

FACTORS ASSOCIATED WITH FEAR OF CHILD BIRTH AMONG PRIMARY GRAVIDA WOMEN IN PESHAWAR

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Abstract

Introduction: Childbearing is one of the most common physiological phenomena in a women's life which is closely associated with fear and anxiety. The whole process of gestation and childbirth has significant physical and emotional effects which may produce certain risks and complications for both mother and child. Therefore, recently mother and child health care has been focusing on childbirth-related complications and risks for both mother and child. Statistics and prevalence regarding fear of childbirth among primary gravida women vary around the globe.

Objectives: To determine the factors associated with fear of childbirth among primary gravida women in Peshawar.

Methodology: A cross-sectional study was conducted in the Gynecology ward and labor Rooms of Lady Reading Hospital Peshawar Khyber Pakhtunkhwa. Data was collected from overall, 360 participants using a validated questionnaire. Data from all included participants were collected following the consecutive sampling technique. Data were analyzed using SPSS version 24.

Results: Data was collected from 360 participants, the mean age of the participants was 27.42 years. The majority (34%) of the participants were illiterate. Nearly half (47.2%) participants have reported family income as inadequate. The majority (70.6%) of the primary gravida mothers were experiencing severe fear of childbirth, 17.8% primary gravida mothers were experiencing moderate fear while 11.7% mothers were experiencing mild fear. Age ($P=0.018$), Education ($P=0.000$), residence ($P=0.000$), income ($P=0.000$), and Miscarriage ($P=0.01$) of the primary gravida women significantly associated with fear.

Conclusion: The findings of the study revealed that the women experiencing fear of childbirth. Certain factors which contribute to fear were pain, episiotomy, a problem during labor and delivery, unfriendly staff during labor and delivery, reproductive health problems, and cesarean section prevalent among primary gravida women. Age, Education, residence, income, and Miscarriage of the primary gravida women are significantly associated with fear in primary gravida women.

INTRODUCTION

1.1 BACKGROUND OF THE STUDY:

Childbearing is one of the most common physiological phenomena in a women's life which is closely associated with fear and anxiety. The whole process of gestation and childbirth has significant physical and emotional effects which may produce certain risks and complications for both mother and child. Therefore, recently mother and child health care has been focusing on childbirth-related complications and risks for both mother and child. Statistics and prevalence regarding fear of childbirth among primary gravida women vary around the globe. Fear of childbirth in expected mothers and their families are common health care concerns which usually prevalent in mothers before delivery even after delivery (1,2).

Childbirth and pregnancy are valued times in a lady's life. Pregnancy, for most women, ought to be a time of extraordinary joy and satisfaction. Anyhow, labor and delivery is the most extreme experience for a woman undergoing labor and delivery, so it is justifiable that numerous women are apprehensive about labor. The fear related to pregnancy is known as tokophobia. It is characterized as an exceptional condition of tension that drives a few women to fear labor and thusly to maintain a strategic distance from pregnancy notwithstanding frantically needing a newborn baby (3).

The intense fear of labor and delivery is common in the huge number of women which is linked with stress, tension, and emotional distress among women (4,5). That's the reason that majority of the women choose elective cesarean section as a mode of delivery to bypass this painful process. In recent years, the cesarean section rate worldwide has increased in which the proportion rate of elective cesarean section is very high (6,7).

The prevalence of fear, anxiety and stress has been found common among the different populations across the developing countries of the world that ranges from 18-80%. This fear is not only affecting the mothers but it also affects the child and other family members in terms of having better decisions towards normal delivery or caesarian sections (8). Similarly, fear among women due to childbirth can lead to severe circumstances and may result in complicated

labor and delivery, maybe a barrier in mother and child relationship, and post-partum depression (9).

Fear of childbirth among women is more in low and middle-income countries. This is due to the increased mortality rate and morbidity rate related to childbirth and pregnancy. That's why considering the complications and increase mortality rate among intra and post-partum period the women experience more fear and anxiety (10). Similarly, the developed countries provided good health care facilities to the women in the antenatal period as compared to the developing or low and middle-income countries which provide a sense of satisfaction to the women in pregnancy (11).

The Pakistani government is trying its level best to create awareness among women regarding maternity complications. Despite all these efforts, maternity services lacking important components to achieve their desired goal. Dependency on rich people, lack of education, poverty, and unavailability of health care services are some of the factors that contribute to poor maternal health in Pakistan (12).

In the cities, and developed area in Pakistan provides essential facilities to the women in maternity period. But in rural areas still the women in the maternity period facing maternal complications due to the unavailability of facilities and equipment. That's the reason that majority of the women in the maternal period had poor knowledge regarding the complications and their effect on their health (13).

The maternity population in Pakistan needs low-costs and good facilities to achieve their good health during the pregnancy process. Improvements in the health care system are needed to provide good health care facilities to the woman and to achieve Millennium Development Goal. Besides, the Pakistani government is utilizing 3.6 billion dollars in providing necessary equipment such as ambulances and other equipment to support the population (14).

Fear of childbirth and anxiety in pregnant women may cause many obstetrical complications like forceps deliveries, preeclampsia, and prolonged and precipitated labor, fetal distress, and preterm labor, manual removal of the placenta, postpartum hemorrhage, and childbirth abnormalities. The most common reason for cesarean section is fear of labor pain in primary gravid women. This practice has been

increasing because women wish for it to relieve labor induces pain (15).

As for as compilations of fear related to childbirth are concerned, the most complication of fear of childbirth in women is premature delivery of cesarean section. In addition, fear in women in pregnancy is associated with difficult or obstructed labor and delivery (16). These complications are not only limited to the obstructed delivery and labor but also associated with severe depression and anxiety. Besides, premature delivery is also on the list of complications related to fear of childbirth among women (17,18).

Fear of childbirth among women also affects the cognitive and psychological aspects of the women. Psychological aspects are associated with the prevalence of mental health problems among women of childbearing age. Besides, Quality of Life (QOL) is also affected by the fear of childbirth which covers broad aspects of the life of women. In the same way, fear of childbirth affects the parenting capability of women and spouse relationships (19-21).

Around the world women give birth to a child in different circumstances which are commonly regarded as a natural process, these women expect a definite level of services which is greatly relied on a huge amount, social-economic support, and behavioral factor related to their birth experiences (22).

Pain during labor, unfriendly staff, negative mood, child-related problem decisional conflicts, lack of knowledge, and certain other parameters including economical background and cultural influences are considered as an associated factor and causes with the fear of childbirth (23). Pain and unknown experience of labor and delivery lead to fear in mothers. Besides, lack of maternal adjustment with the newborn baby, family, and daily life activities is also the most common cause of maternal fear due to childbirth (24,25).

The literature highlighted some of the factors lead to lead to fear of childbirth among women are not feeling confident about childbirth, fear of pain due to delivery, childbirth process, complication after delivery, fear of unexpected surgical procedure such as cesarean section and transition phase after delivery. Although, fear of childbirth is common among all women the prevalence of fear is more in women with primigravida (26).

Fear of childbirth is also related to the number of pregnancies and number of children. In the primary gravida women, the intensity of fear is more as compared to the women who had multiple pregnancies. Pregnancies enable the women used to childbirth and they have much experience as compared to the women undergoing the primary pregnancy. In the same way, the women coping strategies and care of family members are also playing important role in reducing the fear of childbirth among primipara women (27).

The literature highlighted the adverse effects of fear among the women especially the women who are undergoing their first pregnancy. Specific interventions in the antenatal period are very important and useful in eliminating the level of fear. Fear is linked with the physical, emotional, and mental well-being of women. Counseling, educating the women regarding the effective management of labor and delivery, support of friends and family, support of husband, good and supportive behaves of health care members, regular antenatal checkups, pre-visit of health care setups, and guiding through an experience women are some ways to reduce the fear of childbirth in primigravida women (28-30).

An interventional study conducted in India has reported that 92% of pregnant women experience fear of childbirth before the educational and assessment intervention (8). Another piece of literature from Iran has reported that around 59% of pregnant women have fear of childbirth (31). Approximately 34% of the pregnant women in Iran wish to deliver by cesarean section due to the fear of labor pain. Studies identified that childbirth-related fear may reduce effectively through providing health education to childbearing women (32,33).

1.2 SIGNIFICANCE OF THE STUDY:

Fear of childbirth is the most prevalent problem women face in the maternal period. Statistically, the primary gravida women more fear and consequences as compared to the women face in multi gravida. All these complications lead to an increased level of complications and well increase mortality (211/100000) in pregnant women. Studies suggested that pregnant women in Pakistan experience fear of childbirth. They experience fear of delivery, cesarean

section, fear of death during delivery about the gender of the baby (34).

In Pakistan, the health care services are not according to international standards and maternal health problems are ignored in a different context. Similarly, in our context issues are needed to be highlighted with the help of research studies and to address these issues. This study may have a very vast implication on the health care system and the maternal population. The findings of this study will not only benefit the maternal group but also help the health care workers, health study, and economy of the country.

1.3 RATIONALE OF THE STUDY:

Information on fear of labor among antenatal women would help health care experts to offer focused on mental help to those women who require it and a chance to reduce fears of labor during pregnancy itself, in this way improving maternal and fetal results. Similarly, there is a lack of literature regarding factors associated with fear of childbirth among primigravida women, particularly among Peshawar women who contribute essentially to the nation's population. In this way, it was chosen to survey the fear of childbirth labor primipara women benefiting antenatal consideration administrations in Khyber Pakhtunkhwa Pakistan.

According to the literature review, there is limited attention has been paid to investigate the factor and causes related to childbirth fear primary gravid women. This present study will redress this gap through the use of finding assess the factors and causes associated with fear of childbirth among primary gravida women in Khyber Pakhtunkhwa.

1.4 OBJECTIVES OF THE STUDY:

The following is the objective of the study:

- To determine the factors associated with fear of childbirth among primary gravida women in Peshawar.

1.5 OPERATIONAL DEFINITIONS:

Primary Gravid Woman:

A primary gravida woman in this study is defined as a woman who has pregnancy for the first time.

