Transition of Maternal Competency of Married and Single Mothers in Early Parenthood

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Abstract

Women who perceive maternal competency in early parenthood feel comfortable with infant care. A convenience sample of 58 married, first-time mothers and 22 single, first-time mothers was surveyed at six to eight weeks after childbirth to determine the differences in maternal competence perception between married and single mothers. Findings in this pilot study reveal that single mothers significantly reported less comfort in the maternal role as compared to married mothers. Implications for practice, research, and education are discussed.

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Women who have a positive sense of their own maternal competency in early parenthood feel more comfortable with performing infant skills and interpreting their infant's cues. Perceived maternal competency has been shown to facilitate maternal role attainment (Mercer, 1985) and to promote positive infant nurturing and development (Mercer, 1985, 1995). Promoting

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maternal competency is a premier aim of perinatal educators.

To date, most of the research that educators rely upon to inform their teaching related to maternal competence has been conducted on married or partnered women. Only a few studies exist on single, first-time mothers; yet, births to single mothers are steadily increasing in the United States. In 2000, births of all unmarried women aged 15–44 years increased to 33.8%, compared to 32.2% in 1994 (National Center for Health Statistics, 2002). Studies demonstrate that, during the transition to parenthood, single-parent families have similar concerns and problems as two-parent families (Ford-Gilboe, 2000). However, single mothers may experience more stress during this time because of reduced social support and increased financial restraints (Mercer, 1995). Because of these added stressors, single, first-time mothers may be especially in need of specialized education and nursing care related to mothering.

Research-based information about the differences between single and married primiparas will aid in the creation of effective, focused educational interventions to promote maternal competency among single mothers. Competency in mothering benefits the first child as well as future children (Meighan, Bee, Legge, & Oetting, 1998), resulting in health, social, and economic returns both immediately and in the future.

The purpose of this pilot study was to compare maternal competence among primigravida married and single mothers in early parenthood, using scores from the Parenting Sense of Competence scale (Gibaud-Wallston, 1977).

Review of Literature

Mercer's model of Maternal Role Attainment served as the theoretical framework for this study (Meighan et al., 1998). The model is based on Bronfenbrenner's (1979) ecological environmental systems and is composed of interactions between the microsystem, exosystem, and macrosystem of an individual (Meighan et al., 1998). From a theoretical perspective, maternal competence is a component of the maternal role and is embedded within the microsystem of the mother. Maternal role attainment is a process in which the "mother achieves competence in the role and integrates the mothering behaviors into her established role set,

so that she is comfortable with her identity as a mother" (Mercer, 1985, p. 198). Successfully obtaining infant care-taking skills and being able to read infant cues are important to the development of maternal competence. Through interaction with the infant, the mother's self-confidence is influenced by the infant's responsiveness to her care-taking skills (Bullock & Pridham, 1988). Learning how to read and respond to her baby's cues, such as how to soothe a crying infant, facilitate the mother's maternal competence (Mercer & Ferketich, 1995). Furthermore, mothers who report more maternal competence report more positive feelings about their infant (Erickson, 1996).

Many factors affect the development of maternal competence, including: parity and previous child care experience (Mercer, 1995; Salam, 1995); sense of mastery (Mercer, 1994, 1995; Mercer & Ferketich, 1995); the mother's mental state (Mercer, 1995; Tarkka, 2003); and the mother's age (Mercer, 1995; Secco, Ateah, Woodgate, & Moffatt, 2002). Self-esteem (Mercer, 1994; Mercer & Ferketich, 1995) and self-efficacy have both been shown to be key predictors and mediators of maternal competence (Reece & Harkless, 1998; Teti & Gelfand, 1991). Research has also shown that infant temperament may affect the mother's appraisal of her care-giving skills (Pridham, Chang, & Chiu, 1994) and that infant feeding and infant responsiveness to the caregiver positively influence the caregiver's evaluation of self (Pridham, Lin, & Brown, 2001).

