

Knowledge, practices and barriers among mothers and midwives towards proper informed consent for caesarean sections at Kisubi hospital. A cross-sectional study.

Innocent Anguzu*, George Masete, Hasifa Nansereko, Immaculate Prosperia Naggulu, Jane Frank Nalubega

Mildmay Uganda School of Nursing and Midwifery.

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ABSTRACT

Background:

Informed consent is a foundational ethical and legal requirement in maternal healthcare, especially for caesarean sections (CS). In settings with constrained resources, many women undergo CS without a full understanding of possible risks, advantages, or alternatives that could affect their choices. This study investigated knowledge, practices, and impediments to a proper informed consent process among mothers and midwives at Kisubi Hospital in Wakiso District, Uganda.

Methodology:

A descriptive cross-sectional study using quantitative methods was employed. Thirty-two participants (16 post-caesarean mothers and 16 midwives) completed the developed semi-structured questionnaires. The initial calculated sample of 384 was reduced to 32 due to limited eligible cases and logistical limitations, a change that could influence the study's validity and the extent to which findings can be generalized.

Results:

A proportion of mothers were in the 18-29 age bracket (44%), while most midwives were aged 20-29 (37%). Most mothers had completed secondary school: 31% A Level, 25% O level, 12% held certificates, 13% had diplomas or higher, and 19% had only primary education. Findings reveal that 81% of mothers had heard of informed consent; however, only 69% fully understood the procedure before signing, and merely 44% knew they could refuse it. While most mothers had signed consent forms, only a smaller proportion received detailed explanations about the surgery. Midwives were actively engaged in obtaining consent, but faced obstacles including limited time, lack of standardized procedures, linguistic challenges, and insufficient training. Cultural norms and low health literacy further undermined effective communication and voluntary decision-making.

Conclusion:

Informed consent practices are uneven and often undermined by institutional and social barriers at Kisubi Hospital.

Recommendation:

Standardized consent procedures should be adopted. Implementing focused training for midwives and using culturally attuned communication approaches to strengthen ethical practice and support patient autonomy in maternal healthcare.

Keywords: Knowledge, Wakiso district, practices, barriers, proper informed consent, Caesarean sections.

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Corresponding author: Innocent Anguzu

Mildmay Institute of Health Sciences

BACKGROUND

Informed consent is more than just a signature; it is a vital conversation between healthcare staff and patients to ensure women understand their options before major surgery (Beauchamp & Childress, 2013; World Health Organization, 2015). Regarding caesarean sections, this dialogue protects a woman's independence and her right to decide what happens to her body (Nzabandora & Emmanuel, 2012; Twimukye et al., 2024).

In Uganda, while official Ministry of Health guidelines support patient-focused care, many women still sign forms without clear explanations due to busy clinics, language gaps, and low health literacy (Ministry of Health, Uganda, 2021; EngenderHealth, 2023).

At Kisubi Hospital, a private not-for-profit facility in Wakiso, midwives are the primary staff handling maternal services and the consent process (Kisubi Hospital, 2024). However, practical hurdles often prevent the consent process from meeting policy standards (EngenderHealth, 2023). This study examined the knowledge, practices, and

impediments affecting informed consent for C-sections at Kisubi Hospital to help protect women's rights and improve care quality.

METHODOLOGY

Study Design and Rationale

Page | 2 The study used a descriptive cross-sectional design with a quantitative approach, enabling simultaneous data collection from multiple participants, making the process cost-effective and efficient. The quantitative method helped gather structured data for the study's goals.

Study Setting and Rationale

The study area was Kisubi Hospital, a private, not-for-profit facility located in Kisubi Parish, Katabi Sub-County, in Wakiso District, Uganda's Central Region. Positioned approximately 22 kilometers southwest of Kampala along the Kampala-Entebbe highway, the hospital is accessible to both urban and peri-urban populations. Kisubi Hospital offers a range of healthcare services, including maternal and child health, general surgery, and emergency obstetric care. The study specifically focused on the Maternity complex, which encompasses antenatal care, labor and delivery, postnatal services, and surgical procedures such as caesarean sections, and staffed by midwives, nurses, and medical officers who are directly responsible for obtaining informed Consent and providing care to mothers undergoing caesarean deliveries.

Study Population

The study included mothers who had caesarean sections at Kisubi Hospital in the past 12 months (between 10th August, 2024 and 10th August, 2025), and midwives in the Maternity Unit who were directly involved in the consent process.

