

Effective Factor on Delivery and on Choosing Its Type: A Phenomenological Study

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Article Info

Article history:

Received Jun 13, 2013

Revised Aug 24, 2013

Accepted Nov 28, 2013

Keywords:

Type of delivery

Effective factors

Phenomenological study

ABSTRACT

Different factors such as economical, social, and cultural may have a considerable role in choosing the type of delivery. Considering the importance of women's idea and decision in choosing the type of delivery, this study was done by purposing on explaining women's experiences in delivery and choosing its type in a qualitative study. This was a descriptive qualitative study (phenomenology approach) that was done by purposeful sampling on non-nulliparous pregnant women who were in the third trimester of pregnancy referred to Jahrom maternity clinics. The purposeful sampling was used for studying urban and rural pregnant women in six focus groups including seven pregnant women in each that data gathering continued to the point of data saturation and data were analyzed using content analysis.

From 98 dismissed codes, two main themes and nine sub themes emerged that included their perception delivery and their cultural socioeconomic level.

There were many factors affecting the selection of the type of delivery that some of them are the result of the lack of accurate information, poor education and lack of comprehensive rational and decisions regarding women's healthcare. Therefore it is necessary to adapt appropriate strategies to improve children and mother's health.

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1. INTRODUCTION

Delivery is one of the most important events in a woman's life which is an automatic and a natural process. Although it has many hard problems and difficulties people like to experience with good ending. It's recommended to all women that natural delivery is the best but statistics show an increase in cesarean rate [1].

Today cesarean has wonderfully increased in developed countries that is specially considerable in Latin America and South Asia. This statistics is high while cesarean is done out of its principles in this countries that can threaten mothers and infants' lives [2]. On the other hand cesarean rate has become a criterion for studying health and hygiene in a country and has made all government officials to apply all the strategies and methods to decrease it [3]. Being aware enough is one of the most important factors in health and getting aware is the first and basic step in applying a hygienic behavior, so awareness also plays an important role in cesarean and different studies have come to the conclusion that women should get aware for decreasing the epidemics of cesarean and its complications [4]. Statistics show a high rate of cesarean in Iran (50 to 60%) that 90% of them are done in urban areas and in private hospitals. Statistics shows that in 1988

the rate for cesarean in Iran was 33.1% and it has increased from that time in a way that in 2003 it was 26.6% in Yasuj and 45.6% in Tabriz. Health organizations recommend cesarean to be 12% of deliveries [5]-[9]. Different factors have been said to be a reason for cesarean such as socio economical and social factors. Other factor such as pain fear, vigil examination, psychological pressure, and lack of awareness [8]-[10].

In most studies fear from delivery is a negative finding in electing cesarean. This issue shows the role of professional expert in doing prepartum care and notices the presentation of would appropriate education in promoting the information of pregnant female [11].

We should know that solving this problem needs the cooperation of mothers, ministries of health, society, especially medical society. The spite doing many surveys on cesarean epidemics, it's reason and sometimes the effect of some methods like training on the type of delivery, cesarean rate is still increasing in Iran. Studying the experiences and view of non-nulliparous women can help to explain cesarean high rate in Iran. In this field qualitative studies have unique capability to show thoughts and beliefs and views and deep survey of effective experiences [12]. Also based on the complexity of women's experience while delivery there is a need to develop the policy and organization to this considering the cultural aspect [13]. Utilizing qualitative methods for deep searching of personal meanings and experience and deep knowledge of a phenomena is more applicable so the cultural differences, similarity, and variety of this problem can be specified by qualitative method. There are a lot of qualitative and quantities studies done in the country that most of them studied nulliparous women for effective factors on their delivery process. The quality of this study is choosing urban and rural women who have experienced pregnancy at least once to have the chance to deeply experience it and preparing enough enrichment for it. This study wants to explore the influential factors on choosing the type of delivery in Iranian women because knowing the depth and effective aftermath of issue and being aware of this issue which is a major part of mother and infant health can lead to a better solution, better a cultrate and suitable reporting and prevent the wrong selection of more dangerous type of delivery because of not being well informed.

2. RESEARCH METHOD

This qualitative study(phenomenology approach) that was done on pregnant women who were referred to Jahrom maternity clinics who had the experience of delivery in the past in order to explain their experience of delivery and how they chose it. The subject of this study were 42 urban and rural third-trimester women who had the experience of delivery that were put in 7-8 people groups and were questioned by bombarding ideas. The questions were focused on the covered subjects in the group guide in a way that general questions were: what's your idea about delivery? What comes in your mind when talking about delivery then basic questions started and follow-up questions continued in a way that investigative questions like : can you give me an example, do you mean that.....,how..... was used. For having more relation and interactions between participants and observing ethical aspects of research all the questions were answered in a group by their permission. This issue was important in both ethical and information aspects and was effective in promoting their awareness.