Most of the studies investigating maternal competence and maternal role attainment have been performed on white, middle-class, married women, although some studies have included significant numbers of single mothers in their samples. Recently, Secco and colleagues (2002) investigated the perceived and performed infant-care competence of 78 younger and older adolescent mothers, of which half the sample were single mothers. The researchers found that mothers' competence in both groups increased over time from the prenatal to fourth week postpartum. However, older adolescent mothers provided more sensory stimulation for their infants than younger adolescent mothers. This study indicates that younger mothers experienced an increase in mothering skills over time, but they displayed less competence in one important area of infant development—infant stimulation.

The steady increase of single births in the United States, along with the economic and ecological environment in which single mothers live (Mercer, 1995), indicates the importance of studying the maternal role among single, primipara mothers. The influence of parity, age, and mastery in developing maternal competence is also an important research topic. Health-care professionals need this information to improve interventions that facilitate positive maternal-infant interactions and foster nurturing relationships with the infant. Toward that end, this study was designed to answer the following question: What are the differences in maternal competence between primigravida married and single mothers in early parenthood? The research hypothesis guiding this study was:

Single primigravidas will report significantly lower maternal competency scores than married primiparas on a) the total score, b) the Skill/Knowledge subscale, and c) the Valuing/Comfort subscale of the Parenting Sense of Competence tool (Gibaud-Wallston, 1977).

Method

Sample

A convenience sample of 80 first-time mothers, of which 58 were married and 22 were single, was recruited from postpartum units in two urban hospitals located in the southern region of the United States. The sample was obtained for secondary analysis from a larger study investigating factors that affect maternal competence and health status in early parenthood. Mothers signed a consent form approved by both a university and hospital institutional review board. First-time mothers were invited to participate in the study if they gave birth to a full-term infant of 37 weeks gestation or more. Mothers and their infants with maternal or neonatal complications were excluded from the study.

The single mothers in the sample fit the profile found most often in the research literature. They had lower incomes and were younger in age, more ethnically diverse, and less educated than the married mothers. The subjects' ages ranged from 18 to 41 years, with a mean age of 27.07 years ($SD = 4.86$) for married mothers and 21.55 years ($SD = 3.07$) for single mothers. The majority of married mothers were Caucasian

(91.4%). The single mothers' group was composed of African Americans (45.5%) and Caucasians (54.5%). Differences also existed between the groups in education and income. Most of the married mothers reported completing college or some of college (74%), while only 26% of the unmarried mothers had some college. More than 50% of the married mothers reported incomes of over \$50,000 per year, while over 45% of the single mothers reported annual incomes of less than \$10,000. (See Table 1 for more information on the distribution of race, education, and income.)

No differences existed between the married (M) and single (S) groups in infant's gestational age, type of delivery or labor, and postpartum and newborn complications. Most women delivered at 39 weeks ($M = 41.4\%$, $S = 40.9\%$), had vaginal deliveries ($M = 63.8\%$, $S = 68.2\%$), and experienced few labor complications ($M = 67.2\%$, $S = 59.1\%$), postpartum complications ($M = 87.9\%$, $S = 90.9\%$), and neonatal complications ($M = 87.9\%$,

Table 1 Demographic Information on Subjects' Race, Education Level, and Income by Frequency and Percent

Variable	Married ($n = 58$)		Single ($n = 22$)	
	<i>f</i>	<i>P</i>	<i>f</i>	<i>P</i>
Race				
African American	2	3.4%	10	45.5%
Hispanic	2	3.4%		
Caucasian	53	91.4%	12	54.5%
Other	1	1.8%		
Education Level				
High School	9	15.5%	8	36.4%
High School Incomplete	2	3.4%	6	27.3%
Vocational	3	5.2%	1	4.5%
Vocational Incomplete	1	1.8%	1	4.5%
College	25	43.1%	3	13.6%
College Incomplete	18	31.0%	3	13.6%
Annual Income				
Less than \$9,999	1	1.9%	10	45.5%
\$10,000–\$19,999	7	13.2%	3	13.6%
\$20,000–\$29,999	6	11.3%	3	13.6%
\$30,000–\$39,999	4	7.5%	2	9.1%
\$40,000–\$49,999	5	9.4%	2	9.1%
\$50,000–\$59,999	13	24.5%	2	9.1%
\$60,000–\$69,999	2	3.8%		
\$70,000–\$79,999	2	3.8%		
\$80,000–\$89,999	6	11.3%		
\$90,000–\$99,999	2	3.8%		
\$100,000 or more	5	9.4%		

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S=86.4%). Higher percentages indicated fewer complications.

