CHILDBIRTH FEAR AND ASSOCIATED FACTORS AMONG PREGNANT WOMEN AT PUBLIC HOSPITALS IN WEST WOLLEGA, ETHIOPIA

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A RESEARCH THESIS SUBMITTED TO JIMMA UNIVERSITY INSTITUTE OF HEALTH FACULTY OF HEALTH SCIENCE SCHOOL OF NURSING AND MIDWIFERY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE MASTERS OF SCIENCE DEGREE IN MATERNITY HEALTH NURSING.

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ABSTRACT

Background*: Childbirth fearis becoming increasingly recognized as a clinical issue that can have profound effects on the mother and her experience of pregnancy and birth. Failure to identify women with Childbirth fear could potentially lead mothers to feel isolated and unsupported, and impact on their psychological health and the health of their baby.*

Objectiv*e: To assess the magnitude of childbirth fear and associated factors among pregnant women at West Wollega Public Hospitals, West Wollega, Ethiopia, 2020.*

Methods*: A facility based cross-sectional study was conducted among 298 pregnant women selected by systematic random sampling from April 20 to May 20, 2020. A structured interviewer-administered questionnaire was used to collect data. The collected data was cleaned, coded, and entered to Epi data 3.1 and exported to SPSS version 25 for analyses. Descriptive analysis was done to calculate mean scores and standard deviation. Bivariate and multivariable logistic regression with 95% confidence interval was carried out.*

Result: *From the total of 304 women interviewed, 298were completed the interview making a response rate of 98.03%. The overall magnitude of childbirth fear was 28.9% with 95% confidence interval.Majority of the respondents 162 (54.4%) fall in the 25-29 years age group. Mean age of the respondents was 27.60 (SD± 4.56) years with a minimum and maximum age of 18 and 43 respectively.Having previous pregnancy complication [AOR (95% CI)], [6.949 (2.060 – 23.445),presence of long time during childbirth [AOR (95% CI)], [4.765 (1.161 – 19.564)], presence of episiotomy [AOR (95% CI)], [4.197 (1.107 – 15.917)], low social support [AOR (95% CI)], [.011 (.003 – .050)]were significantly associated with Childbirth fear.*

Conclusions and recommendation: *Magnitude of Childbirth fear is common in the study area. Having previous pregnancy complication, low social support, episiotomy, labour pain, labour too long were associated with Childbirth fear. Identifying and developing interventions for women with these associated characteristics is of clinical importance for the reduction of childbirth fear during pregnancy in the study area.*

Keywords*: Pregnant women, Childbirth fear, Ethiopia*

TABLE OF CONTENTS

Contents Page

LIST OF FIGURES

LIST OF TABLES

ACRONYMS AND ABBREVIATION

ANC Antenatal care

AOR Adjusted odds ratio

BSC Bachelor of Science

BPHBube primary hospital

CIConfidence Interval

COR Crude odds ratio

EPMMEnding preventable maternal mortality

CBFChildbirth fear

GGHGimbie general hospital

NGHNedjo general hospital

MMR Maternal mortality ratio

MSC Master of Science

NGO Nongovernmental organization

OROdds Ratio

SSA Sub Saharan Africa

SDG Sustainable development goal

IPV Intimate partner violence

SPSS Statistical Software for Social Science

SRS Simple random sampling

WHOWorld Health Organization

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CHAPTER ONE

1. INTRODUCTION

1.1. Background of the study

Fear is defined as an emotion induced by perceived danger or threat, which causes physiological changes and ultimately behavioral changes, such as fleeing, hiding, or freezing from perceived traumatic event(1).Childbirth fear (CBF) is not a new but it was documented as early as 1858, by the French psychiatrist, Marce "If women are primiparous, the expectation of unknown pain preoccupies them beyond all measure, and throws them into a state of inexpressible anxiety. If they are already mothers, they are terrified of the memory of the past poor perinatal outcome, previous traumatic birth experience and the prospect of the future." In contemporary parlance, the term 'toco/toko phobia' is employed as a term to delineate CBF; this is derived from the Greek word "Toko" (birth) and phobia (fear). This term was first used by Hofberg and Brockington (2000), and was classified as follows: Primary – nulliparous, Secondary – previous to a traumatic delivery (1). Therefore, CBF is a problem observed in nulliparous and multiparous women, leading to consequences for their health, and implications for their labour, birth and postpartum period (2-5). It ranges from almost total absence of fear to extreme fear (6).

Childbirth fear is a considerable mental, social, and physiological phenomenon among women as well as their families, which can be an effective factor in choosing the cesarean section for deliver (7). It is a multidimensional considered as a critical experience in every woman's life. It is a negative perceptions starting in the antenatal period and experienced in the birth and postpartum period. Sometimes, it is so high that it prevents women from getting pregnant and even disturbs their daily activities(8). It can have a negative impact on a woman's psychological wellbeing during pregnancy and her experience of birth. It has also been associated with adverse obstetric outcomes and postpartum mental health difficulties (9).Elevated anxiety and fear during pregnancy holds important implications for both maternal postpartum wellbeing and child development (10, 11).

Childbirth fear emerged from two primary sources. Firstly, a continuum of reference points were used to contextualize fears, from the unknown for new mothers, to internalization of birthing

stories of others and finally personal experiences of pregnancy labour and birth. Secondly, women drew on their perceptions of low self-efficacy or confidence and uncertainty surrounding their physical, mental, and emotional capacity to successfully negotiate labour and vaginal birth (14, 22).

In developed countries worked to increase the number of special clinics in health facilities and better connect communities to facilities to identify and treat Childbirth fear at maternity service. Promoting maternal health remains an important global health issue and especially the reduction of maternal morbidity and mortality (11, 31). Therefore, one of the ways to tackle this problem is by providing pregnant mothers in an environment where they feel secure to receive both emotional and physical support from their families as well as from health institutions (31, 37).

In this process, in order to reduce the physical and psychological problems, if midwives / nurses give emotional support by including a pregnant woman and her family in addition to their responsibility to provide care, a better pregnancy and delivery will take place. Childbirth fear continues to have a potential impact on women's wellbeing, and this needs to be addressed directly with constant assessments and adequate care (12). Studies have shown that Childbirth fear leads to a woman's demand for elective cesarean section (13, 14). Therefore, studies focusing on CBF using on are crucial.

1.2. Statement of problem

Globally, childbirth fear remains a major health problem that affects pregnant women's (5-40%) and also damage their emotion and birth outcome even leads to mortality (2). It is mentioned as one of the causes of maternal mortality and morbidity. Furthermore it is one of the most significant barriers to give birth through spontaneous vaginal delivery (12, 13), but it received less attention (14).

Fear of childbirth is common health issue for women and their caregivers when mothers are reaching to birth or are in their postpartum transition and varies from individuals ranging from negligible to extreme fear(3). Pregnant women who fear childbirth are prone to face a lot of negative impact on physical and psychological wellbeing such as complications during pregnancy, to experience more severe pain, increased length of labor, use of anesthesia during labor and increased risk of caesarean section deliveries (15).

Fear of childbirth may also associated with different psychological or clinical problems such as fear of undergoing a caesarean section, rupture, death, episiotomy, feeling helpless, lack of trust in the health workers, feeling of being alone, becoming panicked, (15). It also has a negative influence on the postpartum period. Mothers with childbirth fear are more likely to have difficulties with maternal adjustment and mother-child bonding(16). It can also cause or worsen post-traumatic stress disorder and leads to avoidance of pregnancy, maternal and fetal stress(17). Different factors are associated with fear of childbirth like previous negative birth experience, parity, educational status, being unemployed, receiving low emotional support from husband, unwanted pregnancy(18). Even though fear of childbirth is common problem with multiple consequences, most studies were conducted in high-income countries, and little is known in low-income countries including Ethiopia(19).

Ethiopia is doing a lot to decrease maternal and neonatal morbidity and mortality and to achieve sustainable developmental goals but a little concern is given on the psychological aspects of pregnancy and child birth and the possible factors associated with fear of child birth. So identification of women at risk of childbirth fear is essential for women's emotional well-being before and after birth (11). Therefore, the purpose of this quantitative study is to assess childbirth fear and associated factors among pregnant women attending antenatal care at west wollega public hospitals, Oromiya Region, Western Ethiopia.

