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CLINICAL RESEARCH / KLİNİK ARAŞTIRMA

Comparison Breastfeeding Motivation and Perceived Social Support Levels of Primiparous and Multiparous Women in the Postpartum Period

Primipar ve Multipar Annelerin Doğum Sonu Dönemde Emzirme Motivasyonu ve Algıladıkları Sosyal Destek Düzeylerinin Karşılaştırılması

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Abstract

Objective: In this study, it was aimed to compare the breastfeeding motivation and social support levels in primiparous and multiparous women in the fourth week postnatally.

Methods: This descriptive, cross-sectional study was conducted in a training and research hospital in western Turkey between May-October 2019. The study sample comprised 160 mothers (primiparous=80, multiparous=80) who agreed to participate in the study. The study data were collected through telephone interviews, using the "Breastfeeding Motivation Scale" and the "Multidimensional Scale of Perceived Social Support". Descriptive statistics, independent samples t-test, chi-square analysis were used in the analysis of the data.

Results: While the primiparous mothers performed their breastfeeding behavior in a controlled manner, the breastfeeding behavior of the multiparous was more motivated by autonomous motivation ($p<0.05$). The perceived social support level was 62.01±18.25 for the primiparous and 54.48±17.59 for the multiparous. The perceived social support level of the primiparous was statistically significantly higher than multiparous ($p<0.05$).

Conclusion: Evaluation of the individual motivation characteristics and social support levels of mothers from the perspective of parity in breastfeeding interventions performed to obtain positive results is of importance.

Keywords: Breastfeeding, motivation, social support, primiparity, multiparity

Öz

Amaç: Emzirme motivasyonu ve algılanan sosyal destek, kadınların emzirme kararının ve deneyimlerinin merkezinde yer alan kavramlardır. Bu çalışmada, primipar ve multipar annelerde doğumdan sonra dördüncü haftada emzirme motivasyonu ve sosyal destek düzeylerinin karşılaştırılması amaçlanmıştır.

Yöntem: Tanımlayıcı ve kesitsel tipteki çalışma, Türkiye'nin batısında yer alan bir eğitim araştırma hastanesinde Mayıs-Ekim 2019 tarihleri arasında doğum yapan kadınlarla, telefon görüşmesi ile yoluyla gerçekleştirildi. Çalışmanın örneklemini çalışmaya katılmayı kabul eden 160 anne (primipar=80, multipar=80) oluşturmuştur. Veriler "Emzirme Motivasyonu Ölçeği" ve "Çok Boyutlu Algılanan Sosyal Destek Ölçeği" ile toplanmıştır. Verilerin analizinde tanımlayıcı istatistikler, bağımsız t-testi, ki-kare analizi kullanılmıştır.

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Öz

Bulgular: Çalışmaya katılan primipar annelerin emzirme davranışını kontrollü, multipar annelerin ise daha çok otonom motivasyon ile motive olarak gerçekleştirdiği bulunmuştur (p=0,001). Primipar annelerin algılanan sosyal destek düzeyi 62,01±18,25, multiparların 54,48±17,59 olarak saptanmıştır. Primiparların algıladıkları sosyal destek düzeyi istatistiksel olarak anlamlı dzüeyde daha yüksek bulunmuştur (p=0,009).

Sonuç: Emzirme ile ilgili müdahalelerde annelerin bireysel motivasyon özellikleri ve sosyal destek düzeylerinin parite ekseninde değerlendirilmesi daha olumlu sonuçlar elde etmek için önemlidir.

