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Knowledge, Perception and Acceptance of Caesarian Section among Pregnant Women Attending Antenatal Clinic in Selected Hospitals, Gusau, Zamfara State

Aminu Abdulmajeed[1], Umar Inno Ruwan Doruwa[2], & Oyebamide Afusat [3],
[1]Zamfara State College of Nursing Science Gusau, Zamfara State
[2]Zamfara State Ministry for Health Gusau, Zamfara State
[3]Federal Medical Center, Gusau, Zamfara State
Corresponding Author: Abdulmajeed Aminu,
Corresponding Email: aminuabdulmajeed@gmail.com

Abstract
Knowledge, Perception and Acceptance of Caesarian Section have been identified to be a major factor contributing to the rising maternal morbidity and mortality. This study aims to assess the knowledge, perception and Acceptance of the Ceasarian Section among Pregnant Women attending Ante Natal Care (ANC) in selected Hospitals, ie General Hospital and Yerima Bakura Specialist Hospital Gusau, Zamfara State. A descriptive cross-sectional design was adopted where structured questionnaires was administered to 200 participants who were purposively recruited to participate in the study. The data were analysed using descriptive statistics and decision rule at cut-off points of 1.5 and 2.5 as a rating scale. Results were reported with frequencies, mean scores and percentages. Findings from the study showed that 68.2% had a moderate level of knowledge of C/S, 54.5% had a negative perception of C/S and 69% had a positive acceptance of CS. However, 63.2% of the participants agreed that C/S acceptance could be improved if lessons on C/S are included in antenatal teachings in order to ensure that every woman is knowledgeable enough to accept C/S, complication associated with it are minimized, eradicate myths and beliefs concerning C/S and also provide support for relatives. In conclusion, the respondents had moderate knowledge and negative perception while the majority accepted cesarean section among pregnant women attending an ante-natal clinic in General Hospital Gusau", Zamfara State. It was recommended that health education should be upheld in order to sustain a high level of knowledge, acceptance and perception about cesarean section.

Keywords: Knowledge, Acceptance, Perception, Caesarean Section**.**
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Background of the Study

The number of babies delivered by Caesarean section (CS) has risen over the past few decades. Sixty percent of the babies delivered worldwide are born in low-income countries and it is estimated that every year, 0.8 – 3.2 million additional CS are needed in these countries (Ananya, 2019). Furthermore, in middle and high-income countries, 4.0 - 6.2 million additional CS are performed every year. These numbers are based on World Health Organization data on mode of delivery across 137 countries worldwide. Ananya, (2019) reported that in populations where the proportion of CS performed exceeds 15%, the procedure provides no significant benefit to mothers and babies.

There is no greater joy than the birth of a healthy baby and no greater tragedy than the death of a mother and the baby following a complicated pregnancy or difficult labour, especially when it occurs due to the refusal of CS. Women die thousands daily while giving birth due to the refusal of caesarean section in some low resources settings (Sandoiu, 2018).

In the United Kingdom and the United States of America, the situation may not be extreme as women still face stigma for having C/S. Across Sub-Sahara Africa, CS are up to 50 times more fatal than in high-income countries as a result of untreated haemorrhages and anaesthetic effects (Sandoiu, 2018).

Inadequate knowledge and poor perception of CS greatly impact the attitude and acceptance of CS among pregnant women and also women who had up to four antenatal visits had higher odds of utilizing CS compared to those who did not attend antenatal clinics (Adewuyi et al, 2018]. Other factors affecting CS acceptance include residence in rural areas, lack of husband/partner's formal education, birth order, women's low level of education and past successful vaginal deliveries (Adewuyi, et al 2019). A study by Maduka and Enaruna (2022) reported that 46% of their respondents refused to have a repeat CS if medically indicated, stating postoperative pain and discomfort, being labelled a failure, and fear of death as their reasons (Maduka and Enaruna, 2021).

