CHRISTIAN SERVICE UNIVERSITY COLLEGE

DEPARTMENT OF NURSING

FEAR AMONG PREGNANT WOMEN SCHEDULED FOR CESAREAN SECTION AND THEIR COPING MECHANISMS

A STUDY AT KUMASI SOUTH HOSPITAL

BY

PRISCILLA OPOKU – KUSI

DORCAS YEBOAH

BRIDGATTE SUTINGA

YAA DUFIE TWUMASI

A PROJECT WORK PRESENTED TO THE DEPARTMENT OF NURSING IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF A DEGREE IN NURSING

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DECLARATION

STUDENT'S DECLARATION

We have read the university regulations relating to plagiarism and certify that this report is all our own work and do not contain any unacknowledged work from any other source. We also declare that we have been under supervision for this report herein submitted.

Name	Index Number	Signature	Date
Opoku – Kusi Priscilla	10000385	……...	……..
Yeboah Dorcas	10000319	……...	……..
Sutinga Bridgatte	10000232	……...	……..
Twumasi Yaa Dufie	10000393	……...	……..

SUPERVISOR'S DECLARATION

I hereby declare that the preparation and presentation of this dissertation was supervised in accordance with the guidelines on supervision laid down by Christian Service University College.

PROJECT SUPERVISOR

Name: Mrs. Ernestina Armah

Signature: …….

Date: ……

HEAD OF DEPARTMENT

Name: Mrs. Ernestina Armah

Signature: ……....

Date: ……

ABSTRACT

The purpose of this study was todetermine the cause of fear among expectant mothers scheduled for cesarean section. The study was conducted at Kumasi South Hospital.

The data collection instrument was a questionnaire structure in English and made up of both open and closed ended questions. From the findings of the study, it was concluded that, most expectant women undergoing cesarean Section experiencedfear. Out of all respondents, 29 (96.67%) noted affirmatively that they were afraid to go through cesarean section operation. However, they are able to cope with these fears by believing in God and relying on the counsel of the nurses and surgical team. The factors that contribute to these fears that pregnant women scheduled for caesarean section go through included, pain, infection, anaesthesia, death and scar formation. Based on the findings, the nurses and surgical team must be equipped with the necessary resources to ensure that they carry out effective counselling for the patients who are scheduled for caesarean section operation. Such counselling must take place at a time the patients are calmed and in a position to accept the treatment.

DEDICATION

We dedicate this piece of work to our families for their support and guidance.

ACKNOWLEDGEMENT

All glory to the most High for His guidance, protection, wisdom and the love He has shown us throughout this project. We wish to acknowledge the valuable advice and support of our supervisor Mrs. Ernestina Armah, whose input and sustaining support was valuable during the research process.

To the staff at Kumasi South Hospital, we say thank you for your support and commitment shown to us.

Finally, to the entire teaching staff of Christian Service University College, Department of Nursing, we say thank you and may God replenish you all for your support and guidance.

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CHAPTER ONE

1.0 INTRODUCTION

Coping mechanisms are described as 'survival skills'. They are strategies that people adopt to deal with stress, pain and natural changes that people experience in life.(Freud, 1896).

According to Sigmund Freud,(1896), coping mechanisms are thought and processes that people devise in their families of origin to protect themselves from situations which are dangerous to their well - being. He called them 'defence mechanisms'.

There are positive and negative coping mechanisms. However many people use their coping mechanisms to benefit them positively. Examples of negative coping mechanisms include; fear, anxiety, depression, addiction, violence and abuse. Positive ones include; acceptance, forgiveness, communication, healthy eating habits and positive self image.

Coping mechanisms therefore become the unconscious behavioural devices we learn to use to help us retain, or regain control in uncomfortable circumstances. (Freud, 1896).

Fear is a vital response to physical and emotional danger. The danger can be real or imagined. It is a form of coping mechanism some women adopt when they are selected to undergo caesarean sectioning. Fears can pose positive or negative effects, as the consequences of the caesarean section. From the time a decision is made to have an operation until recovery is complete after undergoing the operation, there are major physical and psychological processes that can either enhance or impede healing and recovery.

Scientifically, fear is a chain reaction in the brain that starts with a stressful stimulus, triggering the release of specific chemical mediators that cause an uncomfortable feeling**.**

If a patient's response to surgery is negative, this can have harmful effect on the body.

Examples of such negative coping mechanisms are, fear and anxiety (Graham & Conley,2006), and these negative coping mechanisms can lead to rapid and shallow

breathing, increased muscle tension, release of stress hormones like cortisol, increased heart rate, increased blood pressure and lowered immune system functions.

On the other hand, the patient's response to surgery could be positive, Thus if the patient uses such coping mechanisms as adhering to the psychological care by health care providers, such as relaxation training, exercising, good nutrition, using pain control techniques such as breathing in and out, viewing documentaries on the theatre settings on how caesarean sections are conducted, the outcome that is highly likely to be successful; thus a healthy mother and baby are expected at the end of the surgery.(Scott, 2009).

1.1 BACKGROUND TO STUDY

Caesarean section is an operative procedure that is carried out under anaesthesia where by the fetus, placenta and membranes are delivered through an incision in the abdominal wall and the uterus (Cooper *et al*, 2010). It may be planned (elective) or unplanned (emergency), where the health of the mother or baby is at risk. This surgery is usually carried out from 24 weeks of gestation onwards.

The elective caesarean sections are usually scheduled to take place when the pregnancy has reached term but before labour begins (usually performed within 37 – 40 week).

Emergency caesarean sections are performed when vaginal delivery poses risk to either mother or baby; it is done to reduce mortality and morbidity.

This type of operation is done in cases such as; a breech presentation, twin pregnancies, big babies, a history of uterine surgeries, etc.

Women scheduled for caesarean sections tend to have a lot of fears and concerns. They ask questions such as

1. Why am I getting this, do I really need a caesarean section?
2. Can I ever deliver per vagina?

3. Is recovery not going to be long?
4. Will I be depending on people and how do I bond with my baby?
5. What, if something life – threatening happens during or after surgery?
6. Will my sexuality be intact?
7. Will other women think less of me?

This attitude and questions show negative coping mechanisms.(WHO, 2011)

Majority of expectant mothers especially, those with certain pregnancy - related conditions, such as pregnancy - induced hypertension, multiple pregnancy, hydrocephalus, are usually operated on, as part of the intentions of the Ministry of Health to provide complete and comprehensive care to clients in order to reduce maternal mortality.

The notion that one is being admitted to hospital, for what is perceived a major surgery can be a cause of significant anxiety for clients, and this is neither new nor unexpected (Baylack, 2005).

Women who undergo caesarean section have been observed to have a higher incidence of fear and concerns which is due to inadequate psychological preparation, their feminity being tampered, inability to bear children, the effect on their marriages or sexuality, death of the child and mother and contracting other diseases. (Cooper*et al*, 2010).

According to the Ghana Health Service,(2000), in the 1990's, out of 100,000 deliveries, 680 women died, through spontaneous vaginal delivery because of various gynaecological conditions.

In 2002, at Komfo Anokye Teaching Hospital, only 6.9% of women who attended antenatal clinic in the hospital were delivered through caesarean section. In recent times however, according to the hospital's statistics, the figure has gone up to 29.3%. (MOH., GHS., 2004).

In Kumasi South Hospital, 1853 women attended antenatal clinic from January to June, 2013, and out of this number 538 were delivered through emergency caesarean section.

