



Original Research / Orijinal Araştırma

## How Does Birth-Related Content in Mass Media Affect Pregnant Women? Kitle İletişim Araçlarında Yer Alan Doğumla İlgili İçerikler Gebeleri Nasıl Etkiliyor?

Gülen SÖNMEZ<sup>1</sup>, Esra SARI<sup>2</sup>

### Abstract

**Aim:** This study was conducted to identify how content on childbirth in mass media affects pregnant women. In the study, an answer is sought to how the birth content in the mass media affects pregnant women.

**Method:** The research data were collected through in-depth interviews using an identifying information form and a semi-structured interview guide. In this phenomenological study, conducted between May and July 2022, 15 pregnant women were interviewed. First, a preliminary interview was made with the pregnant women who came to the clinic, and they were informed about the subject. Afterward, in-depth interviews were conducted with the pregnant women who accepted the interview. A descriptive reporting method was preferred in the study. The data obtained were subjected to a thematic analysis and the main themes were revealed. The emerging themes were turned into tables and sub-themes and categories were determined.

**Results:** The data obtained consisted of seven sub-themes, which were the birth plan, information sources on birth, being affected by the information obtained, encountering content related to birth, thoughts about birth scenes or visuals encountered, the effects of contents on attitude and behaviour and the desired content to encounter.

**Conclusion:** As a result, it was found that the information obtained from mass media affected pregnant women from various aspects in all themes. Additionally, it was determined that the effects varied depending on the content or information that pregnant women were exposed to.

**Keywords:** mass media, communication sources, pregnancy, birth, birth preference.

### Özet

**Amaç:** Bu çalışma, kitle iletişim araçlarında yer alan doğumla ilgili içeriklerin gebe kadınları nasıl etkilediğini belirlemek amacıyla yapılmıştır.

**Yöntem:** Araştırma verileri, tanımlayıcı bilgi formu ve yarı yapılandırılmış görüşme kılavuzu kullanılarak derinlemesine görüşmeler yoluyla toplanmıştır. Mayıs-Temmuz 2022 tarihleri arasında gerçekleştirilen bu fenomenolojik çalışmada 15 gebe kadınla görüşme yapıldı. Kliniğe gelen gebelerle öncelikle ön görüşme yapılarak kendilerine konu hakkında bilgi verildi. Daha sonra görüşmeyi kabul eden gebelerle derinlemesine görüşmeler yapılmıştır. Araştırmada betimsel raporlama yöntemi tercih edilmiştir. Elde edilen veriler tematik analize tabi tutularak ana temalar ortaya çıkarılmıştır. Ortaya çıkan temalar tablolara dönüştürülerek alt temalar ve kategoriler belirlendi.

**Bulgular:** Elde edilen veriler; doğum planı, doğumla ilgili bilgi kaynakları, elde edilen bilgilerden etkilenme, doğumla ilgili içerikle karşılaşma, doğum sahnesi veya karşılaşılan görsellerle ilgili düşünceler, içeriklerin tutum ve davranışlara etkisi ve karşılaşılmaması istenen içerik olmak üzere yedi alt temadan oluşmuştur.

**Sonuç:** Sonuç olarak kitle iletişim araçlarından elde edilen bilgilerin tüm temalarda gebeleri çeşitli yönlerden etkilediği tespit edilmiştir. Ayrıca etkilerin gebelerin maruz kaldığı içerik veya bilgiye göre farklılık gösterdiği belirlendi.

**Anahtar Kelimeler:** kitle iletişim araçları, iletişim kaynakları, gebelik, doğum, doğum tercihi.

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<sup>1</sup> Gümüşhane Üniversitesi İletişim Fakültesi Halkla İlişkiler ve Tanıtım Bölümü

<sup>2</sup> Van Yüzüncü Yıl Üniversitesi Sağlık Bilimleri Fakültesi Ebelik Bölümü

Address for Correspondence / Yazışma Adresi: Gülen SÖNMEZ, Gümüşhane Üniversitesi İletişim Fakültesi Halkla İlişkiler ve Tanıtım Bölümü