1.3. Significance of the study

Researches on CBFwere conducted in developed countries but there are limited researches on CBF in developing countries like Ethiopia. Childbirth care is very essential and lifesaving maternal and child health-care intervention. Understanding the magnitude of childbirth fear and associated factors is an important factor in altering health of women. Therefore, the findings from this study will reveal insights from women who come to hospital for childbirth care. The findings from the study may have implications for midwives/health care providers, women and policy makers by improving awareness and evidence based practice. It may also have strong implications for governmental and nongovernmental organizations who are interested in working with maternal health to plan future intervention.

The findings from the study might also provide baseline data for future researchers interested to conduct further investigation on Childbirth fear.

CHAPTER TWO

2. LITERATURE REVIEW

2.1. Concept of Childbirth fear

Being pregnant and giving birth are described as a transition phase, or an existential threshold that childbearing women have to cross (20). Childbirth is an experience with many dimensions, multifaceted and unique for each woman, still strongly influenced by her social context(21) . Women's expectations and experiences of pregnancy and birth are both positive and negative in nature, involving feelings of joy and faith but also worry, anxiety and fears. Despite the fact that maternity care in high income countries is safe, Childbirth fear is a common problem affecting women's health and wellbeing before and during pregnancy, as well as after childbirth. Childbirth fear has consequences for women's relationships with their baby, partner and family(22) , and often leads to requests for caesarean section (CS) by women striving for control in an exposed situation(23-26) .

2.2. Magnitude ofChildbirth fear

Worldwide, 5-40% of the mothers are affected by Childbirth fear(27-32).A cross-sectional study was conducted by Lukasse between March 2008 and August 2010on 6870 pregnant women to assess the prevalence and associated factors of Childbirth fear in six European countries namingBelgium, Iceland, Denmark, Estonia, Norway and Sweden (Bidens). In this study, Lukasse (2014) found that more than 15% mothers are affected by high Childbirth fear and CBF varies in these six countries. The prevalence of highCBF among pregnant women varied from 4.5% in Belgium to 15.6% in Estonia and among multiparous women from 7.6% in Iceland to 15.2% in Sweden(33).

Another cross-sectional study was conducted by Mortazavi and Agah to assess Childbirth fear and associated factors from December 2016 to March 2017 on 525 pregnant women in Sabzevar, Iran. The study revealed the prevalence of Childbirth fear to be 26.6% (34). Another cross-sectional study by O'Connell et al conducted between April 2015 and June 2016 in Cork, Ireland to assess prevalence and risk factors of Childbirth fear among 882 pregnant women attending antenatal care revealed the overall prevalence of Childbirth fear to be 5.3% and high Childbirth fear to be 36.7% (35).

Another cross-sectional study was conducted between May 2012 and June 2013 to assess prevalence of Childbirth fear on1410 Australian women in their second-trimester. The study revealed the prevalence of Childbirth fear to be 24%. In this study, 31.5% of nulliparous women reported high level of fear (36). Another study conducted in Slovenia to assess prevalence and risk factors for developing Childbirth fear on 191 pregnant women during Parenting and Childbirth Classes. Participants were approached when attending Parenting and Childbirth Classes between June 2014 and September 2014 and the prevalence of high Childbirth fear was 25% (37). Another cross-sectional study conducted in 2006 in Sweden to assess women's Childbirth fear and preference for cesarean section on 1635 pregnant women indicated the prevalence of high Childbirth fear to be 15.8% (27).

In Malawi, a cross sectional study was conducted by Khwepeya et al to assess Childbirth fear and related factors among 152 pregnant and 153 postpartum women. This study found low and high levels of Childbirth fearduring pregnancy to be 39% and 20% respectively. (12).

2.3. Factors Associated with Childbirth fear

2.3.1. Socio-demographic Related Factors

There are socio-demographic characteristics that appear to be associated with Childbirth fear. A cross-sectional study conducted in 2006 in Sweden compared women between 25 and 29 years. This study revealed that women with higher maternal age were at increased risk of intense Childbirth fear(27). Another study conducted in sabzevar, Iran showed the mean score of Childbirth fear to be significantly higher in unplanned pregnancy compared to those with planned(34). A cross-sectional study conducted in Malawi of 305 pregnant women found a significant association between childbirth fear and women's educational level. Women who were illiterate were more likely to report a higher level of childbirth fear during pregnancy than their more highly educated counterparts(12). Another study conducted by Laursen et al. (38) and Sontani et al. (7) also found a significant association between these two factors, although the relationship between them was not clear. It is possible that uneducated women do not usually comprehend childbirth information and make informed choices. Conversely, Saisto et al. found no significant association between women's educational backgrounds and their Childbirth fear(39).

2.3.2. Obstetric and past experience Related Factors

A study conducted in Sabzevar, Iran indicated the mean score of Childbirth fear to be significantly higher in multiparas who preferred cesarean in comparison to those who preferred vaginal delivery (34). A cross-sectional study at various stages of pregnancy in Sweden revealed that women who had previously experienced pregnancy complication (n =118) was more afraid of their delivery compared with parous women with no experience ofpregnancy complication (27). Study conducted in Slovenia the most significant was the fear of having an episiotomy followed by fear of having no control on the situation and fear of pain(37). Study conducted in Iran to explore the prevalence of child birth fear showed that women of higher parity, between one and three children, were three times more likely to be detained compared to those who had just given birth to their first child and respectively (23).Similarly, cross-sectional study conducted in Slovenia on childbirth fear showed that women who had pregnancy complications during pregnancy were more likely to report experiences of child birth fear (30). Another study conducted by Nieminen counters showed that those women who received ANC were less likely to complain birth fear than those who didn't (31).

2.3.3. Social support related factors

Another studies conducted by Slade and Sultani also reported that a woman's lack of social support was associated with childbirth fear(38, 39), as having social support may act as a buffer in stressful situations. However, Haines et al. refuted such a relationship and found that personal or social characteristics of women had no connection with childbirth fear, especially in rural townships with a sense of community that reduced the need for direct support (32). Study conducted in Malawi on childbirth fear and related factors among pregnant and postpartum womenin the study who received less social supportduring pregnancy reported not have childbirth fear (12)

Another study conducted on the relationship between social support and child birth fear among 68 Chinese pregnant women reviled that those less social support perceived are more freighted full of childbirth(38).

2.4. Conceptual Framework

The conceptual frame work for this study is presented in the figure below [**Figure 1**]. This conceptual framework was developed after reviewing different literatures (12, 30, 34, 37, 40). The figure shows the relation between dependent and independent variables.

