

Pain Experience and Coping Strategies Employed by Women in Labor in a Secondary Health Facility in Ilorin, Kwara State, Nigeria

Onasoga, Olayinka A*. Aluko, Joel O, Olorukooba Halima O., Hamzat, D. R

*Department of Nursing Sciences, Faculty of Clinical Sciences, College of Health Sciences,
University of Ilorin, Nigeria*

Abstract

Labour pain experience is distinctive and complex, and women use various coping strategies to cope with it. Hence, this study attempted to explore pain experience and coping strategies employed by women in labor in a secondary health facility in Ilorin, Kwara State, Nigeria. A qualitative exploratory research design was used, and a purposive sampling technique was used to select a total of ten (10) mothers who delivered within 48 hours in the healthcare facility. A total of three FGD sessions were conducted, each had between 3 and 4 participants. The semi-structured interview guide was used for data collection, and the data were analyzed using content analysis. The women who participated in this study were between 20 and 42 years of age, and they perceived labour pain differently. Some of the women described labour pain as very painful; others said the pain is normal, while some said the pain cannot be compared with anything. The study revealed that younger women who are primiparous perceived labor pain as more severe than the multiparous women. All the participants said that birth information and instructions received from the midwives, as well as the presence of caring midwives, help to relieve labour pains and consequently influence their pain experience(s) positively. The coping strategies used varied among participants, and deep breathing techniques, relaxation, and vertical positions were the major coping strategies used. Therefore, the provision of adequate labour information on coping strategies and the presence of caring midwives influenced the labour experience(s) positively.

Keywords: *Coping strategies, Experience, Labor pain, Women.*

Introduction

Labour exposes women to one of the most severe forms of pain. Labour pain can be unbearable, and however, despite the excruciating pain, many women endure the labour process without any form of analgesics. Understanding labour pain is complicated, and its perception is influenced by a number of factors; hence, women experience and deal with labour pain differently [1].

Labour pain is caused by a number of physiological and physiological factors, physiological factors such as uterine contractions and cervical dilatations, and

physiological factors such as stress, anxiety, fear, and sense of abandonment [2, 3]. In addition, emotions with regards to confidence and cognition affect how different women perceive pain. Apart from these factors, some environmental factors like the type of care providers and quality of support provided also affect labour pain [1].

Women can better cope with labour pain by adopting certain behaviors according to their individual characteristics termed behavioral indicators. They include body movement, facial expression, verbal expression, tone of voice, respiratory movement functioning, and degree

Received: 13.01.2022

Accepted: 30.01.2022

Published on: 30.03.2022

***Corresponding Author:** yinka_onasoga@yahoo.com

of relaxation. It is important to note that the different behaviors demonstrated by women during labour pain are unique. Such behaviors are often influenced by cultural, psychological, social, and environmental factors. Therefore, factors such as emotions as well as the social, cultural, and environmental context in relation with the biological aspects of pain can play a major role in the way women react to labour pain [4].

Considering this, personal characteristics can strongly influence both physiological and psychological labour pain experiences. Women also demonstrate intellectual, emotional, and behavioral efforts when faced with psychological pressures to endure, minimize, or overcome the side effects observed via the behavioral indicators of pain. These behaviors are often expressed in the form of dominant verbal and non-verbal during labour pain.

Non-verbal messages such as changes in facial expressions, body movements, vocal behaviors, body stretch, crying, and fist not only complement verbal messages but also represent patients' real thoughts and feelings even better than verbal messages. Sometimes, while verbal messages are likely to be false, non-verbal behaviors imply real senses. Likewise, incidences of undesirable behaviors like crying and screaming in stressful and painful situations can result in physical and mental fatigue as well as increased oxygen consumption. The side effects of non-ideal behaviors during labour can lead to severe pains in a vicious cycle [5]. While some women often endure labour without any form of analgesia, others desire pain relief and require various pharmacological pain relief interventions irrespective of the degrees and intensity of their pain (Asl et al., 2018). In most Nigerian cultures, women are more concerned about the delivery of a healthy baby than their labour pain [4].

Women who take labour pain as rewarding and purposeful are more likely to feel they can cope with it than those who do not [6].

