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DEPARTMENT OF MIDWIFERY

ACCEPTANCE OF CESAREAN SECTION AND ASSOCIATED FACTORS AMONG PREGNANT WOMEN ATTENDING ANTE NATAL CARE AT PUBLIC HEALTH INSTITUTIONS, HAWASSA, SIDAMA REGION, ETHIOPIA, 2023.

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A thesis submitted to Hawassa University College of Medicine and Health science Department of Midwifery as partial fulfillment M.Sc. in Clinical Midwifery

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ACCEPTANCE OF CESAREAN SECTION AND ASSOCIATED FACTORS AMONG PREGNANT WOMEN ATTENDING ANTE NATAL CARE AT PUBLIC HEALTHG PUBLIC HEALTH INSTITUTIONS, SIDAMA REGION, HAWASSA CITY. 2023

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Declaration

I hereby declare that this M.Sc. in Clinical midwifery thesis entitled "**Acceptance of cesarean section and associated factors among pregnant women attending ante natal care at public health institutions in Hawassa city, Sidama region, Ethiopia, 2023"** is my original work and has not been presented for a degree in any other university, and all sources of material used for this thesis have been acknowledged.

Name: _____

Signature: _____

Date: _____

Advisors' approval sheet

This is to certify that the thesis entitled submitted in partial fulfillment of the requirements for the degree of Master's with specialization in Clinical Midwifery, has been carried out by Sifen Ahmed , ID. No PGR0007/2014 under our supervision, therefore we recommend that the student has fulfilled the requirements and hence hereby can submit the thesis to the department.

Name of major advisor _____ Signature _____ Date_____

Name of co-advisor _____ Signature _____ Date_____

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ABBREVATIONS AND ACRONYMS

ANC: Ante Natal Care

CS: Cesarean Section

CI: Confidence Interval

EDHS: Ethiopian Demographic Health Survey

HUSCH: Hawassa University Specialized and Comprehensive Hospital.

IRB: Institutional Review Board

SPSS: Statistical Package for Social Science

PHI: Public Health Institution

PI: Principal Investigator

VBAC: Vaginal Birth After Cesarean Section.

WHO: World Health Organization

ABSTRACT

Background: Cesarean Section (CS) is surgical procedure by which one or more babies are delivered through an incision in the mother's abdomen. It is one of the most common surgeries worldwide, accounting for more than 1 in 5 (21%) of all births. Acceptance of cesarean is the agreement with or being belief in cesarean section or it is the act of consenting to it. Although efforts are being made to minimize the CS rate, some women may refuse to accept it if the necessity arises due to a lack of awareness and a bad attitude toward CS. Even if they there were so many who had accepted cesarean section, some women showed total aversion to cesarean section, whatever the indication was. Therefore, the objective of this study was to assess the acceptance of cesarean se ction and associated factors among pregnant women attending ante natal care at public health institutions in Hawassa city. **Methods**: Institutional based cross-sectional study was employed among pregnant women attending ante natal care at selected Public Health Institutions in Hawassa city from July 24 to August 25, 2023. Systematic sampling technique was applied to select 422 participants. Kobo Toolbox used to collect data and was exported to Statistical Package for Social Sciences (SPSS) version 25software. Bivariate and multivariate logistic regression analyses were applied to assess associations between dependent and independent variables. The odds ratio with a 95% confidence interval used to declare the strength of associations between dependent and independent variables. P values less than 0.05 was considered statistically significant. **Results**: Finding of this study showed that acceptance of cesarean section among pregnant women was 50.2%. Respondents educational level AOR=6.5, 95% CI (1.5-25), Previous history of cesarean section AOR=7.19, 95%CI (1.94-27.5), place of delivery for the previous delivery AOR=4.15, 95% CI (1.01-11.6) and knowledge of respondents AOR=2.23, 95% CI (1.23-4.14) have showed significant association with acceptance of cesarean section.

Conclusion

This study showed about half of the respondents accepted a cesarean section. Educational status of women, previous history of cesarean section, place of delivery for the last previous birth, and respondents knowledge of cesarean section were predictor variables for the acceptance of cesarean section**.**

Keywords: Acceptance, Cesarean section, Women

INTRODUCTION

1.1Background

Cesarean section, also known as C-section or cesarean delivery, is a surgical procedure by which one or more babies are delivered through an incision in the mother's abdomen. (Office on Women's Health, 2018)

Cesarean section procedure was occasionally used as a post-mortem measure as early as the sixteenth century with the intention of saving the life of a child after the death of the mother. Accounts of Cesarean Section (CS) that produced live babies in the seventeenth and eighteenth centuries brought attention to the potential for executing the procedure on live women.(Antoine and Young, 2020)

Now a days cesarean section is one of the most common surgeries worldwide, accounting for more than 1 in 5 (21%) of all births. This number is expected to continue to increase over the next decade, and by 2030, nearly one-third (29%) of all births could likely be by cesarean section.(World Health Organization, 2021)

According to the World Health Organization (WHO) declaration of cesarean section, the optimal rate of caesarian section is estimated at 10–15% (WHO, 2015). In fact, data from 154 countries (2010–2018, covering 94.5% of the world birth rate) shows that 21.1% of women give birth through CS worldwide; Latin America and the Caribbean account for 48% of this. Egypt and Mauritius have the highest rates in Africa (51.8% and 47%, respectively, with an average range of 5% in sub-Saharan Africa. (Betrán *et al.*, 2016) The Cesarean section rate in Ethiopia is high, with an overall rate of 29.55%, which is higher than the WHO threshold. (Gedefaw *et al.*, 2020) and the prevalence in Hawassa city was 49.3%. (Tenaw *et al.*, 2019)

Acceptance is the act of consenting to it or saying "yes" or in agreeing with belief in a cesarean section. (Publishers, 2016) So, acceptance of a cesarean section is accepting the procedure when the offer comes in the right situation.

Women in recent days offered cesarean section in some countries rather than vaginal delivery. For instance, the number of women who had the willingness to accept cesarean section in Pakistan was 71.7%. (Jamil *et al.*, 2022) Some African countries also had a high acceptance rate of CS, 80.3% in Nigeria (Omobolanle *et al.*, 2018) up to 97.5%, and 73% in Ghana. (Prah, 2017) (Gandau *et al.*, 2019)

Contrary to what many people believe, there are still greater risks associated with Cesarean section than with vaginal deliveries, despite the fact that their use is on the rise. (Miseljic and Ibrahimovic, 2020) Potential for severe bleeding or infection, sluggish postpartum recovery, delays in starting breastfeeding and skin-to-skin contact, and a higher chance of difficulties with subsequent pregnancies are some of the procedure risks.(World Health Organization, 2021)

Although efforts are being made to minimize the CS rate, some women may refuse to accept it if the necessity arises due to a lack of awareness and a bad attitude toward CS. (Ogunlajaa, *et al,* 2018) Even if they there were so many who had accepted cesarean section, some women showed total aversion to cesarean section, whatever the indication was. (Omotayo *et al.*, 2022)

Even when it is not advised and despite repeated warnings about the possible risks, women in many of underdeveloped countries choose vaginal delivery. (Lawani *et al.*, 2019) Cesarean section is frequently associated with reproductive failure among women in less developed nations. They typically receive shocking news when it is announced that they will be delivered through a cesarean section, and there is a great deal of unnecessary delay when asked for consent. Time is crucial for obstetric emergencies. (Ezeonu *et al.*, 2017) Considering women's acceptance of a cesarean section is important for a timely intervention process. (Dorkenoo *et al.*, 2021)

To guarantee positive health outcomes for the mother and baby, the woman should accept the procedure before the physician makes a decision. (Bam *et al.*, 2021) So, they should have access to healthcare professionals, be able to participate in birth decisions, get adequate information, including risks and benefits, and be able to accept it. (Betrán *et al.*, 2016)

Therefore, in order for CS to be more commonly accepted by expectant mothers, sufficient counseling and health education are needed. (Lawani *et al.*, 2019)

1.2 Statement of the problem

Recent reports put the maternal mortality rate from complication faced during pregnancy and childbirth at 287,000 worldwide and a woman dies almost every two minutes which accounts for 70% of all maternal deaths in sub-Saharan African countries (WHO, 2023). According to Ministry of health on maternal health report around 12,000 women die per year, 85% accounts for complication faced during labor and delivery**.** (*Maternal Health - MINISTRY OF HEALTH - Ethiopia*,2021)

One of the main causes of maternal loss in developing countries is poor acceptance and low understanding of CS by women and their families. These women think their femininity will be lost if they deliver through a cesarean section. (Panti, 2018) Most pregnant women in developing societies still view cesarean section with skepticism, despite their relative safety and utility in modern obstetric practice. (Egbodo *et al.*, 2018)Even in the face of maternal and child mortality, perinatal mortality, and morbidity, the question of whether CS is acceptable is a major issue for these countries. (Chigbu and Iloabachie, 2007)

Whenever a cesarean section is required, one out of every four women will decline the procedure. (Ogunlajaa , *et al*, 2018) Widespread poor acceptance by these women may impact the use of medically-directed cesarean section to prevent perinatal and neonatal mortality. (Gandau *et al.*, 2019) This might have an impact on rising maternal and fetal morbidity and death. (Ogunlajaa, *et al*, 2018)

People who are involved in decision-making women, husbands, mothers-in-law, and local authorities refused to accept CS because of traditional beliefs and practices. (Ogunlajaa, *et al*, 2018) In addition, in developing countries, women with previous CS did not participate in the decision-making process and accepted the decision to have CS by attending a physician. (Ajeet *et al.*, 2011) For instance, despite Hawassa city having an above-threshold prevalence of CS rate of 49.3%, 81.75% of cesarean section was decided by obstetricians. (Tenaw *et al.*, 2019) The same is true for Jigjiga city; 80.9% of the procedure decisions were made by obstetricians only 19.1% were made by respondents.(Yusuf, Abdulahi Sheik, 2023) The rise of Cesarean section more than the WHO recommendation is the main problem the world is facing today. Unjustified

CS procedures and health-professional centered decision-making about the procedure can be reasons for CS increments (Tenaw *et al.*, 2019) (Gedefaw *et al.*, 2020). This shows that there is poor antenatal counseling on the risk and benefit of a cesarean section. However, the patient should be informed of the justification, along with any potential risks and benefits, before the CS is recommended and before it is carried out. Potential harm should include threats to the mother and the fetus.(Antoine and Young, 2020)

Lack of knowledge regarding CS delivery may be a factor in Ethiopian women's low acceptance of the procedure. They may have concerns about their mortality, worry about complications, these leads them to have a negative thought of cesarean section (Mezemir, Olayemi and Dessie, 2023). To addresses good counseling through ante natal care or using media and other information providing systems, there should be evidence-based practice, since there are limited studies conducted on acceptance of cesarean section in Ethiopia this study aims to assess cesarean section acceptance and its associated factors among pregnant women.

