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ASSESSMENT OF FACTORS AFFECTING MOTHERS' PERCEPTION OF CAESAREAN DELIVERY IN STATE HOSPITAL IJEBU-ODE

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ABSTRACT: *This study is aimed at assessing the perceptions and attitudes towards caesarean section (CS) among women attending maternity care at the State Hospital, Ijebu-ode Community. This is a descriptive study which involved all pregnant mothers using State Hospital, Ijebu-Ode. They were interviewed with a structured questionnaire containing socio-demographic characteristics, previous pregnancy and delivery history as well as knowledge, perceptions and attitudes towards CS. The results were analyzed with statistical package for social science (SPSS) software and presented as frequency and percentages. This was further analyzed using chi-square and t-test. The women had good knowledge of CS; however, only 39% had a fair perception of CS as a method of delivery, while 60% of Christian mothers would accept CS if needed to save their lives and that of their babies. Up to 13.3% of women from the Islamic religion would not accept CS under any circumstance. The positive perception of CS among mothers can be closely related to the study area (university community) where everybody has a pre-knowledge of CS. Logistic regression showed that women's low level of education, and past successful vaginal and instrumental deliveries, were most likely to be associated with women's non-acceptance of indicated CS. Further analysis showed that this was mainly due to inaccurate cultural and religious perceptions of labour and CS in the cohort of women. There is a need for programs to increase women's and community's perceptions of CS as a method of delivery in Nigeria.*

KEYWORDS: Attitude and perception, Caesarean section, Knowledge, State Hospital, Ijebu-Ode.

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INTRODUCTION

Childbirth is a unique and sacred process for every mother. Before first childbirth, almost all women do have unrealistically rosy expectations for their labor and delivery process by being optimistic to have an easy, uneventful labor culminating in a spontaneous vaginal delivery (Betrán *et al.*, 2014; Molina *et al.*, 2015). Under normal circumstances, delivery process does not require a long time unless certain complications ensue, which result in a long labor process. Throughout every stage in the delivery process, as much as possible, pregnant women want to feel and pass naturally (Molina *et al.*, 2015).

However, pregnancy being a physiological phenomenon is associated with pain, anxiety, and even fear of death for mothers. Pain as been said to be one of the most common medical problems, which adversely affects individuals' abilities, leading to fear and anxiety. Child delivery is a multidimensional process with physical, emotional, social, physiological, cultural, and psychological dimensions. Childbirth can be a critical and sometimes painful experience for women (Jamshidi *et al.*, 2009).

In the present century, there are two routes of childbirth which is virginal delivery and caesarean delivery. In the case of pregnant women who are unable to give birth naturally, i.e., vaginal delivery, alternative delivery management (caesarean delivery) will be the last option to assist the birth of the fetus. Cesarean section is thus aimed to deliver the baby through an incision in the intact uterine wall to ensure the safety of the mother and baby. This procedure is performed when vaginal delivery is not possible. One of the main goals of every medical team, dealing with childbirth, is to perform a safe delivery, hence the introduction of cesarean section which helps to reduce the risks for the mother and fetus in case of any complication to vagina delivery route (Lori, 2009).

Mothers as the carriers of pregnancy have the volition to decide which method of delivery should be adopted in their delivery process. Some perceived vaginal as the best for them, considering the risk associated with caesarean delivery. However, today, caesarean delivery is perceived as an escape from labor pain which is involved in vaginal delivery, and the false assumption that caesarean delivery is painless, safer, and healthier than vaginal delivery has become prevalent among women (Lori, 2009).

Studies has made it known that the decisions taken by pregnant women regarding their delivery method is influenced by certain factors, which has resulted in different perceptions women have imbibed about delivery methods. Therefore, this study was carried out to assess the factors affecting mothers' perception about cesarean delivery in State Hospital, Ijebu-ode.

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RESEARCH METHODOLOGY

Research Hypotheses

Null Hypothesis

a. There is no significant relationship between mothers' perception of caesarean delivery and their relationship with their babies born through caesarean section.

b. There is no significant difference in the kind of relationship that exists between mothers and their babies born through caesarean section and the kind of relationship that exists between mothers and their babies delivered through vaginal method.

