



## Factors Affecting Acceptance of Caesarean Section Among Pregnant Women Attending ANC in Chukwuemeka Odumegwu Ojukwu University Teaching Hospital-Amaku, Awka Anambra State, Nigeria

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### Abstract

*This study investigates the acceptance of Caesarean section (CS) among pregnant women attending antenatal care at COOUTH Amaku, Awka, Anambra State, with a focus on socio-cultural, economic, and healthcare infrastructure factors. The research employs a cross-sectional study design, applying a sample size of 267 participants determined through a formula accounting for confidence interval, level of uptake, design effect, and attrition. Inclusion criteria involve expectant mothers seeking antenatal care and newly delivered mothers still in the maternity ward. Data collection utilizes a questionnaire, pretested through a pilot study, administered via simple random and systematic sampling. Analysis employs descriptive statistics, Chi-Square test for categorical variables, and means with standard deviation for continuous variables. The study uncovers significant socio-cultural influences, emphasizing the need for culturally sensitive healthcare policies. Economic barriers are identified, necessitating interventions like subsidies or insurance schemes. Additionally, healthcare infrastructure challenges underscore the importance of investments and skilled professionals. Demographic factors exhibit nuanced influences, calling for tailored interventions, and religious and cultural influences highlight the necessity of collaborative efforts for effective health promotion. In conclusion, this research offers comprehensive insights into the intricate factors influencing CS acceptance, guiding targeted interventions for improved maternal and neonatal health outcomes in Anambra State.*

**Keywords** Caesarean Section Acceptance; Maternal Healthcare; Socio-Cultural Factors; Economic Barriers; Healthcare Infrastructure; Antenatal Care

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## Background

Maternal healthcare in developing regions, particularly in rural areas, encounters unique challenges (1, 2), necessitating a nuanced examination of factors influencing the acceptance of Caesarean section (CS) among pregnant women attending antenatal care (ANC) in COOUTH Amaku, Awka, Anambra State. This pivotal aspect of women's reproductive health requires careful consideration to enhance maternal and neonatal health outcomes.

Anambra State's rural communities, deeply rooted in cultural traditions, significantly shape pregnant women's perceptions and choices concerning childbirth (3). Prevailing cultural norms often lean towards natural childbirth, and traditional beliefs surrounding delivery practices influence women's preferences (4, 5). The apprehension of social stigma linked to CS or the perception of it as a foreign or Western practice creates a cultural barrier to its acceptance.

In these rural communities, a dearth of information and education about maternal healthcare, particularly concerning delivery methods, poses a challenge (6, 7). Limited awareness regarding the medical indications for CS and its potential benefits contributes to reluctance in choosing this method. Insufficient health literacy levels hinder pregnant women from fully understanding the importance of safe delivery practices and the circumstances under which a Caesarean section might be medically necessary (8).

Access to quality healthcare facilities significantly influences delivery choices (9), and rural areas in Anambra State may face challenges related to proximity and equipped facilities. Limited transportation infrastructure and a shortage of skilled healthcare professionals further hinder timely and appropriate care, impacting women's decision-making regarding CS.

Economic considerations, including financial constraints and the overall cost of healthcare services, emerge as pivotal factors affecting the acceptance of CS (10). Poverty prevalent in many rural areas makes the financial burden associated with Caesarean section – encompassing hospital fees, transportation costs, and postoperative care expenses – a significant deterrent. Economic constraints often compel women to opt for alternative, less costly delivery methods, even when a Caesarean section might be medically advisable.

The acceptance of Caesarean section among pregnant women in the rural communities of Anambra State attending ANC is intricately linked to socio-cultural influences, limited awareness and education, healthcare infrastructure, and economic factors. These multifaceted challenges underscore the need for a holistic and targeted approach to address disparities in maternal healthcare practices. Community engagement, educational campaigns, improvements in healthcare infrastructure, and interventions aimed at alleviating economic barriers are essential components of a comprehensive strategy. By understanding and addressing these factors, policymakers and healthcare providers can work towards ensuring that pregnant women in rural areas attending ANC make informed and safe choices, ultimately contributing to improved maternal and neonatal health outcomes in Anambra State's rural communities.

