

Turkish Validity and Reliability Study of the Maternal Attitudes Questionnaire

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ABSTRACT

Objective: The aim of our study was to determine the psychometric evaluation of the Maternal Attitudes Questionnaire (MAQ) in the Turkish population by adapting it to Turkish.

Methods: State and Trait Anxiety Inventory (STAI), Dysfunctional Attitudes Scale (DAS), the Edinburgh Postnatal Depression Scale (EPDS), and MAQ were used in data collection. The research sample comprised 359 women in the perinatal period. To evaluate test–retest reliability, MAQ was administered to 20 participants again after 4 weeks.

Results: Four items with item–total–item correlations below 0.3 were removed from the questionnaire, and analysis was continued on 10 items. In the factor analysis, a two-factor structure was obtained, explaining 45.59% of the variance. The Cronbach α coefficient of the questionnaire in our sample was found as 0.664. For test–retest reliability, the Pearson correlation coefficient was found as 0.804 after a 4-week period. Maternal Attitudes Questionnaire correlated significantly with EPDS, STAI, and DAS.

Conclusion: According to the results of our study, the Turkish version of the MAQ is a valid and reliable measurement tool in the perinatal period.

Keywords: Motherhood, maternal attitudes questionnaire, validity and reliability

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INTRODUCTION

The transition from “womanhood” to “motherhood” represents a significant role transformation in a woman’s life. Although childbirth is a universal experience, the postpartum period is also a process that needs to be understood from a psychosocial perspective. In this process, which includes contradictions and difficulties as well as happiness and development, there is a spiritual change process that pushes women to redefine themselves, their mental structure, relationships, goals, and entire life space.¹

With motherhood, the cognitive elements by which women evaluate themselves are also restructured. With motherhood, a woman’s beliefs and attitudes specific to motherhood are shaped.² Maternal attitudes are cognitive elements consisting of domains containing some beliefs specific to motherhood.

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During the perinatal period, women go through a difficult process of providing biological and neonatal care.³ During this period, dysfunctional attitudes toward motherhood have been associated with psychological strain and have been shown to predict depressive and anxiety symptoms.⁴

Warner et al.⁵ highlighted the heterogeneous nature of postpartum depression, stating that some depressive symptoms experienced in the postpartum period were equivalent to the depression they experienced in other periods of their lives and that social risk factors such as demographic factors and not being able to get help were at the forefront. It was stated that a certain number of women with postpartum depression also became depressed after birth but did not become depressed in other periods of their lives, and that motherhood was a specific source of stress for these women. The authors commented that women in this group, triggered by “becoming a mother,” had a different cognitive infrastructure than those who had depressive symptoms in other periods, and that this cognitive model and people with a predisposition could be identified thanks to the evaluability of their maternal attitudes.^{5,6}

The Maternal Attitudes Questionnaire (MAQ) was developed by Warner et al. aiming to determine dysfunctional attitudes and expectations toward motherhood associated with depressive disorders in the postnatal period. With this questionnaire, aims to monitor cognitions and attitudes related to motherhood as well as symptoms in depressive disorders, evaluate the treatment response in detail in clinical follow-up and research, identify risky (vulnerable) groups by detecting specific cognitions, and establish therapy targets for psychotherapeutic interventions.⁵

While developing MAQ, the items in the “Attitudes towards the baby during pregnancy and postpartum period” subscale of the “Maternal Adjustment and Maternal Attitude (MAMA)” scale, which was the first evaluation scale on this subject, were taken as a basis.^{5,7} A 16-item questionnaire was created, including the cognitive domains of “Expectations regarding motherhood,” expectations of “self” as a mother, and role conflicts, which might be related to postpartum depressive symptoms. During the pilot application, 2 of the questionnaire items were removed from the questionnaire because they were difficult to understand, and the questionnaire was finalized. The study demonstrated that the questionnaire, consisting of 14 items, revealed the heterogeneous structure of maternal cognitions, which were important for understanding the etiology of postpartum depression.⁵

