

CHAPTER 1

OVERVIEW OF THE STUDY

Background and significance of the problem

Mothering issues remain the focus of major public concern because of their impact on maternal and child health and on the social and economic well-being of the nation (Koniak-Griffin, Anderson, Verzennieks, & Brecht, 2000). Generally, the birth of a baby is a pleasant experience for the family. However, the birth of the first baby has been identified as a critical period for learning as well as a time of stress in which the first time mothers are confronted with new roles, relationships, and daily activities (Nichols & Humenick, 1988; Susman, 1996). The first few months after the birth of the first baby are a time of transition that challenges adaptive capacities of the first time mothers (Pridham & Chang, 1992).

The transition to being the first time mother is a process of personal and interpersonal change that occurs as a woman assumes tasks of maternal role and appraises herself as a mother (Pridham & Chang, 1992). After the first childbirth, the first time mother has to undergo role function adaptation to her new role at home. Her role changes from being a wife to being a wife and a mother. She will have more functions to perform, such as the maternal role, housewife role, and wife role. As for the maternal role, a first time mother has to perform her role completely and develop a good relationship with her infant (Mercer, 1985; Reeder, Martin, & Konial, 1997). She must be able to adjust herself to childrearing, such as breastfeeding, body cleaning, eliminating, sleeping, protecting the baby, promoting development, and giving warmth. She has to be able to understand the infant's behaviors so that she can

respond to his or her needs suitably, for example when an infant is hungry or crying (Jenson & Bobak, 1995; Mercer, 1985; Reeder et al., 1997). In the housewife role, she has to do the housework. In her role as a wife, she has to understand, take care of, and express her love to her partner (Jenson & Bobak, 1995). The transition to being the mother involves the first time mother performing the maternal role as well as maintaining her functions as a wife and as a housewife.

Becoming a first time mother creates a period of change and instability for women (Pridham, Lytton, Chang, & Rutledge, 1991; Schumacher & Meleis, 1994) because it is a period of reorganization in the women's life (Mercer, 1985; Nichols & Humenick, 1988). First time mothers do not naturally adapt to maternal role performance during the early postpartum period. These women need to learn and adjust continuously by interaction with their infants and responding to infants' needs in accordance with the social context (Nichols & Humenick, 1988; Susman, 1996). Women must use their potential and abilities to adjust their physical, psychological and social states in order to fit into the maternal role and simultaneously maintain their other roles (Koniak-Griffin, 1993; Pridham et al., 1991).

First time mothers who progress in transition to being the mother will have mastery in maternal role performance including confidence in providing the infant care, having the mother-infant attachment, and satisfaction in the maternal role (Mercer, 1985; Pridham & Chang, 1992). Maternal role performance influences infant outcome by the mother-infant attachment enables infant to have progression through the stage of normal development (Gorrie, Mckinny, & Murry, 1998; Koniak-Griffin, 1993). Walker, Crain, and Thompson's (1986) study found that the first time mothers had significantly less maternal confidence in carrying out every day baby care than

experienced mothers because the first time mothers had no prior experience of child rearing. Mercer's (1985) and Walker et al.'s (1986) study found that the first time mothers demonstrated greater maternal confidence in the infant care, satisfaction in the maternal role, and mother-infant attachment at one month postpartum than at early postpartum. Another finding was that 85 percent of the first time mothers were comfortable with their maternal role by eight months postpartum (Mercer, 1985).

First time mothers may be vulnerable to anxiety and stress. Emotional disturbance such as feelings of helplessness, inadequacy, anger, anxiety and depression, and physical discomfort may arise in the first time mothers and disrupt transition outcome (Logsdon, McBride, & Birkimer, 1994; Lowdermilk, Perry, & Bobak, 2000). The first time mothers who are unable to progress through the transition to being a mother will have decreased maternal role performance, especially in mother-infant attachment (Grace, 1993; Mercer & Ferkertich, 1995). When maternal-infant attachment is impaired, the infants become at risk of delayed development (Bakeman & Brown, 1980; Gorrie et al., 1998; Koniak-Griffin, 1993). Some literature suggests that there are significant links between the quality of mother-infant attachment during the first years of life and the child's cognitive and linguistic competence at one year (Wallace, Roberts, & Lodder, 1998) and three years of age (Bakeman & Brown, 1980).

