

“FEAR OF CHILD BIRTH AND ITS CONTRIBUTING FACTORS AMONG PRIMIGRAVIDAE AT AIIMS JODHPUR”

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Master of Science in Nursing
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By

Kanchan Sharma

GUIDE

Mr. Himanshu Vyas

Associate Professor

College of Nursing, AIIMS, Jodhpur



College of Nursing
All India Institute of Medical Sciences Jodhpur
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DECLARATION BY CANDIDATE

I declare that the thesis entitled “Fear of childbirth and its contributing factors among primigravidae at AIIMS, Jodhpur” has been prepared by me under the guidance of Mr. Himanshu Vyas, Associate Professor College of Nursing, AIIMS, Jodhpur, Dr. Meenakshi Gothwal, Associate Professor, Department of Obstetrics and Gynaecology, AIIMS, Jodhpur and Mrs. Gomathi A, Associate Professor, College of Nursing AIIMS, Jodhpur. No part of this thesis has formed the basis for the award of any degree previously.

Kanchan Sharma

Enrolment Number- AIIMS/JDH/PG/NUR/016/2019

Roll Number- 20190016

M.Sc. Nursing

Obstetrics and Gynaecology

College of Nursing

AIIMS, Jodhpur

Date:

CERTIFICATE BY THE GUIDE

It is certified that Kanchan Sharma has prepared her thesis/ dissertation entitled “Fear of childbirth and its contributing factors among primigravidae at AIIMS, Jodhpur” for the award of M.Sc. Nursing degree of the College of Nursing, AIIMS, Jodhpur under the guidance of undersigned. She has carried out the work at the College of Nursing, AIIMS, Jodhpur.

Guide:

Mr. Himanshu Vyas

Associate Professor

College of Nursing

AIIMS, Jodhpur

Date:

CO – GUIDE:

Dr. Meenakshi Gothwal

Associate Professor

Department of Obstetrics
and Gynaecology

AIIMS, Jodhpur

Date:

CO – GUIDE:

Mrs. Gomathi A.

Associate Professor

Community Health Nursing
College of Nursing, AIIMS,

Jodhpur

Date:

ENDORSEMENT BY THE PRINCIPAL

This is to certify that the thesis entitled “Fear of childbirth and its contributing factors among primigravidae at AIIMS Jodhpur” is a bonafide research work done by Kanchan Sharma under the guidance of Mr. Himanshu Vyas, Associate Professor College of Nursing, AIIMS, Jodhpur, Dr. Meenakshi Gothwal, Associate Professor, Department of Obstetrics and Gynaecology, AIIMS, Jodhpur and Mrs. Gomathi A. Associate Professor, College of Nursing AIIMS, Jodhpur.

Prof. (Dr.) Suresh K Sharma

Principal

College of Nursing

AIIMS, Jodhpur

Date:

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Kanchan Sharma

Date:

LIST OF ABBREVIATIONS USED

ANC = Antenatal care

CESD = Center for epidemiological studies of depression

COVID – 19= Corona Virus - 19

C- Section = Caesarean section

df = Degree of freedom

EPDS = Edinburgh Postnatal Depression Scale

FOC = Fear of childbirth

f = Frequency

ICD = International classification of Disease

LSCS = Lower section caesarean section

N= Total Number

NS – Non significant

OPD – Out Patient Department

PMSSY = Predhan Mantri Swasthya Suraksha Yojana

SD= Standard Deviation

SWLS = Satisfaction with life scale

WDEQ – Wijma Delivery Expectancy Questionnaire

χ^2 = Chi square

ABSTRACT

INTRODUCTION: Motherhood and pregnancy are cherished moments in a life and considered one of the most important events in a women's life. So, she does the best to maintain good health to bring into this world a healthy baby. Although pregnancy and giving birth to a child are two of the most important events in most women's life, but some women become stressful and may have severe fear of childbirth. The fear of pregnancy is called tocophobia and it is defined as an intense state of anxiety which leads to fear of childbirth. Fear of childbirth result in increased number of visits to the obstetrician and in frequent request for caesarean delivery.

OBJECTIVES: The objectives of the study were to assess the fear of childbirth and factors contributing to fear of childbirth among primigravidae and to determine association of fear of childbirth with selected personal variables of primigravidae.

MATERIAL & METHODOLOGY: Non-experimental Descriptive research design with Quantitative approach was used and a sample of 269 primigravidae women was selected using non probability consecutive sampling. Data was collected at Antenatal OPD, AIIMS Jodhpur by using standardized tool Wijma delivery expectancy questionnaire Version - A and a checklist for factors contributing to fear of childbirth.

RESULTS: Primigravidae(24.4%) were having severe level of fear of childbirth Less than half of the primigravidae (44.8%) were having high level of fear of childbirth and 24.1% of primigravidae were having moderate level

of fear of childbirth and 6.7% primigravidae were having low level of fear of childbirth. Fear of labor pain (80.7%) , worries about episiotomy (79.6%), uncertainty of duration of labor(76.2%) and being a primigravidae(68.4%) were more commonly identified factors contributing to fear of childbirth and lack of family support (16.4%), family genetic predisposition (25.3%), bad obstetrics history of family members(26%) and Disturbed self image and feeling of insecurity (27.9%) were least commonly identified contributing factors for fear of childbirth among primigravidae.

Conclusion: Majority of the primigravidae women face fear of childbirth. Fear of labor pain, worries about episiotomy, uncertainty of duration of labor were most common factors identified by primigravidae contributing to fear of childbirth.

Key words: - *Contributing factors, Fear of childbirth, Primigravidae, Wijma DEQ Version – A*

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CHAPTER-I

INTRODUCTION

INTRODUCTION

“Pregnancy is special, let us make it safe”

BACKGROUND OF THE STUDY:

In all societies, family is the central nucleus of people and women form the backbone of it. For the family and for women pregnancy and birth of baby are the most special and exciting events. Pregnancy and childbirth are special event in a women's life and indeed in the lives of family. Pregnancy is a normal physiological events, but it is also correlated with risk to Survival & health of the mother and baby and also at times can lead to morbidity and mortality of the mother and child. 80% maternal death in India results from haemorrhage, anaemia, sepsis, toxemia etc. Among the four components of labor the pelvis, passage, power and psyche, the psychological condition of the mother plays a very important role in conduction of normal delivery. Anxiety, fear and poor knowledge of the mother in seeking proper maternal care services at the right time may contribute to maternal mortality and morbidity. If anxiety, fear of childbirth can be addressed at the right time the maternal complications can be decreased to a great extent.¹

Physiological, psychological, hormonal and social changes are occurring during the pregnancy which increases risk of emotional suffering in the women. Outcomes of the pregnancy are affected by the level of stress women experiences and women's ability to adopt to the changes and challenges of pregnancy. According to Areskog B et al, Melender HL, Andersson L. et al, and Soderquist J et al, one in five pregnant women

experiences moderate fear of childbirth, and 6-13% of pregnant women experience severe, disabling fear of childbirth.²⁻⁵

In every women's life pregnancy and childbirth are great events, especially among primigravidae women who have fantasies about pregnancy and motherhood but many of them doubt their ability to cope with childbirth when confronted with the reality and that their inability to cope with the childbirth produces stress and anxiety among them. Childbirth is a new experience to the women in which primigravidae experience a lot of physical and emotional changes, which may trigger their anxiety and fear related to childbirth process because they do not know about what changes takes place and what is their role. In some women childbirth process is a joyous relationship of hopes, but together with this they have mass of fears and anxieties related to health of baby about their own reaction to labor and also about the person's attitude who will care and help them in their pregnancy period. Childbirth is a process associated with both pleasure and pain. The prevalence of childbirth related fear is around 20% and from this approximately 6-10% of woman experiencing intense fear of labour and birth that is dysfunctioning or disabling⁶

Around 13% of non pregnant women who have not given birth in their life are fearful and avoid or postpone pregnancy⁷

Pregnant women who have increased level of fear of childbirth frequently requests for caesarean section and also go to the hospital for somatic symptoms due to fear. In more fearful pregnant women planned caesarean section without medical reason are high.⁸

Handelzalts et al. revealed that only psychological variables are responsible for preference of mother for caesarean section, and the fear may be related to her child or herself, gender of the baby, loss of baby, fear of preterm child mentally handicapped child or congenital abnormalities, fear of surgery, fear of family members undesirable attitude of the new environment which may cause for the problem during labour⁹

Some studies are suggesting that cases of psychiatric co- morbidity, stressful life events, social disadvantages, history of miscarriage, fetal loss, preterm birth or early neonatal loss, chronic history of mental disease or a history of psychiatric treatment during their early pregnancy period or throughout life are the most factors that are responsible for increased anxiety and fear. Primigravidae mothers are more concerned about the labour and delivery that leads to increase in fear and anxiety. Due to fear and anxiety the effectiveness of contractions decreases and muscle tension increases which further increase fear and anxiety.

Girija, Kalayil, Madhavanprabhakaran et al revealed that anxiety is associated with the unplanned caesarean request by mothers and also found severe anxiety of childbirth that is 93% among third trimester pregnant. From Sweden England, Iran, Hongkong, Portugal, Danish and Spain reported (14-54%) prevalence of fear and anxiety during childbirth¹¹⁻¹⁵. Study result shows high pregnancy related anxiety mainly anxiety of childbirth in low risk third

trimester nulliparous pregnant women.^{12-13.} In a study conducted in Kerala revealed that anxiety of childbirth and poor knowledge on childbirth preparation (90-94%) were high in nulliparous women.^{16.}

The factors leading to fear of childbirth are broadly analyzed as primary causes like biological factors which includes contradictory stories and fear of labour pain which is associated with suffering, shame, feeling of loss of control, powerlessness and lack of trust in obstetrics staff, fear regarding total duration of labour, fear of being exhausted in labour room. According to Sjogren B. et al suggests that the main factors that are causing the fear of childbirth are the personal and external conditions (environmental and contextual)

Anxiety and fear in pregnancy is increased due to factors like maternal age, changing in perception of risks associated with operation, fear of labour pain, negative attitude toward vaginal delivery, concerns regarding the baby's well-being, prevention of genitourinary lesions and alteration in sexual relations.

NEED OF THE STUDY

Childbirth fear is the most frequent fear during the period of pregnancy (Petersen et al.; Haines et al.,)¹⁷ fear of childbirth and anxiety is unique to women. About 20% of low-risk pregnancies in western countries reported intense childbirth fear and 6-10% is seriously incapacitate by childbirth fear¹⁸ Alehagen and colleagues revealed in an comparison that primipara women are having more fear as compared with multipara.¹⁹

Fear of childbirth may be associated with the women's personal variables, mainly general anxiety, lower self esteem, depression and dissatisfaction with their husband, lack of support and also the spouse of women with fear have a certain pattern of low psychological well being that resulting in low life satisfaction and depression.

Fear of Childbirth is major problem for pregnant women, as it results in avoidance of pregnancy, maternal and fetal stress and increase women request for caesarean section. The primary causes leading to fear of childbirth are biological factors which include negative stories and fear of pain in labour which is associated with suffering, shame, and feeling of loss of control, helplessness and lack of trust in obstetric staff, fear regarding total duration of labour fear of being exhausted in labour room.²⁰

Stress and anxiety are the most common responses to the changes that occur during the pregnancy. Anxious feelings may influence the women herself and her baby. Complications may also occur due to fear and anxiety such as severe labour pain, postpartum depression, impaired mother fetal attachment and also cause uterine dysfunction and uterine hypoxia that may be the reason for the occurrence of stillbirth in women who have fear of childbirth.(Krause et al., 2017)²¹

Over last two decades, deliveries by caesarean section have increased by about 25% in teaching hospitals and by at least 50% in private hospitals.

Several reasons have been seen for an increase in caesarean section in India the main reason was, first time mothers doesn't want to undergo the pain of childbirth.

Higher level of childbirth fear was reported in women with less social support during pregnancy. Moderate to higher level of fear was seen in illiterate and unemployed women.²² Women with first experience of childbirth, less confidence in childbirth, internalisation of negative stories of other women, and pain are higher as compared to those who had prior experience²³.

The most frequent components of childbirth related fear were pain (21.2%), prolonged duration of labour (19.2%), and use of forceps and vacuum extraction (17.6%)²⁴

An irrational fear of childbirth can affect maternal and fetal outcomes and this, should be assessed for and addressed during pregnancy.²⁵ In India there is lack of research related to fear of childbirth among pregnant women, and studies related to this will help to enhance routine care during antenatal period.

The fear in pregnancy may lead to adverse outcome of pregnancy so researcher wanted to know the presence of fear in primigravidae mother related to childbirth process and also wants to explore the contributing factors of it. This insight regarding childbirth fear and factors contributing to fear of childbirth will help to plan intervention to address the fear of childbirth and promote more natural birth.

AIM OF STUDY

To assess the fear of childbirth and its contributing factors among primigravidae at AIIMS Jodhpur.

PROBLEM STATEMENT

“Fear of childbirth and its contributing factors among primigravidae at AIIMS Jodhpur”

OBJECTIVES OF STUDY

- 1) To assess the fear of childbirth among primigravidae.
- 2) To determine factors contributing to fear of childbirth among Primigravidae.
- 3) To determine association of fear of childbirth with selected personal Variables of primigravidae.

