MedCrave
Step into the World of Research

Obstetrics & Gynecology International Journal

Research Article

Open Access

CrossMark

Assessment of perceived factors influencing the choice of cesarean delivery on maternal request compared with vaginal delivery among antenatal clinic attendees

Abstract

Caesarean delivery (CD) is an essential obstetric intervention that may be performed in response to complications during labour or electively based on maternal request or prior medical history. This study examined the personal, psychological, and socioeconomic factors influencing caesarean delivery on maternal request (CDMR) as compared with vaginal birth among pregnant women attending antenatal care at Enugu State University Teaching Hospital (ESUTH), Parklane. A descriptive research design was adopted, and a total of 250 respondents were selected using a simple random sampling technique. Data were collected using a self-administeredstructured questionnaire following informed consent and analysed using SPSS version 26.

Findings revealed that key personal factors influencing CDMR included a strong desire for control over the birthing experience (3.5 ± 0.6) and previous medical experiences (3.2 ± 1.0). Psychological factors identified were the need for certainty and control (3.3 ± 0.8) and childbirth-related fear or anxiety (2.6 ± 0.6). Socioeconomic factors included cultural or religious beliefs (3.3 ± 0.8) and financial considerations (3.3 ± 0.6). These findings indicate that women's preferences for mode of delivery are shaped by a complex interplay of multiple factors.

In conclusion, CDMR is influenced by interrelated personal, psychological, and socioeconomic determinants. The study recommends the provision of culturally sensitive care, improved financial support systems, and targeted counselling interventions to promote informed decision-making among pregnant women.

Keywords: caesarean delivery, maternal request, vaginal birth, psychological factors, socioeconomic factors, antenatal care

Volume 17 Issue 4 - 2026

Emelobe Chidiebele Samuel,[2] Akoma Chisom Ukachi,[1] Umeh Sophia Adaora,[1] Godspower Oghenehole,[2] Okoroike Onyinyechi Janefrances,[3] Ayenuwa Isaac Olarotimi,[5] Anunwa Prisca Uche,[1] Ezeuchenne Princess Chisom,[4] Ofoegbu Nneoma Amarachi,[1] Igbolekwu Chidinma Edrain,[2] Mbaka Harriet Uchechi,[6] Igba Favour Chizurum,[7] Eze Emmanuel Nnaemeka[8]

[1]Department of Nursing Sciences, Faculty of Health Sciences and Technology, College of Medicine, University of Nigeria, Enugu, Nigeria
[2]Department of Medicine and Surgery, Faculty of Clinical Medicine, College of Health Sciences, Delta State University, Abraka, Nigeria
[3]Department of medicine and surgery, College of medical sciences, University of Calabar, Cross Rivers, Nigeria
[4]Department of Medicine and Surgery, College of Medicine & Health Sciences, Afe Babalola University, Ekiti State, Nigeria
[5]Department of Surgery, Urology unit, Federal Medical Center, Asaba, Delta State, Nigeria
[6]Department of Medicine and Surgery, College of Medicine, Edo State University, Iyamho, Nigeria
[7]Department of Medicine and Surgery, College of Health Sciences, Ebonyi State University, Nigeria
[8]Department of Medicine and Surgery, College of Health Sciences, Nnamdi Azikiwe University, Nigeria

Correspondence: Emelobe Chidiebele Samuel (B.Sc, MB;BS), Department of Medicine and Surgery, Faculty of Clinical Medicine, College of Health Sciences, Delta State University, Abraka, Nigeria

Received: July 17, 2026 | **Published:** July 28, 2026

Introduction

Cesarean delivery (CD) is an essential obstetric intervention that can save the lives of both mother and newborn when complications arise during pregnancy or labour. Women presenting with critical obstetric conditions such as major placenta previa, transverse lie, and severe cephalopelvic disproportion often require cesarean delivery to reduce maternal and neonatal morbidity and mortality.[1] Although cesarean delivery is a life-saving procedure when medically indicated, it remains a major abdominal surgery associated with several health risks. Studies have reported that cesarean delivery is associated with a threefold increase in maternal mortality risk compared with vaginal birth. Furthermore, children delivered through cesarean section may face an increased risk of chronic conditions such as asthma, obesity, diabetes, and autoimmune disorders due to the absence of exposure to maternal vaginal microbiota during birth.[1]

