Evaluation of Primigravida Women's Childbirth Self-efficacy at Al-Elwea Maternity Hospital in Baghdad City

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Abstract: Pregnant women who believe themselves have capabilities to cope with childbirth, they feel able to control labor stress. On the other hand, if they believe themselves uncappable to cope with labor, they cannot control labor stress and may choose cesarean delivery.

Objectives: To evaluate women's self-efficacy of childbirth and find out the association between women's self-efficacy and study variables.

Methods: Descriptive study of non-probability (purposive sample) was used to collect the data from (100) women. A pilot-test was conducted to determine the reliability of the questionnaire. Data were analyzed through the use of SPSS.

Results: The higher percentage of women's age was (20-29) years graduated from secondary school. About one-third of them in gestational age 32 weeks. More than two-thirds of them are preferred cesarean birth. They have a low childbirth self-efficacy. There are significant differences between women's age, education, occupation, delivery preference, and childbirth self-efficacy.

Conclusion: This study finds that primigravida women have low childbirth self-efficacy, and there are significant differences between women's self-efficacy with the demographic and reproductive variables.

Recommendations: Primigravida women need prenatal education and encouragement regarding labor to increase their believe of own capability to control and cope with labor stress.

Keywords: Primigravida, Childbirth, Self-efficacy, Women

Introduction

Self-efficacy is essential factor that required to successfully perform a certain behavior in a specific situation, also it is important for change behavior and self-control [1].

Self-efficacy believes to control labor stressors has a significant role in anxiety arousal.

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Pregnant women who have high level of childbirth self-efficacy is associated with lower levels of labor pain, anxiety, require less obstetric intervention and analgesia compared to low levels of childbirth self-efficacy [2][3].

Self-efficacy has four sources, first mastery experiences (performance accomplishments); second vicarious experiences (modeling); third verbal (social) persuasion; and fourth physiological and affective states [4].

Pregnant women's self-efficacy can affect prenatal well-being such as to mood changes, anxiety, and childbirth fear. Fear of childbirth also associated with anxiety and depression [5].

Vicarious experience is observing others perform a certain behavior in specific situation that an individual wants to perform. It does not always have a positive effect on self-efficacy, an individual must find a role-model to develops self-efficacy beliefs individuals, through observation and interpretation of others' performance. Observation of successful performance may increase self-efficacy, while observation of failed performance may decrease self-efficacy [7].

Pregnant women's perception of pain during labor can vary according to their expectations and prenatal preparation; labor length; position of fetus; fear, anxiety; body image; self-efficacy; and support. Women who believe that they can control their situation (have self-efficacy) than are those who do not feel in control [8].

Materials and Methods:

Descriptive analytic study design was used to evaluate women's childbirth Self-efficacy. The study was performed from October 2020 to February 2021. Non probability (purposive sample) used to collect the data from (100) women. Inclusion criteria (First pregnancy, Singleton pregnancy, Gestational age of (28 to 32) weeks, has no medical and obstetrical problem, Literacy, Accept participation in study). A pilot study conducted in order to determine the reliability of the questionnaire in a sample of (10) women (r1= 0.88). Content validity was determined through a panel of (21) experts their experience mean and SD 25.8 $\pm$ (11.1). The data was collected after obtaining the agreement from women to participate in this study. Data are analyzed through the use of SPSS version 26.

Results

Table (1) Distribution of Study Sample According to Socio-demographic Characteristics

Demographic Characteristics		F	%
Age / years			
15-19		39	39
20-29		44	44
30-39		15	15
40-49		2	2
Total		100	100
Mean=20.67 SD=3.57			
Educational level			
Read &write		5	5
Primary School		29	29
Secondary School		40	40
Institute graduate		6	6
College graduate		10	10
Master and higher		10	10
Total		100	100
Occupational Status			
Employee		8	8
Housewife		92	92
Total		100	100

This table illustrates that the highest percentage (44%) of women's age are (20-29) years, with mean (SD) 20.67 (3.57). Regarding educational level more than one-third of them (40%) are graduated from Secondary School. Regarding occupation the majority of them (92%) are housewives.

Table (2) Distribution of Study Sample According to Reproductive Characteristics

Variables	F	%
Planned pregnancy		
Yes	94	94
No	6	6
Total	100	100
Gestational Age/ weeks		
28	8	8
29	19	19
30	22	22
31	20	20
32	31	31
Total	100	100
Mean (SD) 30.4 (1.3)		
Duration between marriage and pregnancy/ months		
<6	65	65
7-12	13	13
13-18	8	8
19-24	7	7
>24	7	7
Total	100	100
Mean (SD) 9.37 (12.5)		
Conception assistant methods		
Yes	37	37
No	63	63
Total	100	100
Delivery Preference		
CS	64	64
NVD	36	36
Total	100	100