According to Transition Theory, personal and environmental factors are important factors in the transition process explaining the transition experience of individuals as easy or difficult and influencing transition outcome (Chick & Meleis, 1986; Schumacher & Meleis, 1994). From reviewing studies, the important personal and environmental factors related to transition to being the first time mother are as

follows. Broussard's (1979) study found that information about infant behaviors perceived by the mothers influenced positive or negative maternal perception of infant behavior. Bullock and Pridham's (1988) study revealed that infant behaviors including infants' mood and infants' response to care were major sources of maternal confidence in providing the infant care of the first time mothers. Social support is one resource that has been shown to be effective in helping the first time mothers cope with a range of stressors following childbirth (Cutrona & Troutman, 1986). Matich and Sims's (1992) and Reece's (1995) studies found that first time mothers who perceived support from family and friends were more confident in providing the care to the infants, and had increased satisfaction in their maternal role. Therefore, maternal perception of infant behavior and social support are important environmental factors influencing maternal role performance in the first time mothers.

The first time mothers' appraisal of their experiences in parenting during the early postpartum has great important on the development of their positive or negative maternal perception of parenting. The maternal perception of parenting influences the first time mothers' behaviors in maternal role (Koniak-Griffin, 1993; Pridham & Chang, 1989). Walker et al.'s (1986) study reported that maternal perception of parenting in first time mothers was associated with maternal confidence in providing the infant care both at early postpartum and four to six weeks postpartum. For maternal competence, mothers' perception of their competence in providing the skillful, sensitive care that responds to infants' needs and fosters infants' development is a major factor influencing maternal confidence in performing maternal role (Mercer & Ferketich, 1995). Bullock and Pridham's (1988) and Mercer and Ferketich's (1994) studies found that the mother's perceived competence was

positively related to the maternal confidence in performing the maternal role at one month postpartum. Therefore, maternal perception of parenting and maternal competence are personal factors influencing maternal role performance in the first time mothers.

First time mothers with inadequate support in dealing with the difficulties of being a new mother may risk postpartum depression (Logsdon et al., 1994). Postpartum depression has a major consequence for the infant outcome because characteristics of postpartum depression have an adverse effect on the development of mother-infant attachment (Gorrie et al., 1998). Beck's (1995) and Fowles's (1998) studies found that postpartum depression had a significant negative effect on maternal role performance especially in mother-infant attachment. Therefore, depression is another personal factor influencing maternal role performance in the first time mothers.

In addition, Transition Theory hypothesizes that one factor of personal or environmental factors can affect another or other factors of personal or environmental factors during the transition process (Chick & Meleis, 1986; Schumacher & Meleis, 1994). From reviewing studies, the relationship between personal factors and environmental factors in transition to being the first time mother are as follows. Pridham and Chang's (1992) study found that maternal perception of infant behavior had a direct effect on maternal perception of parenting at one month postpartum. Cutrona and Troutman's (1986), Porter and Hsu's (2003), and Pridham and Chang's (1992) studies found that maternal perception of infant behavior had a significant direct effect on maternal competence of the first time mothers at one month postpartum. Cutrona and Troutman's (1986) and Fowles's (1998) studies found that

maternal competence had a direct negative effect on postpartum depression in the first time mothers at one month postpartum.

Cronnenwett's (1985) and Reece's (1995) studies found that first time mothers' perceived support from family and friends was significantly associated with the first time mothers' expressing high level of parenting. Cutrona and Troutman's (1986) study found that social support had a direct effect on maternal competence of the first time mothers. Flagler's (1990) study found that less support for the maternal role from family and friends was related to negative emotion in postpartum mothers. Crockenberg's (1981) study revealed that the mothers with irritable infants who had a high level of social support were more perceptive of infant behavior than were the mothers with low levels of social support.

An experimental study done by Holden, Sagovsky, and Cox (1989) provided counseling in which infant behaviors and infant care were discussed between counselors and depressed mothers at six weeks postpartum. Women who received counseling showed a significant reduction in postpartum depression from before intervention to after intervention. Based on the literature, it appeared that maternal perception of infant behavior and social support were important factors related to the reduction of depression in postpartum mothers. Therefore, maternal perception of infant behavior and social support act as environmental factors that influence personal factors including maternal perception of parenting, maternal competence, and depression in the first time mothers.

