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Perception and Cultural Belief of Pregnant Women towards Caesarean Section: A Case Study of Pregnant Women Living In a Rural Community in Southwest Nigeria.

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Abstract: *Maternal death from pregnancy related causes continues to pose major health concerns in sub-Saharan African countries like Nigeria. This study intends to evaluate the perception and cultural belief of pregnant women living in a rural community in Southwestern Nigeria towards caesarean section. Study employed a descriptive research design in which 104 pregnant women attending antenatal clinic were conveniently recruited. After obtaining ethical clearance as well as verbal consent, questionnaires were administered to them and analysed using Statistical Package of Social Sciences (version 21.0). Inferential statistics of chi-square was used to test the hypothesis. Findings showed that the perception of caesarean section is low. Apart from their belief that caesarean section is usually done for a lazy woman, other major factors thathindered the acceptance of caesarean section among the women includedinadequate information on caesarean section (56.3%), financial constraints (53.4%) and experiences from significant others (50.5%). There is need for nurses to include information on birth preparedness and complication readiness in their usual health talk given during each antenatal visit. Also husbands of expectant mothers should be encouraged to accompany their wife's for these visits. Special programmes which prominently feature and also elicit their husband's participation should be organized during these visits.*

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I. Introduction

Childbirth brings about joy and happiness in every woman's life [1]; nevertheless its process is accompanied with some degree of stress. Normal vaginal delivery is innate to humans since creation [2]. However, death resulting from pregnancy related causes continues to pose major maternal health issues in sub-Saharan Africa despite various International Development Initiatives, such as Millennium Development Goals (MDGs) which over the decades have actively sought to reduce this burden [3].

According to World Health Organization (WHO) statistics in 2012, more than half a million women die annually from complications of pregnancy and child birth, while in 2015, roughly 303,000 women died during and after pregnancy and child birth [4]. Majority of these death occurred in low resource settings like Nigeria [5][6]. For instance, in2010, Nigeria contributed to approximately 14% (40,000) of global maternal death while in 2011, Nigeria wasrecorded with the highest maternal mortality rate with a statistics of 1000 to 1500 death per 100,000 births [7][8].

Factors that played major role in the increased maternal mortality rate included low socioeconomic status, lack of access to transport and communication problems, traditional belief, delay in utilization of available obstetric facilities, referrals of complicated cases and reduction in hospital staffing in rural areas [9]. Hence, caesarean section (CS) as a key component of Emergency Obstetric Care (EMOc) remains one of the key aspects necessary to reduce the high mortality ratio [10].

Nevertheless, studies have shown that acceptance and utilization of caesarean section among Nigerian women living in urban and semi-urban setting is low [11]. Irrespective of an obvious clinical indication, most women pray not to undergo caesareansection [12]. Aside from major factors such as perceived high cost of hospital bills, prolonged hospital stay as well as morbidity and mortality from the operation which could hinder its acceptance and usage [11], there seems to be other socio-cultural influences that hinder its use.

According to Adeoye and Kalu[12], caesarean section isseeingamong unfaithful woman. Pregnant women who gave birth through caesarean section are believed to be weak as undergoing a caesarean section traditionally portrays a sign of failure [8][13]. Perhaps this could be attributed to the fact that it is surrounded by fear, suspicion, aversion, misconception, guilt, misery and anger [12]. Also Ugwu& de Kok[10](2015) in a study observed that women refuse caesarean section due to fear of abandonment by their husband and in-laws,

inability to have desired number of children as a result of previous use of caesarean section and cost of the surgery.Nevertheless, little is known about women living in rural settings. How do these women perceive caesarean section? What factors could hinder women living in rural setting from utilizing caesareansection as a method of delivery? This study also intends to determine whether perception of caesarean section (willingness to go for CS if indicated) among pregnant womenliving in a rural community would be significantly influenced by the number of pregnancies they have had.