Sample Size Determination and Its Justification

The initial sample size, calculated using the Kish and Leslie formula (1965), was 384. However, based on the hospital's monthly attendance, the final sample size was calculated to be 32 (16 mothers and 16 midwives), with the formula below;

$N_0 = (Z^2 \times p \times q) / d^2$ Where:

N_0 = the representative sample for proportions

Z = standard normal deviation (1.96) at 95% confidence interval

p = estimated proportion of the target population 50% (0.5)

$q = 1 - p$

d = degree of occurrence (0.05)

Therefore, for the study, N_0 was calculated as follows:

$N_0 = (1.96^2 \times 0.5 \times 0.5) / 0.05^2$

$N_0 = (3.8416 \times 0.25) / 0.0025$

$N_0 = 384.16$, approximately 384 participants

Following the above method, the formula below was used.

$n = N_0 / (1 + N_0/N)$; where

n = sample size

N_0 = the representative sample for proportions

N (Number of caesarean mothers and midwives' attendance per month)

Therefore:

$n = 384 / (1 + 384/35)$

$N = 32$ (divided into two to make 16 mothers and 16 midwives for the provision of better information about the study)

Sampling method/ Procedure and rationale

The convenience sampling technique helped in obtaining the sample size, as it was inexpensive, easy to conduct, readily available, and required fewer rules to follow. Mothers and midwives were consecutively selected, resulting in a total of 32 participants. On each visit, 4 participants were sampled over 8 days, resulting in a total of 32 respondents.

Inclusion Criteria

The study included mothers who could read and write, and had a caesarean section at Kisubi Hospital in the last 12 months. It also included certified female midwives working in the Maternity Unit and involved in the consent process.

Study Variables

Independent Variables

Knowledge, practices, and barriers among mothers and midwives.

Dependent Variable

The effectiveness of properly informed Consent for caesarean sections.

Research Instruments

Semi-structured questionnaires with closed-ended questions were used to assess knowledge, practices, and barriers among mothers and midwives. The questionnaires were pre-tested for clarity and relevance before use.

Procedure

Data was collected through face-to-face interviews in the Maternity complex at Kisubi Hospital. Each participant was approached individually and obtained informed Consent before participation. The researcher gave the questionnaire and recorded answers by hand.

Data Management

Completed questionnaires were checked daily for completeness and consistency. Microsoft Excel was used to enter and securely store the data. Only the researcher could access the raw data.

Quality Assurance: Validity and Reliability

Validity and reliability were ensured by using descriptive statistics, including frequencies and percentages, which accurately reflected participant responses. Results were

presented in tables, charts, and graphs to enhance clarity and transparency. Reliability was reinforced by consistently applying the same statistical procedures across all data, producing stable and replicable findings while minimizing subjectivity through the exclusion of qualitative methods.

Before data collection, the study's purpose was explained to the participants, the potential benefits and risks to participants, and written informed consent was obtained. Participant anonymity was preserved by not recording names on questionnaires. All responses were treated confidentially; completed forms were stored securely and accessed only by the researcher. Participation was voluntary, and respondents were informed of their right to withdraw at any time without penalty.

Page | 3 Ethical Considerations

Ethical clearance for the study was obtained from the Department of Nursing at Mildmay Uganda School of Nursing and Midwifery. Permission to conduct research at Kisubi Hospital was sought from hospital management.

Demographic Characteristics;

Table 1: Shows Demographic Characteristics of mothers and midwives who participated in the study

Category	Subcategory	Mothers (n=16)/ (%)	Midwives (n=16) / (%)
Age Range	18-29	7(44%)	6 (37%)
	30-39	6 (37%)	4 (25%)
	40-49	3 (19%)	4 (25%)
	50 and above	0 (0%)	2 (13%)
Education Level	Primary	3 (19%)	
	O Level	4 (25%)	
	A Level	5 (31%)	
	Certificate	2 (12%)	16 (100%)
	Diploma and above	2 (13%)	
Experience	1-2 years		3 (19%)
	2-3 years		6 (37%)
	3-4 years		3 (19%)
	5+ years		4 (25%)

Source: Primary Data (2025)

A substantial proportion of mothers were in the 18-29 age bracket (44%), while the largest group of midwives were aged 20-29 (37%). Additional groups included mothers aged 30-39 (37%) and 40-49 (19%), alongside midwives in the 30-39 and 40-49 categories (25% each) and a smaller share

aged 50+. Educationally, most mothers had completed secondary school: 31% A Level, 25% O level, 12% held certificates, 13% had diplomas or higher, and 19% had only primary education. The sample included certified midwives and mothers with different educational backgrounds.

