

The Role of Psychological and Social Factors in The Caesarean Section Birth Preferences of Women Who Exercise

Spor Yapan Kadınların Sezaryen Doğum Tercihlerinde Psikolojik ve Sosyal Etkenlerin Rolü

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Abstract: Objective: This study aims to identify the psychological, social, demographic, and environmental factors that influence the preference for caesarean section among women who exercise. Scope: The study focuses solely on caesarean section, with normal delivery being evaluated for comparison purposes. Multidimensional factors such as psychological status, social media usage, previous birth experiences, and socio-economic variables were analyzed within the scope of the study. Method: The scale used in the study consists of a two-part questionnaire. This scale is a validated and reliable questionnaire. The first part of the questionnaire includes demographic information and lifestyle, while the second part includes women's attitudes towards caesarean and normal birth. The research was conducted in İstanbul, İzmir, Ankara, Antalya, and Elazığ provinces of Turkey. The study was conducted using a convenience sampling method based on participant eligibility. The data obtained were analyzed using various statistical methods, using ANOVA, t-test, Mann-Whitney U test, Spearman correlation, factor analysis, and logistic regression. Results: It was found that the preference for caesarean section was based not only on medical reasons but also on psychological and social factors. In particular, attitudes toward cesarean section differed significantly among women with psychological problems and those with a history of miscarriage or abortion. Additionally, social media usage had a strong influence on the preference for cesarean section. On the other hand, exercise habits and certain socioeconomic variables did not have a significant effect on the preference for cesarean section. In conclusion, the decision to undergo a cesarean section is shaped by a combination of multidimensional factors. In this context, health policies should be structured to support individuals in terms of psychological support, access to information, and social environment.

Keywords: Pregnant, woman, cesarean section, experience, personal preference.

Özet: Amaç: Bu çalışma, spor yapan kadınların sezaryen doğum tercihini etkileyen psikolojik, sosyal, demografik ve çevresel faktörleri saptanmasını amaçlamaktadır. Kapsam: Çalışma yalnızca sezaryen doğuma odaklanmış, normal doğum tercihi karşılaştırma amacıyla değerlendirilmiştir. Psikolojik durum, sosyal medya kullanımı, geçmiş doğum deneyimleri ve sosyoekonomik değişkenler gibi çok boyutlu etkenler çalışma kapsamında analiz edilmiştir. Yöntem: Çalışmada kullanılan ölçek iki bölümden oluşan bir anketten oluşmaktadır. Bu ölçek geçerlilik ve güvenilirliği sağlanmış bir anketir. Anketin İlk bölümde demografik bilgiler ve yaşam tarzı, ikinci bölümde ise kadınların sezaryen ve normal doğuma yönelik tutumları yer almaktadır. Araştırma Türkiye evreni İstanbul, İzmir, Ankara, Antalya ve Elazığ illeri örneklemleri ile gerçekleştirilmiştir. Çalışma katılımcı uygunluğuna dayalı kolayda örnekleme yöntemi ile uygulanmıştır. Elde edilen veriler, ANOVA, t-testi, Mann-Whitney U testi, Spearman korelasyonu, faktör analizi ve lojistik regresyon gibi çeşitli istatistiksel yöntemler kullanılarak analiz edilmiştir. Bulgular: Sezaryen tercihinin yalnızca tıbbi gerekçeler ile değil, aynı zamanda psikolojik ve sosyal nedenlere dayandığı saptanmıştır. Özellikle psikolojik sorun yaşayan kadınlar ile geçmişte düşük veya kürtaj deneyimi olan bireylerde sezaryene yönelik tutumlar anlamlı düzeyde farklılık göstermektedir. Ayrıca sosyal medya kullanımı da sezaryen tercihi üzerinde güçlü bir etkisi bulunmaktadır. Bir diğer yandan spor yapma alışkanlığı ve bazı sosyoekonomik değişkenlerin sezaryen tercihi üzerinde belirgin bir etkisi bulunmamıştır. Sonuç olarak, sezaryen doğum kararı çok boyutlu etkenlerin bir araya gelmesiyle şekillenmektedir. Bu doğrultuda bakıldığında sağlık politikalarının bireylerin psikolojik destek, bilgiye erişim ve sosyal çevre gibi faktörler açısından desteklenmesini sağlayacak şekilde yapılandırılması gerekmektedir.

Anahtar Kelimeler: Hamile, kadın, sezaryen doğum, deneyim, kişisel tercih.

Received: 19.06.2025 / Accepted: 24.10.2025 / Published: 30.10.2025

<https://doi.org/10.22282/tojras.1723471>

Citation: Sevil, Ü., Yücel, A. S., Çatıkkaş, F., Özpinar, S., Öztas, D., & Korkmaz, M. (2025). The role of psychological and social factors in the caesarean section birth preferences of women who exercise. *The Online Journal of Recreation and Sports (TOJRAS)*, 14(4), 475-487.

INTRODUCTION

Pregnancy and labour is one of the most important periods in which women undergo significant changes both physically and psychologically (Nieuwenhuijze & Leahy-Warren, 2019). The choice of birth method in this process and period is a critical decision for women's health (Solnes Miltenburg et al., 2022). Because this decision is shaped by many factors such as socio-demographic characteristics, psychological state, access to information resources and lifestyle (Kloester et al., 2023). The preference for caesarean section has become a method with increasing rates, especially in developed and developing countries (Angolile et al., 2023). Caesarean section rates in Turkey are well above the world average (Topaktaş & Beylik, 2024). It is seen that social dynamics as well as individual preferences are effective in this increase (Gözükara & Eroğlu, 2011).

Women's different attitudes towards the method of delivery are largely in parallel with the psychological conditions experienced during pregnancy (Haines et al., 2012). Studies have shown that anxiety, depression, trauma history and lack

of psychological support during pregnancy may affect the decision to have a caesarean section (Çınaklı & Arslantaş, 2021). In particular, it is revealed that women with psychological problems are more favourable to caesarean section with the desire to keep the birth process under control (Gökçek, 2022). This finding also supports the finding of a significant relationship between psychological problems and caesarean section preference.

Social media and digital resources play an important role in accessing information during pregnancy (Smith et al., 2020). Social media platforms where women share their experiences about childbirth can guide their birth preferences (Sanders, 2019). It can also have a significant impact on personal perceptions (Akgül et al., 2025). As a matter of fact, it has been revealed in scientific studies that social media use significantly affects attitudes towards caesarean section. Again, this coincides with the high level of significance of social media use in some attitude items in the study (Değirmenciler et al., 2022).

