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Knowledge, attitude, and perception of pregnant women attending antenatal care towards caesarean section delivery at Mukono church of Uganda Hospital, Mukono district. A cross-sectional study.

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Abstract.

Background.

Caesarean section (CS) delivery is a lifesaving intervention for both mother and baby when vaginal delivery poses risks. This study assessed the Knowledge, Attitude, and Perception of Pregnant Women Attending Antenatal Care Towards Caesarean Section Delivery at Mukono Church of Uganda Hospital, Mukono District.

Methodology

A descriptive cross-sectional study design was used, involving 30 pregnant women selected through convenience sampling. Data were collected using structured questionnaires and analyzed using descriptive statistics, including frequencies and percentages.

Results.

Most respondents (53%) were aged 21–29 years, and half (50%) had attained secondary education. Findings revealed high awareness of CS, with 87% having heard about it, mainly from health workers (53%). Although 60% identified lack of labor pain as a benefit of CS, 53% associated it with death as a major risk. Most respondents (63%) correctly believed that hospital discharge after CS occurs within a week. The majority (77%) knew that doctors are responsible for conducting CS. Attitudinal results showed that 60% felt bad about CS, mainly due to fear of pain, death, or scarring. Only 37% would choose CS by preference, while 63% would not. Despite this, 63% perceived CS as a safe delivery method, and 60% believed its outcomes were favorable. Most respondents (87%) would advise other pregnant women to undergo CS if medically indicated.

Conclusion.

Although the majority of the women were aware of CS, some had a low level of knowledge about the surgery. On the attitude, mothers were still not convinced that the CS was not a dangerous birth delivery, even if indicated. However, mothers had a positive perception of caesarean section delivery.

Recommendation

There is a need to intensify education on CS at the ANC by midwives, aiming at addressing the fears being entertained by women about the surgery, in case indicated.

Keywords: *Knowledge, Caesarean Section, Pregnant Women, Antenatal Care, Mukono Church of Uganda Hospital, Mukono District.*
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Background

Globally, now accounts for more than 1 in 5 (21%) of all childbirths. This number is set to continue increasing over the coming decade, with nearly a third (29%) of all births likely to take place by caesarean section by 2030 (WHO, 2021). According to the World Health Organization (WHO), in 2019, there were 544 Cesarean sections per 1,000 live births in the nation of Turkey. A total of 475 Caesarian sections per 1,000 live births occurred in South Korea in 2019. Poland came in third in terms of C-sections per 1,000 live births per year in 2019 (WHO, 2021). However, in Sub-Saharan Africa, where two-thirds of the world's 302,000 maternal deaths occur annually, the CS rate is 7.3%, and women and their newborns often end up dying or sustaining unnecessary injuries due to limited access to and underutilization of CS services (Afaya et al.2018; Diema et al., 2019).

The majority of the women in the study conducted in Kenya, East Africa, preferred vaginal delivery even when they had complications, which required CS delivery. The attitudes towards CS were positive if the operation was indicated. (Biraboneye et al., 2017). According to the Uganda

Demographic Health Survey (DHS) conducted in Uganda in 2017, less than 50 % of births within Uganda in the five years preceding the survey took place in health facilities, and of those delivering at various health facilities, 5% of births were delivered by CS due to obstructed labor, cephalo-pelvic disproportion, Pre-Eclampsia, and Eclampsia. Additionally, when viewing the utilization of CS by sub-regions of Uganda, the DHS showed the prevalence of CS varied from a high of 4% in the Western area, which includes Mbarara, to a low of 1.5% in the Northern part, yet pregnant women had problems that could not be favorably addressed by SVD. (Natasha Spencer, 2015).

Available reports on knowledge of CS amongst women in Mukono District are mainly from government-aided health facilities situated in Mukono Town Council, while little is known about the perception and attitude of women in the church-based health facilities on Caesarean birth (UBOS, 2016). This study assessed the Knowledge, Attitude, and Perception of Pregnant Women Attending Antenatal Care Towards Caesarean Section Delivery at Mukono Church of Uganda Hospital, Mukono District

Methodology

Study Design.

The study employed a descriptive cross-sectional study design in which 30 respondents were selected. Quantitative data were collected to assess the knowledge and attitudes of pregnant women towards CS.

Study Area.

The study was conducted at Mukono Church of Uganda Hospital in Mukono District. The hospital was founded by the Church of Uganda and is designated as one of the internship hospitals in Uganda, where graduates of Ugandan medical schools can serve one year of internship under the supervision of qualified specialists and consultants. With a 70-bed capacity, the health facility offers both general and specialized services to an average of 160 patients in the Outpatient Department (OPD) and 20 inpatient admissions every day. Mukono Church of Uganda Hospital is located on the Kampala-Jinja Highway, in the town of Mukono, approximately 20 kilometers (12 mi) east of Kampala. The coordinates of the hospital are: 0°21'40.0"N, 32°44'49.0"E (Latitude:0.361123; Longitude:32.746941).

Study population.

The study focused specifically on pregnant women attending antenatal care at Mukono Church of Uganda Hospital.

Sample Size Determination.

The sample size was 30 respondents. This was manageable due to the limited time and limited resources for data collection. It is also the recommended minimum sample size according to the research guideline UNMEB (2009).

Sampling Procedure.

