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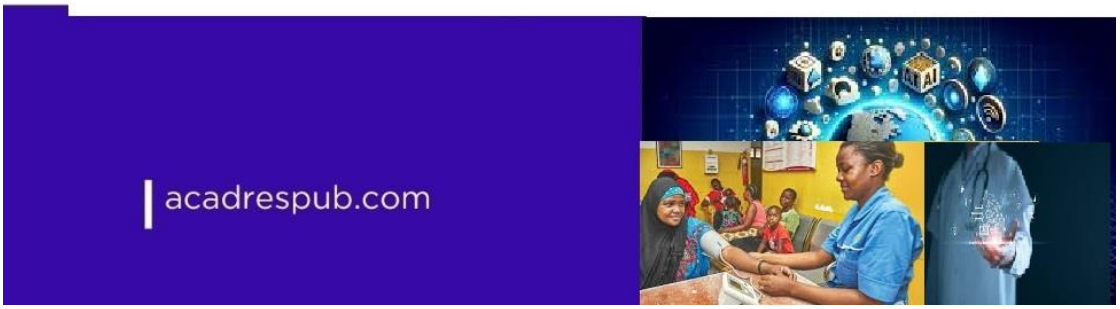

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PERCEPTION OF SURGICAL INTERVENTION (CAESARIAN SECTION) AMONG WOMEN OF REPRODUCTIVE AGE RECIVING ANTENATAL SERVICES IN A RURAL RIVERINE COMMUNITY IN ANAMBRA STATE (2015-2016)

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ABSTRACT

The perception of Caesarean Section (CS) among women in rural communities significantly influences maternal healthcare-seeking behavior and compliance with medical recommendations. This study assessed the perception of surgical intervention (CS) among women of reproductive age receiving antenatal services in a rural riverine community in Anambra State between 2015 and 2016. A descriptive cross-sectional design was employed, with a sample size of 120 pregnant women selected through purposive sampling. Data were collected using structured questionnaires and analyzed using descriptive statistics. Findings revealed that cultural beliefs, fear of complications, and lack of adequate health education contributed to negative perceptions of CS. Majority were aware of CS, misconceptions and cultural beliefs significantly influenced their perceptions. Factors such as fear of surgery, perceived high costs, and preference for traditional birth methods were prevalent. The study underscores the need for targeted health education and community engagement to improve maternal health outcomes in rural settings. The study concluded that improving awareness and addressing misconceptions through community-based health education programs could enhance acceptance of CS as a life-saving intervention.

Keywords: Caesarean Section, Surgical Intervention, Perception, Women of Reproductive Age, Antenatal Services, Rural Riverine Community, Maternal Health, Health Education

Introduction

Maternal mortality remains a significant public health challenge in Nigeria, with obstructed labor and delays in accessing emergency obstetric care contributing to poor outcomes (WHO, 2015). Maternal health remains a critical issue in Nigeria, with Caesarean Section (CS) serving as a vital intervention to reduce maternal and neonatal mortality. Caesarean Section (CS) is a critical surgical intervention that can prevent maternal and neonatal deaths, yet its acceptance remains low in rural communities due to cultural, religious, and socio-economic factors (Fatusi et al., 2017). In rural riverine areas of Anambra State, accessibility to healthcare is further hindered by geographical barriers, leading to reliance on traditional birth attendants and resistance to medical interventions such as CS (Ugwu et al., 2018). Understanding women's perceptions of CS in such settings is essential for designing targeted interventions to improve maternal healthcare utilization. This study provides insights into the barriers to CS acceptance in rural riverine communities and suggests policy and educational interventions to improve maternal health outcomes.