1.2 METHODOLOGY

This study was a cross sectional descriptive type, that used quantitative method. The study was conducted over a period of three weeks on 30 female patients scheduled for caesarean section operation at the Obstetrics and Gynaecology unit at the Kumasi South Hospital. The population involved in the study was chosen from expectant mothers who have been scheduled for caesarean section operation within a week. They were pregnant women with ages ranging from 18 years to 45years, since they are in their reproductive age. Questionnaire will be used as the instrument in the data collection.

1.3PROBLEM STATEMENT

Observations by most professional nurses and midwives at Obstetrics and Gynaecological units of hospitals revealed that expectant mothers who were being prepared for emergency caesarean section showed various signs of negative coping mechanisms. However, in Ghana, investigation into how these women cope with the surgery before and after is not addressed. Therefore, this study seeks to find coping mechanisms adopted by the expectant women who undergo caesarean section at the Kumasi South Hospital.

1.4 OBJECTIVES OF THE STUDY

1. To determine the causes of fear among expectant women scheduled for caesarean section.
2. To examine the coping mechanisms adopted by expectant mothers scheduled for caesarean section.
3. To determine the role of the nurse on the expectant women scheduled for caesarean section.

1.5 RESEARCH QUESTION

To achieve the set objectives the study seeks to answer the following questions;

1. What are the causes of fear among expectant women scheduled for caesarean section?
2. What are the coping mechanisms these women adopt before and after surgery?
3. What is the role of the nurse in ensuring that the patient's fear is allayed?

1.6 JUSTIFICATION / SIGNIFICANCE OF THE STUDY

This study is intended to help individuals who are involved in the care of the expectant women to identify such patients' unique needs prior to surgery and to develop good counselling skills to enhance better coping mechanisms amongst them.

The result of the study will also serve as reference for student researchers who will be interested to undertake similar study.

CHAPTER TWO

2.0 LITERATURE REVIEW

Caesarean section is an operative procedure that is carried out under anesthesia where by the fetus, placenta and membranes are delivered through an incision in the abdominal wall and the uterus (Cooper *et al*, 2010).

Coping mechanisms are described as the "survival skills". They are strategies people adopt to deal with stresses, pain and natural experiences that people experience in life.(Freud, 1896).

According to Sigmund Freud (1896), coping mechanisms are thought processes that people devise in their families of origin to protect themselves from situations that are dangerous to their wellbeing. He called them 'defence mechanisms'.

Fear is a vital response to physical and emotional danger. The danger can be real or imagined. It is also a form of coping mechanism some women adopt during caesarean sections. Such fear could produce positive or negative effects, on the consequences of the caesarean section.

Scientifically, fear is a chain reaction in the brain that starts with a stressful stimulus and ends with the release of chemicals mediators that cause an uncomfortable feeling.

Some fears and anxieties of expectant women scheduled for caesarean section

Lemaitre and Finnegan (2012), observed in their study that, regardless of a client's situation in life or her intellectual gifts, the patient cannot really know that she must have surgery or what type of surgery must be done. She can only trust her surgeon's knowledge and judgment. She cannot adequately appreciate the complexities and necessities of certain acts of nursing care, but must believe in the expertise and professional knowledge of her nurses.

Dumas (2010) revealed that the patient cannot comprehend the working of a hospital, its operating rooms and facilities. She must only resign herself to accepting this vast organization as something created for her safety and benefits. Consider then how total this act

of faith must be to a patient. Her very life and happiness are suddenly entrusted to a group of people she hardly knows and to a high complex institution she cannot understand.

Scott (2009) observed that, admission into a hospital can provoke feelings of fear and anxiety in many patients, particularly in those who are about to undergo caesarean section.

In a study by Carnevali (2006),it was reported that patients facing caesarean section may express fear about pain, anaesthesia, loss of unborn baby or body part, and of the unknown.

Dumas (2000), observed that the root of this fear was ignorance, false knowledge and true knowledge of the caesarean section

Lemaitre and Finnegan (2001) observed that, it is an all – too – obvious but often forgotten fact that, caesarean section is frightening to a patient.

Fear rooted in ignorance

According to Cooper *et al*,(2010), fear is the most common of preoperative coping mechanism, and may take several form. Often the patient expresses her fears through a disguised question. The disguised questions must be recognized and answered accordingly. Some typical questions are;

1. **Disguised question:** "Will the operation take very long?"
2. **Real question:** "Doesn't a long operation means a serious illness?"Or," isn't a long operation dangerous?"
3. **Disguised question:** "Do you think I have cervical cancer?"
4. **Real question:** "Is my doctor telling me the truth when he says I cannot deliver vaginally?" Or, "wouldn't they be able to treat my condition with drugs if there was no thought of cancer so I can deliver per vagina?"(Cooper *et al* , 2010),

Fear rooted in false knowledge

Larson (2001), revealed that, the patient often tends to compare with some remotely similar problems a friend or relative had and if the latter suffers a misfortune, the patient is liable to expect same. In many cases, the comparison lacks validity but the patient is naturally unaware of the dissimilarities.

Fear rooted in true knowledge

Some patients are preoccupied with fears based on known facts. The worst way of handling these fears is to deny their validity. This breaks the patient's faith in honesty of the doctor or nurse. These fears are best handled by placing them in their right context. (Larson, 2001)

Kalkman (2009) explains that from the patients view point, caesarean section has four characteristics.

- It is an act of faith
- It is an act of submission
- It is a radical invasion of privacy
- It induces fear

Moene and Bergbom (2006), observed that, patients waiting for caesarean section experience multifarious reactions. These include anxiety, fears of unknown, pain, anaesthesia, and even death.

Koivula *et al* (2008), revealed that, anxiety and fear increase in situations where a person cannot control the event involved, and it is true that information given reduces uncertainty.

According to McGraw and Hanna (2011), 25%of patients admitted and scheduled for caesarean section have fear and anxiety about their upcoming surgery. The prevalence of preoperative fear was significantly higher in younger patients and in more educated patients. The commonest fear identified was fear of death to mother or baby on operating tables.

Pre surgical anxiety can have major implications on the recovery of patients as it can cause physiological problems, such as, elevated blood cortisol level, which may slow normal healing, decrease immune response, an increase risk of infection, fluid and electrolyte imbalance. (Cooper *et al*, 2010).

Knowles (2010) disclosed that, the mere mention of caesarean section may have profound psychological effects on the patient preoperatively and postoperatively. At times the problems are clear cut and simple to handle. At other times too, they are subtle and may have fear reaching effects on the ego.

Baylack (2009), revealed that pre surgical fear and anxiety can exacerbate actual pain experienced postoperatively and significantly impair psychological wellbeing and cooperating with self care activities. He disclosed that all of these can dramatically delay the recovery of caesarean section patients.

Sources and factors contributing to fear and anxiety among women scheduled for caesarean section

According to Scott (2009), several potential factors contribute to fear and anxiety. She observed those related to illness, example, pain, discomfort and uncertainty regarding progress and recovery, and those related to hospitalization, example, unfamiliar environment, unknown faces, loss of independence, loss of privacy and the potential threat of wellbeing.

Koivula *et al* (2008) depicted that "uncertainty of the mind" is apparent in patient including anxiety and fear, loneliness in the intensive care unit, separation from close ones and psychological complications such as confused state of mind.

Graham and Conley (2006) identified fear of the unknown as a causative factor for preoperative fear and anxiety in women scheduled for caesarean section. In contrast, Lepezy

and McNeil (2006) revealed that anxiety levels were not associated with information giving or its timing.

