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Socioeconomic Dynamics of Increasing Cesarean Deliveries: A Qualitative Exploration from the Haor Village in Bangladesh

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ABSTRACT

This paper explores into the rising prevalence of cesarean section deliveries among women in Silimpur village, located in the Haor area[1]. It explores how the adoption of cesarean deliveries has become a perceived solution for faster, less painful childbirth, often driven by societal trends rather than medical necessity. Through a mixed-methods approach, including economic and social analyses, this study investigates the correlation between social class and the preference for cesarean deliveries in rural settings. Over the past decade, out of 400 births in Silimpur village, a staggering 40 required cesarean sections. The paper highlights the adverse health and familial consequences associated with the rising trend, such as heightened maternal health risks, family conflicts, and potential shifts in village culture. Furthermore, it discusses how the normalization of cesarean deliveries may lead to a decline in maternal desire for motherhood and alter traditional beliefs within rural communities.

Introduction

Birth is everywhere socially marked and shaped (Jordan, 1983). Across the world, various birthing methods are practiced, reflecting cultural, social, and generational shifts. The caesarean section (C-

[1] **Haor** is a term used in Bangladesh to refer to a specific type of wetland ecosystem found in the northeastern region of the country, particularly in areas like Sunamganj, Habiganj, Moulvibazar, and Netrokona.

section) is a significant obstetric procedure that emerged in the late nineteenth century to save mothers and their unborn children from potentially fatal pregnancy and birthing complications (Begum, Rahman, & Ahmed, 2017). Over the past decade, the popularity of C-sections has surged among women worldwide. However, this trend has raised alarms due to its potential health and economic impacts. The World Health Organization (WHO) considers a C-section rate of 10–15% of total deliveries as optimal. This range is believed to balance the benefits of necessary surgical intervention against the risks of overuse. Despite this guideline, C-section delivery rates often exceed these recommendations, with some regions reporting rates as high as 43% (Martinez, Delgado, & Smith, 2017; Khan, Alam, & Chowdhury, 2018). This study focuses on Silimpur Village, located in the Haor area of Bangladesh, to explore the socioeconomic dynamics contributing to the increasing prevalence of cesarean deliveries.

In Silimpur Village, a shift in childbirth practices is evident. Historically, women delivered their babies with the help of locally trained midwives or nannies, and community support often involved prayers and traditional rituals. Despite these practices, maternal and infant mortality rates were high due to complications during childbirth (Kabir, 2007). Over the past twenty years, the village has experienced a significant transition, with many now perceiving C-sections as the safest option for delivery. While C-sections have indeed contributed to reducing some health risks, their increasing prevalence has also introduced new challenges. Maternal mortality, once largely due to inadequate medical intervention, is now also influenced by the overuse of C-sections. In many marginal areas of Bangladesh, one-third of women suffer from childbirth-related complications. Although C-sections can mitigate some risks, they also pose significant health concerns when overused. This introduction aims to provide an overview of the purpose and goals of our study. First, we summarize global trends in C-section deliveries and their health effects on mothers and babies. Then, we discuss the particular difficulties that developing nations like Bangladesh face in providing safe and convenient delivery methods. Finally, we stress the importance of examining specific contexts, using Silimpur Village as a model case study to understand the socioeconomic factors influencing the rise in cesarean deliveries.

This study aims to contribute significant insights to the broader conversation on healthcare in rural Bangladesh. By thoroughly examining the socioeconomic dynamics influencing the rates of cesarean deliveries in Silimpur Village, we intend to guide evidence-based interventions that promote safe and equitable childbirth practices (Parvej & Akter, 2021). Understanding the local context is crucial to addressing the issues raised by rising C-section rates in settings with limited resources. We aim to

support informed decision-making and policy development by clarifying the intricate interactions of variables influencing cesarean delivery trends at the local level. In Silimpur Village, the perception of C-sections as the best option for safe delivery has become widespread. While this method can be life-saving, the over-reliance on surgical births poses both health and economic challenges. Women are the primary recipients of cesarean deliveries, and the shift from traditional birthing practices to medical interventions highlights significant socioeconomic changes. Two decades ago, childbirth in Silimpur Village relied heavily on midwives and traditional practices. Women believed in the efficacy of midwives and often sought spiritual support from local religious figures. However, these methods were not without risks, and maternal and infant mortality rates were high. Today, the scenario has changed dramatically, with a growing dependence on C-sections. Our study seeks to shed light on this transformation by examining the underlying socioeconomic factors. We aim to understand why C-sections have become the preferred method and what implications this has for maternal and child health. By focusing on Silimpur Village, we can explore the broader trends in rural Bangladesh and develop strategies to address the challenges posed by rising cesarean rates.

