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Research Article

The Adaptation to Parenthood Support Program for Expectant Mothers in Turkey: Effects of on Parenthood Self-Efficacy

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ABSTRACT:

Objective: The aim of this experimental randomized study was to analyse the influence of the Adaptation to Parenthood Support Program (APSP), which was prepared based on Bandura's Social Cognitive Theory (SCT), on the perceptions of parental self-efficacy in expected mothers in Turkey, Istanbul.

Methods: Participant groups comprised 35 study, 33 control group expectant mothers as randomly. Firstly, the Descriptive Data Form (DDF) and Parental Self- Efficacy Scale (PSES) and Knowledge Test about Pregnancy (KTP) were filled on the pregnant women. The APSP was applied to the study group and was not applied to the control group. PSES and KTP were filled again both groups during postpartum period.

Results: Both groups were similar in terms of mean PSES score during pregnancy ($p>0.05$). The mean PSES score was found to be 73.5 ± 3.2 in the study group in the postpartum period and 69.9 ± 4.85 in the control group. A statistically significant difference was found between groups in terms of parental self-efficacy score in the postpartum. The number of correct answer in KTP for the study group was significantly increased after APSP.

Conclusions: The APSP, which was prepared based on SCT, has been determined to have enhancing effects on parental self-efficacy.

Key Words: Adaptation to parenthood, Bandura, expected mother, parental self-efficacy, Social Cognitive Theory

INTRODUCTION

The transition to parenthood is a period of disequilibrium, with first-time parents experiencing new expectations and situations. Many first-time parents report that they feel unprepared for the transition to parenthood and the adjustments that may accompany their new roles as parents.[4] This period requires the individuals to adapt to their new parenting roles, re-arrange their current relationship and develop new relationships.[16] For this, expected parents need support.[4,7,13,33]

Perceived self-efficacy is concerned with people's beliefs in their capabilities to produce given attainments.[3] Parental self-efficacy or the belief of the individual about his/her parental competence gradually increases during the first months after delivery. High parental self-efficacy is strongly related to parenting ability that is nurished by a healthy, happy, physically and emotionally caring child-rearing environment.[16]

Bandura[2] hypothesizes that self-efficacy is a mediator between belief, knowledge and practice. Developing self-efficacy in parenthood is achieved by the woman structuring a motherhood identity and bonding with the baby. Support programs focusing on the newborns condition, behavior and/or performance help to strengthen the bond with the baby and the mother's feelings of competence.[12] In a previous study, mothers stated that the postpartum period could lead to great problems both for herself and the family; a life event which has substantial influences on her personal identity.[20]

During pregnancy and postpartum, nurses can be helpful in supporting the adaptation of the parents by discussing the fears, worries and hardships encountered by parents. Programs supporting the adaptation into parenthood, contribute to parents in the pregnancy, birth and postpartum periods, by offering a conscious approach to care of the family and the baby, at the same time initiating and sustaining the love in the bonding process.[8]

Self-efficacy has an important role in the initiation and maintanence of behavioral changes. Self-efficacy provides control not only in behavior but also affects the cognitive process and is related to the motivation and psychological status of the individual. An individual should be motivated to achieve and this should be provided by verbal persuasion. People who believe that they can overcome obstacles feel an emotional comfort, feel less anxiety and take action by developing thoughts of success.

Perceived self-efficacy can have diverse effects on motivation, thought, affect, and action.[3] Supportive approaches should be designed to develop the parental behaviors and feelings of the young mothers. Reaching competence in parenting within the first

months after delivery contributes to the mother and the baby being heathy in the following years. Parental feelings substantially increase and are a more satisfacatory experience when the young mothers are supported and have received the care they need.[23,25,31]

This study was planned as experimental randomized study to analyse the influence of the Adaptation to Parenthood Support Program (APSP), which was prepared based on Bandura's Social Cognitive Theory (SCT), on the perceptions of parental self-efficacy in expected mothers.

