




# Comparison of Coping Styles, Psychological Well-Being and Courage in Pregnant Women by Delivery Type

## Doğum Şekline Göre Gebelerde Başa Çıkma Tarzları, Psikolojik İyi Oluş ve Cesaretlerinin Karşılaştırılması

Roya MOTAVALLI<sup>1,2</sup>   
Sibel EJDER TEKGÜNDÜZ<sup>3</sup>   
Monir Mohammad ALIPOR<sup>4,5</sup> 

<sup>1</sup>Department of Midwifery, Ardabil Branch, Islamic Azad University, Ardabil, Iran

<sup>2</sup>PhD Student in Midwifery, Atatürk University, Erzurum, Turkey

<sup>3</sup>Department of Obstetric and Gynecology, Erzurum City Hospital, Erzurum, Turkey

<sup>4</sup>Department of Midwifery, Khalkhal Branch, Islamic Azad University, Ardabil, Iran

<sup>5</sup>PhD Student in Midwifery, İstanbul University-Cerrahpaşa, İstanbul, Turkey

### ABSTRACT

**Objective:** The aim of this study is to compare the coping styles, psychological well-being and courage of pregnant women who volunteered for normal delivery and cesarean section in Ardabil.

**Methods:** In the study, pregnant women who volunteered for normal delivery and cesarean section were determined and divided into two groups. Then, 30 volunteer pregnant women from the determined groups were included in the study for normal delivery and cesarean section. Data collection tools, coping styles, psychological well-being and assertiveness scales were used. Multivariate analysis of variance was used in the analysis of the data.

**Results:** In the cesarean section, the mean score of the Self-Acceptance sub-scale of the Psychological Well-Being Scale was  $26.73 \pm 2.66$ , Positive Relationships with Others  $21.11 \pm 2.50$ , Autonomy  $21.46 \pm 4.75$ , Observation of the Environment  $21.03 \pm 1.84$ , Purposeful Life  $25.53 \pm 2.50$ , Personal Development was found to be  $21.19 \pm 1.29$ . The mean score of the Cognitive sub-dimension of the Coping Strategies Scale of the same group was  $16.70 \pm 2.25$ , the Behavioral sub-scale  $4.28 \pm 0.83$ , the Avoidance sub-dimension  $2.36 \pm 0.22$ . In the normal delivery group, the mean score of the Self-Acceptance sub-dimension of the Psychological Well-Being Scale is  $36.56 \pm 1.70$ , Positive Relationships with Others  $32.68 \pm 2.35$ , Autonomy  $33.24 \pm 2.45$ , Domination of the Environment  $31.04 \pm 2.49$ , Purposeful Life  $28.08 \pm 3.30$ , Personal Development was found to be  $32.08 \pm 1.75$ . The mean score of the Cognitive sub-dimension of the Coping Strategies Scale of the same group was  $6.86 \pm 1.02$ , and the Behavioral sub-dimension  $6.81 \pm 1.10$  and the Avoidance sub-dimension  $2.02 \pm 0.88$ .

**Conclusion:** Results showed that psychological well-being and courage were associated with coping styles. Giving trainings to improve the coping skills and courage of pregnant women can prepare them for natural birth.

**Keywords:** Cesarean section, coping styles, daring, natural childbirth, psychological well-being

### ÖZ

**Amaç:** Çalışmanın amacı, Ardabil'de normal doğum ve sezaryen için gönüllü olan gebelerin baş etme tarzlarını, psikolojik iyi oluşlarını ve cesaretlerini karşılaştırmaktır.

**Yöntemler:** Araştırmada normal doğum ve sezaryen için gönüllü olan gebeler belirlenmiş ve iki gruba ayrılmıştır. Daha sonra belirlenen gruplardan 30'şar gönüllü gebe normal doğum ve sezaryen için çalışmaya alınmıştır. Veri toplama araçları, baş etme tarzları, psikolojik iyi oluş ve atılganlık ölçekleri kullanılmıştır. Verilerin analizinde çok değişkenli varyans analizi kullanılmıştır.

