

Attitude and perception of pregnant women attending antenatal care towards caesarean section delivery at Mukono Church of Uganda hospital. A cross-sectional study.

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Abstract

Background

Caesarean section (CS) delivery addresses complications during childbirth and ensures the safety of both mother and child. Despite its medical significance, attitudes and perceptions towards CS among pregnant women can greatly influence their acceptance and decision-making processes regarding this procedure. Therefore, this study seeks to assess the attitude and perception of pregnant women attending antenatal care towards caesarean section delivery at Mukono Church of Uganda hospital.

Methodology

The study employed a descriptive cross-sectional study design in which 30 respondents were selected. Quantitative data were collected to assess the knowledge and attitudes of pregnant women towards CS. This study design was selected because it would assist in the easy collection of the required data for the study within the appropriate time.

Results

On the mother's attitude, the study showed that the majority (60%) of the pregnant women felt bad about CS delivery because they prefer normal deliveries, and they felt that women who deliver by caesarean section miss an opportunity to have a natural birth.

Conclusion

On the attitude, mothers were still not convinced that the CS was not a dangerous birth delivery, even if indicated. However, mothers had a positive perception of caesarean section delivery.

Recommendation

The ministry should encourage all health workers to identify at-risk mothers early enough during antenatal care visits, as this will reduce such risks, and mothers will be well prepared.

Key words: *Attitude and Perception, Antenatal Care, Pregnant Women, Mukono.*

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Background of the study

In both developed and developing countries, there is a widely held belief that African women have an aversion to CS, and it is perceived as a "curse" of an unfaithful woman. It is therefore accepted reluctantly even in the face of obvious clinical indications (Lawani et al, 2019). A good number of women in this study believed that their husbands should be the ones to give consent for CS; hence, the communities do not appear to have a positive attitude towards CS (Lawani et al, 2019).

Nakinobe et al. (2022), in a meta-analysis of Caesarean delivery in Uganda, reported that pregnant women had a negative attitude towards caesarean section delivery. In this study, results revealed that only 10.2% of women preferred caesarean birth, and the most frequent reason for this preference was fear of labor pain, followed by safety concerns for the baby, while 75.2% would accept CS if needed to save their lives and that of their babies. Up to 14.6% of women would not accept CS under any circumstances. Similarly, it was also concluded that the

cultural knowledge retrieved through books, the Internet, and television often increased fears of caesarean birth (Taye et al., 2021; Yusuf et al., 2020; Ogunlaja, Ogunlaja, Akinola, & Aworinde, 2018). In another study done by Dawood & El-shwaikh (2017) about a three-year retrospective study of caesarean section rate at Tanta University Hospitals, Egypt, the results presented that most men and women responded they preferred vaginal delivery, with 9 percent preference for CS delivery. In addition, many studies from Ghana and South East Nigeria have reported cases of women who have considered themselves to be sexually disadvantaged after a vaginal delivery, which led them to choose a CS delivery. Others who had undergone a caesarean section considered it a distortion in their body image because of the surgical incision made (Gomez, Nelson, et al., 2018; Lawani et al., 2019; Biraboneye, 2017).

Considering the perceptions towards the caesarean section, most pregnant women and their relatives view their perceptions as important in the decision-making process.

Also, the experience women have during childbirth, and their perceptions of that event, can affect their feelings of satisfaction, strength, esteem, and the value they place on their achievement.

(Nosratabadi, 2018).

A study done by Aziken, Omo-Aghoja, & Okonofua (2018) in Nigeria reported that women often think that it is bad news for them when told that they will be delivered through caesarean section, and for those who will eventually give their consent, it is done with so much unnecessary delay. Yusuf et al. (2020), in a comparative study of Perception and Acceptability of Primary Versus Repeat Cesarean Section among Pregnant Women in Nigeria, urged that this little time between counseling and giving consent for caesarean section may be important in clinical practice for conditions such as fetal distress and antepartum hemorrhage that require an emergency caesarean section. Therefore, the objective of this study is to assess the attitude and perception of pregnant women attending antenatal care towards caesarean section delivery at Mukono Church of Uganda hospital.

