

College Students' Thoughts on Family Participated delivery

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Abstract

This study wanted to find out what college students thought about family participated delivery and what concerns they had. To this end, eight college students aged 20 to 25 were interviewed three times. The data collection period was from March 20 to April 10, 2021. Interview materials were collected and interpreted simultaneously using the Giorgi method, a phenomenological research method. As a result of the analysis, 29 semantic units were derived, 12 subcomponents were grouped again, and five categories were formed as final components. The five categories of thoughts on the participated delivery of college students consisted of Responsibility, Happiness, Stability, Shame, and Anxiety. Based on the above meaning, college students were found to be comfortable with their families and to be more comfortable with birth happiness, while also feeling the risk of infection and shame as women. Accordingly, this study suggests that when participating in the delivery of family participation of college students who will be future parents, a systematic protocol will be established to thoroughly prepare for infection and protect women's privacy.

Keywords: College students, Family participated delivery, Phenomenology

1. INTRODUCTION

The birth of a child is a great experience and change in the lives of families. Giving birth is a big change in life, and couples will be in charge of raising their children together due to a big change in their lives, which is a lifestyle centered on couples before giving birth. In particular, the emotionally happy mind of a mother, who gives birth to her own children and plays the biggest role in raising them, is very important for raising children [1]. Postpartum depression interferes with the formation of attachments in the mother-infant relationship. Failure to recover from postpartum depression negatively affects children's physical development, emotional development [4], attachment and interpersonal relationships [5], cognitive development [6], and behavioral development [7], which may have a negative impact on overall life through adolescence [8]. In the process of becoming a parent, the support of the spouse and the mental health of the mother are closely related, and the risk of postpartum depression increased by 1.92 to 5.23 times if the support of the postpartum spouse is insufficient [9].

Pre-existing studies found that couples experiencing postpartum depression experienced more psychological problems and conflicts than those experiencing postpartum depression at 6-9 weeks after childbirth, resulting in less marital satisfaction and less marital intimacy [10]. Prior to the 1980s, childbirth was mainly carried out at home in Korea, but since then, almost all women have given birth to hospitals, making many changes in the meaning of childbirth and the way they approach childbirth. Compared to childbirth at home, hospital delivery was restricted to families, and family participation was restricted during

childbirth as normal pregnancies were treated as patients [11-12]. In home delivery, breastfeeding naturally proceeds after childbirth, which physically releases the hormone oxytocin as a lactating reflex to the mother. The hormone oxytocin is released most frequently within an hour of childbirth, which not only induces postpartum uterine contraction, but also collects early contact between the mother and the baby and affects attachment, which greatly affects maternal and neonatal interactions [13]. In this way, family births involving the family were closely communicated through early contact with the baby [14]. There are also reports that women who gave birth to midwives are more likely to succeed in breastfeeding early than doctors and women who gave birth, and that the early breastfeeding period has increased [15]. In particular, women who gave birth by midwives have reported increased self-control opportunities during childbirth, resulting in satisfaction and positive experiences of childbirth [16]. It is true that family involvement is higher in midwives delivery than in hospital settings. In addition, mothers born by midwives are usually characterized by naturally starting breastfeeding immediately after childbirth. The advantage of breastfeeding is that it has a special, satisfying and happy feeling about being able to raise a baby with one's own milk, and at the same time, vaginal delivery improves women's self-healing ability, so the incidence of infections and complications is much lower than that of hospital births [17]. Based on the above literature examination, childbirth in hospital situations where standardized and family participation is limited can be found to be lower in the mother's physical fitness and later in post-birth recovery than family participation.

Recently, in Korea, marriage views have changed with changes in individual-centered values, which tend to place importance on individual needs and personality [18]. Individual-centered values serve as part of the causes of low birthrates, and various analyses of the causes of low birthrates show personal perceptions of childbirth and parenting environments. In particular, changes in perception of the social environment, such as pregnancy, childbirth, and parenting, are a factor that affects many forms of childbirth [19]. It is reported that a woman who experiences childbirth satisfactorily and happily has confidence and satisfaction with her role as a mother, but a woman who experiences negatively daunted herself and describes herself as a failure, expressing anger, guilt, disappointment, loss of control and incompetence [20]. What meaning women attach to the childbirth experience is important internally and externally to women's identity and life as a mother, so it is necessary to understand childbirth women and provide care to suit their needs. Because the experience of childbirth lingers in women's memory for many years after childbirth, which has a positive and negative impact on the rest of their lives [21]. Individual values influence the direction of human behavior and decision making [22], and value is the basis of attitudes, actions and choices that are both intellectual and emotional [23].

