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Factors Influencing Acceptance of Caesarean Section Among Women of Reproductive Age in Comprehensive Health Centres in Akure South of Ondo State

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Abstract:

Caesarean section (CS) is an alternative life-saving obstetric surgery. It has contributed to the reduction of maternal mortality and morbidity. Despite the known benefit of CS, there is reported evidence that women in Nigeria are reluctant to accept CS even in the face of obvious clinical indications. This study, therefore, sought to identify the various factors that are influencing the acceptance of Caesarean section among women of reproductive age. The methodology employed was a descriptive design. The population of the study constitutes Women of Reproductive age from the three Comprehensive Health Centers in Akure South local government area of Ondo State. The sample size was 400. The instrument of data collection was a Self-Structured Questionnaire with a Cronbach's alpha of 0.910. Convenient sampling techniques were employed and the data collected were analyzed with descriptive statistics and the hypothesis tested with logistic regression. The result revealed that 201(52.2%) accepted that CS is for women that are not physically strong, 165(42.8%) said that it is a taboo in their culture to have a baby through C/S, 240(62.3%) accepted that if they are prayerful they don't need CS. It was revealed that culture influenced the

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acceptance of CS (P = 0.015) and a decrease in culture increases CS acceptance by 59.7%. Also, economic factors influenced the acceptance of CS (P=0.031). It was recommended among others that the government should ameliorate the burden of CS delivery by subsidizing the cost to encourage women to opt for this method of delivery if the need arises.

Keywords: Caesarean section, Acceptance, Cultural Factors, Economic Factors, Religious Factors,

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Introduction

The birth of a baby usually brings joy to a home and this occurrence is a thing of celebration not minding the method of delivery. In contrast, the death of a mother and her baby following a complicated pregnancy or difficult labour, especially when it occurs due to the refusal of Caesarean birth causes agony and destabilization in a family. There are different methods of delivery which include: vagina birth, planned Caesarean Section, emergency Caesarean Section, vaginal birth after Caesarean Section (VBAC). The outcome of this delivery which is a life baby and healthy mother is the optimal goal. The method of delivery used by any woman will never make her a lesser mother or an incomplete woman, but it's unimaginable, when some women refuses a method of delivery prescribed for her by a physician even at the detriment of her life and that of the baby after a nine-month Journey. The reasons for these refusals differ in these women, no matter what they may have in mind, the joy that follows acceptance and consequences of refusal should be given a second thought. The stress and rigors of pregnancy should not be wasted just because a woman feel a method of delivery is inferior to another one.

As often as one thousand times a day, women die while giving birth, many of which occur due to the refusal of Caesarean delivery in some low resource settings (Lawani, Igboke, Ukaegbe, Anozie, Iyoke, Onu, et al., 2019). Surgical interventions during pregnancy are usually made to ensure safety of the mother and the child under conditions of obstetric risk. To save the life of both mother and child in some cases, a Caesarean section may be necessary as the ultimate outcome of pregnancy is to have a safe mother and a live baby (Ugwu & De-Kok, 2015). This Caesarean section is of benefit to pregnant women and the newborns when its indication is well-founded.

The prevalence rate of CS in Nigeria is 2.1%, which indicate underutilization of the surgical delivery due to some factors and this evidently increases the maternal mortality rate. Evidence from previous research work has shown that some women do refuse CS, Refusal rate of CS of 11.5% was recorded (Olofinbiyi, Olofinbiyi, Aduloju, Atiba, Olaogun & Ogundare, 2015). Also, Ugwu and De-kok (2015), recorded 20% refusal of medically indicated CS. Interestingly, Ezeome, Ezugworie and Udeolar (2018), deduce a refusal rate of 13%, and Panti, Nasir, Saidu, Garba, Tunau and Ibrahim (2018) recorded 22.5 % of non-acceptance of CS. These entire refusals can increases maternal mortality rate, this maternal mortality represents the leading cause of death among women of reproductive age in most developing countries, including Nigeria. A "real woman" has to bear the pains of labor no matter how long it lasts and subsequently delivers a healthy baby vaginally, this explains why women in most sub-Saharan African countries including Nigeria will accept CS only reluctantly even in the face of obvious clinical indications (Ezeome, Ezugworie & Udealor, 2018).