Instrument

The Parenting Sense of Competence (PSOC) scale measures parental sense of competency in the parenting role (Gibaud-Wallston, 1977). The 17-item, self-report instrument is divided into two subscales and is measured on a 6-point Likert scale. The Skill/Knowledge subscale assesses the parental perception of the degree in which skills and understanding as a parent have been acquired. The Valuing/Comfort subscale measures the degree the individual values and is comfortable in the parent role. Total scores are calculated by obtaining the sum of the two subscales. Higher scores reflect the parent's perception of functioning as a parent.

The instrument was originally tested with a sample of 100 first-time mothers and fathers whose infants were 10 weeks old. Assessment of internal consistency revealed an alpha coefficient of .80 for Skill/Knowledge, .69 for Valuing/Comfort, and .80 for the total scale (Gibaud-Wallston, 1977). Evidence for convergent and discriminate validity of the instrument has been documented (Gibaud-Wallston, 1977). In this study, the alpha coefficient was .83 for the Skill/Knowledge subscale, .80 for the Valuing/Comfort subscale, and .87 for the total scale. The PSOC has been widely used in the literature.

Procedure

Eligible mothers were recruited from hospital postpartum units following childbirth. After receiving informed consent, mothers completed a demographic form. Mothers were instructed that the PSOC instrument would be mailed to their homes 6 weeks after they gave birth. Mothers were instructed to complete the instrument by themselves and to return the instrument in an enclosed self-addressed and stamped envelope.

Data Analysis

Descriptive statistics were used to assess demographic data. Independent group *t*-tests were used to compare total and subscale data between married and single mothers. The statistics used were appropriate for unequal group sizes. The significance level was set a priori at .05.

Results

Overall examination of the data revealed that total and subscale mean scores of the PSOC were lower in single mothers than in married mothers. (See Table 2 for information on PSOC means and standard deviations.) However, no statistically significant differences were found on the total score between married and single mothers ($t=1.680$, $df=78$, $p=.097$), nor were statistically significant differences found on the Skill/Knowledge subscale ($t=.846$, $df=78$, $p=.400$). On the other hand, a statistically significant difference was found on the Valuing/Comfort subscale, with single mothers scoring lower than married mothers ($t=2.128$, $df=30.713$, $p=.037$).

Discussion

In comparing married and single mothers' responses to questions about parenting competence, analyses indicated that the mothers perceived they had similar levels of skills and knowledge required to take care of their infants. Furthermore, the similarity of the strength of that perception between groups had a strong statistical influence on the PSOC total score, leading to no overall significant difference. This similarity in skill and knowledge may be an absolutely true finding, a result that modifies what is known about single mothering and that nurses should incorporate into their teaching and practice. However, these two findings are contrary to previous research, and theory warrants caution and further examination. Perhaps the small size of the single-mother group contributed to atypical findings.

One of the assumptions of this research was that "primigravida" is a variable representing a new mother with limited exposure to infants and babies—someone

Table 2 *t*-Tests of Instrument Data

Variable	Married ($n=58$)		Single ($n=22$)		<i>P</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Parenting Sense of Competence	74.5	12.7	68.8	15.4	.097
Skill/Knowledge (Subscale)	34.3	6.8	32.8	7.8	.40
Valuing/Comfort (Subscale)	40.1	7.1	36	9.4	.037

who has not acquired the skills and knowledge or the valuing and comfort aspects required for competent infant care. A limitation in study design is that mothers were not assessed for their actual amounts of previous child caretaking experiences.

