Short communication

Couples' attitudes to the husband's presence in the delivery room during childbirth

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موقف الزوجَيْن من وجود الزوج في غرفة الولادة أثناء التوليد

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الخلاصة: قمنا في هذه الدراسة بتحديد موقف 150 من الرجال والنساء في جمهورية إيران الإسلامية من وجود الزوج في غرفة الولادة أثناء التوليد. وتم انتقاء 150 زوجاً من الأزواج والزوجات من المحالين إلى أطباء التوليد في كرمان، في عام 2002، وتمت مقابلتهم لاستكمال استبيان موحَّد. وكان متوسط العمر مع الانحراف المعياري 26 عاماً ± 4 لدى النساء، و30 عاماً ± 5 لدى الرجال. وكان معظم المجيبين حاصلين على تعليم ثانوي أو جامعي. وكان معظم النساء (58.1٪) من العاملات، ومعظم الرجال (77.6٪) يعملن في وظائف لا تتطلَّب الحصول على تعليم مدرسي. وكان متوسط أحراز المواقف 100 ± 15 في النساء، و97 ± 16.5 في الرجال. ولوحظ ترابط يُعتدُّ به إحصائياً بين أحراز المواقف وبين العمر، والوظيفة، والمستوى التعليمي ($P < 0.0001$). واتّخذ معظم النساء (88.4٪)، ومعظم الرجال (82.1٪)، ومعظم الأزواج (76.9٪) موقفاً إيجابياً إزاء وجود الزوج في غرفة الولادة. ويُوصي البحث بتوفير التسهيلات اللازمة لاستقبال الأزواج والتدريب على وجودهم في غرفة الولادة.

ABSTRACT We determined the attitudes of men and women in the Islamic Republic of Iran to the husband's presence in the delivery room. We randomly selected 150 couples awaiting delivery in 2002 and interviewed them with a standardized questionnaire. Mean ages and standard deviations (SD) of women and men were 26 (SD 4) and 30 (SD 5) years respectively. Most had high school diplomas or higher. Most women (58.1%) were employed and most men (77.6%) had non-educational jobs. Mean attitude scores were 100 (SD 15) for women and 97 (SD 16.5) for men. Attitude scores were significantly related to age, job and education (***P*** < 0.0001). Most women (88.4%), men (82.1%) and couples (76.9%) had positive attitudes to the husband's presence in the delivery room. Providing facilities to accommodate husbands and training for their presence in the delivery room is recommended.

Attitudes des couples vis-à-vis de la présence du mari dans la salle d'accouchement pendant l'accouchement

RÉSUMÉ Nous avons déterminé les attitudes de 150 hommes et femmes en République islamique d'Iran vis-à-vis de la présence du mari dans la salle d'accouchement. Nous avons choisi au hasard 150 couples qui avaient été orientés vers des obstétriciens de Kerman en 2002 et les avons interrogés à l'aide d'un questionnaire standardisé. L'âge moyen et l'écart type (E.T.) des femmes et des hommes étaient de 26 (E.T. 4) et 30 (E.T. 5) ans, respectivement. La plupart avaient un diplôme d'études secondaires ou supérieures. La plupart des femmes (58,1 %) travaillaient et la majorité des hommes (77,6 %) avaient un emploi de bureau ou assimilé. Les scores moyens concernant les attitudes étaient de 100 (E.T. 15) pour les femmes et de 97 (E.T. 16,5) pour les hommes. Les scores concernant les attitudes étaient significativement liés à l'âge, à la profession et à l'instruction ($p < 0,0001$). La plupart des femmes (88,4 %), des hommes (82,1 %) et des couples (76,9 %) avaient des attitudes positives vis-à-vis de la présence du mari dans la salle d'accouchement. Il est recommandé de fournir des moyens permettant d'accueillir les maris et de prévoir une formation pour ce qui concerne leur présence dans la salle d'accouchement.

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Introduction

Pregnancy is accompanied by significant biological, physiological and psychological changes in women. Most women have positive attitudes about pregnancy, especially if it is planned with a partner's agreement. Some degree of postpartum psychological and emotional disorders is observed in 20%–40% of women and many women experience postpartum blues as a natural outcome of delivery [*1*]. Sorrow, frequent crying and dependency are some of the features of postpartum blues and the condition may continue for several days. The feelings have been related to the sudden changes in hormonal levels, the stress resulting from delivery and the responsibilities faced by the new mother [*1*].