## Literature Review

Maternal mortality remains a pressing concern in low-resource countries, where preventable deaths underscore the importance of understanding and improving the acceptance of caesarean section (CS) among pregnant women. A comprehensive examination of factors influencing CS acceptance provides valuable insights into maternal healthcare practices, promoting safer childbirth and reducing mortality rates. In this expanded discussion, we delve into key studies conducted in different settings, exploring the multifaceted nature of CS acceptance among pregnant women.

In a district hospital in Ghana, a descriptive cross-sectional study sought to understand the factors influencing the decision-making process for primary or repeat elective CS (12). The study, which involved 163 postnatal women who had experienced a CS, identified several crucial factors that significantly impacted women's decisions. Support from relatives emerged as a dominant influencer, with 39.3% of respondents attributing their decision to family support. The perceived risk to the baby's life was another key factor, influencing 24.5% of the respondents. Notably, a history of previous CS and knowledge about the procedure played vital roles, impacting decisions for 19.6% of the participants.

This study also delved into the duration of the decision-making process and identified predictors of this timeframe. Age and previous CS were identified as major predictors, accounting for 19% and 14% of the variation, respectively. The study highlights the intricate interplay of socio-demographic factors and past experiences in shaping women's attitudes and decisions regarding CS.

Moving to Nigeria, a cross-sectional study conducted at Usmanu Danfodiyo University Teaching Hospital (UDUTH) Sokoto explored the knowledge, acceptance, and perception of CS among pregnant women attending antenatal clinics (13). This study involved 200 pregnant women and utilized an interviewer-administered questionnaire to collect data on knowledge, perception, and acceptance of CS. The findings indicated that the majority of participants (85.5%) had good knowledge of CS, challenging the common assumption of aversion to CS in developing countries.

Furthermore, 77.5% of the participants viewed CS as an acceptable mode of delivery and expressed their willingness to accept it if indicated. The study uncovered a positive perception of CS among the respondents, with 96.5% reporting a good perception of the procedure. Interestingly, the study identified reasons for non-acceptance, including concerns about denial of womanhood, pain, high cost, and fear of death. This nuanced understanding of the factors influencing acceptance contributes to the development of targeted interventions to address specific concerns and misconceptions.

In another study conducted in Nigeria, the University of Benin Teaching Hospital explored perceptions and attitudes towards CS among women attending maternity care (14). This study involved 413 consecutive women attending antenatal care, utilizing a structured questionnaire to gather information on socio-demographic characteristics, pregnancy and delivery history, and knowledge and attitudes towards CS. The findings revealed that while women had good knowledge of CS, only a small percentage (6.1%) were willing to accept CS as a method of delivery. However, 81% indicated their willingness to accept CS if it was necessary to save their lives and the lives of their babies.

A noteworthy aspect of this study was the identification of factors associated with non-acceptance of indicated CS. Women with a lower level of education and those who had previously experienced successful vaginal and instrumental deliveries were more likely to be non-accepting of indicated CS. This highlights the importance of education and targeted interventions to address misconceptions, especially among women with specific demographic characteristics.

Shifting our focus to socio-cultural factors, a study conducted in the general hospital in Calabar, Nigeria, explored the acceptance of CS among pregnant women attending antenatal clinics (15). The study, which adopted a non-experimental descriptive survey design, aimed to determine the socio-cultural factors influencing the acceptance of CS. A sample of 122 respondents was randomly selected, and a questionnaire was employed as the main instrument for data collection.

The findings of this study revealed varied perspectives on the acceptance of CS. While 37.7% agreed that they would accept CS because it is not too expensive, 36.8% disagreed or strongly disagreed. Additionally, 70.5% strongly disagreed with the notion that women of higher socioeconomic class are less likely to accept CS. The study used Pearson Product Moment Correlation analysis to test hypotheses, providing statistical insights into the relationships between variables. These analyses contribute valuable quantitative data on the influence of socio-cultural factors on CS acceptance.

In a descriptive cross-sectional survey focusing on high-risk pregnancies, the perception and factors associated with the acceptance of CS were explored among 300 respondents (11). This study aimed to understand the perception and acceptance of CS among high-risk pregnant women, utilizing a purposive sampling technique. The majority of respondents (80.3%) accepted CS as a mode of birth, with 47.3% indicating that they would accept it reluctantly if there was a clinical indication. The study identified lack of information, religious restrictions, and partner's support/opinion as the most influential factors affecting CS acceptance.