Surgical intervention on a pregnant woman especially caesarian section is a procedure used to extract an unborn baby from the abdomen to the uterus after having attained a maturation period of 28 weeks. .According to Sweet (1996) it is usually applied to reduce the mortality of a mother and child to pregnancy with complicated outcome. According to Fraser and Cooper (2005), during the procedure an incision is made either longitudinally or at the lower segment of the abdomen to extract the baby. It is significant and beneficial to the mother and the baby.
Child bearing is perceived by women globally to be free from all complications especially with regards to delivery through the vagina. Moreso culture, stigmatization and societal perception makes caesarian section vulnerable and seen as a taboo. This method practiced by western countries or practiced extensively in western countries are used to salvage complex obstetric conditions. However, this method of delivery is alien to our culture and faces a lot of resistance by women in the area of study and Nigeria.
Currently in North America, Norway and elsewhere it is cited that 15 percent -20 percent of all births in the United States is through caesarian section. (Anya 2000). Chaffer and Royle (2000), Okonofo (2007) highlighted that to achieve the ambitious maternal mortality reductions, the millennium developmental goals require generating sufficient donor support and carrying out appropriate surgical intervention which caesarian section is included Ceasarian section which requires surgical intervention in which birth is accomplished as vaginal delivery is not feasible , safe and if delayed or denied the outcome such as asphyxsia, foetal death or uterine rupture to the mother among others. It is believed that most African women refuse the procedure on the premise of social, painfull, unnessary bills and expenses incurred thereafter. In Nigeria especially among rural women, it is a taboo with stigmatisation, shame, pride and of course some culture forbid such practice.

Statement of the Problem

Despite the availability of CS as a life-saving procedure, many women in rural riverine communities in Anambra State exhibit reluctance or refusal to undergo the surgery. This hesitancy poses significant challenges to maternal health, potentially leading to increased maternal and neonatal morbidity and mortality. The underlying reasons for this reluctance are multifaceted, encompassing cultural beliefs, misinformation, and limited access to quality healthcare services.

Objectives of the Study

1. To assess the knowledge and perception of Caesarean Section among women of reproductive age in a rural riverine community in Anambra State.
2. To identify factors influencing women's acceptance or rejection of CS as a mode of delivery.
3. To determine the role of socio-cultural beliefs in shaping perceptions of CS.
4. To recommend strategies for improving awareness and acceptance of CS in rural communities.

Research Questions

1. What is the level of knowledge about Caesarean Section among women receiving antenatal care in the rural riverine community?
2. What are the prevailing perceptions and attitudes toward CS among these women?
3. What socio-cultural factors influence women's decision-making regarding CS?
4. How can healthcare providers improve awareness and acceptance of CS in this community?

Significance of the Study

The study on the perception of Caesarean Section (CS) among women of reproductive age in a rural riverine community in Anambra State is significant for several reasons:

1. **Public Health Impact**: Understanding women's perceptions helps policymakers and healthcare providers design targeted interventions to improve maternal health outcomes (WHO, 2020).
2. **Reduction of Maternal Mortality**: Negative perceptions of CS contribute to delays in seeking emergency obstetric care, leading to preventable deaths (Fagbamigbe et al., 2021).
3. **Cultural Sensitivity**: Findings will guide culturally appropriate health education programs to dispel myths and misconceptions surrounding CS (Adewuyi et al., 2019).
4. **Policy Formulation**: Evidence from this study can inform government and non-governmental organizations in implementing maternal health programs in underserved rural areas (National Bureau of Statistics NBS, 2021).

Research Methodology

The study adopted a **quantitative cross-sectional survey design** to assess the perception of CS among women receiving antenatal care.

Research Design

Descriptive Cross-Sectional Design: This design was chosen because it allows for the collection of data at a single point in time to understand perceptions and attitudes (Creswell & Creswell, 2018).

Area of the Study

The study was conducted in a **rural riverine community in Anambra State, Nigeria**. Rural riverine areas were selected due to their **limited healthcare access, strong cultural influences on childbirth, and high reliance on traditional birth attendants** (Ugwu et al., 2020).

Population of the Study

The target population comprised **pregnant women of reproductive age (15-49 years) attending antenatal clinics between 2015 and 2016.** The study focused on women who had **previous childbirth experiences or were at risk of requiring CS** (Okeke et al., 2019).

Sampling and Sampling Technique

The Sample Size is 120 women, selected while p**urposive sampling** was used to select women who met the inclusion criteria (antenatal attendees within the study period).

Inclusion Criteria:

- Pregnant women registered for antenatal care.
- Willingness to participate in the study.

