

Woman's Attitude towards the Presence of the Husband's in the Labor Room during Childbirth

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Abstract: Husband's support during childbirth is a vital to a parturient woman's emotional well-being. This study aimed to identify the attitudes of wives' to the presence of their husband in the labor room during childbirth. This study was conducted at the outpatient antenatal care clinic, in Women Health Hospital, Assiut University, Egypt. The study consists of a quota sample of 200 women at the end of the third trimester of pregnancy who attended the out-patient antenatal clinic. A structured interview sheet was used to investigate the attitude of women regarding the husband's presence in the delivery room during childbirth. The results show that, 64.0% of women had positive attitude towards the presence of the husband in the delivery room. The attitude scores were significantly related to age, job, and education ($p < 0.01$). They reported that it will reduce mothers' anxiety and strengthen the bond between the husband and women and his baby as well. The study recommended to accept the presence of the husband in the labor room and providing training for the husbands about the skills needed to promote the active participation in the delivery. Also, encouraging hospital administrators to develop "a Performance Protocol" to guide staff on realizing the new policy of having a father in the delivery room.

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1. Introduction

Pregnancy is accompanied by significant biological, physiological and psychological changes in women. Childbirth is a significant event in the lives of women and their families. It is a critical time in the human development that transforms women into mothers (Siriwan *et al.*, 2008). Most women have a positive attitude towards childbearing. However, anxiety at the onset of labor is accompanied by a significant increase in adrenaline levels and consequently longer delivery. The mother's stress and attitude and her catecholamine levels significantly affect uterine contractions, length of labor and the neonate's Apgar score (Sciarra, 1991).

Fifty years ago, very few fathers attended their children's births. Today 93% of fathers in western countries do so (Kiernan & Smith, 2003). National Health Service, (NHS), (2005) data showed that 98% of fathers attended the birth, 48% attended antenatal/parenting classes, 85% at least had one prenatal appointment, and 86% at least attended one ultrasound scan.

Fear of loneliness in the delivery room is common among women and the presence of husband, mother, or close friend is often suggested for pregnant women (Sweet, 1988). The presence of the husband in the delivery room is recommended to decrease stress that can facilitate the labor process and delivery (Sciarra, 1991). The presence of the

accompanying person decreases the intensity and prevalence rate of reactions to stimuli for the mother. Moreover, the active involvement of the husband, in the delivery can prepare the wife for the upcoming contraction (Hodnett, 1999).

Although various studies have investigated the presence of the husband during labor, this practice is still uncommon in some Islamic countries. In Western Society, there is clear understanding of the greater effect of a husband's attendance during childbirth which enables his wife to feel more secure and reduced the expected anxiety and pain of the labor process (Zadorozny, 1999 and Larkin, *et al.* 2009) Previous studies in Nepal have explored the experiences of husbands and wives separately following the birth of a baby where the husband was present at the birth. The husbands described their experiences positively, but confessed that they had overwhelmingly emotional feelings, Sapkota, *et al.* (2011 a & b).

Research has shown that when women in labor have a greater sense of stress, lack of security and anxiety. Husband's presence will help to reduce maternal anxiety and stress during childbirth (Sciarra, 1991 & Sweet, 1988) and ultimately leads to a more positive birth experience (Noack, 1976). Labor support from a birth companion has been found beneficial in reducing maternal distress, and is a major step towards greater personal control

(Sweet1988, Somers, 1999, IPWY, 2000a & Hodnett, 2011).

A study outcome in Denmark by Madsen *et al.* (2002) showed that 95% of the fathers attended delivery at the hospital and 98% of them do it because they wanted to. Seventy per cent also wish to stay overnight with the child and the mother at the hospital. Reports also showed increasing participation of fathers at the birth in lower-income countries. For example, in Ukraine, the man's attendance at the birth has increased during the past decade from 0% to 52% (United States Agency for International Development, 2005)

Significance of the study

Although various studies have investigated the presence of the husband during labor, this practice is still uncommon in Islamic countries. Therefore conducted that the study in Egypt the aim of this study was to identify the wife's attitude towards the presence of husband in the labor room during childbirth. And to determine their receptiveness to and the feasibility of introducing the practice into delivery rooms in Egypt.

