



Family support and maternal self-efficacy of adolescent mothers

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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

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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

Table 4 Association between family supports (information support, instrument support, emotional support and reward support) and maternal self-efficacy in adolescent mothers (n = 100)

Independent variable	Dependent variable		Maternal self-efficacy	
	Low, No. (%)	High, No. (%)	OR (95%CI)	p-value
<i>Information support</i>			7.722 (3.142-18.980)	0.001
Poor	45 (77.6)	13 (22.4)		
Good	13 (31)	69 (41.9)		
<i>Instrument support</i>			91.667 (22.216-378.230)	0.001
Poor	55 (88.7)	7 (11.3)		
Good	3 (7.9)	35 (92.1)		
<i>Emotional support</i>			6.25 (2.392-16.334)	0.000
Poor	50 (70.4)	21 (29.6)		
Good	8 (27.6)	21 (72.4)		
<i>Reward support</i>			6.019 (2.222-16.306)	0.000
Poor	51 (68.9)	23 (31.1)		
Good	7 (26.9)	19 (73.1)		

95%CI, 95% confidence interval; OR, odds ratio.

mother, with Wald value of 34.720 and p-value of 0.000. These results are shown in Table 5.

Discussion

The average age of mothers in the present study was 17 years, the phase of late adolescence. Adolescents tend to be self-oriented in nature, thus less compassionate toward their babies¹². This immaturity may lead to a lack of aptitude to attain and perform the motherhood role⁹.

Most of the teen mothers in this study only finished high school (63%). Adolescent mothers are commonly less educated, as they forfeit school for marriage. Consequently, most have limited knowledge of infant growth and development¹³ and infant care¹⁴.

Most adolescent mothers (88%) in this study had been married for three years. Marriage duration may affect the partners' attitudes about baby care since the bond between husband and wife increases during marriage¹⁵.

In this study, the average family income was Rp. 1.600.000, which is below the average minimum wage of this study site

in Indonesia. Low family income may cause adolescents to be dependent on their parents' family. It is a common practice in Indonesia among adolescent families to have such financial support for the daily care of a baby in their extended family.

The emotional wellbeing of teen mothers can be improved through social support from their significant others. Factors such as lack of social support and the presence of psychological conditions such as anxiety and depression affect the mother's self-confidence⁷. Generally, adolescent mothers are not ready to become parents, so they must catch up to learn about infant care and childrearing. This is especially important, since insufficient and less compassionate interaction between adolescent mothers and their babies may cause negative long-term impacts on the children's growth and development¹⁴.

Strong family support positively impacts the adolescent mother and infant¹⁶ as well as the infant's development¹⁷. It is also important to highlight that most adolescent mothers in this study had low MSE. Several factors influenced this, including family support (information, instrument, emotion, and reward) and baby temperament. There was a relationship between the family's emotional supports and MSE. Ado-

Table 5 Multivariate logistic regression excluding reward and information support

Variable	B	Wald	p-value	Exp (B)	95%CI
Instrument support	-4.557	34.720	0.000	0.010	0.002-0.048
Emotional support	-1.883	5.774	0.016	0.152	0.033-0.707
Constanta	3.862	17.566	0.000	47.567	

95%CI, 95% confidence interval.

lescent mothers with satisfactory emotional support are more likely to have good mental health. Emotional support can strengthen the mother's coping ability and promote interaction between the mother and baby¹⁷.

Information support for adolescent mothers was found to be the predominant factor affecting MSE. One plausible explanation for this finding was that adolescent mothers lack experience and knowledge pertinent to infant care. In this study, there was a significant relationship between family's information supports and MSE. Information from the people closest to adolescent mothers can improve their ability to take care of their infants¹⁸. Another study by Azmoude et al⁴ reported that information from parents and significant others was associated with adolescent mothers' MSE.

Family instrument support has a positive impact on adolescent mothers and their babies. This includes support in providing care for infants, allowing the adolescent mothers to finish school, and maintaining the stability of their marriage¹⁹. In this study, we found a correlation between the family's instrument supports and MSE. One of the family's instrument supports is family income. Adolescent mothers face financial difficulties. An adolescent with a low income can be dependent on her family, which means everything adolescent mothers require to care for their babies are largely provided by the family. Research conducted by Kurniawati et al¹¹ in 2015 indicated that high family income might increase maternal-infant emotional relationships and assist mothers in developing their motherhood and parenting roles. Prior studies conducted by Azmoude et al⁴ in 2015 pinpointed the link between family income and MSE of adolescent mothers²⁰.

In this study, there was a significant relationship between reward support and MSE. Reward support is required by adolescent mothers to increase their self-confidence in baby care. Reward support is needed to anticipate the negative implications that may occur in infant care among adolescent mothers.

Conclusions

It can be concluded that most adolescent mothers have low MSE. There was an association between family supports (information support, instrument support, emotional support, and reward support) and MSE in adolescent mothers. The most predominant family support affecting MSE in adolescent mothers was instrument support.

Maternity nurses should pay more attention to adolescent mothers in prenatal service. Adequate prenatal education is the key to enhancing adolescent mothers' readiness and adeptness to take on their role as new mothers. Furthermore, it is important to promote the ideal age of marriage to minimize the negative impacts of teen marriage. More studies are needed to address this issue in a specific population of adolescents with unwanted pregnancies.

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Conflicts of interest

The authors have no conflicts of interest to declare.

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