%) of the study sample at age group (20-29) years and the mean age and SD 27.43±6.977 years, While the lowest percentage (4.9%) of them was 40 and above. Educational level: The highest percentage (37.3%) of study sample illiterate, While the lowest percentage (2.3%) of them graduated from Bachelor and above.

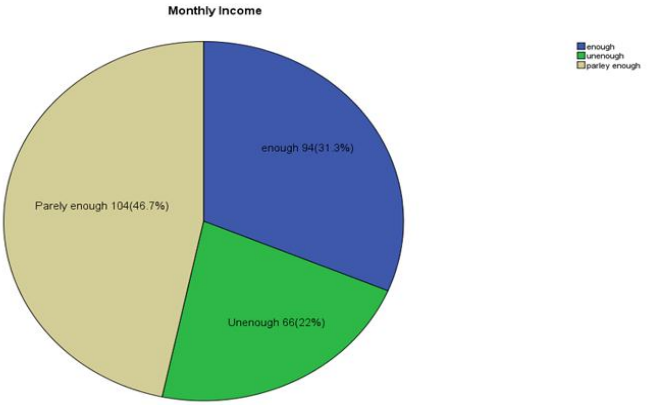

Figure 1. Distribution of (300) study sample according to monthly income of women

Figure (1) Shows that sample their income the highest percentage (46.7%) of study parely enough from the women point of view, (31.3%) of study sample their monthly income are enough from point of view, while (22%) of them considered not enough.

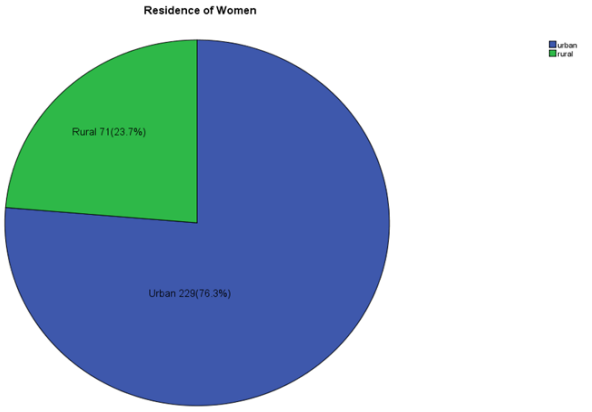

Figure 2. Distribution of (300) study sample according to residence of women

Figure (2) Shows that the highest Percentage (76.3%) of Study Sample their Residency was in urban, while the lowest Percentage (23.7%) of them lived in rural area

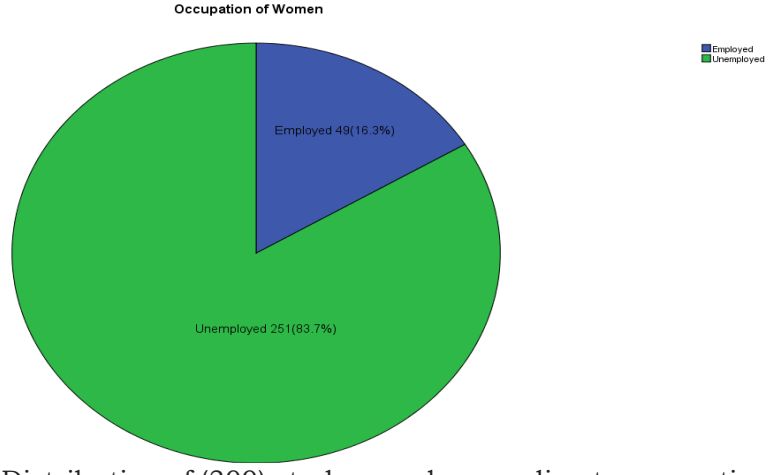

Figure 3. Distribution of (300) study sample according to occupation of women

Figure (3) shows that the highest percentage (83.7%) of study sample are unemployed/housewife, While (16.3%) of them are employed.

