

Caesarean Section: Prevalence, Determinants, and Socio-Cultural Influences on Decision-Making

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Abstract:

This study systematically reviews the prevalence, determinants, and socio-cultural influences on decision-making regarding caesarean section (CS). The objectives include examining CS prevalence across socio-economic and geographical contexts, exploring socio-cultural and economic influences on attitudes towards CS, and identifying key barriers and facilitators affecting CS decision-making. A scoping review was conducted following PRISMA guidelines, with data sourced from PubMed, Scopus, CINAHL, Web of Science, Embase, and Google Scholar. A total of 25 peer-reviewed studies published between 2018 and 2024 met the inclusion criteria. Findings reveal that urbanisation, education, socio-economic status, and prior CS history significantly influence CS acceptance. While educated women and those with prior CS experiences exhibit positive attitudes, cultural beliefs, financial constraints, and fear of surgical complications deter many. Preference for vaginal delivery post-CS underscores economic and societal influences, while healthcare provider recommendations, family support, and knowledge levels play a crucial role in CS decision-making. The study concludes that addressing socio-cultural barriers, enhancing public health education, and improving healthcare infrastructure can facilitate informed choices regarding CS. It recommends further nursing research into culturally tailored health education, healthcare provider influence, and patient-centred interventions to mitigate financial, emotional, and policy-related barriers to CS acceptance.

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Introduction

Caesarean section (CS) has become an increasingly common mode of childbirth worldwide, particularly in low- and middle-income countries (Etcheverry et al., 2024). The prevalence of CS varies across regions and is influenced by multiple factors, including medical necessity, maternal preference, and socio-cultural beliefs (Habteyes et al., 2023). In sub-Saharan Africa, the prevalence of CS remains relatively low compared to high-income countries, but there has been a steady increase over the years (Gibbons et al., 2012). Nigeria, for instance, has witnessed a rise in CS rates, although disparities exist between urban and rural areas due to differences in access to healthcare and cultural acceptability (Adewuyi et al., 2024).

The determinants of CS are multifaceted, encompassing both medical and non-medical factors. Medically, indications such as prolonged labour, foetal distress, and previous CS significantly contribute to its prevalence (Gedefaw et al., 2020). However, non-medical factors, including socio-economic status, healthcare infrastructure, and personal preferences, also play a critical role (Michael et al., 2024). Studies indicate that wealthier and more educated women are more likely to undergo CS due to better access to private healthcare services and increased awareness of its benefits and risks (Osayande et al., 2023). Conversely, women in lower socio-economic strata often face barriers such as cost and limited access to emergency obstetric care, which reduces their likelihood of opting for CS (Mekonnen et al., 2023).

Beyond medical and economic determinants, socio-cultural factors significantly influence decision-making regarding CS (Konlan et al., 2022). In many African societies, vaginal delivery is often perceived as a marker of strength and womanhood, leading to stigma against women who undergo CS (Ogunkorode et al., 2023). Cultural and religious beliefs also contribute to hesitancy, with some communities considering CS as unnatural or a failure of the reproductive process (Lawani et al., 2019). Additionally, male partners and extended family members often influence delivery mode decisions, sometimes discouraging CS even when medically indicated (Lanre-Ojo et al., 2024).

Despite its life-saving potential, the acceptability of CS remains a subject of debate, with varying perceptions across different socio-economic and cultural contexts (Madu & Ekpunobi, 2023). Efforts to improve maternal health outcomes must address these socio-cultural barriers by enhancing public awareness, promoting patient-centred counselling, and improving healthcare accessibility (Ogunleye et al., 2023). Understanding the prevalence, determinants, and socio-cultural influences on CS decision-making is crucial for designing policies that ensure equitable access to safe and appropriate maternal healthcare services. The specific objectives of the review were:

1. To examine the prevalence of caesarean section and its determinants across different regions and socio-economic groups
2. To explore how socio-cultural beliefs, economic status, and healthcare access shape women's perceptions, attitudes, and acceptance of caesarean section.
3. To identify the key barriers and facilitators influencing the decision-making process regarding caesarean section, including healthcare provider influence, cost implications, and prior experiences



Methodology

This study adopted a systematic review approach to explore the prevalence, determinants, and socio-cultural influences on decision-making regarding caesarean section (CS). A scoping review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure methodological rigour and transparency. The study aimed to synthesise existing literature on caesarean section prevalence and decision-making factors across different socio-economic and cultural settings. A comprehensive literature search was conducted across multiple electronic databases, including PubMed, Scopus, CINAHL, Web of Science, Embase, and Google Scholar. These databases were selected based on their broad coverage of medical, social, and public health research. Additional sources, including grey literature, government reports, and reference lists of relevant studies, were also consulted to ensure inclusivity.

A structured search strategy was employed using a combination of Medical Subject Headings (MeSH) and free-text keywords. The search terms included "caesarean section prevalence," "determinants of caesarean section," "socio-cultural factors," "decision-making in childbirth," "maternal healthcare access," "economic influences on childbirth decisions," and "perceptions of caesarean section." Boolean operators (AND, OR) were used to refine the search and ensure comprehensive retrieval of relevant studies. The search was restricted to peer-reviewed articles published in English within the last six years (2018–2024) to capture recent trends and developments.

The inclusion and exclusion criteria were defined to ensure the relevance and quality of the selected studies.

Inclusion Criteria:

1. Studies published between 2018 and 2024.
2. Peer-reviewed articles focusing on the prevalence of CS, its determinants, and socio-cultural influences.
3. Studies conducted across different geographical regions and socio-economic groups.
4. Research exploring women's perceptions, attitudes, and acceptance of CS.
5. Studies investigating healthcare provider influence, cost implications, and prior experiences related to CS decision-making.
6. Articles available in English.

Exclusion Criteria:

1. Studies focusing solely on the clinical outcomes of CS without discussing prevalence, determinants, or socio-cultural influences.
2. Commentaries, editorials, and conference proceedings.
3. Studies that do not provide original data, such as systematic reviews and meta-analyses.
4. Articles with insufficient methodological clarity or those lacking relevance to the study objectives.

