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Research Article

**PAKISTANI WOMEN'S OPINIONS ABOUT CESAREAN  
DELIVERY**<sup>1</sup>Dr. Anum Rasool, <sup>2</sup>Dr. Fawad Ahmed Khushhal, <sup>2</sup>Dr. Usman Saleem<sup>1</sup>THQ Chak Jhumra Faisalabad<sup>2</sup>Int. Higher school of Med. Kyrgyzstan**Abstract:**

**Objective:** This study encompasses the opinions of Pakistani females about the cesarean delivery and the factors which support their choice.

**Methods:** The study was conducted at Maternity Hospitals in Allied Hospital, Faisalabad. A total of 423 females who were having their first cesarean were selected for the study. Subjects' initial information was obtained through questions answers session. Chi square test and logistic regression methods were applied to ascertain the statistical relevance and evaluation of data.

**Results:** The 13% women were in favor of cesarean delivery whereas 87% voted for vaginal delivery. Subjects were asked if they are willing to opt for cesarean delivery in future, 53% preferred cesarean delivery for the next time and 47% were in favor of vaginal delivery. Most of the females voted for the cesarean section delivery because of labor pain and fear associated with vaginal delivery.

**Conclusion:** The study concluded that most of the Pakistani women consider the vaginal delivery as an ideal mode of delivery but willing to go for cesarean delivery due to labor pain and fear linked with vaginal delivery.

**Key Words:** Cesarean delivery, Maternity, ideal delivery mode, satisfaction with Cesarean delivery.

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**INTRODUCTION:**

The outcome of pregnancy is either through normal delivery or cesarean section surgery. Cesarean section is considered as safe procedure in case of complications for the lives of mother and the baby. The trend for cesarean delivery is increasing nowadays around the world. A survey done by World Health Organization (WHO) in 2010 showed the rate of cesarean deliveries in USA, England, Italy and Brazil as 30.2%, 22%, 37.4% and 41.3% respectively. However, the cesarean deliveries are not very common in Holland (13.7%), Sweden (16.5%) and Czechoslovakia (18.4%) [1], [2]. C-section deliveries are associated with some anesthetic complications. The cost and medical care in case of C-section is higher as compared to normal deliveries. The study in hand throws light on the women opinion about C-section and associated factors due to which women would like to prefer cesarean delivery over vaginal delivery.

**METHODS:**

The Maternity Hospitals in the city of Allied Hospital, Faisalabad was selected for the study where women opted for the mode of the delivery. A total of 423 pregnant women (195 in Government Hospital and 228 in Private Hospital) were chosen for the study. The subjects were kept at the medical care facilities (wards) of the respective hospitals after the C-section. The subjects' information was collected through questionnaire and interviews. The interaction in each case was not very lengthy and remained for 15 to 20 minutes. The subjects' demographic features were discussed in the questionnaire including age, qualifications, occupation etc. Similarly, other characteristics such as pregnancy, current option for the mode of delivery, previous mode of delivery and preference for the next delivery mode were also included in the questionnaire. The purpose of the study was conveyed to the subjects and their attendants and oral and written permissions were obtained in case of each subject. Statistical analysis

was done with the help of percentages and Pearson Chi-square test.

**RESULTS:**

The average age of the sample was  $26.6 \pm 5.2$  years. Approximately, one third (72.1%) women opted for C-section whereas 87% women were of the view that vaginal delivery is the ideal mode for delivery. Almost half of the women (53%) were of the mind that they will prefer C-section for the next time. It was observed that 13.4% women opted for the C-section whereas the rest were advised by the gynecologist (Table-I). A number of women chose the cesarean delivery because of the labour pain and fear of the vaginal delivery. 14.8% had no choice because it was the repeated C-section in their case and some of them preferred cesarean delivery because they thought that it is the ideal mode for the newborn. The supporters of vaginal delivery were of the mind that it is the natural and reliable mode for delivery and takes less time for healing and post operation complications are reduced in case of vaginal delivery (Table-II).

