



Research Paper

A Descriptive Study To Assess The Knowledge And Practice Regarding Obstetrical Emergencies Management Among Staff Nurses In Vanivillas Hospital, Bangalore

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ABSTRACT

The Obstetrical Emergencies are one of the major cause of death in most of the developed and developing countries. A direct maternal death may occur due to the complication of the pregnancy, delivery, or their management. All the pregnancies and deliveries are potentially at risk. However there are certain categories of pregnancies where the mother, the fetus, or neonates are in a state of increased jeopardy. The research design of study was descriptive design. The study was carried out in Vanivillas Hospital, Bangalore. Data were obtained from 60 staff nurses working in Vanivillas Hospital. A structured questionnaire was used to assess the knowledge of staff nurses regarding obstetrical emergencies management and an observational check list to assess the practice of staff nurses. Convenience sampling technique was used. Descriptive and Inferential statistics were used for data analysis; the level of significance was set at 0.05 levels.

KEY WORDS: Obstetrical Emergencies, Staff Nurses

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I. INTRODUCTION

In developing countries, a high rate of maternal, infant and neonatal mortality is mainly due to the lack of health care during most pregnancies. Ninety percent of women in most of Rural Districts of Nepal deliver at home with no health care workers presence. Deliveries are conducted in often unhygienic and follow a pregnancy with no prenatal care. At the beginning of the 1900s, maternal death rates were around 1 in 100 for live births. The number today in the United States is 11 in 100,000, a decline by two orders of magnitude. The decline in maternal deaths has been largely due to improved asepsis, fluid management and blood transfusion, and better prenatal care.

II. MATERIALS AND METHODS

Research methodology involves the systematic procedure by which the researcher starts from the initial identification of the problem to its final conclusion.

- **Research approach:**
Quantitative research approach
- **Research design:**
Descriptive research design
- **Site and setting of the study:** Vanivillas Hospital Bangalore
- **Population**
- **Target population:**

Staff nurses who are working in Bangalore

Accessible population:

Staff nurses who are working in Vanivillas Hospital, Bangalore

- **Sample**

The sample consist of Staff nurses who are working in Vanivillas Hospital, Bangalore.

- **Sample size**

60 Staff nurses

- **Sample technique**

Non-probability convenience sampling.

- **Criteria for sample selection**

Inclusion criteria:

- Nurses who have undergone General Nursing and midwifery course.
- Nurses who are working in Vanivillas Hospital, Bangalore.
- Nurses who are willing to participate in the study.
- Nurses who are available at the time of study.
- Nurses who are in the age group 21-60.
- Nurses who are having 1-30 years of experiences.

Exclusion criteria:

- Nurses who are Graduates and Postgraduates in nursing.
- Nurses who are not available at the time of study.
- Nurses who are not willing to participate in the study.
- Nurses who are aged below 21 and above 60 years.
- Nurses who are having more than 30 years of experiences.

Research Tool

The data collection tool consists of two sections:

Tool 1: socio demographic data includes Age, Educational status, Occupation, Type of family. Dietary habits, Marital status, Residential area, Number of menopausal women in family, Number of children, Source of information regarding menopause, Age of menarche, History of menstrualirregularities,family history of menstrual irregularities, History of poly cystic ovarian diseases,Treatment taken for menstrual irregularities, Hormonal supplements taken.

Tool 2: check list to assess the preparedness towards post-menopausal life among rural and urban women. It consist of 25 items and every item was scores in between 0 to 1

Scoring

1-8 -Poor

9-16 -Average

17-25 -Good

Procedure methodology: After written informed consent was obtained, a Structured knowledge questionnaire was given to the rural & urban women. The Section A included sociodemographic characteristics such as Age, Educational status, Occupation, Type of family. Dietary habits, Marital status, Residential area, Number of menopausal women in family, Number of children, Source of information regarding menopause, Age of menarche, History of menstrualirregularities,family history of menstrual irregularities, History of poly cystic ovarian diseases,Treatment taken for menstrual irregularities, Hormonal supplements taken.