1.3 Significance of the study

Enhancing pregnant women acceptance of cesarean is important when it is medically indicated which should be part of maternal education. By aiding with the result of this study, both public and private health institutions will get adequate information regarding the factors affecting acceptance of CS. Counseling provisions about cesarean section during ANC and prior to surgery will be addressed based on the findings.

Stakeholders and government program managers will find this study to be very informative regarding the level of cesarean section acceptance in the study area. Additionally, the findings of this study can be used as a baseline for other similar and related research to gather information related to the acceptance of Cesarean section. Furthermore, it will guide health care professionals to understand the gap and provide enough counseling on the CS procedure.

CHAPTER TWO

2. LITERATURE REVIEW

2.1 Overview

High Maternal Mortality and morbidity due to complication faced during childbirth and after giving birth have been observed in developing countries, especially in sub Saharan African countries (Lancaster *et al.*, 2020) . These causes can be treated with patient oriented timely cesarean section. Here are some publications on the acceptance of cesarean section and associated factors.

2.2 Magnitude of Acceptance of Cesarean Section

The magnitude of acceptance of a cesarean section is different from one country to another this could be due to different reasons. These are some of the acceptance magnitudes from different literatures. For instance, a cross-sectional study conducted in southeast Nigeria showed that 87% of the total respondents had a willingness to accept a cesarean section if indicated. (Ezeome,*et al*, 2018) Additionally, a cross-sectional institutional study conducted in Nigeria on perception and acceptance of CS found that 77.5% felt the procedure was necessary and would accept it. (Panti, 2018) A study conducted in Acre State showed that only 16% of them would accept CS in the next pregnancy if it was necessary. (Omotayo *et al.*, 2022)

On the other hand, an institutional-based descriptive study conducted in Ekiti State, Nigeria, found that the rate of acceptance of CS was 54%. (Abiodun-ojo and Rn, 2022) Another cross-sectional descriptive study conducted in four health facilities in Ogbomoso, a semi-urban town in Nigeria, showed that the CS acceptance rate was 75.6%. (Ogunlajaa,*et al*, 2018) A study conducted in Cape Coast, Ghana, showed that 95.7% of respondents would agree to have the procedure. (Prah, 2017)

2.3 Factors affecting Acceptance of Cesarean section.

2.3.1 Socio-demographic Factors

A study conducted in Turkey revealed that there is a significant association between age and choice of cesarean section as mode of delivery. Women whose age was ≤ 30 years were more likely to refuse cesarean section as mode of delivery. (Yilmaz *et al.*, 2013) This study also showed that women who have an educational level of 9 years and above had the willingness to accept a cesarean section as a mode of delivery. Another study in Nigeria also showed that there was a significant association between educational attainment and cesarean section acceptance the more they are educated, the more they accept cesarean section (Omotayo *et al.*, 2022).

Religious belief of pregnant women found to be one factor that affect acceptance of cesarean section, this is supported by cross-sectional study of Ghana which found the acceptance of cesarean section among respondents was significantly correlated with respondents' religious beliefs. (Omotayo *et al.*, 2022)

Respondents' occupation has also influenced acceptance of cesarean section; a study conducted in Nigeria discovered there was a significant association between the respondents' acceptance of cesarean section and their job. (Panti, 2018)

Monthly income above the poverty line has its own effect on acceptance of cesarean section. Women who have more income preferred to deliver by cesarean section, as guided by a study conducted in Ethiopia that revealed respondents were 3.78 times more likely to undergo a cesarean section if their monthly income exceeds the poverty line. (Tenaw *et al.*, 2019)

Husband educational level has an effect on cesarean section acceptance. Study done in Ghana showed that women whose husband's educational level was secondary education and above were more likely to undergo cesarean section. (Manyeh *et al.*, 2018)

2.3.2 Obstetric Factors

A study of Turkey shows Prim-Para mothers showed aversion to accepting cesarean section as a mode of delivery when compared with those multiparous mothers. ((Yilmaz *et al.*, 2013) Another study conducted in Ghana also showed parity was significantly associated with acceptance of Cesarean section. (Bam and Bamfo-ennin, 2020) The same as the study of Turkey, Prim-Para mothers show aversion to accepting CS when compared with those multiparous mothers. A Nigerian study showed that the place of delivery for the previous delivery was associated with the acceptance of a cesarean section. Women who delivered at a health institution were more likely to accept a cesarean section if indicated. (Utuk, Ekanem and Abasiattai, 2018)

Having previous CS history was mentioned as an influencing factor in accepting CS in different literatures; for instance, an institutional-based cross-sectional study done in India showed prior CS history was significantly associated with greater acceptance of cesarean delivery (OR-2.9) than when compared to those who didn't have a history of previous CS history (Ajeet *et al.*, 2011). Another study conducted in Ghana also showed that women who had previous history of cesarean section had willingness to undergo CS when indicated.(Bam *et al.*, 2021) Woman who had a previous history of stillbirth or neonatal loss accepts a Cesarean section to save the life of the baby. This is guided by a cross-sectional study in Ghana, which showed that having previous neonatal loss was significantly associated with acceptance of CS. (Gandau *et al.*, 2019)

2.3.3 Knowledge of Cesarean section.

Knowledge about cesarean section was significantly associated with acceptance of cesarean section among pregnant women. This was guided by a cross-sectional study conducted in Turkey, which showed that being informed about Cesarean section before the procedure was associated with Cesarean section uptake as a mode of delivery, and gaining information about the procedure helped them to accept the procedure. (Yilmaz ,*et al*, 2013)

Study conducted in Ghana also showed being informed more about cesarean section procedures and risks during ANC strongly influenced respondents choice to have cesarean section (Dorkenoo and Abor, 2021).

Another study conducted in Ghana also shows that just 39.6% of the respondents had enough knowledge about cesarean section, and all of the respondents heard about cesarean section, and their sources of information were friends and families. (Prah, 2017)

A study conducted in Nigeria shows that pregnant women's knowledge about cesarean section was 85.7% of respondents; most of them reported having heard about CS from health practitioners. The study also showed that a lack of information among respondents affected acceptance of CS. (Omobolanle *et al.*, 2018)

2.3.4 Acceptance of Cesarean section.

Factors like fear of death, fear of surgery, being informed about the procedure, long recovery time after the procedure, having concern about the baby's safety, believing that their life was in danger, believing it as a sign of weakness, and believing the husband must disapprove of it are factors that influence the acceptance of a cesarean section among pregnant women. In different studies, women agreed that their acceptance of CS was mainly influenced by these factors. For instance, a cross-sectional study in Ghana showed that respondents agreed that if a cesarean section was required to save the health of their fetuses, they would accept the procedure. (Dorkenoo and Abor, 2021) Additionally, a study done in Nigeria also showed that up to 81% of women were willing to accept a cesarean section if they or the fetus were in danger of dying. (Aziken, Omo-aghoja and Okonofua, 2007)

Another study conducted in Ghana showed that among respondents, 40% agreed that fear of death was the reason why they refused to undergo a cesarean section. (Prah, 2017) In addition to this, a study conducted in Nigeria revealed that respondents' acceptance of Cesarean was influenced by a fear of dying during the procedure at a rate greater than 50%. (Omotayo *et al.*, 2022)

In most African countries, pregnant women accept the Cesarean section procedure if their husband disapproves of it, despite their own objections. This is guided by a study done in Nigeria, where the majority of respondents consent to a CS birth if their husbands do. They think he should care for both mother and child. (Ezeome, *et al*, 2018) Fear of complications following the surgery is another factor that affects the acceptance of a cesarean section among pregnant

women. A cross-sectional study done in Ghana showed that 97.7% of the respondents agreed that fear of complications was the reason not to accept CS. (Dorkenoo *et al.*, 2021)

Some pregnant women offer to deliver through a cesarean section to avoid labor pain. This is guided by a study done in Nigeria, which revealed that more than half of respondents agreed that pain from previous labor is the reason why they prefer to deliver through CS. (Omotayo *et al.*, 2022) A study conducted in Nigeria shows that 25.7% of respondents agreed that having little information regarding cesarean section was the reason why they showed aversion to cesarean section. This study also shows that 78% of respondents reported a long recovery period after cesarean section. (Omobolanle *et al.*, 2018)

Another study conducted in Ghana showed that 84.9% of respondents agreed that the long recovery period after a cesarean section was the reason why they wouldn't undergo a cesarean section.(Dorkenoo *et al.*, 2021)

2.3.5 Health Practitioners influence

Pregnant women value the advice of nurses and midwives highly since they serve as the guardians and backbone of prenatal clinics and maternity hospitals. (Omotayo *et al.*, 2022) In a study done in Nigeria, 74% of respondents agreed that health practitioner competence was the reason why they were ready to accept a cesarean section if it was indicated. (Omobolanle *et al.*, 2018) Another descriptive study done in Nigeria also showed that 18.9% of respondents agreed that health practitioners inflict fear about cesarean section, and about 56.8% of respondents agreed that health practitioners' empathy increased acceptance of cesarean section. (Abiodun-ojo and Rn, 2022)A study conducted in Ghana also showed that about 10.6% of the respondents agreed that they didn't receive information about cesarean section procedures and the risks following the surgery. (Gandau *et al.*, 2019)Another study conducted in Nigeria also showed that 5.5% of respondents believed that health practitioners initiate cesarean section to gain money or for their own self-interest. (Utuk, Ekanem and Abasiattai, 2018)

According to a study conducted by Prah in Ghana, 30% of the respondents agreed there was no education on cesarean section during their ANC visit; they believed that the education of CS should be part of ANC education. (Prah, 2017)

2.4 Conceptual Framework

Concepts directly related to key variables of Acceptance of cesarean section adapted from Ghanaian and Nigerian literature (Dorkenoo *et al.*, 2021) (Omobolanle *et al.*, 2018) and (Abiodun-ojo and Rn, 2022) (Utuk, Ekanem and Abasiattai, 2018) . Potential factors that may be associated with outcome variables are summarized as socio-demographic factor, obstetric history, knowledge of respondents and Health practitioners influence related factors.

