



Original Article

Knowledge, Attitude, and Perception of Women Regarding C-Sections during their Antenatal Period

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ABSTRACT

C-Section is a surgical procedure in which a mother gives birth to a child through the abdomen by the incision of the uterus. The prevalence of CS globally is 30 to 40 percent. **Objective:** To find out the knowledge, attitude, and perception of women regarding C-Section during their Antenatal period. **Methods:** The cross-sectional survey was conducted among married women. The sample size of 537 women from 18 to 35 years of age group was collected from seven districts of Karachi. A validated questionnaire is used which was comprised of demographics, and some questions related to their knowledge, perception, attitude towards their experience of CS, and views regarding Normal delivery. Data were analyzed by SPSS version 23.0. **Results:** A total of 537 reproductive women were recruited through a google doc survey. The mean age of these women was found to be 27.32±4.3 (18-35 years). Majority of participant belongs to south part 131(24.4%). Majority of participants were graduate 110(20.5%) and post graduates 122(22.7%). Almost half 55.5 % female were working women. Majority of females 235(43.5%) have their 2nd pregnancy. Most of them have 1 child (47.9%). 50.0% have history of still birth. At some level of education, knowledge is meaningful. Working women also had significant knowledge. **Conclusion:** Districts, education level, and occupational status all are directly proportional to the preference of CS in women as observed in this study.

INTRODUCTION

In a global world, the trend of cesarean section (CS) has increased. CS is defined as a surgical opening of the abdomen used for the delivery of a baby [1]. the division of the health system is among government and private sectors worldwide. The prevalence of CS globally is 30 to 40 percent. According to WHO the prevalence of CS in Egypt is 20.9 percent, in Ethiopia at 18 percent, in Iran is 83.5 percent and according to Pakistan Demographic and Health Survey (PDHS), the rate of CS is about 14 percent to 22 percent in one usually quintuplet from 2012 to 2018 [2]. Nowadays our traditional concept regarding labor pain changed. Labor pain is described as the regular

contractions of the uterus which enhance the severity of pain and delivery of a baby that's why the majority of women change their minds about CS [3]. The first aim of the health care team is to deliver a safe and healthy baby. Women have to decide the type of delivery during their antenatal period it is a typical part of human nature that is affected by multiple factors [4]. There are many benefits for CS: chances of risk decrease, without any vaginal injury, decreases the bleeding rate, and no contraction [5]. CS is very suitable for the doctors, their team, the hospital, and also for the mother to choose the delivery date as compared to suddenly unwanted labor pain. But there are

some complications described: prolong hospital stay, expensive, rupture of the uterus, shortness of breath, premature birth of a child, excessive bleeding, complications of anesthesia, risk of wound infection, itching, and irritation in the incision of CS [6]. The inspiration to select the method of CS for women contains: uneasiness for labor, decreases pain intensity, and secures the tubal ligation [7]. It is a public-based process that includes family financial status, the environment of the clinic, the presence of machinery, and thoughts and ideas of women regarding their CS [8]. In developing countries the ratio of CS is high because the expecting women and their husbands get efficient knowledge regarding the procedures of delivery and advantages [9]. The procedure of CS is divided into elective and emergency CS. The elective procedure means it is planned surgery and the emergency section is done when there is a sudden threat to the life of the mother or the fetus [10]. Many studies showed that there are many private and socio-economic causes are anxiety, lack of care, and perceived inconsistency these all are the reason for increasing the rate of CS on a mother's request [11]. On the other hand the women who already faced CS in the previous history highly recommended the method of CS [12]. the increasing rate of CS due to more preventive attempt against labor pain. Most of the research had focused on the maternal advantages of CS although normal delivery is painful the patient gets relief earlier as compared to CS [13].

METHODS

This was a cross-sectional survey conducted among married women from January 2022 to June 2022 throughout Karachi. We collected data from seven districts that reflected the perception, knowledge, and attitude of people related to C- Section with their respective districts by the use of the google forms online tool. The sample size of 537 was generated through openepi.com software according to the prevalence of married women population of Pakistan 50%. The sampling technique which we used in this study was purposive sampling. In our study, we include married both working and non-working parous women, age group 18 to 35 years and who are willing to participate are included in this study. Women more than 35 years, the presence of any gynecological problems like polycystic ovaries, infertility, menopausal women, women who undergo hysterectomy, and cancer in any part of the reproductive system, and females who refuse to participate in the study were excluded. We used a validated questionnaire which was comprised of demographics like age, districts, education, occupation, maternal history information and questions related to their perception and attitude towards their experience of CS, views regarding

Normal delivery. Data were analyzed through SPSS version 23.0. Means and standard deviations were reported for continuous variables. Frequencies and percentages were calculated. Chi-square and Fischer Exact test were applied to see the association between the main variables and responses at a P-value ≤ 0.05 level of significance.

RESULTS

The demographic history was presented in table 1. Majority of participant belongs to south part 131(24.4%). Majority of participants were graduate 110(20.5%) and post graduates 122(22.7%). Almost half 55.5 % female were working women (Table 1).