E-posta: gulenle@gmail.com Tel: +90 5058634625

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## **Introduction**

Mass media have been used as a source of information in society from past to present. Communication through phones, the Internet, and social media has become prominent with the advancements in digital technology in recent years, and these communication sources have become a part of our lives.<sup>1,2</sup> While informing society, mass media tools, which have become a part of our lives, affect the attitudes and behaviours of the individuals when certain conditions are met.<sup>3</sup> The information disseminated by the mass media either acts as a reinforcer to support existing attitudes or leads to the acquisition of new behaviours. The increasing prevalence of communication technologies is important in terms of transferring the developments in the field of health to the society, accessing health data from anywhere, and supporting the connection between patients and physicians.<sup>4</sup> For example, while women are influenced by many factors, including education, profession, health professionals, and friends, in deciding the mode of delivery, they are also influenced by the media.<sup>5</sup> It has also been found that pregnant women receive birth-related information from mass media, the internet and printed publications.<sup>6</sup> Although health professionals share information and opinions through mass media tools, these tools also contain negative aspects along with positive aspects. While mass media tools provide the flow of information, they also expose individuals to a load of information that flows rapidly and is uncontrolled.<sup>4</sup> Lack of information and support during antenatal care are among the reasons for increased cesarean section ratios. Therefore, pregnant women should be adequately informed by the right sources, guidance should be provided for the appropriate delivery method, and labor should be completed with a healthy mother and baby.<sup>5</sup> The mother's health is important for her as much as for her children to be born.<sup>1</sup> In this context, the study focused on the effects of the information obtained by pregnant women from the mass media related to birth and was conducted to determine how the contents related to labor in mass media affected them.

## **Method**

### ***Research Type and Setting***

This study employed a phenomenological design, one of the qualitative research approaches. A phenomenological study centers on how an individual perceives, describes, and feels about a phenomenon which can be an emotion (love, anger, betrayal), relationship, culture, or an organization.<sup>7,8</sup> For example, when the phenomenon of school failure is the subject of a phenomenological study, what it means in student life, how it affects various relationships of the student, and what kind of problems it causes can be revealed by investigating what it means. In this context, the focus is on meaning based on experience.<sup>9</sup> The experiences of pregnant women with mass media, which is a source of information, constitute the focus of this study. A phenomenological pattern was preferred to reveal the experiences of pregnant women regarding mass media and to determine the meaning. In line with the purpose of the study, the experiences of women in their first pregnancy were explored using an online platform.

### ***Population and Sample Size of the Study***

Individuals or groups who experience and can reflect a phenomenon constitute phenomenology's data sources, a qualitative research design. Since long interviews and more than one interview may be involved in a phenomenological study, the number of individuals to be included in the sample should not exceed 10<sup>10</sup>. Therefore, a small number of purposefully selected participants are included in the study. In this study, criterion sampling, one of the purposive sampling methods, was used. The criteria for the study included "voluntary participation in the study," "being in the age range of 18-49 years", "being in the first pregnancy," "being able to communicate in Turkish," and "following mass media content related to pregnancy and birth." Accordingly, all pregnant women who met the criteria constituted the study population. The participants who came to the birth clinic were contacted and given the necessary preliminary information about the research and invited to participate in the study. Fifteen pregnant women who met the study criteria and agreed to participate were randomly identified, and a study group was formed. Pregnant women were coded as P1, P2, P3, .... P15. According to the data obtained, participants P4, P8, P12, P14, and P15 were determined to provide insufficient data, and thus, they were excluded from the study. As a result, the study was completed with ten pregnant women as the data saturation was reached with the remaining ten pregnant women. For maximum diversity purposes, pregnant women who were different from each other in terms of family type, education level, and employment status were included in the study.

### ***Data Collection***

A form of semi-structured interview was used as the data collection tool. Eight questions were posed to determine the effects of mass media content on pregnant women. The prepared questions are as follows.

1. What kind of birth are you planning? From where
2. What are your sources of birth information?
3. Do you obtain information about birth from mass media (internet, television, cinema, newspaper, etc.)?

4. How did the information you acquired affect you?
5. Have you come across a birth scene or visual about birth in any mass media (internet, television, cinema, newspaper, etc.)?
6. What do you think about the birth scene or visual you encountered?
7. How did the birth scene or visual you encountered affect you? Has there been a change in your thoughts, attitudes, and behavior?
8. What do you think the content of the scenes or visuals you want to encounter should be?