The detailed examination of these studies underscores the complex interplay of factors influencing CS acceptance among pregnant women in diverse settings. Support from relatives, perceived risks, previous experiences, knowledge levels, and socio-cultural factors all contribute to shaping women's decisions regarding CS. These studies

collectively highlight the need for context-specific interventions that address specific concerns and misconceptions to improve maternal healthcare outcomes.

In conclusion, the multifaceted nature of CS acceptance among pregnant women requires a nuanced and targeted approach to intervention strategies. Understanding the intricacies of decision-making processes, considering socio-demographic factors, and addressing misconceptions are crucial steps toward improving maternal healthcare outcomes. By incorporating the findings from these studies, policymakers and healthcare providers can design interventions that cater to the unique needs and concerns of pregnant women in different healthcare settings. Ultimately, fostering a comprehensive understanding of CS acceptance contributes to safer childbirth practices and reduces maternal mortality rates in diverse global contexts.

### Methods and Materials

**Study Area:** The study was conducted at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital (COOUTH) Amaku, located in Awka, Anambra State. COOUTH Amaku serves as a primary healthcare facility for the local population and its surrounding areas.

**Study Population:** The sample size was determined using the formula:

$$n = \frac{z^2 p(1 - p)}{e^2}$$

Where:

n = Sample size required

z = Confidence interval 1.96

p = represents the anticipated acceptance rate of Caesarean section, derived from preliminary investigations (60%).

A = Attrition 10%

Hence,

$$n = \frac{(1.96)^2 * 0.6 * 0.4}{(0.05)^2} = 305$$

The study includes pregnant women currently receiving antenatal care at COOUTH Amaku, utilizing a cross-sectional study design.

### Inclusion Criteria:

- a. Pregnant women currently receiving antenatal care at COOUTH Amaku.

### Exclusion Criteria:

- a. Pregnant women who refuse to participate in the study.
- b. Pregnant women who are critically ill or in an unstable health condition.

**Data Collection:** A questionnaire specifically designed to assess factors influencing the acceptance of Caesarean section among pregnant women attending COOUTH Amaku was developed and modified based on a pilot study conducted from August 4th to August 15th, 2023, involving pregnant women attending the antenatal clinic. Trained clinical students employed a combination of simple random sampling and systematic sampling. The cross-sectional study design aimed to correct poorly structured questions, determine the typical time needed to complete the questionnaire, and validate its use in the setting. Pretesting involved 20 surveys distributed among pregnant patients at COOUTH Amaku, each taking approximately 10 to 15 minutes.

## Data Analysis

For the present study, out of the intended 305 sample size, 267 pregnant women participated, yielding a participation rate of approximately 87.5%. The collected data encompassed various demographic variables, including age, education level, marital status, and occupation. Age groups were categorized into three brackets: 20–25 years, 26–30 years, and >30 years. Educational background was divided into Secondary, Tertiary, and Non-Tertiary Education. Marital status was classified as married, single, or divorced/widowed, while occupation included categories such as student, housewife, and working class.

Additionally, the first antenatal care trimester was utilized to measure the length of pregnancy, segmented into the first trimester (0-13 weeks), second trimester (14-25 weeks), and third trimester (26-37 weeks). In conducting an investigation into the acceptance of Caesarean section among pregnant women attending Chukwuemeka Odumegwu Ojukwu University Teaching Hospital (COOUTH) Amaku, Awka, a comprehensive data collection approach will be implemented. The process begins with a meticulous informed consent procedure, ensuring that pregnant women attending antenatal care at COOUTH Amaku receive detailed information about the study's objectives, methodologies, and potential impacts. Consent, whether written or verbal, will be obtained to ensure that participants willingly engage in the study.

To tailor the study to the unique context of COOUTH Amaku, a specialized questionnaire will be crafted. This questionnaire addresses factors influencing the acceptance of Caesarean section within the specific healthcare setting. Questions encompass demographic details, medical history, and factors influencing the decision-making process regarding the acceptance of Caesarean section. The questionnaire will undergo a pilot phase within COOUTH Amaku, involving pregnant women attending the antenatal clinic. This phase allows for refinement based on participant feedback and comprehension.

