

(RESEARCH ARTICLE)



Perception of women attending antenatal clinic in a teaching hospital in southeast of Nigeria toward caesarean section

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Abstract

Despite the advancement in medicine and surgery, cesarean section (C-section) is still treated with suspicion and aversion in Nigeria. This study examined the perception of women attending antenatal clinic in a Teaching Hospital towards caesarean section as well as identified factors that influence the acceptance and non-acceptance of the operation. A total of 136 women were studied in this descriptive survey study at Nnamdi Azikiwe Teaching Hospital, Awka, Nigeria. Data collection was between 1st of June to the 1st of July, 2022. A pre-tested questionnaire was adopted and filled through face to face interview. The hypothesis was tested using chi-square analysis and percentage was calculated. The demographic features of the subjects revealed that the women were between the ages of 18-49 years. The majority (43.4%) of the respondents were university graduates and (8.8%) were illiterates. About (11.8%) were high income earners. Also, 30% of the respondents would strongly disagree to have C-section even when medically indicated. The result of the study showed that C-section as a delivery procedure was unacceptable among low income earners and illiterates. The subjects have a good knowledge of the essence of C-section.

Keywords: Perception; Cesarean section; Antenatal; Hospital; Attending; Acceptance

1. Introduction

Vaginal delivery is a known natural method of child birth from time immemorial. Most pregnant women and their significant other expect all pregnancies to end in a vaginal delivery. However, in some pregnancies, vaginal delivery is not an option. Some women have birth canals that are small for babies to pass through and be born vaginally, others have natural and medical conditions that may get complicated and fatal should vaginal delivery be attempted. The alternative approach to vaginal delivery hence becomes a caesarean section.

According to Yeniel [1], caesarean section (C-section) is a surgical procedure where by a woman is placed under anesthesia and an incision is made across her lower abdominal region and into the uterus so that the baby can be delivered without difficulty. C-section is usually performed when a vaginal delivery would put the baby's or mother's life or health at risk. Although in recent times, it has been performed upon request for childbirths that could otherwise have been natural. C-section rates have been increasing dramatically in the past decades around the world with routine access to medical services and studies showed that women's preference for C-section varies [2]. Within the African setting, having babies through the natural process is seen as a show of strength. C-section is seen as a taboo and it is believed that the number of children will be limited by it.

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It has been reported that about 2.1% of women deliver through C-section in Nigeria [3]. The prevalence of C-section was low, indicating unmet needs in the use of caesarean delivery in Nigeria [3]. Acceptance of C-section level has been found to vary from medical and demographic to socioeconomic and institutional factors. The non-clinical determinants that influence the decision to perform a C-section include the woman's age, level of education, expectations and preferences when giving birth, the source of financing among others (4). Though most women would comply if C-section is indicated by their health caregiver to be necessary to save life, a whole lot of women would not request C-section for non-medical reasons [5].

With the advancement in technology and the subsequent introduction of caesarean section as an alternative method of delivery, there has been a marked reduction in mortality rates associated with some pregnancy related conditions and complications to both the mother and her baby. Based on studies of medical indications, the acceptance of C-section has been found to vary from 7 to 14% [4]. Hence, this study intends to assess the perception of women attending antenatal clinic in Nnamdi Azikiwe University Teaching Hospital Nnewi (NAUTH) towards caesarean section as well as identify factors that influence the acceptance or non-acceptance of the operation. The findings of this research will reduce the negative impressions women have about C-section and hence reduce the rate of fetal and maternal morbidity and mortality resulting from refusal of C-section. It will help nurses and midwives to recognize factors that may influence a woman's choice of delivery which is medically contraindicated in order to educate them properly and hence have better client outcomes. As a result of the findings of this research, the economic cost emanating from complications resulting from refusal of C-section when necessary would be reduced as the family would now have insight and good perceptions about C-section.

2. Material and methods

2.1. Research design

A descriptive survey method was used to assess the perception of women attending antenatal clinic in a hospital setting and identify factors that influence the acceptance or non-acceptance of the operation among them.

