
Lived Experiences of Women Who Have Undergone Cesarean Section in the Teaching Hospitals in Ibadan, Oyo State, Nigeria

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ABSTRACT: *There is often great joy at the birth of a healthy baby and a great tragedy at the demise of the mother and her baby, especially when the death was due to difficult labor at the refusal of cesarean section (CS) when the need is paramount. When healthcare workers give necessary support and care, it will influence birth experiences, but when the expectations are challenged, such as in the case of CS, there is great potential to experience birth in a negative and traumatic way. This study explored the lived experiences of women who have undergone CS in the teaching hospitals in Ibadan, Oyo State, Nigeria, with special reference to their experiences when labor started, immediately after surgery, and during puerperium. The study adopted a qualitative design. Nine (9) Focus Group Discussion (FGD) were conducted at the two (2) health facilities to collect data. FGD question guides were structured to elicit information by describing the events to identify variation in the responses given by the women. The data collected were transcribed using Nvivo analysis. During the discussions, five (5) themes were identified from their responses when labor started, four (4) themes were identified on their experiences on CS and four (4) themes were also identified on their lived experiences during puerperium. The participants mentioned anxiety and fear of losing their lives and that of their babies when they were informed of CS as the only option. It was concluded that detailed information and counselling of the pregnant woman, husband, or significant others on CS as a type of delivery will reduce the anxiety related to the procedure. Therefore, more enlightenment of the society is advocated to remove the myth and cultural/religious beliefs that surrounds CS which is a normal mode of delivery and reduce the negative criticisms often faced by women after the procedure.*

KEYWORDS: cesarean section, lived experiences, myth, postnatal functioning, undergone

INTRODUCTION

People always have great joy at the birth of a healthy baby which is the greatest experience every woman will love to have and a great tragedy at the demise of a mother and her baby due to complicated or difficult labor, especially when the death resulted from the refusal of cesarean birth

when the need is paramount. Cesarean section (CS) is a procedure commonly used worldwide which is referred to as a life-saving surgical measure that is usually carried out on the woman when there are complications during pregnancy and or labor. Pregnancy is usually an expecting period for all women who wish to give birth to a new offspring and the joy of which is the successful delivery of a healthy live baby or babies at the end of the third trimester which is 38-40 weeks. But because pregnancy means different things to different people, hence often times the outcome is not usually the same for every woman. Therefore, when complications affect the outcome of pregnancies, cesarean section (CS) may be necessitated or be the only option that is feasible.

Ensuring that both mother and baby remain physically healthy is the primary outcome of obstetric care, whereas, the psychological aspect together with the outcomes of maternity with obstetric care are of less value. The natural route for childbirth is vaginal, but some women cannot give birth through this route for several reasons, whereby the obstetrician does not have an alternative than for the person to have CS done (Litorp, et al, 2015). However, women who have undergone CS have better insight as regards the procedure and can contribute to a deeper understanding of acceptance, refusal or request (Litorp, et al, 2015). CS is a surgical procedure whereby one or more incisions are made through the mother's abdomen (laparotomy) and uterus (hysterectomy) in an attempt to deliver one or more babies or to remove a dead fetus. It is one of the most important operations carried out in obstetrics and gynecology which is a live saving value to both mother and fetus, because it had helped to reduce maternal and perinatal mortality and morbidity for a period of time, although specific indications for its use have changed (Amiegheme, et al 2016; Lawani et al, 2019). CS is essential especially when the life of either mother or fetus or that of both of them is at stake peradventure the woman is subjected to vaginal delivery.

Many studies showed that women are increasingly opting for delivery by CS for non-medical reasons like fear of labor pains, concerns about date or time of birth which are traditionally believed to be auspicious and the belief that CS delivery ensures protection of the baby's brain. Maternal mortality in certain areas of Nigeria ranges between 800-1100 deaths per 100,000 live births which is very high because it forms one of the millennium strategic goal of 2000-2015 and the Sustainable Development Goal strategy 5 of 2015-2030, to reduce maternal mortality by 75% (WHO, 2018, Alenkhe, et al, 2020).

Ezeone, et al (2018) reported that women are averse to CS because of fear, cost of the operation, religious and social considerations of strength and the capability to give birth vaginally. Women often prefer vaginal delivery to CS, and this is why most Nigerian women are silent about their cesarean mode of delivery in the society which is tagged as a lazy mode of delivery (Obi, 2019). If a Nigerian woman is informed during counselling that she will have her baby through CS, she will say "God forbid", "it is not my portion", "I reject it" etc. Lots of women preferred vaginal birth to cesarean birth during the study carried out in Bayelsa because they believed that CS was for those who were not strong enough (Nigeria Health Watch, 2020).

Childbirth is one of the extreme life changes that many women experience and how they experience these changes has important implications for their adaptation to motherhood (McGrath, 2017). Lived experience is referred to as personal knowledge which postpartum mothers gained

from direct interaction and involvement in the facility-based care rendered to them when they were pregnant, pre and post operatively, even during puerperium as it was experienced. Generally, women expect to experience the changes in a positive and memorable way and through a natural birth or at least with limited instrumentation (Malacrida & Bolton, 2018). Positive birth experience often leads to better postnatal functioning and influence mode of delivery choice for subsequent pregnancies (Husby & Aune, 2019). The birth experiences can be influenced by health care workers through their relevant support and care. When those expectations are challenged, such as occurs with CS, there is great potential to experience birth in a negative and even traumatic way. Women who experienced CS are underprivileged of the chance to prepare psychologically for the event, therefore limiting their ability to adjust to the unfamiliar situations (Somera, et al, 2018).

The way people view CS have an important role in their willingness to give consent to the procedure when the need arises. Some of these views are as a result of information that the women got from diverse unreliable and inaccurate sources (Akogu, et al, 2021). The researcher observed during her working experience at the labour ward complex whereby a postdated (42 weeks gestation) primigravida without any sign of labor with ultrasound result of transverse lie refused CS as the only available alternative despite extensive counselling and detailed explanation. She lost the baby, sustained vesico-vaginal fistula and almost lost her life but for medical intervention.

Despite the fact that the incidences of CS delivery are on the high side in our environment, limited studies have focused on the experiences of women who have had undergone CS in the University College Hospital and Adeoyo Maternity Teaching Hospital Ibadan. Hence, this study is set out to explore the maternal experience following caesarean section in the University College Hospital, Ibadan and Adeoyo Maternity Teaching Hospital, Ibadan. The specific objectives were to:

1. To explore the lived experiences of the women who had undergone CS when labor started
2. To explore the lived experiences of women who have undergone CS delivery immediately after surgery.
3. To explore the lived experiences of women who have undergone CS delivery during puerperium.