In Thailand, the number of new mothers experiencing their first childbirth has increased in recent years: 42.2, 43.4, and 45.2 percent in year 2000, 2001, and 2002 respectively (Ministry of Public Health, 2003). Thus, there are more women

dealing with the uncertainty and instability associated with the transition to being the first time mother. In recent years, Thai society has moved from an agricultural to an industrial economy. Extended families are in decline, while nuclear families are increasing. Mothers have to work outside the home to increase their family income (Chuprapawan, 1996). Sukhapan (2001) reported that 54.7% of the first time mothers were in nuclear families and 63.3% of the first time mothers worked outside the home. At the same time, mothers were the major persons taking the responsibility for the childrearing of the infant and toddler in the families. Husbands were the supporters (Limanon, Wongboonsin, & Wiboonsed, 1995; Toungfung, 1997).

Sukhapan (2001) studied the role stress of 150 first time mothers at six weeks postpartum and found that most of the first time mothers rated their role stress of being a mother at a fairly high level. Newborn behaviors and childrearing experience could explain 27 percent of the variance in role stress. Nana (2000) studied the mental health and factors related to the mental health of 1,000 early postpartum mothers. The study revealed that 20.8 percent of early postpartum mothers had a mental health problem. Anxiety of childrearing, familial support, and infant behaviors were significantly related to mental health in early postpartum mothers. Therefore, many first time mothers may be faced with many factors that could influence maternal role performance in transition to being the first time mother.

Mothers and children are human resources that public health concerns. The outcomes of a child's health and development depend on the quality of the mothers' skills in child care and their responsibility and function as a parent. Infant's and early childhood's health and development are the foundation of the health, illness and development in later years and adulthood. However, factors influencing maternal role

performance in the first time mothers who have no experience of child rearing have not been examined, especially in the first time mothers in the present Thai cultural context. From this review of the literature, it was found that the study of a causal model of maternal role performance in transition to being the first time mother has not been explored. Therefore, the researcher is interested in studying maternal role performance in transition to being the first time mother based on Transition Theory (Chick & Meleis, 1986; Schumacher & Meleis, 1994).

Significance of the study

A causal model of maternal role performance in transition to being the first time mother will expand the empirical knowledge for nursing practice and the development of nursing science. This empirical knowledge will be useful for nurses as a guideline for assessment, planning, and providing appropriate nursing therapeutics including promotion, prevention, and intervention to the first time mothers having this difficult experience in transition to being the first time mother. Nursing therapeutics will enhance maternal role performance, the quality and health of the first time mothers, and the development and health of infants which are associated with the national health policy of promoting maternal and child health (Ministry of Public Health, 2002). In addition, the application of Transition Theory to the specific situation of transition to being the first time mother will enhance the development of nursing science. Therefore, the purpose of this study is to explain and predict the maternal role performance in transition to being the first time mother by using a causal model study. The results of the study are expected to better explain this important phenomenon and be a guideline for nurses to promote maternal role performance in transition to being the first time mother.

Objectives of research

This study examined the causal relationships among the maternal perception of infant behavior, social support, maternal perception of parenting, maternal competence, depression, and maternal role performance in transition to being the first time mother at one month postpartum.

Research questions

Are there causal relationships among the maternal perception of infant behavior, social support, maternal perception of parenting, maternal competence, depression, and maternal role performance in transition to being the first time mother at one month postpartum?

1. Do maternal perception of infant behavior and social support have direct and positive effects on maternal perception of parenting at one month postpartum?
2. Do maternal perception of infant behavior and social support have direct and positive effects on maternal competence at one month postpartum?
3. Do maternal perception of infant behavior and social support have direct and negative effects on depression at one month postpartum?
4. Does social support have a direct and positive effect on maternal perception of infant behavior at one month postpartum?
5. Does maternal competence have a direct and negative effect on depression at one month postpartum?
6. Do maternal perception of parenting, and maternal competence have direct and positive effects on maternal role performance at one month postpartum?

7. Does depression have a direct and negative effect on maternal role performance at one month postpartum?

8. Do maternal perception of infant behavior and social support have direct effects on maternal role performance and indirect effects on maternal role performance through maternal perception of parenting, maternal competence, and depression at one month postpartum?

Hypotheses

There are causal relationships among the maternal perception of infant behavior, social support, maternal perception of parenting, maternal competence, depression, and maternal role performance in transition to being the first time mother at one month postpartum.

1. Maternal perception of infant behavior and social support have direct and positive effects on maternal perception of parenting at one month postpartum.

2. Maternal perception of infant behavior and social support have direct and positive effects on maternal competence at one month postpartum.