The researchers prepared the questions, and expert opinion was sought for content validity before finalizing the form. Online interviews were conducted with fifteen pregnant women, who constituted the study group, and the responses were recorded. For online interviews, applications such as Zoom or WhatsApp, which allow video calls, have been preferred. Participants who came to the birth clinic were contacted and provided with the necessary preliminary information about the research. Following preliminary information, online interviews were held and recorded within the specified time. Online interviews contributed to the participants being able to hold interviews at their most convenient and comfortable time. All researchers used the same method when collecting data. Then, the interview recordings were transcribed. The statements of pregnant women were presented in italics and quotation marks in the findings section. The codes indicated at the beginning of the statements represent pregnant women.

### ***Data Analysis***

The data obtained were analysed using the thematic analysis method, and themes were developed and interpreted. The online recordings of the interviews were transcribed using the Microsoft Word program. The responses of the pregnant women were compiled under the research questions. The responses were read by the researchers several times. Two researchers coded the data, and then the codes were compared. Main themes were developed from the concepts derived as a result of readings by the researchers, and the categories and subcategories constituting the main themes were determined. The resulting themes were organised as main themes and categories, and the findings were reported in tables. Reporting was completed with direct quotes and the themes that were revealed.

### ***Validity-Reliability***

One of the most functional ways of establishing reliability in a qualitative study is to describe each step in detail. Accordingly, all phases of the study were described to establish reliability. To ensure the internal reliability of the study, the data collection method, theme development, and the study's analysis processes were described in detail using the audit trail method. For external reliability purposes, an expert was provided with general information about the study and asked to review the results in terms of consistency. More than one researcher in the data collection and analysis processes was included to ensure credibility; thus, the study was conducted by two researchers. For participant confirmation purposes, three pregnant women reviewed and approved the findings. Data saturation methods were used in the data collection processes, and the data collection was concluded when repetitions and similarities were encountered in participant statements. Maximum diversity in sampling and including direct quotes using the detailed description strategy in the analysis were implemented to ensure transferability. However, considering the word count limit of the article, direct quotes from a small number of pregnant women were included.

### ***Research Ethics***

Before the study, an ethics committee report was obtained from a university's Non-Interventional Clinical Research Ethics Committee (numbered 2022/03-09). Verbal consent from the pregnant women was obtained regarding their voluntary participation in the study. Participants were informed that the data obtained would not be shared with anyone. The names of the pregnant women who participated in the study were kept confidential, and the statements of the pregnant women were presented as P1, P2,..., with the letter P referring to the participant and the numbers referring to the interview numbers. The statements of pregnant women were included as direct quotations as much as possible.

### ***Findings***

The findings obtained from the interviews held with pregnant women consisted of seven main themes and sub-themes within the framework of the research questions. No personal information of participants was included, and their statements were presented as P1, P2, P3...

### ***Birth Plan***

It was found that the birth plans of pregnant women could be compiled together under the themes of vaginal delivery, cesarean delivery, and indecisiveness. Among the reasons for the normal delivery preference of pregnant

women in the theme of vaginal delivery are the perception of a natural, non-interventional, physiological, and biological normal condition and the idea that the mother's recovery after birth will be more comfortable and healthier. Additionally, it is seen that the baby's immunity and the belief that there may be traces of the baby's future life influenced the preference for vaginal birth. For example, P5 justifies her preference for normal delivery by stating, "The type of delivery I want is natural birth. According to my research and the information I obtained from many books, some doctors, and midwives, the way of delivery also affects the baby's future life and leaves traces on it. Likewise, I want a natural, non-interventional birth as much as possible for my health. When there is intervention, the nature of it is disrupted." P7 stated, "I plan for normal birth in the hospital. The hospital staff is more knowledgeable, and I prefer normal delivery to recover quicker; I think it is healthier." It is seen with this statement that she evaluates and prefers a vaginal delivery plan in terms of health. Similarly, P10 states that she considers "birth as a physiological and biological "normal "" and, therefore, wants vaginal delivery. P9 also prefers vaginal delivery based on the risks of cesarean delivery and the idea that vaginal delivery is healthier for the baby.