The younger women (between the age of 18 & 22) agreed for C-section whereas the middle and old aged (between the age of 38 & 42) were in favor of vaginal delivery. The difference between age groups was important ( $p=0.020$ ) (Table-III). It was observed that the trend for C-section is rising among the younger women as compared to the middle-aged women. Preference for delivery mode was not significantly associated with the subjects' qualification or education (Table-III). Similarly, delivery mode preference was not much associated with the 1<sup>st</sup> or greater pregnancies or spontaneous and IVF pregnancies ( $p=1.000$ ). The ratio for C-section delivery was 49.2% at private hospital and 30.5% at government hospital with a p value 0.000 (Table-IV). The C-section delivery was found to be 1.75 times greater at private hospital as compared to public hospital (Table-V).

<b>Table-I: Thoughts of women for cesarean delivery (n = 423).</b>		
<b>Thought</b>	<b>No</b>	<b>%</b>
<b>Satisfaction with cesarean delivery</b>		
Satisfied	305	72.1
Not satisfied	118	27.9
<b>Ideal delivery mode</b>		
Vaginal delivery	368	87
Cesarean delivery	55	13
<b>Believed delivery mode</b>		
Vaginal delivery	261	61.7
Cesarean delivery	162	38.3
<b>Preferred delivery mode for next pregnancy</b>		
Vaginal delivery	199	47
Cesarean delivery	224	53
<b>Who decided to cesarean delivery</b>		
Herself /husband/family	57	13.4
Doctor	290	68.6
Doctor and herself	76	18
<b>Explanation of causes of cesarean delivery</b>		
Explained	346	81.8
Not explained	77	18.2
Total	423	100

<b>Table-II: Reasons' for preferred cesarean or vaginal delivery.</b>		
<b>Reasons for preferred cesarean delivery (n=162)</b>	<b>No</b>	<b>%</b>
Fear/pain of vaginal delivery	72	44.4
Repeat cesarean	24	14.8
More healthy for the baby	24	14.8
Tubal ligation	16	9.9
Cephalopelvic disproportion	15	9.3
Chronic diseases	11	6.8
<b>Reasons for preferred vaginal delivery (n=261)</b>		
More natural and healthy	171	65.5
Shorter postpartum healing process	50	19.2
Postpartum painless	40	15.3

**Table-III: Preferred delivery mode according to descriptive characteristics of women (n=423).**

Descriptive Characteristics	Preferred delivery mode						x <sup>2</sup> /p
	Vaginal		Cesarean		Total		
	No	%	No	%	No	%	
<b>Age (years)</b>							
18- 22	72	75	24	25	96	100	x <sup>2</sup> =11.618 p=0.020
23- 27	93	58.1	67	41.9	160	100	
28- 32	61	58.1	44	41.9	105	100	
33- 37	29	1.7	18	38.3	47	100	
38- 42	6	40	9	60	15	100	
<b>Education</b>							
Illiterate	88	62.9	52	37.1	140	100	x <sup>2</sup> =5.939 p=0.115
Primary school	96	68.1	45	31.9	141	100	
High School	49	55.1	40	44.9	89	100	
University	28	52.8	25	47.2	53	100	
<b>Employment</b>							
Employed	24	49	25	51	49	100	x <sup>2</sup> =3.212 p=0.073
Unemployed	237	63.4	137	36.6	374	100	

**Table-IV: Preferred delivery mode according to obstetrics characteristics of women (n = 423).**

Obstetrics Characteristics	Preferred delivery mode						x <sup>2</sup> /p
	Vaginal		Cesarean		Total		
	No	%	No	%	No	%	
<b>Gravida</b>							
Primigravida	74	62.2	45	37.8	119	100	x <sup>2</sup> =0.016 p=0.898
Multigravida	187	61.5	117	38.5	304	100	
<b>Previous mode of delivery (n=277)</b>							
Vaginal delivery	38	50	38	50	76	100	x <sup>2</sup> =6.688 p=0.083
Cesarean delivery	113	67.3	55	32.7	168	100	
Vaginal and cesarean delivery	21	63.6	12	36.4	33	100	
<b>Pregnancy</b>							
Spontaneous	252	61.6	157	38.4	409	100	x <sup>2</sup> =0.000 p=1.000
IVF	9	64.3	5	35.7	14	100	
<b>Pregnancy follow up (n=422)</b>							
State hospital	169	69.5	74	30.5	243	100	x <sup>2</sup> =15.255 p=0.000
Private/ University hospital	91	50.8	88	49.2	179	100	
<b>Delivered at</b>							
State hospital	135	69.2	60	30.8	195	100	x <sup>2</sup> =8.678 p=0.003
Private/ University hospital	126	55.3	102	44.7	228	100	
<b>Total</b>	261	61.7	162	38.3	423	100	