After MAQ was developed, it was used in many studies examining the relationship between attitudes toward motherhood and perinatal psychopathologies. Thompson and Bendell evaluated attitudes toward motherhood using the MAQ in their study, in which they defined in an interactive model showing that social perfectionism and externalized self-perception that developed in the early period led to a feeling of fragmentation in the self and dysfunctional attitudes toward motherhood, resulting in postnatal depression.⁸

Church et al. examined the mediating role of general and motherhood-specific dysfunctional attitudes on postnatal depressive symptomatology and non-cognitive risk factors. They evaluated dysfunctional maternal cognitions using the MAQ. The results of this study supported the findings that risk factors were effective in postnatal depression in an indirect way mediated by general and motherhood-specific dysfunctional attitudes.^{9,10} Other studies in

which MAQ was used included studies in which the effect of attitudes toward motherhood on the anxiety patterns that developed during the adaptation to pregnancy was investigated,¹¹ and studies in which cognitive behavioral therapy (CBT) was applied during the adaptation to the postnatal period was evaluated.¹²

The aim of our study was the translation of the MAQ into Turkish and the examination of its validity and reliability criteria to determine the dysfunctional attitudes specific to motherhood.

MATERIAL AND METHODS

Sample

The study was conducted between January 1, 2019, and December 1, 2019, after receiving approval from the Ethics Committee of Bakırköy Prof. Dr. Mazhar Osman Research and Training Hospital for Psychiatric and Neurological Diseases (Approval no: 91, Date: November 7, 2017). The study sample included women in the pregnancy period who were patients of the Gynaecology and Obstetrics Department of Bağcılar Training and Research Hospital and mothers in the postpartum period who were patients of the Child Health and Diseases Department of Yeditepe University.

Women were included in the study if they agreed to the study and had a degree from at least a primary school. Exclusion criteria were mental capacity and language problems, being under the influence/withdrawing from alcohol and psychoactive substances, organic mental disorders, and being in their first pregnancy. Of the perinatal women who agreed to participate in the study, 11 women were excluded because of language problems, 29 women were excluded because of time constraints, and 15 women were excluded because it was their first pregnancy. The total sample size was 359 women in the perinatal period.

Translation

Maternal Attitudes Questionnaire was developed by Warner et al. in 1997⁵ with the aim of detecting dysfunctional attitudes toward motherhood associated with postpartum depression. The approval was received by email to adapt the questionnaire to Turkish from Warner who developed the original version of the questionnaire's.

As stated by Brislin et al.¹³ in the translation phase of a questionnaire into Turkish, a 5-step process was followed, included first translation, assessment of the first translation, reverse translation, assessment of the reverse translation, and professional opinion. The questionnaire was translated independently by 3 researchers with a high degree of English proficiency. The translated texts were combined, and a single text was obtained. Independent experts with advanced English skills retranslated the produced content into English. The MAQ was compared with the end text obtained from the back-translation and submitted to the experts for their opinion. To test the comprehensibility of the questions, a pilot application was made with 15 participants, the questionnaire items were evaluated and the final version of the questionnaire was given. Pilot application data are not included in the data set of the study.

Procedure

About 5-10 times the total scale item number is accepted as a sufficient sample of volunteers,¹⁴ and a sample size of 140 is planned for this purpose. Participants were informed in detail, and written informed consent was obtained. The Clinical and Sociodemographic Data Form was used to determine the sociodemographic

characteristics of the sample. The Edinburgh Postnatal Depression Scale (EPDS) was used to assess criterion validity, the Dysfunctional Attitudes Scale (DAS) to assess general dysfunctional attitudes, and the State-Trait Anxiety Inventory (STAI) to assess anxiety symptoms. To evaluate test-retest reliability, MAQ was administered to 20 participants again after 4 weeks.