Anahtar Kelimeler: Emzirme, motivasyon, multiparite, primiparite, sosyal destek

Introduction

Optimal nutrition in the first two years of a child's life reduces mortality and morbidity rates, protects against the risk of chronic diseases and ensures a better development process[1]. Therefore, achieving optimal breastfeeding rates is considered to be a public health priority[2]. According to the data of 2019, the rate of starting breastfeeding within one hour after birth is 49% all over the worldwide, and according to the World Health Organization, approximately 44% of babies aged 0-6 months worldwide were breastfed effectively between 2015 and 2020[1,3,4]. Breastfeeding is very common in Turkey too. Seven of ten children (71%) are breastfed within the first hour after birth, but the rate of infants under six months of age who are breastfed exclusively is 41%[5]. Breastfeeding behavior has a complex biopsychosocial structure. Many factors, including motivation and social support, affect mothers' readiness for effective and successful breastfeeding[6-8].Parity is also an important factor in shaping the breastfeeding experience[9]. Studies in the literature indicate that social support positively affects breastfeeding self-efficacy and breastfeeding success in both primiparous and multiparous women and contributes to the initiation and continuation of exclusive breastfeeding for six months[10-13]. In studies conducted on breastfeeding motivation, it has been determined that motivation has a direct effect on self-management behaviors and an indirect effect on breastfeeding success, and that maternal motivation affects exclusive breastfeeding for six months[7,14,15]. It is stated that intrinsically motivated women may need support and education, whereas extrinsically motivated women may need motivational interview support, and that women motivated either way may need only minimal breastfeeding counseling[16,17]. Although there are many studies on the motivation, there are few studies on the characteristics of motivation. Providing parity -sensitive and individualized support to meet the psychological needs of mothers during breastfeeding is of importance. In this respect, it is important to examine women's breastfeeding motivation and social support levels in the postpartum period in terms of parity. The aim in this study was to compare breastfeeding motivation and social support levels in primiparous and multiparous mothers in the fourth week after birth.

Materials And Methods

Design and Sample

This study has a descriptive, cross-sectional design. The study population was created based on the number of women who gave birth in 2018 in training and research hospital located in the west of Turkey (n=8024). Of the population, 160 women (primiparous=80, multiparous=80) who agreed to participate in the study and were contacted by phone in the fourth week after birth comprised the study sample. To determine whether the sample size was adequate, a power analysis was performed at the 95% confidence level by using the mean scores obtained from the "Multidimensional Scale of Perceived Social Support" by both groups. After the analysis, the minimum sample size was determined as 142 (primiparous=71, multiparaous=71) (effect size: 0.42; the theoretical power: 0.80). The inclusion criteria for the study were as follows: Volunteering to participate in the study, not having a health problem that prevents the mother from breastfeeding, continuing breastfeeding in the fourth postpartum week, and not having a communication problem. The ethical approval of the study was obtained from the University of Health Sciences Turkey, İzmir Tepecik Education and Research Hospital Non-Interventional Research Ethics Committee (decision number: 2019/8-23, date: 08.05.2019).

Data Collection Tools

Breastfeeding Motivation Scale (BMS): The BMS developed by Kestler-Peleg et al.[17] was based on the self-determination theory. The validity and reliability study of the Turkish version of the Breastfeeding Motivation Scale was performed by Mizrak Sahin[18] Responses given to the items are rated 4-point Likert type. As the score obtained from a sub-dimension of the scale increases, so does the person's

motivation level regarding that sub-dimension. It consists of two parts evaluating the breastfeeding motivation of primiparous and multiparous mothers[19]. In this study, the Cronbach's alpha values of the sub-dimensions of the scale were as follows: 0.70 for the Intrinsic Motivation and Integrated Regulation sub-dimension, 0.88 for the Identified Regulation sub-dimension, 0.97 Introjected Regulation sub-dimension, 0.10 for the External Regulation-Infant Health sub-dimension and 0.13 for the External Regulation-Instrumental Needs sub-dimension.

