



## Attitude Towards Delivery through Caesarean Section among Reproductive Age Women in Imo State

Aloysius Munachim Ohaja<sup>1\*</sup>, Stellamaris N. Anyanwu<sup>2</sup>, Akueze Margaret Ewuzie<sup>3</sup>

<sup>1-3</sup>Department of Health Education, Alvan Ikoku Federal University of Education, Owerri.

\*Correspondence: Email: <sup>1</sup>ohajaaloymunachim@gmail.com, <sup>2</sup>anyanwustellamarisngozi@gmail.com. <sup>3</sup>talknado@gmail.com;

### Abstract

Most pregnant women do accept caesarean section at the point of death leading to maternal mortality highest rate and neonatal mortality. This study investigated attitude towards delivery through caesarean section among reproductive age women in Imo State. The study was guided by one research questions and two hypotheses. Cross-sectional survey design was adopted. The population of the study was 1,056,308 reproductive age women in Imo State. The sample size for this study was 504 reproductive age women which was selected using multi-stage sampling procedure. Structured questionnaire entitled: Attitude towards Caesarean Section Questionnaire (ACSQ) was used as instrument for data collection. Cronbach alpha computation was used to determine the reliability of the instrument and the instrument had reliability coefficient ( $r=0.70$ ). The data collected were analyzed using mean and standard deviation for the research questions while t-test and Analysis of Variance (ANOVA) were used to test the hypotheses. The study found that reproductive age women had negative attitude towards delivery through caesarean section in Imo State ( $2.80 \pm 0.52$ ). Both 15-34 years ( $2.87 \pm 0.53$ ) and 35 years and above ( $2.72 \pm 0.51$ ), those with Non formal education ( $2.82 \pm 0.48$ ), Primary education ( $2.76 \pm 0.53$ ), Secondary education ( $2.92 \pm 0.50$ ), Tertiary education ( $2.93 \pm 0.54$ ) had negative attitude towards delivery through caesarean section in Imo State. Furthermore, there were significance differences in the attitudes towards delivery through caesarean sections among reproductive age women by age and level of education ( $p > 0.05$ ). The study concluded that reproductive age women in Imo State had negative attitude towards delivery through caesarean section. Therefore, the researcher recommended among others that Health care workers and health educators should provide health education and proper counseling to reproductive age women using campaigns and sensitization during antenatal period on the need to accept caesarean section if the situation arise.

**Keywords:** Caesarean section, Attitude, Delivery, Reproductive age women

### Introduction

Caesarean Section (CS) is one of the major obstetric lifesavings for safe delivery for both the mother and the child. For example, Bello et al. (2011) reported that CS is associated with improved infant safety, reduced maternal pelvic floor injuries, and absence of labour. Betran et al. (2014) affirmed that it reduce the risk of urinary incontinence and sexual dysfunction after the birth of the baby, it reduce the risk of oxygen deprivation for the baby when it passes through the birth canal and the risk of trauma experience during delivery for the mother.

Caesarean section is a surgical procedure which involves incision made through a mother's abdomen (laparotomy) and uterus (hysterectomy) to deliver one or more babies or to remove a dead foetus (Olumuyiwa et al., 2018). Olumuyiwa et al. (2018) further defined caesarean

section (CS) as the use of surgical incision into the uterine wall in the delivery of a foetus through after 28 weeks of gestation. According to Depp (2002), caesarean section is described as the birth of a foetus by surgical incision on the anterior uterine wall of the mother. It may be carried out when vaginal delivery is not favourable or conducive to both the baby and mother. This situation may include high blood pressure in the mother, twin pregnancy, obstructed labour, breech birth or issues with the placenta and umbilical cord. It is recommended by World Health Organization (2016), that caesarean section should be done only when it is medically needed. This would be performed to save the lives of the mothers, babies and prevent countless complications and when the baby or mother could be at risk through vaginal delivery (Buker et al., 2009). The benefits include prevention of pelvic floor disorder such as prolapsed or incontinence and, reducing injuries emanating from birth such as shoulder dystocia, asphyxia (oxygen deprivation) and fractures. Despite these benefits, some attitude of some mothers may mar the performance of CS.

