European Journal of Clinical Pharmacy
Print ISSN: 2385-409X **Online ISSN**: 3105-0409
Website: https://farmclin.com/

Original Research Article

Caesarean Delivery on Maternal Request: Knowledge and Perception of Pregnant Women

Article History:

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Received: 17-09-2025
Revised: 09-10-2025
Accepted: 11-11-2025
Published: 25-11-2025

Abstract: ***Introduction:*** Caesarean section is a routine type of surgery performed to deliver a baby in case of complication during pregnancy or childbirth. In recent years rates of caesarean section on maternal request have been rising, with women opting to have surgery in the absence of medical justification. Knowledge and perception of pregnant women about this practice are considered not only relevant in enhancing maternal healthcare but also in supporting informed decision making. ***Aim:*** The aim of the study was to determine the level and belief of the pregnant women about caesarean section on mother request and identify the factors affecting the choice of delivery mode. ***Methodology***: A cross-sectional study was descriptive with participants being pregnant women who had attended antenatal clinics in a given set of healthcare facilities. The structured questionnaire was used to gather data, where the socio-demographic data, knowledge regarding caesarean delivery, and attitudes towards maternal request of caesarean section were included. The data was analyzed by descriptive statistics (percentages and frequencies). ***Results:*** The results indicated that the majority of respondents were moderately knowledgeable about caesarean delivery, and a smaller proportion displayed good knowledge. The primary sources of information were identified as healthcare providers. Despite most of the respondents having discretion of vaginal delivery, most of them feared labor and perceived convenience of having caesarean childbirth on maternal request. The level of higher education had been related to improved information on the procedure. ***Conclusion:*** The research identifies the relevance of antenatal education in enhancing the knowledge of pregnant women on modes of delivery. Enhancing counseling support within the framework of antenatal treatment could contribute to a decrease in unjustified caesarian births and aid in effective decision-making among pregnant women.

Keywords: Caesarean delivery, maternal request, pregnant women, knowledge, perception, mode of delivery.

INTRODUCTION

Childbirth is one of the most significant processes in the life of women and families due to its important role in their physiology. Vaginal delivery has traditionally been seen to be the safest and natural childbirth method in most pregnancies. Over the past several decades, however, the prevalence of caesarean section (CS) has soared across the globe that the various health practitioners and policymakers have been concerned about whether it is the right procedure to apply. Caesarean delivery is a surgery whereby the baby is born via a hole cut in the abdominal area and the uterus of the mother. Although such a process is potentially life-saving in case of complexity posing a threat to the health of the mother or the fetus, its unneeded practice has developed into a public health problem (1,2).

Caesarean delivery on maternal request (CDMR) is one particular phenomenon that has led to the upsurge in the rate of caesarean deliveries. This is a caesarean

section that is executed at the bequest of the pregnant woman with no medical or obstetric sign (3,4). Stated differently, the process is performed not on medical grounds but rather in personal choice based on perceived advantages of birth surgery. The idea behind CDMR has elicited much controversy among medical fraternities, especially in terms of its ethical aspects, risks thereof as well as the proportion between mothers and medical accountability (5).

The rates of caesarean section have continued to rise both in the developed and developing nations all over the world. In spite of the fact that the medical procedure has led to remarkable positive changes in both the maternal and neonatal outcomes in situations where it is medically necessary, its overuse without a definite clinical reason would place both mothers and infants at risk of undesirable exposure to health risks (6). According to research, caesarian delivery which is medically indicated is crucial in avoiding maternal hemorrhage, fetal distress and other life threatening complications. Nevertheless, the procedure, when not done with medical reasons, can predispose the attainment of surgical complications, prolonged recovery rates, and the possibility of future pregnancies being risky (6,7).

A number of studies have proposed that social, psychological and cultural influences are contributing highly to the growing number of demand related to caesarean delivery on the request of the mother. The women expecting can insist on a caesarean birth due to various reasons, such as fear of the labor process, previous childbirth unpleasant experiences, the safety of the surgical delivery and the wish to have control over the birth time (8,9). Moreover, the misbeliefs about the safety and comfort level of caesarean birth could be one of the causes of its increasing popularity among pregnant women. The attitude to the delivery methods can be highly influenced by the perception that caesarean section is less painful and predictable than vaginal birth (8).

