

Perception Regarding Caesarean Section Delivery among Postnatal Mothers in a Tertiary Level Hospital, Kathmandu, Nepal

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Abstract: *Background:* Perception of the birth experience is highly personalized, and women's views vary regarding what constitutes a positive and satisfying experience. *Methods:* A descriptive, cross-sectional study was conducted among 129 respondents undergone caesarean delivery were purposively selected from Tribhuvan University Teaching Hospital, Nepal. Sample was collected face to face interview using semi-structured schedule. Data was analyzed via SPSS software version 16 by using descriptive statistics and inferential statistics. *Results:* The study showed that two third (66.38%) had positive perception on caesarean section delivery. The level of perception on caesarean section delivery was higher in received health services (75.9%) of caesarean section delivery than in operative procedure (61.2%) and received information related statements (50.3%). There was statistically significant association between the level of perception with age ($p=0.024$), occupation of spouse ($p=0.007$), gravid status ($p<0.001$), types of caesarean section delivery ($p<0.001$), history of caesarean section delivery (<0.001) and indication of caesarean section delivery ($p<0.001$). *Conclusion:* The study concluded that two third of postnatal mothers have positive perception. But still more focus is required in basic care including personal hygiene, ambulation and sexual health. Health education program need to be directed on caesarean section as a mode of delivery in antenatal clinic to correct those issues concerning poor perception on caesarean section delivery.

Keywords: Perception, caesarean section delivery, postnatal mothers

1. Introduction

Caesarean section is a common operative surgical procedure, where fetus is delivered through an abdominal and uterine incision (1). It is useful in situations where vaginal delivery is not feasible (2). The indications of caesarean section can either be based on maternal or fetus associated complications (1). The indications of caesarean section are fetal distress, maternal age, pelvic disproportion, inadequate uterine forces, antepartum hemorrhage, eclampsia, malpresentation, multiple gestation, previous section, prolong labor, eclampsia and caesarean section on demand (2). Other precipitating factors include lack of obstetric skill in performing breech births, multiple births, and improper use of technology (3).

Childbirth is a personal and individual journey that is different for every woman. Vivid and detailed memories of the journey often lead to a permanent perception of the birth (4). Caesarean section deliveries can have an adverse influence on maternal-newborn contact at birth, women's satisfaction and breastfeeding success (4). Perception of the birth experience is highly personalized, and women's views vary regarding what constitutes a positive and satisfying experience (5). Women achieved positive perception on caesarean section delivery and that experience enhanced their self-confidence and self-esteem. Whereas women who had negative perception experienced anger or a negative self-image and became more aggressive (6). Woman's perceived threat relate to

potential fatal injury, cost of the procedure, fear of death or genital tract injury and societal stigmatization (7).

A study done in Nigeria showed that perception of women towards caesarean sections was positive by 27% of the respondents considering caesarean section as safe for women and newborn (8). Another study done in Nigeria revealed that only few (9.1%) of the respondents had positive perception of information during the caesarean section delivery where as 9.1% respondents had positive perception on health care service they received during caesarean section delivery (9). A study done in West Africa revealed that women received insufficient information about postoperative personal hygiene, diet, resumption of sexual activity, and contraception (10).

In Bangladesh majority (78.2%) of women were poorly informed before delivery about possible complications of caesarean section delivery. Majority (75%) of the respondents had misconception of caesarean section delivery and distrust regarding the reason for recommending the procedure by the health care providers. Majority (72.3%) of the women had incurred high costs led to economic burden on family members (11). Another study done in India showed that 77.2% of the respondents perceived caesarean section as being harmful. Respondents who agreed to caesarean section when indicated by 91.5% and 85.7% agreed the procedure as an option to protect their own health (12). Positive perception of Caesarean section delivery is affected in women included inadequate information (56.3%),

financial constraints (53.4%) and (50.5%) experiences from significant others (13).