Research questions

There is a positive relation between women's attitudes toward presence of a husband during labor and their personal characteristic?

Aim of The study:

The aim of the present study was to identify the wife's attitude towards the presence of husband in the labor room during childbirth

2. Methodology:

A descriptive design was used in conducting the study. The study was carried out at the antenatal care clinic, Women Health Hospital, Assiut University, Egypt. This clinic starts at 9 a.m. and ends at 1 p.m. three days every week. This clinic was selected because it is attended by a large number of patients; it provides free services to the rural and urban women in Assiut Governorate and other near cities. A quota sample of 200 pregnant women who attended the outpatient antenatal clinic and met the inclusion criteria were recruited for the study. The inclusion criteria were: Women who have a normal pregnancy, normal labor, age between 20-37 years; and at the end of the third trimester of pregnancy (36-42weeks of gestation).

Tools of data collection:-

A structured interview sheet was developed to collect the relevant data. It consists of two parts: the first part was developed by the researchers, it was concerned with social-demographic data such as age, education, address, gestation age... etc. The second part was developed by ModarresNejad (2005). To be used in Iran. The sheet consists of a five point Likert

Scale that included 27 statements investigating Women's' attitude towards the presence of the husband in the delivery room during childbirth. The sheet contained positive and negative statements to allow for investigating the positive and negative attitude of mothers. Originally, the tool was used by, ModarresNejad (2005) to assess both women and husband's attitude. However, in the Upper Egypt it was almost impossible to get any feedback from the husband on the sheet, so the researcher used it only for women.

Scoring system:

The responses to the attitude –testing expressions were scored as follows: One point of complete disagreement to 5 points for complete agreement. The total score per person were between 27and -135. A cumulative score of 68-135 were considered "positive attitudes. When the woman scored less than 68 points it is considered negative attitude. The statement of positive attitudes were 1 - 13, 15, 19, 20, 22 and 23, while the negative attitude statements were 14, 16, 17, 18, 21, 24, 25, 24, 25, 26 and 27.

Field work:

The study started from October\ 2010-to the end of Feb 2011. The researchers introduced themselves to the eligible women and briefly explained the nature of the study. The researchers introduced the attitude –testing expressions questionnaire and the filling of the questionnaire took 15-25 minutes for each participant.

Administrative approval:

The necessary official permission was obtained from the Dean of Faculty of Nursing, Assiut University to proceed with the study.

The necessary official permission was obtained from the chairman of Women' Health Hospital, Assiut University, Egypt, to proceed with the study

A Pilot study

A Pilot study was conducted at 10% of the sample, who were from the study, to assess the clarity of the tools and estimate the time required for filling the sheet.

Ethical consideration:

A formal consent was obtained orally from women before being involved in the study. The nature and purpose of the study were explained. The researchers informed the women that there is no risk or cost for participation, and the participation is voluntary. Also, the women were assured that the confidentiality of information will be done and anonymity of each subject will be maintained.

Validity of content:

Although the tool was validated by the original author, the researchers gave a copy of the tool to six of experts in the field two of the community health

nursing, two of the Obstetric and gynecological nursing and two experts in the field of Psychiatric nursing to assess the content and face validity of the tool and its validity for Egyptian culture.

Statistical analysis:

Data were coded, analyzed and tabulated. Descriptive statistics (i.e. Frequencies and percentage were done using computer program SPSS version 16. The chi - square test was used to compare the differences in the distribution of frequencies. It is considered significant when $P < 0.05$.

