

The Relationship between Self-Efficacy and Husband's Support and Maternal Anxiety in Facing the Labor

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The Relationship between *Self-Efficacy* and Husband's Support and Maternal Anxiety in Facing the Labor

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ABSTRACT

Pregnancy, labor, and post-partum period are the sensitive period through the life of woman. In this period, there is transformation which is in the form of physiological perspective, psychological perspective, and the family social role. One of the form of psychological transformation is mother's anxiety in facing the labor. The purpose of this research is to determine the relationship between self-efficacy and husband's support and maternal anxiety in facing the labor. The research design used was *Cross Sectional*. The population were all pregnant woman in BPS Ita Afrianti Ningrum Peterongan Jombang. The number of the samples that have the criteria of inclusion and exclusion were 74 respondents. The sampling technique used was *purposive sampling*. The instrument used were: *The maternal Confidence Scale* to measure self-efficacy, *NSSQ (Norbeck Social Support Questionnaire)* to measure husband's support, and *Childbirth Attitude Questionnaire* to measure maternal anxiety. The data was analyzed by *Spearman Rho* and *Ordinal regression* with $\alpha = 0,05$. The results of this study was found that there is correlation between self-efficacy and maternal anxiety in childbirth ($P = 0,000$; $r = -0,399$), there is correlation between husband's support and maternal anxiety in facing the labor ($P = 0,039$; $r = -0,240$), the dominant factor in this study was self-efficacy with the significant score was 0.002 ($p < \alpha$), this mean that if self-efficacy was high so the maternal anxiety will be reduce or lose in facing the labor. Therefore, health workers should provide health education on pregnancy and labor so that it increases mother's *Self-efficacy* and they should provide expalnation to the family member especially the husband to give support to the mothers during pregnancy and labor.

KEYWORDS: *Self-Efficacy, Husband's Supports, Maternal anxiety*

INTRODUCTION

Pregnancy, labor, and post-partum period are the sensitive period through the life of woman. Based on Leonetti & Baetriz (2007) in [1], in this period there is transformation which is in the form of physiological perspective, psychological perspective, and the family social role. One of the form of physiological transformation is maternal anxiety in facing the labor. Maternal anxiety happen because of some changes in the body, and for some people this happen because of the first experinece in their life [2].

Anxiety is one of the caused of long partus and fetal death. About 5% of long partus caused maternal death in Indonesia. The Indonesian demografi survey and health (SDKI) in 2012, found that 32/1000 is fetal death and 359/100.000 is maternal death. Fetal death in Indonesia is still high than other ASEAN countries, it is about 4,2 higher than Malaysia, 1,2 higher that Filipina and 2,2 higher than Thailand. For maternal death, Indoneisa was first range among ASEAN Countries [3].

Maternal anxiety will come in third trimester, this caused by: 1) the mother thinking that her pregnant will be end, and physical discomfort will be lose and feels happy because the baby will be coming; 2) the mother will instropective and more thing and affraid for her delivered baby; 3) the mother start to protect her baby because the baby starting to growing up and try to prevent the risk of her baby; 4) Feeling about fatality to the mother and her baby [4].

In addition there are several factors that affect maternal anxiety such as age, education, employment, self-efficacy and husband support. Self-efficacy (self-confidence) in third trimester of pregnant woment had positif correlation with maternal anxiety [5]. The higher of maternal self-efficay so the maternal anxiety will be lower [1]. Social support especially husband's support is of importance factors to reduce maternal anxiety and maternal stress. Supportive relationships play an important role in protecting and strengthening efforts to reduce of stress effect for pregnant woment. Based on Chou et al. (2008) in [6], the anxiety of pregnant women when they have social support is more lower than who did not have social support. This finding also in line with research conducted by Laursen [7], they find that primiparous fears in the process of childbirth are found in mothers with less social support.