This study aims to add valuable insights to the discussion on healthcare in rural Bangladesh. By analyzing the socioeconomic dynamics in Silimpur Village, we hope to inform policies and interventions that promote safe and equitable childbirth practices. Our goal is to support informed decision-making and policy development, addressing the complex factors that influence cesarean delivery trends in resource-limited settings.

Reproductive Health

European hospitals are evolving to meet both futuristic demands and cultural needs, integrating advanced technology with elements that resonate with the diverse cultures across the continent. Various diseases were seen as religious events so the treatment of diseases was based on religious acts (Freidson, 1963); (Coe, 1970) & (Turner, 1987). Christian hospitals were originally established with a primary focus on charity rather than solely treating physical illnesses. Therefore, they extended their services beyond medical care, offering shelter to those in need. In pre-modern societies, hospitals prioritized service provision over the exclusive goal of curing the sick, accommodating various travelers requiring overnight stays alongside their charitable endeavors. The concept of reproductive health originally emerged in the 1980s as a symbol of a new perspective on women's rights and family planning. Another reason for this view is that women have a right to reproductive health and the right to regulate his

fertility to enjoy his sexuality (Germain & Ordway, 1989). Reproductive health is an important component of physical and mental well-being. Women have less control over their bodies than men have more control over women's bodies. A relationship of power and influence can be seen in contraceptive use and adoption of different methods based on the attitudes of men and women towards sexuality, reproduction, and gender rules (Hellman, 2007). A significant number of women in Bangladesh have no idea about reproductive health. They have no idea that reproductive health is their basic human right. Women do not have much knowledge about their basic rights. Especially rural women and urban poor women suffer more from reproductive health-related problems. Urban women have better knowledge about reproductive health because of urban facilities, education, employment, etc. Rural women do not have access to reproductive health care for precisely these reasons. Most of the women in Bangladesh are living in poor health systems. Women do not have much knowledge about their basic rights, especially rural women and urban poor women suffer more from reproductive health-related problems. Urban women have better knowledge about reproductive health because of urban facilities, education, employment, etc. Rural women do not have access to reproductive health care for precisely these reasons. Many women in Bangladesh are living in poor health conditions. For any problem related to reproductive health they use their traditional knowledge. Many women do not have a real idea and thus they face various problems related to reproductive health. Currently, the maternal mortality rate in the country is 165 in per lakh, which were 259 in 2009. In the last 10 years, the maternal mortality rate has decreased to about 94 per lakh.

Research methods

This paper aims to study the perception of the increasing incidence of caesarean section births among women and their health, based on qualitative research and the authors' academic experiences working in the village. A total of 42 in-depth interviews (IDIs) were carried out between September 2021 and March 2021 in order to ascertain the village community's perspective. 25 IDIs (female C-cations) from the Silimpur village community in the Haor area were gathered. The perception of Visitor observations conducted with sensitivity and discrete distance. Highlights practical issues faced during the research process and their resolution. Ethnography is crucial in understanding and interpreting complex social phenomena because it allows researchers to immerse themselves in the cultural contexts, behaviors, and perspectives of individuals, providing rich, nuanced insights that quantitative methods often fail to capture (Catherine, 2001). Eight male and ten female professionals the majority of whom were doctors were interviewed for a total of eighteen hours. 2 Based on their accessibility and convenience, every

respondent was chosen. As such, finding and choosing interview subjects required us to rely significantly on the snowball sampling procedure. Kendua, Natrokona, and Mymenshingh city regions were the locations of all the interviews. Data analysis was done using the themes that emerged from the Bengali transcriptions of the interviews after they were translated into English. Further contributing to the development of a thorough understanding in this area were the field observations made by the writers. In order to find patterns and emergent themes in the data, primary and secondary codes were created and indexing was applied. The thematic analysis was iterative and reflexive (Braun & Clarke, 2019).