Concerns raised by pregnant women in relation to CS acceptance are prognoses of the surgery, religious and spiritual issues, social stigmatization, cost of medical care, attitude of health caregivers, and protocol in accessing CS. These measures have contributed towards the increase in maternal mortality and mobility rate. The trend of acceptability and the rate of CS has been on the increase in the developed countries in the past two decades. In 2014, 32.2% of women who gave birth in the United States did so by a CS. In Australia, there was a high caesarean rate of about 34% in 2016 (Australia Institute of Health and Welfare,2016). Report from the World Health Organization (WHO) and the United Nations Children's Fund(UNICEF) shows that in 2013, CS in Venezuela was 52.4%, in 2014 in Egypt, it was 55.5%, and as of 2015, it was 53.1% and 55.5% in Turkey and Brazil respectively. When the data was examined by region, the researchers found that CS birth rates in 2015 were: 4.1% in West and Central Africa, 6.2% in Eastern and Southern Africa, 29.6% in the Middle East and North Africa, 18.1% in South Asia, 28.8% in East Asia and the Pacific44.3% in Latin America and Caribbean, 27.3% in Eastern Europe and Central Asia, 32% in North America, 26.9% in (Western Europe Jacqueline,2018).

A study conducted among women living in an Obogun village of Ogun state reported that 51. 9% of the women earned less than the minimum wage of #30,000 monthly, 35.1% had tertiary education, and 41.6% were traders (Badejo, Ogunseye and Olasunkanmi 2022).
Meanwhile, in developing countries, the rate of CS has remained on the low side. In Ethiopia, for example, the CS rate according to a systematic review is 29.55%. In Nigeria, the rate is only 1.8%, whereas, the upper limit of the critical threshold of CS, according to WHO is 15%. The WHO has estimated that in 15.5% of pregnancies in Nigeria, CS is medically necessary, based on rates of fistula incidence. However, CS is being

underutilized in most of Africa, especially Nigeria. Lower rates were recorded in the north of Nigeria, while higher rates were recorded in the south. In Enugu, there is an overall underutilization of CS especially in rural areas where only 5.55% of all births are delivered via CS (The Lancet Global Health, 2015).

It is in this perspective that the researchers deemed it pertinent to improve knowledge, perception and acceptance of CS where pregnant women decline or are afraid of CS due to information they receive like death from CS and other complications associated with it. Apart from this, there is minimal data and research on CS in Zamfara state which prompted the researchers to conduct this study. Hence, the aim and objectives of this study are to assess the knowledge, perception and Acceptance of Caesarian Section among Pregnant Women attending Ante Natal Care (ANC) in selected Hospital, ie General Hospital and Yerima Bakura Specialist Hospital Gusau, Zamfara State. Abraham Maslow's Hierarchy of Needs was adopted to support the study.

Materials and Methods

A non-experimental descriptive cross-sectional survey design was employed to provide a valid opinions, perceptions, knowledge, and notion towards addressing the stated objectives of the study "Knowledge perception and acceptance of caesarean section among pregnant women attending antenatal clinic in Farida General Hospital and Ahmad Sani Yariman Bakura Specialist Hospital, Gusau, Zamfara state".

Sample size and Sampling Technique

The sampling size was not determined as the total sampling method justifies the inclusion of all respondents. If the population is small (below 300) and well-defined (Isagani, 2021) the respondents fell within this category with 200(General Hospital, Gusau and Ahmad Sani Yerima Bakura Specialist Hospital Gusau with a population of 80 and 120 pregnant women respectively) attending ANC services at the time of data collecting period (Patient Attendant Register Book, 2022). A purposive sampling technique was adopted which ensured participants met the criteria of the study that were pregnant and readily available and the right set of cohort that provided valid information regarding the research objectives during the period of data collection.

