

C-SECTION PREFERENCE REASONS OF WOMEN: A SCALE
DEVELOPMENT STUDY ⁽¹⁾KADINLARIN SEZARYEN TERCİH NEDENLERİ: BİR ÖLÇEK
GELİŞTİRME ÇALIŞMASI

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Öz: Giriş: Amaç: Türkiye’de tüm hamile kadınların %51,7’si bebeklerini doğurmak için sezaryen ameliyatı geçirmektedir. Sezaryen geçiren kadınlar, sadece anne ölüm ve morbiditesine önemli ölçüde katkıda bulunmakla kalmayıp aynı zamanda doğum sonrası iyileşme ve rahatsız olumsuz yönde etkileyen sepsis ve enfeksiyonlara maruz kalmaktadırlar. **Amaç:** Bu çalışmanın amacı kadınların sezaryen tercih nedenlerini ve etkileyen faktörleri belirlemektir. **Yöntem:** Araştırmanın verileri kantitatif metodoloji kullanılarak, Eylül ve Ekim 2019 arasında, son altı ay içinde sezaryen geçiren toplam 430 kadından elde edildi. Analiz kapsamında, demografik ve betimleyici istatistikler, güvenilirlik analizi, Faktör Analizi, t-testi analizi, Varyans analizi (ANOVA), Jonckheerterprtra, Kruskal Wallis, Kolmogorov Smirnov ve Man Whitney uygulanmıştır. Cronbach’s Alpha kat sayısı 0,895 olarak elde edilmiştir. Analizler SPSS 18 ve Eviews 9 ile gerçekleştirilmiştir. **Bulgular:** Elde edilen veriler doğum sonrası iyileşmenin uzun sürdüğünü düşünceleri nedeniyle sezaryeni tercih ettikleri belirlenmiştir. Kadınların sezaryen iyileşmesi konusundaki öncelikleri, ağrı (veya eksikliği), hareketlilik ve bakım dahil olmak üzere günlük aktivitelere devam etme yeteneği üzerine odaklanmıştır. İlk kez sezaryen geçirenler, enfeksiyon belirtilerini belirleme yeteneklerinden emin olmadıklarını ve sağlık profesyonellerine gitmek istediklerini bildirmişlerdir. Kadınların bazılarının enfeksiyonun önlenmesi hakkında bilgi alıp almadıklarını hatırlayamadıkları ve yeterli öneri almadıkları, bazılarının ise sezaryen iyileşmesi hakkında genel bilgi aldıkları saptanmıştır. **Sonuç:** Sezaryen geçiren kadınların, ameliyat sonrası ‘normal’ iyileşme için daha fazla bilgi özellikle yazılı bilgi istedikleri ve enfeksiyon önleme konusundaki önerileri memnuniyetle karşılayacakları belirlenmiştir. Böylece iyileşme daha çabuk olacak ve potansiyel olarak sepsis ve enfeksiyon oranları azaltılmış olacaktır. Sezaryen damgalaması kadınların iyileşme deneyimlerini ve muhtemelen bilgi sunumunu olumsuz etkilemektedir. Katılımcıların sigara, alkol gibi maddeleri kullanmaları arttıkça psikolojik sorun yaşama olasılıkları da artmaktadır. Katılımcıların psikolojik problemleri, iş veya sosyal hayatındaki problemlerinden etkilenmektedir. Katılımcıların iş veya sosyal hayatta problem yaşama olasılıkları arttıkça, sigara ve alkol gibi maddeleri kullanma olasılıkları da artmaktadır. Hastanın hamilelik süresince sezaryeni olumlu veya olumsuz etkileri konusunda bilgilendirilmesinin normal doğum yapma olasılığını artırdığı belirlenmiştir.