Table 2
Distribution of (300) study sample according to knowledge of women about mode of delivery

NO.1	Items	Know		Unknown	
		F	P	F	P
1.1	Cesarean delivery is less painful	208	69.3	92	30.7
1.2	Maternal complications of cesarean delivery are Greater	44	14.7	256	85.3
1.3	Cesarean delivery has a higher risk of infection than vaginal delivery	108	36	190	63.7
1.4	After a vaginal delivery, the mother	126	42	174	58

	and baby have a better emotional attachment.				
1.5	Infants born by CS are smarter compared with those born by vaginal delivery	109	36.3	191	63.7
1.6	Infant bone fractures are impossible in CS	132	44	168	56
1.7	After the first CS, it is appropriate to seek CS for the next delivery.	118	39.3	182	60.7
1.8	Infants born via CS had fewer respiratory problems than those born via vaginal birth.	72	24.3	227	75.7
1.9	Cesarean delivery has a lower risk of hemorrhage than vaginal delivery	94	31.7	204	68.3
1.10	When the infant is in breech position, CS is a reasonable option.	63	21	236	79

The result of table (2) show majority of women did not know about knowledge of cesarean section (85.3%) for item number (1.2) which related to (Maternal complications of cesarean delivery are Greater), while (79%) for item number (1.10) which related to (When the infant is in breech position, CS is a reasonable option.) also (75.7%) for item number (1.8) which related to (Infants born via CS had fewer respiratory problems than those born via vaginal birth).

Table 3
Distribution of (300) study sample according to knowledge of women about vaginal delivery

No. 2	Item	Agree		Neither agree nor disagree		Disagree	
		F	P	F	P	F	P
2.1	Vaginal birth is a safe and natural way to deliver a baby.	133	44.3	119	39.7	48	16
2.2	t's wonderful for a mother to view her kid right after birth.	149	49.7	111	37	40	13.3
2.3	The mother recovers sooner after vaginal Delivery	141	47	111	47	48	16
2.4	After a vaginal delivery, the mother's emotional bond with her child better.	102	34	150	50	48	16
2.5	Vaginal delivery is much better due to anesthetic	87	29	125	41.7	88	29.3
2.6	In the long run, vaginal delivery is considerably better.	95	31.7	118	39.3	87	29
2.7	Because she doesn't like the scars from surgery on abdomen, women prefer vaginal delivery.	64	21.3	149	49.7	87	29
2.8	For the woman, vaginal birth is less dangerous.	80	26.7	125	41.7	93	31.7
2.9	If money isn't an issue, CS is far	32	10.7	165	55	103	34.3

	superior						
2.10	Because she dislikes her mother's position on the gynecological bed, women prefer CS.	32	10.7	173	57.7	95	31.7
2.11	Women prefer CS to vaginal delivery because it is less unpleasant.	56	18.7	109	36.3	135	45
2.12	CS-born babies are healthier than vaginal-delivery babies.	56	18.7	141	47	103	43.3
2.13	If tubal ligation is planned, CS is a much better option.	56	18.7	110	36.7	134	44
2.14	CS prevents uterine and bladder prolapse	48	16	103	34.3	149	49.7
2.15	CS protects the female vaginal tract from distortion and deformity	48	16	63	21	189	63
2.16	The risk of vaginal birth is lower for the woman.	80	26.7	39	13	181	60.3
2.17	Women would never request CS if they were aware of the risks.	80	26.7	39	13	181	60.3
2.18	If women were aware of the dangers of CS, they would refuse it.	151	50.3	78	26	71	23.7

The result of table (3) show majority of women (60.3%) for item number (2.17) (Women would never request CS if they were aware of the risks.) (60.3%) for item number (2.16) which related to (The risk of vaginal birth is lower for the woman) did not know about knowledge of normal vaginal delivery, while (57.7) for item number (2.10) which related to (Because she dislikes her mother's position on the gynecological bed, women prefer CS) and (55%) for item number (1.9) which related to (If money isn't an issue, CS is far superior).

Table 4
Relationship between knowledge of study sample about cesarean section and age group, educational level and occupation, residence of women
X^2= Chi-square, P-value= Probability value (≤0.05)

Variables	Knowledge of women about cesarean section		Knowledge of women about normal delivery	
	X2	P	X2	P
Age	63.390	0.97	160.544	0.000
Total monthly income	91.295	0.000	263.947	0.000
Educational level	153.589	0.000	545.024	0.000
Occupation	23.584	0.261	103.925	0.000
Residence	41.529	0.000	25.589	0.000

This table reveals that there is a highly association (significant) between Knowledge of women about cesarean section with total monthly income, educational level, and residence . The result of study indicated that Total monthly

income , educational level and Residence, occupation, age of study sample were in actual relation with Knowledge of women about normal vaginal delivery.