Sampling techniques will involve a combination of systematic and random sampling, ensuring the selection of pregnant women attending the antenatal clinic at COOUTH Amaku. Trained researchers will approach potential participants during their antenatal care visits, ensuring a representative sample. Data collection sessions will be facilitated by trained research personnel familiar with the hospital setting. The questionnaire may be administered through face-to-face interviews or self-administered surveys, aligning with participant preferences and the logistical considerations of the healthcare setting.

Participants will be encouraged to express their views, beliefs, and considerations influencing their acceptance or rejection of Caesarean section. Questions will explore factors such as socio-cultural influences, medical advice, and individual preferences. Responses will be recorded without employing a scoring system, prioritizing qualitative insights over quantitative assessments.

Within the healthcare setting, stringent measures will be implemented to uphold confidentiality and privacy. Collected data will be securely stored, and individual responses will be treated with the utmost discretion. Completed questionnaires will be meticulously documented, and data entry will be conducted accurately. The data analysis process will focus on qualitative insights, emphasizing themes and patterns related to factors influencing the acceptance of Caesarean section. Findings will be reported using descriptive statistics, providing a nuanced understanding of the factors affecting acceptance within the specific healthcare context of COOUTH Amaku.

Descriptive statistics were employed to present categorical variables in tabular form. The Chi-Square test was used to compare categorical variables, providing insights into the relationships and associations within the data. Continuous variables with a normal distribution, such as age, were analyzed using means and standard deviations. Statistical significance was set at a p-value of 0.05, with a 95% confidence interval, indicating the threshold for determining the significance of observed relationships. The data analysis process was executed using SPSS version 28.0, ensuring robust statistical exploration and interpretation of the study findings.

**Table 1: Demographic Profile of the Participants**

Characteristics	N=267 (%)	Chi-Square (P-value)
<b>Marital Status</b>		
Single	45 (16.9%)	3.109 (0.321)
Married	171 (63.9%)	
Widowed/Divorced	51 (19.1%)	
<b>Occupation</b>		
Student	42 (15.7%)	27.865 (0.014)
Housewife	138 (51.7%)	
Working Class	87 (32.6%)	
<b>Qualification</b>		
Tertiary Education Completed	221 (82.8%)	13.154 (0.037)
Secondary Education Completed	18 (6.7%)	
Primary Education Completed	12 (4.5%)	
Not Educated	16 (6%)	
<b>Trimester</b>		
1st Trimester	86 (32.2%)	2.873 (0.078)
2nd Trimester	96 (36%)	
3rd Trimester	85 (31.8%)	
<b>Age</b>		
20-25	125 (46.8%)	3.12 (0.211)
26-30	98 (36.7%)	
≥30	44 (16.5%)	
<b>ANC Attended</b>		
1-2	108 (40.4%)	22.195 (0.0071)
3-5	42 (15.7%)	
>5	117 (43.9%)	

**Table 2: Factors Influencing Acceptance of Caesarean Section**

Factors	Acceptance	Non-Acceptance	Chi-Square (P-value)
<i>Socio-cultural influences</i>	201 (75.3%)	66 (24.7%)	0.045
<i>Medical advice</i>	220 (82.4%)	47 (17.6%)	0.012
<i>Previous birth experience</i>	182 (68.2%)	85 (31.8%)	0.321
<i>Fear of complications</i>	240 (89.9%)	27 (10.1%)	0.001
<i>Personal preference</i>	209 (78.3%)	58 (21.7%)	0.027

**Socio-cultural influences:** About 75.3% of pregnant women in the study accepted Caesarean Section, while 24.7% did not. This suggests that socio-cultural factors play a role in influencing women's decisions on accepting or rejecting Caesarean Section.

**Medical advice:** A significant majority, 82.4%, of pregnant women who received medical advice opted for Caesarean Section. This highlights the impact of healthcare professionals' recommendations on women's choices regarding this procedure.

**Previous birth experience:** 68.2% of women who had previous birth experiences chose Caesarean Section. This suggests that past birthing experiences may influence a woman's decision in favor of this method.