2.Literature Survey

A study conducted in Pakistan to determine patient's perception towards caesarean section delivery showed that majority of the respondents (78.8%) perceived caesarean section as dangerous, influenced by education ($p=0.004$), locality ($p=0.001$) and employment status ($p=0.001$), 74.5% of patients were in agreement that this is the best manner to save mother's and baby's if needed (7). Similar study done in West Indies to assess women's perceptions regarding caesarean section projected majority of women (46.2%) were found to have very little information from about selecting caesarean section as the preferred choice of delivery. Their preference was significantly associated with the perception of safety (maternal or fetal death, $P = 0.001$), difficulty (complications to mother and baby, $P = 0.001$), and pain ($P = 0.001$) (14).

A cross sectional research study conducted in Nagpur India to determine the level of perceptions about caesarean section among women showed more than two third of women (65%) were found to have very little knowledge. There was significant association between the level of perception on caesarean section delivery with education ($p<0.001$). Nearly half of the respondents (47.3%) of the respondents' perceived caesarean section as being safer than vaginal delivery. More than two third (68.5%) of the respondents agreed that caesarean section was less painful. Almost all (91.5%) of the respondents agreed that caesarean section was necessary to protect their baby' health (12).

A descriptive conducted in Ghana to determine the awareness and perceptions towards caesarean delivery in a Ghanaian teaching hospital showed that more than half (51.7%) perceived caesarean section as being dangerous to the mother and baby, 90.5% were willing to undergo the operation when indicated where as 6% would refuse the operation even when indicated. Almost all the women, 98.1% wanted caesarean section to be part of client education at the antenatal clinic and 99.1% wanted to be informed about the specific indication before surgery. (15)

Problem definition

What is the perception regarding caesarean section delivery among postnatal mothers in Tribhuvan University Teaching Hospital?

Objectives:

- 1.To assess the level of perception of postnatal mothers regarding caesarean section delivery.
- 2.To measure association between the level of perception regarding caesarean section delivery of postnatal mothers and selected variables

3.Materials and Methods

Descriptive cross-sectional study design was used in the study to assess the perception of postnatal mothers regarding caesarean section delivery. Tribhuvan University Teaching Hospital was the study setting. Non probability purposive sampling technique was used. The sample size was 129. Data was collected after getting formal approval from Institutional Review Committee (IRC) of Tribhuvan University, Research committee of Maharajgunj Nursing Campus. Formal permission was taken from the hospital administration of Tribhuvan University Teaching Hospital. Before data collection the researcher explained the purpose of the study to the participants and informed written consent was obtained from each respondents. The content validity of the instrument was established by consulting with advisors, subject matter experts, nursing research faculty. The instrument was developed in English version and was translated into Nepali language and back translated into English version to ensure the equivalence of the instrument. Reliability of Likert scales measuring perception was examined for internal consistency by using cornbach's alpha coefficient which was 0.895 for overall perception taking all statements. Instrument was pretested among 13 postnatal mothers undergone caesarean delivery and came for follow up visit in Gynae OPD of Tribhuvan University Teaching Hospital. Four statements giving same meaning from the likert scale were removed after pretesting. On the basis of pretesting, instrument was modified and finalized for use in data collection. Data was collected through face to face interview technique on discharge day of third post operative day within allocated time i.e. September 2 to September 30, 2018. Around 20-30 minutes was taken to collect data from each respondent. The respondents were interviewed separately to maintain confidentiality. Respondents were given liberty to withdraw from the study if they wished. A semi structured interview-based questionnaire were divided into three parts i. e socio-demographic characteristics of postnatal mothers, obstetric characteristics of postnatal mothers and questions related to perception of postnatal mothers regarding caesarean section delivery. This section consisted of five point Likert scale to assess perception level of postnatal mothers regarding caesarean section delivery including 32 items (the range of score was 32 to 160, median=96) including three aspects i.e. perception on received information (10 items, median score=30); perception on received healthcare services (9 items, median score=27); perception on operative procedure (13 items, median score=39). Out of 32 items 10 items were negatively stated. The responses were scored as 5 strongly agree, 4 agree, 3 no idea, 2 disagree and 1 strongly disagree. Whereas, the negative statements were given a reverse code as 5 strongly disagree, 4 disagree, 3 no idea, 2 agree and 1 strongly agree. The perception level was categorized as positive perception (if respondent's score is \geq median) and negative perception (if respondents score is $<$ median).

