

WOLKITE UNIVERSITY
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PERCIVED CHILD BIRTH SELF-EFFICACY AND ITS ASSOCIATED FACTORS AMONG PREGNANT WOMEN ATTENDING ANTINATAL CARE AT GURAGE ZONE PUBLIC HOSPITALS, SNNP, ETHIOPIA, 2022, G.C.

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PERCIVED CHILD BIRTH SELF-EFFICACY AND ITS ASSOCIATED
FACTORS AMONG PREGNANT WOMEN ATTENDING ANTENATAL CARE
AT GURAGE ZONE PUBLIC HOSPITAL, SNNP, ETHIOPIA, 2022 GC.

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Abstract

Background: - Self- efficacy is an individual's belief in his or her own abilities to meet, overcome or control tasks successfully. Child birth Self-efficacy has been identified as an important marker of women's coping abilities during labor. Globally, the prevalence of fear associated with childbirth is often reported to be range from 7.5 to 27% during pregnancy.

Objective:- To assess perceived child birth self-efficacy and associated factors among pregnant women attending ANC at Gurage zone public hospital, south, Ethiopia, 2022 GC.

Method and materials:- Institutional based cross-sectional study was conducted from May 01- June 10 at Gurage zone public hospitals.. Data was collected by structured interviewer administer questionnaire from 423 participants by convenience sampling technique. Data was entered by using SPSS version 22and analyzed by binary logistic regression method and multi-variant logistic regression analysis was used to determine association between independent and outcome variable the statistical significance was determined by a p –value of less than 0.05.

Result: The prevalence of child birth self-efficacy of pregnant women in this study was 54.8%with mean score of 485.31 (SD 61.198). pregnant women with occupational status of employed had 3.8times more likely to have high child birth self-efficacy with AOR 3.82 (1.95-7.47) as compared to women who are house wife. Participants, who had good social support from were 2.00 times more likely to have high self-efficacy than women with poor social support with AOR 2.0(1.20-3.23). Pregnant women who had not depression were 4.2 times more likely to have high child birth self-efficacy than who had depression with AOR 4.2(2.54-7.03).

Conclusion and Recommendation: Generally perceived child birth self-efficacy was good. Depression, occupational, status, social support and parity were associated with child birth self-efficacy and to consider integration of psycho-social and emotional support have great important on child birth self-efficacy.

Key words: child birth self-efficacy. Self-efficacy, pregnant women, Ethiopia.

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Acronym

AGH=Atate General Hospital

ANC=antenatal care

CBSE=child birth self-efficacy

CBSEI=child birth self-efficacy inventory

C/S=caesarean section

ERCS=elective repeat caesarean section

FOC=fear of child birth

GPH=Gunchire primary Hospital

MCH=maternal and child health

NBAC=next birth after caesarean

SNNP=south nation nationality and peoples

USDHHS=united state department of health and human services

WHO=world health organization

WKUSH=wolkite university specialized Hospital

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1 Chapter one

1.1 Introduction

1.1.1 Background

Self-efficacy is confidence of women's ability to cope up with child birth. Giving birth to a baby is a process accompanied with both joy and fun. In recent decades, labor pain and fear of child birth have attracted the attention of many researchers who have described child birth as very painful phenomena (1). Confidence in labor and birth, also known as childbirth Self-efficacy. It has been identified as an important marker of women's coping abilities during labor (2).

According to Bandura (3), self-efficacy reflects personal beliefs about behavior that influence outcomes. Self-efficacy is influenced by individuals' past experiences in mastering the situation at hand, verbal persuasion, and degree of emotional and physiological arousal. There are two primary aspects to self-efficacy. Outcome expectancy refers to trusting that a behavior will lead to a certain outcome. On the other hand, it is the individual's belief that they are able to perform that behavior successfully in a particular context (4). The difference is crucial to understand as people may believe a certain behavior to be effective, but not have faith in their ability to perform it (5).

Childbirth is a stressful experience and women cope with this stress in many different ways and with varying degrees of personal satisfaction. Self-efficacy or confidence in ability to cope with labor can be considered as an important factor affecting pregnant women's motivation of normal childbirth and their interpretation of childbirth outcomes (6).

Giving birth is the most common reason to visit a hospital for women in fertile year. It is important for the midwife to have the competence to decide the right help and care for the woman during birth. Four main factors have risen that was more important than others; the women's expectations, support from surroundings, the relation with the midwife and the women's involvement in decision making about the labor (7).

One important purpose of midwifery care is to give childbearing women as positive experience of giving birth as possible. Pain relief during labor is a matter for every single woman, and she has the right to require what kind of pain relief she needs (8).

1.1.2 Statement of the problem

Self-efficacy is confidence of women's ability to cope up with child birth. Giving birth to a baby is a process accompanied with both joy and fun .in recent decades, labor pain and fear of child birth have attracted the attention of many researchers who have described child birth as very painful phenomena (1). Globally, the prevalence of fear associated with childbirth is often reported to be around 20% (estimated to range from 7.5 to 27% during pregnancy (9, 10).

According to previous studies in Ahvaz southwest Iran fear of child birth affects about 7.6-8.8 % of pregnancies (9)and other factors associated with fear of child birth include complication of previous pregnancy ,parity ,educational level , dissatisfaction with the husband, lack of social and emotional support, and physical and sexual abuse in child hood (11).

Different factors are associated with fear of childbirth like previous negative birth experience, parity, educational status, being unemployed, receiving low emotional support from husband, unwanted pregnancy(9).