Fear:

Fear in this study is defined as the feelings of danger, trauma, pain, or threat perceived by pregnant and

primary gravida women during the process of childbirth. Fear among the primary gravida women will be accessed using a standard questionnaire.

Childbirth:

Childbirth is a normal process in which a woman gave birth to a child.

Factors:

In this study factors for fear of childbirth is Pain, rupture, fear of dead child delivery, problems in taking care of the child, child injury during delivery, prolong childbirth, unskilled staff, etc. are some of the factors related to childbirth among primary gravida women.

1.6 SUMMARY:

The current chapter highlighted background literature regarding the fear of childbirth among women. National level, international level Information, and global statistics have been provided in the current chapter. Objectives of the study, operational definitions, the significance of the study, and the rationale of the study have been discussed in the current chapter.

LITERATURE REVIEW

2.1 INTRODUCTION:

The current chapter is consisting of an extensive literature review of the problem. This chapter is consisting of search strategies utilized for literature, review methodology, research search engines, and inclusion and exclusion criteria of literature search. Besides, it further consists of Literature on a national and international level. The gap analysis will also be provided in the last of this chapter.

2.2 SEARCH STRATEGY:

The literature review is the most important step in conducting a research study. For the current study literature was searched and reviewed using narrative review and in-depth review. Narrative review best summarizes the key findings of the research articles and provides summarized results of research articles. Research studies were retrieved from three research engines. PubMed, CINHALL, and Google scholar were used for searching research articles. The basic purpose of the literature search was to search research articles that cover the aims and objectives of the current study. Several limitations were considered while searching

the literature. Most studies published within five years were included in the study except few articles. Full text articles were included in the literature search. Research studies published other than the English language were excluded from the literature search. Initially, broad terms were searched separately such as "Factors", "Fear of childbirth", "primary gravida". After that, the search was narrowed to the actual topic of the study "Factors associated with Fear of childbirth among primary gravida women". Once all the articles were retrieved, all were checked for inclusion and exclusion criteria. The articles which did not fulfill the inclusion criteria were excluded from the literature search.

2.3 CRITICAL REVIEW ANALYSIS:

Fear of childbirth was assessed in a study. The findings of the study estimated that twenty percent of the women reported fear of delivery, severe fear was reported by 6% to 10% women while (35). Similarly, another study was carried out to estimate the level of fear of childbirth among women. Overall, fear of childbirth was reported among 45.4% of women. Religion, type of family, and education status were significantly associated with the level of fear (26). In addition, a study was conducted, the study reported that fear of childbirth is the most important health problem among women. The findings of the study estimated that 10.3% of women in the antenatal period experience low degree fear of childbirth, a moderate degree of fear related to childbirth was reported among 39.8% of women, high level of fear was reported in 25.3% of women and severe fear of childbirth was reported in 24.5% women (36).

In the same context, another cross-sectional study was conducted to estimate the fear of childbirth in mothers during pregnancy. The study reported that 22% of the mothers in mid-pregnancy and 19% of women in late pregnancy experience fear. Overall, in all phases of pregnancy, the majority of the women feel fear at the last stage of pregnancy (37).

Similarly, another study was conducted. The study reported that 54% of women in pregnancy experience severe fear of childbirth, while 20% of women experience mild and 26% of women experience moderate fear of childbirth (38). Also, a study in Iran reported a high prevalence (80.8%) of fear of childbirth among women. Fear of childbirth among

women was strongly associated with the level of education and parity (39).

In the same context, another study also provided similar findings and revealed that the majority (82.6%) of the women and 52.3% of the partners feel fear of cesarean section during delivery. In addition, some other factors such as parity, financial status, the experience of previous birth, mode of delivery affect the level of fear of childbirth among women were also reported. Also, a strong association was found between fear of childbirth and socio-demographic variables such as age, educational status, parity, financial status, and mode of delivery (40).

In addition, complication during antenatal phase linked with fear of childbirth among pregnant women was accessed in a cross-sectional study. The study reported psychiatric disorders, depression, mental issues, and eating problems related to fear of childbirth among women. (41). In the same context, another study was carried out to highlight the effect of fear of childbirth on pregnancy. The study identifies that the effects are broad and fear not only affects the mother but also affects the baby (42).

In addition, another study was carried out to identify the association of anxiety with fear of childbirth in women. Anxiety was significantly associated with fear of childbirth in women ($P=0.002$). Certain factors that contribute to anxiety among childbirth women were primipara (36%), previous complicated pregnancy (46%), lack of trust in the health care staff (73%), low self-confidence (65%), the pain of labor and delivery (44%) and fear of death of mother or infant (55%) (43).

Similarly, a study was conducted to estimate the relationship between fear of childbirth among women and anxiety level. The study highlighted the association of fear of childbirth and anxiety and reported that overall fear of childbirth was prevalent among 41.1% of women whereas the fear was reported in 49.4% nulliparous mothers and 50.6% among multigravida women. There was a strong correlation ($P=0.1$) between fear of childbirth and anxiety estimated among women (44).

Factors related to fear of childbirth among women were highlighted in a study conducted by Avita Rose et al. the study reported that factors such as fear of childbirth process, lack of confidentiality about childbirth, fear of labor and delivery pain, and fear of

cesarean section if the mode of delivery changed. Fear was reported high in primipara women and the women who have no live baby (26).

In the same context, a study was conducted to describe the factors that contributed to fear of childbirth. The findings of the study revealed that pain during labor, unfriendly staff, negative mood, child-related problem decisional conflicts, lack of knowledge, and certain other parameters including economical background and cultural influences are considered as an associated factor and causes with the fear of childbirth (23).

Similarly, some factors such as unplanned pregnancy, recent pregnancy with complications, poor social support from the family, partner, and friends, and primary pregnancy were reported by a study. Among all these factors, complications in current pregnancy and poor support from the family members, husband, and friends were significantly associated with severe fear of childbirth among women (45).

Some of the factors of fear of childbirth among women were highlighted in a study. The findings of the study revealed factors such as poor financial status of the participants, no participants of the women in the preparation classes, and preference of normal vaginal delivery strongly associated ($P=0.001$) with fear of childbirth among women (40).

In the same context, a study explored the fear of childbirth among women and the factors that contribute to the fear of childbirth among women. The findings of the study revealed that overall 89.3% of women experience fear of childbirth during pregnancy for which the most commonly reported factors are low level of education, awareness of the delivery process, gravida, income status, care provided in pregnancy, and premature labor and expected mode of delivery (46).

In addition, studies identify several ways to reduce the fear of childbirth among mothers. The findings of the study revealed that Pain and unknown experience of labor and delivery lead to fear in mothers. Besides, maternal adjustment with the newborn baby, family, and daily life activities is also the most common cause of maternal fear due to childbirth but psychotherapy of mothers and proper counseling may help in overcoming the fear of childbirth among mothers (24,25).

In the same context, studies provide guidelines to eliminate the fear of childbirth among mothers. Some

guidelines such as counseling of mothers regarding the effective management of labor and delivery, educating the women regarding the effective management of labor and delivery, support of friends and family during the antenatal phase, support of husband in the antenatal period, good and supportive behavior of health care members during hospital checkups, regular antenatal checkups, pre-visit of health care setups and guiding an experience women are headful to reduce fear of childbirth in primigravida women (28–30).

Similarly, another study conducted by Aynue Kizilirmak and Muruvvet Bader identifies the effect of educational interventions and the level of fear among primigravida mothers. The findings of the study revealed that educational intervention has a significant effect on the reduction of fear of childbirth among mothers. The level of fear decreases and the fear scores after education decreased from 61.1 to 42.0 (8).

In addition, another study also highlighted the importance of educational interventions and the findings of the study revealed that role play and health education help a lot in the elimination of fear of childbirth among women. Health education was effective 75% ($P=0.007$) while role-play was reported effective 100% ($p=0.000$) in terms of elimination of fear of childbirth among women (31).

In the same context, a study conducted in Pakistan explored the fear of childbirth among pregnant women. The findings of the study revealed that the women experience moderate fear of childbirth. However, they experience fear of delivery, cesarean section, fear of death during delivery about the gender of the baby (34).

Similarly, another study conducted in Pakistan also estimated fear of childbirth among pregnant women. The study highlighted severe fear delivery among primary gravida mothers. Furthermore, there was a significant association between the level of fear and low education status ($P=0.003$) (47).

2.4 GAP ANALYSIS:

Enough literature was available on factors that contribute to fear of childbirth among primary gravida women. The majority of the articles highlight the factors that contribute to fear of childbirth among primary gravida women. Most of the articles were

published in international journals and conducted in developed and developing countries. Almost, all the articles highlighted low income, age, fear of pain, fear of no support from family, friends, and health care staff, education status, fear of tear or episiotomy, fear of health problems during labor and delivery, and reproductive health problems. Limited literature was found in Pakistan regarding the factors that contribute to fear of childbirth among primary gravida women. Not a single study was retrieved during literature in which factors that contribute to fear of childbirth among primary gravida women were highlighted in Khyber Pakhtunkhwa province.

2.5 SUMMARY:

In the current chapter, a literature review has been provided following the standard guidelines. Initially, the literature review methodology including literature search methods, research engines used for literature search, inclusion and exclusion criteria of the articles has been discussed. Literature from the national and international levels was reviewed. At the last, gap analysis identified during the literature review has been provided.

METHODOLOGY

3.1 INTRODUCTION:

This chapter is consisting of the overall methodology used for the research project. The methodology chapter is consisting of research study design, study setting, study duration, inclusion and exclusion criteria of the included participants in the study. Furthermore, sample size, sampling technique, data collection procedure, and ethical consideration will also be part of the current chapter.

3.2 STUDY DESIGN:

This was a descriptive cross-sectional study conducted in Peshawar Khyber Pakhtunkhwa.

