Beliefs and Perceptions of Pregnant Women at Ileşa About Caesarean Section

Ernest O Orji, Solomon O. Ogunniyi and Uche Onwudiegwu.
Department of Obstetrics and Gynaecology, Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife, Osun State, Nigeria.

Abstract

Context: Caesarean section is widely embraced and utilized in the developed countries, but among the Yoruba of Western Nigeria the operation is treated with suspicion, and aversion, misconceptions, fear, guilt, misery and anger are often associated with the procedure.
Objective: To investigate the beliefs and perceptions of pregnant women at Ileşa, South-western Nigeria about caesarean section.
Design, Setting and Subjects: A cross-sectional survey carried out at Wesley Guild Hospital, Ileşa, Nigeria from 1st October 2000 to 31st December, 2000. The study group comprised of 400 consecutive pregnant women seen at the antenatal clinic during the study period.
Main Outcome Measures: Proportion of women supporting or opposing caesarean sections, the reasons for their views and possible response if caesarean section becomes indicated during their current pregnancies.
Results: Out of the 400 women studied, 210 (52.5%) women supported caesarean section while 190 (47.5%) were opposed to it. Increasing maternal age was significantly associated with support for caesarean section ($P<0.001$). While 250(62.5%) women believed caesarean section is done for medical reasons, others believed that it is the devil's work; punishment for marital infidelity or out of doctors self interest. If caesarean section is indicated, 67.5% would accept that the procedure be done while others would default.
Conclusion: More pregnant women supported caesarean section than were opposed to it. Due to the importance of caesarean section in modern obstetric practice, there is need for better education of the community on its indications and benefits for achieving safe motherhood.

Key Words: Caesarean Section, Childbirth, Attitudes, Beliefs. [Trop J Obstet Gynaecol, 2003, 20: 141-143]

Introduction

In the developed countries the operation of caesarean section has become well established with ease and safety[1-3]. However in developing countries especially the sub-Saharan Africa, there is a great aversion to caesarean section[3-6]. In Nigeria, there is a high rate of default by pregnant women with previous caesarean section scars who are at high risk of subsequent uterine rupture[3,7]. Some women with a past history of caesarean section only report to hospital when a complication arises after a trial of labour at home[1]. This attitude contribute to the high rates of maternal and fetal morbidity and mortality in developing countries[5,8-11].

In view of the place of this operation in the present day obstetric practice, it is necessary to investigate the various factors leading to the unfavourable disposition to caesarean section by our women with the aim of achieving a wider acceptance of this operation whenever indicated.

Patients and Methods

This is a cross-sectional survey conducted between 1st October and 31st December 2000. Four hundred pregnant women from the antenatal clinic of Wesley Guild Hospital, Ileşa, in southwestern Nigeria, were interviewed using a structured questionnaire administered by trained student midwives. Data was obtained on their socio-demographic characteristics, opinions about caesarean section, reasons for being in favour of or against caesarean section; and their possible responses if caesarean section became necessary for their care during pregnancy or labour. Informed consent was obtained from the women who were all assured of confidentiality.

Results

Table 1 shows the socio-demographic characteristics of the respondents. Only 27.5% had undergone caesarean section before. Increasing maternal age shows a statistically significant association with support for caesarean section ($p < 0.001$). Patients' parity, level of formal education, occupation, marital status or ethnic origin did not affect being in support of, or being against caesarean sections.

Correspondence: *Dr. Ernest O. Orji, Department of Obstetrics & Gynaecology, Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife Nigeria.*
E-mail: eoorji11@yahoo.com

