

Beliefs About Caesarean Section amongst Women of Child Bearing Age in University of Calabar Teaching Hospital, Cross River State, Nigeria

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Abstract

This study was conducted to find the beliefs about caesarean section amongst women of childbearing age in UCTH Calabar, Cross River State, Nigeria. In the course of the study, five research questions and five hypotheses were formulated to direct the study. A survey method was used which is indicative in interview and discussions with people to obtain facts. The population of study was 853 pregnant women who came for antenatal clinic in UCTH Calabar within the month of January 2017 with sampling size of 85 women. Accidental sampling method was used with a structured questionnaire—‘Questionnaires on beliefs about caesarean section among women of child bearing age in UCTH Calabar, Cross River State, Nigeria’. Same was administered by the researcher and his assistant and the data was analysed with mean, standard deviation, chi-square and One-way analysis of variance (ANOVA). The result revealed that there are significant influences of traditional and religious beliefs on caesarean section amongst women of childbearing age. The result further showed that there is significant difference in belief about caesarean section amongst women of childbearing age based on their educational qualifications, income status and number of children. It was recommended that there should be proper enlightenment of pregnant women over the relevance of caesarean section in the churches, communities and schools.

Keywords: *Caesarean section, women of child bearing age, tradition beliefs, religious beliefs.*

Background to the study

Cesarean section is a surgical operation into a woman’s abdomen and uterus for unborn baby to be delivered through the incision without the mother’s effort (American College of Obstetricians and Gynecologists, 2010). It is an elective decision always suggested by labor managers where unforeseen complication is anticipated. Murray, (2015), commented that in most situations it is scheduled in advance, pending the day of labor. In U.S. the rate of cesarean section at 2011 was about 33%, but now it has risen to 60% (CDC, 2011) while in Nigeria it is 1.8% amounting to 494,296 (WHO, 2010). Caesarean section has been part of human culture since ancient times and there are tales in both Western and non-Western cultures of this procedure resulting in live mothers and offspring (WHO, 2015).

It is often suggested when vaginal birth would put the baby or mother at risk and considered emergency when adverse conditions like cord prolapsed, uterine rupture, cephalopelvic disproportion in labour, fulminating pregnancy induced hypertension, eclampsia, fetal distress and failure to progress in first or second stage of labour manifest. It could also be elective caesarean section when the decision for surgery is made during pregnancy such as major degree of placenta praevia, multiple pregnancies with three or more fetus, intra-uterine growth retardation, ante partum haemorrhage and others.

There are two types of caesarean section: the lower segment and classical caesarean section. Lower segment is indicative when the pregnancy is more than 32 weeks because the lower segment of the uterus forms after 32 weeks of gestation. Incision in the lower segment heals more rapidly, successfully and reduces the risk of rupture in subsequent pregnancy. The reason is that, lower segment consists of less muscles and more fibrous tissue, and the incision is transverse. Classical caesarean section is always performed through a midline

incision and its indicative when the gestational age is less than 32 weeks (Bennet and Brown, 2006). A caesarean section is associated with risk of post partum adhesion, incisional hernia and wound infection. Caesarean section performed in an emergency situation is accompanied with increased risk due to number of factors. The client's stomach may not be empty prior to the operation, increasing the risk of anaesthesia, sever blood loss and post dural puncture spinal headache (Pai, 2007).

World Health Organization (WHO, 2015), proposed the group ten classification otherwise called Robson classification system as a global standard for assessing, monitoring and comparing caesarean section rate within health care facilities, after conducting two systematic review of available studies that had sought to find the ideal caesarean section rate within a given country with caesarean section rate of 10-15% as the ideal rate for reducing maternal and fetal morbidity and mortality rate.

Traditional beliefs about caesarean section

Traditional conception and beliefs have pre-occupied most thoughts of women over the natural vaginal birth termed normal. Researchers assert that vaginal delivery is the normal mode of child birth and proofs that the woman was in a healthy state. They further explained that, tradition regards vaginal birth as the only safe means of child birth, a path through which maternal instinctual desire is fulfilled, and the supposed natural avenue for satisfactory end (Zakerihamidi, Roudsari, and Khoei, 2015). Here in Nigeria, it is expected that a woman should bear her pregnancy till term and deliver per vagina as our late mothers did (Ugwu & Kok, 2015). They also aligned with others that our society regards women of caesarean section as cursed, under going spiritual attack and a forbidden omen in their family. In most society, a woman is restricted of her rights of public expression and husband's family inheritance if she could not experience and undergo labour pangs (Ugwu & Kok, 2015). This means that for a woman to elect caesarean section, she has found herself weak and lazy. Jeremiah, Nonye- Enyidah, & Fiebai (2011) reported societal beliefs that caesarean section means reproductive failure, and their vagina would only exist as a figurative object.