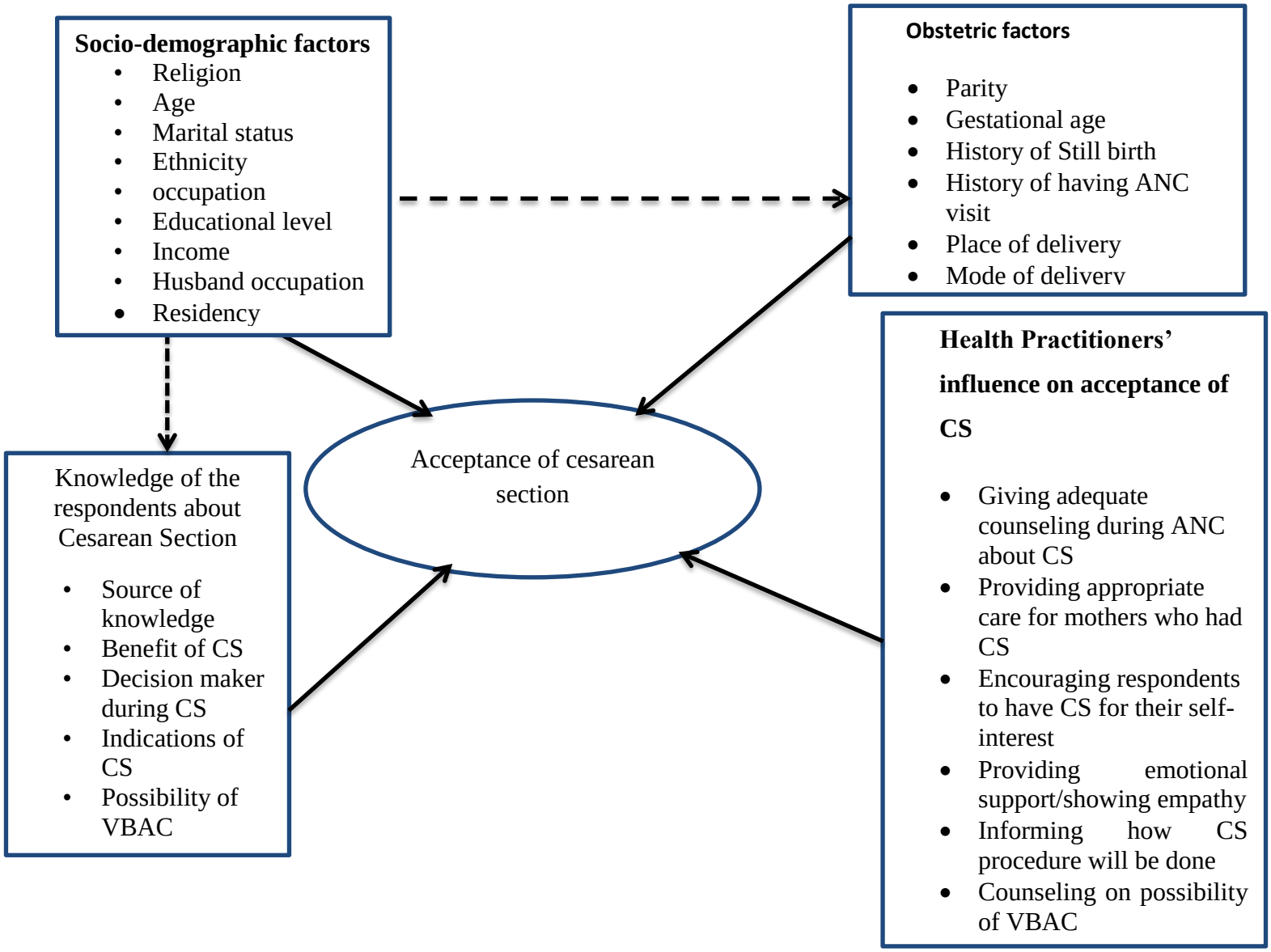

Figure1. Conceptual framework of acceptance of cesarean section and associated factors among pregnant women attending ANC at public health institutions, Hawassa city, Sidama region 2023

CHAPTER THREE

OBJECTIVE OF THE STUDY

3.1General Objective

- To assess the acceptance of cesarean section and associated factors among pregnant women attending ante natal care at public health institutions in Hawassa city, Sidama region,2023

3.2 Specific Objectives

- To determine the acceptance of cesarean section among pregnant women attending ante natal care at public health institution in Hawassa city, Sidama region, 2023.
- To identify factors associated with acceptance of cesarean section among pregnant women attending ante natal care at public health hospitals institution, in Hawassa city, Sidama region, 2023.

CHAPTER FOUR

METHDOLOGY

4.1 Study Area and Period

This study was conducted in selected public health institutions in Hawassa City from July 24–August 25, 2023. The city is located 273 kilometers from Addis Ababa, the capital of the country. It is in the southern part of the country. The city serves as both the Sidama region and the SNNPR's (Southern Nations, Nationalities, and People) capital. From a geographic perspective, it is situated 22 kilometers south of Shashemene, 75 kilometers north of Dilla, and 130 kilometers east of Woliata Sodo. Eight sub-cities and 32 kebeles make up the city government. According to the 2021 City Health Department estimated report, 394,057 peoples live in the city. In terms of the healthcare system, there are 15 public health institutions in Hawassa city administration: one tertiary, one general, and two primary hospitals, namely, Hawassa University Comprehensive and Specialized Hospital (HUSCH), Adare General Hospital, Tula Primary Hospital, and Mootite Fura Primary Hospital. The other 11 are health centers.(Hawassa City Health Department maternal and child health information database, unpublished data 2021)

4.2 Study period

The study was conducted from July24 –August 25, 2023.

4.3Study Design

Facility based cross-sectional study design was conducted.

4.3. Population

4.3.1 Source population

All Pregnant women attending ante natal care visit at public health institutions in Hawassa city.

4.3.2 Study population

Pregnant women who were attending ante natal care at selected public health institutions in Hawassa City during the study period

4.4 Eligibility Criteria

4.4.1Inclusion Criteria

- ✓ Pregnant women who came for ante natal care to selected public health institutions during data collection period.
- ✓ Those mothers who had willingness to participate in the study.

4.4.2Exclusion Criteria

- ✓ Participants who had serious psychological problems
- ✓ Who came to consult health professionals before their appointment date for ante natal care.

4.5. Sample Size and Sampling Technique

4.5.1Sample size determination

The sample size was determined by using a single population proportion formula for sample size calculation. Assumptions: d = margin of error of 5% with a 95% confidence interval; $\alpha = 0.05$ (level of significance); P = 50% proportion of women who accept to have a Cesarean section,

Were, n is the required sample size.

z=standard score corresponding to 95% confidence interval

p = proportion of women who have decided to have CS

d= is the margin of error (precision).

$$n = \frac{Z\alpha^2 p(1-p)}{d^2}$$

$n = (1.96)(1.96)(0.5)(1-0.5)/0.0025 = \approx 384$

By adding 10% non-response rate

$nf = 384 + (384*10/100) = 422$

4.5.2 Sampling technique and Sampling procedure

Six public health institutions from 15 public health institutions were selected by the lottery method; among these, Hawassa University Comprehensive and Specialized Hospital was selected purposefully since it is the only tertiary hospital in the region; Tula Primary Hospital and the other four health centers were selected.

A systematic random sampling (SRS) technique was applied using the K value and the sample taken for every K^{th} value of admission in each selected public health institution until the sample size was reached. The K-value was determined on the basis of the number of cases at each selected public health institution (PHI) in the last month by using the following formula: The sample size for each PHI was determined on the basis of the total number of admissions, or proportional allocation. The first study participant was selected by lottery method then every three interval next study participant was selected.