It is known that socio-economic factors such as women's education level, income status, working conditions and health insurance are also effective on birth preference (Janaki & Prabakar, 2025). It is shown that women with higher education and belonging to the upper-middle income group can make more informed decisions about birth (Bohren et al., 2017). It is also reported that these women's access to medical information can be decisive in these preferences (Aydın Doğan & Hüseyinoğlu, 2024). However, some studies have also reported that these variables do not have a direct significant effect on caesarean section preference (Panda et al., 2020). In the findings of the current analysis, it was found that variables such as income and health insurance were found to be effective only on some attitudes and did not significantly direct the general preference (Ata & Eryer, 2021).

On the other hand, past birth experiences such as abortion or miscarriage have been shown to significantly affect women's perceptions and fears towards the birth process (Aktaş & Gökgöz, 2015). Individuals with such experiences consider caesarean section as a safer option in order to minimise the risk of complications during birth (Gözükara & Eroğlu, 2011). In this study, miscarriage/abortion variable showed a significant and strong effect on caesarean section attitudes.

When we evaluate the literature in general, we see that the factors affecting the preference for caesarean section are not only biomedical. It is clearly revealed that psychological, social and cognitive factors also affect this situation. The results of the analyses conducted in this context are largely in line with the existing academic literature and support the multidimensional structure of the subject.

PURPOSE

The main aim of this study was to evaluate the attitudes and preferences of pregnant women regarding caesarean section. During this evaluation, demographic characteristics such as age, education, income status, health insurance and psychological conditions (anxiety, stress, trauma history) were taken into consideration. In addition, the effects of factors such as social media use, sports habits and previous birth experiences on caesarean section preference were also analysed. In particular, it was aimed to understand the effect of factors such as psychological problems, social media influence, miscarriage/abortion experience and sportive activity on caesarean section preference.

METHODS

Data Collection Tool: A questionnaire consisting of two parts was applied to the participants.

- ✓ **Section I:** Demographic and lifestyle information (e.g. number of pregnancies, history of miscarriage, diet, working life, exercise, etc.)

- ✓ **Part II:** Attitude statements towards caesarean section and normal birth (Likert scale: "Strongly Agree" to "Strongly Disagree").

Sample: A group of sportive women of different age, education, income and pregnancy experience.

Statistical Analyses

- ✓ ANOVA, t-test, Mann-Whitney U test
- ✓ Spearman Correlation
- ✓ Factor Analysis
- ✓ Logistic Regression With these methods, the significance of the factors affecting the preference for caesarean section was tested.

The scale used in this study was inspired by Sevil et al., (2020). The scale was developed to evaluate women's attitudes and preferences towards caesarean section in a multidimensional way. It aims to measure the participants' views on medical, psychological, social, personal and environmental factors affecting caesarean section preference.

The scale items were structured under various headings such as concerns about the birth process, perception of medical necessity, aesthetic and personal comfort expectations, environmental influences (social media, environmental guidance). Responses were collected through a five-point Likert-type scale ranging from "Strongly Agree" to "Strongly Disagree".

The scale used in this study was inspired by the "Women's Caesarean Section Preference Reasons Scale" developed by Sevil et al. In the said study, the Cronbach's Alpha internal consistency coefficient of the scale was found to be 0.895 and it was revealed that the scale was highly reliable.

Although a direct Cronbach's Alpha analysis was not conducted in this study, since the scale has reached high reliability values in previous studies, it was considered reliable and used in the present study. In future studies, it is recommended that reliability and validity analyses be conducted on the original sample.

SCOPE

- This study addresses only individual and environmental factors related to caesarean section. Normal birth preference was evaluated for comparison purposes only.
- Multidimensional factors such as psychological factors, social media effect, sporting status, economic conditions were analysed.
- Not only medical necessity but also individual fears, aesthetic concerns and social environmental effects are included.

RESULTS AND ANALYSIS

Demographic Information of Participants

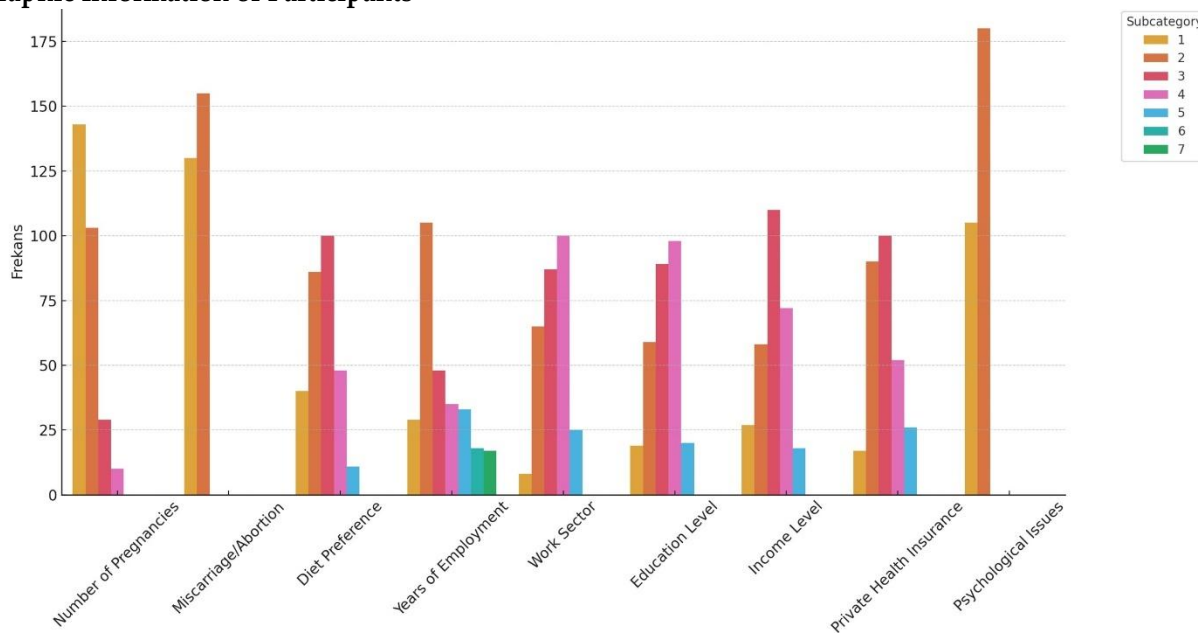


Chart 1. Demographic Data Overview

Number of Pregnancy: The majority of the participants had 1 or 2 pregnancies. The rate of first pregnancy is quite high.

Miscarriage/Abortion: The number of individuals who have not experienced miscarriage is slightly lower, indicating that this experience is common in the community.

Dietary Preference: The most preferred dietary group is meat-dairy and ready-to-eat foods. Fruit and vegetable preference is at a lower level.

Years of Employment: Employees working between 1-6 years are the majority. Experienced (10+ years) employees are less in number.

Labour Sector: Self-employed and unemployed individuals stand out. The ratio of the private sector is more remarkable.

