Original Study

Maternal Adjustment and Maternal Attitudes in Adolescent and Adult Pregnant Women

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ABSTRACT

Study Objective: This study analyzes differences between adolescent and adult pregnant women and the contribution of maternal age to maternal adjustment and maternal attitudes during pregnancy.
Design, Setting, and Participants: A sample of 398 Portuguese pregnant women (111 younger than 19 years) was recruited in a Portuguese Maternity Hospital and completed the Maternal Adjustment and Maternal Attitudes Questionnaire between the 24th and 36th weeks of gestation.
Main Outcome Measures: Maternal Adjustment and Maternal Attitudes Questionnaire[1]
Results: Adolescent pregnant women show lower maternal adjustment (poorer body image and worse marital relationship) and poorer maternal attitudes (more negative attitudes to sex) than adult pregnant women. When controlling for socio-demographics, age at pregnancy predicts poorer body image and more negative attitudes to sex, but not a worse marital relationship, more somatic symptoms or negative attitudes to pregnancy and the baby. A worse marital relationship was better predicted by living without the partner, and more somatic symptoms and negative attitudes to pregnancy and the baby was predicted by higher education.
Conclusion: Adolescent pregnant women show lower maternal adjustment and poorer maternal attitudes than adult pregnant women according to socio-demographics and unfavorable developmental circumstances.
Key Words: Adolescent mothers, Maternal adjustment, Maternal attitudes, Parenthood, Pregnancy, MAMA questionnaire

Introduction

Several difficulties have been associated with the transition to parenthood, particularly in adolescent mothers. An increase in both somatic symptoms (such as fatigue or sleep disruption) and psychological symptoms (such as anxiety or depression) has been documented.[2,3] Teenage mothers seem to be particularly at risk of experiencing somatic and psychological symptoms during pregnancy and the postpartum period.[4–12] A decrease in marital satisfaction and an increase in marital conflicts, in addition to a decrease in sexual desire, satisfaction, and activity, have been documented during pregnancy and the postpartum period; see Mitnick et al for a review.[13] Furthermore, even more severe partner relationship difficulties have been noted in teenage mothers, such as higher rates of conflict and violence.[14–19]

Psychological adjustment during the transition to parenthood seems to be more difficult for adolescent mothers. This finding can be explained from a developmental perspective. The transition to parenthood is associated with biological, psychological, and social changes, particularly in a woman's identity, responsibilities, concerns, and significant relationships (with her partner and her family of origin). Several developmental tasks are involved in this life-span transition, namely maternal identity formation and acceptance of the baby as a separate person.[20] The performance of these developmental tasks may be more difficult for adolescent mothers because they are encountering the challenges of adolescence and are likely ill-prepared for motherhood, a traditional marker of adulthood. Moreover, the transition to parenthood implies some changes that conflict with the positive resolution of adolescent developmental tasks (for example, proximity with the family of origin vs autonomy). In fact, adolescent mothers have been reported to demonstrate greater difficulty integrating the parental role as a positive part of their individual identity[21–23] and understanding the commitment that pregnancy requires.[24–26] Additionally, adolescent pregnant women and mothers may have unrealistic expectations about infants[27–29] and the support they will receive from others to take care of the child.[30] They also have difficulty separating the infant's perspective from their own.[28,31,32]

Psychological adjustment during the transition to parenthood seems to be related to the mother's ability to adapt to multiple changes and to achieve the developmental tasks of the transition and neither adolescent mothers nor their proximal environment (the partner and family of origin) may be prepared to do so. Thus, not only for socio-demographic adversity (as explained in the next paragraph), but also due to developmental constraints, adolescent mothers may be at higher risk of psychological adjustment difficulties during the transition to parenthood. To develop efficient strategies to promote their psychological adjustment, adolescent mothers' developmental difficulties during the transition to parenthood must be better acknowledged, which is a goal of this study.

The authors indicate no conflicts of interest.

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1083-3188/$ - see front matter © 2014 North American Society for Pediatric and Adolescent Gynecology. Published by Elsevier Inc.
http://dx.doi.org/10.1016/j.jpag.2013.09.014

Some developmental and socio-demographic circumstances have also been linked to difficulties in the transition to parenthood. Adolescent pregnancy and motherhood is highly associated with unfavorable developmental circumstances, for example a childhood history of physical abuse,[42] as well as with unfavorable socio-demographic circumstances, such as unemployment, living without a partner, lower socioeconomic status, and lower educational level,[43–45] also in Portugal.[46] These adverse socio-demographic circumstances could explain both poor maternal adjustment and negative maternal attitudes in adolescent pregnant women.

