AN INVESTIGATION OF THE RELATIONSHIP OF SPIRITUAL INTELLIGENCE AND RESILIENCE WITH ATTITUDE TO FEAR OF CHILDBIRTH IN PREGNANT WOMEN

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ABSTRACT

BACKGROUND

Fear of giving birth is defined as the negative perception of pregnant women about giving birth, which is related to two important psychological issues, spiritual intelligence and resilience. Therefore, this research was conducted with the aim of determining the relationship between spiritual intelligence and resilience with attitude to fear of childbirth in pregnant women.

MATERIALS AND METHODS

This analytical-cross sectional study was performed on 134 pregnant women referring to Shoushtar health centers in 2018. Samples were selected using a two-stage sampling (cluster-based method). The data collection tool was a demographic data form and standard SISRI questionnaire, Conner-Davidson Persistence (CD-RISC) and Hearman Maternity Fear (CAQ). Data was analysed using SPSS software version 16. The results were showed as descriptive statistics.

RESULTS

The results showed that resiliency with all components of spiritual intelligence was statistically significant (P <0.05). There was no significant difference between the variables of age and level of education with spiritual intelligence and resilience (P> 0.05). Also, there was a statistically significant relationship between resiliency and tendency to delivery type (normal / caesarean section) (P = 0.03).

CONCLUSION

Based on the results, there was a direct correlation between spiritual intelligence and resiliency. Therefore, it is suggested that the components of spiritual intelligence before delivery should be taught to pregnant women by health centers.

KEY WORDS

Intelligence, Resilience, Attitude, Childbirth, Pregnancy.

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BACKGROUND

Pregnancy and motherhood are one of the most enjoyable and tense moments of every woman's life.[1,2] Although pregnancy is a natural process for women, it has a set of physiological and psychological changes that require adaptation.[3] The World Health Organization (WHO) reported caesarean birth rates of 10-15%, varying in different parts of the world and constantly rising.[4] In Iran, the delivery rate for caesarean delivery between 2010 and 2013 is between 41.9-48, which is approximately 3-4 times the global health standard.[5] One of the most important problems for pregnant women at birth and postpartum period is the fear of childbirth, which is often accompanied by severe pain, prolonged delivery, and generally an unpleasant experience.[6] Fear of giving birth is according to global statistics, 10-15 percent of pregnant women worldwide are suffering from childbirth.[8] In Iran, defined as the negative knowledge of pregnant women of childbirth, which often leads to caesarean deliveries without a medical reason.[3,7]

statistics show that about 5% to 20% of pregnant women are afraid of giving birth, of which between 13-6% of them have severe childbirth fears.[9,10] Important psychological and social factors such as the character of the pregnant mother, the inadequate communication of the medical staff, the sense of death, and the intolerance of pain contribute to the fear of giving birth, which lowers the quality of life.[11] Extreme fear of childbirth poses the mother at risk of emotional imbalance, which has a negative effect on the relationship between mother and her baby.[12] For this reason, care for a pregnant woman who experiences fear of childbirth is necessary to increase her motivation and power to manage her pregnancy related issues.[13] Some studies have been conducted in this regard. For example, the study of Taheri et al. Indicated that the fear of childbirth in primates was more than multipara.[11] Nowadays, using new methods of psychotherapy in controlling the fear of pregnancy has attracted many researchers. So that paying attention to spirituality can reduce the fear and psychological concerns of pregnant women.[14] Spirituality increases the ability of individuals to withstand the pressures of life, and urges people to find solutions to problems.[15] One of the concepts that is of great

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interest to researchers is spiritual intelligence, which combines intelligence and spirituality with a new concept to overcome everyday problems.[16] Spiritual intelligence involves a type of adaptation and problem-solving behaviour that helps a person to coordinate with the phenomena around him and to achieve internal and external integrity.[17] Therefore, spiritual intelligence requires the use of spiritual abilities, capacities and resources aimed at promoting levels of mental health and compliance in pregnant women.[18] Individuals with a higher level of spiritual intelligence typically have a higher degree of flexibility and, if faced with life's difficulties, have a complete and comprehensive attitude.[19] Various studies have been carried out on this topic. For example, Lison et al. In their study showed that spirituality increases the resistance of individuals to pain.[20] Today, resilience in the areas of mental health has a special place and has been used for more than two decades as an important topic in theories and researches related to pregnancy health.[21] Resilience to the ability or the consequence of successful adaptation is defined by the threatening conditions that are associated with achieving a higher level of equilibrium and in threatening conditions.[22] According to Connor and Davidson, persistence of one's ability to establish a biological-psychological balance in dangerous situations.[23] Resilience, with factors such as positive thinking, self-confidence and control of negative emotions, can lead to a reduction in the negative and destructive effects of life pressures.[16] Considering that pregnant mothers are sensitive to psychological conditions during pregnancy and that the two categories of spiritual and resilient intelligence can be effective in reducing the fear of pregnancy in pregnant women, this study was conducted to determine the relationship between spiritual intelligence and resilience with attitude to fear of childbirth in pregnant women.

