

PERCEPTION AND ATTITUDE OF PREGNANT WOMEN TOWARDS CAESAREAN SECTION DELIVERY IN UNIVERSITY OF PORTHARCOURT TEACHING HOSPITAL, RIVERS STATE

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ABSTRACT

The study aimed at determining perception and attitude of pregnant women towards caesarean section delivery in University of Port Harcourt Teaching Hospital, Rivers State. Three objectives, three research questions and two hypotheses were formulated to guide this study. A descriptive study design was used and using the Yaro Yamene formula for sample size determination, a sample size of 325 respondents was drawn from a target population of 1720 pregnant women attending antenatal clinic in UPTH. A simple random technique was used to draw respondents that participated in the study. A self structured questionnaire was used as the instrument of the study and a 92% return rate left the sample population of the study at 298 pregnant women. Data was presented on tables and analyzed using simple percentages, hypotheses were analyzed using chi-square test. Result showed that 186 (62.42%) respondents possessed a good knowledge, 61(20.47%) respondents possessed a fair knowledge while 51(17.11%) had a poor knowledge on caesarean section delivery; 103 (34.56%) respondents have positive perception while 195 (65.44%) respondents had a negative perception about caesarean section delivery. 125 (41.95%) respondents have positive attitude while 173 (58.05%) respondents had a negative attitude towards caesarean section delivery. Statistical analysis showed that there is a significant difference between respondents' educational status and attitude as well as a significant difference between perception and attitude towards caesarean section delivery. It was recommended that the hospital management should take health education of pregnant women very seriously and Information, Education and Counseling should target pregnant women attending antenatal clinics in both group discussions and personal counseling sections.

Key words: perception, attitude, pregnant women, caesarean section, delivery

1.1.0 INTRODUCTION

Maternal mortality represents the leading cause of death among the women of reproductive age in most developing countries including Nigeria^{1,2}. Furthermore, it is estimated that one third of all maternal deaths globally occur in just two countries, namely India and Nigeria³. India was accountable for about 20% of global maternal deaths (56,000) and Nigeria, 14% (40,000)⁴. Meanwhile, disease, deformity and death are terms usually employed to describe the experiences of a vast majority of sub-Saharan African women during pregnancy and birthing^{5,6,7}. Similarly, the majority of African women are often viewed as being at high risk of infections, injury and death during pregnancy and the periods surrounding it⁸.

Among women in the developing countries, caesarean section is still being perceived as a ‘curse’ of an unfaithful woman⁹. The authors further assert that caesarean section is seen among weak women. In addition, caesarean section is surrounded with suspicion, aversion, misconception, fear, guilt, misery and anger among the women of South Western Nigeria.⁹

Delivery is one of the most important issues for human being and generation in the world. The process through which childbirth naturally occurs is called natural vaginal delivery¹⁰ whilst caesarean is delivery of child through incisions in abdominal wall (Laparotomy) or uterus (Histrotomy).

The rates of caesarean delivery in many developed and developing countries have risen higher than necessary for optimal maternal and neonatal health outcomes^{11,12,13}. Upward trends in caesarean delivery rates are not fully explained by changes in maternal characteristics or pregnancy complications^{14,15,16}. Caesarean rates may be affected by clinicians’ and women’s

attitudes towards caesarean delivery, which may differ depending on how maternity services are delivered.

During the last 10 years, Caesarean section rates worldwide have increased despite recommendations of the World Health Organization to keep rates below 10—15%. Doctors and midwives all over the world struggle with the challenge of using intervention judiciously to keep birth safe¹². In under-resourced nations where women have poorer physical health status and limited access to antenatal care and skilled birth attendants, pregnancy and childbirth complications are the leading causes of death among women of reproductive age¹⁷. In an industrialized western context, fear for the life of a mother and a baby cannot be justified in the same way; yet fear prevails for women, their partners and the health professionals who care for them,¹⁸. Some women are afraid for the safety of their baby, their capacity to cope and even for their own life^{19,20,21}. Obstetricians are afraid of being responsible or blamed for catastrophe, however remote the likelihood²².

Furthermore, in most sub-Saharan African countries including Nigeria, caesarean section is being accepted reluctantly even in the face of obvious clinical indication⁹. Despite the causes of maternal mortality often obstetric in origin, underlying cultural factors and beliefs also affect access to and use of health facilities and thus contribute to avoidable maternal deaths³. Several studies have indicated how local beliefs and practices impact general health and childbearing. Some of these beliefs have been identified as contributing to the delays in accessing appropriate skilled help when complications arise in labour²³. It is necessary to note that the issue of vaginal birth is not only peculiar to developing countries but also in some developed countries. Women still choose vaginal birth after having caesarean section even in the case of post dates slated for elective caesarean section²⁴. The author further highlighted the fact that women desperately

wished to go into labour before their appointment dates because not giving birth vaginally was a sign of 'failure'. In addition; vaginal birth is something a number of women look upon as a rite of passage.

