

Father's Fear of Childbirth During Antenatal Period in Allied Hospitals of Rawalpindi Medical University, a Cross-Sectional Study

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Abstract

Background: Around 13% of expecting fathers experience significant fear during pregnancy. This study explores fathers' fear of childbirth to promote discussions on paternal mental health and improve family dynamics.

Objectives: This study aims to measure the fear of childbirth that fathers have throughout the prenatal period at RMU's affiliated hospitals and assess the relationship between fathers' fear of childbearing in relation to lifestyle choices.

Materials and Methods: 190 fathers participated in an observational cross-sectional study employing the Father's Fear of Childbirth Scale (FFSC). The data was gathered using a self-administered questionnaire and consecutive sampling. The dread of childbirth among fathers was analyzed using Chi-square and Fisher Exact tests.

Results: According to the survey, 51.6% of fathers and 6.8% of fathers, respectively, report having moderate dread, while 41.6% report having mild fear. Fear and age ($p=0.023$), years of marriage ($p=0.015$), employment ($p=0.022$), and history of miscarriage ($p=0.024$) were shown to be significantly correlated.

Conclusion: In our research sample, moderate fear predominated, followed by mild and severe dread. The study found a significant correlation between certain demographic characteristics, such as age, employment, years of marriage, and history of miscarriage, with fathers' anxiety about childbirth. These findings emphasize the importance of addressing paternal mental health and suggest the need for interventions targeting these factors to support fathers during the prenatal period.

Keywords: Fathers' fear, childbirth, antenatal

Introduction

The term "Fathers' fear of childbirth" refers to negative and apprehensive emotions such as anxiety and fear that develop during the prenatal period and intensify during labor.¹ This fear can be classified as primary (in fathers experiencing childbirth for the first time) or secondary (in those who had a stressful previous experience).² While some fathers view childbirth as exciting, others experience varying degrees of fear and anxiety, potentially leading to childbirth-related stress disorder.³ If the expectant fathers' fear is severe, it can negatively impact their mental health and interfere with their ability to go about their daily lives.^{4,5}

During the prenatal stage, expectant men may also suffer fear, despair, and emotional instability similar to moms, which may have an impact on their connection with their spouse and the kid.⁶ A father's anxiety of giving birth may affect the physical and emotional assistance that they provide to their spouse. Fathers' dread of childbirth can be attributed to a number of situations, such as having a first child, having the pregnant woman delivered via cesarean, experiencing problems during labor, having a low income, etc.^{7,8} Fathers who are expecting and have a strong anxiety of giving birth are more likely to develop Couvade syndrome, which is characterized by eating problems, sleeplessness, exhaustion, headaches, and other symptoms.^{9,10} Fathers are hesitant to talk about their dread of labor because society expects them to be strong enough to handle the painful event of childbirth with confidence and not to show feelings of powerlessness and fear.¹¹ Approximately 13% of expecting men experience powerlessness and anxiety during childbirth, according to estimates.⁴ In the past, mothers'

fears were the primary focus of studies. The fathers' involvement in the different stages of delivery is highlighted by the International Conference on Population and Development agenda, while there was little information available about fathers' fear of childbirth.⁴ Despite data that suggests dread of delivery may have a detrimental influence on men's life and, subsequently, their families, fathers' fear of childbirth has received relatively little research.^{4,7,11} To the best of our ability, we were unable to locate any research on Pakistan that addressed this crucial topic.

Materials and Methods

In the Allied hospitals of RMU (HFH, BBH), a cross-sectional research based on a non-probability sequential sampling approach was carried out. The sample size of 178 was determined using a WHO calculator with 13% prevalence [12] and 95% confidence interval. The study duration is of 6 months from March to August of 2024. The research included all spouses with wives in the second and third trimesters. Those with language challenges, emergency situations, and wives in first-trimester were excluded from the study.

A survey questionnaire titled "FATHERS FEAR OF CHILDBIRTH SCALE" (FFCS) was used to gather data.[13] The questionnaire was created in English and translated into Urdu. The Holy Family Hospital in Rawalpindi's Gynecology Department Head verified the questionnaire. The questionnaire is divided into two sections. The first part asks about socio-demographic factors like age, occupation, education, income level, and geographic location. The second section contains items from the Fathers' Fear of Childbirth Scale (FFCS), which measures fear of childbirth in men.

The Father's Fear of Childbirth Scale (FFCS) was the scale that was employed.

A five-point Likert scale, ranging from one to five, was used to rate the FFCS. Consequently, the scale's overall score ranges from 17 to 85, with a higher score denoting a greater dread of delivery. 17–35 is considered mild fear, 36–54 is considered moderate fear, and 55 and higher is considered severe fear.

