

Article

The Effect of Marital Adjustment on Prenatal Breast-Feeding Self- Efficacy in Pregnants

*Fatma Yilmaz Findik¹, Yurdagul Yagmur²*¹ Cukurova University, Health Sciences Institute Midwifery Department, Adana, Turkey² Inonu University Faculty of Health Sciences, Nursing Department, Malatya, Turkey

SUBMISSION TRACK

Received: Mei 30, 2024

Final Revision: June 20, 2024

Available Online: June 30, 2024

KEYWORDS

Breastfeeding, marital adjustment, pregnancy, self-efficacy

CORRESPONDENCE

Phone: +905075014527

E-mail: fatmaylmzfndk@gmail.com

A B S T R A C T

This study was conducted to determine the effect of marital adjustment on prenatal breastfeeding self-efficacy in pregnant women. The sample of the descriptive study consisted of 319 pregnant women. Data were collected between January and March 2019. Personal Information Form, Marital Adjustment Scale (MARS), Prenatal Breastfeeding Self-Efficacy Scale (PESES) were used as data collection tools. Data were analysed using descriptive statistics, t test in independent groups, OneWay ANOVA, Kruskal Wallis, Mann Whitney U. It was found that 70.8% of the pregnant women were compatible in their marriages, and the age of the pregnant woman, her and her husband's educational status, income status, duration of marriage, pregnancy, birth and number of living children, and the effect of pregnancy on spousal relationship affected marital harmony ($p < 0.05$). The mean score of the prenatal breastfeeding self-efficacy scale was 76.32 ± 14.61 . In the study, it was determined that the self-efficacy of pregnant women who were between 25-31 years of age, university graduates, employed, married between 1-5 years, whose husbands were high school graduates and employed, who had not given birth before and who had a positive relationship with their husbands had high self-efficacy. It was found that marital adjustment positively affected prenatal breastfeeding self-efficacy in pregnant women ($p < 0.05$). The breastfeeding self-efficacy of pregnant women who were compatible in their marriages was found to be high, while the breastfeeding self-efficacy of pregnant women who were incompatible was found to be low.

I. INTRODUCTION

Pregnancy is an important period during which women experience several anatomical, physiological, and psychological changes to meet the needs of the growing fetus (Turan et al., 2020). These changes cause many negative emotions and behaviors and psychological problems during pregnancy (Bilgen & Tekin, 2020). Pregnancy is affected by the pregnant woman's social environment, particularly her partner, which affects the course of pregnancy (Ataman et al., 2022). Marital adjustment is defined as the emotional closeness couples expect from each other in their marriage and the way they feel happy as a result of the fulfillment of their duties and responsibilities in their marriage (Bilgen & Tekin, 2020). Studies have shown that marital adjustment is affected by factors such as the pregnant woman's age, education level, occupation; her partner's age, education level, and income level; pregnancy, delivery, and number of living children; perception of the woman's relationship with her husband; experiencing fear of childbirth in previous pregnancies; and obtaining information before delivery (Bilgen & Tekin, 2020; Ataman et al., 2022). Besides, the severity of nausea and vomiting during pregnancy is reported to decrease when marital adjustment increases (Yekenkunrul & Mete, 2012). The risk of postpartum depression increases in pregnant women who have poor marital adjustment (Bilgen & Tekin, 2020), and postpartum depression decreases breastfeeding self-efficacy perception (Başer, 2018).

Breastfeeding is highly important for the physical, mental and emotional development of the newborn. United Nations International Children's Emergency Fund (UNICEF) and the World Health Organization (WHO) recommend exclusive breastfeeding for the first 6 months after birth and breastfeeding with supplementary food starting from the 6th month to 24 months (UNICEF, 2018; WHO, 2018). The Turkish Demographic and Health Survey (TDHS) reported that the rate of exclusive breastfeeding in the first six months was close to 10% in 2013, while this rate increased to 41% in 2018 (Türkiye Nüfus ve Sağlık Araştırması, 2018). However, breast milk intake is still not at the desired level. Various factors such as the mother's age, education level, economic status, and perception of inadequate breast milk affect breastfeeding (Hamid & Zaidi, 2020; Kathryn et al., 2021). Breastfeeding self-efficacy (BSE) of the mother is one of these factors. BSE affects the mother's breastfeeding decision, thoughts about breastfeeding, and her ability to cope with the emotional difficulties to be encountered in this process. BSE starts to develop in the prenatal period, and it is highly important for the successful maintenance of breastfeeding in the postnatal period (Aygör et al., 2022). Öztürk et al. (2022) found that breastfeeding education given in the prenatal period increased BSE as well as the success of breastfeeding (Öztürk et al., 2022). Şenol & Pekiğit (2021) also reported that breastfeeding education given to primiparous pregnant women during antenatal classes was effective in increasing the perception of prenatal breastfeeding self-efficacy (PBSE) (Şenol & Pekiğit, 2021). The literature has also documented studies that investigated marital adjustment and PBSE during pregnancy. However, no studies were found to have examined marital adjustment and PBSE in tandem during pregnancy. Therefore, the purpose of the present study is to determine the effect of marital adjustment on PBSE in pregnant women.