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Anxiety and panic have a negative impact on women from pregnancy to childbirth. Psychologically, the mother who unrelax along pregnancy will make the mother and baby feels anxious than make impact to health condition of the baby [8]. The anxiety in the end of pregnancy and childbirth will have an impact not only to the mother but also to the baby. This occurs because the pregnant anxiety can lead to increased adrenal secretion. Increased adrenal secretion may cause more uterine contractions so this will make vasoconstriction than the blood flow of utero-placenta will be decrease [9], so the baby will hypoxia and fetal bradycardia than fetal death [10], and also it may inhibit contractions than late for childbirth [11]. Resulting in vasoconstriction resulting from decreased utero-placenta blood flow [12], resulting in hypoxia and fetal bradycardia resulting in fetal death [10] and may inhibit contractions, slow labor [11]. In addition, pregnant women with anxiety are high risk for childbirth premature [13].

To solve this problem and prevent of maternal anxiety before getting childbirth, some efforts that can be done by health care provider are: 1) Identifying maternity problems of pregnant women at the beginning so we can prevent psychosocial problems in the beginning of pregnancy. Then we can prevent further problems of pregnancy mother [14]; 2) Provide health education about delivery. Health education interventions are effective to promoting the self-efficacy of pregnant women in childbirth [15,16], and decreasing primigravida anxiety in facing the labor [17]; 3) Giving motivation and education to family about social support to pregnancy women before childbirth until after childbirth [18]. The purpose of this research is to determine the relationship between self-efficacy and husband's support and maternal anxiety in facing the labor.

INTRUMENTS AND METHODOLOGY RESEARCH

The methodology design in this study used Cross Sectional design. The population in this study were pregnant women who are the member in BPS of Ita Afrianti Ningrum in Peterongan Jombang. The number of the samples that have the criteria of inclusion and exclusion were 74 respondents. Inclusion criteria in this study were: 1) pregnant women in third trimester (gestational age \geq 28 weeks); 2) Pregnant women who normal partus indication; and 3) Willing to be a respondent. However, exclusion criteria in this study is pregnant women who has a disease or pregnancy abnormalities which affect their childbirth process. The sampling technique used was *purposive sampling*. The instrument used were: *The maternal Confidence Scale* to measure *self-efficacy*, *NSSQ (Norbeck Social Support Questionnaire)* to measure husband's support, and *Childbirth Attitude Questionnaire* to measure maternal anxiety. Data were analyzed by using Spearman Rho and Ordinal Regression with $\alpha = 0,05$.

RESULTS AND DISCUSSION

This research was conducted on March to June 2017. The respondents in this study were pregnant women in BPS Ita Afrianti Ningrum Peterongan Jombang, 74 participants was selected by inclusion and exclusion criteria. Characteristics of respondents include: 1) Age; 2) Education; 3) Employment; and 4) Information; 5) Source of Information; 6) Salary; and 7) Pregnancy status. The characteristics of respondents in this study presented by table of frequency distribution (Table 1).

17
Table 1. The Characteristics of the sample

Variable	Frekuensi (N)	Percentage (%)
1. Age		
a. <20;>35 old	4	5,4
b. 20-35 old	70	94,6
2. Education		
a. Elementary School	4	5,4
b. Primary High School	15	20,3
c. Senior High School	51	68,9
d. Bachelor degree or more	4	5,4
3. Employment		
a. No	55	74,3
b. Yes	19	25,7
4. Information		
a. No	0	0
b. Yes	100	100
5. Source of information		
a. Health care provider	59	79,7
b. Internet	7	9,5
c. Parent	8	10,8

6.	Salary		
a.	Higher ($\geq 1.725.000$)	13	17,6
b.	Lower ($< 1.725.000$)	61	82,4
7.	Pregnancy status		
a.	Primigravida	23	31,1
b.	Multigravida	51	68,9

Based on the results of Spearman's rho test, there was a relationship between self-efficacy and maternal anxiety in childbirth. The data showed in Table 2