K= N/n N= Total no of cases seen at selected PHI

n= total number of samples to be taken from each PHI

Therefore K=1230/422 ≈ 3

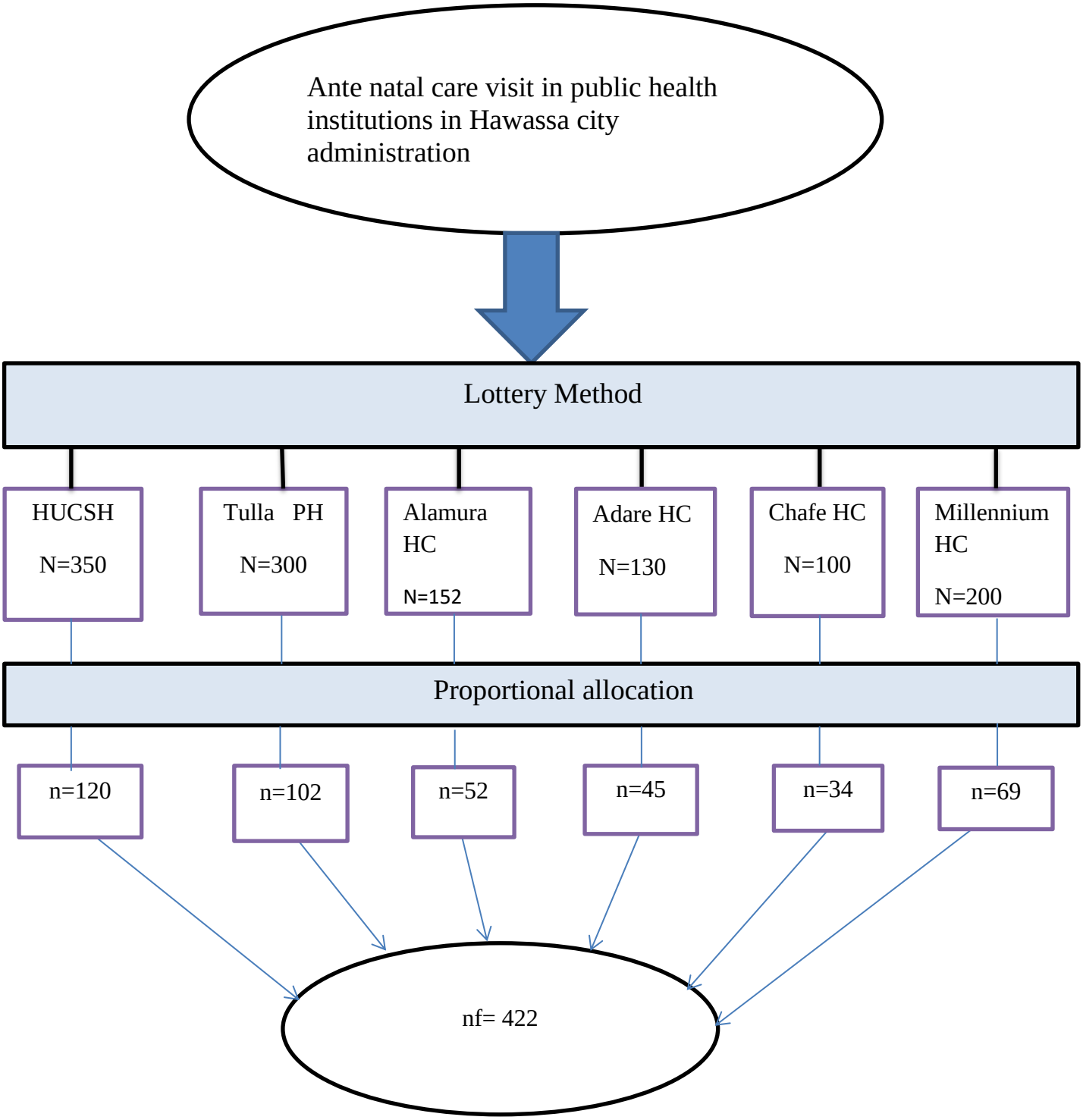

Figure 2: Shows schematic presentation of sampling procedure for Acceptance of Cesarean Section and associated factors at public health institution in Hawassa city. N=total number ANC attendant in each public health facility, nf = final sample size

4.6 Study Variables

4.6.1 Dependent Variable

- ✓ Acceptance of cesarean section among pregnant women

4.6.2Independent Variables

Socio-demographic characteristics:

- ✓ Age
- ✓ Religion
- ✓ Educational level
- ✓ Occupation
- ✓ monthly income
- ✓ Marital status
- ✓ Husband occupation
- ✓ Residential area

Pregnancy and obstetrical history

- ✓ Gravidity
- ✓ Parity
- ✓ Previous cesarean section history
- ✓ Place of delivery
- ✓ Mode of delivery for previous last delivery
- ✓ ANC visit
- ✓ History of neonatal loss

Health Practitioners Influence factors

- Provision of adequate counseling on risk and benefit of CS during ANC
- Counseling on possibility of VBAC

Knowledge of respondents

- ✓ Source of knowledge
- ✓ Meaning of CS
- ✓ Benefit of CS
- ✓ Aware of CS indications
- ✓ Aware of VBAC
- ✓ Aware of decision maker when CS indicated

- Encouraging to acceptance CS for their own interest
- Providing emotional support/ showing empathy
- Informing how CS procedure will be done

4.7 Operational definition

Acceptance is a person's assent to the reality of a situation, recognizing a process or condition without changing it. (Jefferson, 2014)

Cesarean section acceptance: Participants who scored 50% of eleven acceptance related questionnaires and above were considered as accepted cesarean section while respondents who scored below 50% were considered as rejected cesarean section. (Omotayo *et al.*, 2022)

For negative statements, responses including agree and strongly agree were labeled as "disagree"; disagree and strongly disagree were labeled as “agree”.

Good Knowledge: Respondents who scored 50% and above on nine knowledge-related questions were graded as having good knowledge. (Omotayo *et al.*, 2022)

Poor Knowledge: Respondents who scored below 50% on nine knowledge-related questions were graded as having poor knowledge. (Omotayo *et al.*, 2022)

4.8 Data collection instrument and Measurement

Data was collected using structured questionnaire adapted from studies done in, Ghana and Nigeria (Dorkenoo *et al.*, 2021), (Abiodun-ojo and Rn, 2022) (Omobolanle *et al.*, 2018) (Utuk, Ekanem and Abasiattai, 2018). The questionnaire was adapted, which was prepared first in English, then translated to Amharic, and retranslated into English to check consistency. Interviewer-administered structured questionnaires in the Kobo Toolbox encompass information related to socio-demographic variables, obstetric and clinical factors, knowledge questions, and health practitioner-related factors. For knowledge items, participants were asked to choose the correct answer and fill in the blank space. Responses to acceptance-related questions and health practitioners’ influence consist of five Likert scales: "strongly disagree", "disagree,", "undecided," "agree", and strongly agree. 1 to 5 points were given, and finally, they were dichotomized into two-point Likert: “agree” and "disagree.", undecided was merged with the lowest point Likert. (Jae Jeong, 2016)

4.9 Data collection procedure

Six data collectors and three supervisors who have BSc and M.Sc. qualifications in the health field were assigned for data collection and supervision. Two-day training was given by the principal investigator to data collectors and supervisors prior to the data collection and supervision processes. After identifying the study participants, the data collectors introduced themselves and the purpose of the study to the participants, and informed consent was assured. A face-to face interviewer-administered questionnaire was used for the data collection process. For any woman who was interviewed, her prenatal card was marked with a symbol (√) to prevent a repeat interview when she next visited the clinic.

4.10 Data quality control

The questionnaire was prepared in the English version, translated to Amharic version, and then translated back to the English version to ensure the quality of the data. Training was provided to data collectors and supervisors. A week before data collection, the principal investigator has done a pre-test on 5% of the total sample size at Yirgalem General Hospital to check the consistency of the questionnaires. The completeness and consistency of the data were checked every day by the principal investigators. Close supervision was also provided by supervisors and the principal investigator. Finally, data clearing and analysis were done for appropriate analysis.

4.11 Data processing, analysis, and interpretation

After data collection, each questionnaire was checked for completeness, then coded and entered into Epi Data version 4.6, and then exported to SPSS version 25.0 for analysis. Demographic data was expressed as percentage, mean (for parametric data) or median (for non-parametric data), and minimum and maximum range. A chi-square test for correlation was undertaken for categorical variables. A bivariate analysis was performed to evaluate the relationship between the dependent and independent variables. For the purposes of the analysis, bivariate and multivariate logistic regression analyses were done to see the association between the independent and the outcome variable. Variables with a P-value < 0.25 in bivariate logistic regression were included in multivariate logistic regression and a P-value less than 0.05 was used

as a cut-off point to declare the observed association. The magnitude of the association between independent variables and the outcome variable was measured by the odds ratio (OR) with a 95% confidence interval (CI). A collinearity diagnostic test was undertaken and showed there was no problem of multi-collinearity. The normality of the data was checked, a model goodness-of-fit test such as the Hosmer and Lemeshow tests was undertaken, and the results of the study are presented in the form of tables, figures, and text.

4.12 Ethical consideration

Before data collection, ethical approval and clearance to conduct the study were obtained from the Institutional Review Board (IRB) of Hawassa University, Institute of Health. An official letter of permission was obtained from Sidama region public health institute. Permission was obtained from each selected health institution before data collection. All the study participants were informed about the purpose of the study, verbal and written consent was obtained from each participant. Privacy and confidentiality were ensured during the interview, and the name and address of the interviewee were not recorded in the questionnaire. The respondents had the right to refuse or terminate at any point of the interview.

4.13 Dissemination of results

The findings of this study will be submitted to Hawassa University College of Medicine and Health science, school of postgraduate study, the public health institution, and other stakeholders, and will be sent to peer-reviewed journals for possible publication.

CHAPTER 5

RESULT

5.1 Socio-demographic characteristics of the respondents

A total of 422 respondents were interviewed giving response rate of 100%. The mean age of the respondents was 24.94 with SD of + 4.285. Most of the respondents were from urban 384 (91%). The majority of respondents were from Sidama ethnic groups 322 (76.3%). Regarding the educational level of respondents, 191 (45.3%) of them attended secondary education. Monthly family income of majority of the respondents, 287 (68%) were more than 3500 birr.

See the details of socio-demographic characteristics of respondents in the following table (table 1).

Table 1 Socio demographic characteristics of pregnant women attending ante natal care a selected public health institutions in Hawassa city, 2023 N=422.

Variables	Category	Frequency	Percentage
Age	15-19	21	5
	20-24	189	44.8
	25-29	145	34.4
	30-34	50	11.8
	35-45	17	4
Marital status	Married	418	99.1
	Divorced	4	0.9
Educational Status	No formal education	20	4.7
	Primary education	130	30.8
	College and above	81	19.2
Ethnicity	Amhara	11	2.6
	Oromo	9	2.1
	Wolayita	25	5.9
	Hadiya	22	5.2
	Kambata	15	3.6
	Silte	10	2.4
	Others*	8	1.9
Occupation	Government employee	117	27.7
	Private organization	42	10
	Merchant	43	10.2
	House wife	147	34.8
	Student	35	8.3
	Non employed	23	5.5
	Daily laborer	15	3.5
Family income	1500-2499	27	6.4
	2500-3499	108	25.6
Religion	Protestant	321	76.1
	Orthodox	63	14.9
	Muslim	25	5.9
	Catholic	13	3.1
Husband occupation	Government employee	151	36.1
	Private organization	114	27.3
	Merchant	70	16.7
	Non employed	11	2.6
	Daily laborer	63	15.1
	Farmer	9	2.2
Husband educational status	No formal education	12	2.8
	Primary education	50	11.8
	Secondary education	195	46.2
	College and above	165	39.2

Key Others; Gurage, Gedio, Tigre

5.2 Obstetric characteristics of the respondents

Of the total respondents, 248 (58.8%) of them were multi-gravida. Most of respondents 246 (91.1%) gave birth to the last previous delivery at health institutions. Furthermore a total of 375 (88.9%) respondents had previous ANC visits for their current pregnancy. Regarding previous history of CS 44 (16.3%) of the respondents had a previous history of CS. Obstructed labor was the main indication of CS 13 (29.5%), followed by fetal distress 10 (22.7%).