3.3 STUDY SETTING:

The study was conducted in the obstetrics & gynecology ward and labor Rooms of Lady Reading Hospital (LRH) Peshawar Khyber Pakhtunkhwa. LRH is a tertiary care hospital situated in Peshawar, providing health care facilities to the huge population of Khyber Pakhtunkhwa.

3.3.1 STUDY DURATION:

The study was carried out six months after the initial approval of the university, Khyber Medical University (KMU). The study was the requirement of a Master's degree in Nursing and was carried out from November 2020 to April 2021.

3.3.2 SAMPLE SIZE:

The sample size was calculated through the OpenEpi sample calculator. With a 95% confidence interval, 5% margin of error, and previous proportion of 36.7% the anticipated sample size was calculated 357. Data will be collected from 360 participants.

The following parameters were comprised while calculated the sample size for the study:

- Population size (for finite population correction factor or fpc) (N): 1000000
- Hypothesized % frequency of outcome factor in the population (p): 36.7% \pm 5
- Confidence limits as % of 100 (absolute \pm %) (d): 5%

• Confidence Interval: 95%

• Sample Size: 357

3.3.3 SAMPLING TECHNIQUE:

Data was collected in the obstetrics & gynecology ward and of Lady Reading Hospital (LRH) Peshawar. A consecutive sampling technique was used to select the participants. All the participants who visited the obstetrics & gynecology ward and who fulfill the inclusion criteria were selected consecutively.

3.4 SAMPLE SELECTION:

3.4.1 INCLUSION CRITERIA:

The following participants were included in the study:

- Primary gravid women
- Over gestation of 34 weeks
- Single Fetus
- No indication for Cesarean delivery
- Uncomplicated Pregnancy

3.4.2 EXCLUSION CRITERIA:

- Women with High-risk pregnancies and terminally ill women were excluded from the study.

3.5 DATA COLLECTION TOOL:

Data were collected using an adapted questionnaire regarding the factors associated with fear of childbirth among women in pregnancy. The questionnaire was adopted by Melender et al, and certain changes were made in the questionnaire. The reliability and validity of the questionnaire was checked. To check the validity, the questionnaire was checked from six experts, and the reliability of the tool was accessed by conducting a pilot study with a 10% sample. The Cronbach alpha of the tool was calculated at 0.91. The Content Validity Index of the tool was calculated as 0.896.

The questionnaire was divided into two sections. Section "A" was consisting of socio-demographic variables such as age, education status, occupation, husband education, kind of house, residence, Family income adequacy for living, antenatal class attendance, and the number of miscarriages, and Gestational Age in weeks.

Section "B" was consisting of 25 questions regarding factors associated with fear of childbirth among primary gravida women. Section "B" was further divided into five sub-sections as Childbirth, Child's and Mother's Well-Being, Health Care Staff, Family Life, and Cesarean Section. All the questions in section "B" was answered in a 4-point scale (1 = agree, 2 = agree to some extent, 3 = disagree to some extent, 4 = don't agree). The level of fear was calculated as mild fear (Score Less than 50%), moderate fear (Score 50 to 75%), and severe fear (Score more than 75%).

3.6 DATA COLLECTION PROCEDURE:

Overall, 360 women were included in the study. All the participants were selected in the study from the obstetrics & gynecology ward and labor Rooms of Lady Reading Hospital (LRH) Peshawar Khyber Pakhtunkhwa. Initially, approvals of data collection were granted from the university and hospital director of the concerned hospital. The aims and objectives of the study were also shared with the head of the department of obstetrics & gynecology ward and labor Rooms. The primary investigator collected the data in morning shifts. All the participants who fulfill the inclusion criteria were included in the study. Before data collection, the aims and objectives were shared with the participants, and consents were granted. The participants were assured that the study will not harm

or gave any benefit. Participants were selected conveniently.

3.7 DATA ANALYSIS:

The data were statistically analyzed using SPSS version 24.0. Mean and standard deviation was calculated for continuous data (age), while frequencies and percentages were calculated for categorical variables (educational status, socioeconomic status, etc.). The analyzed data were presented in the form of tables, graphs, and figures. Chi-square test was applied to find the association of level of fear with socio-demographic variables and factors that contributes to fear of childbirth.

3.8 ETHICAL APPROVAL AND ETHICAL CONSIDERATION:

Several approvals were granted from different concerned departments. Initially, the topic was approved by the graduate committee of the Institute of Nursing Sciences (INS), after that the study was presented in ASRB and approved. Ethical approval was granted from Ethical Review Board (ERB) KMU before data collection. Data collection approval was granted from the hospital director of Rooms of Lady Reading Hospital (LRH) Peshawar Khyber Pakhtunkhwa and head of the department of obstetrics & gynecology ward and labor Rooms. Aims and objectives were clearly explained to the participants and consents were granted before data collection. The participants were clearly explained that the study will not give them any harm and the data will be shared with the supervisor and even published if needed. To ensure the confidentiality of the study participants, data were collected in a separate room. On completion of data, all the data was saved in a password-protected folder.

3.9 SUMMARY:

In this chapter, the overall methodology used for the research was explained. This chapter has highlighted study design, study setting, sample size, sampling technique, inclusion and exclusion criteria, study procedure, study tool, and ethical consideration.

RESULTS**4.1 INTRODUCTION:**

This chapter is consisting of the overall findings of the study. Frequencies and percentages will be calculated for every variable. Overall, findings will be divided into sections including socio-demographic variables, fear of child birth, and association of socio-demographic variables with the level of fear. All the findings will be displayed in tables and figures.

4.2 SOCIO-DEMOGRAPHIC:

Overall, 360 participants were investigated in the study. The mean age of the participants was 27.42 with SD 8.12 years. The minimum age of the participants was 18 years while the maximum age of the participants was 35 years.

More than half (52%) of the participants were from the age group 20 to 30 years, followed by 30 years (35%) and only 13% of the participants were from the age group of fewer than 20 years, results shown in Figure 1, Table 1.

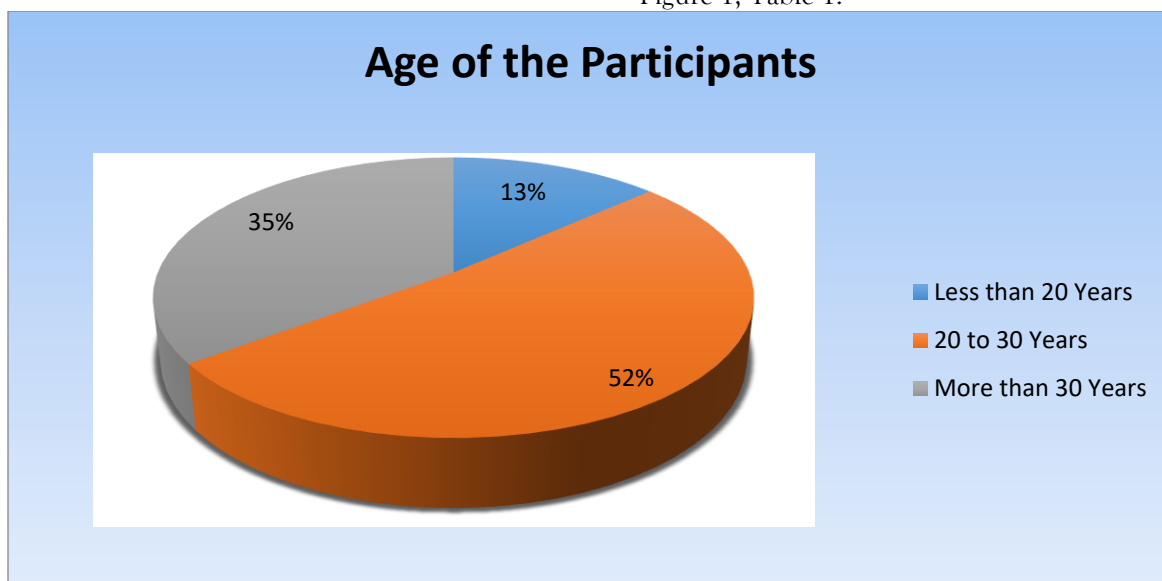


Figure 1: Pie-Chart depicting the age of the participants.

The majority (34%) of the participants were illiterate, 25% of the participants were educated to college level, 16% participants were educated to primary level, 15% of the participants were educated to secondary level

while only 10% of the participants were having university level of education, results displayed in Figure 2, Table 1.

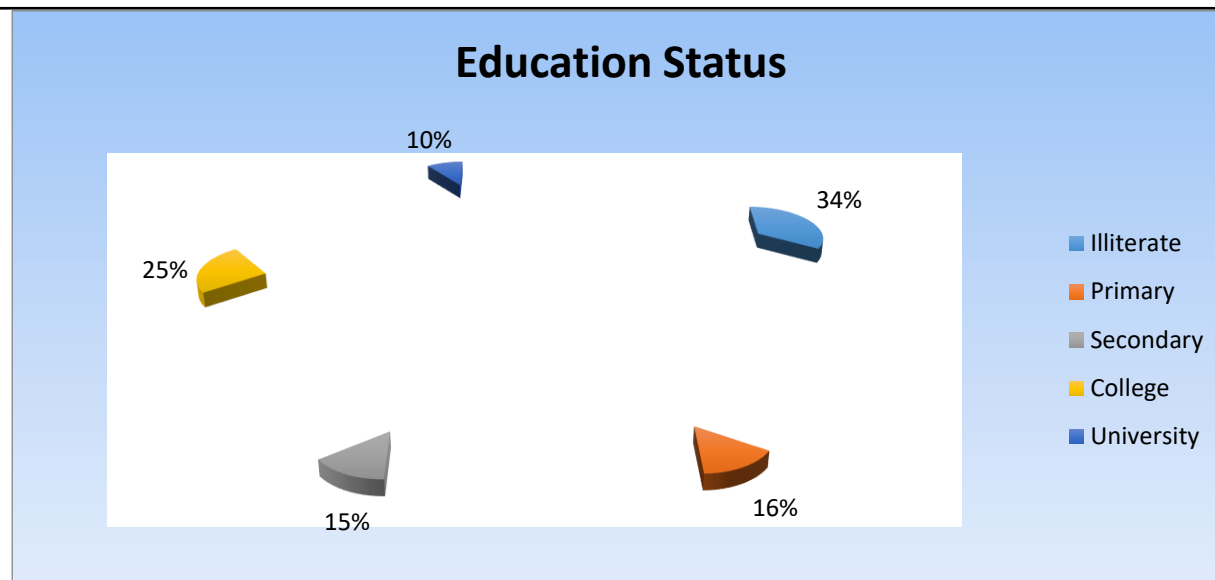


Figure 2: Pie-Chart depicting the Education Status of the participants.