The data were analyzed by using Statistical Package for Social Science (SPSS) version 16. Descriptive statistics such as frequency, percentage, mean and standard

deviation were used. In inferential statistics, Pearson chi square, Fisher's exact tests were used to test the association between the dependent and independent

variables value ≤ 0.05 was taken for statistical significance at 95% confidence interval. Odds ratio was used to find out the strength of association.

4. Results

Table 1: Socio-demographic characteristics of postnatal mothers

Variables	Number (n=129)	Percentage
Age (in completed years)		
20-24	32	24.8
25-29	47	36.4
30-34	36	27.9
≥ 35	14	10.8
Permanent Residence		
Rural	77	59.6
Urban	52	40.3
Ethnicity		
Dalit	7	5.4
Disadvantaged Janajati	32	24.8
Disadvantaged non dalit terai	4	3.1
Relatively advantaged janajati	26	20.1
Upper caste	60	46.5
Educational status		
can read and write	124	96.1
cannot read and write	5	3.9
Educational level (n=124)		
Primary Level	12	9.6
Secondary Level	26	20.1
Higher Secondary Level	46	37.9
Graduate and above	40	32.2
Occupation		
Homemaker	81	62.7
Service	19	14.7
Business	18	13.9
Agriculture	11	8.6
Religion		
Hinduism	114	88.3
Islam	3	2.3
Buddhism	12	9.4

Table 1 represents the socio-demographic characteristics of the postnatal mothers more than one third (36.4%) of the respondents belonged to the age group 25-29 years with mean age 28.05 and SD 4.872 and ranging from 19 to 44 years. More than half of the respondents (59.6%) resided in rural areas and nearly half of the respondents

belonged to upper caste (46.5%) group. Similarly, almost all of the respondents (96.1%) were able to read and write, among them 37.9% were educated up to higher secondary level. Nearly two third of the respondents (62.7%) were home maker. Likewise, most of the respondents (88.3%) followed Hindu religion.

Table 2: Obstetric characteristics of postnatal mothers

Variable	Number (n=129)	Percentage
Gravid status		
Primigravida	60	46.5
Multigravida	69	53.5
Types of Caesarean section Delivery		
Emergency	83	64.3
Elective	46	35.6
History of Caesarean section Delivery		
Yes	32	24.8
Indications of Caesarean section Delivery		
Previous Caesarean section	33	25.5
Fetal Distress	51	39.5
Abnormal Lie	8	6.2
Non Progress of Labor	37	28.6

Table 2 reveals the distribution of the respondents as per the obstetric characteristics. More than half of the

respondents (53.5%) were multigravid. Two third (64.3%) of the respondents had undergone emergency caesarean

section delivery. Likewise, nearly one fourth (24.8%) of the respondents had experienced the caesarean section delivery beforehand. Regarding the indications of

caesarean section delivery, more than one third (39.5%) of the respondents had undergone caesarean section because of fetal distress.