Alternate Hypothesis

a. There is a significant relationship between mothers' perception of caesarean delivery and their relationship with their babies born through caesarean section.

b. There is a significant difference in the kind of relationship that exists between mothers and their babies born through caesarean section and the kind of relationship that exists between mothers and their babies delivered through vaginal method.

Research Design

This is a descriptive study that elicited the perception of mothers towards caesarean delivery in State Hospital, Ijebu-Ode.

Study Area

This study was carried out in State Hospital, Ijebu-Ode. Ijebu-Ode is a town in Ogun State, South Western geopolitical zone in Nigeria, close to the A121 highway. The city is located 110 km by road North-east of Lagos; it is within 100 km (62 mi) of the Atlantic Ocean in the eastern part of Ogun State and possesses a warm tropical climate. According to the Britannica, by the 16th century, it was established as the chief town, and since pre-colonial times, it has been the capital of the Ijebu kingdom.

Instrument for Data Collection

The data for this study was collected through a self-structured questionnaire that allows for objectivity of the respondent. The questionnaire was developed based on the objective of the study and it was divided in 4 sections: A, B, C, and D. Section A was on the demographic data of the respondents. Section B was to test the knowledge and perception of mothers towards caesarean section with eight questions. Section C was on the factors influencing the perception of mothers towards caesarean delivery with five questions. Section D was on the measures of relationship between the perception of mothers toward caesarean delivery and how they relate their babies.

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CONCEPTUAL FRAMEWORK

In the present study, the Health Belief Model (HBM) was adopted as a conceptual framework, to provide a sound theoretical basis for understanding the factors affecting mothers' perception of caeserean delivery in State Hospital, Ijebu-Ode.

