

**KNOWLEDGE AND ATTITUDES TOWARDS CAESARIAN SECTION  
AMONG MOTHERS ATTENDING MATERNAL AND CHILD  
HEALTH SERVICES AT RWEKUBO HC IV  
ISINGIRO DISTRICT**

**A RESEARCH REPORT SUBMITTED TO UGANDA NURSES AND MIDWIVES  
EXAMINATION BOARD IN PARTIAL FULFILMENT OF REQUIREMENTS  
FOR THE AWARD OF THE DIPLOMA IN NURSING SCIENCES**

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**MAY, 2018**

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Signature ..... Date.....

## **DEDICATION**

I dedicate this piece of work to the Almighty God and my lovely Mother Mrs. ZIPPORAH

KARAKWENDE and my sisters for they have been source of inspiration, engine of courage and secret of my achievements since my childhood. I also dedicate it to my Brother and my workmates for all the support.

## **DECLARATION**

I AMPIRE DIANA declare that this research report is my own work and that all the sources that I used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other award of a diploma at any other institution of leaning.

Signature.....Date...../...../.....

## **ACKNOWLEDGEMENTS**

I am grateful to God for giving me the opportunity to work on this research and give him thanks and praises.

I would also like to give thanks to the following persons for their invaluable support and unending encouragement: Mr. OPIO CHARLES as my supervisor, My family members especially brother ANKUNDA GODWIN for your funding support to my school even doing this research, Mr. TIBEIJUKA SIMON who has always encouraged me in my life of studies, my group mates for their tireless efforts on coordinating me and the class schedules and the entire community of Kampala International University Western Campus, School of Nursing Staff for their motherly care rendered to me.

To you all, I wish you my sincere thanks, love and strengths in your endeavors; may people show you as much care and help as you have shown me.

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## **LIST OF ABBREVIATIONS**

<b>CDMR:</b>	Cesarian delivery on maternal request
<b>CS:</b>	Cesarian section
<b>EmOC:</b>	Emergency obstetrical care;
<b>ERCS:</b>	Elective repeat caesarian section
<b>HC IV:</b>	Health Centre four
<b>HIC:</b>	High-income country
<b>IOL:</b>	Induction of labor
<b>LMIC:</b>	Low- and middle-income countries
<b>TOLAC:</b>	Trial of labor after cesarian section
<b>VBAC:</b>	Vaginal birth after cesarian section
<b>WHO:</b>	World health organization
<b>MCH:</b>	Maternal child health
<b>SPSS:</b>	statistical package for social sciences
<b>SDGs:</b>	Sustainable development goals
<b>USA:</b>	United States of America

## DEFINITIONS OF KEYTERMS

<b>Attitude:</b>	A settled way of thinking or feeling that is reflected in a person's behavior.
<b>Caesarian section:</b>	An operation in which a woman's uterus is cut open to allow a baby to be born / Delivery of a fetus by an incision through the abdominal wall and uterus.
<b>Client:</b>	This is referred to as person who is receiving services, benefits of a social welfare.
<b>Indication:</b>	A condition which makes a particular treatment or procedure advisable.
<b>Knowledge:</b>	Facts, information and skills acquired by a person through experiences or education; theoretical or practical understanding of a subject.
<b>Maternal mortality:</b>	Number of mothers deaths in childbirth.
<b>Patient care:</b>	This is referred to as the care provided to a patient, which is respectful, responsive and individualized to patients' preferences, values and needs.
<b>Patient:</b>	This refers to any person receiving or registered to receive treatment or a sick individual awaiting or under the care and treatment of a nurse, physician or surgeon
<b>Practice:</b>	The action of doing something, performance, execution, working operation, method of action or working.
<b>Risk:</b>	The likelihood of developing a disease or complications.
<b>Trial of scar:</b>	Spontaneous vaginal delivery by a woman who has had a caesarian section before.

## **ABSTRACT**

This research was to assess the knowledge and attitudes of mothers towards caesarian section among mothers attending MCH clinics at Rwekubo HCIV Isingiro District. The study was conducted from 60 respondents using a descriptive cross sectional study design in which the quantitative data was collected for assessing the knowledge and attitudes of mothers towards CS. From the study, a majority 55 (91.7%) of the mothers had knowledge about caesarian section and 40 (66.7%) had ever undergone the operation but still lacked more information to why mothers were operated and crucial reasons that would lead one to the operation. On the attitude, the study showed 30 (50%) of mothers were still not convinced that caesarian section was the only safer birth delivery mode but instead they feared the c/s scars and felt so bad and 25% felt scared whenever a caesarean section was indicated medically in presence of an indication. The Social, cultural and economic states of the women which may influence their knowledge and attitude towards caesarean section were not explored but conclusively attitude was among a leading problem among mothers towards caesarian section. Therefore, further studies would have to be done in our settings to assess the adequacy of pre-operative counseling and the effectiveness of other forms of education such as the use of videos and leaflets and posters to the mothers attending MCHclinics.

# CHAPTER ONE

## 1.0 Introduction

This chapter presents the background of the topic, statement of the problem, purpose of the study, specific objectives, research questions, significance and limitations of the study.

## 1.1 Background

Caesarean section, also known as C-section or caesarean delivery, is the use of surgery to deliver one or more babies. A caesarean section is often necessary when vaginal would put the baby or mother at risk. This may include obstructed labor, twin pregnancy, high blood pressure in the mother, breech delivery, problems with the placenta or umbilical cord ("Pregnancy Labor and Birth", on Women's Health, U.S.A Department of Health and Humans, 2017). The caesarian section (CS) rate varies worldwide, from country to country and within a country. The National CS rate of Great Britain and America have been reported as 23.8% and 32.8% respectively while 0.6% national CS rate was reported from Ethiopia. In Nigeria, caesarian section (CS) rates ranging from 12.2% to 34.5% were reported in some tertiary health facilities and in recent times the CS rates globally have been on the rise. This has been noted in Ghana, Britain and similarly in Nigeria (Bragg, 2010).

Interestingly, previous caesarian section (CS) and obstructed labor are also important risk factors for ruptured uterus which is common in rural settings in northern Nigeria (National Population Commission Nigeria and ICF Macro 2009), due to issues relating to the accessibility and utilization of essential obstetric care services. Some of the reasons often cited for non-utilization of health facility by women in northwest Nigeria include the distance to the health facility, the need to pay for service and the fear of surgery (Oguntayo and Ann 2012). Although there are still some concerns with accessing this service in the rural areas, CS is commonly done in Uganda as an emergency procedure for indications like fetal distress, ante-partum haemorrhage, previous CS and obstructed labor (Bukari *et al*, Niger, 2009).