228 women out of 360 were housewives while 132 women were employed in a different area, results shown in Figure 3, Table 1.

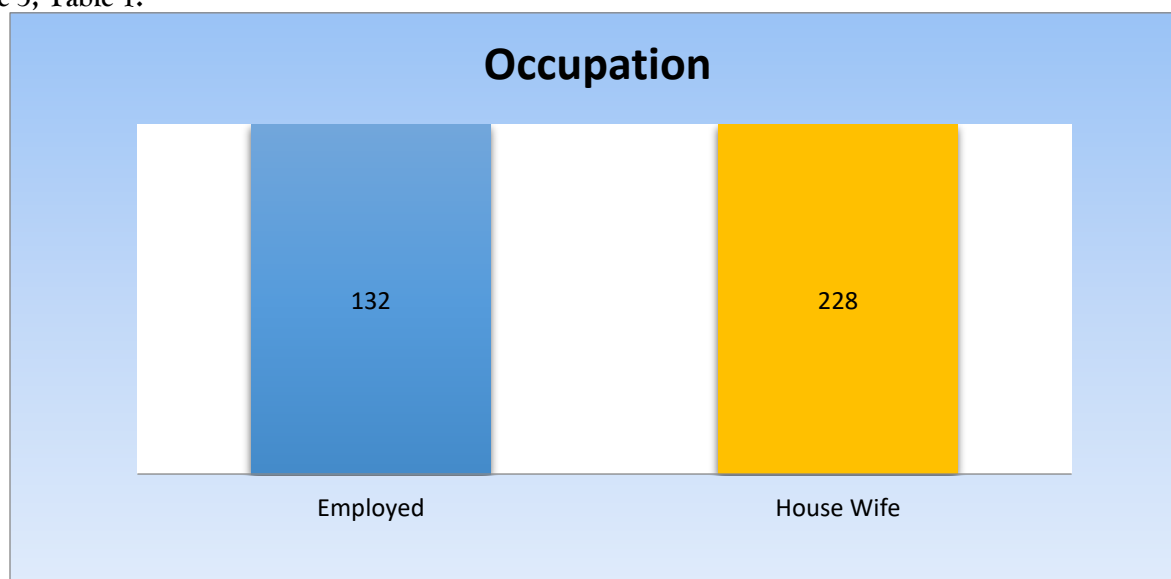


Figure 3: Bar-Chart Depicting Occupation of the participants.

Participants were inquired regarding their family income. Nearly half (47.2%) participants have reported family income as inadequate, 39.4%

reported that their family income is adequate while 13.2% of women reported that they have savings, findings shown in Figure 4, Table 1.

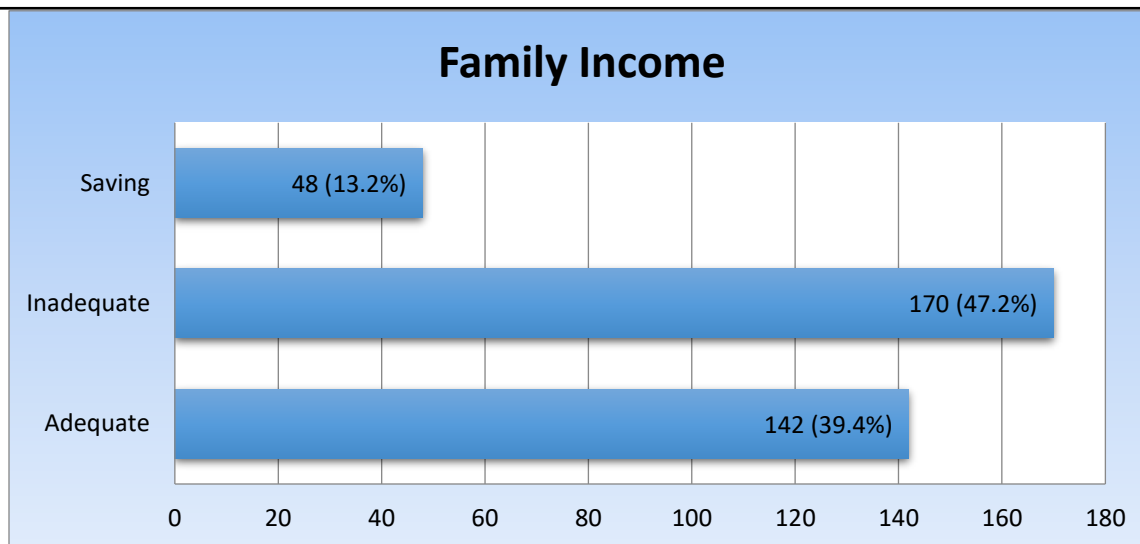


Figure 4: Bar-Chart Depicting Family Income of the participants.

The majority (87.8%) of the study participants were belonging to a joint family while the remaining 12.2% were living in nuclear families. 79.7% of women were from urban areas while 20.3% were from rural areas. The majority (79.2%) of the women have no miscarriages, while 12.5% and 8.3% of women were

experienced one and more miscarriages respectively. The majority (65%) of the participants was gestational age 30-34 weeks and 35% women in gestation age of 35-40%, findings shown in Table 1.

Table 1: Socio-Demographic Profile of the participants, n=360

	Frequency	Percent	Valid Percent	Cumulative Percent
Age of the Participants				
Less than 20 Years	48	13.3	13.3	13.3
20 to 30 Years	185	51.4	51.4	64.7
More than 30 Years	127	35.3	35.3	100.0
Education Status of the Participants				
Illiterate	122	33.9	33.9	33.9
Primary	57	15.8	15.8	49.7
Secondary	54	15.0	15.0	64.7
College	91	25.3	25.3	90.0
University	36	10.0	10.0	100.0
Occupation of the Participants				
Employed	132	36.7	36.7	36.7
House Wife	228	63.3	63.3	100.0
Type of Family of Participants				
Joint Family	316	87.8	87.8	87.8
Nuclear Family	44	12.2	12.2	100.0
Residence of the participants				
Rural	73	20.3	20.3	20.3
Urban	287	79.7	79.7	100.0
Family income of the participants				
Adequate	142	39.4	39.4	39.4

Inadequate	170	47.2	47.2	86.7
Saving	48	13.3	13.3	100.0
Number of Miscarriages				
None	285	79.2	79.2	79.2
One Miscarriage	45	12.5	12.5	91.7
More than one Miscarriages	30	8.3	8.3	100.0
Gestational Age of the Participants				
30-34 Weeks	234	65.0	65.0	65.0
35-40 Weeks	126	35.0	35.0	100.0

The majority (32%) of the women reported that their husband is educated to secondary level, 25% reported primary level education of their husband, 19% reported that their husband is educated up to college

level, 8% stated that the education level of their husband is up to university level, while 16% women reported that their husbands are illiterate, results shown in Figure 5.

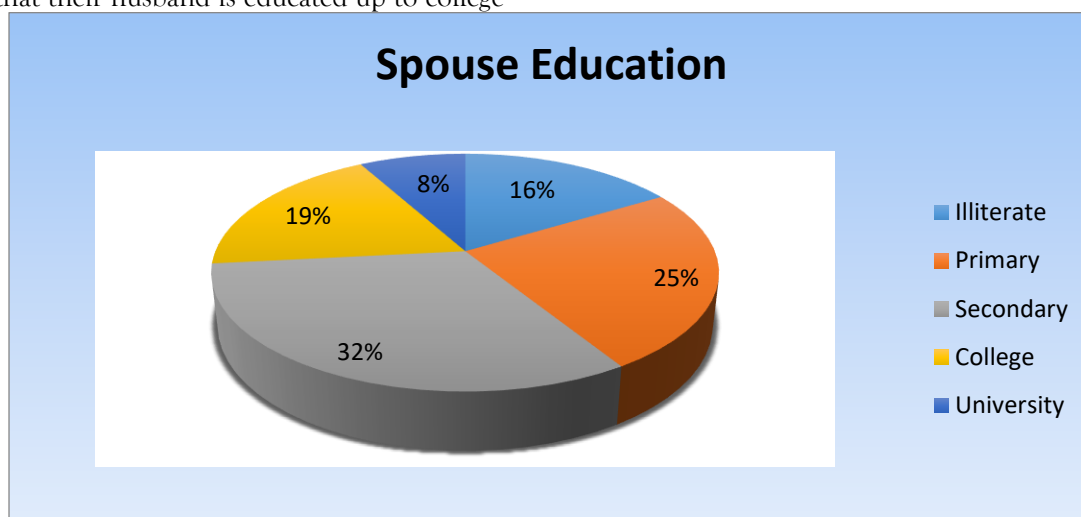


Figure 5: Bar-Chart Depicting education level of their spouse.

The majority (60%) of the study women were reported that their husbands are employed, 27% of women reported that their husbands have their own business

while 13% of women reported that their husbands are unemployed, findings shown in Figure 6.

