



# Knowledge, Attitudes, and Perceptions of Cesarean Section among Women in Delta State, Nigeria: Implications for Maternal Health Interventions

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## Authors' contributions

*This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.*

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## ABSTRACT

**Background:** Cesarean section (CS) is a surgical procedure by which the mother is incised in the abdominal region during child delivery. The study aims to evaluate the knowledge, attitude, and perception of women to cesarean section among Deltan women.

**Methods:** Three hundred and eighty-four Deltan women were involved in the study. The study

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adopted a descriptive cross-sectional design, and a questionnaire followed by a personal interview was used to collect the data. The Deltan women were sampled using a cluster sampling technique. The data obtained were subjected to statistical analysis using the International Business Machine Statistical Package for the Social Sciences (IBM SPSS), version 23.

**Results:** The study reveals that most women understand CS as a surgical opening of the womb (73.7%). In comparison, a smaller group viewed it as an aid for delivery due to laziness (17.7%), or did not know of it (7.8%). Most women (67.4%) had not undergone CS, yet over two-thirds (73.4%) consider it safe, with 78.6% recommending it. Common reasons for opting for CS include prolonged labor (32.8%) and a large baby (27.1%). Although 79.2% view CS as a suitable delivery option, factors such as fear of death (7.0%) and societal stigma (1.6%) contribute to some women rejecting it. Notably, 88.3% believe CS saves lives, and most do not associate it with spiritual or physical detriment. The cost, fear, and potential social trauma are major concerns, though 71.6% disagree that CS affects a woman's dignity.

**Conclusion:** The southern women have a high level of knowledge of CS. Nonetheless, these women still possess a minimal level of negative attitude and unwillingness to accept CS.

*Keywords: Cesarean section; surgical, deltan women; knowledge; attitude and perception.*

## 1. INTRODUCTION

Cesarean section (CS) is a surgical procedure by which the mother is incised in the abdominal region during child delivery [1]. The origin of CS has long been dated though there was no revealed literature documented until the early 17<sup>th</sup> century after the successful CS by Jesse Bennett. The choice of a CS most often is dependent on the mother's health due to various factors that could predispose a woman to a CS and these factors include prolonged or obstructed labour, fetal distress, or because the baby is presenting in an abnormal position during delivery. Other factors that contribute to CS are breach birth, poor dilation, major cephalo-pelvic disproportion, high blood pressure, cervix blockage, diabetes, unsafe abortion, and complications of the umbilical cord and placenta [2].

Although, there are three types of CS, namely elective CS, unplanned CS, and emergency CS; Elective CS is scheduled in advance due to concerns about the safety of vaginal delivery. In contrast, emergency CS is performed when complications arise during labour while unplanned CSs are when the decision to conduct a CS is made during labour [3].

In the early days of CS, the risk of complications and death was high due to limited medical expertise. The procedure was met with a lot of fear and resistance. However, as medical practices have improved, both maternal and newborn safety during cesarean deliveries have significantly increased. Today, CSs are often recommended for handling many obstetric complications [4]. The CS rate has increased in

developed countries over the past two decades [5], with the United States having the highest rate at 31.9% in 2019 [6]. In Europe, one-third of women are delivered by CS, while Australia had a high rate of 34% in 2016 [7]. However, in developing countries, the rate remains low, with Ethiopia having a rate of 29.55% [8] and Nigeria having a rate of 1.8% in 2008 and 2.7% in 2018 [9]. The WHO estimates that CS is medically necessary in 15.5% of pregnancies in Nigeria [10]. While the procedure has greatly helped manage many maternal complications during childbirth, the mortality rate for both mothers and babies remains much higher in developing nations. This can largely be attributed to the level of education and awareness women in developed countries receive, which helps them better understand and accept cesarean procedures when necessary.

Traditionally, Nigerian women are unwilling to undergo CS due to various reasons ranging from their general belief that having an incision during delivery is a reproductive failure and a sign of weakness. Their religious standpoints also count against CS which is seen as an inappropriate way of delivery irrespective of their level of educational status [11]. Regrettably, these women are so scared of societal stigmatization than their safety that of their babies. Most religionists have convinced their members against CS, even with critical complications that should have been resolved and managed appropriately. The unwillingness to undergo CS has increased the rate of maternal-fetal mortality.

