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DEPARTMENT OF NURSING

DIPLOMA PROGRAMMES

KNOWLEDGE, PERCEPTION AND ATTITUDE OF PREGNANT WOMEN TOWARDS CAESAREAN SECTION AT THE ANC AT THE HOLY FAMILY HOSPITAL, BEREKUM

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DECLARATION

We hereby declare that this submission is our own work towards the Diploma in General Nursing and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of diploma of the University, except where due acknowledgement has been made in the text.

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ABSTRACT

The purpose of this study was to investigate the knowledge and attitude towards having Caesarean Section delivery among the pregnant women at the ANC of the Holy Family Hospital , Berekum.

A cross sectional descriptive study design was carried out at Holy Family Hospital Berekum, ANC on pregnant women aged 18-45. Primary data was collected using researchers administered questionnaires, a total of 80 respondents were sampled using convenience sampling technique.

For uni-variate analysis, data was run using frequencies and percentages, and the results presented in form of pie chart and tables. The results indicated that 35 (43.8%) women and wife's of the men respondents had CS in their last delivery, almost eight in every ten of the respondents strongly disagreed that CS would be the preferred method of delivery although they had a good knowledge on the indications and recovery of CS.

Based on these findings, the study recommends that health care workers should give complete information on CS during the ANC and pregnancy so this will allow couples to make informed decision about the health of the mother during pregnancy and delivery through CS. And health workers should allow and encourage women to have a normal deliveries and whenever indicated it should be done quickly to save both lives.

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ABBREVIATIONS

ANC	:	Antenatal clinic
CS	:	Caesarean Section
DHS	:	Demographic Health Survey
MDCS	:	Maternal Demand for Cesarean Section
PPROM	:	Prolonged premature rupture of membrane
UK	:	United Kingdom
USA	:	United State of America
WHO	:	World Health Organization
%	:	Percent

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CHAPTER ONE

INTRODUCTION

1.0 Background

Caesarean Section (CS) has been part of human culture since ancient times both in the Western and non-Western cultures (U.S. National Library of Medicine, 2013).

CS is a common operative surgical procedure worldwide, were by a mother delivers her fetus surgically through the abdomen by making an incision on the uterus. Maternal or Fetus related complications can be indications for this operation. Over the past number of years the proportion of women delivering through CS has increased in all developed countries. (Qazi et al, 2013).

In 1998, globally the following countries were having the following percentages 21% of Australian women gave birth by CS and it increased to 30.9% by 2007. And 31.1% of all births were carried by CS in 2006 in the USA. In the UK the overall rate of CS birth accounts for almost 25% of all births from 2007 to 2008, Birth rates via CS vary considerably across Europe, ranging from 15% in Norway and Netherlands, 17% in Sweden and Finland and 37.8% in Italy. Because of the negative view and perception of CS by women in developing countries the rate is small example in the Sub-Saharan African Countries (like Burkina Faso and Niger) it is 2%. (Qazi et al, 2013).

However women in the developed countries accept CS because they have a better understanding of its role and safety. In contrast, a number of reports indicated that women in many sub Saharan African countries are reluctant to agree to have CS deliveries. Recent study done in West Africa reported that CS is not been practiced when it is compared to the huge load of obstetric mobility that is needed to be resolved by CS The elevated number or

rates of prenatal and maternal morbidity in the African countries is recognized to be because of the insufficient practice of early CS (Aziken et al, 2007).

In countries like Burkina Faso and Niger the CS percentage is very small that it is only two percent and this is because of the women's negative view and lack of awareness towards CS. (Qazi et al, 2013).

According to Uganda Demographic Health Survey (DHS) conducted in Uganda in 2006, less than 50 % of births within Uganda in the five years preceding the survey took place in health facilities and of those delivering at various health facilities, 3% of births were delivered by CS due to obstructed labor, Cephalo pelvic disproportion, Pre-Eclampsia and Eclampsia. Additionally when viewing the utilization of CS by sub regions of Uganda the DHS showed the prevalence of CS varied from a high of 4% in Western area, which includes Mbarara to a low of 1.5% in Northern part (Natasha Spencer, 2015). A study done in 2011 found that it has risen up to 5.22%, the increase in CS prevalence in Uganda is also involving the Eritrean community that are living in the same community as Ugandans meaning that the 5.22% rise also includes Eritreans living in Uganda.

Among Eritrean Community living in Uganda of 100,000 most of which live in Kampala, 8.1% of the women were found to have gone through CS in their last deliveries (Eritrean Embassy).

The perception of women about birth especially by caesarean section is important for most healthcare providers around the world (3). Considering the perceptions and attitudes towards caesarean section, most pregnant women and their relations view their individual perception and attitudes towards caesarean section delivery as one that is important in the decision-making process. Also, the experience women have at childbirth and their perceptions of that event can affect their feelings of satisfaction, strength, esteem and the value they place on

their achievement. For instance, there are many reported cases of women who have considered themselves to be sexually disadvantaged after a vaginal delivery, whiles others who have undergone a caesarean section consider as a disadvantage the distortion in their body image as a result of the surgical incision made.

Majority of the women in the study conducted in Ghana preferred vaginal delivery even though they had high awareness of CS as an alternative to vaginal delivery. The attitudes towards CS were positive if the operation is indicated. (Adegbeba et al, 2008).