Knowledge of Proper Informed Consent among Mothers regarding cesarean section in Kisubi hospital

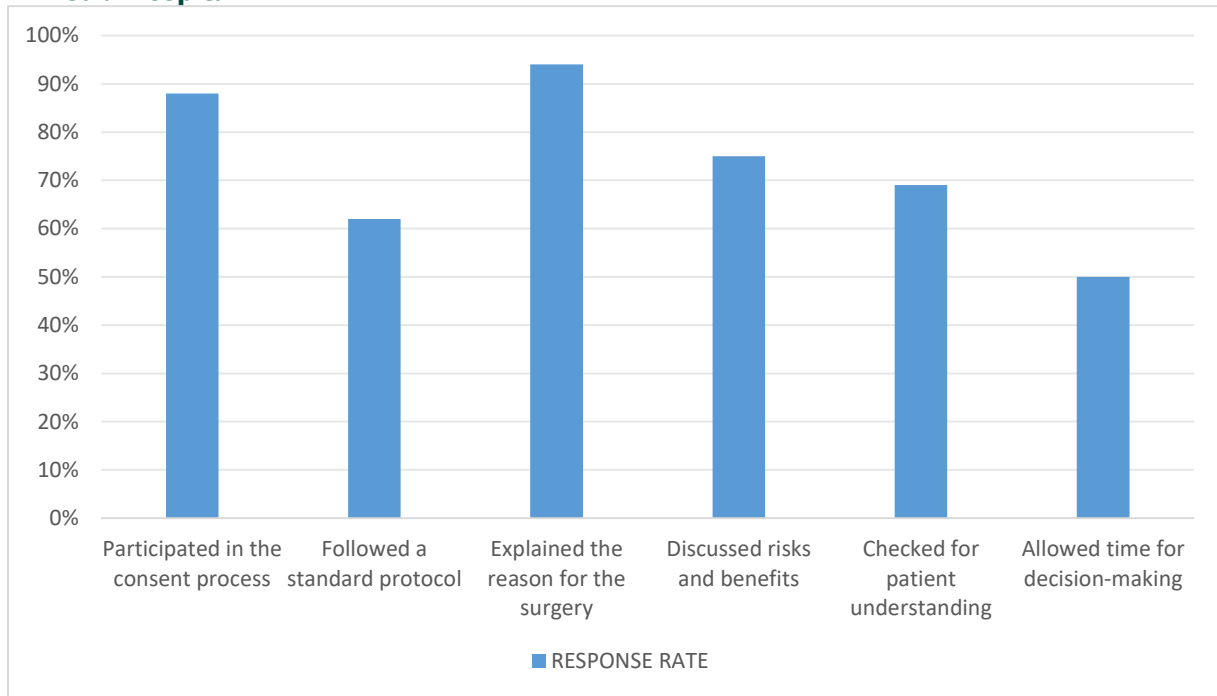
Table 2: Shows Knowledge of Proper Informed Consent among Mothers regarding cesarean section in Kisubi hospital

Indicator	The number of mothers who responded	Response rate
Had heard of informed Consent	13	81%
Received explanation of risks and benefits	12	75%
Understood the procedure before signing	11	69%
Felt they had enough time to decide	9	56%
Knew they could refuse the procedure	7	44%

Source: Primary Data (2025)

Table 2 shows that while most mothers were aware of the concept of informed consent, a smaller proportion had full comprehension or felt empowered in decision-making. Specifically, 81% had heard of informed consent, 75% reported being told about risks and benefits, 69% understood the procedure prior to signing, 56% felt they had adequate time to decide, and only 44% were aware they could decline the operation.

Practices of Informed Consent among Midwives regarding caesarean section in Kisubi hospital
Figure 1: Shows Practices of Informed Consent among Midwives regarding caesarean section in Kisubi hospital.

