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ORIGINAL ARTICLE

The Relationship Between Mothers' Parenting Self-efficacy and Perception of Postpartum Social Support: A Descriptive Correlational Study

Annelerin Ebeveyn Öz-yeterliği ile Doğum Sonrası Sosyal Destek Arasında İlişki: Tanımlayıcı İlişkisel Çalışma

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Abstract

Objective: This study aimed to examine the relationship between mothers' parenting self-efficacy and their perception of postpartum social support.

Method: The research was conducted using a cross-sectional design. The study was carried out with 604 mothers between 3 and 6 months postpartum. The data were collected online using the "maternal information form", the "parental self-efficacy scale (PSES)", and the "postpartum support questionnaire (PSQ)." There are two main dimensions of the PSQ, namely "importance of the need" and "perceived support", and four sub-dimensions.

Results: The total score of the PSES was found to be 35.20±10.4. Based on the cut-off point for the "importance of the need", the level of mothers' perception of the importance of the need for social support is as follows: 55% "very important", 12.4% "important", 32.6% "not important". A positive correlation was found between the mean score of the PSQ and the total score of the "importance of the need" main dimension, and all sub-dimension scores of the PSQ ($p<0.05$). The explanatory effect of the "importance of the need" dimension of the PSQ on the parental self-efficacy score was found to be 7.4% ($R=0.274$, R^2 adjusted=0.074, $p<0.001$).

Conclusion: A significant relationship was identified between parental self-efficacy and the perceived "importance of the need" for postnatal social support. Based on these findings, it is recommended that nurses and midwives routinely assess mothers for both parental self-efficacy and the need for postnatal social support.

Keywords: Mother, postpartum, parental self-efficacy, social support

Öz

Amaç: Çalışmanın amacı; annelerin ebeveynlik özyeterliği ile doğum sonrası sosyal destek algısı arasındaki ilişkinin incelenmesidir.

Yöntem: Tanımlayıcı tipte bir araştırmadır. Araştırma doğum sonrası 3 ile 6 ay arasında olan 604 anne ile gerçeklemiştir. Veriler; anne tanıtıcı bilgi formu, ebeveyn öz-yeterlik ölçeği (EÖYÖ) ve doğum sonrası destek ölçeği (DSDÖ) formları ile online toplanmıştır. DSDÖ'nin "ihtiyacın önemi" ve "alınan destek" olmak üzere iki ana boyutu ve 4 alt boyutu bulunmaktadır.

Bulgular: Annelerin EÖYÖ toplam puanı 35,20±10,4'dır. DSDÖ'nin ihtiyacın önemi boyutunun kesme noktasına göre annelerin sosyal desteğe "ihtiyacın önemini" algılama düzeyleri; %55 "çok önemli", %12,4 "önemli", %32,6 "önemsiz" şeklindedir. Annelerin EÖYÖ puan ortalaması ile; DSDÖ'nün "ihtiyacın önemi" ana boyutu toplam puanı ve tüm alt boyutları puan ortalaması arasında pozitif ilişki saptanmıştır. Annelerin DSDÖ "ihtiyacın önemi" ana boyutunun, EÖYÖ puanı üzerinde açıklayıcı etkisi %7,4 saptanmıştır ($R=0,274$, R2 adjusted=0,074, $p<0,001$).

Sonuç: Annelerin ebeveyn özyeterliği ile doğum sonrası sosyal destek "ihtiyacının önemi" arasında anlamlı ilişki saptanmıştır. Hemşire ve ebelerin anneleri; ebeveyn öz-yeterliği ve doğum sonrası sosyal destek yönünden rutin olarak taraması önerilmektedir.

Anahtar Kelimeler: Anne, doğum sonu, ebeveyn öz-yeterliği, sosyal destek

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Introduction

Becoming a parent is a lifelong journey that begins with the decision to conceive and continues through pregnancy, childbirth, and the postpartum period (1). Individuals who assume the primary caregiving role for an infant or child are considered parents. Parenthood is closely intertwined with an individual's beliefs and self-efficacy. Theorist Bandura defines self-efficacy as "an individual's belief in their capacity to execute behaviors necessary to produce specific performance attainments" (2). In the context of parenting, self-efficacy is a fundamental attribute that mothers should possess to assume their parenting role effectively (3).