METHODS

Setting and Sample

The study was conducted at a A Primary Health Care Center (PHCC) in Istanbul between November 2010 and November 2011. A total of 134 pregnant women who were being followed at a PHCC and who met the inclusion criteria were called by phone and invited to enroll in this study. Pregnant women who were married, volunteered to participate, who had completed the 12th week of gestational and those who did not have any chronic or psychiatric diseases were included in the study. 75 pregnant women complied and were informed about the study and asked whether they would agree to participate as voluntary. Seven pregnant women who worked during the day did not agree to participate. 68 pregnant women who met the inclusion criteria formed the study sample. Participants were divided randomly into study group (n:35) and control group (n:33). A total of 6 participants (n=3/from per group) were excluded from the study as the final interview could not be performed due to a change in residence (n:62) (Figure 1).

Flow of participants through the study in Figure 1.

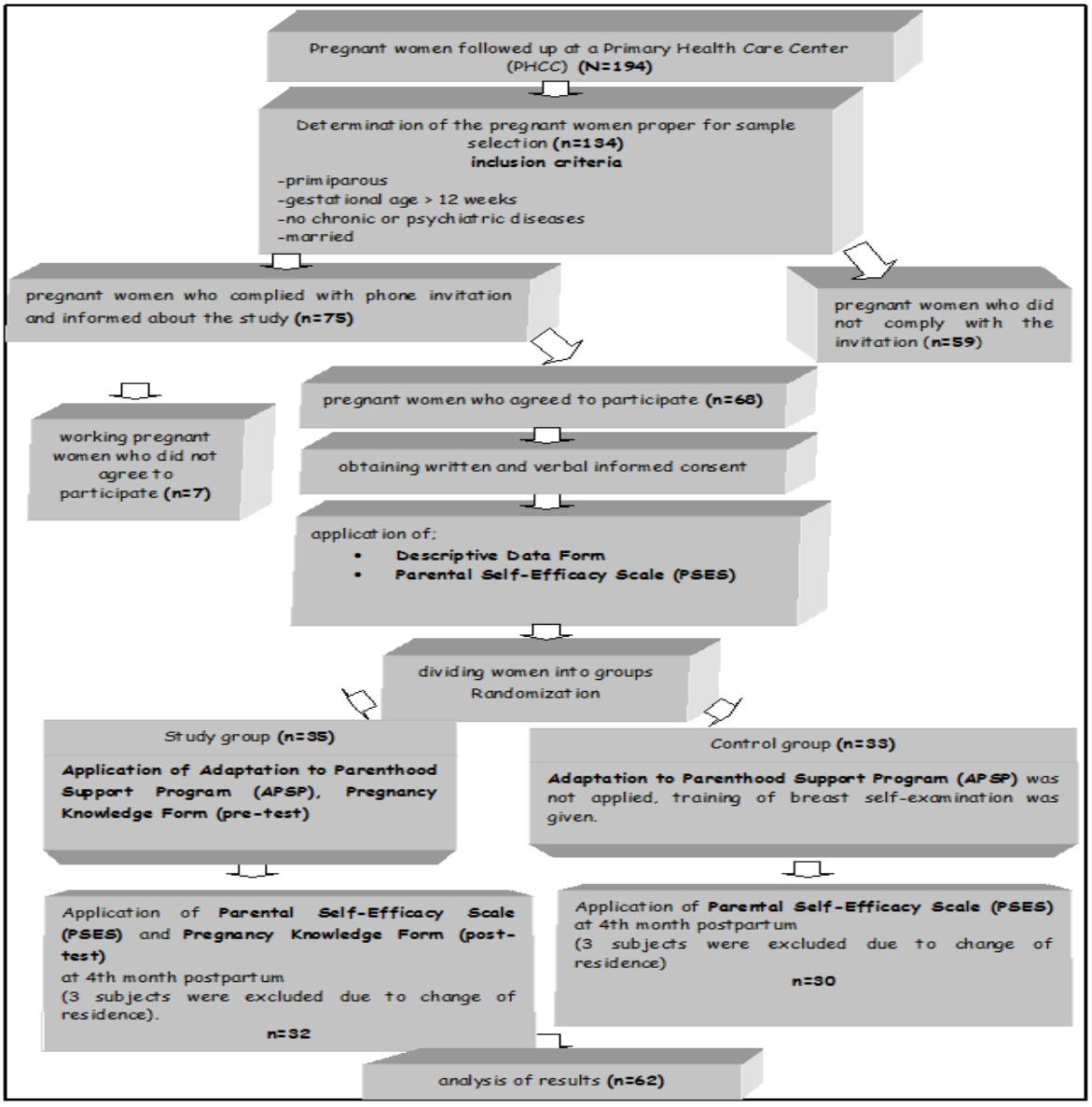

Figure 1.*Flow of participants through the study*

Instruments

The Descriptive Data Form (DDF), prepared by the researchers, included 27 questions relating to socio-demographic, pregnancy and baby characteristics of the participants.

Knowledge Test about Pregnancy (KTP), prepared by the researchers, which includes a total of 30 (multiple choice, true/false) questions, was prepared in order to measure the basic knowledge about pregnancy. The PKF was evaluated according to number of correct answer to each question. The study group was given the KTP (pre-test) at the first session of the APSP. Three months later, the study group was given the KTP (post-test), composed of the re-arrangement of the questions and options in the pre-test, at the final session of the APSP.

The Parental Self-Efficacy Scale (PSES) is a five-point Likert type scale composed of 18 items, which was developed in 2007 by Kilicaslan[16], in order to determine the personal judgements of the parents about their efficacy in the role of parent. In the scale, the answers of the items are classified as "I completely aggree", "I don't aggree", "I'm undecided", "I don't aggree" and "I certainly don't aggree". The scale has a five-point score. The scores in an inverse statement are converted to a total inverse system. Approval was obtained to use the scale. Table 1 shows PSES factors and items pertaining to the factors.