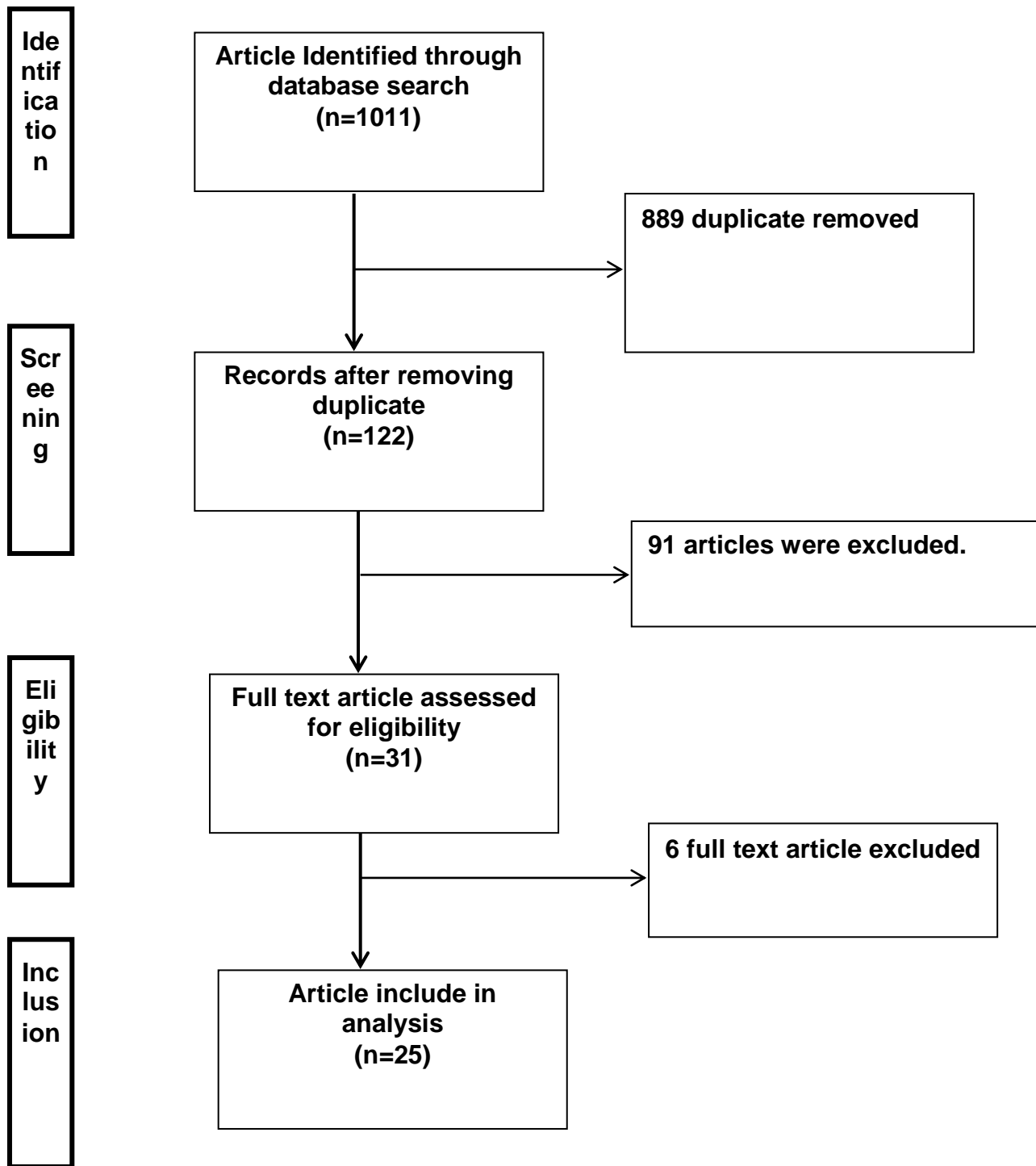


The screening and selection process was carried out in three phases. First, all retrieved articles were subjected to title and abstract screening to remove irrelevant studies. In the second phase, full-text articles were assessed based on the inclusion and exclusion criteria. The final selection was performed through consensus among researchers to resolve any discrepancies. Data extraction was conducted using a structured template, which captured essential details such as authors, year of publication, country of study, study design, sample size, key findings, and reported barriers or facilitators to CS decision-making. The extracted data were systematically organised into thematic categories for analysis. A narrative synthesis approach was employed to analyse and interpret the findings.



Data triangulation was applied by comparing findings across multiple studies to identify patterns, discrepancies, and emerging themes. Where applicable, quantitative data were summarised using descriptive statistics, while qualitative insights were synthesised thematically. As this study involved a systematic review of existing literature, no direct ethical approval was required. However, ethical considerations were maintained by ensuring proper citation of all sources and adherence to principles of transparency and integrity in reporting findings.





S/N	Title of the article	Author & Year of publication	Journal it was published	Objective of the study	Research design	Findings
		Volume: 6, Issue 1, Year: 2025		Page: 67-93	IJMNS & TWCMSI International	
1	Caesarean section and associated factors in Nigeria: assessing inequalities between rural and urban areas— insights from the Nigeria Demographic and Health Survey 2018	Adewuyi, E.O., Akosile, W., Olutuase, V et al. (2024) 24:538 https://doi.org/10.1186/s12884-024-06722-6	<i>BMC Pregnancy and Childbirth</i>	This study assesses the prevalence of CS and its associated factors, focussing on inequalities between rural and urban areas in Nigeria	Insights study	CS prevalence was 2.7% in Nigeria (overall), 5.2% in urban and 1.2% in rural areas. The North-West region had the lowest prevalence of 0.7%, 1.5% and 0.4% for the overall, urban and rural areas, respectively. Mothers with higher education demonstrated a greater CS prevalence of 14.0% overall, 15.3% in urban and 9.7% in rural residences. Frequent internet use increased CS prevalence nationally (14.3%) and in urban (15.1%) and rural (10.1%) residences. The southern regions showed higher CS prevalence, with the South-West leading overall (7.0%) and in rural areas (3.3%), and the South-South highest in urban areas (8.5%). Across all residences, rich wealth index, maternal age \geq 35, lower birth order, and \geq eight antenatal (ANC) contacts increased the odds of a CS. In rural Nigeria, husbands' education, spouses' joint healthcare decisions, birth size, and unplanned pregnancy increased CS odds. In urban Nigeria, multiple births, Christianity, frequent internet use, and ease of getting permission to visit healthcare facilities were associated with higher likelihood of CS.
2	Attitude Towards Caesarean Section as a Delivery Option among Pregnant Women in Ogbomoso, Oyo State	Babarinde, O.F.(2024)	<i>American journal of medical science and innovation</i> 3(1), 2836-85. DOI: https://doi.org/10.54536/ajmsi.v3i1.2541	This study explored the attitudes toward Caesarean Section (C-section) as a delivery option among pregnant women in Ogbomoso, Oyo State,	A descriptive cross-sectional design.	The study unveiled that 675 (67.5%) majority exhibited a generally positive attitude towards C-sections. Age groups 18-30 and 31-40 years showed similar attitudes, with a criterion mean of 2.55, indicating a broadly shared positive perspective across age groups. However, educational attainment and religious beliefs were found not to significantly influence attitudes towards C-sections [F(4,291) = 1.473, p>0.05 for education; F(3,292) = 1.936,