ASSUMPTIONS

- All primigravidae have some fear of childbirth.
- Multiple factors contribute to fear of childbirth.

OPERATIONAL DEFINITION

- **FEAR OF CHILDBIRTH** – fear of childbirth refers to being afraid of childbirth process before delivery, assessed by Wijma Delivery expectancy Questionnaire Version - A and interpreted as low, moderate, high and severe level of fear of childbirth.
- **CONTRIBUTING FACTORS** – Contributing factors refers to those factors which are contributing to fear of childbirth in primigravidae and it was assessed through a self structured checklist for factors contributing to fear of childbirth in primigravidae and interpreted in proportions as most common and least common contributing factors.
- **PRIMIGRAVIDAE** - Primigravidae are women who are pregnant for the first time and more than 35 weeks of gestation age attending antenatal OPD at AIIMS Jodhpur.

DELIMITATION

Primigravidae with gestational age more than 35 weeks, who are attending antenatal OPD at AIIMS Jodhpur.

SUMMARY:

This Chapter dealt with the introduction, need of the study, aim of the study, problem statement of study, objectives of the research study, operational definitions and delimitations of the study.

CHAPTER- II

REVIEW OF

LITERATURE

REVIEW OF LITERATURE

Literature reviews

In research process review of literature is key step. Review of literature is defined as a broad, comprehensive study in depth, systematic and critical review of scholarly publications, published and unpublished materials, audio-visual materials and personal communications.

Review of literature was done to assess in-depth information regarding the prevalence, knowledge, and contributing factors of fear of childbirth among primigravidae more than 35 week of gestation and in further exploring the research question and design the research methodology.

The review of literature has been categorized into 2 sections.

Section 1: Review related to fear of childbirth.

Section 2: Review related to factors contributing to fear of childbirth.

SECTION 1: REVIEW RELATED TO FEAR OF CHILDBIRTH

A qualitative study on “childbirth fear and preparation among primigravidae women: to explore fear of childbirth and childbirth preparation in primigravidae in their late pregnancy period from 36 to 40 weeks gestation at two community hospitals maternity waiting homes in Lilongwe, Malawi. In this study 18 primigravidae were purposively recruited into in-depth interviews, 13 health workers and 21 birth companions into the focus group discussions and semi-structured interview guides were used to collect information for study.

Findings of the study suggested that primigravidae who were mostly exposed to traditional childbirth mentoring have fear of childbirth and lacked proper childbirth preparation as compared to the primigravidae exposed to health care providers.²⁶

A descriptive study on Fear from Childbirth among Pregnant Women in 200 pregnant women at 5 primary antenatal care centres in Port Said city. A structured Interviewing Questionnaire sheet and The W-DEQ was used to collect data. Finding of study showed that more than half of the women (55.33%) had a high level of childbirth fear and most common reasons for a high level of fear were fear from childbirth process, fear toward complications to her child or herself. In this study least reasons of fear were fear from support people and caregivers and study also show significant association between fear of childbirth and demographic variables of pregnant women.²⁷

A systematic literature search and a meta-synthesis on Women's experience of fear of childbirth: a metasynthesis of qualitative studies that involved 14 qualitative papers. The main results of the study show a deepened understanding of women's experiences of childbirth fear interpreted through the metaphor "being at a point of no return". Being at this point meant that the women thought there was no turning back from their situation, further it was described in the three themes: To suffer consequences from traumatic births, To lack warranty and understanding, and To face the fear and Through these themes they concluded that pregnant Women with childbirth fear were in need of continuous support that can meet their issues about being at this

point of no return, allowing them to express and integrate their emotions, experiences and expectations during pregnancy, childbirth and puerperium²⁸

A research study on “Fear of childbirth among pregnant women attending antenatal care” at southern Ethiopia in total 387 pregnant women selected through systematic random sampling techniques and Data were collected through a face-to-face interview by using a structured (WDEQ) for fear of childbirth and pretested questionnaire. As result showed that 40 (10.3%) of the pregnant had a low fear, 154(39.8%) had a moderate fear, 98(25.3%) had a high fear, and 95(24.5%) had severe fear of childbirth. Associated factor of severe degree fear were unplanned pregnancy, current pregnancy-related complications and poor social support²⁹

A cross sectional study on “Fear of Childbirth among Pregnant Women Availing Antenatal Services in a Maternity Hospital in Rural Karnataka” among 288 women in a rural hospital in Ramanagaram District of South Karnataka from March 2016 and May 2016 using a face validated 30 item questionnaires developed by the authors which was then scored to determine fear of childbirth. According to study 45.4% (176) had a childbirth fear and there was a significant relation of fear of childbirth with low gravida score, lower parity, lower number of live children, and a history of previous stillbirth. The most common fears regarding childbirth were: not feeling confident in childbirth process, being afraid or tense, and fear of c- section, pain during labor, or episiotomy procedure. ²⁵

A comparative study on anxiety and fear level toward childbirth among primigravidae versus multigravida at Egypt among 600 women were equally and randomly assigned two groups in primigravidae versus multigravida mothers their age ranges from 18-35 year at gestational age of between 30-40weeks, beck anxiety inventory and wijma delivery experience questionnaire used for data collection. Result revealed that primigravidae (50.0%) age 22.26 year had (51.3%) and multigravidae age 23.1 year had (61.2%) severe level of fear of childbirth. It was also found majority of multigravida are experienced high and severe anxiety and fear towards childbirth as compared to primigravidae.³⁰

A study on “Fear of childbirth and associated factors among low-risk pregnant women” among 305 uncomplicated, singleton pregnant women of third trimester in Siriraj Hospital. Data related to Fear of childbirth was collected by Thai version of W-DEQ version-A. Study revealed that Mean W-DEQ score was 51.9. Prevalence of low childbirth fear (18.4%), moderate childbirth fear (64.9%), high childbirth fear (16.1%), and severe childbirth fear (0.7%). Mean fear of childbirth score was significantly high in women with unplanned pregnancy than the planned pregnancy. Women who have adequate income, proper family support, have been told about delivery and witnessed delivery have significantly less high to severe fear of childbirth.³¹

A study on “Tokophobia (fear of childbirth): prevalence and risk factors” among 191 pregnant women during Parenting and Childbirth Classes between June 2014 and September 2014. Questionnaires related to depression (CES-D), anxiety (STAI X1 and X2), and satisfaction with life (SWLS), (W-DEQ) for

specific fears were used. Study revealed that Most (90%) of the women were nulliparous and 75% of the women reported low to moderate tocophobia, whereas 25% show high or very high fear of childbirth. Pathological fear occurred in 1.6% of the sample. Episiotomy, fear of having no control on the situation and fear of pain during labor are significant fear in women and association found between preferred elective C-section and tocophobia.³²

A cross – sectional study on childbirth fear and associated factors in a sample of pregnant Iranian Women” among 525 pregnant women in Iran from December 2016 to march 2017 by using Wijma Delivery Expectancy Questionnaire for fear of childbirth in pregnant. Study result revealed that mean W-DEQ score was 67.6-+23.5. And out of 525 women 19.6% had moderate fear and 6.1 % had severe fear of childbirth. The mean score of fear of childbirth was significantly high in multiparas that preferred cesarean in comparison to those who preferred vaginal delivery. In nulliparas, predictors of moderate to severe fear of childbirth were women’s description of their present pregnancy and receiving a low level of emotional support from their husband and in multiparous, predictors of childbirth fear were unwanted pregnancy, experiencing moderate to severe dyspareunia in the first intercourse, having a low level of physical activity and perceived a low level of health.³³

A qualitative cross-sectional survey on “Fear versus Trust: The Impact of Fear on Birth Experience and Maternal Outcomes” explored women’s trust-based and fear-based beliefs about birth. Data were collected from Georgian Court University faculty, staff, students, and alumni, as well as women undergoing

Hypnobirthing, home birthing, and water birthing. The study posed 43 questions—each inquiring about beliefs and fears associated with birth. The results of this study show that fear is associated with higher incidences of interventions and Caesarean showed sections. In addition, the results showed that no fear and low fear values were associated with self-reported calm states and more-positive birth experiences. Study concluded that the ability to maintain a calm meditative state during labor may be effective in the improvement of birth experiences and birth outcomes because it supports the neuro-hormonal physiology of birth.³⁴

A study on “Fear of childbirth in primiparous Italian pregnant women: The role of anxiety, depression, and couple adjustment” among women between the 34th and 36th week of pregnancy by using WDEQ, the Edinburgh Postnatal Depression Scale, the State-Trait Anxiety Inventory, the Dyadic Adjustment Scale, the Multidimensional Scale of Perceived Social Support, as well as demographic and anamnestic information. Results of the study revealed that anxiety as well as couple adjustment predicted fear of childbirth when treated as a continuous variable, while clinical depression predicted severe fear of childbirth.³⁵

A study on “Support for pregnant women identified with fear of childbirth (FOC)/tokophobia - A systematic review of approaches and interventions” a systematic literature search was performed following Cochrane Collaboration and PRISMA Statement recommendations. Women with high to severe fear of

childbirth and who requested a caesarean section due to severe fear of childbirth were included in the study. Research studies observing the effect of an intervention addressing FOC, and studies published in English included and Publications addressing anxiety or stress were excluded. Total 377 references were screened by title and abstract. 19 articles referring to 15 research projects were included in the analysis. The studies show heterogeneity regarding assessment methods, type, conceptualisation and application of interventions. There is evidence that both cognitive therapy sessions and a theory-based group psycho - education with relaxation are effective interventions³⁶

A clinical trial conducted to know the effect of individual counselling program by a midwife on fear of childbirth in primiparous women” among ninety primiparous women with gestational ages of 28–30 weeks in the year 2015 to 2016 at health-care centers in Mashhad. They use Wijma Delivery Expectancy/Experience Questionnaire for data collection and result show that during weeks 34–36 of pregnancy, the mean scores for fear of childbirth in the intervention group was 39.733 ± 17.085 and control group were 65.666 ± 15.019 and also found that the individual counselling program provided by the midwife to the primiparous women during pregnancy help in reducing fear of childbirth³⁷

A cross-sectional study to assess the intensity of childbirth related fear. They recruited total 156 women in their study. Wijma Delivery Expectancy/Experience Questionnaire version A (WDEQ version A) was used to assess the intensity of fear related to child-birth, and they used their own

developed questionnaire for component of fear. As the results, women with average intensity of fear were 68.8 (\pm 11.6), extreme fear among 9.6% to total recruited sample. The majority of prevalence factor among sample were pain (21.2%), prolonged labour (19.2%), and forceps or vacuum extraction (17.6%).²⁴

A comparative study on “fear of childbirth in urban and rural regions of Turkey: comparison of two resident populations” among 253 pregnant women in urban Istanbul and Siirt, a city in rural Turkey by using A descriptive information form and (W-DEQ) version–A. The result of the study revealed that Severe FOC were recorded high in women in the Istanbul sample as compared to women in the Siirt sample and also the women in the Istanbul sample preferred vaginal birth to caesarean section and had greater FOC, a finding which demonstrates that women prefer vaginal birth even though they have a higher FOC level and live in a city with high caesarean section rates. They concluded that area of living of women that is urban or rural affects their perception of birth and consequently, their level of fear of childbirth.³⁸

A Qualitative descriptive study that is “Exploring Fear of Childbirth in the United States Through a Qualitative Assessment of the Wijma Delivery Expectancy Questionnaire” among 22 women who participated in three focus groups at Urban health center in the Detroit metropolitan area. Data were collected through Focus groups. Result of the study showed that Women in the focus groups identified many themes that were consistent with previous research. However, the women indicated many new factors that contributed to

their fear that were previously unidentified by the W-DEQ, including fear of abandonment by their clinicians and fear of how the structure of the maternity care system affects care during childbirth³⁹

A longitudinal survey that is “The effects of counselling on fear of childbirth “to investigate women's experiences of attending existing counselling programs for childbirth-related fear and the effect of this counselling over time in 936 women at Three hospitals in the central north of Sweden. They collected data with questionnaires for 2 months and 1 year after giving birth with background data collected during midpregnancy, the result of study show that Women in the counselling group documented higher fear of childbirth 1 year after giving birth they had a more negative birth experience that did not change over time and they preferred caesarean section to a greater extent in the case of another birth and 80% were satisfied with the given support. Study also shows that counselling had a minor effect on fear of childbirth, birth experiences or caesarean section rates⁸

A cohort study on “Fear of childbirth and elective caesarean section: a population-based study” among 1789 women and data collected through three self-administered questionnaires at 17 and 32 weeks of pregnancy and 8 weeks postpartum. They collected Information about the women’ childbirths from the hospital records. Finding of the study show that 8% of the total women show fear of delivery and WIJMA score ≥ 85 . A previous negative overall birth experience, impaired mental health and poor social support produced strongest impact on fear of childbirth; Fear of childbirth was strongly

associated with a preference for elective LSCS. Majority (87 %) of women with fear of childbirth did not, however, receive a caesarean section and a previous negative overall birth experience was highly predictive of elective caesarean section and few women without such experiences did request caesarean section.⁴⁰

