



Fathers for the first time: Validation of a questionnaire to assess father experiences of first childbirth in Latin America



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ABSTRACT

The active incorporation of men in the process of childbirth is an increasingly common practice internationally. However, there are no validated instruments for Latin America.

Objective: To validate an instrument to assess new fathers' experiences during childbirth in Latin America.

Design: Prospective validation study.

Setting: Talcahuano, Chile.

Population: Fathers who participated in the birth of their first child ($n=220$) between September 2015 to May 2016, in a public hospital in Chile.

Methods: The Swedish questionnaire "First Time Fathers Questionnaire" was used. As a first step, the questionnaire was translated to Spanish, followed by expert judgment of such translation and validation. For content validity, a descriptive analysis of the expert judgment and combined Kappa evaluation was performed. Construct validity with Exploratory Factor Analysis was done. Reliability based on internal consistency, was tested using Cronbach's Alpha. Criteria validity was tested with Pearson correlation and Student *t*-test, and logistic regression.

Main outcome measures: Questionnaire in Spanish with adequate evidence of reliability and validity.

Results: Two components were identified: "Support from the Health System" and "Father Worry", with 19 items and adequate internal reliability (0.84 and 0.79 respectively). There is a statistically significant inverse correlation between "Father Worry" and "Support from the Health System". There is a statistically significant association between "Father Worry" and the type of delivery, being higher in Caesarean sections. There is a statistically significant association between "Support of the Health System" and preparation for childbirth being higher in those who were prepared.

Conclusions: This study provides a validated instrument to assess the experience of fathers who participate in the birth of their first child in Latin America.

Implications for practice: The evaluation of the paternal experience during birth contributes to the knowledge of the male's emotional processes involved in this event. Midwifery is in a key position to promote a transcendent parental experience.

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Introduction

The pioneer studies of Kennel and Klaus showed both biological as well as affective benefits of continuous support during labor (Sosa et al., 1980; Bohren et al., 2017). To offer and enable continu-

ous support during labor is a good maternity practice that is even considered a woman's right in some contexts (Belizán and Cafferata, 2005).

Various studies have shown fathers' satisfaction with respect to their participation and their subsequent improved relationship with their child (Hildingsson et al., 2011; Villalón et al., 2014; Brandão and Figueiredo, 2012; Howarth et al., 2017). Recent research emphasizes that some fathers have experienced anxiety, feelings of being excluded, and inability to face the process, while others even perceive their participation in labor to have

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had some influence in subsequent depression (Nishimura et al., 2015; Zerach and Magal, 2016; Philpott et al., 2017; Eggermonta et al., 2017). Of consideration is that fathers' satisfaction responds to multi-factorial issues covering issues such as culture, previous family history, exposure to birth, cultural perceptions of birth among others (Johansson et al., 2015).

In Latin America and the Caribbean, both policies and the organization of health systems define opportunities for parental participation. In addition, the way in which care providers perceive men determines their level of involvement (IPPF/WHR y Promundo 2017).

In this context, in the last time the paternal father involvement in labor and delivery is encouraged by all local and international organizations (IPPF/WHR y Promundo, 2017; Ministerio de Salud de Chile, 2008; Aguayo and Kimelman, 2012). An international study on masculinity and gender equity in six countries showed that the presence of the father during labor varies greatly by country context (2–50%) (World Health Organization, 2016). In addition, it has been shown that continuous support during labor provided by the child's father is positively perceived by women in labor (Bohren et al., 2017; Barker et al., 2011; Fenwick et al., 2012).

There is a need to assess new fathers' experiences with the process that could help inform future actions to improve men's satisfaction and behavior with respect to labor and delivery. A systematic review found 16 mostly European studies, which incorporated scales of maternal satisfaction, identifying that only one of them measured their partner's satisfaction (Alfaro et al., 2017). Currently, there is no questionnaire to assess new father's experience in the process of labor and deliver that is validated in Latin America, though there is a validated and tested instrument developed in Sweden, which presents four factors resulting a Cronbach's alpha of 0.82 for the dimension of concern, 0.73 for the information, 0.65 for the emotional support and 0.66 for the acceptance, while the validation in France resulted in three factors with a Cronbach's alpha of 0.84 for the support dimension, 0.86 for concern and 0.70 for the prenatal period (Premberg et al., 2012; Capponi et al., 2016). Due to the differences in culture and language between Sweden, France and Latin America we see the need for an instrument that can be used in our region.

