Sexual & Reproductive Healthcare ■■ (2015) ■■–■■

Contents lists available at ScienceDirect

Sexual & Reproductive Healthcare

journal homepage: www.srhcjournal.org

Birth preferences by nulliparous women and their partners in Turkey

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ARTICLE INFO

Article history:
Received 5 December 2014
Revised 13 January 2015
Accepted 9 March 2015

Keywords:
Cesarean section
Fear of childbirth
Nurses
Preference
Vaginal delivery

ABSTRACT

Objective: The aim of this study was to examine the preferences of nulliparous women and their partners in giving birth and the reasons for these preferences.
Methods: The sample in this cross-sectional study consisted of 162 pregnant women in the last trimester of pregnancy and their partners. Data collection was accomplished using a questionnaire.
Results: It was found that most women (90.8%) and their partners (92%) preferred a vaginal birth. The couples' birth preferences were generally similar to one another. The main reasons for the choice of a vaginal birth were that it was natural and healthier for the mother and child and that recovery and discharge from the hospital were quicker. The main reasons for the choice of cesarean section were fear of childbirth and not putting the baby at risk.
Conclusions: Antenatal education may help to reduce the number of elective cesarean sections by changing the negative perceptions of vaginal birth and reducing the fear of childbirth.
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Introduction

Globally, there has been a steady increase in the proportion of cesarean births, but the reasons for this are disputed. According to a report by the Turkey Demographic and Health Survey published in 2013, the proportion of cesarean births is very high at 48% [1] and maternal choice plays an important part in this increase. Previously, the term "elective cesarean" was used for cesarean births performed because the previous birth had been by cesarean section. However, now it is used when the first birth is carried out by cesarean section at the mother's request without a medical reason [2], and such births have become a serious problem for mother and baby's health [3,4]. For this reason, it is important that women's preferences for the mode of delivery and their reasons should be examined.

Studies regarding women's choices in giving birth have shown that fear of childbirth is an important factor in their choice of cesarean section [5–11]. A lack of knowledge about childbirth, a negative image of giving birth and incorrect information cause fear, and this leads to women requesting a cesarean birth [12]. Other factors in the choice of a cesarean section are the idea that it is safer or healthier [7,9,10], avoiding damage to the body [6,9], the idea that it is safer for the baby [6,7], a recommendation by the doctor or midwife [8,13], planning the time of birth [8,10], and making a return to sexual activity easier [14] as well as if the doctor who is assisting at the birth is male [15].

The reasons that women choose a vaginal birth include a quicker recovery, the idea that it is healthier for the mother and baby [7,8,10,16], it allows breast-feeding sooner [7,14], it is more natural [7,8,16], it leads to a quicker discharge from hospital [10,14,17], it is less risky [10], and it is on the advice of the doctor or midwife [8].

Some studies that examine women's preferences in giving birth have found that the preferences of the partner affected the woman's choice [8,10,14,18]. However, very little is known about how the women are affected and what men's preferences are regarding the birth method [9]. Li et al. [18] studied birth choices of couples in pregnancy and postpartum, and found that most of the women and their partners prefer vaginal delivery. Stoll et al. [9] examined the preferences of university students regarding mode of delivery and the reasons for them and found that the reasons for the preferences of mode of delivery in male and female students were similar.

Finally, although there have been many studies regarding women's choice of the mode of delivery, little is known about the preferences of their partners or the effect that the couple have on each other's preferences. Therefore, the preferences of couples for mode of delivery were compared and examined together. Thus, the purpose of this study was to examine the preferences of nulliparous women and their partners regarding the mode of delivery.

Methods

Design

This was a cross-sectional study comparing couples' preferences of mode of delivery and their reasons.

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http://dx.doi.org/10.1016/j.srhc.2015.03.002
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Participants and setting

The study was conducted in the childbirth clinics of a university hospital and a state hospital in a province in the west of Turkey and included all of the pregnant women and their partners who came there and consented to take part in the study. Sampling criteria were nulliparous women who were literate, had become pregnant naturally, were in the last trimester of their pregnancy, and carried no risk to pregnancy as well as their partners. However, for reasons such as the fact that only nulliparous women and their partners were included in the sample, that women came alone to the hospitals for examination, or that one of the partners was not willing to take part in the study, it was not possible to achieve a large sample. A total of 193 couples were included in the sample, but four people withdrew and 27 people filled in the questionnaire incompletely so the study was completed with 162 couples.

Each of the couples received routine prenatal care in the same hospital. In Turkey, most of the couples (95%) take information during prenatal care from the physician [1]. Information about birth is given considering "Prenatal Care Management Guidelines" of the Ministry of Health by doctors. This guideline recommend to give information to the pregnant women about labor, birth and to plan about where and who will assist at the birth [19].