Simple random sampling methods were applied in this research to obtain the required number of respondents. The researcher wrote the words Yes and No on 60 pieces of paper, where 30 were " Yes " and 30 were " No, " and inserted them into an enclosed box. The researcher offered potential respondents an opportunity to participate in the study by picking papers from the enclosed box, and any respondent who picked a paper with the word „Yes‟ written on it was allowed to participate. This continued until a total of 30 respondents was achieved. Simple random sampling methods were used due to the ready availability of respondents at the Hospital, and it also ensured no bias because everybody got an equal opportunity to participate in the study.

Inclusion Criteria.

The study considered all pregnant women attending antenatal care at Mukono Church of Uganda Hospital who voluntarily consented to participate in the study on the day of data collection.

Dependent variable

Caesarean section delivery.

Independent Variable.

Knowledge (Education level, information, awareness of cesarean section delivery), Attitude (Positive, Negative, Neutral).

Perception of pregnant women attending antenatal care towards caesarean section delivery at Mukono Church of Uganda Hospital.

Research Instruments.

Data collection was done using a self-administered questionnaire, which included closed-ended and open-ended questions. The open-ended questions enabled the respondents to exhaust the questions posed to them, thus giving their details and opinions.

Data Collection Procedure.

Pre-visiting.

An introductory letter from the Lubaga Hospital Training School administration was obtained and presented to the Mukono Church of Uganda Hospital administration before the day of data collection for permission to conduct this study. The Questionnaires were administered to the respondents who filled them out at their time of convenience, and for those who could not fill them out, the data collectors helped them to fill them out while they answered. During data collection, the rights of individuals were respected, and the researcher obtained consent from

them.

Data Management.

Data was checked for completeness and consistency. Before the final analysis, the data were coded, and questionnaires with missing variables, information, or mistakes were left out. The data was entered into the computer and thereafter cleaned by comparing the raw data to the electronically entered data to check for data-entry and coding errors.

Data analysis.

After the collection of data, responses from the questionnaires were studied to make sure that the information obtained was complete, consistent, accurate, and reliable. Analysis was done using Microsoft Excel 2013, and the presentation of findings was in the form of tables, figures, and pie charts.

Ethical Considerations.

The study was done following the guidelines of the Uganda Nurses and Midwives Examination Board standard research guidelines for Diploma Nursing Programmes. Development of the research proposal and report was under the supervision of a Tutor assigned by Lubaga Hospital Training School, who issued a letter introducing the researcher to Mukono Church of Uganda Hospital for the purpose of granting permission to interact with the participants. After getting permission, the researcher went ahead to obtain the required information from the respondents who consented to participate in the study.

Results.

Demographic characteristics.

Table 1: Age of respondents and level of education, n=30.

Age	**Frequency**	**Percentage (%)**
20 Years and below	1	3
21 – 29 Years	16	53
30 – 39 Years	11	37
40 Years and above	2	7
Total	**30**	**100**
Education level		
No formal Education	1	3
Adult Education	2	7
Primary Education	3	10
Secondary Education	15	50
Tertiary institution	10	30
Total	**30**	**100**

Results in Table 1show that, majority, 16(53%) of the respondents were from the age group 21 to 29 years, followed by 11(37%) in the age group 30 to 39 years, 2(7%) were from the age group 40 years and above, while the minority 1(3%) were below 20 years. Regarding the education level of respondents' majority 15(50%) had a secondary education level, nearly half, 10(30%), of the respondents were in tertiary education, a few 3(10%) were of primary education, 2(7%) attended adult education, while the minority 1(3%) had no formal education.

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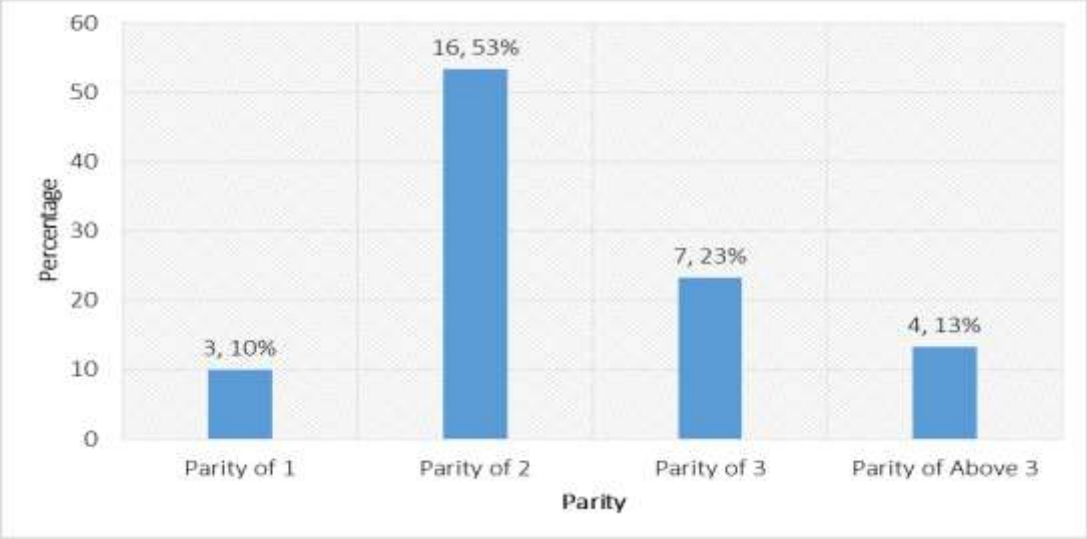
Figure 1 Parity n = 30.



Results in Figure 1 show that the majority, 16(53%) of the respondents had two deliveries, followed by 7(23%) with three deliveries, 4 (13%) had three or above deliveries, while the minority, 3(10%) had one delivery. This implies that a bigger percentage (83%) had more than one delivery.

