CORRELATION BETWEEN FAMILY SUPPORT AND WELL-BEING OF POSTPARTUM TEENAGERS

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ABSTRACT

Introduction: Becoming a new mother, teenagers may confuse between their teenage roles and maternal roles leading to conflict and anxiety. Sometimes teenage mothers could not achieve their roles. Family support may be a benefit for the well-being of teenage mothers. However, there are a limit number of studies about the correlation between family support and well-being of teenage mothers.

Objectives: To determine the correlation between family support and well-being of teenage mothers.

Methods: this correlational study design was conducted between during January- August 2017. All 80 teenage mothers were contacted and asked to fill out the questionnaires and then mailed back to the authors. The Family Support and Well-being Questionnaires were developed and validated. Cronbach’s alpha reliabilities were .881 and .764 respectively.

Results: the results showed that an average score of teenage mothers’ ages was 18.34 years. All teenage mothers received family and social support at good level (X = 2.83, SD = .48), and a mean score of the well-being of teenage mothers at good level (X = 2.98, SD = .38). Correlation between family support and well-being was positively significant and at high level (r = .73, p < .01)

Conclusion and Suggestion: family support and well-being of teenage mothers was significantly positive correlate at a high level. Providing high family support could help well-being of teenage mothers.

Keywords: teenage mothers, family support, well-being

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Introduction

Pregnancy and childbirth of teenage girls are likely to be higher. World Health Organization has shown the number of pregnant women about 16 million per year. (WHO, 2017) The statistics of first time teenage mothers of Siriraj Hospital were 15.02%. This rate is higher than the figure set in a current plan of the National Social and Economic Development (not more than 10 %). Pregnancy makes teenage girls change roles from teenagers to mothers quickly. Naturally, the role changes should start from teenagers to adulthood and then into the mother. When teenagers get pregnancies, they come across into the role of motherhood. This will induce conflict between the developmental needs of teenagers and the role that mothers have to respond to the needs of their children which affect the motherhood’ behaviors (Hathakitpanitchakul et al., 2012).

Being teenage mothers which aged 10-19 years have affected on the health of mothers and children in many ways such as labor and delivery, unsafe abortion, stillbirths and deaths in the first week after birth (WHO, 2017). Some people remained their pregnancies and had unwanted children. These made teenage mothers get difficulties to adapt to the role of mothers due to lack of maturity, confusion in roles and changes in their body and their mind. At the same time, they need for the development as teenagers and as the mothers, but they do not have a supporter, no husband, insufficient of family income. These factors can cause a crisis, mood swings, self-harm or child ignorance (Wutivong, 2010).

Teenage mothers are more likely to die from pregnancy-related causes at twice rate of the adult mothers. The most common complications in teenage pregnancies are anemia, preterm birth, delayed growth of the baby and hypertension. The severity of hypertension during pregnancy which has been increasing would cause convulsion rate and maternal death rate 3.5 times of the rates among pregnant women in the reproductive age (Srisomboon et al., 2011).

Teenage pregnancy also leads to economic and social problems that many countries pay attention deal to becoming teenage pregnancy during school ages. These cause the teenage pregnant women have to leave school before finish the program of study. The teenagers would have a limit of the opportunities to choose high-income jobs. Some cases had to quit the school to take care of their children, resulting in reduced family economic status, resulting in less family life and a higher probability of divorce.

Social support provided by midwives or husbands and mother, is very influential for the role of mothers in teenage pregnancy. The husbands involve pregnant women by providing support and protection. Mothers of the pregnant teens are often the first ones to tell about pregnancy. Mothers are the best supporters for teenage girls such as take them to antenatal care clinic and provide health care to them throughout pregnancy and postpartum.

Mothers’ support is an influence on the adaptation into the role of teenage mothers and 67 percent of adolescents in the US. Staying with new families separated from their former family lived at a poor level. But, teenage mothers living with their families will have better lives (WHO, 2017).