3. Maternal perception of infant behavior and social support have direct and negative effects on depression at one month postpartum.

4. Social support has a direct and positive effect on maternal perception of infant behavior at one month postpartum.

5. Maternal competence has a direct and negative effect on depression at one month postpartum.

6. Maternal perception of parenting and maternal competence have direct and positive effects on maternal role performance at one month postpartum.

7. Depression has a direct and negative effect on maternal role performance at one month postpartum.

8. Maternal perception of infant behavior and social support have direct effects on maternal role performance and indirect effects on maternal role performance through maternal perception of parenting, maternal competence, and depression at one month postpartum.

Conceptual framework

The Transition Theory (Chick & Meleis, 1986; Schumacher & Meleis, 1994) has been selected as the theoretical framework of this study. This theory provides an approach for explaining the transitional periods of instability precipitated by developmental, situational, health-illness, and organizational changes and predicting transition outcome. Schumacher and Meleis (1994) extended the Transition Theory from the original work developed by Chick and Meleis (1986).

This theory defines transition as a passage or movement from one stage, condition, or place to another. The characteristics of transition are as follows. First, transition is a process. Second, transition produces disconnectedness associated with disruption of the individual's living and individual's feelings of uncertainty and instability. Disconnectedness has implications for well-being and health. Third, difference in perception of transition events may influence reactions and responses to such events. Positive perception makes an individual more predictable in healthy transition. Finally, an individual has different patterns of response during the transition process. Patterns of response such as disorientation, distress, depression, and anxiety, disturb development of transition. In addition, Transition Theory

explains that transition is an open system consisting of three phases including entry, passage, and exit. Nursing therapeutics are provided to help the clients in transition.

Entry phase

Four types of transition are indicated as antecedent events including developmental, situational, health-illness, and organizational transitions.

Passage phase

Universal properties of transition and transition conditions are involved in the passage phase. Two universal properties of transition are indicated in the theory. First, transition is a process. The process involves development, flow, or movement from one state to another. Second, changes occurring in transitions are identities, roles, relationships, abilities, and patterns of behavior. Transition conditions are personal and environmental factors that affect the transition process. One factor can affect another or other factors during the transition process. These factors of transition conditions provide understanding of the individual's transition experience. Transition conditions influence transition outcome. Transition conditions include meaning, expectation, level of knowledge and skill, level of planning, emotional and physical well-being, and environment.

1. *Meaning*. Meaning refers to the subjective appraisal of an anticipated or experienced transition and the evaluation of its likely effect on one's life. An individual who evaluates the experienced transition as positive will have an easier transition outcome.

2. *Expectation*. People undergoing transition may or may not know what to expect and their expectations may or may not be realistic. When one knows what to

expect or the transition meets the expectation, the stress associated with transition may be somewhat alleviated.

3. *Level of knowledge and skill.* New knowledge and skill development are needed during the transition because they lead an individual to comprehend and meet the demands of the new situation. Individuals experience less degree of uncertainty when they acquire an increased level of knowledge and skill.

4. *Level of planning.* Extensive planning for the transition helps to create a smooth and healthy transition because individuals have prepared themselves or have been prepared for transition.

5. *Emotion and physical well-being.* Many emotions attest to the difficulties encountered during transition such as distress, anxiety, insecurity, frustration, and depression. Physical discomfort can accompany the transition, and it may interfere with the assimilation of new information. Emotional disorder and physical discomfort disrupt transition outcome.

6. *Environment.* Environment is related to transition in two main ways. First, changes in the environment may constitute, or be a part of the event that makes the process of transition necessary. More occurring environmental changes call for a larger response and require more adjustment to a new environment. Second, helpful environmental resources outside the person are defined as social support which helps individuals during transition and is important to successful transition.

Exit phase

Transition outcomes are results of the responses to the transition. Indicators of healthy transition outcome are role mastery, subjective sense of well-

being, and well-being of relationships. Role mastery denotes achievement of skilled role performance and comfort with the behavior required in the new situation.

Nursing therapeutics

Nurses have the important roles of helping the clients pass the transition process and have a successful transition. Nursing therapeutics can be considered to provide to clients in entry, passage, or exit phases. There are three types of nursing therapeutics that help individuals for easier response and success in transition including promotion, preventing the complication, and providing the intervention. A nursing model of transition proposed in Transition Theory is shown in Figure 1.