Data collection

The researchers collected the study data using questionnaires that had been prepared separately for the pregnant women and their partners between January and September 2013. Questionnaires were prepared according to other studies by researchers. Both of the questionnaires consisted of ten questions. These questionnaires consisted of questions that gathered sociodemographic information such as age, education, economic status, attendance of childbirth education classes, information which they had on childbirth in the prenatal care, their preferences for mode of childbirth and the reasons for these preferences. All the questions in the questionnaire were multiple choice (except for age). However, because of unpredictable causes, under the preferred mode of delivery questions "other reasons" option was added and the explanation was requested. Questionnaires were completed by the women and their partners, who came to the relevant hospital's outpatient maternity clinic for receiving routine prenatal care, at the same time but independently from each other under the supervision of researchers.

Analysis

Statistical analysis was conducted using the Statistical Package Program for Social Sciences (SPSS) 15.0. In the evaluation of data, percentage calculations, chi-squared test, Yates correction chi-square and Fisher chi-squared tests were used. A level of $p < 0.05$ was considered significant.

Ethical considerations

Ethical approval was obtained from the ethical committee of the hospital in which the study was performed. Information concerning the study was provided to the couples, and it was explained to them that participation was voluntary, that their names would be kept confidential, and that they could withdraw from the study any time they chose. Written consent was obtained from all participants.

Results

Characteristics of the participants and their knowledge of types of birth

Table 1 shows the demographic characteristics of the women participating in the study and their partners. Their average age was 23.75 (SD: 4.30), and a majority were educated to primary school level (53.1%), were not working (74.7%), and had a medium income (58.6%). The average age of their partners was 27.91 (SD: 4.71), 45.1% were educated to primary school level, 92.6% were working, and 63.6% had a medium income. None of the couples had attended the childbirth education classes.

When the information received by the participants from health personnel was considered, it was determined that 44.4% of the women and 35.8% of the partners stated that they had received information about the types of birth. It was found that 75.9% of the women and 80.2% of the men thought that they did not have enough information on the types of birth (Table 1).

Choices in types of birth

The types of birth preferred by the women and their partners are shown in Table 2. Vaginal birth was preferred by 90.8% of the women and 92% of the partners. No statistically significant difference was found between the mode of delivery preferred by the women and by their partners ($p > 0.05$).

The reasons for the preference for a vaginal birth by the women and their partners can be seen in Table 3. The primary reasons that women preferred a vaginal birth were that it was natural and healthier for the woman (68.5%), that recovery and discharge from hospital were quicker (59.3%), and that it was healthier for the baby (58.6%). Among the men, the main reasons for choosing a natural birth were

Table 1
Demographic characteristics of the women and their partners, and their knowledge concerning preferences for mode of delivery.

Variable	Woman (n: 162)	Partner (n: 162)
Age[a]	23.75 ± 4.30	27.91 ± 4.71
Education[b]		
Primary education	86 (53.1)	73 (45.1)
High school	35 (21.6)	48 (29.6)
University	41 (25.3)	41 (25.3)
Income[b]		
Low	45 (27.8)	39 (24.1)
Moderate	95 (58.6)	103 (63.6)
High	22 (13.6)	20 (12.3)
Employment[b]		
Employed	41 (25.3)	150 (92.6)
Unemployed	121 (74.7)	12 (7.4)
Had they received information on mode of delivery?[b]		
Yes	72 (44.4)	58 (35.8)
No	90 (55.6)	104 (64.2)
Did they feel they had adequate knowledge of mode of delivery?[b]		
Yes	39 (24.1)	32 (19.8)
No	123 (75.9)	130 (80.2)

Values in parentheses are percentages.
[a] Mean ± SD is supplied.
[b] Frequencies.

Table 2
Preferred mode of delivery of the women and their partners.

Mode of delivery	Woman		Partner		Significance	
	n	%	n	%		
Vaginal birth	147	90.8	149	92	χ^2	=0.156
Cesarean birth	15	9.2	13	8	p	=0.693

Table 3
Reasons for the women and their partners to prefer a vaginal birth.