Koivula *et al* (2008), conceded based on a literature review that more information is not enough to alleviate anxiety. Patient also need support, acceptance of their feelings or fears, encouragement of expressing feelings, reassuring discussions and therapeutic touching, to help minimize their fear.

One important cause of preoperative fear and anxiety in caesarean section in a well balanced patient is fear of the unknown. Others causes included fear of disability, fear of poor prognosis, fear of lowered self-esteem and fear of death.

The fear of losing a baby or uterus in a woman is a deep rooted source of fear and anxiety. This can be reduced or completely taken away after simple explanation by the nurse. Education of patient preoperatively reduces the amount of pain experienced postoperatively. (Scott 2004).

Egbert *et al* (2000), claims sufficient preoperative information reduce the amount of analgesia required post operatively by one – third (1/3), and the length of hospitalization reduce by 3 days.

Mechanisms adopted by pregnant women scheduled for caesarean section to cope with fear

Knowles (2010) indicated that, pregnant women scheduled for caesarean section are able to cope with fear, if the partners determine to help them lift the burden of anxiety. He advised, seeing a consultant to discuss their fears and anxieties helped expectant mothers scheduled for caesarean section cope with their fears since he offered them advise and education on how the surgery would be like.

The risks of caesarean section are routinely exaggerated partly because the elective and emergency risks probably are often lumped together despite being different.

Despite the various religious beliefs of the physician and the nurse, both must understand and appreciate the beliefs of and convections of their patients. These beliefs must be treated highly. Often a priest or minister may do more toward calming an anxious patient than other members of the health team combined.

The role of the nurse in relation to pregnant women scheduled for caesarean section

Walker (2008), explained that visiting by obstetricians and nurses is a concept that has been in existence for 20 years with primary intention of minimizing fear and anxiety, by helping patient cope with hospitalization and providing them with information about the theatre unit, equipment used as well as answering questions. In this way, it is hoped that, the patient is appropriately informed of the various aspect of preparations leading to the caesarean section and there is evidence that, patients who have received adequate preoperative visits are less likely to suffer from anxiety.

Scott (2004), also emphasized that, such visits should be led by experienced professional who has the necessary knowledge to address those fears that the patient may have. The provision of information should be beneficial to both the nurse and the patient.

Koivula *et al* (2008) reported of the different occupational groups which used different strategies in patient counselling. They revealed that, nurses mistakenly assumed patients to expect counselling primarily from nurses whilst patients themselves expect to receive counselling from doctors.

The nurse should be able to explain every single procedure to her patient. According to (Brooks 2008), specific points requiring explanation include;

- The general meaning of laboratory investigations requested for the patient, the exact method of performing these tests and the approximate amount of discomfort which the patient should expect.
- A general idea about the expected preoperative procedures to be undergone by the patient. The physician should be consulted to determine the plan of action.
- The nature and actions of medications administered to the patient.
- The importance of nursing procedures carried out on the patient.
- A general discussion of the operative procedure and what the patient should expect post operatively.

The patient has exaggerated ideas or even false ideas of surgical risks and disability. A simple but thorough discussion with the patient may be all that is needed to allay these fears.

A patient may be particularly anxious about the nature of anaesthesia because she expects to be violently ill from the gases. The nurse can allay these fears by a discussion of the safety of modern anaesthetics and the absence of illness following its use.

Scott (2004), indicated that oral communication was more quickly appreciated by patients. One is able to keep 50% to 60% of any verbal information that one receives. The Ministry of Health, Ghana (2000), recommended that, in order to reduce fear and anxiety in patients, information on what to expect should be provided not just patients alone but to relatives as well.

Information given by the nurse should be objective and tangible in order to make a seemingly frightening situation more bearable and familiar for the patient. The effect of the information given on the patient's emotional state has been studied by testing different counselling interventions by the experimental control group method. (Dumas, 2010).

Koivula *et al* (2008), identified that, structured counselling program has been found to significantly reduce fear and anxiety amongst women scheduled for caesarean section, both

immediately and long term. It is emphasized that the nurse should develop patient counselling skills through additional training.

Scott (2004) suggested that, the need for nurses to become more patient centred in their approach. It has been recognized that the provision of patient information and education have increased and become an important part of modern health care delivery.

Edmond *et al* (2006), also suggested that, helping the pregnant woman and the partner prepare for caesarean section at antenatal clinics help reduce the fear and anxiety experienced by the mother and improve the birth experience.

In order for nursing interventions to be therapeutic, the potential impact of such fears and anxieties ought to be recognized and the type of intervention should be evidence based. It ought to be informed by an understanding of the cause of the fear and anxiety. The surgical patient, however adjusted, she may seem, often harbours a great deal of fear concerning the impending surgery. The nurse must understand this fear, it causes and management. She should realise her important role in the management of the surgical patient, as she supports the physician in his attempt to allay the patient's fear.

Management of fear and anxiety can be difficult if patient has high levels of anxiety and perceive the surgery as a life threatening one. Such patients may then demonstrate avoidance behaviour by not attending appointments and giving cold shoulders if they do attend.

When anxious patients reluctantly agree to undergo treatment, they may cause stress on the surgeon, impairing his surgical performance and leading to longer operative times.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 INTRODUCTION

This chapter describes how the research was to be carried out. It provides the work plan of the research and the validity, reliability, generalization and reliability of the results. The content covers the following:

3.1 STUDY DESIGN

This study was a cross sectional descriptive type. The study was conducted over a period of three weeks on 30 female patients scheduled for caesarean section operation at the Obstetrics and Gynaecology unit at the Kumasi South Hospital, Kumasi.

3.2 RESEARCH SETTING

The study was carried out at the Obstetrics and Gynecology Unit, Kumasi South Hospital. It is one of the biggest hospitals in the Ashanti region. It works under the Ghana Health Service and is endowed with human and material resources, as it has various categories of health personnel including; doctors, nurses, pharmacists, laboratory technicians, and administrative staff. The hospital is located at Atonsu Agogo, a suburb of Kumasi. The Obstetrics and Gynaecology unit is where females with obstetrical and gynaecological conditions are treated.

3.3 STUDY POPULATION

The population involved in the study was chosen from expectant mothers who have been scheduled for emergency caesarean section operation within a week. The ages ranged from 18 to 45years.

3.4 SAMPLE AND SAMPLING METHOD

Thirty (30) patients who were scheduled to undergo caesarean section were recruited. Incidental sampling will be used to select the respondents. This is useful in selecting respondents who are available at the time of data collection and who provide the most useful information for the study.

3.5 MODE OF ANALYSIS

Data collected was analyzed using SPSS 17-0 (Statistical Package for Social Sciences) and was summarized using tables, bar charts and pie charts

3.6 VALIDITY AND RELIABILITY

The questionnaires were shown to our supervisor for correction in order to make the questions valid and reliable to carry the research. Furthermore, a pretest of five questionnaires was done at the Suntreso Government hospital to test the adequacy of the questions and some few corrections made after the pretest.

3.7 ETHICAL CONSIDERATION AND DATA COLLECTION

A letter of introduction from the Nursing Department, Christian Service University College was sent to the Administrator of Kumasi south hospital to obtain permission to carry out the study in the units. Consent was sought and confidential information was protected.

3.8 DATA COLLECTION INSTRUMENT

Questionnaires were used as the instrument in the data collection. The questionnaire was designed to retrieve information from patients on the type of fear (if any), sources and factors contributing to fear and anxiety. Other information to be sought includes ways of controlling and minimizing these fears and anxieties. The questionnaire is in English language but the interview will be in Twi. The questionnaire has four (4) sections and a brief introduction.

