



IMPACT OF FEAR OF CHILDBIRTH ON WELL-BEING AMONG PREGNANT WOMEN

Sumiaya Sultan^{1*}, Dr. Syeda Razia Bukhari², Seerat Fatima³, Muhammad Saim Ajmal⁴, Ms. Sania Shujaat⁵ & Hira Riaz⁶

¹*Master of Science in clinical psychology, Szabist University Islamabad
sumiayasultan@gmail.com

²Assistant Professor & Student Counselor Faculty of Education and Social Sciences, Shaheed Zulfiqar Ali Bhutto Institute of Science and Technology, H-8/4 Islamabad (SZABIST, Islamabad Campus) dr.syedanaqvi27@gmail.com

³PhD Scholar Faculty of Behavioral Sciences, Fatima Jinnah Women University, Rawalpindi
seeratfatima554@gmail.com

⁴BS Psychology (4 years) University: International Islamic University, Islamabad
Email: msaim1647@gmail.com

⁵MS Scholar Clinical psychology faculty of Social Sciences Shaheed Zulfiqar Ali Bhutto Institute of Science and Technology University (SZABIST) ISLAMABAD Sania.Shujaat11@gmail.com

⁶Master of Science in clinical psychology, Szabist University Islamabad
hira.riyaz007@gmail.com

***Corresponding Author:** Sumiaya Sultan

*Master of Science in clinical psychology, Szabist University Islamabad
sumiayasultan@gmail.com

ABSTRACT

This study aimed to examine the impact of fear of childbirth (FOC) on well-being (Mental, physical, and spiritual) among pregnant women. The first objective was to investigate the impact of fear of childbirth on well-being (mental, physical and spiritual) among pregnant women. Participants filled out questionnaires on demographic form as well as The fear of childbirth Child-birth Questionnaire (Katie Balling, et al., 2021), and The well-being scale (Vella, 1994). The study was conducted on a sample of 200 participants belonging to Rawalpindi and Islamabad. Data was collected through the purposive sampling technique. Participants' age ranges from 20 to onward. Descriptive statistics was used for the better understanding of the data. To explore the impact of fear of childbirth on general well-being (mental, physical and spiritual) "multiply Linear Regression" was used. All statistical calculation was completed by using statistical package for social science (SPSS- V.21). Fear of childbirth has negative impact on mental well-being, Physical well-being and positive has impact on Spiritual well-being. Based on the findings of the present study, it can be concluded that: fear of childbirth is exist in pregnant women and the impact of fear of childbirth on general well-being is negative among pregnant women. Giving mental support to pregnant women and utilizing mental strategies pointed to diminish their fear of childbirth amid pregnancy are highly suggested.

Keywords: Pregnant Women. Spiritual, Mental and Physical Wellbeing. General Wellbeing

Introduction

Pregnancy is the most valued time in a woman's life. Pregnancy, for the majority of women, should be a time of joy and pleasure. It is understandable, that many women are afraid of childbirth because it is one of the deepest feelings a woman can have (Fisher et al., 2006). The present study is aimed to investigate the fear of childbirth on the general well-being (mental, physical, spiritual) of pregnant women. Research on pregnant women is a topic that deserves far greater attention and research focus. During pregnancy women experiences, a fear of childbirth that can have a negative impact on their psychological and general well-being (mental, physical, and spiritual) (Hofberg & Brockington, 2000).

A woman's journey through childbirth can be filled with both joy and sorrow. From the moment their babies are conceived through the end of the birthing process, women confront numerous hurdles. Mortazavi and Agah (2018) fear of childbirth (FOC) is a common issue for pregnant women, and it may cause a lot of stress for everyone involved in physical and psychological changes as the fetus develops (Abedi et al., 2015).

Prenatal care should focus on improving pregnant women's psychological and general well-being, reproductive and prenatal care are concerned with ensuring good fetal growth and reproductive health. Beiranvand et al., (2017) any society's well-being and progress are directly dependent on women's health and pregnancy, and childbirth has a profound effect on the health of women (Striebich, 2018).

The fundamental goal of prenatal care is to ensure the mother and fetus has the best possible result. Failure to do so will have irreversible implications for both mother and infant in the coming years. The health of pregnant women should be a top priority in health care (Abedi et al., 2015).