METHODOLOGY

This study adopted a qualitative design which is a phenomenological approach whereby Focus Group Discussion (FGD) was used that centered on the lived experiences of women who had undergone caesarean section when, when labor started, immediately (24-48hrs) after surgery and during puerperium. The population of this study comprised the women at the postnatal clinic who had undergone CS experience in the University College Hospital and Adeoyo Maternity Teaching Hospital (AMTH), Ibadan. The researcher used 9 Focus Group Discussion (5 groups in UCH and 4 groups in AMTH). Criterion based purposive sampling technique was used whereby available women who had CS done and are present at the postnatal clinic in the two healthcare facilities (UCH and AMTH) were included in the study.

The research instrument was FGD question guide which was developed by the researchers to ensure that coordinated and well-organized questions were asked. A voice (tape) recorder that

captured the contributions from all the participants was used. Likewise, a note pad was used. The researchers were thorough, exact, accurate and maintained the boundaries of the topic, in order to make the study valid and reliable. The researcher reviewed the individual transcripts, looked for similarities within and across the participants making use of reflexivity and words from the participants when writing the final report. The data obtained was analyzed by transcribing the tape/voice recording using NVivo, with the following steps: (Busetto Wick & Gumbinger, 2020).

Step 1-Code was developed whereby data were grouped into meaningful categories to make analysis easier.

Step 2-The developed categories were reviewed closely, the data was coded (dividing the information gathered into different groups, each group was labelled with codes and same was collapsed into themes thereafter.

Step 3-The researcher found themes, patterns and relationships.

Step 4-The data was summarized by streamlining and making it brief in readiness for analysis.

Results

The socio-demographic and history of the respondents revealed that more than half (53.6%) of the respondents were within 26-35years, and 28.5% of them were 36years and above. Similarly, most of the respondents have tertiary education, most of the respondents had given birth to more than two children while 30.8% had only one child. Seventy percent of the respondents have had more than one caesarian section.

Objective 1: To explore the lived experiences of the women who had undergone CS when labor started

This session explored the lived experiences of women who undergone cesarean section when labor started. The women shared their experiences in the labor ward. The responses of the women were captured under the following themes;

- Reception during labor and attitude of health care providers
- Experience during labor
- Condition of the baby
- Type of CS and reason
- Disposition to CS

Reception and Attitude during labor

The respondents shared their experiences on how they were received at the facility during labour coupled with the attitude of the health workers. Majority of the participants gave a positive comment on the reception and attitude of the health care worker during labour. The following were responses obtained from the discussions;

"They received me very well and I was not asleep, but I was not aware of the whole process"-
MRS C, UTH 3

"Ko da! Lesekele ni won gbe mi wo inu theatre (idunnu). Won tun gbe mi si ICU nigati won pari operation nitori, ese kan aye-ese kano run ni mow a, mo si wa nibe fun ojo merin". Meaning, "In fact (happy) instantly they welcomed me and put me in the theater immediately. After the CS I was put in ICU because I was unconscious and spent 4 days there"- **MRS A, UTH 1**

"At first, I thought they won't receive me but they did. They really surprised me"- **MRS B, UTH 2**

"I was here throughout, they received me in an action way"- **MRS A, UTH 4**

"Their attitude was okay, especially the doctors were there anything you want them to do? nothing else"- **MRS B, UTH 3**

Experience during labor

"I don't normally have contraction. They normally induce me. I felt something during the last one"- **MRS E, UTH 1**

"I was already 9cm I just discovered I have ache all over, they referred me because of the stress"-
MRS A, UTH 3

"Emi o mo wipe mo ti nro'bi, until ti mo de ibiyi. Doctor private hospital ti mo ti wa ko salaye anything fun mi. o si ku 2weeks kin to due fun delivery, emi o mo anything nipa labor pains, nitori wipe CS ni won se fun mi fun firse born mi". Meaning, "Yes, I fell into labour but I only realized when I got here, the doctor in the previous hospital didn't tell me and since I did CS the first time, I didn't know what labour was like and I still had about 2 weeks to my due date"- **MRS C, AMTH 1**

"Emi o robi ri o". Meaning, "I had never gone through labor before"- **MRS A, UTH 5**

Condition of the Baby

Few of the women gave the condition of the baby before it was delivered. The following were the responses;

"Won so fun mi lesekele ti mo de Adeoyo wipe okan ninu awon ibeji ti ku. Won si ran wa lo si UTH lesekele lati d'ola emi omo ikeji. Meaning, "They told me immediately I got to Adeoyo that one of the babies is already gone. They referred us immediately to UTH so they can rescue the second"- **MRS A, UTH 1**

"Leg swelling, lack of oxygen"- **MRS A, UTH 2**

"I had a ruptured membrane"- MRS B, UTH 4

Type of CS and the indications

Discussions on the type of cesarean section undergone by the women revealed that most of them had elective CS. Most of the reason they gave was to save the life of the mother and the baby. Majority also gave health reasons as one of the major reasons they opted for elective CS. The following were the responses from the focus group discussion both from UTH and AMTH.

"Nigbati o ku die ki nbi'mo, won so wipe CS lo kan, nitori wipe ifunpa mi ti lo s'oke gan, ese mejeeji wu ati wipe awon ibeji tobi fun mi lati bi normally. Mo padanu okan ninu awon omo naa". Meaning, "It remains small for me to deliver, that was when they told me that I will do CS, they said my BP is very high, had swollen legs and they said children were also very big that I can't deliver them, I lost the other child during the process"- MRS A, UTH 1

"The first child was prolonged labor before they said CS is the way, for the second one, they told me during pregnancy that I will do CS because of short time pregnancy (The gap between the first child and second was very close)"- MRS B, UTH 1

"The first child was CS because induction failed and fetal distress. I lost the child. The second delivery was elective CS"- MRS C, UTH 1

"The first two were elective, the second one was elective as well"- MRS D, UTH 1

"I've had two elective CS for my second and third child. The first delivery was vaginal. This one was emergency CS"- MRS E, UTH 1

"Elective. It's what will save my life and that of the child so I embraced it"- MRS D, UTH 2

