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A Cross Sectional Study on Psychology of It Sector Pregnant Women About the Mode of Delivery in Chennai Region

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Abstract

This study explores the psychology of IT sector pregnant women in choosing the mode of delivery without any pregnancy issues in Chennai region. Utilizing mixed method approach, the research involved surveying and interviewing pregnant women who are working in the IT sectors in Chennai region to identify the key factors about choosing the mode of delivery.

Findings indicate that the significant proposition of pregnant women working in IT sector choose caesarean mode of delivery during third trimester

The key factors contributing to the decision include unable to bear the vaginal pain, caesarean after vaginal pain and stiches similar to that to caesarean. Additionally demographic variables such as age, years of marriage, number of sibilings, working conditions, family situations, financial situations made them to choose the mode of delivery.

The study also suggests that the pregnant women should have the awareness regarding the health condition after caesarean.

These insights aim to inform hospital both private and public to change the perception of pregnant women in IT sectors by creating awareness programs which would be helpful for the physical well-being of pregnant women in IT sector after delivery

Keywords: Psychology, Caesarean, Vaginal Birth, Hospital, Delivery, IT Sector,

1. Introduction

Pregnancy is the important event in very women life. The women will experience changes both physically and mentally. Few years back pregnant women wait for the pain to come to opt for vaginal delivery and are ready to bear the bear. This paper aims to investigate the psychology of pregnant women without pregnancy issues who are working in IT sector regarding the mode of delivery in Chennai region.

2. Objective

The objective of the study was to assess women's preferences for vaginal (in hospital and water birth) vs caesarean delivery in 4 contexts: prior caesarean delivery, twins, breech presentation, and absent indication for caesarean.



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3. Study Design

This was a cross-sectional study of pregnant women who are in third trimester at 24-40 weeks' gestation. The study is observational analytical study. Accidental sampling technique is used

4. Research Methodology

A mixed-methods approach was used for this research, combining quantitative surveys and qualitative interviews. The sample consisted of faculty members from various colleges in the Pondicherry region. The survey included questions about the contributing factors. In-depth interviews were conducted to gain deeper insights into personal experiences and coping strategies.

5. Population and Sampling

Population: 100 pregnant women in third trimester without any pregnancy issues were chosen in Chennai region who works in IT sector.

6. Sampling Method

Accidental sampling design

7. Data Collection Methods

Quantitative Data: Use surveys or questionnaires to measure the psychology of mode of delivery **Qualitative Data:** Conduct semi-structured interviews or focus groups to gain deeper insights into personal experiences and coping strategies.

8. Data Analysis

Quantitative Analysis: Use statistical methods to analyze survey responses. Techniques such as descriptive statistics, correlation analysis, and regression analysis can help identify factors contributing to choice of selection of mode of delivery

9. Qualitative Analysis: Perform thematic analysis on interview or focus group transcripts to identify common themes and patterns related to choice of selection of mode of delivery

X-Axis (**Horizontal**): Represents the independent variable or categories.

Y-Axis (Vertical): Represents the dependent variable or measurements.

10. Results

Now there is a huge drift is that pregnant women voluntarily opt for c-section mode due to many factors. Some of them are they are not ready to bear the vagina pain. So they voluntarily choose caesarean.

For some women the vaginal delivery is just a few minutes but for some pregnant women it lasted more than more two days which they are not ready.

The second point is that they are ready to bear only one pain ie. If the pregnant women are trying for vaginal delivery and after two days of pain they have no other choice and opt for c-section.

Third point is that for vaginal delivery the vaginal will tear due to many reasons and the pregnant women need stiches which is similar to that of c-section mode of delivery. So many people who are working and not working opt for selective c-section



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The prior experience related to delivery is very hard so they voluntarily adopt caesarean.

For some pregnant women in IT sector they conceived after a very long years so they don't want to risk their baby lives

Most of the women want to do family planning after first birth itself so they go for caesarean.

Most of the women compare the birth story of friends, relatives and social media stories in their own life and decide the mode of delivery

11. Recommendations

We measured the choice of delivery. Majority of women choose caesarean method of delivery. If there is any proper awareness program regarding the choice of delivery and health condition after caesarean it would be helpful for the pregnant women to choose the right method.

12. Conclusion

The hospital both private and public to change the perception of pregnant women in IT sectors by creating awareness programs which would be helpful for the physical well-being of pregnant women in IT sector after delivery and the life style can be changed for smooth delivery

13. References

- 1. Letamo G, Rakgoasi SD. Factors associated with the non-use of maternal health services in Botswana. J Health Popul Nutr 2003;21:40-47.
- 2. Thind A, Mohani A, Banerjee K, Hagigi F. Where to deliver? Analysis of choice of delivery location from a national survey in India. BMC Public Health 2008;8:29.
- 3. Tukur J, Jido TA, Awolaja BS. Maternal mortality in rural Northern Nigeria. Trop Doct 2008;38:35-36.
- 4. Satoko Y, Sophal O, Susumu W: Determinants of skilled birth attendance in rural Cambodia. Trop Med Int Health 2006;2:238-251.
- 5. Olatunji AO, Sule-Odu AO. Maternal mortality at Sagamu, Nigeria-a ten year review (1988–1997) Niger Postgrad Med J 2001;8:12-15.
- 6. Babalola S, Fatusi A. Determinants of use of maternal health services in Nigeria-looking beyond individual and household factors. BMC Pregnancy Childbirth 2009;9:43.
- 7. Khalid SK, Daniel W, Lale S. WHO analysis of causes of maternal death: a systemic review. The Lancet Maternal Survival Series 2006;367:1066-74.
- 8. Envuladu E.A, Agbo H.A, Mohammed A, Chia L, Kigbu J.H, Zoakah A.I. Utilization of modern contraceptives among female traders in Jos South LGA of Plateau State, Nigeria. Int J Med Biomed Res 2012;1:224-231.
- 9. Kamga HLF, Assob NJC, Nsagha DS, Njunda AL, Njimoh DL. A community survey on the knowledge of neglected tropical diseases in Cameroon. Int J Med Biomed Res 2012;1:131-140.
- 10. State of the World's Children. UNICEF, New York, 2004.
- 11. Reproductive Health resource survey at primary health care level of government facilities; FMOH; Abuja; 2002.
- 12. Hazemba AN, Siziya S. Choice of place for childbirth: prevalence and correlates of utilization of health facilities in Chongwe district. Zambia. Med J Zambia 35:53-57.



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- 13. Cotter K, Hawken M, Temmerman M. Low use of skilled attendants' delivery services in rural Kenya; J Health Popul Nutri 2006;24:467-71.
- 14. Ogunlesi T.A. The pattern of utilization of prenatal and delivery services in Ilesa, Nigeria. IJE 2005;2(2):1540-2614
- 15. Idris S.H, Gwarzo U.M.D, Shehu A.U; Determinants of place of delivery among women in a semi-urban settlement in Zaria, Northern Nigeria; Ann Afr Med 2006;5:68-72.
- 16. Adeyemi EO. Socio-economic differentials in health care choices: implications for maternal mortality in Nigeria; PhD Thesis; Department of Sociology, Lagos State University, Nigeria.
- 17. Davis-Floyd R. Anthropological perspectives on global issues; Midwifery today. Int Midwife;2000;53:68-69.
- 18. Katung PY. Socio-economic factors responsible for poor utilization of primary health care services in a rural community in Nigeria. Nig J Med 2001;10:20-59.
- 19. Ikeako L.C, Onah H.E, Iloabachie G.C. Influence of formal maternal education on the use of maternity services in Enugu, Nigeria. J Obstet Gynaecol 2006;26:30-34.