Education Status: Most of the participants are graduates of high school or university. This shows that the level of education is generally high.

Income Level: Participants belonging to the middle and upper income group (especially **20001-35000 TL** and **60001+ TL**) are at the forefront. This situation reveals the existence of an economically strong profile.

Private Health Insurance: There is no significant difference between those who have private health insurance and those who do not; there is a balanced distribution.

Psychological Problem: The number of participants who stated that they had psychological problems was quite high. Again, this situation reveals the importance of the need for psychological support during pregnancy.

Table 1. Demographic data

Number of Pregnancy

Category.	Frequency	Percentage (%)
First pregnancy	143	50.18
second pregnancy	103	36.14
third pregnancy	29	10.18
Fourth pregnancy	10	3.51

Low/abortion

Category.	Frequency	Percentage (%)
Yes	130	45.61
No	155	54.39

Nutrition Preference

Category.	Frequency	Percentage (%)
Focused on fruits and vegetables	40	14.04
Mainly meat and dairy products	86	30.18
Predominantly ready/processed foods	100	35.09
Mixed diet	48	16.84
Other	11	3.86

Table 1. Demographic data (Continued)

Year of Operation		
Category.	Frequency	Percentage (%)
0-1 year	29	10.18
1-3 year	105	36.84
4-6 year	48	16.84
7-10 year	35	12.28
11-15 year	33	11.58
16-20 year	18	6.32
>20 year	17	5.96
Labour Sector		
Category.	Frequency	Percentage (%)
Public sector	8	2.81
Private sector	65	22.81
Not working	87	30.53
Self-employed/entrepreneur	100	35.09
Other	25	8.77
Education Status		
Category.	Frequency	Percentage (%)
Literate	19	6.67
Primary education	59	20.7
High school	89	31.23
University	98	34.39
Postgraduate	20	7.02
Income Level		
Category.	Frequency	Percentage (%)
0-10.000	27	9.47
10.001-20.000	58	20.35
20.001-35.000	110	38.6
35.001-60.000	72	25.26
>60.000	18	6.32
Private Health Insurance		
Category.	Frequency	Percentage (%)
None	17	5.96
Basic insurance	90	31.58
Insurance with additional coverage	100	35.09
Private comprehensive insurance	52	18.25
Other	26	9.12
Psychological Problem		
Category.	Frequency	Percentage (%)
No	105	36.84
Yes	180	63.16

Number of Pregnancy: Half of the participants (50.18%) had their first pregnancy. The rate of second pregnancy is 36.14%, third pregnancy is 10.18%, and fourth pregnancy is 3.51%. These data show that the participants in the study are mostly women who are pregnant for the first or second time. It can be said that they are in the early stage in terms of experience.

Miscarriage/Abortion: While 54.39% of the participants have not experienced miscarriage or abortion, 45.61% have experienced at least once. This rate shows that a significant proportion experienced complications during pregnancy.

Nutrition Preference: The most common preference is prepared foods and products with 35.09%. 30.18% prefer meat and dairy products and 14.04% prefer fruits and vegetables. This shows that balanced nutrition remains in the second plan and there is room for improvement in conscious nutrition.

Years of Employment: Most of the participants have been in business life between 1-6 years (47.02%). Employees

with 16 years and above are underrepresented with 12.28%. This shows that the respondents are mostly young and newcomers in business life.

Sector of Employment: 35.09% are self-employed or working in different sectors, 30.53% are not working, 22.81% in the private sector, 2.81% in the public sector. A significant portion of the participants work or do not work directly away from the organisational structure.

Educational Status: 34.39% are university graduates and 31.23% are higher education graduates. Primary school and literacy rates remain low (13.69%). The majority of the participants have a higher education level, which provides a favourable basis for informed health choices.

Income Level: 38.6% of the participants are in the 20001-35000 TL income group and 25.26% are in the 35001-60000+ TL group. These data show that the majority have a middle income level.

Private Health Insurance: 35.09% have private health insurance, while 31.58% do not. This rate suggests that the rate of insurance is slightly below the average.

Psychological Problem: 63.16% of the participants stated that they had psychological problems during pregnancy. This is a very high rate and underlines the need for psychological support during pregnancy.

General Evaluation

These data show that the women who participated in the study are mostly young, educated, and in their first or second pregnancy. However

- The rate of psychological problems is quite high.
- Consumption of ready-made food is widespread.
- In terms of private health insurance and regular income, a medium profile emerges.

This demographic information reflects important social and individual factors that may affect women's attitudes towards caesarean section or normal delivery. In particular, issues such as psychological support, nutrition education and health insurance should be considered as priority areas in health policies.

Table 2. ANOVA Analysis (Demographic x Likert)

Dependent Variable (Likert)	Independent Variable (Demographic)	F Statistic	P Value	Meaningful?
21	Number of Pregnancy	0.211	0.8889	No.
21	Low/abortion	0.0	0.9975	No.
21	Nutrition Preference	1.375	0.2427	No.
21	Year of Operation	1.037	0.4014	No.
21	Labour Sector	1.556	0.1861	No.
21	Education Status	0.275	0.8939	No.
21	Income Level	1.139	0.3385	No.
21	Health Insurance	0.071	0.7902	No.
21	Psychological Problem	inf	0.0	Yes
21	Social Media	1.802	0.1668	No.
22	Number of Pregnancy	3.425	0.0177	Yes
22	Low/abortion	0.49	0.4845	No.
22	Nutrition Preference	0.408	0.8027	No.
22	Year of Operation	0.918	0.4826	No.
22	Labour Sector	3.136	0.0151	Yes
22	Education Status	1.205	0.3087	No.
22	Income Level	2.102	0.0808	No.
22	Health Insurance	2.142	0.1444	No.
22	Psychological Problem	5.163	0.0002	Yes
22	Social Media	2.339	0.0982	No.
23	Number of Pregnancy	1.155	0.3272	No.
23	Low/abortion	0.025	0.8743	No.
23	Nutrition Preference	1.402	0.2333	No.
23	Year of Operation	0.809	0.5637	No.
23	Labour Sector	1.688	0.1529	No.
23	Education Status	1.914	0.1081	No.
23	Income Level	2.646	0.0339	Yes
23	Health Insurance	3.903	0.0492	Yes
23	Psychological Problem	1.08	0.3717	No.
23	Social Media	15.501	0.0	Yes
24	Number of Pregnancy	0.502	0.6809	No.
24	Low/abortion	0.762	0.3834	No.
24	Nutrition Preference	0.708	0.5873	No.
24	Year of Operation	0.736	0.6208	No.
24	Labour Sector	0.673	0.6114	No.
24	Education Status	1.121	0.347	No.
24	Income Level	2.172	0.0723	No.
24	Health Insurance	1.427	0.2333	No.
24	Psychological Problem	0.337	0.8902	No.
24	Social Media	14.031	0.0	Yes
25	Number of Pregnancy	1.909	0.1282	No.
25	Low/abortion	57.676	0.0	Yes
25	Nutrition Preference	0.571	0.684	No.
25	Year of Operation	1.015	0.4154	No.
25	Labour Sector	1.83	0.1232	No.
25	Education Status	0.746	0.5616	No.
25	Income Level	0.985	0.4158	No.
25	Health Insurance	0.0	0.9897	No.
25	Psychological Problem	0.83	0.5292	No.
25	Social Media	0.469	0.6258	No.

