

**WOLKITE UNIVERSITY COLLEGE OF MEDICINE AND HEALTH SCIENCE  
DEPARTEMENT OF NURSING**



ATTITUDE AND ASSOCIATED FACTORS TOWARDS CESAREAN SECTION AMONG PREGNANT WOMEN ATTENDING ANTE NATAL CARE UNIT AT WOLKITE UNIVERSITY SPECIALIZED HOSPITAL AND WOLKITE TOWN HEALTH CENTER, GURAGE ZONE, SNNPR, ETHIOPIA, 2022

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## COLLEGE OF MEDICINE AND HEALTH SCIENCE

### DEPARTMENT OF NURSING

Attitude and associated factors towards cesarean section among pregnant women attending ante natal care unit at wolkite university specialized hospital and wolkite town health center, Gurage zone, SNNPR, Ethiopia, 2022

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## Abbreviation and Acronym

A.A= Addis Ababa

ANC= Ante Natal Care

C-section= Cesarean section

CD= Cesarean Delivery

CS= Cesarean section

CPD= Cephalo-Pelvic Disproportion

E.C= Ethiopian Colander

EDHS= Ethiopia Demographic Health Survey

K.m= Kilometer

PID= Pelvic Inflammatory Disease

SNNP= South Nation Nationality and People

SVD= Spontaneous Vaginal Delivery

WHC= Wolkite health center

WKUSH= Wolkite University Specialized Hospital

WHO= World Health Organization

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## Abstract

**Background** Cesarean section (CS) delivery is the delivery of the fetus(es), placenta and membranes through an incision on the abdominal and uterine wall at or after 28 weeks of gestation. Cesarean section is a lifesaving surgical procedure. Its recommended level of WHO is 5%-15%. There were no study conducted in Ethiopia previously in this topic, despite of the increasing rate of Cesarean section as a country.

**Objective** to assess attitude and associated factors towards Cesarean section among pregnant women attending ante natal care unit at wolkite university specialized hospital and wolkite town health center, gurage zone, SNNP, Ethiopia,

**Methods** Cross sectional study design was implemented to assess attitude of pregnant women attending antenatal care unit of Wolkite university specialized hospital and Wolkite health center. The Data was collected by using interviewer administered semi-structured questioner. The data analysis was done by using ordinal logistic regression were implemented and bivariate and multi variable analysis was done P-value 0.2 and 0.05 was used to determine significant association respectively.

**Result:** In our study 13.74% of mothers has positive attitude towards Cesarean section 93.8% mothers have positive attitude towards Cesarean section if it is mandatory and majority of the women has moderate knowledge level, 39.8% of mothers have good knowledge level. Maternal knowledge AOR=0.845 CI(0.768,0.930), occupational status AOR=0.749 CI(0.607,0.923), and number of living child AOR=0.752 CI(0.595,0.950) are significantly associated with attitude.

**Conclusion:** We concluded that mother's attitude towards C-section is neutral in general. mothers who were employed, one with good knowledge and living child between 1 and 2 had more likely to have positive attitude towards cesarean section. There fore we recommend regular education on ANC about CS as a mode of delivery.

**Key word** Attitude, Cesarean section, Pregnant women

# 1. Introduction

## 1.1 Background

Cesarean section (CS) delivery: - is the delivery of the fetus(es), placenta and membranes through an incision on the abdominal and uterine wall at or after 28 weeks of gestation(1). Cesarean delivery (CD) is also defined as birth of a fetus from the uterus through an abdominal incision(2).

CD is divided into two which are primary and repeated cesarean birth. Primary cesarean refers to a CD done in a woman without a prior cesarean birth, whereas repeat cesarean refers to a CD done in a woman who had a cesarean birth in a previous pregnancy(2). In other category we can classify it as Elective CS is a planned cesarean delivery performed before the onset of labor or the appearance of any complication that might constitute an urgent indication. Emergency CS is when the CS is done in labor or due to any complication with necessity of immediate delivery(1). As any other surgical, procedures Cesarean section has its own possible complications like surgical site wound infection, thromboembolism, pelvic inflammatory disease(PID) and also complication of anesthesia(3, 4).

CS is recommended when vaginal delivery might pose a risk to the mother or baby. Cs are also carried out for personal and social reasons. Systematic reviews have found no strong evidence about the impact of caesareans for non-medical reasons(5, 6). Some indications for performing cesarean delivery are Prior cesarean delivery, Abnormal placentation, , Unknown uterine scar type, Uterine incision dehiscence, Prior full-thickness myomectomy are maternal indications, and Cephalopelvic disproportion(CPD), Failed operative vaginal delivery, Placenta Previa or placental abruption are maternal – fetal indications also Non reassuring fetal status, Mal-presentation, Macrosomia, Congenital anomaly, Abnormal umbilical cord, are on fetal indication side. On other hand CS can be done on medical and non-medical reasons some of medical reasons are previous CS, fetal distress, CPD, prolonged and obstructed labor, multiple pregnancy, macrosomia, infection and non-medical indications are older maternal age, null parity, maternal request for CS, Even if this all are the indications for CS around 85% of Cesarean section(C-section) are done for four reasons prior cesarean delivery, dystocia, fetal jeopardy, or abnormal fetal presentation(7, 8).

CS is a lifesaving surgical procedure which has a great potential on reducing maternal as well as new born mortality and morbidity. According to WHO department news on June/2021 the currently global rate of C-section is more than 1 in 5 (21%) of childbirth is delivered by CS(8).

This rise in number shows that the topic a great focus from global health community; not only this but also in our country there is differences between different parts of the country like Addis Ababa accounts the largest prevalence CS i.e 21% and afar that of 2%. This number disparity between different areas of the country it sensitive and needs special concern from different bodies.

## 1.2 Statement of problem

Nowadays, most of the CS surgeries done without any medical indications, while other are done by mother's request(11). Recent studies show that the risk the complication of spontaneous vaginal delivery and CS are quite similar in the first pregnancy but the risk is much higher in repeated C-section in subsequent pregnancy(12, 13). The major threat for a woman undergoing CS is the complication of anesthesia and surgery due to this reason both maternal and fetal complications are more common in caesarian delivery(14, 15).