Globally, the rate of cesarean deliveries has increased substantially over the past two decades. The global cesarean section rate has doubled to approximately 21% and continues to rise annually by about 4%,of the estimated 29.7 million cesarean deliveries performed worldwide, approximately 6.2 million were considered medically unnecessary.[1] This increasing trend has raised concerns among healthcare professionals and policymakers regarding the growing number of cesarean deliveries performed without clear medical indications. According to professional reports and media publications, Cesarean delivery on maternal request (CDMR) has been identified as a significant contributor to the rising prevalence of unnecessary cesarean deliveries.[1]

Cesarean delivery on maternal request, is defined as a primary pre-labor cesarean section performed at the request of the mother in the absence of any obvious or generally accepted medical or obstetric indication;[2] American College of Obstetricians and Gynecologists

[ACOG].[3] Unlike medically indicated cesarean deliveries, CDMR offers limited physical health benefits to either the mother or infant and may expose both to avoidable risks. Women who undergo cesarean delivery without medical necessity are more likely to experience complications such as wound infection, hemorrhage, and prolonged recovery periods. Additionally, CDMR contributes to prolonged hospitalization, increased healthcare expenditure, and inefficient utilization of medical resources.[2] Cesarean deliveries performed in the absence of medical or obstetric indications should be discouraged, while cesarean delivery rates should ideally remain within the World Health Organization's recommended range of 5% to 15%.[4]

Research has shown that women may request cesarean delivery for various reasons, including fear of labour pain, convenience of scheduling childbirth, concerns about urinary incontinence and sexual dysfunction following vaginal delivery, and the perception that obstetric care is superior for women undergoing cesarean delivery.[5] Furthermore, misconceptions regarding childbirth have contributed to the growing preference for cesarean delivery among some women. Although cesarean section was initially introduced to manage high-risk pregnancies and obstetric emergencies, advances in obstetric care have led some women to perceive it as the safest method of childbirth regardless of medical necessity.[2]

Despite the increasing rates of cesarean delivery observed globally, rates in sub-Saharan Africa remain comparatively low and often fall below the WHO-recommended threshold. In Nigeria, the cesarean section rate has been reported at approximately 2.7% of births.[3] However, evidence suggests that delayed access to medically indicated cesarean delivery may contribute to adverse neonatal outcomes. Ezeh[6] reported that infants born through cesarean delivery in Nigeria were nearly three times more likely to die than those delivered vaginally, suggesting that cesarean intervention may often occur too late to achieve optimal outcomes.

Although considerable research has examined cesarean delivery trends globally, there remains limited evidence regarding the perceived personal, psychological, and socioeconomic factors influencing the choice of Cesarean delivery on maternal request among pregnant women in southeastern Nigeria. Understanding these factors is essential for promoting informed maternal decision making, improving antenatal counseling, reducing unnecessary surgical interventions, and ensuring the provision of evidence-based maternal healthcare services. Given the limited evidence on maternal perceptions of cesarean delivery on maternal request in southeastern Nigeria, this study examined the perceived personal, psychological, and socioeconomic factors influencing the choice of cesarean delivery on maternal request, compared to vaginal birth among antenatal clinic attendees at ESUTH, Parklane.

Materials and methods

This study employed a descriptive cross-sectional survey design to assess the perceived personal, psychological, and socioeconomic factors influencing the choice of cesarean delivery on maternal request (CDMR), compared to vaginal birth among antenatal clinic attendees at Enugu State University Teaching Hospital (ESUTH), Parklane, Enugu State, Nigeria. ESUTH is a major referral and teaching hospital that provides comprehensive maternal and child healthcare services to residents of Enugu State and neighboring regions.

The study population comprised of pregnant women attending antenatal clinic services at ESUTH, Parklane. This study was conducted over a period of two weeks. During each clinic visit, eligible pregnant women were identified and selected using a simple random sampling technique. A total of 250 pregnant women who were randomly selected and provided informed consent were recruited to participate in the study. The inclusion criteria were pregnant women attending antenatal clinic during this period of this study, pregnant women with at least diploma degree as their highest level of education, pregnant women with previous childbirth experience, either vaginal delivery or cesarean delivery and those who consented to participate in the study. The exclusion criteria include, pregnant women with no formal education, primigravida and those who decline consent to participate in the study.

Data were collected using aself-administered questionnaire, designed following an extensive review of relevant literatures and the study objectives. The instrument consisted of four sections that assessed respondents' socio-demographic characteristics as well as personal, psychological, and socioeconomic factors influencing the choice of CDMR. Content and face validity of the instrument were established through expert review by specialists in Nursing Sciences, and college of Health Sciences, of the University of Nigeria (UNN), while reliability was assessed through a pilot study conducted among pregnant women attending antenatal care at Uwani General Hospital, Enugu. The instrument demonstrated satisfactory reliability with a SpearmanBrown correlation coefficient of 0.81.

