

Research Article

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Determinants of Perceptions and Attitudes Towards Labor Pain Management among Parturient Attending Antenatal Care Clinic at Federal Teaching Hospital, Birnin Kebbi

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ABSTRACT

Objectives: This study aimed to identify the determinants of perception and attitude towards pain management options during labour among parturient attending the antenatal care clinic at Federal Teaching Hospital, Birnin Kebbi.

Methods: A cross-sectional study was conducted among 178 pregnant women selected via systematic sampling. Data was collected using a pre-tested semi-structured questionnaire. Descriptive and inferential analyses were performed using SPSS version 27, and a p-value less than 0.05 was considered statistically significant.

Results: The age of respondents ranged from 17 to 45, with a mean age of 28 ± 5 SD. More than half of the respondents have a positive perception of labour pain management options (104; 58.4%). The majority of respondents (112; 62.9%) have a positive attitude towards pain management options. The determinants of a positive perception of labour pain management options were respondents' educational status (AOR: 9.289, 95% CI: 1.196 – 45.037), partners' educational status (AOR: 0.238, 95% CI: 0.079 – 0.720 and parity (AOR: 4.282, 95% CI: 1.410 – 13.007). The determinants of a positive attitude towards labour pain management options were educational status of respondents (AOR: 6.740, 95% CI: 1.528–29.720), partners' educational status (AOR: 0.196, 95% CI: 0.060 – 0.643) and parity (AOR: 8.490, 95% CI: 2.139 – 33.753).

Conclusion: Government and policymakers should establish programmes to ensure mass education for the populace, as education plays a key role in the uptake of health interventions.

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Introduction

Labour pain is often described as the most severe and challenging experience a woman may witness, with widespread variations in the perception among women [1]. Labour pain experience is a complex, paradoxical, excruciating, yet desirable phenomenon owing to its positive outcome [1]. Interestingly, women are not essentially more satisfied with pain-free labour, and many women wish to experience labour pain [2]. Labour pain is a general experience for women during childbirth, usually described as intense and discomforting, but encouraged by some cultures that the pain must be borne by pregnant women, as commanded by God

[3,4]. It is worth noting that labour analgesia use is well established in developed countries, but in most developing countries, it's still in its infancy [5]. Furthermore, in some countries, the majority of pregnant women lack the knowledge that labour pains can be relieved [5]. Unalleviated, severe labour pains result in patient dissatisfaction and have been associated with post-traumatic stress disorder and post-partum depression [6].

Several studies are consistent in their finding that the perception of labour pain is highly individual-specific, as demonstrated by the disparities in women's descriptions of it [1]. It is an emotional,

challenging, and meaningful pain and is very different from other types of pain [1]. The meaning a woman attributes to her pain can change how she relates to and responds to it [1]. Labour pain is a common experience among women, but the perception varies between individuals, which is influenced by both psychological and physical factors [5]. The pain perception during labour and analgesic need vary in onset, duration, and severity [6]. Multiple factors are responsible for the difference in pain perception among parturient, such as culture, social status, pain threshold, parity, support during labour, prenatal education, counselling, and medical intervention [7].

The attitude of women and beliefs toward labour pain are influenced by several factors, such as delivery environment, psychosocial factors, previous pain experiences, and the ability to adapt to pain [8]. An individual's attitude towards a health intervention is an important factor in acceptance and utilization. Several studies have been conducted on labour pain management globally, and they have shown that multiple factors affect women's attitudes to pain relief in labour [9-11]. Knowledge of labour analgesia, upbringing and culture, education level, age, among others, were identified as factors.

In high-income countries, issues surrounding labour pain management focus on method choice and potential complications [9]. In contrast, in developing countries, the issue revolves around acceptability, awareness, and the availability of labour analgesia [9]. The acceptability of labour analgesia among pregnant women is influenced by the perception and attitude of the pregnant women towards its use. Understanding the determinant of perception and attitude toward labour pain management among pregnant women is essential for targeted intervention to enhance uptake of labour analgesia among pregnant women and improve labour experience and outcome. The objective of this study is to identify the determinants of perceptions and attitudes toward labour pain management among pregnant women attending antenatal care at the Federal Teaching Hospital, Birnin Kebbi, Kebbi State, Nigeria.