According to World health organization(WHO) report on June/2021 the prevalence of CS continues to rise worldwide from 7% in 1990 to 21% in present day. Based on this data eastern Asia accounts for the highest rate with 63%, followed by Latin America and the Caribbean's 54%, western Asia 50%, In least developed countries about 8% of women give birth by CS and its prevalence in sub-Sahara Africa is 5%(8). According to 2016 Ethiopia Demographic and Health Survey(EDHS) of Ethiopia the prevalence of CS in 2000 was 1% and 2% in 2011 and in 2016. (EDHS). EDHS 2016 also shows that different part of the country has different rate of CS in Addis Ababa CS rate is 21.4%, Amhara 2.3%, Tigray2%, SNNPR 1.9%, Benishangul Gumuz 1%, Oromia 0.9%, afar 0.7%, Somali 0.4%(16). Multilevel analysis of 2019 Ethiopia mini demographic health survey reported the prevalence of CS in Ethiopia was 5.44% in 2019(17).

In different studies different factors which affects the attitude of the mothers are identified like maternal factors such as, gravida, parity; socio cultural and religious factors like cultural acceptance, religious belief, societal attitude; demographic factors such as age, residence, educational status, husband educational status, on other hand knowledge of the mothers regarding C-section have great effect on their attitude(18 20).

Epidemiological studies in Brazil and Chili mentioned that pregnant women with high educational status prefer Cesarean section delivery, in other hand Africa there is strong opposition towards CD.(21) Cultural beliefs and traditions play their own roles on pregnant women's attitude towards CS. Some women perceive CS as a failure to motherhood and others believe as a curse(19, 22). Generally, this attitude and perception of African women made the usage of CS delivery below it has to be(23). In different countries maternal attitude is different on study conducted at Singapore

the positive attitude of CS was 3.7%. and on the study conducted at Pakistan only 2.2 % mothers has positive attitude towards CS.

WHO recommends the ideal C-section level should be between 5%-15% the positive or negative attitude towards this mode of delivery has its own negative impact on its utilization. The reason WHO mentioned is having CS above 15% has no effect on reducing mortality and morbidity of either mother or newborn and below 5% indicates C-section is not being done even if it's indicated (9, 10). The positive attitude of many western countries shows over utilization of this procedure(21). While the negative attitude made the procedure Under-utilized in many developing countries despite it is lifesaving procedure(23).

Even if there are studies conducted in maternal attitude towards CS there are still gaps that need further study like associated factors are not studied in different studies. There are no studies conducted in Ethiopia towards CS and there is also no study around our study area. Therefore, our study is going to contribute a little in investigating attitude of mothers toward CS in Wolkite university specialized hospital (WKUSH) and wolkite health center(WHS) which help policy makers in the area to consider maternal attitude in their decision. Majority of the studies conducted at different place did not study the factors that are associated behind the attitude of the mother. But Our study will also reveal the factors behind the attitude of the mother, and It is also important for our study to investigate level of maternal knowledge regarding C-section.

### Significance of the study

This study helps to fulfill the existing information gap regarding the attitude of pregnant women toward C-section, the study will also help as a baseline information for others who conduct their study on the same topic.

This study helps the health sector administrators to consider the attitude of mothers during decision making which helps the mothers to have the care which agrees with what they believe and need.

Finally, our study would also help nursing staffs, midwives, hospital administrative, policy makers, and other stake holders in activities to improve the attitude of C-section of mothers attending obstetrics and gynecology department of Wolkite university specialized hospital and wolkite health center.

## 2. Literature Review

### 2.1 Socio-demographic factor

A cross sectional study conducted in Iran Tehran on Women's knowledge and attitude towards mode of delivery and frequency of cesarean section on mother's request in six public and private hospitals in Tehran, shows that 76.6% of the study participants who prefer CS were working women where 47% of house wives, on the other hand women's with high educational level prefer CS with 5 % higher rate than that of illiterates, while the majority of respondents 76.3% of respondents were university educated while 53.6% were high school diploma .Husbands occupation and income plays its role on mothers preference of mode of delivery women's with good husbands monthly income are more likely to prefer cesarean delivery(26). A study conducted in Taiwan reported that older maternal age and older age of their husbands, who has a diseases are more likely to have cesarean delivery (30).

### 2.2 Obstetric and Gynecologic history

A cohort study conducted in six selected European country(i.e. Belgium, Iceland, Denmark, Estonia, Norway and Sweden) shows that among 7,200 recruited respondents on preference of pregnant women on mode of delivery the preferred mode of delivery among countries is different most of Belgian women refer vaginal delivery despite of them being uniparous or multiparous only a few 2.1 % and 6% of prim parous and multiparous women prefer caesarean delivery respectively, while in Estonia only 3.5% of respondents preferred CS. In this study the highest number preference for CS is in Denmark with 11.9% of multiparous women. The negative attitude for cesarean section in most of countries that addressed by the study is birth experience and previous CS exposure (31).

According to a longitudinal prospective study conducted in Taiwan on women's preference for cesarean delivery among 682 respondents of the study 37.2% of respondents plan for their eventual cesarean delivery during their second trimester of their pregnancy while 52.9 % of participants plan for their eventual mode of delivery during their third trimester of pregnancy and the prefer

C-section ( i.e. 82.6%) due to medical indication and their previous experience while the rest chose it without any medical indication(30).

### 2.3 Maternal knowledge on cesarean delivery

According to a cross-sectional survey conducted to measure the pregnant women attitude on mode of delivery in Isa university obstetric department in Pakistan shown that from total of 446 participants the majority of respondents i.e. 392 (87.9%) had low score on knowledge statements of the study and 10.7% of participants had a medium score, while only 1.6% of respondents had a good knowledge about CS delivery.(18)A study in Tehran reveled that generally,55.6% of respondents have poor score on statements that asses knowledge about mode of delivery while the rest 37.9% and 6.5% of respondents obtained intermediate and poor scores respectively(25).

A study conducted in KorleBu Teaching Hospital, reported that some the factors that encourage pregnant mothers to undergo CS are participants knowledge on the risks and benefits of cesarean delivery, to protect the health of their baby and strong relay on the doctors performance who performs the surgery. On the other hand, the negative factors mentioned in this study which led mothers to prefer vaginal delivery were, risk of the procedure to mother as well as the baby, long periods of postpartum recovery and maternal complication of the delivery.