MATERIALS AND METHODS

This research is an analytical-cross sectional study. The statistical population in this study was pregnant women referred to Shoushtar health centers. Among the pregnant women who referred, 134 pregnant women who had the criteria for entering the study were selected through cluster sampling. Three hospitals were randomly selected from 9 health centers in Shoushtar city and were randomly selected in three months from these three centers. The criteria for entering the study included informed consent for participation in the study, the duration of the marriage between 5-15 years and the lack of history of infertility. The criteria for withdrawal from the study were incomplete completion of the questionnaires, high risk pregnancy age (under 20 years of age and over 35 years), and history of psychological and physical illness. Data gathering tool in this study was Dorm Data, Demographic Questionnaire, King's Spiritual Intelligence Scale (SISRI), Conner-Davidson Accelerating Standards Questionnaire (CD-RISC) and Harman's Attitude Standards Scale (CAQ). The demographic information form was comprised of sections including age, occupation, tendency to type of delivery (normal delivery/ caesarean delivery), number of pregnancies (Nullpar/Multipar), education and gestational age. The King of Spiritual Intelligence (SISRI) scale was developed by David King (2008) and has 24 questions that aim to investigate spiritual intelligence in individuals. This scale consists of four elements of Existential Critical Thinking (CET), the Production of Personal Meaning (PMP), Transcendental Consciousness (TA), and the Development of Consciousness (CSE). The grade of the questionnaire is based on a Likert scale of 5 degrees, I totally agree (Score 4), agree (Score 3), neither agree nor disagree (Score 2), I disagree (Score 1), and totally disagree (Score 0). To be the total score of this questionnaire is between 0 and 96.[24] The reliability of this questionnaire has been evaluated in King's study, whose reliability has been calculated by Cronbach's alpha of 0.95.[25] In Iran, Koolaee et al., Cronbach's alpha coefficient, determined this questionnaire by 0.91. In their study, Cronbach's alpha for the subscale of critical existential thinking was 0.75, personal self-production was 0.79, transcendental consciousness, and alertness development of 0.80.[16] The Conner-Davidson Alleviation Standard (CD-RISC) has 25 items designed to measure resilience in different individuals. The spectrum of responsiveness to this questionnaire on a literal scale is completely wrong (0) to completely correct (4). The score range is from 0 to 100 and its cutting point is 50 points. In other words, the score above 50 represents those who are resilient, and the higher the score is greater than 50, the higher the resilience rate will be, and vice versa.[23] Alizadeh Goradel et al. In the reliability study of the questionnaire using Cronbach's alpha coefficient test, which obtained 0.87 for this questionnaire.[26] The standard of attitude to delivery (CAQ) was developed by Harman (1988) and reviewed by Louie. This scale contains 14 questions, which is based on the 4-point Likert scale (Score 1), very low (Score 2), average (Score 3), and high score.(4) Thus, the range of points in the questionnaire is from 14 to 56, and further scores represent more fears. In this questionnaire the median score (28 or more) was considered as a fear of childbirth.[27] The credibility and reliability of this questionnaire in Iran was measured by Khorsandi et al. And its internal interface was calculated using the Cronbach's alpha coefficient of 0.84.[28] In order to observe ethical standards, the researcher, with the permission and coordination required by the Vice Chancellor for Research of Shoushtar University of Medical Sciences, referred to the Alhadi Hospital in Shoushtar with the possession of a research reference letter and coordinated. Then, the researcher, while introducing himself and expressing the purpose of the research, with informed written consent, provided qualified pregnant women to complete the questionnaires. In case of any questions or problems regarding the questionnaire questions, the researcher did the necessary steps to resolve the ambiguity. In this study, the data were normalized using Kolmogorov-Smirnov test. Results showed that T data had normal distribution.

Statistical Analysis

Data were analysed by descriptive statistics using independent t-test, Chi-square test, analysis variance (ANOVA), Spearman correlation coefficient, and Kruskal-Wallis. The significance level for the study was less than 0.05.

