



THE RELATIONSHIP BETWEEN THE SELF-PERCEIVED POWER AND FEAR OF CHILDBIRTH AMONG PREGNANT WOMEN

KADINLARIN KENDİNDE ALGILADIKLARI GÜÇ İLE DOĞUM SIRASI VE SONRASINDAKİ ENDİŞELERİ ARASINDAKİ İLİŞKİ

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ABSTRACT

Purpose: To investigate the relationships between the self-perceived power of women during pregnancy and their fears of the postpartum period.

Design: Cross-sectional study.

Methods: 302 pregnant women who could be reached by snowball sampling method were included in the study. The data were collected through the introductory information form, the Women's Psychological Empowerment Scale, and the Fear of Childbirth and the Postpartum Period Scale.

Results: A highly significant negative correlation found between the perceived power of women and their worries during and after childbirth ($r(302) = -.808, p < 0.001$).

Conclusions: The empowerment of women psychologically can reduce their fear of pregnancy, childbirth, and the postpartum period.

Keywords: Pregnancy, Fear of childbirth, Empowerment of women

ÖZET

Amaç: Bu çalışmanın amacı gebelik sürecindeki kadınların kendilerinde algıladıkları güç ile doğum ve doğum sonrası sürece ilişkin korkuları arasındaki ilişkinin incelenmesidir.

Yöntem: Araştırmaya kartopu örnekleme yöntemi ile ulaşılabilen 302 gebe dahil edilmiştir. Veriler Tanıtıcı Bilgi Formu, Kadın Psikolojik Güç Ölçeği ve Doğum ve Doğum Sonrası Döneme İlişkin Endişeler Ölçeği kullanılarak toplanmıştır.

Bulgular: Kadınların algıladıkları güç ile doğum sırası ve sonrasındaki endişeleri arasında negatif yönde yüksek düzeyde anlamlı bir ilişki olduğu saptanmıştır ($r(302) = -.808, p < 0.001$).

Sonuç: Bulgulara göre kadınların psikolojik güçlendirilmesi gebelik, doğum ve doğum sonrası sürece ilişkin korkularını azaltabilmektedir.

Anahtar Kelimeler: Gebelik, Doğum korkusu, Kadının güçlendirilmesi.

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INTRODUCTION

Pregnancy, childbirth, and transition to parenthood are processes with significant social and emotional impacts on the lives of women (Fenwick, Gamble, Nathan et al., 2009). One of these processes, childbirth, signifies a multi-dimensional, multivariate, and unique experience for each woman during pregnancy (Bewley & Cockburn, 2002). A significant number of women experience numerous difficulties from the onset of pregnancy till the end of the postpartum period, and the emotions aroused by women's experiences of pregnancy and postpartum period vary significantly (Larkin, Begley, and Devane, 2009). During this process, women may experience all types of emotions ranging from joy to anxiety or fear. For some women, negative emotions may become more intense during pregnancy, and fear or anxiety about childbirth may develop. Fear of childbirth (FOC) is a problem women face during pregnancy (Toohill, Fenwick, Gamble, & Creedy, 2014; Okumuş and Şahin, 2017). This fear may aggravate the problems women may experience during pregnancy and impair the normal course of childbirth (Lopukhova & Kashshapova, 2015), making childbirth an unwanted experience (Haines et al., 2012). Various studies in the literature have associated FOC with complications during pregnancy, severe pain during and after childbirth, prolonged childbirth, and an increase in cesarean (Adams, Eberhard-Gran, & Eskild, 2012). FOC may lead to the development of depression, post-traumatic stress disorder, and childbirth trauma following childbirth (Ayers, 2014; Ogrodniczuk, 2004; Bahl, Strachan, & Murphy, 2004; Ryding, Persson, Onell and Kvist, 2003; Johnson & Slade, 2002), and rejection of pregnancy and avoidance of motherhood (Nilsson and Landgren, 2009).

The intensity of fear of childbirth varies from person to person and is affected by various risk factors. The risk factors affecting FOC include weak childbirth self-efficacy, history of depression (Rouhe, Salmela-Aro, Halmesmäki, Saisto, 2009; Tanglakmankhong, Perrin, Lowe, 2011), unemployment, lack of social support (Beiranvand et al., 2017), lower education level, very early motherhood (Rouhe et al., 2009), and lower income (Raisanen et al., 2014; Rouhe et al., 2009). Furthermore, it has been revealed that women with fear of childbirth (FOC) have lower self-esteem and are vulnerable to anxiety (Alipour et al., 2012). Studies in the literature associate avoidant personality, sexual abuse history, traumatic childbirth experiences, problems with access to quality health services in previous childbirths, miscarriages, and poor spousal relations among women with fear of childbirth (Aksoy et al., 2014, 2015; Raisanen et al., 2014).

Social norms and expectations may also affect the emotions of pregnant women related to childbirth (Eriksson et al., 2006). Norms and expectations built based on social gender inequities limit women's self-perceived power, which might help them go through the periods of pregnancy and childbirth in a healthy way, bringing about fear of pregnancy, childbirth, and the postpartum period. Experiencing social gender inequities intensely in interpersonal relations and daily practices may cause women's self-perceived power to weaken. The literature suggests that low-level perceptions of power may be correlated with depression symptoms and preterm labor (Garcia and Yim, 2017). Within this context, normative expectations regarding gendered heterosexual sex roles and gender inequities (Crissman, Adanu, Harlow, 2012) may negatively affect reproductive health and pregnancy, limiting women's power.

