Original Article

Perception And Attitudinal Determinants Of Acceptance Of Caesarean Section Among Pregnant Women In A Southwestern Nigerian Specialized Hospital: A Descriptive Cross-Sectional Study

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ABSTRACT

Caesarean section (CS) is a life-saving obstetric intervention when vaginal delivery poses risks to the mother or fetus. Despite its proven benefits, acceptance of CS in many low and middle-income countries, including Nigeria, remains influenced by sociocultural beliefs, misconceptions, and financial constraints. This study assessed perception and attitudinal determinants of CS acceptance among pregnant women attending a specialized hospital in Southwestern Nigeria. A descriptive cross-sectional study was conducted among pregnant women attending antenatal care at the State Specialist Hospital, Akure, Ondo State. A total of 445 consenting participants were recruited through purposive sampling. Data were collected using semi-structured questionnaires. Perception and attitude were measured using 10-item Likert scales. Data were analyzed using STATA version 14.2. Descriptive statistics summarized variables, while Chi-square tests and logistic regression identified predictors of acceptance at $p < 0.05$. The mean age of respondents was 31 years. Overall, 87% of respondents demonstrated positive perception, and 90.6% had positive attitudes toward CS. Multivariate analysis showed that positive recommendations from healthcare providers significantly predicted acceptance (AOR = 5.67; 95% CI: 2.31–13.94). Additionally, assurance of fetal safety (AOR = 4.34; 95% CI: 2.07–9.10; $p < 0.001$), and family support (AOR = 4.03; 95% CI: 1.92–8.40) significantly influenced acceptance. Acceptance of CS among pregnant women was strongly influenced by perceived fetal safety, healthcare provider recommendation, and family support. Strengthening antenatal education, improving clinician-to-patient communication, and promoting family-inclusive counselling may enhance timely acceptance of medically indicated CS and improve maternal and neonatal outcomes.

Keywords: Acceptance, Attitude, Caesarean Section, Perception

INTRODUCTION

Caesarean section (CS) is a surgical method of childbirth performed when vaginal delivery poses risks to the mother or fetus. While vaginal delivery remains the preferred physiological mode of childbirth, caesarean section is a critical life-saving intervention in conditions such as obstructed labour, fetal distress, malpresentation, and abnormal placentation[1]. When appropriately indicated, CS significantly reduces maternal and neonatal morbidity and mortality[2].

The World Health Organization (WHO) recommends that caesarean section rates should not exceed 10–15% at the population level, as higher rates have not demonstrated additional survival benefits[3]. Despite this recommendation, global CS rates continue to rise, particularly in high-income countries, driven by factors such as advanced maternal age, defensive medical practice, provider convenience, and health-system incentives[4,5,6]. Excessive use of CS exposes women to unnecessary surgical risks and increased healthcare costs[7,8].

In contrast, many low- and middle-income countries, including Nigeria, continue to record CS rates below recommended thresholds, reflecting underutilization in medically indicated cases[9]. Socio-cultural beliefs, fear of surgery, stigma, financial barriers, and limited access to quality obstetric services contribute to poor acceptance of CS in these settings[10,11] In Nigeria, caesarean section is frequently perceived as unnatural or as a sign of reproductive failure, leading some women to refuse the procedure even when it is life-saving[12,13].

Nigeria accounts for a substantial proportion of global maternal deaths, as much as 29%[14], underscoring the importance of timely access to essential obstetric care. The coexistence of CS underuse among disadvantaged populations and overuse in urban or private facilities represents a public health paradox with serious

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implications for maternal and neonatal outcomes[15]. Evidence from previous studies indicate that while awareness of CS may be relatively high, attitudes toward the procedure are often influenced by educational level, sociocultural beliefs, and perceived risks and benefits[16,17]. Understanding pregnant women's perceptions and attitudes toward caesarean section is therefore essential for promoting appropriate utilization and reducing preventable maternal and neonatal morbidity and mortality. This study assessed these perception and attitude factors that influences acceptance of CS among pregnant women attending the State Specialist Hospital, Akure, Ondo State, Nigeria.

MATERIALS AND METHODS

Study design and setting

This was a descriptive cross-sectional study conducted among pregnant women attending antenatal care at the State Specialist Hospital, Akure, Ondo State, Nigeria, which, until 2 years ago, was called Mother and Child Hospital, Akure. The hospital is a specialized public health facility that provides majorly comprehensive obstetrics, newborn and child health care services in Akure and the surrounding communities of the four local governments of Akure North, Ifedore, Idanre, and Akure South.

