

**ANXIETY ASSOCIATED WITH CHILD-BIRTH, CAESAREAN SECTION AND COPING STRATEGIES AMONG WOMEN FOR ELECTIVE CAESAREAN SECTION IN SELECTED HOSPITAL AT OSHOGBO METROPOLIS**

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**ABSTRACT:** *Introduction: Child-birth is one of the most events in a woman's life. Many of pregnant women showed anxiety or fear of child-birth and caesarean section, therefore this study was aimed at assessing the anxiety associated with child-birth, caesarean section and coping strategies adopted by the respondents. Methodology: A cross sectional descriptive research design was adopted, 182 respondents were randomly selected on the basis of Taro Yamane sample size determination. Four (4) instruments were used to collect information from respondents which were demographic characteristics, knowledge of C-Section, State Anxiety Scale and COPE inventory. Result: In term of demographic characteristics, 37.9% were at the age bracket of 26-35 years. 55.2% were Christians, 69.2% had tertiary education. As per the knowledge of C-section, 71.4% possessed knowledge, 65.4% had experienced C-section. On the basis of anxiety, 60.4% were moderately based, 60.4% were frightened, 42.3% were uncomfortable while 49.5% were moderately nervous and 51.1% respondent were not pleasant for being booked for C0-section. All respondents were using one or the other coping strategies. There was no significant differences between level of anxiety and coping strategies amongst respondents. Conclusion: it was conducted that issue of religious affiliation should be considered during the period of the health education and information at the antenatal clinics.*

**KEYWORDS:** Anxiety, Elective C-Section, Coping Strategies Osogbo, Metropolis

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## **INTRODUCTION**

### **Background**

Anxiety and fear are ubiquitous emotion (Greist & Jeffersm 1988). The terms anxiety and fear have specific and scientific meanings but common usage has made them to be used interchangeably for example, "a phobia is a kind of anxiety that is also defined in DSM-III-R as a persistent or national fear." (John & James, 1988 p349). Fear is defined as an emotional and physiologic response to a recognized external threat, in this study anxiety is used interchangeably as fear. The intensity of anxiety has many gradations ranging from minor qualms to noticeable trembling and even complete panic, the most extreme form of anxiety. Townsend (2014) cited Pauplau (1963), described four levels of anxiety: mild, moderate, severe ad panic. She went further to state that mild anxiety is seldom a problem for the individuals. It is associated with tension experienced in response to the events of day-to-day living) mild anxiety prepares people for action, it sharpens the senses, increases motivation for productivity, increases the perceptual field, and results in a heightened awareness of the

environment. Moderate anxiety is the level of anxiety increases, the extent of the perceptual field diminishes, the moderately anxious individual is less alert to events occurring within the environment. Severe anxiety is characterized by physical symptom (e.g confusion, dread and horror. Discomfort is experienced to the degree that virtually all overt behaviour is aimed at relieving the anxiety. Panic anxiety is characterized by misperception, loss of contact with reality, hallucinations/delusions, desperate action or extreme withdrawal Nerum, Halvorsm, Sorlie and Oran (2008) opined that previous experiences in normal delivery fears, may result in C-Section. They went further to state that such women experience fear and psychiatric disorder several studies has shown that fear of child birth open is an underlying factor for a mothers request for caesarean section (Nleminen, Stephansm & Ryding 2009). Many factors have been associated with fear of C-S including, low self esteem, pre-existing psychological problems, lack of social support a history of abuse or negative birth experience(Soderquiel et al;2009; Siasto et al, 2001;Siasto & Halmesmaki,2003).

The majority of caesarean section are performed for medical reason, however an increasing number are performed as a result of maternal request without a medical indication. Approximately 6 to 10% of all pregnant women experience severe fear of child-birth (Areskog & Kjessler, 1982; Route,Salmela-Aro, Halmesmaki, 2009). This fear may be dominant emotion during pregnancy and may complicate and polling labour (Adams & Eberhard-Gran (2012). Moreover, severe fear of childbirth may lead to increased risk of postnatal depression and post-traumatic stress disorder (Elliot,Schechuck & Richards,2001).