Religious beliefs about caesarean section

This is another serious factor why women objects having caesarean section for their safe child birth. Ugwu & Kok (2015), reports what most preachers and prayer warriors admonish women that delayed and obstructed labour is spiritual attack from their enemies. And if they climb operation couches for caesarean operation, there they would be reached by their enemies and they would not survive from the operation. Schwartz, (2015), published that caesarean section women did not really give birth. She encourages Christians to shame women who opted out of natural child birth for their laziness. She termed the operation site a "guilt scar". In a study carried out by Aziato, Adai and Omenyo, (2015), on religious belief and practice in pregnancy and labour amongst post partum women in Ghana, findings in the study showed that women prayed to God to ensure a successful delivery and prevent misfortune and activities of evil spirit that might affect the outcome of pregnancy. They implore the blood of Jesus on themselves to protect them from evil forces. They also pray for God to take away the human nature of Doctors and Midwife's suggestion of instrumental and operational delivery. They received prayer support from their Pastors who prayed with them, give revelation and anoint the abdomen to reverse negative dreams.

Educational beliefs about caesarean section

Jeremiah, Nonye-Enyidah, and Fiebai, (2011) observed that literate and enlightened mothers easily understand the need and aim of caesarean section. And most booked cases who come for elective caesarean operation are educated women who wouldn't mind the consequence. From their findings, women who stopped at primary and secondary education demonstrate low knowledge of caesarean section, while women of tertiary educational status showed positive attitude to the operation. Hence, educational background of a woman

contributes to the objection of the operation and the foot dragging attitude of women toward honoring her appointment date for caesarean section.

Socio-economic beliefs about caesarean section

Ugwu, & Kok, (2015) reflected how some women objects caesarean section due to the husband's economic instability. From their extract, they reported of a woman who was ordered home by the husband's in-law for wasting her husband's money through caesarean deliveries. Sunday-Adeoye & Kalu, (2011) asserts that women objects section delivery due to its monetary involvements and a lot of Doctors refer women to their hospital to make money from them and enrich themselves. Ugwu & Kok, (2015) further revealed that traditional birth attendants are old women who are very considerate of their client's low socio-economic and educational level. Though their care is beyond standard, yet they require low affordable cost. Kleinman, Eisenberg, & Good (2006) confirmed that socio-economic status of every home influences their clinical conditions. This is the reason why several fathers abandon their discharged wife and babies seeing that he could not afford the calculated hospital bills (Verdult, 2009).

Parity beliefs about caesarean section

Most women had been hitherto furnished that caesarean section women are restricted to only three pregnancies and operations. Hence their number of children would be limited and their family wouldn't grow (Ugwu & Kok, 2015). This brought problem to a united household as relatives were errand to inform the wife that the family was planning to marry another wife for their son who would be delivering per vagina, as this would give them hope of many children from their son. American Congress of Obstetrician and, Gynaecologists (2010), published that elective indication for caesarean section before 39 weeks of pregnancy is risky to the child even though the mother might have no problem. And when women learnt such medical plan they run to spiritual church and traditional birth attendants to hide them till their pregnancy is term. From the same source, they report that a woman who tries to get into 4 to 6th pregnancy with caesarean section may run the risk of placenta accrete and subsequent emergency hysterectomy. Gurol-Urganci, Bou-Antoun, Lim, Cromwell, Mahmood, Templeton & Van der Meulen, (2013), confirmed that vaginal child birth after caesarean section contributes to ruptured uterus and perinatal death to the child.

Theoretical framework

Applicable conceptual framework about this study is drawn from nursing theoretical frameworks. They are Dorothea Orem, Hildegard Peplau and Madeleine Leininger.

