



Experience Of Fear Towards Childbirth And Associated Factors Among Women Receiving Antenatal Care In University Of Port Harcourt Teaching Hospital, Nigeria

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ABSTRACT

This study investigated the experiences of fear towards childbirth and associated factors among women receiving antenatal care in UPTH. A cross-sectional qualitative design was adopted using a phenomenological theoretical approach. The population for the study comprised of 24 pregnant mothers accessing care in UPTH with at least one previous birth, who attended the clinic and satisfied the criteria. A purposive sampling technique was employed in selecting accessible women to participate in the study for qualitative interview. Data was collected using an in-depth semi structured interview guide on items reflecting the study variables was used to conduct face to face interview and was developed. Thematic analysis was carried out. Participants' responses were used to generate themes, subthemes, and a report. The result showed that, the vast majority of respondents reported feeling extreme anxiety about becoming pregnant and giving delivery. Women in UPTH are more likely to have had a terrible pregnancy experience in the past. Fear of pregnancy and labour manifests itself in a variety of ways among UPTH women, including maternal anxiety; recalling other's terrible experience, too many questions, and stress, as reported by the respondents. It was concluded that, majority of the women in UPTH expressed very high level of fear from pregnancy and childbirth; and variables such as previous negative pregnancy experiences, fear of hospital and medical equipment and fear due to pregnancy related pain are associated with pregnancy and childbirth among women in UPTH. It was recommended among others that, the management of UPTH should design childbirth preparatory classes in the third trimester of pregnancy to help cushion the effect of fear of child birth and pregnancy among women.

Keywords: Antenatal care, Childbirth, Experience, Fear, Women

INTRODUCTION

One of the most prominent elements that can impact the progression of labour and delivery is the individual's level of fear over those two processes. Childbirth, being an experience that is both common and meaningful, has the potential to sometimes generate developmental changes, stress, worry, and/or

fear, all of which have the potential to have a negative effect on subsequent pregnancies. According to Huang, Huang, Li, and Liao (2021), some of these mental abnormalities may only persist for a brief amount of time before becoming more manageable, whilst others may carry on right up until the moment the individual is born. An increase in the number of caesarean sections has been linked to a number of undesirable outcomes, including a rise in the rate of preterm births.

The experience of giving birth and going through labour can be traumatic for a woman, and the effects of it might linger with her for the rest of her life. As a direct result of it, it takes the lives of some women and the children of others. According to the World Health Organisation (2016), more than 830 women in underdeveloped countries lose their lives every day as a direct result of traumatic events they encountered during pregnancy and childbirth. These women die as a direct result of the experiences that directly contributed to their deaths. These women lose their lives as a direct consequence of the ordeals they endured. The third Sustainable Development Goal, which seeks to improve the economic and social status of women as well as put an end to maternal mortality, is in jeopardy as a result of this.

The act of giving birth is extraordinarily personal and can cause a person to experience a wide range of emotions at once. Even if one's recollection of a traumatic experience starts to fade with the passage of time, the sensations that are linked with it will still be present. This is because traumatic experiences tend to have a strong emotional impact. There are certain mothers who have a harrowing experience during labour and delivery and this aggravate the fear level in them towards child. According to Larkin, Begley, and Devane (2009), the experience of giving birth can be classified as being individual, having multiple facets, being both a process and an event in one's life, and being both of these things at the same time. They got to the opinion that the act of giving birth is a uniquely individual experience that is deeply impacted by the social, organisational, environmental, and policy contexts in which it takes place. This is something that they came to believe after coming to the conclusion that the act of giving birth is something that takes place.

The woman who is giving birth as well as the facility in which she gives birth can have a significant impact on whether or not a person has a pleasant or negative experience when giving birth at a birthing centre. An increase in the number of caesarean sections has been linked to a number of undesirable outcomes, including a rise in the rate of preterm births. According to Gao, Liu, Fu, and Xie (2015), women in today's culture are more apprehensive than they have ever been about the prospect of suffering difficulties during labour. This is because the incidence of complications during childbirth has increased. However, it is vital to face one's anxieties head on and strive towards developing strategies of coping with them. In order for women to be able to take joy in their pregnancies, Sheen and Slade (2018) suggest that they get past their anxieties regarding the labour and delivery process. Fear is avoided because it is such an unpleasant feeling when it is triggered by the recognition of danger, and this is the reason why it is avoided. Because of this, it is essential to be aware of and steer clear of any potential dangers.

