

EFFECTS OF SPOUSAL SUPPORT IN THE EARLY POSTPARTUM PERIOD ON BREASTFEEDING MOTIVATION IN PATRIARCHAL SOCIETIES

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ABSTRACT

Purpose: Breastfeeding is important with regard to public health. Our aim was to examine effects of spousal support in the early postpartum period on breastfeeding motivation in patriarchal societies.

Material and Methods: Study was descriptive, cross-sectional, correlational design. Study was conducted in a pediatrics outpatient clinic of University Hospital in Inland Anatolia Region in Turkey. It included primiparous (n=145) and multiparous (n=152) women. Data were collected by using Demographic Data Collection Form, The Scale of Perceived Spousal Support among Women in the Early Postpartum Period and The Breastfeeding Motivation Scale. Descriptive and Simple linear regression analyses were conducted in this study.

Results: Analysis showed a significant positive, moderate relation between spousal support and breastfeeding motivation in the primiparous women; spousal support accounted for 23.8% of breastfeeding motivation of the women. There was a significant, positive weak relation between spousal support and breastfeeding motivation in the multiparous women; spousal support explained 8.2% of breastfeeding motivation in these women.

Conclusion: Spousal support in the early postpartum period was found to have a positive influence on improvement of breastfeeding motivation. However, it could explain a small percentage of breastfeeding motivation. New strategies should be created to encourage spouses to get involved in breastfeeding.

Keywords: Breastfeeding motivation, spousal support, early postpartum period, maintenance of breastfeeding, patriarchal societies

INTRODUCTION

Breastfeeding is important with regard to public health (1) and is a process protecting mother and infant health. Also, breastfeeding is considered as natural for all infants (2,3). It is known that mother's milk is an important factor in infant health, improves cognition in infants, strengthens their immune system and protects them against many diseases (4). Therefore, the World Health Organization (WHO) recommends giving mother's milk to infants in the first six months of their lives (5). However, it has been reported that infants are offered mother's milk for shorter than six

months in many countries (5,6). Initiation and maintenance of breastfeeding are affected by many factors including mothers' age, anxiety during pregnancy, previous breastfeeding experience, education, self-confidence and attitudes to breastfeeding, receiving professional support for breastfeeding, presence of social support and motivation (2,7,8). It is important to breastfeed infants in the early postpartum period in terms of maintenance of breastfeeding later. Breastfeeding motivation is a significant variable to be taken into consideration in continuation of breastfeeding (9).

Breastfeeding motivation is strongly related to breastfeeding success (10). It is also emphasized in the literature that spousal support, influencing breastfeeding success and usually disregarded in the early postpartum period, is of importance (11). It is stated that taking care of their babies in the early postpartum period can create stress in women (12) and the early postpartum period when women face breastfeeding is an emotionally complex period (13). During this complex period, spousal support is important for infant care and breastfeeding (13,14).

The importance spousal support in breastfeeding is obvious. For this reason, it is thought that spousal support in the early postpartum period can play an important role in breastfeeding motivation. It is also stated in the Turkish literature that spousal support positive affect breastfeeding self-efficacy and selfmanagement behaviors (10,15). But as a result of the traditionalist and patriarchal approach, spouses see themselves outside of the issues related to children and breastfeeding in Turkey (15,16). The concept of patriarchy means the head of the lineage (16). In patriarchal societies, men are accepted as the head of the family and associate the housework and care of children with mothers (16). In patriarchal societies, child care is not the primary role of fathers, but rather the responsibility of the mother (16). Also, It is seen that women adopt this traditional approach (17). It is thought that this situation may be effective in the relationship between breastfeeding motivation and spousal support in patriarchal societies like Turkey. Determining the factors that predict the motivation that is effective in the initiation and maintenance of breastfeeding is important in terms of determining nursina interventions and strategies for breastfeeding. Therefore, the aim of this study was to investigate effects of spousal support in the early postpartum period on breastfeeding motivation in patriarchal societies.

