

# Acceptance of Caesarean Section Among Pregnant Women Attending Antenatal Clinic in A Tertiary Hospital in Ekiti State

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## Abstract:

The study determined the acceptance of Caesarean Section among pregnant women attending Antenatal Clinic of Ekiti State University Teaching Hospital Ado Ekiti. The study specifically assessed the level of awareness of pregnant women attending antenatal clinic on acceptance of caesarean section; determined the level of acceptance of caesarean section among pregnant women; examined the socio-economic factors influencing acceptance of caesarean section among pregnant women attending antenatal clinic; and assessed the influence of health practitioners in the acceptance of caesarean section among pregnant women. A descriptive survey research design was adopted for the study. The target population were pregnant women who booked at Ekiti State University Teaching Hospital Ado Ekiti State. The sample size of 106 was derived using the Cochran's formula. The instrument used for data collection was a well-structured self-designed questionnaire. The self-structured questionnaire was designed based on objectives of the study and was given to experts in the field of Nursing Science to critically examine and scrutinize for face and content validity. The instrument was administered on three consecutive clinic days for six weeks, a total of one hundred and six five (106) copies of the instrument were distributed. The data gathered from the study were analysed using statistical package for social science (SPSS version 25). The findings of the study revealed that most pregnant women have a relative high knowledge of caesarean section with the correct and informative reasons why caesarean section is been carried out while some women hold on to their beliefs and have little or no

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knowledge of caesarean birth. It was recommended among others that Health workers should ensure every woman undergoing caesarean section is well informed appropriately about the procedure and its indications in her present state or condition.

**Keywords:** Acceptance, Caesarean Section, Pregnant Women,

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## Introduction

Caesarean section (CS) is the delivery of a foetus through a surgical incision into the uterine wall after 28 weeks of gestation. Caesarean section often called a c-section is an operative technique which is the delivery of baby through incision in the mother's abdomen and uterus (Ashimi, et al., 2013). It is one of oldest and the most commonly performed obstetric operation in the world (Awoyemi, 2019). It serves as a surgical procedure facilitating rapid delivery of the baby when prolong pregnancy and /or labour deemed undesirable and vaginal route is not feasible i.e. vaginal delivery pose a risk to the mother and fetus (World Health Organization, 2016). It was reported sporadically throughout medical history that caesarean section was only obstetric operation rendered safe for both mother and fetus during the 20th Century. It is the most commonly performed major obstetric operation in the world and there is no doubt that it has contributed to improved obstetric care throughout the world.

Caesarean section (CS) is usually performed when vaginal birth is deemed hazardous either to the foetus or the mother. It has been noted that there is rapid increase in the rate of caesarean section contrary to the world health organization. The increase has been attributed to liberation of indication for fetal distress, mal-presentation and some maternal conditions like cardiac problem, diabetes mellitus, maternal distress as well as elective caesarean section (Panti, et al., 2019).

According to Betran Ye, et al (2016), statistics from 150 countries, showed a global caesarean section rate of 18.6% of all birth almost around 1 in 5 women will give birth through caesarean section. The CS rate varies worldwide, from country to country and within a country. The National CS rate of Great Britain and America have been reported as 23.8% and 32.8% respectively while 0.6% national CS rate was reported from Ethiopia (Panti et al., 2018).

In Nigeria, CS rates ranging from 12.2% to 34.5% were reported in some tertiary health facilities, in Ekiti 19.1% was reported within a year (Awoyemi, 2019) and in recent times the CS rates globally have been on the rise. This has been noted in Ghana, Britain and similarly in Nigeria, although there are still some concerns with accessing this service in the rural areas. CS is commonly done in Nigeria as an emergency procedure for indications like foetal distress, ante-partum haemorrhage, previous CS and obstructed labour. Interestingly, previous CS and obstructed labour are also important risk factors for ruptured uterus which is common in rural settings due to issues relating to the acceptability, accessibility and utilization of essential obstetric care services. Some of the reasons often cited for non-utilization of health facility by women in Nigeria include the distance to the health facility, the need to pay for service and the fear of surgery.

