

Attitude of Women of Reproductive Age towards Caesarean Section in Ado Local Government Area in Ekiti State, Nigeria

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Abstract

This study investigates the attitude of women of reproductive age towards caesarean section and its health implications in Ado Local Government Area in Ekiti State, Nigeria. The study examined the contributions of age, and religion of women of reproductive age towards caesarean section. A descriptive research design of the survey type was used for this study. The population for this study consisted of 2500 women of reproductive age attending public hospitals located within Ado Local Government. Data were collected with the use of questionnaire tagged "Attitude of Women of Reproductive Age towards Caesarean Section Questionnaire (AWRACSQ)". The instrument was subjected to face and content validity procedures and test-retest reliability was carried out. Reliability Co-efficient of 0.83 was obtained. Data collected were analyzed using frequency counts, simple percentages, t-test and Analysis of Variance (ANOVA). The hypotheses were tested at a 0.05 level of significance. The findings of this study showed that women of reproductive age generally showed positive attitude to caesarean section and they had strong perception that Caesarean Section can cause post surgical infection, thus increasing the number of days spent in the hospital. It also revealed that age and religion of respondents were correlate of women's attitude to Caesarean Section. Based on the findings, it was recommended that educational program about caesarean section should be organized from time to time in all public hospitals. Awareness should also be created to women that caesarean section would not give them health problems than their counterpart who went through normal delivery. Government should make caesarean section affordable for everybody, irrespective of status and hospital should be well equipped.

Keywords: Attitude, women of reproductive age, caesarean section, health implications, educational status, age, religion.

Introduction

Spontaneous Vaginal delivery has long been considered the most preferred outcome of delivery and it is commonly said to be a normal type of delivery for every pregnant woman. Despite the preference of most women for normal vaginal delivery, many women may still require alternative means of child delivery. This may be because it is not possible or safe for such women to deliver through the vagina e.g. vacuum delivery and forceps delivery. The most common alternative means of child birth is caesarean section.

Caesarean Section (CS) is a surgical procedure in which a foetus is delivered through an incision in the mother's abdomen and uterus (American College of Obstetricians and Gynaecologists, 2010). This becomes necessary when vaginal delivery poses a risk to the mother or baby, as a result of prolonged labour, foetal distress, and baby lying in an abnormal position, obstructed labour or problem with placenta or umbilical cord (Webmd, 2014).

Caesarean Section is the commonest major surgery performed in obstetrics and it has contributed to improve obstetric care throughout the world. Caesarean section can help women at risk of complications, avoid dangerous delivery room situations and can save the life of the mother and baby when

emergencies occur. In short, caesarean section is usually performed when vaginal birth is deemed hazardous either to the foetus or the mother and it can either be planned or unplanned (Webmd, 2014).

Despite the contribution of caesarean section to child delivery especially in emergency situations, many women still do not have good attitude to it and do not accept it as a means of child delivery. It has been observed also that women, who eventually undergo CS in child delivery, do it reluctantly even when it is clinically indicated. One of the factors contributing to this is the cultural of women towards CS. Many women are unwilling to have CS done because of the general belief that women who undergo CS are not complete women, weak and lazy and that abdominal delivery is reproductive failure on their part (Ilesanmi, Odukogbe, & Olaleye, 1997) hence many intending mothers will not promptly opt for appropriately skilled help even in the face of complications in labour.

The attitude surrounding CS may have a significant role in the decision making process which is influenced by multiple complex factors like the reason for which the surgery was performed, her cultural values, her beliefs and anticipation of birth, possible traumatic events in her life, available social support, and her

personal sense of control, are only a few. The finding that women with only one child were once likely to undergo a caesarean section may reflect women's attitude regarding the efficacy of the procedure as a means to ensure newborn survival and to avert risks of birth complications or stillbirth.

Attitude of women to CS may also be influenced by fear. Most women are uncertain about the possible outcome of CS thus resulting in their negative disposition to CS. Most women would not accept to have the procedure done due to the fear of post-operative pain and the fear of dying during the surgery. Some of the patients are frightened by subsequent infertility, while some women would rather pray and hope to achieve vaginal birth.