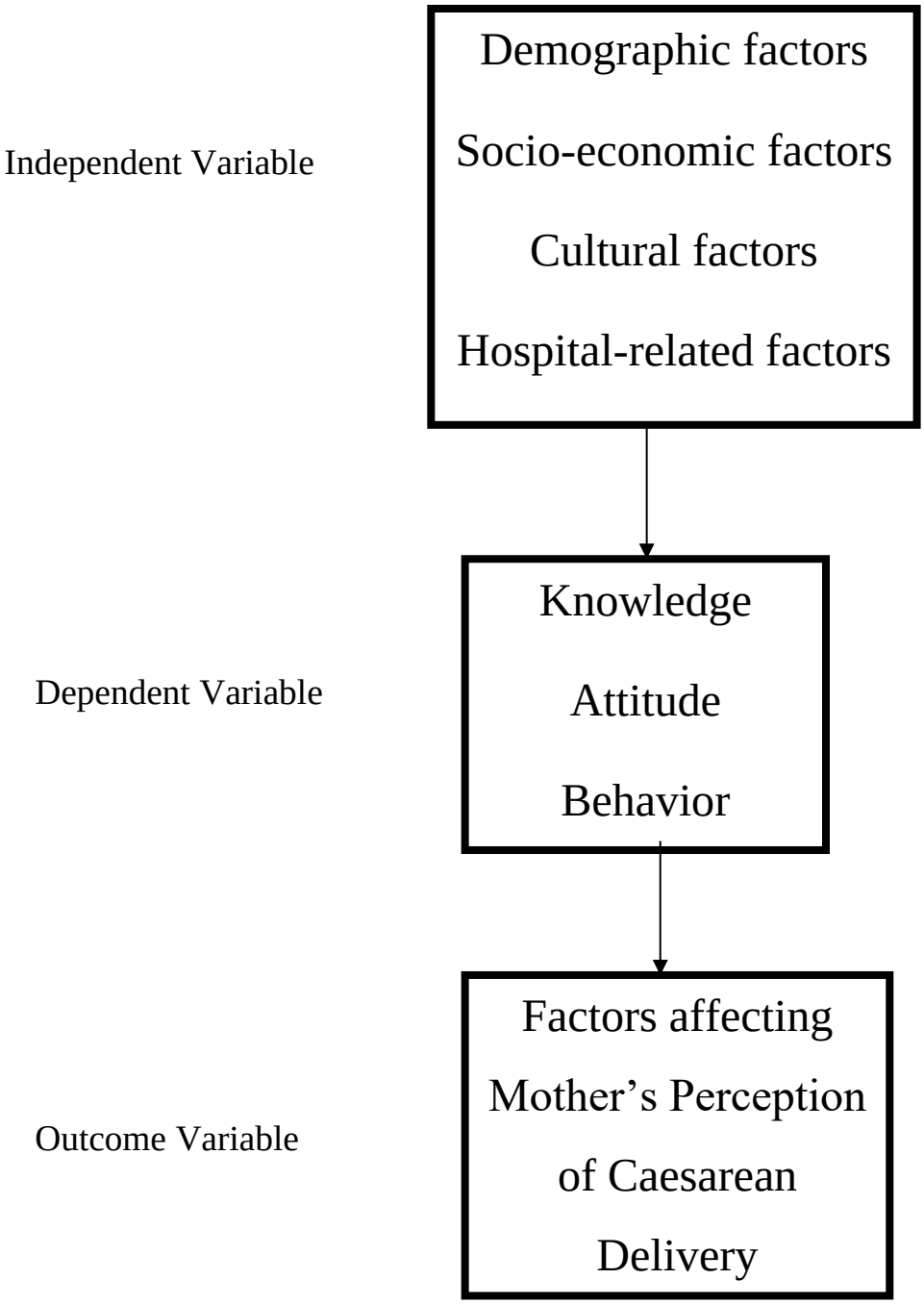

Figure 1: Conceptual Framework

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Theoretical Framework

The Health Belief Model (HBM), put forth by Rosentock, Hochbaum and Kegels in 1952, served as the foundation for this study (Becker, 1974). According to the HBM, "the perception of a personal health behavior threat is itself influenced by at least three factors: general health values, which include interest in and concern for health; specific health beliefs about vulnerability to a specific health threat; and beliefs about the consequences of the health problem. An individual is most likely to take the advised preventive health action when they perceive a threat to their health, are simultaneously prompted to act, and their perceived advantages surpass their perceived risks. Demographic, sociopsychological, and structural factors could have an impact on a person's choice (Grissette *et al.*, 2018). The intended objective for this study's evaluation has been determined to be elements that influence mothers' perceptions of caesarean deliveries and directly affect those perceptions. According to relationships from the literature analysis, the theoretical model has been altered to fit the objectives of this study.

According to the HBM, a person's assessment of the threat posed by a health problem and the value attached to taking steps to lessen the threat both affect their behavior in terms of seeking out health. The goal of the health belief model is to analyze how people behave in terms of their health by looking at how they may perceive and see illness as well as the consequences of their actions. According to the health belief model, behavior changes when three concepts are present at once:

i. A person acknowledges that a health problem is relevant if there are sufficient grounds for it (perceived susceptibility and severity)

ii. That person is aware that an illness or other bad health outcomes could affect them (perceived threat)

iii. The person understands that altering behavior might be advantageous and that doing so will be worth it in the long run (perceived benefits and barriers).

According to the health belief model, a person's perceptions in four crucial areas affect their behavior in relation to their health:

1. The seriousness of a prospective disease
2. The individual's vulnerability to the illness
3. The advantages of taking preventative measures
4. Disadvantages to doing so.

A. Individual's Perception

Perceived Susceptibility: This refers to a person's belief that an illness diagnosis is correct or that a health issue is personally relevant.

Perceived Severity: Even when personal susceptibility is acknowledged, action will not be taken unless the person feels that the severity is great enough to result in a significant organic or social complication.

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B. Modifying Factors

Unlike individual perceptions, which were internalized, modifying factors in the health belief model look at and use external influences to influence how threatened a person feels by the results of continuing the same risky behaviors. The diagram's arrows show that perceived susceptibility and severity do have an effect on threat in their own right.

Perceived Threat: Susceptibility, as previously stated, demonstrates how someone understands how their actions might result in a certain sickness. By analyzing the likelihood that the disease may develop, threat takes the concept a step further.

Environmental Factors: The threat of disease may be increased by environmental factors. Race, ethnicity, and socioeconomic status are just a few examples of the demographic factors that can make someone more vulnerable.

Cues to Action: These are enduring circumstances that lead to a need to create and a change in health. It might take the form of rewards like fines and printed paper. Anything that prompts a decision to alter behavior qualifies as a cue to action. A cue to action is something that prompts someone to take action on their desire to make a change for their health.

