

# PERCEPTION AND ATTITUDE TOWARDS CAESAREAN SECTION AMONGST PREGNANT WOMEN ATTENDING ANTENATAL CARE IN CHUKWUEMEKA ODUMEGWU OJUKWU UNIVERSITY TEACHING HOSPITAL-AMAKU, AWKA ANAMBRA STATE, NIGERIA

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**Abstract: Background:** Caesarean section as a mode of delivery is common and has contributed immensely towards improving the outcome of most pregnancies. There has been an evolution in the perception, attitude and acceptance of the procedure overtime.

**Objective:** To ascertain the current status of perception, attitude and willingness to accept caesarean section as a mode of delivery in Chukwuemeka Odumegwu Ojukwu University Teaching Hospital-Amaku, Awka (COOUTH-Amaku).

**Materials and Methods:** Data was collected using structured questionnaire from a sample of 513 women in COOUTH-Amaku and analyzed using descriptive statistics. The results were presented in simple frequency, percentages and tables. A cross-tabulation technique was also deployed to show the relationship between age of respondents and their concern for CS.

**Results:** The respondents were mainly multiparous mothers (40.9%). The mean age of the distribution was 30.1 years with 69.5% attained tertiary level of education and above. Their spouse were also graduates as tertiary level of education was 68.1%. About 86.2% of the respondents showed knowledge of caesarean section and source of knowledge was from their previous experience. The results further revealed that 85.8% of the respondents preferred spontaneous vaginal delivery as a mode of delivery and will only accept caesarean section when there is an indication

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(90%). On the contrary, 15% of the respondents expressed the willingness to accept CS as a preferred mode of delivery. The major concerns of most of the respondents were risk on the mother (33.7%) and the cost of the operation (32.3%).

**Conclusion: Antenatal education should include detailed explanation on the mode of delivery so as to enable mothers to give informed consent if there is need for CS intervention.**

**Keywords:** Caesarean section, perception and review.

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## 1. INTRODUCTION

Caesarean section is one of the commonest performed surgical procedure in obstetrics and it is certainly one of the oldest operation in surgery [1], [2]. At the onset, the procedure was associated with high rate of mortality largely from low level of medical services available and complications of anesthesia as of that time. Consequently, its introduction in obstetric practice was greeted with misgivings and in some instances outright rejection [2].

While the experiences of most women as it concerned pregnancy and delivery were very pleasant others were hazardous [3]. The recent advances in surgical techniques and anesthesia have changed the scenario. It is now an established fact that increase in access to caesarean section reduces the incidence of maternal and fetal morbidity during delivery. This among other positive factors has led to astronomical rise in the incidence of caesarean section globally [4]. Despite this, there are still report of unmet needs for caesarean section in some parts of Sub-Sahara Africa [5].

The perception a woman has about birth especially through caesarean section has major influence on the choice of mode of delivery. There are issues of fear of death and complication following caesarean section as well as its psychological effects on some women who usually feel loss of sense of dignity and womanhood when they fail to achieve spontaneous vaginal delivery. The cost of operation and the fear of repeat caesarean section are also issues on concern.

At the other extreme some pregnant women may deliberately not want to experience labour at all and would choose caesarean section as their first and best option. This is called caesarean delivery on maternal request (CDMR). There are numerous publication on the advantages and disadvantages of this option [8, 9, 10]. The perception and attitude of pregnant women to caesarean section is therefore based on the level of knowledge and the interplay of the behavioral factors noted above. This study is aimed at finding the current status of women in our environment and the level of acceptance and general attitude towards caesarean section.

## 2. MATERIALS AND METHODS

### Description of Study Area

This study was conducted at the College of Medicine Chukwuemeka Odumegwu Ojukwu University Awka campus, one of the three campuses of Chukwuemeka Odumegwu Ojukwu University, Anambra state.

### Study Population

The study population was made up of pregnant women attending Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Amaku, Awka.

### Study Design

This study was a descriptive, cross sectional study that utilized semi-structured interviewer administered questionnaires to obtain information from pregnant women at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Amaku, Awka between August and September 2022.

