



KNOWLEDGE AND DISPOSITION TOWARDS CESAREAN SECTION AMONG EXPECTANT MOTHERS UTILIZING ANTENATAL SERVICES IN PLATEAU SPECIALIST HOSPITAL, JOS (PSSH)

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Abstract

Cesarean section (CS) is the most commonly performed major obstetric surgery worldwide. While the rate of CS is increasing in many developed countries, Nigeria records a low rate of 2.7%, which is well below the World Health Organization's recommended maximum of 15%, despite the existence of many medically indicated cases. This study assessed the knowledge and disposition toward cesarean section among mothers attending antenatal services at Plateau Specialist Hospital. A descriptive hospital-based survey design was employed. A sample of 200 respondents was selected using formula and systematic random sampling ($K = 2$). Data were collected using a 29-item self-administered structured questionnaire covering the study objectives. Responses were analyzed using descriptive statistics with SPSS version 22. Findings revealed that 69.8% of respondents had heard of cesarean section, while 30.2% had no prior awareness. Although 64.1% correctly identified CS as a surgical procedure involving the abdomen for fetal delivery, 28.3% confused it with vaginal delivery, and 7.6% did not know what it meant. Only 35.0% had previously undergone a CS. Regarding disposition, 64.0% reported fear or anxiety about undergoing a cesarean section, and 55.5% held negative opinions about it. A majority (64.3%) preferred vaginal delivery if given a choice. Cultural beliefs (40.4%), religious inclinations (46.0%), poor access to health facilities (33.0%), inadequate transportation and communication (36.5%), and financial constraints (41.1%) were identified as major factors influencing attitudes toward CS. The study concludes that although awareness of cesarean section is relatively high, misconceptions and negative attitudes remain prevalent. It recommends that nurses adopt effective, context-specific education and communication strategies during antenatal care to address knowledge gaps, reduce fear, and improve acceptance of medically indicated cesarean sections among expectant mothers.

Key words: knowledge, disposition, caesarean section, expectant mothers, antenatal services

Introduction

Cesarean sections (CS) are becoming more common globally. This includes elective Cesarean sections, where the mother chooses a surgical delivery even if there's no medical necessity (Al Sulamy et al., 2019). Unlike developed countries where Cesarean sections are becoming more common, Nigeria's rate remains very low at 2.7%. This falls far short of the World Health Organization's recommendation of no more than 15%, despite many situations where a C-section might be medically necessary (Maitanmi et al., 2023). Cesarean sections have become the most frequently performed major surgery in obstetrics globally (Al Sulamy et al., 2019). When performed correctly, Cesarean sections are a powerful tool to save the lives of both mothers and newborns. Research shows that women with a good understanding of their situation are more empowered to participate in shared decision-making about C-sections, which can also help reduce anxiety even that relating to anesthesia (Endalew et al., 2022).

Cesarean sections, a significant development in healthcare, can significantly impact a woman's health in both the immediate aftermath and over the long term (Nabil Aboushady et al., 2024). Studies show that a pregnant woman's understanding, perspective, and feelings about Cesarean Sections significantly impact her decision to choose this potentially life-saving procedure (Maitanmi et al., 2023). Cesarean sections, surgical deliveries for emergencies or complications, are a growing concern for researchers and healthcare providers. As cesarean section rates rise globally, women's preferences for their birthing experience are receiving more and more attention (Zewudu et al., 2024).

Cesarean section is a major surgery performed on a woman's abdomen and uterus when a vaginal birth would be risky for both mother and baby. There are different types of cesarean sections depending on when the surgery is needed (timing) and where the incision is made (Abera & Shibiru, 2024). The World Health Organization (WHO) advises that cesarean section rates should stay between 10-15% globally. However, cesarean deliveries have been on the rise in recent years, with many countries exceeding this recommendation (WHO, 2021). Cesarean sections are a critical surgery for emergencies during childbirth. However, they are major procedures with potential risks for both mothers and newborns, both immediately and in the long term, including for future pregnancies (Khader et al., 2020). While a caesarean section can be an essential and lifesaving surgery, it can put women and babies at unnecessary risk of short- and long-term health problems if performed when there is not medical need (WHO, 2021).

Caesarean sections are absolutely critical to save lives in situations where vaginal deliveries would pose risks, so all health systems must ensure timely access for all women when needed,” (Askew, 2021). “But not all the caesarean sections carried out at the moment are needed for medical reasons. Unnecessary surgical procedures can be harmful, both for a woman and her baby” (WHO, 2021).Caesarean sections can be essential in situations such as prolonged or obstructed labor, fetal distress, or because the baby is presenting in an abnormal position (Askew, 2021).