2.2. Setting of the study

The area of this study was the Antenatal clinic (ANC) at NAUTH, Nnewi, and Anambra state. It is located at Nnewichi, which is one of the four villages that make up Nnewi town. Being the only teaching hospital in the state, it is attended by many people or clients living within and around Nnewi and beyond. The hospital is a large one, consisting of various departments, wards, clinics, and investigation centres, buildings including students' hostel and library.

2.3. Characteristics of participants

The participants comprised of all pregnant women attending ANC in NAUTH, Nnewi. Some of these women were working class women and others housewives, within the age limits of 18 to 49 years.

2.4. Sample and sampling technique

The sample size was gotten from records of total number of antenatal attendees in a previous month (May, 2022). Number of attendees for the month of May which was used was 136 women.

2.5. Instrument for data collection

The instrument for data collection was a self-designed questionnaire. The questionnaire had 3 sections "A", "B" and "C"

Section "A" was designed to collect demographic and economic characteristics of respondents while section "B" and "C" assessed the acceptance or non-acceptance of C-sections among the subjects. There are 16 questions contained in the whole section of the questionnaire, the questions consist of statements geared towards assessing the perception of women and factors that may have contributed to their acceptance or non-acceptance of C-section.

2.6. Validation of the Instrument

The questionnaire was validated for face to face and content validity by experts in the field who went through it and made corrections and recommendations. The researchers then effected the corrections based on the recommended actions.

2.7. Reliability of the instrument

The instrument's reliability was ascertained by pilot study using twelve pregnant women attending antenatal clinic in primary health centre, Nnobi who were not included in the study. Data generated from the pilot study was analyzed using Pearson product moment correlation coefficient by Raw score method to get the reliability coefficient of the half tests and spearman-Brown prophecy obtained reliability of the whole tests which gave 0.98 (See Appendix 1). With this, the instrument was considered reliable.

2.8. Statistical Analysis

The data collection was analyzed using percentage and presented in tables. The hypothesis was tested using chi-square analysis at significant level of 0.05. Chi-square was used based on the fact that this research is a non-parametric type and involved the comparison of observed and theoretical frequencies (based on the hypothesis).

2.9. Ethical Consideration

The following ethical considerations was utilized:

- Confidentiality: This implies that all the information gotten by the researchers and his assistants from the respondents was kept in strict confidence. Also, the respondents were kept anonymous by not writing their names
- Voluntary participation: the respondents was allowed to voluntarily decide to participate or not without any risk of incurring any penalty or prejudice treatment.
- Respect for the respondents: the respondents were courteously approached. Disrespectful or insulting questions were not asked.

2.10. Ethical approval and consent to participation

The researchers sought approval from the ethical review committee of NAUTH before commencing the study. The aim of the study was explained to all the participants and their consent was obtained. The questionnaire was administered to the respondents, instructions in the form of a letter was attached to the questionnaire and the researcher further explained to the respondents how to complete every section of the questionnaire.

3. Results

The socio-demographic characteristics of the participants are demonstrated in table 1. The study comprised of a total of 136 respondents who attended antenatal clinic. Of the total, 16(11.8%) were aged between 18-23years, 72(52.9%) were aged between 24-29 years, 28(26.6%) were aged 30-35years, while 12(8.8%) were aged 36-41years and 8(5.9%) were aged 42-49 years.

Table 1 Demographic Characteristics of Respondents

Age in years	Frequency	Percentage	Cumulative percent
18-23	16	11.8	11.8
24-29	72	52.9	64.7
30-35	28	26.6	85.3
36-41	12	8.8	94.1
42-49	8	5.9	100
Total	136	100	

Regarding educational level, 12(8.8) of the respondents were illiterates, 4(2.9%) have primary education, 35(35.7%) have secondary education, 17(12.5) have ordinary national diploma, 8(5.9%) have higher national diploma, and 59(43.4%) were university graduates.