Dorothea orem

Orem's work was anchored on regarding human as a whole being composed of physical, social, psychological and interpersonal. She emphasized that clients should be self reliance and responsible for implication of their actions ((Olin, 2011).

Application

This implies that nursing assessment and intervention should include all aspect of client's history. Beginning from antenatal assessment, every aspect of patient's history is important and planned care should involve these areas like fear, belief system, biological constitution, her family background and that of the husband, and others. While counselling her, educate her on independency and how to manage her little resource to meet her needs. As the Nurse got the findings of investigation, she discloses to her the impending complication of the result and ways of avoiding them. A nurse now uses this medium to introduce the aim and importance of caesarean section to an expectant mother.

Hildegard peplau

Pelpau define nursing as possessing four phases—orientation, identification, explanation and resolution (Olin, 2011). Nurses should use these phase in approaching their clients so as to arrive at a positive result.

Application

Above phases could be attained with cordial nurse/patient relationship established from point of entry to point of exit in the health institution. This would enable the client to open out her worries and repressed doubts to seek solution. A nurse uses this forum to unravel client's societal beliefs on caesarean section, book session to meet with both couple to intimate them on procedure and advantages of caesarean operation. Through this counselling, they will gain knowledge and decide on what to tell their extended families.

Madeleine leininger

This is one of the recent theories delving on transcultural nursing. She emphasized on provision of care which is accepted by the cultural background of the people. She emphasized that nurses should respect the health beliefs, values and life styles of her clients while providing health care (Olin, 2011).

Application

A nurse through her established nurse/patient relationship should be abreast with patient's cultural practices so as to design her care along. Where available service conflicts with client's culture, she should obtain informed consent before instituting.

Statement of problems

Current data from United Nation International Children Emergency Fund (UNICEF), 2015) revealed Nigeria as the second largest world country with high maternal mortality rate (MMR) of 814 per 100,000 live births. This is to say, Nigeria accounts for about 25.6 percent of the global maternal death rates with an estimated 58,000 women dying in pregnancy or at child birth each year (Central Intelligent Agency (CIA), 2016). In WHO, (2015) maternal mortality rate in Nigeria was equally reported to be 58000 among women from 15- 49 years of age.

Government in her effort to improve and prevent maternal mortality rate approved free access of pregnant women to antenatal clinics, conduction of labour to be handled by trained personnel with surgical appliances to tackle complications and strengthening of the maternal and child care services at the communities and health centres (Musiimenta, 2010). For example, Anambra state government approved free maternal health services to their pregnant women (Shiffman & Okonofua 2010). In Jigawa state, the state and local government approved ambulance for conveying deliveries with complications to nearest hospital. Kano state declared free maternal services in their state (Mojeju, & Uche 2012).

In Cross River state, government approves free maternal and child health services since 2010 (Archibong & Agan, 2010).

Between May and August 2016, records from tertiary health facility showed over 63 women with obstructed labour had emergency caesarean section. About 20% of these women had already been booked for elective caesarean section, but they opted out for vaginal child birth with traditional birth attendants. The sympathetic aspect is that most of these women lost their babies, while others suffered complications like infection and wound break down which compel them to come back to hospital for medical attention.

The researcher observes that most churches pray and rebuke caesarean section for their members. They believe it is not God's divine intervention and if it happens, it means God was not on the side of the woman.

It is therefore against this back ground that the researcher is interested to study the beliefs among women of child bearing age about caesarean section in University of Calabar Teaching Hospital, Cross River State.

General aims of the study

The aim of the study was to find out the general beliefs about caesarean section amongst women of child bearing age in University of Calabar Teaching Hospital, Cross River State, in Nigeria.

Specific objectives

The objectives of this study were:

1. To determine influence of traditional beliefs on caesarean section among women of child bearing age
2. To examine influence of religious beliefs on caesarean section among women of child bearing age
3. To examine difference in beliefs towards caesarean section among women of child bearing age based on their educational qualifications
4. To examine difference in beliefs towards caesarean section among women of child bearing age based on their income status
5. To examine difference in beliefs towards caesarean section among women of child bearing age based on their number of children

Research questions

The following were proposed research questions to guide the study:

1. To what extent do traditional beliefs influence caesarean section among women of child bearing age?
2. To what extent do religious beliefs influence caesarean section among women of child bearing age?
3. What difference exists in the beliefs towards caesarean section among women of child bearing age based on their educational qualifications?
4. What difference exists in the beliefs towards caesarean section among woman of child bearing age based on their income status?
5. What difference exists in the beliefs towards caesarean section among women of child bearing age based on their number of children?