"Elective. I have male pelvic, I can't deliver on my own, so I don't have a choice"- MRS E, UTH 2

"It was planned because of my age"- MRS A, UTH 3

"It was an emergency. To save me and the baby"- MRS A, UTH 4

"Elective. It's what will save my life and that of the child so I embraced it"- MRS D, UTH 4

"Elective. I have male pelvic, I can't deliver on my own, so I don't have a choice"- MRS E, UTH 4

"Pajawiri ni o. Adeoyo ni mo book si, mo si labor fun wakati meta, ni won ba so wipe eje ko to nkan l'ara mi, nitori naa, CS lo kan". Meaning, "Emergency CS booked at Adeoyo labored for 3hours but had low blood so had to do CS"- MRS A, AMTH 2

“Emergency ni o. Leyin ti mo ti robi fun 24hours gbako”. Meaning, “Emergency CS. Had prolonged labor for about 24hours”- MRS B, AMTH 2

“Won so fun mi nipa CSyen, first born mi gan was CS, bi o tile je wipe mo fee try ki nbi funra mi, sugbon, labor ko tie wa, ko si sign Kankan, mo si ti koja date ti won fun mi lati bi’mo”. Meaning, “I was pre-informed because even my first child was with CS. Though I wanted to try but I didn’t even fall into labour or see any sign and it was way past my due date so they had to do it”- MRS A, AMTH 4

“Nigbati won ye mi wo ni last time ti mo wa fun antenatal, won rii wipe omo joko si inu mi, mo si fi esi scan ti mo se han won, won rii wipe bee gege ni o ti ri. Nitori naa, ni won se se CS fun mi, won ko fe ki nrobi fun igba pipe, ati wipe asiko ibimoti sunmo tosi”. Meaning, “When I came for antenatal visit last, I was examined and I showed them my scan result, they noticed that the baby sat down (breech) which wasn’t like that before, so they said I will have to do CS because I was almost due and they didn’t even want a situation that I will labour for so long and still end up doing CS”- MRS B, AMTH 4

“Mo ti mo wipe CS naa ni yo pada ja si, nitori wipe mo ti se CS kan tele, awon omomi si maa ntobi. Eleyi tie ju 3.5kg lo, but mo si gbiyanju die lati bii funra mi, sugbon labor kan stop midway.... Inu ti bi mi”. Meaning, “I already had a previous CS so I knew it will most likely be CS again because my children are big. This one was more than 3.5 but I still tried a little bit. I was in labour but it stopped at some point so we resolved to CS”- MRS C, AMTH 4

Disposition and Preference to Caesarian Section

The women opened up about how they felt when they were told they will undergo CS. The responses gathered from the women revealed that the majority of them didn’t like it, a few of them felt indifferent while one respondent had a positive feeling towards it.

“I decided to have CS because of my previous experience whereby I lost my baby. So, I don’t want to take chances”- MRS C, UTH 1

“I prefer CS to normal delivery, because it is easy for me”- MRS D, UTH 1

“Emi o reti re o. o se mi bakan bakan. Sugbon mo dupe lo

‘owo Olorun bayi”. Meaning, “I didn’t expect it. I felt somehow about it. But I thank God now”- MRS A, UTH 1

“I asked them to go ahead”- MRS B, UTH 1

“I didn’t really have more to say. I didn’t feel bad”- MRS E, UTH 1

“I didn’t go into labor at all, because there was no water at all. I didn’t have choice”- MRS A, UTH 2

“It started on Wednesday, I didn’t even know, my B/P went high, we watched it for 2 days but the it didn’t come down. We went to UTH to get drugs, but my heart was pumping fast, but the doctor said I was due already. The doctor said due to what he has seen, that operation is next. I turned to God and asked God to help”- MRS C, UTH 2

“I didn’t feel cool about it. Because the gap was much between the last born and this one”- MRS B, UTH 4

“I was okay”- MRS C, UTH 4

“I feel bad before this is not my first child. Due to long distance between the last child and this one. Also, I wasn’t breathing well and I had serious cough”- MRS E, UTH 4

“I felt indifferent. In a way I already knew I would have CS because my BP rises every time, I take it”- MRS A, UTH 5

“I was not happy”- MRS B, UTH 5

“Mo bebe fun CS ni o, leyin ti mo ti nrobi fun igba pipe”. Meaning, “I had to ask for CS after labouring for so long”- MRS B, AMTH 2

“Eru ba mi, sugbon ko nkan kan ti mo le se sii”. Meaning, “I was scared but there was nothing I could do”- MRS C, AMTH 2

“CS ni alakobi mi, nigbati o je wipe eleyi naa je lati dola emi temi ati ti omo mi ni, tinutinu ni mo fi accept o”. Meaning, “I had my first born through CS and since the essence of CS is to save my life and my baby’s life, I accepted it wholeheartedly”- MRS B, AMTH 3

“Mo sa lo si ile, sugbon won ni ki nki owo bo iwe lati lo ko eru omo wa si hospital (erin). Unfortunately, mo pade oko mi loju ona pelu eru omo (erin). Well, negative ni blood type mi, mo si ti se CS kan tele, mo tun ti postdate, ko tun si labor rara”. Meaning, “I ran home (laughs) but I had to sign an undertaking that I was going home to bring my baby things but before I got home, I met my husband on the way with the load (laughs). Well, my blood was negative, I’ve had a previous CS and I was postdated already but no labor”- MRS D, AMTH 3

