RESEARCH ARTICLE / Araştırma Makalesi

Expression of Feelings by Pregnant Women Living in Two Different Geographic Regions and Their Adaptation to Pregnancy: Hungary and Turkey Cases

Farklı İki Coğrafik Bölgede Yaşayan Gebelerin Duygu İfadeleri ve Gebeliğe Uyum Durumları: Macaristan ve Türkiye Örneği

Sukran Ertekin Pinar[1], Gulay Yildirim[2], Busra Cesur[1], Zsuzsanna Éliás[3], Hatice Nur Kayapinar[4], Selda Sekeroglu[4]

[1] Cumhuriyet University Faculty of Health Sciences Midwifery Department, Sivas, Turkey.
[2] Cumhuriyet University Faculty of Medicine, Medical Ethics and the History of Medicine Department, Sivas, Turkey.
[3] Pécs University Faculty of Health Sciences, Szombathely, Hungary.
[4] Cumhuriyet University Faculty of Health Sciences Midwifery Department, Sivas.

Yazışma Adresi / Correspondence:
Sukran Ertekin Pinar
Cumhuriyet University, Faculty of Health Sciences, Sivas, Turkey
T: **+90 346 219 10 10** E-mail: **sepinar09@gmail.com**

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Abstract

Aim While pregnancy is seen as a normal condition in pregnant women, physical, psychological and social changes can also be experienced. This study was conducted to investigate expression of feelings by pregnant women living in two different geographic regions and their adaptation to pregnancy. **(Sakarya Med J 2018, 8(3):582-592)**

Methods This descriptive and cross-sectional study was carried out with 211 pregnant women who were admitted to gynaecology clinics in Turkey and Hungary, and who had no health problems in themselves and in their babies (Turkey = 112; Hungary = 99). Data were collected by personal information form and questionnaire to assess women's expressions of feelings related to pregnancy and adaptation to pregnancy.

Results The participating pregnant women in Hungary had concerns that they would not be able to give birth to their babies because of a painful birth process (67.7%), that their babies would not be healthy (86.9%), whereas the pregnant women in Turkey had concerns that they would not be able to give birth to their babies (49.1%). While more than half of the pregnant women in Hungary expressed their concerns about maintaining the pregnancy, giving birth and the health of the baby, less number of pregnant women in Turkey expressed their concerns. Pregnant women in Turkey expressed that they were afraid of labour pains more than those in Hungary.

Conclusion There are differences between moods and adaptations to pregnancy of pregnant women who live in two different areas. These differences show the importance of planning and implementation of transcultural care initiatives.

Keywords Pregnancy; emotional adaptation; mental health

Öz

Amaç Gebelik kadında normal bir olay olarak görülmekle beraber, fiziksel, ruhsal ve sosyal yönden değişimler de yaşanabilmektedir. Çalışma farklı iki coğrafik bölgede yaşayan kadınların duygu ifadeleri ve gebeliğe uyum durumlarının incelenmesi amacı ile yapılmıştır. **(Sakarya Tıp Dergisi 2018, 8(3):582-592).**

Yöntem Tanımlayıcı ve kesitsel araştırma, Türkiye ve Macaristan'da kadın doğum polikliniğine başvuran, kendisinde ve bebeğinde sağlık problem olmayan 211 gebe ile yürütülmüştür (Türkiye = 112; Macaristan = 99). Veriler, Kişisel Bilgi Formu, gebeliğe uyum ve gebelik ile ilgili duygu ifadelerini değerlendirmeye yönelik soru formu ile toplanmıştır.

Bulgular Araştırmaya Macaristan'dan katılan gebe kadınlar, ağrılı doğum süreci (%67.7), bebeklerinin sağlıklı olmayacağı (%86.9), Türkiye'den katılan gebe kadınlar ise bebeklerini doğuramayacakları (%49.1) konusunda endişe taşıyorlardı. Macaristan'daki gebe kadınların yarısından fazlası hamileliğin sürdürülmesi, doğumun gerçekleşmesi ve bebeğin sağlığı ile ilgili endişelerini dile getirirken, Türkiye'de daha az sayıda gebe kadın bu konuda endişelerini dile getirdi. Türkiye'deki gebe kadınlar, Macaristan'dakilere göre doğum ağrılarından daha fazla korktuklarını ifade etmişlerdir.

