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Attitude towards Child Birth among Primi Pregnant Women

[1]Mst. Runa Laila, [2.]Dipali Rani Mallick, [3.] Ela Rani Shom, [4.] Md. Shariful Islam
[1]*MSN, RN, Faculty of Women's Health Nursing and Midwifery. National Institute of Advanced Nursing Education and Research (NIANER), Dhaka.*
[2]*MNSc, RN, Faculty of Women's Health Nursing and Midwifery, NIANER, Dhaka.*
[3]*MSN, RN, Faculty of Women's Health Nursing and Midwifery, NIANER, Dhaka.*
[4]*PhD, RN, Faculty of Adult and Elderly Health Nursing, NIANER, Dhaka.*
Corresponding Author: Mst. Runa Laila

Abstract
Background: *Vaginal birth is the natural process of child birth. However, unnecessary caesarean birth may have adverse effects on maternal, neonatal and infant morbidity and mortality.*
Objective: *The aim of study was to evaluate the level of attitude towards child birth among primi pregnant women in Bangladesh.*
Methods*: An exploratory study was conducted among 140 pregnant women who attended in antenatal care unit at outpatient department in Mugda Medical College Hospital, Dhaka during July 2018 to June 2019. Convenient sampling technique was used to select the study participants. Data were collected by face to face interview. Descriptive and inferential statistics were used to analyzed child birth attitude. Frequency, percentage, mean and standard deviation were used to describe the subject characteristics. One-way ANOVA with Scheffe test, two sample t-test and Pearson's correlation were used to examine the relationship between study variables.*
Results*: The mean age of the participants was 22.44 (SD=3.91) years, and about 45% of their education was secondary level. Majority of the women (83.6%) had positive attitude towards vaginal delivery. Result shows that the mean score of the attitude was 3.15 (SD=.24). Findings indicate that the education level (p=0.00), distance (p=0.05) and quality of maternity services (p=0.00) were statistically significantly correlated with attitude to child birth.*
Conclusions: *Improving women's knowledge about the risks and benefits of different modes of child birth can lead to a positive maternal attitude towards vaginal delivery.*
Keywords*: Attitude, Child birth, Pregnant women.*

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I. Introduction

1. Background

Every year nearly over half a million of young women die due to complications arising from pregnancy and childbirth, and most of these deaths occur in developing world (He et al., 2016). Caesarean birth reportedly prevents approximately 187,000 maternal and 2.9 million neonatal deaths worldwide (Lumbiganon et al., 2010). However, unnecessary caesarean birth presents risks for both women and neonates. An increasing rate of birth by caesarean section is an issue of concern in many countries. Despite the recommendations by World Health Organization that no region in the world is justified to have a caesarean section rate greater than 10-15%, it is the most common obstetrical operation worldwide (Moawad & Yakou, 2015).

Child birth is one of the most important issues for human being and generation in the world. Natural delivery is a physiological process that starts with pain and gradually with increase of severity and decrease of intervals, leads to the outflow of fetus from the birth canal (Moasheri, Sharifzadeh, Soltanzadeh, Khosravi, & Rakhshany, 2016). Natural child birth, economically is affordable, the length of hospitalization after delivery in the hospital is shorter than cesarean, there is no need for anesthesia and there is a less chance of infection and bleeding afterward (Sharifirad, Fathi, Tirani, & Mehaki, 2007). Caesarean is another method of child birth in which the placenta, embryo, and membranes are removed through the incision in the abdominal wall and the uterus (Janbabaee et al., 2016).

The attitude towards caesarean section influence women acceptance of the procedure and resulted in psychological depression that women and their family usually experience when been told that their baby will be delivered through caesarean section, this will have adverse effect on the outcome of the procedure. It is not strange to hear many pregnant women ventilating wrong attitude towards caesarean section as an alternative method of birth. Especially in the developing countries, a number of women believe caesarean section is a last

resort used to deliver a pregnant woman of her baby, many will even say that they are going to deliver their babies through caesarean section is like giving a death permit (Faremi et al., 2014).

