Women’s Perception and Experience of Caesarean Delivery in Ogbomoso, Southwest Nigeria

Kola M Owonikoko*, Samuel Akinola, Olarenwaju A Adeniji and Akintomiwa O Bankole
Department of Obstetrics and Gynecology, Ladoke Akintola University of Technology Teaching Hospital, Ogbomoso, Oyo State Nigeria

Abstract

Objectives: To explore pregnant women’s perception, experience of caesarean section (CS) and its socio-economic impact.

Materials and methods: The study was a cross-sectional study involving 400 pregnant women in three major hospitals in Ogbomoso. They were interviewed using a multi-item structured pre-tested questionnaire. The questionnaire was self-administered by literate women, while illiterate women had theirs administered by trained research assistants.

Results: Almost all 377(94.2%) considered vaginal delivery as preferred method while 17(4.3%) wanted CS. About half 187(46.8%) believed that CS was too expensive and 57(14.2%) thought that after one CS, subsequent deliveries will be by CS. One hundred and thirty (32.3%) respondents had undergone previous CS and 92(70.8%) of them believed that the CS was justified. A negative reaction from the relatives was experienced by 31(23.8%) of respondents on account of their inability to have vaginal delivery and most of this negative reaction were from the husband in 14(45.2%) of cases. Two hundred and fifteen (53.8%) women had right perception about CS. Right perception was statistically significant with age group (p<0.001), educational status (p<0.001), occupation (p<0.001) and educational status of the partner (p<0.001).

Conclusion: The majority of women in this study preferred vaginal delivery. Adequate education and enlightenment about CS of the female population will help reduce negative perceptions about CS and make it a more acceptable mode of delivery when the need for it arises.

Keywords: Pregnant women; Perception; Experience; Caesarean section

Introduction

Maternal mortality represents the leading cause of death among the women of reproductive age group in most developing countries including Nigeria [1]. Furthermore, it is estimated that one-third of all maternal deaths globally occurs in only two countries of the world; India and Nigeria [2]. According to UNFPA in 2012, Nigeria was accountable for 14% (40,000) of global maternal death and India about 20% (56,000) [3].

Disease, deformity and death are terms usually employed to describe the experience of a vast majority of sub-Saharan African women during pregnancy and birthing [4,5]. Similarly, majority of African women are often viewed as being at high risk of infections, injury and death during pregnancy and peri-partal period [6].

In recent time, women in Nigeria have expressed concerns about the choice of child birth especially issues surrounding vaginal birth. The joy of every mother is to deliver her baby naturally. Some years back, the readily available option for most women was vaginal birth. Some of the women had their babies at home with traditional birth attendant or at faith-based homes but quite often with complications occurring and resulting in the baby and or the mother’s death before any meaningful interventions [2]. Today, sizeable numbers of women have been successfully delivered through Caesarean section (CS).

The indication for CS can be maternal, fetal or both. The rate of CS has been on the increase in the past two decades [7]. Due to the safety of the procedure, several CS have been done for various justifiable medical and non-medical indications. Both the developed and developing countries have their own share of the increase in the rate of Caesarean section. In the USA and Canada, a rate of 25% was recorded and over 20% in England, Wales and Northern Ireland as against the WHO recommendation of 5-15% [8,9]. In some African countries, increase in the rate of Caesarean section has also been documented. In Nigeria, the CS rate from some tertiary institutions which serve as referral centers range from 20.8% to 34.5% [10-12], while CS rate in a private hospital in Lagos, Nigeria revealed a rate of 34.6% [13]. However, there is a broadly held belief that sub-Saharan African women have an aversion for CS delivery [14]. Some women see it as a failure or inability to deliver vaginally or as a threat to the family financial stability [15].

The knowledge and perception of CS affects the ability of women to give informed consent to this surgery. Evidence shows that parturient who are knowledgeable about their conditions are able to actively participate in shared-decision making [16]. Such patients have been found to be more satisfied with their overall Caesarean experience. Those who are well informed are also more likely to have a shorter hospital stay, reduction in the need for further interventions, decreased cost and less complicated post-operative recovery period [16,17].