Attitude is the psychological construct, a mental and emotional nature that characterizes a person (Richard, 2016). Richard (2016) further explained that attitude as readiness for positive or negative reaction to certain appearances or events. Rosenberg (2013) viewed attitude as learned predispositions to positive or negative responses to specific objects, situations, concepts or other. However, those provisions that one respond positively to environmental needs encompasses what is termed positive attitude (Rosenberg, 2013). The positive aspect of attitude also implies that the individual use those resources to solve problems and difficulties.

Conversely, the negative attitude is a source of endless problems and defeatist feelings one have or reaction towards certain appearances or events. Therefore, the attitude of reproductive age women in this study might be adjudged positive or negative. Reproductive age women are in the age group of 15 and 49 years (WHO, 2015). Hence, in this study, reproductive age women are women in Imo State in the age group of 15-49 years.

In developing countries, caesarean section is still looked as a 'curse' of infidelity for a woman (Sunday-Adeoye & Kalu, 2011). It is widely believed that women in West Africa have dislike for cesarean section and that cesarean deliveries are looked as reproductive anomaly. In addition, caesarean section is surrounded with suspicion, aversion, misconception, fear, guilt, misery and anger among the women of South Western Nigeria (Sunday-Adeoye & Kalu, 2011). Furthermore, among women of South Western Nigeria, they beset cesarean delivery on suspicion, dislike, misconceptions, fear, guilt, suffering, and anger. Caesarean section is reluctantly accepted even in the face of a clear clinical sign. (Sunday-Adeoye & Kalu, 2011). Vaginal birth is seen as ideal symbol of womanhood; as a result, women who have undergone caesarean section may lose the ideal birth they longed for, a loss of their what makes them a woman, and they live in shame that other women might mock them (Mboho, 2013).

According to Mboho (2013), women's attitude towards caesarean section delivery is highly problematic and that caesarean section delivery acts as a long-term disease. This is because they feel unable to perform household and economic roles that threatened the survival of their



family due to a prolonged caesarean section. Attitude in this study is a dispositional readiness of women to respond towards delivery through caesarean section.

Socio-demographic variables influence women's attitudes toward caesarean sections. These include age, parity, level of education, marital status, and location (William & Shiel, 2018). Bennette and Brown (2006) reported that women with 3-4 children have a positive attitude towards CS compared to 1-2. Mushi et al. (2007) found that mothers with 1 to 4 and 5 and above children generally have a negative attitude towards CS.

On age, Bello et al. (2011) reported that women below 18 years have negative attitude toward CS while 30 and above have positive attitude and that mothers age 15 -19 years have negative attitude toward CS than older women of 35 years and above. Also, that mothers with younger maternal age have negative attitude toward CS.

On level of education, Okereke et al. (2013) reported that women with tertiary education have a positive attitude toward Caesarean Section (CS) when compared to women with non-formal education, primary and secondary. Okereke et al. (2013) further reported that mothers of different levels of education differ significantly in their attitude toward Caesarean Section (CS). And also, that mothers, whether educated or uneducated, had a negative attitude toward CS.

Most women do accept caesarean section only at the point of death. While Some women who delivered through Caesarean Section have been abandoned in the hospitals because they delivered through Caesarean Section (CS). Caesarean Section is usually done in Nigeria as an emergency procedure for indications like antepartum hemorrhage, foetal distress and obstructed labour. But women had several misconceptions about caesarean section whereas cesarean section is the most common surgery performed in the world to save the life of mothers and babies (Mboho et al., 2013)

Research has shown that a benchmark level in population-based prevalence of CS in Nigeria is, far below the 10% recommendation by WHO (Nigeria Demographic and Health Survey, 2013). Overall, no significant increase in the population- based CS rates for several years in the country have been recorded. In 2008, for example, Nigeria Demographic and Health Survey (2013) recorded around 2% of births by CS in Nigeria and the rate did not change in 2013. This prevalence in many African countries have been distinctly lower including Ghana (12.80% in 2014), Lesotho (9.70% in 2014) and Uganda (5.22% in 2011) (WHO2015).