Traditionally, Ugandan women are unwilling to have CS because of the general belief that abdominal delivery is reproductive failure on their part (Jeremiah *et al*, J Public health Epid. 2011). Ugandan women may make decisions on whether to deliver by CS or not in relation to risks or benefits and then risks and benefits of various birth options to enable them to improve on their knowledge and attitudes (Kaye, *etal*. 2014). Regardless of the feasibility of vaginal birth after CS and the decreasing mortality from Caesarean sections, it is imperative to the average pregnant woman irrespective of her level of education and parity to have CS. Available reports on knowledge of CS amongst women are mainly from tertiary health facilities situated in cities and in the southern parts of the country while little is known about the perception and attitude of rural women from Isingiro District on Caesarean birth. This study aims at ascertaining what is known about Caesarean section and the reasons for dislike by our women so that the findings from this study would be used in planning strategies towards improving the knowledge, perception and attitudes towards CS in the community in order to possibly improve utilization of this mode of delivery and limit the avoidable maternal and fetal complication.

## **1.2 Statement of the Problem**

At the top of the World Health Organization's agenda regarding maternal mortality CS is improving the availability, accessibility, quality, and use of services for the management and treatment of complications of pregnancy, labor and delivery. It should be noted that CS is considered essential treatment for ante partum haemorrhage, prolonged or obstructed labor, pre-eclampsia or eclampsia, and intrapartum fetal distress (Geneva, Switzerland WHO 2009). Respectively Rwekubo HCIV had 2753 attendances of mothers in the Maternity ward during 2016-2017 financial year of these, 1319 (48.9%) were normal deliveries, 829 (30.1%) were CS and the reminders are categorized in referrals out and cases like malaria, UTIs and Pregnancy related disorders. From the attendances to CS, the mothers done CS include previous scars,

delayed mothers on the risk of self-trial to Normal delivery at their homes in a way not to undergo a CS. The newly mothers indicated for a CS tend to resist and are scared not to be operated and opt for a referral out in the intense to escape a CS indicated (HMIS a health report Isingiro District 2016-2017). Despite of the above motivational guideline by WHO, there is still low standards of knowledge, attitude and the willingness of mothers to accept CS in Isingiro district where by pre-operative counseling to the mothers is done by midwives but still mothers insist not to be operated. (Reported by midwife Diana at Rwekubo HCIV).

It is such a situation that prompted the researcher to conduct a study to establish the various factors so as to reduce the maternal mortality and infant mortality rates in Isingiro District and Uganda at large in order to attain the SDGs

### **1.3 Purpose of Study**

The ultimate purpose of this research was to assess the knowledge and attitudes towards caesarian section among mothers attending MCH clinics at Rwekubo HC IV Isingiro District.

### **1.4 Specific Objectives**

- i. To determine the knowledge about caesarian section among mothers attending MCH clinics at Rwekubo HC IV in Isingiro district.
- ii. To establish the attitudes towards caesarian section among mothers attending MCH clinics at Rwekubo HC IV in Isingiro district.

### **1.5 Research Questions**

The following research questions were postulated for this study:

- i. Do mothers attending MCH clinics at Rwekubo HC IV in Isingiro district have knowledge about caesarian sections?
- ii. What are the attitudes towards CS among mothers attending MCH clinics at Rwekubo HC IV, Isingiro district?



## **1.6 Justification of the Study**

This study would be important in the field of nursing and community in the following ways:

### **1.6.1 Nursing practice**

It would be important to the nursing staff, policy makers and other stakeholders in organizing trainings aimed at imparting knowledge and improving mother's attitude on caesarian section among mothers attending MCH clinics at Rwekubo HCIV Isingiro District and the whole surrounding community.

### **1.6.2 Nursing educators**

This study would equally contribute to the body of literature of the already existing one by way of expanding the knowledge among Health staffs, Health tutors and Health educators about the importance of caesarian section.

### **1.6.3 Nursing researchers**

The study findings would be used as reference for future researchers who will be interested in carrying out research on similar topic.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter presents the literature cited from other scholars about the knowledge and attitude of mothers on caesarean section. The literature is presented according to the study objectives commencing with the mother's knowledge about caesarean section and ends with the Mothers' attitudes towards caesarean section.

#### **2.1 The knowledge of mothers about caesarean section**

In a Nigerian study, it was revealed that 93.8% of the mothers were aware of CS, 40.9% had adequate knowledge of it while 2.7% knew that the woman undergoing CS was required to give consent for the surgery. This may be explained by the fact that most of the mothers surveyed were not educated and were unemployed hence they solely depended on their husbands for guidance and financial support. This would imply that in the event that an emergency CS is required, obtaining consent for the procedure would constitute a form of delay at the health facility as the patient may wait for her husband to come and give consent (Bako *et al*, 2011).

A study in China and United States of America showed that lack of knowledge among women having caesarian surgery was reiterated in the findings of a pilot phenomenological study (Puia, 2010). In this study three nurses were interviewed about their experiences caring for primipara women who had a non-medically indicated caesarian surgery. The nurses unanimously felt the women did not have long-term complications.

A Germany (Bielefeld University) study also indicated that most women were happy with their decision but almost 40% felt they had not received enough information about the consequences of a cesarean).

In their study,(Lagan,Sinclair,&Kernohan,2010;Morris&McInerney,2010)found that, Several researches reviewed sources of information, other than prenatal classes, that were used by women to guide decision making for a caesarian surgery.

In a related study, examined why and how pregnant women use the Internet as a source of information and how it affected their decision making. They conducted an Internet-based survey in which 613 women from 24countries participated. Most (94.0%) women used the Internet to enhance the information provided by their health-care provider because many of the participants(48.6%) were not satisfied with the information provided by health-care professionals and (46.5%) felt there was not enough time to ask their providers questions. According to the results, 83.0% of the women reported having their birth decision influenced by the internet. (Morris & McInerney, 2010).Lagan *et al.*, (2010)

## **2.2 The Mothers' attitudes towards Caesarian Section**

Traditionally, Ugandan women are unwilling to have CS because of the general belief that abdominal delivery is reproductive failure on their part (Jeremiah, *et al*, 2011).Preference for caesarian section on request is associated with fear of labor, unpleasant previous childbirth experiences, wrong attitudes towards delivery, misconceptions, and worries about safety for both mother and child during delivery(Dan, 2014).

In both developed and developing countries, there is a widely held belief that African women have an aversion for CS and is perceived as a “curse” of an unfaithful woman. It is therefore accepted reluctantly even in the face of obvious clinical indications (Adeoye, *et al*

2011). Awareness of this study appeared high however did not translate into acceptability for the procedure. A good number of women in this study believed that their husbands should be the ones to give consent for CS hence the communities do not appear to have apposite attitude towards CS.