Maternal knowledge and occupation have also been documented to influence the choice of delivery [18,19]. Many studies have proven

*Corresponding author: Kola M Owonikoko, Department of Obstetrics and Gynecology, Ladoke Akintola University of Technology Teaching Hospital, Ogbomoso, Oyo State, Nigeria, Tel: +2348033593683; E-mail: musliudin@yahoo.co.uk

Received: March 30, 2015; Accepted: May 01, 2015; Published: May 06, 2015


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women’s preference for vaginal birth over CS. Although majority of Caesarean section done in developing countries are done as emergencies, there has been a noticeable increase in the rate of elective CS probably due to the increased level of awareness, improvement in medical practice and women higher level of educational status [19].

Perceptions surrounding the CS have a significant role in the willingness to consent to such procedure. The perceptions are driven by the information women receive from diverse sources which may vary in their level of accuracy and reliability [18]. Failure to obtain accurate information may result in some women refusing CS which may be necessary to prevent both the maternal and fetal complications. Culturally biased misconceptions about CS were the main reason for a number of patients refusing the procedure regardless of its necessity [18].

Health care providers are obliged to provide consent as recommended by the Royal College of Obstetricians and Gynecologists [20]. It is necessary that the person making the decision has knowledge and understanding of the procedure, is mentally and legally competent and provided with alternative choices and make the decision voluntarily [18].

The study will provide a baseline data on the level of perception and experience of Caesarean birth in this environment and can be used to raise awareness among pregnant women about the different methods of delivery and thereby empowering them to make informed choices.

As it is important to determine the perception of women about CS so also it is for the experience of those that have had the procedure done. The study therefore explored the knowledge and perception of women about CS among women attending antenatal care in Ogbomoso a semi-urban settlement in southwest Nigeria. It also evaluates the socio-economic impact of the procedure and the level of medical information available to the patients.

Materials and Methods

This study was carried out in Ogbomoso, south-west Nigeria. Ogbomoso is a semi-urban settlement which harbored two teaching hospitals namely; Ladok Akintola University of TechnologyTeaching Hospital (LTH) which is a government owned and affiliated to Ladok Akintola University of Technology (LAUTECH) and Bowen Teaching Hospital a missionary hospital affiliated to Bowen University. There are many other private owned hospitals in Ogbomoso. The two Teaching Hospitals and a private hospital were chosen as the study sites by method of Probability Proportion to size. The study population was all 400 (Bowen = 197, LTH = 155 and a private hospital = 48) randomly selected and consented pregnant women who presented for routine antenatal care (ANC) between 1stMarch and 31stDecember, 2014. It was a cross-sectional study.

The data collection instrument was a multi-item structured questionnaire consisting of 4 sections. The section A was used to determine socio-demographic characteristics of the women, section B sought relevant information about of health care facility and quality of health care received, section C inquired about knowledge and perception about CS and Section D sought information about CS from women that had Caesarean delivery previously. For clarity, the questionnaire was pre-tested on pregnant women at the General Hospital Ogbomoso, after which it was re-structured and ambiguous questions were re-phrased. The questionnaire was self-administered by the literate women while the illiterate women had theirs administered by the trained research assistants who read the questions to them and chose the answers based on their opinion. The exclusion criteria for the study were non-consenting pregnant women presented for booking of their antenatal care.

The consent of the respondents were sought verbally during the health talk at the counseling sessions during the visits. The questionnaire was also introduced with a request for their consent and freedom of participation was duly stressed to the women. The women that did not consent to participate in the study were in no way discriminated against with regards to medical treatment of their conditions. Also, approval for the study was obtained from LTH ethical review committee.

The raw data from the field was screened for inconsistencies and duly edited. For the questions on perception about CS, correct answer was scored 1 while incorrect and don’t know answers were scored 0 each. A total score of 6 units was made. Respondents with scores above and below the mean were referred to have good and poor perception respectively. Analysis of data was by computer using SPSS (Statistical Package for Social Sciences) IBM SPSS statistics 20. Data were presented using tables and graphs. Cross-tabulation of variables was performed and chi squared was used to establish statistical association between variables. The level of statistical significance was set at p < 0.05.

Results

A total of 400 questionnaires were analyzed with majority 329 (82.2%) of respondent between ages 21–35 years. Larger proportions were Yoruba 379 (94.8%) and 238 (59.5%) were Christian. Majority of the respondents 151 (37.8%) and 146 (36.5%) of their partner/husband had tertiary level of education. Most patient had a means of livelihood, majority of these were unskilled 166 (41.5%).