**Bulgular:** Sezaryen grubunda Psikolojik İyi Oluş Ölçeğinin Kendini Kabul Ediş alt boyutu puan ortalaması  $26,73 \pm 2,66$ , Başkaları ile Pozitif İlişkiler  $21,11 \pm 2,50$ , Özerklik  $21,46 \pm 4,75$ , Çevreye Hakim Olma  $21,03 \pm 1,84$ , Amaçlı Yaşam  $25,53 \pm 2,50$ , Kişisel Gelişim  $21,19 \pm 1,29$  olarak bulunmuştur. Aynı grubun Başetme Stratejileri Ölçeği Bilişsel alt boyut puan ortalaması  $16,70 \pm 2,25$ , Davranışsal alt boyut  $4,28 \pm 0,83$ , Kaçınma alt boyutu  $2,36 \pm 0,22$  olarak saptanmıştır. Normal doğum grubunda Psikolojik İyi Oluş Ölçeğinin Kendini Kabul Ediş alt boyutu puan ortalaması  $36,56 \pm 1,70$ , Başkaları ile Pozitif İlişkiler  $32,68 \pm 2,35$ , Özerklik  $33,24 \pm 2,45$ , Çevreye Hakim Olma  $31,04 \pm 2,49$ , Amaçlı Yaşam  $28,08 \pm 3,30$ , Kişisel Gelişim  $32,08 \pm 1,75$  olarak bulunmuştur. Aynı grubun Başetme Stratejileri Ölçeği Bilişsel alt boyut puan ortalaması  $6,86 \pm 1,02$ , Davranışsal alt boyut  $6,81 \pm 1,10$ , Kaçınma alt boyutu  $2,02 \pm 0,88$  olarak saptanmıştır.

**Sonuç:** Başa çıkma stilleri ile ilgili olarak psikolojik iyi oluşun ve cesaretin olduğunu göstermiştir. Gebelerin baş etme becerilerini ve cesaretlerini geliştirmeye yönelik eğitimlerin verilmesi onları doğal doğuma hazırlayabilir.

**Anahtar Kelimeler:** Sezaryen, başa çıkma tarzları, cesaret, doğal doğum, psikolojik iyi oluş

## Introduction

Childbirth is one of the divine gifts for the reproduction of human race on the earth, which has always continued since the birth of man.

The mechanism of labor is a spontaneous process without the need for intervention that has been done naturally for many years (David & Norman, 2016). Since the ultimate goal of the labor support team is to ensure a safe delivery

Geliş Tarihi/Received: 11.11.2021

Kabul Tarihi/Accepted: 19.01.2022

Sorumlu Yazar/Corresponding Author:  
Sibel EJDER TEKGÜNDÜZ  
E-posta: sibeltekgndz@hotmail.com

Cite this article: Motavalli, R., Ejder Tekgündüz, S., & Alipor, M. M. (2022). Comparison of coping styles, psychological well-being and courage in pregnant women by delivery type. *Journal of Midwifery and Health Sciences*, 5(1), 9-14.



Content of this journal is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.

and the birth of a healthy baby, in recent decades humans have found ways to assist with cesarean section in cases where the life of the mother or fetus is in danger; but today this method has become a means to escape the pain of normal childbirth and is mainly based on the fallacy that cesarean section is a painless, safer and healthier method of delivery compared to natural childbirth (Cunningham et al., 2018). However, performing this surgery itself has many consequences for the mother and fetus, including complications from anesthesia, bleeding, embolism, postoperative infections, and more maternal mortality after cesarean section, all of which, in addition to causing physical and psychological complications for the mother, increase the cost of childbirth by 2 times for the mother and family (Cunningham et al. 2018; David & Norman, 2016).

Drugs used in cesarean section affect the baby's neurobehavioral states. These drugs can delay breastfeeding and increase the risk of excessive weight loss in infants. Intravenous injection of opioids during labor may affect the baby's natural sucking reflex to search for the mother's breast in the early hours of life (Dewey et al., 2003). Statistics on cesarean section in a country is one of the indicators for examining the performance of maternal health programs. Hence, the increase in the number of unnecessary cesarean section indicates the improper performance of the country's health system (James et al., 2015).

According to the data of the World Health Organization, Iran is ranked 11th in terms of cesarean section rate. For this ranking, the latest cesarean section rate in Iran is 45.6%. No official statistics have been released in Iran, but scattered reports indicate that the overall rate of cesarean section has been between 45% - 50% in recent years. On the other hand, statistics from other countries, especially developed countries, show that although the rate of natural childbirth in most of these countries is higher than in Iran, the rate of cesarean section in these countries has not only decreased over the past 20 years, but also increased slightly. According to the OECD, Turkey has the highest number of cesarean sections and Israel the lowest. However, a comparison of annual statistics shows that the rate of cesarean section in developed countries has increased from 2000 to 2019. In six developed countries, Canada, Britain, Germany, France, Italy and South Korea, the rate of cesarean section has increased in the last 19 years (Abedi, 2019).

Despite the complications mentioned in cesarean delivery, the prevalence of cesarean section in most Western countries, including the United States, had reached 25% in 1988, but in most Western countries the cesarean section rate decreased to 21.8% in 2015 and has remained the same since then. In order to maintain the health of mother and fetus, the World Health Organization also announced that cesarean delivery would be performed by 15% by 2010 (Cunningham et al., 2018).