**Table 1.** Birth plan theme

Theme	Categories	Sub-categories
Birth Plan	Vaginal birth	<ul style="list-style-type: none"> <li>-Natural</li> <li>-No intervention.</li> <li>-Birth is a "normal" that is physiological and biological</li> <li>-Hospital staff are more knowledgeable</li> <li>-Healthy</li> <li>- Immune system for the baby</li> <li>-The effect of the delivery method on the future life of the baby</li> </ul>
	Caesarean delivery	<ul style="list-style-type: none"> <li>-Easier</li> <li>-Painless</li> <li>-Anatomical structure (pelvic distress)</li> <li>-Finding vaginal birth traumatic</li> </ul>

Among the reasons for the preference of caesarean delivery under the theme of caesarean section, for example, P1 stated, "I am planning for caesarean delivery. I was actively involved in both delivery types, and I think it is easier and painless." On the other hand, P11 explained the reasons for caesarean delivery preference by stating, "I think caesarean delivery is traumatic." Considering the statements of pregnant women, according to those who prefer vaginal birth, it is more painful and traumatic in which the normality of birth is distanced. Additionally, it is seen that the suitability of the anatomical structure also affects the preference for caesarean delivery in the statement of the pregnant woman coded as P13: "I am planning for a caesarean delivery due to pelvic distress as my anatomical structure is not suitable."

Under the theme of indecisiveness, for example, the pregnant woman coded P2 said, "I have not decided yet what kind of birth I will have. Because the things I heard from my environment and uncertainty created fear in both situations." In this statement, she shares the reason for her indecisiveness as fear. P6 said, "I want a birth according to the preference of my baby, which will conclude with my baby and me being healthy. Regardless of what I want, I know it will be what it wants." In this statement, she believes that the baby's choice will determine the mode of delivery and that her baby will prefer the healthy mode.

### **Information Sources on Birth**

When the study participants were asked what the sources of information related to birth were, the responses included physicians, families, social media, women in the immediate circle, websites, their own experiences, and books. It is seen that websites and social media platforms, which are among the mass media tools, are also actively used as resources. When we examined the examples of websites used as resources, it was determined that they included videos on birth, various pregnancy applications, and several social media platforms

**Table 2.** *Information sources on birth theme*

Theme	Categories
Information Source on Birth	Social Media Family Women in the immediate circle Websites Personal knowledge Books Doctor Private training from a midwife
Information Source Examples	Acquaintances with children Listening to women on social media, who have given birth, Websites, Pregnancy applications downloaded
Denial of information	Not doing research in order not to be negatively affected

It was also determined that a participant did not find it appropriate to research not to be negatively affected by birth.

Statements of a few participants on the information sources related to birth are presented below.

P2. *My sources of birth information are social media, women in my family and close environment, and websites.*

P7. *Mostly the internet. For example, I listen to the women on YouTube, who have given birth, and take notes of their advice.*

P9. *My resource on normal birth is an application called Happy Mom and some sites on Instagram.*

As stated in the statements, it is seen that pregnant women have a wide range of sources of information. Due to the topic of the study, it is significant that pregnant women indicate various platforms among mass media as sources of information. Thus, it is seen that pregnant women obtained information from mass media and used the Internet and social media more as sources of information. Pregnant women mentioned websites and social media platforms could be interpreted as benefiting more from new communication technologies than traditional media. For example, pregnant women coded as P2 and P5 stated, "Yes. In particular, I get information from the Internet." P9 confirms the statements revealing that mass media tools are used as a source of information by saying, "yes, I get information on birth from social media." Two pregnant women participating in the study shared that they did not obtain information from mass media as it was not appropriate to obtain information under today's conditions.

### ***Being Affected by the Information Obtained from Mass Media***

It is seen that the information obtained from mass media is themed as positive, negative, and both positive and negative. According to the positive effect theme, it is seen that participants created solutions with the information they obtained from mass media on issues such as providing relief, decreasing fears, eliminating stress, learning how to act regarding birth, finding answers to questions, and determining the mode of delivery. For example, the pregnant woman with the code P7 states, "It affected me positively, I am less stressed, I am not afraid like before." Similarly, a pregnant woman with the code P5 expresses her way of being influenced by the information she obtained from the mass media with the statement, "I learned many things I did not know, and my fears decreased." In the negative effect theme, participants shared that the information from mass media on birth, in which a sense of fear, anxiety, and uncertainty was experienced, was misleading and increased fear. For example, the pregnant woman P6 states, "I think they do not reflect the birth accurately and show it as a fear element." This statement can be interpreted as the information she obtained from mass media leading to the emotion of fear.