						p>0.05 for religion]. The study concluded that pregnant women in Ogbomoso have a generally positive attitude towards C-sections as a delivery option, with minor variations across different age groups but no significant differences based on educational attainment or religious affiliation.
3	Prevalence, indications, and complications of caesarean section in health facilities across Nigeria: a systematic review and meta-analysis	Osayande, I., Ogunyemi, O., et al., (2023). 20, 81 https://doi.org/10.1186/s12978-023-01598-9	<i>BMC Health services research</i>	Perceptions of health decision-makers and health-care providers regarding the intervention implementation and scaling-up.	Qualitative study	Both health-care providers and decision-makers had a positive assessment of the intervention through most included constructs: knowledge of the intervention, intervention source, design quality, adaptability, compatibility, access to knowledge and information, relative advantage, women's needs, and relative priority. However, some potential barriers were also identified including: complexity, leadership engagement, external policies, economic cost, women needs and maintenance.
4	Caesarean section rate in Nigeria between 2013 and 2018 by obstetric risk and socio-economic status	Berglundh, S., Benova, L., Olisaekete et al., (2021). 26(7) , 775-788	<i>BMC Women's health</i>	The study estimated the rate of CS and early neonatal mortality in Nigeria according to obstetric risk and socio-economic background and to identify factors associated with CS.	A descriptive study	Almost three-quarters (72.4%) of all births were to multiparous women, with a singleton baby of normal birthweight, thus a low-risk group similar to Robson 3, and with a CS rate of 1.0%. CS rates in the two high-risk groups (multiple pregnancy and preterm/low birthweight) were low, 7.1% (95% CI: 5.2-9.7) and 1.8 % (95% CI: 1.4-2.4), respectively. The ENMR was particularly high for multiple pregnancy (175 per 1000 live births; 95% CI: 131-230). Greater number of antenatal visits, unwanted pregnancy, multiple pregnancy, household wealth, maternal education, Christians/Others versus Muslims and referral during childbirth were positively associated with CS.
5	Factors	Bam, V.,	<i>Heliyon</i>	This study	A	Major factors that influenced



	influencing decision-making to accept elective caesarean section: A descriptive cross-sectional study	Lomotey, A.Y., Diji, A.K., et al., (2021). 7(8), e07755 https://doi.org/10.1016/j.heliyon.2021.e07755		aimed to determine the factors that influence women's decision-making and the duration of the decision-making process to accept primary or repeat elective CS in a district hospital in Ghana.	descriptive cross-sectional study	women's decision-making to accept elective CS were support from their husband/partner/relatives (39.3 %), their baby's life being at risk (24.5 %), history of previous CS and knowledge about the procedure (19.6 %). Age and parity had significant relationship with the influencing factors. However, age was only significant for the influence of husband/partner/relative in the decision-making to accept CS ($p < 0.01$). Age ($R^2 = 0.19, p < 0.001$); previous CS ($R^2 = 0.14, p < 0.001$) are the major predictors of the duration of the decision-making process.
6	Women's Preference for Mode of Delivery after a First Delivery by Caesarean Section at a Tertiary Hospital in Port Harcourt, Nigeria	Kasso, T., & Amakiri, T.T. (2024). 7(1), 93-100	<i>Asian journal of pregnancy and childbirth</i>	To determine women's preference for mode of delivery after a prior caesarean delivery and the reasons for their preferred choices.	Cross-sectional study	The modal maternal and gestational age groups were 30-39years (66.5%) and 24-34weeks (48.5%). Approximately 58.9% were in their second pregnancy and 61.6% experienced labour pain in their previous caesarean delivery. Maternal and neonatal complications documented were wound infection and birth asphyxia respectively. Majority of the respondents (89.1%) had satisfactory overall birth experience. Of the 229 respondents, 82.1% preferred vaginal delivery in the index pregnancy due to the cost of caesarean section and innate desire to experience natural birth while 41(17.9%) of them preferred repeat caesarean delivery due to phobia for labour pain.
7	Acceptability of Caesarean Section among Pregnant Women	Chongo, H.S., Masumo, M., & Nankamba, N (2024) 10.4236/ojo	<i>Scientific research</i>	The study aimed to assess the acceptability of caesarean	quantitative cross-sectional	The study found that the acceptability of Caesarean section as a mode of delivery was low (29%) among respondents at Women and Newborn Hospital-



	Seeking Antenatal Care at Women and Newborn Hospital-University Teaching Hospitals, Lusaka Zambia	g.2024.145061		section and associated factors among pregnant women seeking antenatal care at Women and Newborn Hospital-University Teaching Hospitals in Lusaka Zambia.	analytical study	University Teaching Hospitals. This was influenced by marital status (P = 0.002), socioeconomic status (P = 0.050), parity (P = 0.004), gestation age (P = 0.008), previous history of caesarean section (P = 0.003), knowledge (P < 0.001), attitude (P < 0.001), and sociocultural beliefs (P = 0.045). Low acceptability of Caesarean section delivery is common among women at Women and Newborn Hospital-University Teaching Hospitals, despite its potential benefits for maternal and neonatal health. Socio-demographic and maternal characteristics, knowledge, attitude, perception, and socio-cultural beliefs play a major role in determining acceptability.
8	Prevalence, indications, and outcomes of caesarean section deliveries in Ethiopia: a systematic review and meta-analysis	Gedefaw, G., Demis, A., et al., (2020)	BMC Patient safety in surgery	this systematic review and meta-analysis aimed to estimate the prevalence, indication, and outcomes of caesarean section in Ethiopia	Cross-sectional study	The overall pooled prevalence of Caesarean section was 29.55% (95% CI: 25.46–33.65). Caesarean section is associated with both maternal and neonatal complications. Cephalopelvic disproportion [18.13%(95%CI: 12.72–23.53)] was the most common indication of Caesarean section followed by non-reassuring fetal heart rate pattern [19.57% (95%CI: 16.06–23.08)]. The common neonatal complications following Caesarean section included low APGAR score, perinatal asphyxia, neonatal sepsis, meconium aspiration syndrome, early neonatal death, stillbirth, and prematurity whereas febrile morbidity, surgical site infection, maternal mortality, severe anemia, and postpartum hemorrhage were the most common maternal complications following Caesarean section.
10	Exploring	Michael, T.	Women	This qualitative	Qualita	The findings revealed diverse