MATERIAL AND METHODS

Study Design

This study has a descriptive, cross-sectional, correlational design. The sample size was determined as 188 postpartum women based on a regression analysis on G*power statistics program, two variables, a significance level of 0.05, power of 99% and a moderate effect size (0.15). To reveal the relation between the variables more clearly, 297 postpartum women giving informed consent and fulfilling inclusion criteria for the study were included

in the sample. The inclusion criteria were as follows: a) age of over 18 years, b) experiencing the postpartum period, c) giving birth without any complications in the mother and infant, and d) voluntarily accepting to participate in the study. The exclusion criterion was to decline to participate in the study.

Study Setting and Period

The study was performed in the pediatrics outpatient clinic of a University Hospital between August 2018 and March 2019 Inland Anatolia Region. The researchers conducted face-to-face interviews with the women agreeing to take part in the study to administer the data collection tools.

Data Collection Tools

Data collection was performed by using Demographic Data Collection Form, The Scale of Perceived Spousal Support among Women in the Early Postpartum Period and The Breastfeeding Motivation Scale.

Demographic Data Collection Form

Demographic Data Collection Form was developed by the researchers in light of the literature (15). The form was composed of a total of 13 questions, of which four were concerned with sociodemographic features including age, education, employment status and income and nine questions about the number of pregnancies, parity, type of delivery, having a planned or unplanned pregnancy, people providing support during breastfeeding, the person most preferred to receive support during breastfeeding, breastfeeding status, time of first breastfeeding after delivery, getting education about breastfeeding and people and institutions providing the breastfeeding education.

The Scale of Perceived Spousal Support Among Women in the Early Postpartum Period

The Scale of Perceived Spousal Support among Women in the Early Postpartum Period was created by Şahin et al. in 2014 to determine spousal support perceived by women in their early postpartum period in Turkey (18). It is a five-point Likert scale and includes positive and negative statements. Responses to the positive statements are as follows: one corresponding to completely disagree, two disagree, three indecisive, four agree and five totally agree. Responses to the negative statements are scored in the reverse order and as in the following: one corresponding to totally agree, two agree, three indecisive and four disagree and five completely disagree.

The total score for the scale is calculated by adding scores for all the items and the highest and lowest scores to obtain from the scale are 80 and 16 respectively. Higher scores show that spousal support in the postpartum period is sufficient, while lower scores indicate the spousal support is inadequate. Cronbach's alpha was reported to be .87 by Şahin et al.18 and was found to be .93 for primiparous women and .92 for multiparous women in the present study.

The Breastfeeding Motivation Scale

The Breastfeeding Motivation Scale, developed by Kestler-Peleg (2015) and based on the selfdetermination theory, was adapted to Turkish by Mızrak and Özerdoğan in 2017 for use in primiparous and multiparous women. The validity and reliability of the Turkish version of the scale were tested separately in primiparous and multiparous women. The scale is composed of 23 items and five subscales for primiparous women and 24 items and six subscales for multiparous women. It is a four-point scale and one corresponds to completely disagree, two disagree, three agree and four totally disagree. Based on its Cronbach's alpha values reported, The Breastfeeding Motivation Scale is quite reliable for both primiparous (Cronbach's alpha: 0.887) and multiparous women (Cronbach's alpha: .914) (19). In the present study, its Cronbach's alpha was found to be .97 for primiparous women and .96 multiparous women.

Data Analysis

Descriptive features were evaluated by using percentages, means, and standard deviation. Shapiro–Wilk tests were utilized to determine whether obtained data were normally distributed. Pearson correlation analysis was employed to determine the relation between breastfeeding motivation and spousal support in the early postpartum period. It is a bivariate statistic used to measure the strength of the relation between two variables. Simple linear regression and multicollinearity analyses were made to determine effects spousal support in the early postpartum period on breastfeeding motivation. The number of the predictors added to the model by variance inflation factor coefficients were fewer than 10, tolerance coefficients were greater than .20, and the condition index was lower than 15 (20). The threshold for significance was set at 0.05.