The third theme of both positive and negative developed from participant discourses reveals that having too much information both increased the level of anxiety and raised awareness in pregnant women at the same time. P2 explains this situation by stating, "Sometimes it relieves me. Sometimes it creates a sense of fear, anxiety, and uncertainty." Similarly, while P3 said, "It enabled me to be cautious because I had more information on some issues" P10 responded by saying, "The information I obtained made me conscious as well as worried."

### ***Exposure to Birth-Related Content in Mass Media***

Except for one of the participants, others stated that they encountered content related to birth in mass media.

P11, one of the participants who gave details about the contents of birth she encountered, commented that "the woman giving birth is a scene we see often." Another participant, P5, said she watched "videos on giving birth." P10, on the other hand, suggests the possibility that visual content related to birth is one of the most common types of content in mass media by stating, "I have encountered them on the Internet, TV, cinema, in almost all of them." Additionally, P3 said, "Yes. I saw a photo where I could see the moment of birth."

Birth scenes or visuals encountered in mass media play a determinant role in decision-making. Accordingly, the decision-making process was identified as the main theme, which consisted of the sub-themes of both positive and negative effects, as it was determined from the statements of the pregnant women that they had both positive and negative effects on the decision-making process

### The Effect of Birth-Related Content on Attitude and Behavior

**Table 3.** *Thoughts on the birth scene or the visual encountered and the effect of birth-related content on attitude and behavior*

Theme	Categories	Sub-categories
Thoughts on the birth contents encountered	Positive	<ul style="list-style-type: none"> <li>- Being closer to the decision of caesarean delivery,</li> <li>- Developing a thought on at least one type of birth</li> <li>-The thought that it is miraculous.</li> <li>-Learning, seeing, and having ideas</li> <li>-Psychological preparation for birth</li> <li>- Seeing how and under what conditions birth occurs</li> <li>-More normalisation</li> <li>- Coming across vaginal birth images and feeling happy</li> </ul>
	Negative	<ul style="list-style-type: none"> <li>- Being curious about the birth scene but not watching it</li> <li>- Terrifying content that can be traumatic</li> <li>-Exaggerated content</li> </ul>
Attitude and behavior change	<ul style="list-style-type: none"> <li>-Supportive</li> <li>-Influential in decision making</li> <li>-Ineffective</li> </ul>	

In the positive effect sub-theme presented under the theme of the decision-making process, P1 stated, "What I watched was a cesarean delivery, which brought me closer to the decision I made regarding cesarean delivery," while the pregnant woman coded P2 shared, "My opinion is that the video I encountered helped me to have thoughts in my mind about at least one type of birth." P7 also commented, "I was afraid at first, but I think I am preparing myself psychologically for birth which is an event that will eventually happen."

On the other hand, considering the negative effect, P6 stated, "If I had not known about birth, it would have been so terrifying that it would have been traumatic for me. An unborn child, a mother-to-be with never-ending pain is like a nightmare," which points out that the contents encountered in mass media could be traumatic. P9, on the other hand, emphasised that there may be a negative psychological effect by stating, "I was curious about the birth scene, but I did not watch it because I thought it would affect me psychologically."

Regarding the effects of mass media content related to birth on pregnant women's attitudes and behaviours, P2 stated that the content had a positive effect and helped make the decision. Another pregnant woman, P10, stated that the mass media normalised the birth process for her while simultaneously stating that "Mass media plays with the subconsciousness of pregnant women regarding the fear they have by presenting birth or giving birth as a supernatural event. The birth they frequently address with the concepts of pain, ache, death, and bleeding is unfortunately presented to the society as it is normal for everyone." This participant's comment is significant as it provides information on the mass media content related to birth.

P1, one of the participants who shared that it was effective in deciding on the type of birth, stated, "The mother under epidural anaesthesia meeting her baby and not feeling pain, etc. confirmed that the decision I made was right." With this statement, it can be said that the mass media content had a supporting role in her decision. The statement of P5 regarding the mode of delivery, "My fear of caesarean delivery increased while my desire and trust increased towards normal delivery." can be interpreted as she was experiencing a change in attitude.

Some pregnant women said that the mass media content related to birth did not affect them. One of those women, P6, stated that "I know the content does not reflect the reality, which is why it did not affect me," while P9 stated, "I did not have any fear or concern as I never looked at those contents," in response to the question. P13, on the other hand, commented, "It does not affect much, but when there is pregnancy, you get sensitive by thinking I wonder how it will be for me..., so you approach it more emotionally". As indicated in the statement, the state of noticing and being affected by mass media content changes when there is pregnancy.