Numerous factors have been associated with that fear, including low self-esteem, preexisting psychological problems, lack of social support, a history of abuse or a previous negative birth experience (Saisto et al., 1999). According to Lausen and Hedeegard (2010), it is conceivable that demographic and psychosocial factors may increase stress related to impending child birth and are connected with the ways women anticipate and experience various life events. Consequently those characteristics could be predictive of fear of child – birth. However, few studies have focused on the relative importance of but demographic and psychosocial factors, and several studies of fear of child-birth and its association with these factors have been limited by a small sample size (Siasto et al 2001).

According to Norwegian institute of public health (2014). Norway has a relatively low C-Section rate compared to other European countries, rates have increased from 2.5% in 1972 to 17% in 2011. Currently the proportion of all caesarean deliveries that are elective in Norway varies between 30 and 47% (Norwegian institute of public health, 2014). The majority of caesarean section are performed for medical reason, however an increasing number are performed as a result of maternal request without a medical indication. This development concerning C-Section without medical indication may not confer health gain, can result in dangerous side effect and is more costly than vaginal delivers. When categorized by cause, 14-22% of all elective caesareans in Norway are performed upon maternal request (Kolas, Hofss, Daltveit & Hensiksen, 2003). Several studies has shown that fear of childbirth often is an underlying factor for a mothers request for caesarean section (Nieminen, et al 2009; Saisto & Halmesmak, 2009; Wiklund, et al., 2008). Hence child-birth related anxiety has been suggested to be a main reason for the increase in elective caesarean sections (Hidingston, radeststand, Robertson, Waldenstrom, 2002; Weaver, et al, 2007). Fear of child birth might affect women in such a way that they begin to doubt themselves and feel uncertain of their ability to bear and give birth to a child (Nilsson & Lungien, 2009). Although an association between fear of child-birth and a request for caesarean section has previously been shown, few studies have assessed

the association between fear of child-birth and performance of elective caesarean section (Reaisanen at al, 2014). A caesarean section is performed for maternal indications, fetal indication, or both. The leading indication of C-section delivery are previous C-Sections, breech presentations, dystopia and fetal distress. These indications are responsible for 55% of all C-Section deliveries, women with fear of child birth are more likely to have had a previous negative overall birth experience, impaired mental, health, and poor social support, which indicates certain vulnerability in these women. Majority of patient turned to God anytime that have health challenges through prayers (Fatorisa, 2016).

**Objectives:** The objectives of this study were to

- a. determine the knowledge of respondent on C-section
- b. Assess the knowledge of respondents on anxiety associated with child-birth and elective C-Section.
- c. evaluate the coping strategies adopted by respondents,

**Research Questions:**

1. What are the demographic characteristics of respondents
2. What is the respondents knowledge of C-Section
3. What are their level of Anxiety using State Anxiety Scale and
4. What are their coping strategies before surgery?

**Hypothesis:** Only one null hypothesis was tested i.e. there is no significant relationship between the level of anxiety and coping strategies towards C-section amongst the respondents

## METHODOLOGY

**Design:** The study adopted descriptive design. This design was adopted for the fact that the researcher was interested in describing the variable as they occurred in the study and no variable was manipulated

**Setting:** The research was carried out at the Osun state specialist hospital, Asuabiaro, Osogbo State capital of the State of Osun. The hospital is situated in Osogbo Local government along the UNESCO approved Osun Osogbo Shrine. The Hospital has 20 units, made up of Male medical and surgical wards, children's ward, female medial and surgical wards, maternity ward, special care bay unit infant welfare unit, dental clinic, out patient department radiology, gynecology ward and antenatal clinic. The hospital was established in 1928 during the British colonial Administration with 15 beds and was named "African Hospital Osogbo. It is now a teaching hospital for the Osun State university with the bed compliments of 315

**Study Population:** The study population was the pregnant women booked' for elective caesarean section between October 2015 and February, 2016