This very low prevalence in Nigeria indicates the wide unmet needs that may exacerbate the country's poor maternal and neonatal outcomes (Nigeria Demographic and Health Survey 2013). In line with this premise, Nigeria has the highest number of maternal mortality and the second highest number of neonatal mortality in the world (Bennette & Brown (2006). Hence, the importance of examining the attitude of mothers towards CS. Also, it was based on the fact that despite the safety of caesarean section, some women do not use caesarean operation for delivery of their babies even when the pregnancy poses a health challenge to both the mother and baby. This is alarming given that some of these deaths can be prevented by caesarean section. In addition, according to Mboho et al. (2013), it is estimated that one-third



of global maternal deaths occurs in only two countries: India and Nigeria. In 2010, India was accounted for about 20% of global maternal deaths (56,000) while Nigeria accounted for 14% (40,000) (WHO, 2015). In Imo State, it has been observed that most of the women do accept caesarean section at the point of death. Some has been abandoned in the hospitals because they delivered through caesarean. Increase of family breakups has been noticed and some men re- married because their wives delivered through caesarean section. It is on this basis that this work was designed to determine the attitudes towards delivery through caesarean section among reproductive aged women in Imo State.

## Methods

This study adopted cross-sectional survey research design. The design according to Ejifugha (2004), allows investigating the current state of the variables or phenomena of populations in their natural environment, which will provide relevant and generalized data, without anyone manipulating the variables. Ejifugha (2004) further explain that the survey study design assesses the situation as it is and does not involve changing or modifying the situation under investigation, nor is it intended to identify relationships. cause and effect system. The survey study design was employed in this study because of its suitability to describe how several variables occur and they associate to each other. Therefore, the researcher considers this design appropriate on the basis of data collected from a small sample of a large population, which allows the researcher to systematically describe and explain the characteristics of the population, points and facts about things that exist in the natural environment. The population of the study was 1,056,308 of all the reproductive age women 15-49 years in Imo State (Population and Housing Census of the federal republic of Nigeria, 2006). The sample size for this study was 504 reproductive age women in Imo State. This sample size was arrived at through the recommendation from Adageba et al. (2008) that a confident sample size be drawn if a population is beyond 5000, 500 and above. The multi-stage sampling procedure was employed in drawing out the study participants. The researcher in the first stage identified the already existing stratified three educational zones namely: - Imo East zone, Imo North zone and Imo West zone. In the second stage, purposive sampling technique was used to select four Local Government Areas from each zone, one from urban, one from rural making it twelve (12). In the second stage, the women in the Local Government Areas in the zones selected were clustered based on their age. In the finally stage, simple random sampling technique without replacement was used to select 42 reproductive age women from each of the 12 selected Local Government Areas, giving a total of 504 reproductive age women. The instrument for data collection was a structured questionnaire titled: Attitude towards Caesarean Section Questionnaire (ACSQ). The questionnaire consisted of 19 items and has two sections, A and B. Section A dwelt on 5 items on personal variables of the respondents. Section B contained 14 items (1-14) which contained information on attitude of reproductive women towards CS. The instrument was constructed based on the scale of four point rating of Strongly Agree (SA) =4, Agree (A) =3, Disagree (D) =2, and Strongly Disagree (SD) =1, in each of the items. The completed copies of the retrieved questionnaire were sorted and analyzed using mean, standard deviation, t-test and Analysis of Variance (ANOVA). Mean and standard deviation were used to analyze all the research questions. A



criterion mean of 2.50 was used for this study. The criterion mean was obtained by adding up the scale values and dividing the additions by the number of scale options thus:  $4 + 3 + 2 + 1 = 10/4=2.50$ . Thus; mean score of 2.50 was adjudged negative attitude towards caesarean section because the attitude statements are in the negative while below 2.50 was regarded as positive attitude. The t-test statistic was used to test hypotheses 1 while ANOVA was used to test hypotheses 2. The entire hypotheses at 0.05 level of significant were tested.