Instrument for Data Collection

A semi-structured questionnaire was used to elicit information from the respondents. The instrument was adapted from a previous related study (Maitami. et al, 2023). The Semi-structured questionnaire consists of four sections which are A, B, C, D and E; section A elicit Socio –the socio-demographic profile of the respondent while Sections B to E provide answers to the objectives of the research.

Validity and Reliability of the Instrument

Content validity was used to measure the validity of the instrument. This method was done by administering four (4) questionnaires to 4 jurors to ascertain the content validity index of the questionnaire items. The content validity index was found to be 0.8 valid.

Test and retest reliability was done to determine the internal consistency of the questionnaire items. This was tested by using a total of 10 respondents attending ANC at King Fahd Women and Children

Hospital Samaru, Gusau. The Cronbach Alpha reliability coefficient was determined to be 0.78 hence considered reliable.

Method of Data Collection

After every necessary ethical procedure was done, a Letter of introduction was written and Ethical approval was sought from the Ethical Research Committee of Zamfara State Ministry of Health (ZSMOH) with approval number **ZSHREC31102021/107.**

Two Hundred (200) Questionnaires were distributed to the respondents on clinic days and were duly completed with the guidance and cooperation of other staff on duty. The data was administered and collected within a timeframe of four (4) weeks with 2 contacts of ANC days per week. All administered 200 questionnaires were retrieved which formed the basis of data analyses.

Data collected from the study were analysed using descriptive statistics ie frequency distribution table, percentages and mean with the use of Statistical Package for Social Science (SPSS) version 26. Also, the question items section which aims to address the research objectives were analysed using a standardized mean score of 1.5 (decision rule) for participants' knowledge and 2.5 (decision rule) for participants' perception and acceptance of CS which was obtained by summation of point to responses divided by 2 or 4 as the case applied to determine agreed and disagreed.

Results

Data analysed for the study adopted 200 questionnaires that were administered and retrieved.

Table 1: *Distribution of Respondents according to Socio-Demographic Data.*

Respondents (n) =200			
DEMOGRAPHIC	**CATEGORY**	**FREQUENCY (f)**	**PERCENTAGE (%)**
Age(Years)	15-24	78	39
	25-30	46	23
	31– 35	40	20
	36- 40	36	18
Mean age = 23 years			
Religion	Islam	144	72
	Christianity	52	26
	Traditionalist	4	2
Tribe	Hausa	132	66
	Igbo	18	9
	Yoruba	42	21
	Others specify	8	4
Education	Informal	32	16
	Primary	54	27
	Secondary	90	45

	Tertiary	24	12
	Others (specify)	0	0
Marital status	Single Mother	0	0
	Married	192	96
	Divorced/Separated	8	4
Occupation	Civil servant	8	4
	House Wife	136	68
	Business	56	28
	Others (specify)	0	0
Previous mode of delivery	Vaginal delivery	172	86
	Caesarean section	28	14

The result from Table 1 above reveals that the majority of the women between the ages of 15-24 years (39%) of the respondents with average age attendance to be 23 years, 72% of the respondents were Muslims and 66% of the respondents were Hausa. Furthermore, the majority of the respondents had secondary school education with 45% representation, most of the respondents were housewives with 68% and 86% of the respondents had their previous deliveries through the vagina.

Table 2: *Distribution of Respondents on Knowledge of Caesarian Section among Pregnant Women. Respondents (n) =200*

S/NO	Statement	No (%)	Yes (%)	X	Remark
1	C/S is the removal of the baby through the abdominal wall done when a woman cannot give birth through the vaginal	32 (16)	168(84)	1.84	Agreed
2	It is normal for a woman to give birth through C/S	152(76)	48(24)	1.24	Disagreed
3	C/S limits the number of children?	72(36)	128(64)	1.64	Agreed
4	Women health determines the mode of delivery	64(32)	136(68)	1.68	Agreed
5	C/S is done as a result of birth complication	86(43)	114(57)	1.57	Agreed
6	C/S prevent future sexual problems for the mother	152(76)	48(24)	1.24	Disagreed
7	Mothers recover sooner after C/S than vaginal delivery	160(80)	40(20)	1.2	Disagreed
8	C/S is safer for the baby than vaginal delivery	104(52)	96(48)	1.48	Disagreed

