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Factors Affecting Women's Perception about Mode of Childbirth based on different locality

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Abstract: *Egypt Demographic and Health Survey (EDHS) in 2014 approved that more than fifty percentage of babies born by CD which considered twofold of proportion of caesarean deliveries in 2008.*
Aim: *This study intends to study the factors affecting women's perception about mode of delivery through explores the most factors affecting on women's perception about the mode of childbirth and to compare differences of women's perception due to a different locality.*
Methodology: *A comparative analytic study conducted in the outpatient clinics from November to December 2015 and include 184 participants*
Results: *Mean age of study participants was 30.9+8.2 and 29.5+5.4 years in Assiut and Zagazig respectively. Most common (59.6% & 68%) of the studied (Assiut & Zagazig) groups mentions that vaginal delivery is the ideal mode of delivery.*
Conclusion: *Most of participants' perception was positive toward natural characteristic of vaginal delivery and approved the same opinion about physician as the main decision maker for their caesarean delivery.*
Recommendation: *Increase women's awareness about caesarean and vaginal delivery risks before the benefits and redirection of them toward nature's way of delivery during antenatal care visits via nurse/ physicians.*
Key words: *Perception, factors vagina, Caesarean, and mode of delivery.*

I. Introduction

Natural phenomena of childbirth occur without obstetrical medical intervention. However, a vaginal birth may require medical or surgical intervention. These medical interventions might be in the form of using oxytocic drugs for induction or augmentation, electronic fetal monitoring, analgesics for decrease labor pain, episiotomy, then childbirth can be spontaneous or assisted with instruments like forceps or vacuum extractor (Walker et al., 2009). Alternatively, caesarean section (CD) is the surgical intervention to save both mother and fetuses. Lately, rates of this technique have been raised intensely to achieve more than 50% in some countries; even though there is no evidence rationalizes the growing in obstetric emergencies. Consequently, compared with spontaneous vaginal delivery, caesarean delivery considers a factor of increase the risk of maternal morbidity in addition to neonatal morbidity and mortality (Armson et al., 2007).

Moreover, a study of Black (2005) have described a variety of factors for the selection of vaginal delivery (VD). The study done in United Kingdome, reflected that the most important determinants was the individual's inclination towards VD, which is influenced by several factors including interest in experiencing VD, previous positive experiences, lack of anxiety about the safety of mother and baby, faster recovery after delivery, and fear of anesthesia. Therefore, women's perceptions about labor could be greatly affected by their beliefs which effect on and their attitudes towards labor circumstances as definition of labor pain, coping mechanisms against pain, and related behaviors labor pain. The approach towards labor pain can be determinant of women's decisions about mode of delivery (Lori, 2009).

Therefore, data from Egypt Demographic and Health Survey (EDHS) in 2014 approved that 52 % of babies born in the five years prior to the survey had been delivered by CD. This reflected twofold the proportion of caesarean deliveries compared to report of EDHS in 2008 which was 28 percent (EHIS 2015). Studies show that CD involves greater risks of morbidity and mortality for both a woman and her baby (ACOG, 2014). So the noticeable increase in caesarean deliveries over time in Egypt is a significant alarm. From this point this study intends to find the answer for the following question.

Research question

1. What are the most factors affecting mothers' perception about the mode of childbirth**?**

Aim of the study

To compare factors Affecting Women's Perception about Mode of Childbirth based on different locality.

II. Methodology

Study Design:

A comparative analytic study design was adopted to conduct this study.

Study Setting:

This study was conducted in the outpatient clinics of Assiut University Women's Health and Zagazig University Hospitals.

Study period:

The study was carried out during the period from November to December 2015..

Study sample:

The total number of participants included in this study were 184 (89 from Assiut University hospital and 97 from Zagazig university hospital).

Study sample criteria:

The total number of participants included in this study was 184 (89 from Assiut University hospital and 97 from Zagazig university hospital). The total number of participants included in this study was 184 (89 from Assiut University hospital and 97 from Zagazig university hospital). The recruited sample based on the flow of cases and agreement to participate in the study from mentioned locations which done in one month (5 works days).

Study population:

Inclusion criteria: Age of women was 18 years or more, women who are attending postpartum care. Additionally, those with at least one birth (either vaginal or caesarean delivery), no difficulty in communication or critical medical or obstetrical problems and accepting to participate in the study.