Cesarean Section Rate

About 21% of all Birth worldwide is through cesarean section (Grisbrook et al., 2024), even though there are significant discrepancies in a woman's access to caesarean sections, depending on where in the world she lives. In the least developed countries, about 8% of women gave birth by caesarean section with only 5% in sub-Saharan Africa, indicating a concerning lack of access to this lifesaving surgery. Conversely, in Latin America and the Caribbean, rates are as high as 4 in 10 (43%) of all births. In five countries (Dominican Republic, Brazil, Cyprus, Egypt and Turkey), caesarean sections now outnumber vaginal deliveries (WHO, 2021). Worldwide caesarean section rates have risen from around 7% in 1990 to 21% today, and are projected to continue increasing over this current decade. If this trend continues, by 2030 the highest rates are likely to

be in Eastern Asia (63%), Latin America and the Caribbean (54%), Western Asia (50%), Northern Africa (48%) Southern Europe (47%) and Australia and New Zealand (45%), the research suggests, (WHO, 2021).

According to new research from the World Health Organization (WHO, 2021), caesarean section use continues to rise globally, now accounting for more than 1 in 5 (21%) of all childbirths. This number is set to continue increasing over the coming decade, with nearly a third (29%) of all births likely to take place by caesarean section by 2030, the research finds (Askew, 2021).

Quality Women-centered Care Needed to Address High use of Caesarean Section

Causes of high caesarean section usage vary widely between and within countries. Drivers include health sector policies and financing, cultural norms, perceptions and practices, rates of preterm births, and quality of healthcare. Rather than recommending specific target rates, WHO underscores the importance of focusing on each woman's unique needs in pregnancy and childbirth. It's important for all women to be able to talk to healthcare providers and be part of the decision making on their birth, receiving adequate information including the risks and benefits. Emotional support is a critical aspect of quality care throughout pregnancy and childbirth (Betran, 2021). Both women and obstetricians expressed strong approval for midwife-led counseling (Eide et al., 2020). Shared decision making is also important as Healthcare professionals suggested that mothers' level of education might influence their engagement in shared decision-making (SDM) (Asah-Opoku et al., 2023).

Causes/Risk Factors of Cesarean Section

There are two main reasons why Cesarean sections are performed: emergencies where the mother or baby's life is at risk, and non-urgent, planned deliveries chosen by the mother or doctor (Abera & Shibiru, 2024). Some causes of cesarean section where; planned Cesarean Section and emergency Cesarean Section. The most common causes were previous Cesarean section, fetal and placental causes, uterine causes, and had maternal causes (Rookesh et al., 2023)

Complications of Cesarean Section

Cesarean sections are a crucial intervention for mothers and babies in difficult deliveries, but they do come with potential drawbacks and long-term effects (Abera & Shibiru, 2024). The most common perioperative complications in CS were: bleeding and venous thromboembolism. Low-income countries have high maternal mortality and require optimized conditions for Cesarean Section. A significant increase in the incidence of Cesarean Section in high-income countries did not lead to a corresponding decrease in neonatal morbidity and mortality, but it increased the risk to the health and life of women (Grisbrook et al., 2024). However, as with all surgeries, they can have risks. These include the potential for heavy bleeding or infection, slower recovery times after childbirth, delays in establishing breastfeeding and skin-to-skin contact, and increased likelihood of complications in future pregnancies.

Knowledge of Cesarean Section among Mothers

In a study carried out by (Maitanmi et al., 2023) titled "Knowledge, attitude and perception of cesarean section among pregnant women attending antenatal clinic at Babcock University Teaching Hospital, Ilishan-Remo, Ogun State", they found out that 78.5% of pregnant women had a high level of knowledge of Cesarean Section, 67.5% had a good perception of Cesarean Section. The findings of a study titled "Pregnant women 's knowledge, perception and attitudes towards caesarian section among obstetrics unit attendants in a teaching hospital" revealed that majority (82.2%) of pregnant women have considerable knowledge about conditions that predisposes a woman for caesarean section as well as the risk of complications (Dorkenoo & Abor, 2021). A study carried out using quantitative, descriptive, and cross-sectional design found that the majorities (78.2%)

of the pregnant women have adequate level of knowledge about Elective Cesarean Section, 14.6% of them have moderate knowledge, and only 7.3% have inadequate knowledge (Al Sulamy et al., 2019).