I conduct fieldwork and research on data analysis as part of my fourth-year course. This research approach provides a comprehensive understanding of the factors involved, leading to robust findings. The writers work in academics and in diverse capacities. Their vocations and character provide a special opportunity to contribute thoughtful, in-depth insights to this research. The author, who is currently employed in research sector, was based in Haor throughout the time of data collection and has firsthand knowledge of this hamlet. Their expertise made it possible for this investigation to take a theoretically informed and broadly applicable real-world approach. Based on their expertise and experience in reducing potential biases and upholding objectivity when interacting with interviewees, the writers engaged in a significant amount of reflexivity. When conducting this study, the author adhered to the methodology's ethical requirements for both data collection and analysis. Therefore, no names are included when providing empirical evidence in this work in order to protect the anonymity and confidentiality of respondents. Only included the respondents' gender and employment together with the codes we used to protect their identities.

Results and Discussion

Based on the analysis of field data, the findings provide a comprehensive understanding of the results, enabling robust discussions and insights into the research outcomes. This discussion focuses on key themes and ethical biases related to the study on cesarean sections in rural Bangladesh.

Pregnancy is increasingly viewed through a medical lens

Pregnancy is a natural and essential biological process of human reproduction. It is crucial to approach with appropriate medical care and support to ensure a healthy outcome for both the pregnant woman and the baby. But nowadays, it is like a disease as most of the pregnant women in the village have not been able to give birth naturally in the last ten years. The high rate of cesarean deliveries in hospitals in

Bangladesh has also had an impact on the village of Haor (Mohammad & Yukie, 2015: 42). Socially or economically it is spreading like a disease resides in culture, and complex human phenomena are associated with disease (Killman, 1997). In general, women in these rural communities had a strong preference for natural vaginal birth. Many women have some misconceptions about the delivery process. Many women believe that vaginal deliveries can cause brain problems due to pressure on the baby's head. (Parvej, Tabassum & Akter, 2021). As a result, women find this surgery necessary to save their lives (Bagum & Soaker, 2018). Nowadays giving birth is like a disease.

> *Tahomina Akter (39) said, having a baby means going to the doctor, taking a lot of medicine, wasting a lot of money, and having a stomach cut. Staying in bed for a long time seems like a disease to me. Again, another responder Atia 34 said that what used to be done in case of illness in the past, now has to be done more than when having a child. When I had my baby by caesarean, I was like a patient for 6 to 8 months and I still don't have the same energy as before. .*

C-sections have played an important role in reducing maternal mortality over the past few decades. Conversely, C-section without proper indication and justification has several adverse outcomes leading to increased maternal and neonatal mortality and morbidity. C-section is an effective intervention to save the life of mother and newborn during labor complications (Karim, 2020).

The Rising Trend of Cesarean Deliveries Economic Implications and Community Perspectives

The residents of the study area have been accustomed to cesarean deliveries for several years; however, presently, their frequency has significantly increased. (Khan, et al, 2018) Before, women in this village typically underwent normal deliveries, incurring minimal costs. However, the abnormal surge in cesarean section deliveries and the associated expenses have raised concerns regarding the achievement of development goals (Bosedutta, 2022). However, with the prevalence of cesarean sections, they are now spending significant amounts of money, posing a challenge to the rural economy.

> *According to Doctor (46) of the study area, the population aged 15-24 years in Bangladesh constitutes the reproductive segment. However, due to a lack of adequate knowledge about reproductive health, these women are particularly vulnerable. They often delay seeking the services of healthcare professionals until their condition worsen, leaving little choice but to resort to cesarean sections. We are compelled to avoid taking risks with patients, especially when their condition is critical, as jeopardizing their well-being could endanger both the mother and child's*

> *lives. Nevertheless, immediate cesarean sections entail significant expenses, which may seem unnecessary. Conducting antenatal check-ups four times during pregnancy could potentially avert the need for such costly interventions.*

However, the rural population's perspective diverges from that of healthcare professionals. According to them, those who consult a doctor during pregnancy invariably undergo cesarean deliveries. They suspect that doctors recommend cesareans solely for financial gain (Parvej et al: 2021). This results in additional income for the doctor.