Tool of data collection:

The participants were interviewed by researchers. The questionnaire was adapted from other studies done on women's perception about the mode of childbirth (Liu et al., 2013). It was included three parts. Part (1): Socio-demographic characteristics of the studied participants included: age, level of education, current occupation, place of residence, and employment status. Part (2): Obstetrics history of the studied participants included: gravidity, parity, and previous mode of delivery. Part (3): Factors affecting women's perception about the mode of childbirth e.g., an ideal mode of delivery, sources of information, and the antenatal care (ANC) follow-up, place of delivery, benefits & susceptibility, severity, and cues to action ---- etc.

Validity

The questionnaire was evaluated by three experts of obstetrics and gynecology department to determine whether the items in the questionnaire had been prepared in consistent with the aim of the study, and in light of its recommendations.

Pilot study:

A pilot study was carried out with 20 women to find out the understandability of the questionnaire, and no data obtained from the pilot study were used in the following results.

Ethical considerations:

The study was approved from the Faculty of Nursing and hospital responsible administrative authority to collect the necessary data in both Assiut University and Zagazig University. In addition to informed consent was obtained from every participant admitted to outpatient clinic for examination after explanation the aim of the study. Therefore, patients' privacy was considered during data collection.

Procedure:

After obtaining an informed consent based on explaining the aim of the study for all participants, the researcher started the data collection by hold an interview with participant. The mean duration of interviews was 25 to 30 minutes for each participant. During interview the researcher used questionnaire items in a simplified language for illiterate participants or low level of education to be easy understood. In the end of the questionnaire, the researcher appreciated participant's cooperation and answered any inquiries related to study issues.

Statistical analysis

The data were tested for normality using the Anderson-Darling test and for homogeneity variances prior to further statistical analysis. Categorical variables were described by number and percent (N, %), where continuous variables described by mean and standard deviation (Mean, SD). Chi-square and fisher exact tests used to compare between categorical variables where compare between continuous variables by t-test. A two-tailed $p < 0.05$ was considered statistically significant. All analyses were performed with the IBM SPSS 20.0 software.

III. Results

The total number of participants included in this study were 184 (89 from Assiut University hospital and 97 from Zagazig university hospital).

Table (1) Shows the distribution of the studied women according to their personal data. The mean age of study participants was 30.9+8.2 and 29.5+5.4 years in Assiut and Zagazig respectively. The majority of the women

(63.2% and 77.3 %) and had been living in rural areas. Regarding their level of education, (31.0% and 11.0%) of the studied women were illiterate women and university graduates were of these Assiut. However, more than one third (35.1%) of women were attending secondary schools in Zagazig with a statistical significant difference between two groups at (P= 0.001).

Regarding to occupation status, most of the women (72.4% and 79.4%) in Assiut and Zagazig were unemployment and more than two thirds (77.0% and 75.3%) of them were non health related occupation, respectively. In addition to obstetric history reflected that the majority (78.2% & 78.4%) and (78.7% & 82.5%) of participants were multigravida and multiparous with no difference in previous mode of delivery (50.6% & 51.5%) respectively.

Figure (1) Illustrates the distribution of women according to their perception about ideal mode of delivery. It reflected that (60.9% & 68.0%) in Assiut and Zagazig respectively confirmed that vaginal delivery was the ideal mode of delivery.

Figure (2) Illustrates the distribution of the studied women according to their sources of information. The highest rate (39.2%) of information about the mode of childbirth among two groups was given through obstetricians and previous birth experience. However, nurses as a source of information reflected (4.6 % and 13.4%) in Assiut and Zagazig respectively.

Table (2): Shows the distribution of the studied women according ANC and childbirth places as factors affecting of their perception about the mode of childbirth. Among the studied groups, (51.7% & 41.2%) of antenatal follows up at private hospital delivery has found highly statistically significant at (P = 0.000). The private clinics as setting for delivery was higher (54.0%) in Assiut than Zagazig (28.9%) with statistical significant at (P = 0.000).