Methodology

Study Design and Rationale

The study employed a descriptive cross-sectional study in which 30 respondents were selected. Quantitative data were collected to assess the knowledge and attitudes of pregnant women towards CS. This study design was selected because it would assist in the easy collection of the required data for the study within the appropriate time.

Study Area and Rationale

The study was conducted at Mukono Church of Uganda Hospital in Mukono District. The hospital was founded by the Church of Uganda and is designated as one of the internship hospitals in Uganda, where graduates of Ugandan medical schools can serve one year of internship under the supervision of qualified specialists and consultants. With a 70-bed capacity, the health facility offers both general and specialized services to an average of 160 patients in the Outpatient Department (OPD) and 20 inpatient admissions every day. Mukono Church of Uganda Hospital is located on the Kampala-Jinja Highway, in the town of Mukono, approximately 20 kilometers (12 mi) east of Kampala. The coordinates of the hospital are: 0°21'40.0"N, 32°44'49.0"E (Latitude:0.361123; Longitude:32.746941)

Study population

The study focused specifically on pregnant women attending antenatal care at Mukono Church of Uganda Hospital.

Sample Size Determination

The sample size was 30 respondents. This was manageable due to the limited time and limited resources for data collection. It is also the recommended minimum sample size according to the research guideline UNMEB.

Sampling Procedure and Rationale

Simple random sampling methods were applied in this research to obtain the required number of respondents. The researcher wrote the words Yes and No on 60 pieces of paper, where 30 were Yes and 30 were No and inserted them into an enclosed box. The researcher offered potential respondents an opportunity to participate in the study by picking papers from the enclosed box, and any respondent who picked a paper with the word „Yes“ written on it was allowed to participate. This continued until a total of 30 respondents was achieved. Simple random sampling methods were used due to the ready availability of respondents at the Hospital, and it also ensured no bias because everybody got an equal opportunity to participate in the study.

Inclusion Criteria.

The study considered all pregnant women attending antenatal care at Mukono Church of Uganda Hospital who voluntarily consented to participate in the study on the day of data collection.

Dependent variable

Caesarean section delivery.

Independent Variable

Knowledge (Education level, information, awareness of cesarean section delivery)

Attitude (Positive, Negative, Neutral).

Perception of pregnant women attending antenatal care towards caesarean section delivery at Mukono Church of Uganda Hospital

Research Instruments

Data collection was done using a self-administered questionnaire, which included closed-ended and open-ended questions. The open-ended questions enabled the respondents to exhaust the questions posed to them, thus giving their details and opinions.

Data Collection Procedure

Pre-visiting

An introductory letter from the Lubaga Hospital Training School administration was obtained and presented to the Mukono Church of Uganda Hospital administration before the day of data collection for permission to conduct this study. The Questionnaires were administered to the respondents who filled them out at their time of convenience, and for those who could not fill them out, the data collectors helped them to fill them out while they answered. During data collection, the rights of individuals were respected, and the researcher obtained consent from them.

Data Management

Data was checked for completeness and consistency. Before the final analysis, data were coded, and questionnaires with missing variables, information, or mistakes were left out. The data was entered into the computer and thereafter was cleaned by comparing the raw data to the electronically entered data to check for data-entry and coding errors.

Data analysis

After the collection of data, responses from the questionnaires were studied to make sure that the information obtained was complete, consistent, accurate, and reliable. Analysis was done using Microsoft Excel 2013, and the presentation of findings was in the form of tables, figures, and pie charts.

Ethical Considerations.

The study was done following the guidelines of the Uganda Nurses and Midwives Examination Board standard research guidelines for Diploma Nursing Programmes.

Development of the research proposal and report was under the supervision of a Tutor assigned by Lubaga Hospital.

The Training School issued a letter introducing the researcher to Mukono Church of Uganda Hospital for the purpose of granting permission to interact with the participants. After getting permission, the researcher went ahead to obtain the required information from the respondents who consented to participate in the study.

Results

Demographic characteristics

The demographic characteristics of respondents in terms of age, education level, parity, Religion, and occupation are highlighted in Table 4.1, Figure 4.1, Figure 4.2, Figure 4.3, Figure 4.4, and Figure 4.2.5, respectively, as shown below.

Age group and education level of respondents

The age groups and education levels of the respondents were identified as shown in Table 1 below.

