



Data Article

Survey dataset of women perception on caesarean section



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ABSTRACT

A caesarean section (CS) is a common birth delivery mode, which involves delivery of the baby through a surgical incision on the mother's abdomen and uterus. This article presents a survey dataset on the perception and response of women about the CS. This survey employed a quantitative research design. The data were collected by means of a face to face questionnaire. Majority of the respondents are in the age range of 31 – 40 years old. The findings indicate that the respondents mainly refer to the internet to obtain information about the birth delivery mode that helped the respondents to decide on their mode of preference. This is followed by obstetrician/midwife and friends. Various statements were used to determine the perception of respondents towards CS.

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Specifications Table

Subject	Obstetrics, gynecology and Women's Health
Specific subject area	Birth delivery mode
Type of data	Table Figure Numeric Text

(continued on next page)

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How data were acquired	Survey
Data format	Raw analysed Descriptive
Parameters for data collection	Source of information to decide the preference on the birth delivery mode and perception toward caesarean section
Description of data collection	Data was collected using a structured questionnaire. Written official approval from the Administrative Units of the hospital and informed consent from each respondent were obtained prior to this survey. The questionnaire is provided as a supplementary file.
Data source location	Obstetrics and gynaecology clinic in a private hospital in Bangi, Selangor, Malaysia.
Data accessibility	With the article

Value of the Data

- The data will be useful to better understand the response and perception of women towards the caesarean section.
- The data is valuable for future research to formulate strategic plans to provide precise information about the caesarean section.
- The data can provide in-depth insights on the perception of the caesarean section amongst women to medical practitioners, obstetricians and gynaecologists.

1. Data Description

There are several modes of birth delivery that exist, and caesarean section (CS) is one of these delivery modes. CS involves the delivery of the baby through a surgical incision on the mother's abdomen and uterus [1]. The CS is seen as unfortunate news to the patient and her family. Therefore, consent is difficult to be given [2]. This research is conducted to collect feedback and perception of the female respondents on the CS.

The survey was conducted using a structured questionnaire in an obstetrics and gynaecology clinic in a private hospital in Bangi, Selangor, Malaysia. A total of 150 questionnaires were distributed, and 114 responded and returned the questionnaire. A questionnaire with irrelevant values or missing values was excluded for data analysis. Hence, a total of 87 responses were included in this research. The questionnaire is provided as a supplementary material.

Table 1 shows that majority of women respondents that attended the obstetrics and gynaecology clinic were 31 – 40 years old with 49 respondents (56.3%), followed with 20 – 30 years old with 31 respondents (35.6%). The respondents' age being above 40 and below 20 consisted of only 6 (6.9%) and 1 (1.1%) respondents, respectively. Amongst the 68 respondents who had previously given birth, 19 (21.8%) respondents have experienced a CS operation before. In addition, only 32 (36.8%) respondents admitted that their first degree relative had experienced CS before.

The source of information used to decide the respondents' preferences on the birth delivery mode is shown in Table 2. More than half of the respondents admitted that the Internet (72.4%) and their obstetrician/midwife (71.3%) were the important sources to gain information that helped them to decide their preferred birth delivery mode. Next, other sources of information were friends, claimed by 54 respondents, parents/relatives, claimed by 46 respondents and social media, claimed by 45 respondents.

The agreement level of the female respondents towards the positive statements and negative statements of CS are shown in Figs. 1 and 2, respectively. We can see that over 50% of the respondents strongly agreed or agreed with the statement that CS can be done to schedule the delivery, and should only be done with medical indications. On the other hand, less than 14% of

Table 1

Respondents by age, experience of CS and first degree relative experience of CS.

	Frequency	Percent (%)
Age		
Below 20	1	1.1
20 – 30	31	35.6
31 – 40	49	56.3
Above 40	6	6.9
Parity		
Null parous	19	21.8
Single child	18	20.7
Multiparous	50	57.5
Experience of CS		
Yes	19	21.8
No	68	78.2
First degree relative experience of CS		
Yes	32	36.8
No	55	63.2

Table 2

Responses on the sources of information that helped the respondents to decide the birth delivery mode.

Source of information	Frequency	Percent (%)
Obstetrician/midwife		
Yes	62	71.3
No	25	28.7
Husband/partner		
Yes	12	13.8
No	75	86.2
Parents/relatives		
Yes	46	52.9
No	41	47.1
Friends		
Yes	54	62.1
No	33	37.9
Course		
Yes	4	4.6
No	83	95.4
Internet		
Yes	63	72.4
No	24	27.6
Television		
Yes	20	23.0
No	67	77.0
Social media		
Yes	45	51.7
No	42	48.3
Newspaper/magazines/books/journals		
Yes	32	36.8
No	55	63.2
Other		
Yes	1	1.1
No	86	98.9

the respondents agreed that CS is worth if it helps intimate relationships, and CS is economically worth it (see Fig. 1).