Figure (3): Illustrates the distribution of the studied women according their perception about the susceptibility and benefits of vaginal delivery. In Assiut, 82.8% of women were perceived VD as being a painful process for the mother compared to 74.2% in Zagazig. Regarding the woman's perception about the benefits of VD was; 63.2% of women in Assiut as compared to 34.0% of them were perceived as a normal and natural way to delivery. While, 22.7 % versus 18.4 % confirmed that recovery following delivery is faster in Assiut and Zagazig groups, respectively.

Table (3): Reveals the distribution of women according to their perception about the severity and indications to action of vaginal delivery. There were no statistical significant differences in both groups as regard perception about the severity of VD (P = 0.077). Wherever, 40.5% in Assiut versus 45.4% in Zagazig of the studied groups were worried about perineal tears due to vaginal birth perceived. Moreover, 46.1% and 43.3% of women perception about cues to action of vaginal delivery were health care professionals advised. Therefore, the indication of action reflected a statistical significant among both groups at (P = 0.011).

Table (4): Shows the comparison between both groups in relation to their perceptions about CD. Regarding taking decision for CD, 43.8% in Assiut group versus 44.3% in Zagazig group said the decision took by doctors. However, 23.6% & 30.9% in both groups, respectively not answered that question due to inexperience of CD and there was a statistical significant at (P=0.049). Comparison of satisfaction level between two studied groups reflected that (41.5% & 42.3%) were satisfied of (CD) in Assiut & Zagazig groups, respectively, while (35.6% & 47.4 %) in mentioned groups respectively were not applicable to answer due to inexperience of (CD). The relation related to that item was statistically significant at (P =0.04). Comparison of perceived susceptibility between two studied groups reflected that (64.9% & 58.3%) were perceived long recovery time of CD in Zagazig & Assiut, respectively.

Figure (4): Shows the distribution of women's according to their perceptions about benefits of CD which reflected that, 24.1 % of Zagazig group said CD was less fear of prolonged labor prevent labor pain versus 11.3% of Assiut group. While, 17.2% versus 15.5% of Zagazig and Assiut groups, respectively confirmed that CD prevent labor pain. The comparison achieved a statistical significant between two groups at (P=0.025).

Table (5): Shows the distribution of the studied women according to their perceptions about severity, barriers, and indication to action of CD. Regarding perceptions of severity of CD reflected that 47.1% of Assiut group versus 27.8% of Zagazig group were concerned of anesthesia complications. However, 32.0% of Zagazig group versus 47.1% of Assiut group were afraid of uterine scar ruptures with CD, there is no a statistical significant at (P = 0.148). As regards perceived barriers of CD reflected that more than fifty percent (53.9 % Vs. 51.5 %) of Assiut group and Zagazig group, respectively were referred to the extra cost of CD. However, (46.1% Vs. 48.5%) in mentioned groups, respectively said that they cannot choose CD in public hospitals. Moreover, indications of action reflected that (56.1% Vs. 34.0%) of Assiut group and Zagazig group, respectively were done CD based on their healthcare professionals advice while family history of difficult births reflected (3.4% Vs. 4.1%) in mentioned groups with a statistically significant at (P = 0.026).

Table (6): The conclusion of all perceptions of women related to VD and its benefits, severity, barriers and cues. The comparison reflected a statistical significant difference in benefits and cues to action at (P = 0.002 & 0.001) respectively. However, perceptions due to CD reflected a statistical significant difference in benefits, severity, barriers and cues to action at (P = 0.001, 0.001, 0.003 & 0.001) respectively.

IV. Discussion

There is insufficient knowledge about the perception and experiences of women on various modes of delivery. However, it is evident that maternal health is not possible to be promoted without an evident accepting of women's views related problems of childbirth. Therefore, effective interventions are required in accordance with the culture of any country **(Zakerihamidi, et al 2014).**

In Egypt, there is an obvious increase in caesarean deliveries over time which evident via EDHS in 2014. The report reflected that 52% of babies born by CD. Therefore, findings of the present study reflected that VD among participants from Assiut university hospital was 50% versus 48% among participants of Zagazig university hospital, while CD reflected 40% versus 38% in Assiut and Zagazig respectively.