This table show that the majority of women (94%) have planned pregnancy. About one-third of them (31%) their gestational age 32 weeks, with mean (SD) 30.4 (1.3). Regarding Duration between marriage and pregnancy more than two-thirds of them (65%) are less than six weeks, with mean (SD) 9.37 (12.5). The higher percentage of them (63%) didn't use conception assistant methods. More than two-thirds of them (64%) are preferred cesarean birth.
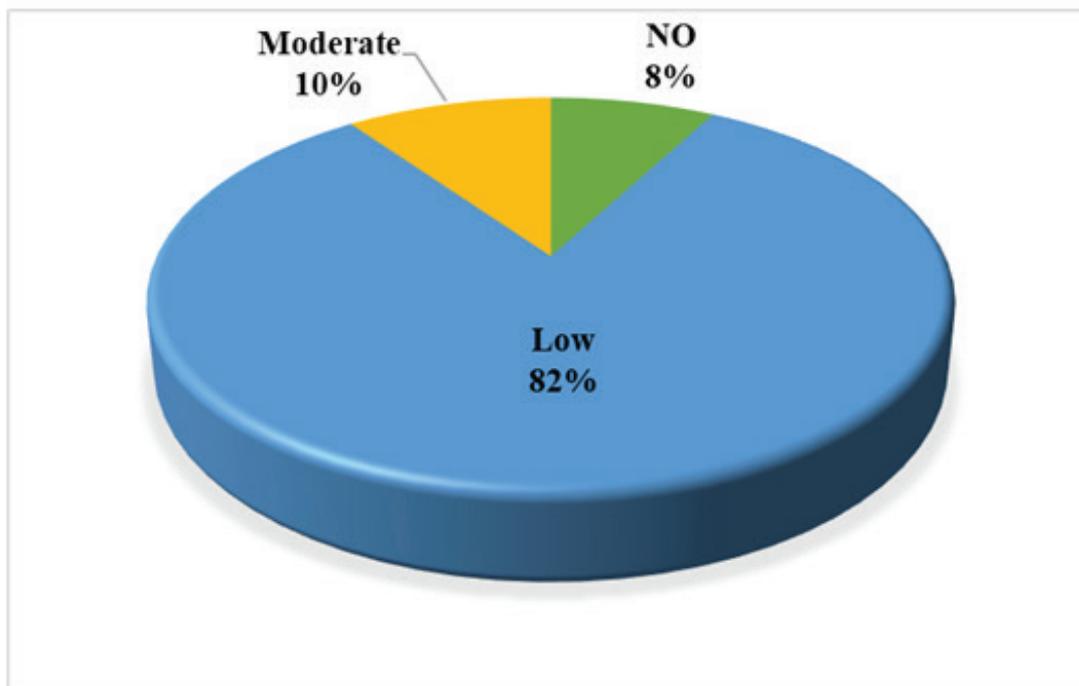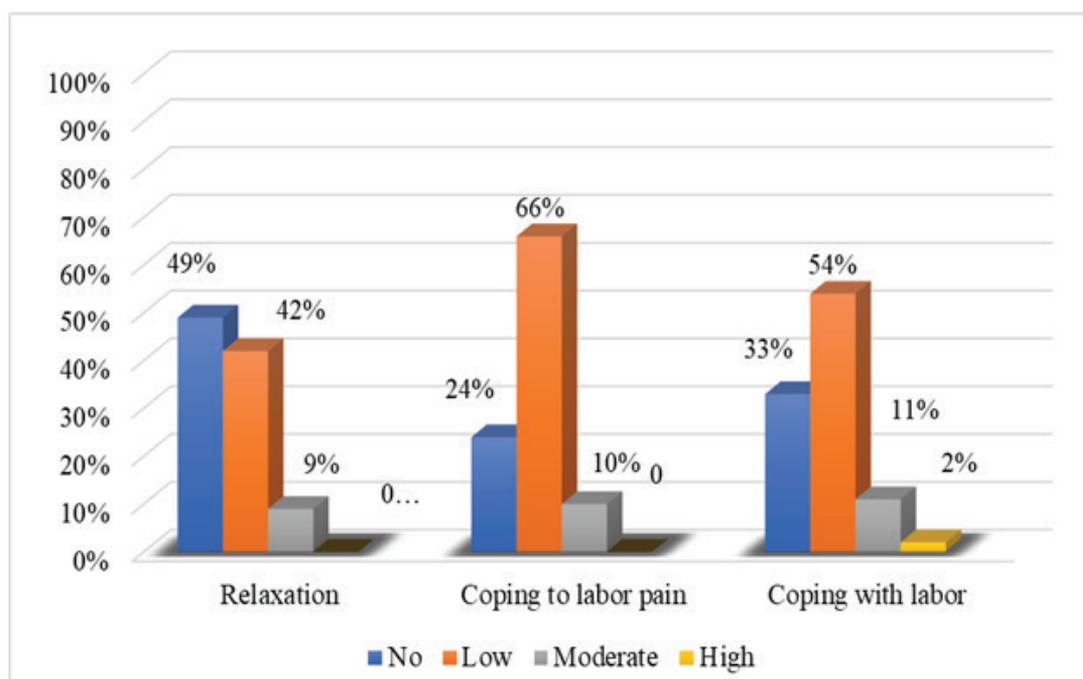

