

States of Mothers with 0-6 Month Olds to Receive Support from Their Husbands in Infant Care and Its Effect on Maternal Loneliness

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Abstract

Objectives: The purpose of this descriptive study was to examine the states of mothers with 0-6 month old infants to receive support from their husbands in infant care and its effect on maternal loneliness.

Methods: The population of the study consisted of mothers who applied to the Family Community Centres no 2 and 3 in the city centre of Tunceli in Turkey. The study used no sampling method and included 128 mother. The data were collected by using the questionnaire, which was generated by the researcher upon a literature review, and UCLA – LS (Loneliness Scale).

Results: 35.2% of mothers received no support from their husbands in removing the gas problem, 64.8% in changing diapers, 46.9% in bathing the infant, 43% in putting the infant to sleep, 50.8% in feeding the infant and 53.3% in waking in the night. It was observed that working mothers received a greater support from their husbands.. It was also observed that mothers receiving no support from their husbands in changing diapers, bathing the infant, putting the infant to sleep and feeding the infant had significantly higher levels of loneliness, compared to mothers receiving support from their husbands.

Conclusion: It was seen that nonworking mothers received a lower level of support from their husbands in infant care and had higher levels of loneliness.

Keywords: Infant care, father, maternal loneliness, mother, nurse.

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Introduction

The joining of a new member in the family requires parents to be ready for new roles and responsibilities and to adapt them (1, 2). In this process, mother faces a rough time since she has to adapt to her infant, postpartum disorders, the new order in the family and changes on her body image. While experiencing all these, she has problems concerning herself, her baby, her other children, housework, social relationships, emotional state and needs both support and care (2-4).

The birth of the new baby is a joyful event reinforcing the family bonds for the woman and her husband (2-4). However, mothers face some problems and difficulties in their social life concerning the infant care, feeding, breastfeeding and infant health (4, 5). Receiving insufficient support from her husband and feeling herself inadequate and lonely in infant care may cause the mother to experience serious psychiatric problems(4, 6-8). Mothers need more and different help and support in this period, compared to their normal life(8-10) . They apparently feel lonely when they are unable to receive the required help and support from their families, husbands and the environment(10-13).

Even though mothers have the greatest duty and responsibility in the family environment where the physical, mental, social, and emotional needs of children are met; reasons such as the changes in roles of women and men due to today's political, social and economic conditions, as well as the inclusion of

women in business life have laid a great burden on fathers in terms of the care and development of children(14). Fathers are required to acquire the necessary knowledge and skills in order to enable mothers to adapt to the postpartum physiological and psychological changes, role of motherhood, acceptance of the infant and care of themselves and the infant at home(3). As a result of the studies, it was seen important problems with their husbands and are supported by their friends, husbands and the environment are more satisfied in their new roles, experience less conflict and feel less lonely(12, 15).

Examining the literature, there have been studies regarding the role of working mothers in child care(3, 16) factors affecting the mother-infant attachment and care needs of mothers in the postpartum period(1, 4, 5, 17-19) factors related with infant care and family, and mothers' fatigue(4) , loneliness levels of university students(20), loneliness states of infertile women and factors affecting this condition(21), states of mothers to receive social support and the effect of friend relationships on maternal loneliness(6, 9, 12) . However, there has been no study concerning the states of mothers to receive support from their husbands in infant care and its relation with maternal loneliness.

Since infant care is not only mothers' responsibility, sharing this burden with fathers will reinforce the intrafamilial relationships and reduce maternal loneliness in infant care, which will consequently have a positive effect on infant care. In this sense, this descriptive

study was conducted to determine the states of mothers with 0-6 month old infants to receive support from their husbands in infant care and its effect on maternal loneliness.

Methods

Study design and participants

This descriptive and relational study was conducted in the Family Community Centres no 2 and 3, located in the city centre of Tunceli, between February 2013 and March 2013. The population of the study consisted of mothers who applied to the Family Community Centres no 2 and 3, located in the city centre of Tunceli. The study used no sampling method and included 128 mothers who were present at the hospital on the said dates and voluntary to participate in the study.

Measurements

The data were collected in the Family Community Centres no 2 and 3 between February 2013 and March 2013. "Personal Information Form of Mothers" that was formed by the researcher upon the literature review and "UCLA -LS (UCLA) Loneliness Scale" were used in the data collection process. After informing the mothers about the study, the researcher collected the data at family practices by using the method of face-to-face interview with mothers, who accepted to participate in the study. The data were obtained within approximately 15 minutes.

Personal information form: This form involved totally 10 questions about mother's age, educational level, working and parity condition, husband's age and working condition, state of receiving support from her husband in infant care

(relieving infant's gas, putting the infant to sleep, changing diapers, bathing the infant).

UCLA Loneliness Scale: The study used the UCLA Loneliness Scale, which was developed by Russell, Peplau and Ferguson (1978) in order to determine the loneliness levels of mothers and then reviewed by Russell, Peplau and Cutrona (1980).

