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

Olumuyiwa A Ogunlaja, Idowu P Ogunlaja, Samuel E Akinola, Olufemi O Aworinde

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 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 1 mark. 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.

**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
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


12. Chigbu C, Iloabachie G. The burden of Caesarean section refusal in a developing country setting. BJOG.2007;114:1261-1265


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.