Anahtar Kelimeler: Sezaryen Ameliyatı, Doğum Sonrası Enfeksiyon, Hasta Deneyimi

Abstract: Introduction: 51.7% of all pregnant women in Turkey is undergoing caesarean section to give birth to their babies. Women who have had a caesarean section not only contribute significantly to maternal mortality and morbidity, but also suffer from sepsis and infections that adversely affect postpartum recovery and well-being. **Purpose:** The purpose of this study is to determine the C-section preference reasons of women and affecting factors. **Method:** Data of the research were obtained from a total of 430 women who had a caesarean section in the last six months between September and October 2019 by using quantitative methodology. Within the scope of the analysis, demographic and descriptive statistics, reliability analysis, Factor Analysis, t-test analysis, Variance analysis (ANOVA), Jonckheerterprtra, Kruskal Wallis, KolmogorovSmirnov and Man Whitney were applied. Cronbach’s Alpha coefficient was obtained as 0.895. Analyses were performed with SPSS 18 and Eviews 9. **Findings:** In line with the data obtained, it has been determined that women prefer caesarean section due to psychological, physiological reasons, on their own will and due to their thoughts on postpartum late recovery. The study focused on women’s priorities in caesarean recovery, on the ability to continue daily activities, including pain (or deficiency), mobility and care. Those who had caesarean section for the first time reported that they were not sure of their ability to determine the symptoms of infection and wanted to go to health professionals. It was found that some of the women could not remember whether they had received information about the prevention of infection and had not received enough advice while others had received general information about caesarean recovery. **Conclusion:** It was determined that women who had a caesarean section would like more information, especially written information for post-operative ‘normal’ recovery, and would welcome recommendations on infection prevention. Thus, recovery will be faster and potentially sepsis and infection rates will be reduced. Caesarean stigma negatively affects women’s healing experiences and possibly information delivery. As participants use substances such as cigarettes and alcohol, they are more likely to experience psychological problems. The psychological problems of the participants are affected by their problems in business or social life. As participants are more likely to experience problems in business or social life, they are more likely to use substances such as cigarettes and alcohol. It has been determined that informing the patient about the positive or negative effects of C-section during pregnancy increases the probability of giving birth normally.

Keywords: C-Section Surgery, Postpartum Infection, Patient Experience

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INTRODUCTION and THEORETICAL FRAMEWORK

During pregnancy, women often feel complicated feelings about birth, new lifestyle and new responsibilities. Birth is an important emotional event in a woman's life and is a normal psychosocial process. Fear of birth and ambient feelings about birth are a normal part of the pregnancy process (Kasai, 2010). The action of birth is a process that may expose the woman to many risks during pregnancy, at birth and in postpartum period (Sönmez and Sivaslıoğlu, 2019). Pregnant women experience fear and anxiety about how the delivery will be during the pregnancy. Especially in her first pregnancy, a woman experiences many new sensations she cannot define and does not know what to encounter at birth (Sönmez and Sivaslıoğlu, 2019). In addition, many factors are effective for women to decide the appropriate delivery method (Elkin, 2016: 120). Regarding the fact that birth is a painful and difficult process, the negative experiences of women about vaginal delivery during pregnancy direct their preferences to cesarean delivery in relation to the idea that they will also experience this process (Sayıner and Özerdoğan, 2009). In the study of Ergöl, Ş., Kürtüncü, M., (2014), it has been determined that the fear from birth and the pain experienced at birth is significantly effective in C-section preferences of women.

There can be many reasons for the continuous increase in cesarean delivery rates. Some of the possible reasons can be listed as advanced maternal age, never having given birth before, obesity, anxiety of genital changes caused by vaginal delivery, the idea that cesarean delivery is more reliable for the baby, the idea that it is a more suitable method for mother and healthcare professionals, fear of medical litigation, desire to have a completely healthy baby, reduced tolerance to any complications or possible negative results (Karabel et al., 2017), predetermination of cesarean period and time, fear of birth pain, low or absence of possibility of delivery with epidural anesthesia and poor obstetric memories experienced in previous births (Tekin, 2006).

In addition to the undesired problems such as delayed onset of breastfeeding and mother-baby relationship and existence of risk factors for future births, cesarean delivery increases maternal mortality 4 times compared to vaginal birth (Gözükara and Eroğlu, 2008). While the possibility of giving birth by cesarean increases due to many factors, it is reported that 45% of the first births are performed by C-section (Cited by Karabulutlu, 2012 from TNSA, 2008).

According to data of Turkey Demographic Health Survey, the cesarean rate in 2003 was 21.2%, and 37% in 2008 (Ergöçmen et al., 2009). The rate of C-section delivery among all births was 16% in the world regarding the

data of 2010 while it was 47% in Turkey in 2011 (Başara et al., 2012). It was found as 48% in 2013 (www.hips.hacettepe.edu.tr, 13.05.2020).

It is known that the frequency of normal births has decreased and the tendency of cesarean delivery has increased in Turkey and in the world. To prevent the increase in cesarean delivery rate, it is very important to know the effective factors (Elkin, 2016: 126). In our country, the purpose is to decrease the cesarean rates to 27% in 2017 and 20% in 2023 and to increase normal and natural births (T.R. Ministry of Health 2012).