Table 1: Age of respondents and level of education n=30

Age	Frequency	Percentage (%)
20 Years and below	1	3
21 – 29 Years	16	53
30 – 39 Years	11	37
40 Years and above	2	7
Total	30	100
Education level		
No formal Education	1	3
Adult Education	2	7
Primary Education	3	10
Secondary Education	15	50
Tertiary institution	10	30
Total	30	100

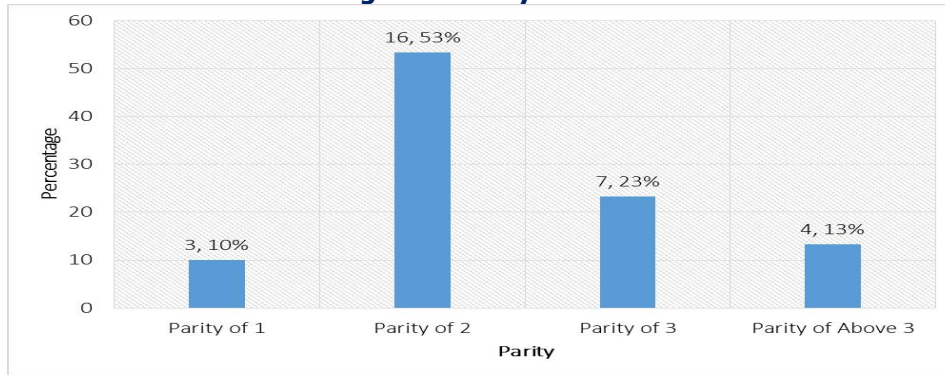
Results in table 1 show that, majority, 16(53%) of the respondents were from the age group 21 to 29 years, followed by 11(37%) in the age group 30 to 39 years, 2(7%) were from the age group 40 years and above while the minority 1(3%) were below 20 years. Regarding the education level of respondents, the majority, 15(50%), had a secondary education level, nearly half 10(30%) of the

respondents were in tertiary education, a few 3(10%) were of primary education, 2(7%) attended adult education, while the minority 1(3%) had no formal education.

Parity:

The study sought to find out the parity of the respondents, and the results are presented in Figure 1.

Figure 1 Parity n = 30



Results in Figure 1 show that the majority, 16(53%) of the respondents had two deliveries, followed by 7(23%) with three deliveries, 4 (13%) had three or above deliveries, while the minority, 3(10%) had one delivery. This implies that a bigger percentage (83%) had more than one delivery.

Religion of the respondents

The study also wanted to find out the religion of the respondents. Findings are presented in Figure 2.

Figure 2: Religion of the respondents n =30

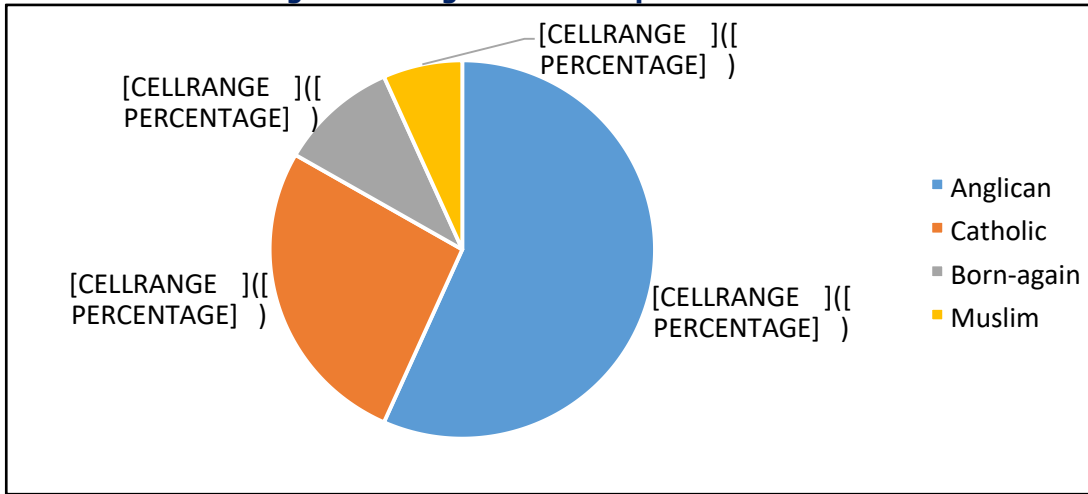


Figure 2 show that majority 17(56%) of the respondents were Anglican, 8(27%) were Catholics, 3(10%) were born again while the minority 2(7%) were Muslims.