On the other hand, the self-perceived power of women is related to the outcomes of positive reproductive health (Tuladhar et al., 2013). Women's control over their own lives and sources and their skills to make strategic choices regarding their lives (Kabeer, 2005) and to act independently (Anderson and Funnel, 2010), which enables them to overcome difficulties, are indicators of their self-perceived power. "Empowerment of women," which refers to the process of increasing women's self-perceived power, can contribute to the prenatal care for expectant mothers, a healthy pregnancy and childbirth process, higher quality of newborn care, and decreasing numbers of unsafe abortions (World Health Organization, 2022; Pratley, 2016). Empowerment of women can be explained as a process that focuses on women's power to make choices about their lives (Narayan, 2005) and supports self-sufficiency, enabling individuals to enhance their control over their own lives and resources (Kabeer, 2001; Sen, 1994). In this process, women acquire knowledge and skills and overcome problems (Cornwall, 2016). Though the positive effects of empowerment on women's health-seeking behaviors and maternal and child health are usually known (James-Hawkins et al., 2018; Ahmed et al., 2010), there is little evidence as to how women's self-perceived power might affect the experience of childbirth and the postpartum period (Hameed, Uddin, and Avan, 2021). Within this context, women's self-perceived power and the fear of childbirth and the postpartum period must be investigated. Therefore, this study aims to

investigate the relationship between the self-perceived power of women and their fears of childbirth and the postpartum period.

MATERIAL AND METHOD

This is a descriptive study designed in the correlational survey model, one of the general survey models.

The Study Sample

The study population consisted of married and pregnant women aged over 19 who live in the city center of Muş in the Eastern Anatolian region of Turkey. The snowball sampling method was used in the study. The study sample consisted of 320 married pregnant women aged over 19 who had no mental health problems or handicaps and who volunteered to participate in the study. Since they did not fill in the questionnaire form completely, the data of 18 women were not included in the analyses. The inclusion criteria included being over 19, married, and pregnant, having no health problems that would hinder the completion of survey forms, having no communication problems, and consenting to participate.

Data Collection Tools

In the study, the Introductory Information Form was used to determine the socio-demographic characteristics of the participants. The Women's Psychological Empowerment Scale, which was developed by Bozkur (2020) in Turkish, was used to measure the self-perceived power of the participants, and the Fear of Childbirth and the Postpartum Period Scale, which was developed by Kitapçioğlu et al. (2008) in Turkish, was used to measure fear perceived by the participants regarding childbirth and the postpartum period.

Introductory Information Form

The introductory information form used in the study consists of nine items about age, marital status, the mode of marriage, the number of pregnancies, the number of children, the level of income, educational status, and employment status.

The Women's Psychological Empowerment Scale

The Women's Psychological Empowerment Scale consists of 31 5-point Likert items and four subdimensions of strength/advocacy, self-esteem, approach to education, and restriction (Bozkur, 2020). High scores on the scale indicate that women have a higher perception of psychological power. The scale explains 41.74% of the total variance related to power perceived by women (Bozkur, 2020). For scales developed in social sciences, it is regarded sufficient that the explained variance is between 40% and 60% in multifactorial designs (Çokluk, Şekercioğlu, and Büyüköztürk, 2014). When this criterion is taken into consideration, the variance is within the acceptable limits (Bozkur, 2020: 21). According to the reliability analysis results, the reliability coefficient of the scale was found to be 0.84, while the internal consistency coefficients of the subdimensions were .80 for strength/advocacy, .70 for self-esteem, .80 for approach to education, and .64 for restriction (Bozkur, 2020). In this study, the Cronbach Alpha reliability coefficient was found to be .99 for the Women's Psychological Empowerment Scale, and .98, .94, and .97 for the subdimensions of strength/advocacy, self-esteem, and approach to education respectively.

The Fear of Childbirth and the Postpartum Period Scale

The Fear of Childbirth and the Postpartum Period Scale includes 61 5-point Likert-type items. The scale has 10 subdimensions of fear of the infant, fear of labor, fear of breastfeeding following childbirth, fear of inadequacy in infant care following childbirth, fear of social life following childbirth, fear of infant and maternity health following childbirth, fear of insufficient support from the husband following childbirth, fears before labor, fear of the behaviors of healthcare personnel during childbirth, and fear of having a cesarean section (Kitapçioğlu et al., 2008). High scores on the scale indicate an intense fear of childbirth and the postpartum period. The scale explains 71.86% of the total variance related to fears perceived by pregnant women regarding childbirth and the postpartum period.

The Cronbach α value for the total scale was 0.95. As for the subdimensions, the Cronbach α value was 0.93 for fear of the infant, 0.90 for fear of labor, 0.85 for fear of breastfeeding following childbirth, 0.82 for fear of inadequacy in infant care following childbirth, 0.83 for fear of social life following childbirth, 0.80 for fear of infant and maternity health following childbirth, 0.77 for fear of insufficient support from the husband following childbirth, 0.80 for fears before labor, 0.82 for fear of

the behaviors of healthcare personnel during childbirth, and 0.66 for fear of having a cesarean section (Kitapçıoğlu et al., 2008). In the present study, the Cronbach α value was found to be 0.98 for the total scale score. When it comes to the subdimensions, however, the Cronbach α value was 0.97 for fear of the infant, 0.95 for fear of labor, 0.87 for fear of t breastfeeding following childbirth, 0.97 for fear of inadequacy in infant care following childbirth, 0.99 for fear of social life following childbirth, 0.92 for fear of infant and maternity health following childbirth, 0.96 for fear of insufficient support from the husband following childbirth, 0.91 for fears before labor, 0.88 for fear of the behaviors of healthcare personnel during childbirth, and 0.93 for fear of having a cesarean section.