Data collection was conducted overa period of two weeks, to cover all scheduled antenatal clinic days. This ensured that all pregnant women attending the antenatal clinic during this study period, had an equal chance of being selected.

The collected data were coded and analyzed using the Statistical Package for Social Sciences (SPSS) version 26. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize the data and answer the research questions.

Ethical approval for the study was obtained from the appropriate Health Research Ethics Committee of the Faculty of Health Sciences and Technology, College of Medicine, University of Nigeria, Enugu, Nigeria and administrative permission was secured from the management of Enugu State University Teaching Hospital(ESUTH), Parklane. Participation was voluntary, and respondents were assured of anonymity, confidentiality, and their right to withdraw from the study at any stage without penalty.

Results

A total of successfully completed 250 copies of the questionnaires were analysed and their interpretations were presented in a tubular format. Presentation of results was guided by research objectives.

Table 1 revealed the demographic characteristics of the respondents. Findings show that the mean age of the respondents was 31 years (± 5.1). More than half (90.8%) were married while a greater proportion had bachelor degree (53.6%). A greater proportion (56.4%) of the respondents had one child as at the time of this study.

Objective One: Personal factors influencing cesarean delivery on maternal request (CDMR), compared to vaginal birth among pregnant women attending ANC in ESUTH, Parklane.

Table 2 revealed the personal factors influencing CDMR among pregnant women attending ANC in ESUTH, Parklane. The leading personal factors were: a strong desire to be in control of birthing experience (3.5±0.6); strong preference for vaginal birth due to personal medical experiences (3.2±1.0); have concerns about the potential risks of vaginal birth for my pelvic floor health (3.0±0.5); and have a high level of anxiety about the pain that comes with natural childbirth (2.6±1.0).

Table 1 Socio-demographic characteristics of the respondents (n = 250)

Variable	Options	Frequency (N)	Percentage (%)
Age	Less than 25	65	26
	26 - 36	152	60.8
	37 - 47	31	12.4
	Above 47	2	0.8
Marital status	Single	23	9.2
	Married	227	90.8
Level of education	Diploma	96	38.4
	Bachelor Degree	134	53.6
	Masters	18	7.2
	PhD	2	0.8
Number of children	1	141	56.4
	02-Apr	107	42.8
	> 4	2	0.8

Table 2 Personal factors influencing childbirth preferences (CDMR and vaginal delivery) among the respondents (n = 250)

Item	SA (4)	A (3)	D (2)	SD (1)	Mean	S.D.
Strong preference for vaginal birth due to personal medical experiences.	91	135	11	13	3.2	1
Have a high level of anxiety about the pain that comes with natural childbirth.	65	87	38	60	2.6	1
Believe a cesarean delivery will offer a more controlled and predictable birthing experience.	12	32	71	135	1.7	0.6
Have concerns about the potential risks of vaginal birth for my pelvic floor health.	100	83	45	22	3	0.5
Body image and personal comfort following vaginal birth are important considerations for me.	18	32	121	79	2	0.5
Feel a strong desire to be in control of birthing experience.	148	70	31	1	3.5	0.6
Have limited trust in the natural birthing process or healthcare providers regarding vaginal birth.	34	28	101	87	2	0.8

* SA, strongly agree; A, agree; D, Disagree; SD, strongly disagree

Objective Two: Psychological factors influencing CDMR as compared with vaginal delivery among pregnant women attending ANC in ESUTH, Parklane.

Table 3 revealed the psychological factors influencing CDMR among pregnant women attending ANC in ESUTH, Parklane. The leading psychological factors were: strong need for certainty and control in my life, which extends to birthing experience (3.3±0.8); experience significant anxiety or fear related to the possibility of vaginal birth (2.6±0.6); have a history of anxiety or depression that may impact birthing choices (2.2±0.5); and have unrealistic expectations about childbirth that may contribute to preference for CDMR (2.1±0.6).

