

## Original Article

# Knowledge and Perception of Episiotomy among Women Attending Antenatal Clinic in a Secondary Health Facility in North-West Nigeria

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### ABSTRACT

**Background:** Episiotomy is a common surgical procedure experienced by women worldwide to ease labor and improve its outcome. However, it could influence the use of delivery services because of its associated complications. The study assessed knowledge and perception of episiotomy among antenatal clinic (ANC) attendees. **Methods:** It was a cross-sectional study conducted among 218 women attending ANC in a secondary health facility in Northwestern Nigeria. Data were collected using a structured, interviewer-administered questionnaire and were analyzed using IBM SPSS Statistics 20. **Results:** The mean age of women attending ANC was  $24.2 \pm 6.6$  years, and 31 (14.2%) of them had had an episiotomy in the past. A majority of them were aware of episiotomy (87.6%) and had good knowledge (83.5%) and good perception (77.5%) of it. In addition, a majority (89.0%) were willing to deliver at the facility even if episiotomy would be given during labor. Knowledge of episiotomy showed statistically significant association with only a history of previous delivery while perception did not show statistically significant association with any of the independent variables. **Conclusions:** Awareness and knowledge of episiotomy among women attending ANC were high and perception of it was generally good. The major factor associated with the knowledge of episiotomy was a history of previous delivery. Effort should be channeled toward improving awareness and knowledge on episiotomy among intending mothers, and health workers should always ensure that women are adequately informed and counseled before an episiotomy is given to them.

**KEYWORDS:** *Episiotomy, knowledge, Northwest Nigeria, perception*

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## INTRODUCTION

Episiotomy is one of the most common surgical procedures performed on women worldwide.<sup>[1]</sup> It is more common in hospital delivery and among primigravidae.<sup>[2]</sup> Reported rates of episiotomy range from as low as 9.7% in Sweden to as high as 100% in Taiwan, with developing countries having the highest rates.<sup>[3]</sup> Episiotomy is useful in situations such as managing the abnormal progression of the second stage of labor due to tight perineum, assisted vaginal delivery, and shoulder dystocia as well as hastening the second stage of labor and reducing some of the complications of the delivery process.<sup>[4]</sup> However, it has some complications which include perineal pain, asymmetry,

infection, partial dehiscence, skin tags, hemorrhage, and extension of the incision.<sup>[2,5,6]</sup> While some studies have reported that liberal or routine use of episiotomy is not necessarily protective and may even cause pelvic floor relaxation,<sup>[7,8]</sup> more recent evidence show that episiotomy protects against pelvic floor disorders.<sup>[9,10]</sup>

Studies have shown that invasive obstetric interventions are negatively associated with satisfaction with delivery

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services.<sup>[11]</sup> Knowledge of benefits and complications of obstetrics interventions including episiotomy is necessary to enable a woman to make informed decision to either accept or reject the intervention.<sup>[12]</sup> Given the aversion associated with episiotomy, it is imperative to understand what women know about episiotomy and their perception of it.

The most studies conducted in Nigeria have assessed knowledge and perception of episiotomy among pregnant women in tertiary health facilities where the rate of episiotomy is generally known to be high.<sup>[5,13]</sup> Much is not known about the knowledge and perception of episiotomy among pregnant women in lower level health facilities in Nigeria where there are health workers with a lower level of qualification. This study assessed knowledge and perception of episiotomy among women attending antenatal care (ANC) in a secondary health facility in a semi-urban community in North-Western Nigeria.

## METHODS

The study was conducted in General Hospital Giwa, which is the only secondary health facility located in Giwa, a semi-urban community in Giwa local government area (LGA) of Kaduna State. The residents of Giwa are mostly Hausa/Fulani and their major occupation is farming and trading. General Hospital Giwa has four departments: Obstetrics and gynecology, medicine, surgery, and pediatrics. It offers outpatient, inpatient, and 24 h emergency services. It has a 130-bed space capacity. The obstetrics and gynaecology department provides antenatal, delivery, postnatal, and emergency obstetrics services. The ANC has an average of 375 client turnover per month. The average delivery rate is 90–150 deliveries per month. Deliveries are routinely supervised by nurses who also give the episiotomy except when there are complications during which the doctors are invited to manage.

The study was a cross-sectional study conducted among ANC attendees in the General Hospital. A minimum sample size of 218 pregnant women was estimated using the Lemeshow and Lwanga approach<sup>[14]</sup> taking proportion of pregnant women with good perception of episiotomy to be 40.4%,<sup>[15]</sup> standard normal deviate at 95% confidence interval to be 1.96, error margin of 0.05%, and nonresponse rate of 10%. Pregnant women aged 18 years and above in the second- and third-trimester were included in the study. The respondents were selected using systematic sampling technique and interviewed. A sampling interval of two was calculated. From the list of ANC attendees for a day, the initial selection is done between the first two

attendees on the list following which every next second attendee is selected until the list is exhausted. This process was on the three clinic days for four weeks to reach the minimum sample size. Before the interview, verbal informed consent was obtained from each pregnant woman after explaining the objectives and nature of the study.