Hypothesis

The following null hypotheses were formulated to guide this study:

1. There is no significant influence of traditional belief on caesarean section among women of child bearing age
2. There is no significant influence of religious belief on caesarean section among women of child bearing age
3. There is no significant difference in the beliefs towards caesarean section among women of child bearing age based on their educational qualifications
4. There is no significant difference in the beliefs towards caesarean section among women of child bearing age based on their income status
5. There is no significant difference in the beliefs towards caesarean section among women of child bearing age based on their number of children

Scope of the study

This study was restricted to the following variables of the study: Traditional beliefs about caesarean section, Religious beliefs about caesarean section, Socio-economic status of the client family, educational qualification and parity/number of children of the woman.

Significance of the study

The significance of this study is to generate data on beliefs of women of child bearing age about caesarean section. This will be helpful in further research into this subject matter. It will also be useful in policy formulation and guides health professional in enlightening women, family and society at large about caesarean section.

Limitation

Paramount limitation to the study had been lack of fund as it was the researcher's single effort to service the internet, provide power, update computer applications and pay for the publication of the article.

Another factor of similar gravity is the researcher's ill health coupled with that of his family members. This almost stagnate the study if not God's divine intervention.

Methodology

Research design

The survey research design was used for this study. This design is useful as its best in discussion and brief interview for collection of data over a particular subject. The researcher utilizes instruments like questionnaire and interview for data collection so as to accurately and objectively study causes after they might have exerted influence on other variables. This research design is suitable for opinion and attitude studies, hence the reason for its adoption.

Research setting

The research setting or area of study is University of Calabar Teaching Hospital, situated along UNICAL road by the north, eastward by Satellite Town, westward by University of Calabar, and southward by Swamp of Calabar River. It is a tertiary institution attending to referrals from local, primary and secondary health care units. It is equipped with efficient man power to deliver quality services like Nurses, Physicians, Pharmacists, Laboratory scientists, and others. It has various health departments like the laboratory, X-ray, pharmacy, labour room/labour ward to attend to maternity issues, female and male wards to attend to medical, surgical and orthopaedic issues, the casualty for emergencies, theatre for operations and other allied departments.

Population of studies

The population of study comprised 853 women, who came for antenatal clinics in UCTH Calabar for the period of one week in January, 2017.

Sampling method/techniques

The sampling size of 85 pregnant women was used for the study which represents 10% of the entire population. Accidental sampling technique was used for selecting the sample of the study. They were met accidentally as they came for the antenatal clinic. Inclusion criteria are women of child bearing age from 15-49 years of age while men, children and menopause women are excluded from the study.

Instrument for data collection

A structured instrument titled "questionnaires on beliefs about caesarean section among women of child bearing age in General Hospital Calabar" was developed by the researcher to be used for data collection. This instrument consists of two section A and B. section A is set to obtain demographic data of respondents while section B was used for measuring the variables of the study. This contains 1-12 items measuring the 2 variables –6 questions per variables.

Method of data collection

Instrument was administered by the researcher and trained research assistant to pregnant women and nursing mothers who came for antenatal and child welfare clinics. After explaining the purpose of the research to the respondents, they were given time and allowed to respond uninfluenced. Same were collected on completion at the spot to avoid missing.

Procedure for data analysis

Mean and standard deviation were used for answering research questions while Chi-square test and one-way analysis of variance were used for testing the hypothesis. The entire hypotheses formulated were tested at 0.05 level of significance.

Data analysis, results and discussion

In this section collected data were analyzed and obtained findings presented in tables. The presentation was done under the following subheadings: data analysis and results, findings of the study and discussion of findings.

Data analysis and results

Research question one

To what extent does a traditional belief influence caesarean section among women of child bearing age?

Mean and standard deviation were used for answering this question; the result of the analysis is as presented in Table 1.