Reported labour pain is influenced by some physiological and psychosocial factors. Physiological factors such as gestational age at delivery, parity, and maternal age — and some psychosocial factors such as ethnicity, culture, and educational accomplishment have been proposed as important facilitating variables in women's labour pain experience [1].

Purpose of the Study

1. To explore pain experienced by women in labor.
2. To identify coping strategies employed by various women in labor.

Research Methodology

A qualitative, exploratory-descriptive study was conducted in a secondary health facility in Ilorin, Kwara State, Nigeria. A purposive sampling technique was used to select a total of ten (10) mothers who delivered within 48 hours and were willing to participate. Data were collected using focus group discussions. The sample size was determined based on data saturation for qualitative data [8]. A total of three FGD sessions were conducted, each had between 3 and 4 participants. The participants were interviewed in a side-room at the hospital. The setting was most appropriate because it was convenient, comfortable, and conducive for discussion. The duration of the discussion did not exceed 45 minutes per session. The focus group discussions were audio-recorded and then transcribed. The transcribed data were analyzed thematically. To ensure the trustworthiness of the data collected, the four criteria for supporting and substantiating qualitative studies, which include credibility, transferability, dependability, and conformability, were employed in this study. To enhance credibility, all the FGDs were audio-taped and then transcribed verbatim. The researchers also consulted with experts and senior colleagues who are knowledgeable and experienced in qualitative research as well as neonatal feeding practices for their contributions. The researchers kept an audit

trail of the research process to enhance the dependability and confirmability of the study. To this end, the researcher used senior researchers, as well as peers to check the process of data collection, possible inconsistencies in the process, and data analysis techniques. Ethical approval was granted by the relevant authority in charge of the hospital to conduct the research. Informed consent forms and focus group confidentiality binding form was signed by participants after a full explanation of what the study was all about and what was expected of them. Participants were informed that participation in the study was voluntary and that they had the right to agree to participate or to decline, as well as withdraw from the study at any given time. Codes were used on the relevant documents during data collection instead of names.

Results

Table 1 shows that the mothers who participated in this study were between 20 and 42 years of age. Out of the 10 participants, 9

were married while 1 was single, 6 were Muslims while 4 were Christians, 9 of the participants were Yoruba while only 1 was from Tapa, however, all the participants can speak Yoruba. Hence, the interviews were done majorly in Yoruba language, which was later translated to English after transcribing. As regards their occupation, 5 were self-employed, 3 were civil servants, and 2 were full housewives. 5 of the participants were primip and had tertiary education. Also, 9 of the women had a spontaneous vaginal delivery (SVD) while 1 has caesarean section (C/S).

The findings from the In-depth interviews with postnatal women about pain experience and coping strategies were clustered into themes and sub-themes and are clearly indicated in the discussion below. The themes elicited were related to the patients' experience(s) with labour pain and care received, and coping strategies with pain. These are discussed below.

Table 1. Socio-Demographic Distribution of Participants (n= 10)

S/N	Age (years)	Marital status	Tribe	No of Children	Occupation	Religion	Educational qualification	Age at marriage	Mode of delivery
P1	28	Married	Yoruba	1	Civil servant	Islam	Tertiary education	26	SVD
P2	28	Married	Yoruba	3	Self employed	Christianity	Tertiary education	22	SVD
P3	25	Married	Yoruba	1	Housewife	Islam	Secondary school	24	SVD
P4	22	Married	Yoruba	1	Self employed	Christianity	Secondary school	21	SVD
P5	26	Married	Tapa	3	Self employed	Islam	Secondary school	19	SVD
P6	22	Married	Yoruba	2	Civil servant	Islam	Tertiary education	18	C/S
P7	20	Single	Yoruba	1	Self employed	Christianity	Secondary school	19	SVD
P8	42	Married	Yoruba	4	Housewife	Islam	Primary school	17	SVD
P9	35	Married	Yoruba	1	Self employed	Islam	Tertiary education	30	SVD
P10	32	Married	Yoruba	2	Civil servant	Christianity	Tertiary education	27	SVD

Table 2. Themes and Sub-themes that Emerged from in-Depth Interview with Mothers

Themes	Sub-Themes
Patients' experience(s) with labour pain and care received	Labour pain experience
	Information related to labour pain
	Experience with pain relief
	Communication with Nurse-midwives
Strategies used to cope with labour pain	Support persons
	Compliance with midwife's education and instructions
	Use of Prayer

Patients' Experience(s) with Labour Pain and Care Received

Labour Pain Experience

Labour pain is widely view has been nothing more than the perception of unpleasant sensation. However, the reality is much more complex, thus, participants were asked to describe their pain experience during labour. Below were their responses.