Employment status of the respondents

The employment status of the respondents was also considered, and the results are presented in Table 2 below.

Table 2 Occupation of the respondents n=30

Occupation of the respondents	Frequency	Percentage (%)
House Wife	6	20
Not working	8	27
Self-employed	10	33
Employed by the Government	2	7
Peasant	4	13
Total	30	100

Results in table 2 above show that the majority 10(33%) of the respondents were self-employed, 6(20%) were housewives, 8(27%) were not working, 2 (7%) were government employees, and 2(13%) were peasants. This implies that more than half 16, 53%) of the respondents had an occupation.

Attitude of pregnant women attending antenatal care towards caesarean section delivery

In this section, the study sought to establish the attitude of pregnant women attending antenatal care towards caesarean section delivery. Results are presented in a table.

Table 3: Attitude of pregnant women attending antenatal care towards caesarean section delivery n = 30

Variable	Details	Frequency	Percentage (%)
How mothers feel about CS delivery.	Good	12	40
	Bad	18	60
Total		30	100
Whether the respondents feel that women who deliver by caesarean section miss an opportunity to have a natural birth.	Yes	18	60
	No	9	30
	Not sure	3	10
Total		30	100
Whether the respondent would have a CS by choice.	Yes	11	37
	No	19	63
Total		30	100
Why would a mother choose a CS delivery?	Avoidance of labour pains	5	45
	Safer route of delivery	2	18
	If it was indicated	1	9
	Fear of having episiotomies	3	27
Total		11	100
Why would a mother not choose a CS delivery?	I fear	5	26
	It's painful	11	58
	Gives you a scar	3	16
Total		19	100

Regarding how mothers feel about CS delivery results, Table 3 shows that 12(40%) of the respondents said that they feel good about CS delivery, while the majority, 18 (60%), said that they feel bad about CS delivery because they prefer normal deliveries. The majority 18(60%) of the respondents feel that women who deliver by caesarean section miss an opportunity to have a natural birth, a few 9(30%) of the respondents did not feel that women who deliver by caesarean section miss an opportunity to have a natural birth while the minority were not sure whether they feel that women who deliver by caesarean section miss an opportunity to have a natural birth.

Concerning whether the respondent would have a CS by choice, 11(37%) of the respondents said that they would have a CS by choice, while the majority, 19(63%), would not have a CS by choice.

Furthermore results in table 5 show that of those who would choose a CS delivery, nearly half 5(45%) of the

respondents said they would choose a CS delivery because they would avoid labour pains, 2(18%) said they would choose CS delivery because it's a safer route of delivery, 1(9%) said they would choose CS delivery if it was indicated while 3(27%) said they would choose CS delivery because of fear of having episiotomies; However among those who would not choose a CS delivery, 5(26%) would not choose it because of fear of death, majority 11(58%) would not choose it because it is painful while 3(16%) would not choose it because it leaves a scar on their body and they do not want scars on their bodies.

Perception of pregnant women attending antenatal care toward Caesarean section delivery

The study wanted to find out the perception of pregnant women attending antenatal care towards caesarean section delivery. Results are presented in Table 6.

How mothers perceive caesarean section delivery

Table 4: Mother's perception of caesarean section delivery (n =30)