Fear of childbirth or tokophobia is also considered one of the most frequently cited factors responsible by the mothers requesting a cesarean delivery. It is a mental disorder that is characterized by a strong phobia of labor and birth that causes some women to adopt Cesarean section to avoid the dreaded pain and uncertainty of the vaginal section (10). Tokophobia has been identified as one of the major causes of preference of elective caesarean section in most countries. Research indicates that extreme fear of giving birth applies to a high percentage of pregnant women and can contribute to the risk of demanding caesarian section despite low pregnancy risk cases (10,11).

The other significant reason that might contribute to maternal requests to get a caesarean delivery is the previous negative birth experience. Women that have gone through difficult or traumatic vaginal deliveries in the past might be anxious about carrying another child and thus, opt as a perceived safer method of having a baby through surgery (9,12). On the same note, family members, friends, as well as, social beliefs have the potential of defining how women view childbirth. Some communities consider caesarean birth as a contemporary and convenient childbirth process and vaginal birth with fear, doubt, or long-term pain (13).

In spite of the increasing rates of CDMR, there is research evidence that most pregnant women do not know about the dangers and the long-term effects of caesarean birth. As an illustration, unwarranted caesarean section has been associated with risks of surgical complication e.g. infection, post operative pain, and increased hospitalization (7,14). Moreover, children who are born as a result of a caesarean section run a risk of having some health issues, such as respiratory problems and a distorted adaptive immune response (7). Thus, the insufficient awareness regarding these risks could determine the decision-making of women and lead to the increased popularity of the elective delivery of children through surgical procedures.

Knowledge and perception of pregnant women about the caesarean delivery are what can be understood to enhance better maternal healthcare practices. Knowledge is defined as the extent of awareness and familiarity, which the pregnant women hold about the signs, advantages as well as dangers of caesarean birth. Perception, in its turn, covers the attitude, beliefs, and personal attitudes of women concerning their opinions about childbirth schemes. Knowledge and perception are also essential in influencing the preferences as well as decisions amongst women on the mode of delivery (5,15).

Medical practitioners especially obstetricians and midwives are the people who should engage in enlightening the pregnant women on the choices they can make regarding delivery. Proper counseling at the stages of antenatal care will allow women to be aware of the strengths and weaknesses of various approaches to childbirth and make a wise decision on childbirth. Proper and sufficient information that is relayed to pregnant women regarding the dangers and advantages of caesarean delivery will help the women build up realistic expectations and make decisions using medically proven facts and not illusions and fear (5).

The growing interest in patient autonomy and the ability to make informed decisions in recent years has only made the analysis of the attitude of women to childbirth even more critical. Although respecting maternal choice is vital, the medical workers should

also guarantee that the choice of decisions are informed by sufficient knowledge and unbiased information on the risks and benefits. The research on the knowledge and perception of pregnant women about caesarean on maternal request could thus be a valuable source of information on what affects the choice of birth method and allow devising strategies to eliminate unwarranted interventions.

MATERIAL AND METHODS

Study Design

This research design used a descriptive, cross-sectional research design to determine the knowledge and perception of the expecting parents on caesarean delivery on maternal request. It was assumed that the cross-sectional design was the most suitable in this case since it enables a researcher to gather data about respondents at one time and assess their knowledge and perception of a particular health problem. The design is widely applied in the case of a population health study to determine the associations among demographic factors, knowledge levels, and perceptions in a specific population. The method helped the researchers to get a clear picture of the knowledge of pregnant women on the concept of the caesarean delivery and their perceptions to the request of this type of birth in the absence of medical conditions.

Study Setting

The research was carried out in identified healthcare institutions that offer maternal and child health services at the level of antenatal clinics. These were the government hospitals and maternity where pregnant women make regular visits to their antenatal care clinics. The study setting was selected as Antenatal clinics owing to the fact that they extend direct access to pregnant women of various social, economic and educational backgrounds. Carrying out the study within healthcare institutions also enabled the scholars to engage with respondents in a secure setting and receive credible feedback concerning their experiences, understanding and perceptions as regards to childbirth techniques.

