

Attitude of Antenatal Mothers towards Vaginal Examination

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Received: November 06, 2019; **Published:** December 27, 2019

Abstract

Background: The Vaginal Examination is an essential part of midwifery care and it is the most common procedure performed in obstetrical practice. Many women have negative experience towards Vaginal Examination. Apart from physical discomfort, psychological factors need to be considered because it involves exposure of intimate parts of the body.

Methodology: The Quantitative Descriptive research design was used. 35 Antenatal Mothers were selected by using Purposive Sampling Technique who fulfilled the inclusion criteria and who were available during the period of data collection at selected hospital, Puducherry. Data was collected by using Structured Interview Schedule.

Result: Majority 25 (71.4%) Antenatal Mothers had negative Attitude and 10 (28.6%) mothers had positive Attitude on Vaginal Examination. Out of 35 mothers, 12 (34.4%) mothers had pain and discomfort, 5 (14.3%) mothers felt shy and embarrassing, 3 (8.7%) mothers felt they were verbally abused, 3 (8.7%) mothers felt sufficient privacy was not provided and 2 (5.7%) mothers had fear and palpitation during Vaginal Examination. The Demographic Variable such as educational level of Antenatal Mothers have shown statistical significant association with their level of Attitude at $p < 0.05$.

Conclusion: The obstetrician should get the consent and explain the importance of Vaginal Examination this will prepare the mother to cooperate for the procedure. The mothers will have positive relationship with the staff when they are treated with respect.

Keywords: *Vaginal Examination; Attitude; Antenatal Mothers*

Introduction

The Vaginal Examination is an essential part of midwifery care and it is the most common procedure performed in obstetrical practice. A large number of women in the world would have undergone Vaginal Examination at some times in their lives and some women may undergone various examinations during their lifetime [1].

Women receive inadequate information about how the procedure was performed. Many women have negative experience towards vaginal examination [2-4]. Apart from physical discomfort, psychological factors need to be considered because it involves exposure of intimate parts of the body. Women experience many feelings like worries about cleanliness, fear about diagnosis of pathological condition, fear of pain and embarrassment [5-7]. Lack of information about the procedure and lack of gentleness from the examiner are also considered as important factors [8].

The examination should be done in a way that makes it positive experience for women [9]. Good communication will reduce anxiety and improve patient satisfaction [10]. Most women will accept for Vaginal Examination if the importance of the procedure was explained [11]. In public hospitals patient load is high whereas doctor patient ratio is low, allotment of adequate time for quality communication is usually challenging. In such situation, Vaginal Examination was performed to identify and address the pathology as quickly as possible, and the psychological aspect of the patient was usually neglected. Moreover, In public hospital during antenatal visit, a patient is usually seen by different doctors during individual antenatal care visit and this will adversely affect the development of trust in doctor patient relationship [12].

Objectives of the Study:

- To assess the level of Attitude on Vaginal Examination among Antenatal Mothers.
- To associate the level of Attitude with selected Demographic and Obstetrical Variables.

Methodology

The Quantitative Descriptive research design was used to conduct the study at selected hospital, Puducherry. 35 Antenatal Mothers were selected by Purposive Sampling Technique for the study who fulfilled the inclusion criteria such as Antenatal Mothers who have undergone Vaginal Examination and willing to participate in the study. Antenatal Mothers who does not know either Tamil or English were excluded from the study. The tools used for data collection were divided into two sections. Section A includes Demographic and Obstetrical Variables and Section B comprised of likert scale to assess the Attitude of mothers. The data was collected after obtaining permission from concerned authority. Informed consent was obtained from each mother prior to data collection. The data was collected by using Structured Interview Schedule to all Antenatal Mothers admitted in antenatal ward. The collected data was analyzed by using descriptive and inferential statistics.

Result

The result showed that majority 15 (42.9%) mothers belonged to the age group of 21 - 25 years, 22 (62.9%) mothers were residing in Puducherry, 12 mothers were educated upto higher secondary level, 31 (88.6%) mothers were homemakers, 12 (34.3%) mothers had family income of less than Rs.5000 and 22 (62.9%) mothers were primigravida’s (Table 1).

S. NO	Demographic and obstetrical variables	Frequency (N)	Percentage (%)
1.	Age of women		
	15 - 20 years	2	5.7
	21 - 25 years	15	42.9
	26 - 30 years	16	45.7
	31 - 35 years	2	5.7
2.	Residence		
	Puducherry	22	62.9
	Tamil Nadu	13	37.1
3.	Education		
	Illiterate	1	2.9
	High school education	11	31.4
	Higher secondary education	12	34.3
	Graduates	11	31.4
4.	Occupation		
	Homemaker	31	88.6
	Unskilled	1	2.9
	Skilled	--	--
	Professional	3	8.6
5.	Family Income		
	Less than Rs.5000	12	34.3
	Rs. 5000 - Rs. 10000	11	31.4
	More than Rs.10000	12	34.3
6.	Obstetrical Score		
	Primigravidas	22	62.9
	Multigravidas	13	37.1

Table 1: Distribution of demographic and obstetrical variables of antenatal mothers (N = 35).

Regarding level of Attitude 25 (71.4%) mothers had Negative Attitude and 10 (28.6%) mothers had positive Attitude on Vaginal Examination (Table 2).

S. NO.	Level of attitude	Frequency (N)	Percentage (%)
1.	Negative Attitude	25	71.4
2.	Positive Attitude	10	28.6

Table 2: Distribution of level of attitude on vaginal examination among antenatal mothers.

The result highlights that out of 35 mothers, 12 (34.4%) mothers had pain and discomfort, 5 (14.3%) mothers felt shy and embarrassing, 3 (8.7%) were verbally abused, 3 (8.7%) mothers felt adequate privacy was not provided and 2 (5.7%) mothers had fear and palpitation during Vaginal Examination (Figure 1).