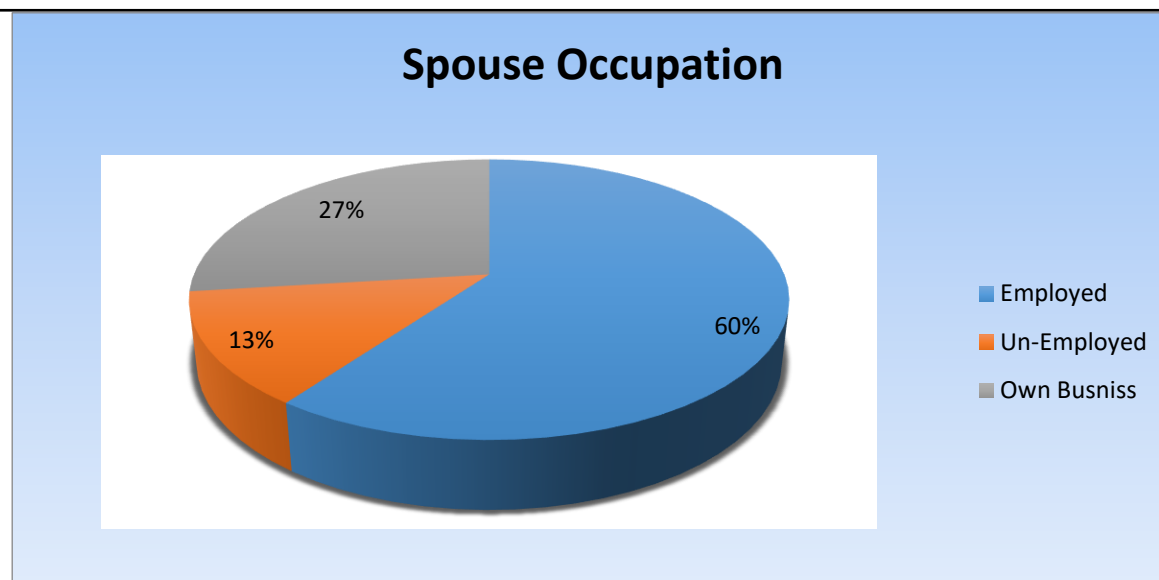


Figure 6: Pie-Chart Depicting Spouse occupation of the participants.

4.3 CHILDBIRTH:

The majority (77.8%) of the women responded that they afraid of pain in childbirth, while 12.2%, 5%, and 5% of participants were agreed to some extent, disagree to some extent, and disagree that they are afraid of pain in childbirth. More than half (51.1%), 29.4%, 11.7%, and 7.8% of participants were reported that they agree, agree to some extent, disagree to some extent, and disagree with the statement "I am afraid of painful injection during labor". Similarly, 63.9%, 25.6%, 5.8%, and 4.7% of women agreed, agree to some extent, disagree to some extent, and disagree regarding the fear of prolonging childbirth. The majority (57.8%), 18.6%, 14.7%, and 8.9% women agreed, agree to some extent, disagree to some extent, and disagree regarding the fear of panic during childbirth. In addition, 37.2%, 44.7%, 10.3%, and 7.8% of women agreed, agree to some extent,

disagree to some extent, and disagree that they were afraid of incompetent parturient. 69.7%, 13.6%, 9.7%, and 6.9% of women agreed, agree to some extent, disagree to some extent, and disagree that they are afraid of lacerations and rapture. In the same context, 76.9%, 11.7%, 8.6%, and 2.8% of women agreed, agree to some extent, disagree to some extent, and disagree with the statement "I am afraid of episiotomy". 82.2%, 8.9%, 5%, and 3.9% of women agreed, agree to some extent, disagree to some extent, and disagree that they are afraid of being unable to breathe and push correctly. The majority (78.1%), 8.6%, 7.2%, and 6.1% of the women agreed, agree to some extent, disagree to some extent, and disagree that they have fear of leaving the hospital, not at right time, Findings shown in Table 2.

Table 2: Factors contributes to childbirth among primary gravida mothers, n=360

		Agree	Agree to Some Extent	Disagree to Some Extent	Disagree
I am afraid of pain in childbirth	f	280	44	18	18
	%	77.8%	12.2%	5.0%	5.0%
I am afraid of painful injection during labor	f	184	106	42	28
	%	51.1%	29.4%	11.7%	7.8%
I am afraid of prolong childbirth	f	230	92	21	17
	%	63.9%	25.6%	5.8%	4.7%

I have fear to be Panic during childbirth	f	208	67	53	32
	%	57.8%	18.6%	14.7%	8.9%
I am afraid of incompetent parturient	f	134	161	37	28
	%	37.2%	44.7%	10.3%	7.8%
I am afraid of lacerations/rupture	f	251	49	35	25
	%	69.7%	13.6%	9.7%	6.9%
I am afraid of episiotomy (Minor Surgery)	f	277	42	31	10
	%	76.9%	11.7%	8.6%	2.8%
I am afraid of being unable to breathe and push correctly	f	296	32	18	14
	%	82.2%	8.9%	5.0%	3.9%
I have fear of leaving hospital not at right time	f	281	31	26	22
	%	78.1%	8.6%	7.2%	6.1%

4.4 CHILD'S AND MOTHER'S WELL-BEING:

The majority (75%), 15%, 6.1%, and 3.9% of women agreed, agree to some extent, disagree to some extent, and disagree that they have fear of delivering a dead child. Similarly, 60%, 25.6%, 8.3%, and 6.1% of women agreed, agree to some extent, disagree to some extent, and disagree that they are afraid of child injury during birth. The majority (61.9%), 14.2%, 13.9%, and 10% women agreed, agree to some extent,

disagree to some extent, and disagree that they are afraid of a sick baby. More than half (55.3%), 16.7%, 16.1%, and 11.9% of women agreed, agree to some extent, disagree to some extent, and disagree that they are afraid of problems during pregnancy. Similarly, 60%, 18.3%, 11.7%, and 10% of women agreed, agree to some extent, disagree to some extent, and disagree that they are afraid of problems during or after childbirth, results shown in Table 3.

Table 3: Factors of child's and mother's well-being contributes to fear of childbirth among primary gravida women, n=360.

	Agree	Agree to Some Extent	Disagree to Some Extent	to Disagree
I am having fear of delivering a dead child	f 270 % 75.0%	54 15.0%	22 6.1%	14 3.9%
I am afraid that my child will get injured during birth	f 216 % 60.0%	92 25.6%	30 8.3%	22 6.1%
I am afraid that my child will be sick or handicapped	f 223 % 61.9%	51 14.2%	50 13.9%	36 10.0%
I am afraid of having problems during current pregnancy	f 199 % 55.3%	60 16.7%	58 16.1%	43 11.9%
I am afraid of the problems during or after childbirth	f 216 % 60.0%	66 18.3%	42 11.7%	36 10.0%

4.5 HEALTH CARE STAFF:

The majority (70%), 10%, 12.2%, and 7.8% women agreed, agree to some extent, disagree to some extent, and disagree that they are afraid of facing unfriendly

staff during childbirth. 76.1%, 16.1%, 3.9%, and 3.9% of women agreed, agree to some extent, disagree to some extent, and disagree that they are afraid of an unfamiliar environment. Similarly, 77.5%, 14.2%,

4.2%, and 4.25 women agreed, agree to some extent, disagree to some extent, and disagree that they have fear of no participation in decision making during childbirth. 78.1%, 14.2%, 3.9%, and 3.9% of women agreed, agree to some extent, disagree to some extent, and disagree that they are afraid of being left alone

during childbirth. In addition, 71.1%, 18.6%, 6.1%, and 4.2% of women agreed, agree to some extent, disagree to some extent, and disagree that they are afraid of asking silly questions from staff, results shown in Table 4.

Table 4: Factors of Health care staff contribute to fear of childbirth among primary gravida women, n=360.

	Agree	Agree to Some Extent	Disagree to Some Extent	Disagree
I have fear of facing unfriendly staff during childbirth	f 252 % 70.0%	36 10.0%	44 12.2%	28 7.8%
I have fear of the unfamiliar environment	f 274 % 76.1%	58 16.1%	14 3.9%	14 3.9%
I have fear of no participation in decision making during childbirth	f 279 % 77.5%	51 14.2%	15 4.2%	15 4.2%
I am afraid of being left alone during childbirth	f 281 % 78.1%	51 14.2%	14 3.9%	14 3.9%
I am having fear of asking silly questions from staff	f 256 % 71.1%	67 18.6%	22 6.1%	15 4.2%

4.6 FAMILY LIFE:

The majority (59.4%), 18.3%, 11.9%, and 10.3% women agreed, agree to some extent, disagree to some extent, and disagree that they are afraid of problems in the relationship with their partner. Similarly, 73.3%, 10.3%, 10.3%, and 6.1% of women agreed, agree to some extent, disagree to some extent, and

disagree that they are afraid of experiencing any sexual or reproductive problem. In addition, 62.5%, 23.9%, 3.9%, and 9.7% of women agreed, agree to some extent, disagree to some extent, and disagree that they are afraid of problems with child care and rearing, results are shown in Table 5.

Table 5: Factors regarding Family life contribute to fear of childbirth among primary gravida women, n=360.

	Agree	Agree to Some Extent	Disagree to Some Extent	Disagree
I am afraid of the problems in relationship with partner	f 214 % 59.4%	66 18.3%	43 11.9%	37 10.3%
I am afraid of experiencing any reproductive/sexual problems	f 264 % 73.3%	37 10.3%	37 10.3%	22 6.1%
I am afraid that there will be problems with child's care & rearing	f 225 % 62.5%	86 23.9%	14 3.9%	35 9.7%

4.7 CESAREAN SECTION:

The majority (72.5%), 13.9%, 7.8%, and 5.8% of women agreed, agree to some extent, disagree to some extent, and disagree that they are afraid of having to undergo a cesarean section. In addition, 68.3%, 16.1%, 7.8%, and 7.8% of women agreed, agree to some extent, disagree to some extent, and disagree

that they have fear of too much bleeding during birth. Similarly, 75.3%, 10.6%, 8.3%, and 5.8% of women agreed, agree to some extent, disagree to some extent, and disagree that they are afraid of child-related problems during Cesarean section, results displayed in Table 6.

Table 6: Factors regarding Cesarean Section contributes to fear of childbirth among primary gravida women, n=360.