Population of the Study and Sampling.

The study was conducted in Quaid -e-Azam medical college, Bahawalpur from May 2024 to May 2025. The sample population consisted of pregnant women who visited antenatal clinics within the data collection duration. The women who were already pregnant and attending the clinic to have routine antenatal check-ups were recruited in the study. The inclusion criteria were pregnant women aged 18 years and more who requested to participate at will. To guarantee that the study was centred on the perceptions as influencing maternal request and not
on the necessity of medical complications, the study excluded women which had serious medical complications that necessitated mandatory caesarean delivery.

Participants were recruited through a technique of convenience sampling. This approach enabled the scholars to obtain the availability and willingness of the participants during data collection. In spite of the fact that convenience sampling can reduce the extent of generalizability, convenience sampling is usually employed when conducting an exploratory study when there is limited access to participants. The sample size was identified on the basis of the availability of the eligible in the course of the study.

Data Collection Instrument

The structured questionnaire was replying to the current literature investigating the topic of caesarean delivery and maternal perceptions of the delivery method was used to collect data. There were three major sections in the questionnaire. The demographic factors that were gathered in the first section comprised age, education, employment, and parity. Part two evaluated the level of knowledge that the participants were having on caesarean delivery, indications, advantages, and complications associated with the delivery. The third part was devoted to perceptions and attitude to caesarean birth on the request of the mother, which included ideas regarding safety, their fear of pain during childbirth and their preference of childbirth method.

Data Collection Procedure

Data was collected at such times when it was routine and in the antenatal clinic case. Informed consent with the participants who decided to participate in the study was obtained after clarifying the study intention. The questionnaire was handed over to the respondents and filled in by the researcher or himself when need arose. The participants were advised to give all the questions their true answers and their answers would be confidential. Questionnaires were collected at the completion stage to assure the accuracy and completeness of the data within the questionnaires.

Data Analysis

These data collected were organized and analyzed with the help of statistical methods. The demographic features, level of knowledge and perceptions of participants on caesarean birth on maternal request were summarized with the help of descriptive statistics such as frequencies and percentages. The findings were displayed in tabular as well as narrative formats so as to give a clear picture of the awareness and attitudes of the pregnant women regarding the elective caesarean delivery.

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RESULTS

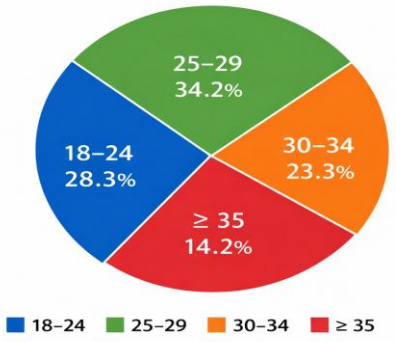
1. Socio-Demographic Characteristics of Participants

The socio-demographic details of the pregnant women used in the study give me a preview of the background profile of the respondents. One hundred and twenty pregnant women who attended antenatal clinics were involved in the study. Table 1 presents the distribution of participants by age, education level, employed, parity and gestation age. The findings suggest that most of the respondents fell between the age brackets of 25-29 years which made up the highest number in the study sample. This was also a fair playground for the 18 to 24 years age group and few women belonged to the 30 to 34 years and above group. This trend indicates that the average age of pregnancies in the research sample was the middle reproductive age.

Table 1: Socio-Demographic Characteristics of Pregnant Women (n = 120)

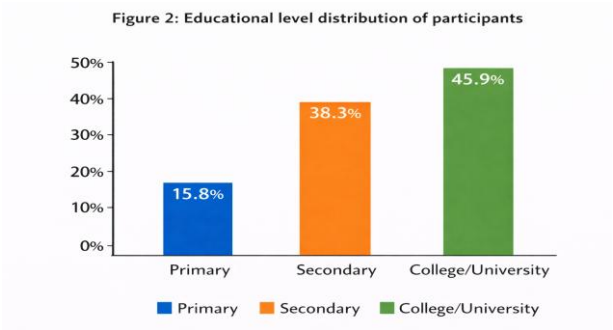
Variable	Category	Frequency (n)	Percentage (%)
Age (years)	18–24	34	28.3
	25–29	41	34.2
	30–34	28	23.3
	≥35	17	14.2
Education Level	Primary	19	15.8
	Secondary	46	38.3
	College/University	55	45.9
Employment Status	Housewife	78	65.0
	Employed	42	35.0
Parity	Primigravida	57	47.5
	Multigravida	63	52.5
Gestational Age	1st Trimester	18	15.0
	2nd Trimester	56	46.7
	3rd Trimester	46	38.3