Interestingly, pregnant women's perception of caesarean section has been an essential consideration for providers of healthcare. One of the major reasons is because a positive perception can lead to an effective adaptation to the maternal role whiles a negative perception can leave women with a sense of failure, loss of control, personal disappointment and a cause to distrust their personal abilities as childbearing women, hence the need to promote positive perceptions in caesarean section related issues. There are arguments in favour of the use of caesarean section birth to alleviate the pain and complications that arise during normal vaginal births. Some studies have also been conducted in an effort to further investigate various related issues about caesarean section delivery.

1.1 Problem Statement

Women are traditionally unwilling to have CS because of the general belief that abdominal delivery is reproductive failure on their part regardless of the feasibility of vaginal birth after CS and the decreasing mortality from CS (Jeremiah I et al, 2011).

CS can be lifesaving procedure in conditions such as Cephalo-pelvic disproportion, Uterine rupture, Obstructed labour, Breech presentation, Pre-eclampcia and Eclampcia which if not performed mothers and babies face serious problems such as; fetal distress, infections, uterine rupture, postpartum hemorrhage and other birth injuries. According to WHO 2012 maternal

death and disability due to hemorrhage and obstructed labour may be averted by timely CS, access to CS will reduce maternal mortality in low significant income countries (J. Meadows, 2012). Even though women are sensitized on the safety and importance of this procedure many are still afraid of it. Most studies have been done elsewhere regarding knowledge and attitude of CS but little is known in regards to the knowledge and attitude of CS among pregnant women at the ANC at Holy Family Hospital Berekum, Ghana. Some pregnant women living in Berekum go through difficult labor because the couples think that the women can deliver normally and because of the delay in CS they go through so much pain and still do CS because it is required. Sometimes there are some men who put their women in to psychological stress and feeling unworthy when they take long to decide for CS even though the woman agrees to do it. Some women also delay and because of the delays to undergo CS when recommended, these mothers get complications such as; Ruptured Uterus, Fistula, Excessive bleeding and some mothers lost their lives and lives of their babies. And Some couples decides to move from facilities to facility in search for normal delivery, thus this mothers get complications on the way putting their lives and the lives of their baby at risk.

This study is aimed to assess the knowledge, perception and attitude of pregnant women towards cesarean section at the ANC at Holy Family Hospital Berekum.

1.2 General objective of the study

To ascertain the knowledge, perception and attitude of pregnant women towards cesarean section at the ANC of the Holy Family Hospital, Berekum.

1.3 Specific objectives

1. To establish the proportion of pregnant women who deliver by CS at the ANC of Holy Family Hospital, Berekum.

2. To access the knowledge of pregnant women on cesarean section at the ANC

3. To access the perceptions and attitudes of pregnant women at the ANC on cesarean section delivery.

1.4 Operational definition of terms

1. **ANC**- Antenatal care.

2. **Pregnancy**- the time during which one or more offspring develops inside a woman's womb.

3. **Pregnant woman**- a female who has one or more offspring developing inside her womb.

4. **Cesarean section**- a procedure in which a baby is delivered through incisions in your abdomen and uterus.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Pregnancy and delivery are considered as normal physiological phenomenon in women. Approximately, 10% of deliveries are considered to be as high risk, some of which may require CS. Modern CS was first performed by a German gynecologist Ferdinand Adolf Keher in 1881.

CS normally is carried out when the normal way of delivery (vaginal delivery) will put both the mother's and baby's life at risk, but sometimes mothers request for it even when there is no risk

at all. In recent years different studies show the rate has risen in different countries. In China by

46% and 25% or above in many Asian and European countries, Latin America and USA. Nowadays CS is common surgical operation for delivering one or more babies, prevalence ranges from 4% in Africa to 29% in Latin America and Caribbean (Maimoona and collogues, 2014).

Some of the indications for CS delivery include; Repeated CS delivery, Pelvic abnormalities, Malpresentations, skeletal disorders, abnormal placentation, Cephalopelvic disproportion, Situations in which labor is contraindicated.

2.1 Knowledge of pregnant women regarding Cesarean section delivery

According to a descriptive and cross sectional study done by (Ashimi et al, 2013) 409 pregnant women were approached to participate; those women were attending the antenatal clinic in

Federal Medical Centre Birnin Kudu, a tertiary institution located in a semi-urban setting in Jigawa state, northwest Nigeria**.** In the study majority 376(93.8%) of them were aware and had heard about CS out of this women 32(8.5%) had delivered and practiced it.

Their knowledge towards the procedure of CS was high, 325 out of 376 were aware that transfusion of blood during or after the procedure may be required. In the same study 244 (64.9%) and 237 (63.0%) out of 376 respondents known that prolonged labour due to big baby and bleeding per vaginam before delivery are some of the indications for CS. While 15(14.6 %) did not know how long is needed to stay in the hospital after the procedure the rest 274(72.8%) have a very good knowledge about the recovery or hospital stay after the procedure, which is normally only a week or less. When they were interviewed 355(94.4%) of them said they know that vaginal delivery is possible after CS delivery. However, although majority of the women surveyed were aware and would accept to have CS if indicated, knowledge about CS is still low in the setting. The need for birth awareness and complication readiness with the involvement of men is vital in influencing or changing the perception of women in this setting towards CS (Ashimi et al, 2013).