	Woman		Partner		Significance	
Reasons for preferring a vaginal birth	n	%	n	%	χ^2	p
Natural, and healthier for the mother	111	68.5	97	59.9	2.632	0.105
Quicker recovery and discharge	96	59.3	93	57.4	0.114	0.735
Healthier for the baby	95	58.6	85	52.5	1.250	0.264
Being able to suckle the baby sooner	57	35.2	41	25.3	3.745	0.053
Fear of anesthesia and operations	40	24.7	20	12.3	7.384	0.007
Less infection	37	22.8	28	17.3	1.559	0.212
Maternal instinct[c]	25	15.4	–	–	–	–
Less bleeding	22	13.6	17	10.5	0.466	0.393
Doctor's recommendation	15	9.3	15	9.3	0.000	1.000
Partner's wishes	14	8.6	48	29.6	21.271	0.000
Desire to have more than three children	9	5.6	14	8.6	0.749	0.387
Social pressure	5	3.1	5	3.1	0.000	1.000[a]
Wishes of friends and relatives	5	3.1	4	2.5	0.114	0.735[b]

[a] Yates correction chi-square.
[b] Fisher chi-square.
[c] This question was posed only to the women.

that it was natural and healthier for the woman (59.9%), that recovery and discharge from hospital were quicker (57.4%), and that it was healthier for the baby (52.5%). When the reasons of the women and their partners for preferring a vaginal birth are compared, it can be seen that there was a statistically significant difference between them in terms of fear of anesthesia and operations and partner's wishes ($p < 0.01$). There were more women who preferred a vaginal birth because of fear of operations and anesthesia and more men who preferred a vaginal birth because that was what their partners wanted. No further statistically significant difference was found between the reasons of the pregnant women and those of their partners for preferring a vaginal birth ($p > 0.05$).

Reasons why the women and their partners preferred a birth by cesarean section are given in Table 4. The main reasons why women preferred a cesarean birth were not putting the baby at risk (6.17%) and fear of childbirth (6.17%). The primary reasons for the men to prefer a cesarean birth were not to put the baby at risk (4.94%) and for the woman not to feel pain (2.47%). No statistically significant difference was found between the reasons of the women and their partners in their preference for cesarean birth ($p > 0.05$).

Table 4
Reasons for the women and their partners to prefer cesarean birth.

	Woman		Partner		Significance	
Reasons for preferring cesarean birth	n	%	n	%	χ^2	p
Not putting the baby at risk	10	6.17	8	4.94	0.059	0.808[a]
Fear of childbirth[c]	10	6.17	–	–	–	–
Doctor's recommendation	6	3.70	3	1.85	1.029	0.310[b]
Fear of injury to the sexual organs and of affecting sexuality	3	1.85	1	0.62	1.013	0.314[b]
Ability to plan the time of birth	3	1.85	1	0.62	1.013	0.314[b]
The woman would experience less pain	2	1.23	4	2.47	0.679	0.419[b]
To want the birth performed by a known doctor	2	1.23	2	1.23	0.000	1.000[b]
Fear of incontinence (urinary and fecal)[c]	2	1.23	–	–	–	–
Partner's wishes	1	0.62	5	3.1	2,717	0.099[b]
Male doctor	1	0.62	0	0.00	1.003	0.317[b]
Wishes of family and friends	1	0.62	0	0.00	1,003	0.317[c]

[a] Yates correction chi-square.
[b] Fisher chi-square.
[c] These questions were posed only to the women.

Discussion

It was found in this study that most nulliparous women and their partners preferred a vaginal birth. In previous studies of women's birth choices, it was also found that most women preferred a vaginal birth [9,10,13,17,20]. In this way, the findings of the present study agree with those of the previous research. It was also found in this study that more than half of the women and their partners had not received information during prenatal care concerning the types of birth and that they thought their existing information was insufficient. It is known that inadequate or wrong information on giving birth causes fear, and this leads to women requesting a cesarean birth [13]. For this reason, it may be of benefit for health personnel to provide information to couples on the types of birth, which can help to reduce their fears, increase the proportion of vaginal births, and help people to make more informed choices.

It was established that the reasons for the nulliparous women and their partners to prefer natural birth were similar, that the primary reasons for this choice were that vaginal birth was natural, that it was healthier for the mother and baby, and that recovery and discharge from hospital were quicker. Similarly, Stoll et al. [9] showed that the preferences of men and women were similar and that the main reasons for this were that vaginal birth was healthier and that it was more natural. Other reasons established in our study were social pressure, fear of anesthesia and operations, desire to have more than three children, less bleeding, less infection, being able to suckle the baby quickly, maternal instinct (this was a reason only expressed by women), doctor's recommendation, partner's wish, and wishes of those close to them. Reasons for women's birth preferences established in previous studies were the idea that a vaginal birth was more natural, that recovery was quicker, that discharge from hospital was quicker, that it was healthier for mother and baby [7,8,16,20], that it allowed breastfeeding sooner [7,14], that discharge from hospital was quicker [10,14,17], that there were fewer complications [9], that it was less risky, that it was recommended by friends or relatives [10], or that it was recommended by a doctor or midwife [8]. In addition, it was found in this study, which differs from the previous research in other countries such as Australia [13], Brazil [10,17], Canada [9], Italy [14], Argentina [16] and China [8], that one of the reasons that Turkish women prefer a vaginal birth was maternal instinct. It was shown in a qualitative study of Turkish women's perceptions of types of birth by Taşçı-Duran and Ünsal-Atan [21] that women thought that they would be better able to feel the emotion of motherhood with a vaginal birth. These findings show that cultural differences have an effect on views of birth and on preferences in the mode of delivery. It is important for health personnel to be aware of both the positive and negative effects of the cultural values of society when they provide antenatal care.