The questionnaire is in the appendix.(Pg. 38).

Section A: A background data which had five (5) questions under it and these includes; patient's age, occupation, educational status, marital status and religion.

Section B: Had six (6) questions under it. This is to know the patient's obstetric history.

Section C: This section was on patient's knowledge and attitude towards caesarean section operation. The objective was to know patient understands on their condition and to identify whether patients have fears and anxieties towards caesarean section operation and if there is, the sources of the fears and anxieties and for them to suggest ways of controlling and minimizing these fears and anxieties. There were ten (10) questions under it.

Section D: was based on patients' past experiences on surgical operation. This is to determine whether past experience influenced patients who are to undergo caesarean section. There are nine questions under it.

3.9 LIMITATIONS TO THE STUDY

We encountered a number of problems in carrying out this research. The major one was financial constraint which led to the small sample size of 30 used. Time constraint was also another problem we encountered in terms of combining work, lectures and completing the study on schedule.

CHAPTER FOUR

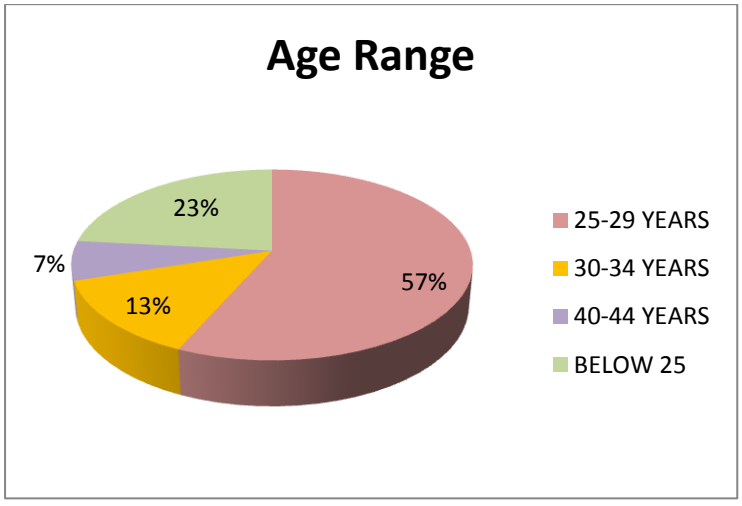
DATA ANALYSIS

4.0 INTRODUCTION

This section of the study includes findings obtained from the analysis of the responses that respondents provided. It is sub-divided based on the respondents back ground characteristics and the specific objectives of the study. The main source of instrument used is the distribution of questionnaires to thirty (30) expectant mothers who undergo caesarean section within a week. The findings provided a reflection of their various fears and anxieties which are presented in the form of tables and charts.

4.1 DEMOGRAPHIC CHARACTERISTICS

Fig. 4.1 Age Distribution of Respondents



From the pie above, out of 30 respondents indicated the following; ages 25-29 registered the highest 17(57%), followed by below age 25 7(23%), 30-34(13%) while ages 40-44 had 2(7%). This depicts that the majority fall between the ages of 25-29.

4.2 EDUCATIONAL LEVEL OF RESPONDENT

The column below shows the following breakdown of 30 respondents in their educational status. Those who had tertiary education were 17(56.67%), 5(16.67%) for primary school, others had 4(13.33) for senior high school and 4(13.33%) for no formal education. However there is a clear indication that the majority of the respondents fell under tertiary education followed by the secondary level of education. Though, a detectable number of 4(13.33%) had no formal education, the findings would not be affected since most of the respondents were conversant enough and questionnaire was well explained to the respondents without formal education.

Fig 4.2 Educational status

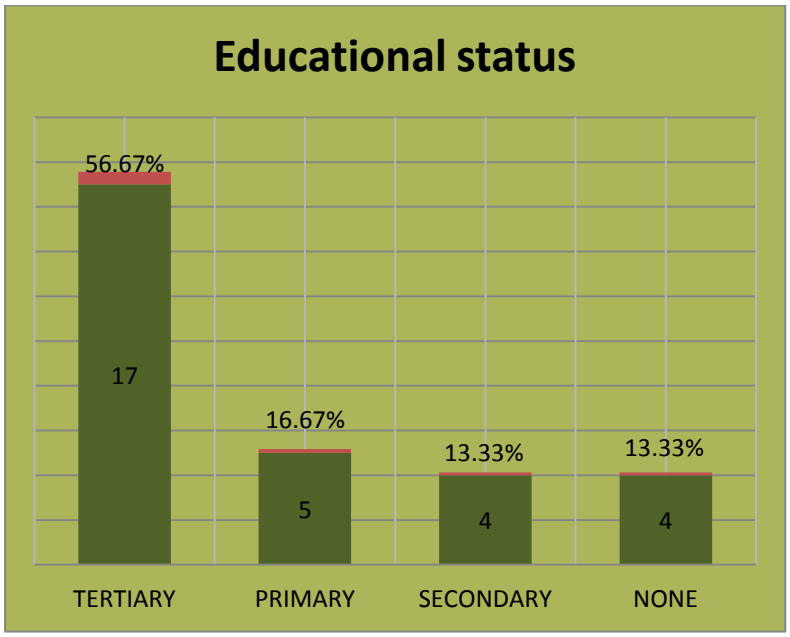


Table4.1 Marital status of Respondents

MARITALSTATUS	FREQUENCY	PERCENT
MARRIED	16	53.33%
SINGLE	14	46.67%

Total	30	100.00%

From the table above, among the 30 mothers who responded, 16(53.33%) were married representing the majority whilst 14(46.67%) were single.

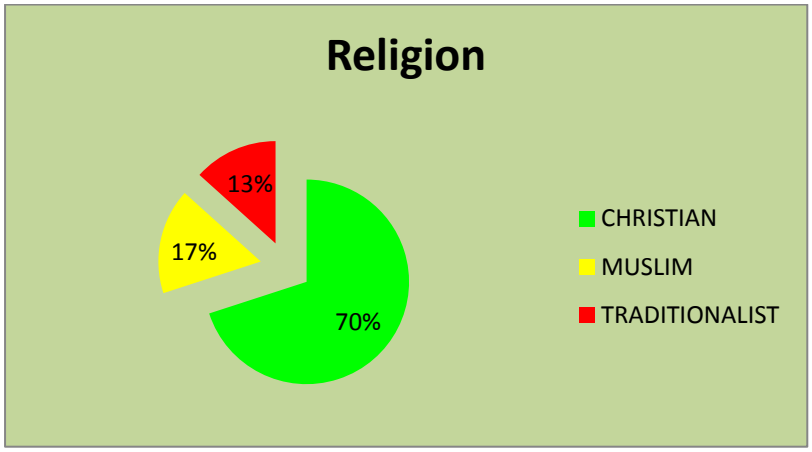
Table 4.2 Occupations

OCCUPATION	FREQUENCY	PERCENT
ADMINISTRATOR	3	10.00%
BANKING	2	6.67%
HAIRDRESSING	2	6.67%
NURSING	4	13.33%
POLICE	1	3.33%
SEAMSTRESS	1	3.33%
TEACHING	4	13.33%
TRADING	8	26.67%
UNEMPLOYED	5	16.67%
Total	30	100.00%

The table above illustrates the occupation of the respondents with 5 respondents being unemployed out of the context indicating (16.67%), 8(26.67%) being the majority who were traders, followed by 4 nurses with (13.33%), 3(10%) being administrators, banking and

hairdressing having the same frequency and percent which is 2(6.67%), however, police and seamstress have the same frequency and percent which is 1(3.33%) and 1(3.33%) respectively.

