

Knowledge and Attitude Regarding Episiotomy Wound Care Among Third Trimester Primigravida Mothers

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Abstract

The study was conducted to assess knowledge and attitude regarding episiotomy wound care among third trimester primigravida mothers in selected hospitals, Amritsar, in a view to develop health education pamphlets. The study adopted a descriptive survey approach. The Non-probability convenience sampling technique was used and size was 100 third trimester primigravida mothers. The tool consists of 3 sections, section 1 consists of demographic variables, and section 2 consists of a structured knowledge questionnaire section 3 consist of attitude scale. Split half method with Spearman's Brown Prophecy formula was used to test the reliability of the tool and reliability of the knowledge questionnaire was 0.89 and for attitude scale was 0.90. The study result revealed that out of 100 samples, the majority of the samples had moderately adequate knowledge and minority of samples had adequate knowledge. Majority of the samples had favourable attitude whereas minority of samples had unfavorable attitude. There is positively a moderate correlation between knowledge and attitude. The study findings shows that there is significant association of knowledge and attitude scores with selected demographic variables such as age, education, occupation and family monthly income, at 0.01 level of significance.

Keywords: Knowledge, attitude, third trimester primigravida mothers, episiotomy wound

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INTRODUCTION

Motherhood is a beautiful process whereby the mother safely delivery a child, it is the magic of creation. Care must be given to ensure safe childbirth. The mother has a right proper medical care and treatment. Safe motherhood can only be reached if complete care is given to young mothers. Safe motherhood initiative announced in 1987 had set targets to reduce maternal mortality by 50% in one decade where the safe motherhood aim is to enhance the quality of life^[1]. Labor, purely in the physical sense, may be described as the process by which the fetus, placenta and membranes are expelled through the birth canal. Traditionally, three stages of labor are described as: the first, second and third stage^[2]. The first stage: it starts from the

onset of true labor pains and ends with full dilatation of the cervix. The second stage: it starts from full dilatation of the cervix and ends with the expulsion of the fetus from the birth canal. The third stage: it begins after expulsion of placenta and its membranes (afterbirths)^[3]. During the second stage of labor when fetal head tends to descend out through the vaginal orifice, the perineum distends; an incision is made called episiotomy^[2].

Episiotomy is defined as a surgically planned incision on the perineum and the posterior vaginal wall during the second stage of labor^[3]. Episiotomy is mainly done to prevent damage to vaginal area. The episiotomy procedure was first described in 1742; it subsequently gained

widespread acceptance, peaking in the 1920's. Its reported benefits included preservation of the integrity of the pelvic floor and prevention of uterine prolapse and other vaginal trauma^[4].

Contraindications for an episiotomy are few^[5]. The most important contraindication for an episiotomy would be a patient's absolute refusal for the procedure to be performed. The wound will be stitched immediately after the delivery^[6]. The healing process usually takes around 4–6 weeks depending on the size of the incision and the type of suture material used to close the wound^[7]. It is found that women do not want to take care of episiotomy with oral analgesia. Review studies show that topical cold has clear efficacy in reducing pain without delaying wound healing^[8]. The personal and complex nature of the individual self-care system must be acknowledged and this self-care if learned within the context of formal education promotes health and well-being.

As the trend is leading to health promotion, as primary care it would be worthwhile to point out that to manage perineal care at home can become an individual activity, which depends to a large extent on the support received by a nurse or midwife. It is found that studies exist on the importance of several maternal needs such as infant illness, cord care, infant feeding and episiotomy care^[9]. Lowenstein L conducted a study to assess the potential effect of educational intervention on episiotomy care. A survey of the attitude of pregnant mothers toward episiotomy was conducted among primigravida mothers in the three public hospitals in Haifa. Data regarding episiotomy rates was collected for the years 2001–2003. At the beginning of 2002, Lectures on the risks and benefits of episiotomy were given in two hospitals. Episiotomy rates before and after the

lectures were compared. A significant and lasting reducing in episiotomy rates was observed in the two hospitals where lectures were given. There were no clinically significant and consistent changes in the episiotomy practices in the third hospital. Education plays a very important role in changing general medical practices, as in episiotomy. It was clearly shown that our views are not always up to date. We call for periodic revision of all medical procedures, as common and accepted as they are^[10].