Table 2. Relationship between Self-efficacy and maternal anxiety in childbirth

No.	Self-Efficacy	Maternal anxiety						Total	
		Low		Moderate		High			
		F	%	F	%	F	%	F	%
1.	Low	1	1,4	12	16,2	1	1,4	14	18,9
2.	Moderate	1	1,4	33	44,6	8	10,8	42	56,8
3.	High	13	17,6	3	4,1	2	2,7	18	24,3
Total		15	20,3	48	64,9	11	14,9	74	100
Correlation test <i>Spearman Rho</i> $p = 0,000$ $r = -0,399$									

Based on Spearman's rho test, this study found that there was correlation between husband's support and maternal anxiety infacing the labor. The data showed in the Table 3

Table 3. Correlation between Husband Support and maternal anxiety infacing the labor

No.	Husband Support	Maternal Anxiety						Total	
		Low		Medium		High			
		F	%	F	%	F	%	F	%
1.	Low	0	0	7	9,5	0	0	7	9,5
2.	Medium	6	8,1	35	47,3	8	10,8	49	66,2
3.	High	9	12,2	6	8,1	3	4,1	18	24,3
Total		15	20,3	48	64,9	11	14,9	74	100
Correlation test <i>Spearman Rho</i> $p = 0,039$ $r = -0,240$									

Based on Ordinal Regression, this study found that the dominant factor which related to maternal anxiety infacing the labor is Self-Efficacy, this shows in Wald number 10,022 and Significance number 0,002 ($p < \alpha$), this data was shown in Table 4.

Table 4. Dominan Factor which relating to maternal anxiety in facing the labor

No.	Variabele	Wald	95 % CI	P
1	Self Efficacy	10,022	1,087 4,621	0,002
2	Husband support	0,18	-1,024 0,893	0,893

The results in this study showed that there was relationship between self-efficacy and maternal anxiety infacing the labor, this showed in P-Value ($p=0,000$) and coefficient correlation $-0,399$, which mean that there was significant correlation with negative correlation line and the strength of the relationship is enough.

Self-efficacy is a belief of person belief about their ability to organize and implement their activities to finished their task [1]. Self-efficacy is also an individual's belief about his ability, ability to getting a success in their task [19]. The power of the individual's self-efficacy against a particular behavior, determines whether the behavior will be sought, how long the individu will survive in an attempt to do the behavior, and what the outcome that he will get. Individuals who doubt about their ability or in the other words, they have low self-esteem so will reduce their effort or easily give up when faced a difficult situation and full of challenges so they can't achieve the goals. Based on Bandura (1986) in [1], otherwise the individu who have high confidence are happy with the challenges [1]. Self-efficacy (self-confidence) of third trimester pregnant women is closely related to anxiety [5]. The higher of self-efficacy of pregnant women will make the lower of the anxiety [1].

The results in this study showed that respondents who had low self-efficacy, almost all participants have moderate anxiety and some of those have severe anxiety. Respondents who have high self-efficacy, the majority of the participants have low level an anxiety and some of those have high anxiety.

Maternal self-confidence in their life is maternal power to finished their task before getting childbirth. Pregnant women who belief about their ability to get positif thinking about their childbirth and

feels capable they can do that. With this beliefs, the mother will feel calm in their childbirth so they also will have low anxiety. Pregnant women who have high self-efficacy with high anxiety occur in primigravida, this happens because of negative information from other people who had previously given birth. Pregnant women who have self-confidence feels an uncertain situation such as childbirth will giving pain and afraid that they can't do that so this make the mother uncomfortable and anxiety when they given birth.

The results of this study was consistent with previous research by Kish (2003) in [1], which states that during pregnancy women with high self-esteem have lower anxiety than non-confident women. Based on Lowe (1991) in [1], self-efficacy is an important factor in childbirth and delivery because self-belief can predict how much effort will be used and how long the pregnant woman will survive with her behavior than this will help her keep control of their delivery or childbirth. When the women getting delivery and have greater feelings of control, this can help to reduce maternal anxiety during childbirth [20,21]. Self-efficacy can be improved by providing psycho-educational interventions [16].