According to (Jeremiah, *et al*, 2011), they found in their study traditional attitude in which the Ugandan women were unwilling to have CS because of the general belief that abdominal delivery is reproductive failure on their part.

In a related study carried out in Uganda by (Dan, 2014) he affirmed that improving the quality of obstetrics care for women with obstructed labor in the Mulago national referral hospital. He affirmed that preference for caesarean section on request is associated with fear of labor, unpleasant previous childbirth experiences, wrong attitudes towards delivery, misconceptions, and worries about safety for both mother and child during delivery. Similarly it was also concluded that the cultural knowledge retrieved through books, the Internet, and television often increased fears of vaginal birth (Morris and McInerney, 2010). The women's desire for more information was expressed in a metanalysis conducted on 10 qualitative studies with a combined sample of 3,721 women therefore the rate has increased dramatically over the past 10 years. With such a large number of women having caesarian birth, it is important to understand the women's experience of a caesarian birth and post-operative recovery.

In contrary to other studies Fenwick *et al.*, (2010) noted that most women believed caesarians were a safer birth option for themselves and their babies and thus felt a cesarean was warranted.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter explains the study design and rationale, study area and rationale, study population, definition of study variables, sample size determination, instruments of data collection, data management, ethical considerations and a plan of dissemination of the results to all the beneficiaries.

#### **3.1 Study design and rationale**

The study was conducted from 60 respondents using a descriptive cross sectional study design in which the quantitative data was collected for assessing the knowledge and attitudes of mothers towards CS. This study design was selected because it assisted in easy collection of the required data for the study within the appropriate time.

#### **3.2 Study area and rationale**

The study was carried out at Rwekubo HCIV, it is one of the four public HCIVs located 2KM away from Isingiro town Council (mile 20) on your right along Mbarara Nakivale Road, in Isingiro District western Uganda. It is approximately 314km by road, a 5 hours and 20 minutes' drive from Kampala Ugandan capital city, 37km from Mbarara city and 50 minutes drive along Mbarara Nakivale road. The HC has a bed capacity of 200 patients with 100 beds and has many departments like, General Out Patient Department, General in-patient department, Maternity ward, Art clinic and many others. This was chosen because of the identified problem.

#### **3.3 Study population**

This included all the mothers on Maternal Child Health clinics, with their various reasons for coming to the Health Centre.

### 3.3.1 Sample size determination

The sample size was determined using Fisher's (1990) method in which the sample size is given by the expression;

$$n = \frac{z^2 pq}{d^2}$$

n=desired sample size

z=Standard normal deviation usually set as 1.96 for maximum sample size at 95% confidence interval.

p= 50% (constant) 0.5 since there is no measure estimated

q=1-p=1-0.5=0.5 and

d=degree of accuracy desired 0.015 or 0.015 probability level (at 95% confidence interval)

Therefore by substitution in the formula

$$\frac{1.96^2 \times 0.5 \times 0.5}{0.015^2}$$

$$= 60$$

Therefore, the sample size was 60 respondents

### 3.3.2 Sampling procedure and rationale

Simple random sampling method was used for quantitative data collection, the number of respondents were given equal number of papers as signed with a "yes or no" and then were folded and mixed together in one box, then each was given a chance to pick one, those that picked a yes were given a questionnaire to fill. Any one that picked a no did not participate in the study and this method was used until I got my desired sample size and this helped to reduce bias in my research.

### 3.3.3 Selection Criteria

#### 3.3.3.1 Inclusion criteria

All mothers of reproductive age attending the MCH clinics and who consented to participate in

the study were included.

### **3.3.3.2 Exclusion.**

Those who were not willing to consent at that time of data collection, mentally unsound, those with speech and hearing problems were excluded from the study.

## **3.4 Definition of Variables**

### **3.4.1 Dependent variable**

Caesarian sections among mothers attending maternal and child health clinics at Rwekubo HC IV Isingiro District

### **3.4.2 Independent variables**

Knowledge and attitudes towards CS among mothers attending MCH clinics at Rwekubo HC IV Isingiro District

## **3.5 Research Instruments**

Data collection was done using a self-administered questionnaire which included closed ended, and open ended questions.

The open ended questions enabled the respondents to exhaust the questions posed to them thus giving their details and opinions.

## **3.6 Data Collection Procedures**

### **3.6.1 Pre-visiting**

Prior to the study, the researcher visited Rwekubo HC IV. This helped in seeking for the permission from Senior Nursing Officer (SNO), establishing the rapport with the Health Centre management, mothers, and different nurses and also become oriented to the Health Centre. Data was collected from the mothers attending MCH services at Rwekubo HCIV, using a structured questionnaire.

### **3.6.2 Training research assistants**

Research assistants used were health workers who knew the Health Unit very well and they were introduced to the study, informed about the study objectives and fully to assist to reduce on the work load of the researcher and increase the efficiency in recording hence accurate and valid findings were obtained.

### **3.6.3 Pretesting**

All tools were tested for relevancy to ease the understanding and appropriateness before data collection. This helped the researcher to ensure accuracy, validity and reliability of the tools in order to find out the relevancy of the study objectives to the selected Health Centre and those who took part in the pre-testing exercise were allowed to participate again in data collection.

## **3.7 Data Management**

### **3.7.1 Editing**

This involved tallying the findings on the tally sheets, compiling non electronic data and not leaking it to non-authorized persons, manual checking for errors and omissions in the filled tools to ensure consistency, completeness, validity, relevancy and accuracy of the data collected and this was done every day after data collection. Data was entered in the computer by manual typing using the key board and a monitor screen.

Every mother was counted once that is to say, mother was considered in the study only once. The outliers were strictly avoided.

### **3.7.2 Data presentation**

Tabulation was done and data was put in the respective figures. This was done to facilitate the process of easy analysis and interpretation of the findings. The data was then presented in form of graphs, pie charts, figures and tables.



### **3.7.3 Data Analysis**

Data was analyzed using Microsoft excel, and SPSS version 20.1. It involved allocating codes for each question, tallying, counting frequencies and computing percentages. The percentages were further analyzed by establishing the relationship between the independent and the dependent variables where the information that was obtained was presented using appropriate figures, graphs, pie charts.

### **3.8 Ethical consideration.**

An introductory letter was obtained from the School of Nursing Sciences Kampala International University Teaching Hospital western campus and presented to the Senior Nursing Officer to seek for permission to carry out research study.

All information obtained from the mothers was not used for any purpose other than for this research.

Mothers' names were not included anywhere on the questionnaire; they were instead referred using serial numbers.

The research assistants and all the research team members were fully aware of the fact that research ethics are part and partial of the research and anything that compromises the adherence to the ethical standards equally compromises the validity of the findings.

An informed consent was first requested from the respondents prior to the interviews.