The knowledge, attitude, and perception of women to CS have been explored greatly in different places but there is a lack of literature on

the knowledge, attitude, and perception of women to cesarean section among Deltan women, Nigeria. Hence there is a need for this inquiry to evaluate the knowledge, attitude, and perception of women to CS among Deltan women in Nigeria and in turn will help create awareness and reduce maternal-fetal mortality in Nigeria.

## 2. MATERIALS AND METHODS

### 2.1 Study Design

The study adopted a cross-sectional research design to gather the knowledge, attitudes, and perceptions of Deltan women in south-south, Nigeria. The research lasted for nine months (January 2024-August 2024) where it was conducted using four hospitals in Delta State, Central Hospital, Agbor and Modern Hospital, Abavo, General Hospital Eku and Delta State Teaching Hospital. the study population is Delta women drawn from different hospitals in Delta State.

### 2.2 Sample Size and Techniques

The minimum sample size was calculated using the Cochran formula for qualitative research and the sample size was 384. The minimum sample size was achieved via cluster sampling techniques to recruit the women into the study without bias.

### 2.3 Selection Criteria

The study only recruited women of Deltan origin who have been put to bed either by CS or by vagina delivery and had consented to participate in the study by filling out the written consent form. Women whose origin is from Delta, who haven't given birth, and who fail to consent were excluded from the study.

### 2.4 Method of Data Collection

Data were collected via personal interviews and questionnaires. The authors used direct personal interviews to ensure the recruited women are from Delta and meet the inclusion criteria and also to guide the women in the areas of clarification. The questionnaire was structured in four sections; section A represents the women's bio-data, section B represents the knowledge of women towards CS, Section C, represents the Attitudes felt by the women towards CS and

Section D represents the perception of women towards cesarean section. Every woman recruited for the study was issued a consent form and a questionnaire and those who consented to participate filled out the questionnaire which was retrieved by the authors and preserved.

### 2.5 Validity and Reliability of Instruments

The validity of the questionnaire was queried by the authors and other research experts in the department, it was cross-checked using a previous publication by Asiwe et al., (2023). Statistically, the consistency of the result was examined using Cronbach's alpha where the finding denotes a coefficient level of 0.78 (78%).

### 2.6 Method of Data Analysis

The Data obtained was subjected to the International Business Machine of Statistical Package for Social Sciences (IBM SPSS version 25). The results were presented as frequency and percentage in open tables. Chi-square was used as an inferential statistic to make inferences and a probability less than 0.05 was considered statistically significant ( $p < 0.05$ ).

## 3. RESULTS

This study comprised Deltan women within the age interval of 25 years to 40 years and the social demography of the study presents that 25.3% were within the age interval of 25-28 years, 24% within 29-32 years, 21.1% within 33-36 years and 29.7% within 37-40 years. Their educational status was put into consideration and the findings show that 56.5% of the total population were formally educated (University), 28.9% were graduates of either NCE, OND, or HND, 6.0% were graduates of secondary school and 8.6% had informal education. Among the studied women, it was observed that 55.7% had 1-2 kids, 37.5% had 3-4 children and 6.8% had above 5 children. The marital status of these women also accounted in the study, 81.5% were married, 8.1% were single and 10.4% were divorced (Table 1).

Table 2 shows the knowledge of women to CS and the findings present that 73.7% understood CS as a cut opening of the woman's womb, 17.7% understood it as assist delivery due to laziness, 7.8% had no idea and 0.8% had other reasons of CS. However, the response on understanding cesarean section as a means of delivery showed statistically significant

differences ( $p < 0.05$ ). Item 2 seeks to know the women's experience CS and presents that 67.4% had not experienced CS as a means of delivery and it was a significant difference with those that have experienced CS (32.6%) as a means of delivery ( $p < 0.05$ ). 73.4% of the women believe that CS is a safe means of delivery ( $p < 0.05$ ). though their opinion towards the CS was obtained from the women, 78.6% claim that

is safe and recommended, 15.1% disagree with it being safe and 6.5% can't say if is safe or not. The reasons for choosing cesarean section were evaluated and the findings present that 14.8% chose CS to restore their body stature, 27.1% chose CS because the baby was too big, 20.6% chose CS due to poor dilation, 32.8% due to prolonged labour and 4.7% due to maternal health reasons.