Similarly a study carried out by RK Adageba et al, in an Antenatal clinic (ANC) in Komfo Anokye Teaching Hospital (KATH), Kumasi Ghana in 2006, However in this study all the pregnant women who were taken on for the study were women who had never had any previous CS deliveries. The study used descriptive cross-sectional design and there were 317 pregnant respondents during the one month period, and from the results obtained or found 304 (96%) had already heard about CS while 13 (4%) had never heard about CS. From those who heard about CS the 70 (23%) of them heard from one source while 234 (77%) heard from various sources; such as health workers, media, family etc. The commonest sources of information for these women were the health workers 34.4% of them heard it from health

workers, where as the 26.5% heard from relatives and the remaining 20.8% heard about CS delivery from the media. From the participants only (13.5%) that is 43 clients had knowledge about the indications of CS and can actually state some but the given once where: the cervix unable to open, big baby, baby not lying well and mother too ill (Adageba et al, 2006). Also in a study done in the Urban of Nigeria, although they had good knowledge about delivering through operation just 6.1% were accepting CS as a way of bringing their babies to the world, however 81% said they will be willing to go through it if it is indicated and will save both the lives and the remaining percentage said that they would not have it even if it costs the lives. (Aziken et al, 2007).

In Tehran Iran, Fatemeh G. et al made a study in 2012 it was a study done on women's knowledge and attitude towards mode of delivery and frequency of CS on mother's request in six

public and private hospitals. The knowledge of the mothers was overall attained poor score in 333 (55.6%) and 228 (37.9%) found out to score intermediate while 39 (6.5%) attained good scores on their knowledge towards the mode delivery. And mothers who have old age where found to have higher level of knowledge (Fatemeh G., et al., 2012). Similar results were found in a study done by Nusrat N., Nisar A. and Ahson M. to know the knowledge of antenatal clinic attending mothers. It was a KAP (knowledge, attitude and practice) study done in Antenatal clinic of Obstetrics and Gynecology Department at Isra University Hyderabad Sindh, 2007 2008. During the study 446 women attending the antenatal were interviewed after obtaining informed consent from them. Depending on the results of this study the overall knowledge about modes of delivery was low. Only 7 (1.6%) got good knowledge, 47 (10.5%) got medium scores of knowledge whereas the rest 392 (87.9%) women have weak knowledge however, at all this three levels of knowledge mentioned most

of the women showed positive attitude towards vaginal delivery. And this is thought to be that maybe it is the reflection of their traditional views about the normal child bearing process in the community. These findings also are almost similar to study from Iran (Nusrat Nisar, 2009).

2.2 Perception and Attitudes of Pregnant women towards Cesarean Section (CS) delivery.

To determine the attitude towards CS a study was done by Michael A., et al 2007, among antenatal women who come for care at the University of Benin Teaching Hospital in Nigeria, 413 successive women who came for the antenatal care were interviewed with a structured questionnaire. All the participant women reported that they have heard about CS from different sources. However, it was reported that all the women have heard about CS and out of four options given to them they were all able to identify that CS is a delivering a baby by operation through the abdomen. From the study population some women said that they would have CS by their own choice, their reason for choosing it was mainly fear of labor pain as well concerns about their baby's wellbeing this women add up to be 25(6.1%) of the study number. The majority number which is 338(81.8%) would accept CS if they know that the situation they are in will put their life or that of the baby's life at risk, while 246 (59.7%) say that they would allow it if the doctor said so. However, 50(12.1%) said that they would not accept CS under any of these 3 cases mentioned. Fear of death when having CS, pain after having CS that will be associated with CS, concerns or feelings of failure, husband's disapproval, this mode of delivery as not being part of their culture, friends may laugh at them and the charge/price for the operation were some of the reasons given by the participants when asked about their refusal to CS Other factors for their refusal were previous successful vaginal delivery, previous forceps usage and women not having had a previous CS To gain further insights in to attitudes about C.S in the women, interviews were conducted

with 5 women who were recovering from recent C.S delivery that they went through in the hospital. At the time of discharge these women were asked on their experiences of CS The reason stated by the women for going under that operation or to have C.S were Cephalopelvic disproportion, Cord prolapsed, PPROM, distress of the fetal, eclampsia and placenta praevia (Michael A., et al 2007).

They all responded they have no option but to accept when a question was raised to them about future C.S if requested. Their answer was as follows: one woman said 'I do not have any option, I will accept it because I understand that once you have done the operation once or twice, and there is a high probability for you to have it again'. Two other women said 'Normal delivery is good because it was ordained by God but with C.S, the pains from the stitches will be there and the constant fear of getting pregnant again, which will result in another CS, is there'. 'Delivery by operation is not bad, although people do frown at it' (Michael A. et al, 2007).

Similar results were found about the attitude of women in the study done by (Ashimi et al, 2013) a study which is already talk above, about the knowledge of CS among 401 women in Jigawa state, northwest Nigeria. Their answers to the likely hood of having repeated CS varying proportions of the respondents would pray not to have it, and some say they would discuss it with their husbands while others they would seek for help from religious leaders or traditional birth attendants. Majority of the respondents (99%) were willing to have the procedure if indicated and 307(82%) would also have a repeat CS, but still about half of the respondents were not ready to undergo or have repeated CS reason being fear of dying and fear of pain. Women who delivered by CS were viewed as pathetic to 208 (55%) of the participants while, 123(33%) also viewed them as a weakling (Ashimi et al, 2013).