In our study, the reliability coefficient (Cronbach alpha) of the PSES scale was found to be 0.71 in the first application and 0.78 in the second application for the control group. The reliability coefficient of the PSES scale (Cronbach alpha) was found to be 0.76 for the study group in the first application and 0.71 after the education. The scale is quite reliable as the calculated reliability coefficients are $0.60 \leq \alpha < 0.80$ 34

The DDF and PSES were applied to all participants the first interview. The PKF pre-test was applied at the first session of the APSP and the Knowledge Test about Pregnancy was applied at the last sesion of the APSP.

The control group were given training on breast self-examination instead of the APSP sessions. During the last visit (postpartum 4th month), the PSES was applied to both the study and control groups (Figure 1).

Adaptation to Parenthood Support Program

APSP prepared by the researchers, taking into account the factors effecting self-efficacy and development, as defined by Bandura in the context of SCT. The APSP contents prepared based on the concepts that improve self-efficacy perception were prepared and presented to pregnant women at each session of APSP (Attention /Retention/Vicarious Capability/Verbal Persuasion/Performance Accomplishments /Motivation/Physiological and Emotional Arousal) (Table 2). Processes affecting self-efficacy, determined by Bandura, were used at each APSP session.

Table 1.*Parental Self-Efficacy Scale Factors*

Factor	No	Item
Factor 1 Needs of the baby	11	I can help my baby to feel comfortable by meeting his/her needs of daily care on time
	12	I am with my baby when he/she needs me
	13	I believe that I provide a sufficient environment for safety and care which my baby needs
	16	I can see by his/her behavior that my baby is satisfied with my care
	18	I provide the hygienic environment my baby needs
Factor 2 Parenting skills	1	I think that I am a good role model for new parents
	5	As a good parent, I have the required skills
	6	As a parent, I believe that I am a good enough
	9	I have difficulties evaluating whether I sufficiently fulfill my parenting duties
Factor 3 Emotional status of the baby	2	I can understand what disturbs my baby
	4	I can understand the cause of discomfort of my baby and I can easily relieve him/her.
	10	I can understand when my baby gets hungry
	17	I can bathe my baby.
Factor 4 Discomforts of the baby	7	I can recognize potential disease symptoms in my baby.
	8	I can solve the problem causing discomfort to my baby.
	15	I know what to do when my baby has a fever.
Factor 5 Emotions of the baby	3	I am successful in attracting my baby's attention.
	14	I can amuse and make my baby laugh.