		Agree	Agree to Some Extent	Disagree to Some Extent	Disagree
I am afraid of having to undergo a cesarean section (major surgery)	f	261	50	28	21
	%	72.5%	13.9%	7.8%	5.8%
I have fear of too much bleeding during birth	f	246	58	28	28
	%	68.3%	16.1%	7.8%	7.8%
I have fear of child-related problems during the procedure	f	271	38	30	21
	%	75.3%	10.6%	8.3%	5.8%

4.8 FEAR OF CHILDBIRTH AMONG PRIMARY GRAVIDA MOTHERS:

The majority (70.6%) of the primary gravida mothers were experiencing severe fear of childbirth, 17.8% primary gravida mothers were experiencing moderate

fear while 11.7% mothers were experiencing mild fear, results shown in Table 7, Figure 7.

Table 7: Fear of childbirth among primary gravida mothers, n=360.

Fear of childbirth among the Primary Gravida mothers				
	Frequency	Percent	Valid Percent	Cumulative Percent
Mild Fear	42	11.7	11.7	11.7
Moderate Fear	64	17.8	17.8	29.4
Severe Fear	254	70.6	70.6	100.0
Total	360	100.0	100.0	

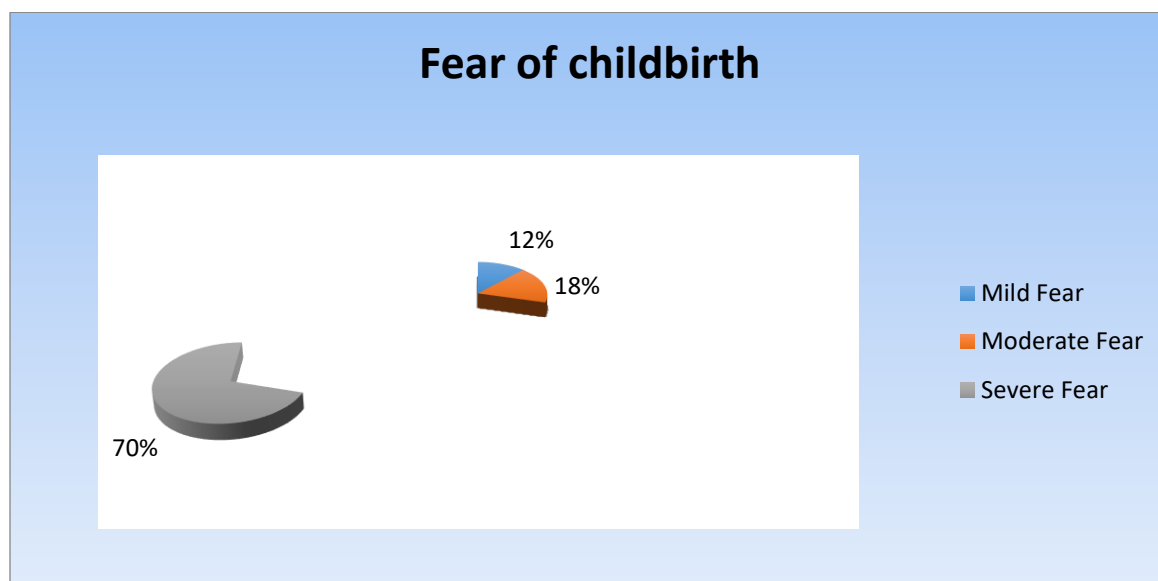


Figure 7: Pie-Chart depicting the level of Fear of childbirth among primary gravida mothers.

4.9 ASSOCIATION OF SOCIO-DEMOGRAPHIC VARIABLES/FACTORS AND FEAR OF CHILDBIRTH: Age ($P=0.018$), Education ($P=0.000$), residence ($P=0.000$), income ($P=0.000$), and Miscarriage ($P=0.01$) of the primary gravida women significantly associated with fear, results shown in Tables 8-12.

Table 8: Association of age with a level of fear, n=360.

Crosstab Count		Fear of childbirth among the participants			Total
		Mild Fear	Moderate Fear	Severe Fear	
Age of the Participants	Less than 20 Years	2	8	38	48
	20 to 30 Years	19	42	124	185
	More than 30 Years	21	14	92	127
Total		42	64	254	360

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	11.915 ^a	4	.018
Likelihood Ratio	12.693	4	.013
Linear-by-Linear Association	1.766	1	.184
N of Valid Cases	360		
a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.60.			

Table 9: Association of education with the level of fear, n=360.

Crosstab Count		Fear of childbirth among the participants			Total
		Mild Fear	Moderate Fear	Severe Fear	
Education Status of the Participants	Illiterate	7	9	106	122
	Primary	11	16	30	57
	Secondary	9	8	37	54
	College	11	21	59	91
	University	4	10	22	36
Total		42	64	254	360

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	30.366 ^a	8	.000
Likelihood Ratio	31.779	8	.000
Linear-by-Linear Association	7.721	1	.005
N of Valid Cases	360		
a. 1 cells (6.7%) have expected count less than 5. The minimum expected count is 4.20.			

Table 10: Association of residence with the level of fear, n=360.

Crosstab					
Fear of childbirth among the participants					
		Mild Fear	Moderate Fear	Severe Fear	Total
Residence of the participants	Rural	17	17	39	73
	Urban	25	47	215	287
Total		42	64	254	360

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	15.972 ^a	2	.000
Likelihood Ratio	14.426	2	.001
Linear-by-Linear Association	15.877	1	.000
N of Valid Cases	360		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 8.52.

Table 11: Association of family income with the level of fear, n=360.

Crosstab					
Count					
Fear of childbirth among the participants					
		Mild Fear	Moderate Fear	Severe Fear	Total
Family income of the participants	Adequate	23	39	80	142
	Inadequate	11	14	145	170
	Saving	8	11	29	48
Total		42	64	254	360

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	34.378 ^a	4	.000
Likelihood Ratio	35.809	4	.000
Linear-by-Linear Association	4.749	1	.029
N of Valid Cases	360		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.60.

Table 12: Association of miscarriages with the level of fear, n=360.

Crosstab Count		Fear of childbirth among the participates			Total
		Mild Fear	Moderate Fear	Severe Fear	
Number of Miscarriages	Non	27	50	208	285
	One Miscarriage	10	12	23	45
	More than one Miscarriages	5	2	23	30
Total		42	64	254	360

Chi-Square Tests

a. 1 cells (11.1%) have expected count less than 5. The minimum expected count is 3.50.

Pearson Chi-Square	13.016 ^a	4	.011
Likelihood Ratio	12.753	4	.013
Linear-by-Linear Association	2.571	1	.109
N of Valid Cases	360		

4.10 SUMMARY:

The current chapter explained all the significant findings of the study. Each variable was highlight and percentages and frequency were calculated for all the variables. Fear of childbirth among women was highlighted in percentages and frequencies. Association among the level of fear and socio-demographic variables was also examined in the current chapter.

DISCUSSION

5.1 INTRODUCTION:

In this chapter, the significant findings of the study will be discussed in light of available literature on the national and international levels. This chapter is also consisting of study limitations, strengths, conclusion, and recommendations.

5.2 DISCUSSION:

In the current study overall, 360 participants were investigated. The mean age of the participants was 27.42 years. The minimum age of the participants was 18 years while the maximum age of the participants was 35 years. More than half (52%) of the participants were from the age group 20 to 30 years while only 13% of the participants were from the age group of fewer than 20 years. 34% of the women were illiterate, 25%,

16%, 15%, and 10% women were educated to college level, primary level, secondary level, and university

level. 47.2% of participants reported inadequate family income. The majority 79.9% women were living in urban areas and 87.8% of women were belonging to nuclear families.

The findings of the current study were supported by a study conducted. the findings of the study revealed that the majority (32.8%) of the participants were from the age group 25 to 30 years. The majority (74.4%) of women were reported from urban areas, 46.5% women were housewives while 35.2% women were educated to college level (36).

Similarly, another study conducted supported the current study and revealed that the mean age of the women 24.44 years, 43.8% of women were educated to high school, the majority (86.1%) of the women were housewives, and 71.1% women reported inadequate family income (39).

In addition, another study conducted in Pakistan provided similar findings and the findings of the study revealed that the majority (76%) of the women age were ranging from 20 to 30 years, 39% of the women were illiterate, 91% were living in joint families and 67% reported inadequate family income (34).

In the same context, another study was conducted by Okumus et al, provided different findings. The

findings of the study revealed that the mean age of the women was 30.3 years, 71.4% of women were having elementary education, the majority (95.3%) of the women were belonging to nuclear families while 63% women were employed (45).

In the current findings, the majority (32%) of the women reported their husband's education up to secondary level, 25% reported primary level, 19% reported college level and 16% women reported that their husbands are illiterate. Besides, 60% of women reported that their husbands are employed.

As reported by a study, 42.2% of the participant's husbands were educated to high school, 35.6% were educated to college level, 14.3% were educated to secondary level and 1.5% was illiterate. The majority (91%) of the participant's husbands were employed (39). In the same context, another study provided different findings, the study reported 61% of participant's husbands educated up to college level, and 88% employed (10).

In this study fear of childbirth was explored. The majority (70.6%) of the primary gravida mothers were experiencing severe fear of childbirth, 17.8% primary gravida mothers were experiencing moderate fear while 11.7% mothers were experiencing mild fear. The findings of the current study were supported by a study and revealed that severe fear of childbirth was reported among the majority (45.4%) of primary gravida women (26).

Similarly, supporting the current findings, another study conducted by Tiruset Gelaw et al, reported that 10.3% of women in the antenatal period experienced low degree fear of childbirth, a moderate degree of fear was reported among 39.8% of women, while severe fear was reported in 50% women (36). In the same context, a study conducted by Haines et al, reported severe fear of childbirth among 54% of women, mild fear of childbirth among 20% while moderate fear of childbirth among 26% of primary gravida women (38).

Also, a study in Iran reported a high prevalence (80.8%) of fear of childbirth among women (39). Besides, another study also provided similar findings and revealed that the majority (82.6%) of the women and 52.3% of the partners feel high fear of childbirth. (40).