The current study focused on exploring the factors affecting women's perception related to mode of delivery. Firstly, perception of ideal mode of delivery reflected that 60% of Assiut versus 68% of Zagazig reported that VD considered as an ideal mode, while CD reflected 39% versus 32% in Assiut and Zagazig respectively. These findings matching with (**Zakerihamidi, et al 2015)** study which reported that VD was perceived the superior mode of delivery, due to its positive outcomes for both mother and infant. Also, the findings were consistent with the findings of (**Fenwick et al. 2007).**

Related to women's perceptions of susceptibility and the benefits of VD, the current findings reflected that the highest percentage in Assiut versus and Zagazig were perceived VD as being a painful process for the mother. These findings in accordance with **(Zakerihamidi et al. 2015)** study, which reported that participants considered VD as a painful and fearful experience.

Regarding woman's perception about the benefits of VD, the most "two thirds" versus one third of them perceived that VD is a natural way to deliver. These findings in agreement with **(Zakerihamidi et al.2015)** study, which reported that VD, given its particular nature and physical, psychological, and social advantages, is highly valued by most people. In addition to qualitative studies for **(Miranda et al., 2008; Gama et al., 2009)** in line with our study due to advantages associated with vaginal birth, regardless of women's previous experience of childbirth, were found in descriptions like: little suffering, faster recovery, requiring less care, experiencing less pain after delivery, the possibility of returning to daily activities sooner and being discharged from the hospital sooner.

The benefit of early contact with their newborn after delivery the findings reflected 19% versus 18% of Assiut and Zagazig groups. These findings in agreement with (**Fenwick et al. 2009)** and (**Phillipset al. 2009)** they reported that VD was necessary for the baby's lung development, improvement of mother child emotional relationship. Also, **(Bryantonet al. 2008)** and (**Gamaet al. 2009)** highlighted the quality of the relationship with their baby, being together with the child and the thrill of first meeting their child.

In the current study, Perceived susceptibility due to VD, participants reflected that most of both groups Assiut and Zagazig were confirmed that VD was considered a painful labor process. These findings are in agreement with **(Zakerihamidi et al. (2015),** which reported that participants considered VD as a painful and fearful experience too. In addition to the study of (**Poikkeus et al., 2006)** in line with our study due to unrealistic fear of pain during VD. More studies confirmed that vaginal birth is perceived as a painful process, greater than predictable, even for a short period of time **(Lopes et al., 2005; Miranda et al., 2008).**

The findings of current study reflected that women's perceptions about benefits of CD confirmed that it is prevent labor pain and associated with less fear of prolonged labor which strongly match **with (Poikkeus et al. 2006),** that confirmed that CD was known as a pain-free based on avoidance, fear of pain of VD or inability to perform VD furthermore due to the simple procedure accompanied by anesthesia during CD.

Women's perceptions about the severity of CD reflected that fifty percentage of Assiut group was the concern of anesthesia complications, while 30% of Zagazig group were afraid of the rupture uterine scar. The most barriers of CD were extra cost of CD in both groups with 10% of Assiut more than Zagazig. Moreover, 50% versus 34% of Assiut and Zagazig respectively, done CD based on were health care professionals' advice. These findings harmonized with a study of **(Zakerihamidi et al. 2015),**

Strengths of the Study

This study considered as one pioneer study in Egypt focused on women's perception about vaginal and caesarean deliveries in order to show up a side of women's thoughts or believes about childbirth process. In addition to the comparison between an examples from Upper Egypt versus Lower Egypt give this study a strength point to show the difference in both cultures based on geographical locations and its impact on women's perception of childbirth process. This study, shaping a side of women's perceptions which may be in the future will have an impact on the rates of both VD and CD.

Limitation of the Study

Lack of conducted researches about women's perceptions or believes and point of views about vaginal and caesarean delivery in Egypt.

V. Conclusion

This study concluded that there are many significant and insignificant difference between participants from upper & Lower Egypt. Which reflected a minimal or unique perception due to VD and CD. There are a fluctuations in participants perceptions ranged from higher, lower and sometimes equality levels in benefits, severity or barriers of VD and CD.