Location	Frequency (%)
Central	80 (14.9%)
East	67 (12.5%)
Kemari	54 (10.1%)
Korangi	73 (13.6%)
Malir	54 (10.1%)
South	131 (24.4%)
West	78 (14.5%)
Education	
Graduate	110 (20.5%)
Intermediate	104 (19.4%)
Masters	101 (18.8%)
Matric	100 (18.6%)
Post Graduate	122 (22.7%)
Occupation	
House Wife	239 (44.5%)
Working Women	298 (55.5%)

Table 1: Demographic history of participants

Table 2 describes the antenatal details of females. Majority of females 235(43.5%) have their 2nd pregnancy. Most of them have 1 child(47.9%). 50.0% have history of still birth.

Gravidity	n(%)
First Pregnancy	84 (15.6%)
More Than Three	49 (9.1%)
Second Pregnancy	235 (43.8%)
Number Of Children (Parity)	
None	79 (14.7%)
One	257 (47.9%)
Two	152 (28.3)
Three and Above	49 (9.1%)
History Of Lost Pregnancy/ Stillbirth?	
No	268 (49.9%)
Yes	269 (50.1%)

Table 2: Antenatal details of Participants

Preference of planned CS versus vaginal delivery was observed 71.1% in working women and 40.2% vaginal delivery was observed in house wife with P-value 0.000. however when asking for the reason; CS allow to choose the day of birth 27.2% was notified in house wife. Furthermore asking about there any traditional belief there were 70.7% participants replied yes. What would have made your (CS)

experience better? Education on CS at antenatal clinic was replied by 48.7% working women participants as shown in Figure 1.

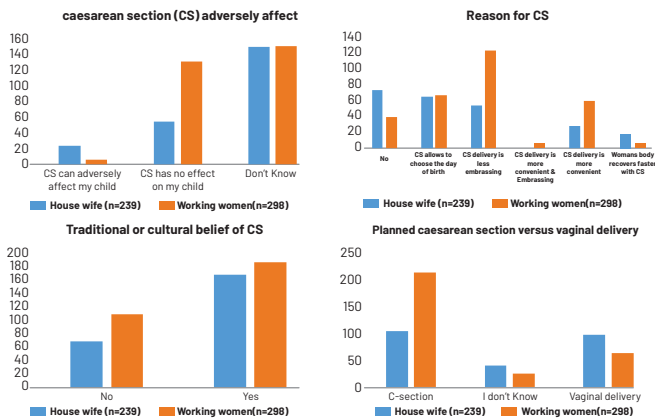


Figure 1: Occupation wise responses

DISCUSSION

In the current study, most of the participants preferred to have CS, and less than 1/3 favored vaginal delivery. According to our study, the most common reasons for choosing CS among the population of Karachi are: CS delivery is less embarrassing and also allows choosing the day of birth. A study revealed women who were more concerned about the health status of their babies requested to have CS as a treatment of choice [14]. A comparative study conducted in Sweden regarding the choice of the mode of delivery among women reported that preferences towards the CS were due to the fear of the health of a baby [15]. According to one of the studies consideration of women towards vaginal delivery was 88% as they were thinking about maternal and fetal safety while 93% responded against the CS [16]. In our study 71.1% of working women and 43.1% of housewives are in favor of CS however 20.8% of working women and 40.2% of housewives are in favor of vaginal delivery. Another study conducted in Iran showed knowledge and preference of women regarding the CS were negatively associated [17]. The comparative study of Turkey conducted between healthcare professionals and the common public regarding the selection of delivery mode revealed that 48.1% vaginal delivery was selected by the healthcare professionals while 69.6% by the public ($P=0.001$) [18]. Preference and positive attitude towards CS were associated with the safety of mother and baby [19]. In the present study 68.1% of working women were thinking that those who want only one or two children are better to choose CS while 46.9% of housewives are in favor of CS in this regard. The previous study from Brazil reported that women with a high standard of living were more experienced as well as in favor of CS as compared to low status [20]. Another study from Iran

revealed the strong association of education with the choice of delivery, as they reported in their study that more preference of CS was seen in well-educated Women [21]. In our study, 72.1% of Post-graduate women choose CS as a preferred mode of delivery. With respect to the occupation status of women, it has been reported that CS were more preferred by housewives as compared to working women [22]. A study conducted in the Netherlands showed the preference for mode of delivery from experienced doctors was CS [23]. According to the study in Canada differences in the ratio of methods of delivery cannot be measured by the choices and preferences of women. This difference was likely reflected in the experience, knowledge, preference, and financial benefits of gynecologists [24]. In another study in Taiwan the frequency of CS was not related to the financial benefits of gynecologists However, the choice of delivery was strongly related to the preference of women [25].

CONCLUSIONS

The level of education, occupational status, and different districts of Karachi can directly affect the choice of delivery among women but their level of knowledge, social status and attitude regarding this domain can increase the selection for CS deliveries.

Conflicts of Interest

The authors declare no conflict of interest

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