Study population

The study population consisted of pregnant women receiving antenatal care at the hospital during the study period. Eligible participants were pregnant women with a gestational age of 20 weeks or more who were booked for antenatal care or admitted to the antenatal ward. Women with unbooked early pregnancies, molar pregnancy, or pseudocyesis were excluded.

Sample size and sampling

The sample size was calculated using Cochran's formula for single proportions, assuming a prevalence of 50%, a 95% confidence level, and a 5% margin of error, giving a minimum sample size of 384. An additional 20% was added to compensate for possible non-response, resulting in a final sample size of 465. A purposive sampling technique was used, and eligible consenting participants were recruited consecutively until the required sample size was attained.

Data collection

Data were collected using a pretested semi-structured interviewer-administered questionnaire developed based on the study objectives. The questionnaire assessed socio-demographic characteristics, perception, attitude, and factors influencing acceptance of cesarean section. Perception and attitude were assessed using 10-item Likert scales each; standardized scores ≥5 were considered good perception and positive attitude, respectively.

Validity and reliability

Face and content validity of the questionnaire were established through expert review. The instrument was pretested among pregnant women attending another public health facility. Internal consistency was assessed using Cronbach's alpha, with a coefficient of 0.71.

Outcome variables

The dependent variables were acceptance of, perception and attitude toward cesarean section. Independent variables included age, education, marital status, parity, income, household dependents, residence–hospital distance, marriage type, and family planning decision-maker.

Statistical analysis

Data were analyzed using STATA version 14.2. Descriptive statistics were used to summarize categorical variables as frequencies and percentages, and continuous variables as means and standard deviations. Associations between categorical variables were assessed using the Chi-square test. Statistical significance was set at $p < 0.05$.

Ethical considerations

Ethical approval was obtained from the Ondo State Health Research Ethics Committee (OSHREC/03/06/2025/1002). Permission was also obtained from the Hospital Management Board. All participants were treated in accordance with the ethical standards of the national research committee and with the 1964 Helsinki Declaration and its later amendments. Written informed consent was obtained from all participants prior to data collection. Participation was voluntary, confidentiality was maintained, and no personal identifiers were collected.

RESULTS

A total of 445 pregnant women with an age range of 18 to 49 years attending antenatal care participated in the study. The mean age was 31 years (fig. 1), with the majority, 273(61.3%), being between 25 and 34 years old. Most of the respondents, 316(71%) had a tertiary education and were generally employed, mostly as self-employed, 190(42.7%). Respondents were mostly Christians and were affiliated either with Pentecostal, 132(29.7%) or Christ Apostolic Church, 118(26.5%), while another 109(24.5%) of the respondents practice other beliefs.

Respondents were mostly multiparous women, with the majority, 253(56.9%), having a history of vaginal delivery as the mode of previous delivery, while 56(12.6%) of them already had a caesarean section experience. A significant proportion, 172(38.7%), lived more than 30 minutes' drive away from the hospital. More than 368(80%) of the respondents earned less than Four Hundred and one thousand naira (N401,000), which is equivalent to 286 USD(2025 exchange rate) as household income per month (Table 1).

Generally, a good proportion of the respondents, 387(87%), had positive perceptions about caesarean section and had a positive attitude also (Tables 2 & 3). Attitudinal and perception factors varied in their weight of influence on acceptance of the procedure by pregnant women. The assurance of a safer delivery for the baby, the potential of CS to reduce labour complications, and support from family or friends had the highest weighted score (1.9 out of 2) of influence on pregnant women's willingness to accept a CS procedure, while the perception of an availability of advanced medical technology was the least (Table 4).

Multivariate analysis to determine key perception and

attitudinal factors driving acceptance of caesarean section among pregnant women in the study show that assurance of a safer delivery for the baby in women who had positive perceptions had more than 4 times the odds of acceptance (Adjusted Odds Ratio {AOR}= 4.34; p=0.000; 95 CI: 2.07 -9.10}) compared to those with negative perception (Table 5). In the assessment of attitude, a positive recommendation from a healthcare provider had more than 5 times the odds ({AOR}=5.67; p=0.000; 95%CI: 2.31-13.94}) to influence acceptance in a pregnant woman with a positive attitude than one with a negative attitude. Assurance of support from family and friends in a pregnant woman with a positive attitude had 4 times the odds of acceptance of CS procedure compared to the one with a negative attitude (Table 6).