Ethical Considerations

Prior to the research, a written permission was obtained from the authors developing the scales via email. Ethical approval was obtained from ethical boards of non-invasive research at Dokuz Eylul University where the study was conducted (Date: 13.02.2019, Number: 2019/03-54), and written informed consent was taken from the women participating in the study.

RESULTS

Out of 297 women included in the study, 48.8% were primiparous (n:145) and 51.2% were multiparous (n:152). The descriptive characteristic of primiparous and multiparous women are given in Table 1. Fiftythree point eight percent of the primiparous women (n=78) breastfed their babies in the postpartum first 30 minutes, 58.6% (n=85) had breastfeeding education and 65.6% (n: 95) planned to breastfeed their babies until they were two years old. Forty-five point five percent of the primiparous women (n: 66) received support from their mothers, 22.1% (n: 32) were not offered support from anyone and 26.2% (n:38) received support from their spouses. Fifty-one percent of the primiparous women (n:74) wanted to get support from their spouses during breastfeeding. The mean score of the primiparous women was 67.57±9.37 (42.0-80.0) for spousal support in the early postpartum period and 81.59±11.47 for breastfeeding motivation (Table 1).

Sixty point five percent of the multiparous women (n=92) started to breastfeed their babies in the postpartum first 30 minutes, 53.9% (n=82) did not have breastfeeding education and 40.8% (n: 62) planned to breastfeed their babies until the age of two years. Of all the multiparous women, 52.6% (n: 80) did not receive breastfeeding support at all, 22.1% (n: 32) received breastfeeding support from their mothers and 21.7% (n:33) received breastfeeding support from their spouses. Fifty-point seven percent of the multiparous women (n:77) wanted their spouses to provide support during breastfeeding. The mean score of the multiparous women was 63.80±9.94 (42.0-80.0) for spousal support in the early postpartum period and 79.41±11.31 (56.0-96.0) for breastfeeding motivation (Table 1).

Table 1. Descriptive Characteristics of the Women

Characteristics	Primiparous Women (n:145)		Multiparous Women (n:152)		
Age of the women (mean±SD years) (min-max)		.86 (17.0-42.0)	31.50±4.93 (21.0-42.0)		
Age of the spouses (mean±SD years) (min-max)	29.97±5	.76 (20.0-55.0)	34.63±5.06 (22.0-50.0)		
	N	%	N	%	
Education of the women					
Illiterate	3	2.1	6	3.9	
Primary school	14	9.7	34	22.4	
Secondary school	29	20.0	35	23.0	
High school	50	34.5	55	36.2	
University	49	33.7	22	14.5	
Education of the spouses					
Illiterate	-	-	1	0.7	
Primary school	13	9.0	22	14.5	
Secondary school	20	13.8	34	22.4	
High school	65	44.8	69	45.4	
University	47	32.4	26	17.1	
Planned pregnancy					
Yes	130	89.6	115	75.7	
No	11	7.6	24	15.8	
Unplanned but I want to have my baby	4	2.8	13	8.6	
Type of birth					
Vaginal birth	76	52.4	75	49.3	
Cesarean section	69	47.6	77	50.7	
Time of the first breastfeeding		-			
In the postpartum 30 min	78	53.8	92	60.5	
In the postpartum hour	23	15.9	20	13.2	
In the postpartum two hours	10	6.9	19	12.5	
Two hours after giving birth	15	10.3	7	4.6	
Never breastfed	9	6.2	6	3.9	
Other	10	6.9	8	5.3	
Receiving breastfeeding education	10	0.0	0	0.0	
Yes	85	58.6	70	46.1	
No	60	41.4	82	53.9	
Duration of planned breastfeeding	00	71.7	02	00.0	
6 months	20	13.8	29	19.0	
12 months	25	17.2	44	29.0	
18 months	5	3.4	11	7.2	
24 months	95	65.6	62	40.8	
Longer than 24 months		00.0	6	4.0	
Person providing support in the postpartum period	4	-	0	4.0	
	32	22.1	80	52.6	
None Mother	32	26.2	26	17.1	
Spouse	 66	45.5	33	21.7	
	9	45.5 6.2	<u> </u>		
Other (friends, siblings)	-			8.6	
Person from whom the women wanted to get help				E0 7	
Spouse	74	51.0	77	50.7	
Mother	52	35.9	34	22.4	
Health staff	19	13.1	41	27.0	
The mean score for spousal support (mean±SD) (min-max)	67.57±9	.37 (42.0-80.0)	(42.0-80.0)	63.80±9.94	
The mean score for breastfeeding motivation	81 58-1	1.47 (57.0-92.0)		, 31 (56.0-96.0)	
The mean score for preasureuing mouvation	01.0011	1.41 (01.0-92.0)	13.41111.3	(0.0-30.0)	