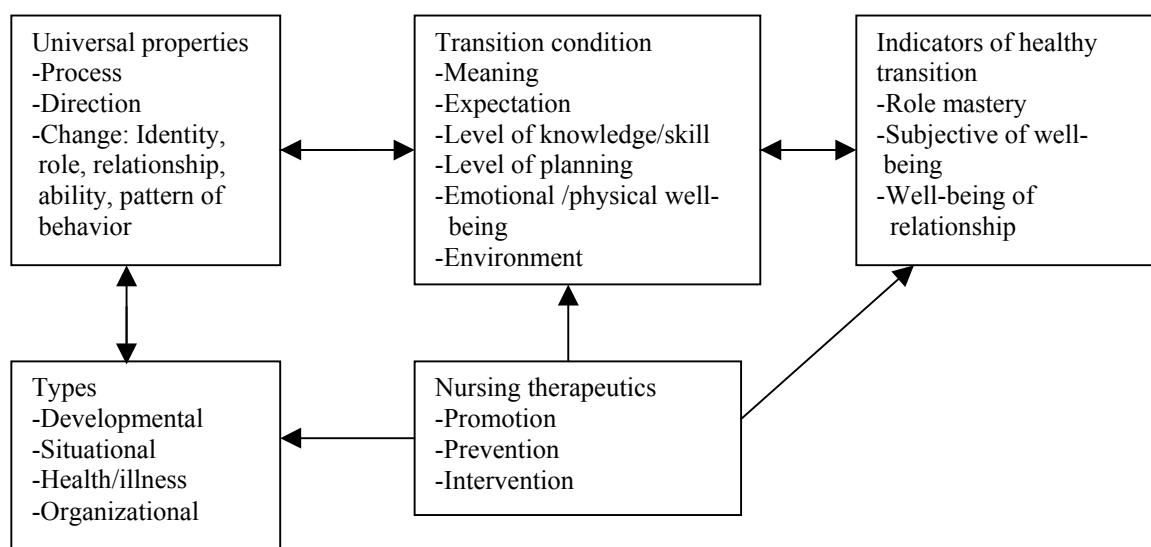


Figure 1. A nursing model of transition

From “Transition: A central concept in nursing” by K. L. Schumacher and A. L. Meleis, 1994, *Image: Journal of Nursing Scholarship*, 26, p119-127.

This study proposed to examine the causal model of maternal role performance in transition to being the first time mother in order to provide effectual practice guidance. When Transition Theory is analyzed in the phenomenon of transition to being the first time mother, antecedent event, process of transition, the personal and environmental factors related to transition conditions, and the transition outcome involved in the study are as follows.

In entry phase, the women's first childbirth is an antecedent event of the transition to being the first time mother. Becoming a first time mother is classified in Transition Theory as developmental transition (Schumacher & Meleis, 1994).

In passage phase, the process of transition to being the first time mother involves the first time mothers moving from no experience of being the mother to being the first time mother of their first infants. The change occurring in transition is that the first time mothers occupy a new maternal role. As for transition conditions, maternal perception of parenting is proposed as meaning, maternal competence is proposed as level of knowledge and skill, and depression is proposed as emotional state in transition to being the first time mother. Maternal perception of infant behavior and social support are proposed as environment in transition to being the first time mother.

1. *Maternal perception of parenting.* Maternal perception of parenting is the factor related to the first time mothers give the meaning of their experiences in transition as positive or negative. A positive evaluation indicates progress in transition to being the first time mother.

2. *Maternal competence.* Maternal competence is developed when the first time mothers have the knowledge of infants and the skill of infant care required for

the maternal role. Maternal competence is positively related to maternal role behaviors.

3. *Depression.* Depression is an emotional disorder and arises when the first time mothers deal with the difficulties of transition. Depression has an adverse effect on the development of the mother-infant relationship.

4. *Maternal perception of infant behavior.* Infant behaviors are important changes in the environment constituting the antecedent event that makes the process of transition to being the first time mother necessary. Maternal perception of infant behavior influences transition process and transition outcome.

5. *Social support.* Social support is a helpful environmental resource outside the person which helps the women during the transition to being the first time mother and is proposed as an essential factor to the successful transition outcome.

In exit phase, maternal role performance is the transition outcome of transition to being the first time mother and presents role mastery which denotes achievement of skilled role performance and comfort with the behaviors required in the maternal role.

The relationships among environmental and personal factors of transition conditions and the transition outcome in transition to being the first time mother are described as follows.