In another different study done by Kathrin S., et al, (2009) on men and women a cohort of 3,680 male and female students participated in the study. The samples were more often female (73% vs 56%). The students participated in an online survey of childbirth preferences and were also without any history of childbirth. The result showed that most men and women responded they preferred vaginal delivery, with 9 percent preference for CS delivery. Results indicate that a preference for CS is linked to fear of childbirth and driven by low confidence in vaginal birth.

First purpose behind both women's and men's inclination to vaginal deliveries highlighted that vaginal deliveries will be "Normal" and "natural" manner. It has been illustrated by remarks and comments from participants for example, "It is regular furthermore I might want me and my child to encounter it". And some saying "I think pregnancy may be a characteristic procedure and that deviating from nature when it may not be Important convolutes it further." Notable to the fundamental principle of "natural" was an opinion of safer method of delivery by both men and women, as it has less health problems and threats than CS for example, "My body was made for delivering naturally, and I think that I should rejoice its potential, rather than exposing it to unnecessary injury." Men's and women's arguments about vaginal delivery overlie with an obvious desire to prevent CS Further the motive for vaginal delivery preference included trepidation of cutting and a yearning to abstain from scarring in light of CS This apprehension and shirking stands out from ladies' prominent "apprehension of vaginal delivery" as referred to in the publications and also the media. Fear of cutting and shirking of scarring might be identified with individual and social worries about the body, self-perception, and respectability, which surgery disrupts. Remarks, for example, "My wife won't be as appealing with a major scar on her tommy" and "Why

make another opening for a child to leave at the point when there's one there as of now!" (Kathrin Stoll et al, 2009).

To explore the attitude of CS delivery among Somali immigrants in the USA a study was done by Maithri A. et al (2011), in this semi structured study an in-depth interviews were made to 23 Somali immigrants aged 25-52 years who live in Boston, these women had previously given birth in the USA and Africa. According to their results 15 women said that CS has never been discussed to them before when they were in Somali or even in refugee camps. While 10 said that they have heard but they were advised against it by friends, family members and other peers. Most of the women feared CS as it is a surgical procedure; they feared that it can cause death or permanent disability to them. They also perceived that after the operation recovery and activity of daily living such as lifting will be difficult. In general they believed that their body would never go back or return to its normal state. These women said that they were used to long labor in Africa however, in the USA they felt that they are not given enough time to labor, they are not given enough time they get pushed to do CS if did not deliver within a certain period of time and deliver through CS before they felt ready. Additional reason for these women to fear CS is that they did not get enough information and knowledge about CS during their prenatal visits in the USA even when they had little or no knowledge about it (Maithri A. et al, 2011).

A study was conducted among antenatal clinic attendants in a Ghanaian teaching hospital (Komfo Anokye Teaching Hospital, Kumasi, Ghana). This descriptive cross sectional study by R.K. Adageba et al 2008, was conducted to determine the awareness, perception and attitude of the pregnant women and 317 women were interviewed, out of the 317, 164 (51.7%) perceived that CS as a dangerous procedure for both the mother and baby however, the 94 of them which is (30.6%) felt that CS was not dangerous whereas, 56(17.7%) of them

could not tell whether the operation is dangerous or not dangerous to the mother or baby. Some of the reasons that were perceived as dangerous bout CS by the 164 women was death of the mother (10), harm to the baby (30), post-operative complications such as pain to the mother (120), loss of 'vitality' and strength (100) (R.K. Adageba, et al, 2008).

A structured questionnaire designed study was done in Yoruba among women of southwestern Nigeria, 2006. The study was done in a clinic among 300 pregnant clients attending their ANC. Still there is a perception in developing countries that women who undergo CS delivery are unfaithful and weak woman. In this study of Yoruba women, it was viewed with suspicion, aversion, misconception, fear, quilt, misery and anger. Therefore due to the negative perception CS is not chosen by many but very few choose it as a mode of delivery without any medical indications. In most of the sub-Saharan African countries including Nigeria women unwillingly agree to have CS even when there are obvious clinical indications. Since there were few participants on the attitude of women in Nigeria a study was made using a structured questionnaire among three hundred pregnant clients, it aimed at the evaluation of the attitude of women in Nigeria and their views of other women who have had C.S before. The women were attending antenatal clinic in Ebonyi State University Teaching Hospital, Abakaliki, Ebonyi state in Nigeria.

The study was required to obtain the personal perception of the clients about CS and it was graded using four grades as; Very good: they will accept CS by choice to avoid the complications of labour, labour pains and safety of the fetus. Good: Will allow CS if both lives are in great danger. Bad: Will unwillingly accept CS if the doctor says so Very bad: Will not accept CS under and circumstance. From the 300 questioners only 277 were fully completed and where used as a foundation for this study. Results from the current pregnancy showed that 225(81.2%) of the women said if the baby's life or their life is in danger then

they say that CS is good, 4(1.4%) choose to do CS so to keep away from the pains and complication that arise from labor and vaginal delivery so they look at CS as very good, 34(12.3%) viewed it as bad and will go under unwillingly if the doctor said so and only 3 (1.1%) viewed CS as very bad and will go through it under any circumstances. In addition the cultural perception of the people of the participants was that 183(66.1%) see it is a normal obstetric decision. While 40(14.4%) see it as the failure of the women's obstetric responsibility and the remaining 4(1.4%) said that it is for cursed women (I Sunday-A., Kalu, 2011).