Table 3: Perception of Caesarean section delivery on received information

Statements of Received Information Number (Percentage) (n=129)						
	SA (%)	A (%)	NI (%)	D (%)	*SD (%)	Mean± SD
Timely informed about caesarean section delivery	42 (32.1)	32 (24.8)	1 (0.7)	41 (31.7)	13 (9.7)	3.39± 1.465
Informed consent before the operative procedure	47 (36.9)	34 (26.5)	15 (11.6)	16 (12.4)	16 (12.4)	3.64± 1.408
Informed about possible complications	26 (20.1)	19 (14.7)	9 (6.9)	16 (12.4)	59 (45.7)	2.53± 1.648
Informed about diet	43 (33.2)	52 (40.3)	4 (3.1)	19 (14.1)	12 (9.3)	3.74± 1.315
Informed about newborn	46 (35.6)	51 (39.5)	6 (4.6)	21 (16.2)	5 (3.8)	3.88± 1.181
Explained maternal condition to relatives	48 (37.2)	34 (26.3)	27 (20.9)	16 (12.4)	4 (3.1)	3.83± 1.156
Baby care and immunization	40 (31.5)	42 (32.5)	7 (5.4)	27 (20.9)	13 (9.7)	3.55± 1.382
Postnatal follow-up visit	26 (20.1)	78 (60.4)	6 (4.6)	17 (13.1)	2 (1.5)	3.85± 0.949
Sexual resumption after the operative procedure-		-	-	-	129 (100)	1± 0.000
Contraceptive device	11 (8.5)	13 (10.7)	-	2 (1.5)	103 (79.3)	1.68± 1.392

SA-strongly agree (5), A-agree (4), NI-no idea (3), D-disagree (2), *SD-strongly disagree (1)

of the respondents were agreed with statement of information received on postnatal follow-up visits. Almost all the respondents (100%) disagreed strongly agreed with the statement receiving the information regarding sexual resumption after the operative procedure. The mean value varied from 1±0.000 to 3.88±1.181.

Table 3 projects the respondents perception of being informed about different aspects on caesarean section delivery which includes 10 statements. Majority (80.8%)

Table 4: Perception of Caesarean section delivery on received health services

Statements of Received Health Services Number (Percentage) (n=129)						
	SA (%)	A (%)	NI (%)	D (%)	*SD (%)	Mean± SD
Considered comfort in waiting room	42 (32.5)	44 (34.1)	7 (5.4)	20 (15.5)	16 (12.4)	3.60± 1.401
Received psychological support before the operative procedure	51 (39.5)	46 (35.6)	8 (6.2)	15 (11.6)	9 (6.9)	3.90± 1.244
Kept comfortable in operative room	51 (39.5)	54 (41.1)	13 (9.7)	11 (8.5)	-	4.13± 0.910
Maintained privacy	31 (24.3)	22 (17.5)	59 (45.7)	13 (9.7)	4 (3.1)	3.74± 1.315
Received sufficient analgesics after surgery	54 (41.1)	64 (49.6)	4 (3.1)	8 (6.2)	-	4.26± 0.793
Assisted to maintain personal hygiene	38 (29.4)	38 (29.4)	5 (3.8)	26 (20.1)	22 (17.3)	3.35± 1.504
Assisted in breastfeeding	37 (28.6)	40 (31.4)	4 (3.1)	30 (23.2)	18 (13.7)	3.38± 1.459
Assisted in early ambulation	16 (12.4)	34 (26.3)	-	46 (35.1)	34 (26.3)	3.85± 0.949
Addresses queries adequately	42 (32.5)	42 (32.5)	11 (8.5)	24 (18.6)	10 (7.7)	3.65± 1.317

SA-strongly agree (5), A-agree (4), NI-no idea (3), D-disagree (2), *SD-strongly disagree (1)

receiving sufficient analgesics they received after surgery. More than one third of the respondents (38.4%) strongly disagreed on being assisted in early ambulation with mean value 2.63. The mean value varied from 2.63±1.426 to 4.26±0.793.