The cause of increased caesarean section rate is multifactorial and decision to deliver by caesarean section depends on a variety of factors including previous caesarean section, multiple gestation, malpresentation, fetal distress, failure of progress during labor and maternal medical conditions (Varghese, Singh, Kour, & Dhar, 2016). Also, advancing maternal age, socio-economic factors, reduced parity and improvements in surgical techniques are among the other reasons (Joshi, Thapa, & Panta, 2018).

In developed countries, women often have option for caesarean section because of their improved understanding of its role and safety and increasing importance given to the right to self-decision-making regarding mode of delivery. However, in developing countries, women are reluctant to accept caesarean section because of their traditional beliefs and socio-cultural norms. Hence, they try to avoid hospital delivery and engage in the services of untrained and unskilled care providers. These women usually report to hospital with life threatening complications and in such situations most of the caesarean sections are performed as an emergency procedure under suboptimal circumstances (Varghese, Singh, Kour, & Dhar, 2016).

Main reason of choosing caesarean section by pregnant women is fear and lack of sufficient knowledge about normal vaginal delivery. Although in specific situations caesarean section can prevent serious morbidity and mortality of the fetus and mother. An important step in controlling the rising caesarean birth rate in developing countries is providing better information to pregnant women and their partners during the antenatal period about modes of delivery, their indications, advantages and adverse consequences (Joshi, Thapa, & Panta, 2018).

The finding could contribute to develop strategy for nurse midwives to provide adequate information to the pregnant women to increase maternal awareness about child birth. Therefore, it is necessary to evaluate the attitude towards child birth among primi pregnant women.

II. Objective

The aim of this study was to evaluate the level of attitude towards child birth among primi pregnant women.
Specific objectives

1. To assess the socio-demographic characteristics of primi pregnant women.
2. To evaluate the level of attitude towards child birth among primi pregnant women.
3. To examine the relationship between socio-demographic characteristics with attitude towards child birth among primi pregnant women.

III. Methods

1. Study design

Descriptive exploratory study design was conducted among primi pregnant women at Mugda Medical College Hospital in Bangladesh.

2. Study Participants

The participants of this study were primipara pregnant women who attended at the outpatient department in Mugda Medical College Hospital. Convenient sampling technique was used to recruit eligible subjects. The inclusion criteria were (1) Healthy primi pregnant women (2) Be able to speak and understand Bengali Language, and (4) Be willing to participate in the study. Power analysis was used to estimate the subjects in this study. The estimated sample size was calculated for an accepted minimum level of significant alpha (α) of 0.05, an expected power of 0.80 1-beta ("1-β", the power of the test), and an estimated population effect size of gamma 0.25 (γ) as the medium effect size used in the nursing studies (Grove, Burn, & Gray, 2013). According to the power analysis, the estimated sample size was 140.

3. Instrument

The instrument was developed by the researcher based on literature review to find out the attitude towards child birth among primi pregnant women. The instrument consisted of two parts. Part I: Demographic characteristics with hospital related questionnaire consisted of 10 items. Part II: Attitude towards child birth related questionnaires including 17 items that was 5-point Likert scale (strongly disagree 1 to strongly agree 5).

Validity of the instrument: The questionnaires were validated by three experts, Two from

Bangladeshi Nursing experts, and one from Korean expert. Then the researcher has modified the instruments based on expert recommendations.

4. Data collection

Approval was taken from Institutional Review Board (IRB) of NIANER and BSMMU, IRB no is Exp.NIA-S-2018-17 were taken. Both verbal and written permission was taken from Director of Mugda Medical College Hospital, Register of Gynae, Department in-charge as well as participants. Data were collected by face to face interview through structure questionnaire during December 2018 to January 2019. Researcher collected data on every working day of the week from the pregnant women who attended in the outpatient department for their antenatal checkup. The purpose of this study was explained to the participants. The time spent for each participant was not more than half an hour. After completing the questionnaire, the researcher thanked the respondents for spending their time to participate in this study. Confidentiality and privacy were maintained. The participation of the respondents was voluntary and participants can withdraw from the study at any time without any penalty.