Sonuç İki farklı bölgede yaşayan gebelerin duygu ifadeleri ve gebeliğe uyumları arasında farklılıklar vardır. Bu farklılıklar, kültürlerarası bakım girişimlerinin planlanmasının ve uygulanmasının önemini göstermektedir.

Anahtar Kelimeler Gebelik; duygusal uyum; ruhsal sağlık

Introduction

Pregnancy is not only a physiological event that can be experienced by every woman in her childbearing years but also a period of developmental crisis during which the woman's psychological balance deteriorates, roles within the family change and a parental relationship is established between the mother and the baby.[1-3] While women sometimes perceive pregnancy as self-realization and a source of happiness, they sometimes see it as a period during which negative emotional feelings such as stress, anxiety and anxious anticipation are experienced.[4,5] Adaptation to pregnancy may vary from one culture to another, and women's and families' cultural characteristics determine their adaptation to and attitudes towards pregnancy, emotional status and health requirements.[6,7]

Culture constitutes the basic values system which distinguishes one society from another and plays a role in the management of health promotion and treatment of diseases.[8] When she becomes pregnant, social attention on the woman's behaviours increases, and she is always expected to make healthy choices and to exhibit behaviours in compliance with pregnancy.[9] However, the physical and mental changes that occur in pregnancy may adversely affect the pregnant woman's physical activities, work performance, relationships with family members and society, psychological status, nutrition and quality of life, and may complicate her acceptance of pregnancy.[10,11]

In the literature, women who have difficulty accepting pregnancy are reported to have more difficulties in adapting to pregnancy and motherhood, and to develop negative attitudes towards pregnancy and the baby due to physical discomforts they experience.[12-14] Women who can express their feelings and who receive social support have been demonstrated to have less difficulty in complying with the role of motherhood.[13] However, the way a pregnant woman expresses her feelings is affected by her beliefs, role in society, relationships with the spouse and other members of the family, financial situation, expectations from life, level of education and philosophy of life, and the meaning attributed to pregnancy and the value of the child in society.[6] In Turkey and in some cultures, there are practises that have a special meaning for the preparation of pregnant woman about sexual activity, birth and baby. There are also cultural influences on pain expression at birth, birth place, who will participate in birth, birth positions, umbilical cord and placenta. These cultural practices are among the important factors affecting women's adaptation to pregnancy.[7]

Evaluation of the ways pregnant women living in different cultures express their feelings, their adaptation to pregnancy and the affecting factors and the clarification of cultural similarities and differences play an important role in the planning of transcultural care and the development of care strategies. Nurses' recognition of the culture of individuals to whom they provide care is very important for the delivery of effective nursing care. Approaching cultural differences and similarities sensitively while care is provided is the prerequisite for transcultural care.[8,15,16] The present study was conducted to investigate how pregnant women living in two different geographic regions express their feelings and their adaptation to pregnancy.

Materials and Methods

This descriptive and cross-sectional study was carried out between January 2015 and July 2015. The study sample included 211 women who presented to the gynaecology clinic of Sivas State Hospital in Turkey and to the gynaecology clinic of Markusovszky Egyetemi Oktatókórház Hospital

in the city of Szombathely in Hungary. Of the women, 99 were from Hungary and 112 were from Turkey. The pregnant women who presented to the gynaecology clinic at the specified date in both countries and met the research criteria were selected by simple random sampling method. A total of 15 pregnant women (10 in Turkey and 5 in Hungary) were excluded from the study because they did not want to participate in the study.

Inclusion criteria

- Volunteering to participate in the research.
- Refering to hospital for check.
- Not having diagnosed physical-psychiatric disorder in itself and in the baby.
- Not having perceptual deficits and communication problems.
- Having healthy pregnancy.

Statistical analysis

The data were analysed using the Statistical Package for the Social Sciences (SPSS) version 22.0 software (IBM, Chicago, IL). Sociodemographic and pregnancy characteristics were assessed with numbers and percentage distributions. To find out whether there were differences between the pregnant women's expressions of feelings and adaptation to pregnancy, the chi-square test was used.

Research ethics

In order to collect the data, ethical approval was obtained from the Ethics Committee (Decision No. 2014-12 / 04) and institution approval was obtained from the hospitals in which the study was conducted (Turkey and Hungary). The informed consent of the pregnant women who agreed to participate in the study was verbally received. It was stated to pregnant women who accepted to participate in the study that the decision about participating in the study was completely their own, that no name would be written in the questionnaire form, and that the data obtained from the study would be used within the scope of the research. It was stated that the collected information would be confidential, the identity information was not requested from them and volunteering was taken as basis. The study was conducted in accordance with the Declaration of Helsinki.