Table 4 depicts the respondents' perception of received health care services which includes 9 statements. Almost all (90.7%) of the respondents agreed with statement of

Table 5: Perception of Caesarean section delivery on operative procedure

Statements of Received Health Services Number (Percentage) (n=129)						
	SA (%)	A (%)	NI (%)	D (%)	*SD (%)	Mean± SD
Caesarean section is dangerous	51 (39.5)	32 (24.8)	6 (4.6)	23 (17.8)	17 (13.1)	2.39± 1.481
Best way to save mother and baby's life	58 (44.9)	43 (33.3)	10 (7.7)	11 (8.5)	7 (5.4)	4.05± 1.167
Done to avoid labor pain	26 (20.1)	99 (76.7)	2 (1.5)	2 (1.5)	-	3.88± 0.754
Can lead to repeat CS in next birth	23 (17.8)	28 (21.7)	29 (22.4)	30 (23.2)	19 (14.7)	2.94± 1.334
Can lead to death of mother	11 (8.5)	46 (35.6)	19 (14.7)	40 (31.5)	13 (9.7)	2.97± 1.200
Can lead to death of newborn	11 (8.5)	43 (33.3)	26 (20.1)	36 (27.9)	13 (9.7)	2.96± 1.177
Causes damage to maternal body structure	39 (30.2)	44 (34.1)	15 (11.6)	17 (13.1)	14 (10.8)	2.39± 1.332
Recommended to acquire skills to young doctor	18 (13.9)	32 (24.8)	23 (17.8)	34 (26.3)	22 (17.2)	3.06± 1.334
Done to deliver baby in auspicious time	17 (13.1)	26 (20.1)	26 (20.1)	29 (22.4)	31 (24.1)	3.22± 1.337
Caesarean section was justified	56 (43.4)	35 (27.1)	8 (6.2)	21 (16.2)	9 (6.9)	3.85± 1.326
Would like to recommend to relatives and friends if needed	48 (37.2)	26 (20.1)	12 (9.3)	24 (18.6)	19 (14.7)	3.48± 1.506
Received negative reactions from relatives	10 (7.7)	23 (17.8)	7 (5.4)	29 (22.4)	60 (46.5)	3.80± 1.400
Cost for CS was expensive	12 (9.3)	28 (21.7)	50 (38.7)	26 (20.1)	13 (10.2)	2.98± 1.107

SA-strongly agree (5), A-agree (4), NI-no idea (3), D-disagree (2), *SD-strongly disagree (1)

Table 5 represents the respondents' perception on operative procedure which includes 13 statements. Almost all of the respondents (96.9%) agreed the misperception that caesarean section is done to avoid labor pain. More than two third (68.5%) of the respondents disagreed with the statement that the money for CS was expensive. In negatively phrased statement, nearly two third of the respondents (39.2%) agreed that caesarean section was recommended to acquire skills to young doctor. The mean value varied from 2.39±1.332 to 4.05±1.167.

Table 6: Perception of caesarean section delivery

Level of perception	Number	Percentage
Positive Perception (≥ median score 96)	85	65.8
Negative Perception (<median score 96)	44	34.2

Median score= 96, maximum desirable score=160out of 32 items, score ≥ median=positive perception and score <median=negative perception

Table 6 reveals that two third (66.38%) of the respondents had perceived the caesarean section delivery positively.

Table 7: Association between socio demographic characteristics and perception of postnatal mothers

Variables	Perception of caesarean section delivery		P value	Adjusted OR (95% CI)
	Positive n (%)	Negative n (%)		
Age group				
<30	47 (36.2)	33 (41.2)	0.024	2.489 (5.560-1.114) 1
≥30	39 (79.5)	10 (20.5)		
Permanent residence				
Rural	51 (66.2)	26 (33.8)	0.012	0.991 (2.076-0.473) 1
Urban	35 (67.3)	17 (32.7)		
Ethnicity				
Uppercaste	42 (68.9)	19 (31.1)	0.541	1.256 (2.609-0.605) 1
Others	44 (64.7)	24 (35.3)		
Educational status				
can read and write	83 (66.9)	41 (33.1)	1.000 ^a	0.759 (4.719-0.122) 1
cannot read and write	3 (60)	2 (40)		
Educational level				
Upto higher secondary level	28 (71.8)	11 (28.2)	0.370	0.688 (1.564-0.302) 1
Higher secondary and above	56 (64.3)	31 (35.7)		
Occupation				
Homemaker	56 (68.3)	26 (31.7)	0.501	0.774 (1.633-0.367) 1
Others	30 (63.8)	17 (36.2)		
Income status of family				
6-12months	75 (68.8)	34 (31.2)	0.252	0.570 (1.502-0.217) 1
12 months and surplus	11 (55)	9 (45)		