Detailed information on obstetric history of the respondents is described in table below (table 2)

Table 2 Obstetric characteristics of pregnant women attending ante natal care at selected public health institutions in Hawassa city, 2023 N=422

Variables	Category	Frequency	Percentage
Gravidity	Primi gravida	152	36
	Grand multi gravida	22	5.2
Parity	Nulli-Para	152	36
	Primi Para	153	36.3
	Multi-para	104	24.6
	Grand multi-para	13	3.1
Mode of delivery	Spontaneous Vaginal Delivery	239	88.5
	Cesarean Section	31	11.5
Number of ANC visit	Less than four times	201	53.6
	Four and above	174	46.4
History of Neonatal loss	Yes	12	4.4
	No	258	95.6
Number of Cesarean Section	One	39	88.6
	Two and above	5	11.4
Indication for the previous CS	Big baby	3	6.8
	Mal-presentation	6	13.6
	Medical indications	2	4.5
	Two and above babies	2	4.5
	Antepartum Hemorrhage	3	6.8
	Previous CS history	3	6.8
	Other*	2	4.5

Key; Other: sever oligo-hydramnious, Cord presentation

5.3 Knowledge of respondents about cesarean section

Most of the respondents 420 (99.5%), knew what a cesarean section is and about 173 (41%) of the respondents knew indications of a cesarean section. Only 72(17.1%) of total respondents reported they heard about cesarean section from health professionals. About 194 (46%) of the respondents knew that vaginal delivery was possible after having a cesarean section. Furthermore 28(6.6%) of the respondents had no clue about benefit of cesarean section.

The table below shows detailed information on the obstetric characteristics of the respondents (table 3).

Table3 Response of respondents on knowledge of cesarean section among pregnant women attending ante natal care at selected public health institutions in Hawassa city, 2023, N=422

Variables	Categories	Frequencies	Percent
Heard about cesarean section	Yes	422	100
	No	-	-
Source of information about CS	Relatives	139	32.9
	Friend	131	31
	Neighbors	80	19
Indications of cesarean section (Multiple response question)	Big baby	33	19.1
	Fetal distress	29	16.8
	Mal-presentation	42	24.3
	Obstructed labor	56	32.4
	Medical indications	13	7.2
	Other*	7	4
Usual hospital stay after cesarean section	Up to week	374	88.6
	Up to two week	28	6.6
	I don't know	20	4.7
Benefit of Cesarean section	Saving the life of the baby	96	22.7
	Saving the life of the mother	261	61.8
	Saving both the life of baby and the mother	34	8.1
	To avoid labor pain	3	0.7

Keys Others: Placenta Previa, Previous Cesarean history, Fetal heart rate tracing, Cord Presentation

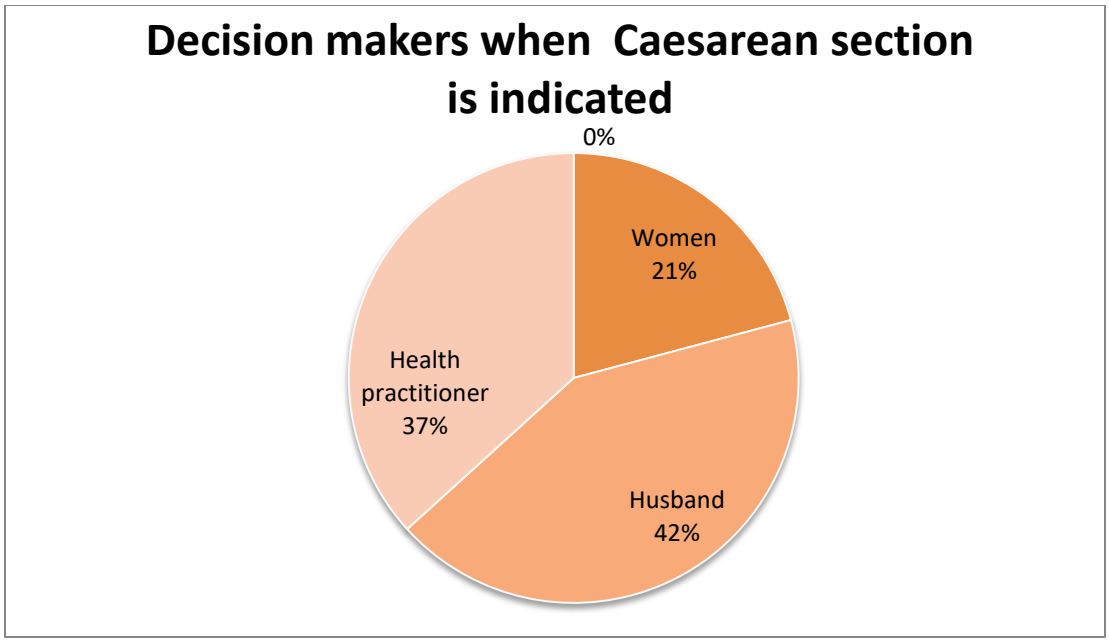

Figure 3 Decision makers when cesarean section is indicated according to respondents view at public hospitals in Hawassa city, 2023

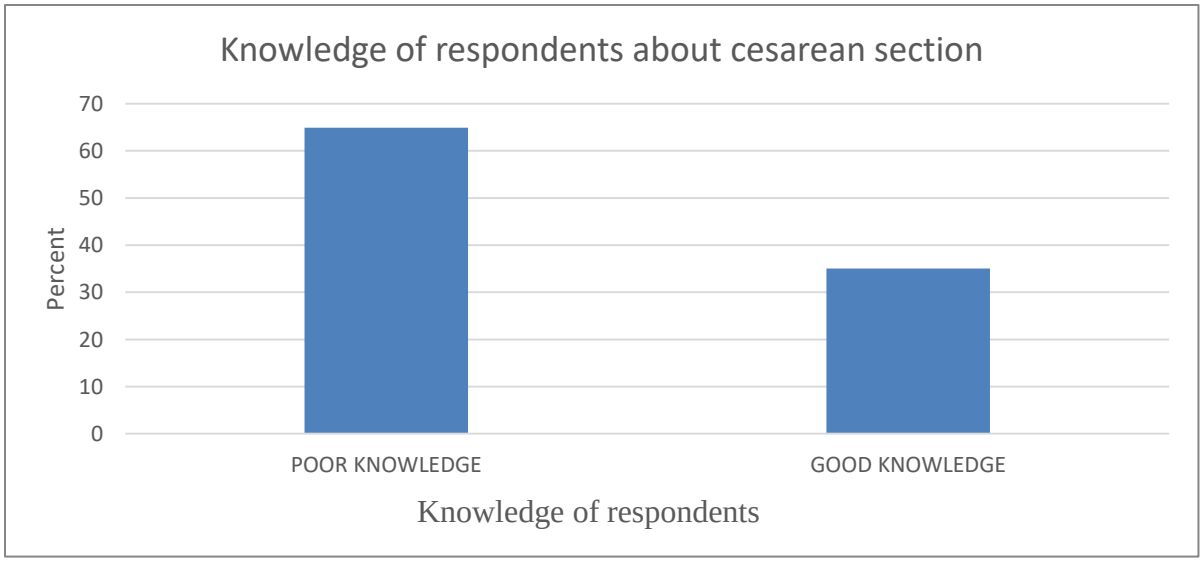

Figure 4 Knowledge of respondents on cesarean section among pregnant women attending ante natal care visit at public health institutions at public health institutions in Hawassa city, 2023

5.4 Health Practitioners Influence on Acceptance of Cesarean Section

Regarding the influence of health practitioners on acceptance of cesarean section, 399(94.5%) of the respondents disagreed that health practitioners inflict fear about cesarean section. Above half, 277(65.7%) of respondents agreed that health practitioners' empathy would increase acceptance of cesarean section. The majority 354 (83.9%) disagreed with health practitioners offering cesarean section for their own self-interest.

After dichotomizing, respondents' response is interpreted in the table below (table 4).

Table 4 Response of respondents on health practitioners' influence on CS Acceptance among pregnant women attending ante natal care at selected public health institutions in Hawassa City, 2023, N=422

Variables	Total percentage of Agree	Total percentage of Disagree	Mean	Standard deviation
Health practitioners give adequate information on about risk and benefit of cesarean section	14 (3.3%)	408 (96.7%)	1.03	0.18
Health practitioners educate pregnant women on indications and procedures of cesarean section	27(6.4%)	395(93.6%)	1.06	0.25
Health Practitioners counsel on mode of delivery Specially for those who have previous history of cesarean section	24(5.7%)	398(94.3%)	1.05	0.24
Health practitioners request for cesarean section to improve their clinical experience	70(18.6%)	352(83.4%)	1.8	0.37

5.5 Acceptance of Cesarean Section

Regarding acceptance of CS, the majority of respondents 267 (63.3%) agreed severe complication following cesarean section was the reason why they had aversion toward CS. In addition, majority of the respondents 329 (78%) agreed having little information about cesarean section was the other factor that limited their acceptance of cesarean section. Majority 271 (64.2%) of the respondents agreed long recovery period following the surgery was the reason why they wouldn't accept CS if it is offered to them. Most respondents 391 (92.7%) agreed they would accept CS if they don't have alternative. About 387 (91.7%), would accept a cesarean section to save the life of the baby. Additionally, about 372 (88.2%) of the respondents agreed to accept a cesarean section if medically indicated. Majority of the respondents 346 (82%) agreed they would accept a cesarean section if their husband encouraged them. The table below shows respondents' responses to the provided items to assess their acceptance of a cesarean section in detail (table 5).

Table 5 Response of respondents on Acceptance of cesarean section among pregnant women attending ante natal care at selected public health institutions in Hawassa city, 2023 N=422

Variables	Total percentage of Agree	Total percentage of Disagree	Mean	Standard Deviation
I would accept Cesarean section delivery because it is relatively safe method of delivery	56(13.3%)	366(86.7%)	1.87	0.34
I would not accept cesarean section because breast feeding is complicated	85(20.1%)	337(79.9%)	1.8	0.4
I would accept CS to avoid labor pain	37(8.8%)	385(91.2%)	1.9	0.28
I would accept cesarean section if my husband encourage me	346 (82.0%)	76(18%)	1.18	0.38
I would not accept cesarean section due to fear of death	252(59.7%)	170(40.3%)	1.4	0.49

The overall result of the study showed that 212 (50.2%) of the respondents, at 95% CI (45.4-55.1), accepted CS while 210 (49.8%) of the respondents had rejected cesarean section respectively.

5.6 Factors associated with Acceptance of cesarean section

In the bivariate analysis, the following variables showed associations with acceptance of cesarean section: maternal age, maternal educational status, family income, occupation of the respondents, previous mode of delivery, place of delivery for the previous last birth, history of a previous cesarean section, having an antenatal care visit, and knowledge of respondents about cesarean section at $p<0.25$, while religion, ethnicity, marital status, husband's occupation, husband's educational status, and residential area didn't show an association with the acceptance of cesarean section.