Midwives should provide social support to postpartum teenage mothers to achieve for teenage mothers’ tasks. This will make the teens take the role of mothers appropriately during the postpartum period and encourage the significant persons, including husbands or mothers, to participate in social support for postnatal teenage mothers.
Self-care of postpartum teenage mothers is possible to face the problem and has solved the problem itself. Postpartum mothers often have self-care needs and self-care goals. To be able to care for children adequately, the teens can also be aware of postnatal illness by gaining knowledge from their mothers or health care team members, whose postpartum mothers can apply the knowledge to address the problems they face. They have the potential to care for themselves and their children. And respond to the needs of the body, mind, and society (Nuglop, & Surinya, 2012).

Srisuppong (2007) studied factors influencing self-care behaviors of postpartum women. A comparative analysis of postnatal self-care behavior was conducted and divided by level of education in Ratchaburi province. The results revealed that postpartum women with different levels of education had different self-care behaviors after childbirth. As the body changes, teenage mothers need to adjust their motherhood and maintain their roles as the wives. It also requires knowledge of self-care and child care. Teenage mothers are often frustrated and unhappy, lack of knowledge and inexperience for self-care after childbirth and childcare. As a result, the teenage mothers cannot take care themselves and their babies very well. This will negatively affect the health of the mother and child, and other problems. (Thonggon, 2012)

The authors had reviewed studies about teenage mothers in Thailand and found that success in exclusive breastfeeding among teenage mothers during the first 6 months postpartum, at Phayao Hospital, was consisted of three factors: 1.attitudes towards breastfeeding of teenage mothers and the supporter who are family members, 2.knowledge about breastfeeding of teenage mothers after childbirth, and 3. The helpers who are family members or health care personnel (Srivijaya, 2015). A study about “The effect of an education program with the husband’s participation on the teenage mothers’ adaptation into maternal roles.” The results showed that teenage mothers in the experimental group had significant postpartum adaptation scores higher than the control group.

Postpartum maternal well-being consists of five elements: peer support, adjustment to motherhood, accessing professional support networks, mental health support, and confident parenting. These supports are correlated, and lack one or either is likely to affect postpartum roles of the teenagers. Professional psychological health support assists with parental confidence. (Katrina Jenkins, 2013). The postpartum mother's well-being is a state of happiness that the teenagers gain a holistic well-balanced of their physical, mental, social and spiritual health (McKinney et al., 2009).

In the year 2015, there was a maternal mortality survey in the population aged 15-19 years old, under the responsibility of the women's health care service area 1, in Lampang Province and found that only Muang district had 15-19 years old women with 5,797 maternity births, of which 20,963. That is the highest rate of childbirth in Lampang province. (Lampang Provincial Health Office, 2015). However, there was no study on the relationship between family support and well-being of postpartum mothers in Lampang Province. Therefore, the authors were interested in studying on the relationship between family support and welfare of postpartum teenage mothers in Lampang province. Outcomes of the study may benefit as information or a data-based about health care management in teenage mothers. As well as, improving health service quality, ultimately, this will lead to the development of maternal and child health.
Research Objectives

The objective of this study was to determine the relationship between family support and well-being of postpartum teenage mothers.

Operational Definitions

**Teenage mothers** refer to women between the ages of 13-19 years old, who gave lived birth at Lampang Hospital during January- August 2017.

**Family support** means support from a husband or mother or family members or relatives. The supports help the teenage mothers to have abilities to practice their task roles of pregnancy, birth and postpartum. Family support can be measured by using the family and social support questionnaire developed by the authors.

**Postpartum maternal well-being** is a state of happiness that the teenage gain a holistic well-balanced of their physical, mental, social and spiritual health. The well-being consists of five elements: peer support, adjustment to motherhood, accessing professional support networks, mental health support, and confident parenting. Postpartum maternal well-being can be measured by using the well-being questionnaire developed by the authors.

Scope of the Study

This study was a descriptive study to determine the relationship between family support and well-being of teenage mothers aged 13-19 years and live births in Lampang Hospital during January- August 2017.