Fig 4.3 Religions of Respondents



The graph above indicates the majority of respondents, thus 21 out of 30 respondents representing 70% were Christians, 5(17%) were Muslims whilst 4(13%) were traditionalists.

Table4.3 Respondents Obstetric History

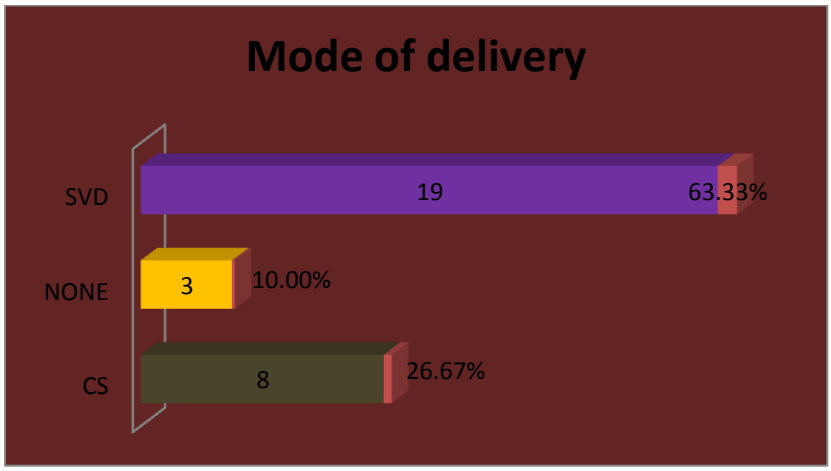
Distribution of the Number of Children of the Respondents

NUMBEROFCHILDREN	FREQUENCY	PERCENT
NONE	9	30.00%
ONE	10	33.33%
THREE	3	10.00%

TWO	8	26.67%
Total	30	100.00%

As shown in the table above 9 out of the 30 respondents representing 30% had never had a child, whilst 10(33.33%) had a child each, 8(26.67%) had two children already and 3(10%) with three children. None of the respondents had more than three children.

Fig 4.4Mode of Delivery



From the bar char above, 19(63.33%) of the respondents had spontaneous vaginal delivery with 8(26.67%) having cesarean section delivery and 3(10%) have not gone through any of the mode of delivery since they had no children.

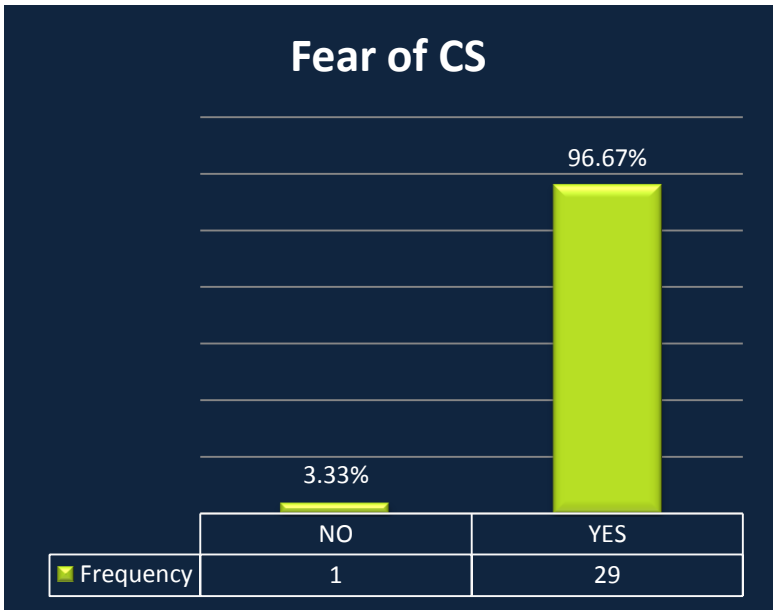
Table4.4Lost of a Child by Respondents

HAVEYOULOSTACHILD	FREQUENCY	PERCENT
YES	5	16.67%
NO	25	83.33%

Total	30	100.00%

In the table above when the respondents were asked whether they had ever lost a child, 5 out of 30 respondents representing 16.67% had lost a child and 25(83.33%) had never lost a child. Most of the respondents had never lost a child through spontaneous vaginal delivery or caesarean section operation. Those who lost their children were through abortions, both medically induce and self-induce and the rest, as a result of sickness.

Fig4.5 Fears of Respondents on Caesarean Section



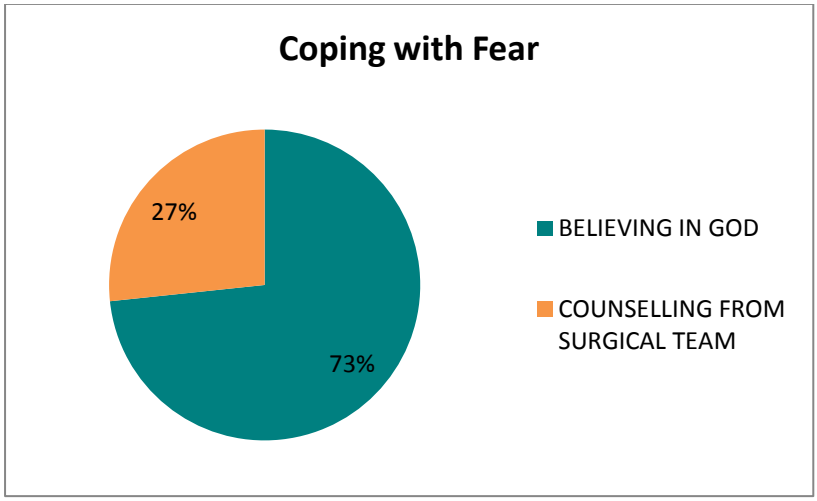
Respondents, on fears linked to caesarean section, as revealed in chart above, suggested that almost all the respondents conveyed some level of fear and anxiety. The majority being 29(96.67%) out of the 30 respondents.

Table4.5 Causes of fear towards Caesarean Section

RESPONDS	FREQUENCY	PERCENT
DEATH	26	86.67%
ANEASTHESIA	1	3.33%
INFECTION	1	3.33%
PAIN	1	3.33%
SCAR FORMATION	1	3.33%
Total	30	100.00%

As represented, the respondents when asked about their fears, 26 out of 30 respondents representing 86.67% were scared of death, one for each person was afraid of anesthesia, scar formation infection and pain representing 3.33% respectively.

Fig 4.6 How Respondents Cope with their Fears



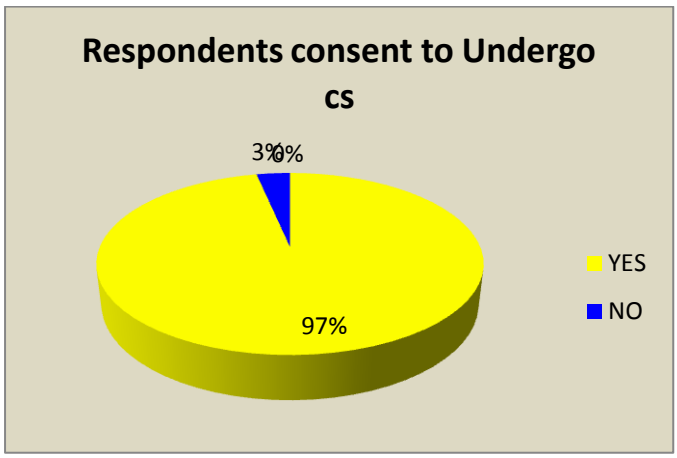
The chart represents 30 expectant mothers, which 22(73%) had hope and believed in God as a mechanism of coping with fear and 8(27%) counted on the counselling the nurses and surgical team gave.