The previous two categories have built on each other and lead to likelihood of action.

C. Likelihood of Action

Perceived Benefits: What advantages do changes have? Greater physical and mental well-being for an individual is the aim of the HBM. Increased health would undoubtedly be a benefit of change, but there may be other factors that are present on an individual basis.

Perceived Barriers: What prevents me from altering my behavior, and why? Anything from losing friends to not having enough money to self-efficacy issues like having trouble believing in oneself can be a barrier. Benefits must outweigh obstacles in order for change to occur.

Application of Health Belief Model to the Study

Modified HBM (perceptions about caesarean sections, cues to action), modifiable factors (knowledge, etc.), and health system components make up the theoretical framework. Six constructs make up modified HBM: self-efficacy, perceived susceptibility, perceived severity, perceived benefits, perceived barriers, and cues to action that are influenced by moderating factors. These six constructs were used in the study as part of the research.

Modifying Factors

Age, culture, education level, marital status, parity, social support, and social status all have an impact on how people perceive the advantages and disadvantages of caesarean sections.

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Perceived Susceptibility

The perception of being at risk for a caesarean section is known as perceived susceptibility. If a woman does not believe she is susceptible to difficulties, she might not be interested in a caesarean section.

Perceived Severity

A woman's perception of the medical harm (death, disability, pain) or social damage (effects on work, family, and social life) from having a caesarean section (CS) is known as perceived severity of the procedure.

Perceived Benefits

Although caesarean section susceptibility and severity may be perceived as positive aspects, the likelihood of caesarean section uptake is influenced by the perceived benefits.

Perceived Barriers

Perceived barriers are unfavorable aspects of caesarean sections that affect their uptake. They are determined by a woman's unconscious cost-effective analysis, which compares the anticipated benefits of the procedure (it might help me) with the potential drawbacks (it might be painful, expensive, and time-consuming).

Cues to Action

Cues include public service announcements, advice from others, doctor's reminders, and pregnancy complications of a relative or friend that appeal to the brain's interpretation of risk, severity, and benefits and prompt readiness for caesarean section.

Perceived Self-efficacy

Perceived self-efficacy is the conviction or assurance that leads women to undergo caesarean sections in order to avoid complications after delivery.

Caesarean Section Service Delivery

Caesarean section services are provided by health professionals who screen, counsel, diagnose, treat, and follow up with clients while considering accessibility, availability, affordability, acceptability, and quality, all of which affect the likelihood that women will undergo cervical cancer screenings.