Attitude of Mothers towards Cesarean Section

In a study carried out by (Ibrahim A, 2022) among women who were presented with obstetric emergencies at a tertiary hospital in northeast Nigeria to determining the informed consent practices and implication. They found out that consent was significantly delayed when given by husbands, in-laws and relatives and this contributed significantly to increased maternal and foetal morbidity and mortality among the group with delayed consent. It is also interesting to note that 98.9% of the respondents were willing to have CS if indicated; this is contrary to the widely held belief of unwillingness to have CS by Nigerian women (Yeshualashet et al., 2021). About one in five respondents would not accept to have repeat CS due to the fear of post-operative pain and the fear of dying during the surgery. About four in ten respondents would rather pray and hope to achieve vaginal birth while about a third would seek the opinion of their husbands. This attitude further explains the role men play in their women's utilization of health services in the community, apart from paying of bills that may be incurred they also provide psychological and moral support hence the need to involve them when the need arises. Though this study was conducted in a semi-urban setting in northwest Nigeria where little is documented about the knowledge and attitude to CS, the design is subject to bias. The very high acceptance level of CS noted may be due to information bias in which the women report acceptance since obviously they knew that the researcher was interested in positive attitude towards CS. Also, since only a third of pregnant women in northwest Nigeria utilize antenatal care caution should be exercised in extrapolating the findings to the whole community. Nevertheless, useful information regarding CS in this setting was generated (Oreoluwa, 2023).

There is general awareness about CS; the 94% awareness of CS observed in this study is similar to the 96% reported in Ghana however the 99% acceptance rate noted in this study is higher than 91% in the same report from Ghana. It also higher than the 85% from Ibadan in southwest Nigeria, 81% from Abakaliki in southeast and much higher than the 68% reported from Port Harcourt in south-south (Ashimi, and Omole-Ohonsi, 2021). Eighty-two percent of the respondents surveyed would accept to have a repeat CS compared to the 65% noted in the study from Port Harcourt however the reasons highlighted by these women for not accepting a repeat CS were similar. Fifty-two percent of the respondents in this study would not accept a repeat CS due to fear of pain compared to the 19% noted in Port Harcourt while 49% of the respondents in this study would not accept repeat CS due to concern about dying which is higher than the 36% observed in the study from Port Harcourt.

It is important for health workers to explain to patients that having a primary CS does not preclude the possibility of achieving a vagina birth afterwards; however subsequent deliveries must be in a health facility equipped to provide adequate monitoring in labour and immediate recourse to CS. This point should also be understood by the husbands. Emphasis should be on the couple having birth preparedness and complication readiness plan which should also take into cognizance who gives consent for emergency surgery if the need arises. All these need to be stressed to all women attending antenatal care in this setting (Adeoye and Kalu, 2019).

Although majority of the women surveyed were aware and would accept to have CS if indicated, knowledge about CS is still low in our setting. The need for birth preparedness and complication readiness with the involvement of men is crucial to influencing the perception of women in this setting towards CS (Yeshualashet et al, 2021).

Factors influencing the Attitude of Mothers towards Cesarean Section

In a study carried out by Dorkenoo & Abor, (2021), factors which significantly encouraged respondents to undergo caesarean section deliveries were they being necessary to protect the health of their babies (85.8%), having more knowledge about caesarean section procedures and risks and trusting in the competence of the doctor (53%). On the other hand, the study identified some inhibiting factors such as 67% of women perceive that caesarean sections take away the joy of a woman, while giving birth. Respondents (56%) however, indicate that caesarean sections were not unnatural nor only reserved for those with medical issues or those who fear pain; they are not embarrassing to reveal to family, friends, etc.

In another study by (Zewudu et al., 2024) Pregnant mothers who were not satisfied with their previous intrapartum care, had no knowledge about cesarean delivery, had a previous history of spontaneous abortion, lived in an urban area and had a current pregnancy-related problem were significantly associated with the preference for cesarean delivery.

Research Design

A descriptive hospital-based survey was adopted to assess knowledge and attitude of mothers utilizing maternal and child health services in PSSH, Jos.

Research Setting

This research was conducted in PSSH, Jos. The hospital is located at Chief John Mark Samchi road former Bukuru road in Jenta A ward, Jos North local Government area, Plateau State. The hospital comprises nine (9) units, seven (7), wards and one (1) theatre (twin), Antenatal unit, National blood transfusion unit, family planning unit and two laboratories. The units are: Heart to Heart unit, Casualty unit/Accident and Emergency, Emergency Pediatric Unit (EPU), Special Care Baby unit (SCBU), Intensive Care Unit (ICU), Eye clinic. Ward 1 (medical ward both male and female), ward 2 (surgical ward both male and female), ward 3 (pediatric ward), Maternity unit, Amenity Ward, Gynecology ward, General Out-patient Department (GOPD), Social Welfare Department and Ophthalmic Unit.

Study Population

The study population includes 500 mothers attending antenatal Clinic in PSSH, Jos from 1st March, 2026 - 1st May, 2026.

Sample Size

The sample size was statistically determined using Nwana (1981) formula. Nwana 1981 opines that "if the population is less than hundreds, use all the population, if the population is a few hundreds, a 40% or more sample will do; if many hundreds, a 20% sample will do; if a few thousands, a 10% sample will do and if several thousands, a 5% or less sample will do.