Methods

This cross-sectional study was conducted at the antenatal clinic of the Obstetrics and Gynaecology Department of the Federal Teaching Hospital (FTH), Birnin Kebbi, Kebbi State, Nigeria, between October and December 2025. Birnin Kebbi is the capital of Kebbi State, located in Nigeria's north-western geopolitical zone. It is one of the seven north-western states of Nigeria. The city covers a landmass of 1,036 km² and is situated at latitude 12° 27' 36" North of the Equator and longitude 4° 11' 24" East of the Prime Meridian. The FTH, originally a Federal Medical Centre, is a tertiary health institution and an MDAs (parastatals) under the Federal Ministry of Health. It was established under Decree 10 of 1985, namely the University Teaching Hospitals (Reconstitution of Boards) Act, Cap 462, on 6th June 2000, providing specialised medical care for the people of Kebbi. The Obstetrics and Gynaecology Department is a centre of excellence and a referral point for maternal health conditions in the state.

Ethical approval was obtained from the Federal Teaching Hospital, Birnin Kebbi Health Research Ethics Review Committee (protocol number FTH/BK/HP/045/P/517/VOL.V/06), and permission was obtained from the Head of the Department of Obstetrics and Gynaecology.

The study population comprised pregnant women attending the antenatal clinic in the department who provided informed consent to participate. Those who were very sick and those with debilitating illnesses such as mental, hearing and visual impairment were excluded from the study. The sample size was calculated using the formula for cross-sectional studies [12]. Based on a similar study done in Ethiopia, which found that 87.5% of the participants had a positive attitude towards the use of labour pain relief methods [7]. The sample size was determined to be 162, with a 95% confidence level and a 5% margin of error.

$$\begin{aligned} N &= \frac{Z^2 \times p(1-p)}{d^2} \\ &= \frac{(1.96)^2 \times 0.88(1-0.88)}{(0.05)^2} \\ &= 162.3 \approx 162 \end{aligned}$$

A 10% allowance was added to the sample size for non-response. Thus, the study's sample size was 178.

A semi-structured questionnaire adapted from similar studies was administered electronically to the participants via ODK by trained interviewers [13,14]. The data collection tool was pre-tested with 10% of the sample size among pregnant women attending ANC at the Obstetrics and Gynaecology Department of Kalgo Teaching Hospital, Kalgo, Kebbi State.

Data analysis was done using IBM® SPSS Version 27. Data were presented in prose, frequency, and percentages. Chi-square tests were used to assess associations between qualitative variables. The predictors of the outcome were determined using logistic regression. The level of significance (α) was set at <0.05, and a 95% confidence interval was used for all the analyses. The participants were informed about the study's benefits.

Results

The age of respondents ranged from 17 to 45, with a mean age of 28 ± 5 SD. The majority of respondents were Hausa (109; 61.2%). Most of the respondents were Muslim (135; 75.8%). The majority of the respondents and their partners had a tertiary education (80; 44.9%) (107; 60.1%), respectively. Almost all the respondents were married (175; 98.3%). The majority of respondents were unemployed (86; 48.3%), while their partners were mostly civil servants (83; 46.6%), as shown in Table 1.

Table 1: Socio-Demographic Characteristics of the Respondents

Variable	Frequency n = 178	Percentage (%)
Age		
Mean $\pm$ SD	28 $\pm$ 5	
17 - 24	48	27
25 - 34	107	60.1
35 - 45	23	12.9
Ethnicity		
Hausa	109	61.2
Yoruba	39	21.9
Ibo	20	11.2
Others	10	5.6
Religion		
Islam	135	75.8
Christianity	43	24.2
Education level		
No formal education	22	12.4
Primary	19	10.7
Secondary	57	32
Tertiary	80	44.9
Partner's educational level		
No formal education	23	12.9
Primary	13	7.3
Secondary	35	19.7
Tertiary	107	60.1
Marital status		
Married	175	98.3
Divorced	2	1.1
Single	1	0.6
Occupation		
Unemployed	86	48.3
Self employed	52	29.2
Civil servant	33	18.5
Organized private sector	7	3.9
Partner's occupation		
Civil servant	83	46.6
Self employed	66	37.1
Organized private sector	16	9
Unemployed	13	7.3
Parity		
Nulliparous	145	81.5
Multiparous	33	18.5
Gestational age at booking		
First trimester	80	44.9
Second trimester	64	36
Third trimester	34	19.1
Hospital	132	74.2

Home	46	25.8
Previous mode of delivery		
Vaginal	157	88.2
Caesarean section	21	11.8

The majority of respondents have nulliparous (145; 81.5%). Most respondents booked antenatal care in the second trimester of their pregnancy (80; 44.9%). In their previous pregnancy, the majority of the respondents delivered in the hospital (132; 74.2%). The previous mode of delivery for most of the respondents was vaginal (157; 88.2) as seen in Table 1.