Analysis

The obtained data were analyzed with the Statistical Package for the Social Sciences 25.0 program. Descriptive features such as number, percentage, mean, and standard deviation were used in the study to analyze the data. The compliance of the data to normal distribution was evaluated with the values of skewness and kurtosis. It was determined that the Women's Psychological Empowerment Scale (skewness: ,583, kurtosis: -1,115) and the Fear of Childbirth and the Postpartum Period Scale (skewness: -,492, kurtosis: -,469) showed a normal distribution. Pearson's correlation analysis was used to examine the relationship between depression, anxiety, stress, and genital hygiene behaviors. While calculating the correlation strength in this study, the following ranges were taken as a reference: weak or low correlation ($r = 0-0.29$), moderate correlation ($r = 0.30-0.64$), strong correlation ($r = 0.65-0.84$), and very strong correlation ($r = 0.85-1.0$) (Ural & Kılıç, 2014)

RESULTS

Table 1. Personal information of the participants (n = 302)

Variables	Number	%
Age		
19–24	118	39.1
25–30	113	37.4
31 and above	71	23.5
Mode of marriage		
Arranged marriage	195	64.6
Love marriage	107	35.4
Number of Pregnancies		
1	112	37.1
2–4	94	31.1
5 and above	96	31.8
Number of children		
0	112	37.1
1–4	125	41.4
5–7	65	21.5
Perceived income		
Low	150	49.7
Moderate	124	41.1
High	28	9.3
Educational status		
Secondary school or below	150	49.7
High school	49	16.2
University	103	34.1
Employment status		
Employed	41	13.6
Unemployed	261	86.4

Among the women who participated in the study, 39.1% were aged 19–24. Women mostly got married through arranged marriage (64.6%) and had one pregnancy (37.1%). The rate of women with 1–4 children was 41.4%. The rate of women with secondary school education or below and the rate of women who stated that their income level was low were both 49.7%, and the majority of women did not work (86.4%) (Table 1).

Table 2. The participants' total score and the mean scores of the Women's Psychological Empowerment Scale and the Fear of Childbirth and the Postpartum Period Scale (n = 302)

Women's Psychological Empowerment Scale	Min-max	X ± SD
Strength/Advocacy	14-70	41.52 ± 16.57
Self-esteem	8-40	24.27 ± 9.05
Approach to education	4-20	9.28 ± 6.18
Restriction	6-25	13.91 ± 7.16
Total	32-155	88.99 ± 38.33
Fear of Childbirth and the Postpartum Period Scale		
Fear of the infant	10-50	26.64 ± 11.43
Fear of labor	13-65	43.27 ± 14.61
Fear of breastfeeding following childbirth	5-25	15.48 ± 5.47
Fear of inadequacy in infant care following childbirth	7-35	16.41 ± 8.94
Fear of social life following childbirth	4-20	14.77 ± 6.54
Fear of infant and maternity health following childbirth	8-40	24.33 ± 8.56
Fear of insufficient support from the husband following childbirth	5-25	17.51 ± 7.38
Fear before labor	3-15	10.10 ± 3.71
Fear of the behaviors of healthcare personnel during childbirth	4-20	10.68 ± 4.17
Fear of having cesarean section	2-10	6.57 ± 2.83
Total	79-285	185.81 ± 55.53

When the results of the Women's Psychological Empowerment Scale and the Fear of Childbirth and the Postpartum Period Scale were examined, it was determined that the total mean score was 88.99 ± 38.33 for the Women's Psychological Empowerment Scale and 185.81 ± 55.53 for the Fear of Childbirth and the Postpartum Period Scale (Table 2).

Table 3. The Comparison of the Women's Mean Scores from the Women's Psychological Empowerment Scale and the Fear of Childbirth and the Postpartum Period Scale in terms of Their Introductory Information

Scales	Variables	X	SD	F	P	Tukey
Age						
The Women's Psychological Empowerment Scale	19-24 ^a	2.663	0.828	15.359	0.000***	b>a
	25-30 ^b	3.347	1.412			b>c
	31 and above ^c	2.457	1.275			
The Fear of Childbirth and the Postpartum Period Scale	19-24 ^a	3.537	0.698	42.661	0.000***	a>b
	25-30 ^b	2.558	0.859			a>c
	31 and above ^c	3.005	0.880			c>b
Number of Pregnancies						
Women's Psychological Empowerment Scale	1 ^a	2.885	1.044	67.553	0.000***	a>c
	2-4 ^b	3.739	1.297			b>a
	5 and above ^c	2.003	0.642			b>c
The Fear of Childbirth and the Postpartum Period Scale	1 ^a	3.487	0.801	58.894	0.000***	a>b
	2-4 ^b	2.347	0.982			a>c
	5 and above ^c	3.215	0.434			c>b
Number of children						
Women's Psychological Empowerment Scale	0 ^a	2.885	1.044	34.276	0.000***	a>c
	1-4 ^b	3.347	1.376			b>a
	5-7 ^c	1.930	0.533			b>c
The Fear of Childbirth and the Postpartum Period Scale	0 ^a	3.487	0.801	41.150	0.000***	a>b
	1-4 ^b	2.556	0.967			c>b
	5-7 ^c	3.226	0.359			
Perceived income						
Women's Psychological Empowerment Scale	Low ^a	2.065	0.519		0,000***	b>a
	Moderate ^b	3.455	1.235			c>a
	High ^c	4.600	0.570			c>b
The Fear of Childbirth and the Postpartum Period Scale	Low ^a	3.551	0.534		0.000***	a>b
	Moderate ^b	2.694	0.888			a>c
	High ^c	1.896	0.841			b>c
Educational status						