II. Methods

A descriptive research design was employedin this study.Ethical approval as well as permission to carry out this study was obtained.Pregnant women attending Antenatal Clinic were approached and informed about the study. 104 participants were conveniently recruited for the purpose of this study. After obtaining verbal consent from the participants, Questionnaireswith closed ended questions which assessed perception and cultural belief of pregnant women about caesarean section wasadministered and they were instructed to tick the appropriate responses. Completed questionnaires were coded and analysed using Statistical Package of Social Sciences (version 21.0). Inferential statistics of chi-square was used to test the hypothesis and level of significance set at 0.05. Data was presented using descriptive statistics of tables and percentages.

III. Results

Out of 104 questionnaires that were distributed for the purpose of this study, 103 completely filled questionnaires were retrieved back and analysed.

3.1 Demographic characteristics of respondents

The mean age of participants was 32.24 years (SEM 0.58). 78 (75.7%) respondents are Christians while 25 (24.3%) are Muslims. 88 respondents (85.4%) are Yoruba, 11 (10.7%)were Igbo while 4 (3.9%)were Hausa. 9.7% respondents are primary school certificate holders, 68% respondents are secondary school certificate holders were as 22.3% respondents have either diploma certificate or a degree certificate. Additionally, 25.2% respondents are housewives, 25.3% respondents are civil servants while 49.5% respondents aretraders. 75.7% are Christians while 24.3% are Muslims. 19 (18.5%) respondents are yet to experience child birth, 58respondents (56.3%) claimed to have giving birth through vaginal delivery only, 10 (9.7%) claimed to have delivered through caesarean section only whereas 16 respondents (15.5%) affirmed achieving childbirth through vaginal and caesarean section respectively. 19 (18.5%) respondents are pregnant for the first time (primigravidas), 21(20.4%) respondents have achieved pregnancy twice, 26 (25.2%) respondents have been pregnant thrice and 37 (35.9%) respondents have achieved four or more pregnancies.

3.2 Perception of caesarean section

Table 1: Participants responses on perception of CS **(n= 103)**

Statements	**Yes**		**No**	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Have you ever heard about caesarean birth?	92	89.3%	11	10.7%
Is caesarean section a natural mode of delivery?	56	54.4%	47	45.6%
Does the health condition of mother and baby determine mode of delivery?	85	82.5%	18	17.5%
Is CS your preferred mode of delivery?	23	22.3%	80	77.7%
Does previous use of CS indicate that all other deliveries will be achieved through CS?	15	14.6%	80	77.7%
Is CS mostly attributed to complications?	65	63.1%	38	36.9%
Are you willing to go for CS if indicated?	95	92.2%	8	7.8%

Table 1 above revealed that majority 92 (89.3%) of the respondents claimed that they have heard about caesarean birth while 10.3% said they have not heard about it. 56 (54.4%) of the respondents believed that CS is a natural mode of giving birth while 45.6% disagreed. 82.5% agreed that the health condition of the mother and child determines the mode of delivery while 17.5% disagreed. However majority (77.7%) preferred Vaginal delivery while only 22.3% preferred caesarean section. Also 15 (14.6) respondents believed that previous use of caesarean section indicate that all other deliveries will be caesarean section while 88 (85.4%) respondents are not in agreement. Nevertheless, 65 (63.1%) respondents believed that caesarean section is mostly attributed with complication while 38 (36.9%) disagreed. Also 92.2% respondents are willing to have a caesarean birth if indicated for them while 7.8% disagreed.

3.3 Cultural belief surrounding Caesarean section

Table 2: Participants responses on cultural belief surrounding the non-acceptance of CS (n= 103)

Statements	SA		A		D		SD		U	
	F	%	F	%	F	%	F	%	F	%
Caesarean section is a cultural taboo	0	0	33	32	60	58.3	5	4.9	5	4.9
Undergoing a CS can make someone's husband to re-marry	9	8.7	39	37.9	37	35.9	12	11.7	6	5.8
Caesarean section has a slow post-delivery recovery	21	20.4	51	49.5	10	9.7	17	16.5	4	3.9
It is usually done for a lazy woman	15	14.6	47	45.6	13	12.6	25	24.3	3	2.9
Vaginal delivery is more safer than caesarean section	39	37.9	45	43.7	12	11.7	0	0	7	6.8
Caesarean section can lead to infertility in the future	0	0	1	1.0	83	80.6	12	11.7	7	6.8
The enemy is responsible for the woman's indication of a CS	6	5.8	24	23.3	41	39.8	26	25.2	6	5.8