Statistical analysis: Thedatawasanalysedusingdescriptiveandinferentialstatistics. Frequency, percentage, means and standard deviation was used to analyse the sociopersonalvariables.T test was used to compare the preparedness towards postmenopausal life among rural and urban women. Chi square test was used to find out the association of findings with selected demographicvariables. The level $P < 0.05$ was considered as the cutoff value or significance

III. RESULTS

Organization of study findings

Section 1 - Description of demographic performance of rural women

Section 2 - Description of demographic performance of urban women.

Section 3 - Description of preparedness of postmenopausal life in rural women.

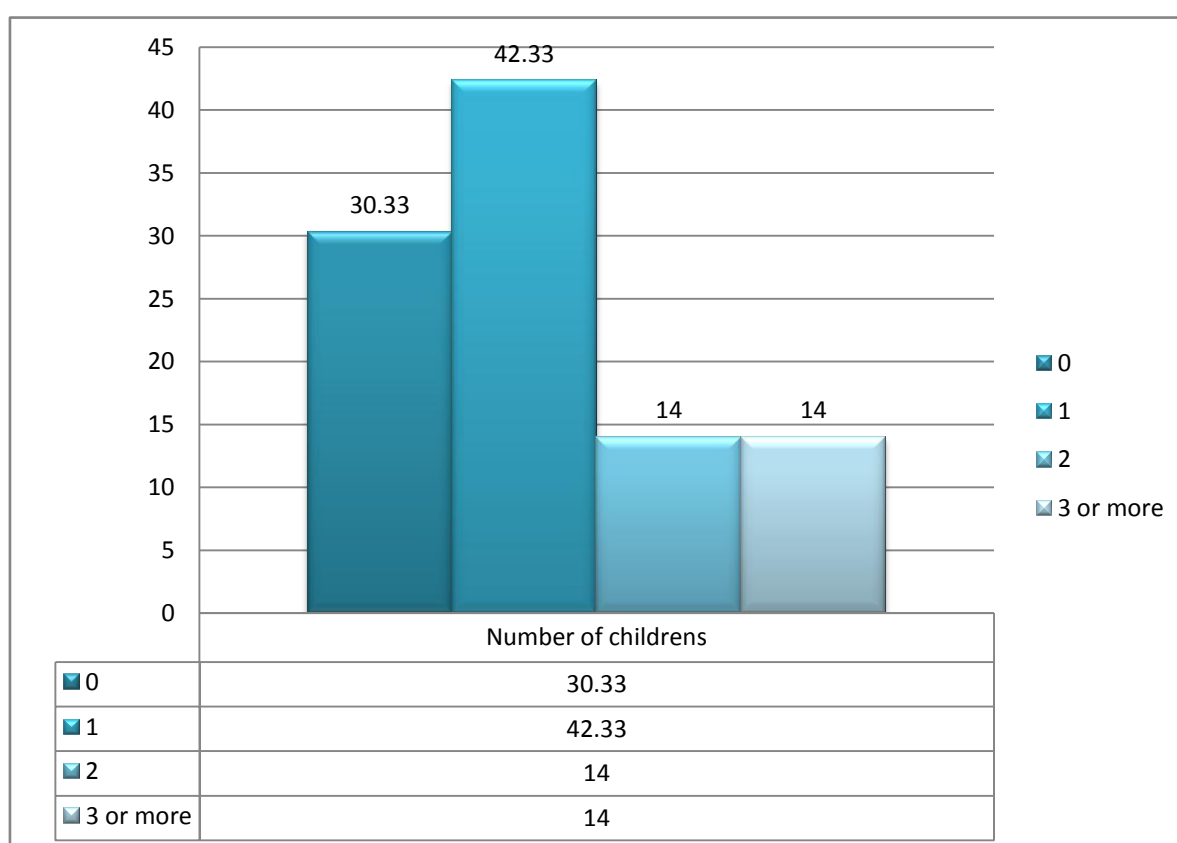
Section 4 - Comparison of preparedness towards postmenopausal life between the rural and urban women.

Section 5 - Association of preparedness towards postmenopausal life between the rural women with selected demographic variables.