Confidentiality was first assured to the participants concerning their information.

The assurance that they could withdraw from participation in the study without consequences was given.

### **3.9 Limitations of the study**

The limitations encountered in the study included the following:

Participants did not want to participate in the study but the researcher explained to them that confidentiality was kept as their names were not needed.

Limited time for the research and researcher made sure and used the time available. These challenges were dealt with by utilizing all the time that I had at my disposal and employing research assistants to help during data collection and important stakeholders in decision making on caesarian sections

Funds to facilitate the research process were another challenge but the researcher mobilized some funds from friends and well-wishers to support the budget.

The social, cultural and economic states of the women which may influence their knowledge and attitude towards caesarian section are not explored. Further studies would have to be done in our settings to assess the adequacy of pre-operative counseling and the effectiveness of other forms of education such as the use of videos, leaflets and posters to the pregnant women.

### **3.10 Dissemination of Results**

The research findings were distributed to the following:

Kampala International University-Western Campus School of Nursing Sciences

A copy to Rwekubo HCIV

A copy to the UNMEB (Uganda Nurses and Midwives Examination Board) for marking

My own copy for future reference

## CHAPTER FOUR

### RESULTS

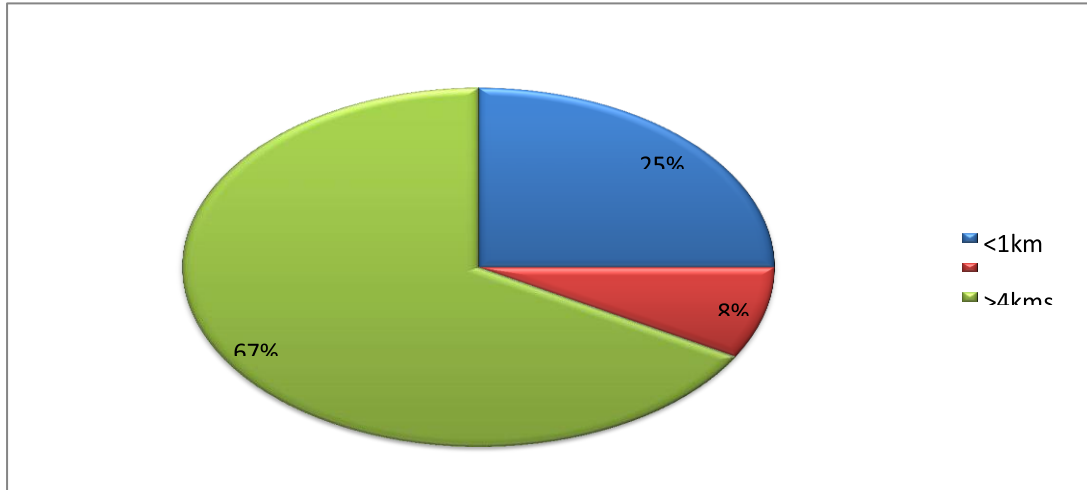
#### 4.0 Introduction

This chapter presents information on how the research data was analyzed and what information was obtained. Tabulation, figures and percentages and we're used to present the findings about knowledge and attitude of mothers attending MCH services at Rwekubo HC IV Isingiro District.

**Table I: Showing demographic characteristics of respondents** n=60

Variables	Frequency ( n )	Total Percentage (%)
<b>Age group</b>		
18-20	30	50
26-35	25	41.7
36-45	05	8.3
<b>Marital status</b>		
Single	08	13.3
Married	50	83.3
Divorced	02	3.3
Others	00	00
<b>Level of education</b>		
Primary	25	41.7
Secondary	20	33.3
Tertiary	10	16.7
Non formal education	05	8.3

Table I shows that half of the respondents 30 (50%) were in the age group of 18- 20 years of age and a twelfth 05 (8.3%) of the respondents were between 36-45years of age .Slightly over three quarters 50 (83.3%) of the respondents were married while 02 (3.3%) of the respondents were divorced. About a half 25 (41.7%) of the respondents had attained primary level education while only 05 (8.3%) of the respondents had no formal education



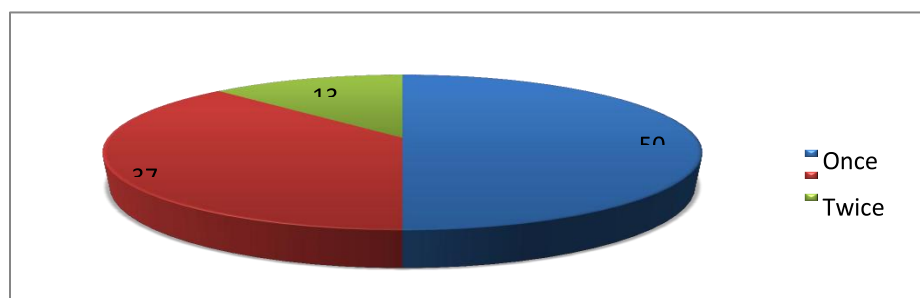
**Figure I: Showing the distance from the mothers' residence to the health facility**

Nearly three quarters 40 (66.7%) of the respondents were from 4km and above away from the health facility while 05 (8.3%) of the respondents were from 2 km away from the health facility

**Table II: Showing mothers knowledge towards caesarian section n=60**

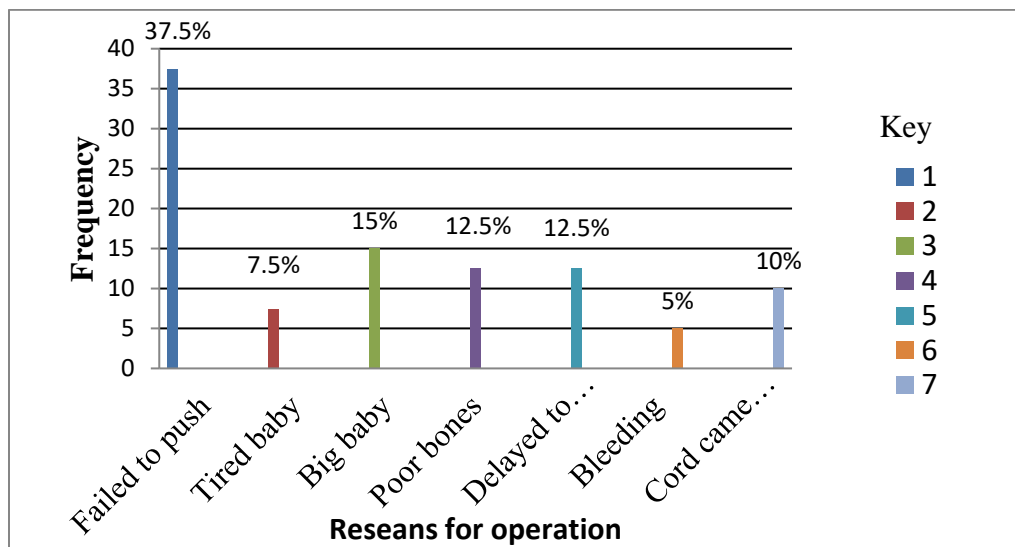
Variable	Frequency (n)	Percentage (%)
<b>Have you ever heard about c/s?</b>		
Yes	55	91.7
No	05	8.3
<b>If yes, have you ever been operated?</b>		<b>n=55</b>
Yes	40	72.7
No	20	27.3

From table II above, a majority 55 (91.7%) of the respondents had ever heard about C/S while a minority 05 (8.3%) of the respondents had never heard about C/S. Of those who heard about C/Sa, majority 40 (72.7%) had ever been operated whereas 15 (27.3%) had never been operated.



