



---

## **Perception and Attitude of Pregnant Women towards Caesarean Section in General Hospital Amassoma, Bayelsa State, Nigeria.**

***Oniso, Juliet Imawaigha<sup>a</sup>, Tawari Erebi Patricia<sup>b\*</sup>***

<sup>a</sup>*Department of Maternal and Child Health Nursing, Faculty of Nursing, College of Health Science, Niger Delta University, Bayelsa State, Nigeria*

<sup>b</sup>*Department of Chemical Pathology, Faculty of Basic Medical Sciences, College of Health Science, Niger Delta University, Bayelsa State, Nigeria*

**\*Corresponding author:** [perebi8@yahoo.com](mailto:perebi8@yahoo.com)

---

### ABSTRACT

This study examined the attitude and perception of antenatal clients in General Hospital Amassoma, Southern Ijaw Local Government Area, Bayelsa State. The aim of this study was to find out the attitude and perception of mothers attending antenatal clinics at the general hospitals in Amassoma Community towards caesarean sections. A descriptive design was used and a systematic random sampling technique was used to select a sample of 89 antenatal clients. The study employed self-structured questionnaire to collect data. Data was presented using frequency, percentage and tables. The instrument utilizes a 4point likert scale and a yes/no type of question. Validity of the instrument was ensured and a reliability coefficient of 0.75 was achieved. Findings of this study revealed that majority of antenatal client would not accept voluntary caesarean section, and they would refuse caesarean section if indicated but they will accept a repeat caesarean section and an emergency caesarean section. Also the perception of antenatal clients towards caesarean section is that they believed that it increased fetal maternal mortality rate and caesarean section is associated with complication and reproductive failure. We recommended amongst others, the introduction of caesarean section counselling programs by Doctors, Nurses, and Midwives and timely creation of the awareness, benefits and importance of caesarean section in averting complications.

Keywords:Caesarean section, Attitude, Perception, Pregnant women, Amassoma.

---

### INTRODUCTION

A caesarean delivery is a surgical procedure in which one or more incisions are made through a mother's abdomen and uterus to deliver one or more babies. A caesarean delivery is usually performed when a vaginal delivery would put the baby's or mother's life or health in jeopardy; although in recent times it has also been performed upon request for childbirths that could otherwise have been natural. Caesarean deliveries are performed as a result of obstetric complications which may develop anytime during the pregnancy; such complications includes breech presentation, dystocia, fetal distress, cord prolapsed, placenta previa, placental abruption, failure to progress in labour, uterine rupture, multiple births, cephalopelvic disproportion, active genital herpes, diabetes preeclampsia, birth defects and previous caesarean delivery (Finger , 2013).

The trend of acceptability and the rate of caesarean delivery have been on the increase in the developed countries in the last three decades due to the current safety of the procedure (Sunday-Adeoye & Kalu 2011), conversely, in the developing countries, the change in caesarean delivery rate has been less dramatic during the same period. While developed countries are dealing with the ethical and legal issues associated with caesarean delivery on maternal request, developing countries are still struggling with issues of refusal of caesarean delivery even in the face of obviously defined risks of maternal and perinatal morbidity and

\* *Corresponding author.* Tel.: Tawari Erebi Patricia.

E-mail address [Perebi8@yahoo.com](mailto:Perebi8@yahoo.com)

mortality. Kwawukume (2010) stated that in developed countries women often accept caesarean delivery because of their improved understanding of its role and safety, and the increasing importance of the right to self-decision-making regarding mode of delivery. By contrast, in developing countries women are reluctant to accept caesarean section, which may be as a result of many factors such as their traditional beliefs and socio-cultural norms as well as financial problems. Caesarean section is still being perceived as an abnormal means of delivery by some women in the developing countries. Sunday-Adedoye and Kalu (2011) stated that among women in the developing countries, caesarean section is still being perceived as a curse on an unfaithful woman. They further noted that caesarean section was viewed with suspicion, aversion, misconception, fear, guilt, misery and anger. It has been observed globally every minute of every day and most often in developing countries that every minute of every day, a woman died from complications related to pregnancy or childbirth. That means 515,000 women, at a minimum, dies every year. (United Nations 2010) report stated that almost all maternal deaths (99 %) occur in the developing world, making maternal mortality the health problem with the largest statistical disparity between developed and developing countries.