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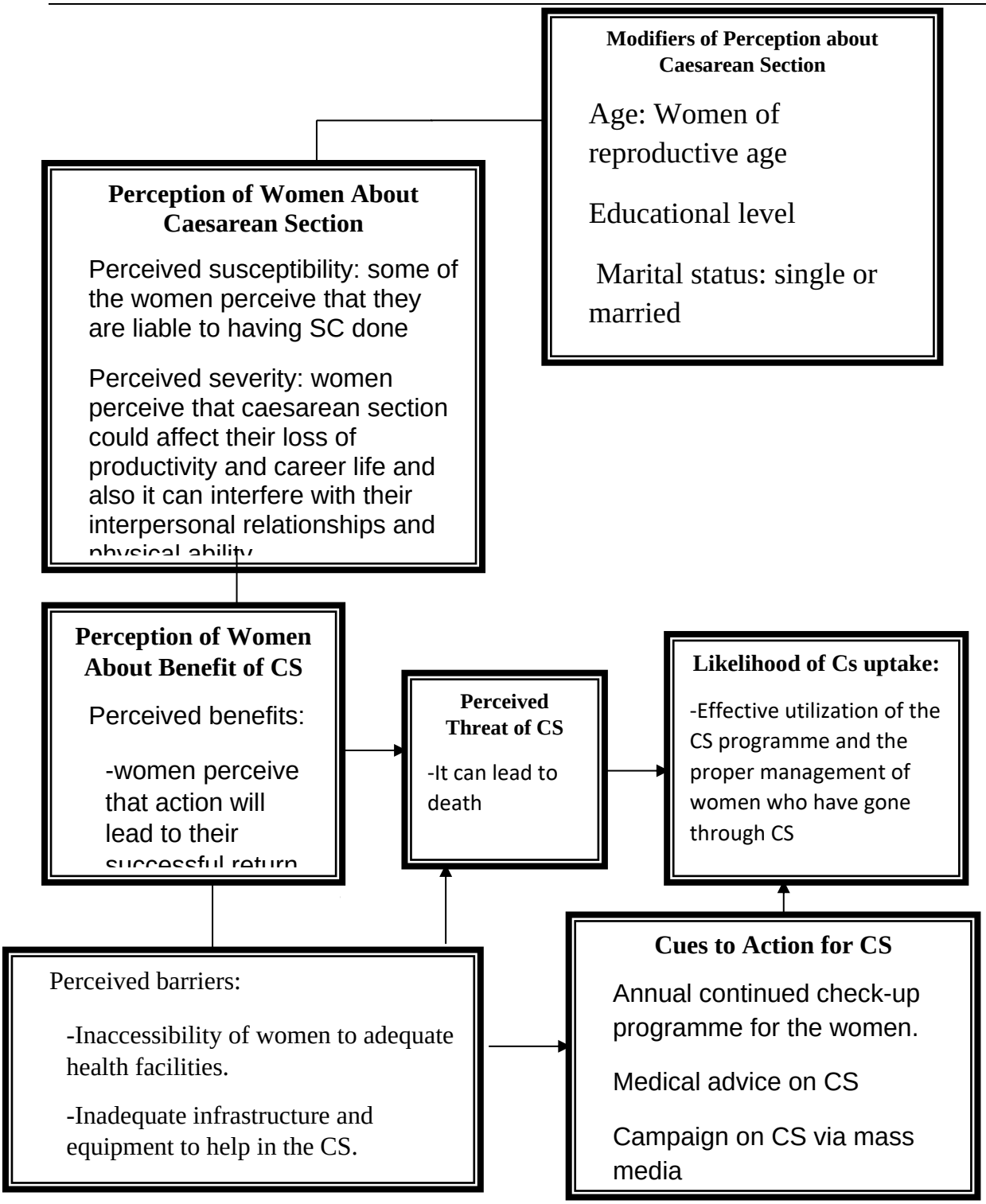

Figure 2: Theoretical Framework

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Method of Data Collection

The researcher attended one of the worship centers in the State Hospital, Ijebu-Ode, distributed the questionnaires to mothers and collected them back immediately after worship. Total questionnaire distributed and collected was 30.

Method of Data Analysis

The response in questionnaire and entered into the computer science (SPSS) version was used to analyze both descriptive statistics and inferential statistics. The descriptive statistics will answer the research questions using percentage tables and charts. The inferential analysis is used to the test the hypotheses, with a spearman's rank order correlation for the first hypothesis and a chi-sure test for the second hypothesis at 95% confidence level.

Ethical Considerations

The study proposal was approved by the Ethics and Research committee of the institution. The researcher sought the consent of the participants before administering the questionnaires. The information collected were treated with confidentiality.

RESULTS

In Table 1, 40% of the populations were underage of 20 years, 30% of people were between 21 and 30 years and 30% of people were also above 31 years of age. Religious distribution shows 60% of the people were Christians, 13.3% of the populations were Islamic worshippers and 13.3% of the populations were traditional worshippers, while 13.3% of the populations were others. Sampling their ethnicity, 53% were Igbo, 16.7% were Yoruba while 3.3% were others. The education level of the sample shows non-formal education (16.7%), primary (3.3%), secondary (13.3%) and tertiary (66.7%).

Table 2 shows that more than 3.8% of the respondents strongly agreed that CS can only be done on rich mothers, while 19.2% agreed to the fact that CS can only be done on rich mothers; 50% disagreed and 26.9% strongly disagreed that CS cannot be done on only rich mothers. More than 3.8% strongly agreed that mothers have the right to accept or reject child bearing through CS, while 32.1% agreed to the fact that mothers have the right to accept or reject child bearing through CS; 57.7% disagreed and 15.4% strongly disagreed that mothers have the right to accept or reject child bearing through CS. It was also observed that 15.4% of the participants of this study strongly agreed that CS is meant for lazy women, while 15.4% agreed to the fact that only lazy women go for CS; 42.3% disagreed and 26.9% strongly disagreed that CS is meant for lazy mothers. About 11.5% believed CS is a sign of disability while 11.5% agreed to the fact that CS is a sign of disability; 46.2% disagreed and 30.8% strongly disagreed that CS is a sign of disability. More than 15.4% of the respondents strongly agreed that CS is for educated mothers, 19.2% agreed, while 30.8% disagreed and 34.6% strongly disagreed that CS is for educated mothers. The results in Table 2 further show that 19.2% of the participants in this study strongly agreed that poor people cannot afford CS, 3.8% agreed, while 57.7% disagreed and 19.2% strongly disagreed that poor people cannot afford CS. More than 15.4% of the respondents strongly agreed that pain after CS can make