A multiple logistic regression approach was applied to determine which factors determined acceptance of cesarean section. Variables, like maternal educational status, previous history of cesarean section, Place of the previous delivery and knowledge of respondents about cesarean section were significantly associated with acceptance of cesarean section at $p<0.05$.

Mothers who had college and above educational status were seven times more likely to accept cesarean section when compared to those who had no formal education (AOR=6.5; 95% CI (1.5-25).

Previous history of cesarean section significantly associated with acceptance of cesarean section. Those who had a previous history of cesarean section were 8 times more likely to accept cesarean section when compared to those who had no previous history of cesarean section (AOR = 7.2; 95% CI: 1.94–27.5)

In addition, respondents who gave birth their previous delivery at health institutions were four times more likely to accept a cesarean section when compared to those who delivered at home (AOR = 4.15, 95% CI (1.23-11.6).

The knowledge of respondents also showed significant association with cesarean section acceptance. Respondents who had good knowledge were two times more likely to accept a cesarean section when indicated than compared to those who had poor knowledge at AOR = 2.23, 95% CI (1.23–4.14)

Table 6 bivariate and multivariate analysis among pregnant women attending ante natal care at public health institutions in Hawassa city 2023 N=422

Variables	Category	Acceptance of Cesarean Section		COR	AOR
		Rejected	Accepted		
Age	15-19	15	6	1	1
	20-24	93	96	2.58(0.96-6.94)	0.66(0.34-1.26)
	25-29	71	74	2.60(0.96-7.09)	0.84(0.34-2.08)
	30-34	23	27	2.94(0.98-8.8)	0.94(0.4-2.3)
	35-45	8	9	2.8(0.73-10.77)	0.62(0.17-2.3)
Educational status	No formal education	16	5	1	1
	Primary education	86	45	1.7(0.58-4.9)	1.2(0.23-3.87)
	Secondary education	87	99	3.6(1.28-10.4)	3(0.7-12.7)
	College and above	21	63	**9.6(3.12-29.3)**	**6.5(1.5-25)** *
Occupation	Employee	55	62	1.7(0.6-5.05)	0.7(0.124-3.6)
	Private work	12	30	3.7(1.1-12.8)	1.97(0.32-12.03)
	Merchant	22	21	1.4(0.43-4.7)	0.7(0.12-4.3)
	House wife	89	58	0.98(0.33-2.9)	1.05(0.22-4.5)
	Student	17	18	1.6(0.47-5.4)	1.41(0.1-19.2)
	Non employed	6	17	4.25(1.06-17)	0.5(0.6-3.7)
	Daily laborer	9	6	1	1
Family income	1500-2499	16	11	1	1
	2500-3499	70	38	0.8(0.33-1.87)	0.55(0.14-2.25)
	≥3500	124	163	1.9(0.86-4.2)	0.8(0.18-3.4)
Place of delivery for previous last birth	Home	19	5	1	1
	Institutional	116	130	**4.26(1.54-11.77)**	**4.15(1.23-11.6)** *
Mode of delivery for previous last birth	Vaginal delivery	126	113	1	1
	Cesarean section	9	22	2.73(1.2-6.16)	0.32(0.07-1.53)
Previous ANC visit for current pregnancy	No	31	16	1	1
	Yes	179	196	2.12(1.12-4)	2.5(0.97-6.48)
History of previous CS	No	125	101	1	1
	Yes	10	34	**4.2(2-8.93)** *	**7.19(1.94-27.5)** **
Knowledge of CS	Poor	156	118	1	1
	Good	54	94	**2.25(1.32-4.5)** *	**2.23(1.23-4.14)** **

Keys: *Statistically significant at p<0.05 in multivariate, **statistically significant at p<0.01 in multivariate, 1=Reference category, COR=Crude Odd Ratio, AOR= Adjusted Odd Ratio

CHAPTER SIX

DISCUSSION

The objective of this study was to assess the acceptance of cesarean section among pregnant women attending antenatal care at public health institutions. Educational status, previous history of cesarean section, place of delivery for previous last birth, and knowledge of respondents about cesarean section were predictor variables of acceptance of cesarean section.

The results indicate that acceptance of a cesarean section was 50.2% at a 95% CI of 45.4-55.1. The finding was contrary to other studies done in Ghana and Nigeria: 97.5% (Prah, 2017),77.5% (Panti, 2018) and (Omobolanle *et al.*, 2018) 87%. But higher than study done in Akure state of Nigeria (Omotayo *et al.*, 2022) 16%. The discrepancy might be due to the study setting, difference in study sample size, difference in socio-demographic background of the respondents, the methodology applied, low knowledge of respondents about cesarean section and low information provision about CS by health practitioners. Additionally this study was conducted in multi center health institutions. The possibility for this study for being higher than study done by Omotayo *et al* could be due to study population, the former study was done among multiparous pregnant women in one health institution.

Respondents who attended college and above had accepted cesarean section more likely when compared to those who had no formal education, this is similar with a study done in Turkey (Yilmaz *et al.*, 2013) and Nigeria. (Omotayo *et al.*, 2022) The possibility could be education may increase health seeking behavior of pregnant women. They may ask whatever they need to know during ANC visits. The more a woman's educational attainment, the more her understanding of the acceptance of cesarean section, as well as the likelihood that empower women to make decisions regarding their own health needs by boosting their sense of confidence and competence.

According to this study, respondents who had a previous history of cesarean section were more likely accepted cesarean sections when compared to their counterparts. This finding is in line

with studies done in Turkey (Yilmaz *et al.*, 2013) and Ghana. (Bam *et al.*, 2021) This might be due to women experiencing the procedure and gaining some knowledge about cesarean sections during pre-operation counseling. Women are less afraid when they have experienced CS and are well-informed and trained by health providers about the technique, which may greatly aid in their readiness to accept it when indicated.

The other finding of this study was that respondents who had previously delivered their last birth at health institutions were more likely had accepted a cesarean section when compared to those who delivered at home. This finding is in line with a study done in Nigeria.(Utuk, Ekanem and Abasiattai, 2018) The possibility could be that women who gave previously at a health institution had the chance to hear information about cesarean delivery during labor or during pre-operation counseling. Women who had delivered at institutions are those who have had ANC visits. These women had the opportunity to gain some knowledge whenever they came for care.

The study also revealed that knowledgeable respondents about cesarean sections were more likely to accept a cesarean section when compared to their counterparts. This finding is similar with studies done by (Dorkenoo and Abor, 2021), (Yilmaz *et al.*, 2013) and (Omobolanle *et al.*, 2018). The possibility might be due to the fact that knowledgeable women are more informed and could have a better source of reliable information about cesarean sections. They can have a positive and reasonable mindset about their reproductive issues and make their own decisions. Additionally, the knowledgeable respondents have good health-seeking behavior. (Dowell, 2016)

CHAPTER SEVEN

STRENGTH AND LIMITATION OF THE STUDY

7.1 Strength of the study

Since, there are limited studies done on acceptance of cesarean section, the study assessed the acceptance of cesarean section and associated factors among pregnant women. It was performed in multi-center health institutions. Additionally it was analytical study rather than descriptive study.

7.2 Limitation of the study

Some of the respondents showed total aversion to accept CS; the study failed to assess the reason behind this. In addition study participants were from government institutions; those who had ANC follow-up at private organizations were not included.

CHAPTER EIGHT

CONCLUSION AND RECOMMENDATION OF THE STUDY

8.1 Conclusion

Finding of this study showed that acceptance of cesarean section among pregnant women was 50.2%. Educational status of women, previous history of cesarean section, place of delivery for the last previous birth, and respondents knowledge of cesarean section were predictor variables for the acceptance of cesarean section.

8.2 Recommendation

Based on the finding of this study the following recommendations will be forwarded to concerned bodies.

- The regional educational bureau, in collaboration with concerned stakeholders, should work and encourage every woman to attend education. Educated women can gather multiple sources of information regarding their reproductive issues, this will able them to make decision on their health related issues.
- Health institutions should work in collaboration with health practitioners to address the knowledge of cesarean section for every pregnant woman. Especially those who are candidate for cesarean section should get enough knowledge on risk, benefit and indications and how the procedure will be performed and managed both for the mother and her partner during ANC visit and during pre-operation counseling. For those who had previous history of cesarean section counseling should be provided on next mode of delivery.
- Feature researcher shall do better studies using both quantitative and qualitative studies by including men participants (husbands).

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Annex I: English Version Participant Information Sheet and Informed voluntary Consent for health professionals

My name is _____. I am working as a data collector for the study being conducted in this health facility by Sifen Ahmed who is MSc student in Clinical midwifery at Hawassa University. I kindly request you to lend me your attention to explain to you about the study and your institution being selected as the study setting.

The study title: Acceptance of Caesarean section and associated factors among pregnant women attending Ante Natal care at Public Institutions, Hawassa city, Sidama region Ethiopia, 2023

Purpose of study: The findings of this study can be important for pregnant women to get good access of getting knowledge about CS procedure. Besides, the study will be used by Health care institution will hopefully provide enough counselling on caesarean section risk and benefit. Get better management of the procedure which should be done on the patient centred decision.

Procedure and duration: Data was collected from pregnant women who came for Ante Natal Care during data collection period to selected public health institutions. The interview took about 30 minutes.

Confidentiality: The information that we will be provided will be kept confidential. There will be no information that will identify the participants in particular. The findings of the study will be general for the study community and will not reflect anything particular about individual persons. The questionnaire will be coded to exclude showing names. No reference will be made in oral or written reports that could link participants to the research.

Rights: Participation in this study is fully voluntary. The participants have the right to declare whether to participate or not in this study. If they decide to participate, they have the right to withdraw from the study at any time and this will not label them for any loss of benefits to which they otherwise are entitled.

Contact address: If you have any questions about the study, the procedure, or anything else related to the study, please contact me through the following address:

Telephone……+251913158187/+251923576601

Declaration of informed voluntary consent: I have read the institution information sheet. I have clearly understood the purpose of the research, the procedures, the risks and benefits, issues of confidentiality, the rights of participants, and the contact address for any queries.

Name and Signature of Data Collector: _____

ANNEX II: Informed Consent

The objective, benefits, harms, procedures and confidentially of the study has been read and explained to me in the language I comprehend. I further understand that, taking part in this study and withdraw from participating in any time without having reason is purely voluntary. I agree to participate in this study.