The fear of child birth is also associated with adverse maternal out come and high frequency of cesarean section (12).and FOC also related to post traumatic stress disorder (13). A study in low income country like Tanzania and Nigeria showed that women preferred to deliver at home for reasons like staff attitudes, lack of privacy among other reasons as limit transport to hospital, and lack of money(14).In low income countries the availability of anti-pain medications during labor is limited, and may not be that effective to relieve labor pain. The women have to rely on their own ability to cope with labor pain. How the women experience during labor is important for every midwife in order to support the laboring woman. Even though fear of childbirth is common problem with multiple consequences, most studies were conducted in high-income countries, and little is known in low-income countries including Ethiopia. Ethiopia is doing a lot to decrease maternal and neonatal morbidity and mortality and to achieve sustainable developmental goals (15). But a little concern is given on the psychological aspects of pregnancy and child birth and the possible factors associated with fear of child birth. So identification of women at risk of childbirth fear is essential for women's emotional well-being before and after birth. Since there are no parallel studies in our country investigating factors associated with childbirth self-efficacy.

Our aim was to identify socio-demographic, obstetric or psychological variables associated with women's child birth self-efficacy who visit ANC at Gurage zone public hospital and to improve women's childbirth experiences.

1.1.3 Significance of the study

The aim of study is that women in labor who will meet a midwife or nurse that better understand how women cope in labor. With the new knowledge gained, it will also be possible to identify women with high level of anxiety who need extra support from the midwife or nurses. Midwives knowledge and skill in ability to handle childbirth and particularly labor pain is of great importance for any woman in the world and Hopefully the study will inspire other students and midwives to think of how care for women in labor can improve. It's of great value for nurses and nurse students to learn about how women in labor perceive their own capacity to give birth. It has also great input and used as baseline for researchers.

2 Chapter two

2.1 Literature review

According to study conducted in Australia and Iran, the prevalence of child birth self-efficacy were (74 %) (10) and (75% (9) respectively.

Albert Bandura developed and tested this concept. The notion of perceived self-efficacy was first proposed by him and refers to a personal judgment of one's own ability to cope in a specific situation (17) . He argued that possessing the skills and knowledge to carry out a situation is not sufficient to ensure its successful end, and that self-evaluation of one's own competence can make a change in behavior. Self-efficacy is not just about how good knowledge a person has it's also about how the person can use the behavior. A person might believe that a specific coping behavior could be helpful, but might not feel personally capable of carrying it out (17).

A person with high self-efficacy is also more willing to pursue an activity in spite of difficulties, than a person with lower self-efficacy. As a person judges that she is able to perform behavior, she uses the behavior with increasing confidence(16). Therefore, self-efficacy provides a

mechanism which may explain individual behavior and may be defined as a person's perceived capability to perform behavior. A high level of personal self-efficacy may be associated with a positive self-concept and a self-appraisal of personal control(16).

In a study from Nigeria it showed that labor pain was something that the woman accepted and pain relief was therefore not important. In the study it emerge that more than 86 % of the laboring women had wanted pain relief and 68.3 % thought that their labor was hard. Pain relief should be an important part of the care for laboring women in low income countries (18). Women want to have a professional and obligated care; that means good encounters with kind treatment. Understanding staff with good attitudes is also an important part during labor (19).

In order to o promote the conceptual development of childbirth confidence and guide effective nursing interventions, (20) developed an instrument The Childbirth Self-Efficacy Inventory (CBSEI) to measure maternal confidence in coping abilities for labor. The original CBSEI is a self-administered diagnostic tool for evaluating women's coping ability with childbirth. Through understanding the effect of a personal perception of self-efficacy and how it influence different health behaviors, important knowledge is gained to develop effective strategies for health education interventions (16) . This recommends the utility of the CBSEI in midwifery practice as a tool for the identification of women who will require extra support in labor and pregnancy (21) . Apart from extra support the person have the opportunity to change a given health behavior and with support continue in that new behavior (16).

The CBSEI is the only instrument in the childbearing literature that addressed measuring women's perceived self-efficacy (22). The instrument "The Childbirth Self-Efficacy Inventory (CBSEI) has been translated and tested in several countries, Australia, Northern Ireland and in China to test its reliability and validity among different groups of pregnant women. These studies have raised concern about the use of two repetitive sets of scales (21).

Factors associated with childbirth self-efficacy

Socio-demographic factors

There is inconclusive evidence around socio-demographic factors and childbirth self-efficacy. No consistent link has been found between self-efficacy and age(15), cohabitation or occupational status (23), or educational level (23). High self-efficacy scores have been associated with healthier psychosocial adaptation following childbirth and stronger identification with the role of motherhood (24).

Obstetric factors

Similarly, evidence linking obstetric factors and childbirth self-efficacy has been inconsistent. In regards to parity, early research has revealed high self-efficacy scores for nulliparous women (25) and multiparous women (20). High self-efficacy has been associated with a previous positive birth experience (21) while low self-efficacy has been reported in women experiencing potentially negative events such as a previous caesarean section(25). In relation to birth choice, lower self-efficacy scores have been related to a stronger preference for Elective Repeat Caesarean Section (ERCS)(25) . More recent research, however, has found no such relationship between self-efficacy and birth mode choice(23) .

One study compared a specialized ‘next birth after caesarean’ (NBAC) clinic with standard care and found that the increased knowledge and information about birth options provided in the service increased women’s childbirth self confidence levels, however, this did not translate to a higher number of vaginal births (26).

Pain is often seen as a key variable in the experience of birth, and is certainly one that women appear to focus on in anticipation of the event. The relationship between confidence about the anticipated event of labor and birth and perceptions and experiences of pain during childbirth has been closely examined over the last 30 years. An early study in 1983 by Manning and Wright (27) found evidence of lower pain perceptions and less pain medication use for women with high self-efficacy. The bulk of subsequent research has also related higher self-efficacy scores to lower pain perceptions, or less pain in labor(27). One exception is a small study focusing only on early labor pain scores that found no correlation between pain and self-efficacy(28). In addition,

no relationship between use of medication for pain relief and level of self-efficacy has been found in later research(27).