A cross sectional study with internal comparison of associated factors to antenatal prevalence of fear associated with childbirth and depressed mood in primigravida women between 28 and 32 weeks of pregnancy, with singleton pregnancy at Kerala in south India. Data were collected through administration of Edinburgh postnatal depression scale and was followed by a structured interview based on the international classification of disease 10. Result of study showed that fear associated with childbirth was expressed by 17.7% women and the prevalence of depressed mood based on EPDS (score >12) was 9.8% but based on ICD10 criteria, the prevalence of depression was 8.7%. A high number of pregnant women with depressed mood and clinical depression had childbirth fear.⁴¹

A study to explore women's fear of childbirth in a high maternal mortality setting, on the Arabian Peninsula" among 220 women selected through multi-stage (stratified–purposive–random) and interviewed for experience of baby birth in rural/urban area of Yemen. According to study Women perceived childbirth as a place of danger. Some factors like Fear of death of the baby, complications during childbirth stemming from previous traumatic childbirth and traumatic experience in the community, Husbands and in-law's

disappointment in a girl baby were a strong sociocultural component of childbirth fear and Women's perception of living in tension 'between worlds' of tradition and modernity reinforced fear of health care setting childbirth are contributing to fear of childbirth in women. Faith, social belonging and trust in either traditional or modern childbirth practice, past positive experience of childbirth and the desire for social status associated with children are present in women without FOC.⁴²

A cross sectional study to "determine the prevalence of child birth fear among Australian pregnant women" included total 1,410 pregnant women (nulliparous and multiparous women) in their second trimester of pregnancy and used Wijma Delivery Expectancy/Experience Questionnaire Version A (WDEQ-A) for screening of child birth fear. As results, the overall prevalence of child birth fear was 24%. The fear of child birth was reported 31.5% in nulliparous and 18% in multiparous and also found the association between the demographic and obstetric factors and levels of childbirth fear.⁴³

A prospective study on "Fear of childbirth and duration of labour: a study of 2206 women with intended vaginal delivery " among women from 32 weeks of gestation through to delivery Akershus University Hospital, Norway using Wijma Delivery Expectancy Questionnaire (W-DEQ) version A. finding of study showed that Fear of childbirth (W-DEQ sum score ≥ 85) was present in 7.5% (165) of women and duration of labour was significantly longer in women with fear of childbirth as compared to women without fear of childbirth using a

linear regression model. Duration of labour was longer in women with fear of childbirth than in women without fear of childbirth. ⁴⁴

SECTION 2: REVIEW RELATED TO FACTORS CONTRIBUTING TO FEAR OF CHILDBIRTH

A cross-sectional study on “The prevalence and risk factors of fear of childbirth among pregnant women: A cross-sectional study in Ireland” among conveniently selected sample 882 pregnant women attending antenatal care in Cork, Ireland. They used W-DEQ- A with cut off score ≥ 66 for high fear and ≥ 85 for severe fear. As a result, prevalence of severe fear of childbirth was 5.3% and high fear of childbirth was 36.7% and in nulliparas 7.4% and in multiparous 4.3% severe fear of childbirth was present. Fear of childbirth is relatively common, with varying severity, and was more common in first-time mothers. ⁴⁵

A cross sectional study on Childbirth fear and related factors among pregnant and postpartum women in Malawi among 152 pregnant and 153 postpartum women. Wijma Delivery Expectancy/Experience Questionnaire (WDEQ) for fear of childbirth and the Multidimensional Scale of Perceived Social Support (MSPSS) were used to measure social support. Finding showed that during pregnancy, 39% women reported a low level of fear, 41% reported moderate fear, and 20% reported high fear and after birth, 49, 41, and 10% women reported low, moderate, and high fear, respectively. Illiterate or unemployed pregnant women were more likely to report moderate and high fear of

childbirth. Postpartum mothers who were illiterate or unemployed were more likely to have moderate and high fear. Fear of childbirth was more common in Malawi, and pregnant women experienced high levels of fear than postpartum women.²²

A co- relational study to assess anxiety in pregnancy: pregnancy and associated factors in 209 randomly selected pregnant from Brazil using the hospital anxiety subscale and form composed of socioeconomic characterization, gestational anamnesis, life changing habits and events during January to may 2013 Result revealed that anxiety was present in 26.8% of the women, being more frequent in the third trimester (42.9%). Anxiety occurred frequently during pregnancy, understanding the factors associated with its occurrence allows for elaborating preventive measures in prenatal care.⁴⁶

A cross sectional study on “factors associated with fear of childbirth: its effect on women’s preference for elective Caesarean section” in purposive selected 205 pregnant women at Cobra city. Data were collected through administration of three tools (structured interview questionnaire, Melender questionnaires to measures childbirth fear associated factors and childbirth attitude questionnaire). Result of study revealed that 47.8% of pregnant women preferred elective CS. Fear of vaginal birth, safer mode for the baby, no influence on postpartum sexual life and pain associated with delivery were the most reasons for CS preferences.⁴⁷

A cross sectional study on “prevalence of fear of childbirth and its associated factors” in 400 primigravidae women gestational age 18-32 weeks at Iran. The samples were selected through multistage cluster sampling method and data collected through administration of childbirth attitude questionnaires, demographic characteristics and pregnancy characteristics questionnaire. The mean score for the fear of childbirth was 37.86 and the prevalence of fear of childbirth was 80.8%. According to result the multivariate logistic regression analysis, lack of sufficient income for living expense, not participating in childbirth preparation classes and preferences for mode of delivery were predictive factors for the fear of childbirth.⁴⁸

A cross-sectional study on “Factors contributing to fear of childbirth among pregnant women in Hamadan (Iran) in 2016” among 335 pregnant women gestational age of 16–40 weeks referred to health centres in Toyserkan using Harman’s Childbirth Attitude Questionnaire (CAQ) as well as stating demographic and obstetrics characteristics. As results showed that 89.3% of the women reported fear of childbirth with mean age of 26.5 ± 4.9 years old and mean gestational age of the pregnant women 26.52 weeks and there is relationship between women’s fear of childbirth and their education level, household income, gravidity, familiarity with delivery process, and pre-pregnancy cares.⁴⁹

A study on “Fear of childbirth in pregnant women: External and internal factors” among 76 pregnant women age from 20 to 36 years old at different

stages of pregnancy with different socio-demographic indicators and gynaecological histories registered at one of the maternal centres of Kazan, Russia. External factors were socio-demographic factors as well as indicators of gynaecological history and internal (psychological) factors of the fear of childbirth. According to study fear of childbirth is a personality-related phenomenon that occurs not due to factors that objectively threaten women's health or well-being and does not arise out of negative personal experience.⁵⁰

A descriptive survey study to assess childbirth related fear and associated factors among third trimester primigravidae visiting antenatal clinic in a selected hospital of Mangalore. The study revealed that (98%) of the third trimester primigravidae had extreme fear of childbirth and (2%) of them had moderate fear of childbirth. majority (95%) of primigravidae had unfavourable influence of associated factors and (5%) had favourable influence. They also found positive correlation (0.30) between childbirth related fear level and associated factors among third trimester primigravidae mothers.⁵¹

Presented review of literature concludes that fear of childbirth is a very common occurrence and there are various factors which contribute to fear of childbirth. Presented review also shows that very limited numbers of Indian studies are available which have explored the fear of childbirth.

CHAPTER – III

METHODOLOGY

RESEARCH METHODOLOGY

For any research work the methodology of the investigation is of vital importance. "Research methodology is a way to systematically solve research problems. It includes the steps, procedures and strategies for gathering and analysing the data in a research investigation." It may be understood as a science of studying how research is done scientifically. In it we study the various steps that are generally adopted by a researcher in studying his research problem along with the logic behind them.

It is necessary for the researcher to design his methodology for his problem as the same may differ from problem to problem. It includes the steps, procedures and strategies for gathering and analyzing the data in a research investigation. It includes the research approach, setting of the study, population, and sample, sample size, sampling technique, criteria for sample collection, development and description of the tool, Content validity, pilot study, method of data collection, plan for data analysis and summary. This chapter deals with the methodology adopted for conducting the study entitled "Fear of childbirth and its contributing factors among primigravidae at AIIMS Jodhpur"

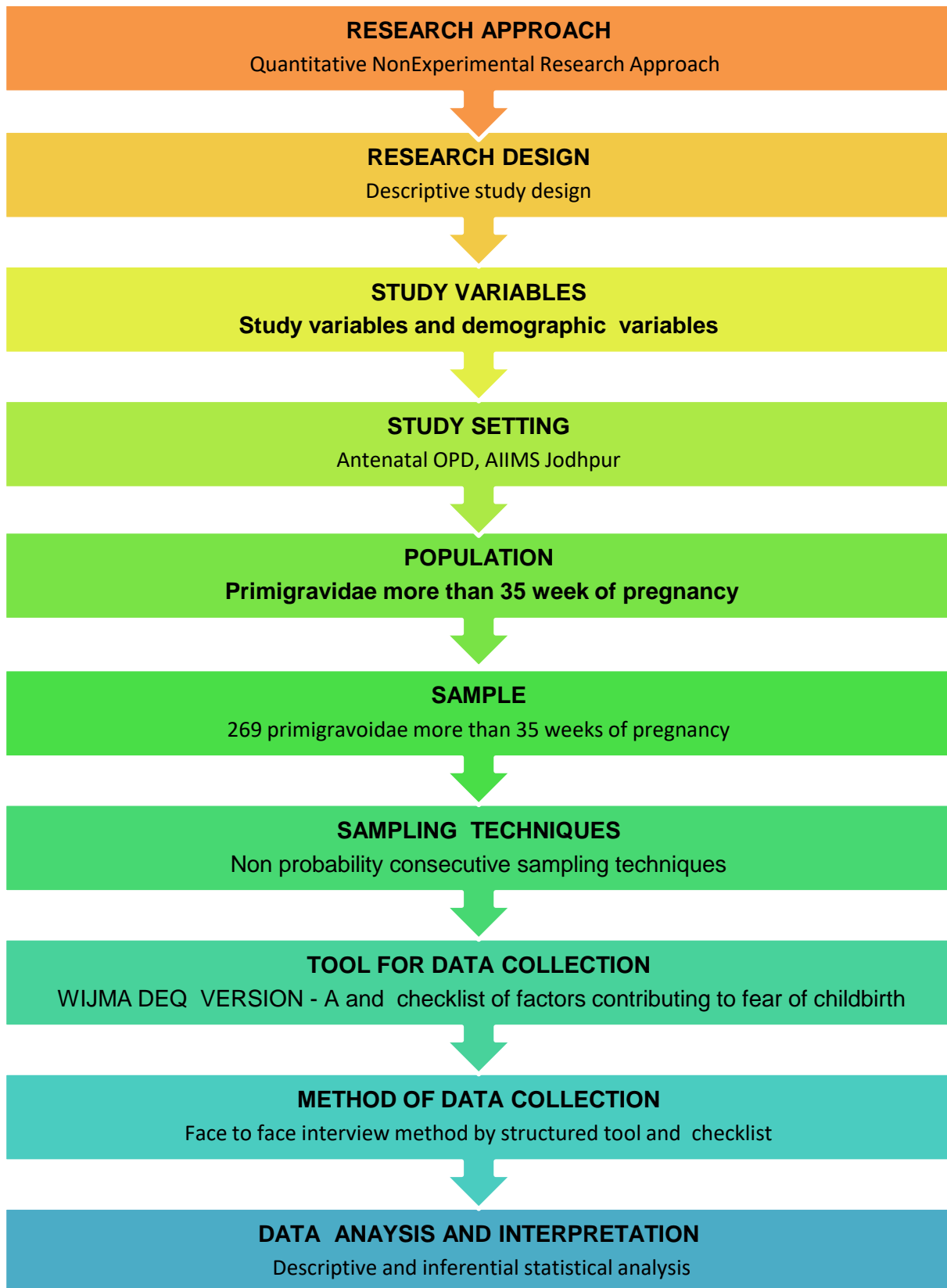


Fig. 1 Schematic presentation of methodology

RESEARCH APPROACH

Research approach is a description of plan to investigate the phenomenon under which study is carried out. In present study “Non-Experimental quantitative research approach” was used. It is a simple descriptive study and mainly focuses on exploring fear of childbirth and factors contributing to fear of childbirth in primigravidae.

RESEARCH DESIGN

The research design can be defined as a blueprint to conduct study that maximizes control over factors that could interfere with the validity of findings. The research design for the present study was “Descriptive Design” because this study is determined to describe the phenomenon like fear of childbirth and factors contribute to the fear of childbirth.

VARIABLES UNDER STUDY

- Fear of childbirth
- Factors contributing to fear of childbirth.
- Personal variables

STUDY SETTING

The selection of an appropriate setting of study is important because the setting can influence the way people behave or feel and how they respond. The setting is the physical location and conditions in which data collection takes place in the study. The current study was conducted in Antenatal O.P.D

of All India Institute of Medical Science, Jodhpur. It is established by the government of India's Ministry of Health and Family Welfare under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY). AIIMS, Jodhpur is presently functioning with 960 IPD beds and providing multi speciality tertiary care. Average Daily antenatal OPD attendance before COVID 19 was 120 client and post COVID 19 is 20 clients as telemedicine facilities are being provided by AIIMS Jodhpur.

