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Perceptions and attitudes of pregnant women towards caesarean section in Ado Local Government Area, Ekiti, Southwest Nigeria

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Agatha Ogunkorode[1], Titilayo Omolekan[2], Modupe I. Alade[1], Senami O. Adebiyi[1]*

Faculty of Nursing Sciences, College of Medicine and Health Sciences, Afe Babalola University of Ado-Ekiti, Ekiti-State, Nigeria[1]; Ekiti State University Teaching Hospital, Ado-Ekiti, Ekiti-State, Nigeria[2]

***For Correspondence:** Email: *ogunkorodeao@abuad.edu.ng*; Phone: +2349078129160

Abstract

Caesarean Section (CS) is a life-saving obstetric surgery, often necessitated to resolve complications of pregnancy. This study investigated the perceptions and attitudes of women of childbearing age in Ado Local Government, Ekiti State, Nigeria, concerning Caesarean section as a delivery option. A quantitative, descriptive research design of survey type was adopted for the study. One hundred and twenty-two pregnant women attending antenatal clinic were randomly selected as study participants. Data for the study were collected using researcher-administered questionnaires. The reliability and validity of the instruments were ascertained. The participants were aware of their rights and responsibilities as study participants. Data were analyzed with descriptive and inferential statistics. The hypotheses formulated were tested at 0.05 significance level. Findings revealed that the study participants have positive perception and attitude towards cesarean. The study indicated no significant relationship between Caesarean section delivery and reproductive failure since the calculated significance value (0.072) was greater (>) than the significance value (0.05). The study also revealed no significant relationship between Caesarean section delivery and death warrant as the calculated significance value (0.067) was greater (>) than the significance value (0.05). Awareness programs on the importance and advantages of Caesarean section should be included in antenatal clinics education and mass media propaganda. *(Afr J Reprod Health 2023; 27[6s]: 28-35).*

Keywords: Cesarean section, pregnant women, Nigeria

Résumé

La césarienne (CS) est une chirurgie obstétricale vitale, souvent nécessaire pour résoudre les complications de la grossesse. Cette étude a examiné les perceptions et les attitudes des femmes en âge de procréer du gouvernement local d'Ado, dans l'État d'Ekiti, au Nigeria, concernant la césarienne comme option d'accouchement. Un plan de recherche quantitatif et descriptif de type enquête a été adopté pour l'étude. Cent vingt-deux femmes enceintes fréquentant une clinique prénatale ont été sélectionnées au hasard comme participantes à l'étude. Les données de l'étude ont été recueillies à l'aide de questionnaires administrés par les chercheurs. La fiabilité et la validité des instruments ont été vérifiées. Les participants étaient conscients de leurs droits et responsabilités en tant que participants à l'étude. Les données ont été analysées avec des statistiques descriptives et inférentielles. Les hypothèses formulées ont été testées au seuil de signification de 0,05. Les résultats ont révélé que les participants à l'étude ont une perception et une attitude positives envers la césarienne. L'étude n'a indiqué aucune relation significative entre l'accouchement par césarienne et l'échec de la reproduction puisque la valeur de signification calculée (0,072) était supérieure (>) à la valeur de signification (0,05). L'étude n'a également révélé aucune relation significative entre l'accouchement par césarienne et l'arrêt de mort, car la valeur de signification calculée (0,067) était supérieure (>) à la valeur de signification (0,05). Des programmes de sensibilisation sur l'importance et les avantages de la césarienne devraient être inclus dans l'éducation des cliniques prénatales et la propagande des médias de masse. *(Afr J Reprod Health 2023; 27[6s]: 28-35).*

Mots-clés: Césarienne, femmes enceintes, Nigeria

Introduction

The process through which childbirth naturally occurs is called vaginal delivery, while Caesarean section is the delivery of a child through an incision in the abdominal wall and the uterus[1]. Pregnancy as a physiologic state is expected to lead to a process of delivery within forty weeks of gestation in a normal delivery. However, due to a variety of reasons, some women may have difficulties in delivering vaginally and may be advised to undergo Caesarean section. Caesarean Section (CS) could be

seen as a life-saving obstetric surgery, which may 1;1. which may be necessitated in high-risk pregnancies, such as those with multiple/large fetuses, breach presentation, obstructed labor, and in women with 22. transmissible infections such as HIV/AIDS[2]. Scholars[2] further posit that medically indicated CS has the potential to reduce maternal/neonatal morbidity and mortality including preventing long-term complications such as obstetric fistula. However, a non-medically indicated CS has no associated additional benefits for mothers and newborns. According to Amiegheme, Adeyemo & Onasoga[3], the rate of CS in high-resource countries are increasing as there has been a higher rate of acceptability over time, while women in low-middle-income resource countries are struggling with the issue of non-acceptance of CS.