Table 1. Mean response of the extent to which traditional beliefs influence caesarean section among women of child bearing age (N=85)

S/N	TRADITIONAL BELIEFS ABOUT CEASAREAN SECTION	SA	A	D	SD	Mean	SD	Remarks
1.	Delivery by caesarean section is accepted in my society	18	42	16	9	2.81	0.89	Agree
2.	Women who undergo caesarean section are not stigmatized	9	52	16	8	2.73	0.78	Agree
3.	Caesarean section women are equally respected like other women	17	45	17	6	2.86	0.82	Agree
4.	Our tradition does not forbid caesarean sections by women	21	26	31	7	2.72	0.94	Agree
5	Caesarean section women have right to traditional rites like others	15	46	15	9	2.79	0.86	Agree
6	Our traditional beliefs encourages women to undergo caesarean section if need be	8	14	24	39	1.89	1.00	Disagree
	Grand Mean					2.63	0.88	Agree

Data in Table 1 present the mean response of the respondents on the influence of traditional belief on caesarean section among women of child bearing age. The mean score of the respondents on item 1 of 2.81 indicates that the respondents agreed that delivery by caesarean section is accepted in my society. The mean score of the respondents on item 2 of 2.73 indicates that the respondents agreed that women who undergo caesarean section are not stigmatized. Item 3 with a mean score of 2.86 indicate that the respondents agreed that caesarean section women are equally respected like other women. Item 4 with a mean score of 2.72 indicates that the respondents agreed that their tradition does not forbid caesarean sections by women. The mean score of the respondents on item 5 of 2.79 indicates that the respondents agreed that caesarean section women have right to traditional rites like others. Also, the mean response on item 6 indicates that the respondents agreed that their traditional beliefs encourages women to undergo caesarean section if need be. However the grand mean of 2.63 for the items indicate that the respondents agreed that traditional belief do influence caesarean section among women of child bearing age.

Research question two

To what extent does a religious belief influence caesarean section among women of child bearing age?

Mean and standard deviation were used for answering this question; the result of the analysis is as presented in Table 2.

Table 2. Mean response of the extent to which religious beliefs influence caesarean section among women of child bearing age (N=85)

S/N	RELIGIOUS BELIEFS ABOUT CEASAREAN SECTION	SA	A	D	SD	Mean	SD	Remarks
7.	Delivery by caesarean section is accepted by my religion	60	12	8	5	3.49	1.02	Agree
8.	Women who undergoes caesarean section are cursed	7	14	21	43	1.82	0.99	Disagree
9.	Delivery by caesarean is not God's ordinance	4	20	36	25	2.04	0.85	Disagree
10.	Women who passed through caesarean section are none tithers	2	16	12	55	1.59	0.88	Disagree
11.	My religion permit caesarean operation	67	12	4	2	3.69	0.85	Agree
12.	It is only women who are not strong spiritually that undergo caesarean operation	16	39	19	11	2.71	0.84	Agree
	Grand Mean					2.56	0.91	Agree

Data in Table 2 present the mean response of the respondents on the influence of religious belief on caesarean section among women of child bearing age. The mean score of the respondents on item 7 of 3.49 indicates that the respondents agreed that delivery by caesarean section is not accepted by their religion. The mean score of the respondents on item 8 of 1.82

indicates that the respondents disagreed that women who undergoes caesarean section are cursed. Item 9 with a mean score of 2.04 indicate that the respondents disagreed that delivery by caesarean is not God's ordinance. Item 10 with a mean score of 1.59 indicates that the respondents disagreed that Women who passed through caesarean section are none tithers. The mean score of the respondents on item 11 of 3.69 indicates that the respondents agreed that their religion permit caesarean operation. Also, the mean response on item 12 of 2.71 indicates that the respondents agreed that it is only women who are not strong spiritually that undergo caesarean operation. However the grand mean of 2.56 for the items indicate that the respondents agreed that religious belief do influence caesarean section among women of child bearing age.

Research question three

What difference exists in the beliefs towards caesarean section among women of child bearing age based on their educational qualifications?

Mean and standard deviation were used for answering this question; the result of the analysis is as presented in Table 3.