All these results reveal the importance of personal preference in increasing cesarean rates in recent years. One of the factors that affect the caesarean rate is the preference of the mother. Gradual increase in cesarean rates in women and preferring cesarean delivery voluntarily is an issue that should be emphasized (Tekin, 2006). It is important that the pregnant women are well-informed correctly and directed towards the appropriate delivery method and the delivery is carried out in a healthy way. Factors affecting the preference of cesarean delivery should be determined (Dölen and Özdeğirmenci, 2004) and national programs should be developed in order for the efforts to decrease the rates of cesarean delivery without medical reasons to be successful (Elkin, 2016: 120).

APPLICATION RESULTS

Table 1. Reliability Analysis

Cronbach's Alpha	Number of Items
,895	30

Looking at the results of reliability analysis, 30 items included in the analysis have been found to be at highly reliable.

Demographic Statistics

Demographic statistics of the participants are presented below. The profile of the participants are as follows;

- 9% of them are in business life for 1-3 years, 34% for 4-6 years, 17% for 7-9 years, 13% for 10-12 years, 11% for 13-15 years, 7% for 16-20 years and 8% for 21+ years.
- 3% is working in Public sector, 25% in Private sector, 33% is Freelancer, 32% is not working and 7% is in other sectors.
- 8% is primary school graduate, 18% is high school graduate, 40% is college graduate, 28% is university graduate and 6% is literate.
- 6% of them earn 1301-1800, 29% earns 1801-2000, 36% earns 2001-2500, 20% earns 2501-3000 and 9% earns 800-1300 TL.

- 26% is married for 1 year, 52% for 2-4 years, 10% for 5-8 years, 7% for 9-12 years, and 5% for 13+ years.
- 12% is in the age group of 18-20, 28% in 21-25, 36% in 26-30, 13% in 31-35, 6% in 36-40 and 4% is in the age group of 41+.

Table 2. Demographic Statistics

	Option	Frequency	Column N %
HOW LONG HAVE YOU BEEN IN BUSINESS LIFE?	1-3 years	39	9%
	4-6 years	147	34%
	7-9 years	74	17%
	10-12 years	58	13%
	13-15 years	48	11%
	16-20 years	30	7%
IN WHICH SECTOR DO YOU WORK?	21+ years	34	8%
	Public	13	3%
	Private	108	25%
	Not working	137	32%
	Freelancer	141	33%
WHAT IS YOUR EDUCATION LEVEL?	Other	31	7%
	Primary school	36	8%
	High school	78	18%
	College	170	40%
	University	120	28%
WHAT IS YOUR INCOME?	Literate	26	6%
	1301-1800	25	6%
	1801-2000	126	29%
	2001-2500	154	36%
	2501-3000	86	20%

	800-1300	39	9%
HOW LONG HAVE YOU BEEN MARRIED?	1 year	113	26%
	2-4 years	224	52%
	5-8 years	43	10%
	9-12 years	29	7%
	13+	21	5%
HOW OLD ARE YOU?	18-20	51	12%
	21-25	119	28%
	26-30	156	36%
	31-35	58	13%
	36-40	27	6%
	41+	19	4%

Table 3. Statistics about Pregnancy Period

	Option	Fre- quen- cy	Col- umn N %
IS THIS YOUR FIRST PREGNANCY?	First	212	49%
	Second	157	37%
	Third	46	11%
	Fourth	15	3%
HAVE YOU EVER EXPERIENCED MISCARRIAGE OR ABORTION?	Yes	194	45%
	No	236	55%
WHAT KIND OF NUTRITION DO YOU TAKE DURING PREGNANCY?	Fruits and vegetables	56	13%
	Meat and dairy products	129	30%
	Convenience foods and products	154	36%
	Liquids and desserts	75	17%
	Other products	16	4%



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DO YOU BENEFIT FROM PRIVATE HEALTH INSURANCE?	Yes	150	35%
	No	280	65%
HAVE YOU HAD ANY PSYCHOLOGICAL PROBLEMS DURING YOUR PREGNANCY?	Yes	102	24%
	No	328	76%
WHICH OF THE FOLLOWING ITEMS DO YOU USE CONSISTENTLY?	Smoking	201	47%
	Alcohol	3	1%
	Smoking+alcohol	20	5%
	Other	34	8%
	None of them	172	40%
DO YOU HAVE SOCIAL AND FAMILY PROBLEMS ABOUT YOUR JOB AND PROFESSION?	Yes	102	24%
	No	328	76%
DO YOU USE SOCIAL MEDIA? WHICH ONES DO YOU USE IF SO?	Facebook	58	13%
	Twitter	127	30%
	YouTube	161	37%
	All of them	14	3%
	None of them	70	16%
HOW MANY HOURS A DAY DO YOU EXERCISE?	1 hour	153	36%
	2 hours	22	5%
	3 hours	30	7%
	I don't do sports	225	52%
WHAT KIND OF EXERCISES DO YOU GENERALLY DO?	Walking	58	13%
	Swimming	127	30%
	Fitness and other sports activities	161	37%
	Running	14	3%
	Other	70	16%