Multidimensional Scale of Perceived Social Support (MSPSS): The scale was developed by Zimet et al.[20] The validity and reliability study of the Turkish version of the scale was performed by Eker et al.[21] The scale consists of 12 items and 3 dimensions: Family (items 3, 4, 8, 11), friends (items 6, 7, 9, 12), and significant Other (items 1, 2, 5, 10). The lowest and highest possible scores that can be obtained from each subscale are 4 and 28 respectively. The lowest and highest possible scores that can be obtained from the overall scale are 12 and 84 respectively. The higher the score is the higher the level of perceived social support is[21]. In this study, the Cronbach's alpha value of the scale was 0.95.

Data Collection

The study data were obtained from the women who gave birth in the aforementioned education and research hospital in the fourth week after birth by telephone interviews. Before the data were collected, the mothers were informed about the content of the consent form, and their verbal consent was obtained. It took approximately 15-20 min to complete each questionnaire. A single researcher conducted all the telephone interviews.

Statistical Analysis

The data obtained in the study were analyzed using the SPSS 25.0 program. For the analysis of the data, descriptive statistical methods were used. In the comparison of quantitative data, if the data were normally distributed, the independent t-test was used for the difference between two independent groups, and if the data were not normally distributed, the Mann-Whitney U test was used. The chi-square analysis was used to test the relationship between categorical variables.

Study Limitations

A limitation of this study is that the hospital where the study was conducted was a hospital where refugees and migrants gave birth a lot, and therefore, some women did not included in the study because of the communication problems.

Results

The socio-demographic characteristics of the participating mothers are given in Table 1. The statistical analysis revealed a significant difference between the two groups in terms of age and educational status ($p<0.05$) (Table 1). The delivery-related characteristics of the participating mothers are given in Table 2. While the last pregnancy of 76.3% of the primiparous was planned one, 55.0% of the multiparous had planned pregnancy. There was a significant difference between the groups in terms of the planned pregnancy variable ($p<0.05$). While 60% of the primiparous preferred cesarean deliveryand 56.3% of multiparous preferred cesarean section. The vast majority of the women in both groups did not receive childbirth preparation training (Table 2). The breastfeeding characteristics of the mothers participating in the study are given in Table 3. Of the primiparous women, 91.2% did not receive prenatal breastfeeding training; however, 92.5% were knowledgeable about breastfeeding and received this information mostly from their families. Of them, 60.0% needed help with breastfeeding, 51.2% had problems with breastfeeding, 68.8% were worried about not being able to breastfeed, most had problems due to inadequate milk supply, 72.5% stated that they received support for breastfeeding, and 82.5% stated that they did not follow a social group. As for the multiparous mothers, 95% did not receive prenatal breastfeeding education, and 83.7% were knowledgeable about breastfeeding and received this information mostly from their families. Of them, 16.3% needed help with breastfeeding, only 1.3% were worried about not being able to breastfeed, 32.5% had problems with breastfeeding, most had nipple-related problems, 37.5% stated that they received support for breastfeeding, and 83.7% stated that they did not follow a social group. The mean scores obtained from the overall scale and its sub-dimensions by the participants in both groups are given in Table 4. According to this analysis, the mean scores obtained from the overall MSPSS and its sub-dimensions by the primiparous were 62.01±18.25 for the overall scale, 24.50±5.54 for the family sub-dimension, and 20.41±7.23 for the friends sub-dimension. As for the multiparous, they obtained 54.48±17.59 from the overall scale, 21.98±6.30 from the family sub-dimension, and 17.48±7.05 from the friends sub-dimension. The results demonstrated that there were statistically significant differences between the two groups in terms of the mean scores the participants obtained from the overall MSPSS, and its family and friends

sub-dimensions (p<0.05). The independent samples t-test was used to compare the mean scores obtained from the sub-dimensions of the BMS by the participants in both groups. The results indicated that there were statistically significant differences between the two groups in terms of the mean scores the participants obtained from the intrinsic motivation and identified regulation dimension, integrated regulation dimension, introjected regulation dimension, external regulation-infant health dimension, and external regulation-instrumental needs dimension (p<0.05) (Table 4).