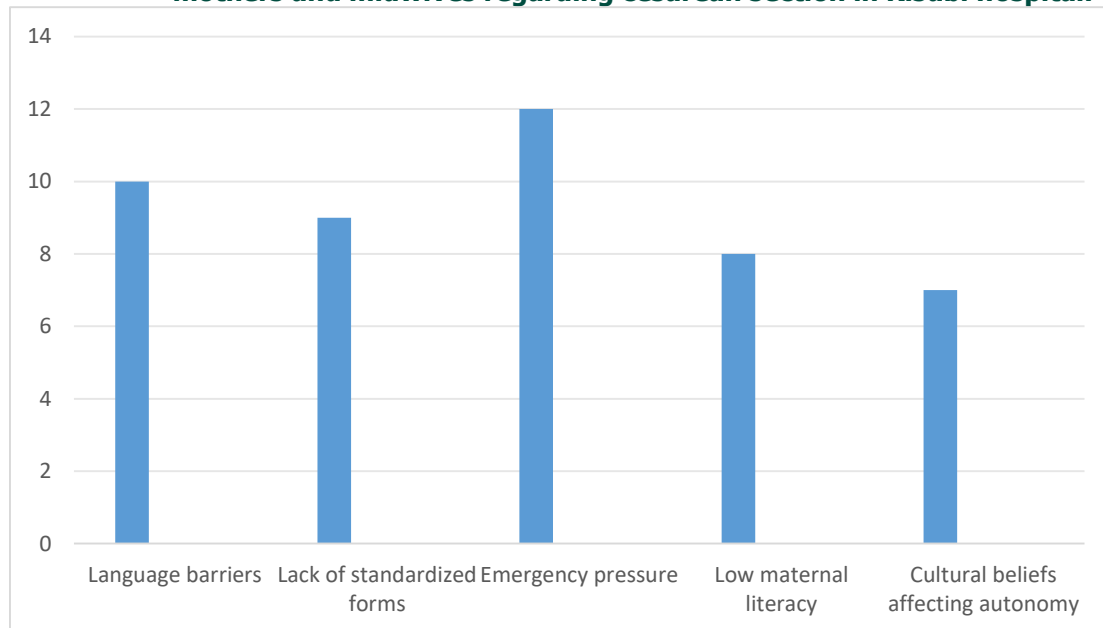


Source: Primary Data (2025)

Findings in Figure 1 show that midwives were actively involved in consent activities: 94% explained why surgery was needed, and 88% participated in obtaining consent. Three-quarters discussed risks and benefits, 69% confirmed mothers' understanding, 62% reported following a standard protocol, and half allowed sufficient time for patients to make decisions.

Barriers affecting the process of obtaining proper Informed Consent among mothers and midwives regarding cesarean section in Kisubi hospital.

Figure 2: Shows Barriers affecting the process of obtaining proper Informed Consent among mothers and midwives regarding cesarean section in Kisubi hospital.



Source: Primary Data (2025)

Figure 2 shows that both systemic and cultural factors made effective informed Consent difficult, especially in emergencies. The main barriers were time constraints (22%), emergency pressure (20%), language barriers (17%), lack of standard forms (15%), low maternal literacy (14%), and cultural beliefs affecting autonomy (12%).

DISCUSSION

Knowledge of Proper Informed Consent among Mothers regarding cesarean section in Kisubi hospital

From this study, it is generally accepted that most of the mothers in Kisubi Hospital had enough knowledge about the proper informed consent. The study revealed that 81% of mothers had heard of informed consent; however, only 69% fully understood the procedure before signing, and merely 44% knew they could refuse it. These patterns reflect Nzabandora (2012), who found consent often reduced to paperwork at Mulago Hospital with limited verbal explanation. Likewise, Twimukye et al. (2024) found that low health literacy and the use of technical language impede understanding, especially when providers do not adapt explanations to patients' comprehension levels. Contrary to the recommendations of Engender Health (2023) for culturally responsive and participatory consent processes, findings from Kisubi suggest many mothers experienced rushed or inadequate information delivery, indicating a gap between policy aspirations and practice, particularly in dynamic or emergency situations.

Practices of Informed Consent among Midwives regarding caesarean section in Kisubi hospital

The findings of this study showed that midwives at Kisubi were engaged in the consent process: 88% reported participation, and 94% explained the justification for the surgery. Nevertheless, only 62% adhered to a standard protocol, and only 50% provided sufficient time for decision-making. These findings were in line with Namutebi et al. (2023), who documented that the absence of consistent institutional guidelines produces diverse practices. Selective disclosure of information, sometimes justified by the desire to prevent distress or to accelerate care in emergencies, has been observed elsewhere. (Faysal et al., 2023) and may also occur at Kisubi Hospital, where time pressures and urgent clinical contexts constrain thorough counselling. Kokkosi et al. (2023) stress that authentic consent rests on respectful, enabled dialogue, an ideal that is challenging to achieve in high-demand settings, similar to Kisubi Hospital.