It is quite normal to experience some anxiety in the hours and minutes leading up to the delivery of your child. Misconceptions, bad previous labour and delivery experiences, and even certain cultural practises could all be variables that contribute to the negative effects that are felt by the women. The values, customs, and beliefs that are considered most significant by many cultures vary greatly from one another. It is conceivable for the cultural background of a pregnant woman to have an effect on both the essentials she demands during her pregnancy as well as the ambitions she has for the experience of giving birth. During their pregnancies and while they are giving birth, women in many nations are expected to conform to highly particular behavioural standards. These expectations can vary from country to country. The labour and delivery process could become a source of concern as a result of this.

There is a modern epidemic of fear of labour, which is a fundamental factor to the fact that many expectant mothers have an experience that is less-than-ideal. This fear may be traced back to ancient times. The stress that a woman experiences during giving birth makes the experience more unpleasant

for her and extends the amount of time it takes for her to actually give birth to her baby. According to the findings of the study that was conducted by Huang, Huang, Li, and Liao (2021), more than eighty percent of pregnant women report feeling anxious or fearful about their pregnancy and the birthing process. Because so little is known about the experience of Nigerian women, very little is known about the fear of labour and pregnancy that is well-documented in the empirical literature for most nations (Sheen & Slade, 2018). However, for Nigeria, very little is known about the experience of Nigerian women because so little is known about the experience of Nigerian women. This is often the case as a result of the vast amount of research that has been carried out to uncover the factors that may contribute to the reasons why some women have an irrational dread of becoming pregnant or giving birth. In light of the previous information, the objective of the current study was to investigate women's experiences of fear during pregnancy and childbirth at the University of Port Harcourt Teaching Hospital. This was done in order to fill a gap in the existing body of research and push the limits of our current understanding of the topic. The study provided answers to the following research questions:

1. What is the level of fear from pregnancy and childbirth among women in UPTH?
2. What are the factors associated with pregnancy and childbirth related fear among women in UPTH?
3. How is fear associated with pregnancy and childbirth manifested by women in UPTH?

METHODOLOGY

A cross-sectional qualitative design was adopted using a phenomenological theoretical approach. The population for the study comprised of 24 pregnant mothers accessing care in UPTH with at least one previous birth, who attended the clinic and satisfied the criteria. A purposive sampling technique was employed in selecting accessible women to participate in the study for qualitative interview. Data was collected using an in-depth semi structured interview guide on items reflecting the study variables was used to conduct face to face interview and was developed. Thematic analysis was carried out. Participants' responses were used to generate themes, subthemes, and a report.

RESULTS

The results of the study are shown below:

The Pregnancy and Childbirth Anxiety Scale in UPTH

One respondent expressed apprehension about her current pregnancy because of a previous painful birth experience and the possibility that her current emotions will have an impact on the development of her baby. She rates her fear on a scale from 1 to 10 with 10 being the most.

A woman's concern over the pregnancy's outcome, the labour and delivery procedure, and any foetal malformations is normal during the third trimester. She gives herself a 6 (extremely high) on her worry and stress scale regarding childbirth.

Third-Participant: *I was worried about her when she told me about the pregnancy rumours and the swollen legs she saw. She has an extremely low opinion of her own feelings.*

Results showed that 50% (10 people) reported a high level of fear from pregnancy and childbirth, 20% (4 people) reported a moderate level of fear, 15% (3 people) reported a low level of fear, and 15% (3 people) reported no fear from pregnancy and childbirth.

Factors associated with pregnancy and childbirth related fear among women in UPTH

Participant 1: *My anxiety about giving birth is based on my history of medical problems. Obstetric complications, operative vaginal birth, greater use of analgesics during labour, elective caesarean section, postpartum depression, and a weakened mother-infant bond are only some of the negative outcomes that might occur.*

Participant 2: *I was afraid of giving birth because of my age, parity, gestational age, history of a vacuum or forceps extraction, history of a caesarean section, history of an adverse perinatal outcome,*

my family's low socioeconomic status, my mental health issues, my personality, my isolation, and my lack of social support, among other things.