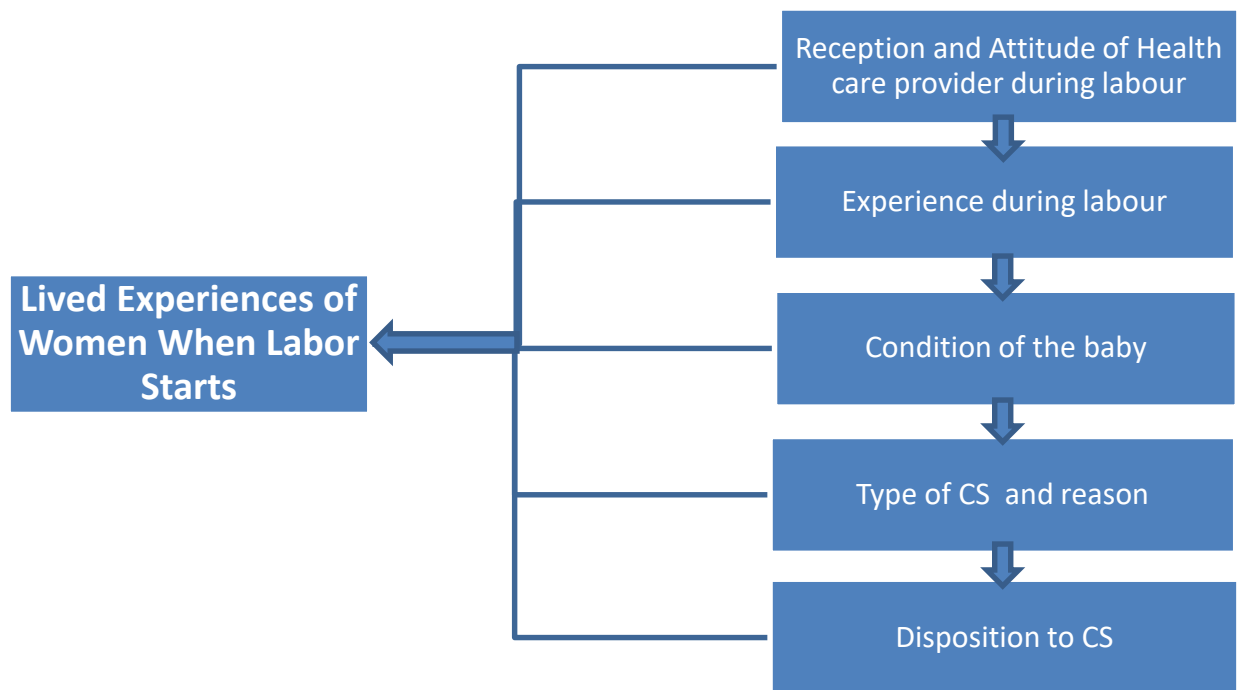


Figure 1 Lived Experiences of Women When Labor Starts

Objective 2: To explore the lived experiences of women who have undergone CS delivery immediately after surgery

This study explores the lived experiences of women on cesarean section in the teaching hospitals in Ibadan. Observations and opinions from the focus group discussion revealed the diversity in the experiences of women on cesarean section. Most of the women gave positive feedback on their experiences with the health care providers in the theater. The responses from the discussion were captured under the following themes;

- Staff competence
- Reaction of the women when they were shown their child (ren)
- Pain management
- Attitude of health workers after CS

Staff competence

Findings from the study revealed that most of the women who had the surgery performed in UTH were happy about the procedure and gave positive feedback on their competence. The women further reiterated that they were unaware of the procedure, one of them even commented that they had conversations throughout the entire procedure. Below were the responses from the discussion;

“Emi o tie mo. Won so wipe mo wa unconscious ni igba yen”. Meaning, *“I didn’t even know. I was unconscious”* - **MRS A, UTH 1**

"I was aware throughout the whole time. We were discussing and gisting throughout. I was not scared because I've had one done before. It's not that I'm happy but I don't have a choice. They were communicating with my husband"- MRS E, UTH 1

"Nko mo igbati mo de theatre rara nitori mo wa unconscious, nko tie mo igbati won gbe omo jade gan. Nigbati mo la'ju ni ICU, ni mo to mo ohun ti o se'le". Meaning, "I didn't even know when I got to the theater because I was unconscious, even after the baby was brought out, I didn't know anything. it was until I opened my eyes in ICU before I could see a thing"- MRS A, UTH 1

"Too friendly, they gave me spin, but they were very friendly"- MRS B, UTH 1

"They did well, in fact they did extra in the theater"- MRS E, UTH 1

"I choose elective myself, I even wanted to run away sef, because of the age, I was already 40 weeks before the CS. After the operation I was feeling unwell, I didn't know that the outcome will be severe"- MRS A, UTH 2

"We have different type of people (Nurses) those who are caring and those who are not, it's just a mixed feeling. But sincerely those that were on shift were very nice"- MRS B, UTH 2

"It was very good. They attended to me very well. They even played with me"- MRS C, UTH 2

"It took a lot of time before they attended to me, the really stress me because of some other emergencies. They took so much time which I don't really like but at the end they attended to me"- MRS C, UTH 3

"The nurses had issues with receiving me at the theater. They said it was one form that I didn't fill very well. But I was able to supply the information"- MRS A, UTH 5

"They treated me very well"- MRS B, UTH 5

"Won good o". Meaning, "They were good"- MRS A, AMTH 1

"Won se daada si mi". Meaning, "They were very good to me"- MRS A, AMTH 3

"Eru ba mi o, sugbon won se ise won daada. Ko si ikun sinu Kankan". Meaning, "I was scared but they did their job satisfactorily. I didn't feel bad"- MRS B, AMTH 3

"Won se daada". Meaning, "They did good"- MRS C, AMTH 3

"Won try gan ni, won mo ise, sugbon eru ba mi, ese mi gbon". Meaning. "They did well, they know their job. I was very scared o, my legs were shaking"- MRS D, AMTH 3

"Won attend si mi daada". Meaning, "They attended to me well"- MRS A, AMTH 4

Won try fun mi, mo fara bale, eru ko si ba mi". Meaning, "They tried for me and I was also calm so there was no panic at all"- MRS B, AMTH 4

“Won se daada gan ni o”. Meaning, *“They did very well”*- **MRS C, AMTH 4**

Reactions when they were shown their babies

The responses of the women when they showed them their babies were exhilarating. Most of them couldn't believe that the procedure has ended.