Psychological factors

Depression

In study from Australia found childbirth fear, childbirth self-efficacy and depressive symptoms to be related. Given the adverse consequences of poor perinatal mental health for women and their babies, improving self-efficacy may moderate the development of depression (10). The pervasive negative effect of depression on women's self-efficacy for childbirth and other motherhood roles, gives support for midwifery continuity of care models where psychosocial issues can be routinely assessed, interventions used to foster positive change, and where indicated, early referral for additional support instituted (10).

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Social support

Social and emotional supports are generally welcomed by the pregnant mother. For the majority of women, emotional support during labor, typically from a husband or close friend or relative, has been proven to be positive (7). found that among Canadian women (N = 5000) the presence of a support person reduced pharmacological and surgical childbirth intervention and, to some degree, decreased the length of labor (7) and they found fewer pregnancy-related complications among women who reported high levels of emotional support and a strong sense of security .

2.2 Conceptual framework

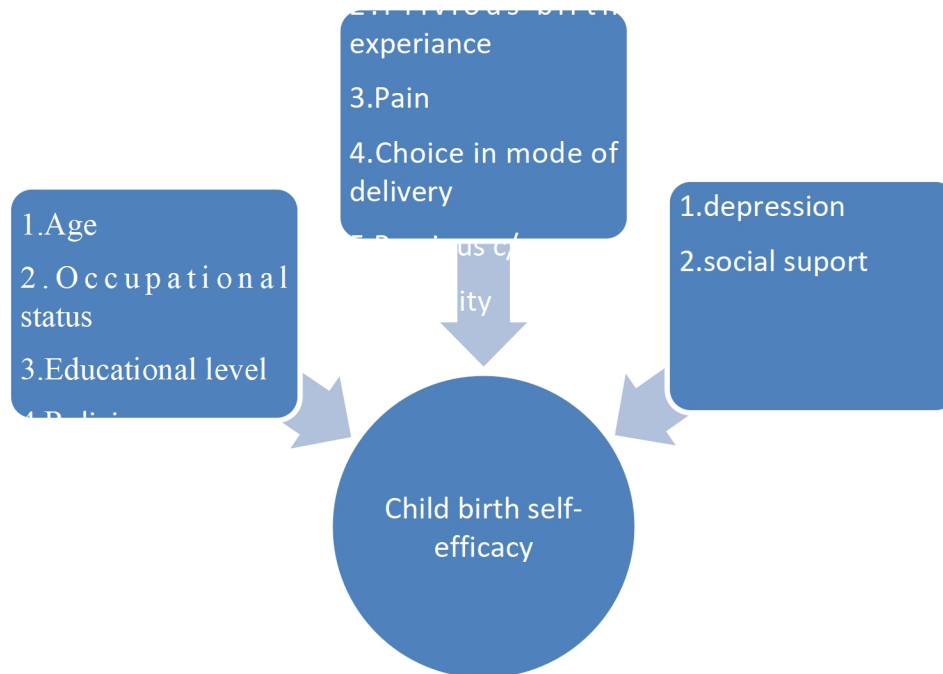


Figure 1: conceptual frame work for perceived child birth self-efficacy among pregnant women attending ANC at Gurage zone public hospital, SNNPR, Ethiopia, 2022 G.C. (adopted from study of Australia (10))

3 Chapter three

3.1 Objectives

3.1.1 General objectives

- To assess perceived child birth self-efficacy and associated factors among pregnant women attending ANC at Gurage zone public hospital, SNNPR, Ethiopia, 2022 GC.

3.1.2 Specific objectives

- ✓ To determine perceived self- efficacy among pregnant women attending ANC at Gurage zone public hospital, SNNPR, Ethiopia, 2022.

- ✓ To identify factors associated with self-efficacy among pregnant women attending ANC at Gurage zone public hospital, SNNPR, Ethiopia, 2022.

4 Chapter four

4.1 Method and materials

4.1.1 Study area

The study was conducted in Gurage zone public hospital. Wolkite is city of Gurage zone, which is found in SNNP. This is 159 km from Addis Ababa to south west direction and 259 km from Hawassa. Gurage zone have 6 public and 2 non-governmental hospitals (from those we take 3 hospitals). These are, Wolkite university specialized hospital is found in SNNP, Gurage zone, Gubre sub town and. This is 168 km from Addis Ababa to north east direction and 259 km from Hawassa. Gunchire primary hospital is found in Enemore Enore woreda, which is one of primary hospitals of Gurage zone. This is 192 km from Addis Ababa and 301 km from Hawassa, 42 km from Wolkite, city of Gurage zone. and Atate General hospital is also found in Gurage zone, SNNPR, Ethiopia. This is 178 km from Addis Ababa and 15 km from Wolkite city of Gurage zone. Both of them give preventive, curative and palliative care and services for people of Gurage zone.

4.1.2 Study period

This study was conducted from May 01-June 10.

4.1.3 Study design

Institutional based cross-sectional study was conducted among pregnant women attending ANC follow up.

4.1.4 Populations

4.1.4.1 Source of population

The source population was all pregnant women attending ANC at Gurage zone public hospital.

4.1.4.2 Study population

All selected pregnant women attending ANC at Wolkite university specialized hospital, Gunchire primary hospital and Atate General hospital during data collection period.

4.1.5 Inclusion and Exclusion criteria

4.1.5.1 Inclusion criteria

All pregnant mothers who visit MCH clinic for ANC follow up.

4.1.5.2 Exclusion criteria

Pregnant mothers who are critically ill, women are not eligible for spontaneous vaginal delivery and who comes more than once during data collection are excluded from this study.