5. Data analysis

Data were analyzed by using SPSS program. Descriptive and inferential statistics were used. In descriptive statistics; data were presented by frequency, percentage, mean and standard deviation to describe the subject characteristics. Inferential statistics; two-sample t-test, ANOVA and Pearson co-relation was used to examine the relationship between study variables.

IV. Results

1. Socio-demographic characteristics of pregnant women

Distribution of socio-demographic characteristics of the study participants were shown in table 1. The range of the age of the study participants were from 16-38 (min – Max) and their mean age was 22.44 (SD±4.67) years. All of them were married and most of them were Muslims (95.7%). With regard to educational level nearly half of the participants (45.0%) completed their secondary school. Majority of the study participants (86.4%) were housewives and their family income were range from 3000-49000 Taka. All of the participants' mother delivered their babies through vaginal birth and most of the participants' (52.1%) sisters delivered their babies through vaginal birth and (25%) participants delivered through caesarean birth. Few participants (22.9%) reported that they had no sisters. Regarding hospital related characteristics, most of the respondents' (51.4%) distance were 2 km. Health care providers were friendly and their quality of maternity services (77.9%) were good.

Table 1. Distribution of socio-demographic characteristics of the participants, (N = 140)

Variable	Categories	n (%)	M± SD
Age			22.44 (3.91)
Religion			
	Muslim	134	(95.7)
	Hindu		O6 (4.3)
Marital status	Married		140 (100)
Occupation			
	Independent		03 (2.1)
	Job	16	(11.4)
	Housewife	121	(86.4)

Table 1. Distribution of socio-demographic characteristics of the participants, (N=140) (continue).

Variable	Categories	n (%)	M± SD
Income			
	3000-49000	135	(96.4)
	50,000-94000		2 (1.4)
	>94000		3 (2.1)
Education			
	0-Class V	33	(23.6)
	Secondary		63 (45)
	College and University	44	(31.4)
Relatives kind of delivery			
	Mothers (Normal)		140 (100)
	Sister		
	No sister	32	(22.9)
	Normal	73	(52.1)
	Caesarean	35	(25.0)
Distance			
	1km	50	(35.7)
	2km	72	(51.4)
	3km	18	(12.9)
Friendly health care provider			
	Moderate satisfactory	78	(55.7)
	Highly satisfied	62	(44.3)
Quality of maternity services			
	Fair		1 (.7)
	Good	109	(77.9)
	Very good	30	(21.4)

2. Attitude towards child birth among pregnant women

Distribution of attitudes related to child birth of the participants are shown in table 3. This table shows that about third (73.6%) of the participants reported that they got fear of vaginal birth. Among the study participants only (15%) said that they preferred caesarean birth to avoid pain. Majority of the participants' (80.7%) reported that they avoid putting infant at risk. Most of the participants (82.2%) reported that they got fear of episiotomy with vaginal birth. Six of the participants (4.3%) reported that they got fear of future urinary incontinence. Only (22.9%) told that maternal mortality is more frequent in caesarean birth than vaginal birth. Some of the participants (15.0) reported that babies born by caesarean birth are more intelligent than by vaginal birth. Only (12.8%) respondents reported that delivery by caesarean birth makes one unable to give birth again. Few participants (18.6%) told that caesarean birth is mandatory after one caesarean birth. Few participants (20.0%) reported that the maximum number of caesarean section one can have four. Majority of the respondents (83.6%) reported that vaginal birth is the natural and the most acceptable mode of delivery. Some of the respondents (15.7%) reported that caesarean birth is a painful mode of delivery. Majority of the respondents (85.0%) reported that a mother will regain her health status sooner after vaginal delivery than caesarean delivery. Most of the respondents (84.2%) reported that vaginal birth is a natural physiological event. Majority of the respondents (85.0%) reported that to do breastfeed earlier. Most of the respondents (85.7%) reported that they felt anxiety about infection. Majority of the respondents (83.6%) reported that they got fear of surgery

