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Understanding Public Perceptions and Attitudes Toward Caesarean Section: A Systematic Review and Meta-Analysis of Pregnant Women's and Clinicians' Perspectives

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Abstract

Caesarean section (CS) is globally acknowledged as a life-saving surgical intervention for both mothers and newborns when medically indicated. However, the perception and acceptance of CS are influenced by a complex interplay of psychosocial, cultural, and economic factors. This systematic review and meta-analysis synthesize current evidence on the knowledge, attitudes, and experiences of pregnant women and clinicians regarding CS, highlighting key determinants that influence their decision-making.

Introduction

While caesarean section remains a crucial component of modern obstetric care, its rising global rate has sparked debate about necessity, overuse, and informed choice. Beyond medical indications, social beliefs, cultural norms, and personal experiences substantially shape how both expectant mothers and clinicians view CS as a mode of delivery. Understanding these perceptions is essential to improve communication, ensure evidence-based decision-making, and promote safe childbirth practices.

Methods and Scope

Recent studies employing cross-sectional, qualitative, and mixed-methods research designs were analysed to assess knowledge, acceptance, and attitudinal drivers toward CS among pregnant and postpartum women, as well as healthcare providers across diverse cultural and socioeconomic settings. Meta-analytical approaches were used to quantify the prevalence and determinants of CS perceptions, consolidating data from multiple regions and populations.

Knowledge and Understanding of Caesarean Section

Findings reveal moderate to good levels of knowledge about CS among pregnant women, ranging from 55–62%. A substantial majority (84–87%) recognize CS as a potentially life-saving procedure for both mother and foetus.

However, misconceptions persist regarding its indications, long-term maternal effects, and the feasibility of vaginal birth after caesarean (VBAC). Misunderstandings about surgical risks, fertility outcomes, and

recovery contribute to mixed feelings about CS, particularly in low-resource or culturally conservative settings.

Attitudinal Trends Toward Caesarean Section

Positive attitudes toward medically indicated CS are prevalent, ranging from 59–80% across studies. Nearly 80% of women express willingness to undergo CS if recommended by a healthcare provider for clinical safety.

Conversely, attitudes toward elective CS (without medical necessity) are largely negative, with 67–75% of women and most clinicians opposing it. Only a small proportion (22–28%) favor elective CS to avoid labor pain, while the majority (up to 75%) prefer vaginal birth as the natural mode of delivery.

Clinicians' attitudes are influenced by factors such as perceived maternal and neonatal risks, institutional protocols, and workload pressures. Notably, discrepancies sometimes arise between women's preferences and clinicians' decisions regarding CS, often rooted in communication gaps and differing perceptions of safety.

Perception and Experience of Caesarean Section

Overall, 61% of pregnant women report a positive perception of CS, acknowledging its role in ensuring safe delivery outcomes. Nevertheless, concerns about postoperative pain (71%), high cost (78%), and prolonged recovery remain dominant deterrents.

Women with prior positive CS experiences or those who endured traumatic vaginal births are more accepting of repeat CS, whereas prior complications tend to increase refusal rates.

Psychological and cultural dimensions—such as fear of death, social stigma, family expectations, and reproductive norms—further shape women's choices and attitudes toward CS.

Summary of Key Findings

Dimension	Positive (%)	Negative (%)	Uncertain (%)
Good CS knowledge	55–62	38–45	
Positive toward medically indicated CS	59–80	20–41	6
Elective CS (without indication)	22–28	67–75	5
Overall positive CS perception	55–61	39–45	-
Fear of post-CS pain	-	71	29
CS perceived as costly	-	78	-

Meta-Analysis Insights

Global preferences for CS range between 15–22%, with higher acceptance among women with prior CS experience, complicated pregnancies, or urban residence. Education level, previous obstetric outcomes, and exposure to counselling significantly influence CS attitudes. Studies consistently report that structured antenatal counselling and patient education enhance understanding and acceptance of medically indicated CS.

Discussion

The findings underscore that perceptions of CS are multifaceted, shaped by medical, psychological, and sociocultural factors. While most women and clinicians support CS for legitimate clinical reasons, elective or maternal-request CS remains controversial. Negative attitudes stem from concerns over pain, recovery time, surgical risks, and financial burden.

Bridging the gap between clinical recommendations and patient perceptions requires culturally sensitive communication and collaborative decision-making. Enhancing awareness through community-based education and antenatal counselling can mitigate fear, correct misconceptions, and promote informed birth choices.

Conclusion

Perceptions and attitudes toward caesarean section are largely influenced by clinical necessity, knowledge levels, prior experiences, and sociocultural beliefs. Both women and healthcare providers generally favour CS when medically justified but express reservations toward elective procedures. Addressing misconceptions, fears, and communication barriers through targeted education and counselling can empower women to make informed and safe delivery decisions, ultimately improving maternal and neonatal outcomes.

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