## Results

**Table 1: Mean and Standard Deviation of Attitude of Reproductive Age Women towards Delivery through Caesarean Section in Imo State (n=497)**

S/N	Attitude Statement	$\bar{x}$	SD	Decision
1	Caesarean section is for the rich people	2.58	1.04	NA
2	One might die during the caesarean section process	2.60	1.01	NA
3	Caesarean section is done due to the incompetence of the health workers	2.63	1.06	NA
4	Anesthetics use during caesarean section may affect the fetus's health	2.72	1.01	NA
5	Caesarean section delivery reduces my fertility level	2.75	1.00	NA
6	It limits the number of children one can bear	2.85	0.93	NA
7	CS is for lazy women who cannot deliver normally	2.88	0.94	NA
8	CS is for doctor's personal benefit	2.91	0.91	NA
9	CS is extremely expensive procedure	2.91	0.92	NA
10	CS is for women who did not pray hard before labour	2.92	0.90	NA
11	CS may decrease sexual satisfaction between me and my husband	2.85	0.90	NA
12	CS is for women who is not strong enough to deliver on her own	2.87	0.87	NA
13	CS is for those women who is unfaithful to their husbands	2.88	0.91	NA
14	CS is for women who want to avoid severe pain and vaginal tears during normal delivery	2.82	0.97	NA
	<b>Grand Mean</b>	<b>2.80</b>	<b>0.52</b>	<b>NA</b>

NA=Negative Attitude

Results in Table 1 show the mean and standard deviation score on the attitude of reproductive age women towards delivery through caesarean section in Imo State. Data show that all the items score 2.50 and above criteria set for this study with grand mean  $2.80 \pm 0.52$ . This means that reproductive age women have negative attitude towards delivery through caesarean section in Imo State ( $2.80 \pm 0.52$ ).

**Table 2: Mean and Standard Deviation of Attitude of Reproductive Age women towards Delivery through Caesarean Section in Imo State by Age**

S/N	Attitude Statement	Age			
		15-34years $\bar{x}$	SD	35years & above $\bar{x}$	SD
1	Caesarean section is for the rich people	2.84	0.98	2.33	1.05
2	One might die during the caesarean section	2.78	0.92	2.43	1.07





	process				
3	Caesarean section is done due to the incompetence of the health workers	2.81	0.99	2.46	1.11
4	Anesthetics use during caesarean section may affect the fetus's health	2.90	0.91	2.54	1.08
5	Caesarean section delivery reduces my fertility level	2.87	0.95	2.64	1.03
6	It limits the number of children one can bear	2.94	0.91	2.76	0.95
7	CS is for lazy women who cannot deliver normally	2.93	0.95	2.82	0.94
8	CS is for doctor's personal benefit	2.95	0.93	2.87	0.89
9	CS is extremely expensive procedure	2.94	0.92	2.88	0.92
10	CS is for women who did not pray hard before labour	2.92	0.90	2.92	0.89
11	CS may decrease sexual satisfaction between me and my husband	2.84	0.89	2.86	0.91
12	CS is for women who is not strong enough to deliver on her own	2.85	0.86	2.89	0.87
13	CS is for those women who is unfaithful to their husbands	2.84	0.94	2.99	0.87
14	CS is for women who want to avoid severe pain and vaginal tears during normal delivery	2.81	0.98	2.84	0.96
	<b>Grand Mean</b>	<b>2.87</b>	<b>0.53</b>	<b>2.72</b>	<b>0.51</b>

Data in Table 2 indicate that reproductive age women within age bracket 15-34 score a criteria mean of 2.50 and above in all the items but age 35years and above score below 2.50 on items 1-3. However, grand mean age 15-34years ( $2.87 \pm 0.53$ ) and 35years and above ( $2.72 \pm 0.51$ ), indicate equally that the respondents have negative attitude towards delivery through caesarean section. This suggests that reproductive age women both 15-34years ( $2.87 \pm 0.53$ ) and 35years and above ( $2.72 \pm 0.51$ ) have negative attitude towards delivery through caesarean section in Imo State.

**Table 3: Mean and Standard Deviation of Attitude of Reproductive Age Women towards Delivery through Caesarean Section in Imo State by level of Education**

S/N	Attitude Statement	NFE $\bar{x}$	SD	PE $\bar{x}$	SD	SE $\bar{x}$	SD	TE $\bar{x}$	SD
1	Caesarean section is for the rich people	2.55	0.98	2.32	1.08	2.86	0.94	2.85	1.07
2	One might die during the caesarean section process	2.70	0.81	2.28	1.14	2.88	0.96	2.78	0.86
3	Caesarean section is done due to the incompetence of the health workers	2.76	0.86	2.35	1.20	2.77	0.99	3.02	0.98
4	Anesthetics use during caesarean section may affect the fetus's health	2.79	0.81	2.44	1.13	2.84	0.97	3.09	0.94