	Perceptions of Cesarean Sections among Postpartum Women in Nigeria: A Qualitative Study	O., Agbana, R. D., & Naidoo, K. (2024).	4(1), 73-85. https://doi.org/10.3390/women4010006	study explores the perceptions and experiences of postpartum women who underwent cesarean sections within the distinct contexts of Ibadan in Oyo State, Nigeria.	tive study	emotional responses among participants, ranging from relief and gratitude to disappointment and feelings of loss for not experiencing a vaginal birth. Societal pressures and cultural expectations played a significant role in influencing women's perceptions and experiences of cesarean sections. Future childbirth preferences and support systems, including healthcare provider-patient relationships and community support, were identified as crucial factors impacting postoperative recovery.
11	Factors associated with the preference of caesarean section among parturient women in Africa: a systematic synthesis.	Konlan, K.D., Amoah, R.M., & Abdullahi, J.A.(2022)	Journal of global health J Glob Health Sci. 2022 Dec;4(2):e20 https://doi.org/10.35500/jghs.2022.4.e20 pISSN 2671-6925·eISSN 2671-6933	The use of CS birth is increasing in Africa and demands that the factors that influence women's decision for a CS are synthesized to clarify policy initiatives that improve care.	Systematic syntheses	The convergent synthesis design was adopted for data analysis to transform findings into qualitative descriptive statements. The prevalence of CS was 2.1% to 18.5% of all live births as the socioeconomic status (SES) and demographic factors that influence the rate of CS were higher SES, education, and age; place of birth; urban residence; and womenheaded household. The maternal and obstetric related factors were preceding birth interval; multiple pregnancies and multiple parities; maternal overweight; and birth before 18 or after 35years. The specific labour-related factors were malpresentation, antepartum haemorrhage, failed induction, prolonged labour, and non-reassuring foetal distress. The foetal factors were cephalon pelvic disproportion/big baby and pregnancy for a male child.
12	Prevalence and associated factors of caesarean section among	Habteyes, A.T., Mekuria, M.D., Negeri, H.A., et al.,	Heliyon	This review aimed to systematically summarize and estimate the	Systematic review and meta-	This review was assessed using twenty-six eligible studies from a total of 2223 articles with a total of 600,431 participants. In this metaanalysis, the pooled



	mothers who gave birth across Eastern Africa countries: Systematic review and meta-analysis study	(2023). 10(12), e12511 DOI: 10.1016/j.heliyon.2024.e32511		pooled prevalence of caesarean section and its associated factors in Eastern Africa, 2023.	analysis	prevalence of caesarean section in Eastern Africa was 24.0 % (95%CI: 22–27 %). The highest pooled prevalence of caesarean section was in Ethiopia, 28.30 % (95%CI; 21.3–35.2 %), and the lowest was seen in Uganda, 11.9 % (95%CI; 7.9–15.9 %). Urban residency, having high level of wealth asset, education level college and above, advanced maternal age, big birth weight, history of previous caesarean section, private institution delivery, multiple pregnancies, pregnancy-induced hypertension, antepartum haemorrhage and fetal malpresentation were linked with a greater likelihood of having CS.
13	Perceptions and attitudes of pregnant women towards caesarean section in Ado Local Government Area, Ekiti, Southwest Nigeria	Ogunkorode, A., Omolekan, T., Alade, I., & Adebisi, S.O. (2023). 27(6s), 28-35. DOI: 10.29063/ajrh2023/v27i6s4	<i>African Journal of reproductive health</i>	This study investigated the perceptions and attitudes of women of childbearing age in Ado Local Government, Ekiti State, Nigeria, concerning Caesarean section as a delivery option.	A quantitative, descriptive research design of survey type	. Findings revealed that the study participants have positive perception and attitude towards cesarean. The study indicated no significant relationship between Caesarean section delivery and reproductive failure since the calculated significance value (0.072) was greater (>) than the significance value (0.05). The study also revealed no significant relationship between Caesarean section delivery and death warrant as the calculated significance value (0.067) was greater (>) than the significance value (0.05). Awareness programs on the importance and advantages of Caesarean section should be included in antenatal clinics education and mass media propaganda.
14	Cesarean delivery in Nigeria: prevalence and associated factors—a	Adewuyi, E.O., Auta, A., Khanal, V., et al., (2019). 9:e027273. doi:10.1136/	<i>BMJ Open</i>	To investigate the prevalence and factors associated with caesarean delivery in	A population-based cross-sectiona	The prevalence of caesarean section (CS) was 2.1% (95% CI 1.8 to 2.3) in Nigeria. At the region level, the South-West had the highest prevalence of 4.7%. Factors associated with increased