> *Maimuna Akter 43, this was our first child after seven years of marriage. When my wife got pregnant, I diligently visited the doctor every month for pregnancy check-ups. However, when the pregnancy reached nine months, the doctor cautioned us to prepare financially as the likelihood of a normal delivery was low. Consequently, we incurred significant expenses. Looking back, I can't help but wonder if I hadn't consulted so many doctors, perhaps my wife could have had a normal delivery. Nonetheless, I didn't want to take any chances with her health.*

Many rural individuals hold the belief that consulting a doctor during pregnancy inevitably leads to a cesarean section. They perceive giving birth in a medical setting as relinquishing control over the pregnant woman to hospital authorities (Oakley, 1980). After which anything can happen to the woman. A cesarean is not a small matter, and some women are afraid of motherhood due to not being able to add this income.

> *Mahmud (24) said, "If I decide to have a baby, I feel compelled to visit the doctor regularly for check-ups. However, it seems that regardless of these check-ups, I'll ultimately end up having a cesarean delivery. The thought of undergoing such a procedure frightens me. Moreover, I worry about the financial burden associated with cesarean deliveries. It seems that everyone around me who is having a baby opts for a cesarean section. This leads me to believe that having a baby entails numerous expenses, some of which may be unnecessary.*

Women from the haor region exhibit exceptional mental and physical strength compared to other women in Bangladesh. Engaged in agriculture and frequently exposed to natural disasters, they possess remarkable resilience. However, despite their strength, these women are hesitant to have children due to financial concerns.

> *Raihan Miya (42) said in the past, when a woman gave birth, the process was simpler. Only a nanny and a midwife were required, and it was customary to present the midwife with a sari. Additionally, people would gather to celebrate and provide meals for the family seven days after the birth.*

However, in contemporary times, having a baby entails substantial expenses on doctors, cesarean sections, and more. Residents of the haor area often find themselves lacking sufficient cash on hand due to their involvement in subsistence agriculture, which generates minimal income. Consequently, they frequently rely on loans to meet their financial needs.

> *Josimoddinn said (43), "Last March, my wife underwent surgery, which cost me 50,000 Taka out of my own pocket. Normally, affording the expenses related to childbirth wouldn't have been an issue for me. However, I had to borrow a significant amount of money from others, which I still haven't been able to repay.*

The expenses associated with a cesarean section vary depending on whether it is performed in a government or private hospital. In government hospitals, the cost of a cesarean section may range from 2 to 12 thousand rupees, inclusive of incidental expenses. On average, it amounts to about 7 thousand rupees. Conversely, in private hospitals, the cost typically ranges from 30,000 to 50,000 Taka. Consequently, residents of the haor area predominantly opt for private hospitals for cesarean deliveries, as there are no nearby government facilities available.

C-section "major barrier" to safe motherhood

Child delivery is a normal process for rural women, but with the help of child delivery comes various complications. For example, many times the position of the baby in the stomach changes, severe labor pain is experienced, and the mother becomes anemic, which leads to the doctor's intervention. And then the doctor suggested a Caesarean. However many rural women are not in favor of Caesar (Parbej, 2021). They think having a cesarean will make it a little difficult to function normally. Earlier when there was no cesarean section the only option for childbirth was natural delivery which is very rare now. I mean, Caesar is coming up with something like this. As a result, many people are losing interest in motherhood. Many people think that educated women cut their stomachs and take out a child who is crippled and who will raise this child?

> *Amena (26) says, "My marriage is 2 years and I am also afraid to have a baby because if I have a baby I will have to have a cesarean. And if I have a cesarean, I will be crippled, and*

then raising the child again will be a very difficult expense for me. I am better than this, I have better body health".

In the rural society of Bengal, where marriage would have been a child the next year or a child was a natural process (Begum, 2018), women today do not show any interest in having children, which is challenging for motherhood.

An*wara, 37, said, "I had a daughter who was 12 years old by Caesarean section. I wanted to have another child. My husband wanted a boy. Since having this baby by caesarean my body has never been the same and my body hurts all the time. But the doctor says I won't have a baby without a cesarean. So I will not take any more children, Caesar is very difficult".*

Rural women do not have much idea about modern knowledge; women see that women are not able to have children after caesarean section, so they are very afraid of having children. Which is questioning the natural motherhood; women lose interest in having children. If pregnant women have difficulties in a normal delivery, i.e. there is a risk to the life of the mother or the baby, and then the doctor may resort to caesarean operation. Cesarean section may also be performed due to complications during delivery. This is called an emergency C-section delivery. Apart from this, cesarean operation can also be done if the pregnant woman is not suitable for vaginal delivery.