TARGET POPULATION

Population refers to the entire aggregation of cases that meets designated sets of criteria. The need for defining a population for a research project arises out of requirements to specify the group to which the results of study can be applied. Target population of present study comprised of primigravidae with more than 35 weeks of gestation.

SAMPLING PROCESS

- Sample: A sample is a subset of population elements. Sample of present study was primigravidae more than 35 weeks of gestation

SAMPLING SIZE

$$N = \frac{1-n}{N_x} t^2 (pq)/d^2,$$

$$N = \frac{(1.96)^2 (0.20 \times 0.8)}{(0.05)^2}$$

$$= 245 \text{ and } 10\% \text{ attrition } = 245 + 24 = 269$$

$$= \text{sample size } 269$$

Sample size was calculated as per the prevalence of fear of childbirth in primigravidae²²

Where:

N = required sample size

P = prevalence of fear of childbirth in selected Primigravidae is 20% (0.2), (based on previous studies)²²

Z = table value at 0.05 level of significance is 1.96

D = absolute precision (acceptable margin of error) was assumed to be 5% (0.05)

A total of 269 sample size was kept for the present study.

SAMPLING TECHNIQUE

Sampling technique refers to process of selecting subset of population in order to obtain information regarding a phenomenon in a way that represents the entire population. Sampling is necessary because it is more economical and efficient to work with a small group. In the present study a non-probability consecutive sampling was chosen for sample selection. Non-probability consecutive sampling technique in which every subject meeting the criteria of inclusion is selected until the required sample size is achieved. In current study primigravidae more than 35 weeks of gestation and also fulfilled the inclusion criteria of study was selected from Antenatal OPD of AIIMS Jodhpur.

CRITERIA FOR SAMPLE SELECTION

The criterion for selection of sample was as follows: The criteria that specify the characteristics that the people in the population must possess are referred as inclusion criteria.

Inclusion criteria

- Registered primigravidae at AIIMS Jodhpur
- Primigravidae age group 19-31 year of age
- Period of gestation more than 35 weeks of pregnancy

Exclusion criteria

- Primigravidae women undergoing elective caesarean section
- Primigravidae with high-risk pregnancies
- Primigravidae diagnosed with co-morbidity like anaemia, hypertension, haemorrhage, mentally challenged etc.

DEVELOPMENT AND DESCRIPTION OF TOOLS-

A research study tool is a device used to measure the concept of interest in a research project that a researcher uses to collect data. Depending on the nature of the information to be gathered different instruments are used to conduct study.

In present study self-structured tool was prepared to assess factors contributing to fear of childbirth and standardized tool was used to assess level of fear of childbirth.

Self-structured tool was prepared after doing intensive review of research and non-research literature and books, articles, journals, project reports and different online references. Formal and informal discussions were held with the guide and opinion of the experts was also taken.

Table: 1 Tools used in research study

S. No.	Tool	Purpose	Technique
1.	Demographic Variables	To know the personal Variables of primigravidae	Interview
2.	WDEQ – A	To know the level of fear of childbirth	Interview
3.	Checklist factors contributing to fear of childbirth	To know the factors contributing to fear of childbirth	Interview

- Section A: Description of socio-demographic data
- Section B: Wijma delivery expectancy questionnaire (WDEQ-A standardized tool)
- Section C: checklist for factors contributing to fear of childbirth in primigravidae.

Section A: - Description of socio-demographic data (age, Gestational weeks, education, occupation, religion, duration of marriage, type of family, monthly income of family, No. of antenatal visits and area of living.)

Section B: Tool Wijma delivery expectancy questionnaire version-A was used to assess fear of childbirth in primigravidae. This tool has 6 statements, first statements have 2 items, second statement have 18 items, third statements have 6 items, fourth statement have 3 items, fifth statement have 4 items and sixth statement have 2 items. Total items are 33. Highest possible score is 165 and lowest possible score is 0 and the score was interpreted as low fear (0-37), moderate fear (38-64) and high fear (65-84) and severe (85-165). This tool consists of positive and negative items and the scoring for each items range from 0 to 5. Negatively framed items (S.No. 2,3,6,7,8,11,12,15,19,20,24,25,27,31) are reversed scored. Formal permission was obtained from the author to use the tool. The tool was translated in Hindi and then again back translated to English to ensure the meaning remains the same.

Section C- Researcher developed a checklist to identify the factors contributing to fear of childbirth. Total numbers of items are 18 and the items of this list were interpreted in proportions as most common and least common contributing factors.

ETHICAL CONSIDERATION

- Ethical Clearance has been obtained from the Institutional Ethics Committee AIIMS Jodhpur. Certificate Reference Number: AIIMS/IEC/2020-21/3027 Date: -01/06/2020.

- Prior permission was taken from Principal, College of Nursing and Head of department of Obstetrics & Gynaecology, AIIMS, Jodhpur.
- Written Informed consent was obtained from each study subjects involved in the study
- All the subjects were informed about their participation in the research, objectives of the study, duration of their involvement and probable use of findings of the study.
- Confidentiality of data was maintained and the study subjects were given full autonomy to withdraw from the study at anytime.

CONTENT VALIDITY OF THE TOOL

It is concerned with scope of coverage of the content area to be measured. The content validity of the tool was established by taking expert's opinion from seven experts and average proportion of items judged as relevance across seven experts. The tool was circulated to medical and nursing experts of obstetrics and gynaecology. After getting their valuable suggestion the necessary modification was made in the tool and content validity is following: -

Table: 2 Showing the content validity index of tools

S.No.	Items	S-CVI/UA	S-CVI/Ave
01	Demographic variables	0.91	0.82
02	WIJMA DEQ Version-A for fear of childbirth	0.93	0.98
03	Checklist for factor contributing to fear of childbirth	0.83	0.97

Validity of Demographic variables was 0.91, Validity WDEQ Version-A for fear of childbirth was 0.93 and Validity of self structured tool factors contributing to fear of childbirth was 0.83 and established by opinion of panel of Seven experts . The research study tool was found to be valid for the study.

RELIABILITY OF TOOL

It is a degree of consistency and accuracy with which an instrument measures the attributes for which it is designed to measures.

The tool was administered to 15 primigravidae more than 35 weeks of gestation and the reliability was determined through Cronbach's alpha.

Formula for Cronbach's alpha is:-

$$\alpha = \frac{k}{k-1} \left(1 - \frac{\sum V_i}{V_t} \right)$$

k= total number of test item

\sum = indicates to sum

V_i = variance of score on each question

V_t = Total variance of overall scores on the entire test

- The original Wijma delivery expectancy questionnaire reliability >0.87(Cronbach's alpha) and the reliability of Wijma delivery expectancy questionnaire version -A was 0.9.

- Reliability of Hindi translated Wijma delivery expectancy questionnaire version -A is 0.74 (Cronbach's alpha).
- Reliability of checklist for factors contributing to fear of childbirth in primigravidae is 0.70 (Cronbach 'alpha)

The reliability of all tools are in acceptable range and thus, the tool were found to be reliable.

PILOT STUDY

Pilot study was done among 15 primigravidae women more than 35 weeks of gestation, at antenatal OPD AIIMS Jodhpur selected by Non probability consecutive sampling technique. Data was collected using standardized tool WIJMA Version – A and structured tool checklist for factor contributing to fear of childbirth. Data collection for pilot study was completed in two weeks from August 31st, 2020 to September 12th, 2020.

The main objectives of pilot study were:

- To assess feasibility of the study
- To assess the practicability of the study
- To determine the reliability of data collection tool
- To determine the understanding and language clarity of the tool

Result of the pilot study indicated that study was found feasible, practical and language of data collection tool was clear and understandable to primigravidae. Average 15-20 min was required to collect data from each primigravidae.

Problem faced during the pilot study:

No any significant problem was faced during pilot study except for the availability of sample due to COVID 19 pandemic.

PROCEDURE OF DATA COLLECTION

After receiving permission from institutional ethics committee data collection was initiated. Data collection was done in month of November and December 2020.

Steps of data collection were as follow:

- Primigravidae more than 35 weeks of gestation seeking antenatal care at OPD were approached.
- Information related to researcher was given to the primigravidae and study's purpose was explained to them.
- Confidentiality of primigravidae's responses was assured and their written consent was taken prior to the study.
- Data was collected by the face-to-face interview.
- Approx. 15-20 min. time was taken to collect data and fill Performa from each primigravidae.
- Thereafter, collected data was coded and entered into master sheet for analysis.

PLAN FOR DATA ANALYSIS

Data was entered into master sheet and SPSS 26 version was used for the descriptive and inferential statistical analysis. Such as:

Descriptive statistics:-

- Mean
- Frequency
- Percentage
- Standard deviation

Inferential statistics: -

- Chi square test to check the associations.

Analyzed data was interpreted and depicted with the help of tables, graphs, charts etc.

SUMMARY: -

This chapter dealt with Research Methodology. Quantitative research approach and Descriptive research design were used in this study. Study was conducted at Antenatal OPD, AIIMS Jodhpur. Data were collected by face to face interview from 269 primigravidae more than 35 weeks of gestation selected by consecutive sampling technique. Standardized WDEQ Version - A questionnaire and structured checklist factor contributing to fear of childbirth tools were used to collect the data from the primigravidae. Collected data was entered into master sheet and SPSS 26 version was used for the descriptive and inferential statistical analysis.

CHAPTER IV
ANALYSIS,
INTERPRETATION
& DISCUSSION

ANALYSIS, INTERPRETATION AND DISCUSSION

This chapter dealt with the result & discussion based upon analysis of data. Analysis and interpretation of the data collected from primigravidae was done in accordance with the objectives of the study.

Data analysis is a process in which study data are systematically organised, research data are synthesized and hypothesis of the research study are tested. Interpretation is a process of making sense of the result of study and examining their implications.

The raw data collected was entered into master sheet, analyzed and interpreted with the help of descriptive and inferential statistics.

Objectives of the study are:

- To assess the fear of childbirth among primigravidae mother.
- To determine factors contributing to fear of childbirth among primigravidae.
- To determine association of fear of childbirth with selected personal variables of primigravidae.

Data was collected from 269 primigravidae more than 35 weeks of gestation by using standardized WDEQ Version – A and structured Checklist factors contributing to fear of childbirth Tool to assess level of fear of childbirth and factors contributing to fear of childbirth among primigravidae. All data was tabulated and summarized in the Microsoft excel sheets. Data was analyzed and interpreted by using descriptive and inferential statistics. The p value ≤ 0.05 was considered as significant in the present study.

Descriptive statistics: Percentage, Frequency, mean and standard deviation were the analytical part of the descriptive statistic, which were used to describe characteristics of personal variables, level of fear of childbirth and percentage and frequency of factors contributing to fear of childbirth.

Inferential statistics: Chi-square was the analytical part of inferential statistics to seek association of level of fear of childbirth with selected demographic variables.

The data and findings have been organized and presented under the following sections:

SECTION I: This section describe the sample characteristic (personal variables and obstetrics details of primigravidae) these were described in terms of frequencies and percentage.

SECTION II: This section describes the level of fear of childbirth among primigravidae assessed by Wijma DEQ Version – A. Total number of items was 33 and minimum score was 0 and maximum possible score was 165.

- Level of fear of childbirth
- Frequency and percentage distribution of fear of childbirth
- Mean and SD of fear of childbirth

SECTION III: This section explains the factors contributing to fear of childbirth. A self structured checklist developed by the researcher was used to identify the factors contributing to fear of childbirth among primigravidae.

- Frequency and percentage distribution of factors contributing to fear of childbirth.

SECTION IV: This section describes association of level of fear of childbirth with selected personal variables of primigravidae.

ORGANIZATION AND PRESENTATION OF DATA:

SECTION I: This section Described the sample characteristics (personal variables and obstetrics details of primigravidae) these were described in terms of frequencies and percentage.

