

A Descriptive Study to Assess the Knowledge and Attitude regarding the Non-Pharmacological Management of Labour Pain among Women in Selected Community Area

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Abstract—Background: Labour pain is natural and universal phenomenon experienced by women worldwide, yet its perception, interpretation, and management vary widely across cultural contexts, healthcare systems, personal expectations, and available resources. While childbirth is celebrated as a transformative event in a woman's life, the accompanying pain is often described as one of the most severe forms of discomfort known to humankind. **Objectives:** To assess the knowledge and attitude of women regarding the non-pharmacological management of labour pain in a selected community area. **Methods:** The study adopted a quantitative, descriptive research approach. A descriptive cross-sectional research design was adopted for the present study. Tool was used Structured Knowledge Questionnaire. Total sample is 100 women. **Results:** The analysis and interpretation of data collected from the subjects in a selected area. In the level of knowledge score, out of 100 subject's majority 76% of subjects had a good level of knowledge score, 16% had an average level of knowledge score, 8% had a very good level of knowledge score, and 0% had a poor or excellent level of knowledge score. Mean knowledge score of the subjects was 14.88 ± 2.563 . Minimum knowledge score was 08 and Maximum Knowledge score was 21. **Conclusion:** The present study assessed the knowledge and attitude regarding non-pharmacological management of labour pain among women in a selected community area. The study highlights the need for structured antenatal education, counselling, and family involvement to enhance positive attitudes and promote effective utilization of non-pharmacological labour pain management methods, ultimately contributing to improved maternal care practices.

Index Terms—Knowledge, Attitude, Non pharmacological management, Labour pain, women.

I. INTRODUCTION

Labour pain is universally recognized as one of the most intense forms of pain experienced by women during the natural process of childbirth ^[1]. It is not merely a physical phenomenon but a multidimensional experience, influenced by a wide range of factors including physiological changes, psychological state, socio-cultural beliefs, and emotional responses ^[2]. The unpredictability and intensity of labour pain make it a unique challenge for women and for healthcare providers. While the biological basis of labour pain lies in uterine contractions, cervical dilatation, and pressure on pelvic structures, the woman's subjective perception of this pain is modulated by her mindset, coping mechanisms, support systems, and prior childbirth experiences ^[3]. The management of labour pain is a cornerstone of safe and respectful maternity care. Unrelieved pain can have negative consequences, such as exhaustion, anxiety, fear, and a heightened stress response, all of which can interfere with the progress of labour and lead to complications for both mother and child ^[4]. Effective labour pain management helps women cope with the intensity of childbirth, promotes a more positive birthing experience, and can improve both maternal and neonatal outcomes. Historically, much emphasis has been placed on pharmacological interventions for pain relief; however, in recent decades, there has been increasing recognition of the

role of non-pharmacological methods, which emphasize safety, accessibility, and women's empowerment ^[5]. Labour pain is different from other forms of pain in that it is associated with the birth of a

child, a highly meaningful event. While it is intense, it is also purposeful—it signals the progression of labour and heralds the arrival of new life. Physiologically, pain arises primarily from uterine muscle contractions and cervical dilatation during the first stage of labour and is transmitted via the thoracic (T10–L1) spinal nerves. During the second stage, the distension of the pelvic floor, vagina, and perineum further increases the pain, transmitted via the sacral (S2–S4) nerves [6].

II. OBJECTIVE

The objective of this study is:

1. To assess the knowledge and attitude of women regarding the non-pharmacological management of labour pain in a selected community area.

III. METHODS

The study adopted a quantitative, descriptive research approach. A descriptive cross-sectional research design was adopted for the present study. A non-probability purposive sampling technique was adopted. Sample a non-probability purposive sampling technique was adopted. Baseline knowledge was assessed using a Structured Interview Schedule. Reliability using the Split-half method (Spearman–Brown Prophecy formula) is $r = 0.82$. Inclusion criteria is Women who are currently pregnant or have given birth within the past five years. Women who are willing to participate in the study. Women who can understand and respond to the questionnaire. Exclusion criteria is Women with high-risk pregnancies requiring mandatory pharmacological pain management. Women who have gone through a workshop or conference on the same topic. Tool was used Structured Knowledge Questionnaire. Total sample is 100 women. Structured Questionnaire. It consists of 30 structured questionnaires to assess the knowledge of women regarding non-pharmacological labour pain management. Each correct answer was given a score of one (1), and a wrong answer was

scored as zero (0). The total scores were 30. Using a 5-point Likert scale (Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree) will assess participants' attitudes towards non-pharmacological pain management. Both descriptive and inferential statistics were used in alignment with the objectives of the study.