## Contents that are Desired to be Encountered

The statements of the pregnant women who participated in the study regarding the mass media content are presented below.

**Table 4.** *Desired content to be encountered in mass media*

Theme	Categories
Desired Content to be Encountered	<ul style="list-style-type: none"> <li>-Skin-to-skin contact with the baby</li> <li>-A mother who is not in pain</li> <li>-Happy expectant mothers</li> <li>- Not scary</li> <li>- Emphasising the beauty of the moment,</li> <li>- Making happy</li> <li>- Videos and information about natural childbirth</li> <li>-Calmer births,</li> <li>- Things reflecting reality,</li> <li>- Births that are accepted as natural by everyone</li> </ul>

P2. *I would like to see mothers and babies who are not in pain or happy expectant mothers.*

P3. *Content that emphasises the beauty of the moment and gives joy should be preferred rather than scary.*

P5. *There should be more videos and information on natural childbirth. Of course, a cesarean section is a life-saving procedure when needed. However, people should be encouraged more for normal delivery and not prefer cesarean delivery unless it is necessary. So there should be informative content on this...*

P6. *I would like to see more natural, private, compassionate, and calm births where the moment's magic is conveyed to us. The content shows that the woman is in pain but seeing content reflecting reality where there is an end to the pain the mother suffers, where there are no easy deliveries with babies coming out quickly, would make women feel better. And seeing content that does not show family members crying out statements such as "poor thing, God help her..." as if they are in a disaster, and instead showing that birth is natural and accepted as natural by everyone.*

P9. *I think it is normal to be curious about normal birth, but I would be scared if I watched it on a website, or I would have other questions in my mind. I think, from a psychological perspective, it would be better to have illustrations in the form of a cartoon for those who are curious.*

P10. *The content should be more constructive and motivating and address the concept of normalisation. Even in a simple TV show or program, the information should contain a message when the topic is covered. The information should be clear, and the message should instill self-confidence.*

P. *It should be more positive, more moderate, and more emotional, and the pain should not be more than joy and excitement.*

In this context, it can be said that there are elements to be considered when creating media content. It is found that when prospective mothers want to use mass media as a source of information, the content they are exposed to can create negative emotions such as fear, anxiety, etc., and increase such emotions if the mothers already have them.

## Discussion

Birth plans of pregnant women were grouped under the themes of vaginal delivery, caesarean delivery, and indecisiveness. The data from the literature confirm the themes of birth planning.<sup>11</sup> It can be said that the preference for vaginal delivery in pregnant women is based on the perception that birth is natural, does not require intervention, and is healthier for the baby and themselves. It was determined that the positive perception of vaginal delivery affected the women's preference for vaginal delivery and that social media and TV impacted the formation of positive perceptions.<sup>11,12</sup> When it comes to internalising vaginal delivery as "normal," it can be said that pregnant women prefer vaginal delivery. Therefore, in awareness-raising studies, the mass media content can be shaped for pregnant women to internalise vaginal birth and have a normal perception. Among the dominant reasons for choosing caesarean delivery within cesarean delivery, the theme is the thought that it is easier and pain-free. There are studies in the literature<sup>11,13</sup> supporting these reasons. Additionally, it can be interpreted that a cesarean section is preferred out of necessity in cases where the anatomical structure does not allow for vaginal delivery. Again, within this theme, it can be said that cesarean section is preferred because vaginal delivery is considered traumatic. In the study of Citak Bilgin, the finding that "the perception that normal birth is painful, unbearable, and scary can lead women to caesarean section by suggesting that they will have a negative experience"<sup>11</sup> is supported by the findings of this study. Considering the statements of the pregnant women, it can be said that those who prefer cesarean delivery move away from the normality of birth and view it as a more painful and traumatic situation. Regarding the theme of indecisiveness, it can be said there is a potential for the mode of delivery to

change based on the fear experienced, uncertainty, and the baby's position. In summary, it can be inferred that vaginal delivery is preferred as it is natural. In contrast, caesarean delivery is preferred when there is fear of vaginal delivery and out of necessity due to anatomical problems. The fear component also plays a role in the indecisiveness of pregnant women.