5	Caesarean section delivery reduces my fertility level	2.82	0.80	2.50	1.07	2.92	0.99	3.01	1.00
6	It limits the number of children one can bear	2.92	0.80	2.66	1.01	3.07	0.88	2.84	0.96
7	CS is for lazy women who cannot deliver normally	2.85	0.90	2.77	0.95	3.10	0.97	2.83	2.94
8	CS is for doctor's personal benefit	2.87	0.97	2.86	0.89	2.97	0.89	3.00	0.92
9	CS is extremely expensive procedure	2.85	1.02	2.91	0.87	2.89	0.89	3.05	0.93
10	CS is for women who did not pray hard before labour	2.85	0.97	2.90	0.86	2.90	0.86	3.09	0.91
11	CS may decrease sexual satisfaction between me and my husband	2.83	0.94	2.81	0.89	2.91	0.88	2.88	0.91
12	CS is for women who is not strong enough to deliver on her own	2.95	0.81	2.79	0.88	2.89	0.85	2.90	0.97
13	CS is for those women who is unfaithful to their husbands	2.93	0.75	2.78	0.95	2.96	0.99	2.88	0.91
14	CS is for women who want to avoid severe pain and vaginal tears during normal delivery	2.78	1.01	2.80	0.95	2.92	0.95	2.80	1.02
<b>Grand Mean</b>		<b>2.82</b>	<b>0.48</b>	<b>2.76</b>	<b>0.53</b>	<b>2.92</b>	<b>0.50</b>	<b>2.93</b>	<b>0.54</b>

NFE=No Formal Education

PE= Primary Education

SE= Secondary Education

TE= Tertiary Education

Data in Table 3 indicate that reproductive age women in Imo State with NFE, SE and TE score mean 2.50 in all the items while those with PE score below 2.50 only on item 1-3. However, the grand mean for NFE ( $2.82 \pm 0.48$ ), PE ( $2.76 \pm 0.53$ ), SE ( $2.92 \pm 0.50$ ) and TE ( $2.93 \pm 0.54$ ) equally were above 2.50 criterion mean for this study. This suggests that reproductive age women in Imo State have negative attitude towards delivery through caesarean section in Imo State by level of education.

## Discussion

### Attitude of reproductive women towards Delivery through Caesarean Sections in Imo State

Reproductive age women in Imo State had negative attitude towards delivery through caesarean section. This situation indicates that the reproductive age women may opt out in accepting to deliver through caesarean section even if their health demands that they should deliver through it. This situation could lead to a large burden of obstetric morbidity and mortality. This finding lends credence to the finding of Bello, et al, (2011) whose study reported negative attitude among women attending antenatal clinic towards caesarean section in Ibadan, Nigeria. The finding is agrees with Nira and Sumita (2017) whose study reported that Nepalese women had negative attitude towards caesarean delivery. The finding agrees with Tschudin, et al. (2009) whose study indicated that pregnant women in Switzerland had negative attitude towards caesarean section. However, study conducted by Adageba et al. (2008) on attitudes towards caesarean delivery among women attending antenatal clinic at



Komfo Anokye Teaching Hospital (KATH), Kumasi, Ghana which indicated positive attitude towards caesarean section does not conform with the finding in this present study. The disagreement in the finding could be attributed to the fact that the studies were conducted on different areas of which the participants have different background which might have influence on their attitudes.

### **Attitude of Reproductive Women towards Delivery through Caesarean Sections in Imo State by Age**

Reproductive age women both 15-34years and 35years and above had negative attitude towards delivery through caesarean section in Imo State. This finding was surprising because one would expect younger one to have positive attitude towards CS based on the fact that they are at the era that have received good information regarding the need for CS. However, this finding agree with Bello et al. (2011) whose study found among pregnant women attending the antenatal clinic of urban health training centre, no differences in field practice area of a tertiary care hospital at Nagpur, India based on age. Also, Faremi et al. (2014) result that pregnant women have negative attitude about caesarean section at State specialist hospital, Akure Ondo State based on age supported the finding in this present study. The finding is in agreement with Nira and Sumita (2017) whose study reported that pregnant women in the University of Cape Coast Hospital, Central region of Ghana had negative attitude towards caesarean section based on age. However, the test of hypothesis indicated significant difference in the attitude of reproductive age women towards delivery through caesarean sections in Imo State by age. This finding is agreement with Bashir (2018) whose study found significant difference among Somali pregnant women on the attitude and perception of Somali pregnant women towards C-section delivery in Berbera Town, Somaliland facility based on age. The result of Tschudin et al. (2019) which reported significant difference pregnant women in the attitude of towards caesarean section in the University of Uyo Teaching Hospital, Nigeria based on age agrees with the finding in this study. Study conducted by Begum et al. (2018) on attitude of women and obstetricians towards caesarean delivery in rural Bangladesh which indicated no significant difference based on age disagree with the finding of this study.