Table 2. Distribution of attitudes related towards child birth of the participants, (N=140)

Item	Strongly Disagree n (%)	Disagree n (%)	Neutral n (%)	Agree n (%)	S. agree n (%)	M±SD
Fear of vaginal birth	16(11.4)	103(73.6)		13(9.3)	8(5.7)	2.24(.97)
prefer Caesarean birth to	13(9.6)	106(75.7)		13(9.3)	8(5.7)	2.26(.95)

avoid pain						
avoid putting infant at risk	14(10)	99(70.7)	2(1.4)	17(12.1)	8(5.7)	2.33(1.00)
fear of episiotomy	8(5.7)	17(12.1)		102(72.9)	13(9.3)	2.32(.99)
fear of future urinary incontinence.	10(7.1)	91(65.0)	33(23.6)	5(3.6)	1(.7)	3.74(.67)
Maternal mortality is more frequent in CB than VB	2(1.4)	63(45.0)	43(30.7)	32(22.9)		2.75(.82)
Babies born by CB are more intelligent than by VB	9(6.4)	87(62.1)	23(16.4)	14(10.0)	7(5.0)	2.45(.93)

Table 2. Distribution of attitudes related towards child birth of the participants, (N=140) (continue).

Item	Strongly Disagree n (%)	Disagree n (%)	Neutral n (%)	Agree n (%)	S. agree n (%)	M±SD
Delivery by CB makes one unable to give birth again	2(1.4)	16(11.4)	59(42.1)	63(45.0)		2.69(.72)
CB is mandatory after one CB	6(4.3)	70(50.0)	38(27.1)	25(17.9)	1(.7)	3.39(.854)
The maximum number of CS one can have four		1(.7)	111(79.3)	26(18.6)	2(1.4)	3.21(.45)
VB is the natural and the most acceptable mode of delivery	5 (3.6)	17 (12.1)	1(.7)	105(75.0)	12(8.6)	3.73(.91)
CB is a painful mode of delivery	5 (3.6)	17 (12.1)		105(75.0)	13(9.3)	3.74(.91)
A mother will regain her health status sooner after vaginal delivery than caesarean delivery	5 (3.6)	16 (11.4)		106(75.7)	13(9.3)	3.76(.90)
VB is a natural physio logical event	7 (5.0)	15 (10.7)		108(77.1)	10(7.1)	3.71(.93)
To do breastfeed earlier	7 (5.0)	14 (10.0)		109(77.9)	110(7.1)	3.72(.92)
I feel anxiety about infection	5 (3.6)	15 (10.0)		108(77.1)	12(8.6)	3.76(.88)
I get fear of surgery	4 (2.9)	19 (13.6)		104(74.3)	13(9.3)	3.74(.91)
Total mean of attitude						3.15 (.24)

3. Relationship between socio-demographic characteristics with attitude towards child birth among pregnant women

Relationship between socio-demographic characteristics and attitude towards child birth are shown in table 3: Findings revealed that educational level (p=.00), distance (p=.05) and the quality of maternity services (p=.00) were statistically significantly correlated with attitude towards child birth.

Table 3. Relationship between socio demographic characteristics and attitude towards child birth, (N=140**)**

Variable	**Category**	**M±SD**	***t*/F/*r* (*p* value)**
Age		22.44 (3.91)	-.144 (.08)
Religion			-.416 (.68)
	Muslim	3.85 (.21)	
	Hindu	3.88 (.11)	
Occupation			2.04 (.13)
	Independent	3.69 (.34)	
	Job	3.78 (.23)	
	Housewife	3.86 (.20)	
Income			1.66 (.19)
	3000-49000	3.85 (.21)	
	50,000-94000	4.09 (.04)	
	>94000	3.75 (.34)	
Education			3.703 (.00)
	0-Class V [a]	3.89 (.15)	a>b>c
	Secondary [b]	3.88 (.21)	
	College and University [c]	3.76 (.23)	
Relatives kind of delivery			
	Mothers (Normal)		
	Sister		.58 (.56)
	Normal	3.87 (.21)	
	Caesarean	3.83(.18)	
Distance			
	1km [a]	3.79 (.27)	2.96 (.05)
	2km [b]	3.89 (.15)	
	3km [c]	3.84 (.21)	b>c>a
Friendly health care provider	Satisfactory	3.82 (.23)	-1.67 (.09)
	Highly satisfied	3.88 (.19)	
Quality of maternity services			24.08 (.00)
	Fair [a]	2.59	b>c>a
	Good [b]	3.86 (.18)	
	Very good [c]	3.83 (.20)	