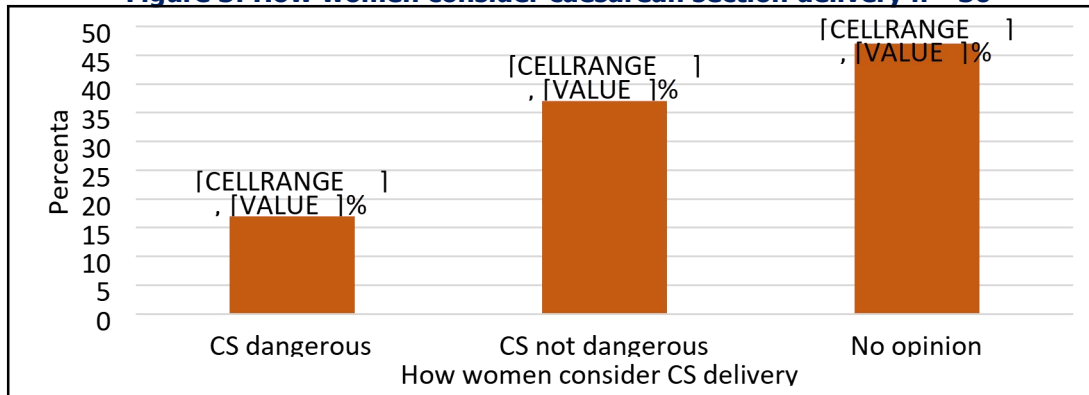
How mothers perceive caesarean section delivery.	Frequency	Percentage (%)
Pain-free method of birth	8	27
Safe method of delivery for both mother and baby	19	63
CS is more satisfying than spontaneous vaginal delivery	3	10
Total	30	100

Results in Table 4 show that 8(27%) of the respondents perceived caesarean section delivery as a pain-free method of birth, the majority, 19(63%) perceived caesarean section delivery as a safe method of delivery for both mother and

baby, though 3(10%) of the respondents perceived caesarean section delivery as more satisfying than spontaneous vaginal delivery.

How women consider caesarean section delivery

Figure 3: How women consider caesarean section delivery n =30



Findings presented in Figure 3 show that 5(17%) of the respondents consider cesarean-section delivery to be a dangerous procedure for both the mother and baby,

11(37%) considered cesarean-section delivery not to be dangerous. However, a sizable number, 14(47%), had no opinion.

What is said about caesarean section delivery by pregnant women in the community?

Table 5: What pregnant women say about CS delivery out in the community n = 100

What do pregnant women say about CS delivery out in the community	Frequency	Percentage(%)
CS is a painless method	11	11
CS preserves sexual function and early resumption of sexual activity after birth	23	23
Cs reduces complications for mother and baby	26	26
There is a severe headache	12	12
Cs is done under anesthesia	28	28

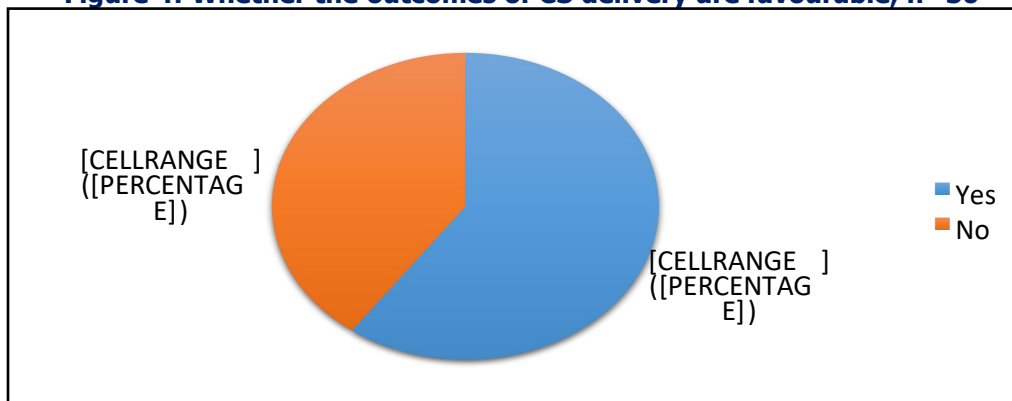
Note: The number of respondents changed from 30 to 100 because respondents had more than one answer.

