Knowledge, attitude and willingness to accept Caesarean Section among women in Ogbomoso, southwest Nigeria

Olumuyiwa A Ogunlaja[a], Idowu P Ogunlaja[b], Samuel E Akinola[a], Olufemi O Aworinde[a]

a Department of Obstetrics and Gynaecology, Bowen University Teaching Hospital, Ogbomoso, Oyo state.
b Department of Obstetrics and Gynaecology, General Hospital, Ilorin, Kwara State.

Correspondence: Olumuyiwa A Ogunlaja lajamuyiwa@yahoo.com

Submitted: June 2018 Accepted: October 2018 Accepted: November 2018

Introduction: Caesarean section (CS) is a common procedure in obstetrics and has contributed immensely to improving maternal and foetal outcome; there are still concerns about the knowledge, attitude and willingness to accept the procedure among women especially those in the developing world.

Objective: This study seeks to assess the level of knowledge, attitude and acceptance of women about CS in Ogbomoso. These women were more educated than most of their counterparts in South Sudan but because of the political situation we are unlikely to get similar data from South Sudan and therefore this study is of interest.

Methodology: This is a descriptive study which was carried out in four health facilities. Respondents were selected using the systematic random technique with a sample interval of 2. A semi-structured questionnaire was used for data collection. Data were analysed using the statistical package for social sciences (SPSS), version 16.

Results: Of the 410 respondents, 63.2% of the women have a good knowledge of CS as a method of delivery. When CS was compared to vaginal delivery, 33.5% said that CS was preferable to vaginal delivery because the pain involved was much less; this view was however disagreed upon by 54.8% of the respondents. Only 75.6% of the respondents were ready to accept CS if there was a need for it.

Conclusion: Mothers should be educated on the process involved in Caesarean delivery, the indication, advantages and complications in order to help them make the right informed decision.

Key words: Women knowledge, attitude, Caesarean section, Nigeria

INTRODUCTION

Caesarean section is a surgical procedure which involves incisions made through a mother's abdomen (laparotomy) and uterus (hysterectomy) to deliver one or more babies or to remove a dead foetus. Compared to the consequences of, for example, an obstructed labour, CS is safe for both the mother and baby and it is the most commonly performed obstetric operation. There are some risks such as accidental damage to the woman's bladder or bowel and an increase in the incidence of breathing difficulties in the baby. These should be explained to the woman as part of preparation for surgery.

While the experience of some women as it concerns pregnancy and delivery is very pleasant others have hazardous experiences [1]. Most of the deaths of pregnant women occur in low resource settings and are largely preventable [2]. It has been postulated that increased access of women to CS may decrease maternal mortality rate by as much as 92% [3]. Nevertheless, the World Health Organization have noticed that the CS rate in many countries have continued to be on the rise despite the advice to keep the rates low [4]. Factors influencing the rise include safer anaesthesia and fear of litigation.

In developing countries, women and those who make decisions for them such as husbands, mothers in law and local authority figures are reluctant to accept CS because of the traditional beliefs and sociocultural norms. Some women even see delivery by CS as reproductive failure on their part [5]. As a result of these they engage untrained and unskilled providers, they only report to the hospital when life threatening complications set in [6].

A literature search revealed a positive correlation between CS rate and level of education of women. However, there is an aversion for CS among women [7, 8]. Overall, women prefer vaginal delivery to CS [9]. In a study in Ghana on the awareness, perception and attitudes of women towards CS, it was observed that 93.3% of clients preferred vaginal delivery to CS. Nevertheless, majority of these women

(98.1%) wanted CS to be part of antenatal care education [10].

The objective of this study was to determine the level of knowledge, attitude and acceptance of Caesarean section among women in Ogbomoso, south west Nigeria

METHODOLOGY

This was a descriptive cross sectional study carried out in four health facilities in Ogbomoso which is a major semi-urban town. Respondents were selected using the systematic random technique. Participation in the study was voluntary. Inclusion criteria were any parous woman, while the exclusion criteria includes refusal to participate in the study and any woman with history of primary infertility. An interviewer used a semi-structured 4-section questionnaire:

- Section A; sociodemographic characteristics,
- Section B; knowledge of the respondents on CS,
- Section C; attitude of respondents to CS,
- Section D; willingness to accept CS if indicated.