In Nigeria, and most sub-Saharan African countries, Caesarean section is being accepted reluctantly even in the face of obvious clinical indications[1]. Women turn down Caesarean section for various reasons which include: fear of death during surgery based on death of close relatives; past unpleasant experiences in previous Caesarean sections; unpleasant stories that they had heard from other women; desire to have vaginal delivery; notions that Caesarean section is an indication of reproductive failure; economic factors; inadequate counseling in the course of antenatal care; religious beliefs; sociocultural perceptions that one would not be able to have a vaginal delivery after having had a CS; to mention but a few. The main objective of this study was to determine the perceptions and attitudes of pregnant women in Ado Local Government Area, Ekiti State, southwest Nigeria towards cesarean section as an option for child delivery.

Methods

Research design

This study adopted a descriptive research design of survey type involving direct contact with the sample population that met the inclusion criteria for the study. The following research questions and hypotheses were formulated to guide the conduct of the study. The Hypotheses were tested at 0.05 level of significance:

What is the perception of pregnant women in Ado Local Government about cesarean section as a mode of delivery?

What is the attitude of pregnant women in Ado Local Government towards cesarean section as a mode of delivery?

Hypotheses

Ho_1: There is no significant difference between pregnant women perception of Caesarean section mode of delivery and attitude towards the procedure.

Ho_2: There is no significant relationship between pregnant women perception of Caesarean section delivery and reproductive failure. (Some people see Caesarean section mode of delivery as a sign of reproductive failure which may deter them from accepting the option)

Ho_3: There is no significant relationship between the attitude of pregnant women on Caesarean delivery and it's being referred to as a death warrant.

Setting for the study

The study was conducted in Ado-Ekiti which is one of the 16 Local Government Area in Ekiti State. Ado-Ekiti doubles as the state capital and also the biggest city in Ekiti State, southwestern Nigeria. It is a semi-urban community with a population of 308,621, who are mostly Yoruba speaking Christians. The study's location was the maternity unit (Antenatal Clinic) of the Ekiti State University Teaching Hospital (EKSUTH), located in Ado-Ekiti. Ekiti State University Teaching Hospital (EKSUTH) is a 45-bedded healthcare facility providing obstetric and gynaecological services to its clients. It serves as a referral centre for high-risk pregnancies and labour complications from other facilities within the State. The hospital also receives referral from neighboring Kogi, Osun, and Ondo states. There are consultant-led obstetric teams that cover routine prenatal and emergency obstetric sections of the hospital. The labour ward, theatre and special care neonatal unit are functional round-the-clock, ensuring prompt intervention and improved perinatal outcomes. Its average annual delivery rate is about 2000/year.

The hospital (EKSUTH) also has other units such as family medicine department, surgical department, medical department, psychiatric unit, paediatric ward, adult and children emergency units.

Other departments include family planning, surgical out patient, medical out patient, general out patient, plastic and burns, Nutrition and Dietician, physiotherapy, Laboratories as well as a befitting administrative blocks.

Target population of the study

The target population for the study was all 175 pregnant women that registered for antenatal care in the healthcare facility during the months of July and August, 2021 when the study was being conducted. This is the population of registered pregnant women for antenatal clinic during the period this study was being carried out. Data was collected for two months That is the months of July and August 2021.

Sampling and sampling size

The sample size for the study was determined using Yamane's (1967) Sampling Formula as presented below:

$$n = \frac{N}{1+N(e)^2}$$

Where:
n = sample size
N =population size
e = precision size (0.05).

Therefore, the sample size is calculated thus:

$$n = \frac{N}{1+N(e)^2}$$

$$n = \frac{175}{1+175(0.05)^2}$$

$$n = \frac{175}{1+175(0.0025)}$$

$$n = \frac{175}{1+0.4375}$$

$$n = \frac{175}{1.4375}$$

$$n = 121.739$$

$$n = 122$$

Therefore, the sample for the study was 122 pregnant women randomly selected in maternity unit (Antenatal Clinic) of the healthcare facility (this number was gotten from the calculation of sample size using Yamane (1967) sample size determination formular

Instrument for data collection

The instruments for this study were researcher-designed questionnaire meant for the pregnant women. The instruments are "Pregnant women perception towards Caesarean section Questionnaire "(PWPTCSQ) and "Pregnant women attitude towards Caesarean section Questionnaire" (PWATCSQ). The questionnaire was a structured Likert-type questionnaire. The questionnaire was divided into three (3) sections.