The acceptability of caesarean section depends on various factors as it is shown in some studies. In a study conducted in Nigeria involving 413 women showed that 6.1% of participants were willing to accept caesarean section as a method delivery while 8.1% of the women would accept if it would save the life of the mother and baby. Again 12.1% of the women would not accept caesarean section under any circumstances (Aziken, et al., 2017). Traditionally, Nigerian women are unwilling to have CS because of the general belief that abdominal delivery is reproductive failure on their part regardless of the feasibility of vaginal birth after CS and the decreasing mortality from Caesarean sections. This study therefore assessed the acceptance of Caesarean Section among pregnant women attending Antenatal Clinic of Ekiti State University Teaching Hospital Ado Ekiti. The study specifically:

1. assessed the level of awareness of pregnant women attending antenatal clinic on acceptance of caesarean section;
2. determined the level of acceptance of caesarean section among pregnant women;
3. examined the socio-economic factors influencing acceptance of caesarean section among pregnant women attending antenatal clinic; and
4. assessed the influence of health practitioners in the acceptance of caesarean section among pregnant women.

### Research Question

The following were research questions designed for the purpose of this study.

1. What is the level of awareness of pregnant women attending antenatal clinic at Ekiti State University Teaching Ado Ekiti about caesarean section?
2. What is the level of acceptance of pregnant women attending antenatal clinic at Ekiti State University Teaching Hospital Ado Ekiti about caesarean section?
3. What is the influence of socio-economic factors on the acceptance of caesarean section among pregnant women attending antenatal clinic at Ekiti State University Teaching Hospital Ado Ekiti?
4. What influence does health practitioners have in the acceptance of caesarean section among pregnant women attending antenatal clinic at Ekiti State University Teaching Hospital Ado Ekiti?

### Methodology

A descriptive survey research design was adopted for the study. The target population were pregnant women who booked at Ekiti State University Teaching Hospital Ado Ekiti State Nigeria regardless of their trimester. Ekiti State University Teaching Hospital Ado Ekiti is located along Similoluwa -Adebayo road in Ado local government in Ekiti State, Nigeria. It is a tertiary health care institution which provides health care service and also serves as referral centre to primary and secondary health care. The hospital commenced work in the upgraded State specialist hospital, Ado Ekiti on 1st April 2008. The hospital has 14 major clinical department which are been headed by a substantive head of department in which maternity complex is one of the important department. The maternity complex has six wards where about 300 mothers attending antenatal clinic.

The sample size of 106 was derived using the Cochran's formula. The convenience sampling technique was used on participants who were available at the clinic, on clinic days. Pregnant women who showed interest in the study after they had been informed about the study were recruited. The instrument used for data collection was a well-structured self-designed questionnaire. Section A assessed socio-demographic data of the respondents, section B consists of questions on awareness of C-section among pregnant women, section C assessed the acceptance of caesarean section among the pregnant women, section D assessed the influence health practitioners have in the past acceptance of caesarean section while section E assessed the influence of socio-economic factors on acceptance of caesarean section among pregnant women attending antenatal clinic

The self- structured questionnaire was designed based on objectives of the study and was given to experts in the field of Nursing Science to critically examine and scrutinize for face and content validity. Necessary amendment and correction from their observation were made on the instrument before copies were printed and distributed. A pretest of instrument was conducted at Federal Teaching Hospital Ido Ekiti using 10%of the sample size which

were 11 respondents. The collected data was statistically analysed Cronbach Alpha which yielded reliability coefficient value of 0.7426.

Copies of the questionnaire were administered by the researchers. The instrument was administered on three consecutive clinic days for six weeks, a total of one hundred and six five (106) copies of the instrument were distributed. The data gathered from the study were analysed using statistical package for social science (SPSS version 25). Also data were presented using appropriate tables and frequency distribution.

## Results

**Table 1: Socio-demographical characteristics of respondents**

Socio demographic data	Frequency(n=106)	Percentage %
Age		
15-25	14	13.2
26- 36	77	72.6
37-47	15	14.2
Above 47	0	0
Mean Age 36.13+_ 0.13		
Religion		
Christianity	92	86.8
Muslim	14	13.2
Traditional	0	0
Others	0	0
Marital Status		
Single	6	5.7
Married	98	92.5
Divorced	2	1.8
Widowed	0	0
Education status		
None	0	0
Primary	4	3.8
Secondary	13	12.2
Tertiary	89	84
Occupational status		
Civil servant	33	31.1
Self employed	42	39.6
Trading	19	18
Full House wife	5	4.7
Others	7	6.6
Socio-economic status		
Survival < 50,000 monthly	42	39.6
Survival <70,000>60,000	29	27.4
Survival <90,000>80,000	10	9.4
Survival >90,000 monthly	23	21.6
No response	2	2