It would be helpful for healthcare providers to have information on mothers' fear of childbirth in order to provide women who need it with more focused psychological support and an avenue for their fears to be addressed while they are pregnant, ultimately leading to better maternal and fetal outcomes (Wmhasow, 2018). Pakistan does not have a lot of statistics on this, especially among the educated women who make up a substantial portion of the population. During childbirth, 20% of pregnant women in developed countries are afraid, and 6% to 10% have a fear that is so bad it makes it hard for them to get around. This could have a negative impact on the health of both the mother and the baby. Pakistan lacks data on pregnant women's fear of childbirth, which might be used to improve the frequency and quality of routine prenatal care (Searle, 1996).

The Oxford dictionary defines well-being as "the condition of being comfortable, healthy, or joyful" with three dimensions of physical, emotional, and psychological well-being. Also, according to the Cambridge definition, it is "a state of well-being and happiness" (Dictionary, 2015). The World Health Organization uses the term "well-being" to refer to the physical, spiritual, and social aspects of health. Additionally, it uses the term "well-being" to define mental health as "a state of well-being in which each individual realizes their own potential, is capable of coping with normal life stresses, is capable of working productively and fruitfully, and is capable of contributing to the community" (Wmhasow, 2018).

Some circumstances may affect the health of the fetus and convert pregnancy into a high-risk pregnancy, causing stress on the mother (Medeiros & colleagues, 2016). Women's experiences of pregnancy, labor, and childbirth are multifaceted and can incorporate all sorts of sentiments, from bliss and fulfillment to uneasiness and frightfulness. For a few pregnant ladies, negative sentiments take over and they may create a fear of childbirth, which can have resulted in their prosperity and well-being (Niemen et al., 2017).

Research Questions

Q1: What is the level of fear of childbirth among pregnant women?

Q2: What kind of impact has fear of childbirth on psychological and general well-being (mental, physical and spiritual) among pregnant women?

Q3: What is the level of fear of childbirth among pregnant women with and without prior miscarriage/s?

Q4: How do the demographic differences have an impact on fear of childbirth, on psychological and general well-being (mental, physical and spiritual) among pregnant women?

Merial and Method

Design Participants

The current study aims to explore the impact of fear of childbirth on psychological and general well-being of pregnant women. This research was descriptive in nature. Pregnant women were studied in Rawalpindi/Islamabad gynecologist clinics for the research. A sample of 200 participants, including educated pregnant women, was selected. The current research information was gathered through Islamabad and Rawalpindi hospitals. A 200 sample of educated pregnant women was required from various gynecologist's clinics in Rawalpindi/Islamabad for this present study. The first step was providing information to participants about the research topic. Their queries and confidentiality were discussed while agreeing to participate in this research, the participants were providing an informed consent form. When participants were signed informed signed was provided a demographic form that included information regarding the name and trimesters of pregnant women. The second step was to give the pregnant who gives the General well-being scale (mental, physical, spiritual) and the Fear of Childbirth Questionnaire (FCQ) to the population to determine the impact of fear of childbirth on general well-being among pregnant women. The examiner was sit individually with every participant woman and read out the questions to her, with the form in front of them for ease of understanding.

Data Collection Tools

The following tools were used in data collection

The Questionnaire (FCQ)Fear of Childbirth The FCQ is a reliable psychometric tool for assessing fear of childbirth, and it is widely used. The FCQ assesses a wide variety of fears associated with the delivery and may help determine which fears should be treated specifically. The FCQ has 20 items its measure the fear of childbirth. FCQ is a 4-point Likert scale of 0(strongly disagree) and 3(strongly agree) (Katie Balling, et al., 2021)

General well-being scale (mental, physical, spiritual scale) Due to the developing interest in comprehensive well-being and well-being (Mental, Physical, and Spiritual), General Well-being Scale was created. This general wellbeing scale has 30 things and joins mental, physical, and otherworldly subscales. Ten things from every one of the three variables were chosen, decreasing the number of things from 66 to 30. Test-retest reliabilities went from 0.87 to 0.97. The discriminant legitimacy of the MPS was likewise investigated utilizing three-movement bunches selected as exceptionally physical (weight preparing) or profoundly mental (chess) or exceptionally spiritual. (Vella-Brodrick D. A.1994).