Scales Used in the Study

Maternal Attitudes Questionnaire: The questionnaire, developed by Warner et al in 1997 to measure maternal attitudes, consists of 14 items. The questionnaire consists of a 4-point Likert structure. The response to each item is scored as 0, 1, or 2. The test score is formed by summing the scores of each item. A higher total test score shows more dysfunctional attitudes toward motherhood. A validity and reliability study reported an internal reliability coefficient of 0.84 and a statistically significant relationship with the EPDS score.⁵

Clinical and Sociodemographic Data Form: The form was developed to collect socio-demographic information from participants.

Edinburgh Postnatal Depression Scale: In 1987, Cox et al.¹⁵ created the EPDS to test for depression during the postnatal period. The scale was translated into Turkish by Engindeniz et al. The scale's Cronbach α reliability coefficient was found to be 0.79.¹⁶

State and Trait Anxiety Inventory: Spielberger¹⁷ established the STAI in 1970. The STAI has 2 subscales. The STAI-S measures current levels of anxiety and consists of questions about how the person feels at the moment. The STAI-T measures a person's long-term level of anxiety and general feeling. Öner assessed the validity and reliability of the inventory in Turkish. Cronbach's α reliability coefficients for the STAI ranged from 0.83 to 0.87 for the STAI-S and from 0.94 to 0.96 for the STAI-T.¹⁸

Dysfunctional Attitudes Scale: Dysfunctional Attitudes Scale was developed by Weissman and Beck to detect dysfunctional beliefs.¹⁹ Şahin and Şahin²⁰ researched the scale's psychometric characteristics, validity, and reliability in a Turkish population. The Cronbach α reliability coefficient of the scale was found to be 0.79.

Statistical Analysis

The Statistical Package for Social Sciences version 22.0 software (IBM Corp.; Armonk, NY, USA) was used to evaluate the data. To evaluate categorical variables, descriptive statistics were made and frequency (s) and percentages (%) were calculated. The factor structure of the scale was assessed using principal component analysis (PCA). The results of the PCA were confirmed by confirmatory factor analysis (CFA) using SPSS Amos 23. The fit of the model was assessed using model fit indices (χ^2 , df , χ^2/df , CFI, GFI, AGFI, and RMSEA).^{21,22} Cronbach's α coefficient and item-total correlation coefficient were calculated to assess reliability. After 4 weeks, 20 participants were re-administered with the MAQ, and test-retest reliability was analyzed. Pearson correlation analysis was used to determine criterion validity by comparing the MAQ score to the EPDS, DAS, and STAI item scores. All statistical analyses had a significance level of $\alpha = 0.05$.

RESULTS

The research sample included 359 women in the perinatal period. Of these, 68.8% were aged 26-35 years. Table 1 shows the sample's sociodemographic variables.

Table 1. Frequency Distributions and Percentages Related to Clinical Characteristics of the Sample

			Total	
Age	18-25 years	n	72	
		%	20.06	
	26-35 years	n	247	
		%	68.8	
		36 years and over	n	40
			%	11.14
School	Middle school	n	48	
		%	13.37	
	High school	n	111	
		%	30.92	
	University and above	n	200	
		%	55.71	
Economic status	Low	n	10	
		%	2.78	
	Moderate	n	245	
		%	68.25	
	Good	n	104	
		%	28.97	
Family type	Nuclear family	n	322	
		%	89.69	
	Extended family	n	37	
		%	10.31	

Correlation analysis was used to examine the scores of all items on the scale as well as the scale's total score. Item-total correlation values varied from $r = 0.231$ (item 10) to $r = 0.612$ (item 12). Because the correlations of items 2, 4, 8, and 10 with the total score were not above $r = 0.30$, 4 items were removed, and factor analysis was performed.²³⁻²⁵

By removing 4 four items from the questionnaire through item-total score correlation, the questionnaire was subjected to PCA as 10 items (KMO = 0.722; Bartlett test₍₉₁₎ = 627.105, $P < .001$). A 2-factor structure was obtained, explaining 45.59% of the variance, with