RESULTS

In this study, 134 pregnant women referred to health centers of Shoushtar city were selected. The mean age of women was 27.79 ± 4.19 with a range of 20 to 36 years. The mean scores

of spiritual intelligence, resiliency and attitude toward delivery (fear of childbirth) in subjects were 45.14 ± 8.58, 39.88 ± 10.03, and 35.47 ± 6.76, respectively. The results showed that 76 (56.7%) of them were housewives, 73 people (54.5%) had an average condition and 40 (29.9%) had diplomas. Also, 64 (47.8%) were in the third trimester of pregnancy. In the field of choosing the type of delivery, 94 (70.1%) had caesarean section and 73 (54.5%) were prenatal in terms of pregnancy (Table 1).

Variable		Frequency (Percent)
Job	Housewife	76 (56.7)
	Employee	40 (30)
	Free	18 (13.4)
Education	Under Diploma	41 (30.6)
	Diploma	52 (38.8)
	Bachelor	25 (18.7)
	Master's Degree and Higher	16 (11.9)
The Economic Situation	Weak	37 (27.6)
	Medium	73 (54.5)
	Good	24 (17.9)
Pregnancy	First Three Months	28 (21)
	Second Quarter	42 (31.3)
	Third Quarter	64 (47.3)
Desire to Type of Delivery	Caesarean Section	94 (70.1)
	Natural Childbirth	40 (29.9)
Gravida	Nulliparous	73 (54.5)
	Multipara	61 (45.5)
Age	**Mean ± SD**	
	27.79 ± 4.19	

Table 1. Frequency and Mean of Research Variables

In the study of the relationship between spiritual intelligence, resiliency and attitude to labour scarcity, the results showed that there was a significant relationship between type of delivery (normal delivery / caesarean delivery) and resilience (P = 0.03). So that women who tended to have normal birth had a high resilience to those who chose delivery of caesarean section (Table 2).

Variable	Natural Childbirth	Caesarean Delivery	Test	P-value
Spiritual Intelligence	64.11 ± 47.43	44.58 ± 7.02	t = -0.726	0.468
Resilience	44.40 ± 11.13	37.96 ± 8.92	t = -2.92	0.032
Attitude to the fear of childbirth	34.47 ± 5.03	35.89 ± 7.36	t =-0.52	0.613

Table 2. The Study of the Mean (SD) and Relationship between Spiritual Intelligence, Resilience and Attitude to Fear of Maternity in Pregnant Women

In the study of demographic variables affecting the fear of childbirth, ANOVA showed that there was a significant relationship between age and selective caesarean section (P <0.001). Also, a significant relationship was found between the number of pregnancies (Nulliparous/multipar) and spiritual intelligence (P = 0.017). So, spiritual intelligence score in nulliparous women (46.68 ± 8.29) was more than multipara (43.31 ± 8.63). However, there was no significant relationship between job and attitude towards delivery and resiliency and intelligence (P> 0.05). According to Kruskal-Wallis test, there was a significant statistical difference between spiritual intelligence among different educational levels (P = 0.004). The higher the level of spiritual intelligence (49.23 ± 13.6) had the ratio of diplomas (40.57 ± 6.43) to those with a higher education level than those with a master degree and higher. However, using Kruskal-Wallis test, there was not a significant relationship between the economic status and the week of pregnancy with spiritual intelligence, resilience and attitude to the fear of childbirth (P> 0.05). Using Spearman correlation coefficient, it was found that there is a significant and statistically significant relationship between age and spiritual intelligence (P = 0.001) and age (P = 0.001). As the age increases, the level of resilience and spiritual intelligence increases. However, no significant relationship was found between age and attitude toward childbirth fear (P = 0.55).

In the study of correlation between resiliency and spiritual intelligence components with attitude towards fear of childbirth, Spearman correlation coefficient showed that there is a significant correlation between spiritual intelligence with resiliency at 99% level. However, there was no significant correlation between attitude toward delivery and intelligence and survival components (P> 0.05) (Table 3).