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the mother unable to nurse their babies, 26.9% agreed, while 34.6% disagreed and 32.1% strongly disagreed that pain after CS can make the mother unable to nurse their babies.

Table 3 shows that 61.5% of the respondents indicated that it is a taboo in their culture to have CS done, while 38.5% said it is not. Furthermore, 57.7% of the respondents included that they would not associate well with other mothers while 42.3% said they would. About 61.5% of the respondents said that their child would be abnormal while 38.5% said their would not. It was further observed that half (50.0%) of the respondents indicated that their husband is not capable of paying for CS while the remaining 50.0% expressed the capability of their husband to pay for surgery. The results also shows that 42.3% of the respondents said they cannot afford surgery price while 5.7% said they can. About 57.7% of them believed it is a divine punishment to deliver through CS while 42.3% had a contrary belief. Furthermore, 56.0% of them indicated that it is not a gift from God while 44% did not believe in that. About 49.0% of the respondents said that the God they serve would not allow them delivery through CS while 51% did not. It was also observed that 57.0% of the participants believed the mark will be permanent while 43.0% did not agree. The results on Table 3 also indicated that 59.0% of the respondents said that they would isolate themselves from every other woman and 41.0% said they would not. Furthermore, 53.8% of them said that they would perform their daily activities if CS is done while 46.2% says they would be unable to perform their daily activities.

From the Tables 4 and 5, there is a positive significance between 'poor people cannot afford CS' and 'a baby born through CS is the same as the one born through vaginal delivery,' i.e., there is no significant relationship between mother's perception of caesarean delivery and their relationship with their babies born through a caesarean section.

Table 1: Socio-Demographic Data of Pregnant Mothers in State Hospital, Ijebu-Ode

	Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**
Age (Years)				
<20	12	40.0	40.0	40.0
21-30	8	30.0	30.0	70.0
>31	9	30.0	30.0	100.0
Total	**30**	**100.0**	**100.0**	
Religion				
Christianity	18	60.0	60.0	60.0
Islam	4	13.3	13.3	73.3
Traditional	4	13.3	13.3	86.7
Others	4	13.3	13.3	100.0
Total	**30**	**100.0**	**100.0**	
Ethnicity				
Igbo	16	53.3	53.3	53.3
Hausa	5	16.7	16.7	70.0
Yoruba	8	26.7	26.7	96.7
Other	1	3.3	3.3	100.0
Total	**30**	**100.0**	**100.0**	
Marital Status				
Single	15	50.0	50.0	

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Married	7	23.3	23.3	
Divorced	3	10.0	10.0	
Separated	5	16.7	16.7	
Total	**30**	**100.0**	**100.0**	
Educational Background				
No Education	5	16.7	16.7	16.7
Primary	1	3.3	3.3	20.0
Secondary	4	13.3	13.3	33.3
Tertiary	20	66.7	66.7	100.0
Total	**30**	**100.0**	**100.0**	