Behaque, 2016 revealed that in Nigeria, and other Sub-Saharan African countries, it has been observed that women accept caesarean section reluctantly even in the face of obvious clinical indications. Awoyinka, *et al.*, stated that despite the well-documented record of safety of caesarean section, there are strong aversions of women in sub-Saharan Africa to the procedure (caesarean section), even in the presence of life-threatening indications. Women in the developed countries like America, United Kingdom, Brazil, Northern Ireland and Canada, show favourable attitude towards caesarean delivery and some consider it the best option for themselves, while women in Sub Saharan Africa reject it. WHO (2016) reported that in most African countries women may refuse surgery because of fear of suffering and other cultural perceptions of womanhood. Olusanya and Solanke (2017) stated that non-vaginal delivery is generally viewed in Nigeria as a sign of maternal laziness, reproductive failure or a curse from perceived enemies or deity in this population. This study was conducted to examine women perception and attitude towards caesarean section amongst antenatal client in General Hospital, Amassoma.

## METHODOLOGY

### Research Setting

This study was carried out in Amassoma community, southern Ijaw, Bayelsa State. Amassoma is a suburban community and it is bounded in the north with Ogobiri community, Oporoma on the South, Otuan on the East and Toruebeni on the west. It is found on the Wilberforce Island along the Yenagoa road with estimated number of 6,970 people. The people of Amassoma are known for their hard work and resourcefulness. Traditionally fishing and farming, today a significant number of them have become traders as well as academicians. The people are predominantly Izon with strong attachment to tradition. Though highly Christianized and civilized, the people attach great importance to certain practices which have severe and phenomenal effects on them especially women who may not be allowed to take decision alone regarding mode of delivery. Some of such practices are polygamous marriage, early marriage, male dominance among couples, lack of qualitative education for women, extended family system, sex preference and belief system. The practices were deemed capable of influencing the attitude of the women to caesarean delivery because often times, the women do not take decisions on their own and most of them are financially dependent on their spouse and family members. The perception and attitude of their women towards caesarean delivery appeared to be dependent on the attitude of significant others, religious and cultural beliefs which may see caesarean delivery as an abnormal means of delivery.

### Target Population

The population for the study consists of all the pregnant women who registered for antenatal clinics client in general hospitals, Amassoma with total number of 115 Antenatal clinic clients registered at the period of this study.

### Sample Size

The sample size was calculated using Taro Yamane's formula.

### Taro Yamane's formula

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

Where n=sample size

N=population size

E=error of sampling (0.05)

$$n = 115 \quad (1)$$

$$\sqrt{1 + 115(0.05)^2}$$

$$n = \frac{115}{\sqrt{1 + 115(0.05)^2}} \quad (2)$$

$$n = \frac{1 + 115(0.0025)}{115} \quad (3)$$

$$n = \frac{1 + 0.2875}{115} \quad (4)$$

$$n = \frac{1.2875}{89.3} \quad (5)$$

The sample size generated was 89.

### Sampling Techniques

It involved the use of systematic random sampling technique to draw new respondents from the hospitals using the mothers that was available on the day of visit. On the completion of these sampling procedures, eighty nine (89) mothers was selected and utilize for the study.

### Instrument for Data Collection

A self -structural questionnaire was used to data collection. The questionnaire consists of two sections. Section A contained information regarding the demographic date of the respondents. Section B elicit information base on the research questions.

### Reliability of the Instrument

The reliability co-efficient was established using the test-retest method. Copies of the questionnaire will be administered on twenty pregnant women comprising ten women from urban area and ten women from rural area in two general hospitals in Bayelsa state. Copies of the questionnaire will be re-administered on the same women after two weeks. The scores that will be obtained from the two tests will be correlated using spearman-correlation co-efficient formula in order to find out their reliability. The result in First and second will be compared to note any difference.

### Method of Data Collection

Ethical approval was obtained from the ethical committee of Niger Delta University before this study was conducted. Each respondent also gave their consent verbally before data was collected. The questionnaire was administered to nurses who were willing to partake in the research. Data collection was done on each working day until the subjects will be completed.

### Method of Data Analysis

Descriptive statistics was used to analyzed data through the method of software SPSS. Analyzed data was presented in frequency table and percentage.

### Ethical Consideration

Ethical approval was obtained from the ethical committee of Niger Delta University and General Hospital Amassoma before data collection. Other ethical issues like; confidentially, voluntary participation and anonymity was considered in the conduct of the research study. The respondents were promised that they would remain anonymous throughout the study and their names/addresses were not written on the questionnaire. Furthermore, the consent of the participants were obtained from each nurse before participating in the study.

## RESULTS

Eighty nine (89) well-structured questionnaires were administered to the target population. The questionnaires were distributed, collected and analysed. Tables were used to represent the results from the data analysis.

Table 1 displayed the Socio-demographics Profile of the respondents. The respondents were distributed on the basis of age, religion, gender, marital status, occupation and number of children. 26% of antenatal clients fell under the ages of 15-25 years, 31%, 26-35years, 28%, 36-45years and 15% 45years and above. In terms of religion 80% were Christians, 3% Islam and 17% Pagans. As regard gender all participants were females. 55% of the females were married, 34% single and 11% divorced. For the aspect of occupation 34% were involved in farming, 28 % civil servants, 21% traders and 17% were involved in fishing. Finally regarding the number of children, 31% fall under the category of 1-2 children, 34% 3-4 children and 35% 5 children and above.