Trust in health care team and health care facilities is another factor that influence women's attitude to CS. In considering CS, many women do not trust the health team in the health facilities available and this result in a negative attitude. According to Gilson (2003), trust is clearly a significant aspect of maternity care for many women. He explained that trust in health care institution can be defined as dependency in relationships that occur in the context of inequality such as that between health care provider and patient.

It has been observed that majority of Nigerian women have an aversion to or have an outright fear of caesarean sections because of the fear of death. This is in contrast to a good number of western countries, where women actually request for Caesarean sections, because of the fear of the pain of childbirth. It is observed that there is little or no record indicating the attitude of women of reproductive age in Ekiti state, particularly in Ado local government about C/S. Hence, it is worthwhile to examine the attitude of women of reproductive age on caesarean section and its health implication in Ado Local Government area of Ekiti State.

Many factors have been reported to influence the attitude of women to Caesarean Section. One of such factors is educational status. Normally education tends to expose people to knowledge on issues like method of delivery. Such knowledge clears doubt and reduces maternal mortality rate among women of reproductive age. It is believed that more educated women would demand Caesarean Section as method of child delivery (Adesokan, 2010).

Religion is another factor influencing attitudes of women to Caesarean Section. As a result of strong religious belief, many women may not easily accept an alternative method of delivery, as some religious teachings and

practices reinforced that Caesarean Section is not of God and is meant for unbelievers (Dutta, 2011). The author further emphasize that in religious gathering giving birth through knife is the handwork of the devil and is meant for women who are not strong in spirit and prayers.

Moreover, it has been observed that occupation has a great influence on women's attitudes towards Caesarean Section. Olaogun (2015) opined that celebrities prefer to have normal delivery because it enables them to exercise as soon as they deliver; speeding up their ability to get back to their pre-pregnancy status weight; as giving birth via Caesarean Section requires them to stay away from rigorous exercise for six weeks after giving birth. On the other hand, some career women prefer Caesarean Section as it is less painful and stressful (Olofinbiyi 2015).

Early pregnancy may leave the mother feeling exhausted, nauseous and overwhelmed about the changes in her body. Women are encouraged to go to the clinic on confirmation or suspicion of a positive pregnancy. The socio demographic data, drug history, menstrual history, past obstetric history; like still birth, baby small or large for gestational age, congenital abnormality, previous perform labour, are considered. Also, physical examination which entails

checking the weight, blood pressure, urinalysis, blood test, Midwife's and Consultant's examination, palpation, and auscultation are also considered. The information gathered during the antenatal visits will determine the appropriate method of child delivery. The timing and number of visits will vary according to individual needs and changes should be made as circumstances dictate.

The midwife's examination is performed by exchange or information between the woman and midwife and observation rather than physical examination. It is holistic and should encompass her physical, social and psychological wellbeing. She assesses the facial expression, sleeping patterns, expected breast changes, bodily changes in pregnant, vaginal discharges, bladder and bowel function changes, are discussed.

Health workers such as gynaecologist, anaesthetist, peri-operative nurses, midwives, laboratory scientist, nutritionist, medical record officers, porters and health assistants who were involved in care of women in reproductive age should have a good relationship with the pregnant mothers so they can build confidence in them. (Olofinbiyi, 2015).

Explanations on the demand of the coming baby on the family and how to take care of him/her are given. Husbands if possible, should be invited and educated

on their new role and responsibility towards the successful care of their wives and children.

Ojo, (2004), asserted that level of education has a significant influence on the attitude of pregnant women to Caesarean Section; women with basic education usually manifest positive attitude, while Igbokwe, (2012), submitted that rural dwellers may have basic knowledge of Caesarean Section as a means of delivery, but are handicapped due to problems of accessibility to health facilities.

In spite of the abundant benefits of Caesarean Section, most women who reside in the local government area and its environs do not still avail themselves of this opportunity, hence the study investigated the attitudes of women of reproductive age towards Caesarean Section in Ado Local Government Area, Ekiti State, Nigeria.