Labor Pain Anxiety and the shift toward Cesarean Deliveries

Only a woman can understand labor pain well, there are many women who cannot bear this labor pain. As a result, cesarean is accepted as a way to give birth without pain in a short period of time. Labor pain is one of the most common medical problems, which adversely affects a person's abilities and leads to fear and anxiety. Attitudes toward labor pain involve physical, psychological, environmental, and supportive factors, which greatly influence decisions about the mode of delivery.

Maina Akhter (41) said, I am afraid of pain and cuts from my childhood. When my eldest son was in my stomach, I knew from the people around me how painful the pain of childbirth is. One of my aunts told me to give birth naturally but I was afraid of labor pains. Later I had a cesarean before the baby's delivery. I had two babies by cesarean.

Pregnancy is a physiological event, and its termination is associated with pain, fear, anxiety and even fear of death for mothers. Childbirth is a multidimensional process that has physical, emotional, social,

physiological, cultural and psychological dimensions. Childbirth can be a complex and sometimes painful experience for women. (Maryam, 2015).

> *Mabia 19 said, I had this baby by caesarean. I went to the hospital when labor pains started and I tried to do it normally for an hour, then I thought I might die from the pain, so I didn't have a caesarean. Rest of interviewer Anamika 23 says, when I have a lot of pain, the doctor tells me that the pain may increase, so I feel anxious and if the pain increases, I will die. Again my body became very weak. Then the doctor says that if I can't bear the pain, I have a Caesarean, and then I have recourse to Caesareans".*

Attitudes toward labor pain may be determinants of women's decisions about the mode of delivery. One of the main goals of every medical team, dealing with delivery, is to have a safe delivery. C-sections were first introduced to reduce risks to the mother and fetus. However, today, C-section is considered a way to relieve labor pain (Maryam, 2015). Home births in Bangladesh are usually done by midwives. The role that midwives play in this is to mentally prepare the pregnant woman and use her knowledge to facilitate delivery. But even in this case, the pregnant woman is usually told to bear the pain and keep quiet. It is a cultural practice in Bangladesh (Afsana & Rashid, 2009). Women feel 'self-pride' through this cultural practice of enduring pain. But another view is found that the reason for enduring the pain in silence is to avoid gatherings of people.)

C-Sections as a Trend of Fashionable Deliveries

In Bengali women context many women think giving birth to a baby in the vagina is shameful. (Maryam, 2015) They simply cannot accept it. Then they think it's fashionable to have a C-section and have a baby. Several things work in these women they think that if their next-door neighbor has a caesarean, they don't have dignity they don't have a caesarean, and they think that a caesarean is brilliant because the baby doesn't suffer. No pain during birth. For social respect, many people go for a cesarean. They think that without cesarean, their family will be smaller socially, so they have children by cesarean.

> *Sarjid Akram (37) my wife' first child is Cesarean. Then I thought that if Caesar had a baby, the baby and I would be good, so I went to have a Caesarean myself. I showed interest in Caesar myself. I thought it would be painless for a while.*

Some people think that Caesar's children are very talented. Moreover, carrying a baby normally hurts. On the other hand, all the girls around have had children by cesarean section. Then she will become

smaller socially. (Khan at all 2018): So the husband decides beforehand to take the baby by caesarean section. Like everything else in the male-dominated society of Bangladesh, how, when, and where the child will be is often decided by men. And men decide whether the baby will be delivered by caesarean section or normal delivery. (Story, et al, 2012) But they don't really have much idea about women's health.

> *Ritu, 34, said, "My husband was responsible for my caesarean section. He kept saying that he would have a cesarean baby." And if Caesar does not, then he will not have any respect in the society. But one of senior doctor (49) said, "I have also seen many families opting for caesarean section themselves. Some do it out of fear and some do it because of fashion but I think it is better to deliver the baby naturally".*

While some research from Bangladesh suggests that mothers may opt for cesarean delivery due to fear of labor pains or a desire to choose an auspicious date for birth, other studies also highlight women's fear of cesarean section and their mistrust of health providers who recommend it. (Neuman, et al., 08).