	population-based cross-sectional study.	bmjopen-2018-027273		Nigeri	l study.	odds of CS were urban residence (adjusted OR (AOR): 1.51, 95%CI 1.15 to 1.97), maternal age ≥ 35 years (AOR: 2.12, 95%CI 1.08 to 4.11), large birth size (AOR: 1.39, 95%CI 1.10 to 1.74) and multiple births (AOR: 4.96, 95%CI 2.84 to 8.62). Greater odds of CS were equally associated with maternal obesity (AOR: 3.16, 95%CI 2.30 to 4.32), Christianity (AOR: 2.06, 95%CI 1.58 to 2.68), birth order of one (AOR: 3.86, 95%CI 2.66 to 5.56), husband's secondary/higher education level (AOR: 2.07, 95%CI 1.29 to 3.33), health insurance coverage (AOR: 2.01, 95%CI 1.37 to 2.95) and ≥ 4 antenatal visits (AOR: 2.84, 95%CI 1.56 to 5.17).
15	Women's caesarean section preferences: A multicountry cross-sectional survey in low- and middle-income countries	Etcheverry, C., Betran, A.P., de Loenzien, M., et al., (2024). Midwifery. 132, 103979	Midwifery	To measure the proportion of women's preferences for CS in hospitals with high caesarean section rates and to identify related factors.	Cross-sectional survey	The overall caesarean section rate was 23.3 %. Among women who declared a preference in late pregnancy, 9 % preferred caesarean section, ranging from 1.8 % in Burkina Faso to 17.8 % in Thailand. Primiparous women were more likely to prefer a caesarean section than multiparous women ($\beta = +0.16$ [+0.01; +0.31]; $p = 0.04$). Among women who preferred caesarean section, doctors were frequently cited as the main influencers, and "avoid pain in labour" was the most common perceived benefit of caesarean section
16	Preference of cesarean delivery and its associated factors among pregnant women attending antenatal care at public health facilities of	Zewudu, L., Keshau, F., Silesh, M., et al., (2023). doi: 10.7189/jogh.08.020421	PLOS ONE	The aim of the study is to assess the preference for cesarean delivery and its associated factors among pregnant women attending	Cross-sectional study	The preference for a cesarean section was 26%, with a CI of 22.3% to 29.9%. Pregnant mothers who were not satisfied with their previous intrapartum care (AOR; 6.3 CI = (3.5– 11), $P = 0.01$), had no knowledge about cesarean delivery (AOR; 2.9; 95% CI = 1.6– 5.3), $P = 0.01$), had a previous history of spontaneous abortion (AOR; 3.1; 95% CI = (1.5–6.3), $P =$



	Debrebrehan City, Ethiopia: Crosssectional study			antenatal care at public health facilities in Debre Berhan, Ethiopia, in 2023.		0.001), lived in an urban area (AOR; 1.9; 95% CI = (1.0–3.5), P = 0.038), and had a current pregnancy-related problem (AOR; 4.8; 95% CI = 1.9–10), P = 0.001) were significantly associated with the preference for cesarean delivery.
17	Factors influencing acceptability of caesarean section among multiparous pregnant women attending antenatal clinic at Mother and Child Hospital, Akure	Omotayo, S.E., Omotayo, R.S., Ayodeji, F.M., Logo, A. (2022). 11(01), 180–192 DOI: https://doi.org/10.30574/gscarr.2022.11.1.0102	GSC Advanced Research and Reviews	This study assesses the factors influencing the acceptability of caesarean section among multiparous pregnant women attending antenatal clinic at Mother and Child Hospital, Akure, Ondo state.	Descriptive study	Findings of the study showed that majority were between 30 and 39 years, married and belong to Yoruba tribe. Only few (29%) have had caesarean section in the past with major indications being prolonged labour (19.5%), fetal distress (20.7%), prolonged pregnancy (7%) and congenital abnormalities (7%). Majority (70%) agreed that Caesarean section is a method of delivery of babies and 46% agreed that CS is a safe method of delivery. Overall, 60% and 66.7% of the pregnant women have good knowledge of CS and perception about CS respectively. Furthermore, only 16% agreed to have CS in the next pregnancy if indicated. The following were agreed to and accepted by the respondents to influence acceptance of Caesarean section: fear of death, cost of the procedure, fear of discrimination, fear of husbands' rejection, pain of previous labor, concerns about babies' safety and desire to keep genital tract intact. Furthermore, there is a significant relationship between educational status, tribe, religion and acceptability of caesarean section among respondents ($p < 0.05$) while there is no significant relationship between previous obstetric experiences and acceptability of caesarean section.
17	Factors	Lanre-Ojo,	International	The study	A	The findings revealed that age,



	influencing the acceptance of cesarean sections among women of reproductive age in Ekiti State, Nigeria	O.A., Ayo-Dada, O.D., & Adelabu, M.A. (2024). 12(01), 828-836 DOI: https://doi.org/10.30574/ijrsra.2024.12.1.0824	<i>Journal of science and research archive</i>	assessed how socio-demographic and socio-economic factors influenced the acceptance of cesarean sections.	descriptive survey research design	educational status, religious belief, cultural belief and socio-economic status respectively has significant influence on acceptance of cesarean sections among the participants. .
18	Perception and Socio-cultural Barriers to the Acceptance of Caesarean Delivery in A Tertiary Hospital in Abakaliki, South East Nigeria	Lawani, L.O., Igboke, F.N., Ukaegbe, C.I., et al., (2019). 7(2), 163-168	<i>International journal of women's health and reproduction sciences</i>	The aim of this study was to determine the level of awareness and socio-cultural barriers to the acceptance of CS.	Descriptive study	All the respondents were aware of CS as an operative abdominal procedure for delivery; of these, over one-tenth (14.0%; 48/344) had experienced the procedure previously. Over four-fifths (82.3%; 283/344) of those who have had a previous CS were wellinformed about the indications. About one-fifth (20.3%; 70/344) did not accept CS for any reasons. The major barriers to acceptance were being considered by peers as a reproductive failure (29.2%; 7/24), high cost (20.8%; 5/24) and religious beliefs (12.5%; 3/24).
19	Socioeconomic and demographic factors associated with caesarean section delivery in Southern Ghana: evidence from INDEPTH Network member site	Manyeh, A.K., Amu, A., Akpaki, D.E., et al., (2018).	<i>BMC Pregnancy and childbirth</i>	This study sought to identify the rate of caesarean section and associated factors in two districts in rural southern Ghana.	Descriptive study	The overall C-section rate for the study period was 6.59%. Women aged 30-34 years were more than twice likely to have C-section compared to those < 20 year (OR: 2.16, 95% CI: 1.20-3.90). However, women aged 34 years and above were more than thrice likely to undergo C-section compared to those < 20 year (OR: 3.73, 95% CI: 1.45-5.17). The odds of having C-section was 65 and 79% higher for participants with Primary and Junior High level schooling respectively (OR: 1.65, 95% CI: 1.08-2.51, OR:1.79, 95%CI: 1.19-2.70). The likelihood of having C-