Research Questions

6. What is the attitude of women of reproductive age to Caesarean Section?
7. What are the perceived health implications of caesarean section among women of reproductive age?

Research Hypotheses

1. There is no significant influence of age on the attitude of women of reproductive age to Caesarean Section.
2. There is no significant influence of religion on the attitude of women of reproductive age towards Caesarean Section.

Methodology

A descriptive research of the survey type was adopted for the study. This study involves collecting existing information on the attitude of women of reproductive age to CS and their perception of its health implications. The population consisted of 300 women of reproductive age, (15-45 years) which includes single, married and widow, co-hosting and divorced women of reproductive age in Ado Local Government areas of Ekiti state. They are made of 300 consenting pregnant women and nursing mothers of reproductive age selected through multistage sampling techniques.

A self-designed questionnaire tagged “Attitude of Women of Reproductive Age toward caesarean section questionnaire” was used to collect information from the respondents. The instrument consisted of three sections. Section A was used to elicit information

on the demographic attribute of respondents, while section B consisted of 15 items to assess the attitude of women to CS. Section C consisted of 12 items to assess respondents' perception of the health implications of CS. The questionnaire was based on a 4-point Likert type scale of SD, D, A and SA.

The validity of the instrument was ascertained by experts from the Department of Human Kinetics and Health Education, Ekiti State University, Ado-Ekiti. The expert's judgments on the items were utilized fully in drafting the final copy of the questionnaire. The reliability of the instrument was determined by the use of test-retest method. Twenty copies of questionnaire were administered twice within two weeks interval to women of reproductive age towards CS in Ado local Government area of Ekiti state. The scores from the two sets of questionnaires were subjected to person product movement correlation. The reliability co-efficient were obtained at 0.83 level of significance.

All data obtained were analyzed using descriptive and inferential statistics. The general questions were analyzed using descriptive statistics of frequency counts and percentages. Hypotheses were tested using t-test, and ANOVA. Hypotheses were tested at 0.05 level of significance.

Results

Research Question 1: What is the attitude of women of reproductive age to CS?

Table 1; Attitude of women of reproductive age to CS

Variable	Frequency	Percentage
Negative (4 -32)	53	17.7
Positive (>32)	247	82.3
Total	300	100.0

In other to answer the question, scores relating to respondents attitude to CS were computed. The mean score (40.00) and standard deviation (8.00) were used to categorize the respondents into negative and positive levels of attitude to Caesarean Section.

The negative level of attitude of women of reproductive age was determined by subtracting the standard deviation score from the mean score ($40-8 = 32$).

The positive level of attitude was obtained by adding the mean score and SD ($40+8=48$).

Respondents with scores between 4 and 32 were categorized as being negative while those having scores above 32 were categorized as having positive attitude to Caesarean Section as presented in

Mean \pm SD= 40.00 \pm 8.00

40-8=32 (4-32) =negative

>32 positive

Table 1 shows that out of the 300 respondents, 53(17.7%) had negative

attitude towards Caesarean Section while 247 respondents (82.3%) had positive attitude towards Caesarean Section.

Research Question 2: What are the perceived health implications of caesarean section as a method of birth among women of reproductive age in Ado Local Government area of Ekiti state?

Table 2; Descriptive analysis of Perceived Health Implications of Caesarean Section

Variable	Mean	Rank
Anaesthetic medications in CS can pass to the infant and may lead to serious complications.	2.54	11
Infants born by CS need longer hospital stay.	2.63	10
Risk of adhesion in future pregnancies after CS is greater than natural childbirth.	3.01	4
CS can compromise future obstetric performance (i.e the number of children to be born)?	2.96	5
CS is more risky than natural childbirth.	2.84	8
Hospital stay is longer after CS than in normal delivery	3.04	2
CS causes abdominal deformities (such as adhesion, uterine rupture etc	2.95	6
CS can cause infertility	2.47	12
CS leaves a permanent scar on the skin of the mother.	2.86	7
cost CS pain may have effect on the baby and maternal bonding	2.65	9
CS reduces the risk of vaginal laceration that could occur during normal delivery	3.03	3
CS can cause post surgical infections	3.07	1

Table 2 shows the percentage of health implication of CS among respondents. Respondents had a stronger perception about the fact that CS can cause post-surgical infection than the other items. This was followed by the fact that hospital stay is longer after CS than in normal delivery. Respondents perceived

more that CS can cause post-surgical infection ($\pi=3.07$) than the other items. The least perceived health implication of CS is that CS can cause infertility.