Results in table 5 show that, 11(11%) of the respondents said that women in the community say, CS is a painless method, majority 23(23%) said that women in the community say, CS preserves sexual function and early

resumption of sexual activity after birth, 26(26%) say CS reduces complications by mother and baby, 12(12%) say there is severe headache after delivery while 28(28%) say CS is done under anesthesia

Whether the outcomes of CS delivery are favourable

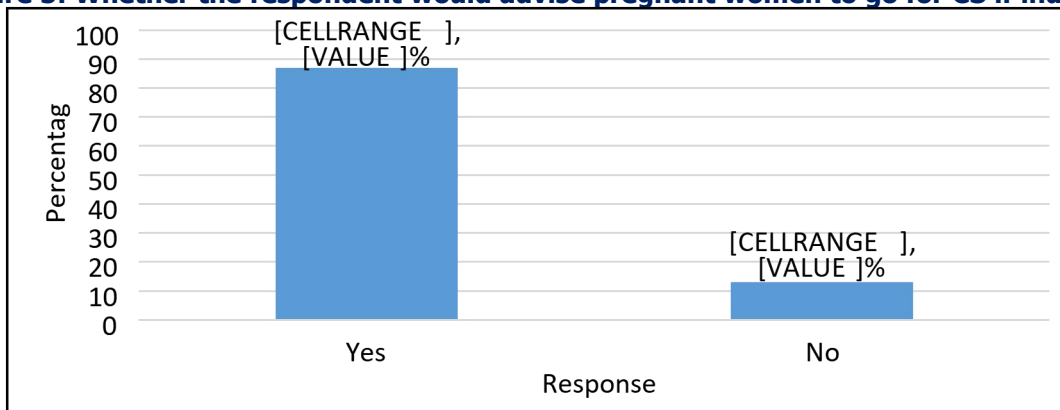
Figure 4: Whether the outcomes of CS delivery are favourable, n=30



Regarding whether the outcomes of CS delivery are favorable, the majority, 18(60%) of the respondents agreed that the outcomes of CS delivery are favorable, while 12(40%) did not agree that the outcomes of CS delivery are favorable.

Whether the respondent would advise pregnant women to go for CS if indicated

Figure 5: Whether the respondent would advise pregnant women to go for CS if indicated



Results in Figure 5 show that the majority, 26 (87%), agreed that they would advise pregnant women to go for CS if indicated, while 4(13%) said that they would not advise pregnant women to go for CS even if indicated

compared to that of Nakinobe et al. (2022) in a meta-analysis of Caesarean delivery in Uganda, where it was reported that pregnant women had a negative attitude towards caesarean section delivery. This still indicates that the attitude was still a hindrance to caesarean section among mothers, comparing this study to a study carried out in the USA by Simpson et al. (2017), which found that a large number of women having a caesarean birth had a positive attitude towards CS delivery but desired more information about CS.

Discussion

On the mother’s attitude, the study showed that the majority (60%) of the pregnant women felt bad about CS delivery because they prefer normal deliveries, and they felt that women who deliver by caesarean section miss an opportunity to have a natural birth. This finding is

Concerning whether the respondent would have a CS by choice, the majority (63%) would not have a CS by choice because of fear of death, it is painful, and it leaves a scar on their body, yet they do not want scars on their bodies, showing a negative attitude towards SC delivery. Though the percentages in this current study are high, the findings agree with those of Yusuf et al. (2020), who reported that up to 19.6% of women would not accept CS under any circumstances. Similarly, in other studies done in Ethiopia and South Sudan, it was concluded that the cultural knowledge retrieved through books, the Internet, and television often increased fears of caesarean birth (Taye et al., 2021; Ogunlaja, Ogunlaja, Akinola, & Aworinde, 2018).

Furthermore, results showed that of those who would choose a CS delivery, nearly half (45%) of the respondents would choose it because they would avoid labor pains, this finding concurs with that of a Pakistani study by Nazir, (2015) who reported that some women felt that they would have CS by their own choice because of fear of labour pain. However, the minority (9%) would choose CS delivery if it were indicated by the Doctor. This would be because they know that the situation they are in will put their life or that of the baby's life at risk. This finding still agrees with Nazir (2015), who reported that 59.7% felt that they would allow it if the Doctor said so, showing a positive attitude towards CS. However, this study's results do not agree with those of Diema et al. (2019), where half of the respondents had a negative attitude towards CS and were not ready to undergo or have repeated CS for fear of dying and fear of pain.