						<p>section delivery reduced by 60, 37, and 35% for women with parities 2, 3 and 3+ respectively (OR:0.60, 95% CI: 0.43–0.83, OR: 0.37, 95% CI: 0.25–0.56, OR:0.35, 95% CI: 0.25–0.54). There were increased odds of 36, 52, 83% for women who belong to poorer, middle, and richer wealth quintiles respectively (OR: 1.36, 95%CI: 0.85–2.18, OR: 1.52, 95% CI: 0.97–2.37, OR: 1.83, 95% CI: 1.20–2.80). Participants who belonged to the richest wealth quintile were more than 2 times more likely to have C-section delivery (OR: 2.14, 95%CI: 1.43–3.20). The odds of having C-section delivery reduced by 76% for women from Ningo-Prampram district (OR: 0.76, 95% CI: 0.59-0.96). Women whose household heads have Junior High level and above of education were 45% more likely to have C-section delivery (OR: 1.45, 95% CI: 1.09–1.93).</p>
20	Perception and Acceptance of Cesarean Section among Pregnant Women in a Rural Community in Enugu, Southeast, Nigeria	Madu, O., & Ekpunobi, C. (2023)	Global Health Network Conference Proceedings 2023	This study aimed to determine the perception and acceptance of Cesarean Section among pregnant women in a rural community of Enugu State, Southeast, Nigeria	Descriptive study	<p>Results from the study revealed that the overall perception of Caesarean Section was negative (202;75.4%); less than half (126; 47%) of the women will even accept it for medical reasons. The possible factors that influence women’s acceptance were Baby’s safety (188;70.1%), mother’s safety (180;57.2%), and doctor’s advice (172;64.2%); while the factors affecting non-acceptance were majorly fear of death (165;61.6%), fear of the operation (160;59.7%) and high cost of the procedure (153;57.1%). Also, results showed that women with positive perceptions were associated more with acceptance than those with negative</p>



						perceptions (χ^2 8.085; p 004).
21	Factors Affecting Acceptance of Caesarean Section Among Pregnant Women Attending ANC in Chukwuemeka Odumegwu Ojukwu University Teaching Hospital- Amaku, Awka Anambra State, Nigeria	Akabuiké, J.C., Eyisi, I.G., Ogelle, O.M., Akabuiké, N.M. (2024).	<i>AIR Journals</i>	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.	cross-sectional study design	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.
22	Factors Affecting Acceptance of Caesarean Section among Childbearing Age Women in Ebute-Metta, Lagos Mainland Local Government in Lagos State, Nigeria	Adewunmi, M.C., & Farotimi, A.A. (2024). 1, 135-151	<i>African Journal of Health, Nursing and Midwifery.</i>	The research study was centered on investigating the factors affecting the acceptance of CS among childbearing age women in Ebute-Metta, Mainland Local Government of Lagos State, Nigeria.	Descriptive survey	Result revealed that 94.6% of the respondents have high knowledge of CS as a method of delivery. 30.3% of the respondents agreed that CS is preferable to vaginal delivery as the pain in vaginal delivery is usually unpleasant, 55% agree that CS cost more than vaginal delivery. 49.7% of the respondents have experienced CS. Statistically, Knowledge of CS will significantly affect acceptance of CS among women of Childbearing age at $X^2= 65.163$; $df=22$; $p\text{-value } 0.000 < 0.05$. Cultural belief will significantly affect acceptance of CS among women of Childbearing age at ($X^2= 88.271$; $df= 43$; $P\text{-value } 0.000 < 0.05$).
23	Socio-Cultural Factors Influencing the Acceptance of Caesarean Section Among Pregnant Women	Opiah, M.M., Oyira, E.J., Asuquo, E., Eze, M., Obute, P. (2022). 6(3), 6318-6325	<i>Journal of positive school psychology</i>	The main purpose of this study is to determine socio-cultural factors influencing the acceptance of	Non-experimental descriptive study	Finding of the study reveals that 11(9%) of the respondents strongly disagreed with the statement that I will not accept cesarean section because it is too expensive. 45(36.8%) disagreed with the statement, 20(16.4%) strongly agreed with the statement



	Attending Antenatal Clinic in The General Hospital			caesarean section among pregnant women attending antenatal clinic in the general hospital, Calabar. Literature related to the variables under study were reviewed accordingly.		and 46(37.7%) agreed with the statement. 10(8.2%) agreed with the statement that, unemployment leading to poverty is not a factor associated with maternal acceptance of cesarean section while 86(70.5%) disagreed and 9(7.3%) strongly disagreed with the statement. 4(3.3%) of the subjects disagreed with the statement that, women of higher socioeconomic class are less likely to accept cesarean section. 28(31.1%) strongly agreed with the statement while 50(41%) strongly disagreed and 30(24.6%) agreed with the statement.
24	A multi-level analysis of prevalence and factors associated with caesarean section in Nigeria	Ajayi, K.V., Olowolaju, S., Wada, Y.H., et al., (2023). https://doi.org/10.1371/journal.pgrh.0000688	<i>PLOS Journal</i>	This present study aims to assess the prevalence and multilevel factors associated with caesarean section among women of reproductive age in Nigeria	Multi-level analysis	The prevalence of CS among women of reproductive age in Nigeria was 3.11%. Women from the Yoruba ethnic group [aOR = 0.52; 95%(CI = (0.32–0.84)], with two children [aOR = 0.67; 95%(CI = 0.52–0.88)], three children [aOR = 0.49; 95%(CI = 0.36–0.66)], four children and above [aOR = 0.34; 95%(CI = 0.26–0.46)], those who practised Islam [aOR = 0.74; 95%(CI = (0.56–0.99)], and those that had a normal weighted baby [aOR = 0.73; 95%(CI = 0.60–0.99)] were less likely to report having a CS in Nigeria compared to those from Hausa/Fulani ethnic group, those who had one child, those who practised Christianity, and those who had a high weighted baby. Also, women residing in rural areas [aOR = 0.79; 95% (CI = (0.63–0.99))] and the South-South [aOR = 0.65; 95%(CI = (0.46–0.92))] were less likely to have CS compared to those residing in urban areas and North Central.
25	Belief towards caesarean section: A	Elom, N.A., Nwimo, I.O., Okpata, O.O.,	SAGE Journals. https://doi.org/	To assess the belief of male partners	Descriptive study	Results data showed that the male partners studied had negative beliefs towards caesarean section.