More than half of the respondents believe the use of labour pain management options is safe for the mother and the baby (104; 58.4%). About a quarter of the nulliparous expect their delivery to be pain-free (49; 33.6%). An equal percentage of multiparous women categorised labour pain as being moderate (13; 39.4%), severe (13; 39.4%). The majority of respondents believe labour pain should be managed (110; 61.8%), as shown in Table 2.

Table 2: Perception of Respondents of Pain-Relieving Options

Variable	Frequency n = 178	Percentage (%)
Do you think labour pain management is safe for the mother and baby?		
Yes	104	58.4
No	74	41.6
What are your expectations for pain management during labour? (nulliparous n = 145)		
No idea	30	16.9 (20.7)
Pain free	49	27.5 (33.6)
Painful	14	7.9 (9.7)
Mild pain	40	22.5 (27.6)
Moderate pain	11	6.2 (7.6)
Severe pain	1	0.6 (0.7)
On which scale do you categorise labour pain? (multiparous n = 33)		
Pain free	2	1.1 (6.1)
Mild pain	5	2.8 (15.2)
Moderate pain	13	7.3 (39.4)
Severe pain	13	7.3 (39.4)
Do you believe labour pain should be managed?		
Yes	110	61.8
No	68	38.2

The majority of respondents (112; 62.9%) want pain relief during labour. Among respondents who do not want pain relief during labour, the main reason is a desire for a natural birth (57; 89.3%). The majority of respondents who want pain relief prefer doctors to advise them on the most appropriate method (100; 89.3%), as shown in Table 3.

Table 3: Attitudes of Respondents Toward Pain-Relieving Options

Variable	Frequency n = 178	Percentage (%)
Would you like to be given pain relief during labour?		
Yes	112	62.9
No	66	37.1
Please give a reason for not wanting pain relief during labour, n = 66		
It will have negative effects on my baby	6	3.4 (9.1)
I want to experience a natural birth	57	32.0 (86.4)
I want to have a caesarean section	2	1.1 (3.0)
I will love my baby more	1	0.6 (1.5)
Which method will you prefer? n = 112		
As advised by the doctor	100	56.2 (89.3)
Elective caesarean section	2	1.1 (1.8)
Injection (Intramuscular or intravenous)	3	1.7 (2.7)
Lower back injection (Epidural)	7	3.9 (6.3)

The educational status of respondents and their partners is a significant factor associated with a positive perception of pain management options (Chi-square test: 32.523, p-value = <0.0001) for respondents and (Chi-square test: 24.152, p-value = <0.0001) for partners. Respondent parity is significantly associated with a positive perception of pain management options (Chi-square test: 9.125, p-value = 0.003). Similarly, partner's occupational status is significantly associated with a positive perception of pain management options (Chi-square test: 22.430, p-value = <0.0001).

The educational status of respondents and their partners is a significant factor associated with a positive attitude towards pain management options (Chi-square test: 24.152, p-value = <0.0001) for respondents and (Chi-square test: 32.599, p-value = <0.0001) for partners. Respondent parity is significantly associated with a positive attitude towards pain management options (Chi-square test: 13.601, p-value = <0.0001). Similarly, partner's occupational status is significantly associated with a positive attitude towards pain management options (Chi-square test: 13.427, p-value = 0.003) as shown in Tables 4.