Figure 2: Religion of the respondents, n =30.

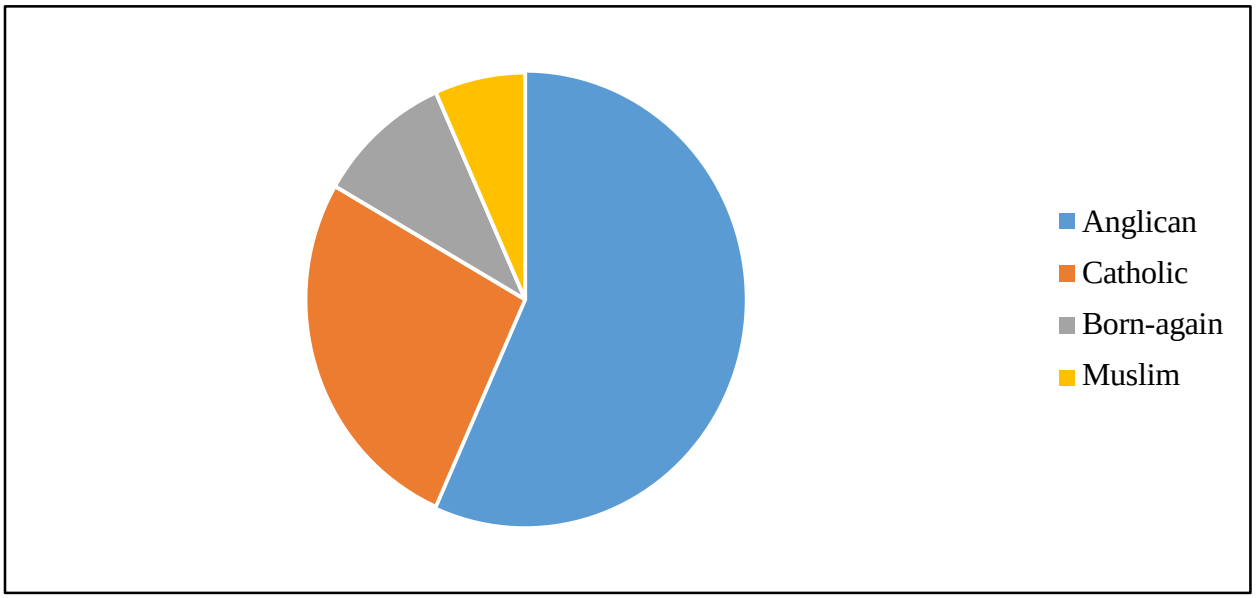


Figure 2 show that majority 17(56%) of the respondents were Anglican, 8(27%) were Catholics, 3(10%) were born again while the minority 2(7%) were Muslims.

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Table 2 Occupation of the respondents n = 30.

Occupation of the respondents	Frequency	Percentage (%)
House Wife	6	20
Not working	8	27
Self-employed	10	33
Employed by the Government	2	7
Peasant	4	13
Total	**30**	**100**

Results in Table 2 show that the majority, 10(33%) of the respondents were self-employed, 6(20%) were housewives, 8(27%) were not working, 2 (7%) were government employees, and 2(13%) were peasants. This implies that more than half 16, 53%) of the respondents had an occupation.

Knowledge of pregnant women attending antenatal care regarding caesarean section delivery.

Awareness of respondents about caesarean section delivery.

Table 3: Awareness of respondents about caesarean section delivery n=30.

Variable	Detail	Frequency	Percentage (%)
Whether the respondent had heard about CS.	Yes	26	87
	No	4	13
Total		**30**	**100**
If yes, from where	Health workers	16	53
	Neighbors / Friends	5	17
	Relatives	5	17
Total		**26**	**87**
Respondents' response to the risk they know about CS	Death	16	53
	Losing a lot of blood	3	10
	Overstaying in a hospital	11	37
Total		**30**	**100**
Respondents' responses on the benefits they know about CS	No labor pain	18	60
	safer route of delivery	11	37
	no episiotomies	1	3
Total		**30**	**100**
Usual hospital stay after a CS Surgery	Women are discharged within a week after surgery	19	63
	Four days	8	27
	Two weeks	3	10
Total		**30**	**100**

Results in Table 3 show that the majority, 26(87%) of the respondents had heard about cesarean section delivery, while a few, 4(13%), agreed that they had not heard about caesarean section delivery. Among those who had heard about caesarean section delivery, the majority, 16(53%), heard it from health workers, 5(17%) heard it from Neighbors / Friends, while 5(17%) heard about cesarean section delivery from relatives.

When respondents were asked about the risks they know about caesarean section delivery, the majority, 16(53%), mentioned death as a risk that results from CS delivery, 3(10%) said losing a lot of blood, while 11(37%) said over to stay in a hospital, which increases chances of getting other infections. Regarding the benefits respondents knew about CS, the majority, 18(60%), said no labor pain, and 11(37%) said that caesarean section delivery is a safer route of delivery. However, very few 1 3%) were not sure of the benefits of caesarean section delivery.

Concerning the usual hospital stay after a CS surgery, more than half 19(63%) of the respondents said that women are

discharged within a week after surgery if there are no other complications, 8(27%) agreed that women are discharged after four days while the minority 3(10%) said that women are discharged within two weeks after surgery. Based on these findings, it seems knowledge of hospital stay after surgery is lacking among the respondents.

Whether respondents consider caesarean section delivery important.

Table 4: whether respondents consider caesarean section delivery important, n=30.