3. Results

Table 1 illustrated that the mean age and standard deviation (SD) of the women was 25.86 ± 6.51 years, and 28.5% were working women. The women's educational status varied with more than 72% of them were illiterate, while 8.5 % were university graduates. The mean age of their husbands was 30.31 ± 6.37 years. Also, 46. % of the husband were illiterate, and 17% had only been university graduates.

Table 2 showed the mean attitude scores for the individual items on the questionnaire. It was found that a mean score of 3.98 ± 0.785 was obtained to the item "it is pleasurable since observing childbirth is one of the most important moments in life". Also, a mean score of 3.65 ± 0.631 was obtained to the item "it provides emotional support for the mother". In addition, a mean score of 3.52 ± 0.628 was obtained to the item "it prepares the husband to accept his paternal responsibility", and 3.31 ± 0.598 was obtained to the item "it strengthens the couple's relationship". Likewise, 3.00 ± 0.833 reported that "the presence of the husband Increases his sympathy and gratitude towards his wife".

However, a mean score of 1.66 ± 0.530 was obtained to the item clarified that "it is not helpful to the mother" and a mean score of 3.20 ± 0.812 was obtained to the item claiming that "it may lead to psychological disorders in the husband". Also, 2.88 ± 0.277 was obtained to the item reported that "it is unpleasant for the mother and is not tolerable for the husband".

Table 3 clarified that the majority (64.0%) of women had positive attitudes towards the presence of the husband in the delivery room and their attitudes was significantly correlated ($P < 0.001$).

Table 4 illustrated the relationship between the attitude of women and the statistically significant socio- demographic characteristics. As for age the table showed a negative relation ($P < 0.03$) where the younger the age the greater the positive relation (22.86 ± 6.51). The attitude scores were significantly related to woman's job ($P < 0.02$) and education ($P < 0.001$).

Table (1): Demographic data of study group

Item	Descriptive	
Age of mother		25.86 ± 6.51
	%	No
Residence:		
Urban	37.5	75
Rural	62.5	125
Woman Education:		
Illiterate	72.0	144
Primary	4.0	8
Preparatory school	4.5	9
Secondary	11.0	22
University	8.5	17
Job:		
Housewife	71.5	143
Work outside the house	28.5	57
Mean Age of husband:	30.31 ± 6.37	
Education of husband:		
Illiterate	46.0	92
Primary	13.5	27
Preparatory school	7.5	15
Secondary	15.5	31
University	17.5	35
Job of husband:		
Governmental job	10.0	20
Privet	86.0	172
Not work	4.0	88

Table (2): Scores for individual items of attitude to the husband's presence in the delivery room.

Item	Mean \pm SD
1. Is pleasurable since observing childbirth is one of the most important moments in life	3.98 ± 0.785
2. Provides emotional support to the mother.	3.65 ± 0.631
3. Provides the mother the opportunity to express her problems to a familiar person	2.56 ± 0.740
4. Increases the mother's self-confidence	3.17 ± 0.850
5. Increases the husband's sympathy and gratitude towards his wife.	3.00 ± 0.833
6. Allows the husband to share the pain of delivery with his wife.	2.78 ± 0.741
7. Prepares the husband to accept his paternal responsibility	3.52 ± 0.628
8. Has positive effects on the husband's	2.72 ± 0.896
9. Strengthens the couple's relationship	3.31 ± 0.598
10. Creates a feeling of pride in the husband	2.70 ± 0.782
11. Decreases the mother's anxiety	2.82 ± 0.381
12. Helps the mother bears labor pain	2.70 ± 0.372
13. Has a positive effect on father-child relationship	2.77 ± 0.799
14. Is not helpful to the mother	1.66 ± 0.530
15. Increases the husband's self-confidence	2.48 ± 0.757
16. May lead to psychological disorders in the husband	3.20 ± 0.812
17. Transfers the husband's anxiety to the mother	2.65 ± 0.737
18. Is not a good idea since the delivery room is not suitable for men	3.04 ± 0.420
19. Is calming for the husband	3.08 ± 0.368
20. Is calming for the mother	3.08 ± 0.591
21. Is unpleasant for the mother	2.88 ± 0.277
22-Is the husband's duty	2.88 ± 0.55422
23-Decreases the husband's anxiety	2.75 ± 0.40823
24. Is not tolerable for the husband	2.88 ± 0.631
25. Is against Egypt culture	3.35 ± 0.802
26. Is frightening in the case of a complicated delivery	2.72 ± 0.731
27. Is frightening for the husband	2.58 ± 0.567