SA=strongly agree, A=Agree, D=Disagree, SD=strongly disagree, U=Undecided

Table 2 above shows that 33 (32%) respondents agreed that CS is a cultural taboo while60 respondents (58.3%) disagreed about it. 39 (37.9%) respondents believed that having a caesarean section can make someone's husband to re-marry while 37 (35.9%) disagreed. Also 47 (45.6%) agreed that CS is usually done for a lazy women while 25 (24.3%) disagreed. Majority 83 (80.6%) respondents disagreed that CS can lead to infertility. Also, 24 (23.3%)respondents agreed that the enemy is responsible for the woman's indication of CS while 41 (39.8%) disagreed on that statement. Nevertheless, 45 (43.7%) respondents strongly agreed that vaginal delivery is safer than caesarean section while 12(11.7%) respondents disagreed.

3.4 Factors that hinder the acceptance of Caesarean Section

Table 3: Responses on factors that hinder the acceptance of caesarean section (n= 103)

Statements	SA		A		D		SD		U	
	F	%	F	%	F	%	F	%	F	%
Inadequate information on CS	11	10.7	58	56.3	22	21.4	7	6.8	5	4.9
Husband's preference for vaginal delivery	11	10.7	73	70.9	5	4.9	6	5.8	8	7.8
Financial constraints	33	32	55	53.4	5	4.9	5	4.9	5	4.9
ExperienceofSignificant others	11	10.7	52	50.5	19	18.4	7	6.8	14	13.6
Fear of death during surgery	7	6.8	26	25.2	59	57.3	7	6.8	4	3.9
Cultural and religious beliefs	14	13.6	50	48.5	31	30.1	7	6.8	1	1

SA=strongly agree, A=Agree, D=Disagree, SD=strongly disagree, U=Undecided

Table 3 above depicts various factors that could hinder the acceptance of caesarean section. Husband's preference for vaginal delivery seems to be a major factor that hinders theacceptance of caesarean section as majority 73 (70.9%) of the respondents agreed to it. Other factors that could hinder CS acceptance includes: inadequate information on CS (56.3%), financial constraints (53.4%) experiences from significant others (50.5%) as well as cultural and religious beliefs (48.5%). However only 26 (25.2%) agreed that fear of death during surgery can hinder them from accepting CS while 59 (57.3%) disagreed.

3.5 Women's view on complications of caesarean section

Table 4: Responses on complications of caesarean section

Statements	SA		A		D		SD		U	
	F	%	F	%	F	%	F	%	F	%
CS has higher death rate than vaginal birth	4	3.9	63	61.2	18	17.5	12	11.7	6	5.8
It leads to infertility	0	0	14	13.6	77	74.8	12	11.7	0	0
Affects sexual satisfaction and competence	7	6.8	22	21.4	58	56.3	12	11.7	4	3.9
Cs causes damage to body structures	8	7.8	26	25.2	37	35.9	26	25.2	6	5.9
Intrauterine death of a foetus in subsequentpregnancies	0	0	7	6.8	57	55.3	33	32	6	5.9

Table 4 above shows women's view on complications of caesarean section. More than half of the participants 63 (61.2%) agreed that caesarean birth has higher death rate than vaginal delivery. However, 77 (74.8%) disagreed on the statement that it leads to infertility. Also 58 (56.3%) respondents disagreed that having a caesarean birth affects sexual satisfaction and competence. Additionally, 37 (35.9%) respondents also disagreed that CS causes damage body structures and 57 (55.3%) respondents disagreed on the statement that caesarean section can cause intrauterine death of a foetusin subsequent pregnancies.

3.6 Test of hypothesis

Table 5: showing chi-square analysis between perception of caesarean section and number of pregnanciesachieved.