Section 6- Association of preparedness towards postmenopausal life between the urban women with selected demographic variables

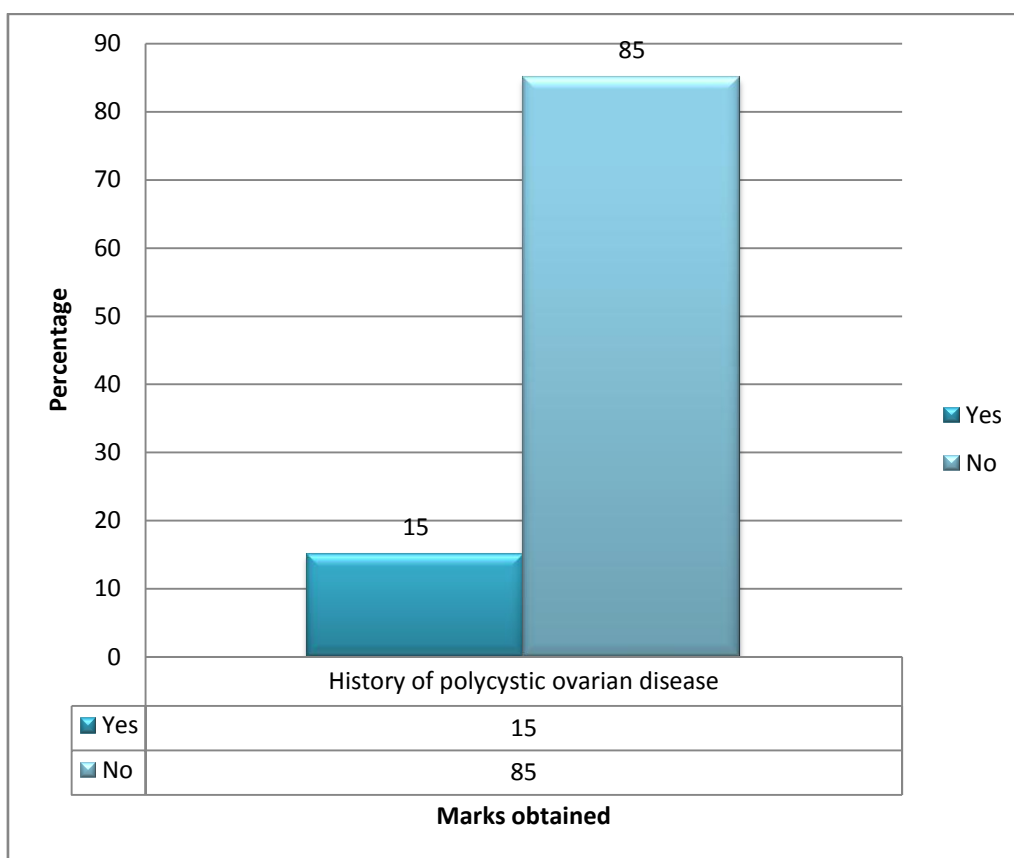
Frequency and percentage distribution of rural women according to number of children.

Figure 11 shows that majority of the participants (42.33%) were have one children and only (14%) were have more than 3 or more children in the family



Frequency and percentage distribution of urban women according to History of polycystic ovarian disease.

Figure-31 shows that majority of the participants (85%) were have no history of polycystic ovarian diseases and only 15 % were have history of polycystic ovarian diseases.



Frequency and Percentage Distribution of preparedness of postmenopausal life in urban women..
N = 300

Sl. No.	Areas	Level of Acceptance (%)					
		Below average		Average		Good	
		No	%	No	%	No.	%
4	Preparedness of postmenopausal life in urban women.	19	6.33	263	87.67	18	06

The data reveals the levels of preparedness of postmenopausal life in urban women.6.33% had below average preparedness of postmenopausal life, while 87.67%had average preparedness of postmenopausal life and 06% of the respondents had good preparedness

Comparison of Preparedness Towards Postmenopausal Life Between The Rural And Urban Women.