Table 1

Socio-Demographic Characteristics of the Respondents

Variables	*Number of Patients* n (%)	*Support for Caesarean Section*	
		Yes n (%)	*No* n (%)
Age Group			
20-24	100(25.0)	25(25.0)	75(75.0)
25-29	150(37.5)	80(53.3)	70(46.6)
30-34	100(25.0)	60(60.0)	40(40.0)
35-39	50(12.5)	45(90.0)	5(10.0)
	$\chi^2 = 60.78$; df: 3; $p < 0.001$		
Level of Formal Education Attained			
None	10 (2.5)	5(50.0)	5(50.0)
Primary	30 (7.5)	15(50.0)	15(50.0)
Secondary	210(52.5)	110(52.4)	100(47.6)
Tertiary	150(37.5)	80(53.3)	70(46.6)
	$\chi^2 = 0.14$; df: 3; $p > 0.5$		
Occupation			
Unemployed	20 (5.0)	10(50.0)	10(50.0)
Trading	200(50.0)	100(50.0)	100(50.0)
Civil Servants	100(25.0)	60(60.0)	40(40.0)
Artisans	80(20.0)	40(50.0)	40(50.0)
	$\chi^2 = 2.99$; df: 3; $p > 0.1$		
Ethnic Groups			
Yoruba	330(82.5)	180(54.5)	150(45.5)
Ibo	40(10.0)	16(40.0)	24(60.0)
Hausa	10 (2.5)	4(40.0)	6(60.0)
Others	20 (5.0)	10(50.0)	10(50.0)
	$\chi^2 = 3.65$; df: 3; $p > 0.1$		
Religions			
Christianity	350(87.5)	190(54.3)	160(45.7)
Islam	50(12.5)	20(40.0)	30(60.0)
Traditional Religions	Nil	Nil	Nil
	$\chi^2 = 0.26$; df: 1; $p > 0.5$		
Marital Status			
Married	360(90.0)	190(52.8)	170(47.2)
Single Mothers	40(10.0)	20(50.0)	20(50.0)
	$\chi^2 = 0.11$; df: 1; $p > 0.5$		
Parity			
0	40(10.0)	24(60.0)	16(40.0)
1-2	190(47.5)	96(50.5)	94(49.5)
3-4	160(40.0)	84(52.5)	76(47.5)
≥5	10 (2.5)	6(60.0)	4(40.0)
	$\chi^2 = 3.38$; df: 3; $p > 0.1$		
Previous Caesarean Section			
Yes	110(27.5)	60(54.5)	50(45.5)
No	290(72.5)	150(51.7)	140(48.3)
	$\chi^2 = 0.26$; df: 1; $p > 0.5$		

Table 2 shows the beliefs and perceptions about caesarean section. More than half of the respondents support the use of caesarean section as a method of delivering babies and nearly two-thirds of all the women would accept that the procedure be done for them should it become necessary in the course of pregnancy or labour.

Table 2

Beliefs About and Perceptions of Caesarean Section by the Respondents

Patients' Beliefs & Perception	*Number of Patients* n (%) N = 400
Support for Caesarean Section	
Yes	210 (52.5)
No	190 (47.5)
Reasons for Supporting Caesarean Section	
It is a safer mode of delivery when vaginal birth cannot be achieved.	160 (40.0)
To please the health workers	40 (10.0)
Reasons for Opposing Caesarean Section*	
It is a denial of womanhood	160 (40.0)
Possibility of derision by other women	150 (37.5)
Fear of death	140 (35.0)
Culture forbids caesarean section	50 (12.5)
It is expensive	10 (2.5)
Beliefs About Why Caesarean Section Becomes Necessary in Some Women	
For medical reasons	250 (62.5)
It is the devil's work	90 (22.5)
Punishment for marital infidelity	40 (10.0)
Out of doctor's self interest	20 (5.0)
Potential Response if Caesarean Section Becomes Necessary in Pregnancy or Labour	
Accept that surgery be done	270 (67.5)
Default and go to Church or Mosque to ensure vaginal delivery	60 (15.0)
Default and go to Traditional Birth Attendant to ensure vaginal delivery	30 (7.5)
Don't know possible response	40 (10.0)

**N.B. Some Patients Gave More Than One Reason*

Discussion

Caesarean section is being used more often as a mode of delivery in Nigerians [3, 9], Among the participants in this study, majority supported caesarean section when indicated, the level of support rising with increasing maternal age. It seems likely that as women get older, they may be more inclined to understand the reasons why caesarean section is sometimes necessary for the safety of the mother and baby. Majority of the woman also accept that caesarean section is generally done for medical

reasons and that it is the safest mode of delivery when vaginal birth is not feasible.

The reasons given by those opposed to caesarean section included denial of womanhood, fear of being derided by other women and fear of dying during the procedure. Some of these beliefs are not unfounded, as it had been reported that other women might jeer at mothers delivering by caesarean section because they had been unable to deliver naturally [6]. If the caesarean birth does not result in a live baby, the woman may attribute the loss of her child to the operation and thus be even less likely to return for hospital confinement subsequently.