Table (3): Percentage of attitude in study group

Item	Women's attitude	
	No	%
Positive attitude	64.0	128
Negative attitude	36.0	72

Table (4): Relationship between women's attitude & significant socio-demographic data

Item	Positive attitude n=128		Negative attitude n=72		P-value
	%	No	%	No	
1- Woman's Job:					P < 0.02*
Housewife	45.3	58	93.1	67	
Work outside The house	54.7	70	6.9	5	
2- Age	28.51 ± 6.37		28.51 ± 6.37		P < 0.03*
3- Education					P < 0.001**
Illiterate	68.8	88	56	56	
Primary	0.8	1	7	7	
Preparatory school	1.6	2	7	7	
Secondary	16.4	21	1	1	
University	12.4	16	1	1	

4. Discussion

Childbirth is a turning point in the family life. The presence of the husband in the delivery room can not only provide emotional support for the mother, but can also establish an earlier relationship between a father and his infant. The presence of the husband during labor and delivery can lead to a deeper relationship between the married couple and help the man to face and accept his responsibility as a father. Several studies show that the presence of the man in the labor room shortens the labor and reduces the epidural rate (Berry, 1988).

Overall, the present study showed that 64% of women had positive attitudes towards the husband's presence in the delivery room, where in Germany, ModarresNejad (2005) found that almost all couples had positive attitudes and intended to repeat the practice for any subsequent deliveries. This positive feeling of the majority of women reflects their need for security and support during this critical time of life.

In the current study, the highest reported attitude score was for the item "it is pleasurable since observing childbirth is one of the most important moments in life". Also rated high, where the beliefs that the husband's presence "provides emotional support to the mother and "provides the mother the opportunity to express her concerns to a familiar person" also, " it prepares the husband to accept his paternal responsibility", and a high percentage reported that "it strengthens the couple's relationship". Likewise, one of the highest attitude scores was for the item "presence of the husband Increases his sympathy and gratitude towards his wife". These findings reflect the woman's need for appreciation of her husband during this painful

experience, and his presence will increase the bond between him and his baby and between him and her as well.

These findings are supported by the findings of IPWY (2000 b) in the United Kingdom (UK), where women preferred their husbands to be with them during labor and delivery because they believed that it decreases their anxiety and loneliness and that their husbands wanted to be there to help as a matter of gratitude and sharing the responsibility. In the UK study, ModarresNejad (2005) found that men believed that mothers preferred to talk about their worries with somebody familiar to them and that, although the medical teams are experts in necessary care, they are not well known to the mothers. From the point of view of the women in the UK study, being able to speak to the husband was also one of the most important benefits of the husband's presence. In a study by Somers, 1999 husbands who were present during the delivery of their children believed that they were the most useful person to their wives during delivery. Furthermore, Pascali-Bonaro&Kroeger (2004) in Finland, reported that men and women believed likewise and both agreed that the husband's presence decreased woman's anxiety and increases the bond between the two.

Likewise, in Hungary, (Somers, 1999, Vehvilainen, 1998, IPWY 2000a) found that women whose husbands were present during labor and delivery showed a significant decrease in anxiety in comparison with a control group. Furthermore, the women in the present study considered that the husband's presence had a beneficial effect on the father-child relationship.