Decision/Benchmark mean = 1.500

Table 2 showed 84% of the respondents knew that C/S is the removal of the baby through the abdominal wall. The majority 64% thought C/S limits the number of children and 57% of respondents believe

C/S is done as a result of birth complications. Furthermore, 76% and 80% of the respondents did not think that it is normal for a woman to give birth through C/S and Mothers recover sooner after C/S than vaginal delivery respectively.

Based on the predetermined scoring of the level of knowledge, 68,2% of the respondents were found to have a moderate level of knowledge.

Table 3: *Distribution of Respondents on Perception of Caesarian Section among Pregnant Women. Respondents (n) =200*

SN	Statement	SD(%)	D(%)	A(%)	SA(%)	X	Remark
9	Women who delivered through CS miss important life experiences.	86(43)	44(22)	46(23)	24(12)	2.04	Disagreed
10	CS creates a more affectionate mother-baby bonding.	52(26)	46(23)	44(22)	58(29)	2.54	Agreed
11	CS is performed for weak women.	62(31)	46(23)	40(20)	52(26)	2.41	Disagreed
12	CS is a safe procedure.	58 (29)	32 (16)	44 (22)	66 (33)	2.59	Agreed
13	CS reduces a woman's dignity.	74 (37)	58 (29)	32 (16)	36 (18)	2.15	Disagreed
14	CS is preferable as the pain of vaginal delivery is unpleasant.	64 (32)	62 (31)	50 (25)	24 (12)	2.17	Disagreed
15	Babies born by C/S are healthier than those born by vaginal delivery.	72 (36)	60 (30)	40 (20)	28 (14)	2.12	Disagreed
16	C/S saves the life of mother and child.	40 (20)	26 (13)	58 (29)	76 (38)	2.60	Agreed
17	Previous indication for CS indicates that all other delivery will be done by CS.	76 (38)	58 (29)	26 (13)	40 (20)	2.15	Disagreed
18	C/S could make mother less confident in their ability to give birth.	64 (32)	42 (21)	22 (11)	72 (36)	2.52	Agreed
19	Husband must give consent for C/S before it can be done	25 (22.5)	43 (21.5)	68 (34)	64 (32)	2.85	Agreed

Decision/Benchmark mean = 2.500

Table 3 revealed that the majority of the respondents agreed that C/S creates a more affectionate mother-baby bonding (51%), C/S is a safe procedure (55%), C/S saves the life of mother and child (67%) and Husband must give consent for C/S before it could be done (66%). Furthermore, the majority disagreed that Women who delivered through CS miss important life experience **(**65%), C/S is performed for weak women (54%), C/S reduces a woman dignity(66%), C/S is preferable as the pain of vaginal delivery is unpleasant (63%), Babies born by C/S are healthier than those born by vaginal delivery (66%), Previous indication for C/S indicate that all other delivery will be done by C/S (67%), and C/S could make

mother less confidence in their ability to give birth (53%).

Based on the above responses, with a score of 50-100%, 45.5% of the respondents were found to have a negative perception while 54.5% had a positive perception of C/S.