Table 2.*Adaptation to Parenthood Support Program (APSP)*

Session no	Flow	Method	Content
I	Meeting participants. Sharing feelings and thoughts about pregnancy Giving written materials	Statement Questions-answers Discussion	Creating a group environment Informing about pregnancy, potential problems, needs and approaches **(Attention)**
II	Sharing thoughts about delivery and delivery types Watching CD/DVD about delivery and delivery types	Statements Questions-answers CD/DVD, Showing pictures Discussion	Informing and showing images about delivery, preparing for delivery **(Attention - Vicarious Capability)** Informing about delivery types, watching CD/DVD **(Attention - Vicarious Capability)** Informing about labor and approaches **(Attention)**
III	Informing about postpartum period Sharing feelings and thoughts about postpartum period	Statement Discussion Questions and answers Showing pictures	Informing about postpartum period, potential problems, needs and approaches **(Attention)** Informing about family relatonships and sexuality **(Attention)** Discussing what to do in order to feel more comfortable in this period **(Attention)**
IV	ıning proficiecy in baby care and communication ıring thoughts about baby care practices	Questions-answers Discussion Statement Demonstration with dolls, baby tools	Informing about adaptation to motherhood role and difficulties **(Attention)** Informing about improving the relations with the baby **(Attention - Retention - Vicarious Capability - Verbal Persuasion)** Informing about breast-feeding and practice on dolls **(Attention - Retention - Performance Accomplishments - Motivation)**
V	Informing about general health status of the baby	Statement Questions and answers Discussion	Informing about feeding the baby, additional food, development and sleep patterns, vaccinaton schedule and its importance **(Attention - Retention - Performance Accomplishments - Motivation - Verbal Persuasion)**
VI	Overall review Feelings and thoughts about the presented program	Questions-answers Discussion Statement	Importance of pregnancy, delivery, postpartum period and its effects on parenthood **(Attention)** Learning the opinions of the participants about adaptation to parenthod, enabling to fill the gaps and feel ready for parenthood **(Motivation - Verbal Persuasion - Physiological and Emotional Arousal)**

The APSP sessions was conducted every 15 days for one hour as total six sessions for the study group. Interactive education methods such as seminars, discussions, questions and answers, rol-playing, CD/DVD images and demostrations were used in the APSP sessions. In addition, the APSP booklet was prepared for the study group.

Data Analysis

Results of the study were evaluated at a 95% confidence interval and a $p<0.05$ significance level. Descriptive characteristics of the women and the baby were evaluated using frequency (f), percent (%), mean ($\overline{X}$) and standard deviation (SD). The Chi-square and Fisher's exact tests were used to demonstrate the differences in percentages. The MANOVA was used for evaluating the PSES. The t-test and Mann-Whitney U test were used for independent groups. The t-test, Wilcoxon sign test and item discrimination t-tests were used in paired groups. The Spearman correlation coefficient and the effect of sociodemographic features on the score obtained from the PSES were used to evaluate the relationship between PSES and variables. Paired logistic regression analysis and the Hosmer-lemeshow test were used for assessment of compatibility.

Ethical Considerations

The written ethical approval was obtained from the ethical review board of the Istanbul University. The participants were informed about the aims of the study and information about anonymity, confidentiality and consent were included in the explanation and volunteered the study. The PSES was used with author' permission.

RESULTS

The mean age of the participants, the mean age of the spouses and the mean age at marriage and the socio-demographic characteristics were found to be similar in study and control groups. The socio-demographic characteristics of pregnant women is given in Table 3.