“Nigbati mo ji, mo bere si nbeere awon omo mi. Doctor kan beere boya mom o ibiti mow a, o se alaye fun mi wie ICU ni mow a, ati wipe mo ti bi ibeji sugbon okan ninu won tik u, ikeji si ngba itoju. O so wipe mo ni afaani lati ri omo ikeji ti mob a pada de ward. Ara mi ti le koko nigbati mo pada de ward nitori wipe ojo merin gbako ni mo lo ni ICU”. Meaning, *“When I regained consciousness, I kept asking that I want to see my babies. Then one doctor came to me and said hope I know where I am, he said I am in the ICU that I delivered a set of twins and that we lost one of them but the second is receiving treatment, that when I am strong and returned to ward, I will see the baby. So, by the time I got to the ward I was already strong because I had already spent 4 days in ICU”*- **MRS A, UTH 1**

“I was so happy (excited)”- **MRS B, UTH 1**

“I was happy, the baby was bouncing bouncing, when the baby came out, he has already messed up the whole place. It was good that the CS was carried out on time”- **MRS E, UTH 1**

“I was at first scared. The baby was very dark, because I had never seen a dark baby before. I felt numb on my feet”- **MRS A, UTH 2**

“I was very happy because they already told me that its 50/50 chance. I was very fine”- **MRS B, UTH 2**

“It was a mixed feeling, because I didn't even know she will survive because it was pre term. But at the end I give glory to God”- **MRS B, UTH 3**

“I felt like sey I have delivered ni, I couldn't believe it but later I got used to it”- **MRS C, UTH 3**

“I was very happy”- **MRS E, UTH 3**

“At first, I was not shown the baby. But nigbati mo ri baby mi, okan mi bale. Meaning, when I saw the baby, I feel very okay. I was very happy”- **MRS A, UTH 4**

“I was happy when I was shown the baby”- **MRS B, UTH 4**

“They didn't show me the baby. I was happy when I later saw the baby”- **MRS C, UTH 4**

“I'm very happy when I saw the baby”- **MRS D, UTH 4**

“Oh my God, it was heavenly until they told me he has respiratory problem. I had to go to SCBU. But it was heavenly”- **MRS A, UTH 5**

"I was indifferent. When they brought her out I saw that she has hair like that of a man but she's a female"- **MRS B, UTH 5**

"Ha!! Inu mi dun gan ni o". Meaning, *"Ah I was very happy oo"*- **MRS A, AMTH 1**

"Inu mi so dun wipe mo ti e ri omo eleyi". Meaning, *"I was happy that at last I get to see this one"*- **MRS C, AMTH 1**

"Nigbati mo ri omo mi, inu mi dun gan ni o, operation ti mi o experience ri". Meaning, *"When I saw my baby, I was happy o, very happy something I've not experienced before"*- **MRS A, AMTH 2**

"Inu mi dun". Meaning, *"I was happy"*- **MRS B, AMTH 2**

"Inu mi dun, mo k'aluluya, o seun Jesu". Meaning. *"I was happy. I said hallelujah, thank you Jesus"*- **MRS C, AMTH 2**

"Ayo mi kun". Meaning, *"I was glad"*- **MRS A, AMTH 3**

"Ko se e pa mora". Meaning, *"I was excited"*- **MRS B, AMTH 3**

Asiko ti inu mi dun ju niyen, lese kese ti won gbe e jade lo bere si se ya! ya! ya!. Meaning, *"That was my happiest moment, she cried immediately she came out"*- **MRS D, AMTH 3**

Mo dupe l'owo Oloron, Alihamdulilai". Meaning, *"I was grateful to God"*- **MRS A, AMTH 4**

Inu mi dun, nitori mo l'ero wipe nkan maa wrong pelu omo yen, sugbon Alihamdulilai!". Meaning, *"I was happy because I thought something would go wrong because of the position but we thank God"*- **MRS B, AMTH 4**

"Ara tu mi". Meaning, *"I felt relieved"*- **MRS C, AMTH 4**

Pain Management

Pain management after cesarean section is one of the most challenging aspects of the procedure. The women shared their experiences on how they managed the pain for them. We had some negative responses on the drugs provided at the hospitals to mention a few. Most of the women reported that the drugs given to them in the hospital couldn't contain the pain. Below are the responses from the respondents;

"Awon ogun yen to fun mi o". Meaning, *"The drugs were enough for me"*- **MRS A, UTH 1**

"They drugs were enough. I started sitting by second day"- **MRS B, UTH 1**

"Pains was much, when I was still lying down, it wasn't easy"- **MRS C, UTH 1**

"They gave injections and all. There was a time that I couldn't sleep in the night, they had to change my drug so I could. The drugs they gave me were enough. There are drugs that they don't

have, because the ones they have that NHIS covered were not strong (effective for the pain) so I asked the doctor to write another drug for me, then I had to purchase other drugs for the pain. Even the diclofenac they gave me, I have it (not very powerful). I told my husband to help get stronger diclofenac from the pharmacy”- MRS E, UTH 1

“The drugs were okay but there are some times when there will not be drugs, I will have to borrow from someone and now repay when available”- MRS B, UTH 2

“They really tried here o, even when you don’t have you can still borrow”- MRS C, UTH 2

“It wasn’t enough but we had to buy more drugs to fix the pain”- MRS A, UTH 3

“They managed the pain very well; they gave me drugs and injection and they were enough for the pain. Drugs were available every time”- MRS C, UTH 3

“Initially it wasn’t enough but later it was, I was an ulcer patient, so I couldn’t use some drugs. When I complained they now changed the drugs and it was later very okay”- MRS D, UTH 3

“The drug they gave for pain was not enough, because before the CS I already passed through some pain”- MRS B, UTH 4

“The drugs were enough to take care of the pain”- MRS C, UTH 4

“The drugs were enough for the pain”- MRS D, UTH 4

“Psychologically I don’t want to feel pain, because my child is still at LCBU. I wanted to see him. I can say my will power was at work. When I was in the ward, I was telling my leg move move move and its moved. But overall, the pain was managed very well”- MRS A, UTH 5

The experience was quite different in AMTH. All the respondents agreed that the drugs were okay and that they managed the pain very well. The following were their responses;

“O sise”. Meaning, “It was very effective”- MRS A, AMTH 1

“Inira yen gbo itoju”. Meaning, “The pain was managed well”- MRS B, AMTH 1

“O wa ok”. Meaning, “It was ok”- MRS C, AMTH 1

“Awon ogun yen sise o”. Meaning, “The drugs worked”- MRS A, AMTH 2

“Awon ogun yen sise daada. Won fun mi ni agogo mefa laaro, agogo meji l’osan ati agogo mefa ni irole, o si k’apa awon inira mi. o je ki n sun, mo si wa pa”. Meaning, “The drugs worked well. They gave me one at 6am, 2pm and 6pm and it really took care of the pain. It makes me sleep and I will be okay”- MRS B, AMTH 2

“Beeni, o to”. Meaning, “Yes, it was”- MRS C, AMTH 2

“Beeni, ogun yen sise”. Meaning, “Yes, the drug was effective”- MRS A, AMTH 3

“O sise daada”. Meaning, *“It worked well”*- **MRS B, AMTH 3**

“O sise fun inira mi daada”. Meaning, *“It worked for the pain very well”*- **MRS C, AMTH 3**