**Sample size determination and sampling Technique.**

The sample size was determine by adopting the Yamane Taro (1962) sample size calculation

$$nf = N / 1 + N(e)^2$$

Where nf – desired sample size = unknown

$$N = \text{Total pollution} = 400$$

$$I = \text{constant}$$

$$E = \text{level of precision} = 0.05$$

$$nf = \frac{400}{1 + 400(0.05)^2} = \frac{400}{1 + 400(0.0025)}$$

$$= \frac{400}{1+1} = \frac{400}{2} = 200$$

The sample selected through the calculation was 200 respondents

Having determined the sample size, simple random technique was used to select the respondents through their files. Only those that were marked during the clinic visits were used as respondents:

**Inclusion criteria:** Only the patients with elective C-Section. They must be slightly educated.

**Exclusion criteria:** Complicated cases and patients below the age of 15 years. Those patients that cannot read and write.

**Instrumentation:** Three (3) types of instruments were used. Two standardized instruments which were Carvers Coping Scale (COPE) and State. Trait Anxiety inventory and only Demographic characteristics and knowledge of c-section were developed by the researcher, having reviewed pertinent literature on the subject matter.

**Section A:** Demographic characteristics of respondent consisted of 5 items ranging from the age, Religious affiliation, educational status, ethnic group to occupation. They were both open and closed ended questions

**Section B:** Knowledge of caesarean section. It consisted of 10 items of closed ended questions. It tapped the knowledge of respondents on what C-section is whether they have previously experienced it, their cultural believe toward C-section, the needful of C-Section, whether it influences the subsequent pregnancies of delay involution after delivery.

**Section C:** The State Trait Anxiety Inventory (STAI). The state trait anxiety inventory (STAI) is a commonly used measure of taint and state anxiety (Speilberger, Gorsuch, Lustience, Vagg and Jacobs, 1983). It can be used in clinical settings to diagnose anxiety and to distinguish it from depressive syndromes. Its most popular version has 20 items for assessing state anxiety. Items include ‘ I m tense, I am worried and I feel calm, ‘I feel secure etc. all items are rate on a 4 point scale (e.g from almost never to almost always).

**Section D. COPE inventory (COPE)**

The instrument was designed by Carver C.S (2013). It assesses people responses when they are confronted with difficult or stressful events in their lives. The questionnaire asks respondents to indicate what they generally do and feel, when they experience stressful events. It is a 60 item questions. The respondents are advised to respond to each item questions. The respondents are advised to respond to each item separately in their minds, using responses using 4 likert type of scale ranging from

1. Usually don't do this
2. I usually do this a little bit
3. I usually do this a medium amount to
4. I usually do this lot

**Psychometric properties of instrument:** These are validity and reliability of the instruments for instruments on demographic characteristics of respondent, the Cronbach coefficient alpha showed 0.56 while the instrument on knowledge shared 0.56 while the instrument on knowledge shared 0.65 on the spearman brown coefficient analysis. Though the two instrument yielded 56% and 65% respectively, they are good indices to assess the demographic characteristics and knowledge of respondents.

The two standardized instruments used have been used overtime for instance, State Anxiety Scale showed internal consistency coefficient ranged from 0.86 to 0.95, test retest reliability, coefficient have ranged from 0.65 to 0.75 over a 2 month interval. Considerable evidence attests to the construct and concurrent validity of scale (Spielberger, 1989). Studies also have shown that it is a sensitive predictor of caregiver distress over time, and that it can vary with changes in support systems, health, and other individual characteristics (Elliot, Shewchurchk, & Rishard 2001; Shewchuck, Richards & Elliot, 1998). The COPE inventory was designed to assess a broad range of coping responses among adults. It contains 30 items and is rated by four (4) point Likert scale, ranging from 'I have not been doing this at all' to 'I have being doing this a lot' (score 4). In total 14 dimensions are covered by this scale. These are self distraction, active coping, denial, substance use, like of emotional support, use of instrumental support, behavioural disengagement, venting, positive reframing, planning, humor, acceptance, religion and self blame. The COPE scale indicated Cronbach's alpha value which was less than 0.75. the ICC values were found to range from a low value to a high value (<0.00 to 1.00), domains such as active coping (0.45) positive reforming (<0.00), emotional support (0.33) using instrumental support (0.36), self distraction (0.50), substance use (0.03), behavioural disengagement (1.00), venting (0.94) self blame (0.97) (Yusuff & Yip 2010).