Number of pregnancies had	Perception of caesarean section (Willingness to go for CS if indicated)			Result of inferential Statistics
	Yes	No	Total	Table or Critical value = 2.294 Degree of freedom= 3 Calculated Chi-square = 0.5137 Level of significance=0.05 Statistically difference= no (p value less than 0.05)
1	17	2	19	
2	18	3	21	
3	25	1	26	
>4	35	2	37	
Total	95	8	103	

Table 5 above reveals the result of the chi-square test betweenperception of caesarean section (willingness to go for CS if indicated) and the number of pregnancies achieved. Since the X^2 value of 0.514 is less than the critical value of 2.294 at degree of freedom of 5 andlevel of significance set at 0.05, hence the null hypothesis in which women's perception of pregnancy will not be significantly influenced by the number of pregnancies they have had is supported. This implies that women's perception of caesarean section remains same irrespective of the number of pregnancies they have had.

IV. Discussion

103 pregnant women attending antenatal clinic in the research setting participated in this study. Findings of this study revealed that the perception of caesarean section among pregnant women living in rural setting in southwestern Nigeria is low. Although majority (89.3%) of the respondents have heard about caesarean section as well as in agreement that the health condition of the mother and child determines the mode of delivery (82.5%), however 56 (54.4%) respondents believed that CS is a natural mode of giving birth while 45.6% disagreed. This indicates that the respondents' eitherlack adequate information on the use of caesarean section as an emergency obstetric care or they have imbibed the western culture of giving birth through planned caesarean section as observed in the United States of America. Irrespective of this, only 22.3% preferred caesarean section as a mode of delivery though 92.2% respondents are willing to have a caesarean birth if it is indicated for them. A similar observation was made byOwonikoko et al[14](2015).There is need for caesarean section and its indication to be made part of client education during the usual health talks giving at various antenatal clinics.

Also, findings within respondent's cultural belief revealed that women attribute caesarean section to laziness on the part of the pregnant woman to deliver her baby vaginally, hence their preference for vaginal delivery. In a case control study among primiparous women in south-western Nigeria, caesarean section was associated with lowered self-esteem [15]. According to Zakerihamidi et al. [5] (2015), it is traditionally believed that achieving a vaginal delivery portrays the woman's power and ability and also indicates failure for those who do not achieve it. This shows that Caesarean section is still surrounded by some myths and misconception and until these negative cultural beliefs and misunderstandings are addressed, women's perception of caesarean section may remain same. Other key factors apart from women's cultural belief which could hinder the acceptance of Caesarean section include husband's preference for vaginal birth (70.9%), inadequate information on caesarean section (56.3%), financial constraints (53.4%) and experiences from significant others (50.5%). There is need to increase the information provided during ante-natal clinics to include that of birth preparedness and complication readiness. Moreover men's involvement is crucial to influencing pregnant women's perception towards caesarean section [13].

This study finding has some implication for nursing practice. It is evident that majority of the women who participated in this study have limited exposure to relevant information about caesarean section which resultedtolow perception levels. Also their perception of caesarean section is shrouded by some beliefs which rely heavily on their husband's preferences for vaginal delivery as well as their self-esteem. Hence, it is of utmost importance for nurses to includebirth preparedness and complication readiness in the usual health talk given duringeach antenatal visits. Good nurse-client relationship should also be maintained to encourage pregnant mothers ventilate their mind about the delivery methods. Also, husbands should be encouraged to visit clinics with their wives as their presence will positively influence perception of caesarean section and also minimise the effect of some cultural beliefs.

V. Conclusion

This study has shown that the perception of caesarean section among pregnant women living in a rural community in south-western Nigeria is still low. Poor self-esteem was a key factor within their belief system which played major role in their acceptance of caesarean birth. Other factor which may hinder their acceptance of caesarean section includes husband's preference for vaginal birth, inadequate information on caesarean section, financial constraints and experiences from significant others. Hence, it is important for nurses to include

information on birth preparedness and complication readiness in their usual health talk. Also husbands should be encouraged to accompany their wife's to the clinic for antenatal visits.

VI. Recommendation

Based on the findingsof this study, there is a need to organise specialized programs that will prominently feature husbands of expectant mothers in order to increase their level of knowledge on caesarean section and its indications. Adequate information on caesarean birth should be made available to both pregnant women and their husbands.There is a limitation to this study. Due to the fact that convenient sampling method was used to recruit women for the purpose of this study, the findings cannot be generalised. There is need for more robust study to be conducted in this subject area. Such studies should focus more on how to address these cultural beliefs which hinders the acceptance of caesarean section among pregnant women.

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