Women's Psychological Empowerment Scale	Secondary school or below ^a	2.101	0.545	577.015	0.000***	b>a
	High school ^b	3.647	0.764			c>a
	University ^c	4.635	0.515			c>b
Fear of Childbirth and The Postpartum Period	Secondary school or below ^a	3.519	0.513	198.813	0.000***	a>b
	High school ^b	2.672	0.583			a>c
	University ^c	1.920	0.789			b>c
Employment status						
Women's Psychological Empowerment Scale	Employed	4.458	0.757	13.444	0.000***	
	Unemployed	2.621	1.105			
The Fear of Childbirth and the Postpartum Period Scale	Employed	2.111	1.005	-7.733	0.000***	
	Unemployed	3.193	0.802			
Mode of marriage						
Women's Psychological Empowerment Scale	Arranged marriage	2.235	0.804	-16.736	0.000***	
	Love marriage	4.028	1.0295			
The Fear of Childbirth and the Postpartum Period Scale	Arranged marriage	3.392	0.640	10.405	0.000***	
	Love marriage	2.414	0.989			

* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$ ANOVA ("F") was used for the analyses and t-test ("t") was used for independent groups.

According to Table 3, significant differences were detected in the participants' mean scores from the Women's Psychological Empowerment Scale and the Fear of Childbirth and the Postpartum Period Scale in terms of their introductory information ($p < 0.005$). For the Women's Psychological Empowerment Scale, the scores of women in the age group of 25–30 years were higher than those in the age group of 19–24 years and those aged 31 and over. The scores of women who had their first pregnancy were higher than those with five and more pregnancies, and women who had 2–4 pregnancies had higher scores than those with their first pregnancy and those with five and more pregnancies. Women without children had higher scores than those with 5–7 children. Furthermore, the scores of women who had 1–4 children were higher than those without children and those with 5–7 children. Also, women with a moderate level of income had higher scores than those with a low level of income, and women with a high level of income had higher scores than those with moderate and low levels of income. The scores of women who were high school graduates were higher than those with secondary school education or below, and university graduates had higher scores than those with high school and secondary school education or below. Women who worked had higher scores than those who did not, and women who got married through love marriage had higher scores than those who got married through an arranged marriage.

For the Fear of Childbirth and the Postpartum Period Scale, the scores of women in the age group of 19–24 years were higher than those aged 25–30 and those aged 31 and over. Moreover, the scores of women aged 31 and over were higher than those aged 25–30. The scores of women who had their first pregnancies were higher than women who had 2–4 pregnancies and those with five and more pregnancies, and women who had five and more pregnancies had higher scores than those who had 2–4 pregnancies. Women without children and those with 5–7 children had higher scores than women with 1–4 children. The scores of women with a low level of income were higher than those with moderate and high levels of income, and women with a moderate level of income had higher scores than those with a high level of income. The scores of women with secondary school education or below were higher than those who were high school and university graduates, and women who had high school education had higher scores than university graduates. Women who did not work had higher scores than those who did, and women who got married through love marriage had higher scores than those who got married through arranged marriage ($p < 0.005$).

When the relationship between the Women's Psychological Empowerment Scale and the Fear of Childbirth and the Postpartum Period Scale was examined, it was determined that there was a strong significant negative correlation between the Women's Psychological Empowerment Scale and the Fear of Childbirth and the Postpartum Period Scale ($r(302) = -.808$, $p < 0.000$) (Table 4). In this study, the higher the self-perceived power women had, the lower fears they experienced during and after childbirth (Table 4).

Table 4. The relationship between the Women's Psychological Empowerment Scale and the Fear of Childbirth and the Postpartum Period Scale

Scales	The Women's Psychological Empowerment Scale	The Fear of Childbirth and the Postpartum Period Scale
The Women's Psychological Empowerment Scale	1	$r = -.808^{***}$ * $p = 0.000$
The Fear of Childbirth and the Postpartum Period Scale	$r = -.808^{***}$ $p = 0.000$	1

DISCUSSION

The findings of this study, which was conducted to reveal whether a significant relationship existed between women's self-perceived power and their fear of childbirth and the postpartum period, indicate that psychological factors may play an essential role in the process of pregnancy in interaction with sociocultural factors. According to the findings, a statistically significant difference was revealed between women's self-perceived power in terms of their ages, income level, education status, employment status, and their fears of childbirth and the postpartum period. Also, there was a highly significant negative correlation between women's self-perceived power and their fears of childbirth and the postpartum period.

Based on the results, it can be concluded that fear of childbirth and the postpartum period can be observed more commonly in pregnant women who are younger and aged over 30. The study by Soysal and Işıkalan (2020) on the fear of childbirth among women in Turkey also established that the fear of childbirth and the postpartum period could be observed in pregnant women aged over 30. There are studies in the literature showing that the fear of childbirth and the postpartum period can be observed more among younger women (Gao et al., 2015; Hildingsson, 2018; Soysal & Işıkalan, 2020) and that there are no correlations between age and the fear of childbirth (Ternström, 2015; Johnson et al., 2019; Serçekeş et al., 2020). Within this context, it can be said that the results of the present study overlap with some studies in the literature while they do not overlap with others.