Data were collected using a structured, interviewer-administered questionnaire containing both open- and close-ended questions, adopted from the previous studies.<sup>[2,15,16]</sup> The questionnaire had sections on sociodemographic profile, knowledge, and perception of episiotomy. It was pretested by administering it to 40 women who met the eligibility criteria at General Hospital Hunkuyi, in a different but similar Kudan LGA. There was no significant adjustment necessary following the pretest. The data collection was done by a team of four final year undergraduates. The data collectors were trained on the objectives of the research and taken through all the questions and possible responses one at a time. The data obtained were analyzed using the IBM SPSS Statistics 20. Frequencies and percentages were computed for categorical variables (sociodemographic variables, knowledge, and perception), and the associations between them and knowledge and perception of episiotomy were assessed using Chi-square test (or Yate's Chi-square where applicable) with  $P < 0.05$  considered statistically significant. The results were presented as tables. Both knowledge and perception were assessed using a set of eight questions each. In each case, a score of one was assigned to each correctly answered question and zero for a wrongly answered question, giving a minimum possible score of zero and a maximum possible score of eight. A total score of 0–3 was graded as poor, 4–5 graded as fair, and 6–8 graded as good perception.

## RESULTS

A total of 218 pregnant women were recruited, and all were successfully interviewed. Their mean age was  $24.2 \pm 6.6$  years. Of the total pregnant women, 200 (91.7%) were Hausa, 203 (93.1%) were Muslim, 217 (99.5%) were married, 116 (53.2%) were traders, and 196 (89.9%) earned  $<1$  dollar/day. About 90 of them (41.3%) had only Qur'anic education, only 9 (4.1%) had attained tertiary education. About 15 (6.9%) of the pregnant women were primigravidae [Table 1].

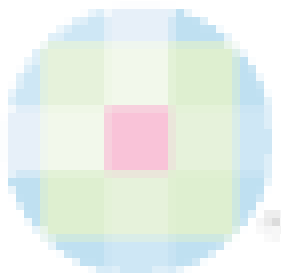
A total of 191 (87.6%) of them were aware of episiotomy, and 194 (89.0%) were willing to deliver at the hospital even if episiotomy would be given during labor. Only 14 (14.2%) had had an episiotomy in the past. A total of 182 (83.5%) of the respondents had good knowledge of episiotomy, and only 27 (12.4%)

**Table 1: Sociodemographic characteristics of the pregnant women studied**

Sociodemographics	Frequency (%)
Age (years)	
18-34	197 (90.4)
40-45	21 (9.6)
Occupation	
Student	4 (1.8)
Homemaker	88 (40.4)
Civil servant	10 (4.6)
Trader	116 (53.2)
Level of education	
Qur'anic	90 (41.3)
Primary	61 (28.0)
Secondary	58 (26.6)
Tertiary	9 (4.1)
Previous deliveries	
0	15 (6.9)
1-4	129 (59.2)
≥5	74 (33.9)
Total	218 (100)

**Table 2: Knowledge and perception of episiotomy among pregnant women studied**

Variable	Frequency (%)
Knowledge	
Good	182 (83.5)
Fair	9 (4.1)
Poor	27 (12.4)
Perception	
Good	169 (77.5)
Fair	38 (17.5)
Poor	11 (5.0)
Total	218 (100)



**Table 3: Knowledge of episiotomy by age, level of education, previous delivery, and occupation**

Sociodemographics	Knowledge of episiotomy, n (%)			P
	Good	Fair	Poor	
Age (years)				
18-34	163 (83.6)	7 (3.6)	27 (12.8)	0.111*
35-45	19 (90.5)	2 (9.5)	-	
Level of education				
Qur'anic	72 (80.0)	6 (6.7)	12 (13.3)	0.950*
Primary	51 (83.6)	2 (3.3)	8 (13.1)	
Secondary	51 (87.9)	1 (1.7)	6 (10.3)	
Tertiary	8 (88.9)	-	1 (11.1)	
Occupation				
Student	4 (100.0)	-	-	0.937*
Homemaker	71 (80.7)	5 (5.7)	12 (13.6)	
Civil servant	9 (90.0)	1 (10.0)	-	
Trader	98 (84.5)	3 (2.6)	15 (12.9)	
Previous delivery				
0	6 (40.0)	-	9 (60.0)	0.0003*
1-4	110 (85.3)	6 (4.7)	13 (10.1)	
≥5	66 (89.2)	3 (4.1)	5 (6.8)	

Contd....