II. METHODS

Research Design: This study used a descriptive design.

Population and Sample: The target population of the study consisted of pregnant women in the last trimester who visited the obstetrics outpatient clinic of the Obstetrics and Gynecology and Children's Hospital at XXX. The sample of the study was calculated as 319 individuals in order to reach 95% power at 0.05 significance level and 95% confidence interval using power analysis, and 319 pregnant women were included in the sample (Çapık, 2014).

Data Collection Tools: Data were collected through the Personal Information Form, the Marital Adjustment Test, and the Prenatal Breastfeeding Self-Efficacy Scale.

Personal Information Form: The Personal Information Form was developed by the researcher in line with the related literature and consisted of 18 questions including the pregnant women's and their partners' descriptive characteristics as well as information about marriage and fertility (Başer, 2018; Aydın & Pasinlioğlu, 2018; Corby et al., 2021).

Marital Adjustment Test (MAT): The Marital Adjustment Test was developed by Locke and Wallace in 1959 to assess the characteristics of a marriage. The scale was adapted into Turkish by Kışlak in 1999. Factor analysis results confirmed a two-factor structure of the scale. While the first factor was adjustment (first 9 items), the second factor was style (last 6 items). Scores to be obtained from the scale range between 0 and 58. The cut-off point was set as 43 to distinguish between married couples with good marital adjustment or poor marital adjustment. Hence, while individuals who scored above 43 on the scale are considered to have good adjustment in their marriages, those who scored 43 and below are considered to have poor adjustment. Higher scores indicate better marital adjustment. Cronbach's alpha coefficient of the scale was found to be 0.84 (Kışlak, 1999). Cronbach's alpha coefficient was determined to be 0.84 in this study.

Prenatal Breastfeeding Self-Efficacy Scale (PBSES): The scale was developed by Wells et al. in 2006 to determine pregnant women's breastfeeding self-efficacy perceptions (Wells et al., 2006). Turkish validity and reliability of the scale was conducted by Aydın and Pasinlioğlu in 2018. The 20-item scale has one dimension and is responded on a 5-point Likert scale. Scores to be obtained from the scale range between 20 and 100, with higher scores indicating higher breastfeeding self-efficacy perceptions. Cronbach's alpha coefficient of the scale was reported to be 0.85 (Aydın & Pasinlioğlu, 2018). Cronbach's alpha coefficient was found to be 0.92 in this study.

Data Collection: Data were collected by the researcher face-to-face during routine follow-ups 4 days of a week in a private room before the examination of pregnant women who visited the obstetrics outpatient clinic of the Obstetrics and Gynecology and Children's Hospital at XXX between January and March 2019.

Data Analysis: Statistical analysis was performed in Statistical Packet for the Social Science (SPSS) 17.0 package program. Analyses included descriptive statistics (number, percentage, mean, standard deviation), t-test in independent groups, One-Way ANOVA, Kruskal Wallis, Mann Whitney U, Cronbach's alpha reliability analysis test, and Tukey and Gabriel analyses from post-hoc tests. The results were analyzed at a 95% confidence interval, and significance was accepted at $p < 0.05$.

Ethical Considerations: Ethics committee approval was obtained from the Health Sciences Non-Interventional Clinical Research Ethics Committee at İnönü University (dated 04.12.2018 and numbered 2018/22-22). Institutional permission was obtained from XXX Provincial Health Directorate, and permissions to use the scales were obtained from the authors of the scales. Participating pregnant women were provided with necessary explanations about the study, and their verbal and written consent were obtained.

Limitations of the Study: The study was conducted only in one hospital, so the results can be generalized only to this group.

III. RESULT

Table 1 demonstrates the distribution of the pregnant women's and their partners' socio-demographic characteristics. Hence, 34.5% of participating pregnant women were aged between 18 and 24, 31.7% were high school graduates, 90.3% were housewives, 55.2% had an

income equal to their expenses, 45.8% were married for 1-5 years, and 39.8% of the partners were high school graduates and 95.0% were employed (Table 1).