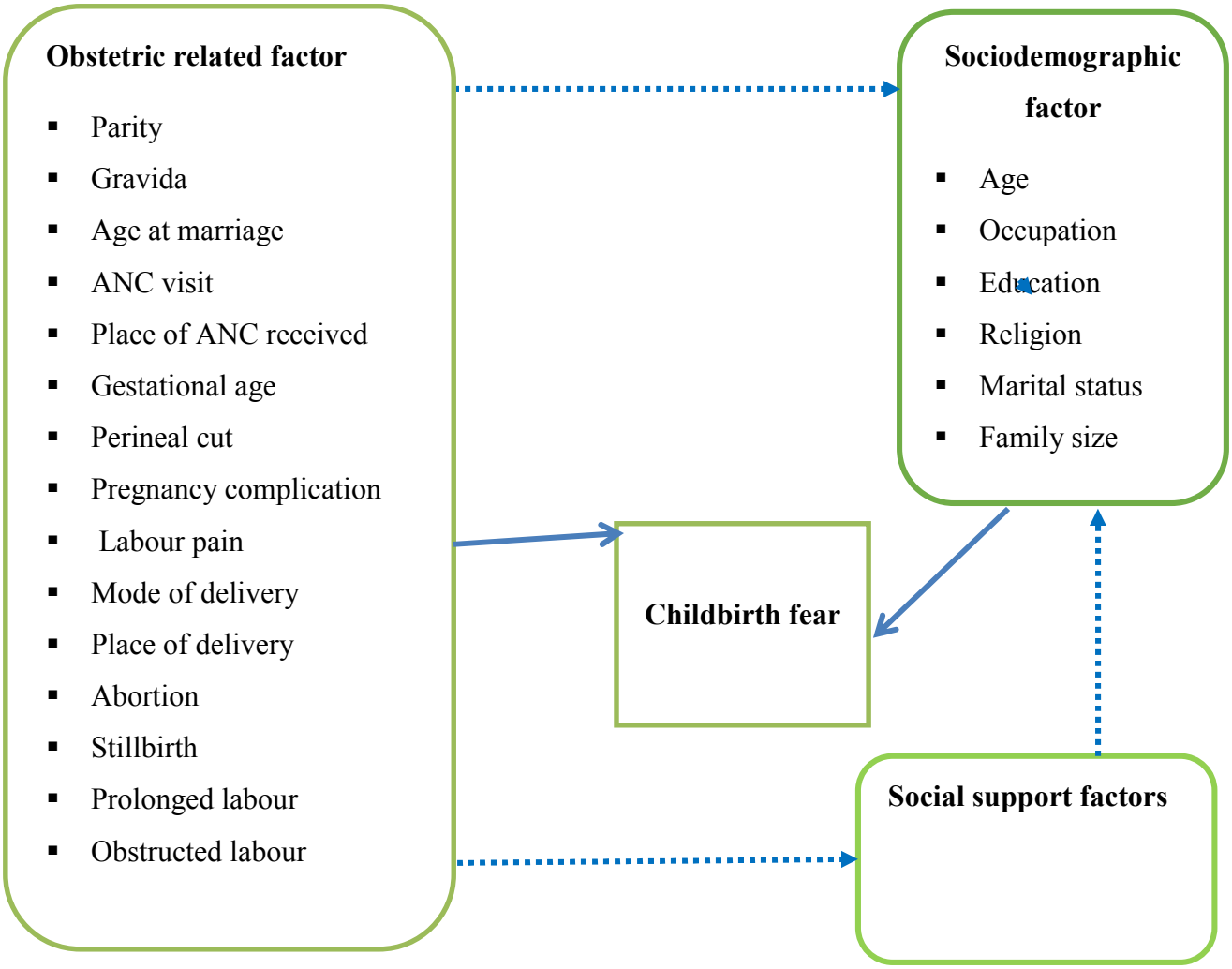

Figure 1: Conceptual Framework for Magnitude of Childbirth fear and Associated Factors among Pregnant Women at Public Hospitals in West Wollega, Ethiopia

CHAPTER THREE

3. OBJECTIVES OF THE STUDY

3.1. General Objective

The main aim of this study is to assess magnitude of Childbirth fear and associated factors among pregnant women at Public Hospitals in West Wollega, Oromiya Region, Ethiopia, 2020.

3.2. Specific Objectives

- To assess the magnitude of Childbirth fear among pregnant women at Public Hospitalsin West Wollega, Oromiya Region, Ethiopia, From April 20 to May 20,2020.
- To identify factors associated with Childbirth fear among pregnant womenat Public Hospitals in West Wollega, Oromiya Region, Ethiopia, From April 20 to May 20, 2020.

CHAPTER FOUR

4. METHODS AND MATERIALS

4.1. Study Area and period

This study was conducted at public hospitalsin west wollega. West Wollega is bordered on the west by Kelam Wollega Zone, on the north by the Benishangul-Gumuz Region, on the east for by East Wollega, and on the southeast by Illubabor. There are five public hospitals, namely Gimbie General Hospital (GGH), Nedjo General Hospital (NGH), Begi General Hospital (BGH), Mendi General Hospital (MGH) and Bube primary hospital (BPH) and two private hospitals. This study will be conducted at GGH, NGH and BPH. GGH is found at 441km away from the Capital city of Ethiopia, Addis Ababa. It has a latitude and longitude of 9°10′N 35°50′E. NGH is found in Nedjo town which is located at 62km away from Gimbie town. BPH is found in Nole Kaba at 110km away from Gimbie town.

The total population projection 2019 of the zone is 1,350,415, of who 671,538 are men and 678,877 women; with an area of 10,833.19 square kilometers. Its altitude is found 2,085 elevations with an average annual temperature of 26 degree centigrade and annual rainfall of 504 meter square. There are 19 woredas in the zone. And there are five public hospitals, twenty one health centers and two private hospitals which are all providing ANC services for the population. The study was conducted from April 20 to May 20, 2020.

4.2. Study design

Facility-based cross-sectional study design was employed.

4.3. Population

4.3.1. Source Population

All pregnant women coming for ANC

4.3.2 Study participant

Sampled pregnant women attending ANC at study facilities during the study period and fulfilled the inclusion criteria.

4.4. Eligibility Criteria

4.4.1. Inclusion Criteria

- At least women who gave one birth availing for antenatal services at the hospitals.
- Second and third-trimester pregnancy

4.4.2. Exclusion Criteria

- Pregnant women who are disabled (hearing and speaking difficulty)
- Critically ill pregnant women

4.5. Sample size and Sampling Technique

4.5.1. Sample size calculation

The sample size was determined using a single proportion formula. This study considered the proportions of pregnant women that are in Childbirth fear to be 50% in order to have enough sample size since there is limited study in Ethiopia, 5% marginal error, 95% confidence interval and 5% non-response rate were added.

n= the required sample size

z= standard score corresponding to 95% confidence interval

p= Assumed proportion of Childbirth fear 50% in order to have enough sample size

d= the margin of error (precision)

$$n = \frac{Z\,(^{\alpha}/_{2})^2 \times p(1-p)}{d^2}$$

$$n = \frac{(1.96)^2 \times 0.5(1-0.5)}{0.05^2} = 384$$

n= 384

Since the total number of pregnant women attending ANC in the three hospitals are1152 which is gotten from the three hospitals annual case report and divided by twelve, which is less than 10000; and also since the ratio of initial sample size calculated (n_i) to the total number ofpregnant women attending ANC in the three hospitals (N) is greater than 0.05, correction formula was used.

$$n_f = \frac{n_i}{1+\frac{n_i}{N}} \quad n_f \Rightarrow \frac{384}{1+\frac{384}{1152}} = \frac{384}{1+0.33} = \frac{384}{1.33} = 289$$

Finally, a 5% nonresponse rate was added and the final sample size became**304**.

4.5.2 Sampling technique and procedure

From the total five hospitals available at west wollega because of covid 19 two of the hospitals used as treatment center so, the remaining three are used to conduct this study. Samples were distributed to each facility based on the number of their annual antenatal case load Then sample were calculated to respective facilities. Following this, the calculated sample size was allocated proportionally. Systematic random sampling technique was used to select study participants with the (k-value=4) or every fourth woman who were receiving antenatal care until the data collection period was completed. The first woman was selected by using lottery method on the first day of data collection.