Data collection

Data were collected through two separate forms developed by the researchers. Both questionnaires were prepared as a result of joint study of researchers in Turkey and Hungary.

Personal information form: The questionnaire prepared by the Turkish researchers through a literature review includes 20 items questioning the participants' sociodemographic characteristics (age, education, employment status, perception of economic status, etc.) and pregnancy characteristics (number of pregnancies, whether the pregnancy is a desired one, having regular check-ups, etc.).[13,17]

Questionnaire to assess women's expressions of feelings related to pregnancy and adaptation to pregnancy: The questionnaire developed by the Turkish researchers through a literature review includes 14 items to assess women's expressions of feelings related to pregnancy and their adaptation to pregnancy. The items were on adaptation to and expressions of feelings related

pregnancy (11 items) and baby (3 items). In both countries, three expert opinions (in the field of mental health, gynecology and public health nursing) were taken for the reliability of the questionnaire. After the expert opinion, necessary corrections were made in the questionnaire and the final form was given.[7,13,17,18]

Before the study was started, the questionnaires to be used in the study and the informed consent form were translated into Hungarian by the Hungarian researchers. After language clarity was established, the questionnaires were pilot tested with 10 pregnant who met the sampling criteria. After pilot testing, unclear points were revised and the questionnaires took their final forms. The data in Turkey were collected by the researchers in Turkey and the data in Hungary were collected by the researchers in Hungary. The women who agreed to participate in the study were informed about the purpose of the study by the researchers at the hospital settings, and then the questionnaires were filled in through face-to-face interviews. It took 15-20 minutes to fill in the questionnaires.

Results

Socio-demographic characteristics of the participating pregnant women

The mean age of the Hungarian participants was 30.68 ± 5.64 (min: 17; max: 42). Of them, 39.4% were college graduates, 79.8% were employed, 59.6% perceived their socioeconomic status as good. 50% had conceived for the first time, 78.8% wanted the baby and 99% had regular checkups. 89.9% of the pregnant women in Hungary were found to be married.

The mean age of Turkish participants was 27.34 ± 6.15 (min: 16; max: 41). Of them, 58.9% were primary school graduates, 83% were unemployed, 57.1% perceived their socioeconomic status as moderate. 63.4% had more than two pregnancies, 92.9% wanted the baby, and 87.5% had regular checkups. 100% of the pregnant women in Turkey were found to be married.

Hungarian women's expressions of feelings related to pregnancy and their adaptation to pregnancy

Of the Hungarian participants, 69.7% said that it was an appropriate time to conceive, 92.9% were able to cope with the discomforts that occurred during pregnancy. 92.9% were knowledgeable enough about pregnancy and childbirth, 64.6% thought that the infant would not prevent them from fulfilling their responsibilities. 66.7% did not have any worries that they would not be able to look after the baby well after the birth, 97% did not regret becoming pregnant. 83.8% did not have any problems in adapting to the pregnancy, and 84.8% were able to tell their feelings to others comfortably (see Table 1).

On the other hand, of the Hungarian participants, 59.6% were worried that they would not be able to continue with the pregnancy, 58.6% had difficulty adapting to the changes caused by pregnancy. 67.7% were worried that they would not give birth, 86.9% had concerns that the baby would not be healthy and 65.7% were afraid that they would not endure labour pain (see Table 1).

Turkish women's expressions of feelings related to pregnancy and their adaptation to pregnancy

Of the Turkish participants, 82.1% said that it was an appropriate time to conceive, 89.3% were able to cope with the discomforts that occurred during pregnancy. 79.5% were knowledgeable enough about pregnancy and childbirth, 78.6% thought that the infant would not prevent them

from fulfilling their responsibilities. 90.2% did not have any worries that they would not be able to look after the baby well after the birth, 89.3% did not regret becoming pregnant, 80.4% were able to tell their feelings to others comfortably and 79.5% did not have any problems in adapting to the pregnancy. 86.6% were not worried that they would not be able to continue with the pregnancy, 58% had no difficulty adapting to the changes caused by pregnancy, 67.7% were worried that they would not give birth, and 86.9% had no concerns that the baby would not be healthy (see Table 1). However, of the Turkish participants, 49.1% had concerns that they would not be able to give birth to their baby, and 72.3% had fears of labour pain (see Table 1).