Table 2. Items in MAQ and Item Total Score Spearman Correlation Analysis Findings

	MAQ Total
MAQ 1	0.480**
MAQ 2	0.277*
MAQ 3	0.338**
MAQ 4	0.266**
MAQ 5	0.311**
MAQ 6	0.517**
MAQ 7	0.559**
MAQ 8	0.299**
MAQ 9	0.431**
MAQ 10	0.231**
MAQ 11	0.507**
MAQ 12	0.612**
MAQ 13	0.467**
MAQ 14	0.398**

MAQ, Maternal Attitudes Questionnaire.

**Correlation is significant at the 0.01 level.

Table 3. Factor Analysis Findings of MAQ

Item	F1	F2
Eigenvalue: 2.521; variance explained: 25.209%		
MAQ 6	0.654	
MAQ 7	0.743	
MAQ 11	0.577	
MAQ 12	0.807	
MAQ 13	0.515	
Eigenvalue: 2.038; variance explained: 20.384%		
MAQ 1		0.452
MAQ 3		0.555
MAQ 5		0.686
MAQ 9		0.733
MAQ 14		0.771

MAQ, Maternal Attitudes Questionnaire.

10 items and all items with an eigenvalue above 1 loading above 0.40²⁶. The results of the factor analysis of the MAQ are presented in Table 3.

Confirmatory factor analysis was applied to test the 2-factor structure. The goodness-of-fit values obtained from MAQ's 10-item and 2-factor CFA were at an acceptable level^{21,22} (Table 4). Figure 1 shows the model path diagram.

For the criterion-related validity of MAQ, correlation analyses with scales assessing depression, anxiety, and general dysfunctional attitudes were evaluated, and a statistically significant positive relationship was detected, as shown in Table 5.

The scale with 10 items had an internal consistency coefficient of $\alpha=0.664$. The Cronbach α coefficients of MAQ and its subscales are given in Table 6. The total score test-retest reliability value of the questionnaire was found as $r=0.804$ ($P < .001$). Considering the test-retest reliability coefficients for the subscales of the questionnaire obtained as a result of factor analysis, factor 1 correlation was found as $r=0.773$ ($P < .001$) and factor 2 correlation was found as $r=0.916$ ($P < .001$). Table 6 shows the correlation analysis findings for the test-retest reliability of MAQ.

DISCUSSION

In our study, the Turkish validity and reliability of the MAQ, which is a questionnaire to examine maternal attitudes, was evaluated. The coefficient of Cronbach's α was 0.664. The exploratory factor analysis (EFA) results in terms of the validity of the MAQ showed that it had a 2-factor structure explaining 45.59% of the questionnaire, which was confirmed by CFA. In our study, the MAQ was translated into Turkish, and its psychometric properties were revealed. It was shown that the reliability and validity values of the data obtained from the sample were at an acceptable level.

Table 4. Confirmatory Factor Analysis Findings of the MAQ

	χ^2	df	χ^2/df	CFI	GFI	AGFI	RMSEA
MAQ	74.136	31	2.391	0.927	0.961	0.930	0.062

CFI, Comparative Fit Index, GFI, The Goodness of Fit Index, AGFI, The Adjusted Goodness of Fit Index, RMSEA The Root Mean Square Error of Approximation

The questionnaire's reliability was assessed by analyses of internal consistency, item-total, and test-retest score. In our investigation, we determined that the item-total-item correlation values of the 4 items examined (items 2, 4, 8, and 10) were not above the acceptable limit of 0.3. For this reason, items 2, 4, 8, and 10 were removed from the scale and the analysis continued. The correlation of other items was found to be within the desired range (0.3-0.85).²³⁻²⁵ The Cronbach's α coefficient of the scale was found as 0.664. Cronbach's α coefficient of MAQ total and sub-factors were at an acceptable level.²⁷ The Cronbach's α coefficient for the original questionnaire was 0.84.⁵

Results of a 4-week test-retest conducted by 20 women in the perinatal period at 4-week intervals, a correlation of 0.773- 0.916 for each item and a correlation of 0.804 for total scores. In the original study, test-retest was performed 1 week after the first test, and it was determined that there was no change in the mean of MAQ total score, and the value was 0 ± 4.6 within the 95% reference range.⁵ The results of our study show that the MAQ is a reliable instrument for the assessment of dysfunctional attitudes toward motherhood in the perinatal period.