Table 1. Pregnant Women's and their Partners' Socio-Demographic Characteristics

| Socio-demographic Characteristics | S | % |
|------------------------------------|-----|------|
| Age | | |
| 18-24 years | 111 | 35,1 |
| 25-31 years | 98 | 30,4 |
| 32 years and over | 110 | 34,5 |
| Education level | | |
| Primary school and below | 94 | 29,5 |
| Secondary school | 90 | 28,1 |
| High school | 101 | 31,7 |
| University and above | 34 | 10,7 |
| Employment status | | |
| Housewife | 288 | 90,3 |
| Employed | 31 | 9,7 |
| Income level | | |
| Income less than expenses | 104 | 32,6 |
| Income equal to expenses | 176 | 55,2 |
| Income more than expenses | 39 | 12,2 |
| Duration of marriage | | |
| 1-5 years | 146 | 45,8 |
| 6-10 years | 86 | 27,0 |
| 11 years and over | 87 | 27,2 |
| Partners' education level | | |
| Primary school and below | 54 | 16,9 |
| Secondary school | 89 | 27,9 |
| High school | 127 | 39,8 |
| University and above | 49 | 15,4 |
| Partners' Employment status | | |
| Unemployed | 16 | 5,0 |
| Employed | 303 | 95,0 |

S: Number, %: Percentage

An analysis of pregnant women's obstetric characteristics showed that 53.0% had 3 or more pregnancies, 47.7% had 2 or more deliveries, 51.1% had 1-2 children, 50.0% breastfed their babies for 13 months or more in previous deliveries, 52.7% had a male baby, and 75.5% experienced a positive effect of pregnancy on their relationship with their partners (Table 2).

Table 2. Pregnant Women's Obstetric Characteristics

| Obstetric Characteristics | S | % |
|------------------------------|-----|------|
| Number of pregnancies | | |
| 1 | 79 | 24,8 |
| 2 | 71 | 22,2 |
| 3 and more | 169 | 53,0 |
| Number of deliveries | | |
| None | 85 | 26,6 |
| 1 | 82 | 25,7 |

| | | |
|---|-----|------|
| 2 and more | 152 | 47,7 |
| Number of living children | | |
| None | 86 | 27,0 |
| 1-2 | 163 | 51,1 |
| 3 and over | 70 | 21,9 |
| Duration of breastfeeding (S=232)* | | |
| 0-6 months | 36 | 15,5 |
| 7-12 months | 80 | 34,5 |
| 13 months and more | 116 | 50,0 |
| Effect of pregnancy on the relationship with their partner | | |
| Positive | 241 | 75,5 |
| Negative | 13 | 4,1 |
| No effect | 65 | 20,4 |

*Pregnant women who previously breastfed their babies responded

S: Number, %: Percentage

When the pregnant women's socio-demographic characteristics were compared according to their MAT mean scores, a significant difference was found between their MAT mean scores and their age, education level, employment status, income level, and duration of marriage ($p < 0.05$). A significant difference was found between pregnant women's PBSES mean scores and their education level, employment status, and income level ($p < 0.05$). No significant difference was found between pregnant women's PBSES mean scores and their age and duration of marriage ($p > 0.05$). When the partners' socio-demographic characteristics were compared with their MAT mean scores, a significant difference was found between their MAT mean score and the education and employment status of the partners ($p < 0.05$). A significant difference was found between PBSES mean scores and the partners' education level and employment ($p < 0.05$) (Table 3).

Table 3. Pregnant Women's Obstetric Characteristics and Comparison of their MAT and PBSES Mean Scores

| Socio-demographic Characteristics | | MAT Mean \pm SD | Test and significance | PBSES Mean \pm SD | Test and significance |
|-----------------------------------|---------------------------|-------------------|-----------------------|---------------------|-----------------------|
| Age | 18-24 years | 46,44 \pm 8,03 | F=5,155 | 75,74 \pm 14,47 | F=0,783 |
| | 25-31 years | 46,59 \pm 7,58 | p=0,006 | 77,87 \pm 13,77 | p=0,452 |
| | 32 years and over | 43,55 \pm 7,82 | | 75,56 \pm 15,52 | |
| Education level | Primary school and below | 42,89 \pm 7,99 | F=7,131 | 72,55 \pm 14,64 | F=4,058 |
| | Secondary school | 45,15 \pm 7,66 | p= 0,001 | 76,13 \pm 15,43 | p=0,008 |
| | High school | 47,24 \pm 7,77 | | 78,43 \pm 14,27 | |
| | University and above | 48,52 \pm 6,66 | | 80,97 \pm 11,00 | |
| Employment status | Housewife | 45,22 \pm 7,72 | t=-1,993 | 75,73 \pm 14,65 | t=-2,214 |
| | Employed | 48,19 \pm 9,28 | p=0,047 | 81,80 \pm 13,25 | p=0,028 |
| Income level | Income less than expenses | 42,92 \pm 7,46 | F=8,912 | 72,51 \pm 15,47 | F=5,691 |
| | Income equal to expenses | 46,57 \pm 7,55 | p=0,001 | 78,52 \pm 13,54 | p=0,004 |
| | Income more than expenses | 47,58 \pm 7,69 | | 76,51 \pm 13,21 | |

