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CROSS-SECTIONAL SOCIAL PERCEPTION OF WOMEN TOWARD CAESAREAN SECTION MODE OF DELIVERY IN SELECTED STATES OF SOUTHERN NIGERIA

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Abstract

Bringing children to the world is one of the greatest experiences most women would want to partake in, as the pain as well as joy of child birthing is unquantifiable. However, the mode of delivery is often what most women shy away from especially when it is not the virginal mode of delivery. It is on this backdrop that this study seeks to examine the perception of women from two selected state (Lagos and Edo) toward caesarean section (CS) mode of delivery. Being an exploratory and a cross-sectional survey study, it made us of the qualitative instrument of data collection (in-depth interview guide) and analysis (content) on 40 women (which includes, nursing mothers, medical practitioners and women with children- who may have experienced the CS mode of delivery) using a triangulation of different sampling techniques. The result reveals among others that there are divergent opinions of women on their choice of the mode of delivery, secondly women opinion of culture on birthing differs. Lastly, that the effect of public perception on caesarean section is determined by some demographic characteristic of the women, the family and the society. Based on the

findings the study advocates for a proper enlightenment on the benefit of caesarean section mode of delivery especially when life is at stake, as this will reduce if not prevent maternal and infant mortality in the long run.

Keywords: Caesarean section, Culture, Perception, Vaginal birthing, Women.

Introduction

Despite effort to reduce maternal and child mortality globally, Africa as a continent and Nigeria (the country with the highest MMR in Africa) as the most populous black nation in Africaa is entangled with the increasing rate maternal and child mortality (Gllda, Henshaw and Susheela, 2007). Maternal health has been the focal point of most discourse in sub-Sahara as the national demographic and health survey (NDHS, 2011) reveals that the MMR in Nigeria is 576 deaths per 100,000 births, this is an estimate since not all births are recorded, in 2015 the MMR was about 814 per 100,000 live births (WHO, 2015). WHO (2018), revealed that maternal mortality in some part of Nigeria rank between 800-1100 death per l00000 live birth, this is really high as it form one of the goal of the millennium strategic goal strategy of 2000-2015, and the Sustainable development goal strategy 5 of 2015-2030; which is reducing maternal by 75%. However, the attainment of this goal could not be ascertained due to some reasons such as prolonged labour, long proximity to nearest healthcare facility, refusal of women to attend ante-natal care, placental praevia, enclampsia and pre-enclampsia, as well as delay or other complication in birthing. (Obi, 2019; Keag, Norman and Stock, 2018; Ugwu and Dekok, 2015 and WHO, 2015).

Childbirth can occur according to medical reports via two known sections, vaginal delivery (VD) and caesarean section (CS). However, there has been a narrative that women prefer the former to the latter as most women prefer to be silent on the latter in most Nigerian societies (Obi, 2019). Alenkhe (2015) attributes the implication of stress as having a ripple effect on women, this effect during pregnancy may lead to complication that will require the caesarean section in order to save both the life of the baby and that of the mother. There is a cultural or traditional dimension to this preferred mode of delivery as rural women often experience high maternal and child mortality due to some factors as distance from available primary healthcare centers, inadequate income, poor basic infrastructural facilities as well as basic amenities and many others. In buttressing the above statement, Ordinohia and Ugboma (2010) affirmed that rural women are the most hit when it comes to maternal and child mortality, these they support by saying that many women in rural communities in Nigeria patronizes traditional birth attendants (TBA). These are women (traditional birth attendants) without skilled care as compared to women in urban centers.

It could be affirmed that CS globally is in the rise as studies have shown by Quadros (2000) that developed countries and fast developing countries have been on the patronizing angle. However, the perceptions of women in developing countries like Nigeria are often influenced by their physical and social environment. Obi (2019) agreed that women's individual perceptions are influenced by social norms and expectations as well as the medical settings where they gave birth, delivery preferences must be understood within the women's context. Although birth preferences vary wildly between different countries, cross-sectional studies from Sub-Saharan Africa have reported that the majority of women prefer vaginal birth over caesarean Section (Aziken etal, 2007).