Tablo 3.*Demographic characteristics in participants*

Characteristics		Study group(n=32)		Control group (n=30)		p
		$\overline{X}$	SD	$\overline{X}$	SD	
Age		25.16	4.97	26.03	4.56	0.47
Age of spouse		28.72	4.45	28.97	3.44	0.80
Age at marriage		23.41	4.49	23.73	4.41	0.77
Socio-demographic characteristics		n	%	n	%	
Marriage type	Arranged marriage	11	34.4	9	30.0	0.71
	Married with flirting	21	65.6	21	70.0	
Year of marriage	1-3 years	29	90.6	22	73.4	0.16
	4-6 years	2	6.3	7	23.3	
	7-9 years	1	3.1	1	3.3	
Educational status	Elementary school	6	18.7	11	36.7	0.24
	Intermediate school	7	21.9	8	26.7	
	High school	10	31.3	4	13.3	
	University and above	9	28.1	7	23.3	
Educational status of spouse	Elementary school	3	9.4	11	36.7	0.13
	Intermediate school	8	25.0	4	13.3	
	High school	8	25.0	6	20.0	
	University and above	13	40.6	9	30.0	
Profession	Working	9	28.1	8	26.7	0.89
	Unemployed	23	71.9	22	73.3	
Profession of spouse	Working	30	93.7	30	100.0	0.49
	Unemployed	2	6.3	0	0.0	
Health insurance	Yes	25	78.1	28	93.3	0.15
	No	7	21.9	2	6.7	
Income status	Income is less than expenses	9	28.1	5	16.7	0.18
	Income is equal to expenses	21	65.6	25	83.3	
	Income is more than expenses	2	6.3	0	0.0	
Family type*	Nuclear family	28	87.5	21	70.0	0.09
	Extended family	4	12.5	9	30.0	

*p<0.05

The influences of socio-demographic characteristics during pregnancy and the postpartum period on the parenthood self-efficacy scores were analysed. Paired logistic regression analysis was performed in order to evaluate the effects of scores obtained from postpartum (4th month) PSES scores and socio-demographic characteristics. Scores obtained from the postpartum (4th month) PSES were given to logistic regression analysis as the dependent variable and soco-demographic caracteristcis as the independent variable. Income and family type could not be found as being statistically significant distinctive risk factors for the model equation (HL; p<0.05). Age, occupational status of the women and the spouse, health insurance, age at marriage, type of marriage and year of marriage were found to be statistically significant risk factors (HL; p>0.05). The type of marriage was found to be a factor which statistically increases the score obtained on PSES (OR=1.43; p=0.027). In conclusion, the postpartum (4th month) PSES score of the subjects who did not have arranged marriages was a 1.43 times enhancing factor compared to those with arranged marriages (Table 4).

Table 4.*Influence of the socio-demographic characteristics of the study group on Parental Self-Efficacy Scale Score*

Variable	HL*	B	S.E.	Wald	Sig.	Exp(B)	95%C.I.forexp(B)	
							Lower	Upper
Age	0.72	.137	.124	1.214	.271	1.147	.899	1.463
Occupational status	0.83	.056	.129	.189	.664	1.058	.821	1.363
Occ. status of the spouse	0.36	.231	.208	1.229	.268	1.260	.837	1.896
Health insurance	0.33	.169	.135	1.558	.212	1.184	.908	1.544
Income	0.04	.069	.123	.311	.577	1.071	.841	1.364
Age at marriage	0.32	.060	.117	.261	.609	1.062	.844	1.336
Marriage type*	0.74	.362	.163	4.895	. 027	1.435	1.042	1.977
Year of marriage	0.59	.309	.248	1.553	.213	1.363	.838	2.217
Family type	0.04	-.055	.164	.114	.735	.946	.687	1.304

*p<0.05

When the findings related to pregnancy and baby are analysed, participants were detected to be similar in both groups, except for preference for delivery. While pregnant women were similar in terms of fear of childbearing in both groups, they were found to differ in terms of preference for delivery. Differences between parental self-efficacy scores obtained from postpartum PSES, parental self-efficacy scores obtained during pregnancy and total parental self-efficacy scores are shown in Figure2.