Table 2 Frequency distribution of educational level, occupation, and income among respondents

Educational level	Frequency	Percentage	Cumulative percent
None	12	8.8	8.8
Primary school	4	2.9	11.7
Secondary school	35	35.7	37.4
OND	17	12.5	49.9
HND	8	5.9	55.8
Graduate	59	43.4	99.2
Masters	-	0	0
Others	-	0.8	0
Total	136	100%	100
Occupation	Frequency	Percentage	Cumulative percent
Housewife	20	14.7	14.7
Civil servant	53	38.9	53.6
Trading	47	34.6	88.2
Handwork	8	5.9	94.1
Others	8	100	100
Total	136	100	
Income- Naira(N)	Frequency	Percentage	Cumulative percent
Below 20,000	28	20.6	20.6
20,000-50,000	56	41.2	61.8
60,000-90,000	20	14.7	76.5
100,000-130,000	16	11.8	88.3
140,000-170,000	4	2.9	91.2
Above 170,000	12	8.8	100
Total	136	100	

From table 3, all respondents (100%) indicated to have heard about Cesarean section

Table 3 Respondents' Awareness of C-Section

	Response	Frequency	Percentage
Heard about C-section	Yes	136	100
	No	0	0

From Table 4, 69.9% of respondents indicated that C- section is a surgery done to deliver a baby, 3.79% of respondents indicated that C-section is a route to one's grave while 29.4% of respondents indicated that it is an alternative to vaginal delivery. 61.8% of respondents indicated that caesarean section is done when vaginal delivery is impossible, 37.5% of respondents indicated that C- section is performed when labour becomes complicated, 0.7% of respondents indicated that it is performed upon demand by the pregnant women while none of the respondents indicated that it is done to exploit clients.40.4% of respondents indicated that C- section is done to save the life of the woman, 44.9% of respondents indicated that C-section is done to save the life the baby.

Table 4 Respondents’ Knowledge of C-Section

Explanations	Frequency	Percentage
Surgery done to deliver a baby	95	69.9
A route to ones grave	5	3.7
An alternative vaginal delivery	40	29.4
Others	-	-
Indications	Frequency	Percentage
Vaginal delivery is impossible	84	61.8
Doctors exploitation	0	0
Labour becomes complicated	51	37.5
Women demands it	1	0.7
To save life of mother	55	40.4
To save life of baby	61	44.9
Others	-	-

From Table 5, out of the 29.4% of respondents that know that C- section is an alternative to vaginal delivery, 10% would strongly agree (SA) to acceptance of C- section under medical indications, 30% would agree (A) to acceptance of C- section under medical indications, 30% would disagree (D) while 30% of these respondents would strongly disagree (SD) to acceptance of C- section under medical indications. 37.5% would strongly agree to acceptance of C- section for convenience, 12.5% would agree, 27.5% would disagree and 22.5% would strongly disagree to acceptance of C-section for convenience sake. Under emergency conditions only 5% of these respondents would strongly agree to acceptance of C- section, 45% would agree, 40% would disagree while 10% strongly disagree to acceptance of C- section.

Table 5 Relationship between respondent’s knowledge of C-Section as an alternative to vaginal delivery and their acceptance

Situations for acceptance	SA	A	D	SD
Medical indication	4(10)	12(30)	12(30)	12(30)
Convenience	15(37.5)	5(12.5)	11(27.5)	9(22.5)
Emergency	2(5)	18(45)	16 (40)	4(10)

From Table 6 above, 8.8% of respondents indicated that C-section is a taboo at their place, while 91.2% of respondents indicated that C- section is not a taboo at their place of origin 32.4% of respondents indicated that their culture is against C-section while 67.6% of respondents indicated that their culture is not against C-section

Table 6 Respondents whose culture is against C-Section

	Response	Frequency	Percentages
C- Section is a taboo	Yes	12	8.8
	No	124	91.2
Culture against C-Section	Yes	44	32.4
	No	92	67.6

From table 7, based on varied cultural beliefs about C-section, 28(20.6%) of respondents is of the opinion that C-section is an abnormal method of delivery, those of 1.5% of respondents is that women who deliver via C-section are incomplete,

those by 4.4% of respondents is that women who deliver via C-section are weaklings, those by 2.9% of respondents is that women who deliver via C-section are unfaithful while those by 23.5% of respondents is that it is the work of the devil.