The data were analyzed using SPSS software. The data were analyzed using descriptive and inferential statistics. The association between demographic variables and knowledge score was determined using the chi-square test. A p -value = 0.05 less than was considered statistically significant.

IV. RESULTS

Demographic profile: Most participants were in the age group 30–34 years (30%), religion Hindu and Muslim (36%), Educational qualification secondary (30%), occupational status self-employed (32%), husband education

parity primipara (56%), source of information on social media.

Level of knowledge score: Mean knowledge score of the subjects was 14.88 ± 2.563 . Minimum knowledge score was 08 and the maximum Knowledge score was 21.

Level of attitude score: The mean attitude score of the subjects was 45.21 ± 6.031 . The minimum attitude score was 32 and the maximum attitude score was 61. Majority 76% of subjects, had a good level of knowledge score, 16% had an average level of knowledge score, 8% had a very good level of knowledge score, and 0% had a poor or excellent level of knowledge score. Mean knowledge score of the subjects was 14.88 ± 2.563 . Minimum knowledge score was 08 and the maximum Knowledge score was 21.

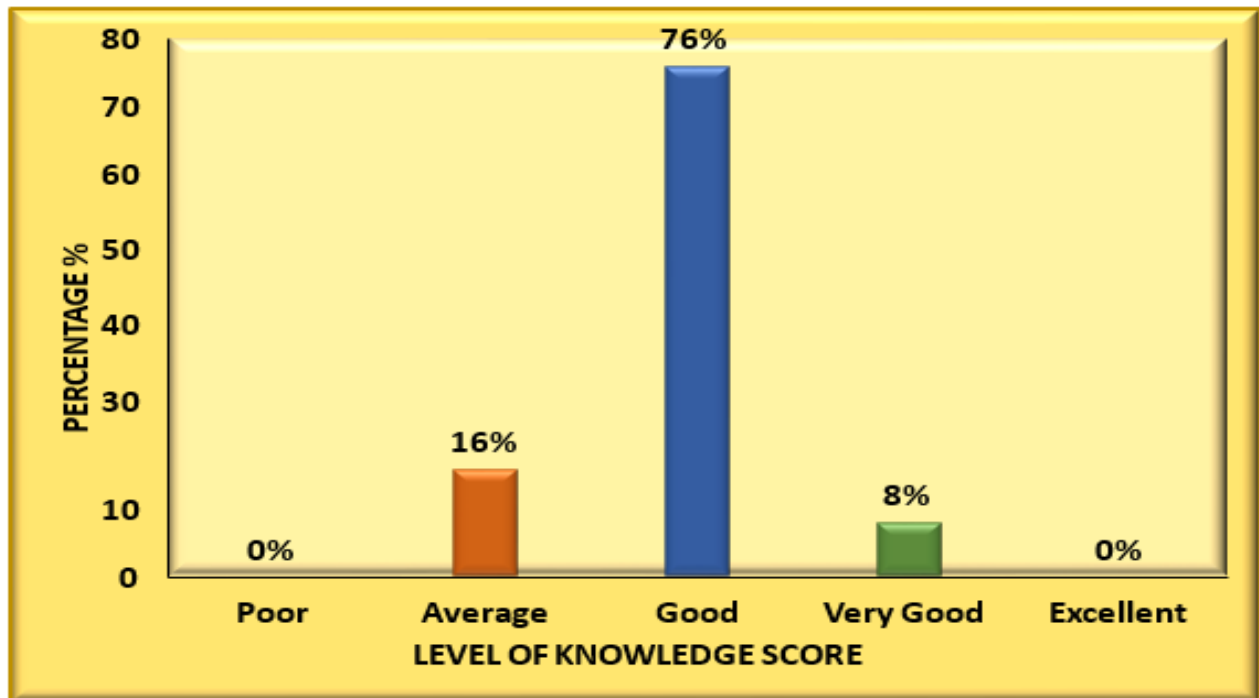


Figure 13: Distribution of subjects in relation to their knowledge regarding the non-pharmacological management of labour pain among women in selected community area.