Using Nwana Formula (1981)

40% or more samples will do.

Therefore; 40% of 500 will be used.

$$= (40/100) 500$$

$$= (0.5) 500$$

= 200

200 respondents will be used for the study.

Sampling Technique

Systematic random sampling technique was used. 'Kth' was set at 2, which was determined by dividing Population size (N, 500) by Sample size (n, 200). $Kth = 500/200 = 2.5$

Instrument For Data Collection

A 29 item, Self-administered structured questionnaire containing four sections, covering the stated objectives was used. Face and content validity was ascertained by superior colleagues, their inputs and suggestions were incorporated into the final draft. Reliability of instrument was ensured using the test-retest method where 10% of the instrument was administered to a similar population, to ensure consistency of measurement.

Method Of Data Collection

After obtaining an ethical approval from the research and ethics committee of PSSH, Jos; permission from the unit manager, an informed consent from the respondents was sought, after clear explanation of the research objectives. The researcher, with the help of two trained assistants distributed the questionnaire to the selected participants, using systematic random sampling technique: $Kth = 2$ ($500/200$) until the desired sample size (200) was attained. This procedure took place during the hospital's antenatal clinic days (Wednesday & Thursday), shortly before health talk session. In order to include the non-literate respondents, the questionnaire was translated to Hausa language, because a significant number of populations of study are conversant with and understand it better. The entire process took eight visits/sessions, selecting 25 respondents per visit.

Data Analysis

Collected data was imputed into SPSS software, version 22 and analyzed using descriptive statistics, presented on frequency table, pie chart and bar chart respectively.

Results

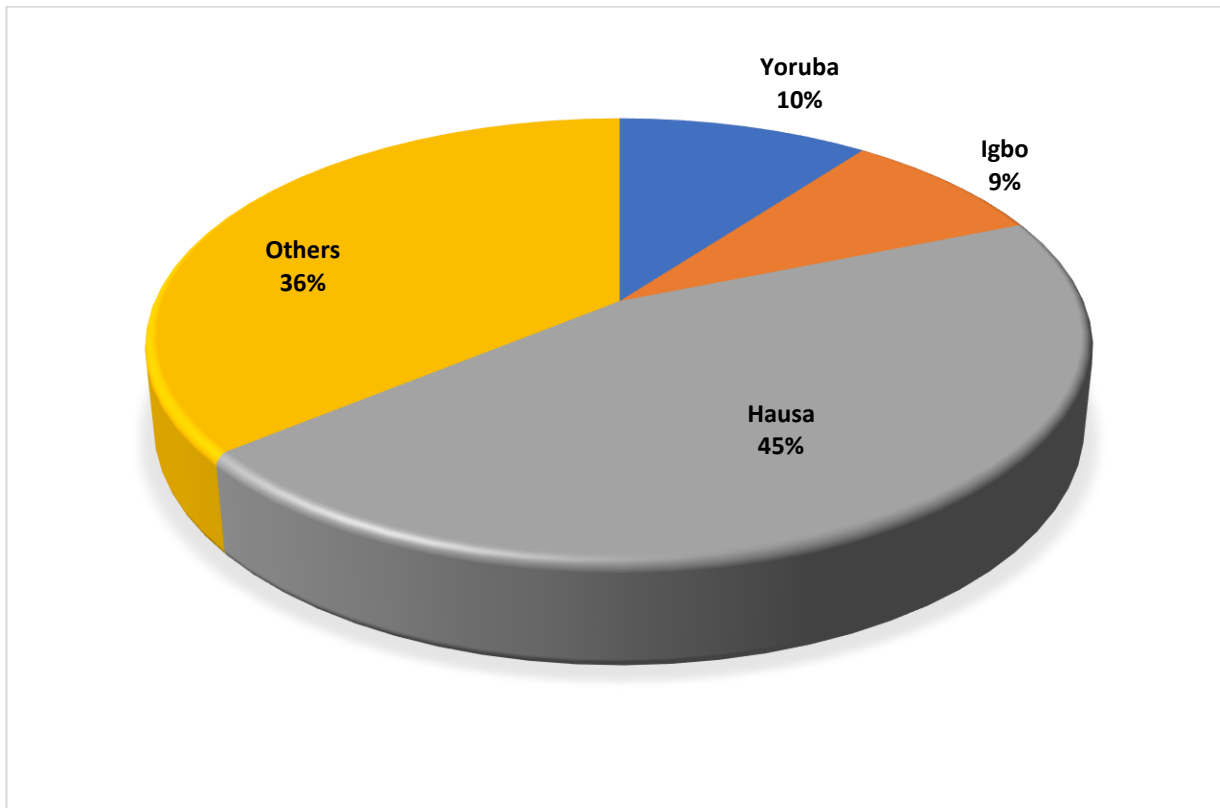
Table 1: Socio-demographic Characteristics of the Study Participants (N = 200)