| | | | | | |
|------------------------------------|--------------------------|------------|----------------|-------------|----------------|
| Duration of marriage | 1-5 years | 47,57±7,82 | F=9,842 | 77,23±14,21 | F=0,573 |
| | 6-10 years | 44,13±7,50 | p=0,001 | 75,20±14,66 | p=0,564 |
| | 11 years and over | 43,40±7,73 | | 75,88±15,28 | |
| Partners' education level | Primary school and below | 41,81±8,30 | F=9,03 | 68,55±14,83 | F=6,454 |
| | Secondary school | 44,64±8,00 | p=0,001 | 77,74±13,47 | p=0,001 |
| | High school | 46,22±7,68 | | 78,11±14,75 | |
| | University and above | 49,32±5,86 | | 77,67±13,58 | |
| Partners' Employment status | Unemployed | 37,00±9,93 | Z=1062,501 | 65,37±14,97 | Z=1352,000 |
| | Employed | 45,96±7,56 | p=0,001 | 76,90±14,38 | p=0,003 |

$p < 0,05$, S: Number, %:Percentage, Mean: Average, SD: Standard Deviation, F: One Way Anova test, t: Students t-test, Z: Mann Whitney U test

When the pregnant women's obstetric characteristics were compared with their MAT mean scores, a significant difference was found between their MAT mean scores and the number of pregnancies, number of deliveries, number of living children, and the effect of pregnancy on their relationship with their partner ($p < 0.05$). A significant difference was found between the PBSES mean scores and the number of living children, duration of breastfeeding, and the effect of pregnancy on the relationship with their partner ($p < 0.05$), but no significant was found between the PBSES mean scores and the number of pregnancies and number of deliveries ($p > 0.05$) (Table 4).

Table 4. Pregnant Women's Obstetric Characteristics and Comparison of their MAT and PBSES Mean Scores

| Obstetric Characteristics | MAT Mean± SD | Test and significance | PBSES Mean ± SD | Test and significance |
|---|--------------------|-----------------------|-----------------|-----------------------|
| Number of pregnancies | 1 | F=14,296 | 79,73±13,37 | F=3,014 |
| | 2 | p=0,001 | 75,91±14,23 | p=0,50 |
| | 3 and more | | 43,38±7,50 | 74,89±15,14 |
| Number of deliveries | None | F=18,148 | 79,01±13,57 | F=2,475 |
| | 1 | p=0,001 | 76,63±14,35 | p=0,086 |
| | 2 and more | | 42,90±7,66 | 74,65±15,15 |
| Number of living children | None | F=16,233 | 79,08±13,50 | F=3,614 |
| | 1-2 | p=0,001 | 74,23±14,94 | p=0,028 |
| | 3 and over | | 41,62±8,53 | |
| Duration of breastfeeding (S=232)** | 0-6 months | F=2,150 | 69,38±17,37 | F=6,701 |
| | 7-12 months | p=0,119 | 73,35±14,77 | p=0,001 |
| | 13 months and more | | 44,97±6,17 | |
| Effect of pregnancy on the relationship with their partner | Positive | KW=10,815 | 77,54±13,92 | KW=10,811 |
| | Negative | p=0,004 | 64,00±14,63 | p=0,004 |
| | No effect | | 44,43±8,47 | |

$p < 0,05$, S: Number, %:Percentage, Mean: Average, SD: Standard Deviation, F: One Way Anova test, t: Students t-test, KW: Kruskal Wallis Tes

Table 5 demonstrates the distribution of pregnant women's MAT mean scores. With a mean score of 36.05 ± 6.55 , 29.2% of participating women had a poor marital adjustment and with a mean score of 49.40 ± 4.35 , 70.8% of the pregnant women had a good marital adjustment. Pregnant women's PBSES total score was 76.32 ± 14.61 , and when the pregnant women's marital adjustment was compared with their PBSES mean score, a significant difference was found between the marital adjustment and the PBSES mean score ($p < 0.05$). (Table 5).