Data collection Procedure

The first step was providing information to participants about the research topic. Their queries and confidentiality were discussed while agreeing to participate in this research, the participants were providing an informed consent form. When participants were signed informed signed was provided a demographic form that included information regarding the name and trimesters of pregnant women. The second step was to give the pregnant who gives the General well-being scale (mental, physical, spiritual) and the Fear of Childbirth Questionnaire (FCQ) to the population to determine the impact of fear of childbirth on general well-being among pregnant women. The examiner was sit individually with every participant woman and read out the questions to her, with the form in front of them for ease of understanding.

Results

Table 1 shows the demography of the frequencies and percentages of the demographic variables. The sample consisted of pregnant women. The sample consisted of socio-economic status, upper, middle

the frequency and percentage of upper is 166 and 83% respectively. The frequency and percentage of the middle are 34 and 17% respectively. The sample also consisted of family systems: joint and nuclear systems. The frequency and percentage of joint families are 106 and 53% respectively. The frequency and the percentage of the nuclear family are 94 and 47% respectively.

Table 1 Characteristics of study variables (N=200)

characteristicsCategories		F	%
Scio/economics status	Upper	166	83.0
	Middle	34	17.0
Family system	Joint	106	53.0
	Nuclear	94	47.0

Table 2 Linear regression analysis of Fear of childbirth with well-being (mental, physical, spiritual) (N=200)

Variables		B	P	SE	
Mental well being	.046	.018	-.178	-2.551	.012
Physical well being	-.076	.037	-.146	-2.081	.039
Spiritual well being	-.029	.035	-.058	-.819	.414

Table 4 shows linear regression of variables in which the p-value of mental well being and physical well being is less than 0.05 so it is highly significant and the spiritual well being is greater than 0.05 so it is non-significant.

DISCUSSION

The goal of the study was to find out the impact of fear of childbirth on psychological and general well-being (mental, physical, spiritual) among pregnant women. A 200 sample of educated pregnant women was required from various gynecologist’s clinics in Rawalpindi/Islamabad for this present study. Data was collected through the purposive sampling technique. Participants’ age ranges from 20 to onward. A demographic form and research questionnaires were only given to those participants who show an interest. SPSS was used to analyze study data using descriptive statistics, correlation, and linear regression.

There would be a negative impact of fear of childbirth on psychological and general well-being (mental, physical and spiritual) among pregnant women and it is statistically significant with mental and physical but non-significant with spiritual well-being. An article by Mortazavi and Borzoez studies the negative impact of fear of childbirth on the mental and physical well-being of pregnant women. They investigated that, “Fear of childbirth is an unpleasant and common condition that negatively affects pregnant women’s emotions and undermines the process of natural changes that occur during this period (Mortazavi & borzoez,2019). In this study, well-being has been measured through physical, mental, and spiritual health. This paper studies that spiritual well-being has no significant impact on fear of childbirth among pregnant women. The main reason is the high association with religion. The population sample for this study is women from Pakistan where Islam is the most common religion. Due to religious beliefs, most pregnant women believe that being a mother is a role given to women by God so women should not fear the process of giving birth to a child. However, the study concludes that both mental and physical well-being is correlated with fear of childbirth among pregnant women. The fear of childbirth can negatively impact the mental and physical health of pregnant women and can induce depression and anxiety. The fear of childbirth affects the physical state of women and does not let me enjoy the ‘normal’ phase of life. The physical state can deteriorate not only the physical health of women but also the health condition of the fetus.

Thus, the fear of childbirth among pregnant women impacts their general well-being (physical and mental).

5.1 Conclusion

It is concluded that there is a high level of fear of childbirth in pregnant women and the impact of fear of childbirth on psychological and general well-being (mental, physical & spiritual) is negative. The results are significant for mental and physical well-being but non-significant with spiritual well-being. More research is required to explore the factors important to reducing the fear of childbirth. Planning and applying childbirth arrangement classes within the third trimester of pregnancy to advance their general well-being and control their fear of childbirth amid labor leads to a more satisfying birthing experience.