ANOVA analyses test the effect of certain demographic variables on some attitudes and opinions of the participants. For statistical significance, a p-value of less than 0.05 is

expected. Findings marked as "significant" indicate that that demographic factor has an effect on the relevant Likert statement.

Likert item 21 (If I am experiencing psychological problems (anxiety, depression, etc.), I prefer a cesarean section because I find the birth process more controlled and predictable): According to this item;

- Only the variable "Psychological Problem" is significant ($p=0.000$, $F=\infty$). This shows that the responses of women who experienced psychological problems during pregnancy were significantly different from those who did not.
- The effect of all other demographic variables was found to be insignificant.

Likert Item 22 (Because of my concerns and fears about birth, I see cesarean birth as a safer and more appropriate option): In terms of this item;

- Number of Pregnancy ($p=0.0177$), Sector of Employment ($p=0.0151$) and Psychological Problem ($p=0.0002$) show significant difference.
- This reveals that the participants' approaches to statement 22 are different according to these variable groups.
- No significance was found for other variables.

Likert Item 23 (Birth stories and experiences shared on social media influence my opinion that cesarean section is a safer and more comfortable method of birth): For this item;

- Income Level ($p=0.0339$), Health Insurance ($p=0.0492$) and Social Media Usage ($p=0.000$) are significant.
- It is especially noteworthy that the use of social media has a very high level of significance.
- This suggests that income, insurance and social media use influence respondents' view of this item.

Likert item 24 (Content on social media shapes my opinion that cesarean section is a more modern, easier and preferable option): For this item;

- Only Social Media Use ($p=0.000$) was significant.
- This shows that there are significant differences in the opinions of individuals who use social media and those who do not, regardless of other variables.

Likert item 25 (Having had a miscarriage or abortion in the past would influence my preference for a cesarean section to keep the birth more controlled and safe): For this item;

- Miscarriage/abortion ($p=0.000$, $F=57.676$) was found to be significant.
- This shows that the responses of individuals with miscarriage or abortion experience to this statement differ significantly.
- No significance was observed in all other demographic variables.

Psychological Problem has a significant effect on more than one item (especially 21 and 22). This suggests that the influence of mental state on labour preference and process should be taken into account.

Social Media Use shows high significance in items 23 and 24. Access to information and environmental interactions directly affect opinions.

The Number of Pregnancies and **the Labour Sector** is particularly important in Article 22.

Miscarriage/abortion only showed a strong effect on item 25.

These results show that decisions regarding caesarean section or normal birth are influenced not only by medical but also by social, psychological and access to information resources. Analysing these effects in more detail in future studies will contribute to the development of policies that support women's informed birth choices.

Table 3. ANOVA and eta square (η^2) results

Article	Independent Variable	F	p	η^2
22	Number of Pregnancy	3.4250	0.0177	0.0967
22	Labour Sector	3.1360	0.0151	0.0893
22	Psychological Problem	5.1630	0.0002	0.1389
23	Income Level	2.6460	0.0339	0.0764
23	Health Insurance	3.9030	0.0492	0.1087
23	Social Media	15.5010	0.0000	0.3263
24	Social Media	14.0310	0.0000	0.3048
25	Low/abortion	57.6760	0.0000	0.6432

According to the ANOVA and Eta Square (η^2) analyses, some demographic variables had significant and strong effects on certain Likert items.

When we look at the prominent findings;

- *Psychological Problems* ($\eta^2=0.1389$), *Number of Pregnancy* ($\eta^2=0.0967$) and *Working Sector* ($\eta^2=0.0893$) were found to be moderately effective for item 22. Psychological problems are the strongest effect on this item.
- In item 23, *Social Media* ($\eta^2=0.3263$) has a very strong effect, while *Health Insurance* and *Income Level* have a moderate effect.
- For item 24, again *Social Media* ($\eta^2=0.3048$) is a very strong factor. This shows the high effect of social media on attitudes.
- In item 25, *Miscarriage/Abortion* ($\eta^2=0.6432$) has a very large effect power and reveals that this variable is the factor that affects the opinions of the participants the most.

In general, social media use and miscarriage/abortion experience stand out as the variables with the most significant and strongest effect on women's attitudes towards childbirth. Psychological status and some socio-demographic factors also have a significant but more moderate effect.

Table 4. Comparison of sports participation status and cesarean section preference

Doing Sports (0=No, 1=Yes)	Caesarean Section Preference Rate	Mann-Whitney U P-Value	Is There a Significant Difference?
0	0.04878048780487805	0.7172	No.
1	0.036885245901639344	0.7172	No.

According to the results of the Mann-Whitney U test, there was no statistically significant difference between the status of doing sports and preferring caesarean section ($p=0.7172$).

- Caesarean section preference rate of non-sportsmen: 4.88
- Caesarean section preference rate of those who do sports: 3.69

Although there was a small difference in caesarean section preference between both groups, this difference was not statistically significant. It was concluded *that doing sports did not significantly affect the tendency to prefer caesarean section*.