THINGS TO DO TO ASSIST THE RECOVERY

Keep the surrounding area clean to prevent infection; don't rub the wound with tissue paper after passing motion. Use water to clean the area after passing motion; some medication to reduce pain and swelling is helpful; Infrared care is sometimes helpful to reduce the pain; Sitz-bath is helpful to assist the healing process^[11].

NEED FOR THE STUDY

Health has been recognized as the greatest wealth from time immemorial today in the era of consumerism; self-care is getting more emphasis because there is growing awareness about health in the population. People's health in people's hands has become the central theme of all nursing transactions. Nursing care such as perineal toileting, perineal hygiene and episiotomy care are therefore oriented towards making the patient self-sufficient. Episiotomy is one of the most common operations performed on women while episiotomy is employed to obviate issues such as post-partum pain, incontinence and sexual dysfunction, some studies suggest that in actuality, episiotomy surgery itself can cause all of these problems^[12]. The incidence of episiotomy is more than 1 million of the roughly 4.2 million births nationwide each year. Among first-time mothers, 70% to 80% have an episiotomy. According to WHO (World Health

Organization), the birth rate in India is 23.8 per thousand births in 2005. In India 23% of women report health problem in first month after delivery related to episiotomy as perineal tear, urinary incontinence^[13]. The overall prevalence of episiotomy wound infection is 10.4%^[14]. In a study it was found that the awareness and attitude of perineal hygiene among postnatal mothers was only 18% and 82% of the mothers had no idea about the importance of perineal care and change of pad^[12]. Outcomes of episiotomy can become worse if not cured properly after the surgical procedure. Many complications can occur if episiotomy wound is not looked after properly^[15]. To prevent from all above mentioned complications thorough care of the episiotomy wound is of utmost importance. The typical healing time of an episiotomy is around 4–6 weeks depending on the size of the incision and the type of suture material used to close the wound. Any delay in healing time is to be considered as early indication of complicated episiotomy^[7]. By reviewing the above studies, the investigator felt the need that the best way to provide cost effective care is to empower the clients to bring about change in the behavior and thought process. Educating and improving the knowledge about self-perineal care would be cost effective as the healing occurs without local antibiotics or disinfectants. This in turn would help to prevent complications and them to lead a normal healthy life^[16].

AIM OF THE STUDY

To assess knowledge and attitude regarding episiotomy wound care among third trimester primigravida mothers.

OBJECTIVES

1. To assess the level of knowledge of third trimester primigravida mothers regarding the episiotomy wound care.

2. To assess the level of attitude of third trimester primigravida mothers regarding the episiotomy wound care.
3. To co-relate the knowledge with attitude of third trimester primigravida mothers regarding episiotomy wound care.
4. To associate knowledge and attitude of third trimester primigravida mothers regarding episiotomy wound care with selected demographic variables.

CONCEPTUAL FRAMEWORK

The conceptual framework for the study is based on Health Belief Model proposed by Resnstoch's (1974) and Becker's (1974). This Model attempts to explain and predict the health behaviors.

METHODOLOGY

The research design selected for the present study was descriptive research design. This study was conducted on antenatal mothers attending antenatal OPD (Outpatient Department) of Hartej Hospital and Manvir Multispecialty Hospital, Amritsar. The target population included all third trimester primigravida mothers. The sample size of the study consisted of 100 antenatal mothers who met the criterion of sample selection. Non-probability convenience sampling technique was employed in the selection of the sample. Since there is no standardized tool, a knowledge questionnaire containing multiple choice questions and a 5-point Likert scale containing attitude statements was framed. It consists of three parts. Part I – Baseline data, it deals with demographic characters of third trimester primigravida mothers. Part II – Knowledge questionnaire, it consists of knowledge questionnaire related to definition, indications, complications and different techniques of episiotomy wound care. Part III – Attitude scale, it consists of attitude scale related to definition, indications, complications and different techniques of