Table 5. Comparison of the Pregnant Women's MAT Mean Scores and the PBSES Mean Scores

| | MAT Mean Score | | | | | PBSES Mean Score | | |
|----------------------------------|----------------|------|------------------|-----|-----|----------------------|-------------------|----------------------|
| | S | % | Mean \pm SD | Min | Max | Test ad significance | Mean \pm SD | Test ad significance |
| Marital Adjustment status | | | | | | | | |
| Good adjustment | 226 | 70,8 | 49,40 \pm 4,35 | 44 | 58 | | 79,20 \pm 12,80 | |
| Poor adjustment | 93 | 29,2 | 36,05 \pm 6,55 | 15 | 43 | t=21,274 p=0,0001 | 69,32 \pm 16,35 | t=-5,753 p=0,001 |
| Total | 319 | 100 | 45,51 \pm 7,92 | 15 | 58 | | 76,32 \pm 14,61 | |

$p < 0,05$, S: Number, %:Percentage, Mean: Average, SD: Standard Deviation, Min: Minimum, Max: Maximum, t: Students t-test

IV. DISCUSSION

Pregnancy is a period when significant physiological, psychological, and social changes are experienced. The support received by women from their social environment, especially from their partners, is of great importance in coping with these changes. In this period, women want to receive support from their partners the most, which affects the course of pregnancy (Güleroğlu & Taylan, 2023). In this study, 70.8% of the pregnant women were found to have a good marital adjustment and their MAT mean score was detected 45.51 ± 7.92 . Pregnant women's marital adjustment was analyzed in similar studies. Good marital adjustment was reported as 81.4% in the study conducted by Şimşek and as 54.4% in the study conducted by Yekenkunrul (Yekenkunrul, & Mete, 2012; Şimşek, 2014). The literature includes studies that reported similar marital adjustment levels.³ It is considered that partners understand each other better and explain themselves better as their education level increases. This study found that the MAT mean score increased with the increase in the education level. The literature includes studies similarly reporting that education level affects marital adjustment positively (Yekenkunrul & Mete 2012; Yalçın, 2014; Kuzu, 2017).

Socio-economic condition is an important factor in the deterioration of marital adjustment (Ataman et al. 2022). In this study, marital adjustment was found to be high in pregnant women who were employed, whose income was higher than their expenses, and whose partners were

employed. In line with this study, the literature includes studies reporting that marital adjustment increases with the increase in income level, and marital adjustment is better in women who were employed and whose partners were employed (Şimşek, 2014; Yalçın, 2014; Ataman et al. 2022).

Several factors have been reported to affect marital adjustment, and the number of children is one of these factors. An analysis of pregnant women's obstetric characteristics in this study demonstrated a significant difference between the MAT mean scores and the number of pregnancies, number of deliveries, and number of living children. MAT mean scores were found to decrease with the increase in the number of pregnancies, deliveries, and number of living children. The literature includes studies that reported similar findings (Şimşek, 2014; Ataman et al. 2022).

Individuals' responsibilities and workloads increase with the increase in the number of children, so the time they allocate to each other decreases, indicating that marital adjustment may deteriorate. Breastfeeding has important benefits for the mother, the baby, and society. Breastfeeding is highly important for the improvement and maintenance of health and the strengthening of immunity. BSE has been reported to be one of the important factors affecting breastfeeding. BSE shows the mother's decision about breastfeeding, the amount of effort to be exerted for breastfeeding, and her ability to cope with the problems she encounters (Dennis & Faux, 1999). Women with a high BSE perception have a positive approach to breastfeeding and they breastfeed for a longer period (Şenol & Pekyigit, 2021).

Pregnant women's PBSES mean score was found 76.32 ± 14.61 in this study. Considering that the score ranges between 20 and 100 on the scale, it can be considered that pregnant women have a high PBSE perception. The studies that utilized the PBSE in our country were analyzed. The scale scores were reported to be 68.08 ± 14.48 by Konukoğlu and Pasinlioğlu (2021), 73.52 ± 8.05 by Aydın and Pasinlioğlu (2018), and 81.85 ± 11.95 by Yılmaz (2018) (Aydın & Pasinlioğlu, 2018; Yılmaz, 2018; Konukoğlu & Pasinlioğlu, 2021). The scores in this study were higher compared to the scores reported by Aydın and Pasinlioğlu and Konukoğlu and Pasinlioğlu and lower compared to the ones reported by Yılmaz. PBSES scores were reported to be 70 ± 11.9 in the study conducted in Saudi Arabia, 72.32 ± 13.36 in the study conducted in Spain, and 75.35 ± 19.51 in the study conducted in Almaty, USA (Wells et al, 2006; Pineiro-Albero et al, 2013; Khresheh & Ahmed 2018). The scores in this study were higher compared to the scores in the studies conducted in Spain and Saudi Arabia and similar to the one conducted in Almaty-USA.