Table 3. Mean, standard deviation of the difference in the beliefs towards caesarean section among women of child bearing age based on their educational qualifications

	N	Mean	Std. Deviation
FSLC/SSCE	22	29.55	3.33
NCE/OND	21	25.81	3.19
HND/Bsc	41	25.88	2.26
M.Ed and above	1	26.00	0.00
Total	85	26.81	3.21

Table 3 shows the mean scores of respondents on the difference in the beliefs towards caesarean section among women of child bearing age based on their educational qualifications. Respondents with FSLC/SSCE scored higher (29.55) than those with HND/B.Sc (25.88) who in turn scored higher than those with NCE/OND (25.81), who in turn scored higher than those with M. Ed and above. This difference in mean implies that there is difference in the beliefs towards caesarean section among women of child bearing age based on their educational qualifications

Research question four

What difference exists in the beliefs towards caesarean section among women of child bearing age based on their income status?

Mean and standard deviation were used for answering this question; the result of the analysis is as presented in Table 4.

Table 4. Mean, standard deviation of the difference in the beliefs towards caesarean section among women of child bearing age based on their income status

	N	Mean	Std. Deviation
less than 20,000	6	26.00	4.98
21000-40000	18	28.11	3.60
41000 -60000	28	29.25	3.49
61000 & above	33	31.88	1.95
Total	85	28.81	3.21

Table 4 shows the mean scores of respondents on the difference in the beliefs towards caesarean section among women of child bearing age based on their income status.

Respondents who earned 61000 & above scored higher (31.88) than those who earned 41000-60000 (29.25) who in turn scored higher than those who earned 21000-40000 (28.11), who in turn scored higher than those whose income status are less than 20,000 naira. This difference in mean implies that there is difference in the beliefs towards caesarean section among women of child bearing age based on their income status.

Research question five

What difference exists in the beliefs towards caesarean section among women of child bearing age based on their number of children?

Mean and standard deviation were used for answering this question; the result of the analysis is as presented in Table 5.

Table 5. Mean, standard deviation of the difference in the beliefs towards caesarean section among women of child bearing age based on their number of children

	N	Mean	Std. Deviation
0-2	63	23.52	3.38
3-5	20	28.50	2.61
5 and above	2	31.00	.00
Total	85	27.67	3.21

Table 5 shows the mean scores of respondents on the difference in the beliefs towards caesarean section among women of child bearing age based on their number of children. Respondents with 5 and above number of children scored higher (31.00) than those with 3-5 children (28.50) who in turn scored higher than those with 0-2 (23.52). This difference in mean implies that there is difference in the beliefs towards caesarean section among women of child bearing age based on their number of children.

Hypotheses testing

Hypothesis one

There is no significant influence of traditional belief on caesarean section among child bearing mothers.

Chi-square test was used for testing this hypothesis; the result of the analysis is as presented in Table 6.

Table 6. Chi-square test (X^2) of the influence of traditional belief on caesarean section among child bearing mothers

ROW * Column cross tabulation

			COLUMN				Cal X^2	df	Crit X^2
			SD	D	A	SA			
ROW	ITEM 1	Count	18	42	16	9	110.07	15	25.00
		Expected Count	14.7	37.5	19.8	13.0			
	ITEM 2	Count	9	52	16	8			
		Expected Count	14.7	37.5	19.8	13.0			
	ITEM 3	Count	17	45	17	6			
		Expected Count	14.7	37.5	19.8	13.0			
	ITEM 4	Count	21	26	31	7			
		Expected Count	14.7	37.5	19.8	13.0			

	ITEM 5	Count	15	46	15	9			
		Expected Count	14.7	37.5	19.8	13.0			
	ITEM 6	Count	8	14	24	39			
		Expected Count	14.7	37.5	19.8	13.0			
Total		Count	88	225	119	78			
		Expected Count	88.0	225.0	119.0	78.0			

The result in Table 6 shows that the calculated Chi-square (X^2) value of 110.07 is greater than the critical Chi-square (X^2) value of 25.00 at .05 alpha level and 15 degrees of freedom. With this result the null hypothesis which was stated that there is no significant influence of traditional belief on caesarean section among child bearing mothers was rejected. This means there is significant influence of traditional belief on caesarean section among child bearing mothers.

Hypothesis two

There is no significant influence of religious belief on caesarean section among child bearing mothers.

Chi-square test was used for testing this hypothesis; the result of the analysis is as presented in Table 7.