Theoretically, cultural (more ethnic, educational, and socioeconomic diversity was apparent in the study's single mothers) and family situations (e.g., caring for brothers and sisters, nieces, and nephews) may have influenced the results of the PSOC total and the Knowledge/Skill subscale, resulting in a higher-than-expected self-estimate of parental competence among the single mothers. To account for this limitation, it is important that future replication studies assess and take into account the level of the mother's previous child-caretaking experiences, particularly when assessing ethnically and culturally different groups.

If the above considerations are true, then how is the significant difference explained between the groups on the Valuing/Comfort Scale, which is a measure of comfort in the parenting role? In this study, "single" and "married" are variables representing the concept of having, or not having, the socially sanctioned institution of marriage and legally authorized partners who, at least in theory, are there to help with social, financial, and other forms of support. The study design did not account for whether or not the married woman's partner was actually unsupportive and troublesome. Still, single mothers as a group reported less valuing and comfort abilities in the maternal role compared to married mothers as a group. Value and comfort skills may have special attributes gained only by actually becoming "The Mother" and may not be applicable to those who frequently babysat or had cared for other women's infants in the past. Further value and comfort skills may be enhanced through breastfeeding, a highly interactive practice carried out more frequently among women who are married and in higher socioeconomic groups. Breastfeeding was not measured in this study.

Reece and Harkless (1998) state that self-appraisal is affected by the opinions and support of others. Lack of social support or verbal persuasion may negatively affect the single mother's effort in validating herself as a mother. Single mothers often parent with inadequate support, a result of not having a permanent partner and living with economic insecurities (Mercer, 1995).

Moreover, most of the single mothers in this study were younger ($M=21$) and economically challenged ($M=27$) compared to married mothers. Adolescent and younger women, regardless of other background variables, may face more challenges in mothering due to a lack of resources and social support.

The purposes of this study were to investigate the differences between single and married primigravidas in order to improve nurses' educational and practice interventions and to form a solid design foundation for future studies. Subsequent replication studies are needed to incorporate more subjects and use more precisely defined variables. These studies will provide health-care educators and providers with further information on which to base their interventions.

Implications for Practice, Research, and Education

Health-care providers and educators in the maternal-child forum must assess and monitor the maternal competency of each mother, whether she is married or single, experienced or inexperienced. An important aspect of care is assessing maternal self-confidence for infant care competence in the prenatal and postpartum periods and developing individualized teaching plans for new mothers and their families (Kapp, 1998). A critical step in creating teaching plans is to use research-based findings to help identify mothers' problem areas of maternal-role uncertainty and infant-care difficulty.

In addition, health-care professionals must encourage mothers, particularly single mothers, to identify and use social support networks and resources. Support groups for single mothers (Butcher & Gaffney, 1995) and nurse-initiated telephone support (Ruchala & Halstead, 1994) may be used as therapeutic interventions. Assisting mothers to build support systems can be an important component of quality perinatal education. Lastly, health-care professionals must

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identify and accept the strengths of the single mother in order to help her recognize and understand her own strengths (Ford-Gilboe, 2000). Nurses need to recognize and understand more about the role of culture and ethnicity in motherhood and to develop culturally competent interventions that promote positive and nurturing mother-infant interactions (Secco et al., 2002). Further, investigation of the “processes” or the “meaning” of maternal competence among single mothers is needed, especially from a cultural and societal context (Spear & Lock, 2003).

Summary

In this study, single mothers as a group did not report value or comfort in the maternal role as highly as married mothers. Thus, compared to single women, the married women accorded the mothering role more value and expressed more comfort in that role. The findings of this study indicate that for single primigravidas, particularly the younger mothers, education should be focused on valuing and comfort skills within the maternal role. This may be accomplished by the

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following procedures: assessing the single mother’s self-confidence for infant care; developing unique teaching strategies that promote the single mother’s knowledge of infant care, development, and behavior; and encouraging the single mother to identify and use social networks and resources in the prenatal and postpartum periods.

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