### **Attitude of Reproductive women towards Delivery through Caesarean Sections in Imo State by Level of Education**

Reproductive age women in Imo State with Non-formal Education Primary Education, Secondary Education and Tertiary Education had negative attitude towards delivery through caesarean section. This finding was surprised. It was expected that the educated one like those with tertiary education to have positive attitude towards CS. Since education has been seen as empowering tool that can give women confidence to take personal decisions. This finding attest to the statement of Bello et al (2011) who revealed that educational level has no influence on the issue of delivery through CS, that both educated and less educated generally have negative attitude towards CS. This is because in Nigeria, negative attitude towards CS is innate and most of the women grew with the information that delivery through CS indicating loss of part of their womanhood. This might create a sense of loss, according to Mboho (2013), women who have had a caesarean section might feel losing the normal birth process they hoped for, loss of what make part of their womanhood, and they live in shame that other women may mock them. This agrees with the report of Sunday-Adeoye and Kalu (2011) whose study attested to the fact that there is a widespread attitude that West African women





have dislike for CS delivery and having a caesarean section can be termed as reproductive abnormally, therefore, they start having suspicion, aversion, misconception, fear, guilt, misery and anger. Hence, these might have heightened the cause of this negative attitude towards CS among the respondents. However, the finding in this study is in line with Tschudin, et al. (2019) study whose result also revealed negative attitude towards CS based on educational level (educated and less educated) among pregnant women in Switzerland. However, when ANOVA statistics was run, significant difference in the attitude of women towards delivery through caesarean sections in Imo State by level of education was found. This finding lends credence to the result of Ashimi et al. (2013) who report revealed significant difference in the attitude towards caesarean section among pregnant women in a semi-urban community in Northwest Nigeria based on level of education, thus those with tertiary education and secondary education had higher negative attitude towards CS compared to primary education. The result of Begum et al. (2018) whose study reported no significant difference among pregnant women attending the antenatal clinic in the attitudes towards CS in an urban health training centre, field practice area of a tertiary care hospital at Nagpur, India based on level of education.

### **Implications of the Study**

It can be seen clearly that reproductive age women in Imo State had negative attitude towards caesarean section and among the demographic variables such as age, level of education, marital status, parity and location. Therefore, if this trend continuous, there is tendency that highest absolute number of maternal mortality and neonatal mortality in the State may be seen despite the safety of caesarean section which has been recognized as one way of reducing this high incidence if the need arises.

### **Conclusion**

This study concluded that reproductive age women in Imo State had negative attitude towards delivery through caesarean section. However, significance differences were observed in their attitude towards delivery through CS based on demographic variables like age, level of education and marital status but no significant differences exists based on parity and location.

### **Recommendations**

The following recommendations were drawn:

1. Health care workers in Imo State and health educators should provide health education and proper counseling to reproductive age women using radio, seminar, campaigns and awareness on birthing process to correct this negative attitude of reproductive age women towards CS irrespective of their age categories.
2. Health workers in Imo State should organize outreach programs across the health centres to educate both educated and uneducated reproductive women as regard their view about caesarean section
3. Non-governmental Organizations should made efforts in reaching out to religious organization to assist in improving the dearth of knowledge on the positive attitude during marriage counseling and August meeting as it concerns caesarean delivery especially reproductive age women with 1-4 children who had higher negative attitude towards CS.
4. Reproductive health programs targeting reproductive age women should be design to help them take decisions which impact positively on their families towards caesarean section by health educators at any level of institutions both in rural and urban.



5. Health workers in Health Centres in Imo State should incorporate the teaching of benefits of caesarean section early enough especially during antenatal visits to reproductive age women in respective of the number of children

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