Despite the reported statistics on the rate of cesarean section in Iran, and in order to achieve the goals of the World Health Organization in this field, the need for interventions to reduce the rate of cesarean section seems necessary. Considering the fact that behavior study patterns can be important in examining people's views on health behaviors, based on conducted studies, one of the best models that can be used in relation to reproductive attitudes and behaviors is the behavioral intention model (Brown, 2010). This model is based on a psychological theory called logical action theory. This theory is based on two hypotheses: firstly, people make their behavioral decisions based on a reasonable and logical

examination of information available; secondly, people consider the consequences and results of their actions before making a decision (Karen et al., 2011). Coping styles are used as methods to combat stress (Bagheriansararoodi et al., 2017). Lazarus believes there are two coping strategies: problem-focused coping and emotion-focused coping. In problem-focused coping behavior, we act to directly change the stressors, while in emotion-focused coping behavior we pay more attention to changing the emotions focused on it. In emotion-focused coping, one tries to control her emotions (Mohammadzadeh, 2012). In general, coping styles refer to cognitive and behavioral efforts to prevent, manage, and reduce stress (Lazarus & Folkman, 2010).

Mental well-being is a psychological quality of life that is defined as people's perception of life in terms of emotional behaviors, mental functions and dimensions of mental health and consists of two parts. The first part is cognitive judgment about how people are progressing in their lives, and the second part is the level of pleasant experiences (Runes, 2013). According to research, the type of delivery can affect the reduction of psychological well-being among women. Psychological well-being includes the feeling of general satisfaction with life, which includes oneself and the others in various areas of family, work, and the like (Bahrami, 2016).

Daring is an important social skill that improves personal health and is necessary to initiate and maintain supportive interpersonal relationships and leads to better emotional health. It is one of the components of social empowerment that helps people to cope with the difficulties of daily life and cope with problematic situations (Bahrami, 2016).

Given the importance of coping styles, psychological well-being and daring in various aspects of an individual's psychological, social and physical life, it is obvious that each of these dimensions and components contributes greatly in improving the condition of women to volunteer having natural and physiological delivery; hence, the present study was conducted to comparison of coping styles, psychological well-being and courage in pregnant women by delivery type.

## Methods

### Design

The methodology used in the present study is post-event (causal-comparative) and of the case-control type.

### Population and Dataset

Population of this study includes all pregnant women in Ardabil, referring to health centers in 2019. Sampling was done through available method. During the first stage, pregnant women volunteering for natural childbirth and cesarean delivery were identified, and in the second stage, 60 subjects were selected and put into 2 groups as volunteers for natural childbirth ( $n = 30$ ) and cesarean section ( $n = 30$ ). The minimum number of sample for comparative research is 25 subjects (Delavar, 2019). In this study, 30 subjects were selected to increase the external validity in each group.

### Data Collection Tools

Tools of data collection were as followings:

**Gambryl and Richie's Assertiveness Questionnaire** (1975), which has 40 items and consists of two parts, and each item indicates a situation that requires bold behavior. In the first part, the subjects are asked to rate the level and intensity of their irritation

to the situation presented; and in the next part, they should state the probability of their behavior in the situations mentioned in the questionnaire in terms of a five-scale question. The questionnaire includes several types of questions about developing communication, facing others, giving negative feedback, responding to criticism, rejecting demand, accepting one's limitations, and praising others (Florian & Zernitsky Shurka, 2010). Gambryl and Richie showed that the questionnaire is of high validity and can discriminate clinical and non-clinical individuals. The validity of this questionnaire was reported about 0.81 by Gambryl and Richie (Florian & Zernitsky Shurka, 2010). In this study, using Cronbach's alpha coefficient, the validity of the questionnaire was 0.88.

**Reef psychological well-being questionnaire** has 54 questions. This questionnaire was administered to test psychological well-being of the subjects in both sample and control groups. In this questionnaire, the answer to each question is specified on a 5-point scale (from strongly disagree to strongly agree). Every subscale is of 9 questions, which assesses different dimensions of Reef psychological well-being including autonomy, environmental mastery, personal growth, positive relationships with others, purposefulness of the life and self-acceptance through 54 questions. The reported psychometric characteristics of the original version of psychological well-being scales were satisfactory. In Heidari's study, Cronbach's alpha coefficient for each of the psychological well-being scales of self-acceptance, environmental mastery, positive relationships with others, purposefulness of life, personal growth and autonomy were 0.78, 0.77, 0.74, 0.75, 0.73, and 0.60, respectively. It is noteworthy that the obtained internal consistency coefficient of the scales was between 0.81 to 0.86 in Heidari's study (Heydari, 2011). To calculate the reliability of psychological well-being scales, two methods of retesting and internal consistency were used. Internal consistency was determined through Cronbach's alpha.