Discussion

This study was designed to assess knowledge of women about delivery method and frequency of cesarean section (CS) and its relationship with certain variables. The current study revealed that the highest percentage (34.2%) of study sample are at age (20- 29) years with mean age and SD 27.43±6.977 years, as shows in table (4.1). This data agree with study conducted by Al-Rifai etal (2021) who reported that the age of the respondents (n= 1617) ranged from (25–29 years) with 57.1% of pregnant women were _30 years old (Al-Rifai etal., 2021). Table (4-1) shows that the highest percent (37.3%) of study sample who participated in the study are illitrate. The finding of the study is disagree with study conducted by Nasir, N. A., & Amir, H. (2017) who stated Educational levels were 43.3% primary, 18% secondary and 20.4% university levels (n= 300) (Nasir & Amir, 2017). The present study revealed that the highest percentage were (46.7%) of study bearly enough from women point of view, while (31.3%) of study sample their monthly income are enough and (32%) of study sample considered enough income and (22%) of them considered not enough as shown in figure (4-1). The result of the study shows that the highest percentage (76.3%) of study sample lived in urban area, while the lowest percentage (23.7%) of them in rural area as shown in figure (4-2). The finding of study disagree with study conducted by Mohammad etal (2014) who stated that more than a half the women (56.5%) were living in rural areas (n=200) (Mohammad etal., 2014). Regarding occupation most (83.7%) of the study sample were housewife (that means they haven't jobs) as shown in figure (4-3). This indicated that lack of knowledge about mode of delivery may have relation with woman occupation. The result of the study as shows in table (4-2) revealed that the highest percent (85.3%) for item number (1.2) which is related to (maternal complications of cesarean delivery are greater), while (79%) for item number (1.10) which related to (When the infant is in breech position, CS is a reasonable option.) also (75.7%) for item number (1.8) which related to (Infants born via CS had fewer respiratory problems than those born via vaginal birth). In the table (4-3) about (63%) of study sample without knowledge about CS protects the female vaginal tract from distortion and deformity, while about (60.3%) for item number(2.16) which related to The risk of vaginal birth is lower for the woman and about (60.3%) from sample answer unknown for item number (2.17) which related to women would never request CS if they were aware of the risks. So all finding of study reveal majority of pregnant women with poor knowledge about mode of delivery and prefer cesarean section just because less painful than normal vaginal delivery. Related to the table (4-3), the results show that there are a statistical significant relationship among the educational level and occupation with satisfaction and dissatisfaction item. These results disagree with study conducted by Mohammad etal (2014) (Mohammad etal., 2014) who stated that there was no correlation between women's socio-demographic data (age, education, occupation) and women's satisfaction with hospital-based intrapartum care. As show result of table (4-4) indicated that Total monthly income , educational level and Residence of study sample were in actual relation with Knowledge of women about cesarean section delivery and significance association between age, Total monthly income, educational level, occupation and

Residence with normal vaginal delivery thus we accept the hypothesis which stated that there is a positive relationship between knowledge about cesarean section and normal vaginal delivery with socio-demographic data. The result of association between age and knowledge about c/s disagree with study conducted by Al-Rifai etal (2021) (Al-Rifai etal., 2014). and agree with age and knowledge about normal vaginal delivery who stated the inverse association between young age and lack of knowledge could be attributed to the fact that young women are less likely to experience adverse maternal outcomes that could increase their knowledge. The present study revealed actual association knowledge about mode of delivery and total monthly income so this finding disagree with study conducted by Jadoon etal (2016) (Jadoon etal., 2019) who stated that the practice of CS is not influenced by the economic conditions of the countryand is rather a socio-cultural and institutional issue.

Conclusion

The study finding indicate according to the scales results that the study sample in general majority of women lack for knowledge about mode of delivery included cesarean section and normal vaginal delivery and the women preferer delivery by c/s because C/S less pain from vaginal delivery. The study sample knowledge about mode of delivery are strongly associated with total study sample age, educational level and occupation, residence and occupation.

Recommendation

To improve maternal understanding of CS and guide pregnant women to make educated choices about their method of delivery, antenatal care consultations should include a more balanced discussion on the potential advantages and hazards associated with different delivery modes. There is a need to develop creative health policies geared toward women's empowerment, as well as knowledge of delivery methods. Television and radio should broadcast educational programs about women's knowledge of delivery methods. Pregnant women should be informed about the effects of CS on both the mother and the child by health care providers such as doctors, nurses, and midwives. To avoid an unwanted cesarean section, a variety of procedures are suggested. During the pregnancy period, these interventions must include adjustments in mindset and dispelling misperceptions about cesarean section and normal delivery among pregnant women.

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