V. Discussion

Demographic characteristics of the participants

Data were collected from 140 primi pregnant women at Mugda Medical College Hospital to evaluate the attitude towards child birth. Findings show that the mean age of the participants were M=22.44 (SD=4.67) years which is similar with the previous study conducted by Joshi, Thapa and Panta in 2018. It was found from previous studies that participants characteristics such as age, occupation, income level and education in the women significantly influence to child birth attitude (Joshi, Thapa, & Panta, 2018; Klemetti et al., 2012; Maalim, 2017). Regarding level of education, the current study found that the level of education increased was the rate of Caesarean delivery increased. This finding was similar to Klemetti et al. (2012) who documented that increase in Caesarean delivery acceptance among more educated mothers. This might be due to the educated mothers are more able to easily access and use appropriate information and take their delivery decisions. The current study shows that there was a significant relationship between child birth attitude and distance from home to health facility. This finding was also consistent other study who found that who reported that distance influences delivery options by enhancing availability and access to health services (Aberese-Ako, Agyepong, Gerrits, & Van Dijk, (2015). This finding can be explained by the participants that none of the women studied explained distance from home to health facility were not too long to limit their access to the facility. This study also found significant relationship between quality of maternity services and attitude to child birth. Quality of maternity services influence the attitude to child birth. This finding was consistent with a study conducted by Kitui, Lewis and Davey (2013) in which quality of delivery services was reported to be crucial predictor for choice of delivery mode by women. Women were reported that the quality of delivery services has significantly and continues to improve in the hospital resulting to increase skilled birth deliveries and CS acceptance. Improved quality of care assures women that the facility has staff capacity and resources to conduct Caesarean Section safely and successfully. According to Liu et al. (2013) mothers who are satisfied with quality of maternity services in a health facility are more likely to accept medical advice on delivery types compared to their counterparts.

Attitude towards child birth among pregnant women

The labor pain is one of the most feared aspects of normal pregnancy. With the onset of increasing caesarean section, there is a debate as whether a mother should be allowed to choose between the mode of child birth.

In this study, the attitude of pregnant women to vaginal delivery was seen to be affected by education status and age. Women with lesser education and younger age had an overall positive attitude towards vaginal delivery as compared to educated and older women. Employment and family income also associated with overall attitude of the women to vaginal delivery. This study was similar to Joshi, Thapa and Panta (2018) who conducted a study in Nepal. The result is conflicting with other studies where educated women preferred vaginal delivery; in current study women with negative attitude to vaginal delivery were directing well educated with higher income. This may due to the out of pocket spending capacity of the higher income group. This situation we also faced while we working in clinical practice that, educated and working women are more apprehensive of pain during delivery as compared to the housewives and less educated women.

The attitude towards caesarean delivery was also affected by similar factors as with vaginal delivery such as age, education, occupation. However, in attitude towards caesarean delivery more proportion with lower educational status, housewives and low income had negative attitude. The attitude reflects oppositely the attitude to vaginal delivery.

The present study shows that 83.6% of the women had positive attitude towards vaginal birth which is consisted with several studies that is Joshi et al. (93.4%), Varghese et al (89%), Maharlouei et al (63%) or by Ghotbi et al (44%).

The current study also shows that the overall negative attitude towards vaginal delivery was (15%) and towards caesarean delivery was (85.3%) which is shown similar with other studies. Nisar et al., reported 1.3% respondents had negative attitude towards vaginal delivery while 83.4% had negative attitude towards caesarean delivery.