**Coping Styles Questionnaire** was developed by Billingeze-Moos in 1981 to measure coping strategies. The scale has 19 items and measures the following three coping strategies including cognitive (6 items), behavioral (6 items) and avoidance (6 items) strategies. The subject answer the scale by selecting one of the options (never "0", sometimes "1", often "2" and always "3"). In a research conducted by Pourshahbaz, the reliability coefficient of retest for the whole questionnaire, behavioral coping, cognitive coping, and avoidance coping were  $r = 0.73$ ,  $r = 0.77$ ,  $r = 0.83$ , and  $r = 0.6$ , respectively (Khanjani et al., 2016). Dehghani calculated Cronbach's alpha coefficient of this questionnaire above 0.90 (Dafei, 2017). In the present study, through referring to health centers in Ardabil the required permits from the relevant centers are obtained then a statistical sample of 60 subjects was selected and the questionnaires of coping styles, psychological well-being and daring were distributed among the subjects to be completed.

### Statistical Analysis

Finally, the questionnaires were completed and the data were analyzed by Statistical Package for the Social Sciences version 17 (SPSS Inc., Chicago, IL, USA). Data were analyzed using descriptive and inferential statistics such as absolute and relative frequency distribution tables, mean and standard deviation distributions, and multivariate analysis of variance. P value less than 0.05 was considered significant.

### Ethic Consideration

To conduct the study, the ethics committee approval was obtained from Islamic Azad University from the Medical Sciences,

Ardabil Branch Division Ethics Committee (IR.IAU.ARDABIL.REC. 9.04.2019).

## Results

The results showed that the mean age of the group of pregnant women volunteering for natural childbirth was 25.55 with a standard deviation of 6.62, while in the group of pregnant women volunteering for cesarean section with a standard deviation of 7.15 the mean age was 31.18. Among the group of pregnant women volunteered for natural childbirth the highest frequency belonged to the subjects with bachelor's degree (33.4%) and the lowest frequency to the subjects with master's degree and above (16.6%); and in the group of pregnant women with cesarean section the highest frequency belonged to the subjects with bachelor's degree (43.4%), and the lowest frequency to the subjects with associate degree (16.6%). The mean value of daring was 46.93 for the subjects volunteered for natural childbirth with a standard deviation of 10.88, while in the cesarean delivery group it was 38.90 with a standard deviation of 9.02. Table 1 shows the mean and standard deviation of psychological well-being among the groups under study. T-test with two independent groups was used to evaluate the difference between the mean psychological well-being between women with normal delivery and women with cesarean delivery. According to the results of the table and considering that the significant level of test error for the confidence level of 0.95 is less than 0.05, a significant difference was observed between the level of psychological well-being according to the type of delivery and the average psychological well-being of women with Natural childbirth is more common than women with cesarean delivery.

**Table 1.**  
Mean and Standard Deviation of Psychological Well-Being Among the Groups Under Study

Scales	Groups		
	Cesarean delivery	Natural childbirth	
	Mean $\pm$ SD	Mean $\pm$ SD	
Psychological well-being	Self-acceptance	26.73 $\pm$ 2.66	36.56 $\pm$ 1.70
	Positive relationships with others	21.11 $\pm$ 2.50	32.68 $\pm$ 2.35
	Autonomy	21.46 $\pm$ 4.75	33.24 $\pm$ 2.45
	Mastery of the environment	21.03 $\pm$ 1.84	31.04 $\pm$ 2.49
	Purposeful life	25.53 $\pm$ 2.50	28.08 $\pm$ 3.30
	Personal growth	21.19 $\pm$ 1.29	32.08 $\pm$ 1.75
Coping strategy	Cognitive	16.70 $\pm$ 2.25	20.10 $\pm$ 2.17
	Behavioral	4.28 $\pm$ 0.83	6.86 $\pm$ 1.02
	Avoidance	4.63 $\pm$ 0.89	6.81 $\pm$ 1.10
Daring		2.36 $\pm$ 0.22	2.02 $\pm$ 0.88

Table 2 shows the results of multivariate analysis of variance (MANOVA) test on coping styles, psychological well-being and daring among pregnant women in the two groups under study. According to the results of Table 2, there was a significant difference between the two groups (women volunteering for cesarean section and normal childbirth) with regard to coping styles, psychological well-being and daring ( $p < .05$ ). The results showed that the values of coping styles, psychological well-being and assertiveness (daring) are higher among women volunteering for normal childbirth than those of women volunteering for cesarean section.