The result in this study showed that there was a significant relationship between husband's support and maternal anxiety in facing the labor, it is indicated by significant value (p) is 0,039 and correlation coefficient is -0,240, this indicate that negative correlation line with enough strength. Social support in this study mean that husband's support is one of the main factors to reduce anxiety and stress during pregnancy. The relationship support plays main role in protecting and strengthening of efforts and this to overcome the stress effects in pregnant women. Based on Chou et al. (2008) in [6], maternal anxiety with high social support is lower than the who have low of social support.

The results in study showed that the respondents who have low level of husband's support, all of those experienced moderate anxiety. Respondents who have moderate level of husband's support, most of those have moderate level of anxiety and some of those had low and high anxiety. Respondents who have high level of husband's support, half of those have low anxiety and some had high anxiety. This occurs among primigravida, unemployed mothers and low family incomes. Low socioeconomic status can make unwell condition and make individuals susceptible to mental disorder [19,22]. Based on Robertson et al. (2004) in [23], during pregnancy and postpartum, moderate to high level of social support is associated with lower postpartum depression and anxiety. The results of this study was accordance with previous research conducted by Rini et al [24], she mentioned that effective social support can reduce prenatal anxiety during pregnancy. The results of qualitative studies conducted by Travasso et al [25], states that the factors that related to reduced anxiety and depression are social support from family, friends and colleagues. The results showed that there was a significant relationship between husband support and mother's anxiety in childbirth with negative correlation and sufficient strength, which means that the higher of support will make low mother anxiety in facing the labor, or the lower of support will make more severe anxiety mother during the labor. Previous research conducted by Peter et al. [26], conducted in teenage pregnancy states that there is a moderate relationship between social support and anxiety.

Social support for pregnant women can reduce psychological problems such as stress, anxiety, and depression, also prevent premature childbirth [27]. There are two physiological mechanisms when a person exposed stress. First, it correlated with autonomic nervous system and the release of catecholamines, especially Norepinephrine and epinephrine. Second, it correlated with the hypothalamus-hypophysis-adrenal axis, which causes the release of the hormone corticotropin, adrenocorticotropic, and cortisol [28,29]. Fetal hypothalamic-pituitary axis responses cause an increase in cortisol levels, which increases neuromuscular responses and loose of oxytocin. The increasing causes an earlier of uterine muscle contraction so this makes preterm childbirth [30,31]. Impact of stress or anxiety not only occurs to the mother but also for the fetus, therefore the husband's support not only given while pregnant, but also during childbirth. Husband's support during childbirth can make women feel more control in childbirth so the anxiety will be reduce [32].

The results of this study showed that the dominant factor associated with maternal anxiety in facing the labor was Self-Efficacy, this shows in the value of wald 10,022 and the significance value of 0.002 ($p < \alpha$). Behavior changes occur through Self-Efficacy changes. Based on Bandura (1997) in [1], the person who believes in their abilities will use their knowledge and skills with effectively, this to overcome their problems. Dunkel Schetter & Brooks (2009) in [24], stated that social support is an interpersonal exchange which designed to fulfill needs of other people. Self-Efficacy is an internal booster that encourages a person to behave. Pregnant women who have high self-esteem, so when they have to childbirth and than they will confident that they are able to deal with anxious situation. Based on Baron & Byrne (1997) in [1], that feelings will encourage pregnant women concerned to try to cope, endure, and mobilize all the skills and their knowledge to prove their beliefs.

9

CONCLUSION AND RECOMMENDATION

The results of this study found that : 1) There is relationship between Self-Efficacy and Maternal Anxiety in facing the labor; 2) There is relationship between husband's support and Maternal Anxiety in facing the labor; 3) The dominant factor which relating to maternal anxiety in facing the labor is Self-Efficacy. So from this study, the researcher recommend that the health care services should give health education about pregnancy and childbirth so this can improving mother self-efficacy and giving deep information relating health education to their family especially to their husband to giving their support to the mother in pregnancy and childbirth period.

Ethics

This study was approved ethical clearance from Ethical Commission of Health Research in Health Polytechnic, Kemenkes Malang.