“Awon ogun yen sise daada”. Meaning, *“The drugs were very effective”*- **MRS D, AMTH 3**

“O to, sugbon stress po ni Adeoyo, but won gbiyanju”. Meaning, *“It was adequate just that overall, there was too much stress in Adeoyo but they tried their best”*- **MRS A, AMTH 4**

“Awon ogun yen wa ok, ti onikaluku ba ti ra tire, won a fun un ti asiko ba ti to, sugbon awon ti ko b ani, awon ni inira won maa npo nitori eyiti won ra ti tan”. Meaning, *“The drugs were okay, as long as you’ve gotten the drugs ready, they will give you at the required time but anybody who hasn’t gotten their drugs are the ones that have so much pain because once the drugs wear out, there’s no standby drug to give”*- **MRS B, AMTH 4**

Attitude of health workers after CS

It is expected that women who had undergone surgery should have some days to rest and gather strength. Most of them are still in pain and thereby couldn’t do anything even taking care of the baby. Most of the care (both to the mother and baby) are expected to come from the health care providers. This discussion revealed the attitude of the health care workers to the respondents. Most of them reported that they tried in ensuring that the mother and baby are fine. The following were the extracts from the discussion;

“They were very nice”- **MRS E, UTH 1**

“Awon osise ICU ko ni mora. Won pariwo “iya ibeji ti la’ju o”. Meaning, *“The workers in the ICU were friendly, they shouted that “iya ibeji ti laju o”. Mother of twins have woken up”*- **MRS A, UTH 1**

“You know we have different people and the Health Care Personnel also do shift. Most of the time the nurses on night duty, anytime the baby is crying when you need their help, they will just tell you to stand up and carry your child. Some have good attitude and some very bad attitude (displeasing)”- **MRS R, UTH 1**

“They helped and assisted in every little way they can”- **MRS C, UTH 2**

“They did well, they didn’t leave me to it”- **MRS B, UTH 3**

“They assisted me in taking care of the child and myself. They really tried”- **MRS C, UTH 3**

“They really tried o, I can’t even explain and give a detailed account because they really tried very well, I can call them angels”- **MRS D, UTH 3**

“The only place that I know they lack is the ward after delivery, I would say maybe lack of Nurses. They didn’t assist me at all. The pain was there and the baby was also there”- **MRS A, UTH 4**

"Now the nurses didn't assist at all. Maybe they were not sufficient"- MRS B, UTH 4

"They tried but they didn't do much. Because I have twins, it was a bit challenging. The nurses didn't take note of these at all. It was discouraging"- MRS C, UTH 4

"The attitude of the nurses was perfect"- MRS A, UTH 5

"Beeni, won ran wa l'owo". Meaning, "Yes, they assisted us"- MRS A, AMTH 1

"Attitude won wa ok". Meaning, "Their attitude was ok"- MRS B, AMTH 1

"Awon nurse try fun mi o". Meaning, "The nurse tried for me"- MRS C, AMTH 1

"Eniyan daada ni awon nurse, won se alaye orisirisi fun mi". Meaning, "The nurses put me through with a lot of things, they were good people"- MRS A, AMTH 2

"Nwon ran mi lowo lati toju egbo mi, won si toju omo mi naa". Meaning, "They assisted me to clean my wound and take care of the baby"- MRS B, AMTH 2

"Ka so tooto, won toju mi. won good". Meaning, "To be sincere, they took care of me. They are good"- MRS C, AMTH 2

"Ojo ti won se operation fun mi nikan ni won ran mi lowo, awon alaisan yoku ni won toju lati ojo keji, sugbon awon egbon mi wa nitosi fun mi". Meaning, "The nurses were attending to other people, my aunties were there though. They helped the first day alone"- MRS B, AMTH 3

"Won toju emi ati omo mi, won tun ko mi ni orisirisi itoju". Meaning, "They took care of both me and my baby, they taught me how to do a lot of things"- MRS C, AMTH 3

"Won da itoju yen da mi o. won we fun emi ati baby,ati awon itoju miran". Meaning, "They assisted in cleaning me and the baby and a lot of other things, I wasn't left alone"- MRS D, AMTH 3

"Rara o!! won jeki ndide lori bed nitori CS ti won se fun mi, won ran mi lowo lati se everything". Meaning, "Not at all, in fact they won't let you stand up immediately because of the CS, they help with everything"- MRS B, AMTH 4



Figure 2: Lived Experiences on Cesarean Section

Objective 3: To explore the lived experiences of women who have undergone CS delivery during puerperium

This study explored the lived experiences of women in puerperium in the teaching hospitals in Ibadan. Observations and opinions from the focus group discussion revealed the different experiences of women on how people reacted to them when they got home, how they coped with house chores, children, and husbands.

- Support/Assistance
- Reaction of People to CS
- Intimacy with spouse
- Relationship with other sibling

Support/Assistance

It has been established that women who did CS needs a lot of support. When asked on how they cope after they got home from the hospital, most of the women said that they have people to help them with house chores, majority of them reported that their mothers were around to provide support. The following were the responses;

“Mo pe daada ni hospital ki won to discharge wa, nitori ko si owo lati san. Ara mi ti le koko nigbati mo de ile pada. Mo dabi iyawo asese-gbe. Mo cope daada pelu baby mi. nigbati o ba fee re mi, mo saa ni igbagbo wipe ko nii s’ewu”. Meaning, *“I stayed very well in the hospital before I went home. It took some time for me to pay the ICU money and ward money. So, by the time I got home I was very strong. I was cleaning everywhere like a newly married bride. I’m coping well with the child. There are times that it will be so tiring and stressful, but I just keep believing”-*
MRS A, UTH 1

“It was easy. I’m doing the work myself. My people are not around. My other child is with my mother so I don’t have to bother myself”- **MRS B, UTH 1**

“I couldn’t do much because the pain was still there, my mother and husband were there to support me”- **MRS E, UTH 1**

“My husband assisted me in that regard”- **MRS B, UTH 2**

“They helped me with so many things at home. I always clean the wound, but most times I am always afraid so the wound won’t reopen. My mother-in-law always assist me with the baby. I feel relieved”- **MRS C, UTH 2**

“They assisted me very well because the pain was still there”- **MRS C, UTH 3**

“I already called my mummy to come and help, she was around”- **MRS D, UTH 3**

“Yes, they really tried to support me because the siblings were already matured”- **MRS A, UTH 4**