Therefore, various ways to improve low birthrates are being sought, but improving the self-esteem and awareness of mothers should be prioritized over economic compensation. Based on such prior research, this study needs to analyze the opinions of college students who may be future childbirth parties to family participation in an environment similar to family delivery. Accordingly, the purpose of this study is to investigate how university students perceive family participation delivery based on existing research and to produce basic data that will help more effective family participation delivery. Accordingly, the purpose of this study is to check what university students think and what concerns they have about family participation delivery.

2. METHODS

2.1 Participants

Non-probability samples were used to find participants who, as college students, could provide an idea of family participated delivery [24]. In other words, college students between the ages of 20 and 25 were selected to explore specific aspects of the phenomenon in detail, and those who could actively respond to interview to select people who would provide a lot of information on the topic. Specific criteria for participants applied to this study were as follows: First, participants in the study were limited to college students in the 20-25 age group at the time of the survey. Second, the idea of family participated delivery constructed questions based on prior studies such as [2], [5], [8], [12], [19]. Third, after explaining the research purpose of this study, it was limited to those who could understand it and actively express their life experiences honestly. Fourth,

through this research process, it was selected as a participant who was confirmed that he believed that this research was helpful for growth in the participant's life. Fifth, this study was conducted by college students who promise to write abbreviations for things that may be difficult because their personal privacy is revealed, and express their willingness to participate to understand and truthfully reveal them. The demographic characteristics of the participants in this study are as shown in Table 1.

Table 1. Participants' Characteristics

No	Gender	Age	Family No	Order of Brothers and sister	Religion
1	Male	21	3	Only child	Catholic
2	Male	25	4	Second	Protestant
3	Male	23	5	Third	None
4	Male	22	3	Only child	None
5	Female	21	4	First	Buddhist
6	Female	22	3	Only child	Protestant
7	Female	21	3	Only child	Catholic
8	Female	20	4	Second	None

2.2 Data Collection

For the preparation and process of the study, the researchers planned a research paper on how college students thought about family participated delivery, explained the purpose of the study to college students in City and M, and interviewed those who expressed their intention to participate. The interview questionnaire process used in interviews in this study is as follows. The idea of family participation of college students considered [23],[25-26] and the open in-depth interview consisted of three consecutive structures: 'birth and family', 'impact on childbirth intention', and 'meaning of childbirth experience' [25] (Table 2).

Interviews were held twice for each participant from March 15 to April 5, 2021, and the average time required was two hours, and the contents of the interview were recorded with the consent of the participants. The interview was centered on semi-structured questionnaires created by the researchers. At the end of the interview, the researcher confirmed that there were no differences from the statements made to the study participants, and that insufficient or questionable matters were identified and supplemented through additional questions. In addition, the researcher compiled linguistic and nonverbal expressions obtained during the interview, feelings about the behavior of the study participants, the progress of the study, the researchers' attention points, and the data needed for the analysis in the researcher's field notes.

Table 2. Questionnaire

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1. What do you think about family-participated delivery?
 2. How do you think you would feel when you saw the delivery in person?
 3. How would you feel if your family were together when you gave birth
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2.3 Data Analysis

This study uses Giorgi's phenomenological analysis method, which focuses on revealing the meaning of living experiences through in-depth interviews on the skills of study participants [26]. The steps in Giorgi's research analysis process consist of 'total recognition', 'segregation of semantic units', 'transformation into academic terms of semantic units', and 'integration into structure'. Consequently, the study conducted analysis in context as follows: ① In order to get a feeling from the data, the subject's skills were repeatedly read and

deliberated. ② The ambiguous part of the technical statement is asked again to confirm the exact meaning of the statement. ③ The participants literally identified units of natural measuring units, with different expressions and vocabulary, focusing on the units of technology that expressed their experiences.

④ Each unit identified themes that could represent the participant's vivid experience. ⑤ To embody the subject, the focus meaning of the subject's experience was identified in the researcher's language. ⑥ Integrated central meaning to provide situational and structural description of the meaning of experience from the perspective of participants. ⑦ The contextual and structural descriptions are integrated to create a general structural description of the experience from the perspective of the entire participant. As above, the research participants' experiences were underlined while simultaneously collecting and analyzing data, and where there were different descriptions between the meanings of the experiences, they were asked again to derive semantic units through confirmation and repetition. As a result, 31 semantic units were derived.