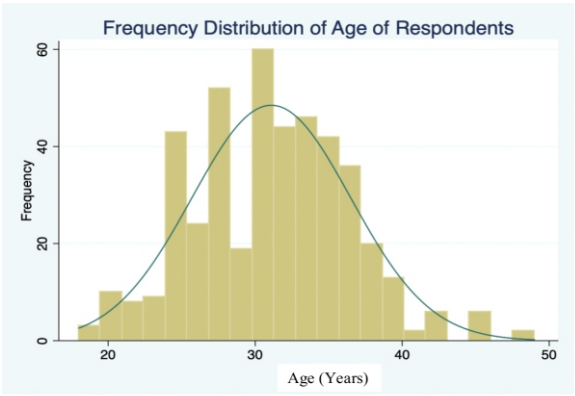

Figure 1: Age distribution of respondents

Table 1: Socio-demographic Characteristics of Respondents

Variable	Characteristics	Frequency (n=445)	Percent (%)
Age			
	15-24 years	45	10.1
	25-34 years	273	61.3
	35-44 years	119	26.7
	45 years and above	8	1.8
Occupation			
	Student	28	6.3
	Employed	96	21.6
	Self-employed	190	42.7
	Civil Servant	80	18.0
	Others	51	11.5
Educational status			
	Primary	7	1.6
	Secondary	88	19.8
	Tertiary	316	71.0
	Others	34	7.6
Marital Status			
	Single	16	3.6
	Married	414	93.0
	Divorced	9	2.0
	Others	6	1.3
Religion/Denomination			
	Catholic	44	9.9
	Pentecostal	132	29.7
	Christ Apostolic Church	118	26.5
	Islam	38	8.5
	Traditional	4	0.9
	Others	109	24.5
Ethnicity			
	Yoruba	360	80.9
	Igbo	57	12.8
	Hausa	1	0.2
	Others	27	6.1
Previous mode of delivery			
	Vaginal delivery	253	56.9
	Caesarean section	56	12.6
Number of children			
	None (Nulliparous)	136	30.6
	1	115	25.8
	2	139	31.2
	3 and above	55	12.4
Household income (all sources/month)			
	Less than N130,000	168	37.8
	N133,000 – N400,000	200	44.9
	N401,000 – 1.2M	51	11.5
	N1.21M – 4.0M	21	4.7
	More than 4.0M	5	1.1
Breadwinner at home			
	My Husband	293	65.8
	Myself	9	2.0
	Shared responsibilities	143	32.1
Distance of Residence to hospital (minutes)			
	0-15	85	19.1
	16-30	188	42.2
	31-60	153	34.4
	61 and above	19	4.3

Table 2: Status of Respondents' Perception & Attitude Toward Caesarean Section

Variables	Characteristics	Frequency (n=445)	Percent (%)
Perception Status	Positive	387	86.97
	Negative	58	13.03
Attitudinal Status	Positive	403	90.56
	Negative	42	9.44

Table 3: Perception & Attitudinal Factors influencing Cesarean Section Acceptance among Pregnant Women Attending the State Specialist Hospital, Akure, Ondo State

Items	True N (%)	False N (%)	Mean Weight score	Remark
Knowing the potential benefits of a Cesarean Section influences acceptance of the procedure.	367 (82.5)	78 (17.5)	1.8	Perception factor
Understanding the risks associated with a Cesarean Section impacts willingness to accept it.	326 (73.3)	119 (26.7)	1.7	Perception factor
The assurance of a safer delivery for the baby influences the decision to accept a Cesarean Section.	390 (87.6)	55 (12.4)	1.9	Perception factor
The availability of advanced medical technology influences acceptance of a Cesarean Section.	280 (62.9)	165 (37.1)	1.6	Perception factor
Knowledge of the recovery process and available support influences acceptance of a Cesarean Section.	362 (81.3)	83 (18.7)	1.8	Perception factor
The potential for reducing labor complications influences acceptance of a Cesarean Section.	383 (86.1)	62 (13.9)	1.9	Perception factor
The assurance of a planned and scheduled delivery date impacts willingness to accept a Cesarean Section.	358 (80.4)	87(19.6)	1.8	Attitudinal factor
A positive recommendation from a healthcare provider affects acceptance of a Cesarean Section.	343 (77.1)	102 (22.9)	1.8	Attitudinal factor
A previous positive experience with Cesarean Section affects acceptance of the procedure.	344 (77.3)	101(22.7)	1.8	Attitudinal factor
Support from family or friends influences the decision to accept a Cesarean Section.	409 (91.9)	36 (8.1)	1.9	Attitudinal factor

Mean Cut-off = 1.5

Table 4: Multivariate Analysis of Predictors of Acceptance of Caesarean Section Procedure by Perception & Attitude Factors of Pregnant Women using Logistic Regression