We used factor analysis and criterion validity analyses methods to examine the validity of the questionnaire. The factor analysis results revealed that the questionnaire had a 2-factor structure, and 45.59% of its variance is explained by the 2-factor structure.

The first factor focused on "Expectations from Motherhood and Self," and the second factor was related to "Role Conflicts." Although factor analysis was not performed on the original form of the scale, Warner stated that the scale evaluated role change, expectations from motherhood, and expectations from oneself as a mother.⁵ In connection with this, in our study, MAQ items 6, 7, 11, 12, and 13 were under the "Motherhood and Self-Expectations" factor, and items 1, 3, 5, 9, and 14 were under the "Role Conflicts" factor. Because this is the first adaptation study of the scale, its factor structure cannot be known in other languages. Confirmatory factor analysis was performed to evaluate the validity of the factor structure, and goodness-of-fit values were determined to be among the desired values, and the factor structure in the EFA was confirmed.

The EPDS, STAI, and DAS were used to investigate the criterion-related validity of the scale. Correlational analysis showed that MAQ was statistically significantly associated with both depressive and anxiety symptoms. A significant relationship was also detected with DAS, which measures general cognitive distortions and was another scale used to test criterion-related validity. In the original study, a relationship between MAQ scores and EPDS and The Clinical Interview Schedule-Revised scores (CIS-R) was also demonstrated.⁵ All these findings show that MAQ has sufficient evidence for its criterion-dependent validity.

As a result, the Turkish version of MAQ can be used validly and reliably. Our study had several limitations. The first is that the relationship between dysfunctional attitudes toward motherhood and psychopathology could not be assessed longitudinally. Another limitation was that criterion validity was assessed with the EPDS, STAI, and DAS, as there is a lack of other scales that assess maternal cognitions. However, introducing the MAQ into our language, which was a questionnaire that allowed evaluating maternal attitudes as a self-report questionnaire and had the advantages of being an easily and quickly applicable questionnaire, constituted the strengths of our study.

