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Childbirth Self-Efficacy and Childbirth Expectation of Adolescent Mothers in Indonesia

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ABSTRACT

To identify a correlation between childbirth self efficacy and childbirth expectation of adolescent mothers in Indonesia, this cross-sectional study applied consecutive sampling. The sample was 135 adolescent mothers. Instruments utilized were structured questionnaire, including a demographic questionnaire, Child Birth Self-Efficacy Inventory (CBSEI), Childbirth Expectation Questionnaire (CEQ), Marital Adjustment Test (MAT), and London Measure of Unplanned Pregnancy (LMUP). All questionnaires were in Indonesian versions. The correlation of childbirth self-efficacy and childbirth expectation was analyzed using chi-square. Most adolescent mothers had low childbirth self-efficacy (63.7%). The results showed a significant correlation between childbirth self-efficacy and childbirth expectation of adolescent mothers ($p = 0.003$, OR 2.8, 95% CI 1.126 to 8.544). These results show that special assistance for adolescent mothers in facing childbirth is necessary to improve self-efficacy.

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Psychological condition;
childbirth expectation;
childbirth self-efficacy;
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Introduction

Childbirth is an important event and climax for every prospective mother. Given the importance of childbirth, a mother has expectations in labor. Childbirth expectation includes hope of overcoming labor pain, getting husband's support, childbirth helper's support, and minimal medical intervention (Iravani, Zarean, Janghorbani, & Bahrami, 2015). One factor that influences childbirth expectation is age. Pregnant women who are teenagers have low expectations for childbirth. Although childbirth is an important thing for every prospective mother, it is not the case for pregnant women as teenagers because not all pregnant women have an understanding of the childbirth process. The high childbirth expectation will increase the motivation of the mother to do various adequate efforts during her pregnancy (Ayers & Pickering, 2005). Pregnant teenagers have limited knowledge about childbirth process and feel less concerned about their pregnancy. This condition will prevent the mother from preparing for childbirth, because the high

childbirth expectation is the key to doing various activities during pregnancy (Ip, Chien, & Chan, 2003).

Childbirth in teenagers is an alarming global problem, especially in developing countries. The number of teenage births is around 16 million women aged 15–19 and 2.5 million women under the age of 16 (WHO, 2018) (Cavazos-Rehg et al., 2015). Adolescent mothers in the transition period of children to adults feel helpless in preparing for childbirth. The high rate of childbirth on teenagers has a high risk of childbirth complications and even maternal death. This problem is very important to be addressed immediately because it has a negative effect on childbirth (Cavazos-Rehg et al., 2015). Childbirth in teenagers will have impacts on the mother both physically and psychologically. Physical impacts including premature birth, chorioamnionitis, endometritis, severe preeclampsia, eclampsia, postpartum hemorrhage, fetal growth restriction, fetal distress, and even death (Azevedo, Diniz, Fonseca, Azevedo, & Evangelista, 2015) (Socolov et al., 2017). Complications that may occur including caesarean section delivery, urinary tract infections, obstetric fistula and bladder or bowel perforation resulting from prolonged labor and the risk of cervical cancer (Najati & Gojazadeh, 2010).

Pregnant teenagers are generally passive so they entrust the birth process to childbirth helpers or medical personnel. Pregnant teenagers do not undergo adequate efforts during their pregnancy to achieve their childbirth expectation. Based on socioeconomic status, teenage pregnancy often raises a number of problems based on low educational background, isolation from society and financial weakness. Childbirth expectations are a factor that influences the motivation and effort of the mother in achieving their childbirth expectation (Siregar & Rachmawati, 2014). Childbirth expectation in pregnant teenagers is very closely related to maternal self-efficacy in preparing childbirth (Schwartz et al., 2015). The basis of the phenomenon leads to the main research questions in this study: How is the relationship between childbirth self-efficacy and childbirth expectation in pregnant teenagers?

Method

This study used a cross sectional approach involving 135 pregnant teenagers who were taken by consecutive sampling method. Inclusion criteria were pregnant women teens aged 10–19 years, third trimester of pregnancy, marriage, staying with their husband, and being able to read and write. Exclusion criteria in the sample of this study were pregnant teenagers who had a history of several disease before pregnant (for example: asthma, heart disease, hypertension).

Bogor is one of the districts in West Java Province, Indonesia, with a high teenage pregnancy rate. The population is more than 500 adolescent mothers aged 10–19 years (Dinas Kesehatan, 2017).

Data collection using the Indonesian language version of the childbirth expectation questionnaire (Siregar & Rachmawati, 2014) with a reliability score of 0.738. Childbirth self-efficacy was measured with a childbirth self-efficacy inventory that had been used in Indonesia with a reliability score of 0.869 (Rahmawati & Rahmah, 2014), planning of pregnancy was measured with London Measure of Unplanned Pregnancy that had been used in Indonesia with a reliability score of 0.85, and satisfaction with a partner was measured with Marital Adjustment Test that had been used in Indonesia with a reliability score of 0.95.