4.1.6 Sample size and sampling technique

4.1.6.1 Sample size

The sample size was determined by using a single population proportion formula by assuming confidence level of 95% ($z=1.96$) estimate of proportion towards perceived child birth self-efficacy and factors among pregnant women attending ANC as 50% ($p=0.5$) and marginal error as 5% ($w=0.05$).

$$n_i = z^2 \times p(1-p) / w^2$$

Where n_i =initial sample size

Z =critical value of 95% confidence interval

P =estimate proportion of population

W =marginal error

$$N = (1.96)^2 \times 0.5(1-0.5) / 0.05^2$$

$$N = 384$$

$$\text{Non respondent rate as } 10\% = 384 \times 10 / 100 = 38.4$$

$$N = 384 + 38.4 = 423$$

4.1.6.2 Sampling technique and procedure

4.1.6.2.1 Sampling technique

The sampling technique was convenience sampling technique in which all pregnant mothers who was come for ANC follow up during the study period are included

4.1.6.2.2 Sampling procedure

There are 6 public hospitals in Gurage zone, from those we had selected 3 hospitals by using simple lottery method. Those are WKUSH,AGH,GPH.

Participants were proportionally selected from those selected hospitals. Total number of women during study period were 175 at WKUSH, 268 at AGH, 77 at GPH.

$$N_i = \frac{n(n_f)}{N}$$

Where N_i =sample needed from each hospital

n =women attending ANC during study period in each hospital (175, 77,268 women from WKUSH,GPH,AGH respectively)

N =total number of women attending ANC in the selected hospitals during study period (total of three hospitals=520 women)

n_f =total sample size(423 women)

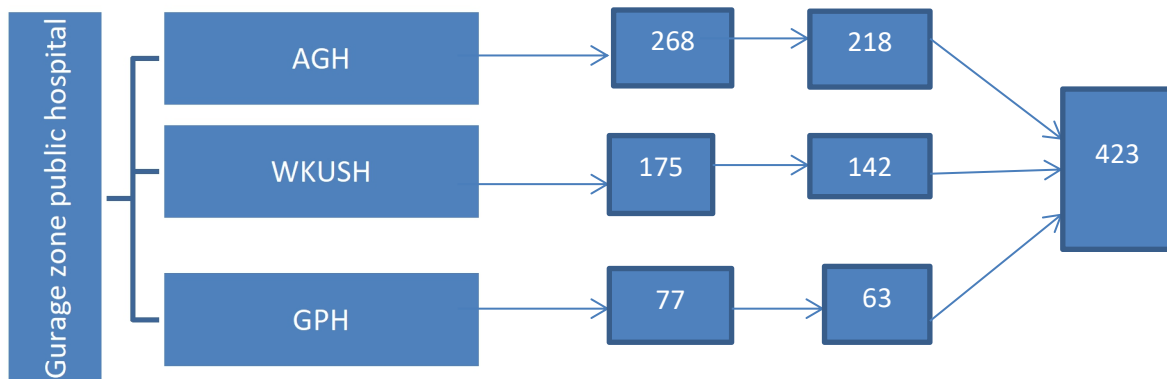


Figure 2:sampling procedure of pregnant women

4.1.7 Study variable

4.1.7.1 Independent variable

Socio demographic variable

Age

Marital status

Religion

Ethnicity

Educational status

Economic status

Occupation

Reproductive/obstetric history

- Gravidity
- Parity
- Previous c/s
- Previous Pain during labor
- Previous birth experience

Psychological factors

- Depression
- Social support
- Wellbeing

4.1.7.2 Dependent variables

- Perceived self-efficacy

4.1.8 Procedure for data collection and instrument

Data was collected by using structured interviewer administered questionnaire by other groups of 4th year nursing students. The information was collected by interview during ANC follow up after getting oral consent from participants.

4.1.8.1 Data quality control

To keep the data as accurate as possible, Regular check-up for completeness and consistency of data was made on daily basis. The questionnaire was prepared in English and Amharic for the improvement of data quality. Pretest of questionnaire was carried out among women attending ANC at Agena primary hospital. 21 participants were interviewed (5% from total sample size) during the pretest, the questions which were asked were documented for further consideration. The interviewers and advisors were assess the clarity, understandability and completeness of questions. After the result of pretest, some correction and modification was done as necessary.

4.1.8.2 Data processing and analysis

The data was checked for its completeness and any incomplete information is excluded from entry after data collection. Data was entered by using SPSS version 22 for each item and was analyzed by using binary logistic regression methods and factors that have p-value less than or equal to 0.25 was entered for multivariable analysis. The statistical procedure for analysis consists of simple frequency distribution, percentage and composition. The last result is presented by using tables, charts and figures.

4.1.9 Operational Definition

.Child birth self-efficacy:-is an important indicator of women's ability to cope with labor and birth.it is also known as confidence in labor and birth (17).

The Childbirth Self-Efficacy Inventory (CBSEI) is a 62-item scale requiring responses on a 10-point Likert scale (20). The CBSEI has four components to capture the specific beliefs and behaviors during the first and second stage of labor. For each stage of labor, items address a woman's 'belief' that a specific behavior would lead to a given outcome (expectancy outcome), and her conviction that she could indeed 'perform' that behavior (self-efficacy). The four subscales indicate levels of high or low childbirth confidence. A higher score indicates a higher level of self-efficacy or outcome expectancy for birth(20). The CBSEI has been validated for use in the Australian birthing population and reported reliability coefficients for all four subscales are

above 0.90(29).high or low score had been scored based on mean of child birth self-efficacy ,those values lower than mean had been concluded as low self-efficacy and values greater than mean had been concluded as high self-efficacy. The reliability test was done on cronbach's alpha value which is 0.969 and this value is consistent with study done at Australia (29).

Edinburgh Postnatal Depression Scale (EPDS) has 10-items and is widely used to screen for probable antenatal and postnatal depression. Women select one of four possible responses to each question. Each item is scored from 0 – 3 and summed to produce a total score. The range of scores is from 0 – 30 with higher scores indicating more negative feelings. EPDS scores of >12 in the antenatal or postnatal period have been recommended as an indicator of probable depression but not diagnostic of depression (34).