Pearson chi-square test; ^aFiser's exact test; p value significant at <0.05; 1=reference

Table 7 denotes the association of respondents' level of perception on caesarean section delivery with selected socio demographic characteristics. The level of perception was significantly associated with the age (p=0.024) ; postnatal mothers whose age was 30 and above were 2.489 times more likely to have positive perception on

caesarean section delivery than below 30 (OR=2.489, CI=5.560-1.114). Similarly, the level of perception was insignificant associated with permanent residence (p=0.981), ethnic group (p=0.810), educational status (p=1.000), educational level (p =0.783), occupation (p=0.501) and income status of the family (p=0.252).

Table 8: Association between obstetric characteristics and perception of postnatal mothers

Variables	Perception of caesarean section delivery		P value	Adjusted OR (95% CI)
	Positive n (%)	Negative n (%)		
Gravid status				
Primigravida	28 (45.9)	33 (54.1)	≤0.001	6.214 (14.081-2.743) 1
Multigravida	58 (85.2)	10 (14.8)		
Types of CS				
Emergency CS	44 (53.6)	38 (46.4)	≤0.001	7.445 (20.700-2.678) 1
Elective CS	42 (89.4)	5 (10.6)		
History of CS				
Yes	26 (81.2)	6 (18.8)	≤0.001	0.144 (0.504-0.41)

				1
No	59 (60.8)	38 (39.2)		
Indications of CS				
Previous CS	27 (81.8)	6 (18.2)	0.002	0.197 (0.603-0.064)
Others	57 (59.3)	39 (40.7)		1

Pearson chi-square test; ^aFisher's exact test; p value significant at <0.05; 1=reference, CS=caesarean section

Table 8 reveals the association between the level of perception and obstetric characteristics of the respondents. The level of perception was statistically significant associated with gravida, types of caesarean section delivery, history of caesarean section delivery and indication of previous caesarean section delivery. Likewise, multigravida mothers were more likely to have positive perception than primigravida mothers (OR=6.214; CI=14.081-2.743). Postnatal mothers who had elective caesarean section delivery were 7.445 more likely to have positive perception on caesarean section delivery (OR=7.445; CI=20.700-2.678).

5. Discussion

The findings of the current study regarding perception of received information for caesarean section delivery shows that more than half of the respondents (57.7%) agreed that they were timely informed about caesarean section. In contrast to the study done in Nigeria indicated that the majority (70.8%) of the respondents agreed with it (16). The study showed that more than half of the respondents (63.1%) agreed that informed consent was taken for the operative procedure. A study conducted by Ezeome showed that almost all (90%) of the respondents in a greater proportion agreed about it (17).

Regarding the perception of received health care services regarding caesarean section delivery, majority of the respondents (75.4%) agreed with psychological support they received before the procedure. Almost all of the respondents (90.7%) agreed being received sufficient analgesics after the surgery. A study done in Bangladesh showed slightly lesser proportion (75%) of the respondents agreed with it (18). The result of the present study showed that more than half (59.2%) of the respondents agreed being assisted in maintaining personal hygiene. The finding of the study done in Nigeria showed greater proportion (85.4%) of the respondents agreed with it (16). The findings of current study regarding the misconception, caesarean section is done to avoid labor pain almost all of the respondents (96.9%) agreed with it. Similar study done in Nigeria showed lesser proportion (9.7%) of the respondents agreed with this aspect (19).