This study did not have the potential to cause physical or non-physical risks to respondents. This study received an ethical clearance from the Ethics Committee of Faculty of Nursing Universitas Indonesia's No.59/UN2.F12D/HKP02.04/2018.

Results

The average age of adolescent mothers were 17.48 years (SD = 1.83; 95% CI 17.21 to 17.75) with education level of junior high school. Pregnancy status of adolescent mothers was mostly primigravida and the childbirth self-efficacy was low. The majority did not have adequate knowledge about childbirth and there was no planning for pregnancy. Most adolescent mothers were dissatisfied with their partner and the value of childbirth expectation was low (see Table 1).

Table 2 shows that most adolescent mothers had a low expectation of pain relief (68.1%). The majority of adolescent mothers had a low expectation of having support from their husband/partner (70.4%).

There was a significant relationship between childbirth self-efficacy and childbirth expectation (OR = 2.8; 95% CI 1.126–5.632) (Table 3). Adolescent mothers who have high childbirth self efficacy have a 2.8 times chance of having higher childbirth expectancy than adolescent mothers with low childbirth self efficacy.

There is no relationship between age and childbirth expectation ($p = 0.785$). There is no significant relationship between the level of education and satisfaction with partners with childbirth expectation in adolescent mothers ($p = 0.808$; 0.548). There were significant relationships between family income, pregnancy status, knowledge about childbirth, and planning of pregnancy with childbirth expectation ($p = 0.042$; 0.007; 0.006; 0.006) (Table 4).

Discussion

There was a significant relationship between childbirth self-efficacy and childbirth expectation in adolescent mothers. They had a tendency to be passive in preparing for childbirth so that their childbirth expectations are

Table 1. Characteristics of respondents (n = 135).

Variable	Frequency	Percentage
	n	%
Education		
Dropped out	18	13.3
Elementary	24	17.8
Junior High School	58	43
Senior High School	35	25.9
Income		
<IDR 3.204.551	120	88.9
≥IDR 3.204.551	15	11.1
Pregnancy status		
Primigravida	81	60
Multigravida	54	40
Childbirth Self-Efficacy		
Low	108	80
High	27	20
Knowledge of childbirth		
Good	62	45.9
Adequate	67	49.6
Inadequate	6	4.4
Planning of pregnancy		
Unplanned	66	48.9
Ambivalent	11	8.1
Planned	58	43
Satisfaction with partner		
Dissatisfied	120	88.9
Satisfied	15	11.1

Table 2. Distribution of childbirth expectation (n = 135).

Variable	Frequency (n)	Percentage (%)
Pain relief		
Low	92	68.1
High	43	31.9
Partner support		
Low	95	70.4
High	40	29.6
Nursing support		
Low	82	60.7
High	53	39.3
Minimal medical intervention		
Low	83	61.5
High	52	38.5
Childbirth Expectation		
Low	86	63.7
High	49	36.3

low. This causes adolescent mothers to entrust the birth process to nurse or midwife or medical personnel. Unlike mothers who have high expectations in the delivery process, they have an adequate effort in preparing for childbirth (Iravani et al., 2015).

Table 3. Correlation between childbirth self-efficacy and childbirth expectation.

Table 3. Correlation between Childbirth Self-efficacy and Childbirth Expectation				
Variable	Childbirth Expectation			
	Low n(%)	High n(%)	OR	P
Childbirth Self -efficacy				
Low	72(53.3)	29(21.5)	2.82	0.003*
High	14(10.4)	20(14.8)	(1.126–5.632)	

Table 4. Correlation between respondent characteristics and childbirth expectation.

Variable	Childbirth Expectation		P
	Low n(%)	High n(%)	
Education			
Dropped out	13(9.6)	5(3.7)	0.808
Elementary	16(11.9)	8(5.9)	
Junior High	35(25.9)	23(17.0)	
Senior High	22(16.3)	13(9.6)	
Income			
<IDR 3.204.551	79(58.5)	41(30.4)	0.042*
>IDR 3.204.551	7(5.2)	8(5.9)	
Parity status			
Primigravida	56(41.5)	31(23.0)	0.007*
Multigravida	30(22.2)	18(13.3)	
Knowledge of childbirth			
Inadequate			0.006*
Adequate	39(28.9)	27(20.0)	
Good	15(11.1)	13(9.6)	
	32(23.7)	9(6.7)	
Satisfaction with partner			
Dissatisfied			0.548
Satisfied	78(57.8)	42(31.1)	
	8(5.9)	7(5.2)	
Planning of pregnancy			
Unplanned			0.006*
Ambivalent	47(34.8)	25(18.5)	
Planned	22(16.3)	11(8.1)	
	17(12.6)	13(9.6)	

The results of this study were in line with the research in Sweden conducted by Carlsson, Ziegert Nissen (Carlsson, Ziegert, & Nissen, 2015) which shows that there was a significant relationship between childbirth self-efficacy and aspects of maternal well-being in the face of childbirth. This relationship that focuses more on childbirth expectancy shows that there is a significant relationship between childbirth self-efficacy and childbirth expectancy in adolescent pregnant women. Another research by Beebe, Lee, Carrieri-Kohlman, & Humphreys (Beebe, Lee, Carrieri-Kohlman, & Humphreys, 2007) regarding the relationship between childbirth self-efficacy and maternal readiness in preparation of childbirth shows that adolescent mothers who had low childbirth self-efficacy also had low childbirth expectation.

