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Iranian mothers' selection of a birth method in the context of perceived norms: A content analysis study

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ABSTRACT

Objective: to describe women's perceptions of choosing a particular birth method; normal childbirth or caesarean section in the absence of medical indications.

Design: a descriptive qualitative content analysis was used for data gathering and analysis. Interviews were held with 18 pregnant and postnatal women. The participants were recruited using a purposive sampling method. Interviews were begun with a general question and were followed with specific questions.

Setting: three semi-public and public hospitals and two health care centres in an urban area of Iran were the locations of data gathering. Data analysis and data collection were conducted concurrently and interviews were discontinued when data saturation was reached.

Participants: the participants consisted of 18 women (four pregnant and 14 postnatal) recruited using a purposive sampling method.

Findings: 'socio-economic and cultural norms' was the main theme that emerged in this study. Four other categories comprised the content of interviews: 'cultural and religious acceptance', 'social acceptance', 'psychological-social support', and 'economical acceptance'.

Conclusions and implications: socio-cultural, religious and economical norms in the Iranian society play main roles in the selection of the birth method by Iranian women. Health care policy-makers are expected to attend to the factors influencing women's decision-making on the childbirth method to reduce the number of unnecessary caesarean sections.

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Introduction

In recent decades, cultural and practical understanding of childbirth is changing, which has resulted in higher rates of caesarean section (CS) and lower rates of normal vaginal delivery (NVD) (Notzon et al., 1987; Van Roosmalen and Van der Does, 1995; Kerr-Wilson, 2001). The rate of CS is increasing in both developed and developing countries. In a study by the World Health Organization (WHO) in 2007–2008 in 24 countries, the average rate of CS was 27% (Lumbiganon et al., 2010). According to this report, in China this rate was the highest (46.2%) (Hamilton et al., 2007; Souza et al., 2010). It has been

reported that in 2007 in the U.S. nearly 32% of all births (1.4 millions) have been the result of CS (Menacker and Hamilton, 2010). In Iran, several studies have shown that the increasing rate of CS is higher than the rate (10–15%) recommended by the WHO (Sharifi Rad et al., 2007; Shahoei et al., 2011; Yazdizadeh et al., 2011). For instance, in 2002 in Tehran, the total rate of CS was reported to be 66.5%, rising to as high as 84% for childbirths in private centres (Sharyat et al., 2002). In Ahvaz, another large city of Iran, the rate of CS in 2010 was 41.3% in teaching hospitals and 58.8% in private hospitals (Iran Ministry of Health and Medical Education (IMHME), 2010). One of the main causes for such rising rates in Iran and other countries is the phenomenon of 'caesarean by request' (Guise et al., 2005; Hajian et al., 2011). According to international estimates, the range of maternal request is from 4% to 18% of all caesarean sections (National Institute of Health, 2006). In Iran this rate varies between 7% and 13.5% (Rahmanian and Qosorry, 2011).

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Nowadays, because of the influence of diverse factors, the selection of a particular mode of childbirth by pregnant women is a complex, modern, and controversial subject. In Cheung's study (2006) in China it was found that women's decision-making was influenced by environmental factors, values, preferences, and a unique mixture of personality traits and personal aspirations (Cheung et al., 2006). As mentioned by Turner (1991), human notions are influenced by social interactions, ideas and attitudes shaped by their environment (Turner and Turner, 1991). On the other hand, norms refer to accepted group ideas for or against different kinds of behaviours, beliefs or feelings (Haralambos and Holborn, 1995; Holborn et al., 2009).

Some believe that the increase in the rate of CS is not only due to medical conditions, but also is related to several non-medical factors such as people's socio-economical and socio-cultural status, ethical and legal concerns, and even psychological and cultural characteristics of women and doctors (Edwards and Elwyn, 2002; Donati et al., 2003; Gamble and Creedy, 2003).

In spite of the conclusion of Mc Court et al.'s study (2007), there is little evidence to suggest that women choose CS in the absence of any medical indications (McCourt et al., 2007). Many studies indicate that diverse factors influence women's request for CS. For example, in Brazil, psychosocial factors such as women's fear of labour pain, the ability to schedule the birth, and doctors' perspectives as promoters of interventionist cultures have been attributed to the high rate of CS by women's request (Hopkins, 2000; Béhague et al., 2002). Béhague (2002) states that in Brazil some women consider CS as a high-class mode of birth performed by women with higher incomes and higher levels of education (Béhague et al., 2002). Sharghi et al. (2011) in Iran in a study with nulliparous women concluded that social factors to obey subjective norms especially obeying the clinicians and health care personnel influenced decision-making for the birth method (Sharghi et al., 2011).

CS has been recognised as a social problem (Green and Baston, 2003) and a few studies have been conducted to explore the role of socio-cultural and economical norms on the demand for CS. Therefore, the purpose of this study was to describe women's perceptions of choosing a particular birth method: normal childbirth or caesarean section in the absence of medical indications with a focus on the role of associated socio-cultural and economic factors in the Iranian culture and context.

Method

A descriptive qualitative design using a content analysis approach was conducted for data gathering and analysis of the experiences of Iranian women regarding birth method selection.

Three semi-public and public hospitals and two health care centres in an urban area Ahwaz city in south of Iran were the locations of data gathering. The average number of daily births in semi-public and public hospitals was four and 10, respectively. This study was conducted from June to December 2012.

Participants

The participants consisted of 18 women (four pregnant and 14 postnatal) recruited using a purposive sampling method. The first researcher selected the participants who could provide data about the phenomenon of interest (Polit and Beck, 2006; Holloway and Wheeler, 2009).

To choose the participants, the following inclusion criteria were used:

- aged 18 years old and over;
- having the experience of selection of a birth method; and
- being pregnant in the third trimester (singleton pregnancy) or being in the first week of postpartum period after CS or NVD, at the time of data gathering.

Exclusion criteria were suffering from severe medical complications, and having difficulties in understanding Persian. Moreover, those who were pregnant: in adolescence, because of an inadequate knowledge of pregnancy/childbirth, were not eligible to participate in this study (Sommer et al., 1993).

Maximum variation in sampling in terms of women's social classes, economic status, educational and employment status, being in pregnancy or postpartum period was achieved (Lincoln and Egon, 2004) (Table 1).

Data collection

Unstructured interviews were held with the participants by the first author. The location of interviews was health centres or post partum wards convenient to the participants. Totally 20 sessions were held: one session for each participant and two sessions for two participants.

Each interview lasted approximately between 30 and 60 minutes. The focus of question during the interviews was 'How did you decide to undergo the natural delivery process or caesarean section?' Supplemental and probing questions regarding how they chose their birth method were asked. To increase the depth of interviews and remove misunderstandings, the participants were encouraged to talk about which factors and who influenced their decision about selection of a birth method.

All interviews were recorded and transcribed verbatim. Also relevant field notes before and after interviews were written by the interviewer and in next interviews they were asked for clarification. Data analysis was conducted concurrently with data collection and interviews were continued when data saturation was achieved.

Table 1
Participants' characteristics.

Age (mean)	25.7
Participants (n=18)	
Pregnant	4
Post CS	11
Post NVD	3
Education completed	
< High school	
Post CS	0
Post NVD	2
High school (n=2)	
Post CS	3
Post NVD	2
Bachelor's degree (n=9)	
Post CS	9
Post NVD	0
Post graduate (n=2)	
Post CS	1
Post NVD	1
Current main activity	
Employed (n=9)	
Post CS	8
Post NVD	1
Non-employed (n=9)	
Post CS	6
Post NVD	3

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