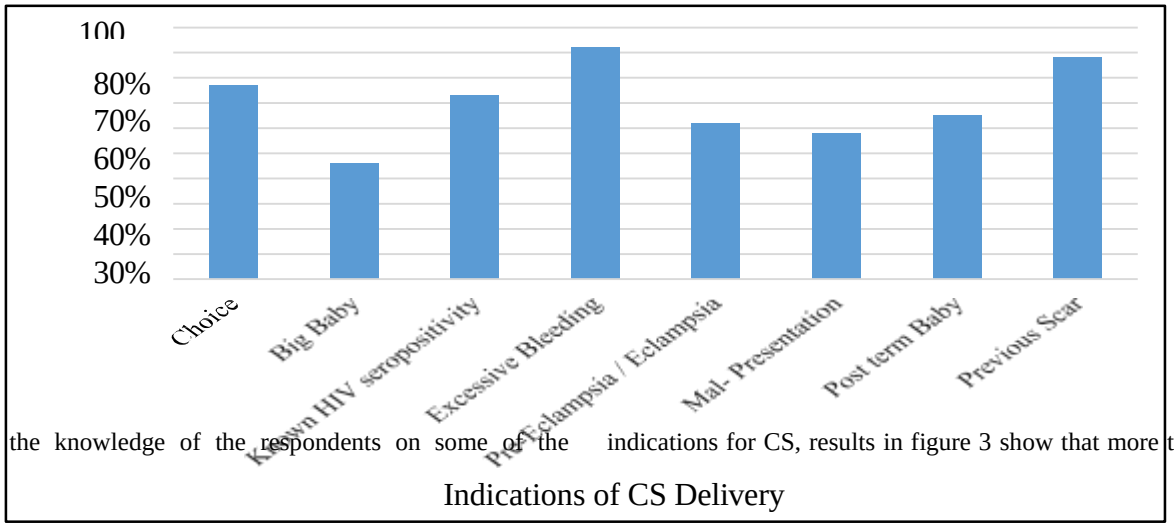
Variable	Detail	Frequency	Percentage (%)
Whether the respondent had ever gone Through a CS delivery.	Yes	9	30
	No	21	70
Total		**30**	**100**
The number of times respondents had ever undergone CS delivery.	Once	3	33
	Twice	5	56
	Three to four Times	1	11
Total		**9**	**100**
Whether respondents consider CS delivery Important.	Yes	26	87
	No	4	13
Total		**30**	**100**
Whether respondents knew some of the Indications of CS delivery.	Yes	26	87
	No	4	13
Total		**30**	**100**

Results in Table 4 show that 9(30%) of the respondents had ever gone through a CS delivery, while the majority, 21(70%), had never gone through a CS delivery. Of those who had ever gone through CS delivery, 3(33%) had undergone CS delivery once, the majority, 5(56%), had ever undergone CS delivery two times, while 1 (11%) had gone through CS delivery three times.

Regarding whether the respondent considers CS delivery important, the majority, 26(87%) of the respondents agreed that they consider CS delivery important, while a few, 4(13%), respondents did not agree that CS delivery is important. Those who consider CS delivery important agreed that they knew some of the indications of CS delivery.

Indications of CS delivery mentioned by the respondents.

Figure 3: Indications of CS delivery mentioned by the respondents, n = 30.



On the knowledge of the respondents on some of the indications for CS, results in figure 3 show that more than

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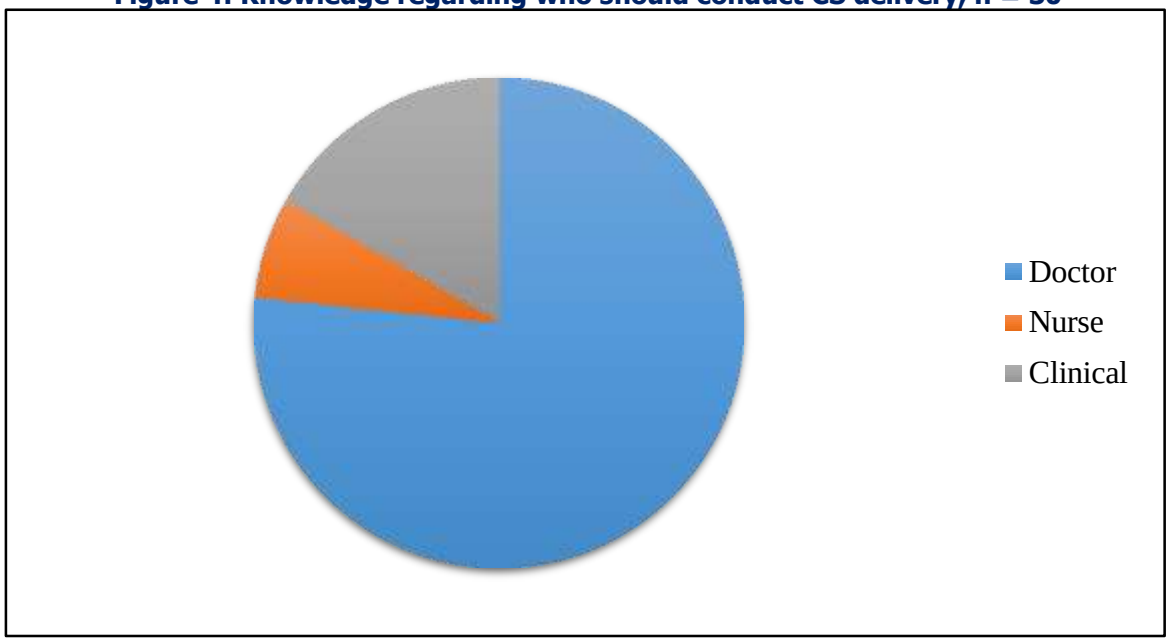
half 20(77%) of the respondents mentioned choice of the mother, 12(46%) mentioned big baby and post-term baby as the indicators for CS, 19(73%) mentioned known HIV sero positivity, a bigger number 24(92%) mentioned excessive bleeding as the largest indictor of CS, 16(62%) mentioned Pre-Eclampsia / Eclampsia, 15(58%) mentioned mal-presentation, 17(65%) mentioned post-term baby, and a sizable number mentioned previous scar.