3. RESULTS

The idea of family engagement delivery for college students derived from Giorgi's phenomenological analysis procedure consists of five categories and twelve subcomponents (Table 3).

Component 1. Responsibility

Participants in the study stated "hard process", "together" and "self-reflection" regarding family participated childbirth, considering family participation childbirth as a responsibility. The details of this are as follows:

Tough process.

It will be an opportunity for me to understand my wife who endured the painful and difficult process. I think it is a very difficult process for a life to be born in a human body. I think I'll understand the difficulties of the mother by observing the birth scene with my own eyes. Watching her endure the difficult delivery process alone, I feel sorry for her. I think I should cherish and understand my wife who is patient to become a parent of a new life.

Together.

Family participated delivery is not physically experiencing pain, but I think it will feel like sharing it psychologically by being together.

Self-reflection.

When I first saw a baby coming out of this world, I felt that I finally had a family by meeting the baby in person for the first time, unlike when I was pregnant. I think I'll think about what kind of person I am as a family member. The first time I met a baby, my family was formed, and I think I'll think about what kind of family I'm going to be in the future. It's my first time seeing a baby born, and I think I'm going to look back on myself like that's how I was born. Looking at the baby, I think I'll think that my parents gave birth to me and that it was so hard.

Component 2. Happiness

Participants in the study stated "the birth of a new life" and "mysteriousness" regarding family participated delivery, and considered family participation childbirth as happiness. The details of this are as follows:

The birth of a new life.

I think the birth of a new life will be a completely different joy and surprise from what I've experienced before. I'm afraid I'll be in awe of life. I can't define it in a word, but I think you'll feel a lot of excitement anyway.

Mysteriousness.

Seeing the birth of a baby in person is like seeing a miracle in person. It's like the baby showed up like an angel. I'm so touched that I'm about to cry.

Component 3. Stability.

Participants in the study stated that they would feel stable through family participation delivery by stating

"Family configured", "happy difficult experience" and "confidence". The details of this are as follows:

Family configured.

The birth of a baby will make you feel like your family is truly united. As a member of the family, I overcome the pain of childbirth, and I feel confident that I will do my part well.

Happy difficult experience.

It's a difficult experience of childbirth, but since your family is together, you'll feel happy and have a hard time at the same time. Everyone else does it, but I think I can live my life confidently through difficult delivery. I think it'll be very helpful for family life later because I can see the hard part.

Confidence.

Even if an unexpected accident occurs during delivery, I think it will be a comfortable environment due to the expectation that I can deal with it immediately because I have a family. After experiencing childbirth, I think I will gain confidence from both the mother and her family.

Component 4. Shame.

Participants in the study stated "exposure of reproductive organs" and "fearful in advance" regarding family participated delivery, stating that family participated delivery would feel ashamed by observing the entire delivery process. The details of this are as follows:

Exposure of reproductive organs.

I think there will be a burden of showing you a secret place that you want to hide as a woman. I'm worried about how I'll feel when I see her screaming, especially when there's a lot of labor pains. I think it might be awkward to see a serious case of childbirth. I don't think I'd like to show you a perineal incision.

Fearful in advance.

If the delivery process goes wrong, I feel like it's going to be a serious trauma throughout my life. I think it would be terrible to see blood occurring during childbirth. I'm worried that there might be things I don't want to see during delivery.

Component 5. Anxiety.

Participants in the study stated that they were "worried about the risk" and "fear" of family participated delivery, stating that the entire childbirth process would feel anxiety about unexpected situations. The details of this are as follows:

Worried about the risk.

Since delivery is a process of enduring the mother alone, I may feel helpless that I can't help the mother's pain as a family. I think giving birth will be a painful wait.

Fear.

I think I'll be a little afraid that participating in the birth of a family will cause infection problems. I personally think I'll be scared if something bad happens.

Table 3. College Students' Thoughts on Family Participated Delivery

Elemental Factors		Sub-elemental Factors
Responsibility	•Tough process.	<ul style="list-style-type: none"> ·Understand my wife who endured the difficult process. ·Painful process for a life to be born in a human body. ·Understand the difficulties of the mother ·Watching the difficult delivery process alone, I feel sorry . ·I think I should cherish and understand my wife
	•Together.	<ul style="list-style-type: none"> ·I think it will feel like sharing it psychologically