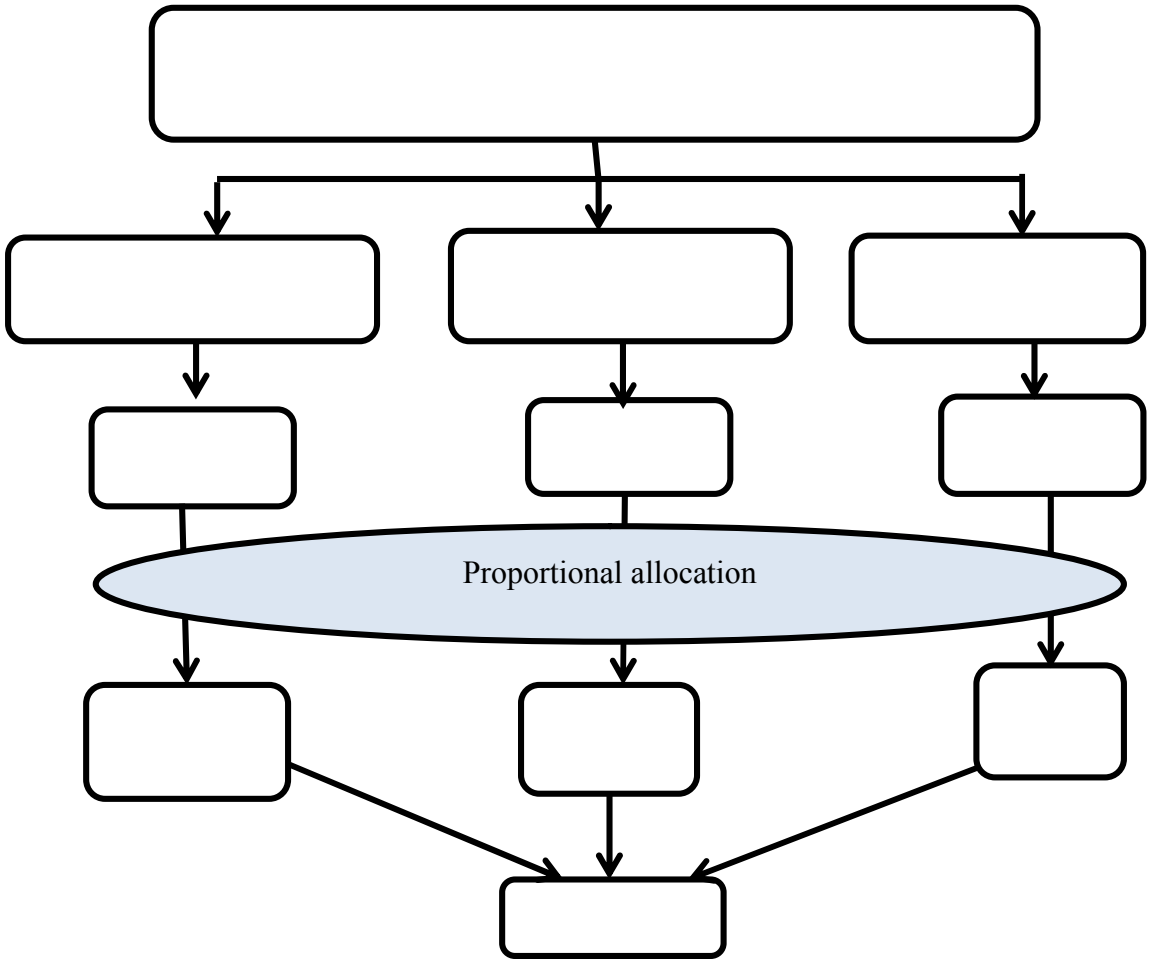

Figure 2*:* schematic representation ofSampling Procedure for Childbirth fear at public hospitals in west wollega zone, west Ethiopia, august 2020

Where: N= Number of ANC case load in one month in the study sites,

n=study participant calculated.

4.6. Study Variable

4.6.1. Dependent Variable

Childbirth fear

4.6.2. Independent Variables

- **Socio-demographic factors**
  - Education
  - Religion
  - Occupation
  - Age
  - Family size
  - Marital status
- Obstetric and previous experience variables
  - Parity
  - Gravida
  - Gestational age
  - No of ANC visit
  - Place of ANC received
  - Age at marriage
  - Pregnancy complication
  - Perineal cut
  - Labour pain
  - Mode of delivery
  - Abortion
  - Still birth
  - Child death
  - Postpartum bleeding
  - Prolonged labour
  - obstructed labour
  - place of delivery

4.7. Operational Definition

Magnitude:defined as the total number of pregnant mother who had Childbirth fear divided by the total number of pregnant women in the studying the given time interval.

Childbirth fear: pregnant women's terrified of the memory of the past perinatal outcome, previous traumatic birth experience and the prospect of the future.

High Childbirth fear: pregnant women who score equal to or greater than the mean score (59.6).

Low Childbirth fear: pregnant women who score less than the mean score.

Social support:when Multidimensional Scale of Perceived Social Support measured using 12 items on 7-point Likert scale with the value ranging from 12– 84. The higher the value (>54.62), the higher the receiving social support

High social support: pregnant women who score equal to or greater than the mean score (54.62).

Low social support: pregnant women who score less than the mean score.

4.8. Data Collectionprocedures

The measurement of childbirth fear during pregnancy, the study was conducted by tools adopted from delivery fear scale by using the seven point Likert scale. The questionnaire was structured into four sections (socio demographic characteristics, obstetrics and previous experience related factors, childbirth fear, social support). The data collection period was one months from April 20 to May 20, 2020.

The data was collected by 4 BSc midwives who are working outside the study facilities by using exit interviews from maternity unit & supervised by 3 BSc midwives. Interviews were held in private and neutral place on the hospital compound to ensure privacy.

The questionnaires was first prepared in English then translated to Afaan Oromo and back translated to English by language experts to maintain its consistency.

4.9. Data Quality Control

Before actual data collection, pretest was conducted on 5% (15) of the sample size at Arjoprimary hospital. Data for pretest was analyzed and used for amending data collection tool. Over all internal consistency /reliability of the items of childbirth fear was 0.79. One day orientation was given for data collectors and supervisors regarding the objective of the study,

data collection tool and procedures and how to approach respondents. The quality, consistency and completeness of data was kept through careful collecting from sample and through supervision on daily basis.

4.10. Data analysis and processing

Data was coded and entered into EpiData Version 3.1and exported to IBM SPSS Statistics Version 25.0 for analysis. Then data was analyzed using descriptive statistics such as mean scores and standard deviations followed by inferential statistics. Mean scores and standard deviations was computed to determineChildbirth fear of women.All variables was entered into bivariate logistic regression and independent variables with p – value <.25 was considered as candidates for multiple logistic regression analysis. In multiple logistic regression, variables with p - value <.05 was considered as statistically significant Childbirth fear. Finally, the results was presented in the narrative forms, in the form of tables and charts.Multi-collinearity was checked to see the linear correlation among the independentvariables by using the variance inflation factor and tolerance test. All of the variables hadinflation factor <10. Hosmer and Lemeshow's test was found to be insignificant(p=0.253) and Omnibus test was significant (p<0.001) which indicates that themodel was fitted.

4.11. Ethical Consideration

Letter of permission and approval was obtained from Jimma University Institutional Review Board. Permission was obtained from west wollega zonal health administration office and from the selected hospitals. The purpose and significance of the study was also described to the study participants. Prior to collecting data, they were asked for their voluntary participation, and they were informed the right to withdraw themselves at any time without giving any reason if they do not want to proceed. They was also informed as their information was kept confidentially. Finally, written and verbal informed consent was taken.

4.12. Dissemination Plan

The finding of the study will be submitted to Jimma University school of nursing and Midwifery and school of graduate studies. Hard copies of the finding will be disseminated to west wollega health office and other concerned bodies as well. Finally, it will be made accessible to scientific communities through publication on peer-reviewed journals.

CHAPTER FIVE

5. RESULTS

Out of the 304 participants planned to be interviewed, 298 of them were interviewed and the rest refused which makes the response rate 98.03%.

5.1. Sociodemographic characteristics

Majority of the respondents 162 (54.4%) fall into the age group of 25-29 years. Mean age of the respondents was 27.60 (SD± 4.56) years with a minimum and maximum age of 18 and 43 respectively. Regarding the marital status of the respondents, almost all of them 273(91.6%) were married, 105(35.2%) were house wives. From total respondents, 184 (61.7%) were followers of protestant. About 59(19.8%) of respondents have an educational status of no education [**Table1**].