Table 3 Psychological factors influencing childbirth preferences (CDMR and vaginal delivery) among the respondents (n = 250)

Item	SA (4)	A (3)	D (2)	SD (1)	Mean	S.D.
I experience significant anxiety or fear related to the possibility of vaginal birth.	46	61	140	3	2.6	0.6
I have a history of anxiety or depression that may be impacting my birthing choices.	28	71	84	67	2.2	0.5
I have limited or negative perceptions of my own ability to cope with the pain and challenges of vaginal birth.	15	53	49	133	1.8	0.6
I have a strong need for certainty and control in my life, which extends to my birthing experience.	121	87	40	2	3.3	0.8
I have experienced trauma or negative birthing experiences in the past that influence my current choices.	41	39	41	129	2	0.5
I am concerned about the potential psychological impact of a vaginal birth on myself or my baby.	35	51	46	118	2	0.6
I have unrealistic expectations about childbirth that may be contributing to my preference for CDMR.	42	48	56	104	2.1	0.6
I have limited social support or access to resources that could help me feel more confident about vaginal birth.	7	32	124	87	1.8	0.8

* SA, strongly agree; A, agree; D, Disagree; SD, strongly disagree

Citation: Emelobe CS, Ukachi AC, Adaora US, et al. Assessment of perceived factors influencing the choice of cesarean delivery on maternal request compared with vaginal delivery among antenatal clinic attendees. *Obstet Gynecol Int J.* 2026;17(4):159–164. DOI: 10.15406/ogij.2026.17.00840

Objective Three: Socioeconomic factors influencing CDMR as compared with vaginal delivery among pregnant women attending ANC in ESUTH, Parklane.

Table 4 revealed the socioeconomic factors influencing CDMR among pregnant women attending ANC in ESUTH, Parklane. The leading socioeconomic factors were: cultural or religious beliefs influence preferences towards caesarean delivery (3.3±0.8); concerns about the financial costs associated with a caesarean section compared to vaginal birth (3.3±0.6); employment situation or lack of paid parental leave makes a longer recovery from a caesarean section a challenge (3.2±0.5) and partner or family members have strong opinions or preferences regarding birthing methods that may be influencing my choices (2.8±0.6).

Table 4 Socioeconomic factors influencing childbirth preferences (CDMR and vaginal delivery) among the respondents (n = 250)

Item	SA (4)	A (3)	D (2)	SD (1)	Mean	S.D.
I have limited access to quality prenatal care and education about birthing options.	32	21	45	152	1.7	0.5
I have concerns about the financial costs associated with a caesarean section compared to vaginal birth.	98	124	24	4	3.3	0.6
My employment situation or lack of paid parental leave makes a longer recovery from a caesarean section a challenge.	108	94	36	12	3.2	0.5
I have limited access to reliable transportation or childcare, which could pose challenges with postpartum recovery after a caesarean section.	56	71	84	39	2.6	0.6
I experience discrimination or bias based on my race, ethnicity, or socioeconomic status that may influence my access to birthing choices.	23	11	35	181	1.5	0.8
My partner or family members have strong opinions or preferences regarding birthing methods that may be influencing my choices.	91	72	38	49	2.8	0.6
My cultural or religious beliefs influence my preferences towards caesarean delivery.	107	125	11	7	3.3	0.8

* SA, strongly agree; A, agree; D, Disagree; SD, strongly disagree

Discussion

Personal factors influencing CDMR among pregnant women attending ANC in ESUTH, Parklane

The study revealed that there were several personal factors that influenced Caesarean delivery on maternal request (CDMR) among pregnant women attending ANC in ESUTH, Parklane. These findings seem to suggest that personal factors were perceived as an important factor. The leading personal factor influencing CDMR among the respondents was a strong desire to be in control of birthing experience. Perhaps, it can be surmised from these findings that the respondents did not show any sign of anxiety and depression during pregnancy which have been found to be associated with an increased risk of CDMR. This view was also supported in the study of Chen *et al*. [6], who revealed that women with severe tocophobia (fear of childbirth) were 2.27 times more likely to request CDMR compared to those without. Another author that has reported similar findings include the study of Sethi[7] who revealed that tocophobia or 'fear of childbirth' is one of the major reasons contributing to CDMR.

Furthermore, women's preference for vaginal birth due to personal medical experiences, with a mean score of 3.2±1.0, indicates that past experiences and medical histories shape the childbirth preferences of respondents in this study. This finding was also supported in the study of Abuhammad,[8] and Faruk,[9] who documented that women with positive prior birth experiences were more likely to choose vaginal delivery, including those who had previously undergone CDMR. It could be suggested from these findings that women's preference for vaginal birth may be driven by successful previous vaginal births, avoidance of potential caesarean delivery complications, personal or family medical histories. Consequently, healthcare providers should consider women's medical histories and preferences when making childbirth decisions. Recognizing and addressing these personal factors can lead to better childbirth outcomes and more satisfying experiences.