Education level is one of the important factors affecting BSE. This study found that pregnant women's education levels affected their PBSE, and PBSE increased with the increase in their education level. Konukoğlu and Pasinlioğlu (2021) conducted a study to determine the factors affecting PBSE in pregnant women and found that education level affected PBSE, and PBSE increased with the increase in their education level. Similar results were reported in other studies as well (Aydın & Pasinlioğlu, 2018; Khresheh & Ahmed 2018; Odabaşı, 2018; Aksoy et al, 2022).

This study found that pregnant women's employment status affected their PBSE, and PBSE scores were higher in employed pregnant women. Similarly, in the study that aimed to investigate the factors affecting exclusive breastfeeding for the first four months, Karaçam found that mothers with higher education levels and working mothers were more

knowledgeable about infant nutrition compared to other women and had a more accurate approach to infant nutrition. Working mothers with a high level of education are more knowledgeable about and show a more accurate approach to infant nutrition compared to other women (Karaçam, 2018). In a validity and reliability study in our country, the PBSE score was found to be low in pregnant housewives.¹⁵ In their study that aimed to determine PBSE perception of primiparous pregnant women who received breastfeeding education in antenatal classes and those who did not, Şenol and Pekyiğit (2021) found that in both groups PBSE increased with the increase in the education level (Şenol & Pekyiğit, 2021). The literature includes studies that support our findings (Khorasani, 2017; Saghooni et al, 2017; Odabaşı, 2018; Aksoy et al, 2018; Yılmaz, 2018).

Experiences are very important in the formation of an individual's self-efficacy. One of the factors affecting BSE is the mother's experiences related to breastfeeding (Dennis & Faux, 1999). An analysis of the literature indicates that mothers who previously breastfed had higher BSE perceptions (Wells et al, 2006; Aydın & Pasinlioğlu, 2018; Yılmaz, 2018; Corby et al, 2021). Similarly, this study found a significant difference between PBSE and the duration of breastfeeding in pregnant women's previous deliveries, and PBSE was found to increase with the increase in the duration of breastfeeding. Özkan et al. (2022) investigated the factors affecting breastfeeding success of mothers who had recently given birth and reported that breastfeeding experience was the most important factor affecting breastfeeding success (Özkan et al., 2022). Hinic (2016) highlighted that BSE was higher in women who had breastfeeding experience (Hinic, 2016).

Support received from the environment for breastfeeding affects BSE positively (Şahin & Özerdoğan, 2014). This study found a significant difference between the effect of pregnancy on the relationship with the partner and PBSE, and PBSE was found to be high in pregnant women whose relationship with the partner was positively affected. Similar to the findings in our study, Yılmaz (2018) found that pregnant women who had good marital adjustment with their partners had high PBSE (Yılmaz, 2018).

Women who had positive partner relationships received more support from their partners, which is considered to affect BSE positively. A significant difference was found between pregnant women's marital adjustment and PBSE. While PBSE was found to be high in pregnant women who had good marital adjustment in their marriages, it was found to be low in pregnant women who had poor marital adjustment. An analysis of the literature indicated no studies that examined the effect of marital adjustment on pregnant women's PBSE. However, couples with poor marital adjustment were reported to experience more psychological problems, and this situation was reported to affect PBSE negatively (Başer, 2018). The literature reports that marital adjustment is positively affected by social support (Corby et al., 2021). Women who had good marital adjustment in their marriages were found to receive more support from their partners, which increased pregnant women's perception of social support. Ayhan (2022) highlighted that pregnant women who received support from their partners had a high level of PBSE, and PBSE increased with the increase in social support (Ayhan, 2022). Hinic (2016) reported that partner support positively affected breastfeeding self-efficacy (Hinic, 2016).

V. CONCLUSION

This study aimed to examine the effect of marital adjustment on breastfeeding self-efficacy in pregnant women and found that marital adjustment positively affected pregnant women's PBSE. In addition, marital adjustment was found to be high in women who were aged between 25 and 31 years, whose partners and themselves had an education level of university and above, who were employed and whose partners were employed, who lived in a nuclear family, whose income was higher than expenses, who had been married for 1-5 years, and who had never had a delivery before. PBSE perception was found to be high in pregnant women who were aged between 25 and 31 years, who were university graduates, who were employed, who were married for 1-5 years, whose partners were high school graduates and were employed, who had not never had a delivery before, who breastfed their babies for 13 months or more in their previous deliveries, and who had a positive relationship with their partners.