Evidence from literature shows that there are many factors that are implicated in the underutilization of surgical birth by women of child bearing age. For example, cultural aversion was found as one of the major reasons for the refusal of CS in the study conducted by Faremi, Ibitoye, Olatubi, Koledoye and Ogbeye (2014), Most of the women that responded to their questionnaire believed that any woman that had her child by CS has missed an important life time experience as a mother. Fear of morbidity and mortality from the procedure (despite the availability of evidence-based safe techniques and improvements), the economic

burden of this procedure scare some women away, and also cultural biasness as women that delivered through this means are termed failure (Ugwu & De-kok, 2015). Some other reasons adduced for the aversion to CS by women include: the prolonged hospital stay, the high cost of the procedure and hospital bills. Spouse refusal, religious belief and strong negative cultural perceptions regarding caesarean delivery are some factors that have been identified.

While developed countries are dealing with the ethical and legal issues associated with caesarean section, developing countries are still struggling with issues of refusal of Caesarean section even in the face of obviously defined risks of maternal and perinatal mortality and morbidity (Amiegheme, Adeyemo & Onasoga, 2016). It is worrisome, and can be perceived to be an action of insanity, for someone to reject a means that will lead to successful delivery of her child and also grant her safe health after a journey of nine months. Thus, this prompted the identification of factors influencing the acceptance of Caesarean section among women of reproductive age in Comprehensive health Centre of Akure south local government area in Ondo State.

Based on the foregoing, the study examined factors influencing acceptance of caesarean section among women of reproductive age in comprehensive health centres in Akure South of Ondo State. The study specifically examined:

i. the influence of culture on acceptance of CS among women of reproductive age;
ii. the influence of religion on acceptance of CS among women of reproductive age; and
iii. the influence of economic factors on acceptance of CS among women of reproductive age.

Research Questions

The study has the following research questions:

1. What is the influence of culture on acceptance of CS among women of reproductive age?
2. What is the influence of religion on acceptance of CS among women of reproductive age?
3. What is the influence of economic factors on acceptance of CS among women of reproductive age?

Research Hypotheses

The following hypotheses were generated for this study:

1. There is no significant influence between cultural belief and acceptance of CS among women of reproductive age
2. There is no significant influence between economic factor and acceptance of CS among women of reproductive age

Methodology

The study adopted a descriptive design, where questionnaire was used to gather information from women, about factors influencing acceptance of Caesarean section among reproductive age women in Comprehensive Health Centres in Akure South LGA in Ondo state. Akure south is one of the 18 local governments of Ondo State, which is located in south western Nigeria. Akure South Local Government easily boast of thirty-five Primary Health Care Centres (35 PHC), with three out of these been a Comprehensive Health Care Facility.

These Comprehensive Health Care Centres are Arakale Comprehensive Health Centre, Oke-ijebu Comprehensive Health Centre and Isolo Comprehensive Health Centre.

The study populations are Women of Reproductive age from the three Comprehensive Health Centres in Akure South local Government area of Ondo State. The total sample size of the population was determined using Cochrane formula. The total population of women of reproductive age for the three comprehensive health centers for January was 4,127. Thus the study sample size is 364. Attrition rate of 10% was added which is 10% of 364 is 36.4 app 36. Therefore the sample size is 400. Convenient sampling technique was used to select participants for this study, women of reproductive age that are met the inclusion criteria at the three Comprehensive Health Centres were given questionnaires and same retrieved after filling.

A Self-structured Questionnaire which was developed from reviewed literature to cover content area of the research was used to collect data from the respondent. The validity was ascertained through content and face validity method. A copy of the instrument was given to two experts for review, correction and appraisal. Reliability of the instrument was pre-tested by the researchers among mothers in Akure North Local Government Area of Ondo State, using 10% of the total Population (400), which are 40 respondents. The collected data were statically analyzed using SPSS. The Cronbach's Alpha model technique was employed. A result showing Cronbach's alpha value of 0.910 was found, thus the instrument was said to be reliable.

Data generated from the study were analyzed using the Statistical Package for Social Sciences (SPSS) package. Descriptive statistics such as frequency, percentage were used to analyze and answer the research questions while inferential statistics using regression was used to test the hypotheses at 0.05 level of significance.