**Table 1. Demography of the Respondents**

		Frequency	Percentage
Age of the women	25-28	97	25.3
	29-32	92	24.0
	33-36	81	21.1
	37-40	114	29.7
	<b>Total</b>	<b>384</b>	<b>100.0</b>
Educational Status	secondary school	23	6.0
	NCE, OND, HND	111	28.9
	University	217	56.5
	Informal education	33	8.6
	<b>Total</b>	<b>384</b>	<b>100.0</b>
Number of kids	1-2	214	55.7
	3-4	144	37.5
	above 5	26	6.8
	<b>Total</b>	<b>384</b>	<b>100.0</b>
Marital Status	married	313	81.5
	single	31	8.1
	divorce	40	10.4
	<b>Total</b>	<b>384</b>	<b>100.0</b>

**Table 2. Knowledge of women to Cesarean section**

<b>What do you understand by cesarean section as a means of delivery?</b>				
Variables	N (%)	X <sup>2</sup>	p-value	inference
a cut of the opening of the woman's womb	283 (73.7%)	507.89	0.0001	S
to assist delivery due to laziness to push	68 (17.7%)			
no idea	30 (7.8%)			
others	3 (0.8%)			
<b>have you experienced cesarean section as a means of delivery?</b>				
Yes	125 (32.6%)	46.76	0.001	S
No	259 (67.4%)			
<b>Do you believe CS as a safe means of delivery?</b>				
Yes	282 (73.4%)	84.37	0.001	S
No	102 (26.6%)			
<b>afterwards, what's your opinion towards it</b>				
safe and recommended	302 (78.6%)	359.31	0.001	S
not safe	58 (15.1%)			
I can't say	24 (6.3%)			
<b>why do you choose CS as a safe means of delivery?</b>				
Restore of body stature	57 (14.8%)	91.33	0.0001	S
the baby was too big	104 (27.1%)			
poorly pelvic dilation	79 (20.6%)			
prolong labour	126 (32.8%)			
Maternal health reasons	18 (4.7%)			

S=significant different ( $p < 0.05$ ), X<sup>2</sup>=chi-square

**Table 3. Attitude of women towards cesarean section**

<b>do you see cesarean section as a proper way of delivery?</b>				
	<b>N (%)</b>	<b>X<sup>2</sup></b>	<b>p-value</b>	<b>Inference</b>
No	80 (20.8%)	130.66	0.001	S
Yes	304 (79.2%)			
<b>Are you willing to undergo cesarean section again if case arise?</b>				
Yes	253 (65.9%)	38.76	0.0001	S
No	131(34.1%)			
<b>if no, what could be your reason for rejecting</b>				
fear of dying	27 (7.0%)			
fear of being stigmatized in the society	6 (1.6%)			
not God wish	55 (14.3%)			
due to the cost to do it	54 (14.1%)			
seen as a curse	6 (1.6%)	749.92	0.001	S
seen as not being strong enough	9 (2.3%)			
am not rejecting	218 (56.8%)			
Just personal	9 (2.3%)			
<b>In less than five minutes to think, will you recommend cesarean section for your loved ones</b>				
Yes	229 (59.6%)			
No	51 (13.3%)			
Maybe	12 (3.1%)	279.02	0.0001	S
Never	92 (24.0%)			
<b>what will be your attitude seeing your loved ones deliver using cesarean section?</b>				
positive, yes is normal	241(62.8%)			
negative, it can't be	45 (11.7%)			
it depends	98 (25.5%)	160.61	0.0001	S
<b>Is cesarean section an embarrassing one?</b>				
No	304 (79.2%)			
Sometimes	51 (13.3%)	364.89	0.0001	S
No idea	29 (7.6%)			