Due to high fertility rate in most low income countries and the restriction that CS puts on reproduction, women's future fertility plans might also be of importance to their Caesarean Section attitudes. Although child delivery is celebrated in it's social context reservations are made still within the social context as well as religious views. Buttressing Aziken's (2007) view, it shows that women prefer vaginal delivery are often proud of its announcement and has its backing with the scriptural verse of "*Hebrew woman mode of delivery*". Another dimension from a study by Alenkhe, Longe and Danesi (2015) revealed that birthing complications (of which Caesarean section is more prevalent) affect some women act of exclusive breastfeeding. Obi (2019) explained from a study findings that C-section has this dimension of laziness in the social context as society views C-section as a lazy mode of delivery, which is a perception of fellow women's view that often belittle the celebratory mode of childbirth in that society.

Statement of the problem

Despite the health implication of the caesarean section mode of delivery, the social perception still has it stand in the mind of the rural woman toward the vaginal mode of delivery. However, studies have shown that the rate of caesarean section mode of delivery worldwide has increased due to medical as well as personal reasons (Illesanmi, Fakunle, Nkwocha, Umejioke and Okunola, 2014; Igberase, *et al*., 2009 and Delbaere *et al*. 2012). Silver (2012) explained that there is a high risk of maternal mortality on CS carried out on women with low resource backing when compared to that of virginal birthing as the CS scar of create problem in subsequent pregnancies. When comparing regions in the world, it would be affirmative to say that Africans (with Nigeria leading the chart) tend to have high fertility rate as Obi (2019) buttress that women with high reproductive behaviour tend to give multiple birth-more than once.

On the contrary, with caesarean section or sectional cutting from previous operations, women are often limited to the number of desired children they can have in their lifetime. Ethnographic studies in Nigeria has often associate the pride and wealth of a family by the number of children therein (Eghafona and Osunde, 2017; Egahfona and Osunde, 2012: Omokhodion, 2012; Omorondion, 1999; Okojie, 1960; Egharevba, 1960). This literally means in the traditional setting, the number of children a woman has often shows her strength and respect in the society. Nigeria is one of the most popular countries in sub- Saharan Africa with a very high birth rate as well as a high MMR (NDHS, 2013), this could be attributed to some socio-economic factors (Alenkhe, 2015) as well as socio-cultural factors. In explaining further, Alenkhe (2015) affirmed that factors such as education, occupation and age affects the perception of women of childbearing age during delivery also Ugwu and Dekok (2015) agreed that religion, ethnic nationality usually affects women in their period of delivery, as some denominations kick against the administration of blood transfusion.

However studies by Silver (2012) have changed the narratives as well as the mindset and perception of women which revealed that CS can limit the possibility of attaining the number of children to be delivered by one woman. It is therefore pertinent that this study examines social perception of women toward caesarean section mode of delivery in selected states of South-south Nigeria

Objective of the study

The objectives of this study include to:

1. Examine the perception of women toward CS in the study areas
2. Ascertain the effect of culture on women birthing experience/choice.
3. Ascertain the effect of people's perception on CS mode of delivery in the study areas

Methodology

The study adopts an exploratory and cross-sectional survey study as it made us of the qualitative instrument of data collection (in-depth interview guide) and analysis (contently) on 40 women who are either pregnant women, nursing mothers, medical practitioners and women with children - who may have experienced the CS mode of delivery- who are willing to explain their views, belief and fear which the society attached to CS mode of delivery. A triangulation of different sampling techniques was adopted for the study ranging from purposive, snowballing and convenience sampling in getting the required participants for the study in the selected location

Result of the findings

The result of this study was discussed under the study objectives. Objective one examines the perception of women toward CS in the study areas. In line with this objective, there were diverse views of women with different demographic characteristics. On this, one of the respondents said;

> Caesarean section is a normal thing, if a woman cannot deliver using the normal level. There is nothing spiritual about it, although society sees it from different angles but all things being equal it is good so long as life is sure. (**IDI- Artisan- Benin city- 9/7/2019**).