Table 1:*Socio-demographic Characteristics of Pregnant Women at Public Hospitalsin West Wollega, Oromiya Region, Ethiopia, 2020 (n = 298)*

Variables	Category	Frequency	Percentage
Age	15 – 19 years	13	4.4
M = 27.60	20 – 24 years	41	13.8
SD = ±4.56	25 – 29 years	162	54.4
	30 – 34 years	58	19.5
	35 + years	24	8.1
Marital status	Married	273	91.6
	Divorced	14	4.7
	Widowed	11	3.7
Religion	Muslim	59	19.8
	Protestant	184	61.7
	Orthodox	47	15.8
	Catholic	8	2.7
Educational status	Cannot read and write	59	19.8
	Can read and write	20	6.7
	Primary school	93	31.2
	Secondary school	71	23.8
	College	34	11.4
	University	21	7.0
Occupation	Self-employed	45	15.1
	Government employed	56	18.8
	Daily laborer	73	24.5
	House wife	105	35.2
	NGO	19	6.4
Family size	≤ 3	100	33.6
	4 – 5	163	54.7
	≥ 6	35	11.7

5.2. Obstetric and previous experience characteristics of women

From the total respondents, 222(74.5%) had married at the age of greater than 18. About 179(60.1%) of women their present pregnancy were unplanned.Regarding to gestational age majority of the women 156(52.4%) were 13-27weeks.

From total respondents about 255(85.6%) of women their obstetric score were two-three, of those previous birth 242(81.3%) were 1-2. From the total respondents, 166(55.8%) had a history of 1-2 ANC follow up for their present pregnancy. Regarding at what gestational age received first antenatal care were about 262(88%) at the weeks of less than 16. Who received ANC service were seen at hospital were 180(60.4%).From the total of 298 previous deliveries about 157(51.2%) were spontaneous vaginal delivery.

From the total respondents, 251(84.2%) have getting help to reach health institution during last delivery. About 280(94.0%) of women give birth at health institution. From the total respondents, 243(81.5%) were suffering from labour pain.

Table 2: Obstetric and Previous Experience Characteristics of Pregnant Women at Public Hospitals in West Wollega, Oromiya Region, Ethiopia, 2020 (n = 298)

Variables	Category	Frequency	Percentage
Age at marriage	<18years	39	25.5
	≥18years	222	74.5
Planned pregnancy	yes	119	39.9
	No	179	60.1
Gestational age	13-27wks	156	52.4
	≥28wks	142	47.6
Obstetric score	2-3	255	85.6
	≥4	43	14.4
Number of previous birth	1-2	242	81.3
	≥3	56	18.7
GA for first ANC visit	<16wks	262	88
	≥16wks	36	12
Number of ANC visit	1-2	166	55.8
	≥3	132	44.2
Place of ANC received	Hospital	180	60.4

	Health center	52	17.4
	Private clinic	7	2.3
	Health post	5	1.7
Mode of delivery	SVD	157	51.2
	C/S	49	16.4
	IAVD	92	32.4
Getting help to reach health institution	Yes	251	84.2
	No	47	15.8
Place of delivery	Home	18	6.0
	Health Institution	280	94.0
abortion	Yes	16	5.4
	No	282	94.6
Still birth	Yes	8	2.7
	No	290	97.3
Child death	Yes	20	6.7
	No	278	93.3
Labour pain	Yes	243	81.5
	No	55	18.5
Perineal cut	Yes	77	25.8
	No	221	74.2
Obstructed labour	Yes	53	17.8
	No	245	82.2
Postpartum bleeding	Yes	42	14.1
	No	256	85.9
Prolonged labour	Yes	240	80.5
	No	58	19.5

5.3. Social support characteristics of women

From total respondents about 97(32.6%) women weremildly agree that they have a special person who is around them when they are in need. From total respondents about 81(27.2%) women were mildly agree upon they have a special person with whom they can share their joys

and sorrows. From total respondents about 80(25.8%) were get family help, of those 96(32.2%) get emotional help and support from their families when they in need.

From total respondents about 87(29.2%) women were mildly agree on that getting help from their friends, of those 89(29.9%) talk their problems with their friends.

Table 3: Social Support Characteristics of Pregnant Women at Public Hospitals in West Wollega, Oromiya Region, Ethiopia, 2020 (n = 298)

Items	Strongly disagree	Mildly disagree	Disagree	Neutral	Agree	Mildly agree	Strongly agree
There is a special person who is around when I am in need	26(8.7%)	42(14.1%)	25(8.4%)	4(1.3)	45(15.1%)	97(32.6%)	59(19.8%)
There is a special person with whom I can share joys and sorrows	22(7.4%)	37(12.4%)	32(10.7%)	7(2.3%)	74(24.8%)	81(27.2%)	45(15.2%)
My family really tries to help me	35(11.7%)	34(11.4%)	25(8.4%)	11(3.7%)	75(25.2%)	80(25.8%)	38(12.8%)
I get the emotional help and support I need from my family	23(7.7%)	36(12.1%)	34(11.4%)	11(3.7%)	63(21.2%)	96(32.2%)	35(11.7%)
I have a special person who is a real source of comfort to me	35(11.7%)	27(9.1%)	25(8.4%)	17(5.7%)	83(27.9%)	74(24.8%)	37(12.4%)
My friends really try to help me	21(7.0%)	42(14.1%)	26(8.7%)	22(7.4%)	68(22.8%)	87(29.2%)	32(10.8%)
I can count on my friends when things go wrong	27(9.1%)	34(11.4%)	33(11.1%)	11(3.7%)	74(24.8%)	83(27.9%)	36(12.1%)
I can talk about my problems with my family	26(8.7%)	40(13.4%)	26(8.7%)	17(5.7%)	77(25.8%)	81(27.2%)	31(10.4%)
I have friends with whom I can share my joys and sorrows	31(10.4%)	41(13.8%)	19(6.4%)	16(5.4%)	82(27.5%)	76(25.5%)	33(11.1%)
There is a special person in my life that cares about my feelings	21(7.0%)	38(12.8%)	35(11.7%)	67(22.5%)	85(28.5%)	15(5.0%)	37(12.4%)

My family is willing to help me make decisions	30(10.1%)	39(13.1%)	25(8.4%)	15(5.0%)	87(29.2%)	77(25.8%)	25(8.4%)
I can talk about my problems with my friends	25(8.4%)	48(16.1%)	22(7.4%)	14(4.7%)	74(24.8%)	89(29.9%)	26(8.7%)

From total respondents about 201(67.4%) women wereperceived high social support from family and friends.

Variables	Category	Frequency	Percentage
Social support	High	201	67.4
	Low	97	32.6

5.4. Magnitude ofChildbirth fear among pregnant women at public hospitals

From the 298 respondents interviewed, 86(28.9%) experienced high Childbirth fear among pregnant women attending antenatal care at public hospitals [**Figure 3**].

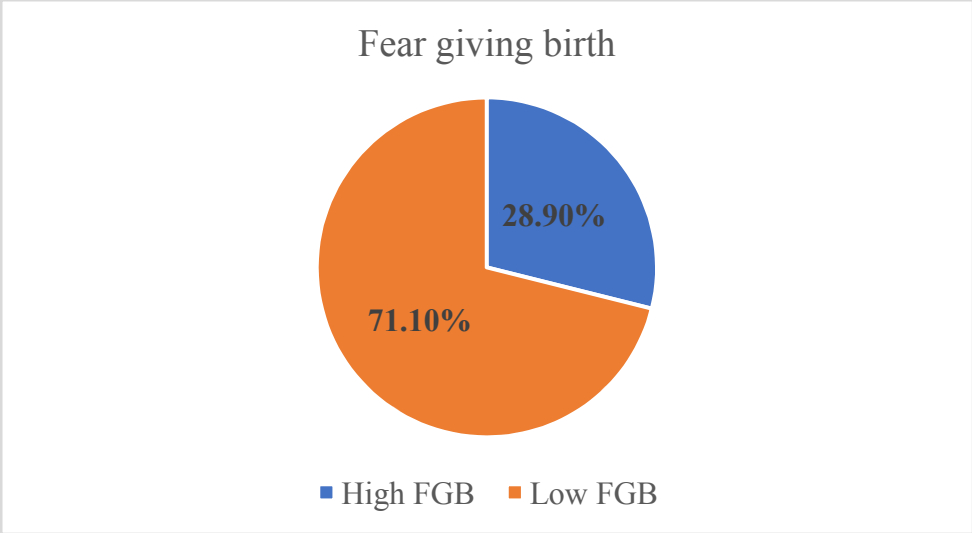

Figure 3: Magnitude of Childbirth fear among Pregnant Women at West Wollega Public Hospitals, West Wollega Zone, Oromiya Region, Ethiopia, 2020 (N = 298)

5.5. Factors Associated with Childbirth fear

Bivariate and multi variate logistic regression were carried out by using binary logistic regression for data analysis. Crude and Adjusted odds ratio with 95% confidence interval were calculated to determine the strength of association and statistical significance between Childbirth fear andeach independent variable. On bivariate analysis, marital status, occupation and family

numberwere significantly associated with Childbirth fear to be candidate for multivariate logistic regression analysis

Multivariate Logistic regression analysis

All the significant independent variables (p <.25) in the bivariate analysis were entered into the multivariable logistic regression using backward method to determine final predictors of Childbirth fear.

