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Understanding the difficulties of delivery through the perspective of young women

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Abstract

This study was a phenomenological study to examine the meaning and structure of the difficulty of delivery. Participants in this study conducted deep interviews with seven female 20 to 24. The interview data was conducted through the process of analysis and interpretation using the Giorgi method. As a result of study, 12 themes were derived and 4 categories. As a result of the analysis, young women's thoughts on observing delivery consisted of 'fear', 'powerlessness', 'disgust', and 'inevitable fate'. Based on the above meaning, the structure of young women's thoughts on delivery was found to be a point of view that it is regrettable that delivery compensates for all difficulties and pain with the joy of birth. Accordingly, it is proposed to develop and apply a program that can actually alleviate the anxiety, fear, and physical discomfort experienced by women in childbearing age through childbirth.

Keywords: Delivery, Difficulties, Phenomenology, Young women perspective.

1. INTRODUCTION

Pregnancy is a normal process and at the same time includes the negative aspects of experiencing psychological anxiety, fear, and physical discomfort. Pregnant women are reported to have about 20% fear of delivery, of which about 5% to 10% are said to be at a serious level [1]. Recently, early labor pains and childbirth have continued to increase. One of the causes appeared to be emotional problems. In other words, pregnant women who suffer from serious fear experience not only negative physical and psychological symptoms but also problems such as early labor pains or shortening the gestation period [2].

Accordingly, Kellie M et al. stress in their findings that nurses should play a meaningful role as educators and supporters for pregnant women with early labor [3]. In other words, it is emphasized that the provision of appropriate information and interventions to pregnant women at an appropriate time and individualized interactions with pregnant women are important in preventing early labor pains. Because it is reported that high levels of depression and anxiety or too high fear of delivery also affect the choice of delivery type, and pregnant women with higher fear of delivery have a higher rate of choosing cesarean delivery than vaginal

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delivery [4].

Looking at studies on the fear of pregnant women, it is believed that stress during pregnancy is interrelated with childbirth. In other words, high stress increases emotional anxiety. Anxiety in pregnant women causes tension and pain, and pain causes anxiety and tension again, resulting in a vicious cycle of anxiety-tension-pain [5]. Therefore, one of the important processes in delivery management is to help pregnant women have a positive childbirth experience by reducing anxiety and stress factors about delivery, and this process is related to improving the well-being of newborns. Humans experience a series of pregnancy, delivery, and puerperal processes by having sex unless they intentionally avoid delivery. Research has continued to emphasize the need for prior education to be easily accepted, recognizing that even if women feel crisis or tension through the birth process, this is a maturation process and a self-realization process [6]. In particular, YS Kim et al. studied maternal health care programs that promote maternal role and confidence in delivery, and the maternal role education emphasizes fostering knowledge and ability to cope with society as an act of changing human values and behavior in a desirable direction. In other words, in accordance with the needs of pregnant women, contents necessary for prenatal and childbirth management and neonatal management were organized in the program in consideration of not only physical but also psychological and emotional approaches. However, despite various efforts to provide a healthy and positive delivery physically and emotionally, researchers have so far tried to highlight the joy of childbirth, and furthermore, delivery has created a social atmosphere to share the joy of childbirth rather than to understand in-depth the difficulties of mothers [7]. However, delivery can be seen as the pain of pregnant women who completely overcame the difficulties. In other words, so far, studies on the difficulties of women in childbearing age who go through the delivery process have been insufficient. The joy of the birth of a baby is also an important part, but the anxiety and stress that pregnant women generally have due to delivery should be dealt with in depth.

Nursing is essentially followed by a specific and practical clinical practice process based on theoretical lectures. Maternal nursing trainees, who are both part of nursing and consist of young women, will have various changes in their thoughts as fertile women through hands-on witnessing the delivery process, and will also affect their pregnancy and attitude toward delivery [8]. In the era of low birth rates, it is very important to understand what problems young women take seriously and avoid pregnancy and childbirth due to them. In particular, grasping the thoughts of young women who have witnessed the delivery process is practical and effective in identifying the fundamental problems of avoiding pregnancy and delivery. By honestly expressing the specific situation or event of the delivery process, nursing students can not only establish the concept of young women's future pregnancy and delivery, but also provide a sublimation process to pregnant women in a more active attitude in the future clinical nursing field.

As shown above, it can be seen that the case of delivery in the area of women is more difficult than any other case in life as a woman. However, there is a limit to trying to compensate for the difficult process with the joy of the birth of a baby. For that reason, women may tend to be reluctant to give birth. Therefore, making delivery more valuable and meaningful from a woman's point of view will help eliminate the causes of avoidance of delivery. Accordingly, the purpose of this study is to investigate the thoughts of young women who have witnessed the delivery process in person to identify problems with more practical and effective delivery and to help with the desirable pregnancy and delivery process.