First time mothers do not naturally adapt to maternal role performance during the early postpartum period. They need to learn and adjust continuously by interacting with their infants in accordance with the social context. Infants are role partners that the first time mothers have the relationship with, and take care of them. Infants have their proper behavior. First time mothers have to learn, understand, and

perceive their infant's behaviors, so they can appropriately respond to their infants' needs. The first time mothers' positive perception of infant behavior reflects that their infant behaviors are not difficult or easy for them to respond to and has a direct effect on maternal perception of parenting, maternal competence, and depression. A positive maternal perception of infant behavior will enhance a positive maternal perception of parenting and a high level of maternal competence, and decrease depression because first time mothers can deal with the transition. A high perception of maternal competence will lead to a feeling of self-worth because they are able to appropriately care their infants. This feeling will decrease depression in the first time mothers.

Social support is a helpful environmental resource that will help the first time mothers to understand infant behaviors, have a positive perception of infant behavior, cushion the experience of moving into parenting, enhance competence in infant care tasks, and decrease feelings of uncertainty and instability such as depression. Thus, the first time mothers can deal with the difficulty of transition. A positive maternal perception of parenting, a high level of maternal competence, and a decrease in depression will have direct effects on developing good maternal role performance. In addition a positive maternal perception of infant behavior and a high social support have indirect effects on maternal role performance through a positive maternal perception of parenting, a high maternal competence, and a decrease in depression.

The conceptual framework of this study is presented in Figure 2. The causal model of maternal role performance is presented in Figure 3. Transition conditions and transition outcome proposed in the causal model of maternal role performance were assessed at one month postpartum. Transition conditions included

maternal perception of infant behavior, social support, maternal perception of parenting, maternal competence, and depression. Transition conditions occurred since the first childbirth until one month postpartum. Maternal role performance proposed as transition outcome was the result of the response to the transition and occurred at one month postpartum. Transition conditions had the effects on transition outcome which were based on the Transition Theory.

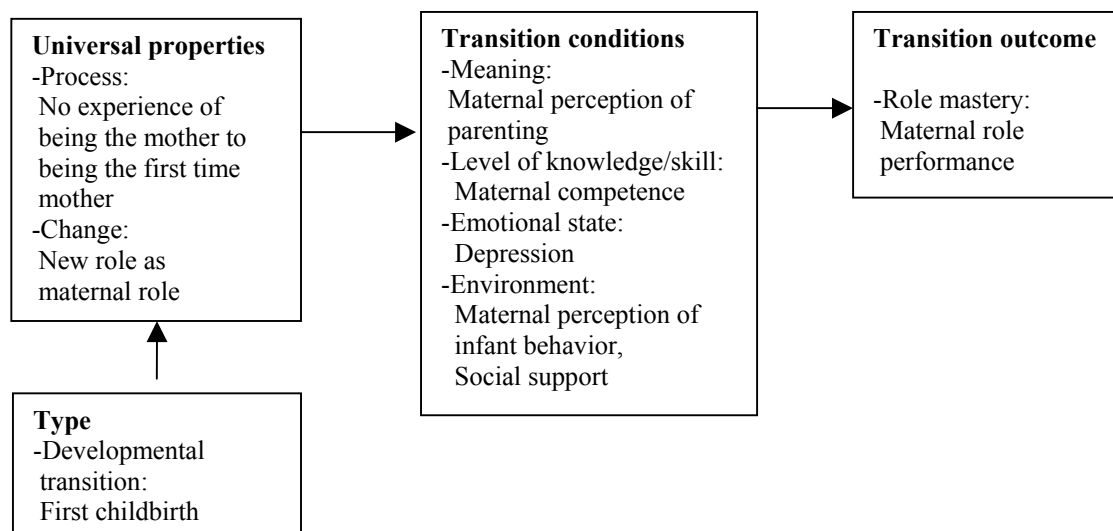


Figure 2. Conceptual framework in this study.