1.1 Specific objectives

The following specific objectives guided the study.

1. To determine pregnant women's knowledge on caesarean section
2. To ascertain pregnant women's perception of caesarean section delivery.
3. To assess the attitude of pregnant women towards caesarean section delivery.

1.1.1 Research hypotheses

1. There is no significant relationship between the educational status and attitude of pregnant women towards caesarean section delivery.
2. There is no significant relationship between perception and attitude of pregnant women towards caesarean section delivery.

RESEARCH METHODOLOGY

1.1.2 Research design

In this study, a descriptive design was used to obtain relevant information on 'Perception and Attitude towards Caesarean Section Delivery among Pregnant Women in University of Port Harcourt Teaching Hospital, Rivers State'.

1.1.3 Research setting

The study was conducted in University of Port Harcourt Teaching Hospital (UPTH), Rivers state, Nigeria. The University of Port Harcourt Teaching Hospital is one of the 3 generation Teaching Hospitals established by law in 1975 via decree No. 10 of 1975 though it commenced operation in 1980. The hospital has the following departments; Medicine, Surgery, Pharmacy, Microbiology, Hematology, Paediatrics, Obstetrics and Gynecology. There are about 800 bed spaces to take patients, and staff strength of about 2500. The mandates (statutory functions) of hospital include:

- i. To train and develop manpower for the country especially in the catchment population of the Niger Delta region.
- ii. To provide and render specialized (tertiary) health services to Nigerian populace.
- iii. To engage in health and medical research for the expansion of frontiers of knowledge and practice of medicine.

This area was chosen because adequate sample with relevant characteristics of the will be easily available.

1.1.4 Research population

The study population involved all women attending the antenatal clinic and antenatal wards of University of Port Harcourt Teaching Hospital, Rivers State during the three weeks that the study lasted. This was recorded in the daily antenatal records and statistics of antenatal wards. They numbered 1,720 women.

1.1.5 Sample population

The sample size for this study was ascertained by using the statistical method by Yaro Yamane. The sample size of 325 women was arrived at from a total of 1720 women who formed the research population.

1.1.6 Sampling technique

The simple random sampling technique was used to arrive at the 325 women whose opinions were sampled to determine their perception and attitude towards caesarean section delivery.

1.1.7 Instrument of data collection

Instrument used in this study is a self - structured questionnaire made up of 31 items, all aimed at retrieving socio-demographic characteristics of respondents and to elicit responses based on the specific objectives of the study.

1.1.8 Validity of the instrument

The self-structured questionnaire was submitted to two (2) specialists in measurement and evaluation and the field of study that assessed the face and content validity of the instrument and their comments were used to make necessary corrections before administration.

1.1.9 Reliability of the instrument

The reliability of the instrument was determined using the Test-Retest method. The data collected was coded and analyzed using the Pearson's Moment Correlation coefficient formula which gave a value of 0.99.

1.2.0 Procedure for data collection

Data was collected using the self-structured questionnaire which was administered by the researchers and 6 assistants recruited from among the nurses. A total of 325 of the instrument were administered after necessary explanation and providing a guide on the filling of the instrument. Some of the questionnaires were filled and returned immediately while others were retrieved later. Out of the 325 questionnaires distributed, only 298 were filled properly while 27 were wrongly filled. The overall return rate was 92%.

1.2.1 Method of data analysis

Data was collected and entered into a spreadsheet. Using the descriptive statistics of frequency tables and percentages, the results of the research questions were presented while inferential statistics of Chi Square was used to test the hypotheses. For items on knowledge, the total score was 6 (scores below 2 reflected poor knowledge, scores between 2 and 4 were fair knowledge, while those above 4 reflected good knowledge).

On perception, the total score was 30 marks (scores below 20 reflected negative perception while those above 20 reflected positive perception of Caesarean Section). In terms of attitude, the total score was 65 marks (scores ranging from 1-45 reflected negative attitude and 46-65 indicated positive attitude).

1.2.2 Ethical consideration

Approval was obtained from the ethical committee of the institution where the study was carried out. Also, informed verbal consent was obtained from the respondents after explaining the purpose of the study to them. They were also assured that any information provided will be treated confidentially and not used against them in any way.

