



A DESCRIPTIVE STUDY TO ASSESS THE ANXIETY OF HUSBANDS AMONG LABOURING WOMEN IN SELECTED HOSPITALS OF MOODBIDRI

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ABSTRACT

Introduction: Pregnancy can still seem like it is all about the mom, but it is so important for dads to be a part of the experience. During child birth fathers feeling oscillate between euphoria and anxiety. They express worry for the safety of both their partners and babies as well as feelings of stress, fear and guilt. Fathers describe feelings of being unprepared for the long wait in time, pain and their partners reactions, as well as their own feelings of helplessness during child birth. However cooperation between the midwives and the father in support of the woman could reduce the fathers feelings of helplessness. **Aim:** To assess the level of anxiety by using anxiety scale. **Methods:** The research design was descriptive research design and non-probability purposive sampling was adopted to select 40 husbands of labouring women. The data was collected and analysed by using descriptive and influential statistics. **Result:** In this study, most of the subjects 52.5% had mild to moderate anxiety, 42.5% of the subjects had severe anxiety, and only 5% of the subjects had normal anxiety. The findings of the study shown that there were no significant association between anxiety score and demographic variables such as, age in years, religion, education, occupation, income, type of family, number of children. **Conclusion:** The nursing staff should provide reliable information related to delivery as well as health education before child birth and should also encourage fathers during delivery. In this way the discomfort will be minimize the more fathers preparation for their role, the provision of information about the basis of new born care and how to handle the baby at home, is another aspect that can be covered by the staff in the obstetric hospital.

KEYWORDS: Anxiety, Husbands, Labouring women.

INTRODUCTION

Pregnancy can still seem like it is all about the mom, but it is so important for dads to be a part of the experience. Of course, the physical aspect of pregnancy are experienced only by the mom, but there is more to pregnancy than the physical part. There is also emotional preparation that happens during pregnancy which is important for dads to be part of. There are several studies examining the father's experience of attending the birth of their child. Fathers reported that labor experience evoked generally positive feelings as well as significance number of negative response.

During child birth fathers feeling oscillate between euphoria and anxiety They express worry for the safety of both their partners and babies as well as feelings of stress fear and guilt Fathers describe feelings of being unprepared for the long wait in time pain and their

partners reactions as well as their own feelings of helplessness during child birth. However cooperation between the midwives and the father in support of the woman could reduce the fathers feelings of helplessness.

A recent study published in pediatrics found that depression scores among new fathers increased by 68% during the first five years of their children's lives a crucial time when it comes to bonding with the baby. The men may withdraw by working more playing sports and doing thing to avoid what's going on. Other symptoms include, low or no energy feeling unmotivated and experiencing changes in weight and appetite or sleep. There is lot more risk for alcohol or substance abuse use and they might experience physical symptoms internalizing their depression and it comes out as headaches or stomach problems. There is also more of a risk of violent or impulsive behavior.

Some of husbands are fearful or anxious regarding birth that they actually make the birth more difficult for their partner. Their fear may be transmitted to their partner and this increase her adrenaline levels leading to labor stalling. Men who are anxious before pregnancy may be more prone to depression after their child is born which can have serious consequences. A study published in 2006 in the "medical journal of Australia" "Researchers led by Richard J Fletcher state that paternal anxiety or depression increases the risk that a child will have behavioral or emotional problems.

Health care professionals who after professional support such as reassurance and continuous information are important for fathers during their child birth experiences but fathers too often describe that professional support can be inadequate. Fathers positive experience during child birth is importance in is order to develop professional support and to create a positive child birth experience for both fathers and their partners.

NEED FOR STUDY

In India most study conducted to identify the feeling of mother during the pregnancy very little study are conducted to find out the feeling of the father. Dad to be anxious can take many forms, when it mild, it may manifest as night time worries about the financial challenges of growing your family or worry about your wife's or babies health. In extreme cases parental anxiety can manifest as a condition called couvades syndrome more commonly known as sympathetic pregnancy. Men who develop couvades syndrome may experiences the symptoms of pregnancy including weight gain, nausea and backaches.

Many studies have revealed that the husband experience a series of physical and emotional changes during pregnancy. During pregnancy the men start to communicate with their child and this interaction gives a sense of reality and create hope and joy about being a father. So there is a need to assess the anxiety level of the husband during pregnancy and provide emotional support and confidence to them as early as possible.

Men who are anxious before pregnancy may be more prone to depression and after their child is born which can have serious consequences like emotional and behavioral problems. So the best thing dad's can do to quell their anxiety is to get social support in the form of other expectant or new dad's and also they recommends that dad's get as involved as they can in the delivery process by attending postnatal classes and doctor visit.