S=significant different ( $p<0.05$ ),  $X^2$ =chi-square

Table 3 shows the Attitude of women towards CS and the findings show that 79.2% of the population sees CS as a proper way of delivery ( $p<0.05$ ) and 65.9% are willing to undergo cesarean section ( $p<0.05$ ). However, the reasons for rejecting CS were evaluated and 7.0% were scared of dying, 1.6% were scared of being stigmatized in society, 14.3% claimed is not God's wish, 14.1% due to the cost of it, 1.6% saw it as a curse, 2.3% sees it as not being strong enough, 2.3% reject cesarean section for a personal reason while 56.8% are not rejecting CS if the need arises. In less than five minutes to think, 59.6% will recommend CS for their loved ones, 13.3% won't recommend, 3.1% may or may not while 24.0% said they will never recommend cesarean section for their loved ones. Though 62.8% of the population claims to be positive seeing their loved ones deliver using CS, 11.7% claim to be negative in their attitude and 25.5% said it depends on the circumstance of the delivery. However, the majority of the population claims that CS is not embarrassing

(79.2%), 13.3% said sometimes it could be, and 7.6% had no idea.

Table 4 shows the perception of women to CS and the findings display that the majority (88.3%) of the women see CS as a means of saving the life of the mother and baby and 87.2% claim that using cesarean section to deliver has nothing to do with spirituality that might cause stigma. On a scale of four, the women show their opinion on what could prevent them from agreeing to CS 50.8% was the cost of it, 37.2% was fear, 7.0% was religion and 4.9% was social trauma. 65.6% of the women claim that cesarean section does not disfigure the shape of the woman and 58.1% said is not performed as a result of being lazy. CS was seen not to reduce women's dignity (71.6%).

#### 4. DISCUSSION

The findings of the study showed that the majority of the respondents had good knowledge of CS. This is in equivalence with the findings of

**Table 4. Perception of Women to Cesarean Section**

<b>Do you think cesarean section is a means of saving the life of the mother and the baby?</b>				
	N (%)	X <sup>2</sup>	p-value	inference
Yes	339 (88.3%)			
No	26 (6.8%)	521.92	0.001	S
Maybe	19 (4.9%)			
<b>Do you think using Cs to deliver has to do with spirituality that might cause stigma in the society</b>				
Yes	49 (12.8%)	213.01	0.001	S
No	335 (87.2%)			
<b>in a situation where cesarean section is recommended, what could prevent you from agreeing to it</b>				
religion reason	27 (7.0%)			
expenses	195 (50.8%)			
societal trauma	19 (4.9%)	236.46	0.001	S
fear	143 (37.2%)			
<b>Does cesarean section disfigure women?</b>				
Yes	29 (7.6%)			
No	252 (65.6%)			
Sometimes	31 (8.1%)	350.27	0.001	S
No idea	72 (18.8%)			
<b>Do you think cesarean section is performed as a result of laziness?</b>				
Yes	25 (6.5%)			
No	223 (58.1%)	252.04	0.001	S
Sometimes	41 (10.7%)			
No idea	95 (24.7%)			
<b>Does cesarean section reduce women's dignity?</b>				
Yes	27 (7.0%)			
No	275 (71.6%)	265.04	0.001	S
No idea	82 (21.4%)			

previous studies by Panti et al., [12], Ashimi et al., [13], Awoyinka et al. [14], Adageba et al., [15], Maitanmi et al., [16], and Abazie & Abdul-Kareem [17], where more than half of the respondents also had good knowledge of CS. However, these findings differ from the findings of Afaya et al. [18], in Northern Ghana, where the majority of the respondents (48%) had fair knowledge, and also the studies conducted among pregnant women in Cape Coast of Ghana by Prah et al. [19] and India by Sultana et al. [20] where 60.4% and 55.4% of the respondents had inadequate knowledge respectively. These differences observed could be attributed to the level of awareness, education and civilization. However, our study possesses an adequate knowledge of CS, this could be a result of the high level of education observed in our population (tertiary education (university=56.5% and NCE OND and HND=28.9%), informal education=8.6%) which in turn agree with Abazie and Abdul-Kareem [21] who showed in his study that the level of education was significantly associated with knowledge of CS. In addition,

there is a need for public enlightenment and institutional enlightenment on the knowledge and reasons for CS procedure because knowledge could influence individual perception.