Table 5. Factor analysis results

Article	Factor1	Factor2	Factor3	Factor4	Factor5
21	0.79	0.53	-0.09	-0.1	-0.04
22	-0.06	0.04	0.0	-0.09	-0.03
23	-0.01	0.04	0.06	0.11	0.01
24	-0.03	0.04	0.0	0.03	0.02
25	-0.01	0.07	0.05	-0.0	-0.03
1.1	0.04	-0.45	-0.18	-0.38	0.02
2.1	-0.1	-0.34	-0.06	0.2	-0.17
3.1	0.18	0.12	0.12	0.35	-0.23
4.1	0.71	0.62	-0.09	0.03	0.04
5.1	0.62	0.03	-0.17	-0.26	0.35
6.1	0.11	-0.54	-0.31	-0.17	0.23
7.1	0.01	-0.61	0.01	-0.03	-0.11
8.1	0.27	-0.27	0.34	0.11	-0.29
9.1	0.47	0.06	0.37	0.13	-0.18
10.1	0.17	-0.26	-0.53	0.04	0.13
11.1	0.18	-0.21	-0.38	0.43	0.11
12.1	0.35	-0.31	0.31	0.02	0.04
13.1	0.41	-0.3	0.56	-0.39	-0.05
14.1	0.24	-0.28	0.03	-0.1	-0.21
15.1	0.16	-0.2	-0.45	0.29	-0.12
16.1	0.31	-0.24	-0.32	0.19	0.0
17.1	0.37	-0.23	0.13	-0.01	0.15
18.1	0.36	-0.27	0.15	-0.11	0.19
19.1	0.37	-0.1	-0.3	-0.11	-0.48
20.1	0.18	-0.12	-0.04	0.23	-0.18
21.1	0.19	-0.27	0.2	0.3	0.44
22.1	0.35	-0.36	0.1	0.15	0.45
23.1	0.44	-0.3	-0.14	0.05	-0.14
24.1	0.45	-0.28	-0.12	-0.04	-0.4
25.1	0.28	-0.19	-0.06	-0.07	-0.11
26	0.3	-0.22	-0.04	0.07	0.03
27	0.27	-0.22	0.16	0.4	-0.01
28	0.4	-0.3	0.19	0.17	-0.02
29	0.26	-0.16	-0.07	-0.1	0.02

According to the results of the factor analysis, the items in the questionnaire were grouped into 5 different factors. This analysis shows around which basic constructs the responses of the participants are concentrated.

- Factor 1 has high correlations with many items (especially item 21, 4.1, 5.1). This factor most likely reflects the theme of "favourable attitudes towards caesarean section".
- Factor 2 stands out with statements loaded in the opposite direction and carries the theme of "negative perceptions about caesarean section" or "fears, medical concerns".
- Factor 3, although represented by lower loadings, is related to some items (e.g. 13.1, 9.1) and these

factors are related to "caesarean section justifications due to medical reasons".

- Factor 4 is particularly related to items such as 3.1, 11.1, 27 and represents a theme such as "personal experience or past births".
- Factor 5 represents the "aesthetic and psychological concerns" factor loaded with items such as 21.1 and 22.1.

The results of the factor analysis show that the attitude items related to caesarean section in the questionnaire are divided into different dimensions. This reveals that the participants evaluate their caesarean section decisions based on not only medical but also psychological, social and experiential reasons.

Table 6. T-test results

Variable	T-statistic	P-value	Meaningful?
1.1	-1.373	0.171	No.
2.1	-3.678	0.0	Yes
3.1	0.437	0.663	No.
4.1	12.21	0.0	Yes
5.1	4.041	0.0	Yes

According to the T-test analysis, some variables show significant differences in terms of caesarean section preference.

Significant Results

- 2.1 ($T = -3.678$, $p = 0.000$): There is a significant difference between the means of this variable. This shows that the related attitude may be effective in caesarean section preference.
- 4.1 ($T = 12.21$, $p = 0.000$): A very strong difference was observed. This item has a high effect on caesarean section preference.
- 5.1 ($T = 4.041$, $p = 0.000$): Another significant difference was found and it is seen that this variable also affects the preference for caesarean section.

Non-Significant Results

- The p -values for 1.1 and 3.1 are above 0.05; therefore, these variables do not show a significant difference in terms of caesarean section preference.

Especially items 4.1 and 5.1 show significant effects on caesarean section preference. These items represent important psychological or physiological factors in the decision-making process. These findings of the study were taken into consideration in the information and guidance strategies of health professionals.

Table 7. T-test and cohen's d results

Variable	T	P	Meaningful?	Cohen's d
1.1	-1.3730	0.1710	No.	0.1942
2.1	-3.6780	0.0000	Yes	0.5201
3.1	0.4370	0.6630	No.	0.0618
4.1	12.2100	0.0000	Yes	1.7268
5.1	4.0410	0.0000	Yes	0.5715

According to t-test and Cohen's d effect size analyses, certain variables have both statistically and practically significant effects on caesarean section preference.

Significant and Effective Results

- 2.1: Significant difference ($p=0.000$), moderate effect (Cohen's $d=0.52$) → We can say that this variable affects caesarean section preference.
- 4.1: Very strong difference ($p=0.000$), very large effect (Cohen's $d=1.73$) → It stands out as the most influential item in caesarean section decision.
- 5.1: Significant difference ($p=0.000$), moderate effect (Cohen's $d=0.57$) → The effect of this variable is also significant.

Non-Significant Results

- Items 1.1 and 3.1 show no significant difference ($p>0.05$) and Cohen's d values are small (0.19 and 0.06, respectively). The effect of these variables on caesarean section preference is weak.

According to the results of the analyses, especially items 4.1, 5.1 and 2.1 were found to be statistically and practically effective on caesarean section preference. Especially item 4.1 showed a very strong effect, indicating that women attach great importance to this factor when deciding on the method of delivery. These items should be taken into consideration in terms of health policies and counselling processes.

Table 8. Spearman correlation analysis

Variable	21	22	23	24	25	1.1	2.1	3.1	4.1	5.1
21	1.0	0.1	-0.01	-0.04	0.06	-0.05	-0.22	0.11	0.81	0.38
22	0.1	1.0	-0.19	0.09	0.14	-0.0	0.0	-0.09	-0.06	-0.11
23	-0.01	-0.19	1.0	0.1	0.12	-0.31	-0.02	-0.0	0.03	-0.16
24	-0.04	0.09	0.1	1.0	0.14	-0.1	-0.1	-0.03	0.0	-0.12
25	0.06	0.14	0.12	0.14	1.0	-0.05	-0.08	-0.05	0.06	-0.03
1.1	-0.05	-0.0	-0.31	-0.1	-0.05	1.0	0.29	-0.2	-0.14	0.12
2.1	-0.22	0.0	-0.02	-0.1	-0.08	0.29	1.0	0.15	-0.32	-0.21
3.1	0.11	-0.09	-0.0	-0.03	-0.05	-0.2	0.15	1.0	0.18	-0.17
4.1	0.81	-0.06	0.03	0.0	0.06	-0.14	-0.32	0.18	1.0	0.41
5.1	0.38	-0.11	-0.16	-0.12	-0.03	0.12	-0.21	-0.17	0.41	1.0

According to Spearman correlation analysis, the relationships between variables were analysed at ordinal (monotonic) level. Noteworthy correlations are summarised below.

Strong and Meaningful Relationships

- 21 ↔ 4.1: 0.81 → This shows that there is a very strong and positive relationship between item 21 and item 4.1. The participants' responses to these two items are parallel. This probably indicates that a positive attitude towards caesarean section is expressed consistently.
- 21 ↔ 5.1: 0.38, 4.1 ↔ 5.1: 0.41 → Moderate positive relationships. There is a consistent trend between these three items.