“There are people who assisted at home. The elder sister also assisted with the baby”- **MRS B, UTH 4**

“I was able to manage because the pain has reduced”- **MRS C, UTH 4**

“I had people around me for a while. I have a live-in maid but doesn’t understand most things. Recently, I do some things myself. I just had to be strong”- **MRS A, UTH 5**

“My husband does the cleaning and sometimes I asked my workers to come home and assist in one way or the other”- **MRS B, UTH 5**

“Awon eniyan po ti o yi mi ka, lati ran mi lowo”. Meaning, *“I had plenty people around”-* **MRS A, AMTH 1**

“Awon eniyan wa lati se ise-ile fun mi”. Meaning, *“I had enough people to help with chores”-* **MRS B, AMTH 1**

“Iya mi wa pelu mi, oko mi naa sin ran mi lowo”. Meaning, *“My mum was around and my husband also helped a lot”-* **MRS C, AMTH 1**

“Emi ko sise Kankan o, afi ki ngbe omi ka’na. awon eniyan wa pelu mi lati ran mi lowofun everything”. Meaning, “I’ve not being doing chores except maybe to boil water. I have people assisting me with every other thing”- MRS B, AMTH 2

“Nkan die ni mo maa nse ninu ile, mo ni enikan pelu mi lati ran mi lowo”. Meaning, “I have someone that helps me with that, so I only do a few things by myself”- MRS C, AMTH 2

“Ore mi kan wa ti o maa nran mi lowo, which is better than kin da nikan wa”. Meaning, “My friend helped and it was enough, at least it was better than being alone”- MRS B, AMTH 3

“Iya mi wa pelu mi lati ran mi lowo”. Meaning, “My mum is around to assist”- MRS A, AMTH 4

“Bi mo se so, odo iya mi ni mowa, so, ko si wahala Kankan”. Meaning, “Like I said, I was with my mum so no stress”- MRS B, AMTH 4

“Grandma wa fun wa lati ran wa lowo”. Meaning, “Grandma is always there to help”- MRS C, AMTH 4

Reaction to CS

This section reveals the reaction of people to those who had CS. Some of the people frowned at women who undergo CS. People are of the opinion that vaginal delivery is the best way to describe a true delivery. The following responses shared by the respondents captured people’s reaction towards CS delivery:

“I have done it before, they didn’t stigmatize me because they know the reason (Pre term)”- MRS D, UTH 3

“Everything went well. My husband was even joking with it. Nobody said anything”- MRS B, UTH 2

“They pitied me because it’s my first child. People offered me so many things to use but I didn’t use all of them o. They even advised me to put sand inside cloth and use”- MRS C, UTH 2

“Inu won ko dun pupo nitori CS ti mo se, sugbon won tun dupe lowo Olorun nitori wipe won so wipe ibeji maa nsoro lati bi”. Meaning, “They felt somehow because of the CS. They later said we thank God. They also said that Twins are always very hard. They were saying their own”- MRS A, UTH 1

“They gave sympathy (grudgingly). I didn’t tell anyone except my mother”- MRS B, UTH 1

“I didn’t tell people o, only my close relative. The close relatives were thanking God but my husband felt somehow about it. He didn’t want it”- MRS E, UTH 1

“They were at first scared but we thank God”- MRS A, UTH 4

"The people helping with the child were afraid shouted and said the second CS?" - MRS C, UTH 4

"They didn't say anything. they were scared" - MRS D, UTH 4

"Many of them knew I would have it through CS. They were not surprised" - MRS A, UTH 5

"They were saying she is too small, that why didn't they allow me to deliver. They suggested that it would've been a different story of I had gone to a private hospital" - MRS B, UTH 5

"Won ko feel bakan bakan o". Meaning, "They didn't feel anyway" - MRS A, AMTH 2

"Won feel bad o, nitori wipe, won ko ri mi bii eniti o se CS, mo wa active. Sugbon emi gan feel bad wipe mo se CS, afterall, awon age mate mi maa nbi omo funra won, why me? Sugbon alaye awon doctors fi mi l'okan bale". Meaning, "They didn't feel bad because they didn't even see me like I did CS. I could stand well, sit well and do other things very well. Though I felt bad that my age range could give birth vaginally but why couldn't I? the doctors gave some explanations that cleared my doubt and worries" - MRS B, AMTH 2

"Won feel bad o, nitori ti mo think of previous labor ti o fee gba emi mi, mo ti pinnu wipe ko si nkankan ti anybody le so, niwon igbati emi ati baby mi ti wa laaye, nitori wipe previous one yen ku. Nko ri CS as a death sentence, niwon igbati mo ti ri omo eleyi". Meaning, "They didn't feel bad and even me when I looked at the first one and saw the labour I passed through which almost claimed my life, I already made up my mind that there's nothing anybody can say, as long as I and the baby are alive because I lost the first one. So, if I can see my baby and I'm okay too, that's all. I didn't see it as a death sentence" - MRS C, AMTH 2

"Emi ko so fun eni kankan rara o". Meaning, "I didn't tell people at all" - MRS A, AMTH 3

"Inu won ko dun, sugbon won dupe lowo Olorun ti o ko mi yo". Meaning, "They were not happy but thankful" - MRS B, AMTH 3

"Emi ko so fun enikankan o". Meaning, "I didn't tell anybody. Only my husband and mum knew and they understand. I was very smart so no one knew" - MRS A, AMTH 4

"Ko si ore tabi family Kankan ti o nwa mi wa, lodo iya mi ni mow a. emi ko le so iru nkan bee fun awon eniyan o". Meaning, "I was with my mum at the time so no friend or family member knew. I'm very careful with information like that" - MRS B, AMTH 4

"Awon kan ro wipe CS ko necesswry, inu awon miran saa dun fun mi". Meaning, "Some people felt it wasn't necessary, others were just happy for me" - MRS C, AMTH 4

Intimacy with spouse

The women shared their experiences on their intimacy with their husband. Most of them revealed that they have not started getting intimate with their husband while few confidently declared their ecstasy in this regard.