episiotomy wound care. The score was interpreted as below

Knowledge on Episiotomy Wound Care

< 50% - Inadequate knowledge

51–75% - Moderately adequate

Knowledge > 75% - Adequate knowledge

Attitude Regarding Episiotomy Wound Care

< 50% - unfavorable attitude

51–75% - Moderately favourable attitude

> 75% - favourable attitude

Split half method with Spearman's Brown Prophecy formula was used to test the reliability of the tool. The reliability of the knowledge questionnaire was $r = 0.84$, and that of attitude scale was $r = 0.90$. Pilot study is small scale version or trial run, done in preparation for a major study. Practically it was administered to 10 third trimester primigravida mothers. The samples chosen were of similar characteristics to those of population under study. It was found that it took 20–30 minutes to complete the questionnaire.

Data Collection Procedure

1. Approval of research/ethical clearance was taken from Research Committee of Mai Bhago College of Nursing, Tarn taran.
2. A written permission was obtained from Medical Superintendent of Hartej Hospital and Manvir Multispecialty Hospital, Amritsar for conducting the present study.
3. Non-probability convenience sampling technique was used to select the sample. The subject who met the set criterion (i.e. All third trimester primigravida mothers attending antenatal OPD) was included in the study.
4. These mothers were contacted personally by the investigator. They were explained about the purpose and nature of the study. Their informed

consent was obtained before enrolling them in the present study.

5. After getting the consent on the day of data collection, the Self-administered structured knowledge questionnaire and Attitude scale were distributed to the sample to assess knowledge and attitude on episiotomy wound care.
6. 30 minutes were given to the samples to complete the questionnaire. After collecting data from each sample, the Health-education pamphlets on episiotomy wound care were distributed to individual sample.

ANALYSIS AND INTERPRETATION

Analysis and interpretation of the data was analyzed as per the objectives of the study under the following headings.

SAMPLE CHARACTERISTICS

Description of Demographic

Characteristics of Samples

Percentage distribution of third trimester primigravida mothers according to their age group reveals that highest percentage (40%) of them were in the age group of 22–24 years, about 30% were 19–21 years, 25% were 25–27 years and the lowest percentage about 5% were in the age group of 28–30 years. Percentage distribution of third trimester primigravida mothers according to their education reveals that highest percentage (30%) of the third trimester primigravida mothers had Matric/ up to 10th standard and more or less similar percentage (22%) of them had Primary/ up to 5th standard, 23% studied 10 + 2/ up to twelfth, 20% of them had Graduation and only 5% of them had Post Graduate. Percentage distribution of third trimester primigravida mothers according to their occupation depicts that highest percentage (40%) of the third trimester primigravida mothers were Housewife / Homemaker. However, 22% of them had self-employee and Private employee, whereas 16 % of them were Government employed. Percentage distribution of

monthly income of the family reveals that highest percentage (41%) of third trimester primigravida mothers belonged to the income group of ₹ 5,001–10000, about 30% were from the income group of less than ₹ 5000 and more or less similar percentages (22%) of them were in the income group of ₹ 10,001–15,000 and 7% were in the income group of ₹ 15,000 and above. Percentage distribution of third trimester primigravida mothers according to their religion shows that highest percentage (42%) were Hindu, where as 40% were Sikhs, 14% of them were

Christian and only 4% were Muslims. Percentage distribution of third trimester primigravida mothers according to the source of information depicts that 75% of the third trimester primigravida mothers got information from Family, friends and relative, (14%) of them got information through health care personals and lowest percentage (11%) of them got information from mass media. It shows that for most of the third trimester primigravida mothers, family, friends and relatives was the source of information.