A cross-sectional study done in Nigeria, among 843 antenatal clients at Agbongbon/Orayan primary health care centers (PHCs), Adeoyo Maternity Hospital (SHC), and UCH Ibadan (THC) by Ngozi S, et al and they found out that the decision for maternal demand for cesarean section (MDCS) is very hard, because willingness is low and disapproval by partners of those who decide MDCS is high. But now since epidural anesthesia and improved safety of vaginal delivery this decision making for MDCS will not be hard based on fear of pain and poor labor outcome, thus vaginal delivery is recommended. As in this study the role of the male partner should be taken into consideration in order to make sustainable policies or guidelines for MDCS in developing countries. There is a lack of data showing why African women, in general association vaginal delivery with successful womanhood, prefer to request cesarean section when vaginal delivery can be achieved. The first study on MDCS published from Nigeria and West Africa was done amongst southeastern Nigerian women who ask for MDCS between 2003 and 2006. In that study, 4.4% of all MDCS deliveries were due to the mother's request, reason been infertility in their previous years and also advanced maternal age. But, (85.2%) which is the majority said that to feel like "a real woman", they would like to practice normal vaginal delivery in their next pregnancy (Ngozi et al, 2012).

A self-administered questionnaire based survey was done in Women and Children Teaching Hospital Bannu, Pakistan, 2009. The respondents showed positive attitude to CS. And culturally, CS was linked to woman's failure of her obstetric responsibility. Death as a complication and postoperative pain after CS was also some of the respondents fear (Qudsia et al, 2009).

CHAPTER THREE

MATERIALS AND METHODS

3.0 Introduction

This chapter talks about, the study area and study population, study design, sampling techniques, data collection method and instrument, data analysis techniques, ethical consideration, and the limitations of the study.

3.1 Study area

This research was conducted in the Holy Family Hospital, Berekum in the Bono Region. The hospital is located at New Biadan. The hospital shares boundary with the Holy Family Nursing and Midwifery Training College, Berekum and BACCSOD. It was established in the year 1948. The major inhabitants of the hospital environment are nurses, midwives, doctors, teaching staffs and management of the hospital. It is part of the Sunyani Diocesan Health Service (DHS) and the Diocesan Health Service Board (DHSB) serves as the Governing Board.

3.2 Study Population.

The target population is the pregnant women at the ANC of Holy Family Hospital, Berekum whiles the accessible population is people between the ages of 18-45 years at the ANC. They are of different educational background, occupation and religion. However, none of these characteristics affected selection of the group of this study.

3.3 Study Design

Cross **s**ectional survey was used for the study which aimed at determining the knowledge, perception and attitudes of pregnant women at the ANC of the Holy Family Hospital, Berekum towards cesarean section. Cross sectional survey involves looking at people who

differ on key characteristics at one specific point in time. The data is collected at the same time from people who are similar on other characteristics but different on a key factor of interest such as age, income levels or geographic location (Cherry, 2018).

The design was chosen because; it is inexpensive and fast, allows for different variables to be observed at the same time, and provide useful springboard to further research.

3.4 Sampling Technique and size

The sampling size was one hundred (80) people between the ages of 18-45years. The samplings size was obtained by the use of convenient sampling which is a non-probability sampling method. This entails the most conveniently available people as subjects in a study. The questionnaires were distributed to people we saw at the ANC of the Holy Family Hospital, Berekum.

3.5 Data collection methods and instruments

Data collection was done using well-structured questionnaires. The questionnaires consisted of both closed ended and open-ended questions for easy expression of views and ideas. Questionnaires were used because it saves time. Cost involved is not high as compared to direct observation and it is the best method of collecting data in geographically dispersed areas.

The questionnaire covered areas such as demographic characteristics of respondents, knowledge on cesarean section and perception and attitudes towards cesarean section. The 80 questionnaires were distributed to respondents we came across at the ANC of the Holy Family Hospital, Berekum. Explanation was given to respondents. The questionnaires were taken from the respondents immediately they finished answering them and it took them an average of 15 minutes to answer it.

The main challenge with this method is that it was difficult to determine how truthful the respondents were.

3.6 Data analysis techniques

Data was analyzed using Microsoft excel software and presented in tables and graphs. Descriptive statistics such as bar and pie chart, would be used to present information processed from data regarding the knowledge of pregnant women at ANC towards cesarean section, perception and attitudes of pregnant at the ANC towards cesarean section at the Holy Family Hospital, Berekum.

3.7 Ethical consideration

An introductory letter was obtained from the school and the consent of the Nurse In-charge at the ANC was sought. The respondents were well informed about the purpose of the study. The right of each respondent was respected and their personnel integrity safe-guarded. The respondents were allowed to participate and withdraw from the study without penalty. The study was also carried out with no physical or psychological harm to the respondents.

They were assured of confidentiality of the information that was obtained from them hence names and addresses were omitted in the questionnaire.