Based on the finding from multivariable logistic regression, pregnant women who had previous pregnancy complication were 7 times more likely to experience Childbirth fear as compared to those who did not have [AOR (95% CI)], [6.949 (2.060 – 23.445)], (p =.002). On the other hand, pregnant women who had prolonged labour previously were 5 times more likely to experience Childbirth fear as compared to those who had not [AOR (95% CI)], [4.765 (1.161 – 19.564)], (p =.030). Similarly, pregnant women who had suffering labour pain previously were 5 times more likely to experience Childbirth fear as compared to who had not [AOR (95% CI)], [4.840 (1.067– 21.957)], (p =.041). Additionally, pregnant women who experienced perineal tear were 4 times more likely to experience Childbirth fear as compared to those who did not [AOR (95% CI)], [4.197 (1.107– 15.917)], (p =.035). Pregnant women who had high social support were 98.9% times less likely to experience Childbirth fear than those who had not [AOR (95% CI)], [.011 (.003– .050)], (p =.000). Accordingly, previous obstetric complication, prolonged labour, labour pain, previous perineal tear and social support were associated with Childbirth fear [**Table 4**].

Table 4: Multivariable Logistic Regression analysis for Factors Associated Childbirth fear among Pregnant Women at West Wollega Public Hospitals, 2020 (n = 298).

Variables	Category	Childbirth fear		COR (95% C.I.)	AOR (95% C.I.)	*p*value
		Low	High			
Marital status	Married®	196(71.8%)	77(28.2%)			
	Widowed	10(90.9%)	1(9.1%)	3.394 (1.140, 10.103)	1.840 (.174, 19.397)	.612
	Divorced	6(42.9%)	8(51.7%)	0.255 (0.032, 2.022)	2.601 (.207, 32.707)	.459
Occupation	Self-employed®	32(71.1%)	13(28.9%)			
	Gov't employed	50(59.3%)	6(10.7%)	7.312 (.883, 60.577)	.209 (.023, 1.876)	.162
	Daily laborer	41(56.2%)	32(43.8%)	2.160 (0.243, 19.194)	1.507 (.223, 10.183)	.674
	House wife	71(67.6%)	34(32.4%)	14.049 (1.780, 110.89)	.355 (.058, 2.180)	.263
	NGO	18(94.7%)	1(5.3%)	8.620 (1.104, 67.275)	.251 (.010, 6.445)	.404
Family number	≤ 3	69(69.0%)	31(31.0%)	2.171 (.818, 5.762)	1.456 (.213, 9.945	.702
	4 – 5	114(69.9%)	49(30.1%)	2.077 (0.811, 5.322)	1.162 (.205, 6.594)	.866
	≥ 6®	29(82.9%)	6(17.1%)			
Age at marriage	<18	32(82.1%)	7(17.9%)	1.750 (0.187, 16.339)	.061 (.003, 1.385)	.079
	18 – 24	172(68.6%)	78(31.2%)	3.628 (0.446, 29.508)	.141 (.010, 1.934)	.143
	≥ 25®	8(88.9%)	1(11.1%)			
Previous pregnancy complication	Yes	38(37.3%)	64(62.7%)	13.321 (7.324, 24.227)	6.949 (2.060,23.445)	.002*
	No®	174(88.8%)	22(11.2%)			
GA at first ANC?	< 16®	141(68.1%)	66(31.9%)			
	≥ 16	71(78.0%)	20(22.0%)	0.393 (0.213, 0.723)	1.204 (.289, 5.009)	.799
Mode of delivery	SVD®	92(68.1%)	43(31.9%)			
	C/S	58(78.4%)	16(21.6%)	1.075 (0.601, 1.915)	2.955 (.592, 14.747)	.187
	IAVD	62(69.7%)	27(30.3)	.633 (0.310, 1..294)	.809 (.226, 2.893)	.745
Prolonged labour	Yes	25(43.1%)	33(56.9%)	4.657 (2.549, 8.508)	4.765 (1.161,19.564)	.030*
	No®	187(77.9%)	53(22.1%)			
Labour pain	Yes	13(23.6%)	42(76.4%)	14.612 (7.238, 29.500)	4.840 (1.067,21.957)	.041*
	No®	199(81.9%)	44(18.1%)			
Excessive bleeding during childbirth	Yes	26(61.9%)	16(38.1%)	1.635 (0.828, 3.230)	.887 (.198, 3.967)	.876
	No®	186(72.7%)	70(27.3%)			
Previous perineal cut	Yes	27(31.2%)	53(68.8%)	12.581 (6.851, 23.102)	4.197 (1.107,15.917)	.035*
	No®	188(85.1%)	33(14.9%)			
Previous obstructed labour	Yes	36(57.1%)	27(42.9%)	2.237 (1.253, 3.994)	.404 (.092, 1.774)	.230
	No®	176(74.9%)	59(25.1%)			
Social support	High	17(17.5%)	80(82.5%)	0.007 (0.002, 0.017)	.011 (.003, .050)	.000*
	Low®	195(97.0%)	6(3.0%)			

Dependent variable: Childbirth fear
**Significant at $p < 0.05$. ®Reference*

CHAPTER SIX

6. DISCUSSION

This study was aimed to assess Childbirth fear and associated factors at public hospitals of west wollega. The study result indicates that the magnitude of Childbirth fear was 28.9%. In this study the magnitude ofchildbirth fear found to be lower than the study conducted in Ireland which is 36.7% (39) and Australia 31.5% (40). The difference may be due to sample size difference, sampling technique used. In addition the variation of the magnitude of Childbirth fear might be due to lack of consistent definition (34, 35, and 36). This finding was high as compared with the research done in Malawi which accounts 20% (12). The difference might be due to difference in socio demographic and implemented programs regarding to maternal care.

The other finding of this study was identification of factors which were significantly associated with Childbirth fear. Accordingly, previouspregnancy complications, prolonged labour, labour pain, perineal cut and social support were associated with Childbirth fear.

The finding from this study indicates that pregnant women who had previous pregnancy complicationswereseven times more likely to experienceafraid of giving birth as compared to those who did not have previous pregnancy complications. This is supported by similar finding from Sweden, in which there was association between previous pregnancy complications and child birth fear (31). These might be because of complication lead to both mother and infant to morbidity and mortality.

The finding from present study also indicates that prolonged labour had a greater odds of developing childbirth fear compared to who didn't have prolonged labour. This finding is consistent with the study conducted in six European countries naming Belgium, Iceland, Denmark, Estonia, Norway and Sweden, which indicated that prolonged labour was significantly associated with Childbirth fear (37).

The study result also showsthat women who haveexperienced sufferinglabour pain during childbirth have five timesmore likely to experience childbirth fear compared to counterpart. This finding is also consistent with studies done in Malawi, Sweden and Belgium (12, 36, and 37). These might be due to natural event accompanied by labor pains and suffering from pain in the

process of labour. This might partly explain why women in different regions or cultures also share similar levels of childbirth fear.

The finding of the present study also indicate that having previous perineal cutfour time more likely to experience childbirth fear compared to counterparts. Likewise, a study by demsar et al. reported that women's fears were associated with perineal cut (41). World health organization reported that concern about perineal cut may lead to childbirth fear in childbearing women and the decision to have a CS as an easier option for birth (21). In Ethiopia, episiotomy is not a standard practice. Therefore, the significant association between women's fear and perineal cut might be related to pains experienced during and after suturing.

