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CLINICAL ARTICLE

Women's opinions and experiences with induction of labor and cesarean delivery on request in south eastern Nigeria

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Abstract

Objective: To assess the opinions and experiences of women regarding induction of labor and cesarean delivery on request in south eastern Nigeria. *Method:* Women were interviewed using questionnaires on their awareness of their right to request labor induction and/or a cesarean delivery, and of their experience and opinion of the procedures. *Results:* Of the 15.1% of the respondents who knew they could request a cesarean delivery, 2.4% had requested one; and of the 56.3% who knew they could request labor induction, 6.9% had requested one. Only 5.3% and 11.3% of the respondents who would chose the former or the latter procedure, respectively, said that they would insist on receiving it. Fear of their physicians' negative attitude regarding the procedures, and/or abandonment of care, ranked highest among their reasons for not insisting. *Conclusion:* In south eastern Nigeria few women are aware of their right to a cesarean delivery on request and the rate of refusal to perform such deliveries is high among physicians; more women are aware of their right to receive induction of labor on request and the acceptance rate is higher among physicians; and most women are unwilling to insist that their physician respect their choice.

1. Introduction

In recent years, elective induction of labor and cesarean delivery in the absence of medical indications have given rise to interesting debate, in which lay public and activists are now engaging, although mostly in high-income countries [1–3]. The importance of these issues stems from their moral, ethical, and legal implications and ramifications, and obstetric practice finds itself in a field of tension between medical indications, maternal autonomy, scientific evidence of good or harm, and other medical and legal questions. Worldwide, the rates of induction of labor and cesarean delivery on request are on the increase [4,5].

The publication of studies on elective induction of labor and cesarean delivery in the absence of medical indications has raised worldwide awareness of these practices and drawn low-

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Table 1 Maternal reasons for requesting a cesarean delivery

Reason	No. (%)
Prolonged infertility	4 (44.4)
Repeated pregnancy losses	3 (33.3)
Advanced maternal age at first pregnancy	2 (22.2)
Total	9 (100)

and middle-income countries into the debate [6,7]. These studies have reported significant differences between high- and low-income countries in the prevalence of and underlying reasons for maternal request for induction of labor and cesarean delivery [6,7]. Regarding these issues, a knowledge gap exists between high- and low-income countries.

There has been a surge of publications on the ethics of reproductive health and maternity care in low-income countries, particularly with respect to maternal autonomy. However, there is little in the literature regarding induction of labor and cesarean delivery on request, perhaps owing to the scarcity of research on the subject in low-income countries.

Maternal autonomy is at the center of the discussion on labor induction and cesarean delivery on request. This study set out to explore other hitherto unreported aspects of labor induction and cesarean delivery on maternal request in a low-income setting.

2. Materials and methods

The study was conducted at the University of Nigeria Teaching Hospital and Aghaeze Hospital, both in Enugu, Nigeria. The University of Nigeria Teaching Hospital is a tertiary training health institution which serves as a referral center for the south eastern Nigerian states of Enugu, Ebonyi, Anambara, Imo, Abia, and Benue. Aghaeze Hospital is a private hospital for women in Enugu, Nigeria. The study population consisted of pregnant women who presented for prenatal care at either center between January and October 2007.

The sample size was calculated based on prevalence rates reported for the study setting, with an accepted sampling error of 0.05. An interviewer collected the data using a pretested structured questionnaire containing both open- and closed-ended questions. Questions were asked about the participants' sociodemographic characteristics, their awareness of their right to request induction of labor and a cesarean delivery without a medical indication, their childbirth experience, the physicians' responses to their requests, the participants' willingness to insist on the implementation of their requests, and the underlying reasons for their responses to the questionnaire. A systematic sampling method using the clinics' attendance registers was adopted for the selection of participants. The questionnaires were administered by trained medical interns and a resident physician. Informed consent was obtained before recruitment after detailed explanation of the study's purpose, and refusal to participate did not affect care. The participants were interviewed in privacy and the questionnaires were anonymous.

Content analysis was used to analyze the verbatim responses to the open-ended questions. The data were analyzed as mean ± SD for continuous variables and frequency for categorical variables using SPSS software (SPSS, Chicago, IL, USA), and the results were expressed as descriptive statistics.

3. Results

Of 378 women who were contacted for an interview, 11 from Aghaeze Hospital and 28 from the Teaching Hospital declined to participate. The mean age of the 339 respondents was 31.7 ± 5.5 years (range, 18–44 years); 81 (21.4%) were nulliparas, 84 (22.2%) were primiparas, 156 (41.3%) were multiparas, and 57 (15.1%) were grand multiparas; 181 (47.9%) had a university education, 141 (37.3%) had a secondary education, 39 (10.3%) had a primary education, and 17 (4.5%) had no formal education.

Although 57 respondents (15.1%) were aware of their right to request a cesarean delivery without a medical indication, only 9 (2.4%) had ever made the request, which had been granted for only 2. The reasons for the request included repeated pregnancy loss, prolonged infertility, and advanced maternal age at first pregnancy (Table 1). As many as 268 women (70.9%) believed that only physicians had the right to decide when a woman ought to have a cesarean delivery, and of the 57 who were aware of their right to have one on request, only 3 (5.3%) said they would insist that the physicians respect their wish. The reasons evoked by the remaining 54 (94.7%) for their noninsistence included the belief that the physician's refusal could be a forewarning of potential danger; fear of being blamed by their family in the event of complications; lack of knowledge of their right to insist; and fear of a negative response from the physician (Table 2).

There were 147 (38.9%) respondents who believed that only physicians had the right to recommend induction of

Table 2 Maternal reasons for not insisting on their physicians' respecting their choice [a]

Reason	No. of women who would not insist on receiving a cesarean delivery(n = 54)	No. of women who would not insist on receiving labor induction(n = 189)
Fear of physician's negative response	27	64
Fear of abandonment of care by physician	25	39
Lack of knowledge of right to autonomy	16	43
Refusal could mean forewarning for dangerous complications during surgery or induction	14	26
Fear of blame from relatives if complications occurred	11	31

[a] Respondents were allowed to indicate more than 1 reason.