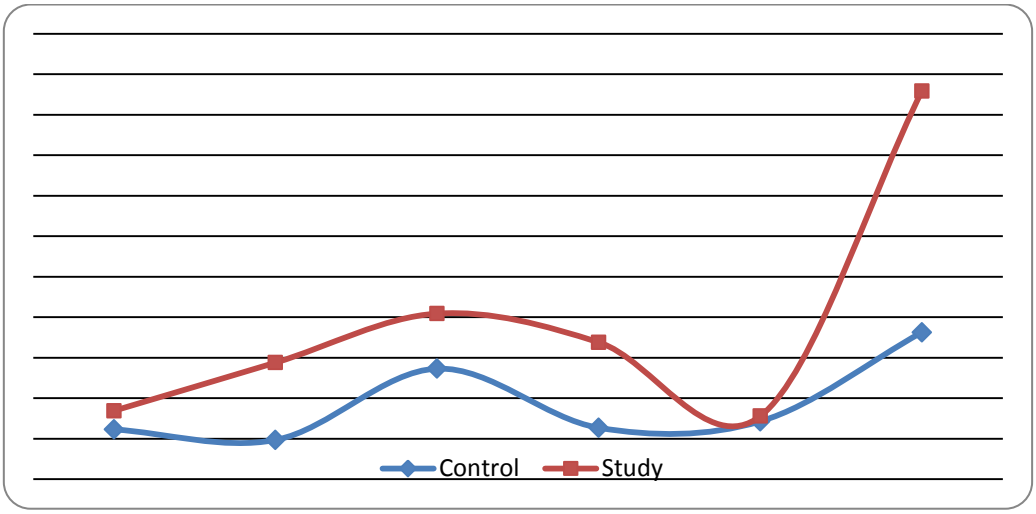

Figure 2.*Relationship of Parental Self-Efficacy Scale Scores of the Study and Control Group*

According to the results of the study, a significant increase was observed in the study group in terms of scores obtained for the needs of the baby (Factor 1), parental skills (Factor 2) and discomforts of the baby (Factor 4). Scores for emotional status of the baby (Factor 3) and feelings of the baby (Factor 5) were seen to increase significantly both in the study and control groups.

The total parental self-efficacy scores of the study and control groups were similar in pregnacy. After giving birth, the parental self-efficacy scores of the women in the study group who had been given the APSP were found to be significantly higher than in the control group ($p<0.05$).

The number of correct answer in Knowledge Test about Pregnancy for the study group significantly increased after APSP ($p=0.0001$).

DISCUSSION

Transition to parenthood is evaluated as a crisis. The needs of the expected mother may change with new roles and new duties have to be overcome. Training the expected mothers exercises for knowledge and skill development would enable them to feel more sufficient. Awareness of the parents with regards to the needs and discomforts of the baby and communicating with the baby in terms of the baby's emotions and feelings by developing skills for caring and comforting will facilitate all the baby needs.

The goal of this study is to analyse the influence of the Adaptation to Parenthood Support Program (APSP), which was prepared based on Bandura's Social Cognitive Theory (SCT), on the perceptions of parental self-efficacy in expected mothers. A socio-demographic characteristics may influence adaptation to parenthood.[4,7,13,21,23,25,31,33] In the study, the socio-demographic characteristics of study and control groups were found to be similar in two group. The high self-efficacy that significantly increases over time found in women who married with flirting is an important result (Table 4). Husbands knowing and loving each other well is effective on the determination of their needs, priorities and compatibility. Arranged marriages, which are commoly seen in traditional communities, are situations which can lead to parenthood problems.