"Actually, the pain I must say, ... is very severebut once the baby is out, you forget the pain once you see your healthy baby. It is worth the pain my sister" (P10, 32YR OLD).

"The pain is much; we should not say another thing. God should allow it to continue to be easy every time. Alhamdulillah" (P1, 28 YR OLD).

"..... em.... not very painful.... the pain is normal, very okay, not very painful" (P5, 26YR OLD).

Sometimes, pain experienced during labour is probably the most painful event in the lives of women, which may even affect their decision to get pregnant again. During the interview, the views of two of the women were expressed in the quote below:

"My experience..... em, with the hell I went through few hours ago, I can't really say o..... laugh...the pain cannot be compared with anything o... Starting from when the pain started till, I delivered, it was not a funny experience, I saw hell" (IDI 7, 20YR OLD).

"Haa, did you just ask me to describe labor pain just like that? ha! it is not easy at all I must say it is the most painful thing I have ever

experienced, and to think my mother gave birth to six children, how manage? abeg I don't think I want to go through this experience again o, it is too painful for me" (P4, 22YR OLD).

Information Related to Labour Pain

Labour and birth information are crucial for preparing women for labour. The birth information need of women influences their pain experience(s). Some of the participants described their experience in relation to information received about labour pain as follows:

"... They (midwives) explained the pain to us sha.... they also explain to us what to do when the pain comes, that information were helpful. The way they told us, that was how I met it. Alhamdulillah, it was not more than what we could bear" (P1, 28YR OLD).

"They told us a lot of things about the pain o, the way one will feel but it cannot be compare to the actual experience.... Well, the information was a bit helpful somehow" (P 4, 22YR OLD).

Some of the participants had different opinions as stated below.

"Nobody explained anything to me about labor pain, since I have been coming here, I only have an idea of what to expect from what I heard from people and watch in films" (P3, 25YR OLD).

"I did not have any information about labour pain from the midwives here because I did not come for antenatal here but they instructed me on what to do during

labour....eh...and it was helpful” (P7, 20YR OLD).

Experience with Pain Relief

There are various pharmacological and non-pharmacological interventions used to relieve pain during labour. Many women go through labour without analgesia, despite the fact that giving of analgesics to relieve pain help to contribute positively to the labour experience. However, the majority of the participants said they did not receive any analgesia during labour. This is evident in the experience shared below:

“I was not given anything to reduce my pain, but they put the injection in my drip (intravenous fluid) ...and they told me that it will help me deliver on time, but this also increases the pain for me” (P6, 22YR OLD).

“They gave me one injection like that and drug, they even hung drip for me, it was only God Himself that put oil of comfort” (P2, 28YR OLD).

“They did not give me any drip nor injection not until after delivery and it is not for pain relief” (P10, 32YR OLD).

One of the informants interviewed had this to say:

“..... em labour pain is natural for every woman to go through and bear.....eh... it is not really painful.... so, there is no need for injection (drugs) to relieve pain” (P8, 42YR OLD).

Communication with Midwives

Midwife-patient communication in labour is a therapeutic relationship in which the midwife has a responsibility to interact, educate and share information genuinely with women in labour. The participants said they have good communication with the midwives, and they were treated properly. This opinion was expressed in the quote below:

“... hmm, they (midwives) explained to me thing I need to do..... like they asked me not to continue pushing at times, following this

instruction really helped me a lot.” (P 9,35YR OLD).

“.....the nurse spoke to me very well, she answered my question politely when I worry about the labour. They treated me well and did not shout at me when I was shouting and displaying in the labour room,....em..they really took care of me very well” (P4, 22YR OLD).