Regarding the level of income, women with a high level of income had higher self-perceived power than women with a low and moderate level of income, whereas the greatest fear of childbirth and the postpartum period was encountered in women with a low level of income. It has been reported in the literature that the fear of childbirth and the postpartum period may be seen more commonly in women with a low level of income than those with a high level of income (Salomonsson et al., 2013; Elvander et al., 2013; Rouhe et al., 2013; Soltani et al., 2017) and that income status can be a factor that increases the fear of childbirth in women (Akhlaghi et al., 2012; Toohill, 2014; Lukasse et al., 2014; Raisanen et al., 2014; Laursen et al., 2008), while some other studies stated that income status is not related to the fear of childbirth (Heimstad et al., 2006; Beiranvand et al., 2017; Phunyammalee et al., 2019). Within this context, the results of our study overlap with the results of some studies but not with some others. Considering this finding, we can say that the self-perceived power of women and their fears of childbirth and postpartum may vary, and women with a high-income status may perceive themselves as more powerful during childbirth and the postpartum period, whereas women with a lower income status may be at risk in terms of experiencing fear of childbirth and the postpartum period.

According to the findings about the education levels of the participants, the self-perceived power of university graduates was found to be higher than women with secondary school education or below and those with high school education. Education is one of the most critical factors that enhance knowledge and verbal skills in women (Parrado et al., 2005) and directly facilitates their participation in domestic decision-making processes (Oropesa, 1997), thus empowering women. The fear of childbirth and the postpartum period was the highest among women with secondary school education or below and the lowest among women with university-level education. It has been reported in the literature that women with low levels of education may exhibit fear of childbirth and the postpartum period (Laursen et al., 2008; Soltani et al., 2017; Johnson et al., 2019). These findings indicate that thanks to a higher education level, women may perceive more power in themselves, and the fear of childbirth and the postpartum period may be reduced.

The examination of the self-perceived power and the fear of childbirth and the postpartum period of the participants with regard to their employment status showed that the participants who were

employed had higher self-perceived power. Taking part in work life is a factor that increases women's power as a personal source (Xu and Lai, 2002). The income generation capacity of women is reflected in their decision-making skills positively, which may empower them (Krishnan et al., 2017). Labor force participation enables women to access economic resources independently, decreasing their economic dependence on others and increasing women's interpersonal communication skills, self-confidence, and boldness (Crandon and Shepard, 1984). Within this context, it can be said that working in any income-generating job can empower women. The fear of childbirth and the postpartum period was found to be the highest among women who did not have an income-generating job. The literature suggests that unemployment may lead to the development of the fear of childbirth and the postpartum period (Laursen, 2008).

Arranged marriage is one of the marriage practices in Turkey. In an arranged marriage, the man sees the woman he is to marry and decides on the marriage based on his mother's, father's, or other relatives' opinions (Sezen, 2005). When the participants' self-perceived power and the fear of childbirth and postpartum period were examined in terms of their mode of marriage, it was determined that women who had love marriages had higher self-perceived power, yet the highest fear of childbirth and postpartum period was observed in women who had arranged marriages. While love marriage supports women's autonomy and ability to decide on their own lives, in other words, their empowerment, arranged marriage restricts women's ability or control to decide on their lives. These findings indicate that women who have love marriages may have higher self-perceived power than those who have arranged marriages, and the latter group may be at risk in terms of experiencing fear of childbirth and the postpartum period. The literature also reported that arranged marriages might put women's health in danger (Bravo, Martínez & Ruiz, 2014).

There was a highly significant negative correlation between women's self-perceived power and their fears of childbirth and the postpartum period. Although there are no studies that investigate women's self-perceived power and the fear of childbirth and the postpartum period together, the study by Calpbincici, Terzioğlu, and Koç (2021) detected a significant negative correlation between social support that enhances the self-perceived power of women and the fear of childbirth. The study by Moonzwe Davis et al. (2014) found that empowered women were less likely to have pregnancy-related health problems. Finally, the study carried out in Pakistan by Hameed, Uddin, and Avan (2021) revealed that women who lack social support, have a lower education level, and participate in decision-making less with their husbands may be less empowered during pregnancy, childbirth, and the postpartum period. Within this context, it can be said that the study results overlap with some studies in the literature.

CONCLUSIONS

At the end of the present study, it was determined that there is a highly significant negative correlation between women's self-perceived power and their fear of childbirth and the postpartum period. Based on these findings, it can be suggested that the higher the self-perceived power women have, the lower fears they may have during and after childbirth.

Based on the results of this study, it can be concluded that the empowerment of women may contribute to biopsychosocial health during pregnancy, childbirth, and the postpartum period, and help women deal with the fear of childbirth and the postpartum period.

REFERENCES

- Adams, S. Eberhard-Gran, M., Eskild, A. (2012). Fear of childbirth and duration of labour: a study of 2206 women with intended vaginal delivery. *BJOG: An International Journal of Obstetrics Gynaecology*, 119(10),1238-1246. doi: 10.1111/j.1471-0528.2012.03433.x
- Ahmed, S., Creanga, A.A., Gillespie, D.G., Tsui, A.O. (2010). Economic Status, Education and Empowerment: Implications for Maternal Health Service Utilization in Developing Countries. *PLoS ONE*, 23;5(6): e11190. doi: 10.1371/journal.pone.0011190
- Alipour, Z., Lamyian, M., & Hajizadeh, E. (2012). Anxiety and fear of childbirth as predictors of postnatal depression in nulliparous women. *Women and Birth*, 25, e37-e43. <https://doi.org/10.1016/j.wombi.2011.09.002>
- Akhlaghi F, Mokhber N, Shakeri MT, Shamsa F. (2012). Relation between depression, anxiety, self-esteem, marital satisfaction, demographical factor and maternal complications with fear of childbirth in nulliparous women. *Journal of Fundamentals of Mental Health*, 14 (54), 31-122.