Table 1. Comparison of expression of feelings and adaptations to pregnancy of pregnant women in Hungary and Turkey

	Hungary (n=99)		Turkey (n=112)		
	n	%	n	%	
Appropriate time to conceive					
Yes	69	69.7	92	82.1	x^2=58.393 p=0.000*
No	30	30.3	20	17.9	
Considering that the infant would prevent her from fulfilling her responsibilities					
Yes	35	35.4	24	21.4	x^2=40.991 p=0.000*
No	64	64.6	88	78.6	
Having concerns for not being able to look after the baby					
Yes	33	33.3	11	9.8	x^2=71.701 p=0.000*
No	66	66.7	101	90.2	
Being able to convey her feelings to other people					
Yes	84	84.8	90	80.4	x^2=88.953 p=0.000*
No	15	15.2	22	19.6	
Having trouble in adaptation to pregnancy					
Yes	16	16.2	23	20.5	x^2=83.834 p=0.000*
No	83	83.8	89	79.5	
Having concerns that she will not be able to continue with pregnancy					
Yes	59	59.6	15	13.4	x^2=18.810 p=0.000*
No	40	40.4	97	86.6	
Having concerns that she will not be able to give birth to her baby					
Yes	67	67.7	55	49.1	x^2=5.161 p=0.023*
No	32	32.3	57	50.9	
Having concerns that the baby will not be healthy					
Yes	86	86.9	39	34.8	x^2=7.209 p=0.007*
No	13	13.1	73	65.2	
Having fears of labour pain					
Yes	65	65.7	81	72.3	w^2=31.095 p=0.000*
No	34	34.3	31	27.7	

*p<0.05
2=Chi-Square Test

Comparison of expression of feelings and adaptations to pregnancy of pregnant women in Hungary and Turkey

When "appropriate time to conceive", "considering that the infant would prevent her from fulfilling her responsibilities", "having concerns for not being able to look after the baby", "being able to

convey her feelings to other people", "having trouble in adaptation to pregnancy", "having concerns that she will not be able to continue with pregnancy", "having concerns that she will not be able to give birth to her baby", "having concerns that the baby will not be healthy", "having fears of labour pain" situations of pregnant women in both countries were compared, the difference among them was found to be statistically significant ($p<0.05$). When compared to pregnant women in Hungary, pregnant women in Turkey were determined that they were at an appropriate time to conceive, the infant did not prevent them from fulfilling their responsibilities, they were not concerned about the care of the baby, they did not have concerns about maintaining the pregnancy, they did not have concerns about the delivery of the baby and they were afraid of the labour pain.

When compared to pregnant women in Turkey, pregnant women in Hungary were determined that they were able to convey their feelings to other people, they did not have trouble in adaptation to pregnancy, and they had concerns about the baby's health (see Table 1).

Comparison of expressions of feelings by the Hungarian and Turkish participants and their adaptation to pregnancy in the case that they accept or do not accept themselves as a pregnant woman / mother

Among the Hungarian and Turkish participants, statistically significant differences were determined between the case "accepting herself as a pregnant woman / mother" and the following statements: "appropriate time to conceive", "coping with pregnancy-related discomforts", "adaptation to pregnancy", "having enough knowledge about pregnancy", "regarding that the infant would not prevent her from fulfilling her responsibilities", "concerns for not being able to look after the baby" and "not regretting becoming pregnant" ($p<0.05$) (see Table 2).

Table 2. Comparison of expressions of feelings by the participants and their adaptation to pregnancy in the case that they accept themselves as pregnant women / mothers