Practices of Informed Consent among Midwives regarding caesarean section in Kisubi hospital

Key barriers identified at Kisubi included time constraints (81%), emergency pressures (75%), language barriers (63%), and the lack of standardized consent forms (56%). These obstacles tally with Mugenyi et al. (2018), who highlighted institutional gaps such as the lack of visual aids and inconsistent documentation as impediments to ethical consent procedures. Systemic shortcomings and cultural

factors, such as mothers deferring decisions to spouses or elders, were also significant, noted by 44% of midwives. Such dynamics corroborate findings from Lawani et al. (2019) and Bakker et al. (2021), who documented how gender roles and negative perceptions of surgical birth hinder open communication and autonomous decision-making. Although EngenderHealth (2023) recommends simplified, translated materials, Kisubi Hospital lacked these supports, complicating informed consent for mothers with limited education. Collectively, these barriers underline the need for reforms beyond individual effort, including staff capacity building, development of multilingual and pictorial consent tools, and institutional changes that prioritize clear communication.

LIMITATIONS

The study was limited by its focus on a single facility, which may reduce the generalizability of results to other hospitals with different resources or cultural contexts. Self-reported data from mothers and midwives may be subject to social desirability or recall bias. Time constraints during interviews and the absence of qualitative follow-up restricted the depth of exploration. Language differences and varying literacy levels might have affected the nuance and completeness of some responses.

CONCLUSION

Findings indicate that although most mothers were acquainted with the concept of informed consent, many lacked full comprehension of the risks and their rights, which limited genuinely informed decision-making. Midwives displayed commitment to ethical care but were hampered by time pressures, limited training, and inconsistent protocols. Institutional, cultural, and communication-related obstacles such as emergencies, language diversity, and prevailing beliefs further restricted comprehensive consent processes. These findings reflect broader challenges identified in maternal health literature from low-resource environments, underscoring the need for systemic action to strengthen informed consent practices.

Recommendation

Based on the study findings, several practical recommendations and implications for nursing practice emerge:
Provide targeted capacity-building for midwives in ethical communication, counselling, and shared decision-making to better support mothers during the consent process.
Develop and implement standardized consent protocols and documentation tools across the maternity service to ensure consistency and accountability.
Produce translated, simplified, and pictorial consent materials to address literacy and language barriers and to improve patient comprehension.

Allocate dedicated time for counselling in non-emergency settings to enable informed decision-making and respect for patient autonomy.

Strengthen institutional support through enhanced supervision, regular in-service training, and practical resources that enable nurses to deliver patient-centered, ethically grounded care.

Collectively, these measures will bolster nurses' ability to protect maternal rights and to enhance informed consent practices in resource-constrained settings.

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List of abbreviations

CS	Caesarean Section
DNE	Diploma in Nursing Extension
IRC	Institution Research Committee
LMICs:	Low- and Middle-Income Countries
LSHTM	London School of Hygiene & Tropical Medicine
MOH	Ministry of Health (Uganda)
NSIN	Nursing Student Identification Number
SPSS	Statistical Package for the Social Sciences
UGX	Ugandan Shillings
WHO	World Health Organization

Source of funding

The study was not funded.

Conflict of interest

The author declares no conflict of interest.

Author contributions

IA- Study developer and investigator

GM- Supervised the Study.

HN- Supervised the Study.

IN-Supervised the Study.

JFN-Supervised the Study.

Data availability

Data is available upon request.

Informed consent

There was full disclosure; full comprehension, and respondents voluntarily consented to participate in the study.

Author biography

Innocent Anguzu is a student of Mildmay Uganda School of Nursing and Midwifery, pursuing a diploma in Nursing.

George Masete is a tutor and research supervisor at of Mildmay Uganda School of Nursing and Midwifery

Hasifa Nansereko is a research supervisor at Mildmay Uganda School of Nursing and Midwifery

Immaculate Naggulu is a research supervisor at Mildmay Uganda School of Nursing and Midwifery

Jane Frank Nalubega is a research supervisor at Mildmay Uganda School of Nursing and Midwifery.

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