Knowledge regarding who should conduct CS delivery

Figure 4: Knowledge regarding who should conduct CS delivery, n = 30



Findings in Figure 4 show that the majority, 23(77%) of the respondents said that a CS delivery is conducted by a Doctor, 5(17%) said that a CS delivery is conducted by a Nurse, while 2(6%) said that a CS delivery is conducted by the clinical officer.

Attitude of pregnant women attending antenatal care towards caesarean section delivery.

Table 5: Attitude of pregnant women attending antenatal care towards caesarean section delivery n = 30.

Variable	Details	Frequency	Percentage (%)
How mothers feel about CS Delivery.	Good	12	40
	Bad	18	60
Total		**30**	**100**
Whether the respondents feel that women who deliver by cesarean section miss an opportunity to have a natural birth.	Yes	18	60
	No	9	30
	Not sure	3	10
Total		**30**	**100**
Whether the respondent would Have a CS by choice.	Yes	11	37
	No	19	63

Total		**30**	**100**
Why would a mother choose a CS delivery?	Avoidance of labour pains	5	45
	Safer route of delivery	2	18
	If it was indicated	1	9
	Fear of having episiotomies	3	27
Total		**11**	**100**
Why would a mother not choose a CS delivery?	I fear	5	26
	It's painful	11	58
	Gives you a scar	3	16
Total		**19**	**100**

Regarding how mothers feel about CS delivery results, Table 5 shows that 12(40%) of the respondents said that they feel good about CS delivery, while the majority, 18 (60%), said that they feel bad about CS delivery because they prefer normal deliveries. The majority 18(60%) of the respondents feel that women who deliver by caesarean section miss an opportunity to have a natural birth, a few 9(30%) of the respondents did not feel that women who deliver by caesarean section miss an opportunity to have a natural birth while the minority were not sure whether they feel that women who deliver by caesarean section miss an opportunity to have a natural birth.

Concerning whether the respondent would have a CS by choice, 11(37%) of the respondents said that they would have a CS by choice, while the majority, 19(63%), would not have a CS by choice.

Furthermore results in table 5 show that of those who would choose a CS delivery, nearly half 5(45%) of the respondents said they would choose a CS delivery because they would avoid labour pains, 2(18%) said they would choose CS delivery because it"s a safer route of delivery, 1(9%) said they would choose CS delivery if it was indicated while 3(27%) said they would choose CS delivery because of fear of having episiotomies; However among those who would not choose a CS delivery, 5(26%) would not choose it because of fear of death, majority 11(58% would not choose it because it is painful while 3(16%) would not choose it because it leaves a scar on their body and they do not want scars on their bodies.

Perception of pregnant women attending antenatal care toward Caesarean section delivery.

How mothers perceive caesarean section delivery

Table 6: Mother's perception of caesarean section delivery (n =30)

How mothers perceive caesarean section delivery.	Frequency	Percentage (%)
Pain-free method of birth	8	27
Safe method of delivery for both mother and baby	19	63
CS is more satisfying than spontaneous vaginal delivery	3	10
Total	**30**	**100**

Results in table 6 show that 8(27%) of the respondents perceived caesarean section delivery as a pain-free method of birth, the majority 19(63%), perceived caesarean section delivery as a safe method of delivery for both mother and baby, though 3(10%) of the respondents perceived caesarean section delivery as more satisfying than spontaneous vaginal delivery.

How women consider caesarean section delivery.

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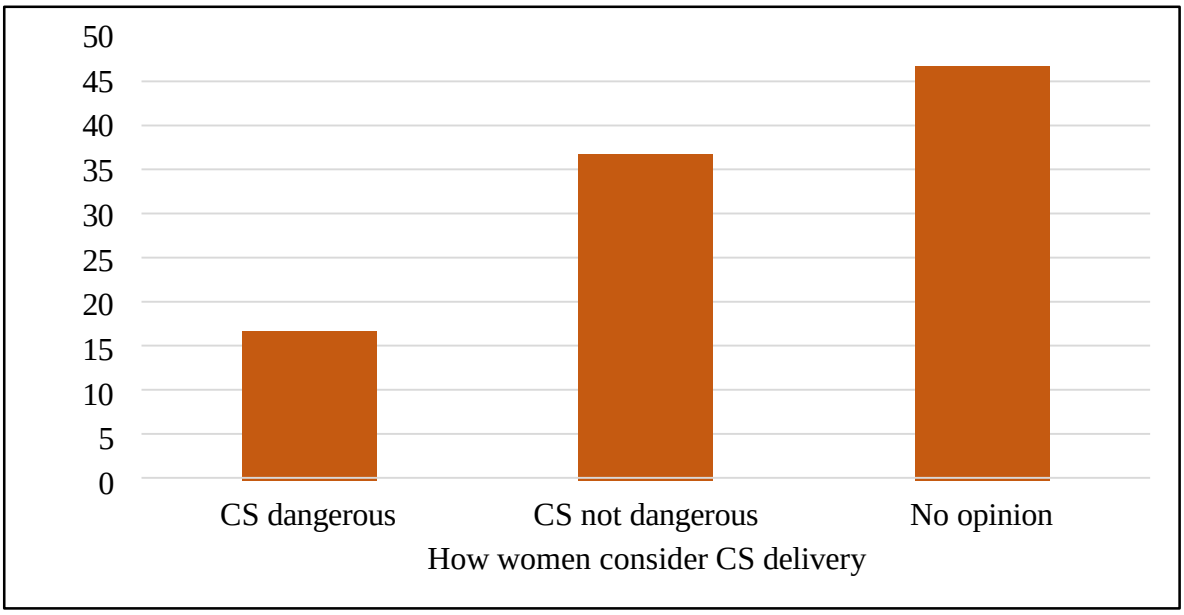
Figure 5: How women consider caesarean section delivery, n =30.