	community based study of male partners in Ebonyi State, Nigeria	et al., (2023).	org/10.1177/20503121221147810	towards caesarean section.	Significant differences existed in the belief of the respondents towards caesarean section as it relates to their age, level of education, occupation, religion and location of residence ($p < 0.05$). Using a stepwise multiple regression model, all the socio-demographic variables studied played out to be significant ($p < 0.05$) predictors of belief towards the subject matter.
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Figure 1 The PRISMA Framework for the Study

The first database search yielded 1011 documents, and 889 more records were acquired through various means. There were 122 unique records left after deleting duplicates, ready for further investigation. In order to determine whether a record was suitable for inclusion or deletion, researchers used predetermined criteria during the evaluation process. Out of the 122 records, 91 were deemed ineligible due to inclusion and exclusion criteria. In the end, the study only included 25 records that fulfilled the inclusion criteria.

Results

Table 1: Summary of literature search in Table

The studies reviewed provide comprehensive insights into caesarean section (CS) prevalence, attitudes, decision-making, and preferences in Nigeria and Ghana. Adewuyi et al. (2024) found that CS prevalence in Nigeria was 2.7%, with significant disparities between urban (5.2%) and rural (1.2%) areas, and that maternal education, frequent internet use, and socio-economic status increased CS odds. Babarinde (2024) reported that most pregnant women in Ogbomoso held positive attitudes towards CS, though education and religious beliefs did not significantly influence attitudes. Osayande et al. (2023) highlighted both facilitators and barriers to CS interventions, including healthcare providers' support but concerns about economic costs and policy commitment. Berglundh et al. (2021) observed that CS rates were low (1.0%) in low-risk groups, but multiple pregnancy and socio-economic factors significantly influenced CS likelihood. Bam et al. (2021) identified spousal and family support, previous CS experience, and knowledge about the procedure as major determinants of accepting elective CS, with age and parity playing significant roles in decision-making. Lastly, Kasso and Amakiri (2024) found that 82.1% of women preferred vaginal delivery after a previous CS due to financial constraints and a desire for natural birth, while 17.9% opted for repeat CS primarily due to fear of labour pain.

Chongo, Masumo, and Nankamba (2024) found that only 29% of pregnant women in Lusaka, Zambia, accepted CS, with determinants including marital status, socioeconomic status, parity, gestational age, previous CS history, knowledge, attitude, and sociocultural beliefs. Gedefaw, Demis et al. (2020) estimated the overall pooled prevalence of CS in Ethiopia at 29.55%, with cephalopelvic disproportion (18.13%) and non-reassuring fetal heart rate (19.57%) as common indications, and maternal and neonatal complications including



postpartum haemorrhage and neonatal sepsis. Michael, Agbana, and Naidoo (2024) explored perceptions of CS among postpartum women in Nigeria, revealing emotional responses shaped by societal expectations, cultural norms, and healthcare provider support. Konlan, Amoah, and Abdullahi (2022) identified socioeconomic, maternal, obstetric, labour-related, and fetal factors as key determinants of CS preference in Africa, with rates varying from 2.1% to 18.5% across different populations. Habteyes, Mekuria, Negeri et al. (2023) conducted a systematic review in Eastern Africa, estimating a pooled CS prevalence of 24.0%, with the highest in Ethiopia (28.30%) and the lowest in Uganda (11.9%), influenced by factors such as urban residence, education, wealth, prior CS, and pregnancy complications. These findings underscore the need for culturally sensitive healthcare policies, improved patient education, and evidence-based guidelines to ensure safe and acceptable CS practices.

Ogunkorode et al. (2023) found that women in Ado Local Government, Ekiti, had a positive perception of CS, with no significant relationship between CS and reproductive failure or death warrant, advocating for increased awareness programs. Adewuyi et al. (2019) reported a national CS prevalence of 2.1% in Nigeria, with the South-West region having the highest at 4.7%, and factors such as urban residence, maternal obesity, higher education, and multiple births significantly increasing CS likelihood. Etcheverry et al. (2024) noted that 9% of women preferred CS, with primiparous women being more likely to choose it, influenced by doctors and a desire to avoid labour pain. Zewudu et al. (2023) found that 26% of Ethiopian women preferred CS, with dissatisfaction with prior care, lack of CS knowledge, urban residence, and pregnancy complications as significant factors. Omotayo et al. (2022) revealed that while 60% of multiparous women had good CS knowledge, only 16% would opt for it in future pregnancies, with acceptance influenced by fear of death, cost, discrimination, and religious and educational factors. Lanre-Ojo et al. (2024) similarly found that age, education, religion, culture, and socio-economic status significantly influenced CS acceptance, recommending public health reorientation for better CS perception.

Manyeh et al. (2018) reported a 6.59% CS rate in rural Southern Ghana, with higher odds among older women, educated women, those in wealthier quintiles, and those whose household heads had higher education. Madu and Ekpunobi (2023) found that 75.4% of women in rural Enugu, Nigeria, had a negative perception of CS, with fear of death, the operation itself, and cost being major deterrents, while baby's safety, mother's safety, and doctor's advice influenced acceptance. Akabuike et al. (2024) identified socio-cultural, economic, and healthcare infrastructure challenges affecting CS acceptance, calling for tailored interventions and improved policies. Adewunmi and Farotimi (2024) discovered that 94.6% of women in Lagos Mainland had high knowledge of CS, but cultural beliefs and costs significantly influenced acceptance. Opiah et al. (2022) highlighted socio-cultural factors such as perceived cost and unemployment, with mixed attitudes regarding the impact of socioeconomic status on CS acceptance. Ajayi et al. (2023) found a 3.11% CS prevalence in Nigeria, with lower odds among Yoruba women, those with more children, rural dwellers, and those practising Islam.