Strategies Used to Cope with Labour Pain

Every labour is accompanied by a certain amount of pain and discomfort. The degree of pain and the ability to withstand it vary in women. Thus, women in labour have embraced various methods of coping with pain during labor. The participants identified ways of coping with labour pain and as a result, have pleasant birth experiences. This was captured in the statement below:

Support Persons

Supports persons is believed to help in the relief of labour pains, depending on individual mindset. However, the majority of the participant did not have a support person in labour. This is demonstrated in the statements below:

“..... Nobody was allow to stayed with me even if I want my family member to comfort me, they are not allow in....i think is the hospital policy” (P 6, 22YR OLD).

“I would have prefer my husband to be with me to give me support.... hold my hand and massage my waist,,,,, because the pain was too much for only me without I support of my husband. I think the presence of my husband will help me to cope better and also make my husband to appreciate me the more...” (P4, 22YR OLD).

However, some of the participants had a different view on supports persons as a way of coping with labour pain. This was captured in the statement below:

“I don’t need anybody to stay with me because it will not change or help me cope with the labour pain...I will not allow anyone to stay

with me even if the hospital allows it” (IDI 10, 32YR OLD).

“I will not have allowed anyone to stay with me because it will not help me cope with the pain at all at all....women must learn to bear the pain alone” (IDI 8, 42YR OLD).

Compliance with Midwife’s Education and Instructions

Compliance with midwife’s education and instructions are essential for preparing most women for labour and birth as well as increasing their confidence in coping with labour pain. The quotes below capture the experience of the participants:

“the midwife told me to relax and breathe using my mouth, breathe with my mouth open but it only worked for a while” (IDI 4, 22YR OLD).

“.. I shouted very well because the pain was too much for me and the midwife present help me massage my waist and ask me to breathe through my mouth once the pain comes. I was also told not to push until she ask me toem.... her instructions and care help me to cope to some extent” (IDI 5, 24YR OLD).

Use of prayer

The use of prayer as a coping strategy for relieving pain in labour was commented on by all the participants. The quote below captures the opinion of participants:

“em.... actually, praying to God within me for safe delivery, help me cope with the pain” (IDI 6, 22YR OLD).

“I have read different things about labor process, so I knew real comfort is from God and only prayer could help me, it is beyond human” (P 10, 32YR OLD).

Discussion of Findings

The women who participated in this study were between 20 and 42years of age, and the study revealed that younger women who are primip perceived labor pain as very severe. This is in line with the study conducted in Southeast Nigeria where women’s age was found to be

statistically significant with regards to the perception of labor pain [4]. However, the finding is in contrast with another study conducted in south west Nigeria where labour pain had no significant association with maternal age and parity [1].

Giving birth is a profound experience which carries significant meaning for the woman and her family. The study revealed that some of the women described labour pain as very painful; others said the pain is normal, while some said the pain cannot be compare with anything. This implies that the women perceived labour pain differently. However, most Nigerians believed that giving birth by oneself is the real deal and that having labour experience is part of the joy of motherhood, as some of the participants described labour pain as normal while the others said the joy of having a live healthy baby is worth the pain. Furthermore, the study revealed that most first-time mothers perceived pain to be more painful. This means that the perception of pain is more severe for primiparous women. Similar studies have also shown that the pattern of labour pain differs between primiparous and multiparous women with higher pain scores in the primiparous compared to the multiparous woman [7, 9, 10,].

The study also revealed that all the participants who received labour information claimed that it was helpful during labour and childbirth. Previous studies revealed that provision of adequate labour and birth information leads to increased sense of control during labour, lessen the perception of pain, decreased anxiety, decreased use of analgesic, and increased confidence in coping with labour for most women [11, 12]. Some of the women signified that the care rendered by the midwives during the delivery process also helps to decrease the intensity of pain, this is consistent with previous research in this area where it was reported that continuous labour support by the midwives help to relief labor pain and made labor experience more pleasant for the women [13, 14, 15].