**RESULTS****Table 1: Demographic characteristics of respondents**

s/n	Item	Variables	Frequency	Percentage
1.	Age	15-25	28	15.4
		26-35	69	37.9
		36-45	55	30.2

		Above 45	30	16.5
		Total	182	100
2.	Religious application	Islam	56	30.8
		Christianity	106	58.2
		Traditional	20	11.00
		Other (specify)	0	0
		Total	182	100
3.	Educational status	Primary school	14	07.7
		Secondary school	42	23.1
		Tertiary school	126	69.2
		Total	182	100
4.	Ethnic group	Yoruba	119	65.4
		Hausa	11	06.0
		Igbo	52	28.6
		Other (specify)	0	0
		Total	182	100
5.	Occupation	Civil servant	119	65.4
		Private sector	43	23.6
		Trader	20	11.0
		Unemployed	0	0
		Total	182	100

From table 1, the demographic characteristics of respondents showed 15.4% have age ranged between 15-25, 37.9%, 26-35, 30.2% had age ranged between 36-45 with above 45yers amounted to 16.5% while 30.8% are Muslims with 58.2% were Christians, only 11.0% were traditionalists. 7.7% had primary six leaving certificate, 23.1% had secondary school education with the majority 69.2% had tertiary level of education. In terms of the ethnic group 65.4% are Yoruba's, 6.0% were Hausa while 28.6% were Igbos, regarding the occupation of respondents, 65.4% were civil servant 23.5% were private sector workers while 11.0% were traders.

**Table 2: Knowledge of caesarean section**

s/n	Item	Variables	Frequency	Percentage
1.	Caesarean section is the birth of infant through an abdominal incision	Yes	130	71.4
		No	52	28.6
		Total	182	100
2.	Have seen anyone that has had ceasearea section performed on	Yes	141	77.5
		No	41	22.5
		Total	182	100
3.	Have you under gone caesarean section before	Yes	119	65.4
		No	43	23.6
		No response	20	11.0
		Total	182	100
4.	If yes for what purpose	Medical reason	119	65.4
		To avoid labour pain	63	34.6
		Cosmetic reason	0	0
		No repose	0	0
		Total	182	100

5.	Do you believe caesarean section is the best way to save the life of the mother, and the baby in distress	Yes No Total	119 63 182	59.3 40.7 100
6.	Does your cultural belief against caesarean section	It is acceptable It is not acceptable Total	108 74 182	65.4 34.6 100
7.	Does your religious belief goes against caesarean section	Reliquary acceptance Not acceptable No response total	119 53 10 182	65.4 29.1 05.5 100
8.	C-section has more benefit to the mother and the baby them risk	Yes No Total	64 88 182	35.2 48.4 16.5
9.	Do you believe C-section can improve subsequent pregnancies	Yes No Total	86 96 182	47.3 52.7 100
10.	Does caesarean section prevent involution after delivery?	Yes No Total	35 147 182	19.2 80.8 100

From the table 2, it could be inferred that majority of the respondent possessed adequate knowledge of C-section 71.4% degreed with the meaning of C-Section while 28.6% disagreed; 77.5% had seen someone with C-section, slightly more than half of the population had themselves gone through C-section 65.4%, the some population had the C-section for medical reason, 54.3% believed it is the best way to safe the life of the mother and that of the children in distress: 65.4% said that their cultural belief is not against C-section while negligible percentage 29.1% declared their religion believe is against C-Section; 48.4% believed C-Section did not possesses benefit with 35.2% believed C-Section has more benefit than risk, 52.7% did not believe C-section ahs influence on subsequent pregnancies while 47.3% believed C-section has influence on subsequent pregnancies, 80.8% believed C-section would not prevent involution after delivery while 19.2% believed it would prevent involution after delivery.