A scoring system was developed for the level of knowledge of the respondents, correct answers attracted 2 marks and incorrect answers 1mark. The total score was categorized as good knowledge>70%, fair knowledge 50-69% and poor knowledge <49%. Data were analysed using SPSS 16.

RESULTS

A total of 410 questionnaires were completed and analysed. The majority of respondents were between the ages of 25-34 years (Table 1); 278 (68.5%) had acquired a tertiary level of education, this accounted for the most common attained level of education amongst the respondents (Table 1).

Majority of the respondents had a good knowledge of CS (Table 2). A further analysis of the association between the level of knowledge about CS and level of education of the women revealed a significant statistical relationship ($p<0.05$). Most women with tertiary education had a better knowledge of CS when compared with their counterparts in the other categories (Table 3).

As it concerns the perception of these women about CS and its safety, 164 (40.1%) of the respondents agreed that CS was as safe as vaginal delivery, while 200 (48.9%) disagreed. The rest of the respondents were indifferent in their perception as it concerns the different modalities of delivery.

When CS was considered necessary as a method of delivery, 309 (75.6%) of the respondents were willing to accept CS if the need arose while 100(24.5%) indicated that they will be unwilling to do so irrespective of the circumstance.

Table 1. Respondents' sociodemographic variables

Sociodemographic variable	n	%
Age years:		
15-19	4	0.99
20-24	97	24.1
25-29	102	25.3
30-34	107	26.6
35-39	65	16.1
>40	28	7.0
Ethnicity:		
Yoruba	388	94.6
Igbo	11	2.7
Hausa	2	0.5
Others	9	2.2
Marital status:		
Unmarried	96	23.4
Married	314	76.6
Divorced	0	0
Religion:		
Christianity	337	82.2
Islam	69	16.8
Traditional	4	1.0
Level of Education:		
Primary	24	4.9
Secondary	106	26.1
Tertiary	278	68.5
No formal education	2	0.5

Table 2. Knowledge of Caesarean section

Level of knowledge	n	%
Good	259	63.2
Fair	99	24.1
Poor	52	12.7
Total	**410**	**100**

DISCUSSION

This study revealed that majority (63.2%) of the respondents had a good knowledge of CS. This may be because most of the respondents had some form of education - 68.5% had tertiary level of education. The study also clearly demonstrated that the higher the level of education, the better the inclination of women to

Table 3. Respondents knowledge of Caesarean section by level of education

Education level/ Level of knowledge	Good	Fair	Poor
	n (%)	n(%)	n(%)
Primary Education	9(3.5)	7(7.1)	4(7.7)
Secondary Education	53(20.5)	38(38.4)	15(28.8)
Tertiary Education	194(74.9)	52(52.5)	32(61.5)
No formal Education	3(1.1)	2(2.0)	1(2.0)
Total	**259(100)**	**99(100)**	**52(100)**

accept CS when necessary. This finding is similar to that demonstrated in a study which revealed that low level of acceptance of CS was common in women of the lower educational class [11]. Our observation from this study was that majority refused to accept CS for religious reasons as they perceive it as a means of delivery in women with suboptimal level of faith. Other reasons for refusal were the desire to experience vaginal delivery, a similar observation was found in a previous study [12].

Due to the greater number of respondents being educated, it was observed that the majority (75.5%) were willing to have CS if indicated, this was however contradictory to the observation among other Nigerian women [6,13]. Nevertheless, it should be noted that CS acceptance rate was higher than the average in most of the conducted studies [14,15].

Although efforts are being made to lower the CS rate, when the need arises it may be refused by some women due to poor knowledge and negative attitude towards CS. As it was observed in our study 100 (24.5%) respondents were unwilling to have CS irrespective of the indication and the circumstance that may necessitate it. Common reasons for this were that CS was perceived to be for the rich, while others considered it very unsafe; others felt that delivery via CS would make them unfulfilled as women. From the observations above, one in every four women will refuse CS when needed. A critical look at this indicates the burden it may pose to increasing maternal and foetal morbidity and mortality.