1.3. DATA PRESENTATION AND ANALYSIS

TABLE 1: Socio-demographic characteristics of respondents (n=298)

S/N	VARIABLE	DESCRIPTION	FREQUENCY	PERCENTAGE(%)
a.	Age	15-19	17	05.70
		20-24	49	16.44
		25-29	114	38.26
		30-34	68	22.82
		35-39	32	10.74
		40 years and above	18	06.04
b.	Educational status	Tertiary	69	23.15
		Secondary	137	45.97
		Primary	31	10.40
		Vocational	42	14.09
		No Formal education	19	06.38
c.	Marital status	Single	39	13.09
		Married	256	85.91
		Divorced	0	00.00
		Separated	0	00.00
		Widowed	3	01.01
d.	Occupation	Trading	61	20.47
		Civil servant	58	19.46
		Farming	29	09.73
		Student	42	14.09
		Housewife	31	10.40
		Business	62	20.81
		Banker	4	01.34
		Health profession	11	03.69
e.	Ethnicity	Hausa	15	05.03
		Igbo	89	29.87
		Yoruba	32	10.74
		Rivers	83	27.85

		Calabar	34	11.41
		Delta	8	02.68
		Bayelsa	37	12.42
f.	Religion	Christianity	260	87.25
		Muslim	38	12.75
		Traditional Religion	0	00.00
g.	Parity	0-2	192	64.43
		3-5	93	31.21
		6 and above	13	04.36

Table 1 above shows socio —demographic characteristics of the respondents. In terms of age distribution, 17 (5.70%) fall within 15 19years of age; 49 (16.44%) fall within 20 -24 years; 114 (38.26 %) fall within the ages of 25 — 29 years; 68 (22.82%) fall within of 30 -34 years; 32 (10.74%) fall within the ages of 35 — 39 years while 18 (6.04%) fall within the ages of 40 years and above. For educational status, 69 (23.15%) have tertiary education; 137 (45.97%), secondary school education; 31(10.40%), primary education only; 42 (14.09%), vocational education and 19 (6.38%) have no formal education at all. Marital status of respondents shows that 256 (85.9 1%) are married; 39 (13.09%) are single and 3 (1.01%) are widowed. The occupational distribution of respondents shows that 61(20.47%) respondents are traders; 58 (19.46%), civil servants; 29 (9.73%), farmers; 42 (14.09%), students; 31 (10.40%), housewives; 62 (20.81%), business women; 4 (1.34%), bankers and 11(3.69%) are health professionals. Data on the ethnicity of the respondents shows that 15 (5.03%) of respondents are Hausas; 89 (29.87%) are Igbos; 32 (10.74%) are Yorubas; 83 (27.85%) are from Rivers; 34 (11.4 1%) are from Cross River State; 8 (2.68%) are Delta and 37 (12.42%) respondents are from Bayelsa State. On the religious background of the respondents, 260 (87.25%) and 38 (12.75%) of respondents are Christians and Muslims respectively. Finally, the parity of respondents shows that 192 (64.43%) have 0 — 2 children; 93 (31.21%) have 3 — 5 children and 13 (4.36%) have 6 children and above.

Table 2: knowledge of the caesarean section (n = 298)

VARIABLE	FREQUENCY	PERCENTAGE (%)
Good knowledge	186	62.42
Fair knowledge	61	20.47
Poor knowledge	51	17.11
Total	298	100

Table 2 shows that of the 298 respondents, 186 (62.42%), had good knowledge, 61 (20.47%) had fair knowledge while 51(17.11%) had poor knowledge on caesarean section delivery.

TABLE 3: Perception of pregnant women towards caesarean section delivery (n=298)

VARIABLES	FREQUENCY	PERCENTAGE (%)
Positive Perception	103	34.56
Negative Perception	195	65.44
Total	298	100

Table 3 shows that 103 (34.56%) respondents have positive perception while 195 (65.44%) respondents have negative perception of caesarean section.

Table 4: Attitude of pregnant women towards caesarean section delivery (n=298)

VARIABLES	FREQUENCY	PERCENTAGE (%)
Positive Attitude	125	41.95
Negative Attitude	173	58.05
Total	298	100

Table 4 shows that 125 (41.95%) respondents have positive attitude while 173 (58.05%) have negative attitude towards caesarean section delivery.

HYPOTHESIS

TABLE 5: Relationship between perception and attitude of pregnant women towards caesarean section delivery (**n=298**)

Perception vs. attitude of pregnant women	Positive attitude	Negative attitude	Row total	X ² Cal	Deduction
POSITIVE	94	9	103		
NEGATIVE	31	164	195		
Column Total	125	173	298	157.24	

df=1, P=0.05, X²tab =3.84,

1.4 DISCUSSION

Knowledge of pregnant women about caesarean section

Result shows that 186 (62.42%) respondents possessed a good knowledge on caesarean section delivery; 61 (20.47%) respondents possessed a fair knowledge while 51(17.11%) had a poor knowledge on caesarean section delivery. The good level of knowledge pregnant women in this study showed may be attributed to the health education and information provided by nurse-midwives to women during their antenatal visits.