**Table 3: Respondents responses to STAI state anxiety**

s/n	Item	Variables	Frequency	Percentage
1.	I feel calm	Not all Somewhat Moderately so Very much so Total	126 21 28 07 182	69.2% 11.5 15.4 03.8 100
2.	I feel secured	Not at all Some what Moderately so Very much so Total	90 37 50 05 182	49.5 20.3 27.5 2.7 100

3.	I feel tensed	Not at all Some what Moderately so Very much so total	28 36 18 07 182	15.4 19.8 64.8 100
4.	I feel strained	Not at all Some what Moderately so Very much so total	49 70 43 20 182	26.9 38.5 23.6 11 100
5.	I feel at ease	Not at all Some what Moderately so Very much so total	40 65 70 07 182	22 35.7 38.5 3.8 100
6.	I feel upset	Not at all Some what Moderately so Very much so total	75 55 35 17 182	41.2 30.2 19.2 9.3 100
7.	I am presently worried	Not at all Some what Moderately so Very much so total	80 04 98 0 182	44 02.2 53.9 0 100
8.	I feel satisfied	Not at all Some what Moderately so Very much so total	90 0 81 11 182	49.5 0 44.5 06.0 100
9.	I feel frightened	Not at all Some what Moderately so Very much so total	70 02 0 110 100	38.5 01.1 00 60.4 100
10.	I feel comfortable	Not at all Some what Moderately so Very much so total	77 37 30 38 182	42.3 20.3 16.5 20.9 100
11.	I feel self confident	Not at all Some what Moderately so Very much so total	69 11 50 53 182	37.4 6.0 27.5 29.1 100
12.	I feel nervous	Not at all Some what Moderately so	0 57 90	00 31.3 49.5



		Very much so total	35 182	19.2 100
13.	I feel jittery	Not at all Some what Moderately so Very much so total	13 33 61 75 182	07.1 18.1 33.5 41.2 100
14.	I feel indecisive	Not at all Some what Moderately so Very much so total	90 11 55 26 182	49.5 06.0 30.2 14.3 100
15.	I am relaxed	Not at all Some what Moderately so Very much so total	77 38 56 21 182	42.3 20.9 30.8 11.5 100
16.	I feel contented	Not at all Some what Moderately so Very much so total	95 30 21 35 182	52.1 16.5 11.5 19.2 100
17.	I am worried	Not at all Some what Moderately so Very much so total	99 13 70 0 182	54.4 07.1 38.5 00 100
18.	I feel confused	Not at all Some what Moderately so Very much so total	101 60 12 09 182	60.4 33 06.6 04.9 100
19.	I feel steady	Not at all Some what Moderately so Very much so total	93 80 09 0 182	51.1 44 04.9 00 100
20.	I feel pleasant	Not at all Some what Moderately so Very much so total	93 80 09 0 182	51.1 44 04.9 00 100

Considering table 3 on level of anxiety using STAI state anxiety scale, it was revealed that 126 (69.2%) felt uncalm, 21(11.5%) were somewhat calm, 28(15.4%) were moderately calm while only 07(03.8%) were very much calm on the item 2 which inquired on how secured the

