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Attitude and practices towards caesarean section delivery among pregnant mothers at Apac general hospital, Apac district. A cross-sectional study.

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ABSTRACT

Background
Women and their spouses perceive cesarean section as a marriage-breaker misfortune, money-maker, and a sign of incompetent health workers. Such negative perception hinders the timely acceptance of this life-saving procedure predisposing mothers and newborns to complications associated with prolonged and obstructed labor. This study aimed to assess the Attitudes and Practices of pregnant mothers toward cesarean section delivery at Apac General Hospital, Apac District.

Methodology
A descriptive cross-sectional design was used that involved 32 pregnant mothers who were selected using a simple random sampling technique. Data was collected using structured questionnaires and results were analyzed using SPSS version 25 and presented in tables, graphs, and pie charts.

Results
Majority of the respondents 29(90.6%) had attending their first antenatal visit, 22(68.8%) were peasant farmers and 15(46.9%) were para 1. Majority of the respondents 28(87.5%) did not prefer cesarean delivery over vaginal delivery, 15(46.9%) did not think that anesthesia used during cesarean section is safe, 19(59.3%) agreed that women who undergo cesarean section are lazy, 26(81.2%) were not planning to have cesarean section, 4(66.7%) had fear of labor pains and 25(78.1%) had never had a cesarean section.

Conclusion
Mothers had a negative attitude as they believed that cesarean section causes death, the anesthesia used is not safe, and regarded women who seek cesarean section as lazy.
Limited practices were related to the fact that few mothers made necessary preparations for a cesarean section and failure to consent was observed among those who had ever undergone a cesarean section.

Recommendations
Health workers should routinely sensitize mothers about the safety, preparations, and benefits of cesarean section during routine antenatal care visits.
Pregnant mothers should express their concerns to health workers so that they can receive appropriate counseling services and responses about cesarean section.

Keywords: *Cesarean delivery, Maternal attitude, Apac General Hospital*
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BACKGROUND

In Uganda, 71% of health facilities offer cesarean section (C/S) delivery with utilization rates ranging from 0.08% to 78% across various regions due to variations in maternal knowledge and attitude towards the procedure, (Okolo et al, 2023). The low uptake of cesarean section in some areas has led to a high maternal mortality rate of about 189 per 100,000 live births (Uganda Bureau of Statistics (UBOS), 2022). There is regular health education about indications and safety of C/S by health workers through the media as

well as the provision of free caesarean section services to enhance its uptake.

Sub-Saharan Africa experiences low rates of caesarean sections for example 29.55% in Ethiopia and 15.5% in Nigeria due to extensive social resistance to the acceptability of the procedure, (Maitanmi et al, 2023). In many African settings, cesarean section is regarded as an abnormal childbirth method and mothers experience stigma, fear, guilt intimate partner violence, and divorce. Furthermore, mothers also have numerous concerns, including the possibility of not waking up postoperatively, experiencing pain, and becoming paralyzed (Endalew et al, 2022.)

About 64% of women are aware of cesarean section in Uganda but only 10% would consider it as the first choice of birth method (Nakafu, 2022). Women and their spouses perceive cesarean section as a marriage - -breaker misfortune, money-maker and a sign of incompetent health workers, and being for lazy women yet these perceptions can hinder access to cesarean section for mothers whom it has been indicated, (Waniala et al 2020). Such negative perception hinders the timely acceptance of this life-saving procedure predisposing mothers and newborns to complications associated with prolonged and obstructed labor as well as pregnancy-induced hypertension and diabetes (Ampire, 2018)

However, at Apac General Hospital, the acceptance of cesarean section faces many challenges. About 85% of mothers who undergo cesarean section first refuse the procedure due to unknown misconceptions (HMIS FORM 105 2022). This affects the outcomes of childbirth hence the need to conduct a study about the attitude and practices of pregnant mothers towards caesarean section delivery at Apac General Hospital.

METHODOLOGY

Study design and rationale

The study used a descriptive cross-sectional design because it enabled to obtain data at one point in time. A quantitative method of data collection was used because the study involved the use of numerical values.