Figure 1: Distribution of participants according to age groups



Age distribution of the participants is further depicted in figure 1 indicating that each of them is proportionally represented. The figure illustrates that the largest percentage of the participants was women between the age ranges of 25 and 29 years, which means that the age group is the prevalent one among women using the antenatal clinics at the research site. Women within the age group 1824 years were the second largest followed by women in the age

group 35 years and above which had a small ratio.



Another demographic variable of interest that could affect awareness and perception of methods of childbirth is the educational status. Almost half of the participants had college or university education as done in Table 1 and represented in Figure 2. There was also a significant number that had finished secondary school with a lesser percentage having primary education. The higher percentage of the women who have received a higher education level could also affect the women in their understanding of medical procedures (such as a caesarean delivery) and their choice of medical facilities.

2. Knowledge of Pregnant Women Regarding Caesarean Delivery

The understanding of pregnant women about the caesarean delivery was evaluated based on a number of questions associated with awareness of the procedure, indications of the medical reasons, potential complications and the duration of recovery. Table 2 shows the general response of the respondents to knowledge. The findings indicate that most of the participants had been aware of the pattern of delivery where caesarean is practiced and they were aware of the fact that it is a surgical process involved in delivering children. Nevertheless, the information about the possible complications and the long-term effects was lower.

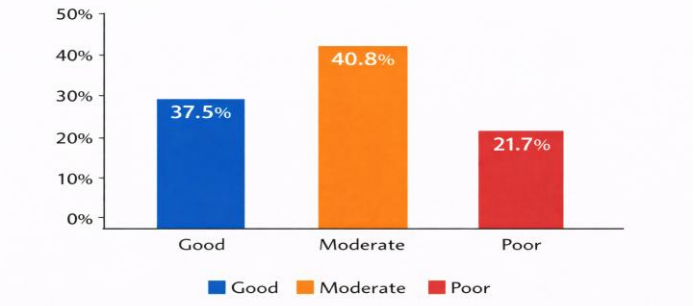
Table 2: Knowledge of Pregnant Women Regarding Caesarean Delivery (n = 120)

Knowledge Item	Yes n (%)	No n (%)
Heard about caesarean delivery	112 (93.3)	8 (6.7)
Know that CS is a surgical procedure	98 (81.7)	22 (18.3)
Aware that CS may be medically necessary	89 (74.2)	31 (25.8)
Know about possible complications of CS	64 (53.3)	56 (46.7)
Aware that recovery time is longer than vaginal birth	71 (59.2)	49 (40.8)
Know that repeated CS may affect future pregnancies	52 (43.3)	68 (56.7)