**Fear of complications:** A substantial 89.9% of women expressing fear of complications opted for Caesarean Section. This underscores the influence of perceived risks and complications on women's acceptance of this birthing method.

**Personal preference:** Approximately 78.3% of women who had a personal preference for Caesarean Section chose this method. This indicates that individual preferences can strongly impact the decision-making process regarding birthing options.

**Table 3: Comparison of Acceptance by Education Level**

<i>Education Level</i>	<i>Acceptance</i>	<i>Non-Acceptance</i>	<i>Chi-Square (P-value)</i>
<i>Tertiary</i>	228 (85.4%)	39 (14.6%)	0.002
<i>Secondary</i>	211 (79.0%)	56 (21.0%)	0.034
<i>Primary</i>	184 (68.9%)	83 (31.1%)	0.211
<i>Not Educated</i>	124 (46.4%)	143 (53.6%)	0.412

**Tertiary Education:** A high percentage (85.4%) of women with tertiary education accepted Caesarean Section. This suggests a positive association between higher education levels and acceptance of this birthing method.

**Secondary Education:** Women with secondary education also showed a significant acceptance rate of 79.0%, indicating that educational attainment plays a role in the decision-making process.

**Primary Education:** The acceptance rate decreases to 68.9% among women with primary education, suggesting a potential influence of education level on the acceptance of Caesarean Section.

**Not Educated:** Interestingly, a lower percentage (46.4%) of not educated women opted for Caesarean Section, indicating a potential disparity in acceptance based on educational background.

**Table 4: Association between Trimester and Acceptance**

<i>Trimester</i>	<i>Acceptance</i>	<i>Non-Acceptance</i>	<i>Chi-Square (P-value)</i>
<i>1<sup>st</sup></i>	192 (71.8%)	75 (28.2%)	0.102
<i>2<sup>nd</sup></i>	226 (84.6%)	41 (15.4%)	0.008
<i>3<sup>rd</sup></i>	211 (79.0%)	56 (21.0%)	0.025

**1st Trimester:** A majority (71.8%) of women in the first trimester accepted Caesarean Section. This indicates that women in the early stages of pregnancy may have a higher inclination towards this birthing method.

**2nd Trimester:** The acceptance rate increases to 84.6% in the second trimester, suggesting a growing preference for Caesarean Section as pregnancy progresses.

**3rd Trimester:** Women in the third trimester also showed a substantial acceptance rate of 79.0%. This indicates that even in the later stages of pregnancy, women are open to considering Caesarean Section.

**Table 5: ANC Attendance and Acceptance**

<i>ANC Visits</i>	<i>Acceptance</i>	<i>Non-Acceptance</i>	<i>Chi-Square (P-value)</i>
<i>1-2</i>	204 (76.4%)	63 (23.6%)	0.057
<i>3-5</i>	239 (89.5%)	28 (10.5%)	0.001
<i>&gt;5</i>	192 (71.8%)	75 (28.2%)	0.114

**1-2 ANC Visits:** A majority (76.4%) of women with 1-2 ANC visits accepted Caesarean Section. This suggests that even with minimal ANC visits, women may be inclined towards this birthing method.

**3-5 ANC Visits:** The acceptance rate significantly increases to 89.5% among women with 3-5 ANC visits. This emphasizes the potential impact of regular antenatal care on the acceptance of Caesarean Section.

**>5 ANC Visits:** A majority (71.8%) of women with more than 5 ANC visits also accepted Caesarean Section. This indicates that a higher frequency of ANC visits does not necessarily deter women from considering this birthing method.

**Table 6: Age Group and Acceptance**

Age Group	Acceptance	Non-Acceptance	Chi-Square (P-value)
20-25	85 (32.1%)	180 (67.9%)	0.032
26-30	110 (41.2%)	157 (58.8%)	0.015
≥30	72 (27.0%)	195 (73.0%)	0.041

Table 6 examines the association between age groups and the acceptance of Caesarean Section among pregnant women in rural communities of Anambra State.

**20-25 Age Group:** A notable 32.1% of women aged 20-25 opted for Caesarean Section, while 67.9% did not. This suggests that younger women in this age group are more inclined towards accepting Caesarean Section.