Study setting and rationale

The study was conducted in Apac General Hospital. The hospital is located in Apac town, Apac district, Northern Uganda. It has a bed capacity of 100 offerings medical, surgical, pediatric, and maternal out and in-patient services, radiology, and laboratory services. It serves the people of the Apac district and part of nearby districts like Kiryandongo, Kole, Kwania, and Oyam district. Its administration comprises a medical Superintendent as the overall in charge, followed by a Hospital Administrator and Principal Nursing Officer as the head of nursing and midwifery departments.

The ANC of the hospital has 12 staff currently ie 6 registered midwives, 2 enrolled midwives, 3 nursing assistants, and 1 cleaner. The unit operates from Monday to Friday with the following activities being carried out; health education, triaging and booking of mothers, high-risk assessment, examination of pregnant mothers, screening and treatment of mothers with HIV/AIDS and other infections, dispensing of routine prophylactic drugs in pregnancy and referral of mothers with complications. The facility receives about 35 mothers per day at the ANC clinic. It was chosen because it provided a sufficient number of respondents for the study.

Study population

The study population was pregnant mothers attending the ANC clinic at Apac General Hospital. **Sample size determination**

Therefore, the study population was 35 respondents in this study; the sample size was calculated using Yamane formula (1967)

$$n = N/1+N(e)^2$$

Where; -

N =Study population

e =the margin error in the calculation

$n = 35/1+35(0.05)^2$

$n = 35/1.0875$

$n = 32.1$

$n = 32$

Therefore, the sample size was **32** participants

Sampling procedure

The simple random sampling technique was used to select participants in the study. This technique was chosen for this study because it ensured that the sample was representative of the study population as well as reducing bias in the study. The researcher cut 21 pieces of paper on which she wrote the letter N on 10 pieces and another Y on the remaining 11 pieces and comprehensively mixed them in a box and chance was given to each. Participants picked a single piece of paper, those who picked a piece of paper written on Y were counted in the study each day for 3 days.

Inclusion criteria

Pregnant mothers who consented to the study and present at the time of data collection.

Exclusion criteria

The study excluded pregnant mothers who failed to consent to the study and those who were mentally derailed.

Definition of variables

Independent variables

The independent variable was the maternal attitude and practices.

Dependent variable

The dependent variable was cesarean section delivery.

Research Instrument

The structured questionnaire was used for collecting the information from respondents. The questionnaire comprised four sections; demographic characteristics and study objectives. This questionnaire was pretested among 4 antenatal mothers at Aduku Health Centre IV which in turn helped the researcher to assess the accuracy and reliability of the tool before its application in the study. The questionnaire was chosen because it minimized bias from the interview and enabled the respondents to respond to questions that couldn't be answered using the interview method.

Data collection procedures

After approval of the research proposal by the research committee of Florence Nightingale School of Nursing and Midwifery, an introductory letter was issued by the Principal and then taken to the medical superintendent who offered administrative clearance and directed the researcher to the unit in charge. Informed consent was obtained from eligible participants, thereafter they were guided on how to fill in the questionnaire which took about 15 minutes for each respondent. The process took three days with eleven respondents seen on days one and two, and then ten on day three.

Data management

The questionnaires were first checked for completion, correction of mistakes, and editing on each of the days to avoid missing information after losing contact with respondents. Questionnaires were put in an envelope and put on a shelf whose keys were personally kept by the researcher. Analyzed data on the computer was protected from access by using a password.

Data analysis and presentation

The study utilized SPSS version 25 software to analyze data. Data was presented in the form of frequency tables, figures, graphs, and charts.

Ethical considerations

The proposal was presented to the research committee of Florence Nightingale School of Nursing and Midwifery for approval. The principal gave the researcher an introductory letter to seek permission from the medical superintendent of Apac General Hospital who gave an administrative clearance. Data collection began by introducing and explaining the topic and objectives to respondents. Informed consent was obtained from all the study respondents, confidentiality was ensured throughout, as respondents were not allowed to write their names on the questionnaire. Respondents were interviewed individually and questionnaires were collected and kept safely by the researcher under lock and key.