TABLE 3: Frequency and percentage distribution of primigravidae as per personal variable **N=269**

S. No.	Demographic variables	f (%)
1	Age group in years-	
	19-23	80(29.7)
	24-28	139(51.7)
	29-31	50(18.6)
	Mean \pm SD	25.7 \pm 3.3
2	Gestational age in wks -	
	36-38 weeks	169(62.8)
	39-42 weeks	100(37.1)
	Mean \pm SD	37.3 \pm 1.3
3	Education -	
	No formal education	16(5.9)
	Primary	25(9.3)
	Secondary	50(18.6)
	Graduation or above	178(66.2)
4	Occupation	
	Homemaker	179(66.5)
	Private job	46(17.1)
	self employed	20(7.4)
	Government job	24(8.9)
5	Religion -	
	Hindu	235(87.4)
	Muslim	11(4.1)
	Christian	11(4.1)
	Any others	12(4.5)
6	Duration of marriage-	
	<1 years	47(17.5)
	1-3 years	152(56.5)
	>3 years	70(26)
7	Types of family -	
	Nuclear	65(24.2)
	Joint	181(67.3)
	Extended	23(8.6)
8	Monthly income of family	
	<20,000	47(17.5)
	20,000-30,000	94(34.9)
	>30,000	128(47.6)
9	No of antenatal visit-	
	<4	81(30.1)
	4 to 10	157(58.4)
	>10	31(11.5)
10	Area of living-	
	Rural	84(30.1)
	Urban	185(68.8)

The data presented in Table 3 shows the personal variables of the primigravidae. Mean and standard deviation of age of primigravidae was 25.7 ± 3.3 and more than half of the primigravidae (51.7%) belonged to the age group of 24-28 years. Mean and standard deviation of gestation weeks of primigravidae was 37.3 ± 1.3 and more than half of primigravidae (62.8%) were having gestational weeks between 36- 38 weeks. Among 269 primigravidae 66.2% were graduate and above category of education and out of total 66.5% Primigravidae were homemaker. Majority of primigravidae (87.4%) belonged to Hindu religion. Marriage Duration of more than half of primigravidae (56.5%) was 1-3 year. In type of family (67.3%) primigravidae were belonged to joint family. Family income of nearly half of the primigravidae (47.6%) was above >30000/- per month. More than half of primigravidae (58.4%) visited antenatal OPD 4-10 times during their pregnancy. Most of the primigravidae (68.8%) belonged to the urban area.

SECTION II: This section describes the level of fear of childbirth among primigravidae assessed by Wijma DEQ Version – A. Total numbers of items were 33 and minimum score was 0 and maximum possible score was 165.

- Level of fear of childbirth
- Percentage and frequency distribution of fear of childbirth
- Mean and SD of fear of childbirth

Table:- 4 Level of fear of childbirth among primigravidae

N=269

S.No	Level o Fear of childbirth (score)	f (%)	Mean \pm SD
1	Low(0-37)	18(6.7)	
2	Moderate (38-64)	64(24.1)	72.6 \pm 21.3
3	High(65-84)	121(44.8)	
4	Severe(85-165)	66(24.4)	

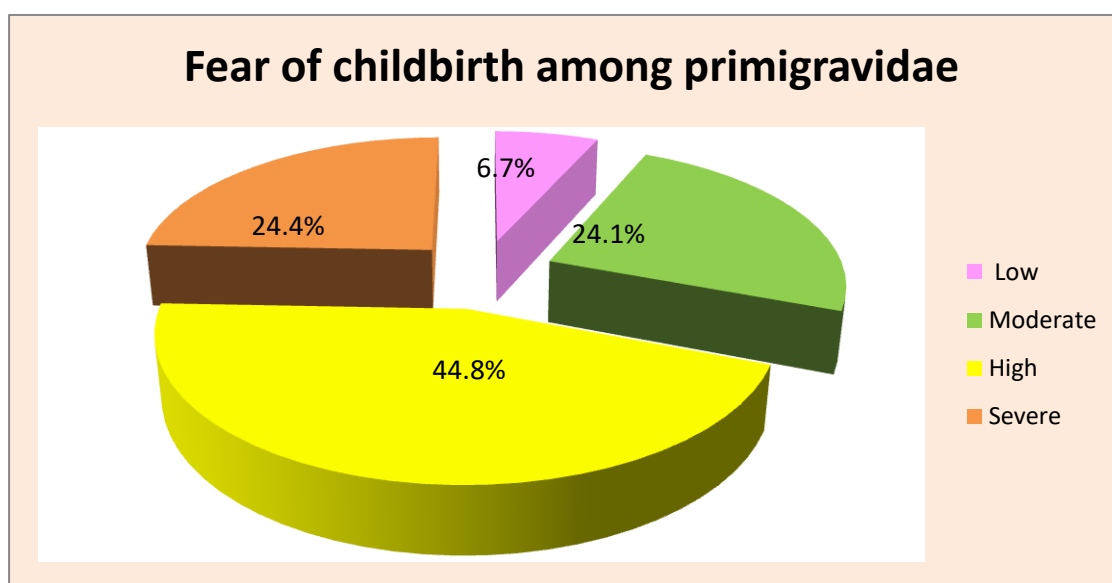


Fig. II – Fear of childbirth among primigravidae at AIIMS, Jodhpur

Table 4 and figure II depicts the score level of fear of childbirth among primigravidae more than 35 weeks of gestation. Almost one fourth of primigravidae (24.4%) were having severe level of fear of childbirth and almost half (44.8%) were having high level of fear. 24.1% of primigravidae were having moderate level of fear of childbirth followed by 6.7% primigravidae having low level of fear of childbirth.

SECTION III: This section explains the factors contributing to fear of childbirth. A self structured checklist developed by the researcher to identify the factors contributing to fear of childbirth among primigravidae.

- Frequency and percentage distribution of factors contributing to fear of childbirth.

Table - 5 Factors contributing to fear of childbirth.**N=269**

S. No.	factor contributing to fear of childbirth	f (%)	
		YES	NO
1	Being a primigravidae	184(68.4)	85(31.6)
2	Uncertainty of duration of labour	205(76.2)	64(23.8)
3	Fear of labour pain	217(80.7)	52(19.3)
4	Being alone in labour room	114(42.4)	155(57.6)
5	Fear of procedures performed in labour room	150(55.8)	119(44.2)
6	Fear of invasion of privacy	77(28.6)	192(71.4)
7	Disturbed self-image	75(27.9)	194(72.1)
8	Lack of knowledge about the childbirth procedure	83(30.9)	186(69.1)
9	Family genetic predisposition	68(25.3)	201(74.7)
10	Lack of family support	44(16.4)	225(83.6)
11	Bad obstetric history of family members	70(26)	199(74)
12	Knowledge deficit related to care of child	107(39.8)	162(60.2)
13	Apprehension regarding birth defect in child	99(36.8)	170(63.2)
14	Unplanned pregnancy	85(31.6)	184(68.4)
15	Feeling of insecurity	75(27.9)	194(72.1)
16	Stressful life event during pregnancy	103(38.3)	166(61.7)
17	Worries about episiotomy	214(79.6)	55(20.4)
18	Others*	22(8.2)	247(91.8)

* Multiple responses were given by the primigravidae

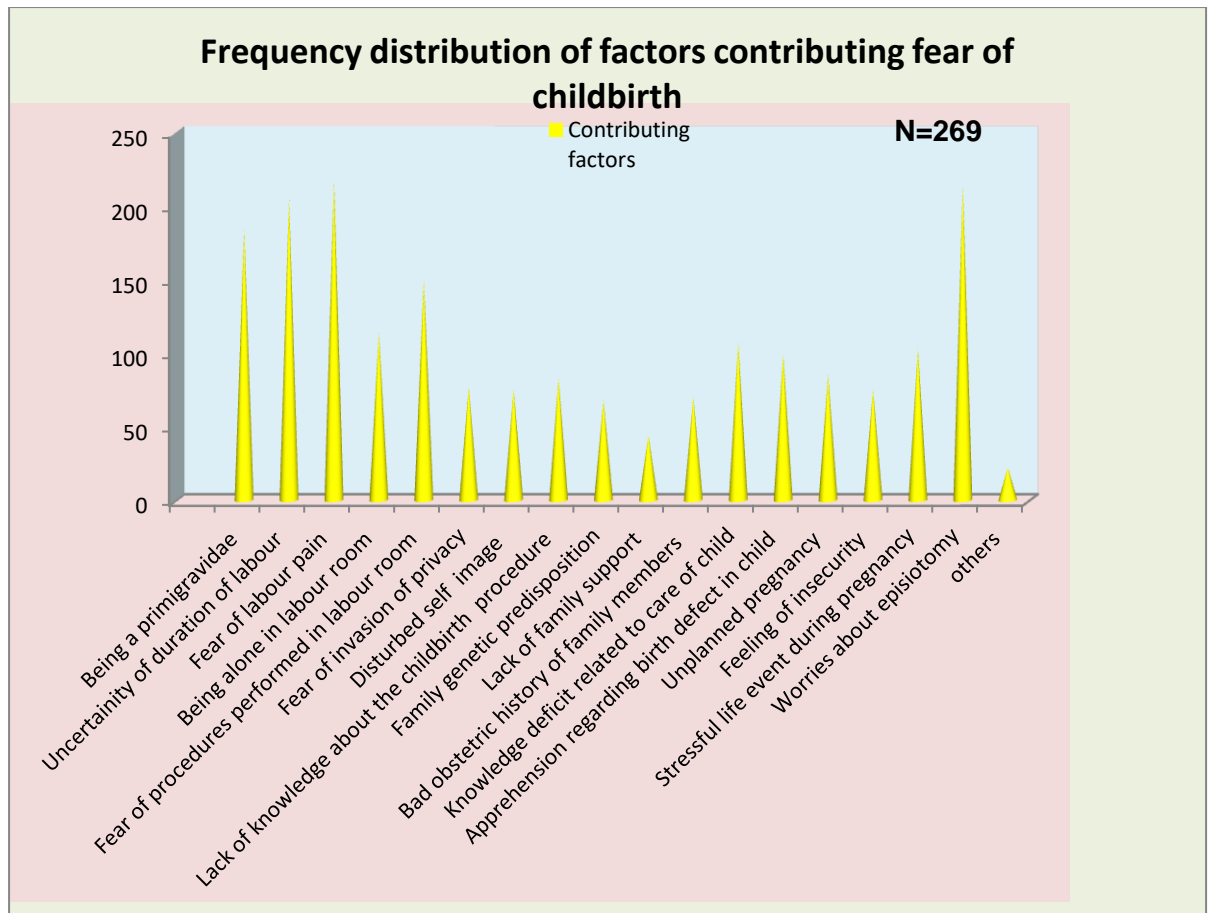


Fig:- III Factors contributing to fear of childbirth in primigravidae

Data present in table-5 and figure III revealed that the fear of labor pain (80.7%), worries about episiotomy (79.6%), uncertainty of duration of labor (76.2%) and being a primigravidae (68.4%) were most common factors identified in primigravidae contributing to fear of childbirth among them and lack of family support (16.4%), family genetic predisposition (25.3%), bad obstetrics history of family members (26%) and Disturbed self image and feeling of insecurity (27.9%) were the least contributing factors for fear of childbirth among primigravidae. 8.2% of primigravidae also reported other factors that were not included in the checklist of factors contributing to fear of childbirth. Other factors that contributed to fear of childbirth among primigravidae were fear of caesarean section, labor may start before due

date, delay in reaching hospital, delivery of baby in between the way to hospital, labour pain may not start after completion of term, worries related to expenditure of the delivery if caesarean section done, complications during childbirth, what will happen if she got exhausted during delivery, more distance from hospital, how to differentiate between labor pain and other pain, fear that she may deliver a baby of an unwanted gender, fear that her baby may have some complications during childbirth.

Section IV: Findings related to association of level of fear of childbirth with personal variables of participants.

TABLE- 6 Association of fear of childbirth with Personal variable

N=269

S. No.	Demographic variables	Fear score				X ²	df	p value
		Low	Moderate	High	severe			
1	Age group in years-							
	19-23	4	23	38	15	9.37	6	1.53 ^{NS}
	24-28	9	26	67	37			
	29-31	5	16	15	14			
2	Gestational age in wks							
	36-38 weeks	12	41	71	46	2.13	3	0.54 ^{NS}
	39-42 weeks	6	24	49	20			
3	Education -							
	No formal education	0	5	8	3	8.04	9	0.53 ^{NS}
	Primary	0	4	14	7			
	Secondary	6	11	23	10			
	Graduation or above	12	45	75	46			
4	Occupation -							
	Homemaker	11	45	74	49	13	9	0.16 ^{NS}
	Private job	5	9	19	13			
	self employed	1	4	11	4			
	Government job	1	7	16	0			
5	Religion -							
	Hindu	17	56	104	58	10.3	9	0.32 ^{NS}
	Muslim	1	1	0	1			
	Christian	0	5	2	4			
	Any others	0	3	6	3			
6	Duration of marriage-							
	<1 years	2	13	18	14	5.4	6	0.48 ^{NS}
	1-3 years	9	39	72	32			
	>3 years	7	13	30	20			
7	Types of family -							
	Nuclear	3	21	25	16	4.7	6	0.58 ^{NS}
	Joint	14	41	84	44			
	Extended	1	3	11	6			
8	Monthly income of family							
	<20,000	4	14	18	11	2.09	6	0.91 ^{NS}
	20,000-30,000	5	22	42	25			
	>30,000	9	29	60	30			
9	No of antenatal visit-							
	<4	5	19	33	24	4.05	6	0.66 ^{NS}
	4 to 10	11	41	69	36			
	>10	2	5	18	6			
10	Area of living-							
	Rural	5	24	29	26	5.9	3	0.11 ^{NS}
	Urban	13	41	91	40			

Significant* at the level of <0.05, NS: not significant at p level < 0.05.

Data presented in table 6 depicts association of fear of childbirth and demographic variables of participant of study. No personal variables were

found to be significantly associated with fear of childbirth among primigravidae more than 35 weeks of gestation at $p < 0.05$ level of significance.

