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# Cognitive Factors Related to Cesarean Intention among Iranian Pregnant Women

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## ABSTRACT

Cesarean could lead to several side effects for both mother and children; the aim of this study was to determine the factors related to cesarean intention based on the social cognitive theory. In this cross-sectional study, conducted in Kermanshah County, the west of Iran, a total of 304 women's, was randomly selected to participate voluntarily in the study. Participants filled out a self-administered questionnaire. Data were analyzed by SPSS version 21 using correlation as well as linear regression at 95% significant level. Mean age of the respondents was 25.91 years (range, 15-40 years). Almost 41.1% of the participants reported who much and very much level of cesarean intention. Our findings showed the social cognitive variables accounted for 67% of the variation in the outcome measure of the cesarean intention. In addition, attitude, outcome expectancies, outcome expectancies, perceived behavior control and subjective norms were stronger factors to predict to cesarean intention. Based on our result we suggested designing and implementing education intervention among the women for reduce unnecessary cesarean.

**Key words:** Delivery, Cesarean, Cognitive Factors

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## 1. INTRODUCTION

Childbirth is a normal process starting with regular contractions of womb and finishing with expulsion of placenta and membranes; it leads the baby to be born (1). However, cesarean is a surgery to save both infant and mothers life through creating a cut via laparotomy and hysterotomy (2); it is one of the most common surgeries all over the world (3). World health organization proposed 15- 5 percent of cesarean surgery acceptable around the world (4). In proper condition and in the case of accessibility to medical technology, it is expected that cesarean rate should not be lower than 5 percent, while in the case of unnecessary surgeries, it increases to over 15 percent (5). Statistics show the meaningful increasing of cesarean surgery rate globally; more than 33% of childbirth in America includes cesarean section (6). In 2010, 25 percent of child birth in UK and 40 to 50 percent in the USA was allocated to cesarean delivery (7). In other developed countries such as Germany cesarean rate increased twice from

1991 to 2010 (8). In Iran half of the infants are delivered through cesarean section (9). There are many medical and non-medical reasons for abdominal delivery; some included: fetal distress condition, breach presentation, multi gestation, and labor dystocia (10). Some other variables relative to accept cesarean surgery could be prime parity, education, mother's height and weight before pregnancy, overweight during pregnancy, mother's request and medical stress on regularities (3, 5). Additionally, cesarean imposes economical stress on family and increases delivery expenses as well as risk to mother and the infant due to unnatural reasons; Elective cesarean could lead to higher rates of maternal mortality, postpartum depression, infant mortality, keeping the infant in neonatal intensive care units due to various reasons such as respiratory distress syndrome (11, 12). Such surgery not only affects mother and fetus health during current pregnancy, but also includes consequences in later pregnancies; still birth, abortion and ectopic pregnancy are reported to be some of the