	Accepting herself as a pregnant woman / mother			
	Hungary (n=99)		Turkey (n=112)	
Appropriate time to conceive	69 (69.7) p=0.001*	30 (30.3) x^2=10.565	92 (82.1) p=0.035*	20 (17.9) x^2=4.465
Coping with discomforts likely to occur during pregnancy	92 (92.9) p=0.000*	7 (7.1) x^2=21.045	100 (89.3) p=0.001*	12 (10.7) x^2=10.228
Having trouble in adaptation to pregnancy	16 (16.2) p=0.016*	83 (83.8) x^2=5.845	23 (20.5) p=0.000*	89 (79.5) x^2=15.320
Considering herself knowledgeable enough about pregnancy and childbirth	92 (92.9) p=0.000*	7 (7.1) x^2=21.045	89 (79.5) p=0.004*	23 (20.5) x^2=8.267
Considering that the infant would prevent her from fulfilling her responsibilities	35 (35.4) p=0.000*	64 (64.6) x^2=12.415	24 (21.4) p=0.006*	88 (78.6) x^2=7.706
Having concerns for not being able to look after the baby	33 (33.3) p=0.000*	66 (66.7) x^2=19.800	11 (9.8) p=0.000*	101 (90.2) x^2=38.681
Regretting becoming pregnant	3 (3.0) p=0.000*	96 (97.0) x^2=12.409	12 (10.7) p=0.000*	100 (89.3) x^2=20.747
Having concerns that she will not be able to give birth to her baby	67 (67.7) p=0.030*	32 (32.3) x^2=4.728	55 (49.1) p=0.085	57 (50.9) x^2=2.972
Being able to convey her feelings to other people	84 (84.8) p=0.010	15 (15.2) x^2=6.608	90 (80.4) p=0.386	22 (19.6) x^2=0.753
Having concerns that she will not be able to continue with pregnancy	59 (59.6) p=0.060	40 (40.4) x^2=3.528	15 (13.4) p=0.007*	97 (86.6) x^2=7.324

*p<0.05
2=Chi-Square Test

Among Hungarian participants, statistically significant differences were also determined between the case "accepting herself as a pregnant woman / mother" and the following statements: "having concerns that she will not be able to give birth to her baby" (p = 0.030) and "conveying her feeling to other people comfortably" (p = 0.010). Among Turkish participants, statistically significant differences were also determined between the case "accepting herself as a pregnant woman / mother" and the statement "having concerns that she will not be able to continue with the pregnancy" (p = 0.007) (see Table 2).

Comparison of expressions of feelings by the Hungarian and Turkish participants and their adaptation to pregnancy in the case that they have or lack enough knowledge of pregnancy and childbirth Among Hungarian and Turkish participants, statistically significant differences were determined between the case "considering that she has enough knowledge of pregnancy and childbirth" and the following statements: "coping with pregnancy-related discomforts", "accepting herself as a pregnant woman / mother", "adaptation to pregnancy" and "having no concerns that she will not be able to look after the baby" (p<0.05) (see Table 3).

Table 3. Comparison of expressions of feelings by the participants and their adaptation to pregnancy in the case that they consider themselves knowledgeable enough about pregnancy and childbirth

	Considering herself knowledgeable enough about pregnancy and childbirth			
	Hungary (n=99)		Turkey (n=112)	
	Yes n (%)	No n (%)	Yes n (%)	No n (%)
Coping with discomforts likely to occur during pregnancy	92 (92.9) p=0.000	7 (7.1) x^2=47.482	100 (89.3) p=0.007*	12 (10.79 x^2=7.150
Accepting herself as a pregnant woman / mother	90 (90.9) p=0.000*	9 (9.1) x^2=21.045	106 (94.6) p=0.004*	6 (5.4) x^2=8.267
Having trouble in adapting to pregnancy	16 (16.2) p=0.047	83 (83.8) x^2=3.962	23 (20.5) p=0.013*	89 (79.5) x^2=6.133
Having concerns for not being able to look after the baby	33 (33.3) p=0.027*	66 (66.7) x^2=4.919	11 (9.8) p=0.000*	101 (90.2) x^2=13.886
Considering that the infant would prevent her from fulfilling her responsibilities	35 (35.4) p=0.038*	64 (64.6) x^2=4.289	89 (79.5) p=0.541	23 (20.5) x^2=0.373
Regretting becoming pregnant	3 (3.0) p=0.000*	96 (97.0) x^2=40.661	12 (10.7) p=0.245	100 (89.3) x^2=1.349
Being able to convey her feelings to other people comfortably	84 (84.8) p=0.001*	15 (15.2) x^2=10.332	90 (80.4) p=0.383	22 (19.6) x^2=0.761
Appropriate time to conceive	69 (69.7 p=0.109	30 (30.3) x^2=2.569	92 (82.1) p=0.017*	20 (17.9) x^2=5.653
Having concerns that she will not be able to continue with pregnancy	59 (59.6) p=0.508	40 (40.4) x^2=0.438	15 (13.4) p=0.001*	97 (86.6) x^2=11.417