Human’s right Protection

This research project has been approved by the Human Research Ethics Review Board and Ethics Committee of Boromarajonani College of Nursing Nakhon Lampang and Lampang Hospital. A head nurse of the Obstetrics and Gynecology Ward had asked the postpartum adolescence mothers for their participation in the research project and requested the address and telephone number to send the questionnaire by mail, informing them about the data collection for the research. No names are disclosed. Data presentation is an overview. The participants were free to cancel to participate to this study and were allowed to know the results after the research ended.

Instrumentation

The questionnaire was divided into 4 parts.

Part 1: Personal data of postpartum teenage mothers, this part of the questionnaire is a 19-item of checklist and fill-in form. The questions include parenting style and baby feeding experiences, receiving knowledge and advice.

Part 2: General information data of the children. This part is a checklist and fill-in with four items about weight, length, age, and sickness of the baby.
Part 3: Family and Social Support Questionnaire, this part is a 18-item, 4-rating scale, ranges from Do the Most to Do Not Do/ Do Not Have, asking about supports that postpartum teenage mothers received from their families.

Part 4: The Well-being Questionnaire, this part is a 10-item, 4-rating scale, ranges from Do the Most to Do Not Do/ Do Not Have, asking about the postpartum teenage mothers’ living and health.

The questionnaire was validated by three experts: 2 were experts in the fields of caring for postpartum women, and the other one is a research methodology expert. After that the questionnaires were tested for internal consistency, the Cronbach’s alpha reliabilities for the Family and Social Support is .881, and for the Well-being is .764.

Collecting the Data

After the research proposal had reviewed and approved by the ethics committee of human research of Boromrajonani College of Nursing Nakhon Lampang and Lampang Hospital. The head nurse of the Obstetrics and Gynecology ward had called to invite the teenage mothers who used to be admitted in the ward to participate into this research project. All of the teenage mothers were informed, and confirmed their addresses, phone number. The questionnaires were mailed to the postpartum teenage mothers and asked them to fill out the questionnaires and mailed back to the authors. There were 80 teenage mothers volunteered to participate in the study.

Data Analysis

Data were analyzed using percentage, mean, standard deviation, and Pearson Product Moment correlation.

Results

The results of the study showed that there were 80 teenage mothers volunteered to participate in this study.

General information of the postpartum teenage mothers

An average of the postpartum teenage mothers’ ages was 18.34 years (\( \bar{x} = 18.34, \ SD = 1.40 \)), the family monthly incomes were 2,270 Bath (\( \bar{x} = 2,270.00, \ SD = 3,353.30 \)). The participants had the highest level of education completed in junior high school 1-3 years, accounting for 53.80%. 23.80%, mostly housewives. 51.30%. Most of them live with their husbands. At present, 62.50% of teenage mothers live with their parents. At 51.30%, the health status of the body was at a good level. 57.50%. Most mental health status was at a good level. At 55.00 percent, postpartum illness is most common. 48.80% of mothers with no congenital disease. 88.80% had a contraceptive method. 40.00% of mothers after childbirth did not smoke. At 100.00 percent, most babies feed themselves (72.50%). Most adolescents have no experience in raising babies (61.30%), and most of them received parental knowledge/guidance from parents, relatives of teenage mothers (88.80%).
General information of the children

Most of the children of postpartum teenage mothers are female (60.00%) an average of the children ages was 9.57 months old with an average weight of 8.47 kgs. and the mean length was 70.82 cms., and the illness of their children most often accounted for 68.80%.

Family Support of the postpartum teenage mothers

Overall of the family support of teenage mothers are at good level with an average of 2.83 (\( \bar{x} = 2.83, SD = .48 \)). The maximum average score is 3.30 (\( \bar{x} = 3.30, SD = .56 \)) for your family has provided food that is useful to you and your child. The minimum average score is 2.23 (\( \bar{x} = 2.23, SD = .98 \)) for the Government has been providing advice for you about career income, as showed in Table 1

Table 1. Mean and standard deviation of family and social support of postnatal teenage mothers (n = 80).