### 2.4 Attitude mothers towards C-section

In the study conducted among 160 participants in Singapore to access the attitude of Asian girls who lives in Singapore shown that only 3.7% of women in the study prefer C-section as a mode of delivery. The common reason given by the women for proffering C-section as a mode of delivery is to avoid pain during vaginal delivery and in order to avoid fetal distress during vaginal birth(24).

According to cross-sectional survey to measure the pregnant women attitude on mode of delivery in Isa university obstetric department Pakistan shown that from total of 446 only 2.2% of participant women had positive attitude towards C-section but the vast majority (83.4%) had negative attitude the remaining 14.3% had neutral attitude. Factors for negative attitude are Seeing baby immediately after delivery is a pleasure for the mother, mother will not regain her health status sooner after CS, Vaginal birth creates a more affectionate mother-baby relationship, but

Some others prefer CS because preferable as mother's position on the delivery table is unpleasant(25).

The cross-sectional study conducted in Tehran, Iran to measure the attitude of delivered women in three private and three public hospitals among 600 prim parous mothers shown that from the total participant of the study 7.7% of post-natal mothers has positive attitude towards C-section and 23.7% of the women has negative attitude towards C-section also the remaining 68.6% women has attitude which is neutral. The reasons for most of the mothers to prefer C-section are they think mothers recover sooner after vaginal delivery, the emotional attachment of mother and child after C-section is poor, and also vaginal delivery is natural and acceptable method(26).

On descriptive cross-sectional study conducted in Ghana teaching hospital to measure the attitude of pregnant mother who follow ANC Kumfo anyo teaching hospital revealed from the study population 93.3% of the participant preferred vaginal delivery, 3.5% preferred C-section and the remaining 3.2% has no preference for particular route of delivery. From total of 263 pregnant women interviewed 51.7% of women thinks C-section is dangerous for the mother and baby, 30.6% feels C-section is not dangerous for both of them and the left others has no opinion regarding the dangerousness of C-section for mother and baby. Among the reasons given by mothers about the dangers of C-section are it leads to maternal death (3.15%), it also harms the baby (9.5%), complication after surgery like pain (37.8%), and the others think the mother lack vitality after C-section (31.5%)(18).

The Descriptive study conducted in Africa by Fatima Olibiso Bitose to study mother's attitude towards C-section in Nigeria shows that among total participant of pregnant women 57% has negative attitude while 85.7% of female will prefer vaginal birth and other 5.4% said they don't have preference for particular mode of delivery. Some reasons for mothers to prefer Vaginal delivery are delivering virginally is more empowering experience than CS, woman's own confidence in her ability to give birth, and Women who deliver their baby by caesarean section miss an important life experience(20).

A descriptive study on Somali land to assess the pregnant woman's attitude on C-section shown among total 150 participants 95.3% preferred SVD and 4.7% preferred C-section but 62% of women are willing to undergo CS if it is indicated by medically but the rest refused even if it is indicated medically. Factors for the majority not to prefer CS are fear of surgery complications

and death, women delivered by C-section as an abnormal or weak person but 24% respondents view CS as lifesaving procedure(27).

## Conceptual Framework

### Demographic factors

1. Maternal Age
2. Husband age
3. Income
4. Educational status
5. Husband educational status
6. Employment status

### Obstetric factors

1. Parity
2. Gravidity
3. History of cesarean section
4. Gestational age

**Attitude of pregnant mother**

### Maternal knowledge

1. Knowledge towards CS

Figure 1: Conceptual framework of the study on maternal attitude towards C-section at gurage zone 2022

## 3. OBJECTIVES

### 3.1 General Objective

- To assess attitude and associated factors towards Cesarean section and their associated factors among pregnant women attending ante natal care at wolkite university specialized hospital and wolkite town health center, gurage zone, SNNPR, Ethiopia, 2022

### 3.2 Specific Objective

- To assess the attitude of pregnant women towards C-section attending ANC unit at wolkite university specialized hospital and wolkite town health center, gurage zone, SNNPR, Ethiopia, 2022
- To Assess the level of knowledge of women about C-section attending ANC unit at wolkite university specialized hospital and wolkite town health center, gurage zone, SNNPR, Ethiopia, 2022
- To assess the factors affecting mother's attitude towards C-section attending ANC unit at wolkite university specialized hospital and wolkite town health center, gurage zone, SNNPR, Ethiopia, 2022

## 4. Methods

### 4.1 Study period and study area

#### **Study Period**

The study was conducted from May 8,2022-May 22, 2022

#### **Study Area**

The study was conducted in wolkite university specialized hospital and wolkite health center. wolkite university specialized hospital is located in Gurage Zone. Gubre town in front of Wolkite university. Gubre is far away from the capital city Addis Ababa by 167 km and from Wolkite by 17 km. WKUSH was established in 2011E.C with 123 health workers and number of bed were 112 for inpatients. wolkite health center located in Gurage Zone . Wolkite town, an elevation between 1910 and 1935 meters above sea level. Wolkite is a city found in the southern side of Addis Ababa 158km. The structural plan of Wolkite town is set up from 5 kebeles and 3 sub towns. The three sub towns are Bekure, Addis birhan and Gubrea and the corresponding kebeles (the smallest administrative unit of Ethiopia) are Selamber, Edgetber, Menaheria, Addis birhan and Addis hiwot. There is one hospital, two health centers and six health posts. It is surrounded by Kebena woreda and it was part of former Goro woreda. Wolkite town has a total population of 66410, of whom 53% are men and 47% are women. Wolkite health center offers diagnosis and treatment for the patients that reside in wolkite town and nearby neighbor woredas like kebena,Abeshge and others. The health center is providing many services like emergency, OPD treatment, ANC, family planning, immunization, delivery, laboratory, pharmacy, TB diagnosis, ART followup, cervical cancer screening. There are total of 143 professionals including 47nurses, 23 health officer, 5 general practitioners, 15laboratory professionals, 8pharmasists ,24 mid wife, 2ophtalamist.

### 4.2 Study Design

Analytic cross sectional study design was used to assess knowledge, attitude and associated factor of pregnant women towards C-section who visits antenatal clinic of Wolkite university specialized hospital and Wolkite town health center.