There is also another measuring tool used in this study. Social support measuring tool is 12 item tool, each item is scored from 1-5 and summed to get total score. The range of score is from 12-60 and with higher scores indicates good social and emotional support. The cut point to say good and low is the mean of social support, which is 51.Values greater than 51 is considered as good and vice versa.

WHO wellbeing index is 5 item scale, each have value from 1-5 and the summed score is 1-25. The cut point to say high and low is the mean of WHO wellbeing index which is 20.Values greater than 20 is considered as high and vice versa.

4.1.10 Ethical consideration

This research was approved and ethically cleared By wolkite University College of medicine and Health Sciences. The respondent was informed about the objective and the purpose of the study and their right to withdraw at any time, then verbal consent was obtained from each respondents. Confidentiality was secured and information was recorded anonymously, keeping privacy by interviewing them individually. The respondents were informed not to write their name and to complete the given questionnaire correctly.

4.1.11 Dissemination of Result

The result of the study (both soft copy and hard copy) is submitted to wolkite University, College medicine and health science, Department of nursing. The last result is presented by using tables, charts and figures, as partial fulfillment of completion of BSc degree in nursing program.

5 Chapter five

5.1 Results

5.1.1 Socio-demographic characteristics

A total 423 women participated in the study with respondent rate of 100%.above half of the study participants them were between 25-34 years of age 57.9%.the mean age of women were 28.99. All womens were married 100%,265(62.6%) of them had \geq secondary level of education and 229 (54.1%)of them were employed. 184(43.5%) had 5000-7000 birr of monthly income.Regarding to ethnicity majority of them were gurage 334(79%).see table 1

Table 1:socio-demographic characterstics of women on percived child birth self-efficacy among pregnant women attending ANC at Gurage public hospital,SNNPR,Ethiopia,2022 G.C.

Variable	Category	Frequency	Percent
Age	18-24	92	21.7
	25-34	245	57.9
	\geq 35	86	20.3
Educational status	<secondary level	158	37.4
	\geq secondary level	265	62.6
Occupational status	Employed	229	54.1
	House wife	194	45.9
Monthly income of family	1000-5000	108	25.5
	5000-7000	184	43.5
	7000-10000	100	23.6
	>10000	31	7.3

Ethnicity	Gurage	334	79
	Amhara	53	12.5
	Oromia	32	7.6
	Others*	4	0.9

* kembata, silte

5.1.2 Obstetrics characteristics

Most of the respondents were multigravida 345(81.6%) and multipara 345. Only 48(11.3%) of the mothers had previous C/S, one-fourth of participants experienced some level of problem in their previous pregnancy and only 25 participants experienced problem during their current pregnancy. The mean gestational week of women were 28.8(SD= 6.713).see table 2

Table 2: Obstetrics characteristics of women’s perceived child birth self-efficacy among pregnant women attending ANC at Gurage public hospital, SNNPR, Ethiopia, 2022 G.C.

Variable	Category	Frequency	Percent
Gravidity	Multi gravida	345	81.6
	Primi gravida	78	18.4
Previous C/S	Yes	48	11.3
	No	375	88.7
Previous miscarriage	Yes	46	10.9
	No	377	89.1
Previous experienced problem	Yes	66	15.6
	No	357	84.4
Type of experienced problem	Threatened abortion	22	5.2
	Threatened preterm	16	3.8
	Pre-eclampsia/eclampsia	23	5.4
	Systemic disease	8	1.2

Experienced current pregnancy problem	Yes	25	5.9
	No	398	94.1
Type of experienced problem	Threatened preterm labor	9	2.1
	Systemic disease	16	3.8
Planned pregnancy	Yes	419	99.1
	No	4	0.9

5.1.3 Child birth attitude characteristics

From the total respondents, the mean value of child birth attitude of participants was 46.11(SD10.66) and 227 (53.7%) participants had negative attitude towards child birth. See table 3

Table 3:child birth attitude characteristics of pregnant women’s perceived child birth self-efficacy among pregnant women attending ANC at Gurage Zone public hospitals, SNNPR, Ethiopia, 2022G.C.

Variable	Category	Frequency	Percent
Child birth attitude	Positive attitude	196	46.3
	Negative attitude	227	53.7

5.1.4 Psycho social characteristics

.Majority of pregnant women had no depression 280(66.2%) and women had depression is 143 (33.8%). Above half of participants had good social support 215(50.8%) and 208 (49.2%) pregnant women had poor social support with mean value of social support 50.91(std. deviation=4.90122) see table 4.

Table 4: Psycho social characteristics of women’s among pregnant women attending ANC at Gurage public hospital,SNNPR,Ethiopia,202G.C

Variable	Category	Frequency	Percent
Depression	Had no depression	280	66.2
	Had depression	143	33.8
Social support	Poor social support	208	49.2%

5.1.7 Factors associated with child birth self-efficacy

In the binary logistic regression analysis age, educational status, occupational status, monthly income, gravidity, social support and depression were significantly associated with CBSE at $P \leq 0.25$ and entered for multivariable analysis.

In the multivariable analysis, the association of educational status, age and monthly income with CBSE turned non-significant, while age(from 25-34) occupational status, gravidity, social support and depression had significant association with CBSE. The multivariable analysis showed that pregnant women with occupational status of employed had 3.8times more likely to have high child birth self-efficacy with AOR 3.820 (1.955-7.467) as compared to women who are house wife.