Table 2. Corre	elations betw	veer	n Spo	ousal Support	and		
Breastfeeding	Motivation	in	the	Primiparous	and		
Multiparous Women							

	Primipa	arous	Multiparous		
	Women		Women		
	(n:145)		(n:152)		
	1	2	1	2	
1. Spousal	1.0		1.0		
support					
2.Breastfeeding	.487*	1.00	.286*	1.00	
motivation					
*p<.001					

According to the results of a simple regression analysis, Model 1 revealed that there was a significant, positive moderate relation between spousal support and breastfeeding motivation in the primiparous women (r=.487, p<.001) (Table 2) and that 24% of the breastfeeding motivation was explained by spousal support (R2:.238, p<.001) (Table 3). Model 2 showed that there was a significant positive weak relation between spousal support and breastfeeding motivation in the multiparous women (r=.286, p<.001) (Table 2) and that 8% of their breastfeeding motivation was explained by spousal support (R2:.082, p<.001) (Table 3). spousal support was responsible for 8.2% of breastfeeding motivation in these women. Although spousal support had a positive effect on breastfeeding motivation, this influence was weak in the women especially multiparous women. There have been studies pointing out that breastfeeding motivation can be affected by sociodemographic factors (7). The primiparous and multiparous women were alike in terms of demographic features. It is stated that multiparous women have higher selfefficacy for breastfeeding (21). Therefore, the lower rate of spousal support for breastfeeding motivation in the multiparous women can be attributed to their previous breastfeeding experiences.

In the present study, it is seen that the average score of spousal support of women in the early postpartum period is not very low. However, although the primiparous and multiparous women stated that they wanted to get breastfeeding support from their spouses most, they received it from their mothers. In this sample, it is seen that most of the spouses do not sufficiently support the mother in breastfeeding. Becoming parents causes changes in daily life since it brings about new responsibilities (22), which leads to stress (23). The postpartum period is considered

Variables Model 1			Model 2							
	Primiparous Women				Multiparous Women					
	В	SE	β	t	р	В	SE	β	t	р
Spousal Support	.398	1.719	.487	6.764	.001	.217	1.971	.286	10.206	.001
R	.487					.286				
R^2	.238					.082				
F	44.566					13.374				
Р	.001					.001				
DW	1.079					0.840				

 Table 3. Spousal Support as a Predictor of Breastfeeding Motivation in the Primiparous and Multiparous Women

DISCUSSION

In the present study, effects of spousal support for women in the early postpartum period on their breastfeeding motivation were examined. The most important finding of the study was that breastfeeding motivation had a significant positive moderate relation with spousal support in the primiparous women and that spousal support accounted for 23.8% of breastfeeding motivation. In addition, breastfeeding motivation had a significant positive weak relation with spousal support in the multiparous women and as the most difficult stage of life for especially men becoming a father for the first time (24). It has been emphasized in the literature that men are worried about failure to spend enough time with their babies and inability to receive sufficient support from health professionals (24). Although mothers and fathers experience similar levels of stress during the postpartum period, fathers have been found to have lower perceived social support (22). As a result of living in a patriarchal society, health professionals may also tend not to involve spouses in the breastfeeding process and may ignore the feelings of spouses. For this reason, men may not feel confident enough to provide breastfeeding support and help to increase breastfeeding motivation for their wives. Spouses' moods in the postpartum period should not be disregarded and they should be offered adequate support by the nurses.

