

Improving the quality of sexual and reproductive health and rights (SRHR)
through pre-service training, research, and evidence-based clinical care
delivery in Sub-Saharan Africa



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“If you don’t ask they will tell you nothing”. A qualitative inquiry of current practices of informed consent and debriefing for caesarean section in the West Region of Cameroon.”

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Background

Inadequate communication before caesarean section (CS) and thereafter may feed the widespread fear and reluctance toward that lifesaving procedure in the West Region of Cameroon. To get insights into the situation on the ground this study explored practices of informed consent and debriefing for caesarean section (CS).

Methods

Uptake of consent and debriefing for CS is quite low in West Region of Cameroon. From March to August 2024 we purposively included 69 CS care providers and 20 women (10 with their birth companions) within 30 days of a CS in 20 hospitals across 9 health districts. In-depth interviews were conducted by an obstetrician-gynecologist and a sociologist using a pre-tested guide designed to capture perspectives, components and steps of consent and debriefing. Interviews were audio-recorded and transcribed verbatim. We conducted thematic analysis in an iterative approach till meaning saturation using NVIVO-14® software. We developed a codebook used to build categories from which relevant themes were elaborated.

Results

Four themes emerged related to consent: the quasi-absence of routine seeking of consent; the reduction of women’s bodily autonomy by synergistic working of marital norms, providers’ paternalism and financial model; the disrespectful, undignified, content-poor and one-way communication during consent transactions; and provider’s hermetic rebuttal of suggested traditional medical and religious rites. Relevant themes for debriefing were: the quasi-absence of routine provider-initiated delivery of debriefing; the discrepancies on key contents between and within health facilities; the preponderance of financial aspects over reproductive elements and the quasi-inexistence of documentation.

Conclusion

Consent ahead of CS and debriefing thereafter are rarely initiated by healthcare providers. When they do occur, their content and delivery are shaped by cultural norms and features of the health system—often to the extent that they deviate significantly from global guidelines

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