**Table 3: Contd....**

Sociodemographics	Knowledge of episiotomy, n (%)			P
	Good	Fair	Poor	
History of episiotomy				
Yes	28 (90.3)	1 (3.2)	2 (6.5)	0.702*
No	154 (82.4)	8 (4.3)	25 (13.4)	
Total	182 (100.0)	9 (100.0)	27 (100.0)	

\*Yate's  $\chi^2$

**Table 4: Perception of episiotomy by age, level of education, previous delivery, and occupation**

Sociodemographic characteristics	Perception of episiotomy, n (%)			P
	Good	Fair	Poor	
Age (years)				
18-34	152 (77.2)	35 (17.8)	10 (5.1)	0.918*
35-45	17 (81.0)	3 (14.3)	1 (4.8)	
Level of education				
Primary	49 (80.3)	6 (9.8)	6 (9.8)	0.323*
Secondary	47 (81.0)	8 (13.8)	3 (5.2)	
Tertiary	6 (66.7)	3 (33.3)	-	
Qur'anic	67 (74.4)	21 (23.3)	2 (2.2)	
Occupation				
Student	4 (100)	-	-	0.922*
Housewife	64 (72.7)	19 (21.6)	5 (5.7)	
Civil servant	7 (70.0)	2 (20.0)	1 (10)	
Trader	94 (81.0)	17 (14.7)	5 (4.3)	
Previous delivery				
0	8 (53.3)	5 (33.3)	2 (13.3)	0.468*
1-4	100 (77.5)	23 (17.8)	6 (4.7)	
$\geq 5$	61 (82.4)	10 (13.5)	3 (4.1)	
History of episiotomy				
Yes	25 (80.6)	5 (16.1)	1 (3.2)	0.992*
No	144 (77.0)	33 (17.6)	10 (5.3)	
Total	169 (100.0)	38 (100.0)	11 (100.0)	

\*Yate's  $\chi^2$

had poor knowledge. Similarly, 169 (77.5%) had a good perception of episiotomy [Table 2].

Knowledge of episiotomy showed statistically significant association with a history of previous delivery, but no statistically significant association with age, level of education, occupation, and having an episiotomy in the past [Table 3]. There was no statistically significant association between perception of episiotomy and all the independent variables tested [Table 4].

## DISCUSSION

The levels of awareness and knowledge of episiotomy were high among the pregnant women, similar to the findings in Kano in Northern Nigeria<sup>[15]</sup> and Alberta in Canada,<sup>[13]</sup> but slightly higher than that in Calabar in Southern Nigeria (61.0%).<sup>[5]</sup> The high awareness and knowledge of episiotomy observed in this study could be as a result of number of previous deliveries experiences of the majority of the participants. A similar

association between knowledge of episiotomy and number of previous deliveries has also been reported by another researcher in Hong Kong.<sup>[17]</sup> It can be argue that since pregnant women are not necessarily counseled or informed about episiotomy before the procedure is done,<sup>[5,12,13]</sup> the previous history of deliveries might not necessarily be associated with the high awareness and knowledge of episiotomy. This could explain the apparent lack of statistically significant association that was observed between knowledge of episiotomy and history of having an episiotomy in the past in this study.

The proportion of women who had an episiotomy in the past was lower than what was previously reported from Ahmadu Bello University Teaching Hospital<sup>[2]</sup> and Aminu Kano Teaching Hospital,<sup>[15]</sup> both in Northern Nigeria as well as in Abia State University in Southern Nigeria.<sup>[16]</sup> The lower prevalence of episiotomy recorded in this study when compared to those of Zaria, Kano, and Abia could be explained by the fact that this study

was conducted in a secondary health facility.<sup>[2,15,16]</sup> This is because episiotomy is more likely to be given to women during delivery in tertiary health facilities and by health workers with higher level qualifications.<sup>[13,18]</sup>

Studies have reported that the most women are given episiotomy without prior information or counseling, and the wound might even heal without their awareness of its presence.<sup>[5,12,13]</sup> As such a woman could have an episiotomy during a delivery without her being aware of it, and probably taking its pain to be part of the normal pain of labor, and if complications develop afterward, they might be seen as a complication of the delivery.

Majority of the pregnant women in this study had a good perception of episiotomy. This is similar to the finding from Kano in Nigeria, Alberta in Canada, and São Paulo in Brazil where the majority of the respondents were also reported to have had a good perception of episiotomy.<sup>[6,13,15]</sup>

The lack of statistically significant association between perception of episiotomy and age, parity, and educational status observed in this study has been reported previously.<sup>[13]</sup> The reason for the lack of association between perception and number of previous deliveries could also be explained by the reason given above for the lack of association between knowledge of episiotomy and number of previous deliveries.

This study has a few limitations. It relied on the respondents for history of episiotomy, which some of them could have experienced without volunteering the information. Response from the respondents remains the most reliable means of obtaining such information considering that record keeping in most secondary health facilities is poor. In addition, it is possible that some of the ANC attendees did not have their previous delivery in the same facility.

## CONCLUSIONS

Awareness and knowledge of episiotomy were high, and perception of it was generally good. A Majority were willing to deliver at the hospital even if episiotomy would be given during labor. The major determinants of the knowledge of episiotomy were a history of previous delivery, and there was no statistically significant association between the perception of episiotomy and all the independent variables tested. There is need to increase effort at improving awareness and knowledge on episiotomy among ANC clients by including it in the health talks given during ANC visits. Similarly, it is important that women are adequately informed and counseled before an episiotomy is given to them.

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## Conflicts of interest

There are no conflicts of interest.

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