Majority 81% of subjects, had a neutral, i.e., moderate level of attitude score, 19% had a favorable, i.e., positive level of attitude toward NPPR, and 0% had an unfavorable, i.e., negative level of attitude. The mean

attitude score of the subjects was 45.21 ± 6.031 . The minimum attitude score was 32 and the maximum attitude score was 61.

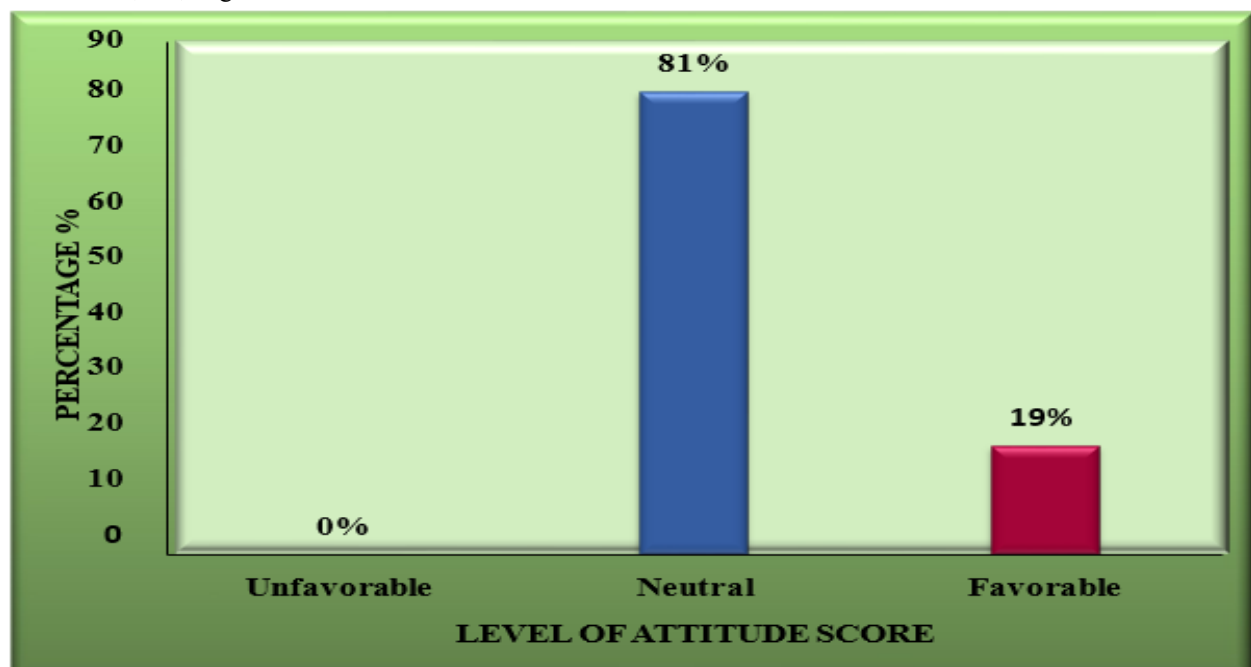


Figure 14: Distribution of subjects in relation to their attitude regarding the non-pharmacological management of labour pain among women in selected community area.

Association of knowledge regarding the non-pharmacological management of labour pain among women in selected community area with selected demographic variables there is not significantly but in attitude score is significantly with husband education and previously experienced labour pain.

V. DISCUSSION

The present study assessed the knowledge and attitude regarding non-pharmacological management of labour pain among women in a selected community area. The findings revealed that the majority of women had a good level of knowledge, with a mean knowledge score of 14.88 ± 2.563 , indicating a moderate level of Overall, the findings highlight the importance of focused antenatal education and family involvement to bridge the gap between knowledge and attitude regarding non-pharmacological management of labour pain.

VI. CONCLUSION

The present study assessed the knowledge and attitude regarding non-pharmacological management of labour pain among women in a selected community area. The findings revealed that most women possessed a moderate level of knowledge, while their attitude towards non-pharmacological methods was largely neutral. Although women were aware of these methods, a limited proportion demonstrated a favorable attitude, indicating a gap between knowledge and acceptance. Knowledge was found to be independent of selected demographic variables, whereas attitude showed a significant association with husband's education and previous experience of labour pain. The study highlights the need for structured antenatal education, counselling, and family involvement to enhance positive attitudes and promote effective utilization of non-pharmacological labour pain management methods, ultimately contributing to improved maternal care practices.

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