Section A asked questions about socio-demographic characteristics of respondents,

Section B asked question about the perception of the respondents about Caesarean section, while **section C** sought to find out respondents' attitude towards Caesarean section as an alternative method of delivery.

SECTION B: Respondent's perception about ceserean section

Instruction: Kindly tick ( ) the option appropriate to your position about Caesarean section. Stongly Agree= (SA), Agree=(A), Disagree= (D), Strongy Disagree= (D)

Items	SA	A	D	SD
Vaginal delivery is normal mode of delivery, while Caesarean birth is abnormal				
Caesarean delivery is just like a reproductive failure to women				
Mothers regains her health status soon after vaginal delivery than Caesarean section				
Having vaginal birth is a great experience than a Caesarean delivey				
Caesarean delivery is safe and can prevent unnecessary damage to the body e.g vaginal tear				

SECTION C: Respondent's attitude towards caesarean section

Instruction: Kindly ( ) tick the option that is appropriate to your view toward Caesarean section. Strongly Agree=(SA), Agree=(A), Disagree=(D), Strongly Disagree=(SD)

Instrument validity and reliability

The face and content validities of the questionnaire were determined by experts in the field of nursing, reproductive health, sociology and demography and social statistics within and outside Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti.

Sample questions include:

Items	SA	A	D	SD
Vaginal creates affectionate mother and child relationship				
Caesarean section is preferable because it reduces pain when compered with vaginal delivery				
Caesarean born babies are healthier than vaginal delievered babies				
Caesarean section is save for the baby than vaginal delivered babies				
Having a Caesarean delivery is like a death sentence for a pregnant woman e.g (there is fear of death)				

Pilot study

To ascertain its reliability and internal consistencies, the instruments PWPTCSQ and PWATCSQ were administered on 20 pregnant women attending antenatal clinic at a comprehensive healthcare facility. Data collected was analyzed to obtain the Cronbach's Alpha reliability coefficients. The value obtained were 0.79 and 0.87 respectively, which attested to their reliability.

Ethical considerations

The Ethical approval of Ekiti State University Teaching Hospital to carry out the study was sought and obtained (Protocol Number EKSUTH/A67/2021/05/006). The researcher requested for the permission of the matron in charge of antenatal clinic of healthcare facility to have access to the study participants. The researcher introduced herself to the study participants. The purpose of the study was clearly explained to them. They were made aware that participation in the study was voluntary and that they could opt out of the study at any point in time without any adverse consequences on the care they receive in the clinic.

The respondents were assured that whatever information they supply would be treated with the greatest confidentiality and such information will be used for research purposes only. They were further assured that the findings of the study will neither have linkage with them nor with the information generated through the research questionnaire. Ample time was allotted for answering all their questions. Thereafter, oral and written informed consents were obtained from the prospective study participants before the commencement of data collection.

Method of data collection

The researcher distributed the questionnaires to the study participants and she waited to collect them after they were completed. All questions were adequately answered.

Method of data Analysis

Data collected were sorted manually and collated into Statistical Package for Solution Service (SPSS) version 25. The hypotheses raised were tested at 0.05 level of significance. Hypothesis one was tested using t-test while hypotheses two and three were tested using Pearson's Product Moment Correlation (PPMC).

Results

Analysis of demographic data

Table1: Social demographic variables of the respondents

	Frequency (N=122)	**Percentage (%)**
Age		
20-25 Years	18	15%
25-30 Years	49	40%
35 Years and Above	55	45%
Marital Status		
Single Mother	01	01%
Married	121	99%
Divorced	0	0
Widowed	0	0
Level of Education		
None	0	0
Primary	07	6%
Secondary	49	40%
Tertiary	66	54%
Religion		
Christianity	93	76%
Islam	29	24%
Others	0	0
Tribe		
Yoruba	117	96%
Hausa	1	1%
Igbo	4	3%

Table 1 above presents the socio-demographic characteristics of the study participants. It showed that 18 (15%) of the respondents were of ages 20 to

25; 49 (40%) were between ages 25 to 30 years while 55 (45%) were of ages 35 and above. Also, the marital status of the participants revealed that 1 (1%) were single mother while the remaining 121 representing 99% were married women.

The results showed that 07 (6%) of the respondents were holders of primary school certificates, 49 (40%) had secondary education while 66 (54%) had tertiary education; 93 (76%) of the respondents were Christians while 29 (24%) were Muslims. The results also revealed that 117 (96%) were Yoruba, 01 (1%) was Hausa while 4 (3%) of them were Igbo.

Perception of study participants on caeserean section

Question 1: What is the perception of pregnant women in Ado Local Government about cesarean section as a mode of delivery?