Discussion

Motivation not only is an important facilitating factor for breastfeeding, but also positively or negatively affects the process between breastfeeding intention and breastfeeding behavior[22,23]. In this study, it was also determined that in the fourth week after birth, of the autonomous motivation types, intrinsic motivation and identified regulation motivated the multiparous mothers more, and integrated regulation motivation motivated the primiparous mothers more (p<0.05). Although the multiparous people were motivated by the importance and satisfaction of breastfeeding, the

Table 1. Demographics of participant characteristics

Variables		Primiparous mothers		Multiparous mothers		Test value	p
		$\bar{X}$	SD	$\bar{X}$	SD		
Age		25.00	5.43	30.92	5.75	-6.695**	0.000*
Duration of marriage		2.10	1.41	9.95	5.66	243.000***	0.000*
Educational status	Illiterate	6	7.50	7	8.80	9.976****	0.041*
	Primary school	23	28.70	39	48.70		
	Junior high school	8	10.0	10	12.50		
	Senior high school	36	45.0	21	26.20		
	University	7	8.80	3	3.80		
Family type	Nuclear	58	72.50	61	76.30	0.295****	0.587
	Extended	22	27.50	19	23.70		
Employment status	Employed	11	13.80	11	13.80	-	-
	Unemployed	69	86.25	69	86.25		
Income status	Good	21	26.30	18	22.50	4.593****	0.101
	Moderate	51	63.75	44	55.0		
	Bad	8	10.0	18	22.50		
Total		80	100.0	80	100.0	-	-

*p<0.05, **Independent samples t-test, ***Mann-Whitney U test, ****Chi-square analysis, SD: Standard deviation

Table 2. Delivery-related characteristics of participant characteristics

Variables		Primiparous mothers		Multiparous mothers		Test value	p
		n	%	n	%		
Is the pregnancy intended?	Yes	61	76.30	36	45.0	16.364**	0.000*
	No	19	23.70	44	55.0		
Type of delivery	Caesarean-section	48	60.0	45	56.25	0.231**	0.631
	Vaginal	32	40.0	35	43.70		
Baby's sex	Girl	36	45.0	41	51.20	0.626**	0.429
	Boy	44	55.0	39	48.80		
Receiving childbirth preparation training	Yes	18	22.50	9	11.30	3.609**	0.057
	No	62	77.50	71	88.70		
Total		80	100.0	80	100.0	-	-

*p<0.05, **Chi-square analysis

primiparous mothers were motivated because they thought that breastfeeding reflected their goals and individual aspects. The primiparous participating in this study were more motivated by introjected regulation and external regulation motivation, which are among the controlled motivation types, than were the multiparous (p<0.05). In this respect, it was observed that the primiparous mothers were more motivated to breastfeed by internal pressure such as anxiety and guilt and perceiving it as an instrumental motivation than were multiparous. In the study by Kadzikowska-Wrzosek[14], it was determined that the more autonomous a mother's motivation to breastfeed

