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Social support and parenting self-efficacy among Chinese women in the perinatal period

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ABSTRACT

Objective: to examine the changes in and relationship between perceived social support and parenting self-efficacy in the perinatal period among pregnant women in mainland China.

Design and setting: this was a secondary analysis with data from part of an experimental study of the effects of an interpersonal-psychotherapy-oriented childbirth psychoeducation programme on maternal adaptation. A longitudinal design was employed in the present study. The study was carried out from July 2008 to May 2009 in one general hospital in Guangzhou, China.

Participants: a convenience sample of 68 first-time mothers in mainland China completed measurement of social support and parenting self-efficacy during pregnancy and at six weeks and three months post partum.

Findings: perceived social support and parenting self-efficacy declined during early motherhood. Parenting self-efficacy increased from six weeks post partum to three months post partum. Perceived social support positively correlated with parenting self-efficacy.

Conclusion: culturally competent health-care intervention should be developed during early motherhood to promote perceived social support and parenting self-efficacy for the new mothers.

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Introduction

Parenting practices provide a key foundation for infant growth and development (de Montigny and Lacharité, 2004; Ramchandani et al., 2005). Parenting self-efficacy has been identified as a determinant of positive parenting behaviours (Coleman and Karraker, 2003; Sanders and Woolley, 2005). In addition, high parenting self-efficacy is important for maternal psychological well-being and parenting satisfaction (Coleman and Karraker, 1998; Hudson et al., 2001; Elek et al., 2003). Social support has had a positive effect on parenting self-efficacy (Cutrona and Troutman, 1986; Warren, 2005). Thus, understanding the relationship between social support and parenting self-efficacy is imperative for the development of effective interventions to promote parenting self-efficacy in mothers. However, most previous studies on social support and parenting self-efficacy among first-time mothers relied on cross-sectional design (Cutrona and Troutman, 1986; Tarkka, 2003; Warren, 2005). In addition, to the best of our knowledge, no study on social support and parenting self-efficacy in first-time mothers in mainland China has been conducted. Thus

the present study was conducted to provide a better understanding of the changes and impact of perinatal social support on parenting self-efficacy in a population of Chinese women using a longitudinal study.

This study was guided by self-efficacy theory (Bandura, 1997). According to Bandura (1997), self-efficacy refers to a personal judgment of one's own ability to cope in a specific situation. A person with high self-efficacy is more willing to pursue an activity, in spite of difficulties, than a person with lower self-efficacy. Self-efficacy is influenced by past experiences, persuasion, modelling and such variables as stress, anxiety, or depression (Bandura, 1997).

Similar to the concept of maternal role competence and parenting confidence, parenting self-efficacy reflects women's perceptions of their abilities to manage the demands of parenting and the parenting skills they possess (de Montigny and Lacharité, 2005). Maternal self-efficacy had been identified as central correlates of adaptation on motherhood, maternal–infant attachment, and satisfaction with parenting and infant (Mercer and Ferketich, 1990, 1994; Reece and Harkless, 1998; Coleman and Karraker, 2000). According to Bandura (1997), women with high parenting self-efficacy will persist in the demanding tasks of parenting, avoid self-blame, and achieve a sense of accomplishment and satisfaction in mothering. A mother with high parenting self-efficacy is

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more likely to be successful in establishing a warm and sensitive relationship with her baby and be able to interpret infant signals correctly and respond appropriately (Coleman and Karraker, 1998). In contrast, a mother with low parenting self-efficacy tends to report reduced parenting effectiveness, insecure attachment, and increased susceptibility to helplessness (Coleman and Karraker, 1998).

Pregnancy is the anticipatory stage of the parenting role. Mercer and Ferketich (1995) found that pregnancy variables had an impact on experienced mothers' parenting self-efficacy, but not that of inexperienced mothers. According to Bandura (1997), direct experience with a task or similar tasks is the most potent source of efficacy expectations. Hudson et al. (2001) conducted a longitudinal study of 44 first-time couples' transition to parenthood in the United States and found that mothers' reports of parenting self-efficacy increased gradually over the first three months. Reece and Harkless (1998) found that parenting self-efficacy increased significantly between the last trimester of pregnancy and four months post partum for mothers. Porter and Hsu (2003) conducted a longitudinal study in the United Kingdom and found that first-time mothers' parenting self-efficacy increased significantly from pregnancy to three months post partum. Antenatal maternal efficacy was the dominant predictor of maternal efficacy at one month post partum, accounting for 57% of the variance. Antenatal maternal efficacy and one-month maternal efficacy were the dominant predictors of maternal efficacy at three months.