Variable	Items	Odds Ratio	Std. Error	95% CI	P-value
Perception Factors	Positive perception of client with assurance of a safer delivery for the baby influences the decision to accept a Cesarean Section.	4.34	1.64	2.07 – 9.10	0.000
	Negative perception of client with assurance of a safer delivery for the baby influences the decision to accept a Cesarean Section.	Ref			
Attitude Factors	Positive attitude of client with positive recommendation from a healthcare provider affects acceptance of a Cesarean Section.	5.67	0.65	2.31 – 13.94	0.000
	Negative attitude of client with positive recommendation from a healthcare provider affects acceptance of a Cesarean Section.	Ref			
	Positive attitude of client with support from family or friends influences the decision to accept a Cesarean Section.	4.03	1.51	1.92 -8.40	0.000
	Negative attitude of client with support from family or friends influences the decision to accept a Cesarean Section.	Ref			

Ref=1.00

Table 5: Multivariate Analysis of Predictors of Acceptance of Caesarean Section Procedure by Perception Status of Pregnant Women using Logistic Regression

Items	Odds Ratio	Std. Error	95% CI	P-value
Positive perception of client with assurance of a safer delivery for the baby influences the decision to accept a Cesarean Section.	4.34	1.64	2.07 – 9.10	0.000
Negative perception of client with assurance of a safer delivery for the baby influences the decision to accept a Cesarean Section.	Ref		Ref	

Ref= 1.00

Table 6: Multivariate Analysis of Predictors of Acceptance of Caesarean Section Procedure by Attitudinal Status of Pregnant Women using Logistic Regression

Items	Odds Ratio	Std. Error	95%CI	P-Value
Positive attitude of client with positive recommendation from a healthcare provider affects acceptance of a Cesarean Section.	5.67	0.65	2.31 – 13.94	0.000
Negative attitude of client with positive recommendation from a healthcare provider affects acceptance of a Cesarean Section.	Ref		Ref	
Positive attitude of client with support from family or friends influences the decision to accept a Cesarean Section.	4.03	1.51	1.92 -8.40	0.000
Negative attitude of client with support from family or friends influences the decision to accept a Cesarean Section.	Ref		Ref	

Ref: 1.00

DISCUSSION

This study examined perception and attitudinal determinants of acceptance of caesarean section (CS) among pregnant women attending a specialized secondary-level public hospital in Akure, Ondo State. The findings reveal a generally high level of positive perception (87%) and positive attitude (90.6%) toward CS among respondents. Importantly, the assurance of fetal safety, healthcare provider recommendation, and family support emerged as the strongest predictors of acceptance. These findings provide critical insight into the evolving sociocultural context of CS acceptance in Southwestern Nigeria and highlight actionable leverage points for improving the timely utilization of life-saving obstetric interventions.

The high proportion of women with positive perception and attitude toward CS contrasts with some earlier Nigerian studies that reported widespread fear of surgery, stigma, filial and religious resistance toward operative delivery[16,18,19]. Traditionally & religiously, CS in some parts of Nigeria has often been perceived as a sign of weak womanhood or spiritual problems or witchcraft attack[19]. Although the relatively high educational attainment in this study population (71% tertiary education) may equally explain the more favourable disposition observed, just as some studies had reported. Education is known to enhance health literacy, improve understanding of medical indications, and reduce misconceptions about surgical childbirth.

Despite the overall positivity in perception and attitude reported by studies, acceptance was not driven merely by general awareness. The most influential perception factor, according to this study, was the assurance of a safer delivery for the baby, and this remained a strong independent predictor of acceptance on multivariate analysis. This underscores the centrality of fetal survival in maternal decision-making, particularly in an African society, where preservation of progeny is highly prioritised and considered a social prestige[20]. In settings such as Nigeria, where maternal and perinatal mortality remain high, and the country contributes substantially to global maternal deaths[21], the framing of CS as a life-saving intervention for the baby may be particularly persuasive. Women appear more willing to accept operative delivery when the perceived benefit to the newborn is explicit and compelling.

Attitudinal determinants further reinforced the importance of interpersonal influence. A positive recommendation from a healthcare provider had the strongest association with acceptance. This finding highlights the critical role of clinician–patient communication in obstetric decision-making. Trust in healthcare providers remains a powerful determinant of health behaviour in many African contexts[22]. Clear, confidential and empathetic counselling that explains indications, risks, and expected outcomes may therefore significantly reduce refusal rates. Conversely, poor communication or authoritarian approaches could undermine acceptance even among women with otherwise positive perceptions.