Overall Knowledge Level

Knowledge Level	Frequency	Percentage
Good	45	37.5
Moderate	49	40.8
Poor	26	21.7

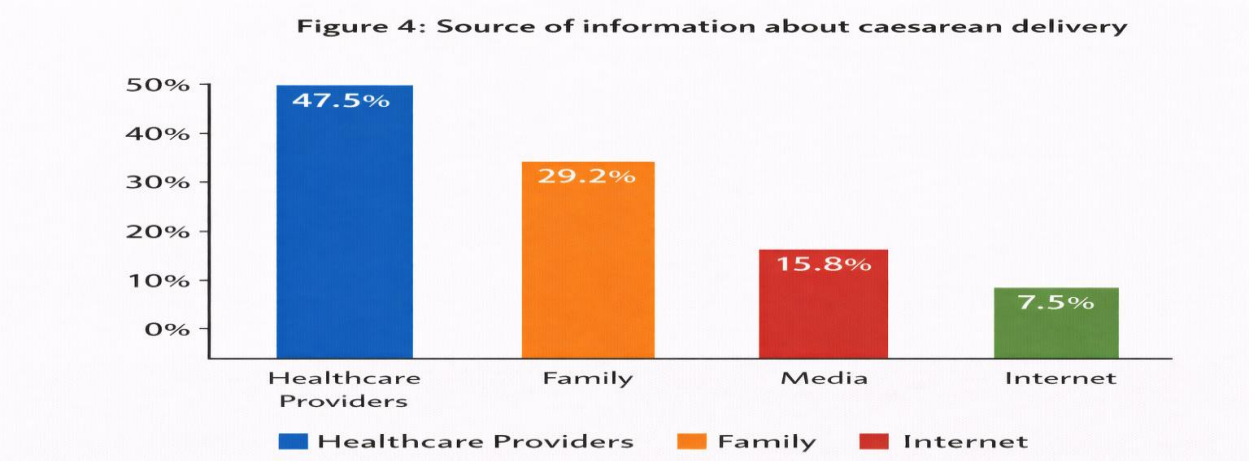
Figure 3: Percentage distribution of knowledge levels among participants



The total level of knowledge was classified as good, moderate and poor knowledge. As the findings suggest, the largest percentage of the participants possessed good knowledge, moderate level of knowledge, and only a minor group had poor knowledge. These findings indicate that, despite the comparatively high level of general knowledge about caesarean delivery, perhaps people are yet to gain the necessary knowledge on the details of the delivery and as well as the risks involved.

The levels of knowledge among participants are also depicted through the distribution which is shown in Figure 3 and it is easy to observe that moderate level of knowledge was the most prevalent among the participants. What this implies is that most of the pregnant women are partially informed on caesarean delivery but they might not understand thoroughly.

Figure 4: Source of information about caesarean delivery



Further, the sources through which women acquired information on caesarian delivery were examined. According to Figure 4, most of the participants got most of their information through the healthcare providers. The contributions of family members and relatives also played an important role in the source of information and their contribution was lower compared to the media and the internet. The significance of this finding is the value of healthcare professionals in ensuring that the pregnant women receive the right information in the course of their antenatal check-ups.

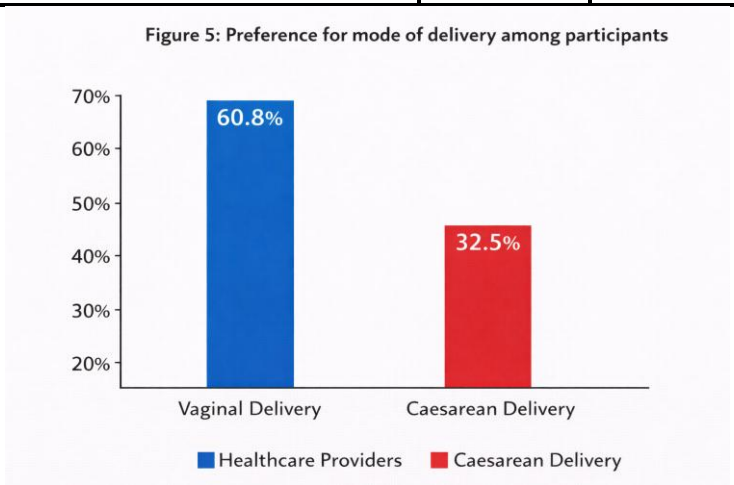
3. Perception of Pregnant Women Toward Caesarean Delivery on Maternal Request

The attitude and the perception of pregnant women regarding caesarean section on the request of the mother were assessed by considering the various statements on safety, convenience and by avoiding pain. The table 3 shows the reactions of the participants towards the perception of caesarean delivery. The findings show that a significant percentage of women thought that the caesarean delivery might help to prevent the pain of the labor process and might be more convenient because of the opportunity to schedule the birth.