<table>
<thead>
<tr>
<th>Family and social support of postpartum teenage mothers</th>
<th>Mean ( \bar{x} )</th>
<th>Std. Deviation SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Your husband help you to raise children</td>
<td>2.98</td>
<td>.856</td>
</tr>
<tr>
<td>-Your parents help you to raise children</td>
<td>3.23</td>
<td>.729</td>
</tr>
<tr>
<td>-Parents of your husband help you to raise children</td>
<td>2.51</td>
<td>1.031</td>
</tr>
<tr>
<td>-Other relatives assist you in raising children.</td>
<td>2.79</td>
<td>.822</td>
</tr>
<tr>
<td>-Your family has counseled and planned to return to your study</td>
<td>2.54</td>
<td>1.090</td>
</tr>
<tr>
<td>-Your husband's family wants you to study.</td>
<td>2.54</td>
<td>1.078</td>
</tr>
<tr>
<td>-School teachers want you to study.</td>
<td>2.30</td>
<td>1.024</td>
</tr>
<tr>
<td>-Your teacher advises and plans to return to study for you.</td>
<td>2.26</td>
<td>1.016</td>
</tr>
<tr>
<td>-Your parents advise you about the couple living</td>
<td>3.10</td>
<td>.756</td>
</tr>
<tr>
<td>-Your husband's parent advise you about the couple living</td>
<td>2.88</td>
<td>.919</td>
</tr>
<tr>
<td>-Your family encourages you to earn a living.</td>
<td>3.21</td>
<td>.688</td>
</tr>
<tr>
<td>-Government agencies have advised you to earn a living.</td>
<td>2.23</td>
<td>.981</td>
</tr>
<tr>
<td>-Your family gives you healthcare advice.</td>
<td>3.14</td>
<td>.545</td>
</tr>
<tr>
<td>-Your family has provided you and your children with useful food.</td>
<td>3.30</td>
<td>.560</td>
</tr>
<tr>
<td>-Your family encourages and assists you when you feel unhappy.</td>
<td>3.26</td>
<td>.631</td>
</tr>
<tr>
<td>-Your family gives you an opportunity to meet with your friends.</td>
<td>2.74</td>
<td>.791</td>
</tr>
<tr>
<td>-Your family gives you a chance to relax.</td>
<td>2.93</td>
<td>.725</td>
</tr>
<tr>
<td>-Your family can help you to raise and sleep.</td>
<td>3.11</td>
<td>.729</td>
</tr>
<tr>
<td>Overall</td>
<td>2.83</td>
<td>.48</td>
</tr>
</tbody>
</table>
Well-being of the postpartum teenager mothers

Well-being of Postpartum Teenagers overall is at good level ($\bar{x} = 2.95$, $SD = .45$). The maximum average score is 3.38 ($\bar{x} = 3.38$, $SD = .66$) for having confidence in child raising of teenage mothers after birth. The minimum average score is 2.21 ($\bar{x} = 2.21$, $SD = .99$) for the secure career, as showed in Table 2.

Table 2 Mean and standard deviation of Well-being of Postpartum Teenagers

<table>
<thead>
<tr>
<th>Well-being of Postpartum Teenagers</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>You have confidence in your child raising.</td>
<td>3.38</td>
<td>.663</td>
</tr>
<tr>
<td>You have potential in your child raising.</td>
<td>3.20</td>
<td>.701</td>
</tr>
<tr>
<td>You have the opportunity and hope to get back to the study.</td>
<td>2.61</td>
<td>1.085</td>
</tr>
<tr>
<td>You have a secure career.</td>
<td>2.21</td>
<td>.990</td>
</tr>
<tr>
<td>Level of your relationship with your husband</td>
<td>3.12</td>
<td>.933</td>
</tr>
<tr>
<td>You have enough income for your daily life expenses</td>
<td>2.64</td>
<td>.799</td>
</tr>
<tr>
<td>You have a healthy body.</td>
<td>3.30</td>
<td>.560</td>
</tr>
<tr>
<td>Do you feel fresh and clear.</td>
<td>3.26</td>
<td>.545</td>
</tr>
<tr>
<td>You have various activities to relax tensions.</td>
<td>3.08</td>
<td>.652</td>
</tr>
<tr>
<td>You have various activities with your friends and the community</td>
<td>2.71</td>
<td>.860</td>
</tr>
<tr>
<td>Overall</td>
<td>2.95</td>
<td>.45</td>
</tr>
</tbody>
</table>