The perception of mothers towards caesarean section was good. Results showed that the majority (63%) perceived caesarean-section delivery as a safe method of delivery for both mother and baby. These findings do not agree with those of a study done in Ethiopia by Taye et al. (2021), who stated that women perceived caesarean-section births as unnatural and reserved for those with medical issues or those who fear pain. The minority (17%) of the mothers considered caesarean section delivery to be a dangerous procedure for both the mother and baby. This could be because of fear of death of the mother, harm to the baby, post-operative complications such as pain to the mother, and loss of „vitality“ and strength. This finding agrees with Aziken, Omo-Aghoja, & Okonofua (2018), who conducted a study in Nigeria and found that women often thought that it was bad news for them when told that they would be delivered through caesarean section, and that eventually gave their consent, it was done with so much unnecessary delay.

Concerning what mothers say in the community, the study found that a bigger percentage of the respondents (87%) agreed that mothers in the community say that CS reduces complications of the mother and baby. This is due to the reason that mothers are informed about the safety of the procedure provided by professional health practitioners in a well-settled facility. This finding is comparable with the findings of a study done in Ghana by Ankobea-Kokro, (2019), who found out that women in the community

believed, they would not feel embarrassed about informing close family friends, and others that they had given birth by caesarean section because they believe that CS reduces complications of the mother and baby and believe that it preserves sexual function.

The study findings revealed that more than a quarter (40%) of the respondents agreed that the outcomes of CS delivery are not favourable. This could be because some may feel that having a caesarean section takes away the joy of giving birth, the possibilities of delivering normally are low, the risk of infections is high, and it limits the mothers on the kind of work they do, especially heavy work. This finding is in line with that of Taye et al. (2021), who reported that 40% of the women in their study perceived that most women undergoing CS may die, and that is why it was not favourable for them.

However, 60% of the respondents said that outcomes of CS delivery are favourable because they will have both their lives and that of the baby, and agreed that they would advise pregnant women to go for CS if indicated. This is consistent with the findings of Lawani et al. (2019), who noted that 97.5% of the respondents were willing to have CS when indicated. This could be because some consider caesarean section necessary when vaginal delivery would put the baby or mother at risk, others feel that caesarean section relieves them from labor pains, and others choose it because of peer pressure.

Conclusion

On the attitude, the study showed that mothers were not convinced that the cesarean section was not a dangerous birth delivery, even if indicated. They also feared the c/s scars and felt so bad and worried whenever a caesarean section was indicated. However, mothers had a positive perception of caesarean section delivery.

Limitations of the study

Some participants never wanted to participate in the study, but the researcher explained to them that confidentiality was to be kept, as their names were not needed.

Recommendation

The ministry should encourage all health workers to identify at-risk mothers early enough during antenatal care visits, as this will reduce such risks and mothers will be well prepared.

Recommendations to Mukono Church of Uganda Hospital

There is a need to intensify education on CS at the antenatal clinic, with a look at the content of such educational messages aimed at addressing the fears being entertained by women about the surgery in case it is indicated.

Also, doctors should actively get involved in the education of pregnant women. Other resources, such as DVDs and leaflets, could be employed to augment what is done at the antenatal clinics. All these will possibly help pregnant

women to be well informed about cesarean section, which could be lifesaving, and thus be in a better position to make informed decisions about the procedure.

Acknowledgement

First and above all, I praise God Almighty for providing me with this opportunity and granting me the capability to proceed successfully. I would not have been able to complete my report without the guidance of my supervisor, help from friends, co-workers, and support from my lovely parents.

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List of Abbreviations

ANC: Antenatal clinic

CS: Caesarean Section

DHS: Demographic Health Survey

MDCS: Maternal Demand for Cesarean Section

PPROM: Prolonged premature rupture of the membrane

UBOS: Uganda Bureau of Statistics

UDHS: Uganda Demographic Health Survey

UK: United Kingdom

UNICEF: United Nations Children's Fund

USA: United States of America

WHO: World Health Organisation

SVD: Spontaneous vaginal delivery

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This study was not funded.

Conflict of interest

No conflict of interest declared

Authors' Biography

Angella Namusaazi. E is a student of a diploma in Midwifery at Lubaga Hospital Training Schools. Nelson K. Akande is a tutor at Lubaga Hospital Training Schools, and Jane Frances Namuddu is a principal tutor at Lubaga Hospital Training Schools.

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