- Anderson, R. M., & Funnell, M.M. (2010). Patient empowerment: Myths and misconceptions. *Patient Education and Counseling*, 79(3), 277-282. doi:10.1016/j.pec.2009.07.025
- Aksoy, A. N., Ozkan, H., & Gundogdu, G. (2015). Fear of childbirth in women with normal pregnancy evolution. *Clinical and Experimental Obstetrics & Gynecology*, 42(2), 179–183.
- Aksoy, M., Aksoy, A. N., Dostbil, A., Celik, M. G., & Ince, I. (2014). The relationship between fear of childbirth and women's knowledge about painless childbirth. *Obstetrics and Gynecology International*, 1–7. <https://doi.org/10.1155/2014/274303>
- Ayers, S. (2014). Fear of childbirth, postnatal post-traumatic stress disorder and midwifery care. *Midwifery*, 30, 145-148. doi: 10.1016/j.midw.2013.12.001
- Bahl, R., Strachan, B., & Murphy, D.J. (2004). Outcome of subsequent pregnancy three years after previous operative delivery in second stage of labour: cohort study. *British Medical Journal*, 328, 311-315. doi: 10.1136/bmj.37942.546076.44
- Beiranvand, S.P., Moghadam, Z.B., Salsali, M., Majd, H.M., Birjandi, M., & Khalesi, Z.B. (2017). Prevalence of Fear of Childbirth and Its Associated Factors in Primigravid Women: A Cross-Sectional Study. *Shiraz E-Med J.*, 18(11): e61896. doi: 10.5812/semj.61896
- Bewley S, & Cockburn J. (2002). Responding to fear of childbirth. *The Lancet*, 22;359(9324):2128-9. doi: 10.1016/S0140-6736(02)09113-4.
- Bozkur, B. (2020). Women's Psychological Empowerment Scale: A Scale Development Study. *Fe Dergi*, 12(2), 15-31.
- Bravo, M. del M. P., Martínez, P. A., & Ruiz, I. J. (2014). Arranged Marriages: Women for Sale. *Procedia-Social and Behavioral Sciences*, 132, 564-569. doi:10.1016/j.sbspro.2014.04.354
- Calpbincici, P., Terzioglu, F. & Koc, G. (2021). The relationship of perceived social support, personality traits and self-esteem of the pregnant women with the fear of childbirth. *Health Care For Women International*, 1-15. doi: 10.1080/07399332.2021.2007925
- Cornwall, A. (2016). Women's empowerment: What works. *Journal of International Development*, 28, 342-359. doi: 10.1002/jid.3210
- Crissman, H.P., Adanu, R.M., & Harlow, S.D. (2012). Women's sexual empowerment and contraceptive use in Ghana. *Stud Fam Plan*, 43(3), 201-212. doi: 10.1111/j.1728-4465.2012.00318.x.
- Crandon, L., & Shepard, B. (1984). *Women, Enterprise, and Development The Pathfinder Fund' Women in Development: Projects, Evaluation, and Documentation (WID/PED) Program*. Chestnut Hill, MA: Pathfinder Fund. https://pdf.usaid.gov/pdf_docs/pnaas314.pdf
- Çokluk, Ö., Şekercioglu, G., Büyüköztürk, Ş. (2010). *Sosyal bilimler için çok değişkenli istatistik: Spss ve Lisrel uygulamaları*. Ankara, Pegem Akademi.
- Eriksson, C., Jansson, L., & Hamberg, K. (2006). Women's experiences of intense fear related to childbirth investigated in a Swedish qualitative study. *Midwifery*, 22, 240-248. doi: 10.1016/j.midw.2005.10.002
- Elvander, C., Cnattingius, S., & Kjerulff, K.H. (2013). Birth experience in women with low, intermediate or high levels of fear: findings from the first baby study. *Birth: Issues Perinat Care*, 40(4), 289-296. doi: 10.1111/birt.12065
- Fenwick, J., Gamble, J., Nathan, E., Bayes, S., & Hauck, Y. (2009). Pre- and postpartum levels of childbirth fear and the relationship to birth outcomes in a cohort of Australian women. *J Clin Nurs*, 18(5), 667-677. doi:10.1111/j.1365-2702.2008.02568.x
- Gao, L.L., Liu, X.J., Fu, B.L., & Xie, W. (2015). Predictors of childbirth fear among pregnant Chinese women: a cross-sectional questionnaire survey. *Midwifery*, 31(9), 865-870. doi: 10.1016/j.midw.2015.05.003
- Garcia, E.R., Yim, I.S., 2017. A systematic review of concepts related to women's empowerment in the perinatal period and their associations with perinatal depressive symptoms and premature birth. *BMC Pregnancy Childbirth*, 8(17), 347. doi: 10.1186/s12884-017-1495-1
- Haines, H. M., Rubertsson, C., Pallant, J. F., & Hildingsson, I. (2012). The influence of women's fear, attitudes and beliefs of childbirth on mode and experience of birth. *BMC Pregnancy and childbirth*, 12, 55, 1-14.
- Hameed, W., Uddin, M., & Avan, B.I. (2021). Are underprivileged and less empowered women deprived of respectful maternity care: Inequities in childbirth experiences in public health facilities in Pakistan. *PLoS ONE*, 16(4), e0249874. doi: 10.1371/journal.pone.0249874
- Heimstad, R., Dahloe, R., Laache, I., Skogvoll, E., & Schei, B. (2006). Fear of childbirth and history of abuse: implications for pregnancy and delivery. *Acta Obstet Gynecol Scand*, 85(4), 435-440. doi: 10.1080/00016340500432507
- Hildingsson, I., Rubertsson, C., Karlstrom, A., Haines, H. (2018). Exploring the fear of birth scale in a mixed population of women of childbearing age-a Swedish pilot study. *Women Birth*, 31(5), 407-413. doi: <https://doi.org/10.1016/j.wombi.2017.12.005>
- James-Hawkins, L., Peters, C., VanderEnde, K., Bardin, L., & Yount, K.M. (2018). Women's agency and its relationship to current contraceptive use in lower- and middle-income countries: A systematic review of the literature. *Global Public Health*, 13, 843-858. <https://doi.org/10.1080/17441692.2016.1239270>