CONCLUSION

Women need to be properly educated and empowered to take appropriate decisions as it concerns their health during the birth process. The existing trend can be improved when health care givers provide health education and proper counselling during antenatal care. Non-governmental organizations can help with improved education, campaigns and awareness on birthing process as it concerns CS. In particular it should be made clear that the need for intervention is not the result of the beliefs or behaviour of the woman in question. Governments can assist in providing quality affordable education for the girl child. Efforts should be made at all levels to reach out to religious and traditional organizations and leaders to assist in improving the dearth of knowledge as it concerns CS in the community.

References

1. Eni-Olorunda T, Otito O, Akinbode A, Akinbode O. Knowledge and attitude of mothers on risk factors influencing pregnancy outcomes in Abeokuta South Local Government Area, Ogun State. European Scientific Journal. April 2015 edition vol. 11, No 11, ISSN:1857-7881
2. Alkema L, Chou D, Hogan D, Zhang S, Moller AB, Gemmill A et al. Global, regional, and national levels and trends in maternal mortality between 1990 and 2015, with scenario-based projections to 2030: a systematic analysis by the UN Maternal Mortality Estimation Inter-Agency Group. Lancet.2016;387(10017):462-474
3. Hamilton BE, Martin JA, Ventura SJ. Births: preliminary data for 2010. Nat 1 vitalStatRep.2011;60(2):1-25. www.cdc.gov./nch/data/nvsr/nvsr60/nvsr60_02.pdf
4. Rosenberg P. Evaluation of the Caesarean section rate: a necessary progress in Obstetrics. J. Gynaecol Obstet Biol Reprod(Paris) 2004 Jun;33(4):279-289
5. Jeremiah I, Nonye Enyidah E, Fiebai P. Attitudes of antenatal patients at a tertiary hospital in southern Nigeria towards Caesarean section. J. Public health Epid. 2011; 3(13):617-621
6. Ilesanmi AO, Odukogbe A, Olaleye DO. Vaginal delivery after one previous Caesarean section in Nigerian women. J Obstet Gynaecol.1997;17:139-141
7. Lumbiganon P, Laopaiboon M, Gulmezoglu AM, Soura JP, Taneepanichskul S, Ruyan P et al: World Health Organization Global Survey on Maternal and Perinatal Health Research Group: Method of delivery and pregnancy outcomes in Asia : the WHO global survey on maternal and prenatal health 2007-08. Lancet 2010, 375:490-499
8. Molina G, Esquivel MM, Uribe-Leitz T, Lipsitz SR, Azad T, Shah N, et al. Avoidable maternal and neonatal deaths associated with improving access to Caesarean delivery in countries with low Caesarean delivery rates: an ecological modeling analysis. Lancet. 2015

9. Chu K, Cortier H, Maldonado F, Mashant T, Ford N, Trelles M. Caesarean section rates and indications in sub-Saharan Africa: a multi-country study from Medecins sans Frontieres. PLoS. 2012;7(9):e44484.
10. Adageba A, Danso KA, Adusu-Donkor A, Ankobea-Kakroe. Awareness and perception of and attitudes towards Caesarean section among antenatal client. Ghana Med J. 2008 Dec;42(4):137-140
11. Aziken M, Omo-Aghoja L, Okonofua F. Perceptions and attitudes of pregnant women towards Caesarean section in urban Nigeria. Acta Obstet Gynaecol Scand. 2007;86(1):42-47
12. Chigbu C, Iloabachie G. The burden of Caesarean section refusal in a developing country setting. BJOG.2007;114:1261-1265
13. Igberase GO, Ebeigbe PN, Andrew BO. High Caesarean section rate: A ten year experience in a tertiary hospital in the Niger Delta. Niger J Clin Pract. 2009; 12(3):294-297
14. Finger C. Caesarean section rates sky rockets in Brazil; many women are opting for Caesarean section in the belief that it is a practical solution. Lancet, 2003. 362(9384) 628.
15. Dickson EJ, James DK, Steer PJ, Weiner CP, Gonik B. Caesarean section: High Risk Pregnancy Management Options, 2 Edition Edinburgh; Harcourt