### Sample Size Determination

Minimum sample size for the study was determined using the Cochran's formula for estimated population less than 10,000 [7],

### International Journal of Novel Research in Healthcare and Nursing

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$$n = \frac{n_0}{1 + \frac{(n_0 - 1)}{N}}$$

Where:

e = desired level of precision (0.05)

p = prevalence of caesarean section (28.5% = 0.285)

q = 1 - p (1 - 0.285 = 0.715)

z = standard normal deviate, 1.96 (at 95% confidence interval)

Therefore,

$$n_0 = \frac{1.962 \times 0.285 \times 0.715}{0.05 \times 0.05}$$

$$n_0 = \frac{0.39980655}{0.0025}$$

n<sub>0</sub> = 159.92 (approximately 160)

A 10% non-respond rate = 15 + 160 = 175.

Design effect = 175 x 3 = 525

Note: 97.7% response rare = 513/525 = 0.9771

Therefore: 513 respondents were used for this research work.

#### Non-probability Sampling Techniques

##### Data Entry and Analysis

The collected data were verified and checked for consistency by the researcher and entered and analyzed using the computer software SPSS version 20. For ease of understanding, the frequency distribution of all relevant variables is tabulated. Corresponding means and standard deviations were also calculated, and tests for statistical significance were performed using appropriate statistical tests, such as the chi-square test for proportions, with statistical significance set at p < 0.05.

##### Ethical considerations

Ethical clearance and approval for this study was obtained from the Medical Research Ethics Committee of Chukwuemeka Odumegwu Ojukwu University Teaching Hospital (COUTH). Additionally, informed consent was obtained from all respondents, confidentiality was assured, and participation was voluntary.

##### Limitations of the Study

Because this study relied only on participants' self-reports, it could be contaminated by bad memories or exaggerations without any means of verification.

### 3. ANNOUNCEMENT OF RESULTS

The total number of respondents who participated in this study was 513. Table 1 shows the sociodemographic characteristics of the participants. The average age was 30.1 years, standard deviation 5.0, and there were more women in the 25-39 age group (179 people). The majority of participants were literate, with tertiary and secondary education accounting for 69.5% and 21.8%, respectively. Likewise, the respondents' husbands also had a high level of education, with 68.1% receiving higher education and 21.8% receiving secondary education. The majority of respondents were Catholic (48.8%), followed by Pentecostals (24.7%).

**International Journal of Novel Research in Healthcare and Nursing**

Vol. 11, Issue 1, pp: (146-152), Month: January - April 2024, Available at: [www.noveltyjournals.com](http://www.noveltyjournals.com)

**Table 1: Social Demographic Characteristics of Respondents**

<b>Social Demographic Characteristics of Respondents</b>	
<b>Age</b>	<b>Freq (%)</b>
15-19	7 (1.4%)
20-24	50 (9.7%)
25-29	179 (34.8%)
30-34	171 (33.3%)
35 ->40	107 (20.8%)
Mean age (SD)	30.1 (5.0)
<b>Maternal level of education</b>	
Tertiary	357 (69.5%)
Secondary	112 (21.8%)
Primary	28 (5.4%)
Illiterate	14 (17%)
<b>Husband's level of education</b>	
Tertiary	350 (68.1%)
Secondary	112 (21.8%)
Illiterate	23 (4.5%)
Primary	19 (3.7%)
Undisclosed	10 (1.9%)
<b>Faith</b>	
Catholic	251 (48.8%)
Anglican	116 (22.6%)
Pentecostal	127 (24.7%)
Islam	12 (2.3%)
Pagan	11 (1.6%)

Table 2 revealed that out of 513 respondents, 210 women were multipara. The distribution of parity was nulliparous (16.1%), primipara (27.6%), multiparous (40.9%) and grandmultipara (15.4%).

**Table 2: Parity**

Number of children	Frequency	Percentage
0	83	16.1%
1	142	27.6%
2-4	210	40.9%
≥4	79	15.4%

Table 3 revealed the knowledge and perception of pregnant mother towards caesarean section. 85.2% of respondents have heard and actually have a good knowledge of caesarean section. The source of knowledge was mainly from experience (26.5%) and from relative 21.8%. Findings from this study further revealed that 85.5% of women preferred Spontaneous Vaginal Delivery to Caesarean section which corresponded to the higher number of women who have not experienced childbirth through Caesarean section.