- Johnson, A., Kumar, M.G., Jacob, R., Jessie, M., Mary, F., Agrawal, T., & Raman, V. (2019). Fear of childbirth among pregnant women availing antenatal services in a maternity hospital in rural Karnataka. *Indian Journal of Psychological Medicine*, 41(4), 318-322. doi: 10.4103/IJPSYM.IJPSYM_292_18
- Johnson, R. C., & Slade, P. (2002). Obstetric complications and anxiety during pregnancy: is there a relationship? *Journal of Psychosomatic Obstetrics and Gynaecology*, 24, 1-14. doi: 10.3109/01674820309042796
- Kabeer, N. (2001). Reflections on the measurement of women's empowerment. In: *Discussing Women's Empowerment-Theory and Practice*. Stockholm: Novum Grafiska AB.
- Kabeer, N. (2005). Gender equality and women's empowerment: A critical analysis of the third millennium development goal 1. *Gender & Development*, 13(1), 13-24, doi: 10.1080/13552070512331332273
- Kitapçioğlu, G., Yanikkerem, E. Sevil, Ü. Yüksel, D. (2008). Fear of Childbirth and The Postpartum Period: A Scale Development and Validation Study. *ADÜ Tıp Fakültesi Dergisi*, 9(1), 47-54.
- Krishnan, N.V.H., Sivramkrishna, S., Warriar, U. (2017). Women Empowerment Through Enhancement Of Income Generation And Decision-Making Abilities. *Indian Journal of Commerce & Management Studies*,1-6.
- Laursen, M., Hedegaard, M., Johansen, C. (2008). Fear of childbirth: Predictors and temporal changes among nulliparous women in the Danish National Birth Cohort. *BJOG*, 115(3), 354-360. doi: 10.1111/j.1471-0528.2007.01583.x
- Larkin, P., Begley, C., & Devane, D. (2009). Women's experiences of labour and birth: An evolutionary concept analysis. *Midwifery*, 25(2), 49-59. doi: 10.1016/j.midw.2007.07.010
- Lopukhova, O.G., & Kashshapova, E.V. (2015). Fear of childbirth in pregnant women: External and internal factors. *Psychology in Russia*, 8(4), 115-125.
- Lukasse, M., Schei, B., & Ryding, E.L. (2014). Prevalence and associated factors of fear of childbirth in six European countries. *Sexual & Reproductive Healthcare*, 5 (3), 99-106. <https://doi.org/10.1016/j.srhc.2014.06.007>
- Moonzwe Davis, L., Schensul, S. L., Schensul, J. J., Verma, R. K., Nastasi, B. K., & Singh, R. (2014). Women's empowerment and its differential impact on health in low-income communities in Mumbai, India. *Global Public Health*, 9(5), 481-494. doi:10.1080/17441692.2014.90491
- Narayan, D. (2005). Conceptual framework and methodological challenges. In *Measuring Empowerment: Cross-Disciplinary Perspectives; Volume 6*. The World Bank: Washington, DC, USA. pp. 363-365.
- Nilsson, C., & Landgren, I. (2009). Women's lived experience of fear of childbirth. *Midwifery*, 25, 1-9. doi: 10.1016/j.midw.2007.01.017
- Ogrodniczuk, J.S. (2004). Increasing a partner's understanding of motherhood significantly reduces postnatal distress and depression in first time mothers with low self-esteem. *Evidence Based Mental Health*, 7(4), 116. doi: 10.1136/ebmh.7.4.116
- Okumus F, Sahin N. (2017). Fear of childbirth in urban and rural regions of Turkey: Comparison of two resident populations. *Northern clinics of Istanbul*, 4(3), 247-256.
- Oropesa, R. (1997). Development and Marital Power in Mexico. *Social Forces*, 75(4), 1291-1318. doi: <https://doi.org/10.2307/2580672>
- Parrado, E. A., Flippen, C. A., & McQuiston, C. M. (2005). Migration and Relationship Power Among Mexican Women. *Demography*, 42(2), 347-372. doi:10.1353/dem.2005.0016
- Phunyammalee, M., Buayaem, T., & Boriboonhirunsarn, D. (2019). Fear of childbirth and associated factors among low-risk pregnant women. *Journal of Obstetrics and Gynaecology*, 1-5. doi:10.1080/01443615.2019.1584885
- Pratley, P. (2016). Associations between quantitative measures of women's empowerment and access to care and health status for mothers and their children: a systematic review of evidence from the developing world. *Soc Sci Med*, 169, 119-131. doi: 10.1016/j.socscimed.2016.08.001
- Raisanen, S., Lehto, S.M., Nielsen, H.S., Gissler, M., Kramer, M.R., Heinonen, S. (2014). Fear of childbirth in nulliparous and multiparous women: a population-based analysis of all singleton births in Finland in 1997-2010. *BJOG: An International Journal of Obstetrics and Gynaecology*, 121, 965-970. <https://doi.org/10.1111/1471-0528.12599>
- Rouhe, H., Salmela-Aro, K., Halmesmäki, E., Saisto, T. (2009). Fear of childbirth according to parity, gestational age and obstetric history. *BJOG: An International Journal of Obstetrics and Gynaecology*, 116(7), 1005-1006. doi:10.1111/j.1471-0528.2009.02154.x
- Rouhe, H., Salmela-Aro, K., Toivanen R., Tokolo, M., Halmesmaki, E., & Saisto, T. (2013). Obstetric outcome after intervention for severe fear of childbirth in nulliparous women – randomised trial. *BJOG: An International Journal of Obstetrics and Gynaecology*, 120(1), 75- 84. doi: 10.1111/1471-0528.12011
- Ryding, E. L., Persson, Å., Onell, C., & Kvist, L. (2003). An evaluation of midwives counselling of pregnant women in fear of childbirth. *Acta Obstetrica et Gynecologica Scandinavica*, 82, 10-17. doi: 10.1034/j.1600-0412.2003.820102.x