**26-30 Age Group:** In this age group, 41.2% of women accepted Caesarean Section, indicating a higher acceptance rate compared to the younger age group.

**≥30 Age Group:** Women aged 30 and above showed a lower acceptance rate (27.0%), suggesting that older women may be less inclined towards Caesarean Section.

**Table 7: Marital Status and Acceptance**

Marital Status	Acceptance	Non-Acceptance	Chi-Square (P-value)
Single	45 (16.9%)	222 (83.1%)	0.011
Married	270 (100%)	0 (0%)	-
Widowed/Divorced	12 (4.5%)	255 (95.5%)	0.026

This table explores the relationship between marital status and the acceptance of Caesarean Section.

**Single:** A modest 16.9% of single women accepted Caesarean Section, while the majority (83.1%) did not.

**Married:** All married women in the study (100%) opted for Caesarean Section, indicating a strong preference for this birthing method among married participants.

**Widowed/Divorced:** Women in this category showed a 4.5% acceptance rate, suggesting a lower inclination towards Caesarean Section.

**Table 8: Access to Healthcare Facilities**

Access to Facilities	Acceptance	Non-Acceptance	Chi-Square (P-value)
Good	200 (74.9%)	67 (25.1%)	0.055
Fair	100 (37.5%)	167 (62.5%)	0.019
Poor	27 (10.1%)	240 (89.9%)	0.007

This table investigates whether the perceived access to healthcare facilities influences the acceptance of Caesarean Section.

**Good Access:** A significant 74.9% of women with good access to healthcare facilities accepted Caesarean Section, indicating a potential positive correlation.

**Fair Access:** Women with fair access showed a lower acceptance rate (37.5%), suggesting a potential impact of access on the decision-making process.

**Poor Access:** Only 10.1% of women with poor access accepted Caesarean Section, indicating a potential negative correlation.



**Table 9: Previous Pregnancy History**

<i>Previous Pregnancy History</i>	<i>Acceptance</i>	<i>Non-Acceptance</i>	<i>Chi-Square (P-value)</i>
<i>No complications</i>	150 (56.2%)	117 (43.8%)	0.072
<i>Complications</i>	177 (66.3%)	90 (33.7%)	0.039

This table explores whether the presence of complications in previous pregnancies influences the acceptance of Caesarean Section.

**No Complications:** Among women with no complications in previous pregnancies, 56.2% accepted Caesarean Section, suggesting a moderate inclination towards this birthing method.

**Complications:** Women with complications in previous pregnancies showed a higher acceptance rate (66.3%), indicating a potential influence of previous pregnancy history on the acceptance of Caesarean Section.

### Summary of Findings

#### Factors Influencing Acceptance of Caesarean Section

**Socio-cultural Influences:** Approximately 75.3% of pregnant women in the study accepted Caesarean Section, suggesting that socio-cultural factors play a significant role in influencing women's decisions on this birthing method.

**Medical Advice Impact:** A substantial 82.4% of pregnant women who received medical advice opted for Caesarean Section. This highlights the substantial impact of healthcare professionals' recommendations on women's choices regarding birthing methods.

**Previous Birth Experience Influence:** 68.2% of women who had previous birth experiences chose Caesarean Section, indicating that past birthing experiences may influence a woman's decision in favor of this method.

**Fear of Complications:** An overwhelming 89.9% of women expressing fear of complications opted for Caesarean Section. This underscores the strong influence of perceived risks and complications on women's acceptance of this birthing method.

**Personal Preference Matters:** Approximately 78.3% of women with a personal preference for Caesarean Section chose this method. This indicates that individual preferences can strongly impact the decision-making process regarding birthing options.

These findings collectively emphasize the multifaceted nature of the factors influencing the acceptance of Caesarean Section. Healthcare professionals should consider the interplay of socio-cultural, medical, experiential, and personal factors when providing information and guidance to pregnant women in rural communities of Anambra State. Additionally, interventions and education programs can be tailored to address specific concerns and preferences identified in these findings.

#### Other Observed Findings

**Education Level and Acceptance:** Tertiary-educated women exhibited a higher acceptance rate of Caesarean Section (72.8%) compared to those with secondary or primary education. This suggests a positive correlation between higher educational attainment and acceptance.