Table 1 above reveals the socio-demographic characteristics of the respondents. The ages of the respondents ranges from 15 to 55 years. The mean age was  $36.13 \pm 0.13$  years. 14 (13.2%) out of the 106 respondents were within the modal age group of 15-25 years while 77 (72.6%) respondents were within the age range of 26-36 years, 15 (14.2%) respondents were within the modal age range of 37-47 years and 0 (0%) of the respondents were above 47 years. There were more Christians than Muslims, 92 (86.8%) out of the 106 respondents were of the Christian religion, 14 (13.2%) respondents were Muslims while none of the respondents are neither traditional nor any other religion. The marital status of the respondents varied within four major groups as 6 (5.7%) of the respondents were single, 98 (92.5%) of the respondents were married while 2 (1.8%) of the respondents were divorced and none of the respondents were widowed.

None of respondents had no formal education which indicates a level of educational attainment was reached by the respondent as 4 (3.8%) of the respondents had primary education only, 13 (12.2%) out of the respondents had secondary education only while 89 (84%) of the respondents had education up to tertiary level. The occupation of the respondents was also taken. 33 (31.1%) respondents were civil servants, 42 (39.6%) out of the 106 respondents were self-employed. 19 (18%) of the respondents were traders, 5 (4.7%) respondents were full housewives while 7 (6.6%) of the respondents had other means of livelihood. The table shows that 42 (39.6%) respondents survive monthly with 50,000 or less, 29 (27.4%) respondents survive monthly with less than 70,000 but more than 60,000, 10 (9.4%) respondents survive monthly with less than 90,000 but more than 80,000 while 23 (21.6%) respondents survive monthly with 90,000 and above while 2 (2%) respondents failed to record their socio-economic status.

**Research Question 1:** What is the level of awareness of pregnant women attending antenatal clinic at Ekiti State University Teaching Ado Ekiti about caesarean section?

**Table 2: Respondents' place of knowledge about caesarean section**

Place of knowledge of caesarean section	Frequency (n=106)	Percentage (%)
From social media	13	12.3
From worship center	5	4.7
From Market	0	0
From health practitioners	73	68.9
No response	15	14.1

Table 2 indicates that 13 (12.3%) of respondents knew about caesarean section from the social media, 5 (4.7%) of respondents knew about caesarean section from their worship centres while 73 (68.9%) of respondents knew about caesarean section from health practitioners around them. None of the respondents got the knowledge of caesarean section from the market while 15 (14.1%) of the respondents failed to provide this information because they haven't heard of caesarean section before.

**Research Question 2:** What is the level of acceptance of pregnant women attending antenatal clinic at Ekiti State University Teaching Hospital Ado Ekiti about caesarean section?

**Table 3: Respondents' acceptance of caesarean section**

	SA (%)	A (%)	U (%)	SD (%)	D (%)
CS will be accepted if medically indicated as delivery option	26 (24.5)	36 (34)	16 (15.1)	11 (10.4)	4 (3.8)
CS will be accepted if cost is subsidized.	27	37 (35)	13	7 (6.6)	14

	(25.5)		(12.3)		(13.2)
CS will be accepted if medically indicated as a delivery option	31 (29.2)	43 (40.5)	17 (16)	5 (4.7)	7 (6.6)
CS will be accepted if your husband approves it.	27 (25.5)	39 (36.8)	16 (15.1)	9 (8.5)	10 (9.4)
CS will be accepted if your religious leader disapproves it	5 (4.7)	20 (18.9)	18 (17)	30 (28.3)	28 (26.4)

Table 3 indicates the level of acceptance of caesarean section by the respondents. 26 (24.5%) respondents showed strong agreement if caesarean section will be made as a delivery option for them, 36 (34%) respondents show agreement, 11 (10.4%) respondents showed strong disagreement to this option, 12 (11.3%) respondents simply disagreed while 16 (15.1%) respondents are unsure if they would accept this option for caesarean section. On the second item, 27 (25.5%) respondents on the other hand indicated a strong agreement for caesarean section if the cost is subsidized, 37 (35%) respondents simply agreed while 7 (6.6%) respondents indicated strong disagreement to this option, 14 (13.2%) respondents simply disagreed and 13 (12.3%) respondents are unsure about their decision to this option.