SPSS v26 was used to enter and analyze the data. For each variable, both qualitative and quantitative, descriptive statistics were computed. For qualitative factors like residence, educational status, and means, frequency and percentages were computed, while for quantitative variables like each FFCS item, standard deviation was computed. Using the Fisher Exact and Chi-square

tests, a p-value of less than 0.05 was considered significant.

Results

A total of one hundred and ninety fathers took part in this study. 43.2% of the participants were aged 20-30, 47.9% were aged 31-40, and 8.9% were aged 41-50. 73.8% of the participants lived in urban areas, while 26.3% lived in rural parts of the country. In terms of education, 20% were illiterate and 80% were literate. As for occupation, 9.5% were government employees, 51.6% worked in the private sector, 4.7% were unemployed, and 34.2% owned their businesses. Detailed profiles of the participants' sociodemographic characteristics are listed in the Table-I

Table-I Fathers' Sociodemographic Characteristics

Variables	Frequency (%)
Age	
20-30 years	82 (43.2%)
31-40 years	91 (47.9%)
41-50 years	17 (8.9%)
Residence	
Rural	50 (26.3%)
Urban	140 (73.7%)
Occupation	
Government employee	18 (9.5%)
Private job	98 (51.6%)
Unemployed	9 (4.7%)
Own business	65 (34.2%)
Education	
Literate	152 (80%)
Illiterate	38 (20%)
Monthly income	
Less than 25,000	66 (34.7%)

25,000 - 49,999	94 (49.5%)
More than 50,000	30 (15.8%)
Total No. of Children	
0	52 (27.4%)
1	51 (26.8%)
More	87 (45.8%)
No. of Years Married	
1 year	32 (16.8%)
2 years	15 (7.8%)
More than 2 years	143 (75.4%)
History of C-sections?	
Yes	83 (43.7%)
No	107 (56.3%)
Gender of Other Children	
Boy	52 (27.4%)
Girl	50 (26.3%)
Both	88 (46.3%)
No. of This Child	
1	51 (26.8%)
More	139 (73.2%)
History of Miscarriage?	
Yes	79 (41.6%)
Is This Child Planned?	
Yes	175 (92.1%)
No	15 (7.9%)

Table-II Descriptive analysis of fathers' fear of childbirth scale(FFCS) responses.

Items	Mean \pm SD
During my spouse's childbirth, I will feel helpless.	2.10 \pm 1.241
During my spouse's childbirth, I will feel restless.	2.16 \pm 1.237
My child's health will be endangered due to childbirth.	2.43 \pm 1.274
My spouse's childbirth will be risky.	2.56 \pm 1.266
I will fear because of my spouse's pain.	2.50 \pm 1.225
Because of my spouse's fear of childbirth, I feel fear.	2.52 \pm 1.308
My spouse's health will be endangered due to childbirth.	2.55 \pm 1.262
I worry about the quality of sex with my spouse after childbirth.	1.84 \pm 0.924
As the time of childbirth approaches, my worries increase.	2.95 \pm 1.348
I am not capable enough to support my spouse during childbirth.	2.14 \pm 1.157
I am afraid that dangerous medical interventions will be needed.	2.21 \pm 1.076
I am afraid of whether I have a son or a daughter.	1.52 \pm 0.853
I am afraid the hospital staff will not have enough skills.	1.74 \pm 0.944
I am afraid the hospital staff won't treat us respectfully.	1.86 \pm 1.040

I am afraid the hospital will not have enough facilities and medicines.	2.25 ± 1.264
I am afraid the hospital will not take enough care of my spouse.	1.94 ± 1.052
I am afraid it will be difficult for me to pay hospital bills.	2.12 ± 1.222

Table-III Association between father’s fear of child-birth and socio-demographic characteristics

Category	p-value
Age	0.023
Residence	0.46
Education	0.85
Occupation	0.022
Income	0.29
No. of years of being married	0.015
Total no. of children	0.30
Gender of other children	0.94
No. of other children	0.30
Is there any history of miscarriage?	0.024
Is there any history of C-section?	0.707
Is this child planned?	0.34

The study analyzed the relationship between various demographic and reproductive factors and a father's fear of childbirth. The analysis revealed a significant association between fathers' fear of childbirth and their age (p=0.023), occupation (p=0.02), years of marriage (p=0.032), and the mother's history of miscarriage (p=0.02). However, no significant associations were found between fear and variables such as residence (p=0.46), education status (p=0.85), total number of children (p=0.30), gender of other children (p=0.94), income (p=0.29), number of this child (p=0.3), mother's history of C-section (p=0.056), and planned child (p=0.34). These findings indicate that certain demographic and reproductive factors are related to a father's fear of childbirth, while others are not.