Table4.6The need for Caesarean Section

THE NEED FOR CS	FREQUENCY	PERCENT
YES	29	96.67%
NO	1	3.33%
Total	30	100.00%

From the table in response to whether or not the nurses and surgical team had convinced respondents about the need for this surgery, majority of them 29(96.67%) noted "yes" whilst 1(3.33%%) noted "no", inferring that the nurses and surgical team advised the patients on the need for caesarean section. This helped allayed their fears and anxiety.

Fig 4.7 Respondents Consent for Cesarean Section



Agreeing to the chart above, when respondents were asked whether they had accepted to go through caesarean section or not, 29 respondents noted "yes" demonstrating 97% while only 1(3%) person noted "no". This means that respondents had various fears about caesarean

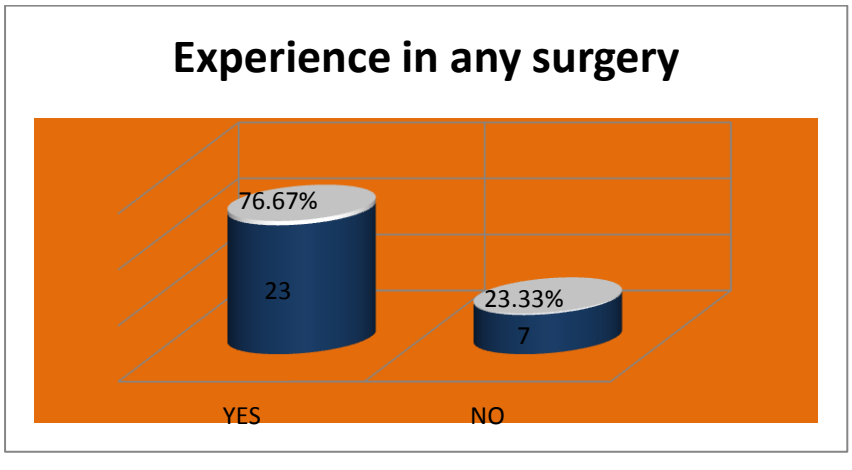
section operation but still had hoped that their unborn babies would be saved after they were counselled and saw the need for caesarean section.

Table4.7 Other Treatment

ANYOTHERAPARTFROMSURGERY	FREQUENCY	PERCENT
YES	30	100.00%
NO	-	-
Total	30	100.00%

The table above shows that all 30(100%) respondents would have preferred any other treatment apart from caesarean section operation. This certifies that respondents were not willing to undergo caesarean section operation if not for prevailing gynaecological conditions. This is basically due to the fear of death, pain, infections and others related issues.

Fig 4.8 Respondents Experience in any surgery



The chart indicates that from the 30 respondents, 23(76.67%) have had experience in surgery before whilst 7(23.33%) had not gone through surgery before. This shows that majority of the

respondents have had surgery before but still they are afraid due to death and other past experience.

Table4.8 Pre- operative Counselling for Patients

COUNSELLING	FREQUENCY	PERCENT
YES	30	100.00%
NO	-	-
Total	30	100.00%

In the table above, all the respondents 30(100%) responded that the nurses and surgical counselling team did a great job. This shows that the nurses and surgical counselling team helped the clients to deal with fear and anxiety.

Table4.9 Relieve of Fear after Counselling

RELIEFOFFEARAFTERCOUNSELLING	FREQUENCY	PERCENT
YES	30	100.00%
NO	-	-
Total	30	100.00%

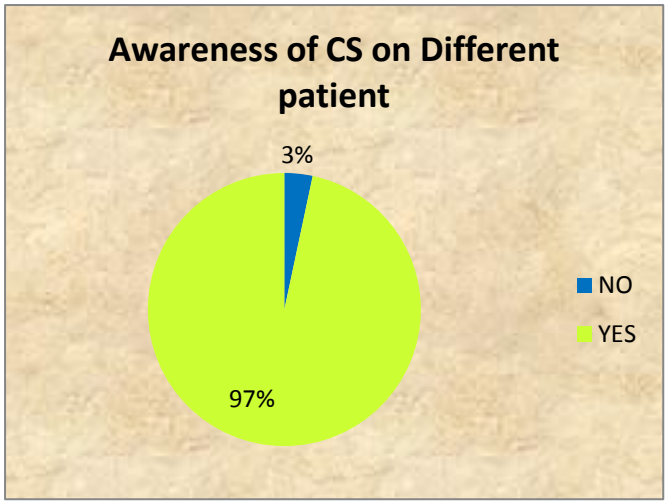
As depicted in the above table, all 30(100%) respondents who had received counselling were calmed down of their fears after counselling.

Table4.10 Kind of Anesthesia given

KINDOFANEASTHESIA	FREQUENCY	PERCENT
YES	30	100.00%
NO	-	-
Total	30	100.00%

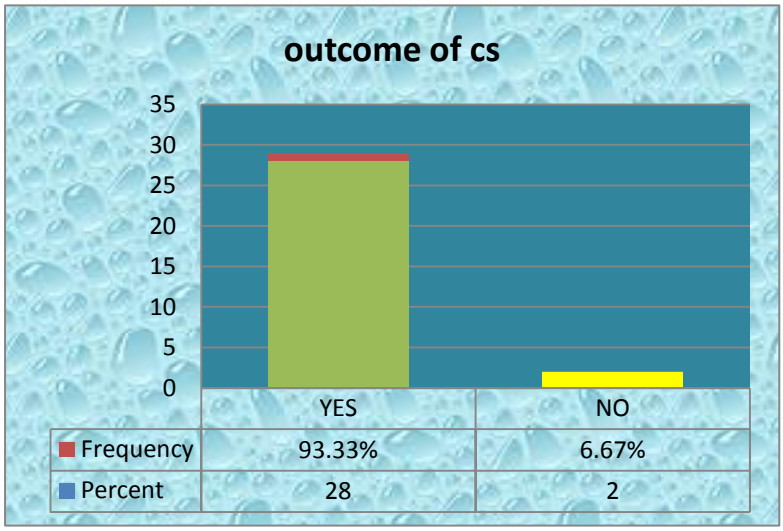
In responding to the kind of anesthesia given to patients as they were given the details or not, all the 30 respondents answered affirmatively which is 100%. This means all the 30 respondents were told the kind of anesthesia given.

Fig 4.9 Awareness on Cesarean Section on different Patient



In response to whether the respondents were aware of people who had gone through caesarean section operation as indicated in the chart above, 29(97%) noted ” yes” to the question whilst 1(3%) noted “no” to the question. With this clients knew about the case of other people operated upon before, so this may curb and ease the fears of the expectant mothers.

Fig 4.10 Outcome of the cesarean section



The outcome of the caesarean section operation, 30 respondents which 28(93.33%) answered "yes" went through the surgery successfully whereas 2(6.67%) responded "no" meaning their surgery was fruitless. Since the majority had successful surgery, it indicates that, majority of the caesarean section operation are carried out successfully and that respondents need not be afraid.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.0 INTRODUCTION

This chapter deals with the interpretation and discussion of findings, conclusions and recommendations of the study.