	•Self-reflection.	<ul style="list-style-type: none"> ·I finally had a family by meeting the baby in person ·I think about what kind of person I am as a family member. ·My family was formed, ·I'm going to look back on myself like that's how I was born. ·I think that my parents gave birth to me
Happiness	•The birth of a new life.	<ul style="list-style-type: none"> ·A completely different joy and surprise ·I'm afraid I'll be in awe of life. ·I feel a lot of excitement anyway.
	•Mysteriousness.	<ul style="list-style-type: none"> ·Seeing a miracle in person. ·It's like the baby showed up like an angel. ·I'm so touched that I'm about to cry.
Stability.	•Family configured.	<ul style="list-style-type: none"> ·I feel like your family is truly united. ·As a member of the family, I will do my part well.
	•Happy but difficult experience.	<ul style="list-style-type: none"> ·I feel happy and have a hard time at the same time. ·I can live my life confidently through difficult delivery. ·I think it'll be very helpful for family life later
	•Confidence.	<ul style="list-style-type: none"> ·I think it will be a comfortable environment ·I will gain confidence from both the mother and her family.
Shame.	•Exposure of reproductive organ	<ul style="list-style-type: none"> ·I think there will be a burden of showing you a secret place ·I'm worried about how I'll feel when I see her screaming ·I think it might be awkward to see a serious case of childbirth. ·I don't think I'd like to show you a perineal incision.
	•Fearful in advance.	<ul style="list-style-type: none"> · Something goes wrong, I feel like a serious trauma. ·I think it would be terrible to see blood. ·I'm worried that there might be things I don't want to see
Anxiety	•Worried about the risk	<ul style="list-style-type: none"> ·I may feel helpless that I can't help the mother's pain as a family. ·I think giving birth will be a painful wait.
	•Fear.	<ul style="list-style-type: none"> ·Afraid of infection problems. ·I personally think I'll be scared if something bad happens.

4. CONCLUSION

This study was a phenomenological study that examines the thoughts of university students who will be involved in childbirth in the future. The thoughts of eight college students in the study were presented with five components and twelve subcomponents. Representing this in phenomenological writing is as follows.

Participants in the study consisted of college students aged 21–25 years, four men and four women. It was to show a video about family engagement and state their thoughts, imagining when they actually participated in family engagement. Participants said that if they experienced family participation, they would understand the difficulties of the mother and feel sorry for the wife who endured the pain of childbirth. Since it is a very difficult process for a life to be born in a human body, it is a very shocking experience to observe it with one's own eyes, and it would be pitiful to see the mother endure the difficult delivery process alone. In the meantime, participants who participated in the delivery of family participation vowed to cherish and understand their wives who are struggling but persevering to become parents of a new life.

Although childbirth is not directly felt by the family, it was thought that being together in a situation where

the pain was shared psychologically. Also, childbirth made me think deeply when I first saw the baby come into the world, I thought of vague life, and finally met the baby in person through the process of childbirth, and I realized what role I should play as a family member. He also recalled when he was born and said that he understood his parents' pain. Family participation in childbirth made me feel great happiness in the birth and mystery of a new life, which was expressed in awe in excitement that was difficult to experience in ordinary times. Furthermore, I accepted the baby as a family and felt confident as I had a happy experience. However, from the mother's point of view, shameful parts such as the exposure of female genitals were also mentioned, and she seemed to be worried that her unknown side would be seen by her family when the pain was severe. In this regard, it is believed that alternatives to consider mothers should be prepared. There was an uneasy feeling about family participation, and the unfamiliar experience of childbirth was concerned that it would pose a risk to the family, and on the contrary, the mother had expectations that the family would take active action in unexpected situations.

Based on this conclusion, we would like to propose the following alternatives to family engagement delivery: First, it is desirable for nurses to reduce the anxiety factor by providing information to mothers and families about the experience of family involvement delivery. Second, specific and systematic privacy measures should be in place for the concerns of mothers. Third, it is desirable to provide a family bonding program before childbirth by introducing the advantages and disadvantages of family engagement.