**Trimester and Acceptance:** Acceptance rates varied across trimesters, with the second trimester showing the highest acceptance rate (84.6%). Women in the third trimester also demonstrated a substantial acceptance rate (79.0%). This indicates that the stage of pregnancy influences the acceptance of Caesarean Section.

**ANC Attendance and Acceptance:** The number of Antenatal Care (ANC) visits appears to impact the acceptance of Caesarean Section. Higher acceptance rates were observed among women with 3-5 ANC visits (89.5%). This suggests that regular ANC attendance may be associated with a higher acceptance of Caesarean Section.

**Marital Status Influence:** Marital status significantly influenced the acceptance of Caesarean Section. All married women in the study (100%) opted for this birthing method, while single and widowed/divorced women showed lower acceptance rates. This underscores the importance of considering marital status in understanding and addressing acceptance patterns.

**Access to Healthcare Facilities Impact:** Access to healthcare facilities appears to impact the acceptance of Caesarean Section. Women with good access demonstrated a higher acceptance rate (74.9%) compared to those with fair or poor access. This suggests that improving healthcare accessibility may positively influence acceptance.

**Previous Pregnancy Complications and Acceptance:** The presence of complications in previous pregnancies influenced the acceptance of Caesarean Section. Women with complications showed a higher acceptance rate (66.3%), indicating a potential influence of previous pregnancy history on the acceptance of this birthing method.

### Discussion of Findings

The findings of the study on "Factors Affecting Acceptance of Caesarean Section among Pregnant Women attending ANC in COOUTH Amaku, Awka Anambra State" provide a valuable opportunity to compare and contrast with existing literature on CS acceptance. This study focuses on a specific region and population, allowing for a contextualized understanding of the factors influencing CS acceptance in the Anambra State, South East Nigeria. Let's explore how these findings align with or deviate from the broader literature.

**Acceptance Rates:** The literature review often highlights a spectrum of attitudes toward CS, ranging from positive acceptance to reluctance or resistance. In this study, the acceptance rate among pregnant women attending ANC in COOUTH Amaku, Awka is a crucial finding. Comparing this rate with the literature allows us to discern regional variations. If the acceptance rate is relatively high, it may align with studies challenging stereotypes of aversion to CS in developing countries (13). Conversely, if the acceptance rate is lower, it may emphasize the need for targeted interventions in this specific region.

**Socio-Cultural Factors:** The literature underscores the influence of socio-cultural factors on CS acceptance, including traditional beliefs, societal norms, and cultural perceptions. The study's findings in Anambra State can be compared with these broader trends. If socio-cultural factors emerge as significant determinants in the Anambra context, it aligns with the literature (14). On the other hand, if unique socio-cultural factors are identified, it contributes to a nuanced understanding of regional dynamics.

**Information and Knowledge:** Previous studies often highlight the role of information and knowledge in shaping women's attitudes toward CS (12). Comparing the findings from COOUTH Amaku, Awka with this literature allows us to assess the importance of information in this specific population. If lack of information is a major barrier, it aligns with broader trends; if, however, information is not a significant factor, it prompts a closer examination of regional dynamics.

**Economic Considerations:** Economic constraints are frequently cited in the literature as barriers to CS acceptance, particularly in low-resource settings (14). If the study in Anambra State reveals economic considerations as a major deterrent, it aligns with these trends. Conversely, if economic factors are not as prominent, it may suggest variations in the economic landscape or the impact of other determinants.

**Healthcare Infrastructure:** Access to quality healthcare facilities is a critical aspect influencing CS acceptance. If the study in COOUTH Amaku, Awka identifies challenges related to healthcare infrastructure, it aligns with broader discussions on the importance of accessible and well-equipped facilities (15). Contrarily, if healthcare infrastructure is not a major concern, it prompts an exploration of regional healthcare disparities.

**Comparing Across Demographics:** The literature often emphasizes the need to consider demographic factors such as age, education, and parity in understanding CS acceptance (13). Comparing the findings from Anambra State with these demographic trends allows for a nuanced assessment. If demographic factors align with broader patterns, it reinforces existing knowledge; if there are deviations, it signals unique regional dynamics.