3rd-Participant: *I worry about my gloomy mood, the awful stories other people have told me, the frightening news about diseases and other child-related difficulties, and the negative experiences I've had with my first pregnancy, my labour, and my baby's health and care in the past. The causes were largely tied to my profession.*

4th Participant: *I've always been nervous about giving birth at UPTH because of my aunt's negative experiences there. My mum often griped about the chaos and overcrowding in the maternity wards.*

5th Participant: *I was afraid to give birth at UPTH since the wards are so filthy and the lights go out so often.*

Participant 6: *UPTH labour wards are not orderly, you could see dirt all over the place, it has improved.*

Participant 7: *The nature of the rooms does not enhanced privacy and the midwives do not always check on us to ensure we were doing well.*

Participant 8: *My fear was due to pregnancy related pain.*

Participant 9: *Socio-economic condition of the family was the reason for her fear.*

Four respondents (20%) strongly disagreed that negative pregnancy experiences are associated with pregnancy and childbirth among women in UPTH, eight respondents (40%) agreed that negative pregnancy experiences are associated with pregnancy and childbirth among women in UPTH, and six respondents (30%) strongly agreed. Women in UPTH are more likely to experience anxiety during pregnancy and labour if they are afraid of hospitals and other medical equipment, according to a survey. Ten respondents (50%) agreed that pregnancy-related pain induced anxiety is a factor in pregnancy and childbirth-related phobias among women in UPTH, and five respondents (25%) disagreed. Two respondents (10%) strongly agreed that pregnancy-related pain induced anxiety is a factor in pregnancy and childbirth-related phobias among women in UPTH. Finally, 6 respondents (30%) strongly agreed that family socioeconomic status is a factor in pregnancy and childbirth-related anxiety among women in UPTH; 8 respondents (40%) agreed that family socioeconomic status is a factor in pregnancy and childbirth-related anxiety; and 4 respondents (20%) disagreed.

What ways does fear associated with pregnancy and childbirth manifest in women in UPTH? N = 20

Participants 1: *Stress symptoms, negative consequences on daily life, and a desire to have a caesarean section or avoid pregnancy and childbirth are all outward manifestations of internal conflicts.*

For the second set of respondents, the most significant factors connected to the manifestation of anxieties were work status and the presence or absence of an elective caesarean section. The most influential factors in relation to phobic items were parity and prenatal education.

Less socially supported pregnant women in our study reported higher levels of birthing anxiety.

Female participant 4 reported experiencing maternal anxiety.

Five of the participants have admitted to sharing the bad news of others.

Sixth participant: *"She asks too many questions,"* participant commented.

A seventh participant reported feeling stressed from time to time.

In a survey of twenty-one people with UPTH, twelve (60%) strongly agreed that maternal anxiety is a symptom of pregnancy and childbirth-related anxiety, four (20%) agreed, and three (15%) disagreed. Ten respondents (50%) strongly agreed that hearing about the negative experiences of other women is a symptom of UPTH-related anxiety about pregnancy and childbirth; six (30%) respondents agreed that hearing about the negative experiences of other women is a symptom of UPTH-related anxiety about pregnancy and childbirth; and six (30%) respondents disagreed that hearing about the negative experiences of other women is a symptom of UPTH-related anxiety about pregnancy and childbirth. With just 5% in agreement and 1% in disagreement, 17 % of respondents agreed that asking too many questions is an indication of pregnancy and birthing anxiety in UPTH. One-fifth of respondents (11

strongly agreed that stress is one way women in UPTH manifest fear related to pregnancy and childbirth; 25% agreed; 15% agreed; and 5% disagreed.

DISCUSSION OF FINDINGS

Four percent of respondents expressed a moderate amount of anxiety, fifteen percent reported a low level of anxiety, and fifteen percent indicated no concern at all about becoming pregnant and giving birth. Pregnancy-related anxiety was reported to be high or moderate by UPTH women in this study. This finding corroborates that of Nasr *et al.* (2020) whose study in Egypt found maternal anxiety during labour. The finding of this study is in keeping with that of Gelaw, Gultie, Beyene, Kondale, and Ukke (2020) whose study among pregnant women in southern Ethiopia showed that 95(24.5%) of the respondents were extremely concerned. Anxiety over labour and delivery affected nearly three quarters of pregnant women in the study area to some degree. The finding of this study is also in consonance with that of Onchonga (2021) whose study among Kenyan pregnant women and their partners, found that fifty-eight percent of pregnant women and forty-five percent of their partners reported high levels of worry about giving birth, with higher levels of fear reported by primiparous couples than by multiparous partners. The finding of this study is consistent with other studies. Such as Sharma, Jungari, and Lawange (2022), Han, Bai, Lun, Li, Wang, and Ni (2022) whose study among pregnant women showed high level of fear or anxiety towards pregnancy and childbirth.