**Table-V: Women's age group and the birth hospital effect on the delivery mode decisions: logistic regression analysis results (n =423).**

Variables	B	Wald	p	Exp (B)	%95.0 CI for EXP(B)	
					Lower	Upper
<b>The birth hospital (Ref. State hospital)</b>	0.564	7.512	0.006	1.758	1.174	2.633
<b>Age (year)</b>	0.041	4.398	0.036	1.042	1.003	1.083
<b>Constant</b>	-1.892	12.006	0.001	0.151		

### DISCUSSION:

The study delivered that 44.4% women preferred C-section due to labor pain and fear, 14.8% opted for C-section because it was the repeated C-section and 14.8% were of the view that cesarean delivery is better for the baby (Table-II) [3]. The women who were operated when further investigated revealed that 16.1% of them had no choice but C-section delivery because of pelvic dystocia (9.3%) and chronic disease (6.8%) [4]. The remaining sample (83.9%) was equally capable of production through normal delivery. Another study done by Torloni et al described that women prefer C-section because of fear and labor pain and it can be cut short by taking appropriate measures to reduce the fear of the labor pain. The gynecology staff, doctors and subjects should be trained to overcome the fear and devise different techniques to reduce the labor pain [5]. With the implementation of such techniques the fear can be overcome. Most of the women were of the opinion that C-section is healthy mode for the baby and some said that they had a C-section before (Table-II). The fact is that the vaginal delivery after the first C-section is possible and increasing day by day [6]. Many developed countries like USA (19.9%), Norway (5.7%), and Sweden (53%) had such examples where women were subjected to vaginal delivery after their first C-section. The former studies on the subject concluded that most of the C-section deliveries were opted because of the reason that the women already had a cesarean delivery [7]. A study conducted by Gozukara and Eroglu verified that every three out of four women were in favor of C-section because of labor pain and fear associated with normal delivery [8]. 15.5% women preferred cesarean because in their opinion it is the healthier mode of delivery and 34.8% undergone C-section because they already had a previous cesarean history. Some women with other complications like dysfunctional labor, fetal distress and fetal position also had C-section for their delivery [9]. The results are in comparable with the findings of the current study. Although 87% women in our study were of the

view that the ideal mode of delivery is vaginal delivery but went for C-section due to labor pain and fear and 47% agreed for normal delivery in future [10]. The women who had C-section were more satisfied with the mode of the delivery (72.1%) (Table-I). Another research discovered that in most of the cases, doctors decide for the mode of the delivery except a few cases [11]. It looks logical because doctors know the exact condition of the mother and the fetal and decide in the best interest of the both. Most of the deliveries were conducted in the day with some cases at the night. This shows that the time of delivery is not by choice but by chance [12]. The labor process and time can be prolonged depending upon the condition of the mother and it triggers the doctors to go for C-section. The choice between the method of delivery and the age is closely related as seen in light of this study ( $p < 0.05$ ) (Table III and V) [12]. Another study led by Angeja analyzed that educational qualification was not related to the liking for any mode of the delivery as judged by our study. A few studies have shown contrary results in respect of educational status and mode of delivery. Our study sample comprised of a limited number of subjects with high education and employment which might affect the results to some extent.

### CONCLUSION:

The study concluded that most of the women consider the vaginal delivery as an ideal mode of delivery but willing to go for cesarean delivery due to labor pain and fear linked with vaginal delivery.

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