**Table 2.**  
*Results of MANOVA on Coping Styles, Psychological Well-Being and Daring in the Study Groups*

Source of change	Dependent variable	Sum squares	Degree of freedom	Mean squares	F	p	Eta
Model	Coping strategies	220994.010	1	220994.010	6869.394	.000	0.768
	Psychological well-being	48268.090	1	48268.090	2234.782	.000	0.327
	Daring	62700.160	1	62700.160	6820.985	.000	0.566
Group	Coping strategies	240.250	1	240.250	7.46	.007	0.128
	Psychological well-being	110.250	1	110.250	5.10	.001	0.067
	Daring	25.000	1	25.000	2.720	.000	0.078
Error	Coping strategies	3152.740	58	32.171			
	Psychological well-being	2116.660	58	21.599			
	Daring	900.740	58	9.192			

## Discussion

The results showed that there is a significant difference between the subjects with natural childbirth and subjects with cesarean delivery based on coping styles (the strategies of cognitive coping, behavioral coping and avoidance coping), psychological well-being (self-acceptance, positive relationships with others, autonomy, environmental mastery, personal growth) and daring; in other words the values of coping styles, psychological well-being and daring among the subjects volunteering for natural childbirth are higher than the subjects volunteering for cesarean delivery.

The results of the present study were consistent with the findings of Modarres et al. (2016) Salehi (2016), Van Brummen et al. (2007), Symon and McDonald (2016). In a study titled "comparing the relationship between normal delivery and cesarean section with stress disorder and psychological well-being following normal childbirth trauma", Modarres et al concluded that since cesarean section can lead to post-traumatic stress disorder, hence providing counseling to women who had cesarean section can be effective in reducing post-traumatic stress disorder and it is also helpful for women who had a normal delivery to improve their psychological well-being (Modarres et al., 2016). The results of a study by Salehi entitled "comparing coping styles, psychological well-being and quality of life among the mothers with natural childbirth and mothers how had cesarean delivery indicated that the quality of life among the former group was better than the latter group; moreover, women with natural childbirth had a better rate of coping and psychological well-being (Salehi, 2016).

In a study titled "comparing the dimensions of quality of life and postpartum assertiveness in natural childbirth and cesarean section", Sadat et al. (2017) concluded that assertiveness in women who had a normal delivery was higher than that of women who had cesarean delivery, which was in harmony with the results of the present study.

Most coping styles are based on trait theory. In this view, coping is a relatively constant talent in the individual that is used in order to respond to stressful events in life, but followers of this view have provided little evidence to support their views. Perhaps one of the reasons for this issue is that there is still not a consistent and generally accepted way of responding. People seem to use different methods and coping styles according to different situations, rather than dealing with pressure in a fixed way. Kolotakin et al State that daring is accompanied by a demand for behavior change. They also found that self-expression is associated with the word "I" and aggression with the word "you" (which implicitly means accusation). The researchers also noted some other important aspects of assertiveness (daring): cognitive remarks (indi-

vidual's view of the situation), direction (statements that indicate what we want to address) and expressions of emotion (Bahrami, 2016). According to Turkman Malayeri; Glassey et al. believe that we should also consider the sub-elements of assertiveness. These elements are: expressing rights, rejecting, asking for behavior change, empathetic statements, threats or conflicts, and giving reasons (Turkman Malayeri, 2009). Hence, with the help of training courses for pregnant women one can improve coping skills, psychological well-being, and daring among women volunteered for cesarean section and encourage them to have natural childbirth.

## Study Limitation

Since this study was conducted among pregnant women volunteering for natural childbirth and cesarean delivery in Ardabil city with the criteria for entering the study, it can be influenced by specific cultural, regional and environmental characteristics. This research is limited in generalizing the results to other groups and regions.

## Conclusion

Implementing training courses for pregnant women in health centers to improve coping skills and daring can prepare them for normal childbirth, which can be effective in reducing the rate of cesarean section.

**Ethics Committee Approval:** To conduct the study, the ethics committee approval was obtained from Islamic Azad University from the Medical Sciences, Ardabil Branch Division Ethics Committee (IR.IAU.ARDABIL.REC.9.04.2019).

**Informed Consent:** At the beginning of the study, the purpose of the study, its importance and necessity, and the recommendation to respond realistically, as well as assuring the pregnant mother about the confidentiality of the information received, and after obtaining written consent, the questionnaires were provided to pregnant mothers. It was given and completed by the mothers themselves in a safe and secluded environment in the presence of the researcher.

**Peer-review:** Externally peer-reviewed.

**Author Contributions:** Concept – R.M.; Design – R.M.; Supervision – S.E.T.; Resources – R.M., M.M.A.; Data Collection and/or Processing – R.M.; Analysis and/or Interpretation – S.E.T.; Literature Search – R.M., M.M.A.; Writing Manuscript – R.M., S.E.T.; Critical Review – R.M.

**Declaration of Interests:** The authors have no conflicts of interest to declare.

**Funding:** The authors declared that this study has received no financial support.

**Etik Komite Onayı:** Bu çalışma için etik komite onayı Azad Üniversitesinden (IR.IAU.ARDABIL.REC.9.04.2019) alınmıştır.