Every labour is accompanied by a certain amount of pain. The degree of pain and the ability to withstand it vary in women due to the strategies employed in coping with the pain. In this study, most of the women said that they require support persons like their husbands or any close relative to help them cope better with the labour pain, which the participants did not utilize because of hospital policy or the women perception. However, having support during labour help, women feel in control of their labor and, consequently, have a significant impact on labor experience [16, 17].

Furthermore, the entire participant said that acquiescence with midwife's education and instructions such as deep breathing, walking around, diversional techniques help them cope with labour pain adequately. This resonates with the findings of a study in which it was reported that education has the potential to teach women pain coping strategies that can help them during labour and childbirth [18].

It was observed that the participants used deep breathing techniques, relaxation, and vertical positions in coping with labour pain. This implies that non-pharmacological methods of coping with labor pain were employed majorly by participants despite the effectiveness of the pharmacological method, with almost all the participants affirming that they were not given any pain reliever, and some said that there is no need for it as labour pain is a natural process and women need to endure it. This is consistent with previous reports that most women prefer to go through labour pain and delivery without medical intervention [18, 19]. However, regardless of the coping strategies used by a woman in labour, her perception of

its effect is related to the quality of the mother-midwife relationship [20, 21].

Conclusion

This study was conducted with a qualitative approach, and the aim of this study was to explore women's experiences of labor pain and the coping strategies used during labor. The study revealed that women experiences labor pain differently, and the coping strategies used varied. However, adequate labour information and the presence of caring midwives influenced the labour experience(s) positively.

Recommendations

Based on the findings in this study, the following recommendations were made:

1. Adequate health education of women on various coping strategies which can be implemented during delivery process.
2. There is need for hospital to allow the presence of partner/support person in labour, to promote positive labour experience.
3. Provision of adequate information to women during pregnancy on various pharmacological pain relief interventions so as to help them make informed choices.

Acknowledgments

The authors would like to express their gratitude to the Management and Midwives of Civil Service hospital, Ilorin Kwara State, as well as the participants in this study for their cooperation and support.

Declaration of Competing Interest

The authors declare no competing interest.

References

- [1] Akadri, A. A., & Odelola, O. I. (2018). Labour pain perception: experiences of Nigerian mothers. *Pan African Medical Journal*, 30(1). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6320448/>.
- [2] Makvandi, S., Mirzaianajmabadi, K., Mirteimoori, M., & Esmaily, H. (2018). Effect of normal physiologic childbirth program in mother-friendly hospitals on the duration of labor. *Electronic Journal of General Medicine*, 15(3). <https://www.ajol.info/index.php/jfas/article/view/169254>.
- [3] Shnol, H., Paul, N., & Belfer, I. (2014). Labor pain mechanisms. *International anesthesiology clinics*, 52(3), 1-17 https://journals.lww.com/anesthesiaclinics/Citation/2014/05230/Labor_Pain_Mechanisms.2.aspx.
- [4] Obuna, J. A., & Umeora, O. U. J. (2014). Perception of labor pain and utilization of obstetric analgesia by Igbo women of Southeast Nigeria. *Journal of Obstetric Anaesthesia and Critical Care*, 4(1), 18-32 <https://www.joacc.com/article.asp?issn=2249-4472;year=2014;volume=4;issue=1;spage=18;epage=22;aulast=Obuna>.
- [5] Asl, B. M. H., Vatanchi, A., Golmakani, N., & Najafi, A. (2018). Relationship between behavioral indices of pain during labor pain with pain intensity and duration of delivery. *Electronic physician*, 10(1), 6240. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5854000/>.
- [6] Whitburn, L. Y., Jones, L. E., Davey, M. A., & Small, R. (2017). The meaning of labour pain: how the social environment and other contextual factors shape women's experiences. *BMC Pregnancy and Childbirth*, 17(1), 1-10. <https://doi.org/10.1186/s12884-017-1343-3>.
- [7] Aziato, L., Acheampong, A. K., & Umoar, K. L. (2017). Labour pain experiences and perceptions: a qualitative study among post-partum women in Ghana. *BMC Pregnancy and Childbirth*, 17(1), 1-9. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5322618/>.
- [8] Polit, D.F., & Beck, C.T. (2018). Essentials of nursing research. Appraising evidence for nursing practice (9th ed.). Philadelphia: Wolters Kluwer Health.
- [9] Kongsuwan, W., & Chatchawet, W. (2021). Level of Labor Pain, Level of Labor Pain Behaviors, and Cultural Pain Behaviors among First-Time Indonesian Muslim Mothers. *Open Journal of Obstetrics and Gynecology*, 11(01), 27. <https://www.scirp.org/journal/paperinformation.aspx?paperid=106687>.
- [10] Labor, S., & Maguire, S. (2008). The pain of labour. *Reviews in Pain*, 2(2), 15-19. <https://journals.sagepub.com/doi/10.1177/204946370800200205>.
- [11] Onasoga, O.A., Aluko J. O., Afolayan, J. A., & Bakare G. Y (2019) Compliance with Labour and Birth Information among Postnatal Women Attending General Hospital Ilorin. *African Journal of Behavioural and Scale Development Research*. 1(1): 37-44.
- [12] Duncan, L. G., Cohn, M. A., Chao, M. T., Cook, J. G., Riccobono, J., & Bardacke, N. (2017). Benefits of preparing for childbirth with mindfulness training: a randomized controlled trial with active comparison. *BMC pregnancy and childbirth*, 17(1), 1-11. <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-017-1319-3>.
- [13] Tahereh, F.N., Robab, L. R., & Hossein, E. (2017). The best encouraging persons in labor: A content analysis of Iranian mothers' experiences of labor support. *Plos one*, 12(7), e0179702. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5499987/>.
- [14] Karlsdottir, S. I., Halldorsdottir, S., & Lundgren, I. (2014). The third paradigm in labour pain preparation and management: the childbearing woman's paradigm. *Scandinavian journal of caring sciences*, 28(2), 315-327. <https://pubmed.ncbi.nlm.nih.gov/23815344/>.
- [15] Hodnett, E. D., Gates, S., Hofmeyr, G. J., & Sakala, C. (2013). Continuous support for women during childbirth. *Cochrane database of systematic reviews*, (7). <https://pubmed.ncbi.nlm.nih.gov/23857334/>.