3.8 Limitations of the study

The time and nature of our academic program called for the use of convenience sampling. A convenience sampling and small sample size did not allow for generalization of the findings.

Some of the respondents were reluctant to give accurate information even though they were educated on the need to provide valid information on the questionnaire with regards to the study. Since some of the respondents were illiterates and did not understand the English Language and they were helped with the translation, there was the tendency that the

information provided might be altered. The cost of transportation, typing and printing was another limitation since it was expensive.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.0 Introduction

This chapter deals with analyzing data collected from the field. It is very important to analyses the data to determine its significance. The analysis was done using statistics such as frequency distribution tables, pie charts and graphs. The analysis covers demographic characteristics of respondents, the knowledge of pregnant women on cesarean section at the ANC, the perceptions and attitudes of pregnant women at the ANC on cesarean section delivery.

4.1 Demographic characteristics of Respondents

In finding the demographic characteristics of the respondents the following ideas were solicited, ages of respondents were asked 43.8% (35) Indicated 21-29yrs, 32.5% (26) 30-39yrs, 17.5% (14) 40-45yrs and 6.2% (5) 18-20yrs. Again women were asked of their religion, 63.75% (51) indicated Christian, 35.0 %(28) Muslim and 1.25 %(1) Traditionalist. The respondent's marital status, 77.7% (62) indicated Married, 13.7% (11) single, 6.25% (5) Divorced, and 2.5% (2) Widowed. In identifying the occupation of the respondent, 50.0% (40) Indicated businesswomen, 25.0% (20) housewife, 16.2% (13) student, 7.5% (6) accountants and 1.2% (1) others. In knowing the educational level of respondents, 58.8% (47) indicated secondary, 25.0% (20) tertiary, 10.0% (8) primary and 6.2% (5) no formal education. These were the information gathered. As shown in the table below.

Table 1: Respondent Demographic Characteristics

Variables	Frequency(n)	Percentage (%)
Age		
18-20	5	6.2
21-29	35	43.8
30-39	26	32.5
40-45	14	17.5
Religion		
Christian	51	63.75
Muslim	28	35.0
Traditionalist	1	1.25
Marital status		
Single	11	13.7
Married	62	77.5
Divorced/Separated	5	6.25
Widowed	2	2.5
Occupation		
Housewife	20	25.0
Business	40	50.0
Student	13	16.2
Accountants	6	7.5
Others	1	1.2

Educational level		
Primary	8	10.0
Secondary	47	58.8
Tertiary	20	25.0
No formal education	5	6.2

4.2 Knowledge of the respondents on Caesarean Section.

In finding out the knowledge level among pregnant women the following ideas were identified, the client were asked to indicate the number of term pregnancy (ies), 51.25% (41) indicated Two term pregnancies, 27.5% (22)Three term pregnancies, 12.5%(10)one term pregnancy and 8.75%(7)Four term pregnancies. Again clients were asked to share their thought on caesarean section as a mode of delivery,43.75%(35) indicated prevents maternal distress,25%(20) prevents trauma,18.75%(15) prevents fetal distress and 12.5%(10) easy delivery.. In trying to review the response of pregnant women on the indication of CS, 36.25% (29) Indicated Two previous CS, 32.5% (26)Post term baby,18.75% (15)Fetal distress, 7.5% (6)Big baby, 3.75% (3)Choice and 1.25% (1)Transverse lie. Again clients were asked about their knowledge about caesarean section, 50% (40) indicated easy way of delivery, 37.5% (30) mode of delivery and 12.5% (10) involves surgical incision. This were the information gathered. As shown in the table below.

Table 2: Respondents knowledge on Caesarean Section

Variables	Frequency (n)	Percentage (%)
Number of term pregnancy (ies)		
One	10	12.5
Two	41	51.25
Three	22	27.5
Four	7	8.75
Thought on caesarean section as a mode of delivery		
Easy delivery	10	12.5
Prevent trauma	20	25
Prevent Fetal distress	15	18.75
Prevent maternal distress	35	43.75
Indication of CS		
Big baby	6	7.5
Transverse lie	1	1.25
Fetal distress	15	18.75
Two previous CS	29	36.25
Post term baby	26	32.5
Choice	3	3.75
Knowledge on CS		
Easy way of delivery	40	50
Mode of delivery	30	37.5
Involves surgical incision	10	12.5

4.3 Perception on Caesarean Section

In generating the perception of caesarean section among pregnant women, the following ideas were reviewed, clients were asked if they have receive education about caesarian section, 62.5% (50) Indicated it involves incision, 20% (16) ensure NPO and 17.5% (14) long hospitalization. Again, clients were asked their fear toward caesarian section, 56.25% (45) Indicated fear of dying, 31.25% (25) fear of losing baby and 12.5% (10) fear of scar. In reviewing their impression on caesarian section, 37.5% (30) Indicated costly, 25% (20) general body pain, 13.75% (11) fear, 12.5% (10) big tummy and 11.25% (9) infection. Clients were asked their preferred mode of delivery, 75% (60) Indicated SVD, 18.75 (15) CS and 6.25% (5) vacuum extraction. These were the information gathered. As shown in the table chart below.