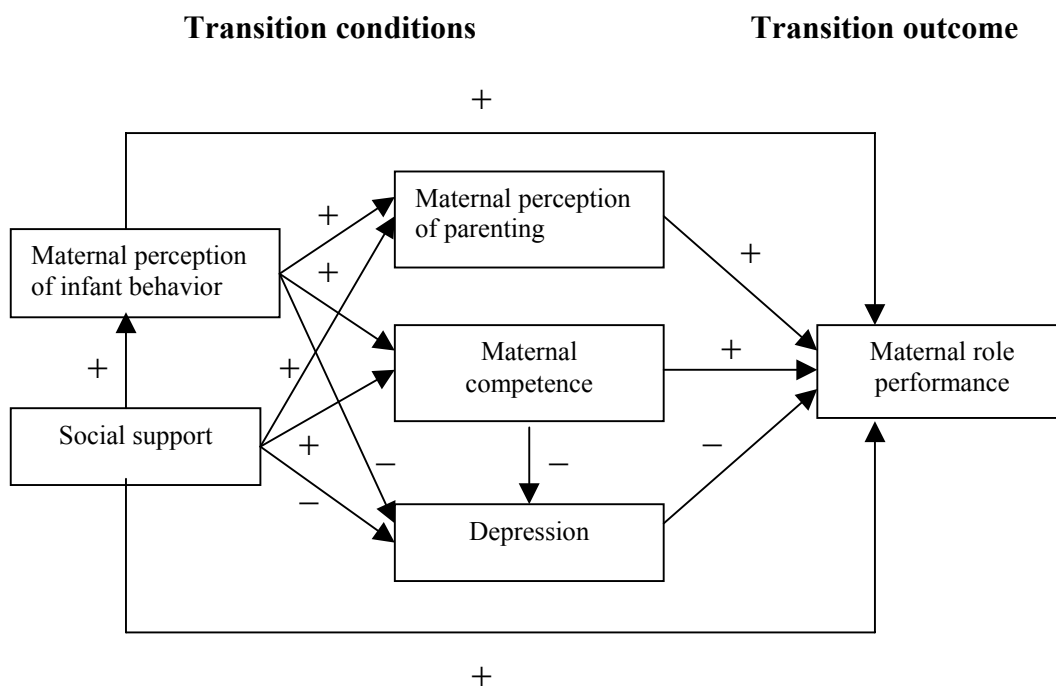


Figure 3. A causal model of maternal role performance in this study

Scope of the study

This study is a cross-sectional study to examine the causal model of maternal role performance in the first time mothers who were one month postpartum and took their infants for the first follow-up at a well baby clinic of Hat Yai Hospital, Songkhla province.

Definition of terms

Maternal perception of infant behavior is defined as mother's appraisal toward their infant behaviors including crying, feeding, regurgitating, vomiting, sleeping, and eliminating. Maternal perception of infant behavior is measured by the

Neonatal Perception Inventory (Broussard, 1979), which consists of 12 items. The possible scores ranged from 1 to 49. The higher scores represent positive maternal perception of infant behavior.

Social support is defined as perceived assistance including emotional, instrumental, informational, and appraisal support during postpartum period. Social support is measured by the Social Support Scale (Sumranjit, 1997), which consists of 20 items. The possible scores ranged from 20 to 100. The higher scores represent high social support.

Maternal perception of parenting is defined as a mother's appraisal of her experiences in parenting including an appraisal of being the parent of a new infant and infant care task, infant being on the parent's mind, and life change. Maternal perception of parenting is measured by the What Being the Parent of a New Baby Is Like Scale (Pridham & Chang, 1989), which consists of 25 items. The possible scores ranged from 25 to 125. The higher scores represent high maternal perception of parenting.

Maternal competence is defined as a mother's appraisal of her ability in the maternal role toward her own infant including the degree to which she has acquired the knowledge and skills to be a good mother, and concerns for the infant's needs. Maternal competence is measured by the Parenting Sense of Competence Scale (Gibaud-Wallston & Wandersman, 1978), which consists of 17 items. The possible scores ranged from 17 to 85. The higher scores represent high maternal competence.

Depression is defined as a group of behaviors during the postpartum period characterized by a disturbance of mood, a loss of sense of control, a reduced pleasure in activities, little concern for interpersonal appearance, and intense mental,

emotional, and physical anguish. Depression is measured by the Thai version of the Center for Epidemiologic Studies Depression Scale (Tangkasombat, 2002), which consists of 20 items. The possible scores ranged from 0 to 60. The higher scores represent more severe depression.

Maternal role performance is defined as a mother's behaviors and feelings in infant care as for the maternal role including confidence in providing the infant care to her infant, having mother-infant relationships, and satisfaction in the maternal role. Maternal role performance is measured by the Maternal Role Performance Scale (Sookkavanawat, 1998), which consists of 32 items. The possible scores ranged from 32 to 160. The higher scores represent good maternal role performance.