**Figure II: Shows the Number of times the mothers had Caesarian Section (operation)**

From Figure II results above show that majority 40 (66.7%) of the respondents had ever been operated and out of the 40 respondents, half 20 (50%) were once operated and had one previous scar while only 05 (12.5%) of the respondents had 3-4 previous scars as indicated in figure II above.



**Figure III: indicates the reasons for the operation(C/S)**

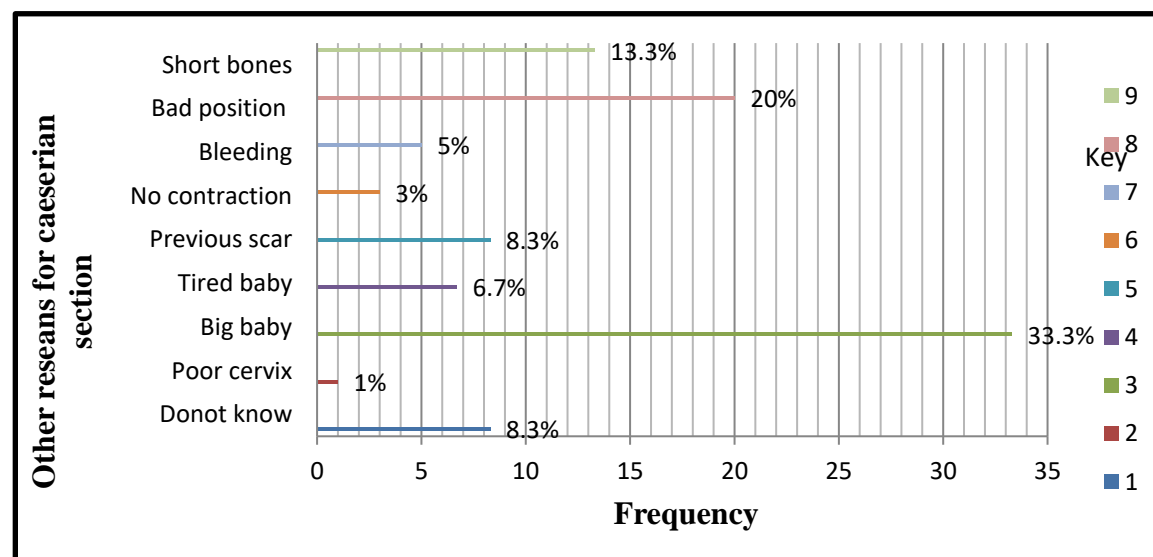
A majority 15 (37.5%) of the respondents were operated because they had failed to Push (obstructed labor) whereas a minority 02 (5%) of the respondents were operated due to bleeding (antepartum hemorrhage-APH).

**Table III: Showing the signing of the informed consent of the mothers n=40**

Were you asked to sign a consent form?	Frequency (n)	Percentage (%)
Yes	35	87.5
No	05	12.5
Who signed a consent form?		
Me	33	94.3
Husband	02	5.7
Other relative	—	-

From table III above more than three quarters 35 (87.5%) of the respondents signed an informed consent while only 05 (12.5%) of the respondents were not asked to sign an informed consent, yet nearly among those who signed consent forms, more than three quarters 33 (94.7%) signed their own informed consent forms for an operation whereas only 05 (5.7%) of the respondents' consent forms were signed by their husbands.

*n=60*



**Figure IV: Shows other reasons for caesarian section**

Slightly more than half 20 (33.3%) of the respondents knew that mothers were operated due to big babies while 01 (1.7%) of the respondents reported that mothers were operated due to poor cervix.

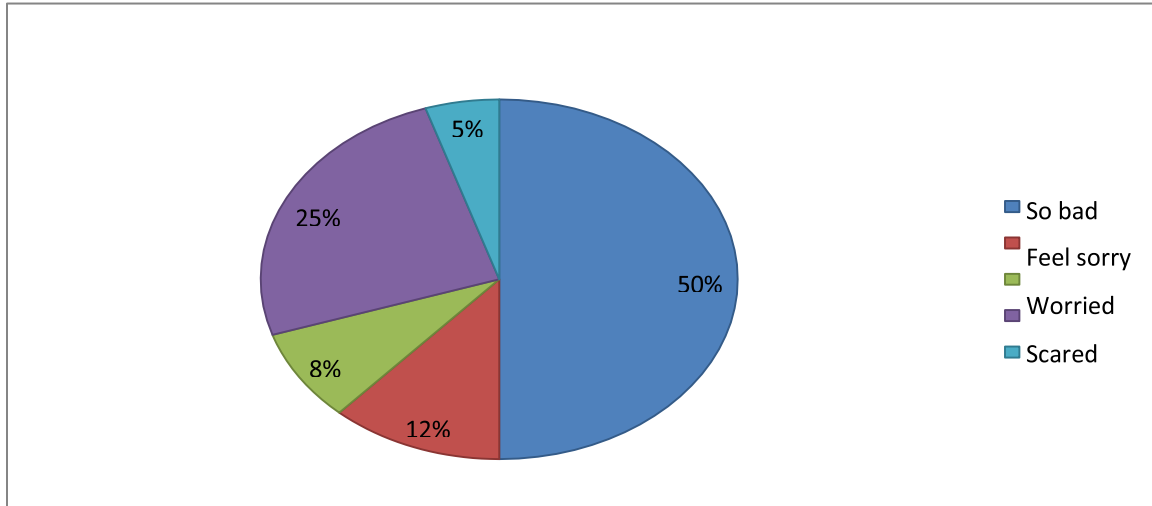
**Table IV: Shows mothers attitude towards caesarian section**

**n=60**

<b>Variable</b>	<b>Frequency(n)</b>	<b>Percentage (%)</b>
<b>Would do you accept to have a normal delivery through a C/S if indicated (an elective</b>		
Yes	35	58.3
No	25	41.7
<b>If no why?</b>		
I fear	03	12
It's painful	06	24
Gives you a scar	01	4
I hate the scar	10	40
Not easy to deliver normally after a C/S	05	20
<b>If yes, how do you feel staying on ward because of a C/S?</b>		
Bad	04	11.4
Good/ok	25	71.4
Fair	06	17.2

From table IV above more than half 35 (58.3%) of the respondents reported that they would accept to have an elective c/s whereas only 25 (41.7%) said they would not accept to have an elective C/S, of the respondents that' said no, a majority 10(40%) said they hated the scar of a C/S while a minority01 (4%) of the respondents indicated that it gives a scar.