Findings presented in Figure 5 show that 5(17%) of the respondents consider cesarean-section delivery to be a dangerous procedure for both the mother and baby, 11(37%) considered cesarean-section delivery not to be dangerous. However, a sizable number, 14(47%), had no opinion.

What is said about caesarean section delivery by pregnant women in the community?

Table 7: What pregnant women say about CS delivery out in the community, n =100.

What do pregnant women say about CS delivery out in the Community?	Frequency	Percentage (%)
CS is a painless method	11	11
CS preserves sexual function and early resumption of sexual activity. activity after birth	23	23
Cs reduces complications for mother and baby	26	26
There is a severe headache	12	12
Cs is done under anesthesia	28	28

Note: The number of respondents changed from 30 to 100 because respondents had more than one answer.
Results in table 7 show that, 11(11%) of the respondents said that women in the community say, CS is a painless method, majority 23(23%) said that women in the community say, CS preserves sexual function and early resumption of sexual activity after birth, 26(26%) say CS reduces complications by mother and baby, 12(12%) say there is severe headache after delivery while 28(28%) say CS is done under anesthesia

Whether the outcomes of CS delivery are favorable

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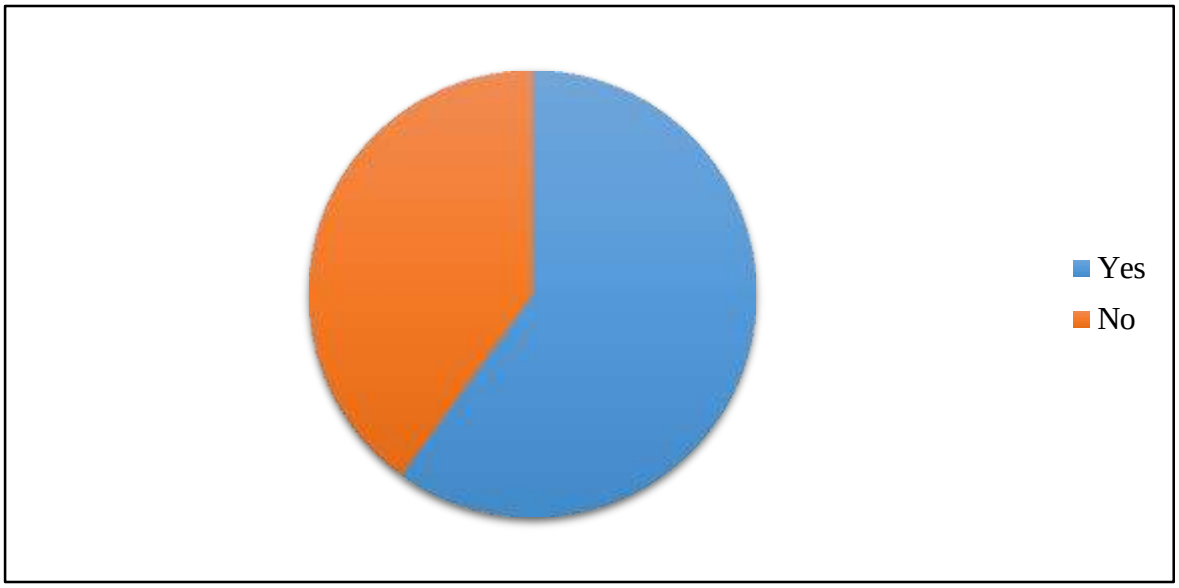
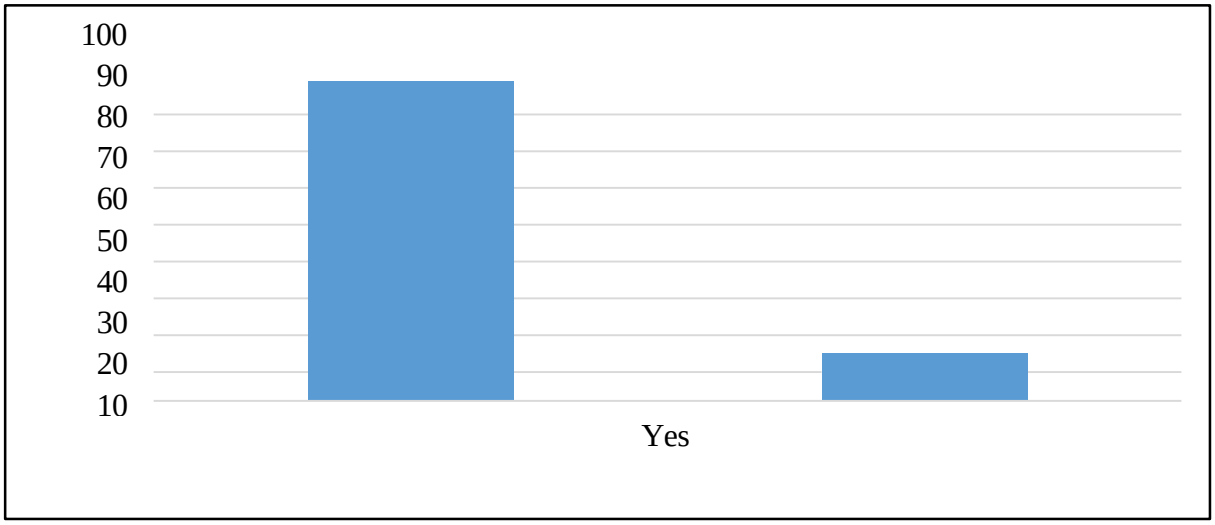
Figure 6: Whether the outcomes of CS delivery are favorable, n=30.