RESULTS

Socio-demographic characteristics

Table 1: Showing socio-demographic characteristics of respondents n = 32

Variable	Frequency (f)	Percentage (%)
Age (years)		
20 – 29	16	50
30 – 39	11	34.4
40 – 49	4	12.5
>50	1	3.1

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Education level		
No formal education	5	15.6
Primary	17	53.1
Secondary	7	21.9
Tertiary	3	9.4
Parity		
1	4	12.5
2	10	32.2
3	15	46.9
4 and above	3	9.4
Number of antenatal visits attended		
First	29	90.6
Second	2	6.3
Third	1	3.1
Four or more	0	0
Employment status		
Employed	4	12.5
Housewife	6	18.8
Peasant farmer	22	68.8

Table 1 shows that Half of the respondents 16(50%) were aged 20 – 29 years while only 1(3.1%) was aged above 50 years. The majority of the respondents 17(53.1%) had primary education while the minority 3(9.4%) had tertiary education. Nearly half of the respondents 15(46.9%) were para 1 while the least 3(9.4%) were pare 4 and above. The majority of the respondents 29(90.6%) had attended their first antenatal visit while a minority 1(3.1%) were attending their third antenatal visit.

Almost 3/4 of the respondents 22(68.8%) were peasant farmers while nearly 1/4 4(12.5%) were employed.

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The attitude of pregnant mothers towards cesarean section delivery at Apac General Hospital, Apac district.

Table 2: Attitude of pregnant mothers towards cesarean section delivery n = 32

Variable	Frequency (f)	Percentage (%)
Preference for cesarean delivery over vaginal delivery		
Yes, I prefer	4	12.5
Not sure	0	0
I don't prefer	28	87.5
All women who undergo cesarean section die.		
Yes, I think	17	53.1
Not sure	10	31.3
I don't think	5	15.6
Anesthesia used during cesarean section is safe.		
Yes, I think	8	25
Not sure	9	28.1
I don't think	15	46.9
Women who undergo cesarean section are lazy.		
Yes, I think	19	59.3
Not sure	7	21.9
I don't think	6	18.8

From Table 2; the Majority of the respondents 28(87.5%) did not prefer cesarean delivery over vaginal delivery while the minority 4(12.5%) preferred cesarean delivery over vaginal delivery. More than half of the respondents 17(53.1%) believed that all women who undergo cesarean section die while the least 5(15.6%) did not think so. Almost half of the respondents 15(46.9%) did not think that anesthesia used during a cesarean section is safe while the least 8(25%) thought that anesthesia used during a cesarean section is safe. The majority of the respondents 19(59.3%) agreed that women who undergo cesarean section are lazy while the least 6(18.8%) disagreed that women who undergo cesarean section are lazy.

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Figure 1: Whether cesarean section delivery is necessary n=32