### 4.3 Source Population

The source population of our study was all pregnant women in Gurage zone and surrounding who are visiting the facility.

### 4.4 Study Population

The study population of the study was pregnant women who are visiting ANC of Wolkite university specialized hospital and Wolkite town health center, during data collection period.

### 4.5 Inclusion and Exclusion criteria

#### **Inclusion criteria**

Pregnant women visiting ANC unit of WKUSH and WHS during the study period

#### **Exclusion criteria**

Pregnant mothers unable to listen and speak

Pregnant mothers with Psychiatric disorder

### 4.6 Sample size and sampling procedure

Sample size was determined by using single population proportion by using the prevalence as 50%(no research done before in the same topic in Ethiopia). Confidence interval of 95% and margin of error 5% and 10% of non-respondent rate.

$$n = z^2 p(1 - p) / w^2$$

Where,

n= required minimum sample size

Z= z-score value corresponding to a given level of confidence

p= estimated population proportion (no previous studies conducted on this topic before in Ethiopia so, we are taking maximum sample size or 0.5)

w= allowable margins of error

$$n = \frac{(1.96)^2 \times 0.5(1-0.5)}{0.05^2} = 384.16 \approx 384$$

We add total non-respondent rate of 10%(38)

$$384 + 38 = 422$$

Total minimum sample size = **422**

## **4.7 Data collection**

A structured questioner was adopted from different literatures used in previous study of the same topic by English(20, 25, 26). The questioner had 2 major section, section-A demographic and obstetric data section and Section-B with questions that measure the attitude by using Likert scale which includes the options “Strongly Agree”, “Agree”, “Neutral or no Opinion”, “Disagree” and “Strongly Disagree”. The questioner also included question that assess knowledge of pregnant mothers towards C-section; also associated factors for maternal attitude was also assessed. Questioner was used because of it enables interviewers to obtain large amount of data from large sample size with cost effective method. All respondents had written informed consents prior to starting the questioner. The data was collected on 15 consecutive working days.

## **4.8 Study Variables**

### **Dependent Variable**

Attitude of pregnant mothers

### **Independent Variable**

#### Demographic factors

1. Maternal Age
2. Husbands age
3. Income
4. Educational status
5. Husband educational status
6. Occupation

#### Obstetric factors

1. Parity

2. Gravida
3. History of CS
4. Gestational age

#### Knowledge towards Cesarean section

1. Knowledge towards CS

#### 4.9 Operational definition

**Knowledge** - From the total mothers scored 0-3 were interpreted as poor knowledge level, mother who scored between 4-6 were interpreted as medium and mother scored between 7-9 were interpreted as good knowledge level(26).

**Attitude** - mothers who scored average between 1-1.8 were interpreted as strongly agree, 1.9-2.6 were interpreted as agree, mother who scored mean score between 2.7-3.4 were interpreted as neutral, mother who score from 3.5-4.2 were interpreted as disagree and those mothers whose mean score is between 4.3-5 were interpreted as strongly disagree(18,28). Then the mothers whose mean score is between under category of strongly agree and agree (the score between 1-2.6) were considered as positive attitude and those mothers whose scored 2.7-3.4 were interpreted as neutral attitude and those mothers whose mean score is between disagree and strongly disagree (3.5-5) are negative attitude(18).

#### 4.10 Data Management and Statistical analysis

The semi-structured questioner was used which assess pregnant mother's attitude, knowledge, sociodemographic and obstetric characteristics the questioner were adopted from different studies. 21 questions were included in parts that asses' maternal attitude by using Likert scale which includes strongly agree, agree, neutral, disagree and strongly disagree(26). 9 questions were included to asses' maternal knowledge towards CS. 1 was given to mothers who scored correct and 2 for each incorrect answer.; then 9 and 11 questions are used for socio-demographic(age/husband age/educational status of mother/husband educational status/presence of media at home/occupation/husbands occupation/marital status) and obstetric characteristics(gravida/parity/number of living children/history of stillbirth/history of abortion/last recent mode of delivery/ history of child death during labor/gestational age/number of ANC visits/place of last recent delivery) respectively(20,26). The data collected was entered to Epi-data

software and analyzed by SPSS 20 software and Microsoft excel after extracting the data. Descriptive statistics, univariate and multivariate analysis is also used. Candidate variables with P-value  $<0.2$  were entered to multivariable model to adjust for predictors. The 95% confidence interval for corresponding odds ratio(OR) were used to assess the degree of association at ( $P<0.05$ ) to declare significance. The results are presented by using tables, figures, graphs and charts using summary and frequency statistics such as mean, percentage to describe study population and other data analysis methods.

#### 4.11 Data quality assurance

Each questioner was checked for completeness during the submission to the supervisor and incomplete questioners were given back immediately. There were two data collector and one supervisor. The questioner was pretested on 5% of total sample size on Indibir town health center ANC unit which is 31 and 20 km away from the wolkite town health center and WKUSH respectively. The interviewers train themselves during pretest. For all mothers selected the interviewers asked the questions face to face and filled the questioner. The interviewers were signing on the ANC card of each mother after interview to avoid repetition.

#### 4.12 Ethical consideration

Ethical clearance and letter was obtained from Wolkite university nursing department research committee; we will also grant approval from WKUSH and Wolkite town health center administrates in order to perform our study in the compound. Informed verbal consent was got from each and every mothers after explaining aim, risk and benefit of the study.

#### 4.13 Dissemination of Finding

Our research result and finding is presented to Wolkite university College of medicine and other health science department of nursing as a partial fulfillment of bachelor of degree in nursing. Later, we are planning to disseminate our study findings to WKUSH and wolkite health center obstetrics and gynecology department, research directorate of WKUSH, Wolkite town health beuro, Gubre sub-city health beuro and other stakeholders. Finally, as there is no study conducted in our topic in Ethiopia and also limited research in Africa, we would like to try to publish our study result as an international journal by collaborating with our advisors and allow other to use our study finding as baseline data for their study.

## 5. Result

A total of 422 mothers aged between 18 and 38 were interviewed with a response rate of 100%.