Anxiety at the onset of the second stage of delivery is accompanied by significant increases in adrenaline levels and consequently longer deliveries. The mother's stress and attitude and her catecholamine levels significantly effect uterine contractions, length of labour and the neonate's Apgar score [*2*]. Decreased stress can facilitate labour and delivery.

Among the various methods devised to decrease pain during labour in the 20th century, the psychoprophylactic method is notable. In this method, the active presence of the husband in the delivery room and no analgesics are recommended [*2*]. The presence of the accompanying person decreases the intensity and prevalence rate of reactions to stimuli for the mother. Moreover, the husband, by recording contraction intervals, can prepare his wife for the upcoming contraction. Fear of loneliness in the delivery room is common in women and the presence of husbands, mothers or close friends is often suggested to pregnant women [*3*].

Various studies have shown that women who have been prepared for delivery and who are accompanied by a supportive person have shorter and less complicated labours, need fewer analgesics and have more successful labours with more positive reactions to their neonates [*2*].

Although various studies have investigated the presence of the husband during labour, this practice is still uncommon in Islamic countries. The aim of this study was to evaluate the attitudes of couples to the practice, and to determine their receptiveness to and the feasibility of introducing the practice into delivery rooms in the Islamic Republic of Iran.

Methods

This descriptive and analytic study evaluated the attitudes of 150 couples to the presence of the husband in the delivery room during childbirth. Couples were selected randomly from those awaiting delivery in various hospitals in the summer of 2002. We estimated our sample size from information in a German study in which 90% of those surveyed had positive attitudes to the presence of the husband in the delivery room [*4*].

Data were collected with a questionnaire. Content validity was confirmed by faculty staff with a coefficient of 0.9%. The reliability was confirmed by Cronbach's alpha with a reliability coefficient of 0.9%. Responses to attitude-testing expressions were scored from complete agreement (1 point) to complete disagreement (5 points) on a five-point Likert scale. Total scores per person were between 27 and 135. Cumulative scores from 81–135 were considered "positive attitudes" and from 68–80 were "neutral attitudes".

Data were analysed by descriptive statistics and distributional indices. Analysis of variance between groups (ANOVA) and coefficient of correlations were used to study relationships.

Results

The mean age and standard deviation (SD) of the women was 26 (SD 4) years and 58.1% were employed outside of the house whereas 41.9% worked in the home only (Table 1). The women's educational status varied with 12.8% not having completed high school, 40.4% having high school diplomas and 46.8% having higher education (Table 1). The mean age of the men was 30 (SD 5) years. The men were divided into 2 groups: educational jobs, e.g. teachers, university students, academics (physicians or others), and non-educational jobs, e.g. office employees and others The men's educational attainment also varied with 9.8% not having completed high school, 37.1% having high school diplomas and 53.1% having higher education (Table 1). Table 2 gives the mean attitude scores for the individual items on the questionnaire for men and women.

For 28% of couples, men's and women's attitudes were correlated ($0.4 < R < 0.64$, $r = 0.53$). In total, 88.4% of women and 82.1% of men had positive attitudes towards the presence of the husband in the delivery room, whereas 9.6% of women and 2.8% of men had negative attitudes (Table 3).

Most couples had positive attitudes towards the presence of husband in the delivery room and the attitudes of men and women were significantly correlated ($\div^2 = 18.52$, $df = 4$, $P < 0.001$). Table 4 shows the relationship between the attitudes of men and women.

Table 1 **Occupation and education of the study participants by sex**

Characteristic	Men		Women	
	No.	%	No.	%
Occupation				
Housewife			49	41.9
Employed outside the home			68	58.1
Educational	32	22.4		
Non-educational	111	77.6		
Education level				
Primary	1	0.7	3	1.2
9th grade	13	9.1	15	10.6
High school diploma	53	37.1	57	40.4
Technician (2 year post high school qualification)	16	11.2	7	5.0
Baccalaureate	35	24.5	38	27.0
Higher	25	17.5	21	14.9
Total	143	100	141	100

Data were missing for some participants.

