

## Beliefs about Caesarean Section amongst Women of Child Bearing Age

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### Abstract

This study was conducted to find the beliefs about caesarean section amongst women of childbearing age in selected hospitals in Indore, Madhya Pradesh. 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 selected hospitals in Indore, Madhya Pradesh 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 selected hospitals in Indore, Madhya Pradesh. 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.

### Introduction

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, cephalo-pelvic disproportion in labour, fulminating pregnancy induced hypertension, eclampsia, fetal distress and

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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.

#### *Statement of the Problem*

A study to assess the beliefs about Caesarean Section amongst Women of Child Bearing Age in Indore, Madhya Pradesh.

#### *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 selected hospitals in Indore, Madhya Pradesh.

#### *Specific Objectives*

The objectives of this study were:

- To determine influence of traditional beliefs on caesarean section among women of child bearing age.
- To examine influence of religious beliefs on caesarean section among women of child bearing age.
- To examine difference in beliefs towards caesarean section among women of child bearing age based on their educational qualifications.
- To examine difference in beliefs towards caesarean section among women of child bearing age based on their income status.
- 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:

- To what extent do traditional beliefs influence caesarean section among women of child bearing age?
- To what extent do religious beliefs influence caesarean section among women of child bearing age?
- What difference exists in the beliefs towards caesarean section among women of child bearing age based on their educational qualifications?
- What difference exists in the beliefs towards caesarean section among woman of child bearing age based on their income status?
- 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:

- There is no significant influence of traditional belief on caesarean section among women of child bearing age.
- There is no significant influence of religious belief on caesarean section among women of child bearing age.
- There is no significant difference in the beliefs towards caesarean section among women of child bearing age based on their educational

qualifications.

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

### **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 in selected hospitals in Indore, Madhya Pradesh. They are tertiary institutions 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 the selected hospitals in Indore for the period of one week in January, 2017.

### **Sampling Method/Technique**

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 selected hospitals in Indore, Madhya Pradesh." 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 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 Tables 1.

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.

**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 Caesarean 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

### **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 Tables 2.

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.

**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 Caesarean Section	SA	A	D	SD	Mean	SD	Remarks
1.	Delivery by caesarean section is accepted by my religion	60	12	8	5	3.49	1.02	Agree
2.	Women who undergoes caesarean section are cursed	7	14	21	43	1.82	0.99	Disagree
3.	Delivery by caesarean is not God's ordinance	4	20	36	25	2.04	0.85	Disagree
4.	Women who passed through caesarean section are none tithers	2	16	12	55	1.59	0.88	Disagree
5.	My religion permit caesarean operation	67	12	4	2	3.69	0.85	Agree
6.	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

**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 Tables 3.

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

**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

Item	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

**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 Tables 4.

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.

**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

Item	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

**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 Tables 5.

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.

**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

Item	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

**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.

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.

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

ROW	ITEM	Count	SD	Column			Cal $X^2$	DF	Crit $X^2$
				D	A	SA			
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				

**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.

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.

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

Item			SD	Column			Cal $X^2$	DF	Crit $X^2$
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				

**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.

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.

**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

Item	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			

**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.

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

**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

Item	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			

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.

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

**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

Item	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			

among women of child bearing age based on their number of children.

## Discussion

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 ( $\chi^2$ ) value of 110.07 against critical chi-square ( $\chi^2$ ) 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 ( $\chi^2$ ) 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 proves 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 selected hospitals in Indore, Madhya Pradesh. 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 selected hospitals in Indore, Madhya Pradesh, 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 in selected hospitals in Indore, Madhya Pradesh. 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.

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