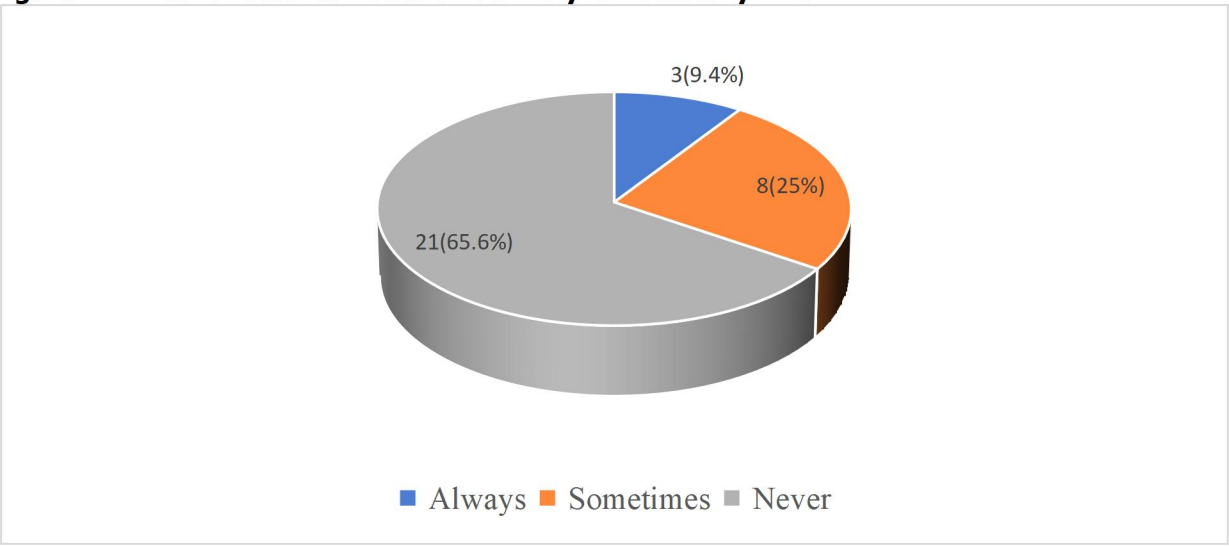

Figure 1, the majority of the respondents 21(65.6%) reported that a caesarean section is never necessary while the minority 3(9.4%) reported that a caesarean section is always necessary.

Practices of pregnant mothers towards cesarean section delivery at Apac General Hospital, Apac district.

Figure 2: Planning to have a cesarean section n=32

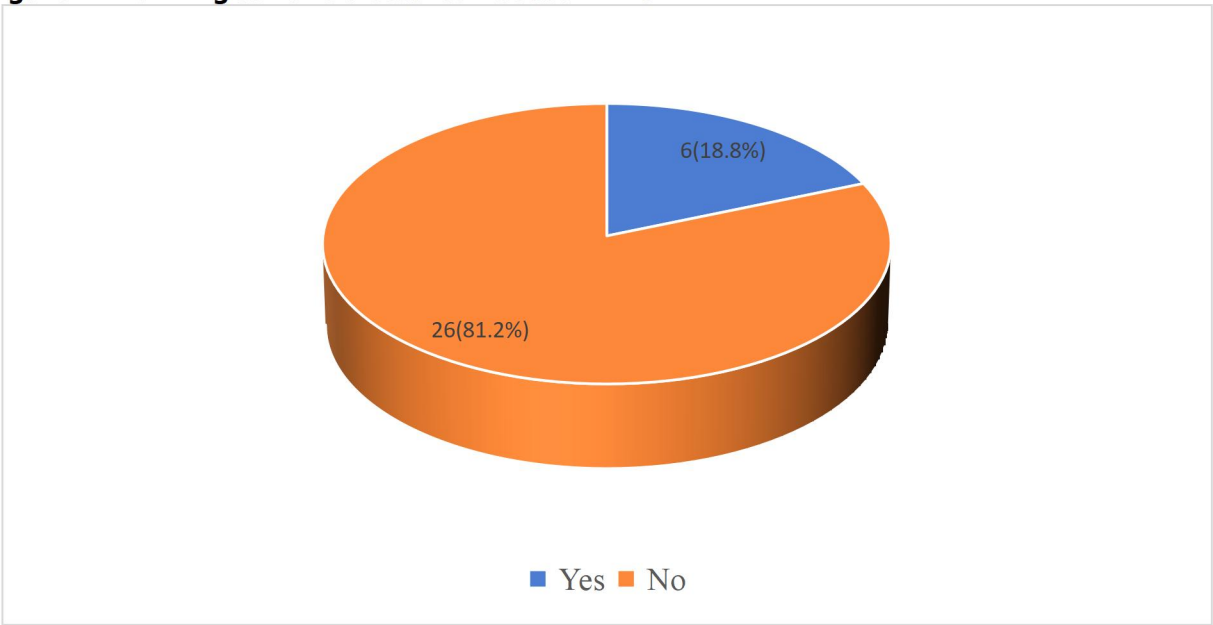

Figure 2, the majority of the respondents 26(81.2%) were not planning to have a cesarean section while the minority 6(18.8%) were planning to have a cesarean section.