Besides primigravida pregnant women who are 3.3 times more likely to have high self-efficacy compared multigravida participants with AOR 3.252 (1.626-6.501). Similarly, Patients who had good social support from family and friends, were 2.00 times more likely to have high self-efficacy than women with poor social support with AOR 1.987(1.203-3.281). Pregnant women who had depression unlikely were 4.2 times more likely to have high child birth self-efficacy as compared with those who had probable depression with AOR 4.224(2.538-7.029). and women who are in the age range from 25-34 had 2.3 times more likely to have high self-efficacy than mothers whose age ≥ 35 years old. See table 7

Table 6: Bi-variable and multivariable logistic regression of determinant factors with CBSE of pregnant women attending ANC at Gurage zone public hospital SNNPR, Ethiopia, 2022 G.C.

Variable		High self-efficacy	Low self-efficacy	COR	AOR(CI)	P-value
Age	18-24	55	37	2.2	2.0(0.91-4.45)	0.083
	25-34	142	103	2.01	2.3(1.20-4.50)	0.012
	>35	35	51	1	1	0.083
Educational status	>=secondary level	168	97	2.5	0.8(0.40-1.52)	0.461
	< secondary level	64	94	1	1	0.461
Occupational status	Employed	156	73	3.3	3.8(1.95-7.47)	<0.001*
	House wife	76	118	1	1	0<.001*
Monthly Income	1000-5000	31	77	0.1	0.34(0.13-1.09)	0.071
	5000-7000	98	86	0.3	0.7(0.28-2.00)	0.559
	7000-10000	79	21	1.1	3.0(1.00-9.04)	0.051
	>10000	24	7	1	1	0.071
Gravidity		176	169	1	1	0.001*
	Multigravida Primigravida	56	22	2.4	3.3(1.63-6.50)	0.001*
Social support		84	124	1	1	0.007*
	Poor social support Good social support	148	67	3.3	2.0(1.20-3.28)	0.007*
Depression		191	89	5.3	4.2(2.54-7.03)	<0.001*
	Had no Depression Had depression	41	102	1	1	<0.001*

*statistically significant association

6 Chapter six

6.1 Discussion

Institutional based cross-sectional study aimed to assess perceived child birth self-efficacy and its associated factors among pregnant women attending ANC follow up at Gurage zone public hospital, SNNPR, Ethiopia, 2022.

In this study, the prevalence of child birth self-efficacy was 54.8%.this is relatively lower than findings obtained with studies done in Australia (74 %) (10) and Iran 75% (9). This difference may be due to difference in socio-demographic characteristics, screening tool used and sample size.

Occupational status was significantly associated with childbirth self-efficacy. I.e. pregnant women who had employed were 3.8 times more likely to have high child birth self-efficacy than those who were house wife. This study is supported by study done in Australia (10) and The possible justification for this might be due to high self-efficacy scores have been associated with healthier psychosocial adaptation following childbirth and stronger identification with the role of motherhood and being house wife could restrict them from relax, share ideas and thought their feelings with friends, but employed women could have a number of friends other than her family to discuss the problems and about her anxiety, so employed women might have good self-efficacy than house wife.

Gravidity and parity had strongly associated with child birth self-efficacy. Study participants who had primigravida were 3.3 times more likely to have child birth self-efficacy than participants who were multigravida. This study is contrary with study done in Australia (10),and Iran(9).The possible reason might be due to previous birth experienced problem, multigravida women have low self-efficacy than primigravida and May be primigravida women were not faced different types problems ,they did not know how much labour pain is sever and stressful and they were interested on becoming pregnant because they were pregnant for the first time. But

multigravida were familiar with labour and worried about future labour because they remember that ,the past labour was painful and stressful so it leads to low self-efficacy then primigravida. Only previous good birth experience and knowledge about child birth had significant effect on women's self-efficacy (29)

In addition depression status significantly associated with child birth self-efficacy. Study participants who had not antenatal depression were 4.2 times more prone to have high child birth self-efficacy than those mothers who had antenatal depression. A relatively similar finding was obtained with a study conducted in Australia (10) and Iran (9). This could be resulted as depressive symptoms can exacerbate physiological changes which occur during pregnancy, labor and delivery and leads to anxiety and childbirth fear which causes low maternal confidence.

Lastly we found that social support has significantly associated with child birth self-efficacy. Pregnant women who had good social support are 2.00 times more likely to have high self-efficacy than women who had poor social support. This is supported by study conducted in Australia (10).The possible justification could be women had good social contact and family support have freely share their feelings whether it is good or bad and they get rest and become relaxed. This condition can increase child birth self-efficacy.

7 Chapter seven

7.1 Strength and limitation of the study

7.1.1 Strength of the study

- ✓ The study was conducted by using maximum sample size which increases the reliability of the study.
- ✓ Since there is no parallel study conducted about child birth self-efficacy in Ethiopia, it has great input and used as baseline to future researchers.

7.1.2 Limitation of the study

- The data was collected by interview and it is preferable if done by self-administered questionnaire the results are subjected to social desirability bias.

- The questionnaire contains a lot of items which causes the participant too bored so it is better to shorten the questionnaire as much as possible to make easily understandable and interesting.

8 Chapter eight

8.1 Conclusion

Generally, perceived childbirth self-efficacy of pregnant women among Gurage zone public hospital was 54.8%. Depression status, occupational status, and social support and gravidity were significantly associated with child birth self-efficacy. These key findings underlie the importance of further explorations in this area to determine whether self-efficacy can be used to accurately predict who may benefit from additional education and support during pregnancy to enhance and prepare women for birth and their postnatal maternal experience. Due to the high correlation between childbirth self-efficacy and depression found in this and other studies, it may be that interventions found to be successful in reducing women's childbirth fear and Increasing levels of childbirth self-efficacy may assist women to approach motherhood more positively, improve their general wellbeing, impact on reducing unnecessary birth interventions, and improve postnatal mental health.

9 Chapter nine

9.1 Recommendation

To Gurage zone health office

- To consider integration of psycho-social and emotional support have great important on child birth self-efficacy.
- To consider depression have great impact on child birth self-efficacy and leads to decrease maternal confidence and causes complication of pregnancy.