Hypothesis 1: There is no significant influence of age on the attitude of women of reproductive age to CS and its health implication.

Table 3: Summary of t- test Analysis of influence of Age on Attitude to Caesarean Section

Age	N	Mean \pm	Std. Error Mean	T	Df	p-value
Attitude 15 -25	157	40.83 \pm 6.93	.553	1.857	298	.021
Attitude 26 – 45	143	39.19 \pm 8.35	.698			

Table 3 shows that the p-value for the influence of age on attitude to CS is less than .005. This implies that age has a significant influence on the attitude of women to CS. Hence hypothesis 1 was rejected.

Hypothesis 2; There is no significant influence of religion on the attitude of women of reproductive age to CS and its health implication.

Table 4: Summary of ANOVA on the influence of Religion on Attitude to Caesarean Section ANOVA

Attitude	Sum of Squares	Df	Mean Square	F	Sig.
Between groups	504.481	2	252.241		
Within groups	17076.865	297	57.498	4.387	.013
Total	17581.347	299			

Scheffe post hoc analysis; Table 4a shows that the p-value for the influence of religion on attitude to CS is less than .005. This implies that religion has a significant

influence on the attitude of women to CS and its health implications hence hypothesis 2 is rejected.

Table 5: Scheffe multiple comparison of respondents' attitude to Caesarean Section based on religion.

	Christian	Islam	Traditional	N	Mean
Christian			*	201	40.92
Islam				65	38.77
Traditional	*			34	37.35

Scheffe Post hoc analysis (Table 4b) shows that the respondents who are Christians had higher mean score of attitude (40.92) than those in the other two religions. This implies that Christian respondents showed a more positive attitude to CS than those in the other religion.

Discussion

The findings of the study revealed that women of reproductive age generally showed a positive attitude to Caesarean Section despite the possible implication of causing post surgical infection, thus elongating the number of days spent in the hospital. It is worthy of

note that educated women showed greater positive attitude compared to the uneducated women. This outcome is inclined with a study carried out by Ghosh & James, (2010), which shows that educated women had positive attitude to Caesarean Section, despite the fact that Caesarean Section can cause post surgical infection, than illiterate or uneducated women.

The study further revealed that religion is a correlate of attitude of women towards Caesarean Section in Ado Local Government Area of Ekiti State. The women usually report to Hospital with life threatening complications and on such situations most of operations are performed as emergency under suboptimal circumstances. (Najimi, 1999). The result is therefore similar to the findings of Olofinbiyi, 2015 who opined that negative perceptions of Caesarean Section which is the delivery of a baby through a surgical incision among women in the developing countries, is still being perceived as an abnormal means of delivery by some women especially in Ado Local Government Area in Ekiti State, of which Christians had higher mean score than those in the other two religions (Olofinbiyi, 2015).

The finding shows that there was a significant influence of age on the attitude of women of reproductive age to Caesarean Section. However, there was no significant influence of religion on the attitude of women. This result was in line with the findings of Dutta (2011) who reported that religion background of women was not in support of Caesarean Section.

Recommendations

Based on the findings of this study, the following recommendations were made:

- Emphasis on the importance of seeking maternity care in Government health facilities as soon as pregnancy is detected should be included in the ante-natal care.
- Adequate orientation about Caesarean Section, to make women of reproductive age understands that the procedure helps improve the health of mother and child.
- Involvement of Government and other health related agencies in creation of awareness on the causes of infant and maternal mortality, which will in turn reduce negative attitude towards Caesarean Section.
- Breaking of Ante-natal classes into smaller groups, to encourage all members to participate and facilitate learning process.
- Caesarean Section should be made affordable to all women of different socio-economic status.

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