Weak and Negative Relationships

- 2.1 ↔ 4.1: -0.32, 2.1 ↔ 5.1: -0.21 → Item 2.1 is inversely related to 4.1 and 5.1. This indicates that as the opinion expressed in 2.1 increases, there is a decrease in the opinions in favour of caesarean section.
- 1.1 ↔ 23: -0.31 → There is also an inverse relationship between the participants' responses to items 1.1 and 23.

General Comment

The analysis shows that there are particularly strong associations between items 21, 4.1 and 5.1, reflecting a common perspective towards caesarean section preference. On the other hand, some items (e.g. 2.1) are associated in the opposite direction to this trend and reflect a more cautious attitude towards caesarean section.

These results show that attitudes towards caesarean section are shaped in groups consistent with each other and these groups should be taken into consideration in attitude analyses.

Table 9. Kolmogorov-Smirnov test results

Variable	KS Statistics	P-value	Normal Distribution?
21	0.2137	0.0	No.
22	0.4248	0.0	No.
23	0.5385	0.0	No.
24	0.5391	0.0	No.
25	0.3726	0.0	No.
1.1	0.23	0.0	No.
2.1	0.2603	0.0	No.
3.1	0.227	0.0	No.
4.1	0.1835	0.0	No.
5.1	0.1755	0.0	No.
6.1	0.208	0.0	No.
7.1	0.1706	0.0	No.
8.1	0.2157	0.0	No.
9.1	0.1948	0.0	No.
10.1	0.1799	0.0	No.
11.1	0.1924	0.0	No.
12.1	0.1782	0.0	No.
13.1	0.173	0.0	No.
14.1	0.1924	0.0	No.
15.1	0.1973	0.0	No.
16.1	0.19	0.0	No.
17.1	0.1925	0.0	No.
18.1	0.1894	0.0	No.
19.1	0.1794	0.0	No.
20.1	0.1997	0.0	No.
21.1	0.1898	0.0	No.
22.1	0.2087	0.0	No.
23.1	0.2008	0.0	No.
24.1	0.1916	0.0	No.
25.1	0.1977	0.0	No.
26	0.1852	0.0	No.
27	0.2121	0.0	No.
28	0.1868	0.0	No.
29	0.2047	0.0	No.
30	0.2129	0.0	No.

According to the results of the Kolmogorov-Smirnov test, the p-values of all variables in the findings were below 0.05 and therefore, it was determined that none of the variables did not fit the normal distribution.

- The assumption of normal distribution was rejected for all items.
- This result shows that it is appropriate to prefer non-parametric tests (e.g. Mann-Whitney U, Spearman correlation) instead of parametric tests in statistical analyses.
- The structure of the data suggests that the participants may have asymmetric or extreme values in their attitudes. This situation reveals that the methods used in the data analysis of the study (such as factor analysis or regression) should be carefully selected, and that proceeding with tests appropriate to the characteristics of the distribution will yield more accurate results.

Table 10. Non-parametric test results

Test	Variables Used	Test Statistics / Values	Comment
Mann-Whitney U	Sporting Status - Caesarean Section Preference	U=0.7172, p>0.05 (not significant)	There is no significant effect of doing sports on caesarean section preference.
Spearman Correlation	Relationships between all Likert items (21-25, 1.1-5.1)	Strong correlations between some variables (e.g. 21 ↔ 4.1: r=0.81)	In particular, there are significant positive correlations between 21, 4.1 and 5.1; some items support each other.

According to the findings obtained as a result of non-parametric tests;

- Mann-Whitney U test showed that there was no significant difference between sporting status and caesarean section preference (p>0.05). This situation reveals that whether individuals do sports or not does not affect caesarean section preference.

- Spearman's correlation analysis shows strong and positive relationships, especially between items 21, 4.1 and 5.1 (e.g. 21 ↔ 4.1: r = 0.81). These items support each other as they reflect favourable attitudes towards caesarean section.

In general, attitudinal and perceptual factors seem to be more influential on caesarean section preferences than physical habits of individuals.

Table 11. Logistic Regression Analysis

Variable	Coefficient	Odds Ratio	P> z	Comment	Std. Error	z	[0.025	0.975]
const	-5.0454	0.006	0.008	Very significant (**)	1.9038	-2.6502	-8.7768	-1.314
Education	0.2975	1.346	0.354	Meaningless	0.321	0.9268	-0.3316	0.9265
Social Media	0.1143	1.121	0.873	Meaningless	0.7179	0.1592	-1.2927	1.5213
Psychological Problem	0.1059	1.112	0.702	Meaningless	0.2769	0.3824	-0.4368	0.6486
Anxiety Score	0.0539	1.055	0.793	Meaningless	0.2049	0.263	-0.3477	0.4554

According to the results of logistic regression analysis, none of the variables affecting the preference for caesarean section were found to be statistically significant (p>0.05).

- Education level, social media use, having psychological problems and anxiety score do not contribute significantly to caesarean section preference.
- The p-values of all variables are above 0.05. This means that they do not make a significant contribution to the model.
- The constant (const) of the model was significant (p=0.008), indicating that the underlying trend (without independent variables) points to a low probability against caesarean section.

The findings of this analysis reveal that the psychosocial and demographic variables evaluated within the scope of these analyses are not determinant in the choice of caesarean section alone. The caesarean section decision is probably shaped by the interaction of more complex, multiple factors.

DISCUSSION

In line with the findings of the study, it was observed that women with psychological problems were more favourable to caesarean section and this situation was statistically significant "especially in items 21 and 22". This situation is also strongly supported in the literature. In this regard, Kokanali et al. (2018) emphasised that anxiety and traumas related to childbirth lead women to caesarean section. Similarly, Dekel et al. (2019) stated that conditions such as anxiety and depression prioritise caesarean section in the delivery method. The studies in the literature support the findings of this study and once again reveal the importance of the need for psychological support.

Again, these findings show that social media use has a significant effect on attitudes towards caesarean section (especially in items 23 and 24). The study of Değirmenciler et al. (2022) showed that social media significantly affected women's perceptions of their birth experiences. In particular, forums, blogs and influencer posts are considered to be an important factor in creating an attitude that idealises caesarean section through "birth stories" (Mertens et al., 2024). Emphasising the strong effect of the social media factor in this study is fully consistent with these findings.

When the analyses related to item 25 are evaluated, it is seen that individuals with miscarriage or abortion experience consider caesarean section as a safer option. This finding is also supported in the literature. Yeo and Sagong (2023) found that previous bad birth experiences (miscarriage, traumatic birth, etc.) increase women's desire to perform their future births in a more controlled manner. For this reason, it has been stated that Korean women tend towards caesarean section. At the same time, Rondung et al. (2016) showed that fear of childbirth plays an important role in the demand for caesarean section.