Another respondent said:

> Caesarean section different from normal delivery my sister, me "i see am like normal something". I no see am as bad thing oh! na normal. There is no spiritual undertone, you know say all womb no be the same and some people womb no fit bring pikin out, no all womb open. (**IDI- Trader- Benin- 9/7/2019**).

A respondent gave a more precise opinion when she said:

> Caesarean section is a cosmetic cut not necessarily for fun but for a purpose, the purpose may vary from medical to personal reasons. The medical reasons may include "preeclampsia" which is the case of having high blood pressure during pregnancy and delivery. (**IDI- Lecturer- Benin 4/7/2019**).

Another respondent gave a quiet different opinion: she said:

> Caesarean section is not of God, this is because when the bible says we should deliver our babies like Hebrew women CS was not part of it (my spiritual

> opinion though). I know that Caesarean section is when a woman is finding it difficult to deliver her baby due to some complication that are not ordinary, the process of tearing her open is known as Caesarean section. Am a spiritual person and also a nursing mother. I don't believe in Caesarean section mode of delivery (**IDI- Business woman- Lagos- 20/6/2019**).

According to another respondent;

> Caesarean section is a safe method of delivering a child when there are complications during delivery to save both mother and child. It involves the opening of the lower abdomen to ease the arrival of the baby (**IDI-Civil servant-Lagos 21/6/2019**).

Yet another respondent gave this response;

> Caesarean section is a modern method of delivery, a short cut to reduce stress and labour related complications. (**IDI-Medical Practitioner-Lagos 20/6/2019**)

Objective Two: Ascertain the effect of culture on women birthing experience/choice.
This objective examines the role of culture in women ideology of various birthing experience as well as the effect on their preferred birthing choice, under this objectives women were allowed to state their birthing experience and how societal belief of birthing choice influence them. A respondent said:

> I know most women preferred choice would be the vaginal mode of delivery the reason could be attributed to environmental, religious as well as cultural factors. In this part of the world culture really influences women decision when it comes to birthing, however I don't see anything wrong with the caesarean section mode of delivery as life is more important (**IDI-Medical practitioner-Lagos 21/6/2019**).

Another respondent said:

> I was advised that I will have to relax before my next conception as I got married not quiet early and had wished to rush my child birthing as me and my husband had agreed to have minimum of 4 children but CS will hinder that reality through child spacing, subsequent CS (maybe) and some other complication I had experienced. My dear, natural or vaginal birthing is the best but when there are health complications "*na life first*" (**IDI-Public officer-Benin-10/07/2019**)

A respondent said;

> The culture of a particular individual affects their birthing choices, due to the fact that if in a culture it's a taboo to deliver by been assisted, the women will opt out of it. That could be the reason why most women will prefer to visit the

> Traditional Birth Attendant than the hospital irrespective of the experience of the birth attendant (**IDI- Lecturer- Benin 4/7/2019**).

Another respondent gave a precise opinion when she said;

> Culture has a lasting effect on the birthing choices, because the culture of a people affects their thought process. Also culture give a view of the strength of women during birthing as most women celebrate more when they had vaginal birthing from experience (**IDI- Medical practitioner-Benin 4/7/2019**).

However, these set of respondents say otherwise:

> Culture has no relationship with birthing choices of women. It all depend on the women level of awareness and education, when I was pregnant with my fourth child my husband from the onset opt for caesarean section. So it is not about culture but agreement between couples and health implication that could affect the life of the mother (**IDI- Civil servant-Lagos- 20/6/2019**).