Table 7. Chi-square test (X^2) of the influence of religious belief on caesarean section among child bearing mothers

ROW * COLUMN cross tabulation

			COLUMN				Cal X^2	df	Crit X^2
			SD						
ROW	ITEM 1	Count	60	12	8	5	334.61	15	
		Expected Count	26.0	18.8	16.7	23.5			
	ITEM 2	Count	7	14	21	43			
		Expected Count	26.0	18.8	16.7	23.5			
	ITEM 3	Count	4	20	36	25			
		Expected Count	26.0	18.8	16.7	23.5			
	ITEM 4	Count	2	16	12	55			
		Expected Count	26.0	18.8	16.7	23.5			
	ITEM 5	Count	67	12	4	2			
		Expected Count	26.0	18.8	16.7	23.5			
	ITEM 6	Count	16	39	19	11			
		Expected Count	26.0	18.8	16.7	23.5			
Total	Count	156	113	100	141				
	Expected Count	156.0	113.0	100.0	141.0				

The result in Table 7: shows that the calculated Chi-square (X^2) value of 334.61 is greater than the critical Chi-square (X^2) value of 25.00 at .05 alpha level and 15 degrees of freedom. With this result the null hypothesis which was stated that there is no significant influence of

religious belief on caesarean section among child bearing mothers was rejected. This means there is significant influence of religious belief on caesarean section among child bearing mothers.

Hypothesis three

There is no significant difference in the beliefs towards caesarean section among women of child bearing age based on their educational qualifications.

One-way analysis of variance (ANOVA) was used for testing this hypothesis; the result of the analysis is as presented in Table 8:

Table 8. One-way analysis of variance of the difference in the beliefs towards caesarean section among women of child bearing age based on their educational qualifications

	Sum of Squares	Df	Mean Square	F-cal	F-crit
Between Groups	521.90	3	173.97	41.32	2.61
Within Groups	341.08	81	4.21		
Total	862.98	84			

The result in Table 8 shows that the calculated F-value of 41.32 is greater than the critical F- value of 2.61 at .05 level of significance with 3 and 81 degrees of freedom. With this result, the null hypothesis that says there is no significant difference in the beliefs towards caesarean section among women of child bearing age based on their educational qualifications was rejected. This implies that there is a significant difference in the beliefs towards caesarean section among women of child bearing age based on their educational qualifications.

Hypothesis four

There is no significant difference in the beliefs towards caesarean section among women of child bearing age based on their income status.

One-way analysis of variance (ANOVA) was used for testing this hypothesis; the result of the analysis is as presented in Table 9.

Table 9. One-way analysis of variance of the difference in the beliefs towards caesarean section among women of child bearing age based on their income status.

	Sum of Squares	Df	Mean Square	F-cal	F-crit
Between Groups	568.45	3	189.48	52.05	2.61
Within Groups	294.53	81	3.64		
Total	862.98	84			

The result in Table 9 shows that the calculated F-value of 52.05 is greater than the critical F- value of 2.61 at .05 level of significance with 3 and 81 degrees of freedom. With this result, the null hypothesis that says there is no significant difference in the beliefs towards caesarean section among women of child bearing age based on their income status was rejected. This implies that there is a significant difference in the beliefs towards caesarean section among women of child bearing age based on their income status.

Hypothesis five

There is no significant difference in the beliefs towards caesarean section among women of child bearing age based on their number of children.

One-way analysis of variance (ANOVA) was used for testing this hypothesis, the result of the analysis is as presented in Table 10:

Table 10. One-way analysis of variance of the difference in the beliefs towards caesarean section among women of child bearing age based on their number of children

	Sum of Squares	Df	Mean Square	F-cal	F-crit
Between Groups	324.27	2	162.14	24.69	3.00
Within Groups	538.71	82	6.57		
Total	862.98	84			

The result in Table 10 shows that the calculated F-value of 24.69 is greater than the critical F-value of 3.00 at .05 level of significance with 2 and 82 degrees of freedom. With this result, the null hypothesis that says there is no significant difference in the beliefs towards caesarean section among women of child bearing age based on their number of children was rejected. This implies that there is a significant difference in the beliefs towards caesarean section among women of child bearing age based on their number of children.

Discussion of findings

Following the result of this study the discussion is made backed with literature earlier reviewed. This is done on finding by finding bases.