In answering research questions 1, mean and standard deviation were used and a cut-off point of 2.50 was considered. Results in

Table 2 showed the mean and standad deviation of the study participants' perception about ceaseran operation as a mode of delivery. The benchmark to decide whether the percetion is positive or negative was 2.50. This implies that mean score equal or greater than 2.50 indicate positive perception while the mean score that is less than 2.50 means negative perception about Cesarean Section as a mode of delivery. The results indicated that item 1 which states that Vaginal delivery is a normal mode of delivery, while Caesarean birth is abnormal had mean score of 3.89, this implies they have positive perception about the procedure. Mean score of item 2 which states that Caesarean delivery is just like a reproductive failure to women is 3.62. The mean score of 3.45 was obtained for the item 3 which states that mothers regain their health status faster after vaginal delivery than Caesarean section. Item 4 which states having vaginal birth is a greater experience than a Caesarean delivey had mean score of had of 3.99. Mean score of item 5 which states that Caesarean delivery is safe and can prevent unnecessary damage to the body e.g vaginal tear is 2.06 while the mean score for other numerous factors stated by the pregnant women is 3.35.

The grand mean score for the perception of study participants about the about cesarean section as a mode of delivery was 20.11 while the average mean score was 3.35. This implies that pregnant women have positive perception about cesarean section in Ado Local Government Area of Ekiti State.

Attitude of study participants towards ceasarean section

Question 2: What is the attitude of pregnant women in Ado Local Government towards cesarean section as a mode of delivery?

In answering research questions 2, mean and standard deviation were used and a cut-off point of 2.50 was used to determine positive or negative attitude.

Table 3 showed the mean scores and standard deviation of study participants's attitude towards cesarean section as a mode of delivery. The results revealed that item 1 which states that Vaginal delivery creates affectionate mother and child relationship had a mean score of 3.78. item 2 which states that Caesarean section is preferable because it reduces pain when compared with vaginal delivery had mean score of 2.12. A mean score of 3.15 was obtianed for item 3 which states that Caesarean born babies are healthier than vaginal delievered babies. Item 4 with mean score of 2.99 asserted that Caesarean section is save for the baby. The mean score of 1.94 was obtained for item 5 which states that having a Caesarean delivery is like a death sentence for a pregnant woman e.g (there is fear of death). The mean score shows that the statement is negetive which is the confrimation of the fact that Caesarean delivery is not a death sentence. The mean score of other attituduinal issues raised by the pregnant women was 2.78. The grand mean score for the attitude of pregnant women towards cesarean section as a mode of delivery in Ado Local Government was 19.91 while the average mean score was 3.32. The results implied that pregnant women showed positive attitude towards cesarean section as a mode of delivery.

Table 2: Perception of pregnant women about caesarean section

S/N	Items	Mean	SD	Decision
1	Vaginal delivery is normal mode of delivery, while Caesarean birth is abnormal	3.89	3.64	Positive
2	Caesarean delivery is just like a reproductive failure to women	3.62	3.05	Positive
3	Mothers regains her health status soon after vaginal delivery than Caesarean section	3.45	3.06	Positive
4	Having vaginal birth is a great experience than a Caesarean delivey	3.99	3.95	Positive
5	Caesarean delivery is safe and can prevent unnecessary damage to the body e.g vaginal tear	2.06	2.68	Negative
6	Others	3.10	3.93	Positive
Grand Mean		20.11		
Average Mean score		3.35		Positive

Table 3: Attitude of pregnant women about cesarean section

S/N	Items	Mean	SD	Decision
1	Vaginal creates affectionate mother and child relationship	3.78	3.04	Positive
1 2	Caesarean section is preferable because it reduces pain when compared with vaginal delivery	2.12	3.08	Positive
3	Caesarean born babies are healthier than vaginal delievered babies	3.15	3.19	Positive
4	Caesarean section is save for the baby than vaginal delivered babies	2.99	2.18	Positive
5	Having a Caesarean delivery is like a death sentence for a pregnant woman e.g (there is fear of death)	1.94	2.10	Negative
6	Others	2.78	2.17	Positive
Grand Mean		19.91		
Average Mean score		3.32		Positive

Table 4 shows that the t-calculated value of 13.178 is not significant because the P value (0.060) > 0.05. This implies that the null hypothesis which states that there is no significant difference between pregnant women perception of Caesarean section delivery and attitude towards the procedure was not rejected. Hence, there is no significant difference between perception and attitude of pregnant women towards Caesarean section delivery. This implies that pregnant women showed positive perception and attitude towards Caesarean section. Ho_2: There is no significant relationship between pregnant women perception of Caesarean section delivery and reproductive failure.