Perception, on the other hand, explains how women feel, see, and understand CS procedure as a method of child delivery. Perception could be shaped by various factors such as awareness and Knowledge, cultural and societal influences, emotional and psychological factors, personal experience/medical advice, and financial implications. However, our study displayed a significant response ( $p < 0.05$ ) pinpointing the positivity of their perception of CS which was similar to the studies conducted by Panti et al. [12] and Maitanmi et al., [16]. However, respondents in the studies conducted in Lagos state of Nigeria and Cape Coast of Ghana, among pregnant women [17,19], were found to have a poor perception of CS. 88.3% of respondents in this study believed CS to be a safe procedure for saving the life of the mother and child which is similar to the respondents in

Jos, Nigeria [21], while 40% of those in Ghana [19] thought it was a dangerous procedure and that women would die after the procedure. The current study also noted that of the women in the southern part of Nigeria, about 32.8% chose CS due to poor prolonged labour, 27.1% chose it due to the fetal size, 20.6% chose it due to poor pelvic dilation, 14.8% chose it to restore their body shape. Dückelmann et al., [22] verified the findings of this inquiry as they noted that factors such as poor dilation, obstructed labour baby in distress, labour not progressing normally, cervix blockage, breach birth, a complication of the placenta and umbilical cord and high blood pressure are indications for CS.

However, the positivity of the perception observed in the study could be linked to various factors such as education, urbanization, awareness and health benefits, and the advancement in medical technologies

Lastly, this study also shows that many respondents had a minimal level of negative attitudes toward CS. The majority believed that CS to be proper way of delivery and they were willing to undergo CS if medically indicated and did not think it was embarrassing or going to disfigure their body shape. These findings concur with Aziken et al., [23] in their study on perceptions and attitudes of pregnant women towards cesarean section in urban Nigeria. However, 6.5% see CS as an assisted delivery due to laziness in pushing. During delivery, many factors might arise which will predispose to the recommendation of cesarean section. Weakness or a state whereby the woman is tired due to prolonged labour shouldn't be considered as being lazy. Mashamba, [24] stated that the urgency to save the baby's and mother's life is the core priority that suggests a cesarean section of the mother, not because the woman is lazy; but life is threatened. They express a low level of acceptance and knowledge of CS. The reason could be traced to the era when their study was carried out and the regions considered. Lack of awareness in the rural areas and fear have contributed to a low level of willingness and acceptance of CS. The current inquest considered the notion of what could cause rejection to undergo CS among the respondents and elucidated that 65.9% of the total sample are willing and understand the reason why CS is carried out. A few respondents express fear of being stigmatized in society, while others feel CS is not the will of God. Ashimi et al., [13] expressed in their review how religious belief has built a negative perception towards medical

practices and CS is one of such practices. Ogunlaja et al., [24] in their study on knowledge, attitude, and willingness to accept.

CS among women in Ogbomoso, southwest Nigeria, advised that the women should be educated and enlightened about cesarean section. Also, Begum et al., [25] suggested the need because women should be educated on birth mode. The present study noted that 79.2% had a positive perception towards cesarean section. This disclosure discoursed inquiries that showed some similarities and differences in the knowledge, attitude, and perception of cesarean section among the women considered. The differences could be attributed to educational position, religion, and geographical region [26].

## 5. CONCLUSION

The women of southern Nigeria have a high level of knowledge and perception of CS. Nonetheless, these women still possess a minimal level of negative attitude and unwillingness to accept CS.

## DISCLAIMER (ARTIFICIAL INTELLIGENCE)

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc.) and text-to-image generators have been used during the writing or editing of this manuscript.

## CONSENT AND ETHICAL APPROVAL

A written consent was issued to every respondent to declare their consent of participation and afterward, it was retrieved and preserved by the authors. Ethical approval was sought from the University of Port Harcourt Research and Ethical Committee. With an ethical id of UPH/CEREMAD/REC/MM/91/005.

## COMPETING INTERESTS

The authors have declared that no competing interests exist.

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