Based on the get e above studies and overviews investigator felt that assessing the level of husbands anxiety among the laboring mother. Hence the investigator felt that to assess the anxiety level of husband by providing modified zung-self rating anxiety scale questionnaire. Providing this scale will help

investigator for better understand about the anxiety level of the husbands.

A study was conducted to find out the fathers feeling about their wife's delivery among 417 fathers whose wife had given birth during the previous one week to one year in the city of Northern Greece. The study result that nearly all (82.1%) of the participants were "proud to become father" and agree that they "felt love and were grateful to their wife" However half of the fathers "felt anxious and nervous" 40.7% quite agree that the was very professional that they trusted the staff (45%) and that they were "grateful" to the staff (38.8%). There is correlation between the "feelings related to the wife" and education ($r=0.156, p=0.0047$), "being afraid during the preparatory visit at the obstetric hospital ($r=0.238, p=0.009$), and "anxiety during the preparatory visit" ($r=0.295, p=0.005$). The subscale "feelings related to the environment and staff, correlates with" usefulness of preparatory visit" ($r=0.357, p=0.001$). The study concluded that attendance by fathers has evoked positive feelings about their wife or partner, the delivery the staff and hospital environment.

The qualitative study was conducted among 8 fathers to explore their feelings and experience during pregnancy and child birth in used the written interview which were analysed using a qualitative content analysis. 8 fathers who wrote answers to 2 open questions. This conducted by university of Skovde, Sweeden. The study was conducted in two different maternity ward in the central area of Sweeden during autumn of 2012. This result as the fathers have strong, mixed feelings while striving to become prepared and to participate during pregnancy and child birth crossed over into all the four categories. Being prepared gave security, feeling needed feeling strong mixed feeling during pregnancy. This study concluded that fathers to be needed, which could be improved by professional support from health care professional.

PROBLEM STATEMENT

"A study to assess the anxiety of husbands among labouring women in selected hospitals of Moodbidri."

OBJECTIVES

- To assess the level of anxiety by using anxiety scale.
- To find association between the anxiety score with selected demographic variables.

OPERATIONAL DEFINITION

1. **Anxiety:** Is a normal phenomena which is characterized by state of apprehension of uneasiness arising out of anticipation of danger. In this study anxiety felt by husbands of labouring women assuming outcome of the labour Is measured by using modified zung-self rating anxiety scale.
2. **Husband:** Husband is a married man considered in relation to spouse. In this study husbands refers to

men who are accompanying their wives who are admitted for labour.

ASSUMPTION

Husbands will have anxiety during laboring process of their wives.

HYPOTHESIS

H₁-There will be significant association between anxiety score of husbands and selected demographic variables.

DELIMITATION

Husbands of labouring women in selected hospitals of Moodbidri.

MATERIALS AND METHODS

Research Design

The research design adopted for the present study was “descriptive design” and research approach is descriptive research.

Research settings

The physical location and condition in which data collection take place in a study.

The study conducting in a selected hospitals of Moodbidri.

Sample

A sample selected for the present study is 40 husbands of labouring women.

Sampling technique

For the present study, non-probability purposive sampling was used.

RESULT

Table 1: Frequency and percentage distribution of the subject on the basis of their demographic data n=40.

Sl.no	Demographic Variables	Frequency	Percentage (%)
1	Age in years		
	a) ≤ 30	13	32.5
	b) 31 – 40	23	57.5
	c) 41 – 50	4	10
	d) > 50	0	0
2	Religion		
	a) Hindu	23	57.5
	b) Muslim	11	27.5
	c) Christian	6	15
	d) Other	0	0
3	Education		
	a) Primary	3	7.5
	b) High school	12	30
	c) PUC	7	17.5
	d) Graduate or more	18	45
4	Occupation		
	a) Unemployed	4	10
	b) Coolie	8	20
	c) Professional	15	37.5
	d) Other	13	32.5

Sampling criteria

Inclusion criteria

- Husbands of labouring women who are willing to participate in this study.
- Husbands of labouring women who are able to read and write the English.
- Husbands of labouring women who are available at the time of data collection.

Exclusion criteria

- Husbands of labouring women who are not willing to participate.
- Husbands of labouring women who are unable to read and write English.

Data collection instruments

Demographic proforma and modified Zung -self rating anxiety scale were used to collect the data from husbands of labouring women.