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Table 3: Reasons for planning for cesarean section and preparations made n = 6

Category	Frequency (f)	Percentage (%)
Reasons for planning to have a cesarean section		
Fear labor pain	4	66.7
Fear episiotomy	0	0
Prevention of fetal distress	2	33.3
Preparations made for cesarean section		
Taking iron supplements	1	16.7
Performing exercise	0	0
None of the above	5	83.3
All the above	0	0

Table 4 shows that out of the 6 respondents who had planned to have a cesarean section, the majority 4(66.7%) had a fear of labor pains while a minority 2(33.3%) had a fear of fetal distress prompted them to plan for cesarean section. The majority of the respondents 5(83.3%) did not make any preparation for a cesarean section while the least 1(16.7%) took iron supplements.

Figure 3: History of cesarean section n=32

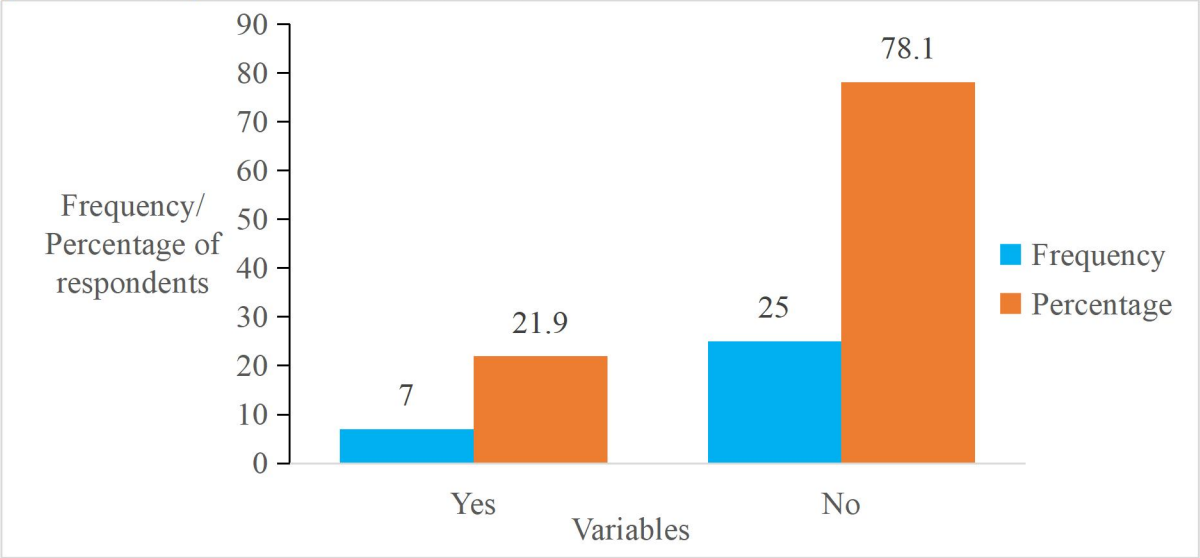

Figure 4 shows that the majority of the respondents 25(78.1%) had never had a cesarean section while the minority 7(21.9%) had ever undergone a cesarean section.

Table 4: Person who consented to the previous cesarean section n = 7

Variable	Frequency (f)	Percentage (%)
Self	1	14.3
Partner	4	57.1
Relative	2	28.6
Did not consent	0	0

Table 4 shows that nearly half of the respondents 4(57.1%) reported that their partners are the ones who consented to the previous section while almost 1/4 1(14.3%) reported that they consented themselves.

DISCUSSION OF RESULTS

The attitude of pregnant mothers toward cesarean-section delivery

The majority of the respondents 28(87.5%) did not prefer cesarean delivery over vaginal delivery. This was associated with postoperative pain after the procedure as well as social myths that people who undergo cesarean section could die. This finding is in line with a study by Afaya et al (2018) which revealed that 94% of mothers preferred vaginal delivery to cesarean section as their primary mode of delivery. This result calls for initiatives that will address fears and myths among pregnant mothers regarding cesarean section such as community dialogues, and individualized counseling among others.

More than half of the respondents 17(53.1%) believed that all women who undergo cesarean section die. This was because they thought that mothers bleed a lot during the procedure which causes their death. This is supported by a study by Afaya et al, (2018) which revealed that 40% perceived that most women undergoing cesarean section may die. However, their regression results indicated that there is a need to ensure community sensitization as often as possible both inside and outside the hospital.