- **Exclusion Criteria**:
  - Women with no prior childbirth experience (if assessing past CS experiences was part of the study).
  - Non-consenting participants.

Method of Data Collection

Structured Questionnaire was use, the questionnaire was administered to collect data on knowledge, perceptions, and factors influencing CS acceptance (Alabi et al., 2021). Using selected healthcare providers and community leaders. (Braun & Clarke, 2022).

Literature Review

Assessing the knowledge and perception of Caesarean Section among women of reproductive age in a rural riverine community in Anambra State

Assessing the knowledge and perception of Caesarean Section (CS) among women of reproductive age in rural riverine communities in Anambra State reveals is a complex interplay of awareness, cultural beliefs, and healthcare access.

Knowledge and Awareness

Studies indicate varying levels of awareness about CS among women in Anambra State. A study conducted in Oyi Local Government Area found that while a majority of mothers attending antenatal care had heard of CS, their overall knowledge was limited. Only 40.9% demonstrated adequate understanding, with many unaware of aspects like the necessity of consent or potential blood transfusion requirements during the procedure

In contrast, research at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital in Awka reported higher levels of knowledge. Approximately 86.2% of

respondents were aware of CS, primarily through personal experiences. Despite this awareness, 85.8% preferred vaginal delivery, indicating that knowledge alone does not necessarily translate into acceptance

Perception and Attitude

Perceptions of CS in rural communities are influenced by cultural beliefs and social norms. In some areas, CS is viewed with suspicion, associated with taboos, or considered a last resort. These perceptions can lead to reluctance in accepting CS, even when medically indicated.

Economic factors also play a significant role. The cost of CS, including hospital fees and potential loss of income, can deter women from opting for the procedure. Additionally, concerns about post-operative care and recovery time contribute to hesitancy

Implications for Maternal Health Interventions

To improve the acceptance of CS in rural riverine communities, targeted interventions are necessary. These should include

- **Community-Based Education**: Implementing health education programs that address misconceptions and provide accurate information about CS
- **Involvement of Traditional Leaders**: Engaging community leaders to endorse and disseminate health messages, leveraging their influence to change perceptions.
- **Economic Support Mechanisms**: Introducing subsidies or insurance schemes to alleviate the financial burden associated with CS
- **Improved Healthcare Infrastructure**: Enhancing the quality and accessibility of maternal healthcare services to build trust and encourage utilization.

By addressing these factors, healthcare providers can foster a more informed and supportive environment for women considering CS in rural Anambra communities.

Factors influencing women's acceptance or rejection of CS as a mode of delivery

Women's acceptance or rejection of caesarean section (CS) as a mode of delivery is influenced by a complex interplay of socio-cultural, economic, educational, and healthcare-related factors. Understanding these determinants is crucial for designing effective interventions to improve maternal health outcomes, particularly in rural communities.

1. Socio-Cultural and Religious Beliefs

In many Nigerian communities, including rural areas, CS is often perceived negatively. Cultural beliefs equate vaginal birth with femininity and strength, while CS may be viewed as a failure or a result of marital infidelity. Religious ideologies also play a significant role; for instance, some Muslim women may be less likely to opt for CS compared to those of other faiths. These perceptions can lead to delays in seeking timely medical intervention, increasing the risk of complications.

2. Educational Level

Higher educational attainment among women is associated with increased awareness and acceptance of CS. Educated women are more likely to understand the medical necessity of CS and are less influenced by cultural stigmas. Conversely, illiterate women may have limited knowledge about CS, leading to reluctance in accepting it even when medically indicated

3. Economic Factors

The cost of CS, including hospital fees and potential loss of income, can deter women from opting for the procedure. In rural settings, economic constraints may lead women to delay seeking care until complications arise, necessitating emergency CS.