Variable	Frequency	Percentage %
Age Group		
15-19 years	6	3.0
20-24 years	66	33.0
25-29 years	41	20.5
30-34 years	41	20.5
35-39 years	27	13.5

> 40 years	19	9.5
Marital Status		
Married	190	95.0
Single	9	4.5
Divorced	1	.5
Religion		
Christianity	94	47.2
Islam	95	47.7
Traditional	7	3.5
Atheist	3	1.5
Level of Education		
Non-formal	10	5.0
Primary	13	6.5
Secondary	87	43.5
Others	90	45.0
Occupation		
Unemployed	41	20.6
Trader	41	20.6
Civil servant	45	22.7
Student	57	28.6
Others	15	7.5
Income		
N30,000	113	63.1
N40, 000	22	12.3
N50, 000	14	7.8
>N50,000	30	16.8

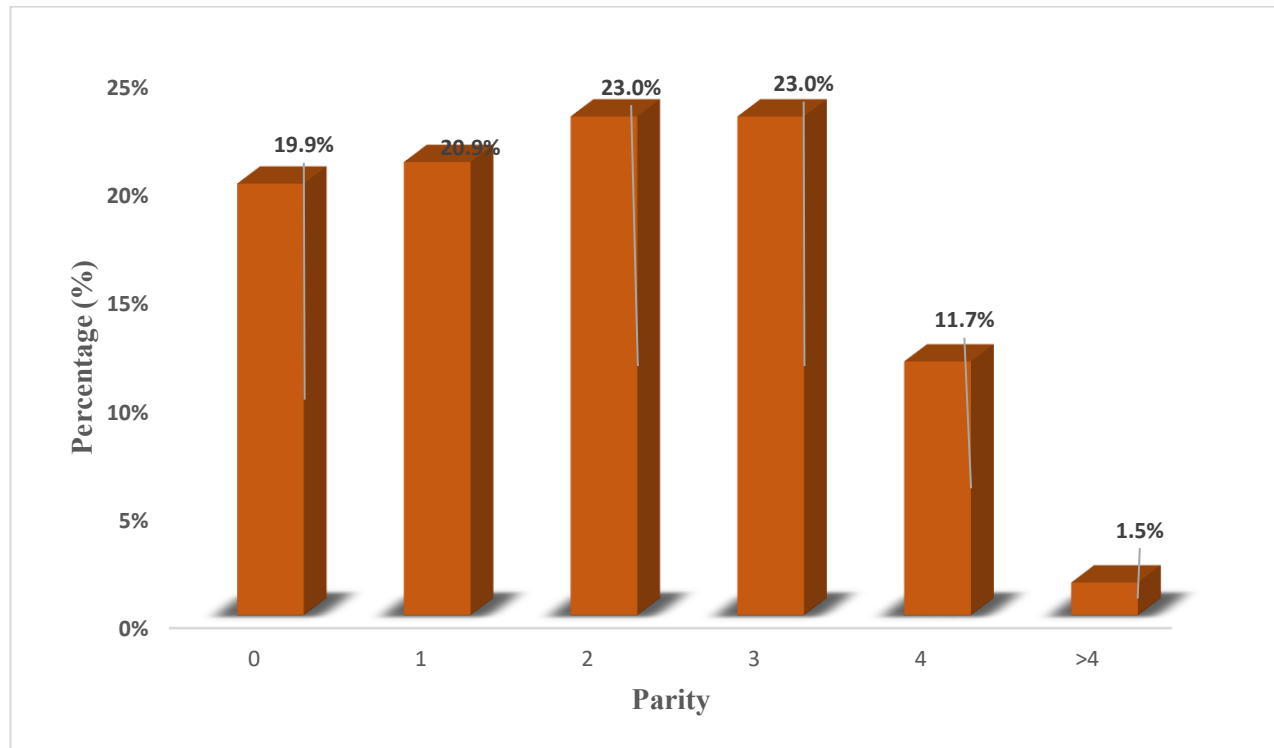
Majority of participants (33.0%) fall within the 20-24year age group, indicating that the study sample skews towards younger adults; while 3.0% are between 15-19 age brackets. Majority of participants (95.0%) are married, while only 4.5% are single, and 0.5% are divorced, suggesting a predominantly married population. Religious affiliations indicates almost equal representation of the two major religions (Islam, 47.7%, Christianity, 47.2%) respectively. Educationally, 45.0% of participants have higher educational qualifications, while 43.5% have completed secondary school, highlighting a well-educated population. In terms of income, 63.1% of participants earn N30,000 or less, which suggests that a majority fall within the lower-income bracket, while 16.8% earn more than N50,000, reflecting a smaller proportion with higher earnings.