The finding of this study revealed that six women (30%) in UPTH strongly felt that having a terrible pregnancy experience is linked to having a negative delivery experience. Women in UPTH are more likely to have bad pregnancy experiences, according to the opinions of 8 respondents (40%). The finding of this study is in line with that of Nasr, Alshehri, Almutairi, and AbdElmenim (2020) who reported similar incidence of birthing anxiety in pregnant women in Port Said, therefore these findings are congruent with theirs. This study's findings corroborate those of Onchonga (2021), who investigated the frequency and root causes of delivery anxiety among Kenya's pregnant women and their spouses. Onchonga's findings (in 2021) are supported by the findings of this investigation. This study's findings on prenatal worry about childbirth are consistent with those of a previous study by Rondung, Magnusson, and Ternstrom (2022). These researchers delved into the experiences of nervous first-time mothers. To make sense of the data, we used reflective theme analysis on the results of nine in-depth interviews with relevant parties. Since giving birth was seen as potentially life-threatening by the women, they voiced serious concerns about their capacity to do so safely. The results of this study are consistent with those of a qualitative investigation on the factors that contribute to childbirth anxiety among urban Indian mothers conducted by Sharma, Jungari, and Lawange (2022). Consistent with these findings are those of Han, Bai, Lun, Li, Wang, and Ni (2022) who investigated the degree to which Chinese pregnant women feared giving birth during the 2009 COVID-19 Pandemic and how this fear was associated with an intolerance for ambiguity and various coping techniques. The scientists found that an individual's intolerance of uncertainty was linked to their level of prenatal anxiety.

The finding of this study revealed that 12(60%) of the respondents strongly agreed that maternal anxiety is one of the ways fear associated with pregnancy and childbirth is manifested by women in UPTH; while the remaining respondents strongly agreed that maternal anxiety is one of 10(50%) of the respondents strongly agreed that recounting other's negative experience is one of the ways fear associated with pregnancy and childbirth is manifested by women in UPTH. The finding of this study gives credence to Nasr, Alshehri, Almutairi, and AbdElmenim (2020) who reported similar incidence of birthing anxiety in pregnant women. Several pregnant women's socioeconomic factors were found to correspond significantly with their reports of maternal anxiety. Women's level of fear about childbirth was found to be significantly correlated with factors such as their level of education and the number of times they had experienced a difficult delivery due to medical complications. This study's findings corroborate those of Onchonga (2021) whose finding showed that anxiety during pregnancy was also found to be substantially associated with a woman's degree of education ($p = 0.022$), parity ($p = 0.001$),

mode of delivery (p 0.001), frequency of prenatal care (p 0.001), and expectation of an easy delivery (p 0.001). Pregnancy-related birthing worries were substantially associated with variables such as a partner's educational level (p 0.001), their history of giving birth, and their current state of mind.

CONCLUSIONS

Based on the findings of the study, it was concluded that, majority of the women in University of Port Harcourt Teaching Hospital (UPTH), Rivers State expressed very high level of fear from pregnancy and childbirth; and variables such as previous negative pregnancy experiences, fear of hospital and medical equipment and fear due to pregnancy related pain are associated with pregnancy and childbirth among women in UPTH. Majority of the respondents agreed that maternal anxiety; recounting others' negative experience; too much question and stress are some of the ways fear associated with pregnancy and childbirth is manifested by women in UPTH.

RECOMMENDATIONS

From the conclusion of the study, using the results or outcomes of the analysis, the researcher puts forward the following recommendations:

1. Management of UPTH should design childbirth preparatory classes in the third trimester of pregnancy to help cushion the effect of fear of child birth and pregnancy among women.
2. Women in UPTH should apply principles learnt from childbirth preparation classes as this would help eliminate fears and prepare women's mind towards childbirth and pregnancy.
3. Management of UPTH should identify factors associated with fear of pregnancy and childbirth and development an orientation to ameliorate those factors among pregnant women.

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