Table 4: Distribution of Respondents on Acceptance of C/S among pregnant Respondents (n) =200

Decision/Benchmark mean = 2.500

SN	Statement	SD (%)	D (%)	A (%)	SA (%)	X	Remark
20	Complications associated with C/S make it difficult for pregnant women to accept it.	34 (17)	38 (19)	66 (33)	62 (31)	3.18	Agreed
21	The cost of the services being on the high side makes it difficult for them to accept C/S.	2 (1)	8 (4)	88 (44)	102 (51)	3.45	Agreed
22	An attitude of nurses and protocols made it difficult for them to accept C/S.	22 (11)	58 (29)	44 (22)	76 (38)	2.87	Agreed
23	Lack of support from their husband and relatives influences their acceptance.	38 (19)	30 (15)	58 (29)	74 (37)	2.84	Agreed
24	Myths and beliefs also have an impact on acceptance.	38 (19)	42 (21)	62 (31)	58 (29)	2.52	Agreed

Table 4 above revealed that respondents acceptance on C/S all agreed that 64% of Complications associated with C/S make it difficult for pregnant women to accept it, 95% was that the cost of healthcare services poses a challenge to its acceptance, 60% affirmed that the attitude of nurses' and protocol involved poses a challenge, 66% affirmed that lack of moral support from spouse and significant others and 60% portends that myths and beliefs greatly have an impact on C/S acceptance.

Based on the above responses, with a score of 50-100%, 69% of the respondents were found to have positive C/S acceptance while 31% indicated a lack of C/S acceptance.

Table 5: *Distribution of Respondents on Method toward acceptance of C/S among pregnant women. Respondents (n) =200*

SN	Statement	SD(%)	D(%)	A(%)	SA(%)	X	Remark
25	Educate women attending ANC on the benefits of CS indication	50 (25)	36 (18)	58 (29)	76 (38)	2.75	Agreed
26	Make the C/S preparedness procedure less stressful for the patient	60 (30)	48 (24)	56 (28)	36 (18)	2.39	Disagreed
27	CS surgery should be service-friendly, accessible and affordable for patients	22 (11)	36 (18)	64 (32)	78 (39)	3.02	Agreed
28	Management should prioritize training and retraining of health workers on C/S skills	46 (23)	46 (23)	54 (27)	54 (27)	2.58	Agreed

29	Facilities and equipment provided so as to minimize the risk associated with C/S complications	26 (13)	16 (8)	86 (43)	72 (36)	3.04	Agreed
30	Management should improve health workers/patients' relationships so as to foster confidence and allay anxiety among pregnant women	38 (19)	30 (15)	56 (28)	76 (38)	2.85	Agreed
31	Religious and traditional leaders have a significant role to play in correcting cultural beliefs and myths regarding caesarean delivery.	16 (8)	52 (26)	64 (32)	68 (34)	2.92	Agreed

Decision/Benchmark mean = 2.500

Table 5 showed that respondents opined on methods of improving acceptability on C/S as 67% agreed to educate women attending ANC on the benefit of C/S indication, 46% proposed CS preparedness procedure be made less cumbersome on the patient, 71% averred CS surgery be service friendly, accessible and affordable for patients, 54% says Management should prioritize training and retraining of health workers on C/S skills, 79% suggested Facilities and equipment provided so as to minimize the risk associated with C/S complications, 66% revealed Management should improve health workers/ patients relationship so as to foster confidence and allay anxiety among pregnant women, 66% identified Religious and traditional leaders to have a significant role to play in correcting cultural beliefs and myths regarding caesarean delivery. Based on the above responses, with a score of 50-100%, 69% of the respondents were found to have positive C/S acceptance while 31% indicated a lack of C/S acceptance.

Based on the above responses, 63.2% of the respondents agreed while 36.6% disagreed on methods of C/S acceptance.

Discussion

This research has made a definite effort to assess the knowledge and acceptability of C/S among pregnant women attending ANC in General Hospital Gusau. The discussion in this chapter was based on research questions and findings.

The majority of the respondents were between the ages of 15-24 years and were in the majority which signifies that women of this age group are reproductively active, majority of the women were Muslims indicating that inhabitants of the study area are mostly of the Islamic faith. Also, most of the respondents accessing the health facility were Hausa as evidenced in the area of study and were married and housewives who alluded that most of the respondents were dependent on their husbands and most of them had their previous deliveries via the vagina.