Table 7 Cultural beliefs about C-Section

Beliefs	Frequency	Percentage
Abnormal method of delivery	28	20.6
The woman is incomplete	2	1.5
The woman is a weakling	6	4.4
The woman is unfaithful	4	2.9
Work of the devil	32	23.5

2(4.5%) in table 8 would strongly agree to accept C-section under medical conditions, 13.6% would agree, 54.5% would disagree, and 27.3% would strongly disagree to acceptance of C- section under medical conditions. 9.1% of these respondents would strongly agree to acceptance of C-section for convenience, 81.8% would disagree while 9.1% of these respondents would strongly disagree to acceptance of C-section for convenience sake. Under emergency conditions only, 27.3% of these respondents would strongly agree, 54. 5% would agree, 6.8% would disagree while 11.4% of these respondents would strongly disagree to that.

Table 8 Relationship between culture and acceptance of C-Section under certain conditions

Conditions for acceptance	SA	A	D	SD
Medical condition	2(4.5)	6(13.6)	24(54.5)	12(27.3)
Convenience	4(9.1)	0(0)	36 (81.8)	4(9.1)
Emergency	12(27.3)	24(54.5)	3(6.8)	5(11.4)

3.1. Relationship between women educational attainment and acceptance of C-Section.

From Table 9, out of the 52 (37.5%) educational level respondents which includes those with no educational attainment, those whose highest educational attainment is primary school and those whose highest educational attainment is secondary school, 5.9% of these respondents would strongly agree to acceptance of C-section under medical indications, 9.8% would agree, 47.1% would disagree while 39.2% would strongly disagree to the acceptance of C-section when medically indicated. 7.8% of these respondents would strongly agree to acceptance of C-section for convenience sake, 58.8% would disagree while 35.3% would strongly disagree to acceptance of C-section for convenience sake. Under emergency conditions only 31.4% of these respondents would strongly agree, 54.9% would agree, 9.8% would disagree while 5.9% of these respondents would strongly disagree to acceptance of C-section.

Table 9 For non-tertiary educational level respondents

Situations for acceptance	SA	A	D	SD
Medical indications	3(5.9)	5(9.8)	24(47.1)	20(39.2)
Convenience	4(7.8)	0(0)	30(58.8)	18(35.3)
Emergency	16(31.4)	28(54.9)	5(9.8)	3(5.9)

From table 10, out of the 85(62.5%) tertiary educational level respondents which includes OND holder, HND holders and graduates, 23.5% would strongly agree, 32.9% would agree, 27.1% would disagree, while 15.3% of these respondents would strongly disagree to acceptance of C-section for convenience sake. Under emergency conditions only, 37.6% of these respondents would strongly agree, 28.2% would agree, 25.9% would disagree while 7.1% would disagree strongly to acceptance of C-section.

Table 10 For tertiary educational level respondents

Situations for acceptance	SA	A	D	SD
Medical indications	20(23.5)	40(47.1)	17(20)	7(8.2)
Convenience	20(23.5)	28(32.9)	23(27.1)	13(15.3)
Emergency	32(37.6)	24(28.2)	22(25.9)	6(7.1)

3.2. Relationship between family income and acceptance of Caesarean Section.

From Table 12, out of 104 (76.5%) respondents who indicated that their monthly family's income is below ₦100,000, 11.5% would strongly agree to acceptance of C-section when medically indicated, 26.9% would agree, 34.6% would disagree while 26.9% would strongly disagree to acceptance of C-section under medical indications. 11.5% of these respondents would strongly agree to acceptance of C-section for convenience, 7.7% would agree, 52.9% would disagree, while 27.9% would strongly disagree to acceptance of C-section for convenience sake. 6.7% of these respondents strongly agree that they would not accept C-section because doctor's use it to exploit clients, 20.2% agree, 30.8% disagree while 42.3% strongly disagree that they would not accept C-section because doctor's use it to exploit clients. Under emergency conditions only, 26.9% would strongly accept C-section, 50% would accept C-section, and 19.2% would disagree while 3.8% would strongly disagree to acceptance of C-section under emergency conditions.