### 5.1 Demographic Data and Obstetric Characteristics

From the total of 422 respondents 370(87.7%) are urban residents. 62(14.7%)mothers had educational status of collage or above. 42(10%) of mothers were government employees The mean age of our respondent mothers is  $25.86 \pm 3.750$  and  $31.58 \pm 4.765$  is husband's mean age. (table 1)

*Table 1: Socio demographic character of participant at gurage zone, WKUSH and WHC on May/2014*

Characteristics	Catagories	N(422)	%
Mothers age	≤25	214	50.7
	25-36	206	48.8
	>36	2	0.5
Husbands mean age	≤24	8	1.90
	25-35	354	83.89
	35-54	60	14.21
Residence	Urban	370	87.7
	Rural	52	12.3
Mothers educational status	No education	36	8.5
	Primary education	174	41.2
	Secondary education	150	35.5
	Collage and above	62	14.7
Husbands educational status	No education	36	8.5
	Primary education	82	19.4
	Secondary education	176	41.7
	Collage and above	128	30.3
TV or radio at home	<b>Yes</b>	360	85.3
	<b>No</b>	62	14.7
Mothers occupation	House wife	246	58.3
	Farmer	34	8.1
	Merchant	74	17.5
	Government employee	42	10.0
	Daily labor	22	5.2
	Others	4	0.9
Husbands occupation	House wife	4	0.9
	Farmer	62	14.7
	Merchant	182	43.1
	Government employee	100	23.7
	Daily labor	62	14.7
	Others	12	2.8

Table 1 continued

Characteristics	Catagories	N(422)	%
Marital status	Married	412	97.6
	Unmarried	0	0.0
	Widowed/divorced	10	2.4
	Others	0	0.0

## 5.2obstetric character of mothers

The mean gravida of the mothers was  $2.36 \pm 1.327$ . Mothers also asked about their parity and 122(28.9%) are nulliparous.28 mothers has history of abortion and 24 which accounts 5.7% from total participants has CS history on previous delivery. On other hand 150(35.5%) mothers has one or two number of living child. (table 2)

Table 2 obstetric character of mothers attending ANC at WKUSH and WHC on may/2022

Obstetric character	N	%	Total number
Gravida			
1-2	262	62.1	422
3-4	136	32.2	
$\geq 5$	24	5.7	
Para			
1-2	254	60.2	302
3-4	36	8.5	
$\geq 5$	14	3.3	
History of stillbirth			
Yes	16	3.8	302
No	286	67.8	
History of abortion			302
Yes	28	6.6	
No	274	64.9	
Number of living child			
0	124	30.8	422
1-2	150	35.5	
3-4	134	31.8	
$\geq 5$	14	3.3	
Recent mode of delivery			
Vaginal	276	65.4	422
Cs	24	5.7	
First time	120	28.9	
History of child death			
Yes	8	1.9	302
No	294	69.2	

Table 2 continued

<b>Obstetric character</b>	<b>N</b>	<b>%</b>	<b>Total number</b>
Has history ANC visit			
Yes	368	87.2	422
No	54	12.8	
Number of ANC visit			
One	146	34.6	422
Two	134	31.8	
Three	88	16.1	
Four	74	17.5	
Last place of delivery			
Home	8	1.8	422
Institution	294	69.7	
Not applied	120	28.9	

### 5.3 Pregnant Mothers Knowledge towards CS

Among the total of 422 participants 20(4.7%) mothers had good knowledge towards CS. And above half 234(55.5%) mothers had moderate knowledge and the remaining 20(4.7%) had poor knowledge. 254(60.5%) of mothers answered the correct answer for Emotional relationship between mother and baby after vaginal delivery is better(table 3)

Table 3: Knowledge towards C-section at gurage zone, WKUSH and WHC on May/2014

Variables	Expected answer	Incorrect <i>n</i> (%)	Correct <i>n</i> (%)
Cesarean delivery is less painful	True	278(65.9)	144(34.1)
Maternal complications of cesarean delivery are greater	True	104(24.6)	318(75.4)
Infection risk of cesarean delivery is higher than vaginal delivery	True	74(17.5)	348(82.5)
Emotional relationship between mother and baby after vaginal delivery is better	True	168(39.8)	254(60.2)
Infant bone fractures are impossible in CS	False	300(71.1)	122(28.9)
It is reasonable to request CS again for next delivery after the first CS	True	106(25.1)	316(74.9)
Respiratory disorders in infants born by CS are less than vaginal delivery	False	316(74.9)	106(25.1)
Hemorrhage after cesarean delivery is less than vaginal delivery	False	158(37.4)	264(62.6)
CS is mandatory for breech presentation	False	376(89.1)	46(10.9)

Table 4: Knowledge level of mothers towards C-section at gurage zone, WKUSH and WHC on May/2014

KNOWLEDGE LEVEL	N(%)
<b>POOR</b>	20(4.7)
<b>MODERATE</b>	234(55.5)
<b>GOOD</b>	168(39.8)

#### 5.4 Pregnant mother's Attitude Towards Caesarean Section

Of the total of 422 participating mothers 14% of respondents had positive attitude towards CS while the 79% had neutral attitude and the rest 7% had negative attitude towards Cesarean section. 396(93.8%) of mothers attained positive rating on attitude statement “I will accept CS in current delivery if advised by doctors(indicated)” while 332(78.2%) mothers had attained the negative rating for the statement “I will accept CS even if not indicated if the doctor I trust performs the surgery.” (table 5)

Table 5: Attitude towards C-section at gurage zone, WKUSH and WHC on May/2014

Items	Strongly Agree and Agree	No option (Neutral )	Disagree and Strongly Disagree	mean	Interpretation
accept CS if indicated	396(93.8)	0(0)	26(6.2)	1.37	S.agree
Vaginal delivery has more harm for the baby	136(32.3)	16(3.8)	270(64)	3.33	Neutral
CS is unnatural	294(69.1)	8(1.9)	120(28.4)	2.56	Agree
Accept CS if not indicated	74(17.5)	18(4.3)	332(78.2)	3.73	Disagree
Emotional relationship between mother and the infant is better after vaginal delivery than CS	172(40.3)	32(7.6)	220(52.1)	3.02	Neutral
caesarean section takes away Joy	118(28)	20(4.7)	284(67.3)	3.35	Neutral