The finding from the current study showed that the majority of the respondents (78.5%) agreed that caesarean section is the best way to save the mother and baby's life. Similar findings showed in a study conducted in Pakistan indicated that majority (74.5%) of the respondents agreed with it (7). The study further revealed that nearly half (44.6%) of the respondents agreed with negatively phrased statement that caesarean section can lead to death of mother and newborn (57.7%). In contrast to the study done in Nigeria showed that greater proportion (85%) of

the respondents agreed that caesarean section can lead to death of mother and (80.5%) of the respondents agreed that caesarean section can lead to death of newborn (16).

In terms of the level of perception on caesarean section delivery the present study showed that two-third of the respondents (66.38%) had positively perceived the caesarean section delivery. Similar findings was revealed in the study done in Nigeria showed two third (69.2%) of the respondents had positive perception on caesarean section delivery (20).

The present study revealed that there was statistically significant association between the level of perception with age (p=0.024). Postnatal mothers whose age was 30 and above were more likely to have positive perception on caesarean section delivery than below 30 (OR=2.489; CI=5.560-1.114). This findings is consistent by the study done in Pakistan showed that older mothers had positive perception of caesarean section delivery (7). However, residence, ethnic group, educational status, educational level and income status of family were found to have not statistically significant association with the level of perception where p-value is >0.05. Although insignificant, postnatal mothers residing in urban areas were more likely to have positive perception on caesarean section delivery (OR=0.991; CI=2.076-0.473) and upper caste women were 1.256 times more likely to have positive perception on caesarean section delivery (OR=1.256; CI=2.609-0.605). In current study, postnatal mothers who can read and write were 0.759 times more likely to have positive perception (p=1.000; OR=0.759; CI=4.719-0.122); also postnatal mothers up to higher secondary and above were 0.688 times more likely to have positive perception than higher secondary level (p=0.370; CI=1.564-0.302). These findings are consistent with the findings of the study done in India, showing that respondents who had higher education and above had positive perception than those who had higher secondary (12).

The current study findings had showed that there was significant association between the level of perception with gravida; multigravida mothers were more likely to have positive perception (OR= 6.214; CI=14.081-2.743); postnatal mothers who had undergone elective CS were 7.445 times more likely to have positive perception (OR=7.445; CI=20.700-2.678); postnatal mothers who had previous CS were 0.197 times more likely to have positive perception on caesarean section delivery (OR=0.197; CI=0.603-0.064). Similar findings was supported by the study done in Ghana had revealed the level of perception was statistical significant association with gravida and multigravida mothers were more likely to have positive perception than primigravida mothers (21). In consistent to the present finding done in Nigeria

supported the findings which showed statistically significant association between the level of perception and history of caesarean section delivery ($p=0.001$) and postnatal mothers with previous caesarean section were more likely to have positive perception on caesarean section delivery (22).

6. Conclusions

On the basis of the study findings, it can be concluded that most of the postnatal mothers have positive perception of caesarean section delivery. Postnatal mother's age, occupation of spouse, gravid status, types of caesarean section, history of caesarean section and indication of caesarean section influenced the perception of caesarean section delivery. Postnatal mothers disagreed on being assisted for personal hygiene and early ambulation during their hospital stay. Postnatal mothers had misconception on caesarean section that is done to avoid the labor pain during natural birth. This suggests health care providers need to focus on meeting the basic needs of the mothers including personal hygiene, ambulation and sexual health. Alternative methods of pain relief during labor and proper counseling can be recommended to decrease the escalating rate of caesarean section on demand of mother.

7. Future Scope

The finding of this study might provide a baseline data for future researcher to conduct further study in this issue.

The findings of the study might be helpful for health professional working in related areas for improving existing health care facilities and establishing more women friendly services by assessing aspects of women perception.

Various misconceptions, false belief of caesarean section revealed by this study can guide awareness campaign, health education and health promotion programs by addressing the issues concerning negative perception.

The study findings might be helpful for providing health education on caesarean section as a mode of delivery in antenatal clinic.

Data Availability

The data used to support the findings of this study are available from the corresponding author upon request.

Conflicts of interest

The authors do not have conflicts of interest regarding this publication.

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