On the topic of baby needs (Factor 1), after ensuring a notable attention process based on the SCT model, remembrance, the course of motivation, success performance affecting the belief of self-efficacy, verbal persuasion and sources of psychological relaxing had been provided to the participants. Training was given about baby care where practice was carried out on dolls and the participants opinions regarding the adaptation to pregnancy were obtained. As a result, the APSP was observed to improve self-efficacy perception. A mother who feels sufficiently qualified, who feels strong, ready and competent about baby care is aware of the needs of her baby. Mother expresses emotional intimacy, compassion, interest and love to her baby. She is aware of the needs and the feelings of the baby and is closely interested in them.[26]

Modelling is important in Social Cognitive Theory (SCT). An individual may learn novel cognitive skills and psychomotor skills through modelling.[9] Nurses in particular can help pregnant women gain many desired behaviors by being good role models. Nurses should make the expected behaviors attractive in the drawing attention process, which is one of the basic processes of learning through observation. As part of the APSP, practical methods like information about baby care, role play about parenthood, demonstration, information, video, meeting and interacting with a mother (interview with an experienced person,

gaining support) were seen to improve the readiness of pregnant women.

The APSP affected parenthood self-efficacy and improved the effectiveness and success of expected mothers. Luebering[17] reported parental self-efficacy and proper parental skills and behaviors to be inter-related. The individuals experiencing the behavior, observing others when performing this behavior could have improved success by contributing to learning and positively affecting perception of parental self-efficacy. Parental self-efficacy level of mothers is seen to be important in the prevention of problems.[1] The mother and baby that get to know one another better over time sends the correct signals to each other. The mother begins to undertand the cause of baby's crying according to the crying pattern. The emotional status of the baby (Factor 3) is better perceived by the mother and needs are able to be met. The increases in parental self-efficacy with time in both groups are considered a normal outcome.

In the parenting process, the mother should know why she does what she does, be aware of her behavior and empathize with her baby. Only in this way can she understand the feelings of the baby. Adapting to motherhood can provide physiologic, cognitive and emotional adaptation. Bonding with the baby, drawing the baby's attention, showing love, compassion and interest, enabling learning and the discovery of new things are important steps in communicating with the baby. Aksoy and Diken[1] report that mothers who feel adequate usually make more verbal communication with their children.

When the discomforts of the baby (Factor 4) were analysed, having sufficient knowledge seemed to positively affect the perception of self efficacy. Knowledge and skills about various discomforts of babies (distention, vomiting, etc.), diseases, intervention, measuring, follow up and assessment of fever and vaccination schedules were presented to the participants as part of the APSP. The APSP affected motivation, performance success and enhanced the perception of self-efficacy.

According to the results of the study, the scores for feelings and emotional status of the baby (Factor 3 and Factor 5) were also seen to significantly increase in control group. This may be accepted as being a natural situation that developes over time due to the effects of emotional bonding between mother and baby. Scores obtained from the factors of baby needs, parent skills and baby discomforts (Factor 1, Factor 2 and Factor 4) were seen to sigificantly increase in the study group. This significant increase among factors, requires knowledge and skill that are learned with the APSP.

The increases in the parental self-efficacy scores of the the control group can be explained by the Turkish cultural factors. Of these are the facts that most pregnancies are voluntary, that with the bonding process the achievement of the motherhood role can change over the first year, that one can get accustomed to parenthood and that perception of ones own self-efficacy can develop over time. The mother who is ready for this role socially and biologically or who first meets her baby, with time, learns the needs and tries to understand the baby. In addition, during this time, the mother acquires her self-identity as a mother and gains skills and confidence by realizing the required performance of her role.[7,18,24]

In many studies, educational and support programs are found to reduce parental-related stress, positively affect parental behaviors, gain skills and knowledge and to increase the quality of the relationship with the baby and feelings of self-efficacy.[5,6,22,28] Mothers whose self-efficacy is high encourage themselves when faced with difficulties and try to solve problems through positive thinking.[32]

A parenthood support program based on enhancing parental self-efficacy perception prepared according to social cognitive theory positively affected parenthood success and parental self-efficacy perception. A parenthood support programs beginning in the antenatal period may be considered to gradually and effectively prepare the expected mothers for parenthood, enable them to cope with the parenthood experience and thus enhance success. Furthermore, The parenthood support program was conducted in a group environment, interpersonal interaction was provided, parents met with experienced parents and were supported. Parental self-efficacy scores were signficantly greater in the study group as compared to control group. This is considered to result from Bandura's Social Cognitive Theory (SCT)-based APSP positively affecting the belief of self-efficacy.