Variables		Existential Critical Thinking	Production Of Personal Meaning	Transcendental Consciousness	Development of Alertness Mode	Spiritual Intelligence (Total)	Resilience	Attitude to Childbirth Fear
Spiritual Intelligence Components	Existential Critical Thinking	1	0.709	0.476	0.647	0.916	0.427	P=0.909 r=0.010
	Production of Personal Meaning		1	0.477	0.582	0.815	0.315	P=0.235 r=-0.103
	Transcendental Consciousness			1	0.409	0.643	0.210	P=0.416 r=-0.071
	Development of Alertness Mode				1	0.817	0.219	P=0.267 r=-0.097
Spiritual Intelligence (Total)						1	0.394	P=0.403 r=-0.073
Resilience							1	P=0.606 r=-0.045
Attitude to Childbirth Fear								1

Table 3. Pearson Correlation Coefficient Scores of Components of Spiritual Intelligence, Resiliency and Attitude to Fear of Childbirth

DISCUSSION

Spiritual intelligence represents a set of abilities, capacities and spiritual resources that their application in everyday life can increase individual adaptability. The purpose of this study was to determine the relationship between spiritual intelligence and resilience with attitude to fear of childbirth in pregnant women. In the present study, the results showed that there is a positive and significant correlation between spiritual intelligence and its components with resiliency, which is in line with the study of Abdollah zadeh et al.[29] Keshavarzi et al.[30] and Robertson.[31] One of the factors that influences the resilience of individuals is spirituality and makes a meaningful narrative of life, so that those who are targeted in life show a greater resilience in difficult times of life.[32] But this correlation between spiritual intelligence and persistence with the attitude to fear of childbirth was not statistically significant. However, in the study of Mohammadi et al.[17] there was a significant negative correlation between spiritual intelligence and attitude toward childbirth fear. The higher the spiritual intelligence in the study, the less was the attitude to the fear of childbirth. Glover-Graf et al. also found that the concept and understanding of the phenomena of life and the desire for higher levels of life in religious beliefs would enable individuals to achieve better mental capacity and tolerance to tolerate the pain of life.[33] In the present study, there was no statistically significant relationship between the attitude to the fear of giving birth and spiritual intelligence with the type of delivery. In the same way, in the study of Alipour et al.[34] there was no meaningful statistical relationship between attitude toward delivery and the choice of delivery of caesarean section. However, in the study, Tofighi Niaki et al. And colleagues[35] observed a significant relationship between attitude toward delivery in women who had chosen normal birth and in the study of Khorsandi et al.[6] there was a significant statistical relationship between attitude and choice of caesarean delivery. So, reducing the fear of childbirth was associated with an increase in normal delivery.[36] Since mothers' request for caesarean delivery is due to fear of labour pain, they are not interested in normal delivery. It seems that if professionals can transcend the meaning of the Scandal in giving birth, it is possible that pregnant women will be able to overcome their negative emotions and fears so that their preference will be greater in the natural way of delivery.[16] In the study of the underlying factors affecting spiritual intelligence, resilience and attitude of women to the fear of childbirth, in this study, it was found that in terms of education, the score of spiritual intelligence in master's degrees was significantly higher than diplomas. However, there was no significant difference in attitude toward fear of childbirth and resilience. In the study of Keshavarzi et al.[30] postgraduate education has been accompanied by increased resilience. There is no significant relationship between education with spiritual intelligence and resiliency in Khodabakhshi Koolaee et al.[16] Differences in studies can be justified by increasing the level of education, the awareness of individuals from their surroundings and the way they communicate effectively with others, which are factors that influence the promotion of resilience and spiritual intelligence. There was no significant correlation between resiliency and spiritual intelligence in the study of transgression by Khodabakhshi Koolaee et al.[16] The reason for this disagreement with the present study is that intelligence is more about asking than answering, the person with capacity, by spiritual intelligence, who asks for more questions about the periphery and issues of life. The results of this study showed that there was no significant relationship between attitude toward fear of childbirth and the number of pregnancies. But in the study of Khorsandi et al.[28] there was a significant relationship between attitude toward fear of childbirth and women's nulliparity, which can also be effective in choosing the type of delivery of caesarean section. Also, in the present study, there was no significant relationship between age, week of pregnancy and economic situation with spiritual intelligence, attitude towards delivery and persistence. This study is in line with the study of the transgression of Khodabakhshi Koolaee et al.[16] Given that the results indicate the relationship between spiritual intelligence and resilience to each other, it is suggested that by conducting a class and pre-natal periods on spiritual intelligence and resilience, the fear and attitude of pregnant mothers towards giving birth will be reduced.

CONCLUSION

Those who tend to have normal delivery accept the concept of pain in a sense of value and tolerate it as a person who can resist the hardships. Therefore, it is suggested that the components of spiritual intelligence, such as critical existential thinking, the production of personal meaning, transcendental consciousness and the development of consciousness, should be taught to pregnant women before childbirth. Because the training of these components can help to strengthen resilience to fear of childbirth.

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