MAJOR FINDINGS OF THE STUDY

Major findings of the study are summarized as follows:-

Sample characteristics:

Mean age of primigravidae was 25.7 years and more than half of the primigravidae (51.7%) belonged to the age group of 24-28 years. Mean duration of pregnancy in weeks was 37.3 ± 1.3 and more than half of primigravidae (62.8%) were having gestational age between 36- 38 weeks. Among 269 primigravidae (66.2%) were graduation and above category of education and out of total (66.5%) Primigravidae were homemaker. Majority of primigravidae (87.4%) belonged to Hindu religion. Marriage Duration of more than half of primigravidae (56.5%) was 1-3 year. In type of family (67.3%) primigravidae were belonged to joint family. Family income of nearly half of the primigravidae (47.6%) was above >30000/- per month. More than half of primigravidae (58.4%) visited antenatal OPD 4-10 times during their pregnancy. Most of the primigravidae (68.8%) belonged to the urban area.

Findings related to level of fear of childbirth among primigravidae:

Among primigravidae more than 35 weeks of gestation almost one fourth of primigravidae (24.4%) were having severe level of fear and almost half (44.8%) were having high level of fear. 24.1% of primigravidae were having

moderate level of fear of childbirth followed by 6.7% primigravidae having low level of fear of childbirth.

Findings related to factors contributing to fear of childbirth among primigravidae:

- Fear of labor pain (80.7%), worries about episiotomy (79.6%), uncertainty of duration of labour (76.2%) and being a primigravidae (68.4%) were most common factors identified in primigravidae contributing to fear of childbirth among primigravidae.
- Lack of family support (16.4%), family genetic predisposition (25.3%), and bad obstetrics history of family members (26%) and disturb self image and feeling of insecurity (27.9%) were the least contributing factors for fear of childbirth among primigravidae.
- 8.2% of primigravidae also reported other factors that were not included in the checklist factors contributing to fear of childbirth. Other factors that contributed to fear of childbirth among primigravidae were fear of caesarean section, labor may start before due date, delay in reaching hospital, delivery of baby in between the way to hospital, labour pain may not start after completion of term, worries related to expenditure of the delivery if caesarean section done, complications during childbirth, what will happen if she got exhausted during delivery, more distance from hospital, How to differentiate between labor pain and other pain, fear that she may deliver a baby of an unwanted gender, fear that her baby may have some complications during childbirth etc.

Findings related to association of level of fear of childbirth with personal variables

- No personal variables was found to be significantly associated with fear of childbirth at $P < 0.05$ level of significance.

DISCUSSION

The findings of the study have been discussed with reference to the objectives and assumption of the study.

Objectives of study:

- To assess the fear of childbirth among primigravidae.
- To determine factors contributing to fear of childbirth among primigravidae
- To determine association of fear of childbirth with selected personal variables of primigravidae.

The present study was conducted to assess the fear of childbirth and identify factors contributing to fear of childbirth among primigravidae more than 35 weeks of gestation visiting antenatal OPD of AIIMS, Jodhpur. Total 269 primigravidae were enrolled in the study by consecutive sampling.

The results of the present study showed that more than half of the primigravidae were in age group of 24-28 years and mean age was 25.7 ± 3.3 consistent with the study done by **Sanjay jaju et al.(2015)** in which mean age was 22.76 ± 2.9 . Mean and standard deviation of gestation weeks of primigravidae was 37.3 ± 1.3 and more than half of primigravidae (62.8%) were having gestational weeks between 36- 38 weeks consistent with the study done by Nafise **Andaroon et al (2017)** in which primigravidae having 34-36 weeks of pregnancy. The findings of the present study indicated that the majority of the primigravidae (87.4%) were Hindu consistent with the study done by **Avita Rose Johnson et al (2019)** in which out of total 86.9% primigravidae was from Hindu religion. Most of the primigravidae (66.2%)

were graduation and above category similar results have been seen in the study conducted by **Johnson AR et al.(2019)** where 48.7% of pregnant women were having college and above category of education. Marriage Duration of more than half of primigravidae (56.5%) were 1-3 year , similar result found study conducted by **Devilata T. et al (2015)**⁵² where marital life in year was 1-3 years in most of women(53.3%). In type of family most of the primigravidae (67.3%) belonged to joint family consistent with the study done by Ningthoujam Sujita Devi et al.(2018) in which out of total 78.6% primigravidae belonged to join family. More than half of primigravidae (58.4%) visited antenatal OPD 4-10 times during their pregnancy Consistent results have been seen in the study conducted by **Devilata T. et al (2015)** that 63.3% primigravidae attended more than 3 time antenatal OPD during pregnancy. In present study most of the primigravidae (68.8%) were belonged to the urban area consistent with study conducted by **Devilata T. et al** where out of total most of the primigravidae 86.8% were belong to urban area.

In current study Mean score of fear of childbirth was 72.6 ± 21.3 . 24.4% of primigravidae were having severe level of fear, 44.8% of primigravidae were having high fear of childbirth 24.1% primigravidae were having moderate fear of childbirth and 6.7% primigravidae were having Low level of fear of childbirth. The results were somewhat consistent with finding reported by Khwepeya et al. (2018) 39% reported low level of fear, 41% were moderately fearful and 20% were highly fearful. Lusua Mazuchova et al. (2017) mean level of fear was 68.8 ± 11.6 . According to study conducted by **Elsayda Hamdy Nasr et al. (2020)** 7.75% of total sample did not have any fear, 13.33% of them had low level of fear, 23.6% had moderate level of fear and 55.3% had

high level of fear. According to **Tiruset Gelaw et al.** 40(10.3%) of the pregnant women had a low fear, 154(39.8%) had a moderate fear, 98(25.3%) had a high fear, and 95(24.5%) had severe level fear of childbirth. During pregnancy about 20% of women had a relatively high level of fear a distribution of similar to previous studies that used the same assessment tool in Canadian 25% (Hall WA et al.) Australian 24% - 27% (Fenwick J. et al and Toohi J. et al) and Swedish 26 % (Zar M. et al).

In present study fear of labor pain (80.7%), worries about episiotomy (79.6%), uncertainty of duration of labor (76.2%) and being a primigravidae (68.4%) was most common factors present in primigravidae that contribute to fear of childbirth among primigravidae. **Soheila Pirdadeh B. et al. (2017)** lack of sufficient income for living expense, not participating in childbirth preparation classes and preferences for mode of delivery were predictive factors for the fear of childbirth. **Maeve A.O'Cannell et al (2019)** those with low informational support were more likely to report high FOC.

SUMMARY:

This chapter presents the data analysis and interpretation of the data collected to assess the level of fear of childbirth and factors contributing to fear of childbirth in primigravidae. Descriptive and inferential statistics were used for analysis. Diagrammatic representation of data was done by using Pie diagram, and bar diagram. The association between levels of fear of childbirth with personal variables were determined by chi-square test.

CHAPTER – V

SUMMARY

CONCLUSION AND

RECOMMENDATION

SUMMARY CONCLUSION AND RECOMMENDATION

Physiological, psychological, hormonal and social changes are occur during pregnancy which increase risk of emotional disturbance in women's life. Ability to adapt new changes and challenges in pregnancy are unique to every women and their experience of stress in pregnancy period affects the final outcome of the pregnancy. Fear of childbirth is a common problem in pregnant women but increase level of fear of childbirth results in an increased numbers of visits to hospitals after somatic symptoms and they frequently request for C-section. The fear of childbirth exists in between 6% and 10% of pregnant women, and planned c - section without medical reason is more common among women who have fear of childbirth.

The main objective of the research study was to know the level of fear of childbirth and factors contributing to fear of childbirth among primigravidae. The study was conducted at antenatal OPD, AIIMS Jodhpur among 269 primigravidae selected by consecutive sampling technique. Standardized wijma delivery expectancy questionnaire version – A and checklist to assess factors contributing to fear of childbirth were used for the data collection. Data analysis was done by using SPSS 26 version.

STRENGTH OF THE STUDY

- This study assesses fear of childbirth in primigravidae which is less explored area in midwifery research in the western Rajasthan as well as at the national level.

- This study identifies the factors that contribute to fear of childbirth in primigravidae.
- The studies also emphasize the need of education to improve the awareness of primigravidae regarding fear of childbirth.

LIMITATIONS OF THE RESEARCH STUDY

- Study was done only among primigravidae registered at Antenatal OPD of AIIMS Jodhpur.
- Research study conducted only among primigravidae more than 35 weeks of gestation.

IMPLICATIONS IN NURSING

Nursing is an art and science. It is based upon the current knowledge i.e. frequently changing with discoveries, ideas, techniques, methodologies and motivations. The quality of care provided to client at the level of excellence when nurse integrate the science and art of nursing in their practice that benefits innumerable clients. Present study finding have several implications in nursing field i.e. in nursing practice, nursing administration, nursing education and nursing research.

NURSING AND MIDWIFERY PRACTICES

A nurse is a main link between health services and community. A nurse is the most important member of a health care team and has a distinctive function to perform for the client in an independent manner. In the health care team nurse

is the very important person who is continuously connected with the patient from the time of the admission till discharge from the health setting. A midwife can educate the primigravidae with fear of childbirth about normal physical physiological and psychological changes during the pregnancy and also provide information related to normal delivery and events of labor and its management. Though, Midwife plays a major role all throughout a woman's pregnancy. She as a member of health care team provide support to mother, educate her how to deal with pregnancy and special focus should be given by her when women is diagnosed with fear of childbirth. A midwife can educate the mother during their antenatal visits regarding fear of childbirth and its complications on mother and baby. She can take thorough history from primigravidae and identifies factors that are present in primigravidae and contribute to increase their fear level. Midwifery care during antenatal period should be provided during their routine antenatal follow-up to provide them a great emotional, informational and tangible support.

NURSING EDUCATION

Student nurse should emphasize on the importance of health education. New innovative ways should be taught to them about health literacy among antenatal mothers regarding normal physical physiological and psychological changes during the pregnancy. There are various techniques available for imparting health education, which can be used by the nurses. So the students should be taught in detail about all the methods of health education which they can use effectively and independently to improve the knowledge of primigravidae and importance of identification and management of factors

contributing to fear of childbirth among primigravidae and so to improve the maternal and fetal outcome.

NURSING ADMINISTRATION

Fear of childbirth in pregnancy is normal but if women have moderate to severe fear of childbirth that is bad for their health. There is a need to be more aware regarding fear of childbirth and all factors that is associated with fear of childbirth not only among mothers but also the health care providers. Health care workers are the ones who will impart the knowledge and make the public more aware regarding this issue. Hence, Nurse Manager should organize the in-service training program, workshops, and seminars for hospital staff or worker. The nurse administrators should accept the new trends in health care and put the new strategies into a place for antenatal women to make them understand that severe fear of childbirth is a serious condition lead to complications in mother and fetus both. Special Antenatal classes can be conducted by nurses in Antenatal OPDs for antenatal mothers where classes can be arranged depending upon clients need of knowledge and information.

NURSING RESEARCH

Nursing research conducted in nursing profession with aims to contribute knowledge to the nursing field to expand and broaden the scope of nursing. Nursing knowledge can be improved by conducting various innovative research. Nurse should take initiative to conduct further research and broaden the knowledge. Research should be done to find the various innovative

methods to improve the knowledge of primigravidae regarding fear of childbirth and new methods to educate and counsel them to minimize their fear level and also research should be conducted to educate about various techniques to reduce the fear level of primigravidae who all are diagnosed with severe fear of childbirth.

PROBLEM FACED WHILE COLLECTING DATA

- Difficulty in involving the study participants due to COVID -19 pandemic.
- Some primigravidae were not willing to share their information.(were excluded)
- Some respondents left the interview in between as they considered it as a lengthy process.(were excluded)

RECOMMENDATION

On the basis of the study findings, the recommendations are made as follows for future nursing clinical practice improvement and research.

- Study can be conducted on large population in different setting so that the result of the study can be generalized to large population.
- The research study can be replicated in different settings i.e. in antenatal women of rural and urban settings to strengthen the findings.
- The study can be conducted to provide interventions to the primigravidae women diagnosed with fear of childbirth.

- A study can be conducted for longer duration of time to get a clear picture
- Multi centre study can be done.

CONCLUSION

The result of the study indicate that primigravidae women were having low to severe fear of childbirth and 68-70% were having high to severe fear of childbirth. Multiple factors contribute to increase their fear level. There is a need of education of antenatal mothers regarding fear of childbirth during their antenatal visits. Health care providers should create awareness and improve the knowledge of mothers regarding fear of childbirth and its contributing factors. A regular screening related to their fear of childbirth among all pregnant mothers should be promoted and health awareness program should be conducted for better utilization of health services.

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APPENDICES

APPENDIX - I



अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर
All India Institute of Medical Sciences, Jodhpur
संस्थागत नैतिकता समिति
Institutional Ethics Committee

No. AIIMS/IEC/2020/ 3109

Date: 01/06/2020

ETHICAL CLEARANCE CERTIFICATE

Certificate Reference Number: AIIMS/IEC/2020-21/3027

Project title: "Fear of child birth and its contributing factors among prim gravidae at AIIMS Jodhpur"

Nature of Project: Research Project Submitted for Expedited Review
Submitted as: Student Research Project, as a part of Academic Programme
Investigator: Kanchan Sharma
Supervisor: Mr. Himanshu Vyas
Co-Supervisor: Dr. Meenakshi Gothwal
Institutional Ethics Committee after thorough consideration accorded its approval on above project.