Regarding whether the outcomes of CS delivery are favorable, the majority, 18(60%) of the respondents agreed that the outcomes of CS delivery are favorable, while 12(40%) did not agree that the outcomes of CS delivery are favorable.

Whether the respondent would advise pregnant women to go for CS if indicated.

Figure 7: Whether the respondent would advise pregnant women to go for CS if indicated.



Results in Figure 7 show that the majority, 26 (87%), agreed that they would advise pregnant women to go for CS if indicated, while 4(13%) said that they would not advise pregnant women to go for CS even if indicated

Discussion of results

Knowledge of pregnant women attending antenatal care on caesarean section delivery.

The study findings revealed that the majority (87%) of pregnant women were aware of caesarean section as a mode of delivery. This shows that the mothers knew a C/S, considering the 13% of the mothers who were not aware of a cesarean section. This implies that mothers had good knowledge about a caesarean birth and were well sensitized

on different modes of delivery during their ANC visits. This level of awareness among pregnant women found in this study is higher than that found in some previous studies conducted in Uganda (Atuheire et al., 2019). The difference could be due to the difference in study designs, study population, and the years between the studies.

When asked about the risk they knew about caesarean section delivery, the majority of the mothers (53%) mentioned death as a risk, which results from CS delivery, and this scares them from using CS delivery. The percentages in this study are lower than those of Diema, Baku, Japiong, Dodam, & Amoah, (2019).which reported that 81.8% of the pregnant women knew most of the caesarean delivery risks and felt that would accept CS if they knew that the situation they are in will put their life or that of the baby‟s life at risk, However, based on the findings of this study it seems knowledge on hospital stay after surgery was good among the respondents because more than half (63%) of the respondents said that women are discharged within a week after surgery if there are no other complications. This is correct because the average hospital stay after C-section delivery is 2 to 4 days; however, recovery takes longer than virginal birth. This is in agreement with Taye et al. (2021), who reported that more than half of the women were correct in their view that the hospital stay is within a week.

Regarding awareness of the indication for CS, more than half (77%) of the respondents mentioned choice of the mother, known HIV sero positivity, and excessive bleeding as the largest indicators of CS, Pre-Eclampsia / Eclampsia, mal-presentation, post-term baby, and a sizable number mentioned previous scar. This could probably be because pregnant women are health educated on CS, including its indication during ANC visits. This finding concurs with those of a study by Ogunlaja et al. (2018), which reported that the majority of the respondents knew that prolonged labor due to a big baby was an indicator of CS delivery. This was also similar to another study by Lawani et al (2019). which noted that most of the pregnant women had knowledge about the indications of CS and could state some, but the given ones were: the cervix being unable to open, a big baby, the baby not lying well, and the mother being too ill. Concerning the awareness about who should conduct a CS delivery, findings revealed that the majority (77%) of the respondents said that a Doctor should perform CS delivery, which showed good knowledge about who should conduct CS delivery; however, they preferred vaginal delivery even though they had high awareness of who is supposed to conduct the CS delivery. This could be because respondents seemed to be discouraged by the fact that caesarean section deliveries are very risky to both a mother and child, there is a long recovery period, and they often cause more complications than vaginal delivery. These findings agree with other previous studies among Nigerian and Ghanaian women (Akinlusi, Rabiu, & Durojaiye, 2018; Gomez et al., 2018). This might have been because the pregnant women in these studies said their main sources of information on CS were the antenatal clinics, which provide proper knowledge on who should conduct CS deliveries. However, these studies indicated that women preferred vaginal delivery despite their knowledge of CS delivery.

Attitude of Pregnant Women Attending Antenatal Care toward Caesarean Section Delivery at Mukono Church of Uganda Hospital.

On the mother's attitude, the study showed that the majority (60%) of the pregnant women felt bad about CS delivery because they prefer normal deliveries, and they felt that women who deliver by cesarean section miss an opportunity to have a natural birth. This finding is compared to that of Nakinobe et al. (2022) in a meta-analysis of Caesarean delivery in Uganda, where it was reported that pregnant women had a negative attitude towards cesarean section delivery. This still indicates that the attitude was still a hindrance to cesarean section among mothers, comparing this study to a study carried out in the USA by Simpson et al. (2017), which found that a large number of women having a caesarean birth had a positive attitude towards CS delivery but desired more information about CS.