Participant ……..

Sign..... Date.....

Data collector……

Sign..... Date.....

Annex III: Questionnaire English Version

Instruction: please encircle the number listed before the option to indicate your response and fill the blank for without option.

Code No _____

Part I :Socio-demographic characteristics			
SN	Variables	Answers	Remark
101	How old are you?	_____	
102	What is your marital status?	1.Married 2.Divorced 3.Widowed 4.Single	
103	Where is your residency?	1.Urban 2.Rural	
104	What is your educational level?	1.Unable to read and write 2. Able to read and write 3.Secondary education 4. College and above	
105	What is your ethnicity?	1. Sidama 2.Amhara 3.Oromo 4.Wolyita 5.Hadiya 6.Kambata 7.Silte 8.other_____	
106	What is your occupation?	1.government employee 2. private organization 3. nongovernment organization 4. Merchant 5. Farmer 6. House wife	

		7. Daily laborer 8. student 9. non employed	
107	What is your Family income per month (birr)?	_____	
108	What is your religion?	1. Protestant 2.Orthodox 3. Muslim 4.Catholic 5. Others	
109	What is your husband occupation?	1.Government employee 2. Private organization 3. Nongovernment organization 4. Merchant 5. Farmer 6. Daily laborer 7. student 8. non employed	
110	What is your husband educational level?	1.Unable to read and write 2. Able to read and write 3.secondary education 4. college and above	

Part Two: Obstetric history of respondents related questions

SN	Variables	Answers /Responses	Remark
201	Gravidity	_____	
202	Parity	_____	If you are Gravida-1 skip Q 203 and 204
203	Where did you give birth to your last birth?	1. Home 2. Hospital 3. HC	
204	What was your mode of delivery for your previous last birth	1.Spontaneous Vaginal Delivery 2.Through Episiotomy 3.Instrumental 4.CS	
205	Did you visit health institutions for ANC before for current pregnancy?	Yes No	If No skip Q 206
206	How many times have you visit health institutions for ANC?	_____	
207	Do you have history of neonatal loss?	Yes No	
208	Do you have history of previous Cesarean section?	Yes No	If No skip Q 209 & Q 210
209	Number of CS you have?	One Two More than two	
210	What was the indication?	1. Big baby 2.Obstructed labor 3. Fetal distress	

		4.Two and above babies 5.Mal-presentation 6.Medical indication 7. I don't know /I don't remember 8.Other	

Part Three: Knowledge about cesarean-section questions

SN	Variables	Answers/Response	Remark
301	Have you ever heard about Cesarean section	Yes No	If No skip the rest
302	From where have you heard about CS?	_____	
303	What is cesarean section?	1. Other name of vaginal delivery 2. An operation performed on the abdomen to deliver baby 3. I don't know	
304	Did you know indications of cesarean section?	Yes No	If No skip Q 305
305	What are indications of CS?	1. Big baby 2. Obstructed labor 3. Fetal distress 4. Two and above babies 5. Mal-presentation 6. Medical indication 7.Two and more pervious CS 8. Other _____	
306	Can a woman achieve vaginal delivery after CS?	1. Yes 2.No	
307	What is the usual hospital stay after having cesarean section?	1. Up to week 2.Up to two week 3. Up to three week 4. I don't know	
308	By whom decision to have CS should be made?	1. My self 2. My husband 3. Health professionals 4. My relatives	
309	What are some of the benefits of cesarean section?	1.Saving the life of the baby 2.Saving the mother life 3.To save both the life of the baby the mother 4.To avoid labor pain 5. I don't know	

Part IV: Questionnaires on determinants of Health Practitioners influence on the acceptance of cesarean section among respondents

SN	Statements	Strongly disagree(1)	Disagree (2)	Undecided(3)	Agree(4)	Strongly agree(5)
401	Health practitioners inflict fear about cesarean section					
402	Health practitioners give adequate information on risk and benefit of cesarean section					
403	Health practitioners empathy increases the feeling of cesarean section acceptance					
404	Health practitioners educate pregnant women on indications and procedure of CS					
405	Health practitioners encourage acceptance of CS for their own self interest					
406	Health practitioners Counsel on possible mode of delivery during ante natal care especially for those who have previous CS history					
407	Health practitioners request for CS to improve their clinical experience					

Part IV: Questionnaires on determinates of the acceptance of cesarean section among respondents

SN	Statements	Strongly disagree(1)	Disagree (2)	Undecided(3)	Agree(4)	Strongly(5) agree
501	I wouldn't accept CS because it has severe complications					
502	I wouldn't accept C/S because I have little information about it					
503	I would accept C/S if I don't have an alternative					
504	I wouldn't undergo cesarean section due to long recovery period					
505	I would undergo cesarean section to save the life of the baby					
506	I would undergo cesarean section if medically indicated					
507	I wouldn't accept C/S because breast feeding is complicated					
508	I would accept C/S if my husband encourages me					
510	I would accept Cesarean section delivery because it is as safe as vaginal delivery					

511	I would accept CS to avoid labor pain					
512	I wouldn't accept CS due to fear of death					

አባሪ 1 ፡ የአማርኛ ቅጂ የአሳታፊ መረጃ ሉህ እና ለጤና ባለሙያዎች በፈቃደኝነት ላይ የተመሰረተ ፈቃድ

የኔ ስም _____. በሀዋሳ ዩኒቨርሲቲ ክሊኒካል ሚድዋይፈሪ የድህረ-ምረቃ ተማሪ በሆነው በዚህ ጤና ተቋም እየተካሄደ ላለው ጥናት መረጃ ሰብሳቢ ሆኜ እየሰራሁ ነው። ስለ ጥናቱ እና የእርስዎ ተቋም እንደ የጥናት መቼት መመረጡን ለእርስዎ ለማስረዳት ትኩረት እንዲሰጡኝ በአክብሮት እጠይቃለሁ።

የጥናት ርዕስ ፡ በቀዶ ጥገና ማዋለድ መቀበል እና ተያያዥ ምክንያቶቸ ለቅድመ ወሊድ ነፍሰ ጡር እናቶች እንክብካቤ በመንግስት የህዝብ ጤና ተቋማት ፣ ሀዋሳ ከተማ፣ ሲዳማ ክልል ኢትዮጵያ፣ 2023

የጥናት ዓላማ ፡ የዚህ ጥናት ግኝቶች ለነፍሰ ጡር ሴቶች ስለ CS ሂደት ዕውቀትን በደንብ እንዲያገኙ ጠቃሚ ሊሆኑ ይችላሉ። በተጨማሪም ጥናቱ በጤና እንክብካቤ ተቋም ጥቅም ላይ የሚውል ሲሆን በቄሳሪያን ክፍል ስጋት እና ጥቅማጥቅሞች ላይ በቂ የምክር አገልግሎት እንደሚሰጥ ተስፋ እናደርጋለን። በሽተኛውን ያማከለ ውሳኔ ላይ መደረግ ያለበትን ሂደት የተሻለ አስተዳደር ያግኙ።

የአሰራር ሂደቱ እና የቆይታ ጊዜ፡- በመረጃ ማሰባሰብ ጊዜ ለቅድመ ወሊድ ክትትል ከመጡ ነፍሰ ጡር እናቶች ለተመረጡ የህዝብ ጤና ተቋማት መረጃ ተሰብስቧል። ቃለ ምልልሱ 30 ደቂቃ ያህል ፈጅቷል።

ሚስጥራዊነት፡- የምንሰጠው መረጃ በሚስጥር ይጠበቃል። በተለይ ተሳታፊዎችን የሚለይ መረጃ አይኖርም. የጥናቱ ግኝቶች ለጥናት ማህበረሰብ አጠቃላይ ይሆናል እና ስለግለሰብ ምንም የተለየ ነገር አያንፀባርቅም። መጠየቂያው ስሞችን ከማሳየት እንዲገለሉ ኮድ ይደረጋል። ተሳታፊዎችን ከጥናቱ ጋር ሊያገናኙ የሚችሉ የቃል ወይም የጽሁፍ ዘገባዎች ማጣቀሻ አይደረግም።

መብቶች ፡ በዚህ ጥናት ውስጥ መሳተፍ ሙሉ በሙሉ በፈቃደኝነት ነው። ተሳታፊዎቹ በዚህ ጥናት ውስጥ መሳተፍ ወይም አለመሳተፍን የመግለፅ መብት አላቸው። ለመሳተፍ ከወሰኑ በማንኛውም ጊዜ ከጥናቱ የመውጣት መብት አላቸው እና ይህ በሌላ መንገድ ሊያገኙዋቸው የሚችሉትን ጥቅማጥቅሞች ማጣት አይገልጽም.

የአድራሻ አድራሻ፡- ስለ ጥናቱ፣ አሰራሩ ወይም ከጥናቱ ጋር የተያያዘ ማንኛውም አይነት ጥያቄ ካሎት በሚከተለው አድራሻ አግኙኝ።

ስልክ……+251913158187/+251923576601

በመረጃ ላይ የተመሰረተ የፈቃደኝነት ፍቃድ መግለጫ ፡ የተቋሙን መረጃ አንብቤያለሁ። የጥናቱ ዓላማ፣ አካሄዶች፣ ስጋቶች እና ጥቅማ ጥቅሞች፣ ሚስጥራዊ ጉዳዮች፣ የተሳታፊዎች መብቶች እና የእውቂያ አድራሻው ለማንኛውም ጥያቄ በግልፅ ተረድቻለሁ።

የውሂብ ሰብሳቢው ስም እና ፊርማ፡- _____

አባሪ II፡ በመረጃ የተደገፈ ስምምነት

የጥናቱ ዓላማ፣ ጥቅማጥቅሞች፣ ጉዳቶች፣ ሂደቶች እና በሚስጥር ተነቦ በተረዳሁት ቋንቋ ተብራርቶልኛል። በተጨማሪም በዚህ ጥናት ውስጥ መሳተፍ እና በማንኛውም ጊዜ ያለምክንያት ከመሳተፍ ማግለል በፈቃደኝነት እንደሆነ ተረድቻለሁ። በዚህ ጥናት ለመሳተፍ ተስማምቻለሁ ።

ተሳታፊ ……

ፊርማ..... ቀን..... .....

መረጃ ሰብሳቢ ……

ፊርማ..... ቀን..... .....