*p<0.05
2=Chi-Square Test

Among Hungarian participants, statistically significant differences were also determined between the case "considering that she has enough knowledge of pregnancy and childbirth" and the following statements: "regarding that the infant would not prevent her from fulfilling her responsibilities" (p=0.038), "not regretting becoming pregnant" (p=0.000) and "conveying her feelings to other people comfortably" (p=0.001). Among Turkish participants, statistically significant differences were also determined between the case "considering that she has enough knowledge of pregnancy and childbirth" and the following statements: "it is an appropriate time to conceive" (p=0.017) and "having concerns that she will not be able to continue with the pregnancy"

(p=0.001) (see Table 3).

Comparison of expressions of feelings by the Hungarian and Turkish participants and their adaptation to pregnancy in the case that they experience or do not experience fear of labour pain

Among Hungarian participants, statistically significant differences were determined between the case "experiencing fear of labour pain" and the following statements: "having no problems in adapting to pregnancy", "having concerns that she will not be able to give birth to her baby" and "conveying her feelings to other people comfortably" (p<0.05) (Table 4).

Table 4. Comparison of expressions of feelings by the participants and their adaptation to pregnancy in the case that they experience fears of labour pain

	Experiencing fears of labour pain			
	Hungary (n=99)		Turkey (n=112)	
Having trouble in adaptation to pregnancy	16 (16.2) p=0.044*	83 (83.8) x^2=4.038	23 (20.5) p=0.475	89 (79.5) x^2=0.510
Having concerns that she will not be able to give birth to her baby	67 (67.7) p=0.000*	32 (32.3) x^2=40.195	55 (49.1) p=0.009	57 (50.9) x^2=6.912
Being able to convey her feelings to other people comfortably	84 (84.8) p=0.014*	15 (15.2) x^2=6.006	90 (80.4) p=0.628	22 (19.6) x^2=0.234
Having concerns that the baby will not be healthy	86 (86.9) p=0.112	13 (13.1) x^2=2.524	39 (34.8) p=0.034*	73 (65.2) x^2=4.518
Having concerns for not being able to look after the baby	33 (33.3) p=0.2.95	66 (66.7) x^2=1.098	11 (9.8) p=0.031*	101 (90.2) x^2=4.668

*p<0.05
2=Chi-Square Test

Among Turkish participants, statistically significant differences were determined between the case "experiencing fear of labour pain" and the following statements: "having no concerns that the baby would not be healthy" and "having no concerns that she will not be able to look after the baby" (p<0.05) (see Table 4).

Discussion

The present study conducted to investigate how pregnant women living in two different geographic regions express their feelings and their adaptation to pregnancy demonstrated that the majority of the participating pregnant women in Turkey were younger than were the participating pregnant women in Hungary. Education levels, economic conditions and working conditions of the Turkish women were lower than were those of the Hungarians. The mean age of the Turkish participants in the present study, and their education, employment and marital statuses are compatible with the results of the Turkey Demographic and Health Survey.[19] In a study conducted in Turkey, 83% of the women who gave birth were found to be in the 19-34 age groups.[20] The fact that the mean age of pregnant women in Hungary is higher, more women take part in the working life and high education and economic levels in Hungary indicates that there is more socio-cultural difference between the two countries. The higher the level of education, the more women take part in the working life and feel better economically. In Turkish culture, women are expected to give birth when they are married.[19] For this reason, all the pregnant women in our research are married. However, there are also single women among pregnant women in Hungary. These findings can be explained by the fact that the family structures and cultural characteristics of the two countries are different.

Analysis of the data related to pregnancy indicated that while more than half of the Turkish participants had more than two pregnancies, half of the Hungarian participants had their first pregnancy. These data appear to be associated with fertility rates in Turkey. Almost all of the participants in both countries had planned pregnancies, were knowledgeable enough about childbirth, had regular check-ups, were able to cope with problems related to pregnancy, were able to adapt to pregnancy and were able to express their feelings. However, of the participants in both countries, those who accepted the pregnancy/motherhood were able to deal with problems better. These women's pregnancy-related perspectives and adaptation to pregnancy were also more positive. These findings can be explained by the adequacy of maternal and infant health services in both countries and the women's awareness on this issue.[19] However, in other studies, women who intentionally became pregnant and were knowledgeable about pregnancy adapted to pregnancy and motherhood better.[13,18] In another study, women whose pregnancy was not planned had difficulties in adapting to pregnancy and motherhood.[13]

More than half of the Hungarian participants and almost all the Turkish participants were confident about childcare. This high rate among Turkish participants is probably due to their greater childcare experience because they had had multiple pregnancies. This finding can also be explained by the extended family structure of Turkish society, in which due to traditional roles, unmarried girls participate in childcare together with experienced elders and learn a lot about childcare from them.