Vehvilainen-Julkunen and Liukkonen, (1998) who reported that early contact between a father and his child led to a strong relationship and, in contrast to traditional views, the father and his child could establish a close relationship without the mother as a mediator. Women in our study believed that observing childbirth creates a feeling of pride in the father which is similar to the Finnish study by Hawkins & Knox (2003). Also, Pascali-Bonaro&Kroeger (2004) found that all men believed that their presence in the delivery room had helped them accept their paternal responsibilities.

Likewise, (Dudgeon & Inhorn, (2004) reported that the fathers have an important function in supporting women during both pregnancy and labor. They indicated that much of the research during the past 30 years stated that prospective fathers can offer the pregnant woman important psychological, emotional and moral support.

One the other hand, in the current study, a sizable percentage of women (35%) and their mean score was 1.66 ± 0.530 had negative attitude towards

the presence of their husbands in the delivery room. They clarify that presence of the husband is not helpful to the mother. Also, a high mean score (3.20 ± 0.812) was obtained from women who claimed that it may lead to psychological disorders in the husband. Also, a mean score of 2.88 ± 0.277 revealed that it is unpleasant for the mother and is not tolerable for the husband. These findings reflected a cultural attitude of women of supporting their husband even if they needed them and accepts what comes from the man, and could be because women in upper Egypt are concerned that husbands might not cope with a complicated delivery and they are shy and considered it shameful to have a man in a delivery wither he is a husband or even a doctor. In addition, they may consider that the presence of the husband may lead to uncomfortable feelings in the woman. These findings are in agreement with the findings of Hawkins & Knox (2003) in Hong Kong, who found no significant relationship between husband's presence and woman's stress or pain perception. Also, Threenate (2001) in Croatia found that the husband's presence had no effect on the level of stress among women, and dosage of analgesic drugs. Women in the UK study believed that if the delivery were complicated, the partner could not fulfill his supportive role and might even transfer his anxiety to the mother. Also, Somers (1999), reported that men were worried about the possibility of the wife's death and that they (the husband) might faint or be unable to be supportive. After delivery, men reported periods of anxiety in the delivery room as well as perceptions of uselessness. In Finland, the worst experience of fathers was observing the partner's pain during childbirth.

In addition, the current study showed a positive statistical relation between a woman's age, education and working conditions and their willingness and positive attitude of the presence of the husband in the delivery room while giving birth. This finding could be related to the change of young, educated women, who are working on gaining knowledge and being willing to change the cultural view of most men in their community. In the same stream, Maimbolwa (2007) found that education and younger age are factors that affect the woman's attitude towards the presence of the husband in the labor room and gaining more western views.

In Egypt, the presence of the husband during delivery is less common than in the West and this has been related to tradition and culture and organization policy. Therefore, although husband's attendance is not currently practiced in our country in governmental hospitals and most private hospitals, it would seem that there is a willingness of the women to have husbands in the delivery room.

Conclusion

The results showed that the majority of women have a positive attitude towards the presence of their husbands at the childbirth.. Also, the majority of women considered that the husband's presence had a beneficial effect on the father-child relationship. In addition, the findings illustrated that young, educated and working mothers have statistically significant positive attitude towards the presence of husbands in the delivery room.

Recommendation:

- This finding has strong implications for maternity practices where the outpatient clinic in antenatal care or primary health care has to encourage the woman to bring her husband to antenatal care appointments and to be present during childbirth.
- Also, the findings suggest that providing facilities for the husband's presence in the delivery room is necessary.
- The study recommended accepting the presence of the husband in the labor room and providing training for the husbands about the skills needed to promote the active participation in the delivery.
- Also, the study recommended encouraging hospital administrators to develop "a Performance Protocol" to guide staff on realizing the new policy of having a father in the delivery room.
- Further research about the husband's attitude towards his presence, his ability to provide psychological support to his wife, and the effect of his presence on the married relationship is highly recommended.

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