Most of participants' perception was positive toward natural characteristic of vaginal delivery. The interesting point observed when both groups achieved an equal number in their perception and agree together that childbirth considered a painful process. On the other hand the participants approved the same opinion about the doctor (physician) as the main decision maker for their CD. Therefore, another very interesting different in groups opinion due to their fear of prolonged labor or fetal injuries which reflected that Zagazig (lower Egypt) has a double percentage than Assiut group (Lower Egypt). However, the last group achieved the double percentage in their perception about anesthesia complication of CD. As mentioned before that EDHS confirmed that 52% of babies born via CD we need to initiate a new re-direction of women toward natural way of childbirth, the health care providers specially the "physicians" should encourage women to follow nature in their childbirth. In addition to restrict CD to indicated cases. Therefore, health care providers should confirm women's about risks before benefits of VD and CD according to women's health condition.

VI. Recommendations

- Increase women's awareness about CD/VD risks before benefits according to their health condition via health care providers.
- Redirection of women toward nature way of delivery during antenatal care visits via nurse/ physicians.
- Further researches need to be done in the same point to figure out the whole perception/ believes or culture in our country toward CD and VD.

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Tables

Table (1): Distribution of the studied women according personal data

Items	Assiut (n= 87)	Zagazig (n=97)	X^2	P-Value
	n (%)	n (%)		
Age	30.9±8.2	29.5±5.4	t =1.39	0.173
Residence				
Rural	55(63.2)	75 (77.3)	4.39	0.052
Urban	32(36.8)	22 (22.7)		
Level of Education				
Illiterate	27(31.0)	11 (11.3)	16.68	0.001**
Primary	16 (18.5)	30 (30.9)		
Secondary	17(19.5)	34 (35.1)		
University or above	27(31.0)	22 (22.7)		
Employment status				
Employment	24 (27.6)	20(20.6)	1.22	0.269
Unemployment	63 (72.4)	77(79.4)		
Women occupation				
Non health related	67 (77.0)	77 (75.3)	1.22	0.749
Health related	11 (12.6)	9(12.3)		
Physician	2 (2.3)	1 (4.5)		
Nurse	7 (8.0)	10 (7.9)		
Obstetric history				
Gravidity			0.43	0.509
Primigravida	19 (21.3)	17(17.5)		
Multigravida	70 (78.7)	80(82.5)		
Parity			0.001	0.975
Nulliparous	19 (21.8)	21(21.6)		
Multiparous	68 (78.2)	76(78.4)		
Previous mood of delivery			0.001	0.974
Vaginal delivery	44(55.7)	47(48.5)		
Caesareans delivery	35(44.3)	50(51.5)		

Note: ** means (P. Value < 0.05)

Table 2: Distribution of women's ANC and childbirth places as factors affecting their modes of childbirth

Items	Assiut (N=87)	Zagazig (N=97)	P-value
	n (%)	n (%)	
Antenatal follow-up			
Public hospital	40(46.0)	36(37.1)	0.000
Private clinics	45(51.7)	40(41.2)	
University hospital	2(2.3)	21(21.7)	
Place of delivery			
Public hospital	38(43.7)	43(44.3)	0.000
Private clinics	47(54.0)	28(28.9)	
University hospital	2(2.3)	26(26.8)	

Table (3): Distribution of women according to their perception about severity, and indications to action of vaginal delivery

Items	Assiut (N = 87) n (%)	Zagazig (N=97) n(%)	X^2	P. value
Perceived severity**				
Fetal injuries	23 (26.4)	20(20.6)	8.42	0.077
Mother-to-child transmission of infectious	11 (12.4)	13(13.4)		
Perineal tears due to vaginal birth	36 (40.5)	44(45.4)		
Damage to the pelvic	8 (9.8)	16(16.5)		
Urinary/anal incontinence	13(14.6)	4(4.1)		
Indications to action**				
Healthcare professionals advise VD	41 (46.1)	42 (43.3)	9.09	0.011*
Relatives/friends advise VD	12 (13.5)	12 (12.4)		
Negative stories about CS	5 (5.6)	23 (23.7)		

Table (4): Shows the comparison between both groups in relation to their perceptions about CS.