The number of Turkish participants who perceived that pregnancy would not prevent them from fulfilling their responsibilities was higher than the number of Hungarian participants. This finding is probably associated with the fact that in Turkey, families have an extended family structure and that women do not work when they are pregnant.

More than half of the respondents in both countries experienced fear of labour pain. Several studies indicate that prospective mothers are often afraid of and worry about labour pains. However, in the first pregnancy, fear of the unknown regarding labour pain increases the level of pain.[2,5,6,21-23] In the present study, half of the Hungarian participants and one-third of the Turkish participants had their first pregnancy. In another study, pregnant women's knowledge of pregnancy, childbirth and the baby's health condition was found to be associated with fear of childbirth.[24] Presence of fears during pregnancy might have a negative effect on labour, the motherhood role, attachment between the mother and her baby, and family relations.[24-26] Therefore, providing information, training and consultancy to individuals on pregnancy is important in reducing the fear of childbirth. In the present study, of the Hungarian participants, those who did not experience fear of labour pain were able to adapt to pregnancy and convey their feelings to others, but those who experienced fear of labour pain had concerns that they would not be able to give birth to their babies. Because fears of childbirth are associated with situations that may arise during childbirth, the women are thought to have concerns that they would not be able to give birth to their babies. In the literature, fear of childbirth is reported to increase in Western societies in parallel with the increases in complaints in pregnancy.[21] Of the Turkish participants, those who did not experience fear did not worry about their babies' health and thought that they might look after the baby very well.
Pregnancy can also create a risk factor for chronic stress that can affect a woman's emotional health.[27] Maternal anxiety may cause problems for a mother in developing the maternal role and

in the establishment of the mother-infant relationship. The mother's inappropriate behaviours may adversely affect the baby's growth.[25] Therefore, more than half of the Hungarian participants had intense concerns that they could not continue with the pregnancy, and almost all of them were severely worried that they would not have healthy babies. In addition, the mean age of Hungarian participants is higher (30.68 ± 5.64) than that of Turkish participants (27.34 ± 6.15). For this reason, pregnancy risk of Hungarian participants is thought to increase, which increases their anxiety about continuing their pregnancy, leading to worries that they will not be able to sustain the pregnancy.

Of the participants in both countries, those who thought that they had enough knowledge about pregnancy and childbirth were able to overcome the discomfort that occurred during pregnancy, accepted themselves as pregnant women / mothers, were not worried that they would not look after the baby very well, and did not have trouble in adapting to pregnancy. Several studies conducted with pregnant women revealed that women who voluntarily conceived[13,18] and women who received information about pregnancy adapted to pregnancy and motherhood better, which supports the results of the present study.[13,25]

Several limitations must be considered when interpreting data from this study. This is a cross-sectional study and causality cannot be assumed. The data obtained from the study were collected from pregnant women in Turkey and Hungary. Conclusions of the present study cannot be generalized beyond the study group. The small size of the sample may affect the generalizability of the findings.

The majority of the participants in both countries planned the time of their pregnancy, were able to cope with discomforts related to pregnancy, thought that they had enough knowledge about pregnancy and childbirth, had no problems looking after the baby, and were able to convey their feelings to others comfortably. On the other hand, they said that the possibility of experiencing labour pain scared them and that they had concerns that they would not give birth.

In the light of the findings of the present study, it is recommended to make plans that will play an important role in improving the quality of nursing care, will encourage health professionals to be sensitive to physical, psychological and cultural changes experienced by women during pregnancy, to transcultural care and to cultural differences and similarities of individuals to whom they provide care, and will ensure pregnant women's adaptation to changing conditions during pregnancy. Health professionals should evaluate the pregnant women in their own culture and determine the cultural conditions that may affect their physical and mental health.

Declaration of conflicting interests

The authors declare that there are no conflicts of interest.

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