DO OR DID THE SPORTS ACTIVITIES CONTRIBUTE TO YOU PHYSICAL AND MENTALLY IN YOUR PREGNANCY PERIOD?	Yes	188	44%
	No	241	56%
DO YOU THINK YOUR PREGNANCY WAS DIFFICULT AND DISTRESSED?	Yes	248	58%
	No	181	42%
DO YOU FREQUENTLY GO TO YOUR DOCTOR FOR ROUTINE CONTROLS IN PREGNANCY?	Yes	196	46%
	No	234	54%
HAVE YOU GAINED EXCESS WEIGHT IN PREGNANCY?	Yes	239	56%
	No	186	43%
	It was a normal process	5	1%
DO YOU PREFER C-SECTION IF NO MEDICAL OBLIGATION EXISTS?	Yes	310	72%
	No	120	28%
DO YOU KNOW THAT VAGINAL BIRTH IS A BETTER DECISION FOR YOU?	Yes	411	96%
	No	19	4%
DID YOUR DOCTOR INFORM YOU ABOUT C-SECTION DELIVERY?	Yes	412	96%
	No	18	4%
ARE YOU INFORMED ABOUT ANESTHESIA AND OTHER MEDICAL COMPLICATIONS?	Yes	196	46%
	No	234	54%

Participants were asked to answer a series of questions about how they went through their pregnancy processes. Accordingly;

- 49% of the participants are going through their first pregnancy, 37% of them second pregnancy, 11% third pregnancy and 3% of them are going through their fourth pregnancy.

- For the question ‘Have you ever experienced miscarriage or abortion’, 45% of the participants answered Yes.

- Regarding the nutrition of the participants, 13% of them mostly eat fruits and vegetables, 30% meat and dairy products heavily, 36% convenience foods and pro-

-
- ducts, 17% liquids and desserts and 4% of them generally eat other products.
 - 35% of the participants have private health insurance.
 - 24% of them experienced a psychological problem during pregnancy.
 - 47% of them smoked, 1% consumed alcohol, 5% used both smoking and alcohol and 8% used other drugs during pregnancy.
 - 24% of them experience social and family issues about their job and occupation.
 - 13% uses Facebook, 30% uses Twitter and 37% uses YouTube.
 - 36% of the participants do sports activities 1 hour a day, 5% does 2 hours and 7% does 3 hours during pregnancy.
 - Most popular activities are Walking with 13%, Swimming with 30%, Fitness with 37% and other sports activities with 3%.
 - 44% of them state that sports activities make physical and mental contribution during pregnancy.
 - 58% of them have stated that they are going through a difficult pregnancy.
 - 46% of them have stated that they frequently consult their doctor during pregnancy.
 - 56% of them have uttered to gain weight above normal.
 - 72% of them have said not to prefer C-section if no medical obligation exists.
 - 96% of them have expressed that they know vaginal delivery is a better decision for them.
 - 96% of them have said that doctor has informed about C-section.
 - 46% of them are sufficiently informed about anesthesia and other medical complications.
- Factor analysis was applied by evaluating the responses given by the participants. As a result of the analysis, the following factors were obtained. A total of 30 items consisting of the responses of the participants regarding the C-section delivery were loaded on the remaining 4 factorial sub-dimensions after the factor analysis.
1. I prefer C-section due to psychological reasons
 2. I prefer C-section due to physiological reasons
 3. C-section delivery should be performed upon the mother's request
 4. I prefer C-section since healing takes long after vaginal delivery
-

Table 4. Component Transformation Matrix

Components	1	2	3	4
1. I prefer C-section due to psychological reasons	,746	,576	,211	,259
2. I prefer C-section due to physiological reasons	-,364	-,064	,662	,652
3. C-section delivery should be performed upon the mother's request	-,374	,499	-,623	,473
4. I prefer C-section since healing takes long after vaginal delivery	-,414	,644	,360	-,533