In contrast, a study provided different findings and reported severe fear of childbirth among 32% of

women, moderate fear in 28% of women, and mild fear in 40% of women (48). In a similar context, another study also provided different findings and reported severe fear of childbirth among 15.3% primary gravida women, high fear of childbirth was reported in 36.7% of women while low fear was reported among 48% primipara women (27).

Similarly, another study also provided different findings and reported fear of childbirth among 6% to 10% of women (35). In addition, a low level of fear of childbirth was reported among 22% of women in the mid antenatal period while with the progression of pregnancy the frequency of fear of childbirth decreased to 19% (37).

In the current study, several factors contributed to the fear of childbirth among primary gravida women. Fear of pain was reported in 77.8% of women in the current study. Fear of episiotomy was reported in 69.7%, 55.3% of women reported fear of problem during labor and delivery, 70% of women reported fear of unfriendly staff during labor and delivery, 73.3% of women reported fear of reproductive health problems, 72.5% women experience fear of cesarean section.

Supporting the current study, the findings of a study conducted and reported that 40% of women stated fear of pain in childbirth, 77% women reported fear of episiotomy and rapture, 56% of women have fear problems during labor and delivery (49). As reported by another study, the pain of childbirth was reported by 67% of women and the study provided significant association ($P=0.01$) of fear of pain and severe fear of childbirth among primigravida women (50).

In addition, a study provided similar findings regarding fear of episiotomy among pregnant women. The study reported that 60% of mothers in the antenatal period stated fear of episiotomy (51). Similarly, a study reported the mode of delivery and its association with fear. The findings reported that fear of childbirth was associated with women's request for cesarean section (52). Fear of childbirth was found significant among factors such as mode of delivery, unplanned pregnancy, the women who had received treatment for mental illnesses, and women who are not satisfied with medical facilities (53).

As reported by a study conducted by Avita Rose et al, several factors such as fear of childbirth process, lack of confidentiality about childbirth, fear of labor and

delivery pain, and fear of cesarean section were significantly associated with fear of childbirth in primipara women (26).

In the same context, a study conducted by Connel et al, reported different factors and stated that factors such as pain during labor, unfriendly staff, negative mood, child-related problem decisional conflicts, lack of knowledge, and certain other parameters including economical background and cultural influences are considered as associated factor fear of childbirth among primary gravida women (23).

Similarly, several factors such as unplanned pregnancy, recent pregnancy with complications, poor social support from the family, partner, and friends, and primary pregnancy were reported as associated factors that contribute to fear of childbirth among women (45). In addition, different studies reported factors such as Pain, the unknown experience of labor and delivery, maternal adjustment with the newborn baby, family, and daily life activities which contributes to fear of childbirth among women (24,25).

In the current study, age ($P=0.018$), Education ($P=0.000$), residence ($P=0.000$), income ($P=0.000$), and Miscarriage ($P=0.01$) of the primary gravida women significantly associated with fear in primary gravida women. The current findings were reported by a study, the findings of the study reported that poor financial status, age, education, and mode of delivery were strongly associated ($P=0.001$) with fear of childbirth among primary gravida women (40).

Similarly, another study also supported the findings of the current study and revealed that age, education status of the mothers, inadequate family income, and poor care provided during the antenatal period was associated with fear of childbirth among women (46). Besides, several studies supported the findings of the current study and reported age, education status of the women and their partner, mode of delivery, low family income are some factors contribute to fear of childbirth among woman (54-57).

5.3 STUDY LIMITATIONS:

- Time constrain was one of the major limitations of the study, the study was conducted in six months which was the requirement of the university.
- The study was carried out in only one tertiary care hospital; the findings of the study would

be more precise if the data were collected from all the tertiary care hospitals of Peshawar.

- It was a cross-sectional study and a cross-sectional study follow a limited questionnaire. To explore the factors, qualitative study best explores the factors that contribute to fear of childbirth.
- Participants with high-risk pregnancies, no indication for cesarean section, mothers with only single fetus pregnancies were included in the study. A huge number of participants were missed following the inclusion and exclusion criteria.

5.4 STUDY STRENGTHS:

- This was the first study in Peshawar, Khyber Pakhtunkhwa to explore the factors that contribute to fear of childbirth and find the association of factors that contributes to fear of childbirth and level of fear among primary gravida women.
- Data was collected in Lady Reading Hospital Peshawar which one of the tertiary care hospitals of Khyber Pakhtunkhwa. The hospital provides care facilities to the huge population of Khyber Pakhtunkhwa province.
- The study may have very vast implications in the health care system. The findings of the study will help the health care staff, women, and their families to work on the factors which contribute to fear of childbirth among primary gravida women.

5.5 CONCLUSION:

Overall, 360 women were included in the study. The findings of the study revealed that the majority (70.6%) of the primary gravida mothers were experiencing severe fear of childbirth, 17.8% of primary gravida mothers were experiencing moderate fear while 11.7% of mothers were experiencing mild fear. Certain factors which contribute to fear were pain, episiotomy, a problem during labor and delivery, unfriendly staff during labor and delivery, reproductive health problems, and cesarean section prevalent among primary gravida women.

The majority (77.8%) of the women responded that they afraid of pain in childbirth. Majority of the women were afraid of prolonging childbirth, painful injection, incompetent parturient, episiotomy and leaving the hospital. Besides, the participants experienced severe fear of delivering a dead child, child injury during birth, a sick baby, problems during pregnancy and problems during or after childbirth. The participants reported fear of facing unfriendly staff during childbirth, unfamiliar environment, no participation in decision making during childbirth, being left alone during childbirth and asking silly questions from staff.

Age, Education, residence, income, and Miscarriage of the primary gravida women are significantly associated with fear in primary gravida women.

5.6 RECOMMENDATIONS:

For Nurses:

- The role of nursing staff and other health care staff is very important in counseling the women regarding the factors which contribute to fear of childbirth.
- The role of health care organizations is very important to design several policies and protocols to educate and provided information to the women regarding their antenatal, labor, and delivery progress.

For Further Research:

- A similar study with a huge sample size and included more health care setups are recommended.
- A qualitative study with similar aims and objectives is recommended to explore the factors that contribute to the fear of childbirth among primary gravida women.

For Population:

- Family members and family should provide care to the women during the antenatal period so that a bond of trust should develop between them.
-

5.7 SUMMARY:

In this chapter, significant findings such as the level of fear among pregnant women and the association between the level of fear and socio-demographic variables have been discussed in the light of the literature on a different level. Study limitations and

strengths were also included in the chapter. Besides, this chapter provided a conclusion and recommendations.

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ANNEXURE:

ANNEX 1-- QUESTIONNAIRE

FACTORS ASSOCIATED WITH FEAR OF CHILD BIRTH AMONG PRIMARY GRAVIDA WOMEN IN PESHAWAR DEMOGRAPHIC INFORMATIONS

Age (Years)

- ☐ 18-23 years
- ☐ 24-29
- ☐ 30-35

Educational level

- ☐ Basic and less
- ☐ Secondary
- ☐ University

Occupation

- ☐ Housewife
- ☐ Employed

Husband educational level

- ☐ Basic and less
- ☐ Secondary
- ☐ University

Husband occupation

- ☐ Employee

- ☐ Full-time job

- ☐ Unemployed

Kind of House

- ☐ Personal
- ☐ Rental
- ☐ Living with relatives

Residence

- ☐ Rural
- ☐ Urban

Family income adequacy for living

- ☐ Adequate
- ☐ In adequate
- ☐ Saving

Antenatal class attendance

- ☐ Yes
- ☐ No

Number of Miscarriages

- ☐ None
- ☐ 1
- ☐ 2-5

Gestational Age (Weeks)

- ☐ 30-34/wks
- ☐ 35-40/wks

FACTORS ASSOCIATED WITH FEAR OF CHILD BIRTH AMONG PRIMARY GRAVIDA WOMEN IN PESHAWAR

S.No	FACTORS	Agree	Agree to Some Extent	Disagree to Some Extent	Disagree
Childbirth					
1	I am afraid of pain in childbirth				
2	I am afraid of painful injection during labor				
3	I am afraid of prolong childbirth				
4	I have fear to be Panic during childbirth				
5	I am afraid of incompetent parturient				
6	I am afraid of lacerations/rupture				
7	I am afraid of episiotomy (Minor Surgery)				
8	I am afraid of being unable to breathe and push correctly				
9	I have fear of leaving hospital not at right time				
Child's and Mother's Well-Being					
10	I am having fear of delivering a dead child				
11	I am afraid that my child will get injured during birth				
12	I am afraid that my child will be sick or handicapped				

13	I am afraid of having problems during current pregnancy				
14	I am afraid of the problems during or after childbirth				
Health Care Staff					
15	I have fear of facing unfriendly staff during childbirth				
16	I have fear of the unfamiliar environment				
17	I have fear of no participation in decision making during childbirth				
18	I am afraid of being left alone during childbirth				
19	I am having fear of asking silly questions from staff				
Family Life					
20	I am afraid of the problems in relationship with partner				
21	I am afraid of experiencing any reproductive/sexual problems				
22	I am afraid that there will be problems with child's care & rearing				
Cesarean Section					
23	I am afraid of having to undergo cesarean section (major surgery)				
24	I have fear of too much bleeding during birth				
25	I have fear of child related problems during procedure				



ANNEX 2-- QUESTIONNAIRE VALIDATION
CERTIFICATE**QUESTIONNAIRE VALIDATION CERTIFICATE**

It is certified that I have read the questionnaire tools for the research study titled: **FACTORS ASSOCIATED WITH FEAR OF CHILD BIRTH AMONG PRIMARY GRAVIDA WOMEN IN PESHAWAR** by Gul Naz and found it appropriate valid and address the objective of the study.