Figure 1, distribution of ethnicity of the respondents.



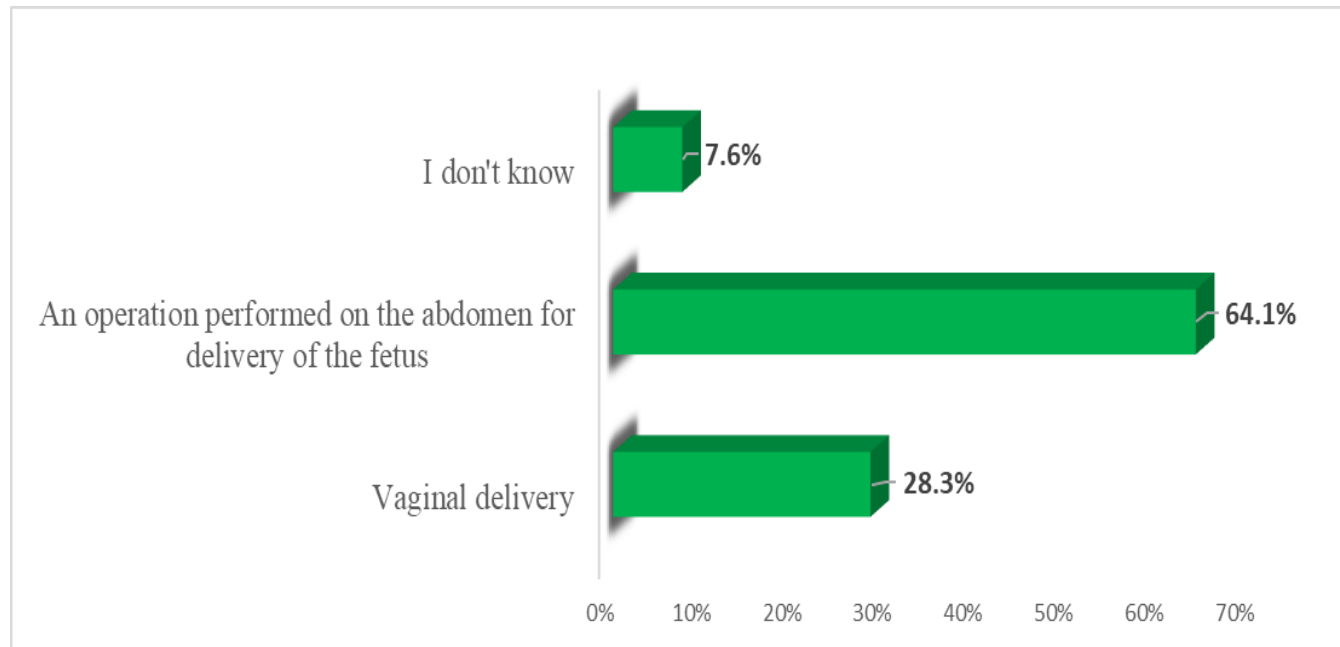
Most of the respondents were Hausa (45%) and others (36%) which constitutes the indigenous ethnic groups respectively; while very few (9%) were Igbo.