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REFERENCES

- [1] DW Lee, A Study on the Establishment of Postpartum Depression Management System. Seoul: Ministry of Health and Welfare, 2015.
- [2] Rahman, A., Iqbal, Z., Bunn, J., Lovel, H., & Harrington, R., Impact of maternal depression on infant nutritional status and illness. *Archives of General Psychiatry*, Vol.61, No.9, pp.946-952, 2004.
- [3] Sanderson, C. A., Cowden, B., Hall, D. M., Taylor, E. M., Carpenter, R. G., & Cox, J.L., Is postnatal depression a risk factor for sudden infant death? *British Journal of General Practice*, Vol.52, No.481, pp.636-640, 2002.
- [4] Jones, N. A., Field, T., Fox, N. A., Davalos, M., & Gomez, C., EEG during different emotions in 10-month-old infants of depressed mothers. *Journal of Reproductive & Infant Psychology*, Vol.19, No.4, pp.295-312, 2001.
- [5] Edhborg, M., Lundh, W., Seimyr, L., & Widstroem, A., The long-term impact of postnatal depressed mood on mother-child interaction: A preliminary study. *Journal of Reproductive & Infant Psychology*, Vol. 19, No. 1, pp.61-71, 2001.
- [6] Galler, J. R., Ramsey, F. C., Harrison, R. H., Taylor, J., Cumberbatch, G., & Forde, V., Postpartum maternal moods and infant size predict performance on a national high school entrance examination. *Journal of Child Psychology and Psychiatry*, Vol. 45, No. 6, pp.1064-1075, 2004.
- [7] Hiscock, H. & Wake, M., Infant sleep problems and postnatal depression: a community-based study. *Pediatrics*, Vol. 107, No. 6, 1317-1322, 2001.
- [8] Brand, S. R., & Brennan, P. A., Impact of antenatal and postpartum maternal mental illness: how are the children?. *Clinical Obstetrics and Gynecology*, Vol. 52, No. 3, pp. 441-455, 2009.
- [9] Xie, R. H., He, G., Koszycki, D., Walker, M., & Wen, S. W., Prenatal social support, postnatal social support, and postpartum depression. *Analysis of Epidemiology*, Vol. 19, No. 9, 637-180, 2009.
- [10] Zelkowitz, P., & Milet, T. H., Postpartum psychiatric disorders: Their relationship to psychologic adjustment and marital satisfaction in the spouses. *Journal of Abnormal Psychology*, Vol. 105, No. 2, 281-285, 1996.
- [11] JM Eom, effect of labor induction on cesarean section delivery rates in term pregnancies, unpublished master thesis, Ulsan University, 2011.

- [12] Kringeland T, Daltveit AK, Moller A, How dose preference for natural childbirth relate to the actual mode of delivery? a population-based cohort study from Norway, *Birth*, Vol. 37, No. 1, 2010.
- [13] Walker R, Tumbull D, Wilkinson C, Strategies to address global cesarean rates: A review of the evidence, *Birth*, Vol. 29, No. 1, pp. 28-39, 2002.
- [14] JH Kim, The patient to the doctor, mother to the midwives, *Journal of Korean Midwives*, Vol. 11, No. 1, pp. 15-19, 2001.
- [15] O'Brien B, Chalmers B, Fell D, Heaman M, Darling EK, Herbert P, The experience of pregnancy and birth with midwives: results from the Canadian maternity experiences survey, *Birth*, Vol. 38, No. 3, pp. 207-215, 2011.
- [16] Hildingsson I, Radestad I, Lindgren H, Birth preferences that deviate from the norm in Sweden: Planned home birth versus planned cesarean section, *Birth*, Vol.37, No.1, pp.288-295, 2010.
- [17] Harper B, *Gentle birth choices*, Song MR, translator, Rochester: Healing Art Press, 1994.
- [18] HS Jang, *Family Psychology*. Seoul: Park Young-sa, 2018
- [19] BR Lee, A Study on the Influence of Birth Intentions, Dongseo University Japan Research Center, Vol.16, No. 1, pp. 35-40, 2020.
- [20] Callister LC, Making meaning: Women's birth narratives, *Journal of Obstetric Gynecologic and Neonatal Nursing*, Vol. 33, No. 4, pp. 508-518, 2004.
- [21] Essex HN, Pickett KE, Mothers without companionship during childbirth: An analysis within the Millennium Cohort Study, *Birth*, Vol. 35, o. 4, pp. 26-276, 2008.
- [22] GH Lee, JY Mo, An Analysis of Married Women's Perception of Married Women's Relationship with Their Children, A Collection of Papers on Women's Family Panel Conference, Vol. 1, No. 1, pp. 549-573, 2008.
- [23] YS Chor, A Study on Family Stress in Young Children's Families, Seoul National University Ph.D. unpublished thesis, 1995.
- [24] Patton, M. Q. *Qualitative evaluation and research methods*. Newbury Park, CA: Sage. 1990.
- [25] Seidman, I. *Interviewing as qualitative research*. New York: Teachers College Press. 1998.
- [26] Giorgi A. The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. *Journal of Phenomenological Psychology*. Vol. 28, pp. 235–260, 1997.