Table 3: Respondents Perception on Caesarean Section

Variables	Frequency (n)	Percentages (%)
Education received on CS		
Involves incision	50	62.5
NPO	16	20
Long hospitalization	14	17.5
Fear towards Caesarian section.		
Fear of losing the baby	25	31.25
Fear of dying	45	56.25
Fear of scar	45	12.5
Impression on caesarian section.		
Fear	11	13.75
Costly	30	37.5
Big tummy	10	12.5
Infection	9	11.25
General body pain	20	25.0
Preferred mode of delivery.		
SVD	60	75.0
Vacuum extraction	5	6.25
CS	15	18.75

4.4 Attitude on Caesarean Section.

In finding out the attitude among pregnant women towards caesarean section with a scale of one to five, with one being the highest and five being the lowest. The following information were discovered, the clients were asked of CS being a preferred method of delivery,75.0% (60) Indicated scale of One ,12.5% (10) scale of Two, 7.5% (6) scale of Three, 3.8% (3) scale of Four and1.2% (1) scale of Five. Again, clients were asked about planned CS being a preferred method of delivery, 38.8% (31) Indicated scale of Four, 23.8% (19) scale of One, 21.2% (17) scale of Two, 8.8% (7) scale of Five and 7.5% (6) scale of Three. In knowing the response of pregnant women on the willing to undergo CS if indicated, 75.0% (60) indicated scale of Four, 17.5% (14) scale of Five, 3.8% (3) scale of Two, 2.5% (2) scale of One. In reviewing the response of pregnant women on the unwillingness to undergo CS even if indicated, 33.8% (27) scale of indicated Two, 22.5% scale of (18) Four, 21.2% (17) scale of One, 18.8% (15) scale of Three and 3.8% (3) scale of Five. In finding the response of pregnant women on the willing to undergo a repeated CS, 38.8% (31) indicated scale of Four, 28.8% (23) scale of Two,12.5% (10) scale of Three, 10.0% (8) scale of One and 10.0% (8) scale of Five. In identifying the response of pregnant women if the fear of being mocked is a reason for not going under CS, 41.2% (33) indicated scale of Two, 38.8% (31) scale of One, 11.2% (9) scale of Four, 7.5% (6) scale of Three and 1.2% (1) scale of Five. Again, the response of pregnant women if they viewed a woman as weak if she is delivered by CS, 35.0% (28) indicated scale of Two, 26.2% (21) scale of One, 16.2% (13) scale of Five, 13.8% (11) scale of Four and 8.8% (7) scale of Three. In finding the response of pregnant women on if CS delivery must first be discussed with husband, 81.3% (65) indicated scale of Five, 20.0% (12) scale of Four, 2.5% (2) scale of Two and 1.2% (1) scale of One. In knowing the response of pregnant women if it's God's wish that some women delivered by CS, 32.5%

(26) indicated scale of Four, 23.8% (19) scale of One and Two respectively, 11.2% (9) scale of Five and 8.8% (7) scale of Three. In identifying the response of pregnant women on their desirous of client education on CS at ANC, 62.5% (50) indicated scale of Four, 17.5% (14) scale of Five, 10.0% (8) scale of Two, 7.5% (6) scale of Three and 2.5% (2) scale of One. In reviewing the response of pregnant women, people go for CS even when the culture doesn't allow, 56.2% (45) indicated scale of Four, 20.0% (16) scale of Five, 11.2% (9) scale of One, 8.8% (7) scale of Two and 3.8% (3) scale of Three. In finding the response of pregnant women if health workers do CS for money, 76.3% (61) indicated scale of Five, 20.0% (16) scale of Four, 2.5% (2) scale of One and 1.2% (1) scale of Two. As seen in the table below.

Table 4: Respondents attitude towards Caesarean Section

Variables	Frequency (n)	Percentage (%)
CS is the preferred method of delivery		
One	60	75.0
Two	10	12.5
Three	6	7.5
Four	3	3.8
Five	1	1.2
Planned CS is a preferred method of delivery		
One	19	23.8
Two	17	21.2
Three	6	7.5
Four	31	38.8
Five	7	8.8
Willing to undergo CS if indicated		
One	2	2.5
Two	3	3.8
Three	1	1.2
Four	60	75.0
Five	14	17.5
Unwilling to undergo CS even if		

indicated	17	21.2
One	27	33.8
Two	15	18.8
Three	18	22.5
Four	3	3.8
Five		
Willing to undergo a repeated CS		
One	8	10.0
Two	23	28.8
Three	10	12.5
Four	31	38.8
Five	8	10.0
Fear of being mocked is a reason for not going under CS		
One	31	38.8
Two	33	41.2
Three	6	7.5
Four	9	11.2
Five	1	1.2
View a woman as weak if delivered by CS		
One	21	26.2
Two	28	35.0
	7	8.8

Three	11	13.8
Four	13	16.2
Five		
View a woman as weak if delivered by CS		
One	21	26.2
Two	28	35.0
Three	7	8.8
Four	11	13.8
Five	13	16.2
CS delivery must first be discussed with your husband		
One		
Two	1	1.2
Four	2	2.5
Five	12	20.0
	65	81.3
It's God's wish that some women deliver by CS		
One	19	23.8
Two	19	23.8
Three	7	8.8
Four	26	32.5
	9	11.2

Five		
Desirous of client education on CS at ANC One Two Three Four Five	 2 8 6 50 14	 2.5 10.0 7.5 62.5 17.5
People go for CS even when the culture doesn't allow One Two Three Four Five	 9 7 3 45 16	 11.2 8.8 3.8 56.2 20.0
Health workers do CS for money One Two Four Five	 2 1 16 61	 2.5 1.2 20.0 76.3

CHAPTER FIVE

DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

5.0 Introduction

This chapter discusses the research findings in relation to the problem statement, literature review of studies conducted elsewhere with and in line with the specific study objectives. It also

explains the obtained results from the study.