Table 3: Perception of Pregnant Women Toward Caesarean Delivery on Maternal Request (n = 120)

Perception Statement	Agree n (%)	Neutral n (%)	Disagree n (%)
Caesarean delivery is safer for the baby	48 (40.0)	29 (24.2)	43 (35.8)
Caesarean delivery avoids labor pain	69 (57.5)	21 (17.5)	30 (25.0)
Caesarean delivery is more convenient because it can be scheduled	54 (45.0)	26 (21.7)	40 (33.3)
Vaginal delivery is the natural way of childbirth	72 (60.0)	23 (19.2)	25 (20.8)
Caesarean delivery should be done only when medically necessary	81 (67.5)	19 (15.8)	20 (16.7)

Figure 5: Preference for mode of delivery among participants



Even when they thought that it should be performed since many agreed that vaginal childbirth is the natural way a child must be delivered and caesarean section should be performed mostly when necessary. These results indicate that although there are women who believe that there are certain benefits that come with a caesarean birth, a good number of women are still able to understand how medical reasons play out in deciding the method of birth.

Mode of delivery of the participants is shown as Figure 5. The figure indicates that most of the women favored vaginal birth whereas a smaller percentage has favored the use of caesarean birth. This implies that despite the knowledge that women have on caesarean child delivery, the majority of pregnant women overall prefer natural birth.

Figure 6: Reasons influencing preference for caesarean delivery on matemal request

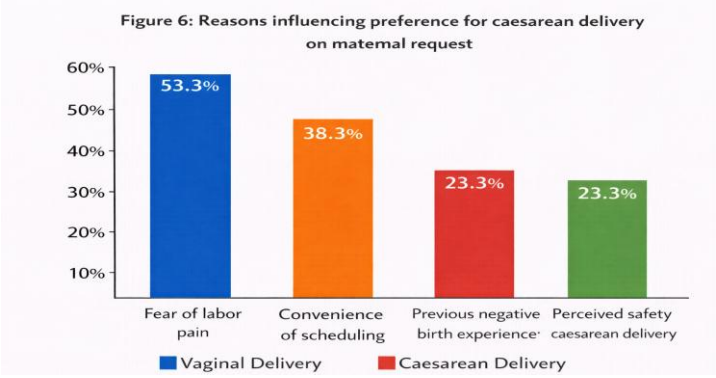


Figure 6 also gives the reasons that affected the preference of caesarean delivery by the supporters of this technique. The most prevalent reason was the fear of labor pain, and the most convenient timing of the birth was reported. Others were due to the influence of negative birth experiences that they had had before and the attitude that the cesarean delivery is safer to the baby.

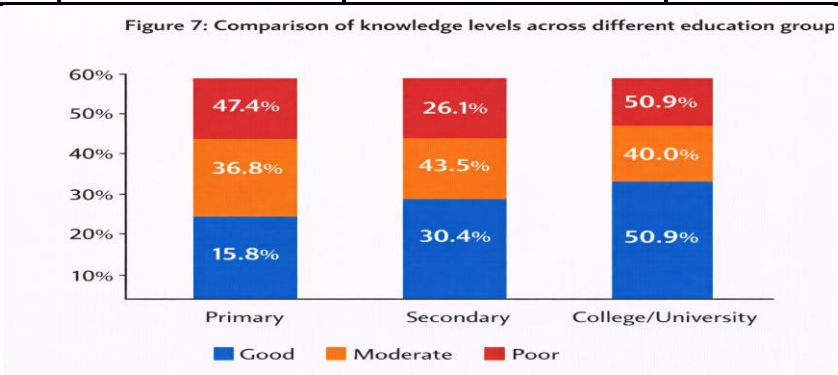
4. Association Between Socio-Demographic Factors and Knowledge

The correlation between the socio-demographic factors and the level of knowledge about the caesarean delivery has been analyzed and is provided in Table 4. The findings show that there is an apparent correlation between the level of education and knowledge. Good knowledge was found to be higher in women who had college or university education than secondary or primary education. Disversely, low knowledge was more prevalent among people who

had low educational attainment.