Item	Assiut (N=89) n(%)	Zagazig (N=97) n(%)	X^2	P. value
Decided of cesarean delivery**				
Herself /husband/family	14(15.7)	4(4.1)	7.86	0.049*
Doctor	39(43.8)	43(44.3)		
Doctor and herself	15(16.9)	23(23.7)		
Not answered	21(23.6)	27(27.8)		
Satisfaction with cesarean delivery				
Satisfied	37(41.5)	41(42.3)	0.63	0.729
Not satisfied	29(32.6)	26(26.8)		
Not applicable	25(28.0)	30(30.9)		
Explanation of causes of cesarean delivery				
Explained	56 (64.4)	51(52.6)	1.61	0.04
Not applicable	31(35.6)	46(47.4)		
Perceived susceptibility				
Abdominal wound infection	36(41.4)	34(35.1)	0.467	0.495
Long recovery time	51(58.6)	63(64.9)		

Table (5): Distribution of women according to their perceptions about severity, barriers and indication to action of cesarean delivery

Women's perceptions about of CD	Assiut (N=87)	Zagazig (N=97)	X^2	P.Value
	n(%)	n(%)		
Perceived severity				
1.Concern of anesthesia complications of CD	42 (47.1)	27(27.8)	6.78	0.148
2.Afraid of uterine scar ruptures with CD	18(20.2)	31(32.0)		
3. Afraid of adhesion CD is performed	13(14.6)	13(13.4)		
(1& 2)**	12 (13.5)	13(13.4)		
(1, 2 & 3)**	19(21.3)	20(20.6)		
Perceived barriers			0.11	0.745
Extra cost of CD out of own pocket	48(53.9)	50(51.5)		
Cannot choose CD in a public hospital	41(46.1)	47(48.5)		
Indication to action			12.7	0.026*
1.Healthcare professionals advise CD	50(56.1)	33(34.0)		
2.Relatives/friends advise CD	11(12.4)	6(6.2)		
3.Negative stories about VD	10(0.0)	26(26.8)		
4.I have a family history of difficult births	3(3.4)	4(4.1)		
(1& 4)**	13(14.6)	16 (16.5)		
(2 & 3)**	10 (11.2)	12 (12.4)		

** indicated that total number of participants' answers not equal the actual number of cases due to multiple choice questions (affected by clients answers).

Table (6): Relationship between women according Mean ± SD vaginal delivery (VD) and cesarean delivery (CD)

Mean ±SD	Assiut (N=89)	Zagazig (N=97)	T	P value
	Mean ±SD	Mean ±SD		
Perceived VD				
Perceived benefits	1.64±1.61	1.04±0.97	3.11	0.002**
Perceived severity	1.04±0.58	1.01±0.75	0.30	0.803
Perceived barriers	0.2±0.4	0.22±0.42	0.33	0.740
Indication of actions (VB)	0.89±0.46	0.62±0.51	3.78	0.001**
Perceived CS				
Perceived benefits (CS)	0.74±0.92	1.31±0.95	4.15	0.001**
Perceived severity (CS)	0.64±0.59	0.99±0.41	4.73	0.001**
Perceived barriers (CS)	0.58±0.5	0.78±0.42	2.96	0.003**
Cues to actions (CS)	0.6±0.51	0.88±0.36	4.35	0.001**

*Note: ** means statistical significant at P.value<0.05*

Figures

Figure (1): Distribution of women according to their perception about ideal mode of childbirth