The investigator may therefore commence the research from the date of this certificate, using the reference number indicated above.

Please note that the AIIMS IEC must be informed immediately of:

- Any material change in the conditions or undertakings mentioned in the document.
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research.

The Principal Investigator must report to the AIIMS IEC in the prescribed format, where applicable, bi-annually, and at the end of the project, in respect of ethical compliance.

AIIMS IEC retains the right to withdraw or amend this if:

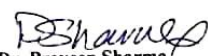
- Any unethical principle or practices are revealed or suspected
- Relevant information has been withheld or misrepresented

AIIMS IEC shall have an access to any information or data at any time during the course or after completion of the project.

Please Note that this approval will be rectified whenever it is possible to hold a meeting in person of the Institutional Ethics Committee. It is possible that the PI may be asked to give more clarifications or the Institutional Ethics Committee may withhold the project. The Institutional Ethics Committee is adopting this procedure due to COVID-19 (Corona Virus) situation.

If the Institutional Ethics Committee does not get back to you, this means your project has been cleared by the IEC.

On behalf of Ethics Committee, I wish you success in your research.


Dr. Praveen Sharma
Member Secretary
Institutional Ethics Committee
AIIMS, Jodhpur

APPENDIX - II

LIST OF EXPERTS FOR TOOL VALIDATION

S. No.	NAME OF EXPERT	DESIGNATION
1.	Dr. Pratibha Singh	Professor and Head Department of Obstetrics and Gynaecology AIIMS, Jodhpur
2.	Dr. Shashank Shekhar	Professor Department of Obstetrics and Gynaecology AIIMS, Jodhpur
3.	Dr. Manisha Jhirwal	Assistant professor Department of Obstetrics and Gynaecology AIIMS, Jodhpur
4.	Dr. Manu Goyal	Associate professor Department of Obstetrics and Gynaecology AIIMS, Jodhpur
5.	Mrs Prasuna Jelly	Assistant professor College of Nursing AIIMS, Rishikesh
6.	Dr. Kanitha	Lecturer College of nursing NIMHANS, Bangalore
7.	Mrs. Prabha Kumari	Lecturer College of nursing Dr. R.M.L. Hospital New Delhi

APPENDIX - III

TOOL FOR DATA COLLECTION - डेटा संग्रह के लिए उपकरण

Demographic variables (जनसांख्यिकीय चर)

1) Age in year-	अ) उम्र (वर्षों में)-
2) Gestational age in weeks	आ) गर्भकालीन आयु सप्ताह में
3) Education – a) No formal education b) Primary c) Secondary d) Graduation and above	इ) शिक्षा का स्तर – i. कोई औपचारिक शिक्षा नहीं ii. प्राथमिक iii. माध्यमिक iv. स्नातक और ऊपर
4) Occupation – a) Homemaker b) Private job c) Self employed d) Government job	ई) व्यवसाय- i. ग्रहणी ii. निजी नौकरी iii. खुद का व्यवसाय iv. सरकारी नौकरी
5) Religion a) Hindu b) Muslim c) Christian d) Others	उ) धर्म – i. हिन्दू ii. मुस्लिम iii. ईसाई iv. कोई अन्य
6) Duration of marriage- a) <1year b) 1 – 3 year c) > 3 years	ऊ) शादी की अवधि- i. <1 वर्ष ii. 1-3 वर्ष iii. > 3 वर्ष
7) Type of Family a) Nuclear b) Joint c) Extended	ऋ) परिवार का प्रकार- i. एकल परिवार ii. संयुक्त परिवार iii. विस्तरित परिवार
8) Monthly income of family (In rupees) a) <20000 b) 20000-30000 c) >30000	ॠ) मासिक पारिवारिक आय – i. <20000 ii. 20,000-30,000 iii. > 30000
9) No. of antenatal visit – a) ≥4 visit b) 5 to 10 visit c) >10 visit	ऐ) प्रसवकाल में अस्पताल में जाने की संख्या – i. <4 बार ii. 5 से 10 बार iii. > 10 बार
10) Area of living- a) Rural b) Urban	ए) आवासीय क्षेत्र - i. ग्रामीण ii. शहरी

APPENDIX - IV

WIJMA DELIVERY EXPECTANCY QUESTIONNAIRE VERSION - A

(WDEQ संस्करण - ए)

I. HOW DO YOU THINK YOUR LABOUR AND DELIVERY WILL TURN OUT AS WHOLE (आप अपने प्रसव और प्रसव पीड़ा के बारे में क्या सोचते हैं)					
1 EXTREMELY FANTASTIC बहुत अच्छा					NOT AT ALL FANTASTIC बिल्कुल नहीं
0	1	2	3	4	5
2.EXTREMELY FRIGHTFUL बहुत डरावना					NOT AT ALL FRIGHTFUL बिल्कुल डरावना नहीं होना
0	1	2	3	4	5
II. HOW DO YOU THINK YOU WILL FEEL IN GENERAL DURING THE LABOUR AND DELIVERY सामान्य तौर पर आप क्या सोचते हैं प्रसव और प्रसव पीड़ा के समय कैसा महसूस करेंगे।					
3.EXTREMELY LONELY बेहद अकेलापन					NOT AT ALL LONELY बिल्कुल अकेलापन ना होना
0	1	2	3	4	5
4.EXTREMELY STRONG बेहद मजबूत					NOT AT ALL STRONG बिल्कुल मजबूत ना होना
0	1	2	3	4	5
5.EXTREMELY CONFIDENT बेहद आत्मविश्वास होगा					NOT AT ALL CONFIDENT बिल्कुल आत्मविश्वास ना

					होना
0	1	2	3	4	5
6.EXTREMELY AFRAID बेहद डर जायेगे					NOT AT ALL AFRAID बिल्कुल नहीं डरेगे
0	1	2	3	4	5
7.EXTREMELY DERIVED बेहद सुनसान					NOT AT ALL DERIVED बिल्कुल सुनसान नहीं
0	1	2	3	4	5
8.EXTREMELY WEAK बहुत कमजोर					NOT AT ALL WEAK बिल्कुल कमजोर नहीं
0	1	2	3	4	5
9.EXTREMELY SAFE बहुत सुरक्षित					NOT AT ALL SAFE बिल्कुल सुरक्षित नहीं
0	1	2	3	4	5
10.EXTREMELY INDEPENDENT बेहद स्वतंत्र					NOT AT ALL INDEPENDENT बिल्कुल स्वतंत्र नहीं
0	1	2	3	4	5
11.EXTREMELY DESOLATE बेहद सूना					NOT AT ALL DESOLATE बिल्कुल सूना नहीं
0	1	2	3	4	5
12.EXTREMELY TENSE					NOT AT ALL

बेहद चिंता होगी					बिल्कुल चिंता नहीं	
0	1	2	3	4	5	
13.EXTREMELY GLAD अत्यधिक प्रसन्न					NOT AT ALL GLAD बिल्कुल प्रसन्न ना होना	
0	1	2	3	4	5	
14.EXTREMELY PROUD अत्यधिक गर्वान्वित					NOT AT ALL PROUD बिल्कुल गर्वान्वित ना होना	
0	1	2	3	4	5	
15.EXTREMELY ABANDONED बेहद छोड़ा हुआ					NOT AT ALL बिल्कुल छोड़ा हुआ नहीं	
0	1	2	3	4	5	
16.TOTALLY COMPOSED बेहद शांतचित्त					NOT AT ALL बिल्कुल शांतचित्त नहीं	
0	1	2	3	4	5	
17.EXTREMELY RELAXED बेहद आरामदायक					NOT AT ALL बिल्कुल आरामदायक नहीं	
0	1	2	3	4	5	
18.EXTREMELY HAPPY अत्यधिक खुश					NOT AT ALL बिल्कुल खुश ना होना	
0	1	2	3	4	5	
III. HOW DO YOU THINK YOU WILL FEEL DURING THE LABOUR AND DELIVERY(आप क्या सोचते हैं प्रसव और प्रसव पीड़ा के समय कैसा महसूस करेगे।)						

19. EXTREME PANIC बेहद हतास					NO PANIC AT ALL बिल्कुल हतास ना होना
0	1	2	3	4	5
20. EXTREME HOPELESSNESS बेहद निराश					NO HOPELESS AT ALL बिल्कुल निराश ना होना
0	1	2	3	4	5
21. EXTREME LONGING FOR THE CHILD बच्चे के लिए बहुत लालसा होना					NO LONGING FOR CHILD AT ALL बच्चे की बिल्कुल लालसा ना होना
0	1	2	3	4	5
22.EXTREME SELF CONFIDENCE बेहद आत्मविसवास होना					NO SELF CONFIDENCE AT ALL बिल्कुल आत्मविसवास ना होना
0	1	2	3	4	5
23. EXTREME TRUST अत्यधिक विश्वास					NO TRUST AT ALL बिल्कुल विश्वास ना होना
0	1	2	3	4	5
24.EXTREME PAIN अत्यधिक दर्द					NO PAIN AT ALL बिल्कुल दर्द न होना
0	1	2	3	4	5
IV. WHAT DO YOU THINK WILL HAPPEN WHEN LABOUR IS MOST INTENSE जब प्रसव पीड़ा ज्यादा होगी तब क्या होगा इस बारे में आप क्या सोचती है					
25. I BEHAVED EXTREMELY BADLY					NOT AT ALL बिल्कुल बुरा

मैं बहुत बुरा व्यवहार करूंगी					व्यवहार नहीं करूंगी
0	1	2	3	4	5
26. I WILL DARE TO TOTALLY SURRENDER CONTROL TO MY BODY मैं अपने शरीर को पूरी तरह सौंपने की हिम्मत करूंगी					I WILL NOT DARE TO SURRENDER CONTROL TO MY BODY AT ALL मैं अपने शरीर को पूरी तरह सौंपने की हिम्मत बिल्कुल नहीं करूंगी
0	1	2	3	4	5
27. I WILL TOTALLY LOSE CONTRL OF MYSELF मैं पूरी तरह से अपना आपा खो दूंगी					I WILL NOT LOSE CONTRL OF MYSELF AT ALL मैं पूरी तरह से अपना आपा नहीं खोऊंगी
0	1	2	3	4	5
V. HOW DO YOU IMAGINE IT WILL FEEL THE VERY MOMENT YOU DELIVER THE BABY. (कल्पना करो शिशु पैदा होते ही आप कैसा महसूस करोगे)					
28. EXTREMELY FUNNY बेहद मजेदार					NOT AT ALL FUNNY बिल्कुल मजेदार नहीं
0	1	2	3	4	5
29. EXTREMELY NATURAL बेहद प्राकृतिक					NOT AT ALL NATURAL बिल्कुल प्राकृतिक नहीं
0	1	2	3	4	5
30. EXTREMELY SELF EVIDENT					NOT AT ALL SELF

बेहद स्पष्ट होंगे					EVIDENT बिल्कुल स्पष्ट नहीं होंगे
0	1	2	3	4	5
31.EXTREMELY DANGEROUS बेहद भयप्रद					NOT AT ALL DANGEROUS बिल्कुल भयप्रद नहीं
0	1	2	3	4	5
VI. HAVE YOU, DURING THE LAST MONTH, HAD FANTASIES ABOUT THE LABOUR AND DELIVERY FOR EXA.... पिछले महीने आपने प्रसव और प्रसव पीड़ा से संबंधित कुछ कल्पना की जैसे-					
32. FANTASIES THAT YOUR CHILD WILL BE INJURED DURING LABOUR/DELIVERY (आपको ऐसे खयाल आये की प्रसव के दौरान शिशु को कुछ क्षति हो सकती है)					
VERY OFTEN अक्सर					NEVER कभी नहीं
0	1	2	3	4	5
33. FANTASIES THAT YOUR CHILD WILL BE DIE DURING LABOUR आपको ऐसे खयाल आये की प्रसव के दौरान शिशु की मौत हो सकती है					
VERY OFTEN अक्सर					NEVER कभी नहीं
0	1	2	3	4	5

APPENDIX- V

CHECKLIST FOR FACTORS CONTRIBUTING TO FEAR IN PRIMIGRAVIDAE

S.NO	ITEMS	YES	NO
1.	Being a primigravidae (प्रथमगर्भा होना)		
2.	Uncertainty of duration of labour (प्रसव पीड़ा में अनिश्चितता)		
3.	Fear of labour pain (प्रसव पीड़ा का डर)		
4.	Being alone in labour room (प्रसव कक्ष में अकेला होना)		
5.	Fear of procedures performed in labour room (प्रसव कक्ष में होने वाली कार्यविधि का डर)		
6.	Fear of invasion of privacy (गोपनीयता भंग होने का डर)		
7.	Disturbed self image (आत्म छवि बिगड़ने का डर)		
8.	Lack of knowledge about the childbirth procedure (प्रसव की कार्यविधि के ज्ञान का अभाव)		
9.	Family genetic predisposition परिवार में आनुवंशिक बीमारी का होना		
10.	Lack of family support (परिवार के समर्थन का अभाव)		
11.	Bad obstetric history of family members like mother/sister परिवार के सदस्य जैसे माँ / बहन को प्रसूति रोग होना		
12.	Knowledge deficit related to care of child (शिशु की देखभाल से संबंधित ज्ञान का अभाव होना)		
13.	Apprehension regarding birth defect in child (शिशु में जन्मजात दोष होने की चिंता)		
14.	Unplanned pregnancy (अनियोजित गर्भावस्था)		
15.	Feeling of insecurity (असुरक्षा महसूस करना)		
16.	Stressful life event during pregnancy गर्भावस्था में तनावपूर्ण घटना का घटित होना		
17.	Worries about episiotomy (चीरा लगने की चिंता)		
18.	Others (अन्य)		

APPENDIX - VI

Participant information sheet

Part-1

1. Purpose of the study: Is to assess the fear of childbirth and its contributing factors among primigravidae at AIIMS Jodhpur.
2. Study procedures to be followed: fear of childbirth and Factors contributing to fear of childbirth among primigravidae will be assessed.
3. Benefits from the study: The study findings would help in devising strategy which will help health care professionals to develop a better insight and plan counseling services for better management of fear of childbirth in primigravidae.
4. Risks of the study: None
5. Complications of the study: None
6. Confidentiality: Data collected from the participants shall not be shared with anyone except the study investigators.
7. Rights of participants: Participants would have the freedom to share their data and to continue or leave the study if they desire so.