Figure (1) **Women's Childbirth Self-efficacy**

Figure (2) **Women's Childbirth Self-Efficacy Subdomain**

Table (3) Association between Women's Childbirth fear and Demographic Characteristics

Childbirth Self-efficacy / Demographic Characteristics	Chi square statistics			
	Value	df	P-value	Sig.
Age / years	21.1	6	0.002	S
Educational level	63.23	10	0.000	HS
Occupational Status	40.88	2	0.000	HS

(df) degree of freedom, (Sig) significant Probability value (P < 0.05), (NS) Non-Significant. (S) significant, (HS) High Significant

Table (3) results presents that there are significant differences between women's age and childbirth Self-efficacy. Also, there high significant differences between women's educational level, occupational status and childbirth self-efficacy.

Table (4) Association between Women's Childbirth fear and Reproductive Characteristics

Childbirth Self-efficacy / Reproductive Characteristics	Chi square statistics			
	Value	df	P-value	Sig.
Planned pregnancy	1.4	2	0.49	NS
Gestational Age/ weeks	10.3	8	0.23	NS
Duration between marriage and pregnancy/ months	19.2	8	0.01	S
Delivery Preference	9.53	2	0.009	S

(df) degree of freedom, (Sig) significant Probability value (P < 0.05), (NS) Non-Significant. (S) significant, (HS) High Significant

Table (5) results shows that there are no significant differences between women's pregnancy planning, gestational age and childbirth Self-efficacy. There are significant differences between duration of marriage before pregnancy, delivery preference and childbirth Self-efficacy.

Discussion

The findings of the present study are consistent with Matinnia et al., who found that the mean age (25) years in the study sample which ranged from (18-34) years, most of them had planned pregnancies and more than two-thirds (62.6%) requested cesarean birth without any medical indication [8].

Kabukçu et al., found the majority of nulliparous women (94%) had a planned or a desired pregnancy, and more than half (56%) of nulliparous women preferred cesarean delivery [9].

The results of the study are inconsistent with Serçekuş et al., who mentioned the mean age and SD (27.7 ± 4.5) years of pregnant women which ranged from (25-63) years, and their mean gestational age and SD (26.9th week ± 0.8). The highest percentage of them

(86.8%) were university graduates and the majority of them (81.2%) were employed [10].

Zhang et al., who found that the mean age and SD (29.33 ± 3.09) years in the study sample (n=1211) which ranged from (21-36) years, and their mean gestational age and SD (23.35[th] week ± 3.22) ranged from (13.6-27.5) weeks. The majority of them (80%) were had completed Diploma level or postgraduate education and more than two third (67%) employed [11].

The differences in the above studies could be due to this study conducted among different sample in the different setting.

The current study show that the highest percentage of study sample have low childbirth self-efficacy, with mean score (1.49) and relative sufficiency (29.8%).

Toohill et al. reported a significant higher percentage of women in the intervention group scoring higher on the CBSEI (76.3%) [12]. While Gao et al., (2015) found that average total score of childbirth self-efficacy among the pregnant women was 219.69 (SD¼50.56, range51-320). They found women have high level of outcome expectancy Mean (SD) ¼112.60 (¼16.95) range (20–160) and efficacy expectancy Mean (SD) ¼107.00 (¼27.02) range16–160 [13].

The present study found there are significant differences between women's age, education, occupation, delivery preference and childbirth self-efficacy.

Lower efficacy expectancy was associated with higher FOC while preference for a caesarean section was not. Improvement of self-efficacy could be a part of care for women with FOC during pregnancy; however, it would not be enough for fearful women who wish to have a caesarean section [14].

The results of the study are inconsistent with Schwartz et al., (2015) who found no relationship between age, education, or of having a history of abortion and self-efficacy for first stage of labor in nulliparous or multiparous women [15].

Fadhil, stated that women's perception of childbirth pain may be influenced by several factors such as culture, childbirth knowledge, fear of childbirth. Utilization of childbirth emotional support, holding hands can make a difference to childbirth coping [16].

Conclusion

This study concluded that the majority of study sample have low childbirth self-efficacy. more than two-thirds of them were preferred cesarean delivery. There are significant statistically differences between women's age, education, occupation, gestatenal age, delivery preference with childbirth fear.

Recommendation

Physicians and nurse-midwives should provide education and support to pregnant women, especially for primigravida women during prenatal and antenatal period to increase their childbirth self-efficacy. Study factors that affecting childbirth self-efficacy.

Conflict of Interest: None declared.

Ethical Approval: was taken from committee in College of Nursing/ University of Baghdad.

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