Objective Three: Ascertain the effect of people's perception on CS mode of delivery in the study areas

Studies have shown that for every cause there will be an effect and this often goes with people's perception in line with social realities. Response from respondents reveals the individual's mindset towards Caesarean section mode of delivery has either a positive effect or negative approach towards it. This is obvious in the response of a respondent who said;

> "Many people *dey* shame to talk say *na* caesarean section them take born, because of *wetin* people go talk, make people no talk say I *no* be complete woman" **interpretation** "most women are shy to mention the birthing pattern they used especially when it is caesarean section, this is because society will see them as less than a complete woman" (**IDI- Trader- Benin- 9/7/2019**).

Another respondent gave a more concise reply saying;

> The society has put a tainted glass in the eyes of the people making them believe that Caesarean section is a bad thing and women who give birth through Caesarean section have a tainted reputation among their fellows (**IDI- Civil Servant-Benin 4/7/2019**).

Yet another respondent said;

> Society has both a positive and negative impact of Caesarean section on the women. It range from creating fear on potential mothers, due to the stigma often unconsciously attached to Caesarean section mode of delivery women are scared to accepting the mode of delivery. However, on the positive it has sunk in women that they can deliver their baby without the usual pain of vaginal mode of delivery (**IDI- medical practitioner-Lagos- 21/6/2019**)

A respondent says:

> The stakeholders of the family has a big say in the matter of the mode of delivery, stakeholders such as husbands, mother(in-law), siblings, relatives whom may influence their (wife(s)) birthing choices. The effect people's perception on CS mode of delivery is of two way, but the environment, the level of education, the level of awareness, the situation surrounding the birth choice as well as the health of the mother are of paramount concern and influence to the effect been perceived (**IDI- Medical Practitioners-Benin 4/7/2019**).

Another respondent said:

> The effect of people's perception on caesarean section mode of delivery is that of fear, stigmatization and limitations on the number of desired children a woman would wish to have as well as other point. Couples especially the wife(s) are often scared of caesarean section or even declare out right refusal outside the people perception but with the high cost associated with caesarean section. Also women refuse caesarean section due to the pain attached and the length of time for recovery. It is easier to recover the body shape after vaginal delivery than through caesarean section (**IDI- Lecturers-Benin 4/7/2019)**

Conclusion and Recommendations

The study revealed that there are many side to people perception toward caesarean section as this perceptions are influenced by environmental, cultural, economic as well as many other factors. The study conclude that while many see caesarean section as a normal and trending way of birthing without stress other sees it from another angle thereby putting the life of the mother and that of the baby at risk. Secondly, this is a link between public belief and women ideology toward caesarean section. However, the beliefs are affected by the woman's level of awareness, education, exposure, health condition and many others. Finally, the effects of public perception toward caesarean section often have psychological impact on the decision making of most women concerning caesarean section. It is on this backdrop that the study advocates the following:

1. There should be public awareness on the benefit of accepting caesarean section as a birthing option especially when the woman is experiencing complication during delivery.
2. There should be constant sensitization against the stigma of caesarean section mode of delivery, as this will enable women and the general public to celebrate the birth of a baby without segregating the mode of delivery.
3. Government should put in place an implementable policy that will reduce the financial cost of caesarean section delivery irrespective of the organization or institution where the woman or the spouse works.

4. There should be advancement in our public health system and technological production as this will increase the number of desired children a woman will wish to have irrespective of whichever mode of delivery/birthing the couple wish to prefer.
5. Government should enrich our health institution/hospital with modern health facilities such as instruments, machines, quality health personnel, basic amenities to compete with international standard as this may cause a dynamic turnaround not only to the society but also to the mindset of the women who patronizes this facilities in consideration on the preferred birthing mode they desire. As this will go a long way in reducing maternal and child mortality which is one of the goals of the Sustainable Development Goal strategy (SDGs) of 2015-2030.

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