The ANOVA analysis results do not show that socioeconomic variables such as education and income have a significant effect on the overall caesarean section preference. However, there is a moderate effect on certain items (for example, item 23). In the literature, there are results with different perspectives on this issue. Yuill et al. (2020) stated that women with higher income and education have more access to information and therefore make an informed choice, while Faisal-Cury et al. (2017) emphasised that socioeconomic status is not directly linked to caesarean section demand. This is in line with the current results of the study.

In the study, no significant relationship was found between the status of doing sports and caesarean section preference. There are limited number of studies on this subject in the literature. When some studies are examined, although

Watkins et al. (2021) suggest that active lifestyle supports normal birth, there is no strong evidence that it directly affects caesarean section preference. Therefore, the result of the study does not contradict the literature.

In the factor analysis, attitudes towards caesarean section were grouped around different constructs such as positive evaluation, fear and aesthetic concerns. This situation is in parallel with studies such as Hildingsson et al. (2011). They also stated that the main factors affecting birth preferences are determined by psychosocial rather than medical reasons (Ünay, 2018).

The findings of this study reveal that various factors affecting the preference for caesarean section are largely consistent with the literature. First of all, psychological factors, especially anxiety and depression, have a strong and consistent effect on caesarean section preference (Grisbrook et al., 2022). Again, this situation is also supported by previous studies and it is seen that women's anxiety about the birth process increases their tendency to turn to caesarean section (Amanak, 2022).

In addition, the impact of social media plays a remarkable role in line with the current literature. It is seen that social media platforms are effective in women's access to information about childbirth. In addition, it is understood that these platforms shape attitudes towards caesarean section (Turan et al., 2024).

Past birth experiences such as miscarriage or abortion also stand out as a factor that increases the preference for caesarean section through fear of birth and the need to keep the process under control. In this case, it is understood that pregnant women prefer caesarean section as a safer method to prevent possible complications (Uçar & Gölbaşı, 2015).

On the other hand, the status of doing sports did not have a statistically significant effect on caesarean section preference. This finding shows that physical activity habits are not directly effective in determining the decision of delivery method (Sönmez & Sivaslıoğlu, 2019).

In general, socioeconomic variables (such as education level, income status, health insurance) have an effect on some attitudes. However, these variables were not found to be a direct determinant of the general choice of method of delivery. This reveals that the decision process is not based solely on economic and demographic factors, but rather shaped by psychological and social factors (Özertürk & Gözüyeşil, 2024).

Conclusions

At the end of the study; we aimed to analyse the psychological, social, demographic and environmental factors affecting the cesarean delivery preferences of women

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who do sports. The analysis and the findings show that the decision to have a cesarean section is shaped not only by medical reasons, but also by individual and social factors.

According to the results of the study, women experiencing psychological problems (anxiety, depression, etc.) are more favourable to the caesarean section method, in which they feel the birth process more controlled and safe. This situation is strongly supported by both the literature and the findings of the analyses.

In addition, social media use also significantly affects attitudes towards caesarean section. Birth narratives and experience sharing that women are exposed to in the digital environment increase the tendency towards this method, especially by idealising positive cesarean section experiences.

Women who have experienced miscarriage or abortion in the past evaluate caesarean section as a safer option due to the need to control labour. There are significant differences in the attitudes of this group towards caesarean section.

On the other hand, the habit of doing sports did not have a significant effect on the preference for caesarean section. This shows that physical activity alone is not a determinant in the choice of delivery method.

Although socioeconomic factors (education, income, health insurance) are effective in some attitudes, they do not statistically significantly affect the general caesarean section preference. This finding shows that birth preference is affected by a multidimensional structure and cannot be reduced to demographic characteristics only.

In general, it is seen that the most prominent influences on the preference for caesarean section are psychological status, social media influence and previous birth experiences. In this context, the importance of psychosocial support, access to informed information and correct guidance processes in women's decisions regarding the birth process has once again emerged. It was determined that health policies should develop structures that respect individual preferences by taking into account these multidimensional factors, but provide science-based guidance.

Ethics Statement: In the present article, the ethical rules of the journal were followed in the research process in the current article. The responsibility for any violations that may arise regarding the article belongs to the author. The approval of Firat University Ethics Committee dated 15.10.2020 and numbered 418325 was obtained.

Conflict of Interest: There is no personal or financial conflict of interest between the authors in the present study.

Author Contribution Rate: In the present study, the contribution rates of all authors are equal.

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GENİŞLETİLMİŞ ÖZET

Giriş: Gebelik ve doğum, kadın yaşamının en önemli dönemlerinden birisidir. Çünkü bu süreçte hamile tarafından alınan doğum yöntemine ilişkin karar kişiyi sadece fizyolojik değil aynı zamanda fiziksel olarak da etkilemektedir. Bunlar faktörler psikolojik, sosyal ve çevresel birçok etkenin birleşimiyle şekillenmektedir. Günümüzde ise sezaryen doğum oranları hem dünyada hem de Türkiye'de artış göstermektedir. Bu artışın ve tercihin ardında yatan nedenlerin çok boyutlu bir yaklaşımla incelenmesi gerektiği literatürde vurgulanmaktadır. Özellikle spor yapan kadınların doğum tercihlerinde bireysel sağlık algısına yönelik literatürde çok fazla çalışma bulunmamaktadır. Bu nedenle spor yapan kadınların geçmiş deneyimleri, sosyal medya etkisi ve psikolojik durum gibi faktörlerin sezaryen tercihi üzerinde nasıl rol oynadığı oldukça önemli bir konudur. Bu nedenle bu konuda ve alanda yer alan bilimsel çalışmalar literatürde sınırlı sayıda çalışmayla ele alınmıştır. Bu bağlamda ve içerikte hazırlanan bu araştırma, sporla aktif olarak ilgilenen kadınların sezaryen doğum tercihini etkileyen faktörler belirlenmeye çalışılmıştır. Özellikle bu alanda psikososyal, demografik ve çevresel değişkenler bu çalışmada analiz edilmiştir. Bireysel doğum kararlarının arkasındaki dinamikler yine bu çalışma kapsamında kapsamlı olarak incelenmiş ve literatür açısından araştırılmıştır.

Amaç: Bu çalışmanın temel amacı, spor yapan kadınların sezaryen doğum tercihlerinde etkili olan faktörlerin belirlenmesi oluşturmaktadır. Bu faktörler psikolojik, sosyal, demografik ve çevresel olmak üzere ortaya konmuştur. Kadınların doğum tercihlerinde yalnızca tıbbi gerekçeler olmamakla birlikte, aynı zamanda sosyal medya etkisinin de önemli olduğu görülmektedir. Yine önceki doğum deneyimleri (örneğin düşük/kürtaj), psikolojik sorunlar (anksiyete, stres, depresyon gibi) ve sosyoekonomik durumun nasıl bir rol oynadığı çalışma çerçevesinde araştırılmıştır. Çalışmada sezaryene yönelik bireysel eğilimlerin kaygı, estetik beklentiler, çevresel yönlendirmeler gibi çok boyutlu nedenlerle şekillendiği varsayımı çalışmanın amacı içerisinde temel alınmıştır.