From Fig. 2, 63.2% and 51.7% of the respondents strongly agreed or agreed that CS would take a longer time to recover, and will cause a longer hospital stay, respectively. The statements with low agreement were CS performance has a relation with the hospital's income and profits

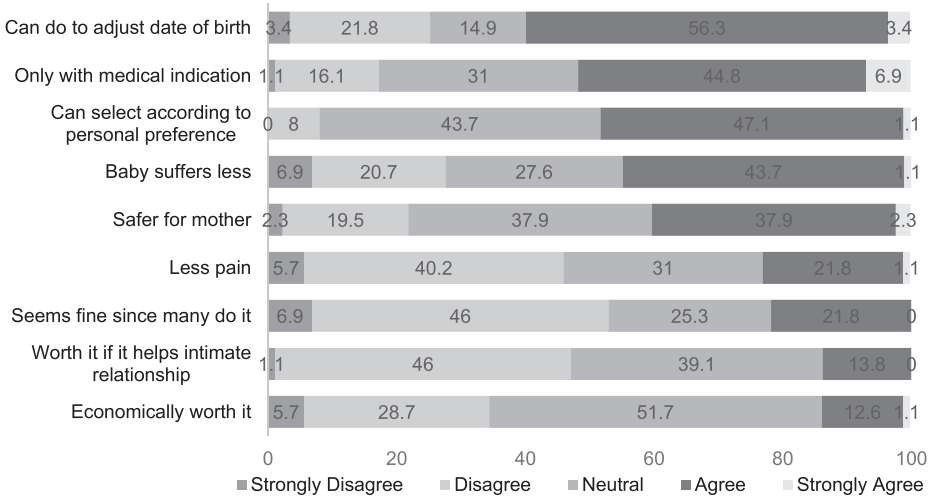


Fig. 1. Agreement level towards positive statements of CS.

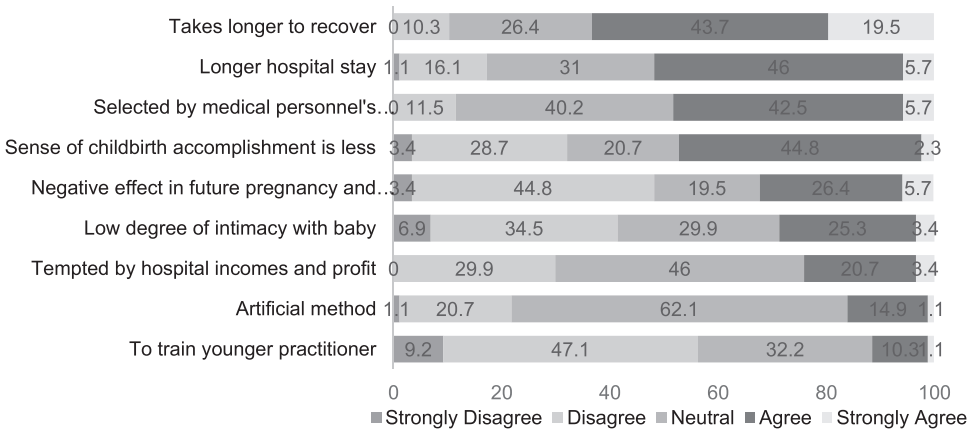


Fig. 2. Agreement level towards negative statements of CS.

(24.1%), and CS is an artificial method (16%). In addition, only 11.4% of the respondents agreed that sometimes CS is performed to train junior doctors.

2. Experimental Design, Materials and Methods

A face to face survey research design was utilised to gather the data in this survey. Informed consent from the respondent was obtained before proceeding with the data collection. Any unclarity from the respondents was clarified directly with the researchers during the data collection. The data were collected using a structured questionnaire. A total of 150 questionnaires were distributed. However, only 114 questionnaires were returned to researchers, where the response rate was 76%. The collected questionnaire was excluded in the case it contained irrelevant or missing values. Amongst these 114 questionnaires, only 87 responses were included in this survey. The questionnaire comprised three sections. Section A consisted of questions requiring information about the demographics of the respondents and their obstetric history. Section

B gathered 10 potential sources of information to decide the preference on the birth delivery mode, where the respondents can select more than one option. The perception of CS was assessed in Section C. The statement in Section C involved a five-point Likert scale ranging from strongly disagree to strongly agree. The instrument was adopted from [3] and [4]. The collected data were analysed and presented in the form of Tables (1–2) and Figs. (1 and 2).

Ethics Statement

An informed consent from each respondent were obtained prior to this survey. The respondent's participation is completely voluntary, and at any time, the respondent has the right to decline to participate without any consequence. Moreover, the participation of the respondent is anonymous.

CRediT Author Statement

You Huay Woon: Conceptualization, Methodology, Validation, Formal analysis, Writing – Original draft, Writing -Review & Editing, Supervision; **Siti Aisyah Suhaini:** Conceptualization, Methodology, Validation, Formal analysis, Investigation, Writing – Original draft

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships which have, or could be perceived to have, influenced the work reported in this article.

Supplementary Materials

Supplementary material associated with this article can be found in the online version at doi:[10.1016/j.dib.2020.106501](https://doi.org/10.1016/j.dib.2020.106501).

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