The socio-demographic findings of this study are in contrast with the study conducted at Babcock University Teaching Hospital, Ilishan-Remo, Ogun State Maitanmi et al.(2023) which reveal that 50% of the respondents were between

the ages of 25–35 years, and the majority (70%) of them were Christians. Also, the analysis shows that 61% of the respondents were Yoruba, the majority (74%) was married, 44.5% were employers, and 68% of them had their previous deliveries through the vagina

Respondents know that a woman could have a vaginal delivery after C/S and that C/S could limit the number of children, woman's health determines the mode of delivery, and C/S is done when complications arise. On the other hand, the women disagreed with the statements that it was normal for a woman to give birth through C/S, they also know that C/S does not prevent the future sexual problems for the mother and did not think that mothers recover faster after C/S than vagina delivery and CS is not safer for the baby than vagina delivery.

The findings of this study showed that the majority of the respondents had moderate knowledge of C/S. This is contrary to the findings that Inadequate knowledge and poor perception of CS among pregnant women have a great impact on their attitude and acceptance of C/S. (Adeoye & Kalu, 2011) also concur with the findings of two previous studies by Panti et al (2018) and Abazie & Abdul-Kareem (2018), where more than half of the respondents also had good knowledge of C/S. It is, however, in contrast to the findings of the study conducted in Northern Ghana by Afaya et al. (2018) , where the majority of their respondents (48%) had only fair knowledge and of the studies conducted among pregnant women in India by Sultana et al. (2020) where 60.4% and 55.4% of the respondents had inadequate knowledge respectively.

The differences could be due to the higher level of education of respondents as the majority of respondents in this study had up to the tertiary level of education, while the majority of the respondents of the studies conducted in Ghana (Afaya et al. 2018) had low or no formal education. Abazie and Abdul-Kareem (2018)] also showed in their study that the level of education was significantly associated with knowledge of C/S

Respondents know that a woman could have a vaginal delivery after C/S and that C/S could limit the number of children, woman's health determines the mode of delivery, and C/S is done when complications arise. On the other hand, the women disagreed with the statements that it was normal for a woman to give birth through C/S, they also knows that C/S does not prevent future sexual problems for the mother and did not think that mothers recover faster after CS than vagina delivery and C/S is not safer for the baby than vagina delivery.

Perception of the women about C/S agreed that C/S enhances a more affectionate mother-baby relationship, C/S is a safe procedure, C/S helps prevent mother and child death, and also C/S could make mothers less confident in their ability to give birth. However, the women disagreed with the statement that C/S is performed for weak women, C/S reduce a woman’s dignity, preferred C/S over the pain of vaginal delivery, and Babies born by C/S are healthier than those born by vaginal delivery, Previous indication for CS indicated that all other delivery will be done by C/S.

This study is contrary to Saoji, Nayse , Kasturwar, and Relwani (2011) who asserted that women's perceptions

regarding the efficacy of the procedure as a means to ensure newborn survival and to avert the risks of birth complications or stillbirth.

The majority of the respondents of this study also displayed a negative perception of C/S, contrary to the study conducted by Panti et al. (2018), where 96.5% of the respondents recorded a good perception. However, respondents in the studies conducted in Lagos state of Nigeria and Cape Coast of Ghana, among pregnant women Abazie & Abdul-Kareem (2018), were found to have a poor perception of C/S. Respondents of this study believed CS to be a safe procedure. Respondents in Jos, Nigeria also thought C/S was a safe procedure (Egbodo,, et al. 2018), while 40% of those in Ghana thought it was a dangerous procedure and that women would die after the procedure. Furthermore, similar to the perception of respondents in Northern Ghana (Afaya et al. 2018), the majority of the respondents in this study also perceived that a vaginal birth could still be achieved after a previous C/S.