Due to increasing medical advancement, Caesarean delivery is becoming an acceptable mode especially among the educated, rich and younger women with urban areas which are highly influenced by western culture. However, Caesarean Section acceptance rate among Bangladeshi women remained low, including maternal requests which increases risks of maternal and child mortality. This similar finding reported by Shiferaw, Spigt, Godefrooij, Melkamu and Tekie (2013) who found the rate of Caesarean Section on mother's request in uncomplicated pregnancy to be very low in developing countries compared to developed countries. Hence, there is a need for improved antenatal care attendance, counselling pregnant women with their partners and community sensitization to improve this situation.

VI. Conclusion And Recommendation

1. Conclusion

The present study showed that the majority of Bangladeshi pregnant women attended at Mugda Medical College Hospital preferred vaginal delivery, while remaining women due to fear of vaginal delivery and improper guidance wanted to undergo caesarean section. Labor pain is one of the most severe pains that women experience during their lifetime. Fear of labor pain is one of the reasons for caesarean delivery. An important step should be taken in controlling the rising caesarean section rate in developing countries by giving better information to pregnant women and their partners during antenatal check-up about modes of child birth, their indications, advantages and adverse consequences. This can lead to positive attitude towards vaginal delivery.

This study had certain limitations. The present study had a hospital-based study and had small sample for generalization to the whole population.

2. Recommendation

The hospital management should take health education of pregnant women very seriously and Information, Education and Counselling should be given to target women in both group discussion and personal counselling sections.

Midwives and nurses have a crucial role in informing pregnant women with their relatives and helping them to make appropriate choice child birth methods. Women expect advice from a nurse/midwife on antenatal and postnatal care and training programs about delivery preparation.

Nurse managers should organize periodic workshop and seminars on appropriate counseling techniques for nurse-midwives so as to develop excellent interpersonal and counseling skills that will improve nurse-patient communication.

Various adapting policies have to be planned to make vaginal delivery less painful in order to decrease rate of caesarean section.

References

[1]. Abebe, F., Berhane, Y. and Girma, B. (2012) Factors associated with home delivery in Bahirdar, Ethiopia: a case control study. *BMC research notes.* 5(1), 122-134

[2]. Abera, M., & Belachew, T. (2011). Predictors of safe delivery service utilization in Arsi Zone, South-East Ethiopia. *Ethiopian journal of health sciences*, *21*(3).

[3]. Aberese-Ako, M., Agyepong, I. A., Gerrits, T., & Van Dijk, H. (2015). 'I Used to Fight with Them but Now I Have Stopped!': Conflict and Doctor-Nurse-Anesthetists Motivation in Maternal and Neonatal Care Provision in a Specialist Referral Hospital. *PloS one*, *10*(8), e0135129.

[4]. Arikan, D.C., Ozer, A., Arikan, I., coskun, A. and Kiran, H., (2011) Turkish obstetricians' personal preference for mode of delivery and attitude toward caesarean delivery on maternal request. *Archives of gynaecology and obstetrics*, 284(3), 543-549.

[5]. Athur, E., (2012) Wealth and antenatal care use: implications for maternal health care utilization in Ghana. *Health economics review*. 2(1), 65-78.

[6]. Atghaei, M., Nouhi, E., & Khajehpour, M. (2010). Investigating attitude of labor pain and choosing the type of Delivery in pregnant women refering to health centers in Kerman. *Journal of Qualitative Research in Health Sciences*, *10*(1), 36-41.

[7]. Bryanton, J., Gagnon, A.J., Johnston, C. and Hatem, M., (2008) Predictors of women's perceptions of the child experience. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*. 37(1), 24-34

[8]. Chanza, D., Chirwa, E., Maluwa, A., Malata, A., & Masache, G. (2012). Factors affecting the choice for home deliveries in Malawi. *African Journal of Midwifery and Women's Health*, *6*(3), 125-130.

