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Original Article

Pregnant Nigerian women's view of cesarean section

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Abstract

Objective: Cesarean section (C/S) is still being perceived as an abnormal means of delivery by many antenatal women in Nigeria. This study aims to determine the perceptions of antenatal clients in the southeastern Nigeria on C/S.
Materials and Methods: The study was conducted using a structured questionnaire administered to 300 consenting pregnant clients attending the antenatal clinic. The data were analyzed and presented in a simple frequency table.
Results: The average C/S rate in the hospital was 16.6%. Only 4 (1.4%) viewed C/S as very good and elected to undergo C/S. Thirty-four (12.3%) considered C/S as bad and would reluctantly undergo the procedure. Two hundred and twenty-five (81.2%) would accept C/S if their life or that of their fetus is in great danger.
Conclusion: This study affirms previous suspicion that a significant proportion of antenatal clients are averse to C/S and the negative cultural perception of the people to C/S reinforced this aversion.

Key words: Cesarean section, Nigerian women, perception

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Introduction

Cesarean section (C/S) is an operative technique by which a fetus is delivered through an abdominal and uterine incision[1,2] and the indications can either be maternal or fetal. The trend of acceptability and the rate of C/S have been on the increase in the developed countries in the past two decades. Due to the current safety of the procedure, several cesarean sections are sometimes done for various justifiable medical and non-medical indications[3] and occasionally for monetary incentive.[4] Consequently, the rates of C/S in Europe and North America have been increasing; United States of America currently has an average rate of 26.1%.[5]

Conversely, in the developing countries, the change in C/S rate has been less dramatic during the same period. This results from the negative perception of C/S among women in the developing countries. C/S is still being perceived as an abnormal means of delivery by some women in the developing countries,[6] hence the C/S rate in some sub-Saharan African countries like Burkina Faso and Niger is as low as 2 %.[7]

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Among women in the developing countries, C/S is still being perceived as a curse on an unfaithful woman and is the lot of weak women. In a study among Yoruba women of southwestern Nigeria, C/S was viewed with suspicion, aversion, misconception, fear, guilt, misery and anger.[8] In the developing countries, very few women elect to have C/S on account of non-medical indications due to the negative perception of the procedure.

In Nigeria, as in most sub-Saharan African countries, it has been suggested that women accept C/S reluctantly even in the face of obvious clinical indications.[9] Also, the negative view and perception of C/S by women in the developing countries has led to gross underutilization of the procedure compared to the large burden of obstetric morbidity requiring resolution by C/S.[10]

There are minimal data on the perceptions of women in the southeast zone of Nigeria about C/S, and their views about women who have had the procedure have not been

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explored. Therefore, this study aims at the determination of the perceptions of women in the southeastern Nigeria on C/S and their views about other women who have had C/S in the past.

Materials and Methods

This was a descriptive review conducted at Ebonyi State University Teaching Hospital Abakaliki (EBSUTH), a tertiary hospital within the state capital in Southeast Nigeria. EBSUTH serves as a referral center for the state and the neighboring states.

The available hospital records of 2005 and 2006 showed there were 3408 and 3736 antenatal attendees, respectively, while a total of 2978 deliveries were conducted. The unbooked clients accounted for 14.4% (430) of the deliveries and the average C/S rate for the 2 years was 16.6%. There were 38 maternal deaths with a mean maternal mortality ratio for the period being 1270/100,000 live births; unbooked patients accounted for 76.3% (29 deaths) of the maternal deaths.

The study was conducted using a structured questionnaire administered to 300 consenting pregnant clients attending the antenatal clinic between September 2006 and November 2006. This represented the average monthly antenatal booking rate in Ebonyi State University Teaching Hospital which was 301 during the study period (2005–2006).

The interview questionnaire sought to obtain the personal perception of the clients about C/S using four grades: very bad, bad, good, very good. The clients' general perceptions of C/S were also explored. Data from the survey were fed into a computer database using the EPI INFO 3.3.2 software and were then analyzed. The views of the women about C/S among different subgroups were represented in simple frequency tables.

The gradings were as follows.

Very good: Will accept C/S by choice to avoid the complications of labor, labor pains and safety of the baby

Good: Will accept C/S if their life or that of their baby is in great danger

Bad: Will reluctantly accept C/S if the doctor says so

Very bad: Will not accept C/S under any circumstance

Results

Out of the 300 questionnaires administered, only 277 were fully completed and formed the basis for this analysis. The age range of the respondents was between 15 and 49 years, with a mean age of 28.6 years.

Among the study population, 26 (9.4%) have had a previous history of C/S, 217 (78.3%) had delivered at least once by the vaginal route and 34 (12.3%) were nulliparous. Out of the 26 women who had C/S in the past, 20 (76.9%) were favorably received at home following the C/S, while 6 (23.1%) did not have good reception at home from their relations.

Analysis of the view of the study population about C/S [Table 1] during the current pregnancy showed that 225 (81.2%) of the women viewed C/S as good if their life or that of their baby was in great danger. Four women (1.4%) viewed C/S as very good and elected to undergo C/S to avoid the pains and complications of labor and delivery. Thirty-four (12.3%) thought C/S is bad and would only reluctantly undergo the procedure if the doctors thought it was necessary to save their lives or their baby. Three respondents (1.1%) viewed C/S as being very bad and will not accept the procedure in any circumstance. Majority of the study population [229 (82.7%)] would recommend the procedure for their daughters or daughters-in-law if their lives and or that of the baby were in great danger.