respondents were, 90(49.5%) at most half of the population of study said they were not secured while only 5(2.7) were very much secured 118(64.8%) were moderately tensed while 07(03.8%) felt they were very tensed 75(41.2%) of respondent were worried while 80(44%) were not at all worried 90(49.5%) of respondents were not satisfied for being booked for elective caesarean section, 81(44.5%) were moderately satisfied and only 11(06.4%) were frightened for being booked fro elective CS while 70(38.5%) of respondents were not frightened. 77(42.3%) felt uncomfortable while. 38(20.9%) were comfortable for being book for elective surgery 68(37.4%) of respondents have lost their self confidence while 50(27.5) and 53(29.1) still have moderate and very much confidence (respectively). Almost half of the study population 90(49.5%) were moderately nervous while 57(31.3%) and 35(19.2) were some what and very much nervous. Many of the respondents 61(33.5%) while moderately jilter while the majority 75(41.2) were vary much jilter. 77(42.3%) wee not released only 21(11.5%) were very much released. In term of contentment, majority 95(52.1) of respondents were not contented; 70(38.5%) were confused while 99(54.4) of respondent were not 93(51.1%) were not pleasant while 80(44%) were somewhat pleasant for being booked for elective CS

**Table 4: Coping strategies on caesarean section**

s/n	Item	Variables	Frequency	Percentage
1.	I turn to work or other substitute activities to take my mind off things	I haven't been doing this at all I've been doing this a little bit	56	30.8
		I've been doing this a medium amount	106	58.2
		I've been doing this a lot	20	11.0
		Total	182	100.0
2.	I concentrate my effort on doing something about it	I haven't been doing this at all	75	41.2
		I've been doing this a little bit	97	53.3
		I've been doing this a medium amount	10	5.5
		I've been doing this a lot	182	100.0
3.	I turn to work or other substitute activities to take my mind off things	I haven't been doing this at all	130	71.4
		Ive been doing this a little bit.	20	11.0
		I've been doing this a medium amount	10	5.5
		Ive been doing this a lot	22	12.1
4.	I say to myself this isn't real'	I haven't been doing this at all	14	7.7
		I've been doing this a little bit	148	81.3
		I've been doing this a medium amount	20	11.0
		I've been doing this a lot	182	100.0
5.	I put my trust in God	I haven't been doing this at all	154	84.6
		I've been doing this a little bit		
		I've been doing this a lot		

		No response	28	15.4
		Total	182	100.0
6.	I laugh about the situation.	I haven't been doing this at all	74	40.7
		I've been doing this a little bit	73	40.7
		I've been doing this a medium amount		
		I've been doing this a lot		
		No response	35	19.2
		Total	182	100.0
7.	I admit to myself that I can't deal with it, and quit trying	I haven't been doing this at all	56	30.8
		I've been doing this a little bit	85	46.7
		I've been doing this a medium amount		
		I've been doing this a lot		
		No response	41	19.2
		Total	182	100.0
8.	I discuss my feeling with someone	I haven't been doing this at all	28	15.4
		I've been doing this a little bit	28	35.7
		I've been doing this a medium amount	126	11.0
		I've been doing this a lot		
		No response		
		Total	182	100.0
9.	I use alcohol or drugs to make myself feel better	I haven't been doing this at all	97	53.3
		I've been doing this a little bit	65	35.7
		I've been doing this a medium amount	20	11.0
		I've been doing this a lot		
		No response		
		Total	182	100.0
10.	I get used to the idea that it happened	I haven't been doing this at all	42	23.1
		I've been doing this a little bit	99	54.4
		I've been doing this a medium amount	11	6.0
		I've been doing this a lot		
		No response	30	16.5
		Total	182	100.0
11.	I talk to some to find out more about the situation	I haven't been doing this at all	20	11.0
		I've been doing this a little bit	65	35.7
		I've been doing this a medium amount	90	49.5
		I've been doing this a lot		
		No response	7	3.8
		Total	182	100.0
12.	I seek God's help	I haven't been doing this at all	28	15.4
		I've been doing this a little bit	144	79.1
		I've been doing this a medium amount		