Table 1: Frequency Distribution of Samples According to their Demographic Variables.
(N = 100)

Demographic variables	Frequency(f)
Age (in years)	
19–21	30
22–24	40
25–27	25
28–30	5
Education	
Primary/ up to 5th standard	22
Matric / up to 10th standard	30
10+2/ up to twelfth	23
Graduation	20
Post-graduation	5
Occupation	
Housewife/ Homemaker	40
Self-employee	22
Private employee	22
Government employee	16
Family income (In ₹)	
Less than ₹ 5,000	30
5,001–10,000	41
10,001–15,000	22
₹ 15,000 and above	7
Religion	
Sikh	40
Hindu	42
Muslim	4
Christian	14
Source of Information	
Family, friends and relatives	75
Health personnel	14
Mass media	11
Total	100

Distribution of Level of Knowledge Samples

The Data presented in Table 2 depicts that majority (39%) of the third trimester primigravida mothers had moderately

adequate knowledge regarding episiotomy wound care followed by (34%) and (27%) had inadequate and adequate knowledge regarding episiotomy wound care, respectively.

Table 2: Frequency and Percentage Distribution of Knowledge Scores Samples. (N = 100)

Categories	Grading of knowledge score	Frequency (f)
Inadequate (< 50%)	0-6	34
Moderately adequate (51-75%)	7-13	39
Adequate (> 75%)	14-20	27

Distribution of Level of Attitude of Samples

The data presented in the Table 3 depicts that majority (39%) of the third trimester primigravida mothers had moderately favourable attitude towards episiotomy

wound care whereas about 34% of them had unfavorable attitude and 27% of third trimester primigravida mothers had favourable attitude towards episiotomy wound care.

Table 3: Frequency and Percentage Distribution of Attitude Scores of Samples. (N = 100)

Categories	Grading of attitude scores	Frequency (f)
Unfavorable (< 50%)	0-33	34
Moderately favourable (51-75%)	34-68	39
Favourable (>75%)	69-100	27

Correlation Between Knowledge and Attitude Scores

Data presented in Table 4 shows that the mean percentage of the overall knowledge score was 64.05% and that of attitude was 65.32% and it is observed from the Table

that there is a highly significant correlation 0.857 between knowledge and attitude scores at the level of $p \leq 0.001\%$. If knowledge increases attitude increases and vice versa

Table 4: Correlation Between the Knowledge and Attitude Regarding Episiotomy Wound Care Among Samples. (N = 100)

Variables	Range	Mean	SD	Mean %	Correlation
Knowledge	51-75%	12.81	3.81	64.05	0.857(**) ($P \leq 0.001$)
Attitude	51-75%	65.32	13.98	65.32	

** Highly significant

Association Between Knowledge and Selected Demographic Variables of Samples

Table 5 shows that the majority (39%) of the respondents having moderately adequate knowledge followed by 34 % having inadequate knowledge, and 27% of the respondents having adequate knowledge. In order to find the association

between the level of knowledge and demographic variables chi square test is used at 5% level of significance and the results are given in Table 5. It is noted that the calculated value ($p \leq 0.05$) for age, education, occupation, family income hence the result is significant at 5% level. From the analysis it is concluded that there is highly significant association is found

between the demographic variables of age, education, occupation, family income of

the respondents and level of knowledge regarding Episiotomy wound care.

Table 5: Frequency and Percentage Distribution of Chi Square Test Showing Association of Knowledge and Selected Demographic Variables. (N = 100)