5.1 DEMOGRAPHY OF RESPONDENTS

- **Age and Gender**

Thirty (30) questionnaires were distributed and all were answered by the pregnant women, representing 100%. Out of this, majorities (57%) were between the ages of 25 – 29 years, this indicates that majority of the women had fear and anxiety if the need be for impending caesarean section. With respect to the range there is a hint that majority of the respondents were young and this goes to support the study of McGraw and Hanna (2011) that indicates 25% of patients admitted had fear and anxiety about their forthcoming surgery and prevalence to preoperative fear was significantly higher in younger patients and more in educative patients. This implies that a lady within this age group who possibly might have a child or none is expected to have fear and anxiety when scheduled for cesarean section operation.

- **Level of education and year of work**

Almost all the respondents have had some level of formal education. Majority of the respondents (56.67%) had their education up to the tertiary level and (13.33%) had senior high school education, five persons (16.67%) had primary education and 4 (13.33%) who did not fall under any of the levels listed. Equally there is a clear indication that the majority of the respondents fell under tertiary education followed by the secondary level of education so most of the women were educated and could understand the questions asked with little or no explanation.

- **Marital Status**

In the Ghanaian society there is a lot of prestige attached to marriage. It is therefore not surprising that majority of the respondents 16 (53.33%) were married whiles 14(46.67%) were single.

- **Fear of Caesarean section**

When asked if the women had fear towards caesarean section operation, according to the graph, almost all the women answered affirmatively signifying 29 (96.67%) but only 1 showing (3.33%) noted otherwise. This supports the study of Scott(2009), who observed that, admission to hospital can provoke feelings of fear, anxiety and stress in many patients particularly in those who are about to undergo major surgeries.

- **Factors that contributes to fear**

In response to factors that contribute to fear about caesarean section operation, 26(86.67%) noted death, which supports the study of McGraw and Hannah(2011) which identified fear of death on the operating table as commonest. The table revealed that the commonest of fears identified was the fear of death and the fear of anaesthesia, infection, pain and scar formation which had (3.33%) each respectively. This is in the backing of Carnvali (2006), study, which unveiled that some patients may experience fear of pain, anaesthesia and the unknown. Pain after surgery was another factor that made patients feared the most, which confirmed Scott (2004) whose study indicated that some would-be factors that contribute to the fear and anxiety in patients. It was observed that, pain, discomfort and uncertainty regarding progress and recovery, those related to hospitalisation example unfamiliar environment, unknown faces, loss of independence, loss of privacy and the potential threat of well-being. This infers that pain after surgery can incite fears and anxiety in clients especially in expectant mothers who might worry about not being able to breastfeed their babies in such pains.

- **How respondents coped with various fears**

Respondents fear and anxiety was very high in that, 22 expectant mothers representing 73% had hope and believed in God. This confirms Brophy S.F (2008) who observed that whatever the particular religious beliefs of either a physician or nurse, both must understand and appreciates the beliefs and convections of their patients. He revealed that, these beliefs must be treated highly and often a priest, minister or Rabbi may do more toward calming anxious patients than all the other members of the hospital team combined. 8(27%) relied on counsel of the nurses and surgical team agreeing to Knowles (2010) who disclosed that, seeing a consultant to discuss your fears and anxieties helped expectant women to undergo caesarean section operation cope with their fears since the consultant offered advice and education on how the surgery will be. Therefore, counselling and religion is a solution to relief clients of their fears and anxieties.

- **Respondents consent to Undergo caesarean section**

From the view of the respondents whether they will agree to caesarean section operation, almost all the respondents 29 (97%) gave affirmative answer, suggesting that, the nurses and surgical team did a very great job by giving counselling to patients before caesarean section and this helps in reducing the fear towards surgery, though, only 1(3%) said no. However this emphasises that, the expectant mothers had to undergo caesarean section operation to save the lives of their babies and themselves, this backs Koivula *et al* (2008) who revealed that anxiety and stress increase in situation where a person cannot control the events involved and that the information given reduces uncertainty. This bring to the point that respondents fear and anxiety could not made them escape the caesarean section operation because they could not control the current situation they were found in and also needed to save their lives and the babies as well.

Once more, all the respondents would love to have any other treatment apart from caesarean section operation, 30(100%). This may be linked to the result of pains, death, infection, scar formation and anaesthesia.

- **Respondents past surgical experience**

The findings indicated that, the respondents past experience in surgery, 7 (23.33%) had not gone through surgery before signalling that it was their first major experience. 23 (76.66%) had gone through surgery before. This approves what Graham and Conley (2006) identified, fear of the unknown is a causative factor of preoperative anxiety in patients. All the respondents 20(100%) who had gone through surgery responded that the nurses and surgical team counselling in fact relieved them from fears and anxiety meaning they did an excellent job. Scott (2004) explained that, patient who have been provided with and have read written information preoperatively can experience less anxiety, shorter stay and quicker recovery. This contradicts Brophy S.F (2008) who observed that, spoken messages quickly close competence and accuracy, facts are omitted, deleted or condensed and the person only retains 30%-40% of verbal information received. This attests that, aside the counselling given by the nurses and surgical team, respondents themselves devised certain mechanisms like believing in God to curtail their fears and anxiety in relation to caesarean section operation.

The study also shows that, the respondents 20 representing (100%) who had gone through surgery before had knowledge on the kind of anaesthesia, given. The international anaesthesia society (1996) claims preoperative fears and anxiety have been linked to the usage of certain types of anaesthesia. Preoperative fear of the usage of general anaesthesia, contributed to the patient's fear and anxiety.

- **Awareness on caesarean section operation**

However, respondents awareness about experience on caesarean section operation, out of the 30 respondents 29 (97%) noted yes meaning they were successful with the surgery whilst

1(3%) noted no to the question. This was observed to influence the respondents decision to have fear towards the caesarean section or not as according to Larson (2001) who states that, the patient often tend to compare with some slightly similar problem a friend or relative had and if the latter is misfortune, the patient is liable to expect the same.

5.2 CONCLUSION

From the findings of the study, it is concluded that, most expectant women undergoing caesarean Section experience fear. Out of all respondents, 30(100%), 29 (96.67%) noted yes when asked if they were afraid to go through caesarean section operation. However, they are able to cope with these fears by believing in God and relying on the counsel of the nurses and surgical team. The factors that contribute to these fears that pregnant women scheduled for caesarean section go through included, pain, infection, anaesthesia, death and scar formation.

Majority of the respondents representing 30(100%) noted that, they were all counselled by the nurses and surgical team on the need for the caesarean section operation and this reduced their fears about the operation.

The study significantly revealed that, all the respondents would prefer a different treatment to the caesarean section operation which is in consonance with the findings that 30(100%) of the respondents were afraid of surgery.

23(76.67%) of the respondents had gone through surgical operation before and this helped them to cope with their fears and anxieties. Majority of those who had been operated before were counselled before the surgery and majority of' the respondents were aware of the kind of anaesthesia given reducing the fear of anaesthesia.

- **Strength of the study**

The usage of Self-Administered Questionnaire has helped us to get the best and more reliable data.

Also, there was a high response and most of the respondents were willing to contribute to the study.

- **Weaknesses of the study**

The weaknesses of this study was the small sample size, thus the findings could not be generalized to all the expectant mothers in the Hospital.

5.3 RECOMMENDATIONS

Even though the research has been successful, there are still more to be done by the nurses and surgical team especially the perioperative nurse. The following recommendations are made to authority to entreat the nurses and surgical team to adopt in their operation.

- **Effective Counselling**

  The nurses and surgical team must be equipped with the necessary resources to ensure that they carryout effective counselling for the patients who are scheduled for caesarean section operation. Such counselling must take place at a time the patients are calmed and in a position to accept the treatment. Patients can also be visited prior to surgery and this helps them to know that the nurses and surgical team are concerned with their welfare and that of the unborn baby.