		I've been doing this a lot No response Total	10 182	5.5 100.0
13.	I make a plan of action	I haven't been doing this at all I've been doing this a little bit I've been doing this a medium amount I've been doing this a lot No response Total	20 65 83 14 182	
14.	I make a joke about it	I haven't been doing this at all I've been doing this a little bit I've been doing this a medium amount I've been doing this a lot No response Total	141 21 20 182	
15.	I accept that this has happened and that it can't be changed	I haven't been doing this at all I've been doing this a little bit I've been doing this a medium amount I've been doing this a lot No response Total	28 154 20 182	15.4 84.6 11.0 100.0
16.	I hold off doing anything about it until the situation permits	I haven't been doing this at all I've been doing this a little bit I've been doing this a medium amount I've been doing this a lot No response Total	10 151 7 14 182	5.5 84.6 7.7 100.0
17.	I let my feeling out	I haven't been doing this at all I've been doing this a little bit I've been doing this a medium amount I've been doing this a lot No response Total	21 144 10 7 182	11.5 79.1 5.5 3.8 100.0
18.	I try to see it in a different light, to make it seem more positive	I haven't been doing this at all I've been doing this a little bit I've been doing this a medium amount I've been doing this a lot No response Total	10 123 28 21 182	5.5 67.6 15.4 11.5 100.0
19.	I sleep more than usual	I haven't been doing this at all I've been doing this a little bit	42 96	23.1 52.7

		I've been doing this a medium amount	30	16.5
		I've been doing this a lot		
		No response	14	7.7
		Total	182	100.0
20.	I try to come up with a strategy about what to do	I haven't been doing this at all	7	3.8
		I've been doing this a little bit	133	73.1
		I've been doing this a medium amount	11	6.0
		I've been doing this a lot	11	6.0
		No response	20	11.0
		Total	182	100.0
21.	I get sympathy and understanding from someone	I haven't been doing this at all	20	11.0
		I've been doing this a little bit	120	65.9
		I've been doing this a medium amount	21	11.5
		I've been doing this a lot	7	3.8
		No response	14	7.7
		Total	182	100.0
22.	I look for something good in what is happening	I haven't been doing this at all		
		I've been doing this a little bit	35	19.2
		I've been doing this a medium amount	117	64.3
		I've been doing this a lot	20	11.0
		No response	10	5.5
		Total	182	100.0
23.	I go to movies or watch TV, to think about it less	I haven't been doing this at all		
		I've been doing this a little bit	52	28.6
		I've been doing this a medium amount	123	67.6
		I've been doing this a lot		
		No response	7	3.8
		Total	182	100.0
24.	I ask people who have had similar experiences what they did	I haven't been doing this at all		
		I've been doing this a little bit	7	3.8
		I've been doing this a medium amount	134	73.6
		I've been doing this a lot		
		No response	41	22.5
		Total	182	100.0
25.	I try to find comfort in my religion.	I haven't been doing this at all		
		I've been doing this a little bit	10	5.5
		I've been doing this a medium amount	137	75.3
		I've been doing this a lot	28	15.4
		No response	7	3.8
		Total	182	100.0

26.	I talk to someone about how I feel	I haven't been doing this at all I've been doing this a little bit I've been doing this a medium amount I've been doing this a lot No response Total	7 14 161   182	3.8 7.7 88.5   100.0
27.	I think hard about what steps to take	I haven't been doing this at all I've been doing this a little bit I've been doing this a medium amount I've been doing this a lot No response Total	30 138  14 182	16.5 75.8  7.7 100.0
28.	I do what to be done, one step at a time	I haven't been doing this at all I've been doing this a little bit I've been doing this a medium amount I've been doing this a lot No response Total	7 127 41  7 182	3.8 69.8 22.5  3.8 100.0
29.	I pray more than usual	I haven't been doing this at all I've been doing this a little bit I've been doing this a medium amount I've been doing this a lot No response Total	10 165  7 182	5.5 90.7  3.8 100.0
30.	I feel a lot of emotional distress and I find myself expressing those feelings a lot.	I haven't been doing this at all I've been doing this a little bit I've been doing this a medium amount I've been doing this a lot No response Total	7 14 161   182	3.8 7.7 88.5   100.0