The supportive characteristics of the Turkish family life, the traditions of caring for mother and baby and spousal support have significant effects on the adaptation to motherhood and the mothers feelings of having a good, healthy and happy experience.[18,29,30] Studies[5,7,19] indicate that social support, particularly from the spouse and close relatives has a positive effect on adaptating of the mother role. Receiving help would reduce the mothers problems. When the spouse does not meet the expectations of the woman, it increases the likelihood of a reduction in marital satisfaction and parenthood in addition to the difficulties that come from adaptating to parenthood.[11,18,30] If the marriage is based on tolerance and the sharing of feelings, it can be stated that women are more peaceful during the transition to motherhood.[27] The father has indirect effects on the satisfaction and psychological health of the mother.[21] Women whose motherhood is approved by their spouse and who can share problems were reported to experience fewer difficulties.[19] Factors such as his own development history, personal characteristics, beliefs, social support and stress influence the fathers contributions to baby care.[21] Jackson and Scheins[15] reported that self-efficacy enhances as the communication between the father and the baby increases, namely the mother's parental responsibility is shared and social support increases. Dielh[10] and Hermann et al.[14] reported that mothers who are supported by the fathers are more successful in motherhood, experienced a less problematic transition period, liked their babies more, had less stress and had more positive interaction with their babies. These results are similar to the fact that the self-efficacy scores are higher for the pregnant women supported by their spouses.

The number of correct answer in KTP in the post test was found to be greater than that of the pre-test in the study group. This result indicates that study group learned and internalized the the knowledge in that APSP sessions.

In conclusion, the greatly significant differences between the two group indicates the effectiveness of the APSP. The fact that PSES scores of study group were significantly greater than those of the control group is considered to arise from APSP's positively affecting self-efficacy perception. Study group were better prepared for parenthood with the APSP, based on Bandura's SCT, where knowledge and skills were presented to them.

Nurses and midwifes may enable the parents to strenghten coping mechanisms and develop adaptive behaviors through APSP, which includes the support and intervention of nurses, based on the basic concepts of SCT. They can provide support for a healthy, happy, physically and emotionally care and attention oriented child-rearing environment. The nurses may re-evaluate the skills and behaviors of the mother and detect the outcomes of this support.

CONCLUSION

It is thought that support programs beginning in the antenatal period prepare the pregnant women for parenthood gradually and effectively, enabling them to better cope with the first parenthood experience. A support program based on enhancing parental self-efficacy perception prepared accrding to SCT postively affected parenthood success and parental self-efficacy perception. In addition, the support program was applied in a group environment where there was interpersonal interaction and the chance to talk to experienced parents. The fact that parental self-efficacy scores of case group were significantly greater than those of the control group is considered to arise from SCT-APSP's positively affecting self-efficacy perception.

Transition to parenthood is evaluated as a crisis. The needs of the individual may change with new roles and new duties have to be overcome. Teaching the pregnant women exercises for knowledge and skill development would enable them to feel more sufficient. Awareness of the parents with regards to the needs and discomforts of the baby and communicating with the baby in terms of the baby's emotions and feelings by developing skills for caring and comforting will facilitate all the baby needs.

RECOMMENDATIONS

According to the results of the study, the following recommendations are presented:

• Health professionals should be informed about the importance of self-efficacy perception and educational programs should be prepared and conducted to teach support methods that would enhance this perception.

• Given that healthy parents would raise healthy generations, the need for parent support programs is clear. In this scope, the importance of parent support programs should be understood, programs should be developed, generalized and applied in health agencies. The requirement for knowledge and skills about parenthood and development should be met, support programs should be prepared and presented for this purpose, particularly for the parents who will experience their first parenthood. Parent support programs should begin before the pregnancy and be maintained during and after pregnancy, the needs of the parents should be met and the service should be accessible. The transition to parenthood affects not only the pregnant women but also the whole family. Therefore, the family and particularly the spouse should be included in these support programs.

•To be more effective, parental adaptation support programs should be prepared based on Bandura's Social Cognitive Theory (SCT).

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