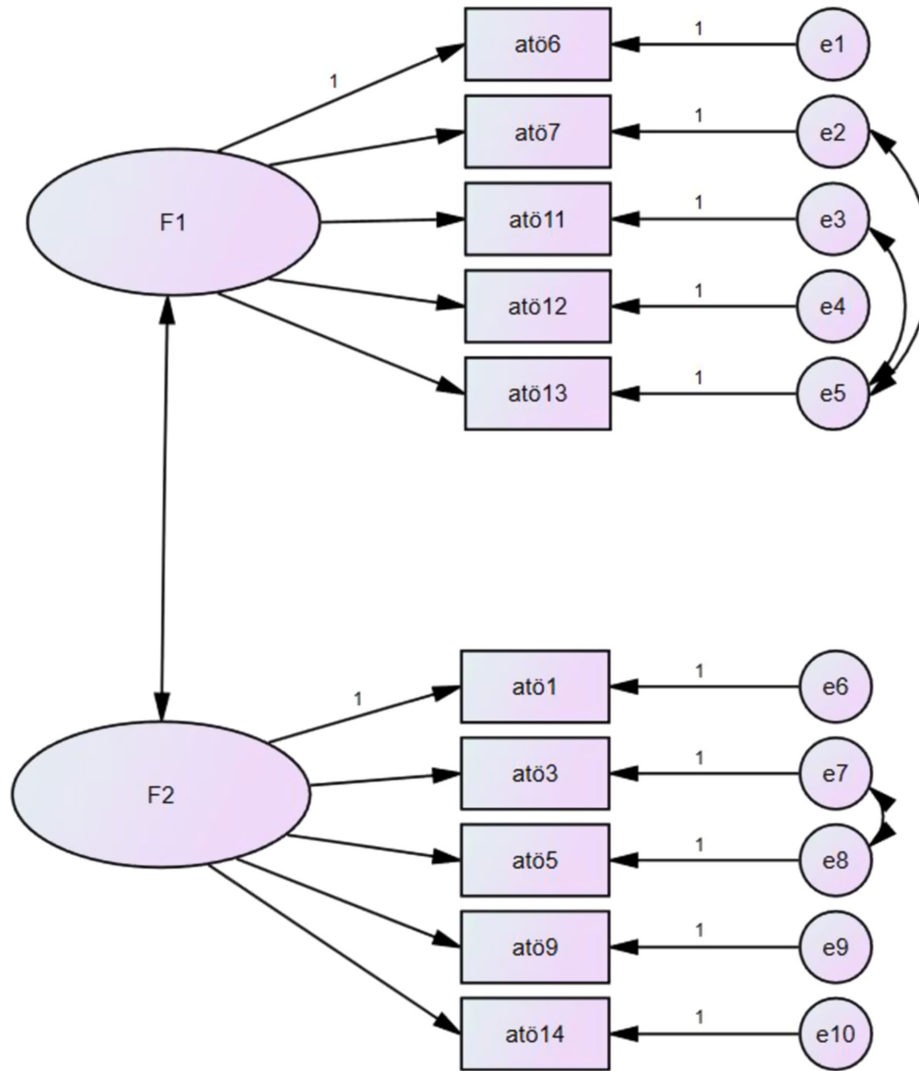


Figure 1. Path diagram of MAQ.

Warner et al.⁵ stated that MAQ was designed for the postpartum period and that it could not be applied to women who became pregnant for the first time, especially in terms of the content of the questions, as a limitation. However, considering the importance of determining which cognitions during pregnancy might be associated with postpartum psychopathologies, they stated that it could also be used during pregnancy. They stated that more studies were needed on this subject. Hart and McMahon¹¹ showed that the MAQ could be adapted to the pregnancy period with verbal expression before completing it. Although women who became pregnant for the first time were not included in MAQ evaluation in our study, it was used together for the pregnancy and the postpartum periods, and its validity for the perinatal period was shown.

Table 5. Pearson Correlation Analysis Findings of MAQ and Clinical Tests

	MAQ
EPDS	0.364**
DAS total	0.291**
STAI total	0.269**

MAQ, Maternal Attitudes Questionnaire. **Correlation is significant at the 0.01 level.

As a conclusion, according to the psychometric analyses carried out to adapt the questionnaire to our language, it shows that the questionnaire is a valid and reliable instrument for measuring the maternal attitudes of women in the perinatal period. Maternal Attitudes Questionnaire evaluates attitudes toward motherhood and identifies groups at risk for depression and anxiety disorder in the perinatal period. Maternal Attitudes Questionnaire would be a useful tool for determining the maternal attitudes and cognitive beliefs of the women. Identifying cognitive beliefs and dysfunctional attitudes, which are the risk factors for the development of psychopathologies like depression, allows determining the risk groups in the perinatal

Table 6. Results of Cronbach α and Test-Retest Pearson Correlation of MAQ

	α	Retest (n = 20)	Item Number
MAQ	0.664	0.804**	10
MAQ F1	0.619	0.773**	5
MAQ F2	0.696	0.916**	5

MAQ, Maternal Attitudes Questionnaire. **Correlation is significant at the 0.01 level.

period. This, in turn, may enable protective and preventive interventions for psychopathologies that develop in the perinatal period and help target specific psychotherapy topics in psychotherapeutic treatment approaches.