The scale was adapted into Turkish for the first time by Yaparel (1984) and then updated by Demir (1989)(22). The scale involves 20 questions. To what extent each statement in the scale is experienced by the person is determined through a four-point Likert-type scaling. According to the four-point scaling; 1= I Never experience this situation, 2= I Rarely experience this situation, 3= I Sometimes experience this situation, 4= I Often experience this situation. The scale is answered through answering the option that is thought to ideally express the person. Unlike negative statements, positive statements are scored reversely (1=4, 2=3, 3=2, 4=1). These positive items are represented by items 1, 4, 5, 6, 9, 10, 15, 16, 19, and 20 in the scale. Since each item is scored between 1 and 4, the lowest score to be obtained from the scale is 20, whereas the highest score is 80. While the lowness of the score indicates the lowness of the loneliness level, highness of the score indicates the highness of the loneliness level(22) Demir determined the alpha as .96 and the reliability as .94. In this study, the alpha was found to be 0.89.

Ethical considerations

An ethics committee approval was received from Atatürk University Institute of Medical Sciences in order to conduct the study (2013.2.2/3). Mothers were informed about the objective of the study, their questions were answered and their verbal consents were received. Since the use of the human phenomenon requires the protection of personal rights, the relevant ethical principles of “Informed Consent”, “Voluntariness” and “Privacy Protection” were executed in the study.

Statistical analysis

The data were assessed in the SPSS (Statistical Package For Social Sciences) 15.0 software program by using the percentage distribution, mean, standard deviation, student t test and Alpha coefficient.

Results

62.5% of mothers included in the study were in the age range of 19-29 years and 76.6% were housewives. On the other hand, 47.7% of fathers were in the age range of 30-34 years and 89.1% had an income-generating job. 60.2% of mothers were multipara, 58.6% had a caesarean section and 80.5% only breastfed their babies. All the mothers were accompanied by someone (mother, mother-in-law, sister-in-law) after birth (Table 1).

35.2% of mothers stated that they could not receive support from their husbands in removing the gas problem, 64.8% in changing diapers, 46.9% in bathing the infant, 43% in putting the infant to sleep, 50.8% in feeding the infant and 53.1% in night wakes (Table 2).

Examining the states of mothers to receive support from their husbands in infant care according to working conditions; it was observed that while 80% of working mothers received support from their husbands in removing the gas and 63.3% in feeding the infant; 60.2% of nonworking mothers could not receive support from their husbands in removing the gas and 44.9% in feeding the infant. There was no statistically significant difference between the working conditions of mothers and their states of receiving support from their husbands in removing the gas and feeding the infant ($p>0.05$, Table 3). 53.3% of working mothers stated that they received support from their husbands in changing diapers, 73.3% in bathing the infant and putting the infant to sleep; whereas, only 29.6% of nonworking mothers indicated that they received support from their husbands in changing diapers, 46.9% in bathing the infant and 52% in putting the infant to sleep. A statistically significant difference was determined between the states of mothers to receive support from their husbands in changing diapers, bathing the infant and putting the infant to sleep in terms of the working conditions of mothers ($p<0.05$, Table 3).

Examining the loneliness states of mothers according to their states of receiving support from their husbands in infant care; it was observed that mothers who could not receive support from their husbands in changing diapers, bathing the infant, feeding the infant and putting the infant to sleep had higher mean scores of loneliness compared to mothers receiving support ($p<0.05$, Table 4).

Table 1 Distribution of the descriptive characteristics of mothers

Characteristics	N	%
Mother's age		
19-29	80	62.5
30-39	48	37.5
Mother's working condition	30	23.4
Yes (officer)	98	76.6
No (housewife)		
Husband's age		
25-29	30	23.4
30-34	61	47.7
35-39	37	28.9
Husband's working condition	114	89.1
Yes	14	10.9
No		
Parity condition		
Primipara	51	39.8
Multipara	77	60.2
Delivery method		
Normal vaginal	53	41.4
Caesarean	75	58.6
Feeding method		
Breast milk	103	80.5
Other*	25	19.5

*Baby food, cow's milk, nutritional supplements.

Table 2 States of mothers to receive support from their husbands in infant care

State of Receiving Support	N	%
Removing the gas problem		
Yes	83	64.8
No	45	35.2
Changing diapers		
Yes	45	35.2
No	83	64.8
Bathing the infant		
Yes	68	53.1
No	60	46.9
Putting the infant to sleep		
Yes	73	57.0
No	55	43.0
Feeding the infant*		
Yes	63	49.2
No	65	50.8
Night wakes		
Yes	60	46.9
No	68	53.1

* father help to mother to bring baby to mother to breastfeed

Table 3 States of mothers to receive support from their husbands in infant care according to working conditions