Table 5 continued

Items	Strongly Agree and Agree	No option (Neutral)	Disagree and Strongly Disagree	mean	Interpretation
I prefer VD because of CS scar	60(14.3)	20(4.7)	342(81.1)	3.70	Disagree
If no financial problem, CS is better	72(17)	12(2.8)	338(80.1)	3.73	Disagree
I prefer CS because I don't like mother's position on the delivery table	100(23.4)	12(2.8)	310(73.4)	3.57	Disagree
I would feel embarrassed to inform	42(10)	2(0.5)	378(89.6)	3.90	Disagree
I prefer CS because it is less painful	78(18.4)	39(9)	306(72.5)	3.40	Neutral
Infants born by CS are healthier	44(10.4)	32(7.6)	346(82)	3.82	Disagree
Infants born by CS are more intelligent	36(8.7)	26(6.2)	380(85.3)	3.93	Disagree
A woman recovers faster after a CS	180(42.6)	64(15.1)	178(42.1)	3.00	Neutral
CS prevents uterine and bladder damage	258(61.2)	88(20.9)	76(18)	2.50	Agree
CS prevents deformation and malformation of female genital tract	262(66.1)	82(19.4)	78(18.5)	2.52	Agree
If I had CS, worry about my baby's	284(67.3)	30(7.1)	108(25.6)	2.5	Agree
CS prevents future sexual problems	232(54.9)	68(16.1)	122(28.9)	2.5	Agree
VD has lower risk for the mother	298(70.6)	44(10.4)	80(19)	2.74	Neutral
it is a mother's right to choose CS	262(62.1)	20(4.7)	140(33.2)	2.53	Agree
I believe that CS should be done when vaginal delivery is risky	398(94.4)	12(2.8)	12(2.8)	1.63	Strongly agree

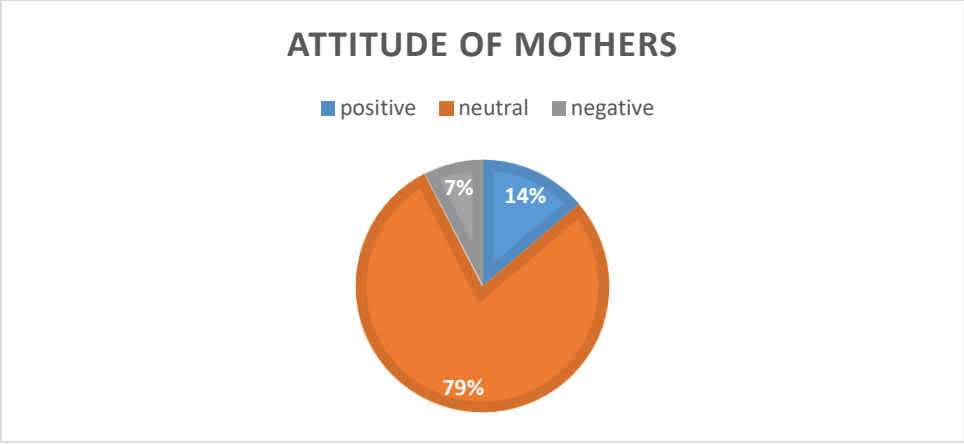


Figure 2: Attitude of Mothers at gurage zone, WKSH and WHC on May/2014

### 5.5 Factors associated with maternal attitude

In this studies about 4 variable become significantly associated in bivariate associations this are maternal occupation, husband’s occupation, maternal knowledge level, and number of living children among those on multi variable analysis we have identified about 3 variables which includes maternal occupation, maternal knowledge level, and number of living children. As the mother’s knowledge toward CS increases mother with moderate knowledge has 15.5% less likely to have positive attitude towards CS [AOR = 0.845 95%CI: (0.768,0.930)]. As the mother is employed unemployed has 23.9% less likely to have positive attitude. [AOR = 0.761 CI: (0.621,0.933)]. As the mother employed private employees has 25.1% less likely to have positive attitude. [AOR = 0.749 CI: (0.607,0.923)]. As the Mothers number of living child increases mothers who has 1-2 child has 24.8% less likely to have positive attitude [AOR = 0.715 CI: (0.595,0.950)].

Table 6: Variables associated with health-seeking behavior in Wolkite town, Gurage zone, SNNPR, Ethiopia, June 2022

Variables	Categories	Maternal attitude towards CS			COR (95% CI)	AOR (95% CI)	P value <0.05
		Positive (%)	Neutral (%)	Negative (%)			
Maternal knowledge	Poor	0(0.0)	16(80.0)	4(20.0)	1.179(0.970,1.432)	1.140(0.914,1.423)	
	Medium	40(17.1)	178(76.1)	16(6.8)	0.871(0.801,0.946)	0.845(0.768,0.930)	*
	Good	6(3.6)	150(89.3)	12(7.1)	1	1	
Maternal occupation	Unemployed	26(10.6)	196(79.7)	24(9.8)	0.902(0.785,1.036)	0.761(0.621,0.933)	*
	Private employee	20(14.9)	110(82.1)	4(3.0)	0.807(0.697,0.934)	0.749(0.607,0.923)	*
	Government employee	0(0.0)	38(90.5)	4(9.5)	1	1	
Number of living child	0	0(0.0)	4(100.0)	0(0.0)	0.867(0.538,1.396)	0.642(0.395,1.044)	
	1-2	28(18.7)	112(74.7)	10(6.7)	0.769(0.608,0.972)	0.752(0.595,0.950)	*
	3-4	10(7.5)	116(86.6)	8(6.0)	0.854(0.674,1.081)	0.818(0.647,1.036)	
	≥5	0(0.0)	12(85.7)	2(14.3)	1	1	
Husbands educational status	Unemployed	0(0.0)	4(100.0)	0(0.0)	1.122(0.96,13.136)	3.32(0.065,16.870)	
	Private employee	40(12.6)	250(78.6)	28(8.8)	0.891(0.504,1.575)	1.524(0.736,3.154)	
	Government employee	6(6.0)	90(90)	4(4.0)	1	1	

