

Students' Attitudes Towards Birth Decisions

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ABSTRACT

Background: Numerous approaches have been examined to reduce unnecessary cesarean sections. Recently, concerns regarding both the psychosocial and behavioral factors that affect birth decisions have been raised. Adolescents perceive conception, pregnancy, and birth as important aspects of sexual health education; however, they exhibit poor knowledge regarding the aforementioned concepts.

Aim: To identify data that examine attitudes toward birth choices among adolescents and young adults. To indicate the necessity of educational interventions, among young populations, in order to provide positive attitudes towards birth choices.

Materials and methods: We reviewed PubMed, MEDLINE, and Google Scholar for research – and respective reference lists – published between 1997 and 2020.

Results: We found a total of 13 papers, all in English, that examined attitudes and beliefs toward birth options in young populations.

Conclusions: Regardless of a recorded rise in the rates of cesarean sections, young students who are introduced into a medicalized birth culture report vaginal birth preference in a healthy future pregnancy. Future research must examine all circumstances and factors that influence the discrepant correlation of the aforementioned vaginal birth preference and the high rates of cesarean sections.

Keywords: attitudes, cesarean section, childbirth, students, vaginal birth.

BACKGROUND

A group of experts was summoned by the World Health Organization in 1985 to determine appropriate birth technology (1). They denounced what was considered as a baseless and noteworthy increase in worldwide cesarean section (CS) rates at that moment. Based on the evidence they had at hand, they concluded that

there was no explanation for any region to have a higher than 10-15% CS rate. However, the last decades saw an unprecedented and steady rise in CS rates, leading to increased research, debate, and concern among healthcare professionals, governments, policy makers, scientists and clinicians (2, 3).

According to the latest data derived from 150 countries currently, 18.6% of all births are

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delivered by CS, ranging between 6% in the least developed regions and 27.2% in the most developed regions. The following regions show the highest CS rates: Latin America and the Caribbean region 40.5%, Northern America 32.3%, Oceania 31.1%, Europe 25%, Asia 19.2%, and Africa 7.3%. Moreover, a 121-country trend analysis showed that, between 1990 and 2014, the global average CS rate increased by 12.4% (from 6.7% to 19.1%), with an average annual rate of increase of 4.4% (4). This could be explained through a complex multivariate analysis. Changes regarding both the distinguishing characteristics of the mother (increased in elderly nulliparous women) and professional practice styles, personalized medicine instead of team obstetrical care, increased malpractice pressure (defensive medicine), along with economic, organizational, social, and cultural factors (5-8).

Many strategies have been introduced to reduce CS rates, including the ongoing education of clinicians and communities regarding the benefits of vaginal birth and risks of unnecessary CSs (9). While the investigation for interventional approaches is ongoing, worries have focused on the psychosocial and behavioral factors that affect, and are affected by, cesarean delivery (10). Social cognitive theory models, indicating that attitudes directly affect behaviors, are currently being tested to predict preferred birth approaches (11-14).

AIM

Our study aims to indicate the necessity of early educational interventions among young populations, elaborating psychosocial and behavioral factors, in order to provide positive attitudes towards birth choices, and control the global increase in caesarean sections and medicalized interventions. □

METHODS

Both quantitative and qualitative evidence was systematically considered through the use of a scoping review. We explored PubMed, MEDLINE, and Google Scholar databases for studies published between 1997 and 2020, including their reference lists, to identify relevant research. We used the following search terms: "Cesarean", "CS", "Adolescents", "Birth", "Attitudes", "Birth Decisions", "Tokophobia", "Planned behavior theory", "Cesarean Section", "Social Cognitive Theory", and "Theory of Reasoned Action." Neither ethical approval nor informed consent was required, as we retrieved information freely available on the aforementioned databases. □

RESULTS

RESULTS

We identified a total of 13 papers, all in English. We included data that examined attitudes and beliefs toward birth options in young, childless students (men and women) from the last thirty years. □

DISCUSSION

Birth-related attitudes and beliefs have been constantly examined during pregnancy. Many proposals consider strategies that involve eliminating prejudice towards vaginal childbirth through raising awareness regarding the side effects of CS and benefits of vaginal birth. Moreover, strategies that promote women's confidence in their ability to deliver naturally would potentially reduce unnecessary CS rates (15-23). However, high rates of CS suggest that these interventions may not be either consistently or timely implemented.

Recent research suggested an immediate commencement of interventions, aimed at reducing CS rates before parenthood, as birth stances are formed prior to pregnancy and are potentially influenced by modifiable factors, such as fear of childbirth and lack of knowledge regarding birth decisions (24-27).

Adolescents perceived conception, pregnancy, and birth as significant fields of sexual health education. However, knowledge gaps were identified over time, while research rendered the development and support of evidence-based education programs as vital (28, 29). Therefore, it could be stated that the availability of data regarding adolescents' attitudes towards birth options is scarce.