[9]. Dagne, E. (2010). *Role of socio-demographic factors on utilization of maternal healthcare services in Ethiopia* (Doctoral dissertation, Umea International School of Public Health).

[10]. Faremi, A. F., Ibitoye, O. F., Olatubi, M. I., Koledoye, P. N., & Ogbeye, G. B. (2014). Attitude of pregnant women in south western Nigeria towards caesarean section as a method of birth. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, *3*(3), 709-714.

[11]. Ghotbi, F., Akbari Sene, A., Azargashb, E., Shiva, F., Mohtadi, M., Zadehmodares, S., Farzaneh, F. (2014). Women's knowledge and attitude towards mode of delivery and frequency of cesarean section on mother's request in six public and private hospitals in Tehran, Iran, 2012. *Journal of Obstetrics and Gynaecology Research*, *40*(5), 1257-1266.

[12]. He, Z., Cheng, Z., Wu, T., Zhou, Y., Chen, J., Fu, Q., & Feng, Z. (2016). The costs and their determinant of cesarean section and vaginal delivery: an exploratory study in Chongqing municipality, China. *BioMed research international*, *2016*.

[13]. Janbabaee, G., Moosazadeh, M., Agah, R., Khani, S., Nezammahalleh, A., & Fallah, M. (2016). Trend of Cesarean Section and Natural Childbirth in Governmental and Private Hospitals during 2007-2014 and its 2021 Forecast in Mazandaran Province, Iran. *Journal of Mazandaran University of Medical Sciences*, *25*(134), 1-11.

[14]. Joshi, A., Thapa, M., & Panta, O. B. (2018). Maternal Attitude and Knowledge towards Modes of Delivery. *Journal of Nepal Health Research Council*, *16*(2), 209-214. Kamal, S. M. (2013). Preference for institutional delivery and caesarean sections in Bangladesh. *Journal of health, population, and nutrition*, *31*(1), 96.

[15]. Kitui, J., Lewis, S., & Davey, G. (2013). Factors influencing place of delivery for women in Kenya: an analysis of the Kenya demographic and health survey,2008/2009. *BMC pregnancy and childbirth*, *13*(1), 40.

[16]. Klemetti, R., Che, X., Gao, Y., Raven, J., Wu, Z., Tang, S., & Hemminki, E. (2010). Cesarean section delivery among primiparous women in rural China: an emerging epidemic. *American journal of obstetrics and gynecology*, *202*(1), 65-e1.

[17]. Khorsandi, M., Ghofranipour, F., Hidarnia, A., Faghihzadeh, S., & Ghobadzadeh, M. (21 2). The effect of PRECEDE PROCEED model combined with the health belief model and the theory of self-efficacy to increase normal delivery among nulliparous women. *Procedia-Social and Behavioral Sciences*, *46*, 187-194.

[18]. Lavender, T., Hofmeyr, G. J., Neilson, J. P., Kingdon, C., & Gyte, G. M. (2012). Caesarean section for non-medical reasons at term. *Cochrane database of systematic reviews*, (3).

[19]. Leap, N., Dodwell, N. C. T., & Newburn, M. (2010). Working with pain in labour. *An overview of evidence. New Digest*, *49*, 22-25.

[20]. Liu, N. H., Mazzoni, A., Zamberlin, N., Colomar, M., Chang, O. H., Arnaud, L., ... & Belizán, J. M. (2013). Preferences for mode of delivery in nulliparous Argentinean women: a qualitative study. *Reproductive health*, *10*(1), 2.

[21]. Lumbiganon, P., Laopaiboon, M., Gülmezoglu, A. M., Souza, J. P., Taneepanichskul, S., Ruyan, P., ... & Bang, H. T. (2010). Method of delivery and pregnancy outcomes in Asia: the WHO global survey on maternal and perinatal health 2007–08. *The Lancet*, *375*(9713), 490-499.