Table 5. Total Variance Explained

Components	Initial Eigen values			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1. I prefer C-section due to psychological reasons	4,185	13,950	13,950	4,185	13,950	13,950	3,333	11,110	11,110
2. I prefer C-section due to physiological reasons	2,593	8,642	22,592	2,593	8,642	22,592	2,797	9,322	20,432
3. C-section delivery should be performed upon the mother's request	2,266	7,553	30,145	2,266	7,553	30,145	2,461	8,202	28,634
4. I prefer C-section since healing takes long after vaginal delivery	2,007	6,690	36,835	2,007	6,690	36,835	2,460	8,201	36,835

By examining the number of pregnancies and the possibility of having an abortion, the probability of the participants who experienced a large number of pregnancies to terminate the pregnancy process was desired to be determined. The analysis does not reject the hypot-

hesis that the probability of abortion does not change as the number of pregnancy of the participants rises, which is the basic hypothesis. Accordingly, the probability of abortion does not change as the number of pregnant women increases.



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ANOVA

1. IS THIS YOUR FIRST PREGNANCY

	Sum of Squares	df	MeanSquare	F	Sig.
BetweenGroups	,548	1	,548	,855	,356
WithinGroups	274,438	428	,641		
Total	274,986	429			

By examining the number of pregnancies and nutrition regularly, it was aimed to determine whether the participants who had a large number of pregnancies applied a special diet during pregnancy. The analysis rejects the

hypothesis that the nutrition of the participants does not change as the number of pregnancy rises, which is the basic hypothesis. Accordingly, participants apply a special diet as the number of pregnancy increases.

ANOVA

1. IS THIS YOUR FIRST PREGNANCY

	Sum of Squares	df	MeanSquare	F	Sig.
BetweenGroups	9,755	4	2,439	3,908	,004
WithinGroups	265,231	425	,624		
Total	274,986	429			

Analysis was carried out to understand whether substance use such as smoking and alcohol during pregnancy was triggered by a psychological problem. The hypothesis that the substance use of the participants, which

is the main hypothesis of the analysis, did not trigger psychological problems was rejected. Accordingly, as the participants use such substances as smoking and alcohol, they are more likely to experience psychological problems.

ANOVA

11. WHICH OF THE FOLLOWING ITEMS DO YOU USE CONSISTENTLY?

	Sum of Squares	df	MeanSquare	F	Sig.
BetweenGroups	57,001	1	57,001	16,593	,000
WithinGroups	1470,304	428	3,435		
Total	1527,305	429			

Analysis was carried out to understand whether the probability of experiencing a psychological problem during pregnancy was triggered by a problem at work or social life. The hypothesis that the probability of participants to experience psychological problem is not

triggered by a problem at work or social life was rejected, which is the main hypothesis. Accordingly, the psychological problems of the participants are affected by their problems in business or social life.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	ExactSig. (2-sided)	ExactSig. (1-sided)
PearsonChi-Square	430,000	1	,000		
ContinuityCorrectionb	424,491	1	,000		
LikelihoodRatio	471,144	1	,000		
Fisher'sExact Test				,000	,000
Linear-by-LinearAssociation	429,000	1	,000		
N of ValidCases	430				

Analysis was carried out to understand whether substance use such as smoking and alcohol during pregnancy was triggered by a problem at work or social life. The hypothesis that the substance use is not triggered by problems at work or social life – which is the

main hypothesis of the analysis – was rejected. Accordingly, as the probability of participants to use such substances as smoking and alcohol increases as they are more likely to experience problems at work or social life.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	24,597	4	,000
Likelihood Ratio	29,863	4	,000
Linear-by-Linear Association	16,011	1	,000
N of Valid Cases	430		

An analysis was carried out to find out whether informing the patient by the doctor who will perform delivery during pregnancy increases the likelihood of normal delivery of the patient. The main hypothesis of the analysis states that the doctor's detailed information about the cesarean section to the patient does

not affect the possibility of normal delivery. As a result of the analysis, it was determined that informing the patient about the positive or negative effects of cesarean during pregnancy increases the probability of normal delivery.

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
23. DO YOU KNOW THAT VAGINAL BIRTH IS A BETTER DECISION FOR YOU?	Equal variances assumed	21,457	,000	-2,597	428	,010	-,12783	,04921	-,22456	-,03110
	Equal variances not assumed			-1,406	17,380	,177	-,12783	,09089	-,31927	,06361

An analysis was performed to understand whether the pregnant women's age is an effective factor on C-section preference. The main hypothesis of the analysis states that pregnant

women's age does not affect C-section preferences. Following the analysis, it has been determined that the pregnant women's age is an effective factor on the following statements;



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preferring C-section due to psychological and physiological reasons, C-section delivery must be performed upon the mother's request

and preferring C-section due to long healing process of vaginal delivery.