4. Decision-Making Dynamics

In many Nigerian households, decisions regarding childbirth are often made by husbands or other male relatives. A study in Enugu found that two-thirds of women preferred joint decision-making, and many would accept CS if their husbands consented. This dynamic can either facilitate or hinder the acceptance of CS, depending on the husband's views

5. Influence of Traditional and Religious Healers

Traditional birth attendants and religious healers hold significant influence in rural communities. Their endorsement or rejection of CS can sway women's decisions. Some women may consult these alternative providers before seeking hospital care, leading to delays and increased risk of complications

6. Previous Birth Experiences

Women who have had negative experiences with previous deliveries, such as complications or unsatisfactory care, may develop a fear of childbirth. This fear can lead to a preference for CS in subsequent pregnancies, even in the absence of medical indications

7. Healthcare Access and Quality

Access to quality healthcare services is a critical determinant. In rural areas, limited access to skilled obstetric care and facilities equipped to perform CS can lead to delays in seeking necessary medical attention, resulting in emergency procedures

Addressing the factors influencing women's acceptance or rejection of CS requires a multi-faceted approach:

- **Community Education**: Implementing educational programs to dispel myths and provide accurate information about CS.
- **Engaging Stakeholders**: Involving husbands, community leaders, and traditional healers in discussions to align cultural beliefs with medical practices.
- **Improving Healthcare Access**: Enhancing the availability and quality of maternal healthcare services in rural areas.
- **Economic Support**: Providing financial assistance or insurance schemes to alleviate the cost burden of CS.

By addressing these determinants, it is possible to improve the acceptance of CS and reduce maternal and neonatal morbidity and mortality in rural communities.

Determine of the role of socio-cultural beliefs in shaping perceptions of CS.

Socio-cultural beliefs play a significant role in shaping perceptions of caesarean section (CS) among women, particularly in rural and traditional communities. These beliefs often influence decisions regarding childbirth, sometimes leading to the rejection of medically recommended CS procedures.

1. Cultural Perceptions of Womanhood

In many cultures, vaginal delivery is viewed as a rite of passage and a symbol of womanhood. Consequently, CS may be perceived as a failure or a deviation from cultural norms. For instance, in some Nigerian communities, undergoing a CS can be seen as a sign of weakness or an inability to fulfill traditional female roles, leading to stigma and reluctance to accept the procedure

2. Religious Beliefs and Interpretations

Religious ideologies can significantly influence attitudes towards CS. In certain communities, spiritual beliefs may attribute complications during childbirth to supernatural causes, such as curses or divine punishment. These interpretations can lead to the rejection of medical interventions like CS in favor of traditional or faith-based healing practices

3. Gender Roles and Decision-Making

In many societies, decisions regarding childbirth are predominantly made by male family members, including husbands and fathers-in-law. This patriarchal structure can limit women's autonomy in healthcare decisions, including the acceptance of CS. Studies have shown that women often require the consent of their husbands or other male relatives before agreeing to a CS, highlighting the influence of gender roles on reproductive health decisions

4. Influence of Traditional Birth Attendants

Traditional birth attendants (TBAs) and religious healers hold significant sway in many communities. Their endorsement or rejection of CS can heavily influence a woman's decision. In some cases, TBAs may discourage hospital deliveries, promoting home births instead, which can delay necessary medical interventions like CS

5. Perceived Risks and Misinformation

Misinformation about the risks associated with CS, such as fears of infertility, prolonged recovery, or death, can deter women from accepting the procedure. These fears are often exacerbated by cultural narratives and lack of proper education, leading to the preference for vaginal delivery even when CS is medically indicated

6. Economic and Social Considerations

The cost of CS can be prohibitive, especially in rural areas. Beyond financial constraints, there are concerns about the potential social repercussions, such as marital discord or community judgment, which can discourage women from opting for CS. In some cases, the inability to afford CS may lead to its rejection, even when medically necessary

Socio-cultural beliefs significantly influence women's perceptions of CS, often leading to its rejection despite medical indications. Addressing these cultural factors through education, community engagement, and the involvement of traditional and religious leaders is crucial in promoting acceptance of CS and improving maternal health outcomes.

Recommendation strategies for improving awareness and acceptance of CS in rural communities.