To health care providers

- It is crucial for prenatal care providers(midwives and nurses) to recognize the importance of in-depth communication with their patients about social support and level of depression

To researchers

- The role of emotional support with respect to depression should be examined. Significant relationships were found for each of these sets of variables. Thus, it would be interesting to pursue this area of inquiry. For example, does a woman's perceived knowledge of childbirth vary depending upon the type of relationship she has with her birth partner (e.g., spouse versus mother or friend)? In this study, all of women were married (100%) and women who have good social support have high self-efficacy, so their pregnant partners would provide valuable information about the role of emotional support throughout gestation.

- A longitudinal study following the same cohort of women should be conducted to examine any changes in CBSEI scores and EPDS score

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11 Annexes

11.1 Questionnaire

Dear respondents

My name is _____ and I am from wolkite university college of medicine and health science department of nursing. This questionnaire is designed to assess perceived child birth self-efficacy and associated factors among pregnant women attending ANC follow up at WURH. We would like to ask some questions that are related to the above topic. Your contribution has great input for the study and we would greatly thank you your participation. There is no possible risk associated with participating in this study. Your name will not be written in the questionnaire and pleas be assured that all the information you give will be kept strictly confidential. Your participation is completely voluntary.

A. Agree

B. .Disagree

Date of interview-----

Name of health facility-----

Part I: Socio-demographic characteristic

		Responses	
1	Age		
2	Ethnicity		
3	Marital status	1. Married	
		2. unmarried	
		3. divorced	
4	Educational level	1. \geq Secondary level	
		2. $<$ Secondary level	
5	Employment status	1. Employed	
		2. Housewife	
6	Monthly household income		
7	Gestational age		
9	Gravity	1. Multigravida	
		2. Primigravida	
10	Parity	1. Multipara	
		2. Nulliparous	

11	Previous caesarean	1. Yes	
		2. No	
12	Previous miscarriage	1. Yes	
		2. No	
13	Experienced problems in previous pregnancy	1.No	
		2.yes	
14	If yes Q13,type of experienced problem	A. Threatened abortion B. Threatened preterm labor C. Preeclampsia/eclampsia D. Systemic disease	
15	Experiencing problems in current pregnancy	1. Yes 2. No	
16	If yes Q15 type of experienced problems	A. threatened abortion B. threatened preterm labor C. systemic disease	
17	Planned pregnancy	3. Yes	
		4. No	

Part II: Childbirth Attitudes Questionnaires Items

		1	2	3	4
1	I have fear of losing control of myself at the delivery	1	2	3	4
2	I am really afraid of giving birth	1	2	3	4
3	I have nightmares about the delivery	1	2	3	4
4	I have fear of bleeding too much during the delivery	1	2	3	4
5	I have fear I will not be able to help during the delivery	1	2	3	4
6	I have fear of something being wrong with the baby	1	2	3	4
7	I have fear of painful injections	1	2	3	4
8	I have fear of being left alone during labour	1	2	3	4
9	I have fear of having to have a Caesarean section	1	2	3	4

10	I have fear of being torn with the birth of the baby	1	2	3	4
11	I have fear of the baby being injured during the delivery	1	2	3	4
12	I have fear of painful labour contractions	1	2	3	4
13	I have difficulty relaxing when thinking of the coming birth	1	2	3	4
14	I have fear of the hospital environment	1	2	3	4
15	I have fear of not getting the kind of care that I want	1	2	3	4
16	Overall, I would rate my anxiety about childbirth as	1	2	3	4

Part III: World Health Organization (Five) Well-Being Index							
		5	4	3	2	1	0
1	I feel cheerful and in good spirits	5	4	3	2	1	0
2	I feel calm and relaxed	5	4	3	2	1	0
3	I feel active and vigorous	5	4	3	2	1	0
4	I wake up feeling fresh and rested	5	4	3	2	1	0
5	My daily life is filled with things that interest me	5	4	3	2	1	0

Part IV: child birth self-efficacy measuring tool											
I	Outcome-AL	1	2	3	4	5	6	7	8	9	10
1	Relax my body	1	2	3	4	5	6	7	8	9	10
2	Get ready for each contraction	1	2	3	4	5	6	7	8	9	10
3	Use breathing during labour contractions	1	2	3	4	5	6	7	8	9	10
4	Keep myself in control	1	2	3	4	5	6	7	8	9	10
5	Think about relaxing	1	2	3	4	5	6	7	8	9	10
6	Concentrate on an object in the room to distract myself	1	2	3	4	5	6	7	8	9	10
7	Keep myself calm	1	2	3	4	5	6	7	8	9	10
8	Concentrate on thinking about the baby	1	2	3	4	5	6	7	8	9	10