To analyze the data content analysis all the conversation (interview) was recorded, then transcribed and the data were gathered to saturation point. After this coding was done that the 93 codes were gathered based on the expressed concepts and topics by participants. Then the codes were put in separate groups based on the differences and comparisons and its result was the definition of two general concepts and 10 sub concepts. The difference of basic concepts in this research let the researchers to make a complete descriptions of the influential personal, social, and psychological factors and reflect as their own experiences to assess the exactness and accuracy of the research, different guidelines were used to authenticate the input so to identify and make a good description, only those pregnant women who were in the third trimester of pregnancy who knew enough about pregnancy and could explain these factors.

This study was done by two professors who were familiar with qualitative study of surveying and agreement of concepts and sub concepts and participants' confirmation was used in knowing the subjects. writing the findings was done in a way that other researchers could obtain similar findings also to increase the depth and width of information, sufficient time was allocated and various method like deep interview and working with centralize groups was used. It should be mentioned that the possibility of effective and continual connection in order to have a better and deep experience of participants was used.

With continual comparative analysis of codes, it was tried to allocate sufficient time and keeping continual relation with participants in order to saturate the data and avoid personal tendencies and increase the credence of the study.

3. RESULTS AND ANALYSIS

In this qualitative study which was done on practical groups, the seven centralize groups of third trimester pregnant women who were about to choose their type of delivery in Jahrom Maternity clinics was used. To analyze data, content analysis was applied which led to the extraction of to groups and 10 sub groups. From 42 participant women 33 of them were experiencing second pregnancy and the rest were experiencing their third pregnancy.

24 of them ranged from association to bachelor, 6 had diploma and the rest passed primary school or so. 8 of them were rural and others were urban. The extracted concepts included as followed.

The first concept of perception of delivery. Most of pregnant women propounded one special factor as the hardship of delivery and knew it as an influential factor in choosing their type of delivery in a way that one of them explained "pregnancy and delivery is generally hard" natural delivery is difficult and cesarean is better" and the other one expressed "delivery is a hard task whether it is natural or cesarean and it is a feeling of death".

Some investigated delivery from pain extremity and tolerance, bearing pain is mentioned as another factor that one woman says "after each delivery our fear and tolerance increases" and "we must stand delivery and its difficulties" or "one mother expresses her feeling in a negative light that first delivery is very painful because it is only mother who has to suffer and tolerate" and the other one mentions "I have no tendency to be a mother thanks to pain".

The other issue is people's awareness about delivery and the role of experience.

Being aware of the quality, procedure, pain rate, pain reduction methods in different deliveries and taking care of them in hospital can be effective in her choice.

Most of people believe that doctors' information and education about different deliveries is effective.

In most cases they believe that not choosing other types of delivery like painless delivery is doctor and health care givers' unawareness and lack of personal information. As one educated woman says "if I had enough information about painless delivery I would choose that". The other one says "cesarean is better because the baby would be healthier". Most of people know lack of information as a factor in choosing their type of delivery regardless of its cost that one 8th month pregnant woman expresses "I haven't heard about painless delivery but I think cesarean is better because everyone knows that".

Some people tend to new methods while being informed, as one 9th month one says "one of my friends had undergone painless delivery and I like to do that" and another non-nulliparous one says "I'm afraid of epidural syringe and I prefer painless delivery. They say that you have pain in your foot and back for long time after delivery. I'm really afraid of getting paralyzed". Some have know information about new methods and totally reject them. A rural 7th month woman says "it's impossible to have a painless delivery, I have no information about it, natural delivery is more comfortable, in our village everyone has a midwife in her house. I'm very rich that I'm here" and an urban 9th month one says "I don't think this kind of delivery is available in Iran".

The complications of delivery and the role of women's experience and awareness about these complications is effective in choosing the type of delivery. A non-nulliparous 8th month woman says "because my first delivery was due to rupture of membrane, I like the second one to be natural".

Or about cesarean's complications a woman mentions "I'm afraid of syringe in epidural anesthesia and I prefer natural pain".

Some point to consequences of post delivery and justify the preference of some methods. A 9th month rural woman says "I prefer ND because I can get up sooner and do my chores and take care of my child". Or another 9th month claims "I prefer ND because it has pain one time and then I can do my work".

Some other say that the reason for their choice is that they know about the probable harms of mother and child that this issue can increase the probability of preferring cesarean for its less damages and avoiding ND for damaging baby's head and other probabilities. A 7th month non-nulliparous says "cesarean is better because the child is healthier".

The role and accepting motherhood role was the other issue that can help women to accept the physiologic process of ND. As these people mention they get help from some mechanism and supportive systems to change their role to a mother and receive motherhood feeling. If these women don't apply the mentioned process they won't accept motherhood and whatever follows after that is unacceptable and gracious for them. So accepting motherhood role is with different feelings and some know it as enjoyable and some imposable. A mother expresses her good feeling as "being a mother is a good feeling and I am happy that I experience it cause after baby comes you forget everything".