Table 11 Family income below ₦100, 000

Situations for acceptance	SA	A	D	SD
Medical indications				
Convenience	12(11.5)	8(7.7)	55(52.9)	29(27.9)
No, due to doctor's exploitation	7 (6.7)	21(20.2)	32(30.8)	44(42.3)
Emergency	28(26.9)	52(50)	20(19.2)	4(3.8)
No situation	3(2.9)	13(12.5)	48(46.2)	40(38.5)

Out of the 32 (23.5%) respondents in table 13 who indicated that their monthly family's income is ₦100, 000 and above, 37.5% would strongly agree to accept C-section under medical indications, 50% would agree, 12.5% would disagree while none of these respondents would strongly disagree to acceptance of C-section under medical indications. 37.5% of these respondents would strongly agree to acceptance of C-section for convenience, 62.5 would agree while none of these respondents would disagree to acceptance of C-section for convenience sake. 9.4% of these respondents strongly agreed that they would not accept C-section due to doctor's exploitation, 15.6% agree, 46.9% disagree while 28.1% of these respondents strongly disagreed not to accept C-section due to doctor's exploitation. Under emergency conditions only 50% of these respondents would strongly agree to acceptance of C-section, 12.5% would agree, 21.9% would disagree while 15.6% would strongly disagree.

Table 12 Family income above ₦100, 000

Situations for acceptance	SA	A	D	SD
Medical indications	12(37.5)	16(50)	4(12.5)	0(0)
Convenience	12(37.5)	20(62.5)	0(0)	0(0)
No, due to doctor's exploitation	3(9.4)	5(15.6)	15(46.9)	9(28.1)
Emergency	16(50)	4(12.5)	7(21.9)	5(15.6)
No situation	0(0)	0(0)	20(62.5)	12(37.5)

3.3. Hypothesis

There will be no significant difference between income of the family and a woman's acceptance of C-section.

- Null Hypothesis (H₀): Income of the family does not significantly influence a woman's acceptance of C-section.
- Alternate Hypothesis (H₁): There is a considerable significant effect of income of the family on a woman's acceptance of C-section.

The chi-square value is 23.54 (See Appendix 2)

P value of 23.54 (see Appendix 2) = 0.005.

Hence p value of 23.54 is less than 0.05, we reject H₀ based on the decision rule (See Appendix 2) and concluded that income of the family significantly influence a woman's acceptance of C-section.

4. Discussion

From the data analyzed in table 1 and 2, the age distribution of respondents were 18-23 years (11.8%), 24-29 years (52.9%), 30-35 years (20.6%), 36-41 years (8.8%) and 42-49 years (5.9%). 8.8% of respondents have no educational attainment, 2.9% of respondents have primary school as their highest educational attainment, 25.7% of respondents have secondary school as their highest educational attainment, 12.5% of respondents have OND, 5.9% of respondents have HND, 43.4 are graduates, 0% have masters while 0.8% indicated others as their highest educational attainment. 14.7% of respondents are housewives, 38.9% are civil servants, 34.6% of respondents are traders, 5.9% have hand work and 5.9% of respondents indicated others (students) as their occupation. 20.6% of respondents have below ₦20,000 as their monthly family income, 14.2% have between ₦20,000-₦50,000 as their monthly family income, 14.7% have between ₦60,000-₦90,000 as their monthly family income, 11.8% of respondents have between ₦100,000-₦130,000 as their monthly family income, 2.9% of respondents have between ₦140,000- ₦170,000 as their monthly family income and 8.8% of respondents have above ₦170,000 as their monthly family income.