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REFERENCES

1. Nur Widayati. (2009). The Influence of Self-Efficacy in unpredictable situation for maternal anxiety in childbirth in Polyclinic and Delivery Hospital of Widuri, Sleman. Thesis. Yogyakarta: Medical Faculty Universitas Gadjah Mada.
2. Muhimah, N & Safe'i. (2010). *Guideline of Pregnant Exercise, Especially for Pregnant Women*. Jakarta: Power Book.
3. Indonesian Ministry of Health. (2013). *Profile Indonesian of Health on 2012*. Jakarta: Indonesian Ministry of Health.
4. Simkin, Whalley & Keppler. (2008). *Pregnant, Childbirth, & Baby: Brief Guideline*. Jakarta: Arcan.
5. Humphreys, J., Beebe, K., Lee, K., & Carriere-Kohlman, V. (2007). The Effect of Childbirth Self-efficacy and Anxiety During Pregnancy on Prehospitalization Labor. *Journal of Obstetric, Gynecology, and Neonatal Nursing*, Vo 36, issue 5, 410-8.
6. Duman, N.B. & Kocak, C. (2013). The Effect of Social Support on State Anxiety Levels During Pregnancy. *Social Behavior AND Personality*, 41(7), 1153-1164.
7. Laursen, M., Hedegaard, M. & Johansen, C. (2008). Fear of Childbirth: Predictor and Temporal Changes among Nulliparous Women in the Danish National Birth Cohort. *BJOG An International Journal of Obstetrics and Gynecology*, 115:354-360.
8. Andriana, E. (2011). *Childbirth Without Pain with Relaksasi HynoBirthing Method*. Jakarta: PT Bhuna Ilmu Populer.
9. Helbig A., Kaasen A., Malt U.F. & Haugen G. 2013. Does Antenatal Maternal Psychological Distress Affect Placental Circulation in the Third trimester?. *Plos One* 8(2): e57071. doi:10.1371/journal.pone.0057071.
10. Coad, J. (2006). *Anatomi and Physiology for Midwifery*. Jakarta: EGC.
11. Chapman, V. (2006). *Midwifery care: Delivery and Childbirth*. Jakarta: EGC.
12. Helbig A., Kaasen A., Malt U.F. & Haugen G. 2013. Does Antenatal Maternal Psychological Distress Affect Placental Circulation in the Third trimester?. *Plos One* 8(2): e57071. doi:10.1371/journal.pone.0057071.
13. Al-Dabbagh, S.A. & Al-Tae, W.Y. (2006). Risk Factors for Pre-Term Birth in Iraq: a Case-Control Study. *BMC Pregnancy and Childbirth*, 6:13 doi:10.1186/1471-2393-6-13.