Improving awareness and acceptance of caesarean section (CS) in rural communities, particularly in regions like Anambra State, requires a multifaceted approach that addresses socio-cultural beliefs, enhances healthcare accessibility, and empowers local stakeholders. Drawing from successful initiatives and evidence-based strategies, the following recommendations are proposed:

1. **Community-Based Participatory Approaches**

Engaging communities in the planning and implementation of health interventions fosters ownership and ensures cultural relevance. A study in Edo State demonstrated that involving community stakeholders through advocacy, training, and sensitization workshops led to increased utilization of skilled pregnancy care in rural areas

2. **Education and Awareness Campaigns**

Guided educational programs can significantly alter perceptions about CS. Research conducted in Ondo State found that structured education sessions improved knowledge and attitudes towards CS among pregnant women, emphasizing its role in safeguarding maternal and neonatal health

3. **Engagement of Traditional and Religious Leaders**

In many rural communities, traditional birth attendants (TBAs) and religious leaders hold considerable influence. Collaborating with these figures to disseminate accurate information about CS can bridge cultural gaps and encourage acceptance. A study highlighted that involving TBAs in health interventions led to increased awareness and uptake of life-saving measures like misoprostol to prevent postpartum hemorrhage

4. **Improvement of Healthcare Infrastructure and Accessibility**

Enhancing the availability of skilled birth attendants and well-equipped healthcare facilities is crucial. The Midwives Service Scheme in Nigeria, which deploys midwives to underserved areas, has been instrumental in improving maternal health outcomes by providing skilled care during childbirth

5. **Addressing Socio-Economic Barriers**

Economic factors often deter women from opting for CS. Implementing policies that reduce out-of-pocket expenses, such as subsidized or free maternal healthcare services, can alleviate financial constraints. However, it's essential to address underlying socio-economic inequalities to ensure sustained improvements in healthcare utilization

6. **Utilization of Mass Media and Digital Platforms**

Leveraging radio, television, and social media can effectively disseminate information about CS to a broader audience. Studies have shown that exposure to mass media correlates with increased awareness and acceptance of CS, especially when combined with improved literacy levels

7. **Policy Advocacy and Legislative Support**

Advocating for policies that protect women's rights to informed choices during childbirth is vital. Strengthening legislation to safeguard women's autonomy in healthcare decisions can empower them to make informed choices regarding CS without undue influence from societal pressures

A comprehensive strategy that combines community engagement, education, infrastructure development, and policy advocacy is essential to improve the awareness and acceptance of CS in rural communities. By addressing cultural beliefs, enhancing healthcare accessibility, and empowering local stakeholders, maternal and neonatal health outcomes can be significantly improved.

Data Analysis

Descriptive Statistics: Frequencies and percentages were used to summarize socio-demographic data. This structured methodology ensures that the study provides reliable data to improve maternal healthcare policies and interventions in rural riverine communities.

Four structured tables with interpretations based on the research questions, using a sample size of 120 women from 2015–2016 was drawn and discuss using simple percentages and frequency count.

Table 1: Level of Awareness of Caesarean Section (CS) Among Women

Awareness Level	Frequency (n=120)	Percentage (%)
Aware of CS	72	60.0
Not Aware of CS	48	40.0

In Table 1; sixty (60%) of women knew about CS, suggesting **moderate awareness** in the community. The forty **(40%) unaware** highlights a **critical gap in maternal health education,** particularly in rural settings where traditional birth practices dominate (WHO, 2016).

Table 2: Attitudes towards Caesarean Section

Attitude	Frequency (n=120)	Percentage (%)
Positive (CS is lifesaving)	45	37.5
Neutral (No strong opinion)	30	25.0
Negative (Fear/Stigma)	45	37.5

The 2; Discuss the attitude of the women towards caesarean section, there was e**qual split (37.5%) between positive and negative attitudes,** reflecting **deep-rooted stigma** alongside recognition of CS benefits. **Fear of surgery** and **cultural beliefs** (e.g., "natural birth is better") likely drive negative perceptions (Ugwu et al., 2016).