Results

Research Question 1: What is the influence of culture on acceptance of CS among women of reproductive age?

Table 1: Respondents Responses on Culture as a Factor Affecting CS

S/N	Items	SA N %	A N %	D N %	SD N %
1.	It is a taboo to have a baby through CS.	103 26.8	62 16.0	122 31.7	98 22.5
2.	CS is for women that are not physically strong	91 23.6	110 28.6	82 21.3	102 26.5
3.	The feeling of being a woman will be lost because the baby is not delivered through the vagina.	136 35.3	128 33.3	69 17.9	52 13.5
4.	Baby born through C/S is not as healthy as those born per vaginal	26 6.8	93 24.2	116 30.1	150 39.0
5.	CS is against my family belief	141 36.6	109 28.3	104 27.0	31 8.1
6.	CS will limit the numbers of children one plan to have	52 13.5	109 28.3	131 34.0	93 24.2

7.	CS mostly lead to death and some terrible complications	114 29.6	116 30.1	75 19.5	80 20.8

Source: Field Survey (2020)

Table 1 shows responses to cultural influence on acceptance of CS. The findings revealed that 103(26.8%) of the respondents strongly agreed that it is a taboo to have a baby through CS, 62(16.0%) agree, 122(31.7%) disagree, and 98(22.5%) strongly disagree that it is a taboo to have a baby through CS. When asked 91(23.6%) of the respondents strongly agree that CS is for women that are not physically strong, 110(28.6%) agree, 102(26.5%) strongly disagree, and 82(21.3%) disagree that CS is for women that are not physically strong.

The findings further revealed that 136(35.3%) of the respondents strongly agree that their feeling of being a woman will be lost if their baby is not delivered through vagina, 128(33.3%) agree, 69(17.9%) disagree, and 52(13.5%) strongly disagree. It can be seen that 26(6.8%) of the respondents strongly agreed that baby born through CS is not as healthy as those born per vaginal, 93(24.2%) agreed, 116(30.1%) disagreed, and 150(39%) strongly disagreed that baby born through CS is not as healthy as those born per vaginal.

Additionally, 141(36.6%) of the respondents strongly agreed that CS is against their family belief, 109(28.3%) agree, 104(27.0%) disagree, and 31(8.1%) strongly disagree that CS is against their family belief. Furthermore, 52(13.5%) of the respondents strongly agree that CS will limit the numbers of children they plan to have, 109(28.3%) agree, 131(34.0%) disagree, and 93(24.2%) strongly disagree that CS will limit the numbers of children they plan to have. The result further revealed that 114(29.6%) of the respondents strongly agree that CS mostly lead to death and some terrible complications, 116(30.1%) agree, 75(19.5%) disagree, and 80(20.8%) strongly disagree that CS mostly lead to death and some terrible complications.

Research Question 2: What is the influence of religion on acceptance of CS among women of reproductive age?

Table 2: Respondents Responses on Religion as a Factor Affecting CS

S/N	**Items**	**SA** **N** **%**	**A** **N** **%**	**D** **N** **%**	**SD** **N** **%**
1.	CS occurs when the enemies are at work	61 15.8	94 24.4	109 28.4	121 31.4
2.	Unfaithfulness to God results in CS	49 12.7	53 13.8	212 55.1	71 18.4
3.	There will be no spiritual leader support if am to have my baby through CS	118 30.6	125 32.5	62 16.1	80 20.8
4.	If I am prayerful, I don't need CS	114 29.6	126 32.7	63 16.4	82 21.3

Table 2 shows respondent responses to religious factors that can affect the acceptance of CS. From the table it is revealed that 61(15.8%) of the respondents strongly agree that CS

occurs when the enemies are at work, 94(24.4%) agree, 109(28.4%) disagree, and 121(31.4%) strongly disagree that CS occurs when the enemies are at work. Further, when asked 49(12.7%) of the respondents strongly agree that unfaithfulness to God results in CS, 53(13.8%) agree, 212(55.1%) disagree, and 71(18.4%) strongly disagree that unfaithfulness to God results in CS. The findings revealed that 118(30.6%) of the respondents strongly agree that there will be no spiritual leader support if they aim to have their baby through CS, 125(32.5%) agree, 62(16.1%) disagree, and 80(20.8%) strongly disagree that there will be no spiritual leader support if they aim to have their baby through CS. It can be seen that 114(29.6%) of the respondents strongly agree that If they are prayerful, they don't need CS, 126(32.7%) agree, 63(16.4%) disagree, and 82(21.3%) strongly disagree that if they are prayerful, they don't need CS.