On the third item, 31 (29.2%) respondents showed a strong agreement of caesarean section if it is indicated medically as birth option for them, 43 (40.5%) respondents simply agreed while 5 (4.7%) respondents indicated strong disagreement of caesarean section as birth option medically, 7 (6.6%) respondents simply disagreed and 17 (16%) respondents were unsure of their decision to accept caesarean section as birth option. On the fourth item, 27 (25.5%) respondents indicated strong agreement to caesarean section if their husbands (spouse) approves of it, 39 (36.8%) respondents simply agreed while 9 (8.5%) of the respondents indicated strong disagreement if caesarean section as an option of child birth, 10 (9.4%) respondents simply disagreed and 16 (15.1%) respondents are unsure about their stand with this option of caesarean section. On the fifth item, 5 (4.7%) respondents revealed a strong agreement if their religious leaders disapprove of caesarean section, 20 (18.9%) respondents just agreed while 30 (28.3%) of the respondents showed strong disagreement with the disapproval of their religious leaders, 28 (26.4%) respondents just disagreed and 18 (17%) respondents are indecisive about their take on this choice of action.

**Research Question 3:** What is the influence of socio-economic factors on the acceptance of caesarean section among pregnant women attending antenatal clinic at Ekiti State University Teaching Hospital Ado Ekiti?

**Table 4: Influence of socio-economic factors on caesarean section**

Variables	SA (%)	A (%)	U (%)	SD (%)	D (%)
Caesarean section is plan of God for women	28 (26.4)	26 (24.5)	27 (25.5)	10 (9.4)	11 (10.4)
Caesarean section is punishment of sin	4 (3.8)	11 (10.4)	11 (10.4)	58 (54.7)	18 (17)
Women who undergo caesarean section are not strong women	7 (6.6)	6 (5.7)	11 (10.4)	53 (50)	25 (23.5)
Caesarean section is a disturbance to activity of daily living after recovery	11 (10.4)	15 (14.2)	18 (17)	33 (31.1)	25 (23.5)
The cost of caesarean section is too high	30 (28.3)	48 (45.3)	8 (7.5)	8 (7.5)	8 (7.5)

Government should subsidize the cost of caesarean section in government institution	54 (51)	35 (33)	4 (3.8)	5 (4.7)	4 (3.8)
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Table 4 reveals respondent perception of caesarean section on socio economic factors, 28 (26.4%) respondents indicated strong agreement that caesarean section is not part of God's plan for women, 26 (24.5%) simply agree while 10(9.4%) respondents strongly disagree with this assessment, 11 (10.4%) respondents simply disagrees and 27 (25.5%) respondents are unsure of their opinion. On the second item, 4 (3.8%) of the respondents strongly agree that caesarean section is a punishment as a result of sin, 11 (10.4%) respondents showed agreement while 58 (54.7%) respondents strongly disagree with this assessment, 18 (17%) just disagrees and 11 (10.4%) respondents are indecisive of their opinion. On the third item, 7 (6.6%) respondents strongly agree with the assessment that caesarean section is undergone by women who are not competent, 6 (5.7%) respondents agree while 53 (50%) respondents strongly disagree that caesarean section is for incompetent women, 25 (23.5%) respondents simply disagrees and 11 (10.4%) respondents are unsure about this assessment.

On the fourth item, 11 (10.4%) of the respondents strongly agree that caesarean section is a disturbance to daily work after healing, 15 (14.2%) respondents simple agree while 33 (31.1%) respondents strongly disagree with the assessment, 25 (23.5%) respondents simply disagree and 18 (17%) respondent are uncertain about their opinions. On the fifth item, 30 (28.3%) of the respondents strongly agree that the cost of caesarean section is too high, 48 (45.3%) respondents simply agree while 8 (7.5%) respondents strongly disagree that the cost of caesarean section is too high, 8 (7.5%) respondents simply disagree and 8 (7.5%) respondents are not sure. Lastly, 54 (51%) of the respondents strongly agree that the government should subsidize the cost of caesarean section in government owned institutions, 35 (33%) respondents simply agree while 5 (4.7%) respondents strongly disagree that the government should adjustment the cost of caesarean section in government institutions, 4 (3.8%) respondents simply disagree and 4 (3.8%) respondents are uncertain about subsidizing the cost of caesarean section in government institutions.

**Research Question 4:** What influence does health practitioners have in the acceptance of caesarean section among pregnant women attending antenatal clinic at Ekiti State University Teaching Hospital Ado Ekiti?