Influence of traditional belief on caesarean section among child bearing mothers

This question was tackled with Chi-square test which revealed Chi-square (x^2) value of 110.07 against critical chi-square (x^2) value of 25.00 at 0.5 alpha level and degrees of freedom confirming that traditional beliefs has influence on women election caesarean section deliveries. This is in support with the fact by Zakerihamidi, et.al., (2015), that vaginal birth is the traditional safe and accepted birth path which satisfies maternal and societal instinctual desire that child birth had been fulfilled.

Influence of religious belief on caesarean section among child bearing mothers

This was calculated with chi-square (x^2) which shows the value of 25.00 at .05 level and 15 degrees of freedom. This is in support of Schwartz, (2015) who published that child birth through caesarean section has no impact of child delivery as they don't really put to birth. Instead, these women are going about with guilt scar signifying their laziness. And this proofs why pregnant women seek spiritual coverage from churches, prayer houses and divinations to avoid being operated in her time of child birth.

Belief toward caesarean section based on educational qualifications

This variable was tackled with the use of One-way analysis of variance (ANOVA) and it disclosed a calculated F-value of 41.32, which is greater than the critical F-value of 2.61 at .05 level of significance with 3 and 81 degree of freedom. This confirms that educational level of women regarding caesarean section is different as enlightened woman wouldn't mind having her baby through caesarean section provided it is safe and alive. This is supported with observations of Jeremiah, et. el., (2011), that educated literate mothers appreciates the advantages caesarean section.

Belief toward caesarean section based income status

Analyzed data regarding this variable was tested with one-way analysis of variance (ANOVA) and it revealed a calculated F-Value of 52.05 greater than critical F-value of 2.61 at .05 level of significance with 3 and 81 degrees of freedom. This confirms why rich women prefer attending clinics and giving consent when ever caesarean deliveries are suggested by her Doctor. And Kleinman, et. al., (2006) equally aligned that socio-economic status women influences the kind of service she seeks.

Beliefs toward caesarean section based on number of children

This variable was tested with the use of One-way analysis of variance and it disclosed the calculated F-value of 24.69 greater than critical F-value of 3.00 at .05 differences with 2 and

82 degree of freedom. This signifies why elderly primid and multiparous women did not hesitate electing caesarean section to have her number of children without straining her uterus in labour contraction. Gurol-Urganci, et. al., (2013), had already assert in their findings that vaginal child birth after previous caesarean section is dangerous as the uterus is prone to rupture and excessive bleeding.

Summary

This study was conducted to find the beliefs about caesarean section amongst women of childbearing age in UCTH Calabar, Cross River State, Nigeria. In the course of the study, five research questions and five hypotheses were formulated to direct the study. A survey method was used which is indicative in interview and discussions with people to obtain facts. The population of study was 853 pregnant women who came for antennal clinic in UCTH Calabar within the month of January 2017 with sampling size of 85 women. Accidental sampling method was used with a structured questionnaire—‘Questionnaires on beliefs about caesarean section among women of child bearing age in UCTH Calabar, Cross River State, Nigeria’. Same was administered by the researcher and his assistant and the data tested with mean, standard deviation, chi-square and One-way analysis of variance (ANOVA). The result revealed that there is significant influence in traditional beliefs, religious beliefs, difference in belief based on educational qualification, income status and number of children. It was recommended that there should be proper enlightenment of pregnant women over the relevance of caesarean section in the church, community and schools.

Conclusion

After the study, the following findings were obtained, that:

1. There is significant influence of traditional belief on caesarean section among child bearing mothers
2. There is significant influence of religious belief on caesarean section among child bearing mothers.
3. There is a significant difference in the beliefs towards caesarean section among women of child bearing age based on their educational qualifications.
4. There is a significant difference in the beliefs towards caesarean section among women of child bearing age based on their income status.
5. There is a significant difference in the beliefs towards caesarean section among women of child bearing age based on their number of children.

Recommendation

After the conclusion of the study, the following necessary recommendations were made to promote acceptance of elective caesarean section among women of child bearing age:

1. Adequate enlightenment of child bearing women of relevance of elective caesarean section especially on medical grounds
2. Public enlightenment that caesarean section is a life saving measure and not sign of guilt, cause or spiritual weakness.
3. Enlightenment of Church Ministers that caesarean operation is still God’s saving measure to deliver child and mother

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