Table 1: shows the socio-demographic parameters of respondent.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (n = 400)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age in years</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ 20yrs</td>
<td>32</td>
<td>8.0</td>
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<tr>
<td>21 - 35yrs</td>
<td>329</td>
<td>82.2</td>
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<tr>
<td>36 - 49yrs</td>
<td>39</td>
<td>9.8</td>
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<tr>
<td><strong>Educational Status</strong></td>
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<td></td>
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<tr>
<td>No formal education</td>
<td>16</td>
<td>4.0</td>
</tr>
<tr>
<td>Primary/Arabic</td>
<td>110</td>
<td>27.5</td>
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<tr>
<td>Secondary</td>
<td>118</td>
<td>29.5</td>
</tr>
<tr>
<td>Tertiary</td>
<td>151</td>
<td>37.8</td>
</tr>
<tr>
<td>Postgraduate</td>
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<td>1.2</td>
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<td><strong>Occupation</strong></td>
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<tr>
<td>Unemployed</td>
<td>58</td>
<td>14.5</td>
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<tr>
<td>Unskilled</td>
<td>166</td>
<td>41.5</td>
</tr>
<tr>
<td>Skilled</td>
<td>86</td>
<td>21.5</td>
</tr>
<tr>
<td>Professional</td>
<td>90</td>
<td>22.5</td>
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<tr>
<td><strong>Educational Status of Partner/Husband</strong></td>
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<td></td>
</tr>
<tr>
<td>No formal education</td>
<td>6</td>
<td>1.5</td>
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<tr>
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<td>23.8</td>
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<tr>
<td>Unskilled</td>
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<tr>
<td>Skilled</td>
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<td>25.0</td>
</tr>
<tr>
<td>Professional</td>
<td>134</td>
<td>33.5</td>
</tr>
</tbody>
</table>

Table 1: Socio-demographic parameters of respondent.
pregnancy. Only 93(23.2%) had booked in another hospital before presenting at the present health facility.

Table 3 shows the knowledge about mode of delivery. All of the respondents know that SVD was a method of delivery with only 39(9.8%) knew of vacuum delivery. The entire respondents regard SVD as the normal methods of delivery while 32(8.0%) regards CS as a normal method of delivery. Majority of the respondent preferred SVD while only 17(4.3%) preferred Caesarean section.

In term of perception about Caesarean delivery 50(12.5%) believes that women delivered through CS are abnormal while significant number 81(20.2%) were not sure. Majority 187(46.4%) believed that CS was very expensive. It was believed by 26(6.5%) of respondents that babies born with CS generally have a low intelligent quotient (IQ) while 116 (89.2%) of respondents paid for CS in majority 116 (89.2%) of respondents. Thirty-nine (39.9%) knew of vacuum delivery. The entire respondents regard SVD was a method of delivery with only 17 (4.3%) preferred Caesarean section.

Majority 215(53.8%) of the respondents had a right perception about caesarean birth. Table 6 shows the relationship between socio-demographic characteristic of respondents and their perception about caesarean birth. Age, educational status, occupation of the respondents with partners’ educational status and occupation were showed statistically significant relationship with respondents’ perception about caesarean birth (P<0.001).

Discussion

Among the women that participated in this study, majority (82.2%) were between the ages of 21-35 years. This is expected as this represents the reproductive age group commonly seen in the antenatal clinics and it concurred with most studies used in this review [4-7,10-15].

An overwhelming majority of women in this study preferred vaginal delivery (94.2%) and those demanded for CS and other forms of instrumental deliveries were (5.8%). These findings coincided with those of Aziken et al in which (93.9%) preferred vaginal delivery and (6.1%) were willing to accept CS as a mode of delivery [18]. Some women attributed their preference for vaginal delivery because it is a natural way to deliver and safer route of delivery. They felt CS was more dangerous and painful. Some men were also reluctant to give their consent for CS because it was perceived as a mark of reproductive failure and the belief that it would have negative consequences for future pregnancy and childbirth.

This study shows that CS was not readily accepted in our
Ezechie et al. reported that only (33.3%) of women believed that CS was carried out for medical reasons [13], but this study revealed that 23.8% of those that had previous CS believed it was expensive. It can be deduced that women of high socioeconomic status are more likely to accept CS as a mode of delivery compared to those of low socioeconomic status which might be due to their inability to afford the cost of the procedure and their level of understanding of the information available to them. This is higher than what was obtained by Aziken et al in which only 19.8% of Benin-City women who will refuse CS because of high cost [18]. This difference might be explained due to different locality at which the study was carried out, while Benin-City is a cosmopolitan environmental Ogbomoso is a semi-urban settlement with low economic activities. It is therefore important that female child education should be well emphasized and encouraged to have tertiary education as this will empowered them and improve their participation in decision taking concerning their own health.