One factor that influences women's birth type preferences is their partners [8,10,14,15,18]. Pang et al. [8] emphasized that partners had an important effect on the birth preferences of Chinese women. Similarly Li et al. [18] showed a partner's cesarean preference was effective on the woman's cesarean preference. In the present study, however, it was established that the wishes of the partner played only a small role in the reasons for women's preferences. This probably arises from cultural differences. Also different from the previous research was the finding in this study that women's preferences influenced their partner's choice. It was found that there were more men than women who preferred a vaginal birth because that was what their partner wanted. The reason for this may be that men felt they did not have enough information about the types of birth and left the decision to their partners.

Fear of childbirth is an important factor in requests for a cesarean section [5–7,9,10]. In this study it was found that fear of childbirth was an important factor in requests for a cesarean section. In addition, the reasons for the preferences of the women and their partners in this study were similar, namely, fear of putting the baby at risk, damaging the sexual organs and affecting sexuality as well as fear of later incontinence. It was similarly established in previous studies that the idea that it was safer for the baby [6,7], avoidance of damage to the body [9], and an easier return to sexual activity [14] were important factors in the preference for a cesarean section. These findings show that the couples thought that a vaginal birth was harmful for the baby and for sexuality. It is important that these concerns should be corrected by an effective antenatal education program carried out by health personnel.

Other reasons established in this study for couples to prefer a cesarean birth were that the woman would experience less pain, that the time of birth could be planned, that the doctor was male, that the birth should be performed by a known doctor, that the doctor recommended it, or that it was the wish of the partner or other friends and relatives. Similarly, in the previous research, a doctor's recommendation [8,13] and planning the time of birth [6,8] are known to be reasons for this preference. One of the reasons given in our study for preferring a cesarean birth, that the doctor who was to perform the birth was male, is different from research in other countries [8–10,13,14,16,17]. However, Yaşar et al. [15] showed that the fact that the doctor was male was a factor in Turkish women's preference for cesarean birth. Modesty is important for Islamic cultures and religious practices. Islam does not permit women's extremities or torso to be exposed for medical examinations, except when absolute privacy is maintained. The Islamic religion does not allow the use of a health care staff of the opposite gender [22]. Therefore in Turkey, an Islamic society, some women may feel that the doctor's being male invades that privacy. In this study, different from other studies, it was found that the couples preferred a doctor whom they knew and who had been following the pregnancy to perform the cesarean birth [8–10,13,14,16,17]. The reason for this may be that the presence at the birth of someone who knew the mother and had gained her confidence would calm her.

Conclusion

It was found in this study that most women and their partners preferred a vaginal birth and that the preferences of the woman and her partner were generally the same. Main reasons for preferring a vaginal birth were the belief that a vaginal birth was natural, that it was healthier for the mother and the baby, and that recovery and discharge from hospital were quicker. Other reasons were peer pressure, fear of anesthesia and operations, desire to have more than three children, belief that there would be less bleeding and less likelihood of infection and that they would be able to suckle the baby sooner, maternal instinct, doctor's recommendation, or desire of the partner or other friends and relatives. A difference between this study and the previous research was that women's preference for a vaginal birth affected the preferences of their partners. Reasons for a preference for a cesarean section were fear of childbirth, fear of injury to the sexual organs and impairment of sexual function, not putting the baby at risk, not wanting the woman to feel pain, wanting to be able to plan the time of birth, male doctor, doctor's recommendation, and desire of the partner or relatives and friends. Reduction of concerns about vaginal birth through antenatal education given to couples could be effective in reducing elective cesareans.

Study limitations

The fact that the preferences of mode of delivery of women and their partners were examined together was a strength of this research. On the other hand, limitations caused by such factors as only nulliparous women (none had previous experience of childbirth) and that their partners were included in the sample, and that both members of the couple had to agree to take part in the study meant that the sample was small.

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