Table 2 shows the cultural perception of the respondents about C/S. One hundred and eighty-three (66.1%) of the study population indicated that the cultural perception of their people about C/S is that it is a normal obstetric decision, while 40 (14.4%) see C/S as the woman's failure of her obstetric responsibility. Only 4 (1.4%) said their culture feels C/S is for cursed women.

Table 3 shows the expression of the study group's fear about

Table 1: Views about cesarean section in their index pregnancy

Views	Description of views	*n*	%
Very good	Will accept C/S by choice to avoid the complications of labor and labor pains	4	1.4
Good	Will only accept C/S if their life or that of their baby is in great danger	225	81.2
Bad	Will reluctantly accept C/S if the doctors say so	34	12
Very bad	Will not accept C/S under any of the above circumstance	3	1.1
No view	No view	11	4.0
Total		277	100.0

C/S = Cesarean section

Table 2: Cultural perception about cesarean section

Perception	*n*	%
Normal obstetric decision	183	66.1
Women with abnormal pelvis	47	17.0
Women who are obstetric failure	40	14.4
Unfaithful women	3	1.1
Cursed women	4	1.4
Total	277	100

Table 3: Fears of antenatal clients about cesarean section

Fear	*n*	%
Fear of death	119	43.0
Fear of doctor's incompetence	15	5.6
Fear of subsequent infertility	7	2.5
Fear of postoperative pain	55	19.9
No fears	81	29.2
Total	277	100

C/S. Majority of the respondents [119 (43%)] were afraid of death as a complication of C/S, 81 (29.2%) did not have any fear about C/S, while 55 (19.9%) were afraid of the postoperative pain associated with C/S.

Discussion

This study shows that 13.4% of the study population was not favorably disposed to C/S and would either accept it reluctantly and or would not accept it at all. This finding is similar to the 11.6% of clients who rejected C/S in a similar tertiary center in Southeast Nigeria and is also similar to the 12.1% of women who would not accept C/S under any circumstance reported in South-South Nigeria.[8] Only 1.4% were willing to accept C/S as a method of delivery to avoid the pains of labor and complications of labor and 81.2% would only accept C/S if needed to save their lives or that of their babies.

The number of women who were not favorably disposed to C/S is significant, especially as it may provide an insight into one of the factors responsible for the unacceptably high maternal and perinatal mortality ratio reported in Nigeria which is that of type one delay in accessing formal obstetric care.[12] The hospital records show that between 2005 and 2006, unbooked patients accounted for 14.4% of the total number of deliveries recorded in the center and disproportionately accounted for 76.3% of the total maternal deaths in the center during the period. An earlier study had documented the fear of C/S as one of the commonest hindrances proffered by women for not utilizing formal maternity services[10] and this offers an explanation why some of these women present late to the center with complications, resulting in an unacceptably high mortality ratio.

The major concern expressed by the respondents in this study was the fear of death during the procedure. This is a genuine concern considering the high rate of maternal death associated with C/S in southeastern Nigeria.[12] The other concerns of the respondents include fear of error during the surgery, fear of subsequent infertility and postoperative pain. These also are genuine fears as postoperative pain, infertility, iatrogenic fistula are complications that can follow C/S.

A significant 34% of the respondents indicated that the cultural perception of their communities about C/S was negative, and it was a procedure conducted on unfaithful and cursed women as well as women who were viewed as weaklings. The cultural perception of the individual communities is vital to the acceptance of the procedure because the observed trend is a great reluctance among women and their relations to accept the procedure. This cultural perception may possibly and partly explain why the number of women who booked for antenatal care in the center is significantly different from the actual number who delivered in the center. Some clients may choose to deliver at home or with a maternity center after receiving antenatal care in the center, for fear of C/S.

About 10% of the study population had a previous history of C/S and 77% of this group was favorably received at home, while a significant 23% of these women were not well received at home following the procedure. The negative reception at home from family and community members may negatively affect the client's acceptance of a repeat C/S in the index pregnancy and may adversely affect maternal and perinatal outcome.

The study further shows that clients who have had a previous C/S would have had some of their fears about the procedure either confirmed or disabused; thus, they are likely to have a more informed view of the procedure than those who were yet to have their fears tested.

Conclusions

This study affirms previous suspicion that a significant proportion of antenatal clients are averse to C/S and the negative cultural perception may have further reinforced this aversion. The unacceptable maternal mortality ratio in Nigeria may partly be attributable to type one delay in accessing formal maternity services and this may be related to the fear of C/S which earlier studies have documented as a cause of non-utilization of formal maternity services.

If the unacceptably poor utilization of health facilities for delivery is to improve, the concerns and fears expressed by the clients should be addressed in addition to instituting mechanisms to modifying the negative perception of the local communities about C/S. These will ensure that type one delay is reduced to a more tolerable level and accordingly reduction in maternal mortality.

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