Though most of the woman felt that caesarean section is done for medical reasons, some still believed that the surgery is either the devil's work or punishment for marital infidelity. This belief may be rooted in the cultural practice found in many African societies in years by where strong pressure was mounted on women in prolonged labour to confess their sins and be purged of guilt so that they may be able to give birth to their babies. Some were even beaten with sticks to make them confess [6]. A minority believed that caesarean section is done in the doctor's self interest. It is therefore necessary to educate the people and to always look critically at indications for caesarean births in Nigeria so as to suggest alternative options where feasible [12, 13].

The women's possible response if caesarean section became necessary during the course of their pregnancy depicts clearly the tendency of some women to default and patronise spiritualists, religious healers or traditional birth attendants to ensure vaginal delivery. The effect of this increased use of traditional birth attendants and spiritualists for deliveries is an increase in maternal and perinatal morbidity and mortality [2, 5, 7, 10, 11, 13]. It is this obsession with having a vaginal delivery that makes patients or relatives refuse consent for abdominal delivery [8]. The resultant delay in effecting delivery contributes to increases in mortality and morbidity. For most of the survivors, recovery is slow, hospital stay is prolonged, and treatment costs increase [13].

Based on the findings from this study, it is recommended that pregnant women should be well educated on caesarean section in terms of the meaning, the procedures involved, the advantages and the prognosis for them and for their babies. The entire community should also be properly informed about this option for childbirth and its benefits when vaginal birth cannot be achieved. The TBAs, religious leaders and spiritualists should also be educated and enlightened on the dangers of trial of labour after previous caesarean section and the need to refer such patients to properly equipped hospitals promptly.

References

1. Boulvain M, Fraser WD, Brisson-Carroll G, Faron G. Wollast E. Trial of labour after caesarean section in sub-Saharan Africa: a meta-analysis. *Br J Obstet Gynaecol,* 1997; 104: 1385-1390.
2. Etuk SJ, Asuquo EEJ, Ekanem AD. Maternal mortality following caesarean section at the University of Calabar Teaching Hospital, Calabar, Nigeria. *Nig J Med,* 1999; 8: 62-65.
3. Fasubaa OB, Ogunniyi SO, Dare FO, Isawumi AI, Ezechi OC, Orji EO. Uncomplicated caesarean section: is prolonged hospital stay necessary. *East Afr Med J,* 2000; 77: 36-39.
4. Bevis R. Obstetric anaesthesia and operations. In: Benneth VR, Brown LK. (eds): *Myles Textbook for Midwives.* Edinburgh; Churchill Livingstone, 1996; 441-461.
5. Sule-Odu AO, Fakoya TA, Adetoro OO. Destructive obstetric operations at a University Hospital in Nigeria. *Nig Postgrad Med J,* 1996; 3: 43-45.
6. Lawson JB. Obstructed labour. In: Lawson JB and Stewart DB (eds): *Obstetrics and Gynaecology in the Tropics and Developing Countries.* London, Edward Arnold, 1967: 172-202.
7. Ola RE, Olamijulo JA. Rupture of the uterus at the Lagos University Teaching Hospital, Lagos, Nigeria. *West Afr J Med,* 1998; 17: 188-193.
8. Giwa-Osagie OF, Azzan BB. Destructive operations. In: Studd, J (ed): *Progress in Obstetrics and Gynaecology; Volume 6,* Edinburgh; Churchill Livingstone, 1987: 211-221.
9. Onah HE, Eze JN. Risks associated with four and higher order caesarean sections in Nigerians. *Trop J Obstet Gynaecol,* 2000; 17(1): 14-17.
10. Okonofua FE, Makinde ON, Ayangade SO. Yearly trends in caesarean section and caesarean mortality at Ile-Ife, Nigeria. *Trop J Obstet Gynaecol,* 1988; (Special Edition 1): 31-33.
11. Megafu U. Maternal mortality from emergency caesarean section in booked hospital patients at the University of Nigeria Teaching Hospital, Enugu. *Trop J Obstet Gynaecol,* 1988; (Special Edition 1): 29-31.
12. Derom R, Patel NB, Thiery M. Implications of increasing rates of caesarean section. Studd, J (ed): *Progress in Obstetrics and Gynaecology; Volume 6,* Edinburgh; Churchill Livingstone, 1987: 175-194.
13. Harrison K. Maternal mortality in Nigeria: the real issues. *Afr J Reprod Health,* 1997; 1: 14-24.