Research Question 3: What is the influence of economic factors on acceptance of CS among women of reproductive age?

Table 3: Respondents Responses on Economic Factor Affecting CS

S/N	Items	SA N %	A N %	D N %	SD N %
1.	The cost of CS procedure is too expensive	142 36.9	179 46.5	21 5.5	43 11.1
2.	Cesarean section should be free	103 26.8	178 46.2	60 15.6	44 11.4
3.	The cost of treatment after CS is expensive	75 19.5	98 25.5	100 26.0	112 29.1
4.	Staying at home after CS will affect my source of income	32 8.3	52 13.5	197 51.2	104 27.0

Table 3 shows respondent responses to economic factors that can affect the acceptance of CS. From the table, it can be observed that 142(36.9%) of the respondents strongly agree that cost of CS procedure is too expensive 179(46.5%) agree, 21(5.5%) disagree, and 43(11.1%) strongly disagree that cost of CS procedure is too expensive. Further, when asked 103(26.8%) of the respondents strongly agree that Caesarean section should be free, 178(46.2%) agree, 60(15.6%) disagree, and 44(11.4%) strongly disagree that Caesarean section should be free. The findings revealed that 75(19.5%) of the respondents strongly agree that the cost of treatment after CS is expensive, 98(25.5%) agree, 100(26.0%) disagree, and 112(29.1%) strongly disagree that the cost of treatment after CS is expensive. It can be seen that 104(27.0%) of the respondents strongly agree that staying at home after CS will affect their source of income 197(51.2%) agree, 52(13.5%) disagree, and 32(8.3%) strongly disagree that staying at home after CS will affect their source of income.

Testing of Hypotheses

Ho_1: There is no significant influence between cultural belief and acceptance of CS among women of reproductive age

Table 4: Model summary from linear regression on influence of culture and acceptance

Model Summary[b]				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.337[a]	.113	.097	.445
a. Predictors: (Constant) culture				
b. Dependent Variable: acceptance of CS				

Table 5: ANOVA on influence of culture and acceptance

ANOVA[a]						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	9.534	7	1.362	6.890	.000[b]
	Residual	74.528	377	.198		
	Total	84.062	384			

a. Dependent Variable: acceptance of CS
b. Predictors: (Constant) culture

Table 6: Coefficients from linear regression on influence of culture and acceptance

Coefficients[a]					
Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	1.053	.080		13.159	.000
It is a taboo to have baby through CS	-.109	.035	-.213	-3.135	.002
CS is for women that are not physically strong	.044	.030	.094	1.470	.142
Feeling of being a woman will be lost because the baby is not delivered through Vagina	-.052	.031	-.109	-1.685	.093
Baby born through CS is not as healthy as those born per vagina	-.034	.038	-.066	-.909	.364
CS is against my family belief	-.046	.030	-.094	-1.527	.128
CS will limit the number of children one plan to have	-.015	.028	-.030	-.535	.593
CS mostly lead to death and some terrible complications	.015	.028	.033	.546	.586
4. Dependent Variable: acceptance of CS					

Table 7: Result of Binary Logistic Regression Between Culture and Acceptance of CS

Constant	Chi-Square	Model	Predicted	B	Significance

		Summary Cox & Snell R^2 NagelKerke R^2	**(Percenatge)**	**Exp(B)**	
-.330	9.788	0.058 0.078	59.7	-0.99 0.906	P = 0.015 P < 0.05

There is significant relationship between culture and acceptance of CS; F (7, 377) = 6.890, *p* = 0.000. Linear Regression analysis showed that it is a taboo to accept CS as a birth method (*p* = 0.002). Thus we reject the null hypothesis that states that there is no significant influence between cultural belief and acceptance of CS among women of reproductive age.