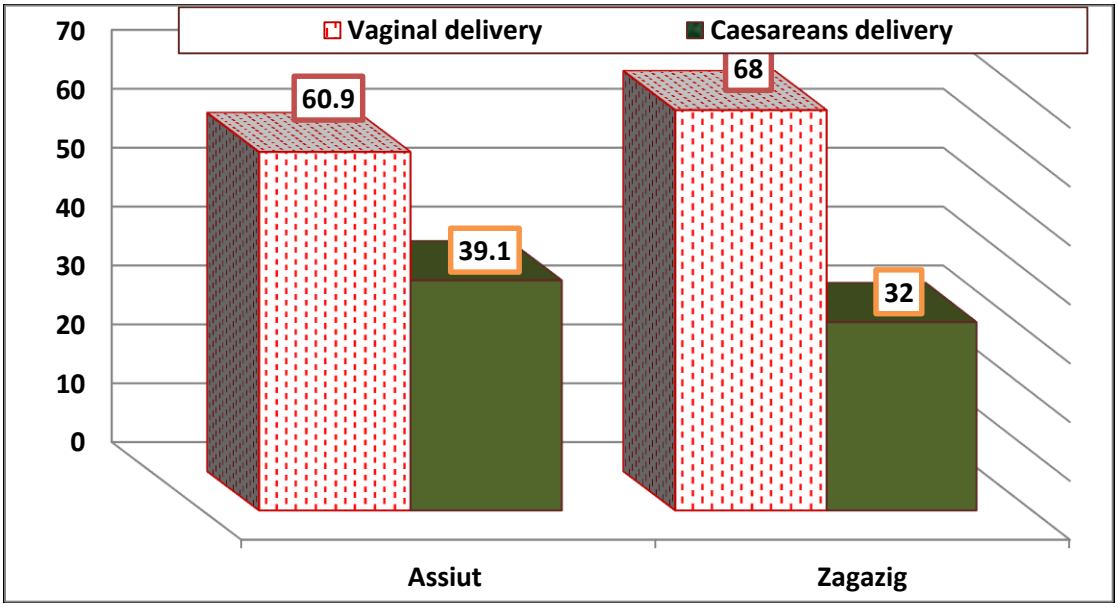

Figure (2): Distribution of the studied women according to their sources of information as factor affecting their modes of childbirth

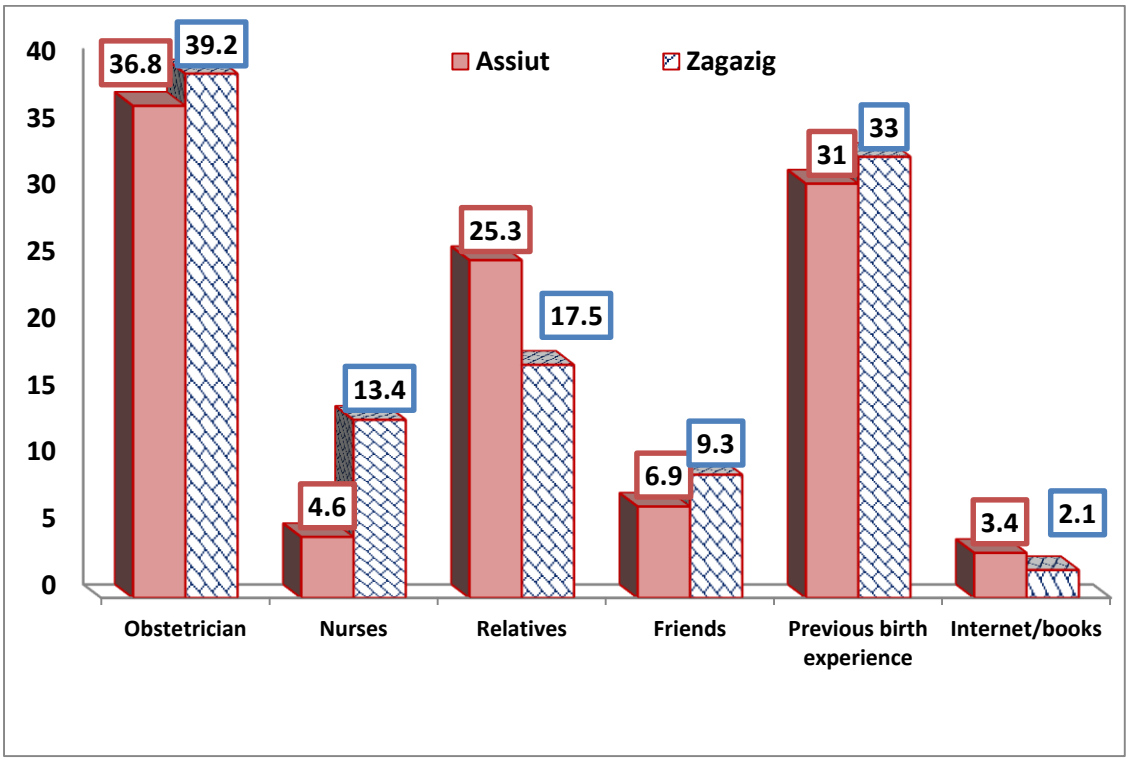

Figure (3): Distribution of the studied women according their perception about susceptibility and benefits of vaginal delivery