**Recommendation**

- Government should ameliorate the burden of CS delivery by subsidizing the cost so as to encourage women to opt for this method of delivery if need arises.
- Right of women in choosing and participating actively in decision making for their mode of delivery should be emphasized.
- All women of reproductive age should be properly educated of CS as an alternate safe mode of delivery during the antenatal care clinic visits.
- Female child education up to tertiary level should be encouraged.
- Community should be enlightened on CS as a mode of delivery so as to reduce the negative reactions women receive after the procedure.
- Men should be encouraged to participate in the antenatal care of their wives.

**Conclusion**

This study found that an overwhelming proportion of women that had CS did not participate in the decision making and accepted the decision for a CS by the attending Physician [21]. Most women receive information about CS from family and friends which may be inaccurate and misleading [1,2,4,13,15]. In this study, majority received adequate information about CS from health caregivers but due to the low overall educational status of the women, health professionals need to ensure that information given to women is accurate and delivered at a level that is appropriate to the woman concerned and the level of intervention.

The age, level of education and occupation of the respondent have effect on their perception of CS. In ages ≤ 20years, only 18.8% have right perception about CS against 57.4% of the older group 21-35years. Also, 66.2% of those that had tertiary education and 73.3% of professionals have right perception of CS. Less than half, 46.8% of women that had CS believed it was expensive. It can be deduced that women of high socioeconomic status are more likely to accept CS as a mode of delivery compared to those of low socioeconomic status which might be due to their inability to afford the cost of the procedure and their level of understanding of the information available to them. This is higher than what was obtained by Aziken et al in which only 19.8% of Benin-City women who will refuse CS because of high cost [18]. This difference might be explained due to different locality at which the study was carried out, while Benin-City is a cosmopolitan environmental Ogbomoso is a semi-urban settlement with low economic activities. It is therefore important that female child education should be well emphasized and encouraged to have tertiary education as this will empowered them and improve their participation in decision taking concerning their own health.

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**Conclusion**

This study found that an overwhelming proportion of women environment as only (8.0%) referred to CS as a normal mode of delivery. This finding agreed with that of Harrison et al in which rejection of CS was attributed to cultural factors, fears of rejections or isolation in the community. CS was perceived by some communities as a mark of reproductive failure and infidelity on the part of the women and as unacceptable, not being a natural form of childbirth [2,4].

Ezechie et al. reported that only (33.3%) of women believed that CS was carried out for medical reasons [13], but this study revealed (70.8%) of women that had CS agreed that CS was justifiable in them. Other reason given were some people perform CS to make the young women, abused of wasting money, not woman enough to have vaginal delivery and involvement in stressful activities post CS so as to make them stronger. These findings are in accord with that of Sunday-Adeoye et al in which 23% of women that had CS were not well received at home and from the members of the community [7]. These negative reactions may have an adverse effect on the women acceptance of CS as the mode of delivery in their subsequent deliveries if the need arises and this could lead to poor maternal and perinatal outcome.

This study revealed that 23.8% of those that had previous CS experienced negative reactions from family members and the community. These negative reactions include accused of being lazy, women, abused of wasting money, not woman enough to have vaginal delivery and involvement in stressful activities post CS so as to make them stronger. These findings are in accord with that of Sunday-Adeoye et al in which 23% of women that had CS were not well received at home and from the members of the community [7]. These negative reactions may have an adverse effect on the women acceptance of CS as the mode of delivery in their subsequent deliveries if the need arises and this could lead to poor maternal and perinatal outcome.

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preferred vaginal delivery and averse to CS. The negative cultural perception may have further strengthened this aversion. Also, people of low socioeconomic status have poor knowledge of CS and this could account for their poor perception of CS. Pregnant women and female of reproductive age group should be educated on the process of caesarean delivery. Also, government should put more emphasis on female child education up to tertiary level as this will increase their level of caesarean delivery. Also, government should put more emphasis on female child education up to tertiary level as this will increase their level of perception and possible acceptance of CS as mode of delivery when indicated.

**Limitations**

This study was a cross-sectional one and the view of participants might not totally represent the opinion that may be obtained in another period, thus similar survey may be carried out in other locations and over long period.

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