It was determined that the pregnant women participating in the study had a wide range of information sources from their own experiences, family, and immediate circle to physicians and midwives, websites, and social media. It was found in the literature that the information on the birth process was obtained primarily from women who had given birth before and the media.<sup>14,15,16,17</sup> Additionally, considering that the media and the experiences with birth affect decision-making on the preference of delivery types,<sup>11</sup> it is revealed that mass media content affects pregnant women.

It was found that websites and social media platforms, which are among the mass media tools, were also actively used as resources. Mass media tools used as a source include YouTube videos, various pregnancy applications, and various social media platforms. This reveals that the participants used mass media as a resource. It was determined that pregnant women obtained information from mass media, and they particularly used the Internet and social media as sources of information. The literature findings on the use of the Internet for information and help requests<sup>5</sup> support the findings of this study. The discussion of websites and social media platforms being among the sources of information indicates that pregnant women used new communication technologies more than traditional media. When pregnant women's trust in information sources is evaluated, it is seen that it is not possible to fully trust a source. For example, she compares the information she receives from the health professional with the information she receives from mass media and her social environment.

The information from mass media is themed as positive, negative, and positive and negative. Studies in the literature reports that the media is effective in choosing the mode of delivery and can create positive and negative effects.<sup>15,18,19</sup> support the findings of this study. Moreover, it was determined that sharing traumatic birth stories through mass media could comfort the people who shared them while negatively affecting the audience.<sup>19</sup> Therefore, a study by Gokoglu, reported that high levels of female health literacy would positively affect child health, prenatal, birth, and postpartum periods.<sup>20</sup> In addition, it can be said that different contents related to the birth scene or birth can be encountered in mass media. This can also be evaluated as the search conducted by pregnant women or the selective perception component increases the number of information and visuals encountered.

It was found that the mass media impacted the decision-making process on the mode of delivery both positively and negatively. These effects include playing a supportive role for the decision already made, leading to new thoughts on a mode of delivery by eliminating confusion, leading to the perception of birth as miraculous, preparing pregnant women psychologically for the birth, and normalising birth. Negative effects are described as traumatic and exaggerated, which should not be viewed in order not to be affected psychologically. Studies have reported that painful birth scenes in mass media create a negative birth image of women,<sup>20,21</sup> which supports the finding of negative effects in this study. However, another study determined that pregnant women engaged in an Internet search for insufficient information about pregnancy, having fast access to information on the Internet, and having difficulty accessing health personnel.<sup>1</sup> Accordingly, pregnant women need access to accurate and reliable sources related to the prenatal and postnatal processes to emphasise the positive effects of mass media.

It can be said that mass media content positively affects the attitude and behaviour change in pregnant women and supports the decision-making process for the mode of delivery. However, a study found that the participants who stated that mass media shaped attitudes towards pregnancy and childbirth had the highest scores of fear of giving birth.<sup>21</sup> Another study found that the expression of childbirth with fear and pain in mass media created fear of childbirth.<sup>23</sup> Pregnant women who stated that they were not affected by the contents either did not follow the contents in mass media or developed a protection mechanism that the contents did not reflect the truth. When the findings of this study are evaluated with the literature, it can be said that mass media content related to birth leads to fear of giving birth, but that it is influential in deciding on the right mode of delivery.

When the statements of pregnant women regarding the content they would like to see in mass media were examined, it was found that the desired content should center around the mother-baby relationship, where there is no fear. Birth is presented as joy and a natural process reflecting reality. On the other hand, if the content encountered accepts and reflects birth as normal, then it can be said that the content leads to the perception of birth as a miracle.

## **Conclusion**

In conclusion, considering all the themes identified, the information obtained from mass media can be said to have different effects. These effects differ by the content exposed to or depending on the information requested. While it is natural for pregnant women to have fear and curiosity, the quality of the information presented as content by mass media should be addressed and discussed. Additionally, pregnant women should obtain information about media and health literacy, filter the information obtained, and approach all information with a critical perspective.



Thus, mass media content can be used in a more supportive way in terms of reducing fear and anxiety related to birth. A pregnancy support line or a mobile application can be developed where pregnant women can get healthy information and access it at any time during the prenatal period. It can be facilitated for them to reach and communicate with health professionals. Additionally, examining the nature of content and scenes on birth in another study could help with raising awareness of content in pregnant women.