Table 4: Association Between Socio-Demographic Variables and Knowledge Level (n = 120)

Variable	Good Knowledge n (%)	Moderate Knowledge n (%)	Poor Knowledge n (%)	Total
Education Level				
Primary	3 (15.8)	7 (36.8)	9 (47.4)	19
Secondary	14 (30.4)	20 (43.5)	12 (26.1)	46
College/University	28 (50.9)	22 (40.0)	5 (9.1)	55
Parity				
Primigravida	18 (31.6)	25 (43.9)	14 (24.5)	57
Multigravida	27 (42.9)	24 (38.1)	12 (19.0)	63



The graph in figure 7 presents the comparison of the level of knowledge of various education groups graphically. As depicted in the figure, women who were highly educated had the best knowledge of caesarean delivery whereas those who had primary education posted the best percentage of poor knowledge. This observation indicates that education can be relevant in enhancing awareness and knowledge on maternal health.

5. Association Between Knowledge and Perception Toward Caesarean Delivery

The correlation between the level of knowledge and the choice of the delivery method was studied and shown in Table 5. The findings indicate that the good knowledge by women saw them prefer vaginal birth whereas the low knowledge saw them prefer caesarean birth or have no decision.

Table 5: Relationship Between Knowledge Level and Preferred Mode of Delivery (n = 120)

Knowledge Level	Prefer Vaginal Delivery n (%)	Prefer Caesarean Delivery n (%)	Undecided n (%)	Total
Good Knowledge	31 (68.9)	8 (17.8)	6 (13.3)	45
Moderate Knowledge	29 (59.2)	12 (24.5)	8 (16.3)	49
Poor Knowledge	11 (42.3)	10 (38.5)	5 (19.2)	26

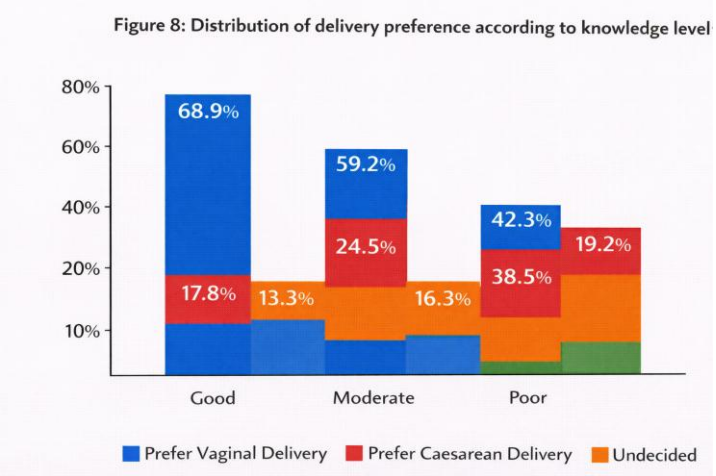


Figure 8 shows the level of preference in delivery based on the knowledge. The number indicates that the preference for vaginal delivery is falling with a poor level of knowledge but the preference for cesarean delivery is rising with the poor knowledge of women. This trend suggests that lack of knowledge could do the same concerning wrong perceptions of the benefits of caesarean birth.

All in all, the findings reveal that the knowledge of the study population of pregnant women about caesarean delivery was not much below average. The main source of information on the procedure was through healthcare providers. Even though vaginal delivery was a common practice among the majority of the participants, the fear of childbirth and the perceived convenience affected some to choose caesarean delivery when directed by the mother. The level of higher education was related with more knowledge about the caesarean delivery and better knowledge seems to support vaginal delivery. These results reveal the need to ensure that antenatal education and counseling are effective in enabling pregnant women to make the right choice regarding the methods of delivery.

DISCUSSION

This research focused on the knowledge and perception of pregnant women on caesarean delivery on maternal request and what factors affected their choice of mode of delivery. The findings show that most of the respondents were moderately knowledgeable about caesarean delivery, with a lower percentage being knowledgeable, and some showing poor knowledge of the procedures. These results indicate that despite a relatively high level of awareness about caesarean section among pregnant women, some in-depth knowledge on the indications and possible risks associated with it could remain wanting.

Other researchers have provided similar results, working in varying environments. As an example, a study that was administered on pregnant women in Southeast Asia showed that the majority of the sample heard about caesarean but did not know all the complications and the long-term effects of delivering healthily (16). A different study in Ethiopia established that moderate amounts of knowledge was widespread among pregnant women using antenatal clinics, and there is a need to educate women best regarding health during pregnancy (17). These findings are comparable to the current research, which also shows that there are gaps in knowledge even with the high level of awareness of the process.