**Hasta Onamı:** Araştırmanın başında araştırmacının amacı, önemi ve gerçekliği, gerçekçi yanıt verilmesi önerisi, alınan bilgilerin gizliliği konusunda gebeye güvence verilmiş ve yazılı onam alındıktan sonra anketler verilmiştir. Araştırmacı eşliğinde güvenli ve tenha bir ortamda annelerin kendileri tarafından verilmiş ve doldurulmuştur.

**Hakem Değerlendirmesi:** Dış bağımsız.

**Yazar Katkıları:** Fikir – R.M.; Tasarım – R.M.; Denetleme – S.E.T.; Kaynaklar – R.M., M.M.A.; Veri Toplanması ve/veya İşlemesi – R.M.; Analiz ve/veya Yorum – S.E.T.; Literatür Taraması – R.M., M.M.A.; Yazıyı Yazan – R.M., S.E.T.; Eleştirel İnceleme – R.M.

**Çıkar Çatışması:** Yazarlar çıkar çatışması bildirmemişlerdir.

**Finansal Destek:** Yazarlar bu çalışma için finansal destek almadıklarını beyan etmişlerdir.

## References

- David, H., & Norman J. (2016). *Gynecology Illustrated. 5th edition* (pp. 120). Churchill Livingstone Co.
- Cunningham, F. G., Leveno, K., Bloom, S., Spong, C., Dashe, J., Hoffman, B., & Casey, B. (2018). *Williams Obstetrics. 25th edition* (pp. 364). New York: Mc Graw-Hill.
- Dewey, K. G., Nommsen-Rivers, L. A., Heinig, M. J., & Cohen, R. J. (2003). Risk factors for suboptimal infant breastfeeding behavior, delayed onset of lactation, and excess neonatal weight loss. *Journal of Pediatrics*, 142(3), 607-619. [Crossref]
- James, D., Steer, P. J., & Weiner, C. P. (2015). *High Risk Pregnancy Management Options. 3th edition* (pp. 135). Philadelphia, PA: Sanders Elsevier.
- Abedi, Z. (2019). *Head of Midwifery Association of Iran*. <https://factnameh.com/fact-checks/2019-05-15-caesarean-iran.html>.
- Brown, K. M. (2010). *Theory of Reasoned Action / Planned Behavior Overview* (pp. 87). University of South Florida.
- Karen, G., Francis, M., & Louise, B. (2011). *Health Behavior and Health Education, Research and Performance Theory*. (pp. 129). Translation of Shafie F.Tehran. Ladan Publishing.
- Bagheriansararoodi, R., Marofi, M., & Seyyedzare, F. (2017). Coping styles related to reducing signs of anxiety and depression in patients. *Iranian Journal of Psychiatry and Clinical Psychology*, 16(4), 432-442.
- Mohammadzadeh, A. (2012). *Relationship between Personality Characteristics and Coping with Job Satisfaction in Employed Women*. (pp. 45) [Master's thesis]. Payame Noor University of Tehran.
- Lazarus, R. S., & Folkman, S. (2010). *Stress appraisal and coping response to hassles experienced in outdoor recreation settings* (pp. 52). Leisure Sciences.
- Runes, S. (2013). Motivational interviewing in intensive treatment of type 2 diabetes detected by screening in general practice. *Danish Medical Bulletin*, 3(12), 52.
- Bahrami, F. (2016). *Comparison of methods for assimilating students to high school students with personal counseling and group counseling techniques in Isfahan. Graduate Degree in Consultation* (pp. 36). Allameh Tabatabaie University. Faculty of Education and Psychology.
- Delavar, A. (2019). *Theoretical and practical basis of research in humanities and social sciences. Second edition* (pp. 108). Roshd Publication.
- Florian, V., & Zernitsky Shurka, E. (2010). The effect of culture and gender on self-reported assertive behavior. *International Journal of Psychology*, 22, 83-95. [Crossref]
- Heydari, M. (2011). *The Role of Spiritual Intelligence Training in Promoting the Psychological Well-Being of Infertile Women*. (pp. 69) [Master's thesis]. Islamic Azad University of Ardabil Branch.
- Khanjani, Z., Farooqi, P., & Yaghoobi, A. (2016). Psychological risk factors in coronary heart disease: An analysis of the role of personality and coping styles in heart disease. *Medical Journal of Tabriz University of Medical Sciences*, 2(13), 32-34.
- Dafei, M. (2017). *Investigating the Relationship between Coping with Individual Characteristics and Mental Health of Infertile Couples in Yazd*. (pp. 71) [Master's thesis]. Faculty of Medical Sciences, Tarbiat Modares University.
- Modarres, M., Afrasiabi, S., & Montazeri, A. (2016). Comparison between the relationship between normal delivery and cesarean delivery with stress disorder and psychological well-being of pregnancy trauma. *Two Monthly Research Papers of Shahed University*, 18(94), 105.
- Salehi, M. (2016). Comparison of coping styles, psychological well-being and quality of life in mothers of children born with normal delivery and delivery of cesarean section. *Journal of Behavioral Sciences*, 2(2), 165-172.
- Van Brummen, H. J., Bruinse, H. W., van de Pol, G. M., Heintz, A. P., & Van der Vaart, C. H. (2007). The effect of vaginal and cesarean delivery on lower urinary tract symptoms: what makes the difference? *International Urogynecology Journal*, 18, 133-139. [Crossref]
- Symon, A., & MacDonald, A. (2016). Postnatal quality of life assessment: introducing the mother-generated index. *Birth*, 29, 40-46. [Crossref]
- Sadat, Z., Saberi, F., & Naebi, M. (2017). Comparison of quality of life dimensions and postpartum darning in natural birth and cesarean delivery. *Payesh Quarterly*, 11(3), 377-3383.
- Turkman Malayeri, M. (2009). *Investigating the Effect of Group Counseling Dare on Decreasing Aggression and Academic Achievement of Male Students in Shiraz*. (pp. 62) [Graduate thesis]. Islamic Azad University of Arsanjan Branch.