Concerning whether the respondent would have a CS by choice, the majority (63%) would not have a CS by choice because of fear of death, it is painful, and it leaves a scar on their body, yet they do not want scars on their bodies, showing a negative attitude towards SC delivery. Though the percentages in this current study are high, the findings agree with those of Yusuf et al. (2020), who reported that up to 19.6% of women would not accept CS under any circumstances. Similarly, in other studies done in Ethiopia and South Sudan, it was concluded that the cultural knowledge retrieved through books, the Internet, and television often increased fears of cesarean birth (Taye et al., 2021; Ogunlaja, Ogunlaja, Akinola, & Aworinde, 2018).

Furthermore, results showed that of those who would choose a CS delivery, nearly half (45%) of the respondents would choose it because they would avoid labor pains, this finding concurs with that of a Pakistani study by Nazir, (2015) who reported that some women felt that they would have CS by their own choice because of fear of labour pain. However, the minority (9%) would choose CS delivery if it were indicated by the Doctor. This would be because they know that the situation they are in will put their life or that of the baby's life at risk. This finding still agrees with Nazir (2015), who reported that 59.7% felt that they would allow it if the Doctor said so, showing a positive attitude towards CS. However, this study's results do not agree with those of Diema et al. (2019), where half of the respondents had a negative attitude towards CS and were not ready to undergo or have repeated CS for fear of dying and fear of pain.

The perception of mothers towards cesarean section was good. Results showed that the majority (63%) perceived cesarean-section delivery as a safe method of delivery for both mother and baby. These findings do not agree with those of a study done in Ethiopia by Taye et al. (2021), who stated that women perceived cesarean-section births as unnatural and reserved for those with medical issues or those who fear pain. The minority (17%) of the mothers considered caesarean section delivery to be a dangerous procedure for both the mother and baby. This could be because of fear of death of the mother, harm to the baby, post-operative complications such as pain to the mother, and loss of „vitality" and strength. This finding agrees with Aziken, Omo-Aghoja, & Okonofua (2018), who conducted a study in Nigeria and found that women often thought that it was bad news for them when told that they would be delivered through cesarean section, and that eventually gave their consent, but it was done with so much unnecessary delay.

Concerning what mothers say in the community, the study found that a bigger percentage of the respondents (87%) agreed that mothers in the community say that CS reduces complications of the mother and baby. This is due to the reason that mothers are informed about the safety of the procedure provided by professional health practitioners in a well-settled facility. This finding is comparable with the findings of a study done in Ghana by Ankobea-Kokroe, (2019), who found out that women in the community believed, they would not feel embarrassed about informing close family friends, and others that they had given birth by cesarean section because they believe that CS reduces complications of the mother and baby and believe that it preserves sexual function.

The study findings revealed that more than a quarter (40%) of the respondents agreed that the outcomes of CS delivery are not favorable. This could be because some may feel that having a caesarean section takes away the joy of giving birth, the possibilities of delivering normally are low, the risk of infections is high, and it limits the mothers in the kind of work they do, especially heavy work. This finding is in line with that of Taye et al. (2021), who reported that 40% of the women in their study perceived that most women undergoing CS may die, and that is why it was not favorable for them.

However, 60% of the respondents said that outcomes of CS delivery are favorable because they will have both their lives and that of the baby, and agreed that they would advise pregnant women to go for CS if indicated. This is consistent with the findings of Lawani et al. (2019), who noted that 97.5% of the respondents were willing to have CS when indicated. This could be because some consider caesarean section necessary when virginal delivery would put the baby or mother at risk, others feel that caesarean section relieves them from labor pains, and others choose it because of peer pressure.

Conclusion.

Although the majority of the women were aware of CS, there was still a low level of knowledge on the surgery in Mukono Church of Uganda hospital. Whilst the majority of them were willing to undergo the surgery when necessary, a few women would still not accept undergoing CS under any circumstances. On the attitude, the study showed that mothers were not convinced that the caesarean section was not a dangerous birth delivery, even if indicated. They also feared the c/s scars and felt so bad and worried whenever a caesarean section was indicated. However, mothers had a positive perception of cesarean section delivery.

Recommendations.

The Ministry of Health should support more health talks in the communities to sensitize mothers and girls of childbearing age on the reasons, importance, and need for a caesarean delivery. The ministry should encourage all health workers to identify at-risk mothers early enough during antenatal care visits and make sure they are aware of their mode of delivery. This will reduce such risks, and mothers will be well prepared.

There is a need to intensify education on CS at the antenatal clinic, with a look at the content of such educational messages aimed at addressing the fears being entertained by women about the surgery in case it is indicated.

Also, doctors should actively get involved in the education of pregnant women. Other resources, such as DVDs and leaflets, could be employed to augment what is done at the antenatal clinics. All these will possibly help pregnant women to be well informed about cesarean section, which could be lifesaving, and thus be in better positions to make informed decisions about the procedure.

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List of Abbreviations.

ANC: Antenatal clinic
CS: Caesarean Section
DHS: Demographic Health Survey
MDCS: Maternal Demand for Cesarean Section
PPROM: Prolonged premature rupture of the membrane
UBOS: Uganda Bureau of Statistics
UDHS: Uganda Demographic Health Survey
UK: United Kingdom
UNICEF: United Nations Children's Fund
USA: United States of America
WHO: World Health Organisation
SVD: Spontaneous vaginal delivery

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The author's contribution.

AN designed the study, conducted data collection, cleaned and analyzed data, drafted the manuscript, and NK supervised all stages of the study from conceptualization of the topic to manuscript writing and submission.

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