5.2 Suggestions and Limitations

The aim of this study was to find out the impact of fear of childbirth on general well-being (mental, physical, spiritual) among pregnant women. For this study, the sample was based on 200 pregnant women from Rawalpindi/Islamabad. For the improvement of this study, some suggestions are as follows. In the present study, data were taken only from educated women, a study can be improved by taking also uneducated women. In this study, the women only belong from Rawalpindi/Islamabad for more improvement the data can also take data from different areas' women. The study can also become better if more scales are used to measure the fear of childbirth among pregnant women. This present study, only work on some variables of well-being, the study can give better results if used more suitable variables to measure the impact of fear of childbirth on general well-being. The sample size is less in this study for more improvement in the study for future sample size must be increased the sample size of women with miscarriage can be increased for significant results. As we know the culture of cities is different for women from rural areas and the culture is affected psychological and general well-being (mental, physical spiritual) are very much so for the enhance the study data should also be collected from rural areas of Pakistan. In this present study, some specific demographic variables study can also be improved by using more demographic characteristics for better results. Women encounter different degrees of fear of childbirth during pregnancy. Giving mental bolster to pregnant women and utilizing psychological techniques aimed to decrease their fear of childbirth during pregnancy are highly recommended.

References

1. Abedi, P., Jorfi, M., & Afshari. (2015). Evaluation of the health promotion lifestyle and its Related factors in reproductive aged women in Ahvaz, Iran. *Community Health J.* 9, 68–74
2. Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51(6), 1173–1182.
3. Beiranvand, S., Moghadam, Z., Salsali, M., Majd, H., Birjandi, M., & Khalesi Z. (2017).
4. Prevalence of fear of childbirth and its associated factors in primigravid
5. women: A cross-sectional study. *Shiraz E-Medical J.* 18(11), 30-45
6. Cogswell, B. E. (1975). Variant Family Forms and Life Styles: Rejection of the Traditional Nuclear Family. *j. The Family Coordinator*, 24(4), 391 <https://doi.org/10.2307/583026>
7. Dictionary, Cambridge dictionaries online. Cambridge: Cambridge University Press; 2015.
8. Fisher, C., Hauck, Y., & Fenwick, J., (2006) How social context impacts on women's fears of Childbirth: A Western Australian example. *j. Social Science* 63, 64–75
- consequences. *Birth*. 30, 235–47
9. Hofberg, Kristina, & Brockington, I. F., (1 January 2000). "Tokophobia: an unreasoning
10. dread of childbirth". *British Journal of Psychiatry*. 176(1) 83–85
11. Katie, B., Gillian, H., & Kayleigh, S., ORCID Icon Received 18 Nov 2020, Accepted 06 May 2021, Published online: 24 May 2021
12. Medeiros, A.L, Santos, S.R, Cabral, W.L., Silva, P.G, Nascimento, N.M., (2016). Assessing

- nursing diagnoses and interventions in labor and high-risk. *j. pregnancies Revgaucha Enferm*, 37(3), 55-31
13. Mortazavi, F., & borzoe, F., (2019) Fatigue in pregnancy - The validity and reliability of the Farsi Multidimensional Assessment of Fatigue (MAF) Scale *Sultan Qaboos University Medical Journal*
 14. Mortazavi, F., & Agah, J. (2018) Childbirth fear and associated factors in a sample of pregnant Iranian women. *Oman medical journal*. 33(6), 497.
 16. Nieminen, K., Wijma, K., Johansson, S., Kinberger, E. K., Ryding, E.-L., Andersson, G., & Wijma B. (2017). *Severe fear of childbirth indicates high perinatal costs for Swedish women giving birth to their first child. Acta Obstetrica Et Gynecologica Scandinavica*, 96(4), 438–446
 19. Searle J. (1996) Fearing the worst – Why do pregnant women feel ‘at risk’? *Austria Obstetric Gynaecology*. 36, 279–86
 21. Vella-Brodrick, D. A., & Allen, F. (1994). Development and psychometric validation of the Mental, Physical, and Spiritual Well-Being Scale. *Psychological Reports*, 77(2), 659–674
 23. Wmhasow, b. (2018). Mental health: a state of well-being [cited mental health: a state of well-being]. *Mental health: a state of well-being*. <http://www.who.int/features/factfiles/>