## Genişletilmiş Özet

Doğum mekanizması uzun yıllardır doğal olarak gerçekleşen müdahaleye ihtiyaç duymadan kendiliğinden gelişen bir süreçtir. Doğum ekibinin nihai amacı, güvenli doğum ve sağlıklı bir anne ve bebek ile doğumu sonlandırmak olduğu için, sağlık çalışanları, annenin veya fetüsün hayatının tehlikede olduğu durumlarda sezaryen ile yardımcı olmuşlardır. Ancak günümüzde bu yöntem normal doğum sancularından kurtulmanın bir yolu haline gelmiştir ve temel olarak sezaryen ile normal doğuma göre daha ağrısız, daha güvenli ve daha sağlıklı bir doğum yöntemi olduğu yanlışına dayanmaktadır. Bununla birlikte, bu ameliyatın kendi başına yapılmasının anne ve fetüs için anestezi komplikasyonları, kanama, emboli, ameliyat sonrası enfeksiyonlar ve sezaryen sonrası daha fazla anne ölümü dahil olmak üzere birçok komplikasyon vardır, bunların tümü anne için fiziksel ve psikolojik komplikasyonlara ve doğum maliyetini 2 kat artırır.

Bir ülkedeki sezaryen ile ilgili istatistikler, anne sağlığı programlarının performansını incelemek için kullanılan göstergelerden biridir. Dolayısıyla gereksiz sezaryen sayısındaki artış, ülkenin sağlık sisteminin yanlış performans gösterdiğine işaret etmektedir. Gelişmekte olan ülkelerde sezaryen oranı her geçen gün artmakta olup İran'da 2006 ve 2016 yıllarında sırasıyla %42,3 ve %61,5; İsfahan ili %58,2 ile İran'da sezaryen açısından ikinci sırada yer aldı. Anne ve fetüsün sağlığını korumak için Dünya Sağlık Örgütü de 2010 yılına kadar %15 oranında sezaryen ile doğum yapılacağını duyurmuştur. İran'da sezaryen oranlarına ilişkin bildirilen istatistiklere rağmen ve Dünya Sağlık Örgütü'nün bu alandaki hedeflerine ulaşabilmesi için sezaryen oranını azaltacak müdahalelere ihtiyaç olduğu görülmektedir.

Başa çıkma stilleri stresle mücadele yöntemi olarak kullanılmaktadır. Problem odaklı başa çıkma davranışında stresörleri doğrudan değiştirmek için hareket ederiz, duygu odaklı başa çıkma davranışında ise buna odaklanan duyguları değiştirmeye daha fazla dikkat ederiz. Duygu odaklı başa çıkmada kişi duygularını kontrol etmeye çalışır. Genel olarak başa çıkma stilleri, stresi önlemek, yönetmek ve azaltmak için bilişsel ve davranışsal çabaları ifade eder. Ruhsal iyi oluş, duygusal davranışlar, zihinsel işlevler ve ruh sağlığının boyutları açısından insanların yaşamı algılayış biçimi olarak tanımlanan ve iki bölümden oluşan psikolojik bir yaşam kalitesidir. İlk bölüm, insanların yaşamlarında nasıl ilerleme kaydettiklerine dair bilişsel yargı, ikinci bölüm ise hoş deneyimlerin düzeyidir. Araştırmalara göre, doğum şekli kadınlar arasında psikolojik iyi oluşun azalmasını etkileyebilir. Psikolojik iyi oluş, aile, iş ve benzeri çeşitli alanlarda kendini ve diğerlerini içeren yaşamdan genel olarak tatmin olma hissini içerir. Cesaret, kişisel sağlığı geliştiren ve destekleyici kişilerarası ilişkileri başlatmak ve sürdürmek için gerekli olan ve daha iyi duygusal sağlığa yol açan önemli bir sosyal beceridir. Sosyal hayatın bileşenlerinden biridir. Bireyin psikolojik, sosyal ve fiziksel yaşamının çeşitli yönlerinde başa çıkma biçimlerinin, psikolojik iyi oluşun ve üretkenliğin önemi göz önüne alındığında, bu boyutların ve bileşenlerin her birinin, kadınların doğal ve fizyolojik doğuma gönüllü olma durumunu iyileştirmede büyük katkı sağladığı açıktır. Bu nedenle bu çalışma, gebelerde doğum şekline göre baş etme tarzları, psikolojik iyi oluş ve cesaretin karşılaştırılması amacıyla yapılmıştır.