- **Workshops on Counselling for the Nurses and Surgical Team**

  The hospital management can organize workshops or training session for the nurses and surgical team members to ensure effective counselling of Patients in order to allay their fears and not to heighten them.

- **Resource Development**

  The management of the Hospital must ensure that resources, like a well-structured theatre with all the necessary equipment like suction machine, good source of light and instruments in good working conditions are available to reduce anxiety since the lack of resources in the Hospital can intensify clients' fears and anxieties.

REFERENCES

Balagot, R.D., Bandelin, V. Y. (2000) *Preoperative and postoperative inhalation therapy.* 5th Ed. Surgical Clinics of America. Alexandria, Virginia.

Baylack, T. K. (2009) *Pre surgical anxiety and fear* (2nd Ed.), Springhouse Corporation. Pennsylvannia.

Bermosk, I. S. (2006) *Interviewing, a key to therapeutic communication in nursing* practice. 5thEd. Raven publications. Lippincott.

Brunner, L. S., Suddarth, D. S., Smeltzer, S.O., and Bare, B. (2002) *Medical – Surgical Nursing*.10th Ed. Raven publications. Lippincott.

Boore, H. B. (2008) *Preoperative evaluation and management of patients*.2nd Ed. Surgical clinics of America. Maryland.

Brophy, S. F. (2000) *A means of allaying anxieties preoperatively*.3rd Ed. Piedmont Virginia Community College Press. Charlottesville, Virginia.

Callwood, A., Thomas, J. (2000) *The national sentinel caesarean section audit, practicing midwife*. 2nd Ed. Newark publications. New Jersey.

Carnevali, D. (2006) *Preoperative anxiety, American journal of nursing*.4th Ed. The Alexandria hospital. Alexandria, Virginia.

Cooper, M. A., Nolt, G. W., Fraser, D. (2006) *Myles textbook for midwives.*2nd Ed. Livingstone Elsevier. Edinburg, Churchhill.

Dumas, R. G. (2010) Psychological preparation for surgery, *American journal of nursing*.1st Ed. San Jose State University. California.

Egbert, K. *et al*. (2000) *Harzards of pre surgical drug therapy*.4th Ed. Washington hospital centre. Washington D.C.

Graham, D.G., Conley, J. (2006) *Major books to communicating with patient.*2nd Ed. Georgetown University Hospital press. Washington D.C.

Gulanick, M., Kloop, G., Gradisher, P. (2003) *Nursing care plan, diagnosis and intervention.*5th Ed. West line drive. St Louis.

Hoskins, L. M. (2010) *Stress and Adaptation*. 5th Ed.The Catholic University of America. Washington D.C

Knowles, L. (2010) *What hospitalization means to a patient*. 5th Ed. Mobile Health Unit Corporation. New York.

Koivula, M. *et al*(2008)Fear and anxiety in hospital, social support for caesarean section patient on the day before surgery. *International journal of nursing studies*.2nd Ed . Springhouse Corporation. Pennsylvannia.

Larson,V. (2001)*What hospitalization means to a patient*. 2ndEd. Clinical Research Consultancy.Salisburg, Maryland.

Lemaitre L.X.,Finnegan, E. (2012) *The elements of progressive patient care, Nursing outlook*.5th Ed. Florida hospital.Orlando, florida.

Lepezyk, W.K.,McNeil, A.G. (2000)*Communicating with the patient in the operating room*.2nd Ed. Livingstone Elsevier. Edinburg, Churchhill.

Moene, M.,Bergbom, I. (2006)*Study on patients existing situation prior to caesarean section*.4th Ed. Clinical Research Consultancy.Salisburg, Maryland.

Robinson, J. (2002) The demand for caesarean section. *British journal of midwifery, (pg. 5-7).*Linpincott.

Scot, A. (2004) Managing anxiety in ICU patients; the role of the perioperative information provision. *Journal of Advance Nursing*. 8th Ed. Thomas Jefferson University. Philadelphia, Pennsylvania.

WHO.,UNFPA.,MOH. (2011) *Family Planning , a global handbook*. 1st Ed. John Hopkins School of Public Health.

APPENDIX

CHRISTIAN SERVICE UNIVERSITY COLLEGE

DEPARTMENT OF NURSING

QUESTIONNAIRE

FEAR AMONG PREGNANT WOMEN SCHEDULED FOR CESAREAN SECTION AND THEIR COPING MECHANISMS

A STUDY AT KUMASI SOUTH HOSPITAL

Dear Respondents.

We are students from Christian Service University College, Kumasi, reading BSC Nursing. We are undertaking a study on fear among expectant mothers scheduled for cesarean section and their coping mechanisms. The study is purely an academic exercise and respondents are assured of complete anonymity as all information given will be given the utmost level of confidentiality

Instruction

Please tick (√) the appropriate option(s) or give reason(s) where there are not options. Thank you for your cooperation.

SECTION A: A background information of respondents

1. Age

   ……

2. Educational level

   Primary [ ] Secondary [ ]

   Tertiary [ ] None [ ]

3. Occupation

   ……

4. Marital status

   Single [ ] Married [ ]

   Divorced [ ] widow [ ]

5. Religion

   Christian [ ] Muslim [ ]

   Traditionalist [ ] Others (please specify)……

SECTION B: **Patients' obstetric history**

1. Have you had any children before?

   Yes [ ] No [ ]

2. Please indicate the number of children alive

   None [ ] One [ ]

   Two [ ] Other (please specify)…….

3. What mode of delivery was used?

   Spontaneous vaginal delivery [ ]

   Cesarean section [ ]

4. Have you ever lost a child?

   Yes [ ] No [ ]

5. If yes, how many times

   ……

6. Please indicate cause of death

   Abortion [ ] Sickness [ ]

   Medical/indicated [ ] Self induced [ ]

   Other (please specify)……...

Section C: **Knowledge and attitude of patients towards cesarean section operation**

1. What do you know about cesarean section? Please explain

   ……

   …….

2. What was your immediate reaction when you were told you would need a cesarean section?

   ……

   ……..

3. Do you have any fear towards this surgery?

   Yes [ ] No [ ]

4. If yes, What are your fears?

   Death [ ] Infection [ ] Aneasthesia [ ] Pain [ ]

   Scar formation [ ]

5. How are you coping with this fear?

   ……

   ……

6. Is there anything or anybody who is encouraging you in the situation you find yourself regarding pending operation?

   Yes [ ] No [ ]

7. If yes, please state the one or any such thing

   ……

   ……

8. Were you convinced by the medical team about the need to have this surgery

   Yes [ ] No [ ]

9. Have you agreed to undergo this surgery?

   Yes [ ] No [ ]

10. Would you prefer any other treatment if there is compared to the cesarean section?

SECTION D: **Patient's past experience on surgical operation**

1. Have you had any surgery before?

   Yes [ ] No [ ]

2. If yes, how has that influenced your decision to undergo another surgery?

   Positive [ ] Negative [ ]

3. If negatively, why then have you still chosen to go through this surgery

   ……

   …….

4. Did you receive any counselling before that surgery?

   Yes [ ] No [ ]

5. Were you relieved of this fear after the counselling?

   Yes [ ] No [ ]

6. Were you told about the kind of anaesthesia you were given?

   Yes [ ] No [ ]

7. If yes, please indicate the type you were given

   Spinal [ ] General [ ]

8. Do you know of anyone who has undergone cesarean section?

   Yes [ ] No [ ]

9. Was the surgery successful?

   Yes [ ] No [ ]

THANK YOU