**Table 4.1: Socio-Demographic Data of Ante-natal Client**

Variable	Frequency
<b>Age</b>	
15-25	23 (26%)
26-35yrs	28 (31%)
36-45yrs	25 (28%)
45 and above	13 (15%)
<b>Religion</b>	
Christian	71 (80%)
Islam	3 (3%)
Pagan	15 (17%)
Others	-
<b>Gender</b>	
Female	89 (100%)
Male	Nil
<b>Marital Status</b>	
Married	49 (55%)
Single	30 (34%)
Divorce	10 (11%)
<b>Occupation</b>	
Famers	30 (34%)
Civil Servant	25 (28 %)
Trader	19 (21%)
Fishing	15 (17%)
<b>Number of children</b>	
1-2	28 (31%)
3-4	30 (34%)
5 and above	31 (35%)

Table 2 showed the attitude of antenatal client on Caesarean Section in Amassoma General Hospital. It can be discern from the table that 12% of antenatal client would accept to go in for a voluntary caesarean section while 78% would not consider a voluntary caesarean section. However, if caesarean section is indicated only 34% would accept and 66% of antenatal clients would not accept to go in for it. 58% will accept to repeat the caesarean section whereas 42% would not accept a repeat caesarean section. As regards an emergency caesarean section 67% said "Yes" to an emergency caesarean section and 33% said "No" to an emergency caesarean section.

**Table 2: Attitude of Antenatal Client towards Caesarean Section in Amassoma General Hospital**

Item Statement	YES F (%)	NO F (%)
Would you go in for a caesarean section without indication (voluntary caesarean section)	11(12%)	78(88%)
Would you go in for a caesarean section if indicated	30(34%)	59(66%)
Would you accept to go in for repeat caesarean section	52(58%)	37(42%)
Would you go in for caesarean section in case of emergency	60(67%)	29(33%)

Table 3 showed perception of antenatal care client of caesarean section in General Hospital Amassoma. 56 (62.9%) strongly disagreed that caesarean section is an abomination, 15(16.8%) disagreed, 15 (16.8%) agreed while 3(3.4%) strongly agreed. Also, 51(57.3%) strongly disagreed that Giving birth through caesarean section leaves you with stigma of “not being a real woman” 18(20.2%) disagreed, 10(11.2%) agreed and likewise 10(11.2%) strongly agreed. Furthermore, 47(52.8%) strongly disagreed that Giving birth through caesarean section makes you lose respect in the community, 30(33.7%) disagreed, 8(8.9%) agreed, while 4(4.49%) strongly agreed. The study also revealed that 50(56.2%) strongly agreed Caesarean section increase fetal and maternal mortality rate, 20(22.5%) agreed, 10(11.2%) disagreed while 9(10.1%) strongly disagreed. Also, 40(44.9%) strongly agreed that Caesarean section is associated with complication and reproductive failure, 20(22.5%) agreed, 15(16.8%) disagreed and 14(15.7%) strongly disagreed. Finally, 35(39.3%) strongly agreed that Caesarean section is a medical condition 22(24.7%) agreed, 18(20.2%) disagreed.

**Table 3: Perception of Antenatal Care Client of Caesarean Section in General Hospital Amassoma**

Item Statement	SA	A	D	SD
Caesarean section is an abomination	3(3.4%)	15(16.8)	15(16.8)	56(62.9%)
Giving birth through caesarean section leaves you with stigma of “not being a real woman”	10(11.2%)	10(11.2%)	18(20.2%)	51(57.3%)
Giving birth through caesarean section makes you lose respect in the community	4(4.49%)	8(8.9%)	30(33.7%)	47(52.8%)
Caesarean section increase fetal and maternal mortality rate	50(56.2%)	20(22.5%)	10(11.2%)	9(10.1%)
Caesarean section is associated with complication and reproductive failure.	40(44.9%)	20(22.5%)	15(16.8%)	14(15.7%)
Caesarean section is a medical condition	35(39.3%)	22(24.7%)	18(20.2%)	14(15.7%)

SA =Strongly Agree, A = Agree, D =Disagree, SD = Strongly Disagree

## DISCUSSION

Regarding the attitude of antenatal care clients of caesarean section in General Hospital Amassoma. Data from our study revealed that 78% of the respondents would not consider a voluntary caesarean section, 66% of antenatal clients would not accept to go in for caesarean section if indicated. 58% will accept to repeat the caesarean section whereas and 67% said “Yes” to an emergency caesarean section. This implied that antenatal clients would not consider a voluntary caesarean section and would not accept to go in for caesarean section if indicated, but will accept to repeat the caesarean section whereas and say “Yes” to an emergency caesarean section. That this is in line with a study by (Aziken et al, 2018) who stated that qualitative studies have in fact established that some women will not even accept Caesarean sections section under any circumstances and also a study by Ezechiet *al.*, which says majority of women prefer spontaneous vaginal delivery to caesarean section though a small proportion of women preferred caesarean section to spontaneous vaginal delivery.