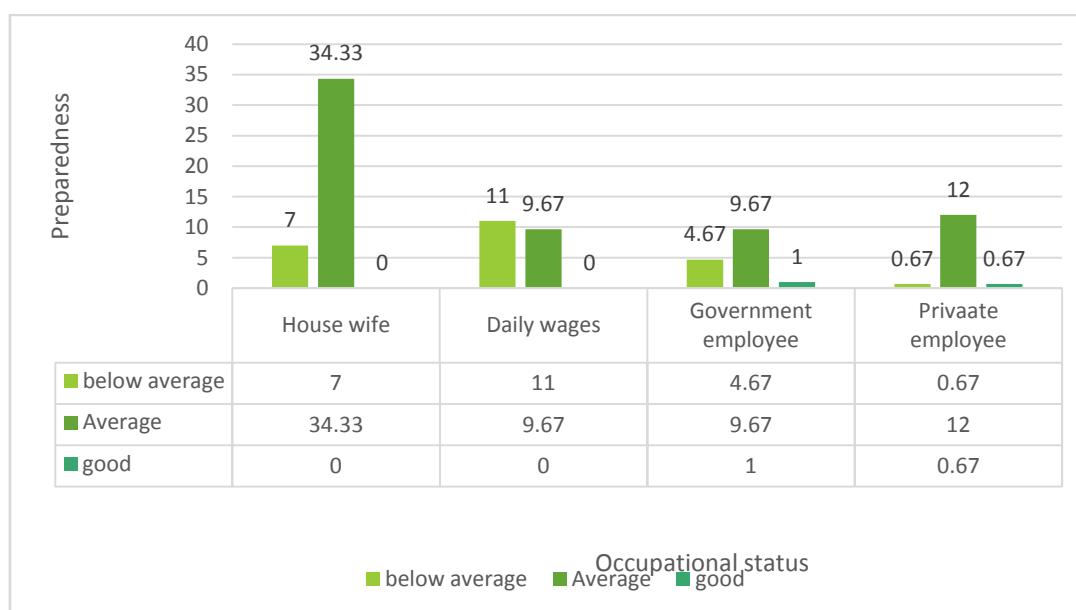
N 600

SL NO	Preparedness Towards Postmenopausal Life	Maximum score	Mean	Mean Score %	SD	Mean difference	DF	t
2	Rural women	25	8.27	33.08	2.54	2.57	598	12.91
	Urban women	25	10.84	43.36	2.33			

T(598)=1.96,P<0.05

Table 37 shows that mean preparedness score of urban women was higher 10.84 (43.36) than mean preparedness score of rural couple 8.27 (33.08) with the Mean difference of 2.57. The calculated ‘t’ value was (‘t’=12.91) greater than the tabled value (t(598)=1.96), which was significant at p<0.05 and p<0.01 level. Hence, it was concluded that urban women had higher preparedness as compared to rural women hence null hypothesis (H₀₁) is rejected.

Association between level of preparedness towards postmenopausal life among rural women and occupational status



IV. DISCUSSION

A quantitative study approach was used the study to assess the awareness and preparedness towards post menopausal women in urban and rural areas of Trivandrum. The design used for the study was Descriptive comparative research. The target populations for the study were rural and urban women with 35-45 years who are not attained menopause in Thiruvananthapuram, Kerala. The sample size used was 600 (300 rural and 300 urban women) consecutive sampling technique was used. Tool used for data collection consists of three parts: part A- demographic data, part B- structured knowledge questionnaire and part C- check list . After collection of data analysis was done by quantitative on the basis of objectives and hypotheses of the study and to compute data, master coding sheet was prepared. Researcher first used descriptive and inferential statistics for analyses of data. t - test was used to compare the awareness and preparedness among rural and urban women, Chi square is used for findout the association of findings with the variables.

V. CONCLUSION

The preparedness towards post menopausal life average among rural women and the preparedness towards post menopausal life among urban women was average. The preparedness towards post menopausal life among urban women was slightly higher than that of rural women.

VI. RECOMMENDATIONS

- For improving the knowledge level some awareness class can be provided in all community settings
- Educational interventions to alleviate menopause symptoms
- Health education programme helps to improve a positive attitude towards menopause.
- A qualitative study can be conducted to assess the quality of life among menopausal women.

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