Table 2: Perception of Mothers on Caesarean Delivery

	Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**
CS Can Only Be Done In Rich Mothers				
Strongly Agree	1	3.8	3.8	3.8
Agree	5	19.2	19.2	32.1
Disagree	13	50.0	50.0	73.1
Strongly Disagree	7	26.9	26.9	100.0
Total	26	100.0	100.0	
Mothers Have The Right To Accept Or Reject Child Bearing Through CS				
Strongly Agree	1	3.8	3.8	3.8
Agree	6	32.2	23.1	26.9
Disagree	15	15.7	57.7	84.6
Strongly Disagree	4	15.4	15.4	100.0
Total	26	100.0	100.0	
CS Is For Lazy Woman				
Strongly Agree	4	15.4	15.4	15.4
Agree	4	15.4	15.4	30.8
Disagree	11	42.3	42.3	73.1
Strongly Disagree	7	26.9	26.9	100.0
Total	26	100.0	100.0	100.0
CS Is A Sign Of Disability				
Strongly Agree	3	11.5	11.5	11.5
Agree	3	11,5	11.5	32.1
Disagree	12	46.2	46.2	69.2
Strongly Disagree	8	30.8	30.8	100.0
Total	26	100.0	100.0	
CS Is For Educated Women				
Strongly Agree	4	15.4	15.4	15.4
Agree	5	19.2	19.2	34.8
Disagree	8	30.8	30.8	65.4
Strongly Disagree	9	34.6	34.6	100.0
Total	26	100.0	100.0	
Poor People Can't Afford CS				

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Strongly Agree	5	19.2	19.2	19.3
Agree	1	3.8	3.8	3.8
Disagree	15	57.7	57.7	80.8
Strongly Disagree	5	19.2	19.2	100.0
Total	26	100.0	100.0	
Pain After CS Make Mothers Unable To Nurse Their Babies				
Strongly Agree	4	15.4	15.4	15.4
Agree	7	26.9	26.9	42.3
Disagree	9	34.6	34.6	76.9
Strongly Disagree	6	32.1	32.1	100.0
Total	26	100.0	100.0	

Table 3: Factors influencing Mother's Perception towards Caesarean Delivery

	Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**
It Is a Taboo in My Culture to Have Cs				
Yes	16	61.5	61.5	61.5
No	10	38.5	38.5	100.0
Total	26	100.0	100.0	
I Will Not Associate Well With Other Mothers If I Have CS Done				
Yes	15	57.7	57.7	57.7
No	11	42.3	42.3	100.0
Total	26	100.0	100.0	
My Child Will Be Abnormal If I Deliver Him Through CS				
Yes	16	61.5	61.5	61.5
No	10	38.5	38.5	100.0
Total	26	100.0	100.0	
My Husband Is Not Capable to Pay for Surgery				
Yes	13	50.0	50.0	50.0
No	13	50.0	50.0	100.0
Total	26	100.0	100.0	
I Can't Afford the Price For the Surgery				
Yes	11	42.3	42.3	42.3
No	15	57.7	57.7	100.0
Total	26	100.0	100.0	
It Is a Divine Punishment from God				
Yes	15	57.7	57.7	57.7
No	11	42.3	42.3	100.0
Total	26	100.0	100.0	
The Child Delivered Through CS Is Not a Gift from God				
Yes	15	56.0	56.0	61.5
No	15	44.0	44.0	100.0
Total	30	100.0	100.0	
The God I Serve Will Not Allow Me Deliver Through CS				

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Yes	20	49.0	49.0	40.0
No	10	51.0	57.7	100.0
Total	30	100.0	100.0	
If I Have CS Done the Mark Will Be on Me Forever				
Yes	18	57.0	57.0	57.0
No	12	43.0	43.0	100.0
Total	30	100.0	100.0	
If I Have CS Done I Will Be Isolated from Every Other Women				
Yes	16	59.0	59.0	61.5
No	14	41.0	41.0	100.0
Total	30	100.0	100.0	
I **Will Not Perform My Daily Activities If I Deliver Through CS**				
Valid Yes	14	53.8	53.8	53.8
No	12	46.2	46.2	100.0
Total	30	100.0	100.0	

Table 4: Paired Samples Statistics for Hypothesis 1

Poor People Can't Afford CS and A Baby Born Through CS Is The Same As The One Born Through Vaginal Delivery							
	Mean	**N**	**Std. Deviation**	**Std. Error Mean**	**N**	**Correlation**	**Sig.**
Poor People Can't Afford CS	2.77	26	.992	.195			
A Baby Born Through CS Is The Same As The One Born Through Vaginal Delivery	1.46	26	.508	.100	26	-.098	.63.5

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Table 5: Paired Samples Test

	Paired Differences			95% confidence Interval of difference		T	Df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error mean	Lower	Upper			
Poor people Can't afford CS.A baby born through CS is the same as the one born through vaginal delivery	1.308	1.158	.227	.840	1.776	5.757	25	.000