Relevant research that began during the late 90s showed a high level of uncertainty regarding specific aspects of CS birth among young women and men (college students), highlighting the necessity to raise awareness for future parents (30). At the same time, a study regarding students at-

tending a college located in the province of New York demonstrated a range of levels in awareness, interest, and knowledge surrounding childbirth and suggested that the reported fear about pain in childbirth was associated with lack of information (31).

Consistent with past research, later results confirmed that most young adults were misinformed regarding the low necessity of most childbirth interventions and the risks associated with performing those interventions when not medically necessary (32). A similar study involved university students who took part in an online survey of birth-option inclinations. Most participants reported a preference for vaginal delivery, showing that CS was associated with fear of childbirth, while being driven by low confidence in achieving vaginal birth; this suggested that educational strategies should target both male and female university students to assist in the relief from vaginal birth-related fears while providing evidence-based information regarding all available alternatives (33).

The last decade saw a rise in the production of relevant data. Students' attitudes and beliefs regarding childbirth were studied in a group of Quebec's senior high school students. Participants expressed a preference towards hospital vaginal delivery under the supervision of an obstetrician as a dominant model, despite the growth in CS rates and increasingly perceiving CS delivery as normal. The study showed that lower awareness rates correlated with questions pertaining to CS and pain relief, which accompanied the responses in a national survey of women who were approaching their first childbirth at that time (34).

Authors communicated their worry regarding the population of senior high school students who received little, or no, education regarding both childbirth and birth interventions were potentially unaware of specific CS or epidural analgesia-related benefits and risks. Furthermore, a percentage of female students would choose these interventions even though they lack information regarding the implications of their choice pertaining both to maternal and fetal morbidity (35).

The same topic has been also researched among students attending the University of British Columbia through an online survey, focusing on factors potentially associated with fear of birth

and their preferences towards elective obstetric interventions among the next generation of maternity care consumers, previously introduced into a medicalized birth culture. The study reported that students who feared birth showed a preference both towards epidural anesthesia and CS. Physical changes after pregnancy and birth, obstetric technology held in great esteem, and information regarding pregnancy and birth information via the media also correlated with a CS preference (36).

It is notable that additional studies during the last decade also correlated visual media with mixed attitudes towards birth, while even fewer students regarded health professionals as credible information sources (35-39). Then, the same researchers extended their scope of investigation via an online survey at colleges and universities in Australia, Canada, Chile, England, Germany, Iceland, New Zealand, and the United States, which was conducted in 2014/2015. They focused on young women aged 18–25 years and their attitudes, indicating fear of uncontrollable labor pain and physical damage as primary reasons for CS preference.

Nevertheless, childbirth fear and CS preference rates declined, as the level of confidence in women's knowledge of pregnancy and birth increased, thus illustrating an inversely associated correlation. Therefore, the study suggested that awareness could be raised through either educational courses with physical attendance or social media. Moreover, relevant experiences described by both young women who have recently gave birth and celebrities could promote young women's capability of understanding the physiology of labor and birth, administer support in coping with labor pain, and minimize invasive procedures, thus reducing all fears related to pain, physical damage, and loss of control (9). It is significant that, in other studies, illustrations of first-hand positive observations of birth appear to implicate beneficial outcomes (39, 40).

The preference for vaginal birth has been also reported in a study examining the views of students attending Gumushane University of Turkey. The authors once again emphasized on the importance of both developing and promoting educational and initiatives for the young population (37).

The latest studies among the same demographic support previous findings, indicating that

being positively predisposed toward technological interventions, having a high-risk perception of vaginal birth, a family history of CS births, and fear of birth are associated with CS preference (41). □

CONCLUSIONS

The aforementioned data suggest that despite the global rise in CS rates over the last few decades, vaginal birth is the preferred mode of delivery in a healthy future pregnancy among young students.

Preferences for CS and obstetric interventions appear to correlate with attitudes and beliefs influenced by cultural, social, and psychological factors.

The social-cognitive framework suggests that attitude is the most strongly correlated precursor of behavior, with the majority of related studies highlighting that early and consistent exposure to childbirth information tend to influence young people's approaches towards their childbearing years positively. Also, despite the fact that, in

some countries, education about childbirth was starting early, knowledge gaps regarding childbirth decisions have been updated. Future research needs to assess all circumstances and factors that play a mediating role between the expressed preference for a vaginal birth and high CS rates. Education, government initiatives through the media, and new channels of communication, such as social media, could positively predispose young individuals towards birth by raising awareness pertaining to evidence-based practices.

We support that the learning needs of young children should be explored early enough in primary and secondary school, and educational interventions need to be designed and delivered consistently, in order to provide the positive outcomes of vaginal birth. We indicate the frame of social cognitive theory to support that positive attitudes towards a given behavior can lead to the adoption of the behavior. □

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