Psychological factors influencing CDMR among pregnant women attending ANC in ESUTH, Parklane

The study also revealed that there were psychological factors influencing caesarean delivery on maternal request (CDMR) among pregnant women in our studied population. These findings underscore the profound impact of psychological factors on pregnant women's childbirth preferences and medical requests. In the present study, a strong need for certainty and control in life, extending to the birthing experience, emerged as the leading psychological factor, with a mean score of 3.3±0.8. This finding is also similar to the finding in the study of Dhakal-Rai,[10] Mazzoni,[5] and Khan.[11] Perhaps, it can be suggested from this finding that recognizing the psychological complexities underlying CDMR preferences enables healthcare providers to deliver tailored care, leading to better childbirth outcomes, increased patient satisfaction, and improved maternal mental health. This integrated approach fosters positive experiences and emotional well-being for pregnant women, setting the stage for a healthy and empowering birthing experience. A similar view was also buttressed in the study of Nuzul,[12] Parvej,[13] and Akram.[3]

Furthermore, the experience of anxiety or fear related to vaginal birth, with a mean score of 2.6±0.6, highlights another psychological factor influencing Caesarean delivery on maternal request (CDMR) among pregnant women in our studied population. This finding was also corroborated in the study of Sun,[14] and Sethi[7] who revealed that pregnant women with high levels of anxiety were more likely to choose CDMR, highlighting the potential influence of anxiety on decision-making. It can be suggested from these findings that fear may stem from horror stories, media portrayals, or personal experiences. Thus, healthcare providers should address these concerns through empathetic communication, reassurance, and evidence-based information. Also, providing strategies to reduce anxiety, such as relaxation techniques or birth planning, which can also mitigate anxiety or fear related to vaginal birth.

Socioeconomic factors influencing CDMR among pregnant women attending ANC in ESUTH, Parklane

The study also revealed that there were several socioeconomic factors influencing CDMR among pregnant women. These findings highlighted the impact of socioeconomic factors on pregnant women childbirth preferences and medical requests. In the present study, cultural or religious beliefs was found to play a role in pregnant women preferences towards caesarean delivery and vaginal birth, with a mean score of 3.3±0.8, indicating that deeply ingrained values and norms shape their childbirth decisions. Healthcare providers must provide culturally sensitive care, address financial concerns, support employed women, and engage partners and family members in educational discussions.

Apart from the influence of cultural or religious beliefs as discussed above, the study also revealed that financial concerns also played a crucial role, as women worry about the costs associated with caesarean deliveries compared to vaginal births, with a mean score of 3.3±0.6. This finding was also supported in the study of Vedeler et.,[15] who revealed that five key socioeconomic elements that influenced the choice of delivery method by women included level of education, financial situation, increased socioeconomic status, diversity in cultural and social contexts. This view is also in line with findings in the study of Zandkarimi[16] who documented that women with supplemental insurance had a higher preference for cesarean delivery than those who did not have it. By acknowledging and addressing these socioeconomic factors, healthcare providers and policymakers can improve childbirth satisfaction, reduce anxiety, enhance informed decision-making, and foster positive experiences and emotional well-being for pregnant women. Ultimately, recognizing the complex socioeconomic influences on childbirth preferences enables healthcare providers to deliver tailored care, addressing women's unique needs and concerns. This integrated approach sets the stage for empowering and satisfying childbirth experiences.[17–21]

Conclusion

This study examined factors influencing childbirth preferences among pregnant women and found that personal, psychological, and socioeconomic factors play a vital role. Key influences include; cultural and religious beliefs, financial constraints, employment conditions, and partner or family opinions. In addition, childbirth-related anxiety emerged as a major psychological factor affecting women's decisions. Despite the increasing prevalence of cesarean delivery on maternal request globally, this study revealed that pregnant women still prefer vaginal delivery. The reasons for this preference have already been highlighted, suggesting that cultural beliefs, perceived safety, faster recovery, lower cost, and desire for natural birth experience continue to influence women's delivery preferences.

Limitation of study

The main limitation of this study was attributed to attitude of most respondents, which could be linked to the fact that many pregnant women were of opinion that the study was aimed at collecting their personal data that could expose their health status to members of the public, rather than improving their knowledge on the concept of the study. This impression was corrected on different occasions were indicated.