- [16] Lebni, J. Y., Farahani, F. K., Solhi, M., & Azar, F. E. F. (2021). Causes and Grounds of Childbirth Fear and Coping Strategies Used by Kurdish Adolescent Pregnant Women in Iran: A Qualitative Study. *Journal of Reproduction & Infertility*, 22(1), 47.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7903670/>.
- [17] Mamba, N., & Tagutanazvo, O. B. (2021). First-time mothers' experiences of the first stage of labour in hospitals in the Hhohho region, Eswatini. *African Journal of Midwifery and Women's Health*, 15(1), 1-8.
<https://www.magonlinelibrary.com/doi/abs/10.12968/ajmw.2020.0013>.
- [18] Campbell, V., & Nolan, M. (2019). 'It definitely made a difference: a grounded theory study of yoga for pregnancy and women's self-efficacy for labour. *Midwifery*, 68, 74-83.
<https://eprints.worc.ac.uk/7307/1/Campbell%20V%252c%20Nolan%20M%252c%20It%20definitely%20made%20a%20difference.pdf>.
- [19] Wharton, K. R., Ecker, J. L., & Wax, J. R. (2017). Approaches to limit intervention during labor and birth. Committee Opinion No. 687. *American College of Obstetricians and Gynecologists. Obstet Gynecol*, 129, e20-e28.
<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/02/approaches-to-limit-intervention-during-labor-and-birth>.
- [20] Newnham, E., Karlsdottir, S. I., & Sanders, R. (2019). Humanising of Childbirth: re-envisaging labour pain: a humanistic approach. *The Practising Midwife*, 22(10), 14-17.
https://ueaeprints.uea.ac.uk/id/eprint/80275/1/Accepted_Manuscript.pdf.
- [21] Thomson, G., Feeley, C., Moran, V. H., Downe, S., & Oladapo, O. T. (2019). Women's experiences of pharmacological and non-pharmacological pain relief methods for labour and childbirth: a qualitative systematic review. *Reproductive health*, 16(1), 1-20.
<https://pubmed.ncbi.nlm.nih.gov/31146759/>.