Almost half of the respondents 15(46.9%) did not think that anesthesia used during cesarean section is safe. This was attributed to back pain complaints among their friends who had undergone caesarean section creating beliefs that anesthesia used during caesarean section is not safe. This is supported by a study by Endalew et al, (2022) carried out in Ethiopia which found that 85% believed that anesthesia is not safe for individuals who receive it. This implies that there is a need to develop strategies to convince them about the safety of anesthesia like mothers who have ever experienced sharing their success stories with others.

The majority of the respondents 19(59.3%) agreed that women who undergo cesarean section are lazy. This was because mothers believed that those who have undergone cesarean sections do not experience labor pain and hence are regarded as lazy by others. This agrees with a study by Waniala et al (2020), in their study in Eastern Uganda which found that 41.7% believed that women who undergo cesarean section are lazy. This finding calls for serious engagement of health workers in educating mothers on conditions that necessitate cesarean section.

Practices of pregnant mothers towards cesarean section delivery

The majority of the respondents 26(81.2%) were not planning to have a cesarean section. This was because they believed that cesarean section is dangerous to the mothers and hence could not plan for such a risky procedure. On the contrary, a study by Deng et al, (2021) in China revealed that 23.38% of mothers had planned and requested a cesarean Section delivery. However, mothers should be reassured of its safety especially mothers assessed and found with high risk during pregnancy.

Most of the respondents 5(83.3%) did not make any preparations for a cesarean section. This could be because they were not taught about the necessary preparations for mothers planning to have cesarean section. This is contrary to a study by Boti et al (2018) done in Ethiopia which revealed that mothers were taking folic acid and iron supplements during pregnancy so that they could have enough blood in case of cesarean delivery. This implies that midwives in antenatal clinics should regularly engage mothers in birth preparedness planning during their ANC visits.

Out of the seven mothers who had ever undergone a cesarean section, the majority of them 4 (57.1%) reported that their partners consented to previous C/S. This was due to fear they had towards cesarean section hence could not accept consent for themselves. The findings are contrary to a study by Ampire (2018) carried out at Rwekubo Health Centre IV in Uganda which revealed that 94.3% of respondents had signed the consent form by themselves. The result indicates that there is a need to put more

emphasis on pre-operative counseling before the cesarean section procedure and educate mothers about the indication for C/S during ANC.

CONCLUSION

Mothers had a negative attitude as they believed that cesarean section causes death, the anesthesia used is not safe, and regarded women who seek cesarean section as lazy.
Limited practices were related to the fact that few mothers made necessary preparations for a cesarean section and failure to consent was observed among those who had ever undergone cesarean section.

LIMITATIONS OF THE STUDY

- Time inadequacy was encountered as a result of a tight schedule brought about by role conflicts.
- The researcher faced the challenge of a language barrier with few respondents.

RECOMMENDATIONS

- Apac General Hospital should include community sensitization programs about cesarean section to address the existing fears, myths, and negative perceptions towards cesarean section.
- Health workers should routinely sensitize mothers about the safety, preparations, and benefits of cesarean section during routine antenatal care visits.
- Pregnant mothers should express their concerns to health workers so that they can receive appropriate counseling services and responses about cesarean section.

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My appreciation also goes to the administrators and respondents from Apac General Hospital who made it easy for me to collect data successfully. Finally, optimum thanks go to my classmates for the team spirit they exhibited.

AVAILABILITY OF DATA

Data used in this study is available upon request from the corresponding author.

LIST OF ABBREVIATIONS

ANC	Antenatal Care
C/SC	caesarean Section
FSB	Fresh Stillbirth
HMIS	Health Management Information system
MD	Maternal death
NND	Neonatal death
SDG	Sustainable development goal
UBOS	Uganda Bureau of Statistics
UNMEB	Uganda Nurses and Midwives Examination Board
WHO	World Health Organization.

AUTHORS CONTRIBUTION

MRO designed the study, conducted data collection, cleaned and analyzed data, and drafted the manuscript, MKK supervised all stages of the study from conceptualization of the topic to manuscript writing and submission, RA supported in study conceptualization general supervision and mentorship

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This study was not funded.

CONFLICT OF INTEREST

The authors declare no conflicting interest.

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