The study result also indicates that women who received less social support during pregnancy reported higher levels of childbirth fear. Similarly, previous study also reported that a woman's lack of social support was associated with childbirth fear as having social support may act as a buffer in stressful situations (43). However, Khwepeya et al. refuted such a relationship and found that personal or social characteristics of women had no connection with childbirth fear, especially in rural townships with a sense of community that reduced the need for direct support (12). This difference might be reproductive health issues such as childbirth are considered a woman's responsibility or not.

Study Limitations

- Study design was cross sectional so that cause and effect relationship of variables were difficult to ascertain

CHAPTER SEVEN

7. CONCLUSIONS AND RECOMMENDATION

7.1 Conclusion

Childbirth fear is common in west wollega pregnant women. The study identified many factors which were significantly associated with Childbirth fear. These factors were previous pregnancy complication, prolonged, labour pain, perineal cur and social support. Early identification of women at risk of childbirth fear is clinical importance in order to improve the health care for women during pregnancy and after the delivery in west wollega.

7.2. Recommendations

Based on the findings, the following recommendations are forwarded:-

Health facilities

- Health facilities should provide psycho-social support counselling for pregnant mothers
- Giving training for care providers on psycho-social education

Health care professionals

- Health care providers of west wollega zone should take into account the potential complication of perineal cut (episiotomy) while conducting birth. There is a need to identify its indications and reasons behind increasing number of childbirth fear related with perineal cut.
- Should give emotional support for women and use evidence-based practices for management of complications that arise during childbirth.
- There is a need to identification, screen and follow up for pregnant mothers with pregnancy complication.
- Childbirth preparation, information about pain relief availability, education on emotional support

Researchers

- Should focus other factors on health care providers and community based study may be useful.

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ANNEXES

Annex I: Participant Information Sheet

Hello, my name is _____.I will ask you a few questions about you perceive Childbirth fear. I am working as data collector in research conducted by Lensa Gari for the partial fulfillment of her Master's degree in Maternity Health Nursing Specialty in Jimma University Institute of Health Science, School of Nursing and Midwifery. We are trying to assess the prevalence of Childbirth fear and its associated factors. We would like your honest opinion regarding to the questions. This study is being done under the supervision of Mrs. Asresash Demise (BSc, MSc Asst. Prof.) and Mr.Endale Hailu (BSc, MSc Asst.prof)

Purpose: In this study, we want to learn about your experiences of your Childbirth fear, whether there were any negative experiences and the reasons for these experiences. We will provide research results to concerned body for intervention. I hope that the study will help to improve health care of mothers and newborn.

Procedure: You will be asked a few questions regarding your Childbirth fear and factors associated with it. The collected data will be used for research purpose only. I may contact you again if I have any additional clarifications related to the information collected during the interview.

Risk/Discomfort: By participating in this research, you may feel some discomfort especially on spending your time about 30minutes. We hope you will participate in the study for the sake of the benefit of the research result. There is no risk in participating in this research.

Benefits: You will not get direct benefits from the study. But, the information provided by you will help us to understand the fear of child during pregnancy and hence, the improvements needed.

Confidentiality: Your name, address and any other personal information will not be disclosed to anybody at any time and later no one will come to know the answers given by you, including me.

Voluntary participation: Your participation in this study is voluntary and you have the right to withdraw your participation at any time during the interview without any explanation.

Refusal to participate will not cause any harm to you. There might be certain questions which you may find stressful. You can choose to decline answering these questions. If you have additional questions about the study please feel free to ask any questions or doubts related to this

study, you can contact the principal investigator Lensa Gari: +251-913-75-67-47 or .Email: lensagari1@gmail.com

Annex II: Consent Form

Have been read the details of the information sheet, the nature of the study and my involvement have been explained and all my questions regarding the study have been answered satisfactorily. By my consent I indicate that I have understood what is expected from me and that I am willing to participate in this study. I have also been informed whom should be contacted for further clarifications. I know that I can withdraw my participation at any time during the interview without any explanations. Therefore, you are kindly requested to respond genuinely and voluntarily with patience. Do you have any question? Are you willing to participate in the interview?

[ ] Yes, Go to the next page [ ] No, Thank them and interrupt the interview

Name and Sign of the consenting interviewer_____

Result of the interview:

1. Completed 2. Partially completed 3.The interviewee refused

Supervisor's name_____ sign _____

Date of interview _____ Time interview started _____ Time interview Finished_____

AnnexIII: English version Questionnaire

1. Sociodemographic details

101	Age	
102	Marital status	1. Married 2. Divorced 3. Widowed 4. Single
103	Religion	1. Muslim 2. protestant 3. orthodox 4. catholic 5. other , specify
104	Education	1. cannot read and write 2. can read and write 3. primary school 4. secondary school 5. college 6. university
105	Occupation	1. self employed 2. government employed 3. daily laborer 4. house wife 5. NGO
106	Total family members	_____

2. Obstetric details

201	Age at marriage	_____	
202	Current gestational age	_____	
203	Obstetric score(gravida)	_____	
204	Number of previous births (para)	_____	
205	Did you have previous pregnancy complication	0. No 1. yes	
206	Was your present pregnancy planned	0. No 1. yes	
207	Did you see any one for antenatal care during present pregnancy	0. No 1. yes	If no, skip to 3.1
208	How many times in total did you receive antenatal care during your pregnancy?	_____	
209	How many weeks pregnant were you when you first received antenatal care for this pregnancy?	_____	
210	Where did you mostly go for antenatal checkups?	1. Hospital 2. Health center 3. Private clinic 4. Health post	
211	Mode of delivery	1. Spontaneous vaginal delivery 2. Cesarean section 3. Instrumental assisted vaginal delivery(vacuum/forceps	
212	Did you get help to reach health institutions for your last delivery	0. No 1. yes	

213	Place of last delivery	0. Home 1. H. Institution	
214	Previous history of abortion	0. No 1. yes	
215	Previous history of still birth	0. No 1. yes	
216	Previous history of child death	0. No 1. yes	
217	Did you suffer labour pain on your previous birth	0. No 1. yes	
218	Did you have perineal cut on your previous birth	0. No 1. yes	
219	Did you have obstructed labour in your last delivery	0. No 1. yes	
220	Did you have postpartum hemorrhage on your previous birth	0. No 1. yes	
221	Did you have prolonged labour in your last delivery	0. No 1. yes	

3. Childbirth fear

How do you think you will feel during the labour and Delivery?

S.no	Question	Strongly dis agree	Disagree	Slightly disagree	Neutral	Slightly agree	Agree	Strongly agree
301	I can bear pain							
302	I feel rather helpless							
303	I feel well							
304	I can cope with this							
305	I feel happy despite every thing							

306	I feel as if I will give up Soon							
307	I feel that I will not go out of the room							
308	I feel calm							
309	I feel that I will relaxed							
310	I feel confident enough							
311	I feel frightful							
312	I feel hopelessness							

4. Social support questionnaires

S/N	Question	Response						
		Strongly disagree	Mildly disagreed	Disagree	Neutral	Agree	Mildly agree	Strongly agree
401	There is a special person who is around when I am in need							
402	There is a special person with whom I can share joys and sorrows							
403	My family really tries to help me							
404	I get the emotional help & support I need from my family							
405	I have a special person who is a real source of comfort to me.							

406	My friends really try to help me.							
407	I can count on my friends when things go wrong							
408	I can talk about my problems with my family.							
409	I have friends with whom I can share my joys and sorrows.							
410	There is a special person in my life that cares about my feelings.							
411	My family is willing to help me make decisions.							
412	I can talk about my problems with my friends.							

Annex IV: Afaan Oromo Version of the Questionnaire

Gaaffilee Afaan oromoo dhimma dubartootaa waa'ee sodaa da'umsaa fi wantoota sodaa waliin wal qabatu irratti qorannoo hospitaalota wallaga lixaa keessa jiraanitti adeemsifamu 2020.

Yaadachiisa: Dubartiin gaafatamtu kun yoo xiqqaate da'umsa tokko qabachuu qabdi!