[22]. Maharlouei, N., Rezaianzadeh, A., Hesami, E., Moradi, F., Mazloomi, E., Joulaei, H., ...& Lankarani, K. B. (2013). The preference of Iranian women to have normal vaginal or cesarean deliveries. *Journal of research in medical sciences: the official journal of Isfahan University of Medical Sciences*, *18*(11), 943.

[23]. Maalim, H. A. (2017). *Determinants of mode of delivery among postnatal mothers admitted in Wajir county referral hospital* (doctoral dissertation, university of Nairobi).

[24]. Moawad, S., & Yakout, S. M. Quality of Life after Vaginal and Cesarean Deliveries Among A Group of Egyptian Women.

[25]. Moasheri, B. N., Sharifzadeh, G., Soltanzadeh, V., Khosravi Givshad, Z., & Rakhshany Zabol, F. (2016). Relationship between fear of pain, fear of delivery and attitude towards cesarean section with preferred mode of delivery among pregnant women. *The Iranian Journal of Obstetrics, Gynecology and Infertility*, *18*(179), 8 16.

[26]. Mokua, J. A. B. (2014). Factors influencing delivery practices among pregnant women in Kenya: a case of Wareng'District in Uasin Gishu County, Kenya. *Int J Innov Sci Res*, *10*(1), 50-8.

[27]. Nisar, N., Sohoo, N. A., & Memon, A. (2009). Knowledge, attitude and preferences of pregnant women towards modes of delivery. *JLUMHS*, *8*(03), 228.

[28]. Ochako, R., Fotso, J. C., Ikamari, L., & Khasakhala, A. (2011). Utilization of maternal health services among young women in Kenya: insights from the Kenya Demographic and Health Survey, 2003. *BMC pregnancy and childbirth*, *11*(1), 1.

[29]. Ruckley, C. V., Fowkes, F. G., & Bradbury, A. W. (Eds.). (2012). *Venous Disease: Epidemiology, management and delivery of care*. Springer Science & Business Media.

[30]. Sharifirad, G. H., Fathi, Z., Tirani, M., & Mehaki, B. (2007). Assessing of pregnant women toward vaginal delivery and cesarean section based on behavioral intention model. *Ilam University of Medical Science*, *15*(1), 19-23.

[31]. Shiferaw, S., Spigt, M., Godefrooij, M., Melkamu, Y., & Tekie, M. (2013). Why do women prefer home births in Ethiopia? *BMC pregnancy and childbirth*, *13*(1), 5.

[32]. Tian, X., Wu, J., Li, B., Qin, M., & Qi, J. (2014). Occurrence of cesarean section related factors in 40 counties of China from 1978 to 2010. *Zhonghua yu fang yi xue za zhi [Chinese journal of preventive medicine]*, *48*(5), 391-395.

[33]. Tsegay, Y., Gebrehiwot, T., Goicolea, I., Edin, K., Lemma, H., & San Sebastian, M. (2013). Determinants of antenatal and delivery care utilization in Tigray region, Ethiopia: a cross-sectional study. *International journal for equity in health*, *12*(1), 30.

[34]. Varghese, S., Singh, S., Kour, G., & Dhar, T. (2016). Knowledge, attitude and preference s of pregnant women towards mode of delivery in a tertiary care center. *Int J Research Med Sci*, *4*, 4394-8.

[35]. Victora, C. G., Aquino, E. M., do Carmo Leal, M., Monteiro, C. A., Barros, F. C., & Szwarcwald, C. L. (2011). Maternal and child health in Brazil: progress and challenges. *The Lancet*, *377*(9780), 1863-1876.

[36]. Yazdizadeh, B., Nedjat, S., Mohammad, K., Rashidian, A., Changizi, N., & Majdzadeh, R. (2011). Cesarean section rate in Iran, multidimensional approaches for behavioral change of providers: a qualitative study. *BMC health services research*, *11*(1), 159.

[37]. Yuen, J., Painter, I., Abraham, L., Melian, M., & Denno, D. M. (2014). A comparison of trends in cesarean delivery in Paraguay between 1995 and 2008. *International Journal of Gynecology & Obstetrics*, *126*(3), 265-271.

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