Table 5 showed that the r calculated value was 0.565 with calculated significance value of 0.072 computed at 0.05 significance level. Since the calculated significance value (0.072) was greater (>) than the significance value (0.05), the null hypothesis which states that there is no significant relationship between pregnant women perception of Caesarean section delivery and reproductive failure was not rejected. Therefore, there was no significant relationship between pregnant women perception of Caesarean section delivery and reproductive failure. **Ho_3**: There is no significant relationship on the attitude of pregnant women on Caesarean delivery and death warrant.

Table 6 showed that the r calculated value was 0.078 with calculated significance value of 0.067 computed at 0.05 significance level. The calculated significance value (0.067) was greater (>) than the significance value (0.05), therefore, the null hypothesis which states that there is no significant relationship between pregnant women perception of Caesarean section delivery and death warrant was not rejected.

Discussion

The study examined the perception and attitude of pregnant women towards cesarean section in Ado

Table 4: t-test analysis of the difference between pregnant women perception of caesarean section delivery and attitude towards it

Variations	N	Mean	SD	df	t_{cal}	P
Perception of Caesarean Section	122	6.32	4.89	120	13.18	0.060
Attitude towards Caesarean Section	122	6.48	4.91			

P>0.05

Table 5: Relationship between perception of women about caesarean section delivery and reproductive failure

Variable	N	Mean	SD	df	r Cal	Sig.
Perception of Caesarean Section	122	6.32	4.89	120	0.565	0.072
Reproductive Failure	122	6.48	4.91			

*P>0.05

Table 6: Relationship between perception of women about caesarean section delivery and death warrant

Variable	N	Mean	SD	df	rCal	Sig.
Perception of Caesarean Section	122	3.91	3.11	120	0.078	0.067
Death Warrant	122	3.89	3.18			

*P>0.05

Local Government Area of Ekiti State. The finding revealed that the study participants perceived cesarean section could aid in safe child delivery. This finding is in line with the findings of Amiegheme, Adeyemo & Onasoga[3]. The finding of the study also revealed that the study participants have positive attitude towards Caesarean section. The finding disagreed with the finding of Naa Gaandu[4] who described women's perception of Caesarean section delivery as highly problematic; and that CS delivery acts as a long-term disease.

The findings of the study also revealed no significant difference between the perception and attitude of pregnant women towards cesarean section. The finding concurred with the finding of Amiegheme[3] which indicated that pregnant women perception positively led to their attitude towards CS. The finding of the study also revealed no significant relationship between cesarean section and reproductive failure among the study participants. The finding is in disagreement with the finding of Naa-Gaandu, Nuertey and Seneadza[4] which indicated that there is wide spread belief that West African women have aversion for surgical delivery and to have a CS is regarded as a reproductive failure.

The findings of the study also revealed no significant relationship between attitude of pregnant women on Caesarean delivery and death warrant. This implies that women believe and perceive that acceptance of cesarean section mode of delivery does not mean death warrant. This finding concurred with the finding of Ezeome[4] on the attitude, beliefs, perceptions, and views of pregnant women about Caesarean section. It negated the belief in reproductive death.

Implication of the study to nursing

The findings of this study have implications for nursing education and practice. The results of the study indicate that pregnant women in Ado Local Government Area of Ekiti State have positive perception and attitude towards cesarean section as a mode of child delivery; they perceive that Caesarean section does not imply reproductive failure and the procedure does not imply a death warrant. Thus, it is essential for health practitioners, particularly, nurses to educate and guide the pregnant women with evidence-based information about Caesarean section which could positively impact their reproductive health.

Conclusion

The study concluded that pregnant women in Ado-Local Government area of Ado-Ekiti have positive perception and attitude towards Caesarean section

as a mode of delivery. They perceive that Caesarean section does indicate reproductive failure and it is not a death warrant.

Recommendations

Based on the findings of the present study and conclusions thereof, the following recommendations are proposed.: Awareness programme should be organized for pregnant women within hospitals on the influence, advantages and effect of Caesarean section. This programme is expected to shape the perception and attitude of the pregnant women towards Caesarean section in hospitals. The government at Federal, State and Local levels, through the Ministry of Health should organize jingles on television/radio in English and local languages (dialects) on Caesarean section with the aim of allaying the fear of pregnant women about the procedure as a death warrant. Pamphlets and other reading materials should be provided for the pregnant women which they should be encouraged to read with their husbands in order to have evidence-based correct information about Caesarean section. The cost of carrying out Caesarean section should be subsidized by government in order to reduce the economic burden of the procedure.

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