This study found that pregnant women are aware of C-section and have good knowledge of its indications but not yet aware that it can be performed when a woman demands for it (Table 3, 4 and 5). Also, while 40% of respondents who know that C-section is an alternative means to vaginal delivery would accept C-section under medical indications 60% of the respondents will not accept. 50% would accept C-section for convenience while 50% would not and 50% would accept C-section only under emergency conditions while 50% of these respondents would not. This discovery is contrary to the findings of Orji et al., [6] and Bello et al., [5], who indicated that women are more likely to accept the surgery if they had heard of it before. This implies that pregnant women may not necessarily accept C-section based on the fact that they are aware of its indications.

The result of the study in Table 6, 7 and 8 showed that 32.4% of respondents indicated that their culture is against C-section while 67.6% of respondents did not. Also, 18.1% of respondents whose culture is against C-section would accept C-section under medical indications while 81.8% would not. 9.1% of these respondents would accept C-section for convenience while 90.9% would not and while 81.8% would accept C-section only under emergency conditions 18.2% would not. This discovery is in accordance with the findings of Adeoye et al [7] and Aziken et al [8] who said that very few women elect to have C-sections based on their cultural beliefs and that such women reluctantly accept C-section in the face of obvious clinical indications and also to the findings from theory of event coding which states that perception of an action and respondent action are similar. This implies that cultural views of pregnant women influence their acceptance of C-section.

According to the result presented in Table 9, it showed that out of 37.5% respondents who non-tertiary educational level individuals are, 15.7% would accept C-section when medically indicated while 6.3 will not. 7.8% would accept C-section for convenience sake while 94.1% will not and 86.3% would accept C-section only under emergency conditions while 15.7% will not. Also, out of the tertiary educational level respondents, 70.6% would accept C-section when medically indicated while 28.2% would not accept it. 56.4% of these respondents would accept C-section for convenience while 42.4% would not and while 65.8% would accept C-section only under emergency conditions, 33% would not. This discovery is in accordance with the findings of Aziken [8] who believed that low level of education is most likely to be associated with women's non-acceptance of indicated C-section but contrary to the views of Bello, et al [5] who believed that educational level had no influence on women acceptance of C-section.

The findings of the study in Table 11 revealed that, out of 104 (76.5%) respondents who indicated that their monthly family income is below ₦100, 000, 38.4% would accept C-section when medically indicated while 61.5% would not. 19.2% would accept C-section for convenience while 80.8% would not. 76.9% would accept C-section only under emergency conditions while 23% would not. In table 12, out of 32(23.5%) respondents who indicated that their monthly

family income is ₦100,000 and above, 87.5% would accept C-section if medically indicated while 12.5% would not. 100% would accept C-section for convenience and 62.5% would accept C-section only under emergency conditions while 37.5% would not. This discovery is in accordance with that of Mossialos et al [4] who stated that rate C-section increase was greater among wealthier women.

4.1. Findings from the test hypothesis

From Table 11 and 12, the p value of 23.54 is 0.005 and is less than 0.05 and based on the decision rule (see Appendix 2), the null hypothesis was rejected and the alternate hypothesis accepted and it implies that income of the family significantly influence a women's acceptance of C-section.

4.2. Implication of the study

- Although pregnant women are aware of C-section as an alternative to vaginal delivery, it has not enhanced their acceptance of it when indicated.
- The negative views women uphold about C-section has contributed to their non-acceptance of C-section.
- Low level of education has contributed to pregnant women's non acceptance of C-section.

If the financial constraints that has influenced acceptance of C-section among pregnant women are looked into by provision financial incentives, more women would accept indicated caesarean section.

5. Conclusion

Based on the findings, pregnant women have varied perceptions about C-section and are not readily accepting C-section as an alternative method of delivery. Most pregnant women would accept C-section only in emergency conditions because life is involved at such instances which is not a good thing because anything can happen in such emergencies and hence should not be a case to prefer. The financial constraints to acceptance of C-section among pregnant women must be looked into in other to enhance their acceptance of indicated C-section.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare that they have no competing interests.