S No.	Demographic characteristic	Frequency	Grading and percentage knowledge score			χ^2 Value	df	Table value
			Inadequate <50%	Moderately adequate (51–75%)	Adequate >75%			
			f	f	f			
1	Age in years					22.3** (p ≤ 0.05)	6	12.592
	19–21	30	19	10	1			
	22–24	40	10	19	11			
	25–27	25	5	8	12			
	28–30	5	1	2	3			
2	Education					43.9** (p ≤ 0.05)	8	20.09
	Primary/ up to 5th standard	22	13	8	1			
	Matric / up to 10th standard	30	12	17	1			
	10+2/ up to twelfth	23	9	9	5			
	Graduation	20	3	5	12			
	Post-graduation	5	1	2	2			
3	Occupation					26.1** (p ≤ 0.05)	6	12.592
	Housewife/ Homemaker	40	22	15	3			
	Self-employee	22	7	13	2			
	Private employee	22	5	5	12			
	Government employee	16	3	5	8			
4	Family income (Monthly)					35.2** (p ≤ 0.05)	6	12.592
	Less than Rs 5,000	30	16	14	0			
	5,001–10,000	41	15	18	8			
	10,001–15,000	22	2	7	13			
	Rs 15,000 and above	7	1	2	4			
5	Religion					16.82 ^{NS} (p ≥ 0.05)	6	12.592
	Sikh	40	15	16	9			
	Hindu	42	15	15	12			
	Muslim	4	1	1	2			
	Christian	14	3	7	4			
6	Source of information					11.03 ^{NS} (p ≥ 0.05)	4	9.488
	Family, friends and relatives	75	26	29	20			
	Health personnel	14	3	7	4			
	Mass media	11	5	3	3			

Note: f = frequency, % = percentage, df = degree of freedom, χ^2 = chi-square, (**) = significant, NS = Not significant

Association Between the Levels of Attitude Regarding the Episiotomy Wound Care and the Demographic Variables

Table 6 shows that majority (41%) of the respondents level of attitude is moderately adequate followed by 34% is adequate and

25% of the respondent's level of attitude is inadequate.

In order to find the association between the level of attitude and demographic variables chi square test is used at 5% level of significance. It is noted that the calculated value ($p \leq 0.05$) for age, education,

occupation, and family income hence the result is significant at 5% level.
From the analysis it is concluded that there is highly significant association is found

between the demographic variables of age, education, occupation and family income of the respondents and level of attitude regarding Episiotomy wound care.

Table 6: Frequency and percentage distribution of Chi square test showing association of attitude and selected demographic variables. (N = 100)

S No.	Demographic characteristic	Frequency	Grading and percentage attitude score			χ^2 Value	df	Table value
			Inadequate <50%	Moderately adequate (51–75%)	Adequate >75%			
			f	f	f			
1	Age in years					22.3** (p≤ 0.05)	6	12.592
	19–21	30	15	12	3			
	22–24	40	6	21	13			
	25–27	25	4	5	16			
	28–30	5	1	3	1			
2	Education					36.4** (p≤ 0.05)	8	15.50
	Primary/ up to 5th standard	22	12	5	5			
	Matric / up to 10th standard	30	6	21	3			
	10+2/ up to twelfth	23	7	10	6			
	Graduation	20	4	5	11			
	Post-graduation	5	1	2	3			
3	Occupation					26.9** (p≤ 0.05)	6	12.592
	Housewife/ Homemaker	40	15	19	6			
	Self-employee	22	7	11	4			
	Private employee	22	3	8	11			
	Government employee	16	3	4	9			
4	Family income (Monthly)					23.7** (p≤ 0.05)	6	12.592
	Less than Rs 5,000	30	10	18	2			
	5,001–10,000	41	12	17	12			
	10,001–15,000	22	3	5	14			
	Rs 15,000 and above	7	1	2	4			
5	Religion					5.9 ^{NS} (p≥ 0.05)	6	12.592
	Sikh	40	13	16	11			
	Hindu	42	8	19	15			
	Muslim	4	1	1	2			
	Christian	14	2	6	6			
6	Source of information					6.70 ^{NS} (p≥ 0.05)	4	9.488
	Family, friends and relatives	75	17	33	25			
	Health personnel	14	2	6	6			
	Mass media	11	6	2	3			
Total		100	25	41	34			

Note: f = frequency, % = percentage, df = degree of freedom, χ^2 = chi-square, (**) = significant, NS = Not significant