Description of final tool

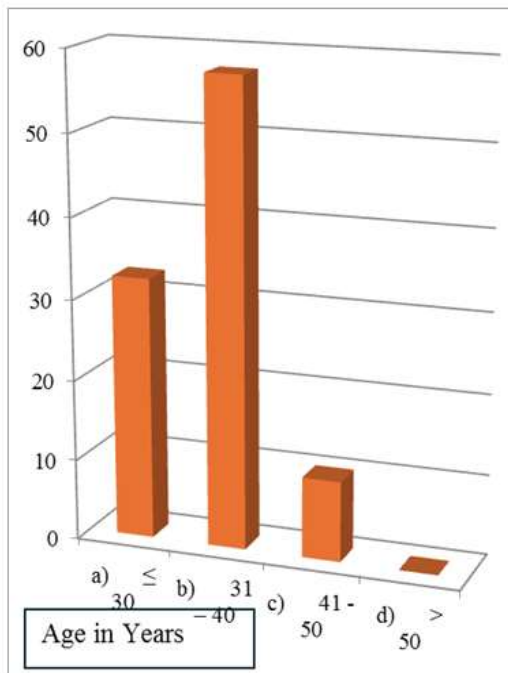
Part-1: Demographic proforma

Demographic proforma of the subjects include items such as age in year, religion, education, occupation, family type, monthly family income.

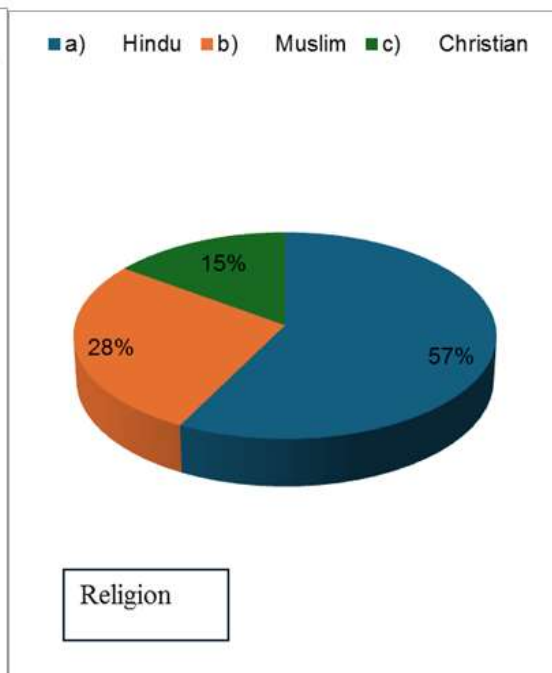
Part -2: Modified Zung-self rating anxiety scale

Consist of 20 questions regarding assessing the anxiety level of husbands.

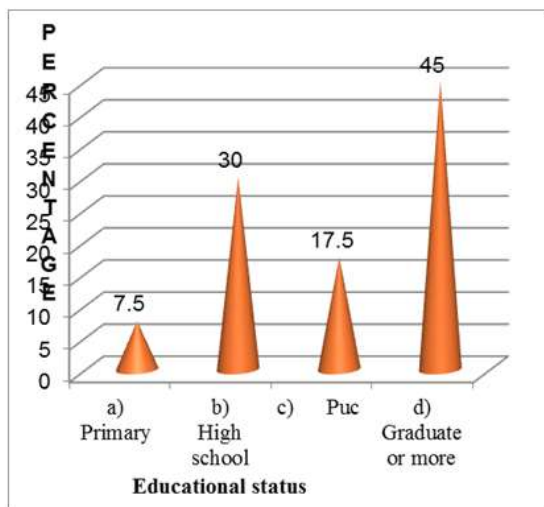
5	Type of family		
	a) Nuclear	22	55
	b) Joint	18	45
6	Monthly family income		
	a) <5000	4	10
	b) 5001- 10000	13	32.5
	c) 10001- 15000	9	22.5
	d) >15000	14	35
7	Number of children		
	a) Nil	13	32.5
	b) 1	13	32.5
	c) 2	12	30
	d) More than 2	2	5