Table 3. Breastfeeding characteristics of participant characteristics

Variables			Primiparous mothers		Multiparous mothers		Test value	p
			n	%	n	%		
Receiving breastfeeding training before birth		Yes	7	8.80	4	5.0	0.879**	0.349
		No	73	91.25	76	95.0		
Receiving information on breastfeeding		Yes	74	92.50	67	83.70	2.926**	0.087
		No	6	7.50	13	16.30		
Source of information on breastfeeding	Book/ magazine	Yes	12	15.0	3	3.80	5.959**	**0.015***
		No	68	85.0	77	96.20		
	TV	Yes	20	25.0	8	10.0	6.234**	**0.013***
		No	60	75.0	72	90.0		
	Social media	Yes	21	26.30	13	16.30	2.390**	0.122
		No	59	73.70	67	83.70		
	Family	Yes	61	76.30	67	83.70	1.406**	0.236
		No	19	23.70	13	16.30		
	Nurse/ midwife/ physician	Yes	32	40.0	32	40.0	-	-
		No	48	60.0	48	60.0		
	Pregnacyt school	Yes	18	22.50	10	12.50	2.771**	0.096
		No	62	77.50	70	87.50		
Needing help with breastfeeding		Yes	48	60.0	13	16.30	32.456**	**0.000***
		No	32	40.0	67	82.70		
Worrying about not being able to breastfeed		Yes	55	68.80	1	1.30	80.110**	**0.000***
		No	25	31.20	79	98.70		
Having problems with breastfeeding		Yes	41	51.20	26	32.50	5.778**	**0.016***
		No	39	48.80	54	67.50		
Problem	Inadequate breast milk supply	Yes	23	28.70	12	15.0	4.425**	**0.035***
		No	57	71.30	68	85.0		
	Baby not sucking enough/ not wanting to suck	Yes	13	16.30	5	6.30	4.006**	**0.045***
		No	67	83.70	75	93.70		
	Nipple problem	Yes	8	10.0	12	15.0	0.914**	0.339
		No	72	90.0	68	85.0		
	Pain in the breasts	Yes	22	27.50	10	12.50	5.625**	**0.018***
		No	58	72.50	70	87.50		
Receiving support during breastfeeding		Yes	58	72.50	30	37.50	19.798**	**0.000***
		No	22	27.50	50	62.50		
Total			80	100.0	80	100.0	-	-

*p<0.05, **Chi-square analysis

her baby is, the higher her breastfeeding self-efficacy is. In studies conducted on this issue, it was determined that there was a positive relationship between autonomous motivation and breastfeeding self-efficacy and maternal well-being, and that controlled motivation triggered the stress situation[14,17]. In the study by Akcay[24], in primiparous mothers, a relationship was determined between the risk of depression and anxiety, and breastfeeding motivation. In another study, in which the breastfeeding attitudes of primiparous and multiparous pregnant women were investigated, the primiparous experienced more anxiety than did the multiparous because the former did not have a breastfeeding experience[25]. In this study, consistent with Akçay's study, a statistically significant difference was found between the primiparous and multiparous mothers regarding their anxiety about breastfeeding ($p<0.05$). This result suggests that primiparous mothers experience more anxiety and are more motivated by controlled motivation types compared with multiparous mothers, which may affect their breastfeeding success. According to the literature, the level of autonomous motivation may prolong the breastfeeding period in primiparous women. Mizrak Sahin et al.[15] conducted a study with primiparous women and found that their level of autonomous motivation increased as their age increased. In this respect, it is recommended that motivation types likely to trigger breastfeeding behaviors should be taken into account in the interventions to be made regarding breastfeeding in primiparous women, and that interventions aimed at increasing their levels of autonomous motivation should be planned. In Kronborg et al.[26], it was observed that in multiparous mothers, if breastfeeding of the first child was effective, this affected the mother's self-efficacy regarding the breastfeeding of the second child. In this study, the multiparous mothers' autonomous motivation levels were high, which was probably due to their previous positive breastfeeding experiences. Social support is an important source for an individual to cope with difficult situations[10]. Social support given in the early postpartum period positively contributes to successful breastfeeding[27-29]. In this study, the mean score the primiparous mothers obtained from the MSPSS was higher than was that obtained by the multiparous mothers. According to the statements of

Table 4. The scores of the Multidimensional Scale of Perceived Social Support and the Breastfeeding Motivation Scale