Tanımlayıcı ve karşılaştırılmalı olarak yapılan çalışma 2019 yılında İran'da yapılmıştır. Arştırmada Psikolojik İyi Oluş Ölçeği, Başetme Stratejileri ve Cesaret Ölçeği kullanılmıştır. Verilerin değerlendirilmesinde SPSS 17 kullanılmıştır. Bu çalışma, Erdebil ilinde doğal doğum ve sezaryen doğum için gönüllü olan gebeler arasında araştırmaya girme kriterleri ile yapıldığından, belirli kültürel, bölgesel ve çevresel özelliklerden etkilenebilir. Bu araştırma, araştırmanın yapıldığı gruba genellenebilir.

Araştırmaya normal doğum grubuna alınan gebelerin grubunun yaş ortalaması 25,55 ± 6,62, sezaryen grubuna alınan gebelerin 31,18 ± 7,15 olduğunu görüldü. Normal doğuma gönüllü olan gebeler arasında en yüksek sıklık lisans (%33,4), en düşük sıklık ise yüksek lisans ve üzeri (%16,6); sezaryen olan gebeler grubunda en yüksek sıklık lisans (%43,4), en düşük sıklık ise önlisans (%16,6) idi. Araştırmaya alınan kadınlardan sezaryen grubunda Psikolojik İyi Oluş Ölçeğinin "Kendini Kabul Ediş" alt boyutu puan ortalaması 26,73 ± 2,66, "Başkaları ile Pozitif İlişkiler" 21,11 ± 2,50, "Özerklik" 21,46 ± 4,75, "Çevreye Hakim Olma" 21,03 ± 1,84, "Amaçlı Yaşam" 25,53 ± 2,50, "Kişisel Gelişim" 21,19 ± 1,29 olarak bulunmuştur. Aynı grubun Başetme Stratejileri Ölçeği "Bilişsel" alt boyut puan ortalaması 16,70 ± 2,25, "Davranışsal" alt boyut 4,28 ± 0,83, "Kaçınma" alt boyutu 2,36 ± 0,22 olarak saptanmıştır. Bu grubun cesaret içeği puan ortalaması 2,30 ± 0,22 olarak belirlenmiştir. Normal doğum grubunda Psikolojik İyi Oluş Ölçeğinin "Kendini Kabul Ediş" alt boyutu puan ortalaması 36,56 ± 1,70, "Başkaları ile Pozitif İlişkiler" 32,68 ± 2,35, "Özerklik" 33,24 ± 2,45, "Çevreye Hakim Olma" 31,04 ± 2,49, "Amaçlı Yaşam" 28,08 ± 3,30, "Kişisel Gelişim" 32,08 ± 1,75 olarak bulunmuştur. Aynı grubun Başetme Stratejileri Ölçeği "Bilişsel" alt boyut puan ortalaması 6,86 ± 1,02, "Davranışsal" alt boyut 6,81 ± 1,10, "Kaçınma" alt boyutu 2,02 ± 0,88 olarak saptanmıştır. Bu grubun cesaret içeği puan ortalaması 2,02 ± 0,88 olarak belirlenmiştir. Grupların baş etme tarzları, psikolojik iyi oluşları ve cesaretlerine ilişkin çok değişkenli varyans analizi sonuçları incelendiğinde; iki grup (sezaryen ve normal doğum için gönüllü olan kadınlar) arasında baş etme tarzları, psikolojik iyi oluş ve üretkenlik açısından anlamlı farklılık vardı ( $p < ,05$ ). Sonuçlar, normal doğum için gönüllü olan kadınların baş etme tarzları, psikolojik iyi oluş ve atılganlık (cesaret) değerlerinin sezaryen için gönüllü olan kadınlara göre daha yüksek olduğunu göstermiştir.

Çalışma sonucunda, psikolojik iyi oluş ve cesaretin başa çıkma tarzları ile ilişkili olduğunu göstermiştir. Gebelerin baş etme becerilerini ve cesaretlerini geliştirmeye yönelik eğitimler vermek onları doğal doğuma hazırlayabilir.