2. METHODS

2.1. Data Collection

The study participants for this study were selected as seven nursing college students who understood the purpose of this study and expressed their intention to participate in the study between the ages of 20 and 24

who experienced delivery room practice among parts of maternal nursing practice in 2022. The study participants are shown in Fig 1. The questionnaire used in the interview of this study was prepared as shown in Table 2, referring to [9] and [10]. Open in-depth interviews with Seidman, et al. [11]. According to the interview method for qualitative research, it consists of three consecutive structures: 'delivery process', 'delivery experience', and 'meaning of delivery' (Fig 2). Interviews were conducted three times for each participant from May 1, 2022 to July 1, 2022, and took an average of more than an hour per session, and all interviews were recorded with the consent of the participants. The interview was centered on a semi-structured questionnaire created by the researcher, and after the interview, it was confirmed whether there was any difference from what was stated to the study participants, and any questions were supplemented through additional questions. In addition, field notes recording the feelings of verbal and nonverbal expressions and behaviors observed during the interview, the research process, and a research journal that summarizes the data necessary for the researcher's analysis were prepared.

No	Age	One's main residence
1	21	Seoul
2	22	Gyeonggi province
3	22	Gyeonggi province
4	22	Chungcheong-do
5	21	Jeolla-do
6	24	Jeolla-do
7	20	Gyeongsang province

Figure 1. General characteristics of participants

No	A continous structure	Contents
1	The delivery process	What was the delivery process like?
2	Childbirth experience	What was your experience observing delivery?
3	The meaning of childbirth	What do you think the meaning of delivery is?

Figure 2. A semi-structured questionnaire

2.2. Data Analysis

This study used a Giorgi phenomenological analysis method that focuses on revealing the meaning of vivid experiences through in-depth interviews with the technology of research participants [12]. The Giorgi analysis process consists of 'total perception', 'classification of meaning units', 'transformation into academic terms of meaning units', and 'integration into structure'. Accordingly, this study is based on the context: ① Deliberate by reading the subject's skills over and over again. ② Ask participants again what they mean if they are ambiguous. ③ Identify participants as they say. ④ Identify topics that can represent the vivid experiences of participants. ⑤ In order to materialize the subject, the focus meaning is identified in the language of the researcher. ⑥ Focus meaning is a situational structural description. ⑦ It was written as a general structural description through a situation structural description.

3. RESULT

Data analysis was analyzed by phenomenological analysis methods by extracting negative responses to the delivery process of study participants, and the analysis results were found to be in four categories and 12 attributes.

3.1. Categories

The four categories were fear, helplessness, disgust, and inevitable fate (Table 1). The attributes of 'fear' were 'shocked', 'terrible', 'fearful'. It appeared as "The attributes of 'feeling helpless' appeared to be 'watched unfortunately' and 'I don't think it helped'. The attributes of "disgust" were found to be "disgusting" and "ashamed," while the attributes of "inevitable fate" were found to be "requiring too much sacrifice of a mother," "I came to think of a woman's fate," and "I don't think I can."

3.2. A Feeling of fear

In the category of fear, the first delivery process I saw was shocking, and the study participants said that their hearts were shaking and their tears were spinning, expressing that the delivery felt so different from what they had imagined so far and what they had actually felt. Participants in the study also expressed that the appearance of the baby's head was strange and surprising, and that they thought it was disgusting and ugly because there was blood on the baby's head and cheesy varnish remained. In particular, when I first saw the perineal incision, I felt really terrible and why I had to do such a thing, and when I first saw it, I said I couldn't hold anything because I thought it was gross and how do I do that, and I felt terrible when I thought it was going to happen to me. In addition, participants in the study expressed that the mother's pain, which is likely to continue forever, scared the participants, and that they were afraid that they would be able to endure such a hard time and become a mother.

3.3. A Feeling of Helplessness

In the category of helplessness, he expressed that he was sorry to see the pain experienced by mothers so great that he felt very sorry and lethargic because there was no way to relieve them while looking at mothers in pain. It was expressed that it was upsetting that the only way to specifically help a mother when she was sick was Ramaz breathing, and it was the most difficult to provide appropriate knowledge and psychological support to a mother complaining of pain.

3.4. Disgust

In the category of disgust, there were many expressions in the appearance and delivery posture that the study participants felt while watching the perineal incision of pregnant women. In other words, when the acidity and perineum were messed up, they felt miserable as a woman, and the study participants expressed that the mother's scream was so painful, the smell of blood in the delivery room was disgusting, and that it was so painful that they were disgusting to use evil. On the other hand, participants in the study said that the mother looked a little embarrassed, and that she seemed ashamed to be in a lithotomy position while many medical teams were watching, and that the semi-nudged mother seemed ashamed and embarrassed because of pain.

3.5. Inevitable Destiny

In the category of inevitable fate, when I saw a mother crying that she was about to die, I expressed regret and that it was such a great pain to give birth to life, and in the meantime, the mother expressed that she bit the baby's condition even in pain. Accordingly, participants in the study were asked to participate in the study childbirth is an inevitable process in a woman's life, expressing that it was regrettable and scary as a woman, and furthermore, the study participants felt that being a mother had to come with too much sacrifice. In conclusion, the study participants expressed that they felt unhappy to be born as a woman.