14. Sieber, S., German, N., Barbir, A., & Ehler, U. (2006). Emotional Well-Being and Predictors of Birth-Anxiety, Self-Efficacy, and Psychosocial Adaptation in Healthy Pregnant Women. *Journal Acta Obstetricia et Gynecologica*. 85: 1200_1207.
15. Wan-Yim, Catherine & William. (2009). An Educational Intervention to Improve Women's Ability to Cope with Childbirth. *Journal of Clinical Nursing*. 18, 2125–2135. doi: 10.1111/j.1365-2702.2008.02720.x.
16. Fenwick, J., Gamble J., Creedy, D.K., Scuffham, P.A., Ryding, E.L., Jarret, V., & Toohill, J. (2013). Study Protocol for Reducing Childbirth Fear: A Midwife-Led Psycho-Education Intervention. *BMC Pregnancy and Childbirth*, 13:190.
17. Mukhoirotin, Ibrahim Rahmat&Siswosudarmo, H.R. (2014). The Influence of Health Education to Primigravida Anxiety in Childbirth. *Reproduction Health Journal Volume: 1*. No: 3. Hal: 166-174. ISSN: 2302-836x.
18. Rinawati S. (2010). *The Factors which Influence to Maternal Anxiety of Primigravida Grade I in dr. Pirngadi Hospital, Medan*. Thesis. Faculty of Health Community, North Sumatra.
19. Enggen, P., & Kauchak. (2007). *Educational Psychology: Windows on Classrooms*. Englewood Cliffts: Prentice-Hall, Inc.
20. Cheung W, Ip WY & Chan D. (2007). Maternal Anxiety and Feelings of Control During Labor: A Study Of Chinese First-Time Pregnant Women. *Midwifery*. 23:123–130.
21. Chunuan S, Somsap Y, Pinjaroen S, Thitimapong S, Nangham S & Ongpalanupat F. (2009). Effect of the Presence of Family Members, During the First Stage of Labor, on Childbirth Outcomes in a Province Hospital in Songkhla Province, Thailand. *Thai J Nurs Res*.13(1):16–27..
22. Solar, O & Irwin, A. (2010). *A Conceptual Framework for Action on the Social Determinants of Health*.
23. Tanner Stapleton, L.R., Schetter, C.D., Westling, E., Rini, C. Glynn, L.M., Hobel, C.J., & Sandman, C.A. (2012). Perceived Partner Support in Pregnancy Predicts Lower Maternal and Infant Distress. *J Fam Psychol*. 26(3): 453-463.
24. Rini C, Redd WH, Austin J, Mosher CE, Meschian YM, Isola L & DuHamel KN. (2011). Effectiveness of Partner Social Support Predicts Enduring Psychological Distress after Hematopoietic Stem Cell Transplantation. *Journal of Consulting and Clinical Psychology*. 79:64.
25. Travasso, S.M, Rajaraman, D., & Heymann, S.J. (2014). A Qualitative Study of Factors Affecting Mental Health Amongst Low-Income Working Mothers in Bangalore, India. *BMC Women's Health* 14:22.
26. Peter, P.J., Christian L. de Mola, Mariana B. de Matos, Coelho, F.M., Pinheiro, K.A., Ricardo A. da Silva, Castelli, R.D., Pinheiro, R.T., & Quevedo, L.A. (2017). Association between Perceived Social Support and Anxiety in Pregnant Adolescents. *Revista Brasileira de Psiquiatria*. 39:21–27.
27. Mirabzadeh, A., Dolatian, M., Forouzan, A. S., Sajjadi, H., Majd, H.A., & Mahmoodi, Z. (2013). Path Analysis Associations Between Perceived Social Support, Stressful Life Events and Other Psychosocial Risk Factors During Pregnancy and Preterm Delivery. *Iranian Red Crescent Medical Journal*. 15(6): 507-14.
28. Vollebregt KC, van der Wal MF, Wolf H, Vrijkotte TG, Boer K, & Bonsel GJ. (2008). Is Psychosocial Stress in First Ongoing Pregnancies associated with Pre-Eclampsia and Gestational Hypertension? *BJOG*. 115(5): 607-15.
29. Vianna P, Bauer ME, Dornfeld D, Chies JA. (2011). Distress Conditions During Pregnancy may Lead to Pre-Eclampsia by Increasing Cortisol Levels and Altering Lymphocyte Sensitivity to Glucocorticoids. *MedHypotheses*. 77(2):188-91.
30. Rondo PH, Ferreira RF, Nogueira F, Ribeiro MC, Lobert H, Artes R. (2003). Maternal Psychological Stress and Distress as Predictors of LowBirth Weight, Prematurity and Intrauterine Growth Retardation. *Eur J Clin Nutr*. 57(2):266-72.
31. Diego MA, Jones NA, Field T, Hernandez-Reif M, Schanberg S, Kuhn C. (2006). Maternal Psychological Distress, Prenatal Cortisol, and Fetal Weight. *Psychosom Med*. 68(5):747-53.
32. Sapkota, S., Kobayashi, T., Kakehashi, M., Baral, G. & Yoshida, I. (2012). In the Nepalese Context, can a Husband's Attendance During Childbirth Help His Wife Feel More in Control of Labour?. *BMC Pregnancy & Childbirth*. 12:49.

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