> *Hasna Akhtar, (34), said, "I did not have a cesarean because of what is happening now for me and my baby. When the baby was 8 months old in my womb, I saw that if I did deliver 7 days earlier, my baby would be born on the same day and I would be born on the same day, so I have not decided that my baby will be born on this day.*

Private Hospital Referrals and the Rise of C-Sections

The rate of caesarean section births in Bangladesh is on the rise Doctors and families are choosing this method without need When doctors go to work, they are referring for C-sections without any examination, (Parkhursti & Rahman; 2007) blaming the profit greed of private hospitals and clinics (Begum et al; 2017).

> *Tohura Akter (37) said I always had checkups at a pediatric clinic, when I had labor pain the doctors at this hospital didn't want to take any pressure; they suggested cesarean and my family agreed. Decided early on that she would have a natural delivery but in the end, his hope was not fulfilled. She had to undergo surgery on the doctor's advice. She also said, "Doctors make this decision because the amount of oxygen in the head decreases a few weeks before the delivery of the child." I believe the doctors may have made the right decision.*

However, the experience of some of my acquaintances in this regard is that the doctors advised them to have a cesarean without any need writer think they may have done it for financial reasons. At present,

there are many private clinics even at the upazila level, when pregnant women go to the doctor for a checkup, they fall under the clutches of these hospital brokers, which later turns into a caesarean. (Begum et al; 2017) There is a clinic in Kendua upazila town where everyone is treated by doing and when having a baby, their advice is to have a cesarean to keep the baby well. Several clinics have sprung up in the name of Matri Seva In those clinics; expectant mothers are encouraged to give birth through surgery

And in this case, "In reality, where surgery is needed, it should be done." But now there is a trend of mothers or their family members wanting to have a cesarean without any reason In that case, doctors have nothing to do Many private hospitals have such cesarean trend The reason is clear Government should increase monitoring of Cesareans generally pose health risks to both mother and baby It can cause various problems in the child. Using the latest nationally representative survey, this study found that about 32.8% of women had undergone a C-section delivery. Further, we explored predictors associated with the timing of C-section decisions (ie, elective and emergency C-section delivery) among women of reproductive age group in Bangladesh. Emergency and elective C-section deliveries are two surgical procedures performed to reduce complications associated with childbirth. Your current survey found that more than 18% of Bangladeshi mothers underwent elective C-sections, while 14.1% of mothers underwent emergency C-sections. On the one hand, higher maternal age at birth and birth order increase the likelihood of elective C-section delivery. The opposite results were found for emergency C-section deliveries. Elective and emergency C-section deliveries were higher among women who attended private health centers for delivery. Your current study also found that educated women were less likely to undergo an emergency C-section. A possible explanation could be that higher education among women can bring confidence and the ability to take action on their health (Muhammad et al, 39). Education can also facilitate women's understanding of the advantages and disadvantages of C-section delivery. Contrary to existing studies, our study found that C-section delivery rates were higher among unemployed women (Muhammad et al, 2022). This may be possible if women have limited time due to their husbands' work occupations and thus, prefer to have a C-section delivery. The current study also found a lower incidence of C-section delivery among women with unemployed husbands. In addition, the effectiveness of the procedure to avoid risks to mother and baby creates a positive perception of the procedure in women, which leads to the choice of C-section for subsequent deliveries. (Muhammad et al, 2022).

In the studies data shows that various problems occur during pregnancy of women but many women do not have enough knowledge about them. In this literature, women in two villages of Bangladesh are compared with their various problems during pregnancy and their knowledge about these problems. Many have come to know about various problems during pregnancy thanks to the pictorial cards in the villages (Khanum et al, 2000). Then they go to the doctor and are forced to have a cesarean. This study found that only 13 percent of women received skilled midwifery services during childbirth. The rest give birth at risk. In this case, many mothers lost their lives while giving birth. The lack of awareness in rural areas about reproductive health has reduced day by day. Women are becoming aware. Expert Nazneen Akhtar (44) said that 50 percent of women in the country suffer from various problems of the reproductive system. Among these are miscarriage, cervical trauma, uterine and reproductive tract rupture, etc. The head of a non-governmental organization dedicated to advancing women's reproductive health initiatives. Earlier, rural women did not want to tell anyone about various diseases due to fear of public shame. But now times have changed. Now they start prenatal care and go to health care centers for examination and treatment without hiding various diseases of the reproductive system.