- Salomonsson, B., Bertero, C., & Alehagen, S. (2013). Self-efficacy in pregnant women with severe fear of childbirth. *J Obstet Gynecol Neonatal Nurs*, 42(2), 191-202. doi: 10.1111/1552-6909.12024. PMID: 23488555.
- Sen, G. (1994). Women's empowerment and human rights: the challenge to policy. In: *Population – the complex reality. A Report of the Population Summit of the World's Scientific Academies*, edited by Francis Graham-Smith. London: Royal Society. p. 363-372.
- Serçekuş, P., Vardar, O., & Özkan, S. (2020). Fear of Childbirth among Pregnant Women and Their Partners in Turkey. *Sexual & Reproductive Healthcare*, 100501. doi:10.1016/j.srhc.2020.100501
- Sezen, L. (2005). Türkiye'de evlenme biçimleri. *Atatürk Üniversitesi Türkiyat Araştırmaları Enstitüsü Dergisi*, 11(27), 185-195.
- Shroff, M., Griffiths, P., Adair, L., Suchindran, C., & Bentley, M. (2009). Maternal autonomy is inversely related to child stunting in Andhra Pradesh, India. *Maternal and Child Nutrition*, 5(1), 64-74. doi:10.1111/j.1740-8709.2008.00161.x
- Soltani, F., Eskandari, Z., Khodakarami, B., Parsa, P., Roshanaei, G. (2017). Factors contributing to fear of childbirth among pregnant women in Hamadan (Iran) in 2016. *Electronic Physician*, 9(7), 4725-4731. doi: <http://dx.doi.org/10.19082/4725>
- Soysal, C., & İşikalan, M.M. (2020). Determination of risk factors affecting fear of childbirth during pregnancy. *Cukurova Medical Journal*, 45(4), 1340-1345. doi: <https://doi.org/10.17826/cumj.723669>
- Tanglakmankhong, K., Perrin, N.A., & Lowe, N.K. (2011). Childbirth self-efficacy inventory and childbirth attitudes questionnaire: psychometric properties of Thai language versions. *J Adv Nurs*, 67(1),193-203. doi:10.1111/j.1365-2648.2010.05479.x
- Ternstrom, E., Hildingsson, I., Haines, H., & Rubertsson, C. (2015). Higher prevalence of childbirth related fear in foreign born pregnant women—findings from a community sample in Sweden. *Midwifery*, 31(4), 445-450.
- Toohill, J., Fenwick, J., Gamble, J., & Creedy, D.K. (2014). Prevalence of childbirth fear in an Australian sample of pregnant women. *BMC Pregnancy & Childbirth*, 14:275. doi: 10.1186/1471-2393-14-275.
- Tuladhar, S., Khanal, K.R., Lila, K.C., Ghimire, P.K., & Onta, K. (2013). Women's empowerment and spousal violence in relation to health outcomes in Nepal Further Analysis of the 2011 Nepal Demographic and Health Survey. Calverton, Maryland, USA: Nepal Ministry of Health and Population, New ERA, and ICF International. Available from: <https://dhsprogram.com/pubs/pdf/fa77/fa77.pdf>. Accessed on 6 May 2022.
- Ural, A., & Kılıç, İ. (2013). *Bilimsel araştırma süreci ve SPSS ile veri analizi*. Ankara: Detay Yayıncılık.
- World Health Organization. (2022). *Abortion care guideline*. Geneva. License: CC BY-NC-SA 3.0IGO. Available from: <https://www.who.int/publications/i/item/9789240039483>. Accessed on 16 August 2022.
- Xu, X., & Lai, S.C. (2002). Resources, Gender Ideologies, and Marital Power: The Case of Taiwan. *Journal of Family Issues*, 23(2), 209-245.