Table 2 **Scores for individual items of attitude to the husband's presence in the delivery room by sex**

Husband's presence in the delivery room:	**Attitude score**					
	Women			**Men**		
	Mean	**SD**	s^2	**Mean**	**SD**	s^2
1. Is pleasurable since observing childbirth is one of the most important moments in life	4.4	0.7	0.6	4.2	0.9	0.8
2. Provides emotional support to the mother.	4.3	1.0	1.0	4.3	0.9	0.7
3. Provides the mother the opportunity to express her problems to a familiar person	4.3	0.9	0.7	4.1	1.0	0.9
4. Increases the mother's self-confidence	4.2	1.0	1.0	4.2	0.9	0.8
5. Increases the husband's sympathy/ gratitude towards his wife	4.1	0.9	0.9	4.1	0.9	0.9
6. Allows the husband to share the pain of delivery with his wife	4.1	0.9	0.8	4	1.0	1.0
7. Prepares the husband to accept his paternal responsibility	4.1	0.8	0.7	3.8	1.0	1.0
8. Has positive effects on the husband's practice of contraception	4.1	1.0	0.9	3.9	1.1	1.1
9. Strengthens the coupler's relationship	4.1	1.0	1.0	4	1.0	1.0
10. Creates a feeling of pride in the husband	4.1	0.9	0.9	3.9	1.4	1.8
11. Decreases the mother's anxiety	4	1.0	0.9	3.8	1.1	1.3
12. Helps the mother bear labour pain	4	1.1	1.2	3.9	1.0	0.9
13. Has a positive effect on father–child relationship	4	1.0	0.9	3.8	1.0	1.0
14. Is not helpful to the mother	3.9	1.1	1.2	3.6	1.1	1.3
15. Increases the husband's self-confidence	3.7	0.9	0.8	3.7	1.0	1.0
16. May lead to psychological disorders in the husband	3.5	1.0	1.1	3.3	1.1	1.2
17. Transfers the husband's anxiety to the mother	3.5	1.0	1.0	3.4	1.2	1.4
18. Is not good idea since the delivery room is not suitable for men	3.5	1.3	1.6	3.2	1.3	1.6
19. Is calming for the husband	3.4	1.0	0.9	3.3	1.2	1.4
20. Is calming for the mother	3.4	1.1	1.2	3.8	1.1	1.3
21. Is unpleasant for the mother	3.3	1.0	1.0	3.4	1.0	0.9
22. Is the husband's duty	3.2	1.2	1.5	3	1.3	1.8
23. Decreases the husband's anxiety	3.2	1.1	1.2	3.4	1.2	1.3
24. Is not tolerable for the husband	3.1	1.2	1.4	2.9	1.3	1.6
25. Is against Iranian culture	3.1	1.3	1.7	3.1	3.1	1.6
26. Is frightening in the case of a complicated delivery	2.6	1.1	1.1	2.7	1.1	1.2
27. Is frightening for the husband	2.6	1.1	1.3	2.6	1.2	1.4

SD** = **standard deviation;** s^2 = **variance.

Table 3 Frequency distribution of attitude scores by sex

Attitude score	Women (*n* = 147) No.	%	Men (*n* = 145) No.	%
Positive	130	88.4	119	82.1
Negative	3	2.0	4	2.8
Neutral	14	9.5	22	15.2

Discussion

Childbirth is a turning point in life. The presence of the husband in the delivery room can not only provide emotional support for the mother, but can also establish an earlier relationship between a father and his infant. The presence of the husband during labour and delivery can lead to a deeper relationship between the married couple and help the man to face and accept his responsibility as a father.

Overall, 88.4% of women and 82.1% of men had positive attitudes towards the husband's presence in the delivery room. In Germany, almost all couples had positive attitudes and intended to repeat the practice for any subsequent deliveries [*4*]. In our study, the attitudes of men and women were significantly correlated.