Acknowledgments

None.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

Conflicts of interest

The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

References

1. Begum T, Saif–Ur–Rahman KM, Yaqoot F, et al. Global incidence of caesarean deliveries on maternal request: A systematic review and meta–regression. *BJOG*. 2021;128(5):798–806.
2. Deng R, Tang X, Liu J, et al. Cesarean delivery on maternal request and its influencing factors in Chongqing, China. *BMC Pregnancy Childbirth*. 2021;21:384.
3. Akram M, Afzal M, Aziz Z, et al. Exploration of factors influencing maternal choice without medical indication for caesarean section. *Pak J Med Health Sci*. 2023;17(2):169.
4. World Health Organization. Caesarean section rates. World Health Organization. Updated 2018.
5. Mazzoni A, Althabe F, Liu NH, et al. Women's preference for caesarean section: A systematic review and meta–analysis of observational studies. *BJOG*. 2011;118(4):391–399.
6. Ezeh OK, Uche–Nwachi EO, Abada UD, et al. Community and proximate level factors associated with perinatal mortality in Nigeria: Evidence from a nationwide household survey. *BMC Public Health*. 2019;19:811.
7. Sethi N, Rajaratnam RK, Abdullah N. Caesarean section on maternal request. In: *Obstetrics and Gynecology*. IntechOpen; 2023.
8. Abuhammad S, Mukattash TL, Alazzam SI, et al. Caesarean section delivery from maternal perspective: An exploratory study in Jordan. *Int J Clin Pract*. 2021;75(8):e14349.
9. Faruk MO, Arafat ME, Shanta SH. Socioeconomic, demographic, and cultural determinants of delivery by caesarean section in Ethiopia: Evidence from the Ethiopia Mini Demographic and Health Survey 2019. *PLoS One*. 2023;18(7):e0288022.
10. Dhakal–Rai S, van Teijlingen E, Regmi PR, et al. Caesarean section for non–medical reasons: A rising public health issue. *J Karnali Acad Health Sci*. 2021;4(2):528.
11. Khan IA, Tiwari HC, Malik N. Factors influencing the choice of caesarean delivery and their satisfaction among pregnant women attending maternity hospital in Eastern Uttar Pradesh. *Indian J Community Health*. 2023;35(3):329–333.
12. Nuzul R, Santosa NI, Rahmayani R. Give birth by cesarean section without medical indication. *SIGn J Public Health*. 2022;1(1):1–20.
13. Parvej MI, Tabassum M, Aktar N. Preferences between caesarean section and normal vaginal delivery among reproductive women in Bangladesh. *J Appl Sci Eng Technol Educ*. 2021;3(1):82–89.
14. Sun N, Yin X, Qiu L, et al. Chinese obstetricians' attitudes, beliefs, and clinical practices related to cesarean delivery on maternal request. *Women Birth*. 2020;33(1):e67–e71.
15. Vedeler C, Eri TS, Nilsen RM, et al. Women's negative childbirth experiences and socioeconomic factors: Results from the Babies Born Better survey. *Sex Reprod Healthc*. 2023;36:100850.
16. Zandkarimi E, Moghimbeigi A, Mahjub H. Assessing the factors affecting cesarean section selection in Iranian women using multilevel count models with excess zeros. *Iran J Public Health*. 2021;50(4):816–824.
17. American College of Obstetricians and Gynecologists. Cesarean birth. ACOG. Updated 2019.

18. Berglundh S, Benova L, Olisaekee G, et al. Caesarean section rate in Nigeria between 2013 and 2018 by obstetric risk and socio–economic status. *Trop Med Int Health*. 2021;26(7):775–788.

19. Chen J, Xiong Y, Wu J, et al. Prevalence and risk factors of cesarean section on maternal request: A systematic review and meta–analysis. *Int J Gynaecol Obstet*. 2017;136(3):230–239.

20. Guo Y, Murphy MS, Erwin E, et al. Birth outcomes following cesarean delivery on maternal request: A population–based cohort study. *CMAJ*. 2021;193(18):E634–E644.

21. Harrison MS, Garces A, Figueroa L, et al. Caesarean birth by maternal request: A poorly understood phenomenon in low– and middle–income countries. *Int Health*. 2021;13(1):63–69.

Citation: Emelobe CS, Ukachi AC, Adaora US, et al. Assessment of perceived factors influencing the choice of cesarean delivery on maternal request compared with vaginal delivery among antenatal clinic attendees. *Obstet Gynecol Int J*. 2026;17(4):159–164. DOI: 10.15406/ogij.2026.17.00840