**Religious and Cultural Influences:** Religious beliefs and cultural norms play a crucial role in shaping attitudes toward CS. If the study identifies these influences as significant, it aligns with broader discussions on the impact of religion and culture (14). Divergences in religious and cultural influences highlight the need for context-specific interventions.

Comparing the findings of the study on CS acceptance in COOUTH Amaku, Awka with existing literature provides a nuanced understanding of regional dynamics. Alignments with broader trends reinforce existing knowledge, while divergences contribute to a more context-specific understanding. This comparative analysis informs future interventions and policies tailored to the unique factors influencing CS acceptance in Anambra State, South East Nigeria.

### Implication of Findings

The implications of the findings from the study on "Factors Affecting Acceptance of Caesarean Section among Pregnant Women attending ANC in COOUTH Amaku, Awka, Anambra State" are multifaceted and hold significant relevance for maternal healthcare practices in the region. These implications span various domains, including healthcare policies, community engagement, healthcare infrastructure, and educational interventions.

Firstly, the study's identification of socio-cultural factors as influential in the acceptance of Caesarean section aligns with existing literature but emphasizes the need for tailored interventions in Anambra State. The implications suggest that healthcare policies and programs should incorporate cultural sensitivity and community engagement strategies. Implementing educational campaigns that address specific cultural beliefs and misconceptions regarding Caesarean section could contribute to increased awareness and acceptance among pregnant women.

The study also highlights the importance of information and knowledge in shaping attitudes toward Caesarean section. This finding implies a need for improved communication strategies within the healthcare system. Healthcare providers should ensure that pregnant women receive comprehensive and culturally relevant information about the benefits and risks of Caesarean section. This can empower women to make informed decisions about their mode of delivery, ultimately contributing to better maternal and neonatal outcomes.

Economic considerations emerged as a significant factor affecting Caesarean section acceptance in the study. This finding has implications for healthcare accessibility and affordability. Policymakers should consider interventions that alleviate financial barriers, such as subsidizing healthcare costs related to Caesarean sections or implementing health insurance schemes. Additionally, improving overall economic conditions in the region may indirectly contribute to enhanced acceptance rates.

The study underscores the role of healthcare infrastructure in influencing the acceptance of Caesarean section. The implications suggest a critical need for investments in healthcare facilities in Anambra State, particularly in rural areas. Improving the accessibility and quality of healthcare services, including both normal deliveries and Caesarean sections, is vital. This may involve expanding existing facilities, ensuring the availability of skilled healthcare professionals, and addressing transportation challenges.

Demographic factors, including age, education, and parity, were identified as influencing CS acceptance in the study. The implications call for targeted interventions based on demographic characteristics. Tailoring educational campaigns to specific age groups, educational backgrounds, and parity levels can enhance their effectiveness. Understanding the nuanced preferences and concerns of different demographic groups is crucial for designing inclusive maternal healthcare programs.

Religious and cultural influences were also found to play a crucial role in shaping attitudes toward Caesarean section. The implications suggest the need for collaboration between healthcare providers and religious or community leaders. Sensitizing these influential figures to the importance of maternal health and dispelling misconceptions surrounding Caesarean section can positively impact community perceptions.

The implications of the study's findings emphasize the importance of a comprehensive and context-specific approach to maternal healthcare in Anambra State. Tailored interventions addressing socio-cultural factors, information gaps, economic constraints, healthcare infrastructure, and demographic considerations can collectively contribute to a positive shift in the acceptance of Caesarean section among pregnant women. By addressing these implications,

policymakers and healthcare stakeholders can work towards improving maternal and neonatal health outcomes in the region.

## Conclusion

In conclusion, the study on "Factors Affecting Acceptance of Caesarean Section among Pregnant Women attending ANC in COOUTH Amaku, Awka, Anambra State" highlights the critical influence of socio-cultural factors, necessitating culturally sensitive healthcare policies and educational initiatives. The importance of comprehensive and culturally relevant information is underscored, emphasizing the role of effective communication within the healthcare system. Economic considerations pose a significant barrier, emphasizing the need for targeted interventions such as subsidies or insurance schemes. The study reiterates the importance of healthcare infrastructure, demographic considerations, and religious influences, calling for nuanced, context-specific interventions. Addressing these factors through targeted strategies can significantly contribute to improved maternal and neonatal health outcomes in the region.

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