Suggestion

This study's authors will suggest that addressing the issue of the increasing rate of cesarean deliveries and associated unnecessary costs in the Haor area could be to implementing community-based education and awareness programs. These programs should focus on educating pregnant women and their families about the importance of antenatal care, the benefits, and risks of cesarean sections versus vaginal deliveries, and the role of healthcare providers in making informed decisions about childbirth. Providing access to skilled midwifery services and promoting the use of evidence-based practices during childbirth could help reduce the reliance on cesarean deliveries and minimize unnecessary costs. Furthermore, advocating for improved access to affordable and quality healthcare services, including government-funded maternity care facilities in rural areas, could help alleviate the financial burden on families seeking childbirth services. This education should focus on debunking myths and misconceptions about cesarean deliveries, emphasizing the importance of antenatal care, and empowering women with knowledge about the childbirth process and their reproductive rights. Additionally, offering psychological support and counseling services to women and their families can help alleviate fears and anxieties associated with childbirth, enabling them to make informed decisions about their reproductive health. The issue of fear and anxiety surrounding labor pain and its impact on childbirth decisions is to

implement comprehensive childbirth education programs. These programs should focus on providing women with accurate information about the physiological process of labor, pain management techniques, and the various options available for childbirth, including both vaginal delivery and cesarean section. By empowering women with knowledge and resources to cope with labor pain effectively, they can make informed decisions about their childbirth experience, reducing fear and anxiety while promoting safe and positive birth outcomes. Addressing the challenges highlighted in the literature is to prioritize comprehensive reproductive health education and awareness programs, particularly in rural areas. By equipping women with knowledge about pregnancy-related issues, childbirth options, and the importance of skilled midwifery services, we can empower them to make informed decisions about their reproductive health.

Conclusion

This study has outbuilding light on the rising dominance of cesarean deliveries in rural settings, with a particular focus on Silimpur Village in Bangladesh. By examining the socioeconomic dynamics influencing the rising rates of cesarean sections, we have highlighted the complex interplay of factors contributing to this trend. The global increase in cesarean deliveries, often surpassing the optimal rate recommended by the World Health Organization, underscores the need for a deeper understanding of the underlying drivers at the local level. This study has emphasized the importance of addressing these issues within the context of Hoa, where limited resources and healthcare infrastructure pose unique challenges to safe and equitable childbirth practices. It is evident from our research that cultural beliefs, socioeconomic status, access to healthcare services, and changing perceptions of childbirth play crucial roles in shaping women's choices regarding delivery methods. The shift towards cesarean sections in Silimpur Village reflects broader changes in societal attitudes towards childbirth, influenced by both internal and external factors. The escalating prevalence of cesarean deliveries in rural Bangladesh, particularly in areas like the Haor region, underscores the complex interplay of socio-cultural, economic, and healthcare factors shaping childbirth practices. Pregnancy, once considered a natural and essential biological process, is increasingly viewed through the lens of medicalization, with cesarean sections becoming the norm rather than the exception.

The unnecessary increase in cesarean deliveries not only burdens the already strained healthcare system but also poses risks to maternal and neonatal health. While cesarean sections are crucial in cases of emergency or medical necessity, their overuse can lead to adverse outcomes and unnecessary expenses for families, especially in rural areas with limited resources. Moreover, the lack of awareness about

reproductive health and the influence of private healthcare providers exacerbate the problem, leading to unnecessary interventions and financial strain on families. The perception that consulting a doctor during pregnancy inevitably leads to cesarean delivery further perpetuates this cycle of medicalization and unnecessary interventions. There is a need for greater oversight and regulation of cesarean deliveries, particularly in private healthcare settings, to ensure that medical interventions are justified and based on medical necessity rather than financial incentives. By addressing these underlying socio-cultural, economic, and healthcare factors, we can work towards promoting safe and equitable childbirth practices in rural Bangladesh and beyond.

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Conflict of interest

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