Figure 2, distribution of participants by parity



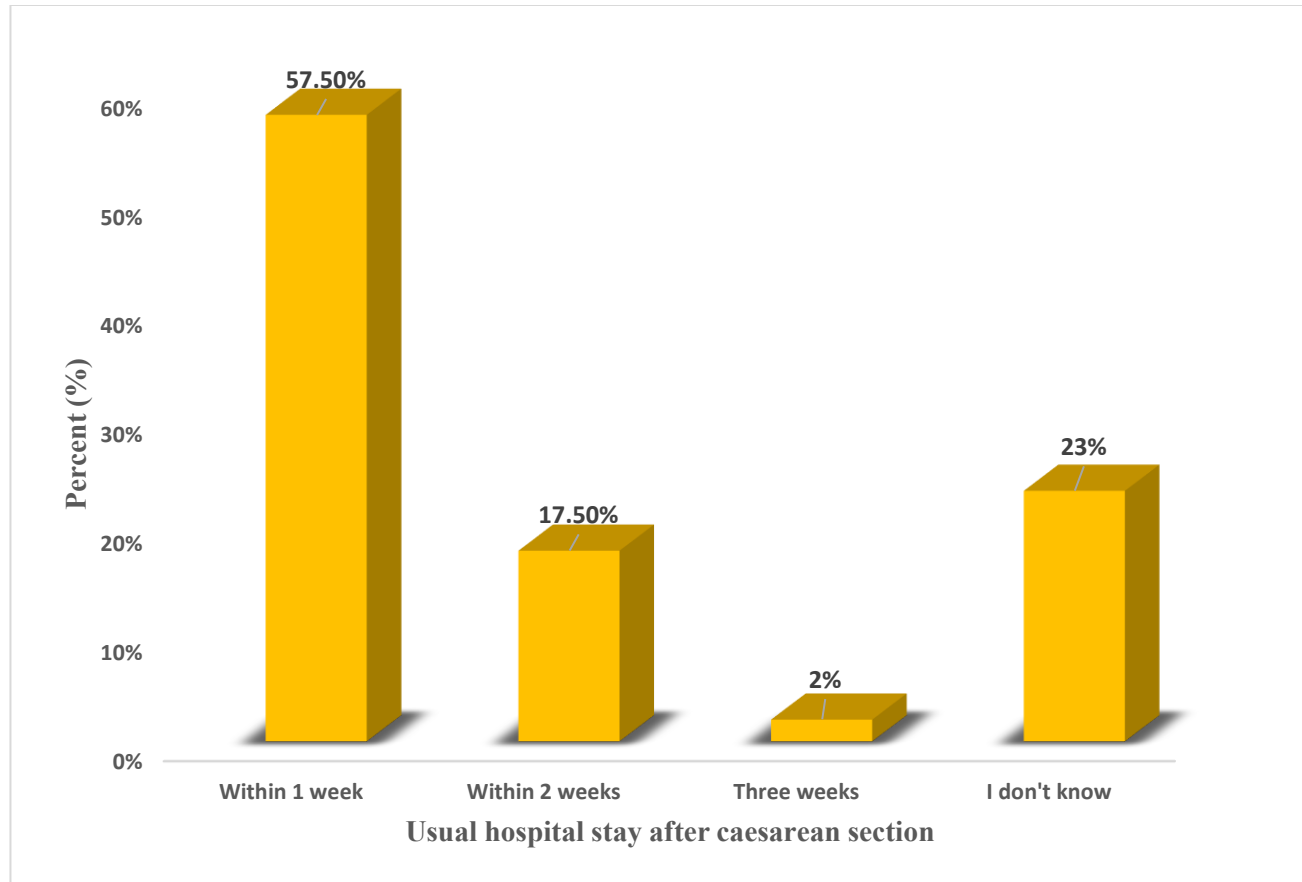
Most of the respondents (23%) had 2-3 child birth experiences, while very few (1.5%) had experienced child birth four times.

Figure 3, participants' understanding of what a caesarean section is



Majority of the respondents (64.1%) had described cesarean section correctly; while very few (7.6%) could not.

Figure 4, participants' knowledge of the duration of hospital stay after Cesarean section



Most respondents (57.5%) had good knowledge of duration of hospital stay after CS, while some (23%) do not know.

Table 2: Level of knowledge of cesarean section among mothers utilizing antenatal care

S/N	Knowledge	Yes		No	
		f	%	F	%
1	Have you heard of caesarean section?	139	69.8	61	30.2
2	Have you experience caesarean section?	70	35.0	130	65.0
3	Blood may be transfused during the procedure	139	69.5	61	30.5
4	Can a woman achieve vaginal delivery after caesarean section?	140	70.0	60	30.0
5	One of the complications of caesarean section is that its affects sexual satisfaction and competence	89	44.5	111	55.5

6	Pain is less in caesarean	89	44.5	111	55.5
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Majority of participants (69.8%) have heard of caesarean sections, indicating a good level of awareness about the procedure, however, 30.2% are unaware, indicating a significant level of knowledge gap. 35.0% have experienced CS; in contrast, majority of respondents (65.0%) have not.

Table 3: Attitude towards cesarean section among mothers utilizing antenatal care

SN	Items	SA	A	N	D	SD	Mean	S. D	Remark
1	Do the idea of having a caesarean section cause you any anxiety or fear?	20(10%)	70(35%)	60(30%)	40(20%)	10(5%)	3.84	1.02	Agree
2	Do you trust your healthcare provider's recommendation regarding the need for cesarean section?	85(42.5%)	80(40%)	20(10%)	10(5%)	5(2.5%)	4.59	0.76	S/Agree
3	Do you believe that caesarean sections are safer than vaginal births for certain medical conditions?	35(17.5%)	70((35%)	50(25%)	30(15%)	15(7.5%)	4.03	0.93	Agree
4	Do you consider caesarean section to be a positive option for child birth?	30(15%)	40(20%)	60(30%)	50(25%)	25(12.5%)	3.45	1.09	Neutral
5	If given a choice would you prefer a caesarean	40(20%)	30(15%)	50((25%)	60(30%)	30(15%)	3.23	1.11	Disagree

	section to vaginal delivery?								
6	Do family and friends opinions matters in caesarean section as a method of delivery		60(30%)	40(20%)	40(20%)	20(10%)	3.75	0.96	Agree

Average Mean Score = 3

Majority of participants (64.0%) report experiencing anxiety or fear about the idea of having a CS, reflecting a notable level of apprehension about the procedure. Opinions about CS as a childbirth option are divided: 44.5% view it positively, while 55.5% do not. Preferences for delivery methods show a clear trend, with 64.3% preferring vaginal delivery over CS if given a choice. This indicates a need for addressing concerns and providing more comprehensive education to help alleviate anxiety and clarify the benefits and risks associated with CS

Table 4: Factors Influencing Attitudes towards Caesarean Section.