The Correlation of Family support and Wellbeing of the postpartum teenage mothers

Received support from the family and society are positively correlated with a high level of well-being of postpartum teenagers, statistically significant at the .01 level as showed on Table 3.

The table 3 The correlation of Family support and Well-being of Postpartum Teenagers. (n=80)

<table>
<thead>
<tr>
<th>The relationship between family support and Well-being of Postpartum Teenagers</th>
<th>The correlation coefficient (r)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>The family support</td>
<td>.730*</td>
<td>.000</td>
</tr>
<tr>
<td>Well-being of Postpartum Teenagers</td>
<td>.730*</td>
<td>.000</td>
</tr>
</tbody>
</table>

*P< .01

Discussion

After childbirth, teenage mothers received supports from family and society at good level because most of the teenage mothers have lived with the husband or their own families and lived with their husbands’ families. (Phromchaisa, Kantaruksa, & Charconsanti, 2014). They also are the group of teenagers who accepted and remained their pregnancies until the childbirth. There were the husbands, their parents, the husbands’ parents, relatives and the teachers at the school provided supports regarding child rearing, counseling in education, a couple living life, careers, and incomes, taking care of body and mind, living in society, and socialize with friends.
Especially, the family provided the useful and healthy food for the teenage mothers and children after birth, consistent with the study of Banting and McAuley (Bunting, & McAuley, 2004) found that husbands and families are individuals who provide support to teenage mothers and the best financial and emotional support from her husband with the results in positive behaviors of the mother. Also, Katrina Jenkins (2013) studied on the support of teenage mothers in England and found that support from friends, being in a familiar environment, relax, accessing to support from a friendly professional, mental health support, and confident parenting could help for adaptation to the motherhood of the teenage mothers. Also, there is also a state agency that provides support to help include: the hospital, school or vocational training places to make money.

For the well-being of the postpartum teenage mothers, an overall average score was at good level because the teenage mothers have confidence in raising a son. To have faith, affect the degree to help support and develop the role of the teenage mothers (Jenkins, K., 2013). And, teenage mothers have the potential to give care to the child and have a good relationship with their husband. They also have enough incomes for their daily live expenses that supported from their family and husband even though the teenage mothers still have not had a stable career. The teen mothers also have healthy body and mind, have the opportunity to go back to study. These were consistent with the notes that the relieve to adjust oneself into the maternal role of the teenage mothers depended on the relationships with the family and her husband and friends, the experience of facing a crisis resolution and the ability to adapt, source of support and assistance, and the husband-and-wife understood and also could relief stress within the family.

And, the family, husbands, parents and social supports in all aspects would enhance the teenage mothers after childbirth have a stable in life, help raise the confidence to adjust to being the mothers, could have a better quality of life, care for themselves and their children.

Conclusion and Recommendations

The relationship between the family and society support and well-being of the postpartum teenage mothers is going positively and at a high level. Therefore, healthcare providers may prioritize by providing such a program that help the postpartum teenage mothers to adjust to their roles as mothers along with the family and social support, or may adjust the prenatal care services to suit the teens, emphasizing interdisciplinary service which is easy to access, facilitate and encourage the husband and family involvement in caring from pregnancy to childbirth and to the postpartum. At the same time, educational opportunities, career opportunities, and social welfare provided would help teenage mothers to have the quality of life, ultimately the development of the country.

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References


