



Family support and maternal self-efficacy of adolescent mothers

Jehan Puspasari, Imami Nur Rachmawati* and Tri Budiati

Faculty of Nursing, Universitas Indonesia, West Java, Indonesia

KEYWORDS

Adolescent mothers;
Maternal self-efficacy;
Family support

Abstract

Objective: To identify a correlation between family support and maternal self-efficacy of adolescent mothers.

Method: This cross-sectional study applied a consecutive sampling technique. The sample was 100 primiparous adolescent mothers. Instruments utilized were structured questionnaires, including a demographic questionnaire, Maternal Efficacy Questionnaire (MEQ), Postpartum Support System, Edinburgh Postnatal Depression Scale (EPDS), and Infant Characteristics Questionnaire (ICQ). The correlation of family support and maternal self-efficacy was analyzed using chi-square and logistic regression.

Results: The results showed a significant correlation between family support and maternal self-efficacy of adolescent mothers. The family support that most influenced maternal self-efficacy of adolescent mothers was family instrument support, with Wald value of 34.720.

Conclusions: Instrument support most affects maternal self-efficacy of adolescent mothers and encourages adolescents performing nurturing and mothering roles.

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Introduction

Marriage in adolescence is a growing global concern, especially in the developing countries. A high prevalence of adolescent marriage implies a higher rate of pregnancy and childbirth amongst adolescents too. It is important to considerately address this issue due to the adverse effects it may bring to women¹. Marriage and childbirth in adolescence may bring physical, psychological, and socio-economic impacts. Physical impacts include abortion, anemia, pre-eclampsia, HIV, sexually transmitted diseases (STDs)², premature birth, low birth weight, newborn asphyxia, delayed infant growth and development, and even death³.

Some complications of pregnancy in adolescent mothers are obstetric fistula and bladder or bowel perforation resulting from a prolonged delivery process, and the risk of cervical cancer⁴.

Adolescent mothers usually lack the ability to manage a family. Adolescent mothers tend to have emotional ups and downs and less confidence in taking care of newborns⁵. Socio-economically, adolescent marriage often creates numerous issues based on lack of formal education, resistance from the community, and financial weakness⁶. The mother holds a vital role in early childrearing, including monitoring the baby's growth and development. Maternal-infant bonding has invaluable long-term effects. However, adolescent

*Corresponding author.

Email: inrachma@ui.ac.id (I.N. Rachmawati).

mothers have limited experience in infant care, and thus frequently feel incompetent and not confident. This condition will hamper the role of motherhood, since confidence in baby care is a key to embracing maternal identity⁷.

Maternal self-efficacy (MSE) is a mother's ability, confidence, success, perceived competence in infant care, perception of motherhood role, and self-esteem⁴. High MSE will improve an adolescent mother's ability to care for her baby⁸. The adolescent transition period of becoming a mother is challenging since she must take on the role of motherhood even though she is not yet fully developed herself. Therefore, the adolescent mother needs adequate support from her family. Self-confidence is a factor that affects the adaptation and attainment of the mother's identity in infant care⁹. Adolescent mothers' confidence in infant care is closely tied to the support of parents and families¹⁰. This underpinning phenomenon led to the main research question in this paper: What is the relationship between family support and maternal self-efficacy among adolescent mothers?

Method

This was a cross-sectional study encompassing 100 postpartum adolescent mothers who were recruited by using the consecutive-sampling technique. Inclusion criteria were adolescent mothers aged 15-18 years who had healthy 6-12-month-old infants, no history of postpartum depression, willing to become a respondent, and living in South Bangka. To determine the presence or absence of postpartum depression history, we used the Edinburgh Postnatal Depression Scale screening tool (EPDS).

South Bangka is one of the districts in Bangka Belitung Province, Indonesia; it was selected for the study due to the high number of adolescent marriages there. Data obtained from the Ministry of Religion in South Bangka (2014) reported a population of more than 1,000 married adolescents aged 14 to 19 years.

Maternal self-efficacy was assessed using a maternal efficacy questionnaire that had been previously translated, modified and used in Indonesia¹⁰ with a reliability score of 0.911. Family support was measured with a postpartum support system questionnaire that had been modified and used in Indonesia¹¹. We remodified this tool based on four family support divisions with Cronbach's Alpha of 0.985.

Ethical approval was obtained from the Research Ethics Committee of the Faculty of Nursing, Universitas Indonesia. Data were collected through questionnaires with no harmful effect on the respondents. Ethical conduct was applied throughout the study process.

Results

The average age of respondents was 17 years, had been married for three years (Table 1). Table 2 shows that most of the respondents were married (88%) and had finished high school (63%). Table 3 summarizes the description of support respondents received. Most respondents had less information support (58%), less instrument support (62%), less emotional support (71%), and less reward support (74%).

Table 1 Mean age of mother, duration of marriage and family income (n = 100)

Variable	Mean	Standard deviation
Age of mother	17	1.030
Duration of marriage	3	0.896
Family income	Rp. 1.600.000	Rp. 242.084

Table 2 Percentage distribution of marital status and last education (n = 100)

Variable	Frequency (no.)	Percentage (%)
<i>Marital status</i>		
Married	88	88
Not married/widow	12	12
<i>Education</i>		
Primary School	9	9
Junior High School	28	28
Senior High School	63	63

Maternal self-efficacy was found to be low among more than half of the respondents (58%).

The correlation between family supports (information, instrument, emotion, and reward) and maternal self-efficacy on adolescent mothers is presented in Table 4. The p-value of information support, instrument support, emotional support, and reward support were 0.001, 0,001, 0.000, and 0.000, respectively. A multivariate analysis at the end of the modeling showed that the domain of family support was the largest influence on MSE among adolescent

Table 3 Percentage distribution of information support, instrument support, emotional support, reward support and maternal self-efficacy (n = 100)

Variable	Frequency (no.)	Percentage (%)
<i>Information support</i>		
Poor	58	58
Good	42	42
<i>Instrument support</i>		
Poor	62	62
Good	38	38
<i>Emotion support</i>		
Poor	71	71
Good	29	29
<i>Reward support</i>		
Poor	74	74
Good	26	26
<i>Maternal self-efficacy</i>		
Low	58	58
High	42	42

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