“Ko tii fi lo mi o”. Meaning, *“He hasn’t mentioned it yet”*- **MRS A, UTH 1**

“Due to what happened initially. I was very scared to have sex, but they advised us to do family planning during immunization. Since then, I’ve been very fine and comfortable (chuckles)”- **MRS B, UTH 1**

“No sex o. He hasn’t suggested it yet. Everybody is fine”- **MRS E, UTH 1**

“Same here o. I don’t even want for now”- **MRS A, UTH 2**

“No sex for now o, I am afraid that a pregnancy might occur again”- **MRS B, UTH 2**

“We have not started having sex o, still taking my time”- **MRS C, UTH 2**

“We have started seeing each other, yes”- **MRS C, UTH 3**

“We have not started that yet; I have a lot of tests to do before we proceed. I want to treat myself before proceeding with sex. How do you cope with the other child you have? She is assisting me in every area, we are taking care of the child together”- **MRS D, UTH 3**

“Yes, if I will not lie and not drag matter, we have started seeing each other (smiles)”- **MRS A, UTH 4**

“I will not start now o. I can’t even try it ni”- **MRS B, UTH 4**

“I have not started at all. At least not for now. There’s no time for now”- **MRS C, UTH 4**

“Not yet. My husband didn’t make any attempt and I neither”- **MRS A, UTH 5**

“I don’t have time for that o. its someone that help to carry the pain that will benefit. It even as if they have removed what usually stimulate for sex in my body”- **MRS B, UTH 5**

“Rara o!! omo mi ko tii pe osu kan now. Haba!! Meaning, *“No oo the baby is not even up to one month”*- **MRS A, AMTH 1**

“Emi ko tii bere o”. Meaning, *“I have not started”*- **MRS B, AMTH 1**

“Rara o, but ko nii pe mo, ti mob a ti se family planning”. Meaning, *“Not at all but I plan to start as soon as I have done family planning”*- **MRS C, AMTH 1**

“Rara”. Meaning, *“No”*- **MRS A, AMTH 4**

“Rara, sugbon laiye” Meaning, *“No, but soon”*- **MRS B, AMTH 4**

“Rara o. ti mob a l’oyun nko?”. Meaning, *“No, what if I get pregnant again?? I’m not ready o”*-
MRS C, AMTH 4

Relationship with other sibling

When asked about their relationship with other children. The mothers reported that they didn’t neglect the other children.

“I didn’t neglect her o. when I see her, I am also happy”- **MRS A, UTH 5**

“Alakobi mi ni yi”. Meaning, *“This is my first child”*- **MRS A, AMTH 2**

“Emi ko paa ti o, in fact, inu re dun wie o ri new baby. Ti mob a ti fun un ni whatever to ba beere fun, o ti wa pa ni tire”. Meaning, *“He didn’t feel neglected. In fact, he’s so happy seeing his new baby. The only thing is that when he asks for something and I help him with it then he is okay”*-
MRS C, AMTH 2

“For where? Emi ko pa won ti o”. Meaning, *“I didn’t neglect them o”*- **MRS C, AMTH 4**

DISCUSSION OF FINDINGS

It was revealed in this study that most of the women felt bad when they were informed that CS will be carried out as mode of delivery, few of them were indifferent while just one person had positive feelings about the decision. This is in congruent with Husby and Aune (2019) whereby the participants in their study expressed fear of the unknown concerning the outcome of the surgery based on false stories which they have heard before about women who had CS done. Likewise, Ezeone, et al (2018) reported that the major concern expressed by the women in their study were fear of death and error during the procedure, fear of subsequent infertility and post-operative pains.

This study revealed that the respondents were exhilarated when they were shown their babies in the theatre to the extent that one of them found it difficult to believe that the procedure had been completed. This is in support of the report of Meric et al. (2019) whereby happiness was recorded from the mothers when they were shown their babies. This is also in congruent with the findings of Puia (2018) whereby 7 (seven) of the women shared how negative emotions turned to positive feelings of joy and relief when they were shown their babies.

Good pain management was reported postoperatively by the participants in AMTH, whereas, this was different from those in UCH, whereby most of them reported that the drugs administered to them could not relieve their pain. The report from UCH participants was in agreement with that of Meric, et al (2019) in the qualitative study carried out on 27 women who gave birth by CS, whereby most of the women suffered afterpains.

Concerning, postoperative care of both mothers and babies, the participants from both health facilities reported positive attitude from the healthcare workers. However, insufficient health personnel were identified from one of the participants in UCH as a challenge against optimum care. This is against the findings of Abdelati, et al (2019) whereby majority of their respondents received incomplete and below

standard care in terms of post-operative nursing care. Though there was high level of physical care satisfaction, but this was without continuity and psychological support were low.

Lived experiences of the women during puerperium was positive because all of them had people (mothers, husbands, relatives and friends) who provided support in terms of caring for babies and doing other house chores. This is in line with the report given by Puia (2018) whereby all the participants except one commented on positive impact of support received from families and friends concerning caring for babies and household chores, which makes their recoveries to be easier.

Part of the lived experiences of the mothers is negative reaction from relatives and friends, especially husbands when they learnt that CS was the mode of delivery. This is in congruent with the report given by Owonikoko, et al (2015) in their study on women who had CS done, in which there were negative reactions from relatives who accused them of laziness because of their inability to achieve vaginal delivery. Alenkhe, et al (2020) are in favor of this finding whereby they reported that women prefer to be silent on CS as mode of delivery when they get back home from the hospital because the society regard it as lazy mode of delivery.

CONCLUSION

From the findings that emerged from the main objective of this study which was to explore the lived experiences of women who have undergone CS in teaching hospitals in Ibadan, Oyo state, especially during pregnancy, immediately after surgery, and during puerperium. It was concluded that detailed information and counseling of both the pregnant women, husbands, or significant others on the mode of delivery will go a long way in reducing anxiety that is often associated with the procedure.

Recommendations

Based on the findings generated from this study, the following plans of action are hereby suggested to help the government and other relevant agencies to consider, as they can improve the lived experiences of women who undergo CS in health facilities:

1. Healthcare workers should be taught communication skills and should make good use of the skills for better patient outcome
2. Community should be enlightened more on CS as a normal way of giving birth so as to reduce the negative reactions/ criticisms that women after the procedure
3. Men should be encouraged to participate in the antenatal care of their wives so that when CS is suggested as a mode of delivery, it will not become a family issue.
4. Healthcare workers should intensify their efforts in giving relevant support and care so that the experience of women who undergo cesarean birth will be positive throughout the period
5. Nurses and midwives should encourage women to express their thoughts and feelings about birth experience freely and counsel them appropriately

6. Health systems should provide sufficient resources, especially manpower and medications for qualitative and accessible maternal health care with clear policies on women's rights.

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