The highest attitude score for both men and women was for the item "observing childbirth is one of the most important moments in life". Also rated highly were the beliefs that the husband's presence provides emotional support to the mother and provides the mother the opportunity to express her concerns to a familiar person. In the United Kingdom (UK), women preferred their husbands to be with them during labour and delivery because they believed that it decreased their anxiety and loneliness and that their husbands wanted to be there to help [*5*]. In Finland, men and women believed likewise and both agreed that the husband's presence decreased anxiety [*6*]. In Hungary, women whose husbands were present during labour and delivery showed a significant decrease in anxiety in comparison with a control group, but in Hong Kong no significant relationships were observed [*7–9*].

In the UK study, men believed that mothers preferred to talk about their worries with somebody familiar to them and that, although the medical team are experts in necessary care, they are not well known to the mothers [*5*]. From the point of view of the women in the UK study, being able to speak to the husband was also the most important benefit of the husband's presence [*5*]. In a study by Nichols, fathers who were present during the delivery of their children believed that they were the most useful person to their wives during delivery [*10*].

Men and women in our study agreed that the husband's presence could both prepare the husband to accept paternal responsibility and strengthen the marital relationship of the couple. In the Finnish study, all men believed that their presence in the delivery room had helped them accept their paternal responsibilities [*6*]. Furthermore, the participants in our study considered that the husband's presence had a beneficial effect on the father–child relationship.

Table 4 **Correlation of attitude scores of the men and women**

Women	Men			
	Positive	Negative	Neutral	Total
Positive	110	3	15	128
Negative	2	0	0	2
Neutral	5	1	7	13
Total	117	4	22	143

χ^2 = ***18.52,*** df = ***4,*** P < ***0.001.***

Vehvilainen-Julkunen and Liukkonen reported that early contact between a father and his child led to a strong relationship and, in contrast to traditional views, the father and his child could establish a close relationship without the mother as a mediator [*6*]. Both men and women in our study believed that observing childbirth engenders a feeling of pride in the father which is similar to the Finnish study [*6*].

In this study, both men and women felt that the husband's presence could help decrease pain perception in the mother but this was not the case in a study in Hong Kong, where no significant relationship between husband's presence and pain perception was found, but there was a significant relationship between the practical support of the husband and the dosage of pain relieving drugs and labour length [*8*]. In Croatia, the husband's presence led to shorter labour and fewer cases of asphyxia and caesarean section, but it had no effect on the dosage of analgesic drugs [*11*].

Our participants were generally neutral to the idea of anxiety being transferred from the mother to her partner and psychological disturbance occurring in the husband, but they were slightly concerned that husbands might not cope with a complicated delivery. Somers-Smith showed that a prolonged and stressful labour could disturb the partner [*5*]. Women in the UK believed that if the delivery were complicated, the partner could not fulfil his supportive role and might even transfer his anxiety to the mother [*5*]. Men were worried about the possibility of the wife's death and that they (the husband) might faint or be unable to be supportive. After delivery, men reported periods of anxiety in the delivery room as well as perceptions of uselessness [*5*]. In Finland, the worst experience of fathers was observing the partner's pain [*6*].

In our study, our participants were neutral to the idea that it was a husband's duty to be present at the delivery, which contrasts with the Finnish study where men tended to accept delivery attendance as their duty [*6*].

In Africa, the presence of the husband during delivery is less common than in the West and this has been related to tradition and culture [*12*]. As regards our participants, most held neutral views about the husband's presence in the delivery room being against Iranian culture. At the same time the majority of couples had a positive attitude towards the presence of the husband in the delivery room. Therefore, although husband's attendance is not currently practised in our country, it would seem that there is a willingness for husbands to be there.

Interestingly, our participants, both male and female, tended to agree that the husband's presence would affect his practice of family planning. This suggests that the husband's presence could lead to men's greater use of contraception. This point was not addressed in the studies we examined, perhaps because family planning and the problem of population control have been previously addressed in more developed countries.

Since our country has no tradition of the husband's presence in the delivery room, Iranians have little experience of the practice. Our findings suggest that providing facilities for the husband's presence in the delivery room is necessary. Also, couples should be trained for the husband's attendance in the delivery room during pregnancy. Further research about the husband's presence, his ability to provide psychological support to his wife, and the effect of his presence on the married relationship is highly recommended.

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