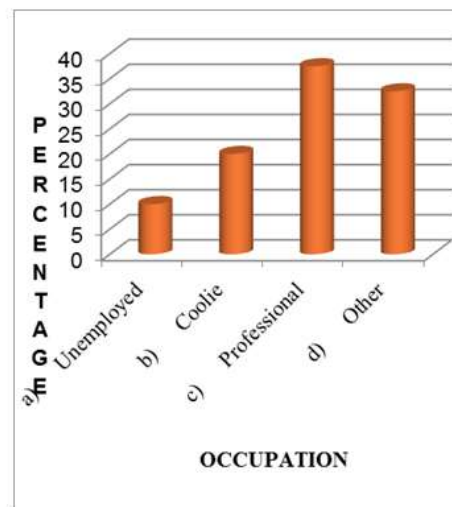
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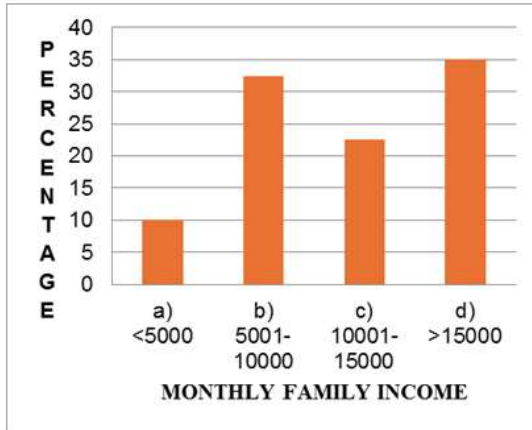
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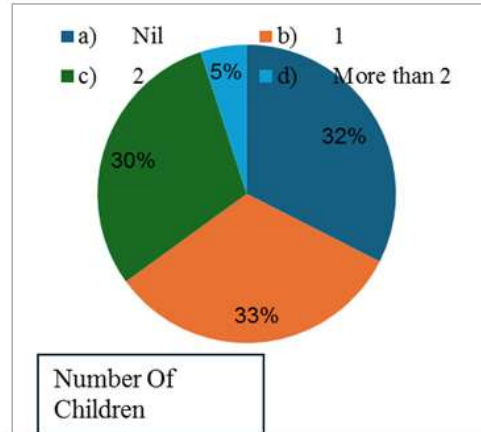
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(5)



(6)

Section II: Distribution of subjects according to their level of anxiety

Table 2: Frequency and percentage distribution of subjects according to their level of anxiety n=40.

Level of anxiety	Frequency	Percentage (%)
Normal	2	5
Mild to moderate	17	52.5
Severe	21	42.5
Extreme	0	0

Table 3: Mean, Median, Mean percentage and Standard Deviation of level of anxiety scores n=40.

Max. possible Scores	Minimum scores obtained	Mean	Median	Mean %	SD
80	40	58.17	59.5	72.71%	3.76%

The data presented in the table 3 reveals that the mean percentage of level of anxiety score of subjects is 72.71%. Hence the level of anxiety is average.

Ho: There is no significant association between anxiety scores and selected demographic variables.

Section III: The association between level of anxiety scores and selected demographic variables

In order to find the association between the level of anxiety scores and selected demographic variables the following null hypothesis was stated.

Table 4: Association between level of anxiety scores and selected demographic variables n=40.

Sl. No.	Demographic variable	Level of anxiety scores		x ²	Remarks
		Median < 59.5	Median > 59.5		
1	Age in years				There is no association
	<30, 31-40	15	20	0.008	
	45-50, >50	2	4		
2	Religion				There is no association
	Hindu, Muslim	14	20	0.008	
	Christian, Other	2	4		
3	Education				There is no association
	Primary, high school, PUC	6	10	0.069	
	Graduates or more	10	14		
4	Occupation				There is no association
	Unemployed, coolie	7	3	3.47	
	Professional and others	9	21		
5	Type of family				There is no association
	Joint	5	13	2.037	
	Nuclear	5	13		

6	Monthly family income				
	<5000, 5001-10000, 10001-15000	5	12	1.38	There is no association
	>15000	11	12		
7	Number of children				
	Nil, 1, 2	9	17	0.897	There is no association
	More than 2	7	7		

Table value $\chi^2 = 3.84$

DISCUSSION

1. Findings related to demographic proforma of subjects

The findings of the present study showed that majority (57.5%) of fathers were in the age group of 31-40 years, majority (57.5%) of fathers belongs to Hindu region, majority (17.5%) of fathers completed the educational status up to PUC, majority (37.5%) of fathers was professional work, majority (55%) of fathers belongs to nuclear family, majority (32.5%) of fathers obtained the family income was 5001-10000. Similar study findings supported that majority of the fathers had a occupational status was professional work.

2. Findings related to their level of anxiety

The findings of present study showed that majority (52.5%) of fathers had mild to moderate level of anxiety. No studies could be retrieved for comparison.

3. Findings related to association between level of anxiety scores and selected demographic variables

The findings of present study showed that there is no association between level of anxiety scores and selected demographic variables. No studies could be retrieved for comparison.

CONCLUSION

The nursing staff should provide reliable information related to delivery as well as health education before child birth and should also encourage fathers during delivery. In this way the discomfort will be minimized. Further more the fathers preparation for their role, the provision of information about the basis of new born care and how to handle the baby at home, is another aspect that can be covered by the staff in the obstetric hospital.

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