The research also established that the key provider of information about caesarean delivery was the healthcare provider. This conclusion highlights the significant role of medics in influencing the perception and belief of pregnant women as regards methods of childbirth. This was also observed in a research undertaken in Nigeria, where the antenatal care services were reported to be the major source of information regarding the delivery methods (18). Patients depend on the medical team to give them information and this stresses the importance of communication and counseling during the antenatal visit.

Perception Preference Mode of Delivery.

The study results also reveal that the majority of the respondents would maintain vaginal delivery as opposed to caesarean delivery. Nevertheless, the percentage of women who had a positive perception of caesarean delivery was rather high, specifically, in connection with the avoidance of painful childbirth and the fact that the child can be born anytime. The prevalence of maternal fear of pain during labor became the most popular factor that affects the preference of caesarean section on maternal demand. The results can be compared with the prior literature that discovered the fear of childbirth to be one of the key predictors of an elective caesarean birth. In a study carried out in Sweden, it was also stated that the reason why women were demanding a caesarean birth was linked to fear of labor pains and anxiety towards possible complications during birth (19). In the same

manner, a study carried out in Brazil concluded that high anxiety during childbirth by the women increased their chances of opting to deliver the baby via a surgical procedure (20). These comparisons imply that the mental factors are significant in determining the perceptions of women when it comes to childbirth.

One more significant result of the research is that the level of education correlates with the level of knowledge on caesarean delivery. Females who had had higher education levels were found to be more knowledgeable than those who had lesser education levels. Similar trends have been observed in research carried out in India and Bangladesh where the education level was already noticed to be a key predictor of maternal health awareness (21,22). The above findings emphasize the role of education in enhancing the understanding of medical information by women and their decision-making process relating to childbirth.

In addition to this the current study also established that women who were more knowledgeable gave preference to vaginal delivery. Conversely, people who had lesser knowledge on this subject had higher preference on caesarean delivery or they were not decided. Similar results were indicated in another research carried out in Turkey which arrived at the conclusion that more knowledge on childbirth options was correlated to higher levels of acceptance of vaginal birth (23). This implies that unnecessary caesarean deliveries can be reduced with enhancement of knowledge by the use of antenatal education programs.

Implications of the Study

The research results of this short communication are significant in the context of maternal healthcare services. To begin with, the average level of knowledge that is witnessed among pregnant women shows that there should be greater educational interventions during the course of antenatal care. The providers of health care are supposed to make sure that the pregnant women are given accurate and full information on the benefits as well as the risks that are involved in both vaginal and caesarean delivery.

Second, the significance of healthcare professionals as the primary source of information promotes the essence of improving communication between patients and providers. The misconceptions and fear about childbirth can be improved through counseling during the antenatal visits. Educational lessons that involve talks on the management of pain during labor can also de-escalate the request of caesarian delivery at the request of the mother.

Limitations of the Study

The study has a number of limitations even though it has valuable findings. To start with, there is a limitation of the cross-sectional design which does not permit the establishment of causality relationships between knowledge, perception and preference of delivery. Second, the research was carried out in selected medical institutions and this factor might limit the generalisability of the findings to other groups or other areas. Also, self-reported data can cause bias in responses since the participants can give socially desirable answers. To gain a better understanding of the topic, future research may use bigger samples and include those who have varying geographical and socio-economic backgrounds.

Conclusion

Overall, as the research revealed, pregnant women have moderate knowledge about the caesarean delivery as their primary source of information is their healthcare provider. Although most participants favored vaginal delivery, some women were afraid to have labor and the perceived convenience are what led them to choose a caesarean section on maternal request. It was noted that the level of education was significantly connected to knowledge and delivery preference, thus the significance of educating the mother so she could make informed choices. It can be possible to reinforce the efforts on antenatal education and enhance the dialogue between healthcare professionals and expectant mothers to provide solutions to the misconceptions and reduce the number of unnecessary caesarean births.

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