Discussion of Findings

Theme 1: Prevalence and Determinants of Caesarean Section

The prevalence and determinants of caesarean section (CS) across different regions exhibit significant variations influenced by socio-economic, demographic, and cultural factors. Studies indicate that CS prevalence in Nigeria remains low, with Adewuyi et al. (2024) reporting a 2.7% national prevalence and urban-rural disparities, highlighting the influence of maternal education, socio-economic status, and internet use. Similarly, Manyeh et al. (2018) found a 6.59% CS rate in rural Ghana, showing a correlation with wealth and higher education. These findings align with global trends where access to and utilisation of CS services are often shaped by healthcare infrastructure and economic disparities (Gibbons et al., 2012).

Determinants influencing CS uptake vary across populations. Studies highlight the role of socio-economic status, parity, and prior CS experience in shaping attitudes and decisions (Bam et al., 2021; Konlan, Amoah, & Abdullahi, 2022). In Ethiopia, cephalopelvic disproportion and non-reassuring fetal heart rate were identified as key medical indications for CS (Gedefaw et al., 2020). Similar factors, alongside urban residence and pregnancy complications, were observed to influence CS acceptance in Eastern Africa (Habteyes et al., 2023). Cultural beliefs and economic constraints remain significant barriers, with Kasso and Amakiri (2024) revealing that 82.1% of women preferred vaginal birth after a previous CS due to financial concerns.

Theme 2: Socio-Cultural and Economic Influences on Caesarean Section Perception and Acceptance

The reviewed studies underscore the significant impact of socio-cultural and economic factors on caesarean section (CS) perception and acceptance. Socio-cultural influences, including religious beliefs, traditional norms, and communal attitudes toward childbirth, often shape women's preferences. For instance, Madu and Ekpunobi (2023) found that 75.4% of rural women in Enugu, Nigeria, perceived CS negatively due to fear of death, surgical procedures, and economic constraints. This highlights how deeply ingrained cultural narratives and misinformation contribute to hesitancy in accepting CS as a viable childbirth option. Similarly, Manyeh et al. (2018) observed that CS rates were higher among wealthier and educated women in rural Ghana, indicating that socio-economic status influences access and willingness to undergo the procedure.

Economic factors also play a crucial role in determining CS acceptance. The financial burden associated with the procedure was a recurrent barrier, with Kasso and Amakiri (2024) noting that 82.1% of women preferred vaginal delivery due to cost considerations. In contrast, those who opted for repeat CS often did so out of fear of labour pain rather than financial capacity. These findings align with previous studies indicating that out-of-pocket expenses and limited healthcare insurance coverage contribute to lower CS uptake (Egharevba, Okojie, & Abimbola, 2022). Furthermore, Konlan, Amoah, and Abdullahi (2022) highlighted that socio-economic disparities influence CS preferences across Africa, with acceptance rates ranging from 2.1% to 18.5% based on financial and healthcare access factors.

Additionally, family and community support systems shape women's decisions regarding CS. Bam et al. (2021) identified spousal and family endorsement as crucial determinants of CS



acceptance, reinforcing the role of familial influence in medical decision-making. Without adequate familial backing, women may be reluctant to consent to CS, even when medically indicated. Given these socio-cultural and economic barriers, targeted public health campaigns and financial support mechanisms are essential in improving CS perception and accessibility in low-resource settings.

Theme 3: Barriers and Facilitators of Caesarean Section Utilisation

The reviewed studies highlight various barriers and facilitators influencing the utilisation of caesarean section (CS) services in Nigeria and Ghana. One of the major barriers is the financial constraint associated with CS, as evidenced by Kasso and Amakiri (2024), who found that 82.1% of women preferred vaginal birth after a previous CS due to cost concerns. This aligns with previous findings that economic barriers significantly impact maternal healthcare access (Mekonnen et al., 2023). In addition, socio-cultural perceptions, including religious and traditional beliefs, continue to influence CS decisions. Madu and Ekpunobi (2023) reported a high prevalence of negative attitudes towards CS among rural Nigerian women, driven by fear of surgical complications and misconceptions about reproductive failure. This reflects broader societal views where CS is often stigmatised, despite its potential to prevent maternal and neonatal complications (Ogunleye et al., 2023).

Healthcare system factors also contribute to the challenges of CS utilisation. Osayande et al. (2023) identified concerns regarding economic costs and policy commitment, suggesting that healthcare infrastructure and government intervention play a crucial role in CS access. Poor policy implementation and inconsistent healthcare funding limit the availability and affordability of surgical interventions, further widening disparities between urban and rural populations. However, facilitators such as healthcare provider support and increased maternal education improve CS acceptance. Bam et al. (2021) found that spousal and family support, previous CS experience, and knowledge about the procedure were significant facilitators. Similarly, Adewunmi and Farotimi (2024) observed that high knowledge levels among women in Lagos Mainland positively influenced CS acceptance, although cultural barriers remained.

Recommendations for future Nursing Research

Future nursing research should explore targeted interventions to improve CS awareness and acceptance, particularly in rural and low-income communities where CS rates remain disproportionately low. Investigating the effectiveness of culturally tailored health education programmes can provide insight into overcoming socio-cultural barriers and misinformation surrounding CS. Additionally, research should assess the impact of healthcare provider attitudes and support on maternal decision-making, as studies indicate that medical recommendations and patient trust significantly influence CS acceptance. Evaluating nursing-led interventions aimed at addressing concerns about financial costs, policy limitations, and emotional responses to CS can further guide evidence-based practice. Moreover, qualitative research is needed to explore personal experiences of women who have undergone CS, providing deeper insight into emotional, psychological, and physical outcomes. This can help shape patient-centred care models that prioritise informed decision-making and holistic support.

Conclusion

Despite the low CS rates, urbanisation, education, socio-economic status, and previous CS history significantly influence acceptance. Positive attitudes towards CS exist, particularly



among educated women and those with prior experience, yet cultural beliefs, economic constraints, and fear of surgical complications continue to deter many. The preference for vaginal delivery after a previous CS underscores the influence of financial limitations and societal norms. Additionally, the role of healthcare providers, family support, and knowledge in shaping CS decisions highlights the need for targeted interventions. Socio-cultural and religious factors also play a crucial role, with disparities in CS acceptance observed across different demographic groups. The study underscores the importance of public health education, policy reforms, and improved healthcare infrastructure to address barriers to CS acceptance and ensure informed decision-making. Strengthening maternal healthcare services, reducing economic burdens, and addressing misinformation can enhance access to safe CS when medically necessary.

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