**Table 3: Knowledge and Perception of Women Towards Caesarean Section**

<b>Perception of women towards caesarean section</b>		
<b>Knowledge about caesarean section</b>	<b>Number of respondents</b>	<b>Percentage</b>
Yes	443	86.2%
No	62	12.1%
Undisclosed	9	1.8%
<b>Source of knowledge</b>		
From experience	136	26.5%
From relative	112	21.8%

**International Journal of Novel Research in Healthcare and Nursing**

Vol. 11, Issue 1, pp: (146-152), Month: January - April 2024, Available at: [www.noveltyjournals.com](http://www.noveltyjournals.com)

From a friend	108	21.0%
Read in a book	97	18.9%
No knowledge	62	11.9%
<b>Preferred mode of delivery</b>		
Spontaneous vaginal delivery	441	85.8%
Caesarean section	65	12.6%
Undisclosed	8	1.6%
<b>History of previous caesarean section</b>		
None	308	59.9%
Once	110	21.4%
Twice	49	9.5%
Thrice	23	4.5%
four times	24	4.7%

The results in table 4 showed the attitude of respondents to caesarean section. 95% of the respondents will only accept Caesarean section when there is a medical indication while 5% would not accept Caesarean section for any reason. 26.5% of respondents spouse easily accepted the procedure, 8.9% were persuaded to accept while 3.1% outrightly rejected the procedure. The consent to undergo caesarean section was mainly given by the spouse (29.8%). The greatest concern of most women which hinders them from accepting the procedure easily was fear of maternal death (33.7%) and the cost of undergoing cesarean section (32.2%)

**Table 4: Attitude Towards Caesarean Section**

<b>Acceptance of CS during labour</b>		
Yes, when there is an indication	487	95%
No, even when there is indication	26	5%
<b>Consent for caesarean section</b>		
not applicable	312	60.1%
husband because he was available	153	29.8%
myself because my husband was unavailable	21	4.1%
relation because my husband was unavailable	15	2.9%
my relation because my husband refused to sign	10	1.9%
<b>Concern for Caesarean section</b>		
Risk to mother	296	33.7%
Cost of operation	284	32.3%
Limited number of deliveries	177	20.1%
Risk to baby	42	4.8%
Undisclosed	80	9.1%
Total	879	100.0%
<b>Husbands' reaction to caesarean section</b>		
Not applicable	306	59.5%
Easily accepted	136	26.5%
Persuaded to accept	46	8.9%
Outright rejection	16	3.1%
Unhappy afterwards	10	1.9%

**International Journal of Novel Research in Healthcare and Nursing**

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**4. DISCUSSION OF FINDINGS**

This study revealed that majority of respondents had good knowledge of CS. This may be due to the level of education of most respondents and their husbands who actually are graduates (69.5%) and 68.1% respectively. This could also relate to the high level of literacy in our environment. Similar reports were obtained in Benin [2] Ogbomoso [10] and Jigawa [11]. Again the work is carried out in Urban center and teaching hospital where most of the antenatal mothers are civil servants and educated business women.

The perception of most of our respondents were good. The preferred mode of delivery was through the vagina 85.7% but even those who had this choice have positive disposition to C/S if need be. 21.4% of respondents have had C/S for at least once and are willing to have another one if need be. This is contrary to the widely held belief of unwillingness to have C/S by Nigerian women [12, 13].

Obtaining consent for surgery is one of the issues on the perception and attitude towards C/S. The consent for 29.8 % of respondents who have had CS was given by their husbands while only 1.4% was given by the respondents themselves. Even the 4.3% of those who gave their consent was because their husbands were not available. Predominantly, husbands obtaining consent for CS could either be due to the fact that they provide the funds or due to male chauvinism.

This is quite contrary to the guidelines for consent which by formulation signifies that patient should be fully informed and consent signed by her before surgery can be undertaken [14]. Of the of the respondents who had C/S, 26.5% of their spouse easily accepted to give consent for C/S for their wives, 8.9% were persuade before they could accept while 3.1% showed outright rejection. Most of the respondents indicated more than one concern about C/S which included fear of maternal death 33.7%, cost of the procedure 32.3%, and limitation to number of deliveries amongst others

**5. CONCLUSION**

The knowledge, attitude and acceptance of caesarean section is very high in our center. The result from this study could slightly differ when this research work is carried out in more remote areas and hospitals located in rural centers. Whichever of this, there is still a need for antenatal education and childbirth preparedness. This will have a positive influence on pregnant women's attitude and acceptance of caesarean section.

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**International Journal of Novel Research in Healthcare and Nursing**

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