DISCUSSION

Major Findings of the Study

Sample Characteristics

Percentage distribution of third trimester primigravida mothers according to their

age group reveals that highest percentage (40%) of them were in the age group of 22–24 years, distribution according to their education reveals that highest percentage (30%) of the samples had

Matric/ up to 10th standard, Percentage distribution of the samples according to their occupation depicts that highest percentage (40%) of them were Housewife/Homemakers, Percentage distribution of monthly income of the family reveals that highest percentage (41%) of the samples belonged to the income group of ₹ 5,001–10000, Samples distributed according to their religion shows that highest percentage (42%) of them were Hindu, Samples distributed according to their source of information shows that highest percentage (75%) got information from Family, friends and relative.

Knowledge and Attitude Scores of Third Trimester Primigravida Mothers Regarding Episiotomy Wound Care

The present study shows that majority (39%) of the third trimester primigravida mothers had moderately adequate knowledge regarding episiotomy wound care followed by (34%) and (27%) had inadequate and adequate knowledge regarding episiotomy wound care, respectively. Majority (39%) of the third trimester primigravida mothers had moderately favourable attitude towards episiotomy wound care followed by about 34% and 27% of them had unfavorable and favourable attitude towards episiotomy wound care, respectively^[17]. The above mentioned study findings and present study findings are consistent in case of primigravida mothers. But in the assessment of knowledge and attitude of primigravida mothers the study findings revealed that the subjects had poor knowledge and favourable attitude regarding episiotomy.

Correlation Between knowledge and Attitude Scores

The study findings show that highly significant correlation is observed between the knowledge and attitude on Episiotomy wound care. If knowledge is increased attitude increases and vice versa as the

mean percentage of the overall knowledge score was 64.05% and that of attitude was 65.32%. The calculated correlation coefficient was 0.857(**).

Association of Knowledge level and Selected Demographic Variables

There is highly significant association of knowledge and selected demographic variable such as age, education, occupation, family income of the respondents at 0.05 level of significance regarding Episiotomy wound care.

There is highly significant association of knowledge with selected demographic variables, as calculated value ($\chi^2 = 22.3$) age, ($\chi^2 = 43.9$) education, ($\chi^2 = 26.1$) occupation, ($\chi^2 = 35.2$) family monthly income is less than 0.05 level of significance, whereas there is no association with ($\chi^2 = 16.82$) religion, ($\chi^2 = 11.03$) family monthly income. In contrary to this study another study showed that there is significant relationship between knowledge and selected demographic variables.

Association of Attitude level and Selected Demographic Variables

There is highly significant association found between level of attitude and the demographic variables of age, education, occupation, family income of respondents regarding Episiotomy wound care.

There is highly significant association of attitude with selected demographic variables, as calculated value ($\chi^2 = 26.3$) age, ($\chi^2 = 36.4$) education, ($\chi^2 = 26.9$) occupation, ($\chi^2 = 23.7$) family monthly income is less than 0.05 level of significance, whereas there is no association with ($\chi^2 = 5.9$) religion, ($\chi^2 = 6.70$) family monthly income.

CONCLUSION

The findings of the study showed that majority (39%) of the samples had moderately adequate knowledge followed by (34%) and (27%) had inadequate and

adequate knowledge, respectively. The findings of the study showed that majority (39%) of the samples had moderately favourable attitude followed by about 34% and 27% of them had unfavorable and favourable attitude, respectively. The obtained range was 51–75 with a maximum score of 100.

RECOMMENDATIONS

1. A similar study can be tried on different settings and samples.
2. A study can be replicated with larger samples.
3. A comparative study can be conducted by comparing the knowledge and attitude of antenatal and postnatal mothers regarding episiotomy wound care.
4. An experimental study can be conducted to analyze the effectiveness of STP towards episiotomy wound care among third trimester primigravida mothers.

SUGGESTIONS

The attitude of primigravida mothers from different culture and religious believes will help to give more awareness to the health team members as it will provide support to the third trimester primigravida mothers.

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