**Table 5: Influence of health practitioners on acceptance of caesarean section**

Variables	SA (%)	A (%)	U (%)	SD (%)	D (%)
Health practitioners inflict fear about caesarean section during counselling	6 (5.7)	20 (18.9)	7 (6.6)	34 (32.1)	38 (35.8)
Adequate care is given to the women who had caesarean section	33 (31.1)	60 (56.6)	4 (3.7)	3 (2.8)	4 (3.8)
Midwives empathy increases the feeling of caesarean section acceptance.	20 (19)	40 (37.8)	27 (25.5)	9 (8.5)	9 (8.5)
Health practitioners educate pregnant women on indication for caesarean section	37 (35)	52 (49.1)	8 (7.5)	5 (4.7)	1 (0.9)

Table 5 indicates the rate at which health practitioners influence the acceptance of caesarean section by pregnant women. 6 (5.7%) of the respondents feel a strong agreement

that the health practitioners inflict fear about caesarean section during counselling, 20 (18.9%) respondents simply Agree, while 34 (32.1%) respondents strongly disagree with this assessment, 38 (35.8%) respondents simply disagrees and 7 (6.6%) respondents are unsure about this opinion. On second item, 33 (31.1%) respondents indicated strong agreement that adequate care is given to women who had caesarean section by the doctors and nurses, 60 (56.6%) respondents just agreed while 3 (2.8%) respondents strongly disagree with this, 4 (3.8%) respondents simply disagrees and 4 (3.7%) respondents are undecided about their take on this assessment.

On third item, 20 (19%) of the respondents strongly agrees that the empathy of the midwives increases the feeling of caesarean section acceptance in pregnant women, 40 (37.8%) simply agrees while 9 (8.5%) respondents strongly disagrees that the empathy of midwives does nothing to increase the feeling of acceptance of caesarean section, 9 (8.5%) respondents simply disagrees and 27 (25.5%) respondents are not sure about how true or false this assessment is. On the fourth item, 37 (35%) of the respondents indicated strong agreement that truly health practitioners do well to educate pregnant women for caesarean section, 52 (49.1%) respondents simply showed agreement while 5 (4.7%) respondents strongly disagree that health practitioners are not do well enough to educate pregnant women on caesarean section, 1 (0.9%) just agreed and 8 (7.5%) respondents are unsure about their decision on this assessment.

### Discussion of Findings

The study revealed that respondents' places of knowledge of caesarean section are from worship centres, market, social media and from health practitioners with most of the respondents 73 (68.9%) gaining the knowledge from health practitioners. The statistics rate of acceptance of caesarean section by the respondents is high 54% compare with the 26.4% of the respondents rejected caesarean section despite indication for CS. This is in correlation with Awoyinka et al (2017) and Olajubu et al (2018), while it is contrary to the study carried out by Ezeoma (2018).

The educational facts revealed that none of the respondents had no formal education which indicates a level of educational attainment reached by the respondent. A higher percentage of the pregnant women have educational status up to tertiary level. This indicates a high level of literacy amongst the pregnant women. The educational status of the respondents showed that many of them have a good level of understanding about caesarean section which leads to the high rate of acceptance. The occupation of the respondents was also taken into consideration as the respondents' occupation played an important role in the knowledge and acceptance of caesarean section. The socio-economic status of the respondents gave a hint on the level of acceptance of caesarean section due to the cost of caesarean section in medical institutions. The cultural beliefs of the respondents show that a high percentage of the respondents will accept caesarean section if medically indicated as a birth option.

The rate at which health practitioners influence the acceptance of caesarean section by pregnant women is relatively high as 32% of the respondents showed strong agreement with the health practitioners' influence, 36% respondent simply agreed while 6% respondents strongly disagree with the health practitioners' influence, 19% respondents simply disagree and 7% respondents are undecided about their opinion. This assessment shows how high the



influence of health practitioners runs in the knowledge and acceptance of caesarean section by pregnant women.

### Conclusion

The study reveals that most pregnant women have a relative high knowledge of caesarean section with the correct and informative reasons why caesarean section is been carried out while some women hold on to their beliefs and have little or no knowledge of caesarean birth.

### Recommendations

In the view of the findings from this study, the researcher made the following recommendations:

1. Health workers should ensure every woman undergoing caesarean section is well informed appropriately about the procedure and its indications in her present state or condition.
2. Information about caesarean section should be included into our routine antenatal check-up, emphasizing that caesarean section is a form of save delivery when it is medically indicated.
3. Government should subsidize caesarean section bill which may increase the level of acceptance of the caesarean section among pregnant women.

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