For the choice of ward stay nearly three quarters 25 (71.4%) of the respondents who chose yes, said, they felt okay/good staying onward because of ac/s while 04 (11.4%) of the respondents would feel bad because of staying onward.



**Figure V: Shows the feeling of mothers towards caesarian section**

From figure V above, a half 30 (50%) of the respondents would feel so bad if they heard someone was going for a c/s while 03 (5%) of the respondents would feel good If they heard someone was going for caesarian section.



## **CHAPTER FIVE**

### **DISCUSSIONS, CONCLUSIONS, RECOMMENDATIONS AND NURSING IMPLICATIONS**

#### **5.0 Introduction**

This chapter presents the discussion of the findings, conclusions, recommendations and nursing implications of the study.

#### **5.1 Demographic characteristics**

Most of the respondents 30 (50%) were in the age between 18-25 years and 50% were married, 41.7% attained primary level of education and 66.7% were from 4km away from the facility.

#### **5.2 The knowledge of mothers towards caesarian section**

On the mothers knowledge, 55 (91.7%) were aware of a C/S this was compared to the study in Nigeria where 93.8% of the mothers were aware of a C/S (Baking Bet al 2011). This comparably shows that the mothers had knowledge on a C/S considering the 8.3% of the mothers that did not have any knowledge about caesarian section. Implying that mothers had good knowledge about a caesarian birth and were well sensitized on different modes of delivery.

The fact that 72.7% were once operated compared to 27.3% who had never been operated revealed that mothers were adhering to the operation compared to study carried out by (kolip&Buchter,2009) which showed that 40% of women needed to receive enough information knowledge and consequences about caesarian.

Notably 50% of the mothers had one previous scar this compared to a Germany study (Biefield University), which indicated that most women were happy with their decision on a C/S but 40% felt they had not received enough information about the consequences of a C/S (Kolip&Buchter,2009).

The study further showed that 87.5% of the mothers signed their own consent forms as 12.5%

were signed by their husbands. This would imply a portion practice where this would cause a delay to respond to emergencies in need of consent from husbands. Comparing this to a Nigerian study by (Bako Bet al, 2011) it showed that 2.7% of the mothers knew that undergoing a C/S required a consent from a husband but discovered that it was of a constitute and delay at a health facility as the patient may wait for the husband to give consent.

In the study too, various reasons were given as to why mothers are operated and 33.3% knew that big babies were the leading reason for a C/S where as 1.7% knew that operations were due to poor cervix of the mothers. This calls for attention that mothers still lacked enough information on reasons to why mothers are operated. Comparing this study to study in China by (Puia, 2010) it indicated that lack of knowledge among women having a caesarian surgery was reiterated in the pilot finding where three nurses were interviewed on caring for primipara women who had were found with inadequate knowledge and information.

## **5.2 Attitude of the mothers towards caesarean section**

On the mothers ' attitude, the study showed that 58.3% of the mother would accept to have an elective caesarean section where as 41.7% would not accept an elective caesarean section. In such comparison of percentages with a Ugandan study carried by (Dan,2014) which affirmed that improving the quality of improving of obstetric care for women with obstructed labor preference to caesarian section due to unforeseen pleasant previous birth experiences and wrong attitudes towards delivery.

Similarly, 40% hated the scar that's why they could not accept to have an elective caesarian section. This is a clear indication that the attitude towards ac/s among the mothers in comparison with a Ugandan study by (Jeremiah, et al, 2011), that found that traditionally Ugandan women were unwilling to have C/S because of the belief that abdominal delivery was a reproductive failure. On another related study African women believed that caesarian section was regarded as "acurse" of unfaithful woman and accepted reluctantly even in the presence of clinical

indications (Adeoye *et al.*2011).

In this study too, 71.4% of the mothers would feel good/ OK staying on ward due to caesarian section as compared to 11.4% that would feel bad staying on ward because of a caesarian section. This in comparison to the contrary study by( Fenwick *et al*(2010) which noted that most women believed that caesarians were the only safer birth option for themselves and their babies thus felt caesarian section was warranted.

Lastly, most of the mothers 50% would feel so bad whenever they heard someone was going for a C/S where as 8.3% would feel worried. This still indicates that the attitude was still hindrance to caesarian section among mothers comparing this study to a study carried in China by (Puia3013) that a large number (3721) of women having a caesarean birth had an experience and understanding to the post-operative recovery but desired for more information about C/S.

### **5.3 Conclusion**

From the study carried out mothers had knowledge about caesarian section and a number of them had ever undergone the operation but still lacked more information to why mothers were operated and crucial reasons that would lead one to the operation.

On the attitude, the study showed that mothers were still not convinced that caesarian section was the only safer birth delivery mode but instead they feared the c/s scars and felt so bad and worried whenever a caesarean section was indicated medically in presence of an indication.

### **5.4 Recommendations**

The Social, cultural and economic states of the women which may influence their knowledge and attitude towards caesarean section are not explored therefore, further studies would have to be done in our settings to assess the adequacy of pre-operative counseling and the effectiveness of other forms of education such as the use of videos and leaflets and posters to the pregnant women.

More health talks should be carried out in the communities to sensitize mothers and girls of child bearing age on the reasons for the operation benefits or importance and need for a caesarian

birth when medically indicated.

Pre-operative and Post-operative care should also be emphasized by health workers to the mothers and care takers in a need to reduce post-operative complications like sepsis, gaping of the incision sites as this will only be the way to reduce on the negative attitudes to caesarian birth as a mode of delivery.

Early identification of the risk mothers during antenatal care visits by health workers should be done in a way that by the time of delivery they are aware of their mode of delivery this will reduce on such risks and mothers will be well prepared.

### **5.5 Implications to Nursing Practice**

Nurses and Midwives in encounter with these mothers should make sure that they have enough knowledge on caesarian birth and various indications taught to them to reduce on fears and worries.

Various and crucial indications to why mothers are operated should completely be taught to the mothers this will reduce on the cultural beliefs and will promote safety of midwives and nurses on their various duties as this will reduce complications like maternal deaths and fresh stillbirths. Nurses and Midwives should prepare the mothers early enough on different modes of delivery indicating how some complications like pre-eclampsia, eclampsia, APH, arm prolapse, cord prolapsed can lead one to caesarian section as mode of delivery.