**NOTES:** \*Significance at p-value <0.05

**Abbreviations:** CI- confidence interval

COR –Crude odd ratio

AOR- Adjusted odd ratio

## 6. Discussion

In this study from the total 13.74% of mothers has positive attitude towards CS; the others 78.67% had neutral and only 7.57% had negative attitude towards CS. In the cross sectional study conducted at Pakistan Isa university only 2.2% mothers have positive attitude towards CS(25). In the other cross sectional study in Tehran Iran 7.7 percent of the participant has positive attitude toward C-section the remaining 23.7% and 68.6 percent of the mother has negative and neutral attitude respectively(26)the reason for this difference could be the operational definition of positive, negative or neutral attitude for the above and this study is different. The cross sectional study conducted in Nigeria by Fatima Olibiso Bitose shown that among total participant of pregnant women 57% has negative attitude towards CS (20). In contrary the positive attitude level of this study population is better than those above studies the possible reason for this might be when compared to above studies the maternal knowledge of our study population in better than above studies as the knowledge is the driving force for attitude this could be the reason.

In this study 17% mothers prefer CS in absence of financial problem in contrary to this the cross sectional study conducted at south west Nigeria to asses' mother's attitude towards C-section shown 40.3% agreed if there is no financial problem CS is better in our study only; the reason for this discrepancy could be around 40% of the mothers in above study has tertiary education. 18.4% in our study agreed on CS has lower pain for the mother; in opposite to this 83.7% agreed on CS has lower pain for the mother; many respondents in this study did not experience CS before and majorities of the participants in above studies joined university or collage those are might be the reasons for the disparity(20). This study revealed that 93.5% of mothers agreed to have CS if necessary to keep the health of the baby this result is supported by descriptive cross sectional study conducted at Ghana Accra which is 100%. 17.5% of this study participant's mothers agreed to have CS if the doctor they trust perform the surgery. On other hand in Ghana study 79.5% agree on the same question, might be our majority mothers believe of CS as unnatural, and should be reserved for those with medical indication might be the reason for the difference and also the majority of the mothers in Ghana study think any women can have CS by choice this also might be the reason(18). This study shown that the mothers which accounts 70.6% believe vaginal delivery has low risk for the mother. But this is inconsistent with the study in Tehran which has only one fourth of the mothers think vaginal delivery has low risk for the mother and 32% of the

mother also respond as vaginal delivery has high risk for the mother the possible reason for the difference could be all mothers in above study are interviewed at their post-natal period among them 83.5% mothers delivered by CS. In our study 63.1% of the mothers agreed that the mother should have the right to request CS by her own; this result is also compatible with result in above study which is 62.1% of the mother agreed too (26).

In this study 39.8% of the mothers has good knowledge on caesarian section; the majority which accounts 55.5% have moderate knowledge level and the remaining has poor knowledge level. In the study conducted at Tehran Iran majority of the mother has poor knowledge regarding CS and also the study conducted at south west Nigeria at 2014 revealed that 46.8% of the mothers has poor knowledge level and 36% had neutral attitude. In comparison with those studies our participants has better knowledge level regarding C-section the possible reason for this could be the residence of majority participants in above study are rural but in this study the vast majority of the participants live in urban area that they can access information easily and repeatedly also the other possible reason could be those studies done around 6 years back and there are a lot of changes in this time gap(20 26).

Maternal Knowledge, occupation, and number of living children are significantly associated with maternal attitude towards C-section. In this study the maternal knowledge toward CS has significant association with maternal attitude. This is consistent with the cross sectional study conducted at Iran Tehran(26); the knowledge attitude behavioral model considers that knowledge is essential for affecting change in attitude then behavior(31). Also consistent with the descriptive cross sectional study conducted at Ghana Accra. The study shown that mothers having more knowledge regarding CS and its risk is seen as the factor that increases mothers attitude and encourage them to undergo C-section(18).

Mother occupation is also significantly associated with maternal attitude towards C-section this is consistent with the study conducted at Iran. Similarly, the mothers age and husband age, are not significantly associated in both studies. The husband's educational status and husband employment status is significantly associated in the above study but not associated in this one the reason for this difference is could be there is a difference in sample size the above study used 600 sample size. Also the above study is conducted in the county which has different socio-economic factors than this setting so this also could be the reason (26).

The third factor in this study is number of living child. In this study as the number of living children increase those mothers having 1-2 children less likely to have positive attitude this factor is not studied in many studies or it was not associated the reason for this might be different studies categorize number of living child in different categories.

## 7. Conclusion and Recommendation

We concluded that mother's attitude towards C-section is neutral in general; this is a challenge for health professionals to provide a better information during the ANC visits of mother's. The study also found out that mothers has positive attitude towards C-section if operation is mandatory (indicated). This study found out mothers generally do not give attention to societal and cultural myths regarding CS; they do not feel embarrassed to inform families, friends and other relatives that they delivered by CS. This shows the good change in mother's knowledge and attitude from previous studies in Pakistan, Iran, Ghana and Nigeria. Finally, mothers who were employed, one with good knowledge and living child between 1 and 2 had more likely to have positive attitude towards cesarean section.

Based on the findings of this study we recommend all pregnant mother who have ANC visits needs education regarding CS as a mode of delivery. We also recommend women in reproductive age group to be educated about mode of delivery. Educating husbands regarding C-section is also strongly recommended as they are major decision makers in mode of delivery in our community. We also recommend women empowerment as the employed mother has more likely to have positive attitude As there is no research done before in this topic in Ethiopia it needs further researches to generalize for the whole country. This study was done in one health center and one hospital so, further studies should be done in multiple hospitals and health institutions. We also suggest up coming studies in the same topic to include husbands as they are major decision makers in our society.

## 8. Limitations

our study was done in one health center and one hospital but it needs studies in different hospitals and health institutions for the future. Our study also did not include husbands who are the major decision makers in many aspects of life including mode of delivery. As the study is conducted at health institution there may be social desirability bias.

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# ANNEX

## Questioner

### **Information sheet**

#### **Dear participant:**

The following questioner is prepared to assess attitude of pregnant women towards cesarean section in Gurage zone at Wolkite health center and Wolkite university specialized hospital.