Respondents agreed that Complications associated with C/S make it difficult for it to be accepted, that the cost of healthcare services poses a challenge to acceptance and also affirmed that the attitude of nurses poses a challenge, lack of moral support from spouses and significant others and myths and beliefs greatly have impact on cs acceptance. This statement conforms with Ananya (2019) who asserted that reasons that influence the pregnant women to opt for C/S include complications such as fear of pain, pelvic floor tears and incontinence later in life and also problems in future pregnancies such as low-lying placenta, placenta accreta and damage to the wall of the womb. Keag (2018).

Also in a related study among women who preferred a vaginal delivery, (91.5%) would accept having a C/S to protect their baby's health while (87.7%) would also accept a C/S to protect their own health. Saoji , Nayse , Kasturwar , Relwani (2011) have contrary opinions to this study but conform that women felt that the expenditure charged for a caesarean section was not reasonable.

Respondents agreed to educate women attending ANC on the benefit of C/S indication, C/S surgery being service-friendly, accessible and affordable for patients, upgrade Facilities and equipment so as to minimize risk associated with C/S, enhance health workers/ patients relationship to foster confidence and allay anxiety, Religious and traditional leaders should play a role correcting wrong religious and cultural beliefs and myths regarding caesarean delivery , however, respondents disagreed that C/S preparedness procedure be made less cumbersome on patient as Methods toward acceptance of C/S among pregnant women.

This study conform with the findings that nurses and other stakeholders are thus encouraged to always include C/S lessons in antenatal teachings to ensure that every woman is knowledgeable enough to accept C/S, especially when medically indicated (Maitanmi et al. 2023).

Saoje, et al, (2011) revealed that there is need to provide better information for pregnant women and during the antenatal period about modes of delivery, their indications, advantages and adverse consequences which will enable them to

make an informed decision which as well is in congruent with this study.

Implication of study to Nursing profession

Nurses and midwives should make sure that pregnant women have enough knowledge on C/S, and relieved of negative taught, myths, and believes and relieving them of fears and worries towards perception and acceptance of C/S. Nurses and midwives should prepare the mother early enough at ANC bookings on different modes of delivery indicating how some complications like Pre□ eclampsia, eclampsia, APH, cord□ prolapsed, hand□ prolapsed can lead one to Caesarean Section as mode of delivery. And this will promote safety of midwives and nurses on their various duty post by reducing complications related to maternal deaths and fresh still births.

Limitation of the Study

The limitation of the study was that some pregnant women proved a bit difficult to get information but through the researcher's interpersonal communication skills, we navigated along seamlessly.

Conclusion

The findings of this study show that the respondents needed more knowledge of C/S, and their perceptions is not good enough but willing to accepts C/S if complication associated with it is minimized, the cost of service rendered is affordable, eradicate myths and beliefs and also provide support from relatives and. They as well proffer measures towards CS acceptance through education of women on C/S at ANC visit, improve health workers /patient relationships, and enhance service delivery in terms of infrastructure and staff capacity building.

Nurses and other stakeholders are thus encouraged to always include the lessons on C/S in antenatal teachings in order to ensure that every woman is knowledgeable enough to accept C/S, especially when medically indicated.

Recommendations

Based on conclusions the following recommendations have been made.

1. There should be ongoing or continuous enlightenment of pregnant women on the indications, benefits and risks of C/S and vaginal delivery at the antenatal clinics by midwives. This is imperative because it will build on the client's knowledge, provide first-hand information to the client and also clear misconceptions regarding C/S.
2. There is a need for programs to increase the understanding of women and the community about C/S as a method of delivery. This will help them accept C/S as the delivery method
3. Religious and traditional institution needs to encourage pregnant women to undergo medically indicated C/S.
4. The women need to be empowered financially when the need to undergo C/S arises.
5. Further research using qualitative methods should be conducted to further ascertain non-acceptability of C/S by pregnant women in Zamfara State Hospitals.

Conflict of interest

No conflict of interest so existed among the authors.

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