ANOVA

		Sum of Squares	df	MeanSquare	F	Sig.
I prefer C-section due to psychological reasons	Between-Groups	17,511	5	3,502	3,609	,003
	WithinGroups	411,489	424	,970		
	Total	429,000	429			
I prefer C-section due to physiological reasons	Between-Groups	29,558	5	5,912	6,275	,000
	WithinGroups	399,442	424	,942		
	Total	429,000	429			
C-section delivery should be performed upon the mother's request	Between-Groups	206,854	5	41,371	78,963	,000
	WithinGroups	222,146	424	,524		
	Total	429,000	429			
I prefer C-section since healing takes long after vaginal delivery	Between-Groups	11,532	5	2,306	2,343	,041
	WithinGroups	417,468	424	,985		
	Total	429,000	429			

An analysis was performed to understand whether pregnant women's education is an effective factor on C-section preferences. The main hypothesis of the analysis states that pregnant women's education does not affect C-section preferences. Following the

analysis, it has been determined that pregnant women's education is an effective factor on the following items; preferring C-section due to psychological and physiological reasons, preferring C-section due to long healing process of vaginal delivery.

ANOVA

		Sum of Squares	df	MeanSquare	F	Sig.
I prefer C-section due to psychological reasons	BetweenGroups	52,959	4	13,240	14,964	,000
	WithinGroups	376,041	425	,885		
	Total	429,000	429			
I prefer C-section due to physiological reasons	BetweenGroups	16,067	4	4,017	4,134	,003
	WithinGroups	412,933	425	,972		
	Total	429,000	429			
C-section delivery should be performed upon the mother's request	BetweenGroups	7,896	4	1,974	1,992	,095
	WithinGroups	421,104	425	,991		
	Total	429,000	429			
I prefer C-section since healing takes long after vaginal delivery	BetweenGroups	11,807	4	2,952	3,007	,018
	WithinGroups	417,193	425	,982		
	Total	429,000	429			

An analysis was performed to understand whether pregnant women's income is an effective factor on C-section preferences. The main hypothesis of the analysis states that pregnant women's income does not affect C-section preferences. Following the analy-

sis, it has been determined that pregnant women's income is an effective factor on the following items; preferring C-section due to psychological and physiological reasons and C-section delivery must be performed upon the mother's request.



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ANOVA

		Sum of Squares	df	MeanSquare	F	Sig.
I prefer C-section due to psychological reasons	BetweenGroups	29,787	4	7,447	7,928	,000
	WithinGroups	399,213	425	,939		
	Total	429,000	429			
I prefer C-section due to physiological reasons	BetweenGroups	92,878	4	23,220	29,359	,000
	WithinGroups	336,122	425	,791		
	Total	429,000	429			
C-section delivery should be performed upon the mother's request	BetweenGroups	19,688	4	4,922	5,111	,000
	WithinGroups	409,312	425	,963		
	Total	429,000	429			
I prefer C-section since healing takes long after vaginal delivery	BetweenGroups	6,767	4	1,692	1,703	,148
	WithinGroups	422,233	425	,993		
	Total	429,000	429			

CONCLUSION

Women who prefer cesarean surgery are more likely to have experienced this type of birth before and experience negative emotions about it. To reduce women's C-section preference, practitioners should reduce the rate of primary cesarean delivery and improve the quality of emotional care for women who require cesarean delivery. Caregivers should have a delicate discussion about the risks and benefits of various delivery options, including vaginal delivery after cesarean, with women who have had a cesarean delivery before deciding about the way of delivery during a later pregnancy. At the end of the study, it was found that the probability of abortion did not change with

the increase in the number of pregnancies and they applied a special diet. It has been determined that participants are more likely to experience psychological problems related to the increased use of substances such as smoking and alcohol, and these problems are affected by problems in business or social life, as well as they are more likely to experience problems in business or social life, they are also more likely to use substances such as smoking and alcohol.

It has been determined that informing patients during pregnancy about the positive or negative effects of C-section delivery increases the probability of vaginal delivery and the pregnant women's income is an effective fac-



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tor on the items of preferring C-section due to psychological and physiological reasons, C-section delivery must be performed upon the mother's request and preferring C-section due to long healing process of vaginal delivery.

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