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No funding was obtained for this study.

Statement of ethical approval

The researcher sought approval from the ethical review committee Nnamdi Azikiwe Hospital before commencing the study.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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Appendix

Appendix 1

Correlation technique using Pearson-product moment correlation coefficient by raw score method

Where N = sample size = 12, x = Odd Nos

Y – Even Nos

$$r = \frac{N\sum XY - \sum X\sum Y}{\sqrt{[N\sum X^2 - (\sum X)^2] [N\sum Y^2 - (\sum Y)^2]}}$$

X	Y	XY	X ²	Y ²
10	12.5	125	100	156.25
12.5	11	137.5	156.25	121
11.5	9.5	109.25	132.25	90.25
13.5	10.5	141.75	182.25	110.25
9.5	13.5	128.25	90.25	182.25
14.5	12.5	181.25	210.25	156.25
71.5	69.5	23	871.25	16.25

N= 12, $\sum XY = 823$, $\sum X = 71.5$, $\sum X^2 = 871.25$

$\sum Y = 69.5$, $\sum Y^2 = 816.25$

$$r = \frac{12(823) - (71.5)(69.5)}{\sqrt{(12(871.25) - (71.5)^2)(12(816.25) - (69.5)^2)}}$$

$$= \frac{9876 - 4969.25}{\sqrt{(10455 - 5122.25) \times (9795 - 4830.25)}}$$

$$= \frac{4906.75}{\sqrt{5342.75 \times 4964.75}} = \frac{4906.75}{\sqrt{26525418.06}} = \frac{4906.75}{5150.28} = 0.9527$$

: r = 0.95 Reliability coefficient of the half tests

Using spearman – Brown prophecy formula to obtain the reliability of the whole test,

$$r_w = \frac{nr}{1 + (n-1)r}$$

Where r w = Reliability coefficient

Of the whole test

r = Reliability coefficient of the 2 split halves

n- number of the test= 2 (that is odd and even number)

$$r_w = \frac{2 \times 0.9527}{1 + (2-1) \times 0.9527} = \frac{1.9054}{1.9054} = 0.9758 = r_w = 0.98$$

Appendix 2

From table 2, out of a work group of 136 pregnant women.

Family's income per month below N100,000 = 20+56+28 = 104(76.5%)

Family's income per month N100,000 and above = 16+4+12 = 32(32-5%)

Table 11 Acceptance under medical indications for pregnant women whose family's monthly income is below N100,000

	Frequency	Percentage
Agree (A+SA)	40	29.4
Disagree (D+SD)	64	47.1

Table 12 Acceptance under medical indications for pregnant women whose family's monthly income is N100,000 and above

	Frequency	Percentage
Agree (A+SA)	28	20.6
Disagree (D+SD)	4	2.9

5.1. Forming a 2 by 2 table

	Below N100,000	N100,00 and above	Total
Agree	40	28	68
Disagree	64	4	68
Total	104	32	136

Decision Rule: Reject H_0 if p value of chisquare value is less than 0.05. other wise accept

$$\text{Chisquare formula } (X^2) = \frac{\sum (O - E)^2}{E}$$

Where O = observed frequency

$$E = \text{expected frequency} = \frac{\text{row total} \times \text{column total}}{\text{Gross total}}$$

O	E	O-E	(O-E) ²	(O-E) ² /E
40	$\frac{68 \times 104}{136} = 52$	-12	144	2.77
	136			
28	$\frac{68 \times 32}{136} = 16$	12	144	9.00
	136			
64	$\frac{68 \times 104}{136} = 52$	12	144	2.77
	136			
4	$\frac{68 \times 32}{136} = 16$	-12	144	9.00
	136			

Adding up = 2.77+9.00+2.77+9.00 = 23.54

Degree of freedom (d.f) = (R-1) (C-1)

Where R= number of rows

C = number of columns

= (2-1) (2-1) = 1