Scale and its dimensions		**Min.**	**Max.**	**Median**	**Mean**	**Standard deviation**	**Test value**	**p**
Family dimension	Primiparous	4.00	28.00	28.00	24.50	5.54	2.677**	**0.008***
	Multiparous	4.00	28.00	24.00	21.98	6.30		
Friends dimension	Primiparous	4.00	28.00	23.00	20.41	7.23	2.589**	**0.011***
	Multiparous	4.00	28.00	18.00	17.48	7.05		
Significant other dimension	Primiparous	4.00	28.00	19.00	17.10	8.28	1.670**	0.097
	Multiparous	4.00	28.00	16.00	15.01	7.50		
Multidimensional Scale of Perceived Social Support	Primiparous	12.00	84.00	65.00	62.01	18.25	2.654**	**0.009***
	Multiparous	14.00	84.00	56.00	54.48	17.59		
Scale and its dimensions		**Min.**	**Max.**	**Median**	**Mean**	**Standard deviation**	**Test value**	**p**
Intrinsic motivation and identified regulation dimension	Primiparous	21.00	32.00	28.00	27.62	2.98	-3.365**	**0.001***
	Multiparous	22.00	36.00	29.00	29.26	3.16		
Integrated regulation dimension	Primiparous	14.00	20.00	19.50	18.31	2.04	5.196**	**0.000***
	Multiparous	12.00	20.00	16.00	16.58	2.15		
Introjected regulation dimension	Primiparous	12.00	16.00	16.00	14.62	1.84	4.788**	**0.000***
	Multiparous	10.00	16.00	12.00	13.21	1.88		
External regulation-infant health dimension	Primiparous	6.00	8.00	8.00	7.27	0.85	4.029**	**0.000***
	Multiparous	4.00	8.00	6.00	6.70	0.94		
External regulation-instrumental need dimension	Primiparous	7.00	12.00	10.00	9.83	1.29	6.153**	**0.000***
	Multiparous	6.00	12.00	8.00	8.55	1.34		

*p<0.05, **Independent sample t-test, Min: Minimum, Max: Maximum

the participants, 60% of the primiparous mothers needed help with breastfeeding and received more support during breastfeeding than did the multiparous mothers ($p<0.05$). In Salari et al.[12], the social support levels of the primiparous mothers were higher than are those of the multiparous mothers. In another study conducted with postpartum women who gave birth 4 to 8 weeks before the study, the support level received by the primiparous mothers was better,[13] which is probably because multiparous mothers needed less support due to their breastfeeding experience. In this study, although the women in both groups received most of the information about breastfeeding from their families, the primiparous mothers received more support from their families and friends and experienced more breastfeeding problems than did the multiparous mothers ($p<0.05$). In this respect, it can be said that support from family or spouse is important in breastfeeding women, especially in primiparous women, and that the results of our study are consistent with those in the literature.

Conclusion

At the end of this study carried out to investigate the comparison between breastfeeding motivation and social support levels in primiparous and multiparous women in the fourth week after delivery, it was determined that in the fourth week after birth, controlled motivation motivated the breastfeeding behavior in the primiparous mothers, whereas autonomous motivation motivated the breastfeeding behavior in the multiparous mothers, that the primiparous mothers had more breastfeeding problems and needed more support, and that their perceived social support level was higher. In line with these results, it is recommended to consider the different individual characteristics of women while strategies to promote breastfeeding are developed, the motivation factor affecting breastfeeding behavior should be evaluated in terms of parity, mothers should be provided breastfeeding support before birth, and support systems including the family should be developed.

Ethics

Ethics Committee Approval: The ethical approval of the study was obtained from the University of Health Sciences Turkey, İzmir Tepecik Education and Research Hospital Non-Interventional Research Ethics Committee (decision number: 2019/8-23, date: 08.05.2019).

Informed Consent: Before the data were collected, the mothers were informed about the content of the consent form, and their verbal consent was obtained.

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Authorship Contributions

Surgical and Medical Practices: E.G., S.B., Concept: E.G., S.B., G.E., Design: E.G., S.B., G.E., Data Collection or Processing: E.G., Analysis or Interpretation: E.G., S.B., G.E., Literature Search: E.G., S.B., G.E., Writing: E.G., S.B., G.E.

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