Support from family and friends also independently predicted acceptance. This reflects the collectivist nature of many Nigerian households, where reproductive decisions are rarely made in isolation[23]. In this study, nearly two-thirds of households identified the husband as the breadwinner, suggesting that male partners may exert significant influence over health-seeking decisions. These findings reinforce the importance of involving spouses and key family members in antenatal education sessions. Male-inclusive birth preparedness programs and couple-focused counselling may strengthen timely consent for CS when indicated[24].

Interestingly, the availability of advanced medical technology had the least influence on acceptance. This suggests that emotional and relational factors, fetal safety, professional reassurance, and social support are more salient than structural or technological considerations[25,26]. For policymakers and hospital managers, this implies that improving communication strategies and strengthening respectful maternity care may yield greater improvements in CS acceptance than technology acquisition alone.

The coexistence of a high positive attitude in this cohort with historically documented underutilization of CS in Nigeria reflects the complex paradox described in the literature: underuse among disadvantaged populations and overuse in some urban or private facilities. Although this study population demonstrated favourable attitudes, financial constraints remain evident, with over 80% earning below ₦401,000($286) monthly. Economic barriers may therefore still delay access despite willingness to accept the procedure. Addressing affordability through insurance coverage expansion and social protection schemes remains essential.

This study has important public health implications. First, antenatal education should emphasize the role of CS in ensuring fetal and maternal survival rather than presenting it as a failure of vaginal birth. Second, structured counselling protocols should be strengthened to equip healthcare providers with communication skills that promote informed and confident decision-making. Third, male partner and family engagement strategies should be integrated into routine antenatal care. These interventions may reduce delays in consent during obstetric emergencies

and ultimately facilitate improved maternal and perinatal outcomes.

LIMITATIONS TO THE STUDY

The study is not without limitations. Being a hospital-based and conducted in a secondary-level facility with relatively educated women, the findings may not be generalizable to rural or less-educated populations. The cross-sectional design also limits causal inference. Additionally, responses were self-reported and may be subject to social desirability bias. Nonetheless, the relatively large sample size and use of multivariate analysis strengthen the validity of the findings.

CONCLUSION

In conclusion, acceptance of caesarean section among pregnant women in this Southwestern Nigerian hospital is strongly influenced by perceived fetal safety, healthcare provider recommendation, and family support. Interventions that strengthen provider communication, promote family-inclusive antenatal education, and address financial barriers may enhance timely utilization of medically indicated CS. Such strategies are essential for reducing preventable maternal and neonatal morbidity and mortality in Nigeria and similar low- and middle-income settings.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations are proposed to enhance the timely acceptance and utilization of medically indicated caesarean section among pregnant women in similar settings:

Antenatal care services should incorporate **structured, standardized, and individualized counselling on caesarean section** as a routine component of care. Given the strong influence of healthcare provider recommendations on acceptance, clinicians should provide clear, consistent, and evidence-based information on the indications, benefits, and risks of CS. In addition, the counselling should use culturally acceptable educational materials, communicated in the local language, to facilitate improved comprehension.

Capacity building for healthcare providers in effective communication and respectful maternity care should be prioritized. Training programs should focus on empathetic engagement, shared decision-making, and culturally sensitive counselling.

Couple-focused education and targeted engagement of spouses and key family members should be promoted as a family-inclusive strategy. This may facilitate timely consent for CS, particularly in emergencies.

Finally, there is a need for the government to promote **policy integration of multistakeholder interventions that promote appropriate CS utilization** within broader maternal and child health programs. Aligning, also, these strategies with national safe motherhood initiatives and maternal mortality reduction efforts will enhance their impact and sustainability.

Collectively, these recommendations emphasize the importance of strengthening communication, fostering social support systems that are inclusive of the family structure, and suggests leveraging national government policies that support improved access of pregnant women to comprehensive emergency obstetrics & newborn Care for impact sustainability.

What is already known on this topic

- Caesarean section is a critical life-saving obstetric intervention.
- The caesarean section utilization rate in Nigeria is abysmally low;
- Timely acceptance and utilization of CS are often constrained by socio-cultural beliefs, misconceptions, financial and familial influences.

What the study adds

- Despite the overall positivity in perception and attitude reported by studies, acceptance of CS was not driven merely by general awareness;
- The most important drivers of acceptance of medically indicated CS among pregnant women were assurance of fetal safety, healthcare provider recommendation, and family support.
- Policymakers and hospital managers may need to prioritize improved communication strategies and respectful maternity care to facilitate timely acceptance of medically indicated CS.

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Competing interests

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