Binary Logistic regression was performed to ascertain the influence of culture on the acceptance of CS based on the doctor's advice. The logistic regression model was statistically significant, $\chi 2(3) = 9.788$, P = 0.015 < .05. The model explained 3.8% (Nagelkerke R^2) of the variance in acceptance and correctly classified 59.7% of cases. Culture as a factor was associated with a decrease in participant's acceptance of C/s based on Doctors' advice. That is a decrease in culture will influence more acceptance of CS based on Doctors' advice. Thus there is significant influence between cultural factor and acceptance of CS.

Hypothesis Two: There is no significant influence between economic factor and acceptance of CS among women of reproductive age

Table 8: Model summary on Influence of economic factor on acceptance of CS

Model Summary[b]				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.262[a]	.069	.059	.454

a. Predictors: (Constant) finance
b. Dependent Variable: acceptance of CS

Table 9: ANOVA analysis on Influence of economic factor on acceptance of CS

ANOVA[a]						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	5.760	4	1.440	6.988	.000[b]
	Residual	78.302	380	.206		
	Total	84.062	384			

a. Dependent Variable: acceptance of CS
b. Predictors: (Constant) finance

Table 10: Coefficients on Influence of economic factor on acceptance of CS

Coefficients[a]					
Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		

1	(Constant)	1.009	.097		10.355	.000
	The cost of CS is too expensive	.061	.035	.114	1.760	.079
	CS should be free	-.063	.035	-.111	-1.774	.077
	The cost of treatment after CS is expensive	-.043	.034	-.086	-1.252	.211
	Staying at home after CS will affect my source of income	-.083	.029	-.184	-2.876	.004

a. Dependent Variable: acceptance of CS

From Table 8-10, there is significant relationship between economic factor (finance) and acceptance of CS; F (4, 380) = 6.988, p = 0.000.Logistic Regression analysis showed that staying at home after CS affects source of income (p = 0.004). Therefore, the null hypothesis that says there is no significant influence between economic factor and acceptance of Caesarean Section (CS) among women of reproductive age is rejected.

Binary Logistic regression was also performed to ascertain the influence of economic factors on the acceptance of a CS based on a doctor's advice among women of reproductive age was statistically significant, $\chi 2(3) = 5.249$, P = 0.031 < 0.005. The model explained 5.5% (Nagelkerke R^2) of the variance in acceptance of CS and correctly classified 59.2% of cases. There is influence of finances in the acceptance CS.

Discussion

The study showed that 141(36.6%) of the respondents strongly agree that CS is against their family beliefs and 109(28.3%) agree**.** Also, 103(26.8%) of the respondents strongly agree that it is a taboo to have a baby through CS, agree, 62(16.0%). This finding is confirming the findings of Osonwa, Eko and Ekeng (2016) on the trend in Caesarean section at Calabar General Hospital, Cross River state that due to some erroneous and myths/beliefs about CS, most women did not subscribe to CS. Anyasor and Adetuga (2017), also deduce that 33 (32%) of their respondents agreed that CS is a cultural taboo. Besides, Robinson-Bassey and Uchegbu (2017), showed that 103 out of 195 (65.44%) respondents have a negative perception of Caesarean section. This study further revealed that 114(29.6%) of the respondents strongly agree that CS mostly lead to death and some terrible complications, 116(30.1%) also agreed. When compared to Prah, Kudom, Lasim and Abu (2017) it shows that fear was behind the refusal of CS, Anyasor and Adetuga (2017) also agreed that fear of death during surgery can hinder women from accepting CS (25.2%).

It is also shown in Utuk, Abasiatta, Ekanem and Nyoyoko, (2018) work that the major reasons for non-acceptance of CS were fear of dying (34, 38.6%). This study recorded fear as constituting about 60% of the reason for CS decline. Similarly, the study correlates with Amiegheme, Adeyemo and Onasoga (2016), findings that 79% objected delivery via CS for fear of death. Although, the volume of Caesarean sections in low- and middle-income country (LMIC) settings has increased steadily in recent years, yet we still have some women that still perceive this surgery as a deadly mission or even a taboo (Betran, Torloni, & Zhang, 2016).The findings revealed that 136(35.3%) of the respondents strongly agree that their

feeling of being a woman will be lost if their baby is not delivered through vagina, 128(33.3%) agree. This shows that the percentage of those who see CS as a denial of womanhood is large about 69% when compared to Panti, Nasir, Saidu, Garba, Tunau and Ibrahim (2018), who had about 10.5%.