Therefore, the aim of this study is to validate a questionnaire to assess new fathers' experiences during labor and delivery that can be applied in Latin America.

Methods

Translation and cultural adaptation of the "First Time Fathers Questionnaire" consists of an adaptation into Spanish of the "First Time Fathers Questionnaire" (FTFQ), developed by Premberg et al. (2012).

This questionnaire seeks to assess fathers' experiences of participating in the birth process of their first child. It includes 33 questions, of which 22 assess the experience itself before, during and after childbirth, with a Likert-type response scale including four alternatives (1 = disagree, 2 = slightly agree, 3 = strongly agree and 4 = totally agree). The scores of each alternative are added to obtain the final score, whose maximum is 88 points. The other 11 questions refer to socio-demographic data, type of birth and father's prenatal preparation. Specifically, the questionnaire evaluates paternal participation in formal prenatal preparation sources (workshops in healthcare centers, Lamaze) as well as learning from the personal environment (internet, chat, friends, relatives).

According to the authors, the 22 questions of the questionnaire would measure four dimensions of the father experience: Worry, (items from 14 to 20, and 23), Information (items 5, 6, 11 and 13), Emotional support (items 12, 21, 22, 24, 25 and 26) and Acceptance (items 7–10). (Premberg et al., 2012).

For the Spanish adaptation (Ramada-Rodilla et al., 2013; Muñiz et al., 2013) the authorization of FTFQ's main author was obtained. Three translations were performed. The first one was carried out by the Swedish research team from Swedish into English and into European Spanish, following ISPOR recommendations. Then, in Chile we performed two translations from the English version into Spanish, with two local independent bilingual translators whose mother tongue is Spanish. Only one of the translators was aware of the research purpose. These translations ensured that Chilean vocabulary and cultural context were represented in the final translated questionnaire used in the study. Subsequently, a review that included each and every question was performed to finally get a final Spanish language version that would be appropriate for the Chilean context.

This final version was submitted for expert review consisting on eight specialists in subjects such as gender issues, masculinity, labor and delivery. Four of them are midwives, two psychologists, one social worker and one anthropologist. A document for the members of the expert panel was sent by e-mail. They assessed each question on the criteria of sufficiency, clarity, coherence and relevance. Scores were awarded in a 1 to 4 scale (1: does not meet criterion; 2: low level of compliance; 3: moderate level of compliance and 4: high level of compliance). The interjudge reliability of the evaluators was calculated by means of the Kappa coefficient that measures the concordance rate over the total of the items, having excluded the concordance attributable to chance. The closer to ± 1 , the greater the degree of inter-observer concordance (Martínez-Arias et al., 2006). After incorporating the observations of the experts, a pilot test was carried out with 12 new fathers to assess translation quality, cultural adaptation and local applicability.

Questionnaire validation

Questionnaires were applied in written form during the hospital visit of 220 fathers that participated in the birth of their first child; sample size was determined by recommendations that suggest a number of 10 respondents per question (Lloret-Segura et al., 2014; Morales, 2013).

For this purpose new parents whose partners delivered at the hospital were invited to participate by means of a prior informed consent, following by consecutive sampling. The site is a public hospital where health care is provided free of charge.

Inclusion criteria were: new fathers, fathers that participated in the labor and/or in delivery of their partners, father of an alive, healthy, and term newborn. The exclusion criteria were: fathers whose live newborns were delivered via elective or scheduled Caesarean section.

Data analysis: Evidence about content-related validity was assessed through a descriptive analysis and a combined Kappa inter-rater reliability evaluation of expert judgement. Construct-related validity was obtained from an Exploratory Factorial Analysis (EFA), using Principal Axis (PA) as factor extraction method (Muñiz et al., 2013; Hair et al., 2005).

Reliability of identified factors was evaluated using Cronbach's alpha analysis and their discriminative power was assessed using item-corrected total correlation.

In order to assess criteria-related validity of factors, its association with age, type of delivery, educational level and training before delivery was evaluated. In the first association, Pearson correlation was used, and a Student *t*-test was performed in the rest of the cases. These factors were also considered as predictors with linear multiple regressions.

A value of $\alpha < 0.05$ was defined as a statistical significant *p*-value. Data analysis was performed using STATA SE 11.0.

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