Other similar research that is in line with this is research conducted by Tilden, Caughey, Lee, & Emeis (Tilden, Caughey, Lee, & Emeis, 2016) in Portland

regarding the effect of childbirth self-efficacy on the impact on perinatal period showed that mothers who had high childbirth self-efficacy could produce a positive childbirth process and fulfilling maternal expectations in the process.

Unfulfilled expectations will disturb and threaten self-assessment and relationships with others. In other words, deviations from what should happen and are expected to create difficulties or distress. Then conflict will arise, which allows it to bring difficulties in labor. Therefore, the childbirth self-efficacy factor can act as a mother's motivation in dealing with childbirth so that the delivery process will be carried out in accordance with mother's expectations (Beebe et al., 2007).

The age of adolescents who are still in the process of forming an identity must face the birth process. This will affect the expectation of the mother in the face of childbirth. Adolescent age is a transition period from children to early adulthood who still have the responsibility to complete their developmental tasks. The transition process can be influenced by the mother's own beliefs in the process of childbirth, this can affect the mental health and welfare of the mother. Adolescent mothers have a tendency to be passive in preparing for childbirth so that the childbirth process is considered a stressful and painful experience (Iravani et al., 2015). This causes adolescent mothers who are not sure in preparing for childbirth to have low childbirth expectations (Ip et al., 2003). Adolescent mothers need help and assistance in empowering themselves especially in terms of making decisions, self-confidence, solve the problem, critical thinking, developing interpersonal skills, empathy, stress coping adaptation, and controlling emotions (Choudhary, Saxena, & Kaushal, 2016).

Self-efficacy is an individual's belief in achieving anything that affects every event in his life. Self-efficacy determines how people feel, think, motivate themselves and behave. Self-efficacy is influenced by how much effort they make in their efforts and their resistance to the difficulties they will face. Based on Bandura's theory, these beliefs produce diverse effects through four main processes, including cognitive, motivational, affective and selection processes. Self-efficacy is influenced by how much effort they put forward in the effort made, and how long they will survive in the face of obstacles and failures, and their resistance to the difficulties they will face (Tilden et al., 2016). Self-efficacy that needs to be studied during pregnancy up to childbirth, including childbirth self-efficacy and maternal self-efficacy (Puspasari, Rachmawati, & Budiati, 2017).

Many women may feel uncertain about their ability to get through labor and difficult births due to childbirth are experiences that require coping behaviors, such as the ability to calm down, regulate breathing after contractions and listen to instructions from others (Schwartz et al., 2015). Childbirth self-efficacy has contributed to the childbirth expectancy of pregnant women in adolescence as a motivation for them to deal with new things so as to

increase maternal expectations of the delivery process that will be undertaken. Childbirth self-efficacy helps adolescent mothers develop their ability to overcome fear and anxiety in the face of childbirth. This can also be a source of strength for adolescent mothers in overcoming the problems arising from the role of teenagers as mothers (Tanglakmankhong, Perrin, & Lowe, 2010). Childbirth self-efficacy can be used as a benchmark to reduce the psychological impact faced by adolescent mothers (10).

Another research by Zhang & Lu (Zhang & Lu, 2014) lists the factors that influence childbirth expectation including age, socio-economic status, ethnicity, culture, family income, pregnancy planning, and knowledge of childbirth. Expectations of pregnant women arise from maternal social conditions, emotional factors in childbirth, and personal experiences as well as others during childbirth (Gómez, Montero, Acevedo, & Torres, 2014). Expectations of adolescent mothers towards childbirth are influenced by maternal external factors as well as maternal internal factors. Maternal internal factors that influence childbirth expectancy are childbirth self-efficacy, satisfaction with a partner, pregnancy planning and knowledge of labor. External factors such as the last education, family income, parity status, will affect maternal expectations of the birth process. This is related to the welfare of pregnant women in preparing for spontaneous labor (Morell & Martín, 2018).

Limitations in this study include the instruments used to assess satisfaction with a partner would be more appropriate if modified by assessing the satisfaction of mothers to their partners starting from marriage until the time of delivery. Another limitation in this study is that the sampling technique in this study will be more representative if using probability sampling with random sampling.

Conclusion

This study shows that the majority of adolescent mothers have low childbirth expectations. There is a significant relationship between childbirth self-efficacy and childbirth expectation in adolescent mothers.

The role of nurses is very important to explore the childbirth expectation of adolescent mothers and fulfilling the childbirth expectation to create a positive childbirth experience. Moreover, the most important thing to do is to promote the ideal age of pregnant women so that it is expected to reduce the adverse effects of teenage pregnancy. As a follow-up, further research is needed in the form of interventions that can be done to improve self-efficacy to face childbirth.

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Conflict of interest

The authors have no conflict of interest to declare.

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