Maternal adjustment (body image, somatic symptoms, and marital relationship) and maternal attitudes (to sex, pregnancy, and the baby) are significant components of a woman's psychological adjustment while transitioning to parenthood. Somatic symptoms were related to the mother's psychological adjustment both before and after delivery.[33] In a previous study, somatic symptoms at pregnancy, such as nausea, vomiting, and fatigue, were associated to depression.[33] A negative body image was associated with more depressive symptoms[34,35] and weight/shape concerns predicted postpartum depression, particularly in adolescent mothers.[36] The Maternal Adjustment and Maternal Attitudes (MAMA) questionnaire has been successfully used in several empirical studies, measuring maternal adjustment and maternal attitudes. The MAMA questionnaire has shown that pregnant women who report more somatic symptoms also report more obstetrical problems at delivery.[37] Pregnant women with poorer attitudes toward their partner, their pregnancy, and their baby display higher rates of postpartum depressive symptoms.[38,39] Mothers with better attitudes to pregnancy and the baby are involved in healthier practices and adequate health care,[40] whereas mothers with poorer attitudes to pregnancy and the baby classify their infant as more difficult.[1] Moreover, mothers over 35 years old report fewer somatic symptoms and more positive perceptions of their bodies at late pregnancy than younger pregnant women, but they report more problems in their marital relationship and less positive attitudes to sex than their younger counterparts at 1 year postpartum.[41] As such, the high reliability and external and predictive validity of the MAMA questionnaire results were shown in several studies.[1,37–41]

Differences between adolescent and adult pregnant women have been reported in terms both of lower maternal adjustment (with a particular risk of psychopathological symptoms, as noted) and of poor maternal attitudes. Adolescent pregnant women usually have a negative body image,[47] as well as more negative attitudes to sex[48] and less positive attitudes to pregnancy and the infant.[49] However, socio-demographics have usually not been controlled when comparing adolescent with adult mothers. These are important aspects to consider in relation to maternal adjustment and maternal attitudes.

The literature has reported that variables other than age affect maternal adjustment and maternal attitudes during the transition to parenthood and these variables have been integrated in this study. For example, the lack of experience with children is significantly associated with worse maternal attitudes during pregnancy and the postpartum period.[50–52] Women with lower education show worse psychological adjustment to pregnancy and the postpartum period and have less positive health practices during pregnancy, whereas more educated women present more somatic symptoms during early gestation.[53–57] Women living without a partner demonstrate less positive attitudes to the infant and worse marital relationship than women living with a partner.[58–62] Unemployed women show a higher incidence of postpartum depression.[63–65]

The present study aimed to analyze differences between adolescent and adult Portuguese pregnant women and the contribution of maternal age to maternal adjustment, as indicated by the mother's body image, somatic symptoms, and marital relationship, and to maternal attitudes to sex, pregnancy, and the baby. Pregnant women's parity, education, employment status, and household arrangement were considered possible confounders for the studied differences.

Methods

Participants

Participants consisted of 398 pregnant women with 24 to 36 weeks of gestation, age 13 to 44 years (mean = 24.8), 111 (28%) with less than 19 years. Nearly all participants were Portuguese nationals (94.5%) and Caucasian (98.5%). Most women were primiparous, lived with the partner, were employed with a manual occupation, and had less than grade 9 education. Almost one-fifth of the women reported to be smoking, but only 3.3% were having health problems. Adolescent pregnant women had lower education and higher unemployment, and were more likely than adult mothers to be living without the partner during pregnancy (see Table 1).

Measures

The Maternal Adjustment and Maternal Attitudes questionnaire (MAMA) was specifically designed by Kumar et al[1] to assess maternal adjustment and maternal attitudes during pregnancy and after delivery. This is a self-administered questionnaire composed by 60 items, measuring mother's body image, somatic symptoms, marital relationship, attitudes to sex and attitudes to the pregnancy and the baby, with higher scores indicating higher level of maternal adjustment and positive attitudes. Sample questions include “Have you felt attractive?” (body image), “Have you got out of breath easily?” (somatic symptoms), “Has there been tension between you and your partner?” (partner relationship), “Have you found your partner sexually desirable?” (attitudes to sex), “Have you been worrying that you might not be a good mother?” (attitudes to pregnancy and the baby). A principal component factor analysis revealed a similar factor structure to the original version in the Portuguese version: 5 subscales with 12 items each. The Portuguese version demonstrated also adequate reliability (α = 0.86 and a split-half coefficient of 0.87).[66]

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