In line with these results, it could be recommended that health professionals should provide breastfeeding education to pregnant women and their partners, evaluate the BSE and marital adjustment of pregnant women during prenatal follow-ups, provide special breastfeeding education to women with low breastfeeding perception, develop initiatives to solve the problems of couples with poor marital adjustment, and if they cannot solve the problem, refer the pregnant women and their partners to appropriate units for professional assistance.

ACKNOWLEDGEMENTS

We would like to thank all the participants.

DISCLOSURE STATEMENT

The authors declare no conflicts of interest.

FUNDING SOURCES

This research did not receive any specific grant from funding agencies in the public, commercial or not-for-profit sectors

REFERENCES

- Aksoy, Y. E., Bay, H., & Dereli, S. Y. (2022). Factors affecting primiparous women's breastfeeding self-efficacy levels. *Clinical Lactation*, 13(2), 110- 11.
- Ataman, H., Akarsu, Ö., & Budak, M. İ. (2022). Üçüncü trimesterdeki yüksek riskli gebelerde evlilik uyumu ve prenatal bağlanma arasındaki ilişkinin belirlenmesi. *Turkish Journal of Family Medicine and Primary Care*, 16(4), 670-680.
- Aydın, A., & Pasinlioğlu T. (2018). Reliability and validity of a turkish version of the prenatal breastfeeding self-efficacy scale. *Midwifery*, 64, 11-6.
- Aygör, H., Gezginç, K., & Gündoğan, K. M. (2022). Breastfeeding self-efficacy in pregnant women and effective factors in the covid-19 pandemic. *International Journal Of Health Services Research And Policy*, 7 (3), 289- 299.
- Ayhan, R. M. (2022). Primipar gebelerde sosyal desteğin emzirme öz yeterliliği ile ilişkisi. Master's Thesis. Necmettin Erbakan University, Institute of Health Sciences. Konya.

- Başer, D. A. (2018) Postpartum depresyon ile emzirme arasındaki ilişkinin incelenmesi. *Ankara Medical Journal*, 3, 276-285.
- Bilgen, Ö., & Tekin, U. (2020). Evlilik uyumunun gebeliğin son üç ayında yaşanan depresyona etkisi. *Uluslararası Sosyal Bilimler ve Eğitim Dergisi*, 2 (2), 138-153.
- Çapık., C. (2014). İstatistiksel güç analizi ve hemşirelik araştırmalarında kullanımı: temel bilgiler. *Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi*, 17 (4), 268– 274.
- Corby, K., Kane D., & Dayus D. (2021). Investigating predictors of prenatal breastfeeding self efficacy. *Canadian Journal of Nursing Research*, 53(1), 56-63.
- Dennis, C. L., & Faux, S. (1999). Development and psychometric testing of the breastfeeding selfefficacy scale. *Resarch In Nursing & Health*, 22 (5), 399–409.
- Güleroğlu, F. T. & Taylan, O. (2023). Gebelerde algılanan eş desteği ve gebelik semptomları. *Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi*, 12(2), 416- 424.
- Hamid, S. B. A., & Zaidi, N.M. (2020). Predictors of prenatal breastfeeding self-efficacy in Malaysian women: a cross-sectional study. *Jurnal Gizi dan Pangan*, 15(1), 53- 62, <https://doi.org/10.25182/jgp.2020.15.1.53-62>.
- Hinic, K. (2016). Predictors of breastfeeding confidence in the early postpartum period. *Journal of Obstetric, Gynecologic and Neonatal Nursing*, 45(5), 649–660. doi:10.1016/j.jogn.2016.04.010
- Karaçam, Z. (2008). Factors affecting exclusive breastfeeding of healthy babies aged zero to four months: a community-based study of Turkish women. *Journal Clinical Nursing*, 17, 341- 349.
- Kathryn, C., Debbie, K., & Deborah, D. (2021). Investigating Predictors Of Prenatal Breastfeeding Selfefficacy. *The Canadian Journal of Nursing Research*, 53 (1), 56-63. <https://doi.org/10.1177/0844562119888363>.
- Khorasani, E. C., Peyman, N., & Esmaily H. (2017). Relations between breastfeeding self-efficacy and maternal health literacy among pregnant women. *Evidence Based Care*, 6 (6), 18- 25.
- Khreshah, R.M., & Ahmed, N.M. (2018). Breastfeeding self efficacy among pregnant women in Saudi Arabia. *Saudi Medical Journal*, 39 (11), 1116- 1122.
- Kışlak, Ş.T. (1999). Evlilikte uyum ölçeğinin (EUÖ) güvenilirlik ve geçerlik çalışması. *3P Dergisi*, 7(1), 50- 57.
- Konukoğlu, T., & Pasinlioğlu, T. (2021). Gebelerde emzirme öz yeterliliği ve etkileyen faktörlerin belirlenmesi. *Ebelik ve Sağlık Bilimleri Dergisi*. 4(1), 12-22.
- Kuzu, A. (2017). Evlilik uyumu ile kişilik özellikleri ve mizaç arasındaki ilişkinin incelenmesi. Master's Thesis. Istanbul Gelişim University, Institute of Social Sciences, Istanbul.
- Odabaşı, E. (2018). Gebelerin prenatal bağlanma ile emzirme öz yeterlilik algılarının değerlendirilmesi. Master's Thesis. Atatürk University, Institute of Health Sciences, Erzurum.
- Özkan, M., Başpınar, M. M., Geylani, S. G., & Basat, O. (2022). Yeni doğan bebek annelerinde emzirme başarısı ve ilgili faktörlerin kesitsel bir değerlendirmesi. *Kırıkkale Üniversitesi Tıp Fakültesi Dergisi*, 24(2), 209-217.
- Öztürk, R., Ergün, S., & Özyazıcıoğlu, N. (2022). Doğum öncesi eğitim müdahalesinin annenin emzirme öz yeterliliği ve emzirme başarısı üzerindeki etkisi: yarı deneysel bir çalışma. *Revizta da Escola de Enfermagem da USP*, 56 , e20210428.