State of receiving support from the husband	Working Conditions of Mothers						P*
	Yes		No		Total		
	S	%	S	%	S	%	
Relieving the gas							
Yes	24	80.0	59	60.2	83	64.8	0.102
No	6	20.0	39	39.8	45	35.2	
Feeding the infant							
Yes	19	63.3	44	44.9	63	49.2	0.77
No	11	36.7	54	55.1	65	50.8	
Changing diapers							
Yes	16	53.3	29	29.6	45	35.2	0.017
No	14	46.7	69	70.4	83	64.8	
Bathing the infant							
Yes	22	73.3	46	46.9	68	53.1	0.011
No	8	26.7	52	53.1	60	46.9	
Putting the infant to sleep							
Yes	22	73.3	51	52.0	73	57.0	0.039
No	8	26.7	47	48.0	55	43.0	
Total	30	100	98	100	128	100	

*Chi square test

Table 4 Comparison of the loneliness states of mothers according to their states of receiving support from their husbands in infant care

States of mothers to receive support	X ± SD	t	p
Changing diapers			
Yes	37.200±11.189	- 3.087	0.02
No	43.614±11.242		
Bathing the infant			
Yes	38.779±11.444	-2.748	0.007
No	44.283±11.147		
Feeding the infant			
Yes	38.936±11.595	-2.369	0.01
No	43.707±11.186		
Putting the infant to sleep			
Yes	39.411±11.427	-2.224	0.028
No	43.945±11.407		

Discussion

35.2% of mothers included in the study stated that they could not receive support from their husbands in removing the gas problem, 64.8% in changing diapers, 46.9% in bathing the infant, 43% in putting the infant to sleep, 50.8% in feeding the infant, and 53.1% in night wakes (Table 2). In their study, Sword & Watt(19) determined that the postpartum process brought along not only physical and emotional difficulties for mothers, but also various difficulties regarding the new role, and the most distinct anxieties were experienced in caring for, as well as breastfeeding and feeding the infant. In a study that was conducted by Yıldız & Küçükşahin(5), it was stated that mothers needed support in feeding the infant, relieving the gas and in infant care. In this study, mothers had a lower level of receiving support from their husbands in infant care, which was in line with a parallelism with the literature results.

While there was no statistically significant difference in terms of mothers' working conditions and their states of receiving support from their husbands in relieving the gas of the infant and feeding the infant ($p>0.05$), there was a statistically significant difference between their working conditions and states of receiving support from their husbands in changing diapers, bathing the infant and putting the infant to sleep ($p<0.05$, Table 3). The studies assert that since nonworking mothers spend a greater time and effort for the physical care of their children compared to working mothers and are at home all day with their children, they get exhausted more(17, 23) . It is stated that

when mothers are included in business life and have a greater social and political equality, this becomes effective on the level of receiving support(23). In the study, mothers apparently had a lower level of receiving support from their husbands in infant care and working mothers had higher levels of receiving support from their husbands in infant care compared to nonworking mothers, which was in parallel with the literature knowledge.

Examining the loneliness states of mothers according to their states of receiving support from their husbands in infant care; it was observed that mothers who could not receive support from their husbands in changing diapers, bathing the infant, feeding the infant and putting the infant to sleep had higher mean scores of loneliness compared to mothers who received support ($p<0.05$, Table 4).

Mothers are in an effort to adapt to postpartum changes and meet the needs of both themselves and the newborn(24). The fact that the postpartum period prioritizes the newborn's health rather than the mother health causes mothers to be neglected(10, 16, 18, 25). The care of a newborn may be tiring on the first days. Especially the mother could exhaust since she constantly feeds the infant and meets its care needs (21). All these things affect mothers as a stress factor. Failing to provide the sufficient support for mothers in this period, when the stressful conditions increase, adversely affects their physical and mental health(10, 24). This condition may disable mothers to gain the role of motherhood(4, 6). In this context, fathers have important duties in taking the burden of mothers and supporting them (4, 21). Examining the literature, it was observed

that failure of mothers to receive the required support from their families, husbands and environment caused them to feel lonely. Loneliness stimulates the neurohormonal system of the person and causes the mother to be unhappy(6, 11-13) emphasised that one of the factors affecting the loneliness levels of mothers in child care was the failure of receiving the support of families, friends and husbands, and that social support and husband's support were important factors in reducing the loneliness of mothers. In their study, Yılmaz *et al.*(20) stated that individuals receiving social support had lower loneliness levels. It was also indicated that partner relationships affected the loneliness level, women failing to receive support from their husbands had problems in their social lives, were exposed to depression more frequently and had decreased friend relationships as they spent most of their time with child care(26, 27). Furthermore, mothers could not get the support that they presented to their husbands(13). In the study, the loneliness levels of mothers being unable to receive support from their husbands were found to be higher than that of mothers receiving support from their husbands, which showed a parallelism with the literature knowledge.

Conclusion

As a result of the study, it was seen that, Mothers could not receive sufficient support from their husbands in infant care, their working condition affected the state of receiving support in infant care, failure of receiving support in infant care affected their loneliness levels.

According to these results, it is recommended to encourage husbands to

participate in infant care and organize training programs in order to raise awareness in husbands regarding infant care to share the burden of mothers in infant care. It is also recommended to conduct studies on factors affecting the maternal loneliness and share the study results with parents.

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