Kapsam: Çalışmada yalnızca sezaryen doğuma odaklanılmıştır. Normal doğum tercihi, sezaryeni karşılaştırmalı olarak değerlendirmek amacıyla sınırlı ölçüde dikkate alınmıştır. Özellikle spor yapan kadınlar özelinde yürütülen bu araştırma, İstanbul, İzmir, Ankara, Antalya ve Elazığ gibi büyük ve orta ölçekli şehirlerde gerçekleştirilmiştir. Araştırmaya katılanların eğitim, gelir, meslek, sağlık güvencesi gibi sosyoekonomik özellikleri

dikkate alınmıştır. Bunların yanı sıra psikolojik sağlık durumu, sosyal medya kullanım alışkanlıkları, doğumla ilgili önceki deneyimler çalışmanın temelini oluşturmaktadır. Ayrıca katılımcıların yaşam tarzı değişkenleri (örneğin beslenme, spor yapma gibi) de analiz kapsamına dahil edilerek çalışma güçlendirilmiştir.

Yöntem: Bu çalışmada veri toplama aracı olarak, geçerlilik ve güvenilirliği daha önce sağlanmış iki bölümlü bir anket formu kullanılmıştır. Anketin birinci bölümünü katılımcıların demografik özelliklerine ilişkin bilgiler oluşturmaktadır. Bu bölümde katılımcıların yaşam tarzı bilgileri yer almaktadır. Anketin ikinci bölümü ise kadınların doğuma ilişkin tutumlarını ölçen 5'li Likert ölçeği maddeler bulunmaktadır. Bu araştırmanın örneklemini, kolayda örnekleme yöntemiyle seçilen ve sporla aktif olarak ilgilenen kadınlardan oluşmaktadır. Elde edilen verilerin analizinde ANOVA, t-testi, Mann-Whitney U testi, faktör analizi, Spearman korelasyonu ve lojistik regresyon gibi çeşitli istatistiksel analiz teknikleri kullanılmıştır. Yine araştırma değişkenlerinin normal dağılıma uygunluğu Kolmogorov-Smirnov testi ile incelenmiştir.

Bulgular: Yapılan araştırmanın bulguları, sezaryen doğum tercihlerinin tıbbi gerekçelerin ötesinde olduğu saptanmıştır. Bu saptanan bulgular psikolojik, sosyal ve deneysel faktörlerle yakından ilişkili olduğunu göstermektedir. Özellikle araştırma ve analiz sonrasında elde edilen aşağıdaki bulgular dikkat çekicidir. Bunlar;

- **Psikolojik Sorunlar:** Anksiyete, depresyon vb., yaşayan kadınlar sezaryen doğuma daha olumlu yaklaşmaktadır. Bu durum hem 21 ve 22 numaralı tutum maddelerinde hem de yapılan istatistiksel analizlerde (özellikle ANOVA ve t-testi) anlamlı bulunmuştur.
- **Sosyal Medya Kullanımı:** Kadınların sezaryen hakkındaki tutumlarını önemli ölçüde etkilemektedir. 23 ve 24 numaralı maddelerde sosyal medya faktörü yüksek düzeyde anlamlı çıkmıştır. Sosyal medyada paylaşılan doğum hikayeleri ve deneyimler, sezaryeni estetik, konforlu ve güvenli bir yöntem olarak idealize etmektedir.
- **Geçmiş Doğum Deneyimleri:** Özellikle düşük veya kürtaj yaşamış kadınlar, doğumu kontrol altında tutma isteğiyle sezaryene yönelmektedir. 25

numaralı madde bu bağlamda çok güçlü istatistiksel farklılıklar göstermiştir ($\eta^2=0.6432$).

- **Sosyoekonomik Faktörler:** Eğitim, gelir, sağlık sigortası, bazı bireysel tutumlar üzerinde etkili olsa da genel sezaryen tercihini anlamlı biçimde belirleyen faktörler değildir. Gelir ve sigorta yalnızca bazı maddelerde orta düzeyde etki göstermiştir.
- **Spor Yapma Alışkanlığının:** Sezaryen tercihi üzerinde anlamlı bir etkisi bulunmamıştır. Spor yapan ve yapmayan kadınlar arasında bu tercihe dair anlamlı bir fark tespit edilmemiştir ($p=0.7172$, Mann-Whitney U testi). Faktör analizine göre sezaryene dair tutumlar, "olumlu yaklaşım", "psikolojik korkular", "estetik kaygılar", "tıbbi zorunluluk algısı" ve "geçmiş doğum deneyimleri" gibi temalar altında gruplaşmaktadır.

Sonuç: Araştırma sonucunda sezaryen doğum tercihlerinin çok boyutlu bir yapıya sahip olduğu saptanmıştır. Kadınların bu tercihi yalnızca fiziksel sağlık gerekçeleriyle olmadığı görülmektedir. Bu durum aynı zamanda psikolojik durumları, sosyal medya ile şekillenen algıları ve geçmiş doğum deneyimleri doğrultusunda belirlenmektedir.

Katılımcıların özellikle anksiyete, düşük/kürtaj geçmişi gibi psikolojik ve deneysel faktörler ile dijital medyadaki sezaryeni idealize eden içeriklerin bu tercihleri anlamlı biçimde etkilediği görülmektedir.

Spor yapma durumu gibi fiziksel yaşam tarzı göstergeleri ile sezaryen arasında doğrudan ilişki olmadığı sonuçlarımız arasında yer almaktadır. Bu durum da doğum tercihlerinin yalnızca beden sağlığı ile ilgili olmadığını göstermektedir. Birey ve katılımcıların algı, duygu ve sosyal etkileşim gibi daha karmaşık faktörlerle belirlendiğini açıkça göstermekte ve ortaya koymaktadır.

Bu araştırmanın sonuçları, sağlık politikalarının kadınların doğum sürecine yönelik kararlarını destekleyecek biçimde yeniden yapılandırılması gerektiğini saptadık. Özellikle katılımcı bireylerin psikolojik destek mekanizmalarının güçlendirilmesi gerekmektedir. Yine doğum öncesi bilgilendirme süreçlerinin dijital mecralardaki içeriklerle uyumlu hale getirilmesi bir zorunluluk halini almıştır. Hamile kadınların geçmiş doğum deneyimlerine saygı duyan bir rehberlik anlayışı benimsenmesi gerektiğini de vurgulamak gerekliliği görülmektedir.