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## **APPENDIX I: CONSENT FORM**

My name is **AMPIRE DIANA**, a student Nurse of Kampala International University Western Campus. I am carrying out a study to assess the knowledge and attitudes towards CS among mothers attending MCH Services at Rwekubo HC IV in Isingiro District. Your participation is voluntary and you may pull out at any time if you wish. There are no risks associated with your participation in the study. The study will benefit midwives, nurses and mothers at Rwekubo HC IV as they will get an opportunity to be updated on their knowledge and attitudes towards CS.

You are under no obligation to participate in the study and refusal to participate will not affect you in anyway.

All data will be kept in a safe place and will not be shared with anybody and will not be used for any other purposes apart from the study. You are free to ask any questions about the study at any time if you need more clarification.

I have explained the study purpose and objectives of the study to the participants, and they have understood and voluntarily consented to participate in the study.

**Researcher's Signature.....Date.....(RESEARCHER)**

The topic and its objectives have been fully explained to me, and I have understood and voluntarily agreed and consented to participate in the study.

**Respondents Signature.....Date.....(RESPONDENT)**

## APPENDIX II: QUESTIONNAIRE

My name is **AMPIRE DIANA**, a student Nurse at Kampala International University Western Campus School of Nursing Sciences. I am carrying out a study to identify the Knowledge and attitudes of mothers towards CS in Isingiro District.

You have voluntarily consented to participate in the study and all the information you give will be kept confidential. Your participation will take a maximum of 10minutes.

### Instruction

Please tick in the boxes or write in the spaces provided.

Please answer as accurately as possible to enhance data quality

### Section A: Demographic characteristics of mothers.

#### Age

18 - 25years

☐

26 - 35years

☐

36 - 45years

☐

1) Marital status

Single

☐

Married

☐

Divorced

☐

Others(specify).....

2) Level of education

Primary level

☐

Secondary level

☐

Tertiary level

☐

No formal education

☐



3) Distance to Rwekubo HCIV?

Less than 1km

2 – 3 km

4 km and above

**Section B: The knowledge of mothers towards CS.**

1).Have you ever heard about CS?

a) Yes

b) No

2) .If yes, have you ever been operated on?

a) Yes

b) No

3). How many times have you been operated?

Once

Twice

Three – four times

4 ) What were the reasons for the operation?

.....

5) Were you asked to sign an informed consent before a CS?

a) Yes

b) No

6)If yes, who signed the consent form?

a) You

b) Husband

c) Other relatives (specify).....

7) What other reasons do you know why mothers are operated or undergo ac/s?

.....

**Section C: The attitudes of Mothers towards CS.**

8) Would you accept to have a normal delivery through ac/s if indicated (an elective C/S)

a) Yes

☐

b) No

☐

9) If no, why?.....

10) If yes, how do you feel staying on ward because of a caesarian section?

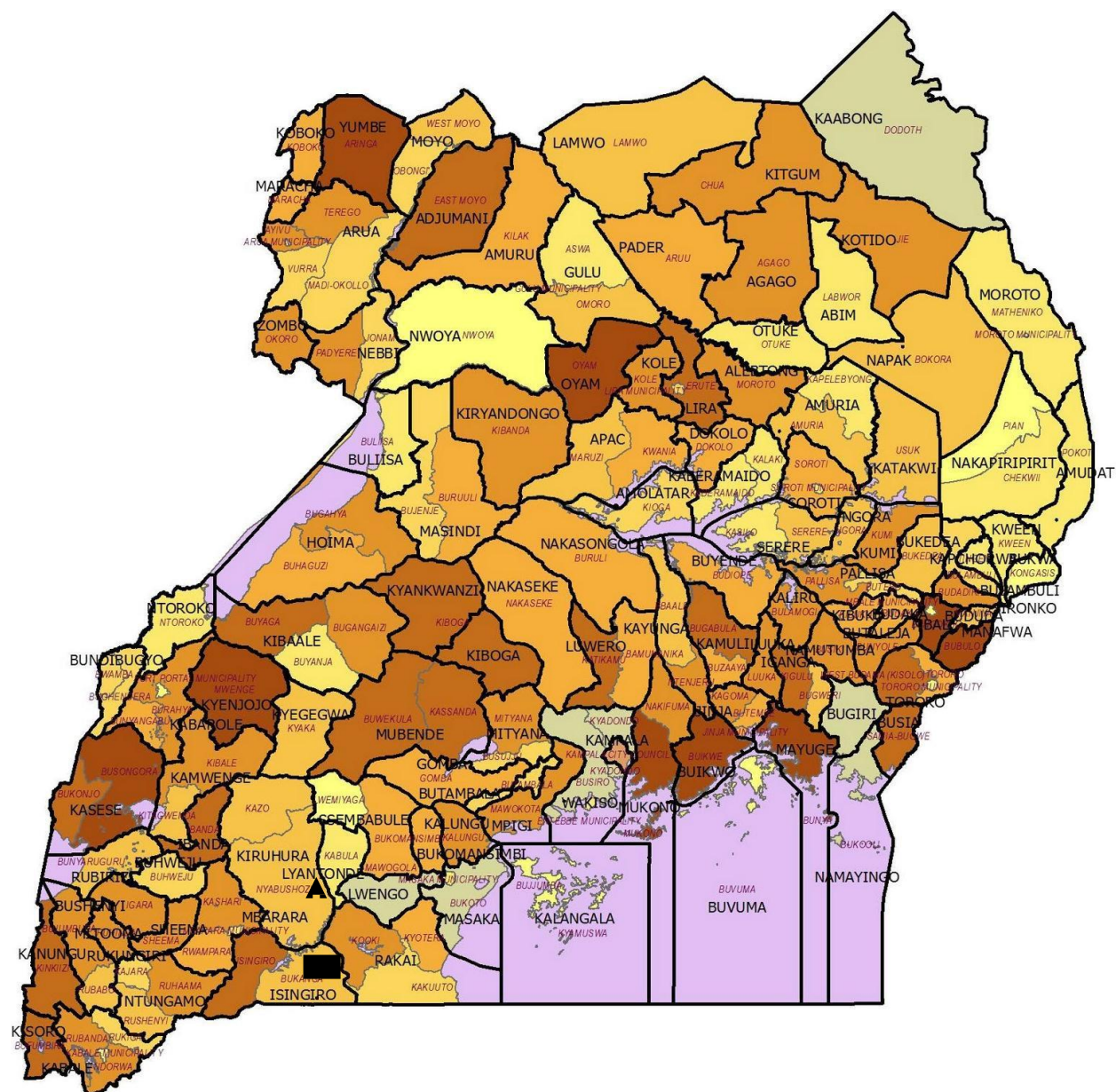
.....