Table 1. A Negative Reaction to Observing the Delivery Process

Category	Theme	Semantic units
A feeling of fear	It was shocking	<p>The first delivery I saw was shocking</p> <p>My heart ached and my tears came to my eyes</p> <p>The feeling of delivery was so different from what I had imagined so far and what I had actually thought.</p> <p>It was strange and surprising to see the baby's head coming out</p> <p>I thought it was disgusting and ugly because there was blood on the baby's head and cheesy varnish remained.</p>
	It was awful	<p>When I first saw the delivery, I was so surprised that I thought it was terrible</p> <p>The first time I saw a perineal incision, it was frankly terrible</p> <p>When I first saw the perineal incision, I felt really terrible and why I had to do such a thing.</p> <p>When I first saw it, I couldn't hold anything because I thought it was disgusting and how to do that</p> <p>It was horrible to think that it would happen to me too.</p>
	I was scared	<p>The mother's pain that seemed to last forever scared me</p> <p>I was afraid that I would be able to endure such a hard time and become a mother</p> <p>I was afraid of hearing other people's stories</p> <p>Honestly, there was a fear of having a baby</p> <p>I have a fear of childbirth</p>
A feeling of helplessness	I watched it sadly	<p>It was a pity to see the pain experienced by mothers so great that they suffered</p> <p>When I entered the delivery room, I felt helpless in caring for my pain when I saw the mother suffering from pain</p> <p>I couldn't help but feel sorry when I saw the mother in pain</p> <p>Looking at the mother in pain, I felt very sorry and helpless because there was no way to relieve her</p>
	I don't think it helped	<p>It was upsetting that Ramaz breathing was the only way to help the mother specifically when she was sick.</p> <p>Providing adequate knowledge and psychological support to mothers complaining of pain was the hardest</p>
Disgust	It was disgusting	<p>I was miserable as a woman when my obstetrics and perineum were messed up.</p> <p>The ugliness of the lithomy position was hard to see.</p> <p>The mother's scream was so painful.</p> <p>The smell of blood in the delivery room was disgusting.</p> <p>It was disgusting for the doctor to put his hand in the vagina and examine it.</p> <p>It hurt so much that it was disgusting to see him shouting.</p> <p>I hated the appearance of lithotomy position at delivery.</p>

	<p>I was embarrassed</p>	<p>The mother looked a little embarrassed. It seemed embarrassing to be in lithotomy position with many medical teams watching. The semi-nudity mother seemed to have no time to think that she was ashamed and embarrassed by the pain.</p>
<p>A inevitable destiny</p>	<p>The mother's sacrifice is too great</p>	<p>It was a pity when I saw a mother crying that she was going to die. I felt that giving birth to life was such a great pain. The mother asked for the baby's condition despite the pain.</p>
	<p>I came to think of a woman's destiny</p>	<p>Childbirth is an inevitable process in a woman's life, and as a woman, it was unfortunate and scary. I felt that being a mother had to come at such a great cost. It's hard to be a mother. I also felt unhappy about being born a woman.</p>
	<p>I don't think I can do it</p>	<p>The mother's pain seemed to be very severe It looked so painful. It is not something that compensates for all the difficulties and pains with the joy of birth..It occurred to me that I thought it would be too hard and painful for me. I could fully understand the pain of the mother. I comforted my mother who was struggling, but I wonder if I can endure it...It occurred to me that. I don't think I can give birth to a baby. The pain was so hard and painful that I thought I didn't want to get pregnant. After seeing the delivery process, I thought I shouldn't get married.</p>

4. CONCLUSION

This study attempted to contribute to the growth and development of nursing students by investigating the reactions of nursing students after maternal nursing practice, using it as a reference for maternal nursing practice as a more desirable future, and ultimately reducing difficulties in pregnancy and childbirth for women. The subjects of the study collected data by conducting three interviews on the feelings they felt while watching the delivery process of the mother in the delivery room from students who completed maternal nursing practice during the first semester of 2022. Based on the phenomenological analysis method, the collected data were classified into several attributes according to the contents of the original data and then categorized.

Phenomenology is to find academic meaning for vivid experiences by analyzing the participants' vivid experiences after excluding the observer's prior experiences. The true meaning of this study is that young women witnessed the situation of childbirth and interviewed the feeling to find meaning. As a result of the analysis, young women responded negatively to delivery as fear, helplessness, disgust, and inevitable fate. As a woman, I thought that delivery was a process that I was afraid and wanted to avoid, such as abnormal results, or that it was inevitable as a woman. In particular, the study participants expressed the view that it is regrettable to compensate for all difficulties and pain with the joy of birth. This situation is artificially inevitable, but it seems that systematic management can alleviate the difficulties. In other words, the cause of fear is unknown anxiety about the future. Therefore, it is necessary to develop and apply programs that can create awareness that healthy women usually go through, and the helplessness felt in the delivery process, which is forced to work in a passive attitude, is likely to be improved by providing autonomy. In particular, disgust from the

delivery posture seems to be something that can be improved by medical staff to respect personal privacy. Based on these results, this researcher would like to propose the development of a systematic program to accept delivery as a healthier and more positive event.

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