However, Biehle and Mickelson (2011) interviewed 104 primiparous couples during the third trimester, one-month post partum and four-month post partum and found that parenting self-efficacy in mothers remained stable from the third trimester to one-month post partum and showed a significant increase at four-months post partum. Ngai and Chan (2012) conducted a longitudinal study of 78 first-time Chinese mothers in Hong Kong and found that maternal efficacy declined from pregnancy to six weeks post partum, followed by improvement at six months post partum. Forster et al. (2008) also found that women in Australia generally lacked confidence in their ability to care for their baby in the early postpartum period.

Social support can be defined as interpersonal transactions that provide individuals with esteem, stress-related aid, and emotional assistance (Haslam et al., 2006). Social support includes both the availability and perceptions of social support (Areias et al., 1996). The previous studies demonstrated that social support was important in facilitating maternal role taking (Cutrona and Troutman, 1986; Knauth, 2000; Tarkka, 2003; Warren, 2005; Haslam et al., 2006). According to Bandura (1997), social support may influence maternal self-efficacy through processes involving opportunities to observe significant others' parenting and verbal persuasion and encouragement. Bandura (1997) comments that watching others function successfully in their parenting role may shape expectations for women's own performance, and maintaining self-efficacy beliefs is easier for an individual when their significant others believe in their capacities and say so.

Warren (2005) found that appraisal and informational support from family members and health-care professionals increased first-time mothers' parenting self-efficacy. Knauth (2000) conducted a secondary analysis with data from a longitudinal panel study and identified social support as a significant predictor of parenting self-efficacy. Cutrona and Troutman (1986) found that women who had high level of social support during pregnancy reported higher level of parenting self-efficacy at three months post partum. Haslam et al. (2006) found that parental support enhanced maternal self-efficacy.

Postpartum rituals are common in Asia (Klainin and Arthur, 2009). Chinese people traditionally practice 'doing the month', in which a woman is confined at home for a full month after delivery

and expected to rest, eat special postpartum food and take care of the baby. She is usually accompanied by her mother-in-law or mother during the month (Gao et al., 2009). Some researchers suggest that 'doing the month' provided guidance and social support while the mother adapted to her new role (Hung, 2004). However, a systematic review of 16 studies revealed that 'doing the month' was not always supportive to Chinese women (Wong and Fisher, 2009).

In present China, especially in large cities such as Beijing, Shanghai or Guangzhou, the ensuing modernisation and ingress of Western values have greatly influenced younger women's social expectations and their understandings about health. Besides tangible help, postpartum women also want the possibility to make their own choices (Gao et al., 2010b). However, the older generation, for example, the mothers-in-law or mothers of the younger women retained traditional Chinese values and customs. The differences in value and belief systems between the two generations were manifested explicitly in postpartum customs, baby care and the preference for a male baby (Gao et al., 2012). In a prospective study of 534 pregnant women in mainland China, primiparous women's perceived social support decreased from pregnancy to two weeks post partum whereas the availability of social support increased from pregnancy to two weeks post partum (Xie et al., 2009).

Few researchers have examined changes in and relationships between social support and parenting self-efficacy across the perinatal period using a longitudinal design. Nurses have an extraordinary opportunity to help women learn, gain confidence, and experience growth as they go through the transition to motherhood (Mercer, 2006). Knowledge of social support and parenting self-efficacy across the perinatal period will further understanding of their adjustment to parenting and guide interventions to promote effective adaptation to new motherhood (Ngai and Chan, 2012). Thus the aims of this study were to (a) explore changes in the level of social support and parenting self-efficacy from pregnancy to six weeks and three months post partum, and (b) identify the relationship between social support and parenting self-efficacy across the perinatal period.

Methods

Participants

Guangzhou is a sub-provincial city located in southeastern China. It is the capital of Guangdong Province and has a population of approximately 10 million. The study was carried out from July 2008 to May 2009. The participants were recruited from one of the regional teaching hospitals in Guangzhou where the birth rate is over 4000 babies per year. The inclusion criteria were: normal pregnant women with null parity; not older than 35; married and living with their husbands and with a gestational age over 28 weeks. Women with personal or family histories that included psychiatric disorders or pregnancy complications were excluded (Gao et al., 2010a, 2012).

A prospective correlational design was used in this study. The data were collected as part of an experimental study of the effects of an interpersonal-psychotherapy-oriented childbirth psychoeducation programme on maternal adaptation (Gao et al., 2010a, 2012). Four hundred and six women pregnant for the first time were screened at routine childbirth education classes, and 194 agreed to participate in the study and then were assigned randomly to the study group or control group by table of random numbers. The intervention was developed from the principles of interpersonal psychotherapy to promote social support and parenting self-efficacy. The control group ($n=98$) received routine

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