2.1 Odeeffannoo

Akkam Oolt/bultee, ani maqaan koo_____ Hojiin koo odeeffannoo qorannoo barataa digirii lamaffaa yuunivarsiitii jimmaa kan ta'e _____damee Nursing fi Midwifery sassabuu dha. Innis qorannoo isaa waa'ee _____. Qorattuun Kun eeyyama qorannoo hosptaalota Gimbii, Najjoo fi Bubbee irraa fudhatteetti. Ati immoo namoota qorannoon kun ilaallatuu keessaa carraan si baaseera. Yoo fedha isaa qabaattee gaaffiwwaan dhimma an sii kaase irratti daqiiqaa 15-20 keessatti ni xumurta. Gaaffii fi deebii kana yoo barbaaddee addaan kutuu, diduu fi irra darbuu ni dandeessa. Garuu gaaffii kanan wal qabatee waanti siif kaffalamu, miidhaan sirra ga'us hin jiraatu.Odeffaannoon ati kennutu abbaa qorannoo qofaaf kennama maqaan kee irratti hin barreeffamu kun hundi dhimma qorannoof qofa oola.

Qoorataa kana yoo gaaffii qabattee fi qunnamuu barbaadde email_____ bilbila: _____

2.2 **Unka waliigaltee**

Akka amma hubadheetti barattuu_____ yuunivarsiitii jimmaatti barataa digirii lammaffaa damee Nursing fi Midwifery tti qorannoo _____hosptaalota gimbii, najjoo fi buubbe qaban qo'achuu barbaada. kanaaf anis qorannoo kana irratti hirmaachuun fedha garuu akkan sa'a fedhetti addaan kutu, irra darbuu danda'u hunduu natti himameera. Odeeffannon kun qorataan ala namni biraa beekuu akka hin eeyyamamnee natti himameera.

Waan armaan olii irratti waliigaltee? Tole_____ Waawuu_____(galatoomi)

Odeffannoon kun guutuu ta'u isaa superviseraan mirkanaa'uu qaba.

*Guutummaatti xumrameera*_____

*Gariin Xumurameera*_____

*Maqaa Gaafata:*_____ *Guyyaa*_____

*Maqaa Superviseraa:*_____*Guyyaa*_____

1. Haala waligala hawasumman wal qabate

Lakk	Gaafii	Deebii	Haala
101	Umurii	_____	
102	Sadarkaaa gaelaa	1. kan heerumte 2. kan wal hiikte 3. kan jala due 4. kan hin heerumne	
103	Amantaa	1. muusliima 2. protestantii 3. ortoodooksii 4. katoolikii 5. kan biro, adda baasaa	

104	Sadarkaa barnootaa	1. dubbisufi baresuu hin danda'u 2. dubbisufi bareesu nan danda'a 3. barnoota sadarka tokkoffa 4. barnoota sadarkaa lamaffaa 5. sadarkaa kooleejji 6. sadarkaa yuuniversiitii	
105	Sadarkaa hojii	1. hojii dhunfaa 2. hojeeta mootumma 3. hojeetaa guyya/ humnaa 4. hadhaa mana 5. hojeeta mitimootumma	
106	Waliigala lakkofsa maatii	_____	

2. Odeffanoo waligala ulfaan wal qabate fi muuxanno kanan duraa

Lakk.	Gaafii	Deebii	haala
201	Umurii jalqaba ittin heerumte	_____	
202	Ulfii ke amma jia meeqa	_____	
203	Ulfa meqaffadha	_____	
204	Dauumsa meqaffaadha	_____	
205	Da,uumsa duraan walqabatee rakkon ture jira	1. eyyee 0. lakki	
206	Ulfii amma kun karoorfatanituu	1. eyyee 0. lakki	
207	Ulfa akkanaf hordofi ulfafaf kennamu jalqabdanitu	1. eyyee 0. lakki	
208	Hanga ammati yeroo meeqa ilaalamtan	_____	
209	Yeroo hordoofi ulfaa egaltee ulfa ji'a meeqa turte		
210	Yeroo baayee hordofii kununsa ulfaa essati ilaalamtu	1. hoospiitala 2. buufata fayya 3.kiliinika dhunfaa	

		4. kella fayya	
211	Haali da'uumsa duraa akkamin turee	1. gadameesan 2. oprasiionin 3.meshaan gargaramuun	
212	Da'uumsa ke duraratii gargarsa mana yaalaa ga'uuf argatee jirtaa?	0 .lakkii 1. eyyee	
213	Bakka da'uumsa duraa	0 .mana 1. Dh.fayya	
214	Ulfa ba'ee jiraa	0 .lakkii 1. eyyee	
215	Da'uumsaratii lubbun daa'ima ba'ee jiraa	0 .lakkii 1. eyyee	
216	Da'iimni lubbun midhamee jiraa	0 .lakkii 1. eyyee	
217	Dhukkubi miixuu ciiman ture	0 .lakkii 1. eyyee	
218	da'uumsa duratiin balbalii gadamessa muramera	0 .lakkii 1. eyyee	
219	Miixuu rakkisaan namuudatee ture da'uumsa kana duraatin	0 .lakkii 1. eyyee	
220	Dhiga da'uumsa boodan dhangala'uun da'uumsa duran na mudateera	0 .lakkii 1. eyyee	
221	Miixuun yeeroo dheeraa narra ture jira da'uumsa dura irrati	0 .lakkii 1. eyyee	

3. Soodaa da'uumsan wal qabatee

Lakk.	Gaafii	Deebii						
		Baay'ee itti walii hin galu	Xiqqoo itti walii hin galu	Itti walii hin galu	Giddu galeessa	itti walii gala	Xiqqoo itti walii gala	Baay'ee itti walii hin galu
301	Dhukkubin nati dhaga'amusa dandama							
302	Gargaaraa waanin hin qabne fakkate nati dhaga'ama							
303	Miiragaariitu nati dhaga'ama							
304	Kana dandamachuu nan danda'an jedha							
305	Waan hundumtu akkuma jiruun gamadadhaa ani							
306	Yeroo dhihooti akkan dhisuu nan beeka							
307	Kutaa dauumsaati waanin ba'uu danda'uu nati hinfakkatu jedheen yaada							
308	Waanin of tasgabeesu danda'u nati fakkata							
309	Waanin itti bashananu nati fakkata							
310	Miira ofiiti amanamumatu nati dhaga'ama							
311	Soodatu natti dhaga'ama							

312	Miira abdii kutachuutu nati dhaga'ama							

4. Gaafii deegersa hawasumman wal qabatee

Lakk.	Gaafii	Deebii						
		Baay'ee itti walii hin galu	Xiqqoo itti walii hin galu	Itti walii hin galu	Giddu galeessa	itti walii gala	Xiqqoo itti walii gala	Baay'ee itti walii gala
401	Namni adda ta'e yeroon barbaduti naannoo kiyya jira							
402	Namni adda ta'ee gammachu koof gada koo itti ibsadhuu jira							
403	Maatiin kiyya dhuguuman nagargaruuf ni yaalu							
404	I get the emotional help & support I need from my family							
405	Nama adda ta'e madda gammachuu koo kan ta'ee qaba							
406	Hiiryootni koo dhuguuman nagargaruuf ni yaalu							
407	Waaantootni yoo sirri ta'uu dha baatan hiryootakoon waamadha							

408	Wa’ee rakko kiyya hiryootako waliinin mari’adha							
409	Hiryoota gadda koof gammachuu ko hiirufan qaba							
410	Jireeenya koo keessati nama adda ta’ee wa’ee miira ko hubatuutu jira.							
411	Muurto koo irrati maatiin kiyya nagargaruuf fedha qabu.							
412	Wa’ee rakko kiyya hiryootakiyya waliin nan mari’adha.							

DECLARATION

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in this or any other university and that all sources of materials used for the thesis have been fully acknowledged.

Name: _____

Signature: _____

Name of the institution: _____

Date of submission: _____

This thesis has been submitted for examination with my approval as University advisor and examiners

Name and Signature of the first advisor

Name and Signature of the second advisor

Name and signature of External examiner

Name and signature of Internal examiner