5.1 Discussing

5.2 Knowledge of the respondents on CS

Generally, the respondents had less level of knowledge on caesarean section, as the percentages was 51.25 and below, meaning they had no interest in CS. Mahdi et al. (2022) found that less respondents 65.8% had knowledge on CS.

5.3 Perception of the respondents towards CS

Collectively, the respondents had less perception on caesarean section. This was in line with a study by Adageba et al. (2006) which stated that almost all the pregnant women at the ANC had less perception on CS.

5.4 Attitude of the respondents towards CS

Generally, they had less attitude towards caesarean section. This was in line with a study by Danso et al.2008 which started that respondents had less attitude on CS.

5.5 Conclusion

Generally, the level of knowledge about caesarean section was low. They had less perception on CS and less attitude towards CS.

5.6 Recommendations

The following recommendations were derived from the study;

1. Increased level of the sensitization throughout the ANC.

2. Education should be done to improve their perception.

3. Similar research could be emulated elsewhere.

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APPENDIX

HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM

QUESTIONNAIRE

Dear respondent,

We are students of the above named school conducting a research to ascertain the **knowledge, perception and attitude of pregnant women towards caesarean section at the ANC at the Holy Family Hospital, Berekum.**

We will appreciate it if you could answer the following questions for us. Please note that the questions will be explained to the understanding of everyone in case of any difficulty in understanding. We wish to assure you of confidentiality and privacy of this research study. You can choose to withdraw your participation at any time. It will take approximately 15 minutes to answer this questionnaire.

Thank you.

PLEASE TICK [√] THE APPROPRIATE BOX WHERE APPLICABLE.

PART I: **DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS**

1. What is your age group?

18-20 years ( ) 21-29 years ( ) 30-39 years ( ) 40-45 ( )

2. What is your religion?

Christian ( ) Moslem ( ) Traditionalist ( ) Any other……

3. What is your marital status?

Single ( ) Married ( ) Divorced/separated ( ) Widowed ( )

4. What is your occupation?

……

5. What is your level of education?

Primary ( ) Secondary ( ) Tertiary ( ) No formal education ( )

PART II: KNOWLEDGE ON CAESAREAN SECTION

6. Indicate the number of term pregnancy (ies)?

……..

7. Share your thought on caesarean section as a mode of delivery?

……

8. Can you indicate what can lead to caesarean section?

.....

9. What is your knowledge about caesarean section?

.....

PART III: PERCEPTION ON CAESEREAN SECTION

10. Have you receive education about caesarean section? Share your thought

……

11. What do you fear towards caesarean section?

……

12. What is your impression on caesarean section?

……....

13. What will be your preferred mode of delivery?

SVD ( ) Vacuum extraction ( ) C/S ( )

PART IV: ATTITUDE ON CAESAREAN SECTION

SCALE OF 1-5 INDICATE YOUR OPINION BY TICKING (5 BEING THE HIGHEST AND 1 BEING THE LOWEST)

		1	2	3	4	5
1	CS is the preferred method of delivery					
2	Planned CS is a preference method of delivery					
3	Willing to undergo CS if indicated					
4	Unwilling to undergo CS even if indicated					
5	Willing to undergo a repeat CS					
6	Fear of being mocked is a reason for not going under CS					
7	View a woman as weak if delivered by CS					
8	CS delivery must first be discussed with your husband					
9	It's God's wish that some women deliver by CS					
10	Desirous of client education on CS at ANC					
11	People go for CS even when the culture doesn't allow					
12	Health care workers do it for money					

NA+

NATIONAL CATHOLIC HEALTH SERVICE (DIOCESE OF SUNYANI)

HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE

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Tel. 0352222124
Fax: 0352222474

Our Ref. HFNMTC/GC/011/112122

Your Ref. .....

Date ..... November 21, 2022

The Administrator
Holy Family Hospital
Berekum

Dear Administrator

PERMISSION TO CONDUCT RESEARCH

- I wish to introduce to you the under-listed names of final-year students of the College:

1. **Norah Fatima Fuseini**
2. **Umar Ayishetu**
3. **Bediako Rita Attaa**

As part of the pre-requisite for the award of Diploma in Midwifery, they are to conduct a research study, hence the data collection on **"Perception, Knowledge and Attitude of pregnant women toward cesarean section at the ANC of the Holy Family Hospital, Berekum."**

I would be grateful if you could assist them with any material or help they may need to accomplish this task.

Thank you.

Yours faithfully

.....
Martha Kyeremaa
Supervisor

ACADEMIC CO-ORDINATOR-MIDWIFERY
HOLY FAMILY NURSING & MIDWIFERY
TRAINING COLLEGE, BEREKUM

For: Principal

Received on 21/11/2022
MMagbity