The other mother mentions "feeling of motherhood worths hardship of delivery, it's motherhood you know, because of that they say paradise is under mothers' feet". The other one says "you feel to be a mother

when you hear the baby's heart beats". One other says "motherhood does not worth, what was my sin in life to have such problems? Delivery is like death and all the hard and difficult things is for women".

Friends and family view and its effect on motherhood induction and facilitation was another important factor that some mentioned that the cause of their delivery choice was their family's induction specially their mother. One of the mothers explains the induced role as "motherhood is imposed" and the other one says "pregnancy was my husband's force and it is not important how I deliver".

The role of friends and family support in pregnancy and tolerating delivery is great and very important.

Cultural and social and economical status of family is another proposed issue.

Financial issue is another important subcategory that some factors as economical status and its influence on choosing the place and type of delivery is included.

Economical status could be the determinant factor in choosing the type of delivery, but in most cases mother and child's health was the most important factor and the type of delivery of less importance and connected to financial matters. One said *"I have no information about painless delivery but if it is cheap I would do that"*.

Some mothers prefer to have a delivery which has least harm to them and their babies regardless of its costs.

Some also tend to cesarean to present their social status and know it as a high-class thing the higher the socio-economical status the more cesarean we have. As some people mention the more educated and high level people are the more choice of cesarean we have. On rich woman says *"while there is a simpler and reasonable way, why don't we do that and why gynecologists don't deliver naturally and choose cesarean"*.

In rivalry system, social processes that want to present social state of family, introduce cesarean as a comfortable way. One woman says *"as far as I have seen all female doctors and gynecologists choose cesarean and pain is for us. Is there any difference between us?"*.

DISCUSSION

As mentioned in this research people's perception of delivery and factors such as pain threshold and fear of delivery are the important issues in electing the type of delivery. Other research showed that delivery pain and fear and its worries could affect women's view on having a safe and less dangerous delivery [14]. For some delivery is a disastrous pain and is like facing death so this pain that has no relation with social, economical, and educational status of women should be considered seriously [15]; [16].

In other research women see delivery as a dangerous phenomenon. On the other hand the effect of different psychological factors on the perception of from delivery pain has been known as a clinical phenomenon that one of the major factors is delivery fear.

In the other study 81% of women believed that ND is with pain and 70.8% believed cesarean is with fear. Women's perception of delivery showed 51% considered NVD as intolerable and 38% cesarean [17]; [18]. It is delivery fear that causes many women to tend to cesarean before experiencing it even once and pain threshold in different people can be influencing in their fear of pain [19].

Therefore some percent of mothers' decision of choosing their type of delivery is not an issue that changes by training but needs improving pain management methods and using them extensively. Modernization and losing trust of what was natural in old customs and societies has caused women to ignore their ability of pain tolerance and switch from natural process to medicalization (applying medical interference and manipulation in unnecessary situation. Lack of information from these abilities and the aid they can get in this area (physiologic delivery or painless delivery) have made them to think that they are not prepared for ND [6]. Delivering baby, having a good or bad feeling of motherhood have influence in pain tolerance and consequently choice of type of delivery. Accepting ND as a physiologic process of life processes has an important relationship with their role in life [20]; [21].

Some also expressed that person's expectations from delivery is as the most crucial factor on satisfaction connected to individual's performance delivery [22]. Other studies indicated that person's expectations, delivery pain influence the choice of delivery type a lot [23]. Also delivery fear has its own influence on making doubt and not trusting your tolerance for delivery pain [24]. Some other research like the present one point to the role of physicians as a determining factor and knows their decisions and suggestions as a predictive method of ending delivery [25]; [26]. The results of present study showed that social and economical state has a positive effect on the type of delivery.

In a study done by Lubic & Flynn, it was found that women who know themselves in a higher class status prefer cesarean and lack of money forces them to government clinics and ND [27].

On the other hand, apart from life level and income rate, and educational level and socio-economical issues, it is guessed that factors related to health service have more effect on other factors [28].

In this study culture and its social dimension was an influential factor on delivery. Some studies pointed to culture as an important and determining factor in a way that the culture of some societies and families was not ineffective in choosing cesarean and in fact it was an increasing factor [29].

4. CONCLUSION

According to WHO recommendation for reducing cesarean rate, it is needed to take extensive steps and issuing instructions and administrative letters singly could not overcome mothers' fear and anxiety of pain. Taking some steps like extensive training for women and ladies about natural physiology of fertility, effective advertisement for painless delivery training and the consequences of unnecessary surgery, good advertisement in order to change incorrect attitude of higher class women's tendency towards cesarean (this can be done by the help of media and showing delivery with the joy of motherhood in higher class women), cheap accessibility to painless and physiology delivery services for all people.

ACKNOWLEDGEMENTS

This study was supported financially by Jahrom University of Medical Sciences.

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