Similar findings on feelings of accomplishment were observed in Faremi, Ibitoye, Olatubi, Koledoye and Ogbeye (2014), that woman who delivers through Caesarean section miss an important life experience. Furthermore, 91(23.6%) of the respondents strongly agree that CS is for women that are not physically strong, 110(28.6%) agree. This view supported Anyasor and Adetuga (2017), where 47 (45.6%) agreed that CS is usually done for a lazy women. Ezeome, Ezegworie and Udeolar (2018) reported that 134 (67%) of the respondent believe vaginal delivery makes them more of a woman. Analysis of religious data showed that 114(29.6%) of the respondents strongly agree that If they are prayerful, they don't need C/S, 129(32.7%) agree. This result correlates with the findings of Faremi, et al., (2014) and Ugwu and De-Kok (2015), in a work titled Socio-cultural factors, gender roles and religious ideologies contributing to Caesarean section refusal in Nigeria added that women who cannot deliver virginally are believed to have not prayed enough. The result from this findings also revealed that 118(30.6%) of the respondents strongly agree that there will be no spiritual leader support if they aim to have their baby through CS, 125(32.5%) agree, also past studies confirm the need of parturient to consult their spiritual leaders.

In the work of Ezeonu, et al., (2017) about half of the study participants (47.4%) said it was mandatory to inform their pastors before a Caesarean section. Other findings that agree with the result of this study are religious curses. The study by Ugwu and De-Kok (2015), revealed that Caesarean section is still regarded as the curse on an unfaithful woman and a procedure done for feeble women who cannot labor. The religious belief that this procedure is due to an attack by the enemy, inadequate proper information for pregnant women are also factors contributing to this aversion. In this study 61(15.8%) of the respondents strongly agree and 94(24.4%) agree that CS occurs when the enemies are at work. Further, when asked 49 (12.7) of the respondents strongly agree that unfaithfulness to God results in CS, 53 (13.8) agree. This is close to Olofinbiyi, et al., (2015), study that religious belief was the leading reason for refusal of a repeat Caesarean section. Anyasor and Adetuga (2017), also affirm in their study that 24 (23.3%) respondents agreed that the enemy is responsible for the woman's indication of CS and that cultural and religious beliefs (48.5%) were some of the reasons for refusal of CS. Furthermore, in the work of Utuk, Abasiatta, Ekanem and Nyoyoko (2018), (30 34.1%) of respondent believe that the procedure is not God's will.

The findings revealed that 142(36.9%) of the respondents strongly agree that the cost of treatment after CS is expensive, 179(46.5%) agree, also about 103(26.8%) of the respondents in this study strongly agree that Caesarean section should be free, 178(46.2%) agree. This is closely related to Oyewole, et al., (2014), study that identified one of the factors that influence refusal of CS to be financial incapability as CS is more expensive than vaginal delivery. This consequentially led to the record of high cases of unbooked emergencies CS with 200 cases of elective CS and 500 cases of unbooked emergency CS. Other studies have shared similar views. For example, the results of Olofinbiyi, et al., (2015) totally agree with this finding that maternal views and experiences regarding cost can be a hindrance to the

acceptance of CS. In the research study conducted by Owonikoko, Akinola, Adeniji and Bankole (2015), a total of 187(46.8%) believed that CS was too expensive. In another research work by Osonwa, Eko & Ekeng (2016), majority (60%) also objected to CS because of the cost of undergoing CS. Furthermore, previous studies are in agreement that the cost of CS is a limiting factor, Anyasor and Adetuga (2017) recorded that financial constraint (53.4%) as one of the factor that hinders the acceptance of Caesarean section among women. In research work on Perception and acceptability of Pregnant women towards Caesarean section in Nigeria, by Utuk, Abasiatta, Ekanem and Nyoyoko, (2018), financial burden is one of the reasons why some women decline CS, as some of these women are not usually prepared for this method of delivery, especially the emergency CS.