- Pineiro-Albero, R. M., Ramos-Pichardo, J. D., Oliver-Roig, A., Velandrino-Nicolas, A., Richart-Martinez, M., Garcia-de-Leon-Gonzalez R., & Wells, K.J. (2013). The Spanish version of the prenatal breast-feeding self-efficacy scale: reliability and validity assessment. *International Journal Nursing Studies*, 50 (10), 1385– 1390.
- Saghooni, N. M., Barez, M. A., Moeindarbari, S., & Karimi, F.Z. (2017). Investigating the breastfeeding self-efficacy and its related factors in primiparous breastfeeding mothers. *International Journal of Pediatrics*, 5(12), 6275- 83.
- Şahin, B.M., & Özerdoğan, N. (2014). Başarılı emzirme için sosyal bilişsel ve emzirme özyeterlilik kuramlarına dayalı hemşirelik bakımı. *Hemşirelikte Eğitim ve Araştırma Dergisi*, 11, 11-15.
- Şenol, D. K., & Pekyiğit A. Ç. (2021). Primipar gebelere doğuma hazırlık sınıflarında verilen emzirme eğitiminin prenatal emzirme öz yeterlilik algısına etkisi. *Bozok Tıp Dergisi*, 11 (2): 15- 21.
- Şimşek, H. N. (2014). Gebelikteki psikososyal durumun evlilik uyumuyla ilişkisi. Master's Thesis. Celal Bayar University Health Sciences Institute, Manisa.
- Turan, Z., Gönül, K., & Arslan, H. (2020). Graviditenin sosyal destek algısı ve prenatal bağlanma düzeyine etkisinin incelenmesi. *Cukurova Medical Journal*, 45 (3), 1126-1136.
- Turkish Demographic and Health Survey (TDHS) http://www.hips.hacettepe.edu.tr/tnsa2018/rapor/TNS_A2018_ana_Rapor.pdf 2018; Erişim Tarihi: 17.06.2022
- United Nations International Children's Emergenc Fund (UNICEF). 70 years for every child. http://www.unicef.org/turkey/ir/_mc29.html. Erişim Tarihi: 4.12.2018.
- Wells, K.J., Thompson, N.J., & Kloeblen-Tarver A.S. (2006). Development and psychometric testing of the prenatal breast-feeding self-efficacy scale. *American Journal of Health Behavior*, 30, 177-187.
- World Health Organization. Infant and young child and feeding data by country. <http://www.who.int/features/factfiles/breastfeeding/facts/en/> Erişim Tarihi: 4.12.2018.
- Yalçın, H. (2014). Evlilik uyumu ile sosyo-demografik özellikler arasındaki ilişki. *Eğitim ve Öğretim Araştırmaları Dergisi* 3(1), 24.
- Yekenkunrul, D., & Mete, S. (2012). Gebelikte bulantı kusma, evlilik uyumu ve eş ilişkisi arasındaki ilişkinin incelenmesi. *Dokuz Eylül Üniversitesi Hemşirelik Yüksekokulu Elektronik Dergisi*, 5(3), 89-95.
- Yılmaz, A. (2018). Gebelerin algıladıkları sosyal destek ile prenatal emzirme öz yeterlilik arasındaki ilişkinin incelenmesi. Master's Thesis. Erzincan Binali Yıldırım University Health Sciences Institute, Erzincan.