The results of this study is contrary to finding from studies by Saoji et al.²⁵, who found out that most of the women were aware of CS, but it was seen that 17.4% had no knowledge of CS while 47.7% had low level knowledge about CS and that of Nusrat, et al.²⁶ who also found that overall knowledge about modes of delivery was low. Only 7 (1.6%) obtained scores of good knowledge and 47 (10.5%) obtained medium scores, while 392 (87.9%) women obtained weak scores for knowledge statements.

1.4.1 Perception of pregnant women about caesarean section delivery

Findings showed that 103 (34.56%) respondents have positive perception while 195 (65.44%) respondents had a negative perception of caesarean section delivery. These findings are contrary with findings in a study conducted by Saoji et al.²⁵ which showed that women are increasingly inclined to opt for delivery by caesarean for non-medical reasons such as fear of labour pain, concerns about date or time of birth that are traditionally believed to be auspicious and the belief that delivery by caesarean ensures protection of the baby's brain.

1.4.2 Attitude of pregnant women towards caesarean section

Findings showed that 125 (41.95%) respondents have positive attitude while 173 (58.05%) respondents had a negative attitude towards caesarean section delivery. This agrees with the study carried out by Aali et al.²⁷ on modes of delivery in Kerman, Islamic Republic of Iran, where finding showed that 96.5% and 33.0% of the women interviewed had positive attitudes towards vaginal and caesarean delivery respectively.

1.4.3 Hypothesis

H₀; There is no significant difference between perception and attitude of pregnant women towards caesarean section delivery.

H₁: There is a significant difference between perception and attitude of pregnant women towards caesarean section delivery.

From the statistical calculation; calculated chi-square $\chi^2 = 157.24$ and the tabulated/theoretical $\chi^2_{(0.05)(1)} = 3.84$.

Since the calculated chi-square is greater than the tabulated chi-square, reject the null hypothesis and accept the alternate hypothesis that “there is a significant relationship between perception and attitude of pregnant women towards caesarean section delivery. This finding is supported by Saoji et al²⁵ who reported that perception greatly influence attitude of women towards caesarean section.

1.4.5 Summary

The study on Perception and attitude of pregnant women towards caesarean section delivery in University of Port Harcourt Teaching Hospital, Rivers State was conducted based on the opinions of 298 respondents. Relevant literatures were reviewed that were related to the study. A simple random sampling method was utilized to select 325 women that were studied. A self-structured questionnaire was used to collect data Out of the 325 questionnaires distributed, only 298 were filled properly while 27 were wrongly filled giving an overall return rate of 92%.s Results from questionnaires were collated and presented in tables. Findings showed that 186 (62.42%) respondents had good knowledge of caesarean section, 61(20.47%) had fair knowledge while 51(17.11%) respondents had poor knowledge; 125 (41.95%) respondents had positive attitude while 173 (58.05%) respondents had negative attitude towards caesarean section delivery. Result of hypotheses showed that there is a significant relationship between perception and attitude of pregnant women towards caesarean section is accepted.

1.5.0 Conclusion

In conclusion, an unacceptable information gap was observed among women in this study, perception and attitude reflects an overwhelming negative value. The study also showed that the pregnant women’s attitude towards caesarean section was largely influenced by their knowledge

of caesarean section delivery. Hence measures were suggested to improve the knowledge and perception of pregnant women about caesarean section delivery.

1.5.1 Implication for nursing

There is clear information gap among women about caesarean section delivery and nurse educators as change agents can bridge this gap if they intensify health education on caesarean section, causes and its importance in saving the life of mother and baby. Nurses can do this by providing both group and personal counseling to women on clinic days.

Nurse Managers may also advocate for government to subsidize fee for caesarean section and encourage mothers who delivered through caesarean section (especially post date mothers who later delivered through caesarean section) to share their experience either in video recordings or live in antenatal clinics days. This will go a long way in promoting a positive perception among women.

1.6.0 Recommendation

1. The hospital management should take health education of pregnant women very seriously and Information, Education and Counseling should target women in both group discussions and personal counseling sections.
2. Nurses should educate women on caesarean section and its importance in reducing maternal mortality.
3. Nurse managers should organize periodic workshop and seminars on appropriate counseling techniques for nurse-midwives so as to develop excellent interpersonal and counseling skills that will improve nurse-patient communication.

4. Government should help subsidize the cost of caesarean section delivery and pay inducement for pregnant women who attend antenatal clinics to encourage planned regular visits. This creates opportunities for health education for pregnant women in terms of measures to prevent factors that may prone to caesarean section and sensitize them on the need to accept it as delivery approach when need be.

5. Effort should be made by government through the ministry of health to sensitize communities on the importance of caesarean section and discourage any cultural practice(s) that demean women who deliver through a caesarean section operation.

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