S.NO	Name and designation	Signature and stamp
01	Dr. Latif ur Rehman TMO-Cygn C L.H.	Latif ur Rehman TMO-MCP Gynae "C" Unit MTH
02	Dr. Shama Dawood TMO Gynae Unit	Dr. Shama Dawood FCPS TMO Gynae "C" Unit MIT LRA Peshawar
03	Dr. Salma Nadeem TMO Gynae	Dr. Salma Nadeem FCPS TMO Gynae "C" Unit MIT LRA Peshawar
04	Dr. Azra TMO Gynae	Dr. Azra FCPS TMO Gynae "C" Unit MIT LRA Peshawar
05	Dr. Diana TMO Gynae	Dr. Diana FCPS TMO Gynae "C" Unit MIT LRA Peshawar

ANNEX 3-- QUESTIONNAIRE EXPERT
VALIDITY INDEX

Study title

FACTORS ASSOCIATED WITH FEAR OF
CHILD BIRTH AMONG PRIMARY GRAVIDA
WOMEN IN PESHAWARPlease rate each and every question/item according to
the following options

The Content Validity Index for Items (CVI)

EXPERT NO: _____

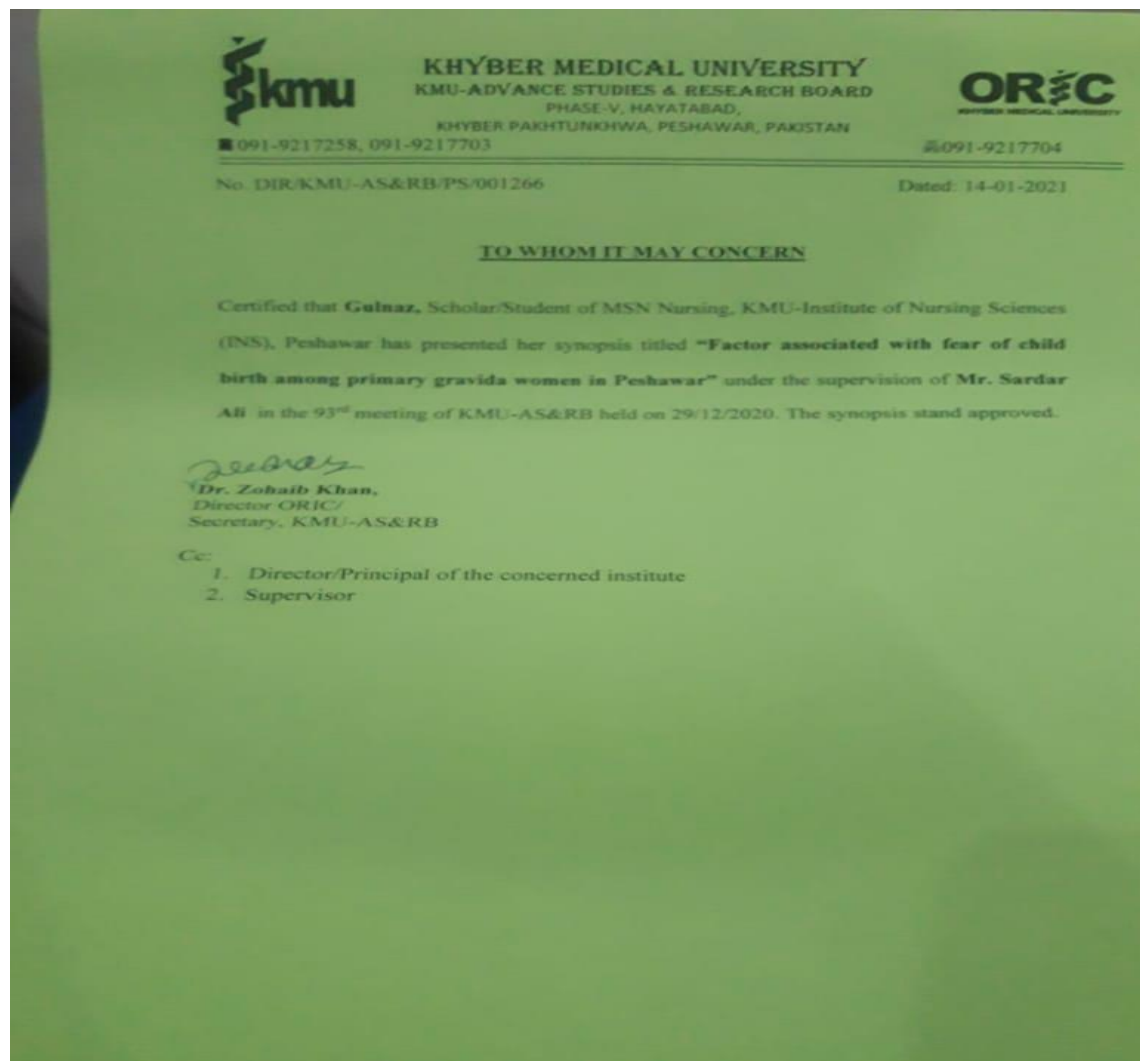
Q.No	Not Relevant=1	Some Relevant =2	Quite Relevant-3	Very Relevant=4	(Not Relevant =1,2 and Relevant=3,4) Content Validity Index (CVI)
Q.1				5/5=100%	5/5=1
Q.2		1/5=20%	2/5=40%	2/5=40%	4/5=0.8
Q.3		1/5=20%	2/5=40%	2/5=40%	4/5=0.8
Q.4		1/5=20%	2/5=40%	2/5=40%	4/5=0.8
Q.5			2/5=40%	3/5=60%	4/5=1
Q.6			3/5=60%	2/5=40%	5/5=1

Q.7		2/5=40%		3/5=60%	3/5=0.6
Q.8			2/5=40%	3/5=60%	5/5=1
Q.9	1/5=20%		2/5=40%	2/5=40%	4/5=0.8
Q.10			4/5=80%	1/5=20%	5/5=1
Q.11			3/5=60%	2/5=40%	5/5=1
Q.12		2/5=40%	1/5=20%	2/5=40%	3/5=0.6
Q.13		1/5=20%	2/5=40%	2/5=40%	4/5=0.8
Q.14			4/5=80%	1/5=20%	5/5=1
Q.15			3/5=60%	2/5=40%	5/5=1
Q.16				5/5=100%	5/5=1
Q.17		1/5=20%	3/5=60%	1/5=20%	4/5=0.8
Q.18			4/5=80%	1/5=20%	5/5=1
Q.19		1/5=20%	1/5=20%	3/5=60%	4/5=0.8
Q.20			3/5=60%	2/5=40%	5/5=1
Q.21				5/5=100%	2/5=1
Q.22			4/5=80%	1/5=20%	5/5=1
Q.23			5/5=100%		5/5=1
Q.24		1/5=20%		4/5=80%	4/5=0.8
Q.25		1/5=20%		4/5=80%	4/5=0.8

The Content Validity Index=(CVI) is $22.4/25 = 0.896$



ANNEX 4- ASRB APPROVAL



ANNEX 5--- CONSENT FORM

FACTORS ASSOCIATED WITH FEAR OF CHILD BIRTH AMONG PRIMARY GRAVIDA WOMEN IN PESHAWAR PARTICIPANT INFORMATION SHEET

I invite you to take part in my research study for purpose of degree completion. Here is some information for you about this study. Please read the following information carefully and discuss if you have any query or need of some more details. Take your time to decide about to become part of the study or not. Thanks to give me a time for reading details of study.

The purpose of the study

The Study is designed to assess factors associated with fear of child birth among primary gravida women in Peshawar. This study is a full time project and will be completed in 2020. However the part that you are asked to take part in, the data collection phase, will last for about one month.

Consent of study

If you are agree to decide to take part in this study. You will be given this information sheet to keep and be asked to sign a consent form. One of the copies of consent form will be given to you to keep with you. You are free to withdraw at any time. To leave the study will not affect you in any way.

What the study will involve

The study is based upon to fill the questionnaire with the researcher. You will be asked for participation. There will be some questions about demographic data e.g. name, age, gender, relation with the effect of educational intervention on fear of child birth among primary gravida women to aid the analysis of data when the study is being written up. All of your data will be confidential throughout.

The benefits of taking part

There will be no direct benefits to you, but this information would help to assess factors and causes associated with fear of child birth among primary gravida women in Peshawar

Disadvantages of taking part

Taking part in this study will have no disadvantages except that your time will be consumed in filling the

questionnaire but that will help somebody in one way or another.

Maintaining confidentiality

If you consent to take part in this study all of the information you will give will be kept strictly confidential. Any information which will be used excluded with your name and address so that you cannot be recognized from it.

The Results of the study

This research is requirement of the degree of MS Nursing program of institute of medical sciences, at Khyber medical university.

When all the information is collected and analyzed, the finding will be written up as thesis. A copy of this document will be kept at Khyber Medical University. This piece of work is due for completion in 2019

As part of the process of sharing new knowledge in scientific and professional communities a series of shorter articles, based upon the findings will be submitted to scholarly journals for peer review and publication. One thesis copy will be provided to Lady Reading Hospital Peshawar. Similarly the information will form the basis for research conference presentations.

It is important to note that your identity will be confidential in any report, publication or presentation of this study.

Complaints

If you have any complaints about any aspect of this study, please feel free to contact primary supervisor. If you are still unhappy you may contact syedgulnaz50@gmail.com. Every effort will be taken to address your complaint properly.

Review of this study

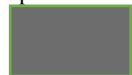
For approval to undertake this study, the research proposal and all appropriate documentation have been submitted according to guidelines of Advance Research & Ethical Review Board at Khyber Medical University.

If you have need further information please contact the researcher at following contact details: Email ID. syedgulnaz50@gmail.com .

CONSENT FORM FACTORS AND CAUSES ASSOCIATED WITH FEAR OF CHILD BIRTH AMONG PRIMARY GRAVIDA WOMEN IN PESHAWAR

Please signature the box:

I conform that I read and understand the information form dated _____ for the above study. I have had the opportunity to consider this information, ask question and answered satisfactory.



I understand that my participation is voluntary in this study and I am free to withdraw the study

Without any reason



I understand that I can ask any time about information and can destroy it.



I agree to take part in the above study.



Participants Name

Date

Signature

Researcher Name

Date

Signature.