11) How would you feel if you hear that someone is going for a C/S?

.....

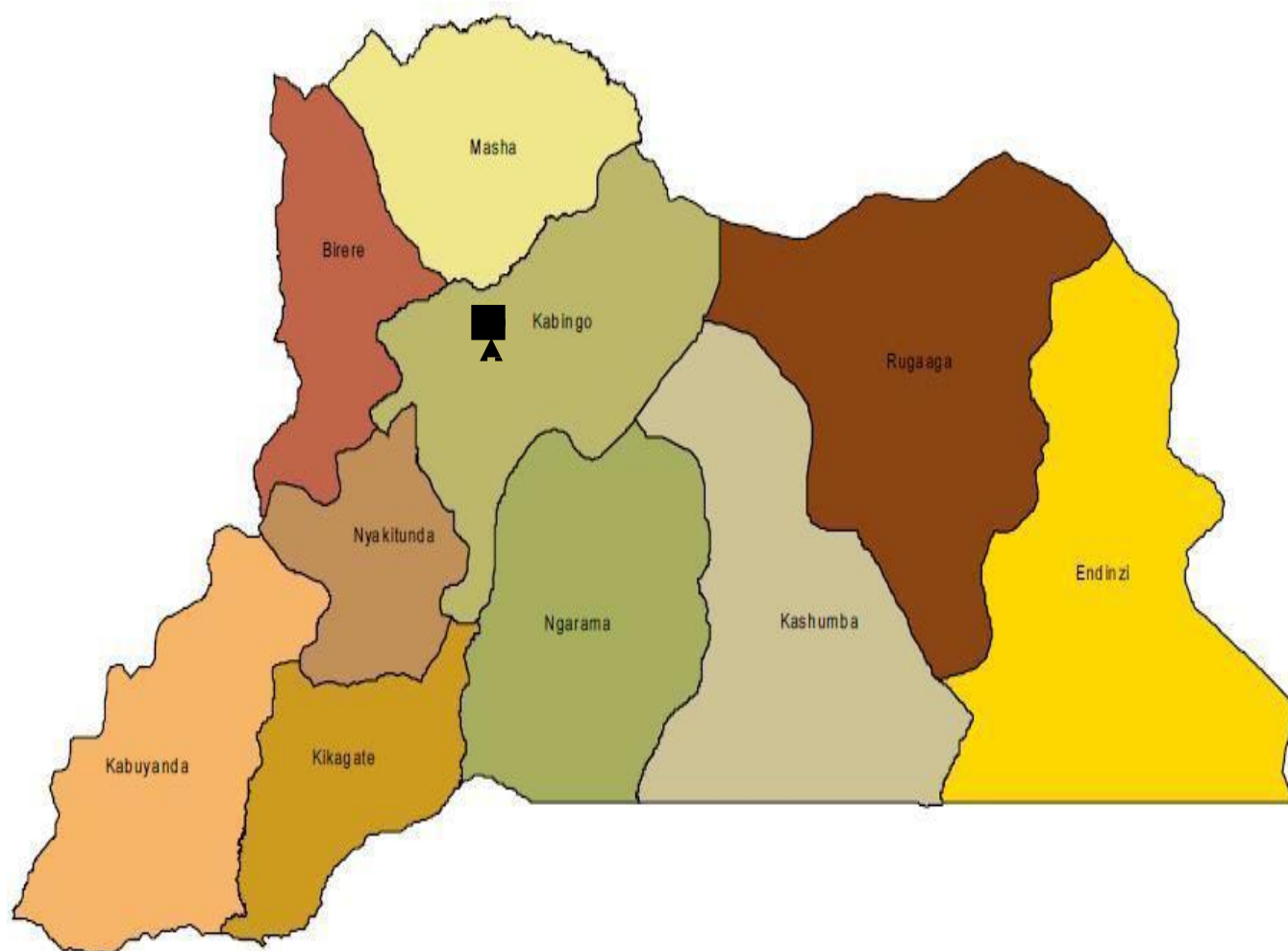
**Thank you for your participation**

### APPENDIX III: MAP OF UGANDA SHOWING ISINGIRO DISTRICT



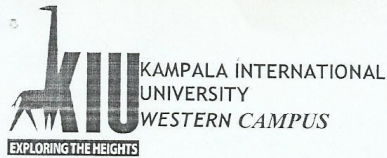
**KEY:** ■ Isingiro

**APPENDIX IV: MAP OF ISINGIRO DISTRICT WHERE RWEKUBO HCIV IS  
LOCATED**



**KEY:**  **RWEKUBOHCIV**

## APPENDIX V: RECOMMENDATION LETTER



School of Nursing Sciences,  
P.O.BOX 71 Bushenyi, Ishaka  
Tel: +256 (0) 701 975572  
E-mail: akabanyoro@gmail.com  
Website: <http://www.kiu.ac.ug>

### Office of the Dean - School of Nursing Sciences

Date: 02/Feb. /2018

To: SENIOR NURSING OFFICER (SNO)  
RWEKUBO HCIV ISINGIRO

*Received and  
accepted to  
carry out the  
research in this  
facility according  
to regulations & guidelines  
14/02/2018*

Dear Sir/Madam,

**RE: AMPIRE DIANA**      **DNS/E/6472/163/DU**

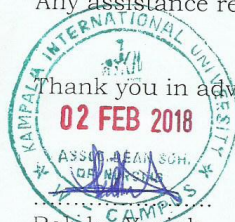
The above mentioned is a student of Kampala International University -  
School of Nursing Sciences undertaking Diploma in Nursing Science -  
Extension and she is in her final academic year.

She is recommended to carry out her data collection within two weeks  
from the time of approval as a partial requirement for the award of the  
Diploma in Nursing Science.

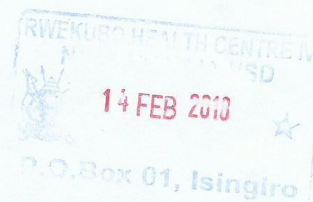
Her topic is **KNOWLEDGE AND ATTITUDES TOWARDS CAESAREAN  
SECTION AMONG MOTHERS ATTENDING MATERNAL AND CHILD  
HEALTH SERVICES AT RWEKUBO HCIV ISINGIRO DISTRICT**

Any assistance rendered to her will be highly appreciated.

Thank you in advance for the positive response.



Balukali Yosiah  
**RESEARCH COORDINATOR**  
Tel: +256782-835901/756-013899  
Email: [balyos766@gmail.com](mailto:balyos766@gmail.com)



"Exploring the Heights"