Table 4: Bivariate Analysis of Sociodemographic Factors Associated with Perception and Attitude Towards Pain-Relieving Options among the Respondents

Variable	Perception n = 178		Chi-square test	p-value	Attitude n = 178		Chi-square test	p-value
	Positive	Negative			Positive	Negative		
Age group			2.952	0.233			1.908	0.379
17 – 24	33	15			34	14		
25 – 34	59	48			65	42		
35 – 45	12	11			13	10		
Education status			33.523	<0.0001			24.152	<0.0001
No formal education	5	17			9	13		
Primary	3	16			4	15		
Secondary	39	18			40	17		
Tertiary	57	23			59	21		
Marital status			3.793 ^F	0.07			4.570 ^F	0.05
Married	104	71			112	63		
Divorced	0	2			0	2		
Single	0	1			0	1		
Occupation			0.541 ^F	0.936			0.500 ^F	0.927
Unemployed	49	37			53	33		
Self Employed	30	22			32	20		
Civil servant	21	12			22	11		

Organized private sector	4	3			5	2		
Religion			1.044	0.375			2.044	0.204
Islam	76	56			81	54		
Christianity	28	15			31	12		
Partner's educational level			36.373	<0.0001			32.599^F	<0.0001
No formal education	2	21						
Primary	4	9						
Secondary	28	7						
Tertiary	70	37						
Previous place of delivery			1.178	0.302			1.174	0.294
Home	30	16			32	14		
Hospital	74	58			80	52		
Previous mode of delivery			0.358	0.639			0.341	0.361
Vaginal	93	64			100	57		
Caesarean section	11	10			12	9		
Parity			9.125	0.003			13.601	<0.0001
Nulliparous	77	68			82	63		
Multiparous	27	6			30	3		
Partner's occupational status			22.43	<0.0001			13.427^F	0.003
Unemployed	4	9			5	8		
Self Em-ployed	27	39			34	32		
Civil servant	60	23			59	24		
Organized private sector	13	3			14	2		

F: Fischer's exact; p-value <0.05

Factors with statistically significant bivariate associations (chi-square test) were entered into a binary logistic regression model to identify predictors of perceptions and attitudes toward pain management options. Only respondents' educational status, partners' educational status, and parity were significant predictors of perceptions and attitudes toward pain management options. The likelihood of having a positive perception of pain management in labour is 9.289 times higher (AOR: 9.289, 95% CI: 1.196 – 45.037) among those with secondary education than among those without formal education. The likelihood of having a positive perception of pain management in labour is 0.238 times higher (AOR: 0.238, 95% CI: 0.079 – 0.720) in those whose partners have a tertiary education compared to those whose partners do not formal education. The likelihood of having a positive perception of pain management in labour is 4.282 times higher (AOR: 4.282, 95% CI: 1.410 – 13.007) in nulliparous compared to multiparous women, as shown in Table 5.

Table 5: Predictors of Perception and Attitude Towards Pain-Relieving Options among the Respondents

Variables	Perception					Attitude		
	Wald	Sig	Exp (B)	95% CI	Wald	Sig	Exp (B)	95% CI
Educational status								
No formal	Reference							
Primary	2.527	0.112	3.645	.740 – 17.955	0.182	.670	1.432	0.275 – 7.443
Secondary	7.657	0.006	9.289	1.196-45.037	6.325	.012	6.740	1.528-29.720
Tertiary	0.975	0.323	1.551	0.649-3.705	2.145	.143	1.964	.796-4.844
Partner's educational status								
No formal	Reference							
Primary	1.285	0.257	3.008	0.448-20.182	2.306	.129	3.932	.672-23.020
Secondary	0.125	0.724	0.750	0.152-3.698	0.001	.979	0.980	.206-4.650
Tertiary	6.458	0.011	0.238	0.079-0.720	7.239	.007	.196	.060-.643
Parity								
Multiparous	Reference							
Nulliparous	6.584	0.010	4.282	1.410-13.007	9.227	.002	8.490	2.139-33.753

R square = 0.398 (perception), R square = 0.384 (attitude); p- value <0.05

The likelihood of having a positive attitude towards pain management in labour is 6.740 times higher (AOR: 6.740, 95% CI: 1.528–29.720) among those with secondary education than among those without formal education. The likelihood of having a positive attitude towards pain management in labour is 0.196 times higher (AOR: 0.196, 95% CI: 0.060 – 0.643) among those whose partners have a tertiary education compared to those whose partners do not formal education. The likelihood of having a positive attitude towards pain management in labour is 8.490 times higher (AOR: 8.490, 95% CI: 2.139 – 33.753) among nulliparous compared to multiparous women, as shown in Table 5.