Availability of Data and Materials: The data that support the findings of this study are available on request from the corresponding author.

Ethics Committee Approval: Ethics committee approval was received for this study from the Ethics Committee of Bakırköy Prof. Dr. Mazhar Osman Research and Training Hospital for Psychiatric and Neurological Diseases (Approval no: 91, Date: November 7, 2017).

Informed Consent: Written informed consent was obtained from participants who participated in this study.

Peer-review: Externally peer-reviewed.

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REFERENCES

- Sethi S. The dialectic in becoming a mother: experiencing a postpartum phenomenon. *Scand J Caring Sci.* 1995;9(4):235-244. [CrossRef]
- Sockol LE, Battle CL. Maternal attitudes, depression, and anxiety in pregnant and postpartum multiparous women. *Arch Womens Ment Health.* 2015;18(4):585-593. [CrossRef]
- Sockol LE, Epperson CN, Barber JP. The relationship between maternal attitudes and symptoms of depression and anxiety among pregnant and postpartum first-time mothers. *Arch Womens Ment Health.* 2014;17(3):199-212. [CrossRef]
- Sockol LE. *Predicting Depressive Symptoms during Pregnancy: Integrating Cognitive, Coping and Social Perspectives* [Unpublished Master's thesis]. Philadelphia, PA: University of Pennsylvania; 2008.
- Warner R, Appleby L, Whitton A, Faragher B. Attitudes toward motherhood in postnatal depression: development of the Maternal Attitudes Questionnaire. *J Psychosom Res.* 1997;43(4):351-358. [CrossRef]
- Cooper PJ, Murray L. Prediction, detection, and treatment of postnatal depression. *Arch Dis Child.* 1997;77(2):97-99. [CrossRef]
- Kumar R, Robson KM, Smith AMR. Development of a self-administered questionnaire to measure maternal adjustment and maternal attitudes during pregnancy and after delivery. *J Psychosom Res.* 1984;28(1):43-51. [CrossRef]
- Thompson KD, Bendell D. Depressive cognitions, maternal attitudes and postnatal depression. *J Reprod Infant Psychol.* 2014;32(1):70-82. [CrossRef]
- Church NF, Brechman-Toussaint ML, Hine DW. Do dysfunctional cognitions mediate the relationship between risk factors and postnatal depression symptomatology? *J Affect Disord.* 2005;87(1):65-72. [CrossRef]
- Church NF, Psych D, Dunstan DA, Hine DW, Marks ADG. Differentiating subtypes of postnatal depression based on a cluster analysis of maternal depressive cognitions. *J Prenat Perinat Psychol Health.* 2009;24(2):89.
- Hart R, McMahon CA. Mood state and psychological adjustment to pregnancy. *Arch Womens Ment Health.* 2006;9(6):329-337. [CrossRef]
- Griffiths P, Barker-Collo S. Study of a group treatment program for postnatal adjustment difficulties. *Arch Womens Ment Health.* 2008;11(1):33-41. [CrossRef]
- Brislin RW, Brislin RW, Lonner WJ, Thorndike RM. *Cross-Cultural Research Methods*; vol 11. New York: J. Wiley; 1973.
- Şencan H. *Sosyal ve Davranışsal Ölçümlerde Geçerlilik ve Güvenilirlik*. Ankara: Seçkin Matbaası; 2005.
- Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression: development of a 10 item postnatal depression scale. *Br J Psychiatry.* 1987;150:782-786. [CrossRef]
- Engindeniz AN, Küey L, Kültür S. Edinburgh doğum sonrası depresyon ölçeği Türkçe formu geçerlilik ve güvenilirlik çalışması. *Bahar Sempozyumları.* 1996;1:51-52.
- Spielberger CD. STAI manual for the State-Trait Anxiety Inventory. *Self-Evaluation Questionnaire.* 1970.
- Öner N, LeCompte WA, Üniversitesi B. *Durumluk-Sürekli Kaygı Envanteri El Kitabı*. Boğaziçi Üniversitesi; 1983.
- Weissman AN, Beck AT. Development and validation of the dysfunctional attitude scale: A preliminary investigation. Published online 1978. Available at: <http://eric.ed.gov/?id=ED167619>.
- Şahin NH, Şahin N. Bir kültürde fonksiyonel olan tutumlar bir başka kültürde de öyle midir. *Psikhol Derg.* 1991;7(26):30-40.
- Kılıç S. Cronbach'ın alfa güvenilirlik katsayısı. *J Mood Disord.* 2016;6(1):47-48. [CrossRef]
- ÇAPIK C. Geçerlik ve güvenilirlik çalışmalarında doğrulayıcı faktör analizinin kullanımı. *Anadolu Hemşirelik Sağlık Bilimleri Derg.* 2014;17(3):196-205.
- De Vaus D, de Vaus D. *Surveys in Social Research*. Routledge; 2013.
- Brzoska P, Razum O. *Validity Issues in Quantitative Migrant Health Research: the Example of Illness Perceptions*; vol 58. Peter Lang; 2010.
- Büyükköztürk S. *Veri Analizi El Kitabı*. Ankara, Pegem A Yayıncılık; 2004.
- Hair, J. F., Black, W. C., Babin, B. J., Anderson, R. E., & Tatham, R. L. (2006). *Multivariate data analysis* 6th Edition.
- Loewenthal KM, Lewis CA. *An Introduction to Psychological Tests and Scales*. Routledge; 2020.