Although there is no study showing the effect of spousal support on breastfeeding motivation, there have been studies showing positive effects of spousal support on the breastfeeding process in the literature (11). Nephali and Shakya (2019) found that spousal support enhanced breastfeeding self-efficacy (25). It is also stated in the Turkish literature that spousal support positive affect breastfeeding self-efficacy and self-management behaviors (10,15). In the current study, consistent with the literature spousal support positively affected breastfeeding motivation in both the primiparous and multiparous women. However, spousal support accounted for breastfeeding motivation at a small rate in both primiparous and multiparous women. While the importance of spousal support for women in terms of breastfeeding is so clear in the literature, this finding is interesting. Pregnancy, baby care and delivery are perceived to be "a woman's job (26) and spouses see themselves outside of the issues related to children and breastfeeding in patriarchal societies like Turkey (27). It stated that cultures which only require males to fulfil financial needs of their families and perform tasks outside home have not a strong effect on attitudes of spouses to breastfeeding (28). Similarly, in this study, it is thought that men do not show interest in the breastfeeding process due to patriarchal culture. This could be a factor explaining lower rates of spousal support for improvement of breastfeeding motivation. It has been pointed out in the literature that males in the Turkish culture are held responsible for earning money and fulling financial needs of their families and interestingly that females adopt this feature as it is (29). At the same time, it is also stated that women adopt the traditional approach in which their spouses are excluded from breastfeeding (17). In the present study the subconscious acceptance of this situation by women living in a patriarchal society may have caused the disregard of spousal support for breastfeeding motivation. For this reason, women living in patriarchal culture do not find it strange that there is no spouse support during breastfeeding. This could be another factor explaining lower rates of

spousal support for improvement of breastfeeding motivation.

Strengths and Limitations

This study has several limitations. Data were not collected from different cultures, which might have had an influence on the findings. In addition, the study was conducted in two outpatient clinics of a university hospitals. Therefore, the results of the study cannot be generalized to the whole population.

CONCLUSION

The initiation and maintenance of breastfeeding is important for public health. The findings of this study shed light on the relationship between spousal support and breastfeeding motivation, which is important for the the initiation and maintenance of breastfeeding in patriarchal societies. In the current study Spousal support in the early postpartum period was found to have a positive effect on breastfeeding motivation. However, the variance in breastfeeding motivation explained by spousal support was low. It is clear in the literature that motivation is important for breastfeeding success and that spousal support has a positive effect on the breastfeeding process. For this reason, in this sample, it is important that the support of the spouse to the breastfeeding process and its effect on the breastfeeding motivation is low. Spouses can play a key role in supporting women to breastfeed. They can provide emotional support and take on additional household or childcare tasks to give mothers time and space to breastfeed. Especially, they can sensitize their peers and community to the importance of breastfeeding, and advocate for a woman's right to breastfeed in public (30). This situation is important for patriarchal societies. For this reason, emotions and thoughts of spouses in the early postpartum period should be revealed and new strategies should be created to encourage spouses to get involved in breastfeeding by the nurses and midwives. In addition, nurses and midwives should provide breastfeeding education in the antenatal period and support the participation of spouses in this education. Thus, postpartum women can have a chance of getting support from their spouses during breastfeeding and can have sufficient motivation to start and maintain breastfeeding. The

study should be replicated in different populations

and cultures.

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