Concerning the assessment of the perception of antenatal care clients of caesarean section in Amassoma general Hospital, data from this study showed that the respondents believed that caesarean section increased fetal and maternal mortality rate 50(56.2%), caesarean section was associated with complication and reproductive failure 40 (44.9%) and that caesarean section was a medical condition 35(39.3%). Data from our study was in agreement with a study by Jeremiah (2011) who stated that traditionally, Nigerian women are unwilling to have caesarean section because of the general belief that caesarean section is reproductive failure on their part. Also, a study by Agumuo, (2010) stated that Women turn down caesarean section for various reasons which includes: maternal fear of death during surgery based on death of close relatives, past unpleasant experiences in previous caesarean sections and unpleasant stories that they had heard from other women.

## CONCLUSION AND RECOMMENDATION

The study examined the perception and attitude of pregnant women in General Hospital Amassoma, Southern Ijaw Local Government Area, Bayelsa State. The study postulated that majority of antenatal client would not go in for voluntary caesarean section, and refuse Caesarean Section if indicated but will accept a repeat caesarean section and an emergency caesarean Section. The respondents also had negative perceptions towards caesarean sections, believing that caesarean section increased fetal maternal mortality rate, was associated with complication and reproductive failure, and caesarean section is a medical condition. Therefore, based on these findings there is need for the nurses and midwives to timely involve in awareness creation and health education on the importance of caesarean section in averting complications.

We recommend that midwives or nurses should educate antenatal clients on the benefits of caesarean section in prolonged and obstructed labour, introduction of caesarean section counselling programs in antenatal client health centre, Counselling of caesarean section before and during pregnancy, dispel misconception of caesarean section and the Government should provide education in training and retraining of staff, improve health care facilities to ensure safe caesarean section procedure and to So government to reduce the cost of caesarean section.

## LIMITATION OF STUDY

Some of the respondents portray aggressive attitudes which hinder smooth investigation.

## References

- Agumuo, Z. (2010). Perception of Caesarean section, comments and views from Nigeria; asystematic review. *Birth*, 37(3), 219-226.
- Awoyinka, B. S., Ayinde, O. A., & Omigbodun, A. O. (2016). Acceptability of caesarean delivery to antenatal patients in a tertiary health facility in South-West Nigeria. *Obstetric Gynecology*, 26, 208-10.
- Aziken, M., Omo-Aghoja, L., & Okonofua, F. (2017). Perceptions and attitudes of pregnant women towards caesarean section in urban Nigeria. *Acta Obstetric and Gynecology Scandinavica*, 86, 42-47.
- Behaque, D.P. (2016). Beyond the simple economics of Caesarean section Birthing:Women resistance to social inequality. *Culture, Medicine and Psychiatry*, 26, 473-5.
- Ezechi, O.C., Fasuba, O.B., Kalu, B.E., Nwokoro, C.A., & Obiesie, L.O. (2004). Caesarean section: why the aversion. *Tropical Journal of Obstetrics and Gynecology*, (21), 164–176.
- Finger, C. (2013). Caesarean section rates sky rocket in Brazil. *Lancet*, 362(84), 628-634.
- Jeremiah, I., Nonye Enyidah, E., & Fiebai, P. (2011). Attitudes of antenatal patients at a tertiary hospital in southern Nigeria towards Caesarean section. *Journal of Public Health Epidemiology*, 3(13), 617-621.
- Kwawekume, E. Y. (2010). Cesarean section in developing countries. *Best Practice Research Clinical and Obstetric Gynaecology*, 15, 165-178.
- Olusanya, B.O., & Solanke, O.A. (2017). Adverse neonatal outcomes associated with previous caesarean section in an inner-city maternity hospital in Lagos, Nigeria. *International Journal of Gynecology & Obstetric*, 21(12), 65-67.
- Sunday-Adeoye, I., & Kalu, C. A. (2011). Pregnant Nigerian women's view of caesarean section. *Nigeria Journal of Clinical Practice*, (14), 276-291.
- World Health Organization (2016). *Pregnancy, Childbirth, Postpartum and Newborn Care: A Guide for Essential Practice*. Geneva.