From the table showing the coping strategies 58.2% has been turning to work or other substitute activities to take my mind off things a medium time, 53.3% concentrate their effort on doing something about it medium times, 71.4% had not turned to work or other substitute activities to take their mind off things, 81.3% has been saying to them 'this isn't real a medium amount of time, 84.6% of the respondent had been putting their trust in God a lot of times, 40.1% laugh about the situation, 46.7% admit a bit to themselves that they can't do anything about the situation, 52.2% I restrain themselves from doing anything to quickly and a bit, 69.2% discuss their feelings with someone a medium amount of time, 35.7% use alcohol or drugs to make themselves feel better a bit, 54.4% get used to the idea that it happened a bit, 49.5% talk to someone to find out more about the situation a medium time 79.1% seeks God's help a bit, 45.6% make a plan of action a medium time, 11.55% make jokes about it a bit, 84.6% accept that this has happened and that it can't be changed a bit of time 79.1%.

**Table 5: relationship between the anxiety/fear of C-section and coping strategies**

Anxiety level		Coping strategies		Total	
Items on anxiety scale	0	2	3	4	
	0	0	32	20	52
	1	0	66	00	66
	2	28	08	00	36
	3	21	00	00	21
	4	07	00	00	07
	Total	56	106	20	182
	X <sup>2</sup> cal	Df	p-value		
	199.962	8	0.000		

Inference: The p value is less than 0.05 hence the null hypothesis was rejected which means that the alternative hypothesis was accepted that would have said there was a significant difference between anxiety / fear of C-section and the coping strategies

## DISCUSSION OF FINDINGS

The result revealed that 15.4% had age ranged between 15-25, 37.9%, 26-35, 30.2%, 36-45. While 16.5% were above 45years. In terms of religion, 30.8% were Muslims, 58.2% are Christians while 11.0% were traditionalist. This showed that majority of respondent were Christian. In terms of knowledge of C-section, 71.4% had adequate knowledge of C-Section, 77.5% had seen somebody with C-section, considering the anxiety of child-birth and C-section 69.2% felt uncalm, 21(11.5%) were somewhat calm, 28(15.4%) were moderately calm while only 07(03.8%) were very much calm, 90(49.5%) felt they were not secured majority of the respondents were moderately tensed while 75(41.2%) were upset. This finding was congruent with submission of Areskog and Kjessler (1982; Route et al (2009) that approximately 6 to 10% of pregnant women experience severe fear of child-birth 60.4% were frightened, 77(42.3%) felt uncomfortable; 68(37.4%) of respondents have lost self confidence; 90(49.5%) were moderately nervous, 75(41.2%) were very much jiltary. This finding was similar to that of Saisto et al., (1999), numerous factors have been associated with fear of child-birth and c-section which included low self esteem, pre-existing psychological problem and lack of social support. This result was also supported that of Lausen and Headgear (2010), that psychosocial factors may increase stress related to impending child – birth. 77(42.3%) were not released while only 21(11.5) were very much relaxed. Majority of respondents 95(52.1%) were not contented while 70(38.5%) were confused. These findings were similar to submission of towns end when she said that panic anxiety is associated with misperception, loss of contact with reality, hallucination / delusions, desperate actions or extreme withdrawal. With reference to coping strategies adopted by respondents, 84.6% had put their trust in god 69.2% had discussed their problem with friends in order to believed while 79.1% in the efficacy of prayer. The findings replicated the finding of Fatorisa(2016) that majority of people turned to prayer at the face of fear and anxiety.

## CONCLUSION

Considering the enormosity of anxiety displayed by respondents toward child-birth and caesarean section, it was concluded that health information and health education during antenatal care should be focused on allaying the fear of child-birth and C-section by inviting the spiritual leaders to be part of the discussion since the results have shown that majority of respondents had put their trust on God. Also, they should be encouraged to share the fear of child-birth with health care givers

**Limitation:** Considering the sample size and the setting the generalizability of results might be limited to the locality and the state where the research was carried out.

**Recommendation:** It is recommended that all the facilities where the antenatal care is being carried out should have a unit for mental health.

Further research should be carried out on larger sample size with many settings

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