S. No.	Demographic and Obstetrical Variables	Level of attitude				χ^2	df	'p' value
		Positive Attitude		Negative Attitude				
		N	%	N	%			
1.	Education				8.236	3	0.041*	
	Illiterate	1	100	0				0
	High school education	4	36.4	7				63.6
	Higher secondary education	5	41.7	7				58.3
	Graduates	0	0	11				100

Table 3: Association of level of attitude on vaginal examination with selected demographic and obstetrical variables.

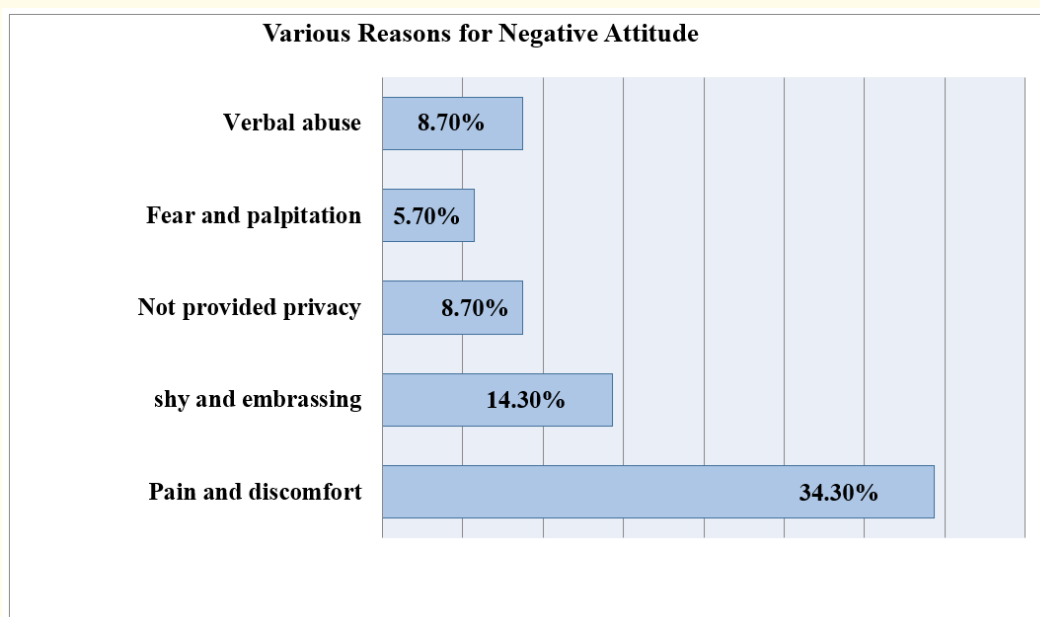


Figure 1: Various reasons for negative attitude among antenatal mothers.

The demographic variable such as educational level of Antenatal Mothers have shown significant association with their level of Attitude at $p < 0.05$. Other demographic and obstetrical variables have not shown significant association with their level of Attitude.

Discussion

The result finding showed that 25 (71.4%) mothers had negative Attitude and 10 (28.6%) mothers had positive Attitude on Vaginal Examination.

The present study was supported by the author OU Amaechina (2015) conducted a Descriptive Cross sectional study on "Patients Attitudes to Vaginal Examination and use of Chaperones at a Public Hospital in South Africa". The result showed that 48.6% of women felt Vaginal Examination was the most intimate examination, 25% of women said abdominal, 19% and 15% of respondents felt breast and rectal examination respectively [12].

The present study was supported by the author Emre Yanikkerem (2010) conducted a Descriptive Cross sectional survey on "Women's Attitude and expectation regarding Gynaecological Examination". The result showed that 54.8% had anxious or worried about the health situation during pelvic examination, 41.8% were embarrassed having to undress. Overall, 38% of women had fear on diagnosis of some pathological condition. One out four women worried about cleanliness. In total, 18% of women had fear that they would experience pain during the examination [13].

The present study was supported by the author Regina Joseph (2015) conducted a study on "A descriptive study to assess women's perception on Vaginal Examination in a selected hospital, Mangalore". The finding showed that most of the women had negative experience (70%) and few women had positive experience (30%) on Vaginal Examination [14].

The present study was supported by the study conducted by Sahar J Hassan (2012) "The Paradox of Vaginal Examination practice during normal childbirth: Palestinian women's feelings, opinions, knowledge and experiences" among 176 postpartum women. The result showed that the proportion of women who has received Vaginal Examination was larger in primipara compared to multipara during childbirth ($P = 0.37$). 82% of women reported pain or severe pain and 68% of women had discomfort during Vaginal Examination. Some women reported insufficient means of privacy, no respect of dignity and insensitive approaches of providers during Vaginal Examination [15].

The present study was supported by the study conducted by Maher Maaita (2017) "Jordanian Women's Feelings, Opinions and Knowledge of Vaginal Examination during Child Birth" among 150 postpartum women. The finding revealed that around 59% of women reported pain during Vaginal Examination, 23% of women had embarrassment, 15% of women had discomfort and 2% of women reported Vaginal Examination was reassuring [16].

Conclusion

The obstetrician should get the consent and explain the importance of Vaginal Examination this will prepare the mother to cooperate for the procedure. The examination could be positive experience to mothers when it is done with maximum dignity, with minimum discomfort and without causing unnecessary pain. The mothers will have positive relationship with the staff when they are treated with respect during examination.

Recommendation

- Experience of women regarding Vaginal Examination during labour: A qualitative study.
- Presence of chaperones during Vaginal Examination: women's opinion, attitude and preferences
- Replication of the study may be done with large samples in different settings to validate and generalize the findings.

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Volume 9 Issue 1 January 2020

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