Participant Signature:

Participant Name:

Date:

Part-2

Investigator's word

I have explained the purpose, procedures, benefits and harms of the study in detail to the participant. All information regarding the study has been disclosed and enough opportunity for asking questions regarding the study was given to the study participant.

Principal investigator signature:

Name:

Date:

Witness signature:

Name:

Date:

प्रतिभागी जानकारी

भाग-1

1. अध्ययन का उद्देश्य : एम्स जोधपुर में प्रथमगर्भा के बीच प्रसव के डर और इसके योगदान कारकों का आकलन करना है।
2. अध्ययन प्रक्रिया : प्रथम गर्भा में बच्चे के जन्म के डर और इसके योगदान कारकों का आकलन किया जाएगा।
3. अध्ययन से लाभ : अध्ययन के निष्कर्षों से रणनीति तैयार करने में मदद मिलेगी जो स्वास्थ्य देखभाल पेशेवरों को बेहतर अंतर्दृष्टि विकसित करने में मदद करेगी और प्रथमगर्भा में बच्चे के जन्म के डर के बेहतर प्रबंधन के लिए परामर्श सेवाएं प्रदान करेगी।
4. अध्ययन का खतरा : कोई नहीं
5. अध्ययन की जटिलता : कोई नहीं
6. गोपनीयता : प्रतिभागी से एकत्र किये गये आंकड़ों का अध्ययन अन्वेषक को छोड़कर किसी के साथ साझा नहीं किया
7. प्रतिभागी के अधिकार : प्रतिभागियों को अपने आंकड़ों को साझा करने, जारी रखने या अध्ययन छोड़ने के लिए किसी भी समय के किसी भी बिंदु पर स्वतंत्र होंगे

प्रतिभागी हस्ताक्षर:

प्रतिभागी नाम:

दिनांक:

भाग2 :

अन्वेषक के शब्द:

प्रतिभागियों को अध्ययन के उद्देश्य, प्रक्रिया, लाभ और नुकसान के बारे में विस्तार से बताया है। अध्ययन के बारे में समस्त जानकारी का खुलासा किया गया है और अध्ययन के बारे में प्रश्न पूछने के लिए पर्याप्त अवसर अध्ययन प्रतिभागी को दिया गया था।

प्रधान अन्वेषक हस्ताक्षर

गवाह हस्ताक्षर

नाम :

नाम :

तिथि:

तिथि

APPENDIX - VI

Informed consent form (English)

The title of project: Fear of childbirth and its contributing factors among primigravidae at AIIMS Jodhpur.

Name of the Principal Investigator: kanchan sharma (M.Sc. Nursing)

Sample Identification No.

I _____ D/o,w/o _____

R/o _____

give my full, free, voluntary consent to be a part of the study “ fear of childbirth and its contributing factors among primigravidae at AIIMS Jodhpur”, the procedure and nature of which has been explained to me in my own language to my full satisfaction. I confirm that I have had the opportunity to ask questions.

I understand that my participation is voluntary and I am aware of my right to opt out of the study at any time without giving any reason.

I understand that the information collected about me and any of my records may be looked at by responsible individual from AIIMS, Jodhpur, Rajasthan or from regulatory authorities. I give permission for these individuals to have access to my records.

Date: _____

Place: _____ Signature _____ Thumb impression _____

This to certify that the above consent has been obtained in my presence.

Date: _____

Place: _____ Signature of Principal Investigator _____

सूचित सहमति प्रपत्र (हिन्दी)

परियोजना का शीर्षक: एम्स जोधपुर में प्रथम गर्भा माताओं में प्रसव के डर और इसके कारकों का आंकलन ।

प्रधान अन्वेषक का नाम: कंचन शर्मा (M.Sc. नर्सिंग)

नमूना पहचान संख्या -

मैं _____ D / o, w/o _____ R / o _____

मेरी पूर्ण, मुफ्त, स्वैच्छिक सहमति अध्ययन का एक हिस्सा बनने के लिए " एम्स जोधपुर में प्रथम गर्भा के बीच प्रसव के डर और इसके योगदान कारकों का आंकलन करें" और प्रकृति ने मुझे अपनी पूरी संतुष्टि के लिए अपनी भाषा में समझाया है। मैं पुष्टि करती हूँ कि मुझे प्रश्न पूछने का अवसर मिला है।

मैं समझती हूँ कि मेरी भागीदारी स्वैच्छिक है और मुझे बिना कोई कारण बताए किसी भी समय अध्ययन से बाहर निकलने के अपने अधिकार के बारे में पता है। मैं समझती हूँ कि मेरे और मेरे किसी भी रिकॉर्ड के बारे में जानकारी एम्स, जोधपुर, राजस्थान के जिम्मेदार व्यक्ति या नियामक अधिकारियों से देखी जा सकती है। मैं इन व्यक्तियों को अपने रिकॉर्ड तक पहुंचने की अनुमति देती हूँ।

दिनांक: _____

स्थान: _____ हस्ताक्षर _____ अंगूठा _____

यह प्रमाणित करने के लिए कि मेरी उपस्थिति में उपरोक्त सहमति प्राप्त हुई है।

दिनांक: _____

स्थान: _____ प्रमुख अन्वेषक के हस्ताक्षर

APPENDIX – VIII

A LETTER REQUESTING EXPERTS OPINION AND SUGGESTION FOR CONTENT VALIDITY OF TOOL

FROM:

Kanchan Sharma

M. Sc Nursing 1st Year

College Of Nursing AIIMS Jodhpur

To,

Subject: Requesting the opinion and suggestions by experts for establishing content validity of research tool

Respected Sir/Madam,

I Kanchan Sharma student of M.Sc. Nursing, (batch 2019) College of Nursing, AIIMS, Jodhpur have undertaken the following topic for research project: "Fear of childbirth and its contributing factors among primigravidae at AIIMS Jodhpur" under the supervision of Mr. Himanshu Vyas, Associate Professor, College of Nursing AIIMS Jodhpur.

Objectives of the study are:

- To assess the fear of childbirth among primigravidae mother..
- To determine factors contributing to fear of childbirth among primigravidae.
- To determine association of fear of childbirth with selected personal variables of primigravidae.

I request you to kindly go through the tool and give your opinion for any modification and improvement needed. Your esteemed opinion and critical comments will provide the required direction and contribute immensely to the quality and content of my final research.

Looking forward to your expert guidance and suggestions.

Thanking you in anticipation

Yours sincerely

Kanchan Sharma

APPENDIX – IX

CERTIFICATE OF TOOL VALIDITY

I, Dr. / Mr./ Mrs.

hereby certify that the tool for data collection of the research project titled
“Fear of childbirth and its contributing factors among primigravidae at AIIMS
Jodhpur ” prepared by Kanchan Sharma is found to be valid and up to date.

Place:

Date:

Signature & Seal of Validater

APPENDIX – X

LIST OF FORMULA USED FOR DATA ANALYSIS FORMULA

FORMULA 1: Arithmetic mean

$$\bar{X} = \frac{\sum X}{n}$$

FORMULA 2: Standard Deviation

$$s = \sqrt{\frac{\sum (x - \bar{x})^2}{n - 1}}$$

FORMULA 3: Chi Square Test

$$\chi^2 = \sum \frac{(O_i - E_i)^2}{E_i}$$

APPENDIX – XI

CERTIFICATE FOR LANGUAGE VALIDITY OF THESIS

COLLEGE OF NURSING

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR


RESEARCH PROJECT

CERTIFICATE OF LANGUAGE VALIDITY OF THESIS (ENGLISH)

I, Dr. / Mr. / Mrs. Nirmala Sharma..... hereby certify that the thesis titled **“Fear of childbirth and its contributing factors among primigravidae at AIIMS, Jodhpur”** prepared by Kanchan Sharma, M.Sc. Nursing (Batch – 2019) is found to be valid and up-to date in English language.

Place: Jodhpur

Date: 3-02-2024


Nirmala Sharma
प्राध्यापक
रा.उ.मा.वि. कालीबेरी
Signature & Seal of Validator


APPENDIX- XII

CERTIFICATE FOR LANGUAGE VALIDITY OF RESEARCH TOOL

CERTIFICATION OF VALIDATION

(Tool in Hindi)

I hereby testify and certify that I have validated the translated tools for the research work titled, "fear of childbirth and its contributing factors among primigravidae at AIIMS, Jodhpur" undertaken by Ms. Kanchan Sharma M.sc Nursing (obstetrics and Gynaecology) at AIIMS Jodhpur.


11.12.2020
व्याख्याता (स्कूल शिक्षा)
रा. उ. मा. वि. देवू (जोधपुर)
Signature of the expert

Name: रामलाल मेघवाल

Designation: व्याख्याता

CERTIFICATION OF VALIDATION

(back translation)

I hereby testify and certify that I have validated the Hindi tool back translated in English for the research work titled, "fear of childbirth and its contributing factors among primigravidae at AIIMS, Jodhpur" undertaken by Ms. Kanchan Sharma M.sc Nursing (obstetrics and Gynaecology) at AIIMS Jodhpur.

Signature of the expert

न्यायाधीश (विद्या. शिक्षा,
राजकीय उच्च माध्यमिक विद्यालय,
जोधपुर)

Name: JYOTI RITHU

Designation: LECTURER

APPENDIX - XIII

DEMOGRAPHIC VARIABLE DATA CODING

Personal variables		Coding
Items		
1. Age group in years-	19-23	1
	24-28	2
2. Gestational age in wks-	36-38	1
	39-42	2
3. Education -	No formal education	1
	Primary	2
	Secondary	3
	Graduation and above	4
4. Occupation	Homemaker	1
	Private job	2
	Self employed	3
	Government job	4
5. Religion	Hindu	1
	Muslim	2
	Christian	3
	Others	4
6. Duration of marriage-	<1year	1
	1 – 3 year	2
	> 3 years	3
7. Type of Family	Nuclear	1
	Joint	2
	Extended	3
8. Monthly income of family (In rupees)	<20000	1
	20000-30000	2
	>30000	3
9. No. of antenatal visit	≥4 visit	1
	5 to 10 visit	2
	>10 visit	3
10. Area of living-	Rural	1
	Urban	2

WIJMA DELIVERY EXPECTANCY QUESTIONNAIRE VERSION - A

S. no.	Fear of childbirth (score)	coding
1.	Low (0-37)	1
2.	Moderate(38-64)	2
3.	High(65-84)	3
4.	Severe(85-165)	4

CHECKLIST FACTORS CONTRIBUTING TO FEAR OF CHILDBIRTH

S. no.	Checklist factors contributing to fear of childbirth	coding
1.	Yes	2
2.	No	1

APPENDIX - XIV MASTER DATA SHEET

	DEMOGRAPHIC VARIABLES											CHECKLIST FACTORS CONTRIBUTING TO FEAR OF CHILDBIRTH																	
PARTICIPANTS	Q-1	Q-2	Q-3	Q-4	Q-5	Q-6	Q-7	Q-8	Q-9	Q-10		Q-1	Q-2	Q-3	Q-4	Q-5	Q-6	Q-7	Q-8	Q-9	Q-10	Q-11	Q-12	Q-13	Q-14	Q-15	Q-16	Q-17	Q-18
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WIJMA DELIVERY EXPECTANCY QUESTIONNAIRE VERSION - A																																	
Participants	q-1	q-2	q-3	q-4	q-5	q-6	q-7	q-8	q-9	q-10	q-11	q-12	q-13	q-14	q-15	q-16	q-17	q-18	q-19	q-20	q-21	q-22	q-23	q-24	q-25	q-26	q-27	q-28	q-29	q-30	q-31	q-32	q-33
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