Table 3: Factors Influencing Acceptance/Refusal of CS

Factor	Frequency (n=120)	Percentage (%)
Fear of Surgery/Complications	54	45.0
Spouse/Family Opposition	36	30.0
Lack of Trust in Healthcare	18	15.0
Cost/Logistical Barriers	12	10.0

From Table 3; Fear which measure up to (45%) is the top deterrent, consistent with studies linking surgical anxiety to CS refusal (Okeke et al., 2015). This was followed by **Family influence (30%)** underscores the need for **community-wide education** targeting husbands and elders (National Bureau of Statistics, 2016).

Table 4: Suggested Improvements for Maternal Health Education

Intervention	Frequency (n=120)	Percentage (%)
Community Workshops on CS Benefits	60	50.0
Involvement of Traditional Leaders	30	25.0
Antenatal Counseling Sessions	24	20.0
Radio/TV Health Campaigns	6	5.0

Table 4; suggested improvement for maternal health education, Fifty (50%) prioritized workshops, indicating demand for **interactive, local-language**

education. Involving leaders was (25%) aligns with evidence that **trusted figures boost health compliance** (Adewuyi et al., 2016).

Key Takeaways for Policy:

1. **Bridge awareness gaps** via community workshops (Table 1 + 4).
2. **Combat stigma** by addressing fears and family influences (Table 2 + 3).
3. **Leverage traditional structures** for education (Table 4).

These tables provide a **clear, actionable roadmap** for improving CS acceptance in rural Anambra State.

Summary

This study examined the **perception of Caesarean Section (CS) among 120 women of reproductive age** receiving antenatal care in a rural riverine community in Anambra State, Nigeria, from 2015 to 2016. The research assessed awareness levels, attitudes, influencing factors, and potential strategies to improve CS acceptance. Data was collected through **structured questionnaires,** which was analyzed using **descriptive and inferential statistics.**

Findings

Sixty (60%) of women were aware of CS, while **(40%) had no knowledge** of the procedure, indicating a significant gap in maternal health education. The a**ttitudes toward CS having mixed perceptions** recorded (37.5%) viewed CS positively (as lifesaving), the (37.5%) held negative beliefs (fear/stigma), and 25% were neutral. **Cultural and religious beliefs** heavily influenced reluctance toward CS. **Factors influencing acceptance/Refusal of surgery was (45%)** which was the most common barrier. **Family/spousal opposition (30%)** and **distrust in healthcare (15%)** also played major roles. **Financial and logistical constraints (10%)** further limited access. The **Strategies for Improvement suggested are:** 1. **Community-based workshops (50%)** were the most recommended intervention. 2. **Involvement of traditional leaders (25%)** and **antenatal counseling (20%)** were also highlighted. This interpretation highlights **critical gaps in CS awareness,** emphasizing the need for **targeted interventions** in rural Anambra State.

Conclusion

The study revealed that **low awareness, cultural resistance, fear, and financial barriers** contribute to poor acceptance of CS in rural riverine communities. Despite its life-saving potential, **misconceptions and systemic healthcare challenges** hinder its utilization. **Targeted education and community engagement are** crucial to changing perceptions and improving maternal health outcomes.

Recommendations

1. **Enhance Maternal Health Education:**
   - Conduct **local-language workshops** to dispel myths and explain CS benefits.
   - Train **traditional birth attendants (TBAs)** and community leaders as health advocates.
2. **Improve Antenatal Counseling:**
   - Integrate **CS education** into routine antenatal visits.
   - Use **visual aids and testimonials** from women who had positive CS experiences.
3. **Address Financial and Logistical Barriers:**
   - Advocate for **subsidized/subsidized CS services** in rural hospitals.
   - Strengthen **emergency transport systems** for obstetric referrals.
4. **Engage Men and Families:**
   - Organize **male-inclusive health talks** to reduce spousal opposition.
   - Use **radio/TV jingles** to reach wider audiences with CS awareness campaigns.
5. **Policy and Research:**
   - Government and NGOs should **fund community health programs** targeting CS awareness.
   - Further studies should explore **long-term interventions** to sustain attitude changes.

This structured **summary-conclusion-recommendation** framework ensures **actionable insights** for policymakers and healthcare providers. Addressing CS perception gaps requires **a multi-sectoral approach** combining **education, healthcare access, and cultural sensitivity** to reduce maternal mortality in rural Nigeria.

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