ANNELİK TUTUMLARI ÖLÇEĞİ

1. Bebeğimin çok talepkar olduğunu düşünüyorum.

Tümüyle katılıyorum	Katılıyorum	Katılmıyorum	Tümüyle Katılmıyorum
2	1	0	0

2. Annelik beni hayal kırıklığına uğrattı.

Tümüyle katılıyorum	Katılıyorum	Katılmıyorum	Tümüyle Katılmıyorum
2	1	0	0

3. Bazen bebek sahibi olmaktan pişmanlık duyuyorum.

Tümüyle katılıyorum	Katılıyorum	Katılmıyorum	Tümüyle Katılmıyorum
2	1	0	0

4. Bebeğime uygun bir şekilde bakabilecek tek kişi benim.

Tümüyle katılıyorum	Katılıyorum	Katılmıyorum	Tümüyle Katılmıyorum
2	1	0	0

5. İyi bir anne olabilmek için, her zaman her şeyle baş edebilmeliyim.

Tümüyle katılıyorum	Katılıyorum	Katılmıyorum	Tümüyle Katılmıyorum
2	1	0	0

6. Bebeğim olduğundan beri kendim için yeterli zamanım olmamasına içerliyorum.

Tümüyle katılıyorum	Katılıyorum	Katılmıyorum	Tümüyle Katılmıyorum
2	1	0	0

7. Anne olmayı zor bulsaydım, kendimi yetersiz hissederdim.

Tümüyle katılıyorum	Katılıyorum	Katılmıyorum	Tümüyle Katılmıyorum
2	1	0	0

8. Eğer bebeğimi seviyorsam, onunla her zaman birlikte olmayı istemeliyim.

Tümüyle katılıyorum	Katılıyorum	Katılmıyorum	Tümüyle Katılmıyorum
2	1	0	0

9. Bebeğime bakarken başkalarından yardım alırsam, yetersiz hissederim.

Tümüyle katılıyorum	Katılıyorum	Katılmıyorum	Tümüyle Katılmıyorum
2	1	0	0

10. Bebeğim olduğundan beri hayatımın kısıtlanmış olmasına içerliyorum.

Tümüyle katılıyorum	Katılıyorum	Katılmıyorum	Tümüyle Katılmıyorum
2	1	0	0