Discussion

According to our study the rate of father’s fear of childbirth is 13%, same as study conducted in Sweden and Africa.^{8,14,15} The research study aimed at analyzing the effect of socioeconomic factors on paternal mental health. The data highlighted a link between father’s occupation, miscarriage history, number of years married, fathers’ age and fear of childbirth. The count of studies addressing this topic is indeed, insufficient which further highlights the importance of this comprehensive review. A comprehensive review by Erica Shytt analyzed the requirements and experience of childbirth of fathers relative to their age concluding that older men have more negative

expectations and are more fearful during the childbirth process.¹⁶ A randomized control trial was performed and a comparison was made using chi-square and student t test between fathers (men of young age, men of average age and men of advanced age) and incidence of fear during the child birth. This analysis of association between fathers' age and fear reported a rather positive association with a p value of 0.05 deeming this association statistically significant. This finding was further affirmed by our study on the application of chi-square test with the reported p value of 0.023. While our study utilized a cross-sectional study design and had a sample size of 198, this review employed a randomized control trial and had a sample size of 777. In our study, the data was unable to document the superiority of association of subgroups with fear via chi-square test alone.

A cross-sectional study conducted in Kenya by David Onchonga explored the prenatal childbirth fear and the factors that led to development of this fear among pregnant females and their spouses.¹² This study employed 254 pregnant women and their spouses and reported no association between father's employment status and fear of childbirth. This study adapted Mann-Whitney U test and the Kruskal Wallis test with the noted p value <0.5. However, our study noted a considerable link between father's occupation and fear with the reported p value of 0.02 on the application of chi square test. Furthermore, this study also reported a significant association between residence of father and prevalence of fear ($p < 0.001$). Our study failed to report a notable link between the aforementioned factors ($p = 0.46$). A significant association between literacy and fear was also found ($p < 0.001$) however, contrary findings were reported in our study ($p = 0.85$) the use of different tools of analysis may have significantly contributed to the discrepancies in findings.

Another descriptive study conducted in Turkey by Pinar Serçekuş explored the fear of childbirth and associated factors in mothers and their partners.¹⁷ This study recruited 564 people, 282 couples. This study reported an effect of age and education level of father on incidence of fear of childbirth ($p = 0.036$ and $p = 0.000$ respectively). Though our study did affirm the effect of age ($p = 0.023$), it did not find any considerable relationship between fathers' educational status. Dynamics of a father married for longer periods of time may present rather unique aspects of fear such as fear of increased responsibility, health concerns for child and mother and disruption of established family routines. Concerns about managing their own emotional well-being while being a pillar of strength for their partner may contribute to anxiety and vulnerability. The intense fear of experiencing another loss can overshadow the pregnancy and can be emotionally draining for fathers. By addressing such fears and actually acknowledging them instead of sweeping these concerns under the rug of supposed masculinity, we can help create a holistic approach to childbirth that not only benefits fathers, but also mothers and newborns fostering a supportive family dynamic.

Unlike previous studies, our study does not see any correlation between pregnancy and father's age, however, the study does predict a correlation between fear and early pregnancy miscarriages in Pakistan. Our study can be used to determine further the cause of fear among young fathers and its effect on their psychological and physical health. Addressing these causes via awareness for prenatal care and routine checkups can eventually lessen this fear of young fathers. While our study provide good insight on this factor of fear among fathers, there still remain limitations to it. In this study we only see weak correlation

between fear of pregnancy and miscarriages which raises a concern about the validity of our small scaled study. Additionally, the small sample size and cross-sectional design of our study prevent us from establishing a grading scale for fear, and the absence of father's mental health follow-up limits the ability to draw definitive conclusions. It is also important to consider the potential impact of selection bias, given that the data were collected from allied hospitals of Rawalpindi Medical University.

In light of the above discussion, we strongly recommend further validation of our study through longitudinal studies conducted on a larger sample population. Conducting large scale studies will allow for a more comprehensive assessment of this fear and determine multivariable cause of fear among fathers. Taking into account the significance of fear shown by our research data among young fathers, assessment of fathers' mental status and psychiatric evaluation during prenatal care will allow healthcare workers to effectively point out root causes of fear and ways to address it to build a flourishing family dynamic.

Conclusion

The study identifies significant associations between fathers' fear of childbirth and specific demographic factors (age, occupation, history of miscarriage and years of being married). These fears include concerns about unexpected outcomes, financial responsibilities, and feelings of inadequacy with mild fear showing prevalence in our study group

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