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### Conflicts of Interest

The authors declare that they have no competing interests

### References

1. Hadımlı A, Demireloz Akyuz M, Tuna Oran N. Pregnant women' frequencies and causes of using the internet. *Life Sciences (NWSALS)* 2018; 13(3): 32-43.
2. Dursunoglu, İ, Komur, G. Mass communication tools during political socialisation: from traditional media to social media. *The Journal of Academic Social Science Studies* 2018; 71: 405-418.
3. Gungor, N. *Communication theory and approaches*. Ankara: Siyasal Kitabevi; 2018. p.384.
4. Sahin, A. *Critical media literacy*. Ankara: Anı Yayıncılık; 2014. p.16-19
5. Ay F, Ekmekci KA, Batuhan F, Oguz A. What do women share on social media about the normal delivery action? example of (an example from) [www.kadinlarkulubu.com](http://www.kadinlarkulubu.com). *Acıbadem University Health Sciences Journal* 2019; 10(1): 49-54.
6. Aydın Beşen, M, Seller A. Kadınların Doğum Sürecine Uyumu ve İlişkili Faktörlerin Değerlendirilmesi. *Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi*. March 2022;11(1):170-182. doi:10.37989/gumussagbil.714131
7. Merriam SB. *A qualitative research guide to design and implementation* (S. Turan, Trans.). Ankara: Nobel Yayıncılık; 2018. p.24-26
8. Patton CW. *Qualitative research and evaluation methods*. Ankara: Pegem Akademi; 2007. p.3-6.
9. Van Manen M. *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Walnut Creek: Left Coast Press; 2014. p.39.
10. Yıldırım, A, Şimşek H. *Sosyal bilimlerde nitel araştırma yöntemleri*. İstanbul: Seçkin yayıncılık; 2018. p.71
11. Citak Bilgin N. Nursing students' perceptions of birth: A qualitative study. *Journal of Duzce University Health Sciences Institute* 2020; 10(3): 348-356.
12. Topcu TY. *The effect of women's health literacy level on health behaviours and child health*. [Unpublished master's thesis]. Trabzon: Karadeniz Tecnic University; 2019. p.18.
13. Sercekus P, Egelioglu Cetisli N, İnci, FH. Birth preferences by nulliparous women and their partners in Turkey. *Sexual & Reproductive Healthcare* 2015; 6(3):182-185. doi: 10.1016/j.srhc.2015.03.002.
14. Sercekus P, Okumus H. Fears associated with childbirth among nulliparous women in Turkey. *Midwifery* 2009; 25: 155–162.
15. Aktas S, Erkek ZY. The examination of the reasons why mothers preference to vaginal birth: an example of qualitative study. *Gümüşhane University Journal Of Health Sciences* 2018; 7(1), 111-124.
16. Lowe NK. Self-efficacy for labor and childbirth fears in nulliparous pregnant women. *Journal of Psychosomatic Obstetrics & Gynecology* 2000; 21(4), 219-224.DOI: 10.3109/01674820009085591.
17. Fenwick J, Toohill J, Gamble J, Creedy DK, Smith J. Sources, responses and moderators of childbirth fear in Australian women: A qualitative investigation. *Midwifery* 2014; 31(1), 239-246). <http://dx.doi.org/10.1016/j.midw.2014.09.003>.
18. Sercekus P. *Fears of normal spontaneous delivery in nulliparous women and examination of their causes*. [Unpublished master's thesis]. İzmir: Dokuz Eylül University;2005. p.12-15.
19. Aktas S. Influences of media on women's aesthetics and the role of midwife. *Journal of Anatolia Nursing and Health Sciences* 2014; 17(3), 187-195.
20. Gokoglu AG. The effect of women's health literacy level on health behaviors and child health. *Başkent University Journal of the Faculty of Health Sciences* 2021; 6(2), 132-148.
21. Stoll K, Hall W, Janssen P, Carty E. Why are young Canadians afraid of birth? A survey study of childbirth fear and birth preferences among Canadian University students. *Midwifery*, 2014; 30(2), 220-226. doi: 10.1016/j.midw.2013.07.017.
22. Sayiner FD, Ozerdogan N. Natural birth. *Maltepe University Journal of Nursing Science and Art* 2009; 2(3), 143-148.
23. Reiger K, Dempsey R. Performing birth in a culture of fear: an embodied crisis of late modernity. *Health Sociology Review* 2006; 15, 364f-373. <https://doi.org/10.5172/hesr.2006.15.4.364>