S/N	Factors	Yes		No	
		f	%	F	%
1	Does your cultural belief have an impact on caesarean section as method of delivery?	80	40.4	118	59.6
2	Does your religious belief have an impact on caesarean section as method of delivery?	92	46.0	108	54.0
3	Do you lack access to a health facility that performs caesarean section?	66	33.0	134	67.0
4	Do you lack access to transportation and good communication network?	73	36.5	127	63.5
5	Do you lack money to settle hospital bill?	81	41.1	116	58.9

Cultural beliefs (40.4%) and religious inclination (46.0%) appear to significantly impact attitudes of participants acknowledging their influence on perceptions of CS. Access-related factors also play a role: 33.0% of participants indicate that lack of access to health care facilities performing CS influences their attitude, while 36.5% cite inadequate transportation and communication networks as factors. Financial constraints are also a notable concern, with 41.1% stating that lack of money for hospital bills affects their attitude towards CS. Addressing these factors through culturally sensitive education, improved healthcare access, and financial support could help shape more positive attitudes towards this method of delivery.

Discussion Of Findings

Majority of the respondents (64.1%) correctly identified it as “an operation performed on the abdomen for delivery of the fetus, indicating a strong awareness of the procedure. However, 28.3% incorrectly identified it as vaginal delivery, suggesting some confusion about the term. Additionally, 7.6% of participants stated that they did not know what a caesarean section is, highlighting a small gap in knowledge regarding this medical procedure. This study is in line with the work of Maitanmi et al., (2023) which examines the level of “Knowledge, attitude and perception of cesarean section among pregnant women attending antenatal clinic at Babcock University Teaching Hospital, Ilishan-Remo, Ogun State”, they found out that 78.5% of pregnant women had a high level of knowledge of Cesarean Section, 67.5% had a good perception of Cesarean Section.

A significant number of participants (64.0%) report experiencing anxiety or fear of having a CS, reflecting a notable level of apprehension about the procedure. Opinions about CS as a childbirth option are divided: 44.5% view it positively, while 55.5% do not. Preferences for delivery methods show a clear trend, with 64.3% preferring vaginal delivery over CS if given a choice. Despite this, most participants (73.9%) trust their healthcare provider's recommendation regarding the need for a CS. This is in line with a study carried out by (Ibrahim, 2022) in a cross-sectional study among women who presented with obstetric emergencies at a tertiary hospital in northeast Nigeria to determining the informed consent practices and implication. They found out that consent was significantly delayed when given by husbands, in-laws and relatives and this contributed significantly to increased maternal and foetal morbidity and mortality among the group with delayed consent. It is also interesting to note that 98.9% of the respondents were willing to have CS if indicated; this is contrary to the widely held belief of unwillingness to have CS by Nigerian women. In another study conducted by (Yeshualashet et al., 2021) shows that about one in five respondents would not accept to have repeat CS due to the fear of post-operative pain and the fear of dying during the surgery.

Cultural beliefs (40.4%) and religious inclination (46.0%) appear to significantly impact attitudes of participants acknowledging their influence on perceptions of CS. Access-related factors also play a role: 33.0% of participants indicate that lack of access to health care facilities performing CS influences their attitude, while 36.5% cite inadequate transportation and communication networks as factors. Financial constraints are also a notable concern, with 41.1% stating that lack of money for hospital bills affects their attitude towards CS. This finding upholds the study of Dorkenoo & Abor, (2021) which shows that, factors that significantly encouraged respondents to undergo caesarean section deliveries were being necessary to protect the health of their babies (85.8%), having more knowledge about caesarean section procedures and risks and trusting in the competence of the doctor (53%).

Conclusion

The findings revealed a relatively high level of knowledge of CS, with minimal knowledge gap among women utilizing antenatal care in Plateau State Specialist Hospital, Jos. Anxiety or fear of having a CS when the need arises, is an issue of concern. Also, more than average of the respondents does not consider CS as a suitable option of child birth. The findings corroborate cultural belief and religious inclination as factors influencing mothers' attitude towards CS. Furthermore, physical and financial access to health care facilities performing CS, including inadequate transportation network and poor communication, are considerable factors of concern, influencing mothers' disposition towards CS.

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