The pseudo-R² value for the predictors (educational status, partners' educational status, partner's occupation, and parity) combined explained 39.8% (Nagelkerke R²) of the variance of perception of pain management options (dependent variable) and 38.4% (Nagelkerke R²) of the variance of attitude towards pain management options (dependent variable). While our model accounts for a high degree of the variance, a substantial portion of the variation remains unexplained, as shown in Table 5.

Discussion

This study revealed moderately positive perceptions and attitudes towards pain management options during labour among respondents. More than half of the respondents have a positive perception and attitude towards pain management options during labour. Most respondents who did not want pain-relieving management during labour preferred a natural delivery. The majority of respondents who sought pain-relieving management wanted their doctors to provide appropriate advice. Educational status of the respondents, partners' educational status, partner's occupation and parity of the respondents were significant factors associated with perception and attitude towards pain management options during delivery. However, the educational status of the respondents, partners' educational status and parity were the predictors of perception and attitude towards pain management options during labour among the respondents.

In this study, slightly more than half of the respondents (58.4%) have a positive perception of labour analgesia. They believe that labour analgesia is safe for them and their baby. A similar

study conducted in Southwest, Nigeria, reported a consistent finding: 57.5% of respondents had a positive perception of labour pain management [15]. Another study conducted in Ethiopia reported a far lower perception of labour analgesia, with 89.4% of participants believing complications may occur due to it [16]. This dissimilarity may have resulted from the difference in the study population.

Regarding respondents' attitudes to labour pain management, 62.9% had a positive attitude and were willing to accept labour analgesia during delivery. There were variations in findings across studies, while some studies reported lower values others reported higher values [6,9, 15,16]. Similar to our study, the commonest reason for a negative attitude towards labour pain management was the desire for a natural birth [6,9]. Regarding labour analgesic preferences, more than four-fifths of respondents with a positive attitude towards labour pain management intend to follow their doctor's advice and recommendations. It is advisable that the obstetrician routinely inform pregnant women during antenatal visits about labour analgesia and provide appropriate recommendations based on their health status.

While the educational status of the respondents, partners' educational status, partners' occupation and parity of the respondents were significant factors associated with perception and attitude towards pain management options during delivery, it is only the educational status of the respondents, partners' educational status and parity that were the predictors of perception and attitude towards pain management options during labour among the respondents. A similar Nigerian status, educational status, is positively correlated with a positive attitude towards labour analgesia [17]. The study by Negash et al also reported that education level was a significant factor associated with a positive attitude towards labour analgesia. These findings were consistent with ours. However, the study by Workie et al in Ethiopia found that employment status and age group were predictors of a positive attitude towards labour pain management, whereas our findings differed [18]. This inconsistency may be related to the difference in our study setting.

The strength of our study is that it is an analytical cross-sectional study, and well-trained, highly skilled research-assisted personnel

were recruited to administer the questionnaire. The limitations include that it is a cross-sectional study, which limits the ability to establish causality. Secondly, the study was conducted in a single tertiary health facility, making it difficult to generalize the findings. A multicentre study across the country is advised.

In conclusion, the current study established moderately positive perceptions and attitudes towards pain management options during labour among respondents. The majority of respondents who sought pain-relieving management expected their doctors to provide appropriate advice. Also, we identified respondents' and partners' educational status and parity as predictors of perceptions and attitudes towards pain management options during labour. It is of utmost importance that anaesthesiologists and obstetricians enlighten pregnant women on the availability of safe and effective pain management options and advise them on the best method suitable for them based on their health status. The role of education in the uptake of health interventions cannot be overemphasized; thus, governments and policymakers need to ensure and encourage mass education of their populace.

Conflict of Interest

The authors have no conflict of interest associated with the materials presented in this paper

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Author's Contributions

Conceptualization: Isa A, Saidu I. Data curation: Benedict IO. Formal analysis: Ayotunde SA, Onowise PO. Funding acquisition: Nill. Methodology: Makinde AA, Ayodeji MS. Project administration: Anas IY. Visualization: Hudu IG. Writing – original draft: Isa A, Saidu I, Benedict IO. Writing – review & editing: Ayotunde SA, Makinde AA, Anas IY, Hudu IG.

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