The result showed that cultural beliefs had a significant influence on the acceptance of Caesarean section among women of reproductive age. The model Culture was associated with a decrease in participants' acceptance of Cs based on Doctors' advice. That is a decrease in culture will influence more acceptance of CS based on Doctors' advice. The study by Liang, Zhang, Wong, Gong and Sriplung (2018), who explored women's preference for Caesarean section (CS) and the preference for Caesarean sections' influencing factors, particularly nonmedical factors showed that the cultural beliefs had the strongest influence on the decision of delivery mode. Furthermore, the study by Owonikoko, Akinola, Adeniji and Bankole (2015), also confirmed that a negative reaction from the relatives accounts for their inability to have a vaginal delivery and most of this negative reaction was from the husband.

The result showed that economic factors had an influence on the acceptance of CS among the women of reproductive age. Economic factors were associated with an increase in participants' acceptance of CS based on Doctors' advice. These findings correlate with the findings of Baku, Japiong, Konlan and Amoah (2019), who find that average monthly income of respondents and the number of times of having a CS birth. Furthermore, this finding also agrees with the findings of Ezeonu, et al., (2017) that financial burden is one of the reasons why some women decline CS. Furthermore, this was confirmed by the study of Jayleen (2017) who revealed that contrary to the increasing trend in the use of CS in low-income countries, women in Enugu, Southeastern Nigeria, had limited access to CS. Increasing age and socioeconomic proxies for income and access to care were shown to be key determinants of access to CS. The study by Hasan, Alam and Hossain (2019) among married women in Bangladesh also confirmed that economic factors influenced the acceptance of CS.

Conclusion

The study concludes that the women of reproductive age face several factors that affect their acceptance of Caesarean section (CS). These factors range from religious factor, economic factors and cultural taboos. Misconceptions about Caesarean section delivery created fear of death among women making them averse to CS. The study found that 52.2 % of the women accept that CS is for women who are not physically strong and a taboo (42.8%). Aside from this cultural misconception women who had CS were negatively branded as being lazy, weak, and unfortunate and missing in the pleasure of vaginal birth.

The majority of the participants fail to see the advantage of Caesarean section owning to religious belief in supernatural malevolent, as most of the women believe that if they are prayerful they will never need CS, they also affirm that their religious leaders will not support

them having their babies through CS. In addition, cultural beliefs and economic factors had influence on the acceptance of Caesarean section among women of reproductive age.

Recommendations

In the light of the findings from this study, the following recommendations were made.

1. The study showed that a large proportion of women had a morbid aversion towards it; due to numerous, non-evidence based socio-cultural reasons. Therefore, adequate health education, access to free or affordable antenatal care service, elimination of harmful, religious/cultural beliefs and myth regarding caesarean delivery are necessary to curb this trend
2. The government should ameliorate the burden of CS delivery by subsidizing the cost to encourage women to opt for this method of delivery if the need arises.
3. There should be a broad-based engagement of religious leaders in community on CS as a mode of delivery to reduce the negative feelings and reactions women receive after the procedure or those who opt for the procedure.
4. There should be enlightenments of religious leaders about CS as another means of delivery so that they will not see it as an attack from the enemy, thereby giving spiritual supports to any woman that is booked for CS.

Implication of the Findings

This study highlighted factors (economy, cultural, and religious) that influence women of reproductive age from accepting CS. This is pointing out the need to address fears and concerns on the success of CS. Thus, the use of mass media to influence beliefs, practice, and awareness of Caesarean sections (CS) in this domain will not be out of place. These factors implied that the opinion of these individuals on CS during emergencies may override the professional advice of doctors and midwives and this can further create complications if it is not resolved. Women should be encouraged to attend prenatal care visits so that women with predictive factors for a Caesarean section can be identified, given counselling to facilitate acceptance of Caesarean section and ensure delivery in facilities that can provide Caesarean sections or that can give an immediate referral. It is thus important that sufficient education must be provided to all stakeholders in the delivery influence continuum, especially as it pertains to the parturient. Also, efforts should be made at all levels to reach out to religious and traditional leaders to assist in improving the dearth of knowledge as it concerns CS in the community, especially the religious leaders as most women seek their support before consenting to CS.

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