The goal of this study is to evaluate the attitude of pregnant women who are visiting Wolkite health center and Wolkite university specialized hospital ante natal department regarding caesarian section during the period of data collection. The objective of providing this information regarding our study is to respect your privacy and to get your willingness to participate in the study. If you have any question please contact the data collector, as a result, we ask your willingness.

#### **Risks and Benefits**

You may encounter unpleasant situation while participating in data collection, such as feel as wasting time and interrupting from your activity. But we are hoping you will agree to take part in this study. There is absolutely no risk to you due to participating in the study. We also would like to inform you the information you gave will never be shared with third party.

#### **Incentives and right to refuse for participation**

Dear participant, you will not be paid for participating in the study, and you have the right to refuse to answer any or all of the questions, as well as the right to withdraw your participation at any time.

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**THANK YOU**

### **Consent Form**

I have read all and understand the entire method and goal of the study as outlined, which includes being educated about study's purpose and benefits. I have also realized that this study posed no risk or complication to me, my family and my fetus. I have been assured that if I do not feel comfortable responding to any of the questions, I can drop it at any moment. I also understand the information provided and participation is entirely voluntary. I have been advised that my answers to the questions would not be share with anyone else and that I should not anticipated my name to be written down. Now I am giving my permission to take part in the study.

Yes, I want to participate in the study. (Please go to next page)

No, I do not want to participate in the study (Thank you very much)

## Part I. Socio-demographic and Obstetric character of the mother

Instruction: Put “x” mark in the small box that contains appropriate response for you or write the appropriate answer on the space provided.

Table 7: Questioner to Assess socio-demographic and obstetric character of mothers

S.n	Variable	Characteristics	Remark
01	How old are you?	_____ in years	
02	How old is your husband?	_____ in years	
03	Residence	1. Urban 2. Rural	
04	Educational status of mother	1. No education 2. Primary education 3. Secondary education 4. College and above	
05	Educational status of husband	1. No education 2. Primary education 3. Secondary education 4. College and above	
06	Presence of media(TV or Radio) at home	1. Yes 2. No	
07	What is your occupation?	1. House wife 2. Farmer 3. Merchant 4. Government employee 5. Daily laborers 6. Others _____ (specify)	
08	What is your husband’s occupation?	1. House wife 2. Farmer	

		3. Merchant 4. Government employee 5. Daily laborers 6. Others _____ (specify)	
09	What is your marital status?	1. Married 2. Unmarried 3. Widowed/divorced 4. Others _____ (specify)	

S,n	Variables	Characteristics	Remark
01	Number of gravida	_____	
02	Number of para	_____	
03	History of still birth	1. Yes 2. No	
04	History of abortion	1. Yes 2. No	
05	Number of living children	_____	
06	Mode of delivery of the last recent delivery	1. Vaginal 2. Cesarean section 3. It is first pregnancy	
07	Previous History of Child death during labor	1. Yes 2. No 3. Not applicable	
08	Gestational age	_____	
09	Has ANC visit	1. Yes 2. No	
10	Number of ANC Visit	_____	
11	Place of delivery of the last recent baby	1. Home 2. Institution 3. Not applicable	

### Knowledge towards C-section

Table 8: Questioner to Assess Maternal knowledge towards cesarean section

No	Variables	Actual answer	Expected answer	Remark
1.	Cesarean delivery is less painful		True	
2.	Maternal complications of cesarean delivery are greater		True	
3.	Infection risk of cesarean delivery is higher than vaginal delivery		True	
4.	Emotional relationship between mother and baby after vaginal delivery is better		True	
5.	Infant bone fractures are impossible in CS		False	
6.	It is reasonable to request CS again for next delivery after the first CS		True	
7.	Respiratory disorders in infants born by CS are less than vaginal delivery		False	
8.	Hemorrhage after cesarean delivery is less than vaginal delivery		False	
9.	CS is mandatory for breech presentation		False	

## Part II. Attitude towards mode of delivery

Table 9: Questioner to Assess pregnant mother attitude towards C-section by using Likert-scale of attitude measurement.

No	Items	Strongly Agree	Agree	No option (Neutral)	Disagree	Strongly Disagree
1	I will accept CS in current delivery if advised by doctors(indicated)					
2	Vaginal delivery has more harm for the baby					
3	I believe caesarean section births are unnatural and reserved for those with medical issues or those who fear pain					
4	I will accept CS even if not indicated if the doctor I trust performs the surgery					
5	Emotional relationship between mother and the infant is better after vaginal delivery than CS					
6	caesarean section takes away from the joy of giving birth					
7	I prefer vaginal delivery because I don't like the scars of surgery on my abdomen					
8	If there is no financial problem, CS is much better					

9	I prefer CS because I don't like mother's position on the delivery table					
10	I would feel embarrassed to inform close family, friends, etc. that they had given birth by caesarean section					
11	I prefer CS because it is less painful than vaginal delivery					
12	Infants born by CS are healthier than those born by vaginal delivery					
13	Infants born by CS are more intelligent than those born by vaginal delivery					
14	A woman recovers faster after a caesarean section than after vaginal birth					
15	CS prevents uterine and bladder damage					
16	CS prevents deformation and malformation of female genital tract					
17	If I had C-section, I would worry about my baby's condition during C-section delivery					
18	Compared with vaginal birth, CS prevents future sexual problems for the mother					

19	Vaginal delivery has lower risk for the mother					
20	I believe that it is a mother's right to choose CS for herself, even if there are no medical reasons to have it.					
21	I believe that CS should be done when vaginal delivery is risky					

**THANK YOU**

## Wolkite university

### College of health science and medicine Department of nursing

This is to witness the research prepared by "Amsalu Yohannes, Abdi Tamirat and Zuleyka Shemsu" on the topic maternal attitude and associated factors among pregnant women attending at antenatal care unit at wolkite university specialized hospital and wolkite health center from May 8-22 for partial fulfillment of bachelor degree in nursing. Instructions with regulations of the university are met and the expected standards are achieved. The advisor's recognition on this paper is announced.

#### Board of Approval

Advisor's Name	Signature	Date
Mr. Girma T. (BSC, MSC in MHN)	_____	_____
Sr. Eskedar D. (BSC, MSC in MHN)	_____	_____
Examiner's Name	Signature	Date
_____	_____	_____
_____	_____	_____
Department Head's Name	Signature	Date
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