Table 6: Paired Samples Statistics for Hypothesis 2

	Mean	**N**	**Std. Deviation**	**Std. Error Mean**
Poor People Can't Afford CS A Baby Born Through Cs Is The Same As The One Born Through Vaginal Delivery	1.46	26	.508	.100
I Will Treat A Baby Born Through CS With Higher Value Than The One Born Through Vaginal Delivery	1.46	26	.485	.095

Table 7: Paired Samples Correlation

	N	**Correlation**	**Sig.**
Poor People Can't Afford Cs A Baby Born Through Cs Is The Same As The One Born Through Vaginal Delivery I Will Treat A Baby Born Through Cs With Higher Value Than The One Born Through Vaginal Delivery	26	-.025	.904

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Table 8: Paired Samples Test

	Paired Differences			95% confidence Interval of difference		T	Df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error mean	Lower	Upper			
Poor People Can't Afford Cs A Baby Born Through Cs Is The Same As The One Born Through Vaginal Delivery	.115	.711	.140	-.172	.403	.827	25	.416

DISCUSSION

The research study has focused on the factor that affects mothers' perception on caesarean delivery. From Table 2, asking if mothers have the right to accept or reject childbearing through CS, 57.7% disagreed and 15.4% strongly disagreed that mothers have the right to accept or reject childbearing through CS. More attention should be paid to the emotional effect of having an emergency caesarean section. Though absolutely delighted that their son was born healthy and well, the overall feeling of failure of having not delivered vaginally was much; caesarean section was due to failure of progress in labor.

The results show that 42.3% of the respondents disagreed that CS is meant for lazy mothers while 26.9% strongly disagreed. About 46.2% of them disagreed that CS is a sign of disability while 30.8% strongly disagreed. About 30.8% disagreed that CS is for educated mothers and 34.6% strongly disagreed. Also, 57.7% disagreed that poor people cannot afford CS while 19.2% strongly disagreed. About 34.6% disagreed that pain after CS can make mothers unable to nurse their babies and 23.1% strongly disagreed. About 61.5% indicated that it is a taboo in their culture to have CS done. Half (50%) of the respondents indicated that their husbands are not capable of paying while the remaining 50.0% said their husbands are capable of paying for surgery. About 57.7% of the respondents believed it is a divine punishment to deliver through CS, and 57.0% believed that the mark of CS will be permanent on them. Furthermore, 58.8% of the respondents said that they would perform their daily activities if CS was done. From these results, this study has revealed that regardless of the factors in the question, mothers have a positive perception of the study.

It was further observed that about 60% of the Christian mothers accepted the procedure and 13.3% Muslim mothers do not have a good perception about it. Mothers from different ethnic groups exhibited little differences in their perception of the procedure, while mothers with higher and lower education demonstrated a similar attitude towards the procedure. This result may however vary from what is obtainable in rural areas where little information is gotten about caesarean section. It is however encouraging that with more awareness programmed and reorientation of mothers in rural communities by healthcare givers, all mothers would learn to accept the procedure as lifesaving if need be for the procedure to be done.

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CONCLUSION

The result from the study has revealed a positive perception of caesarean section among mothers. This can be closely related to the fact that study was carried out in a university community where everybody had a pre-knowledge of caesarean section. This was also confirmed by the finding recommended in the Punch newspaper dated 24 March, 2005, where it was revealed that there is a drastic increase in the percentage rate of caesarean section from 10–15% to about 43% in Nigeria. The caesarean section rate can be safely reduced by intervention that involves health workers in analyzing and modifying their practice. It is reasonable to inform the pregnant women of the risk of each of the above categories, in addition to counseling them regarding the potential risk of caesarean section for the current and any subsequent pregnancies, to provide the best evidence based counseling possible to the pregnant women and to respect her autonomy and decision making capabilities when considering route of delivery. Women with low educational status are more at risk in this study; therefore, these women need special attention to reduce the risk.

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Ethical Consideration

This study was approved by the relevant ethical committee.

Consent for Publication

Not applicable.

Conflict of Interests

The author certify that they have no known financial or non-financial conflict of interest or close personal ties that might have influenced the research presented in this study.

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