አባሪ III፡ የአማርኛ መጠይቅ ቅጂ

መመሪያ፡ እባክዎን ምላሽዎን ለማመልከት ከአማራጩ በፊት የተዘረዘረውን ቁጥር ያክብቡ እና ያለ አማራጭ የተቀመጡትን ባዶውን ቦታ ይሙሉ።

ኮድ ቁጥር _____

ክፍል <u>አንድ</u>፡- ማህበረ-ሕዝብ ባህሪያት			
ተ.ቁ	መጠይቅ	መልሶች	አስተያየት
101	ዕድሜ	_____	
102	የጋብቻ ሁኔታ?	1. ያገባ 2.የተፋታ 3. ባልቴት 4. ያለገባ	
103	የመኖሪያ ቦታሽ የት ነው?	1. የከተማ 2. ገጠር	
104	የትምህርት ደረጃሽ ምንድ ነው?	1. ማንበብ እና መጻፍ አልተቻለም 2. ማንበብ እና መጻፍ የሚችል 3.የሁለተኛ ደረጃ ትምህርት 4.ኮሌጅ እና ከዚያ በላይ	
105	ብሄርሽ ምንድን ነው?	1.ሲዳማ 2.አማራ 3.ኦሮሞ 4.ወላይታ 5.ሀዲያ 6.ካምባታ	

		7.ስልጤ 8.ሌላ _____	
106	ሥራሽ ምንድን ነው?	1. የመንግስት ሰራተኛ 2. የግል ድርጅት 3. መንግሥታዊ ያልሆነ ድርጅት 4. ነጋዴ 5. ገበሬ 6. የቤት ሚስት 7. የቀን ሰራተኛ 8. ተማሪ 9. ያልተቀጠሩ	
107	የቤተሰብዎ ገቢ በወር (ብር) ስንት ነው?	1. _____	
108	ሃይማኖትሽ ምንድን ነው?	1. ፕሮቴስታንት 2.ኦርቶዶክስ 3. ሙስሊም 4. ካቶሊክ 5. ሌሎች	
109	የባልሽ ስራ ምንድነው?	1. የመንግስት ሰራተኛ 2. የግል ድርጅት 3. መንግሥታዊ ያልሆነ ድርጅት 4. ነጋዴ 5. ገበሬ 6. የቀን ሰራተኛ 7. ተማሪ	

		8. ያልተቀጠሩ	
110	የባልሽ የትምህርት ደረጃ ምንድ ነው?	1. ማንበብ እና መጻፍ አልተቻለም 2. ማንበብ እና መጻፍ የሚችል 3.የሁለተኛ ደረጃ ትምህርት 4. ኮሌጅ እና ከዚያ በላይ	

ክፍል ሁለት: የምላሽ ሰጪዎች ከማህፀን ጋር ተዛማጅ የሆኑ ጥያቄዎች

ተ.ቁ	መጠይቅ	መልሶች / ምላሾች	አስተያየት
201	ስንተኛ እርግዝናሽ ነዉ?	_____	
202	ስንት ልጆች በሕይወት አሉሽ?	_____	እርግዝና ከሆኑ Q 203 እና 204 ይዝለሉ
203	የመጨረሻ ልጀህን የት ነው የወለድከው?	1.ቤት 2.ሆስፒታል 3.ጤና ጣቢያ	
204	ለቀድሞው መጨረሻ ልደትዎ የመውለድ ዘዴዎ ምን ነበር?	1. በማህፀን 2.በኤፒሶቶሚ 3.በመሳሪያ 4.በቀዶ ጥገና	
205	ለአሁኑ እርግዝና ከዚህ በፊት ለክትትል የጤና ተቋማትን ጎበኘተዉ ያዉቃሉ?	1.አዎ 2.አይ	አይ ከሆነ 207
206	ለቅድመ ወሊድ ክትትል ምን ያህል ጊዜ የጤና ተቋማትን ጎበኝተዋል?	_____	
207	አራስ ልጅ የማጣት ታሪክ አለሽ?	1.አዎ 2.አይ	
208	በቀዶ ጥገና ወልደሽ ታዉቅያለሽ?	1.አዎ 2.አይ	አይ ከሆነ **ክፍል 3**
209	ምን ያህል ጊዜ በቀዶ ጥገና ወለድሽ?	1.አንድ 2.ሁለት 3.ከሁለት በላይ	
210	ምልክቱ ምን ነበር?	1. የሕፃን መተለቅ	

		2. የተደናቀፈ የጉልበት ሥራ 3. የሕጻን መታፈን 4.ሁለት እና ከዚያ በላይ ህፃናት 5.የአቀማመጥ ችግር 6.በሌላ ሕክምና ምክንያት 7. አላውቅም / አላስታውስም 8.ሌላ	

ክፍል 3: የመላሾቹ እውቀት ስለ በቀዶ ጥገና መዉለድ ጥያቄዎች

ተ.ቁ	መጠይቅ	መልሶች/ምላሽ	አስተያየት
301	በቀዶ ጥገና ስለ መዉለድ ሰምተሽ ታውቃለሽ?	1.አዎ 2.አይ	አይ ከሆነ የቀረውን ዝለል
302	ከየት/ከማን ሰማሽ?	_____	
303	በቀዶ ጥገና መዉለድ ምንድን ነው?	1. በማህፀንመውለድ ሌላ ስም 2. ልጅን ለመውለድ በሆድ ላይ የሚደረግ ቀዶ ጥገና 3. አላውቅም	
304	በቀዶ ጥገና መዉለድ መንሰዉን ያውቃሉ?	1.አዎ 2.አይ	አይ ከሆነ 306
305	መንሰዋቹ ምንድ ናቸው?	1. ትልቅ ሕፃን 2. የተደናቀፈ ምጥ 3. የፅንስ መታፈን 4. ሁለት እና ከዚያ በላይ ህፃናት 5. አቀማመጥ ችግር 6.በሌላ ሕክምና ምክንያት 7.ሁለት እና ተጨማሪ በቀዶ ጥገና መዉለድ 8. ሌላ _____	
306	አንዲት ሴት በቀዶ ጥገና ከወለደች በኋላ የሴት ብልትን መውለድ ትችላለች?	1. አዎ 2.አይ	
307	ቀዶ ጥገና ከተፈጸመ በኋላ የተለመደው የሆስፒታል ቆይታ ምን ያህል ነው?	1. እስከ ሳምንት ድረስ 2. እስከ ሁለት ሳምንት 3. እስከ ሦስት ሳምንት ድረስ 4. አላውቅም	
308	በቀዶ ጥገና ለመዉለድ በማን ውሳኔ መደረግ አለበት?	1. እራሴ 2. ባለቤቴ 3. የጤና ባለሙያዎች 4. ዘመዶቼ	
309	በቀዶ ጥገና መዉለድ ጥቅሞች ምንድናቸው?	1. የሕፃኑን ሕይወት ማዳን 2. የእናትን ህይወት ማዳን	

		3. የሕፃኑን እና የእናትን ህይወት ለማዳን 4.የምጥ ህመምን ለማስወገድ 5. አላውቅም	

<u>ክፍል 4፡ የጤና ባለሙያዎችን ተጽዕኖ በቀዶ ጥገና መዉለድ ላይ ተጽዕኖ የሚያሳዩ መጠይቆች</u>

ተ.ቁ	መግለጫዎች	በጣም አልስማማም(1)	አልስማማም (2)	አልወሰንም(3)	እስማማለሁ(4)	በጣም እስማማለሁ (5)
401	የጤና ባለሙያዎች ስለ በቀዶ ጥገና ማዋለድ ፍርሃት ይፈጥራሉ					
402	የጤና ባለሙያዎች ስለ በቀዶ ጥገና ማዋለድ ስጋት እና ጥቅም በቂ መረጃ ይሰጣሉ?					
403	የጤና ባለሙያዎች ርህራሄ በቀዶ ጥገና መዉለድ ተቀባይነት ስሜት ይጨምራል					
404	የጤና ባለሙያዎች እርጉዝ ሴቶችን ስለ በቀዶ ጥገና መዉለድ አመላካቾች እና ሂደቶች ያስተምራሉ።					
405	የጤና ባለሙያዎች በቀዶ ጥገና መዉለድን ለራሳቸው ጥቅም ሲሉ መቀበልን ያበረታታሉ					
406	በቅድመ ወሊድ እንክብካቤ ወቅት በተለይም ከዚህ ቀደም በቀዶ ጥገና መዉለድ ላጋጠማቸው የጤና ባለሙያዎች ስለ ቀጣይ የመዉለጃ ዘዴ ምክር ይሰጣሉ					
407	የጤና ባለሙያዎች ልምዳቸውን እንዲያሻሽሉ በቀዶ ጥገና መዉለድን ያበረታታሉ?					

ክፍል 5፡ በተጠያቂዎች መካከል በቀዶ ጥገና መዉለድን መቀበልን የሚወስኑ መጠይቆች

ተ.ቁ	መግለጫዎች	በጥም አልስማማም(1)	አልስማማም (2)	አልወሰንም(3)	እስማማለሁ(4)	በጥም (5) እስማማለሁ
501	ከባድ ችግሮች ስላሉት በቀዶ ጥገና መዉለድን አልቀበልም።					
502	በቂ መረጃ ስለሌለኝ በቀዶ ጥገና መዉለድን አልቀበልም።					
503	አማራጭ ከሌለኝ በቀዶ ጥገና መዉለድን እቀበላለሁ።					
504	ለረጅም ጊዜ በማገገም ምክንያት በቀዶ ጥገና መዉለድን አልቀበልም።					
505	የሕፃኑን ሕይወት ለማዳን በቀዶ ጥገና መዉለድን እቀበላለሁ።					
506	በሕክምና ከተገለጸ በቀዶ ጥገና መዉለድን እቀበላለሁ።					
507	ጡት ማጥባት ውስብስብ ስለሆነ በቀዶ ጥገና መዉለድን አልቀበልም።					
508	ባለቤቴ ቢያበረታኝ በቀዶ ጥገና መዉለድን እቀበላለሁ።					
510	በቀዶ ጥገና መውለድን እቀበላለሁ ምክንያቱም እንደ ብልት መውለድ ደህንነቱ የተጠበቀ ነው።					

511	የምጥ ህመምን ለማስወገድ በቀዶ ጥገና መዉለድን እቀበላለሁ					
512	ሞትን በመፍራት በቀዶ ጥገና መዉለድን አልቀበልም።					