9	Stay on the top of each contraction	1	2	3	4	5	6	7	8	9	10
10	Think positively	1	2	3	4	5	6	7	8	9	10
11	Not think about the pain	1	2	3	4	5	6	7	8	9	10
12	Tell myself that I can do it	1	2	3	4	5	6	7	8	9	10
13	Think about others in my family	1	2	3	4	5	6	7	8	9	10
14	Concentrate on getting through one contraction	1	2	3	4	5	6	7	8	9	10
15	Listen to encouragement from the person helping me	1	2	3	4	5	6	7	8	9	10
II	Efficacy –AL										
16	Relax my body	1	2	3	4	5	6	7	8	9	10
17	Get ready for each contraction	1	2	3	4	5	6	7	8	9	10
18	Use breathing during labour contractions	1	2	3	4	5	6	7	8	9	10
19	Keep myself in control	1	2	3	4	5	6	7	8	9	10
20	Think about relaxing	1	2	3	4	5	6	7	8	9	10
21	Concentrate on an object in the room to distract myself	1	2	3	4	5	6	7	8	9	10
22	Keep myself calm	1	2	3	4	5	6	7	8	9	10
23	Concentrate on thinking about the baby	1	2	3	4	5	6	7	8	9	10
24	Stay on the top of each contraction	1	2	3	4	5	6	7	8	9	10
25	Think positively	1	2	3	4	5	6	7	8	9	10
26	Not think about the pain	1	2	3	4	5	6	7	8	9	10
27	Tell myself that I can do it	1	2	3	4	5	6	7	8	9	10
28	Think about others in my family	1	2	3	4	5	6	7	8	9	10
29	Concentrate on getting through one contraction	1	2	3	4	5	6	7	8	9	10
30	Listen to encouragement from the person helping me	1	2	3	4	5	6	7	8	9	10
III	Outcome-SS										
31	Relax my body	1	2	3	4	5	6	7	8	9	10
32	Get ready for each contraction	1	2	3	4	5	6	7	8	9	10
33	Use breathing during labour contractions	1	2	3	4	5	6	7	8	9	10

34	Keep myself in control	1	2	3	4	5	6	7	8	9	10
35	Think about relaxing	1	2	3	4	5	6	7	8	9	10
36	Concentrate on an object in the room to distract myself	1	2	3	4	5	6	7	8	9	10
37	Keep myself calm	1	2	3	4	5	6	7	8	9	10
38	Concentrate on thinking about the baby	1	2	3	4	5	6	7	8	9	10
39	Stay on the top of each contraction	1	2	3	4	5	6	7	8	9	10
40	Think positively	1	2	3	4	5	6	7	8	9	10
41	Not think about the pain	1	2	3	4	5	6	7	8	9	10
42	Tell myself that I can do it	1	2	3	4	5	6	7	8	9	10
43	Think about others in my family	1	2	3	4	5	6	7	8	9	10
44	Concentrate on getting through one contraction at a time	1	2	3	4	5	6	7	8	9	10
45	Focus on the person helping me in a labour	1	2	3	4	5	6	7	8	9	10
46	Listen to encouragement from the person helping me	1	2	3	4	5	6	7	8	9	10
IV	Efficacy –SS										
47	Relax my body	1	2	3	4	5	6	7	8	9	10
48	Get ready for each contraction	1	2	3	4	5	6	7	8	9	10
49	Use breathing during labour contraction	1	2	3	4	5	6	7	8	9	10
50	Keep myself in control	1	2	3	4	5	6	7	8	9	10
51	Think about relaxing	1	2	3	4	5	6	7	8	9	10
52	Concentrate on an object in the room to distract myself	1	2	3	4	5	6	7	8	9	10
53	Keep myself calm	1	2	3	4	5	6	7	8	9	10
54	Concentrate on thinking about the baby	1	2	3	4	5	6	7	8	9	10
55	Stay on the top of each contraction	1	2	3	4	5	6	7	8	9	10
56	Think positively	1	2	3	4	5	6	7	8	9	10
57	Not think about the pain	1	2	3	4	5	6	7	8	9	10
58	Tell myself that I can do it	1	2	3	4	5	6	7	8	9	10

59	Think about others in my family	1	2	3	4	5	6	7	8	9	10
60	Concentrate on getting through one contraction at a time	1	2	3	4	5	6	7	8	9	10
61	Focus on a person helping in a labour	1	2	3	4	5	6	7	8	9	10
62	Listen to encouragement from the person helping me	1	2	3	4	5	6	7	8	9	10

V. Social support questionnaire

No	Questions	SD	D	N	A	SA
1	There is special person who is around when I am in need					
2	There is special person with whom I can share joys and sorrows					
3	My family really tries to help me					
4	I get emotional help and support I need from my family					
5	I have a special person who is a real source of comfort to me					
6	My friends really try to help me					
7	I can count on my friends when things go wrong					
8	I can talk about my problems with my family					
9	I have friends with whom I can share my joys and sorrows					
10	There is a special person in my life that cares about my feelings					
11	My family is willing to help me to make decision					
12	I can talk about my problems with my friends					

SD: Strongly disagree, D: Disagree, N: Neutral, A: Agree, SA: Strongly agree

Vi. Depression measuring tool

No	Questions	Responses
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1	I have been able to lough and see the funny side of things	0.As much as I always could 1.Not quite so much now 2.Definatly not so much now 3.Not at all
2	I have looked forward with enjoyment to things	0.As much as I ever did no 1.rather less than I used to 2.Definatly less than I used to 3.Not at all
3	I have blamed myself unnecessarily when things went wrong	0.No,never 1.Not,very often 2.yes,some of the time 3.yes, most of the time
4	I have been anxious or worried for no good reason	0.No,not at all 1.Hardly ever 2.Yes,some times 3.Yes,very often
5	I have felt scared or panicky for no very good reason	0.No,not at all 1.No,not much 2.Yes,sometimes 3.Yes,quite a lot
6	Things have been getting on top of me	0. No, I have been coping as well as ever 1.No, most of the time I have coped quite well 2.Yes, sometimes I haven't been coping as well as usual 3.Yes, most of the time I haven't been able to cope at all
7	I have been so unhappy that I have had difficulty sleeping	0.No, not at all 1.Not very often 2.Yes, sometimes 3.Yes, most of the time
8	I have felt sad or miserable	

		<p>0.No, not at all</p> <p>1.Not very often</p> <p>2.Yes, quite often</p> <p>3.Yes, most of the time</p>
9	I have been so unhappy that I have been crying	<p>0.No, never</p> <p>1.Only occasionally</p> <p>2.Yes, quite often</p> <p>3.Yes, most of the time</p>
10	The thought of harming myself has occurred to me	<p>0.Never</p> <p>1.Hardly ever</p> <p>2.Sometimes</p> <p>3.Yes, quite often</p>