Parental self-efficacy refers to "a parent's confidence in their ability to fulfill various responsibilities related to meeting the basic needs, caring for, and nurturing their baby" (2). The level of parental self-efficacy in mothers is influenced by multiple factors, including age, being an adolescent parent, receiving prenatal and postpartum care, the presence of neonatal malformations, the number and type of births, experiencing an unwanted pregnancy, the quality of the relationship with the spouse or partner, the socio-cultural context, obstetric factors, the mental health of the mother, and the perceived level of social support (4). Mothers with higher levels of parental self-efficacy have been found to have better postpartum mental health outcomes, as it acts as a protective factor (5,6). These mothers are more likely to view the challenges they face as manageable obstacles rather than threats and demonstrate autonomy in decision-making regarding infant care (7,8). Research indicates that mothers with a high perception of support and control during childbirth are more likely to interact with their babies earlier, initiate breastfeeding sooner, and establish maternal attachment more quickly (9). Therefore, increasing parental self-efficacy in the early postpartum period is vital for maternal and infant health, which can be achieved by enhancing social support from all healthcare professionals, particularly midwives, as well as from spouses and family members, creating a positive birth environment (10), and promoting breastfeeding motivation (11).

Postpartum social support plays a crucial role in reducing parental stress (12). Social support is defined as various forms of assistance, both material and emotional, provided to individuals experiencing stress or difficult situations, which play a role in societal and familial support systems and aid in socialization (13). This support can encompass financial aid, emotional support, information sharing, educational resources, and social comparison support. During the postpartum period, mothers require social support to navigate the physical and psychological changes they experience as well as to care for their newborn baby (4). Qualitative research has shown that first-time mothers particularly need social support in the early postpartum period to enhance their emotional well-being, access information, and boost their self-efficacy. These mothers also expect assistance from their social environment and healthcare professionals in this regard (14). Meeting the social support needs of postpartum women acts as a protective factor for both parental self-efficacy and postpartum mental health (5,6). Postpartum social support helps mitigate the impact of stressful events and enhances coping strategies, thereby safeguarding mental health (6). The spouse is recognized as one of the most significant sources of social support. In a study by Aydın et al. (5) involving 389 mothers within the first 7 days after birth, increased perception of spousal support was associated with reduced postpartum stress. Mothers who receive adequate postpartum social support are more likely to experience a smoother transition to motherhood, engage in positive mother-infant interaction, and achieve improved marital adjustment (15,16). Conversely, insufficient social support can lead to difficulties in problem-solving and an increase in parental stress, which in turn may decrease parental self-efficacy (17). Therefore, it is crucial for midwives and nurses involved in postpartum care to identify the individual and social support needs of mothers early on and take appropriate measures to promote maternal, newborn, family, and public health (18).

The current literature lacks sufficient studies specifically focusing on the parental self-efficacy of postpartum mothers (19,20). Additionally, previous literature reviews have not identified any studies exploring the correlation between parental self-efficacy and postpartum social support perception among low-risk mothers during the 3- to 6-month postpartum period. Hence, this study aims to fill this research gap by examining the association between mothers' parenting self-efficacy and their perception of postpartum social support. The findings from this study are expected to contribute to the existing body of literature, provide valuable insights for future research, and align with the World Health Organization's strategies to improve the quality of postpartum care and enhancing perinatal mental health.

The research questions include the following:

•What is the level of mothers' parenting self-efficacy during the postnatal period?

•To what extent do mothers perceive postnatal support as important?

•What is the level of mothers' perception of the postnatal support they receive?

•Is there a relationship between mothers' parenting self-efficacy and the perceived importance of the "need" dimension on the postnatal support scale?

Main Points

- The parental self-efficacy level of the mothers between 3 and 6 months after birth is close to average (according to the mean score on the scale).
- Four out of ten mothers perceive their level of social support as "high", whereas three out of ten mothers report experiencing no social support at all.
- Most mothers identify the need for social support as being "very important".
- This study revealed that there is a positive relationship between mothers' parental self-efficacy between 3 and 6 months after birth and the need for postnatal support. As the need for social support, including emotional, informational, and financial issues, increases in mothers, parental self-efficacy increases.

•Is there a relationship between mothers' parenting self-efficacy and the "received support" dimension on the postnatal support scale.

Materials and Methods

The population consisted of mothers living in Turkey during the period between 3 and 6 months after birth. The sample size of the study was determined on the OpenEpi Version 3.01 software by calculating proportions. In this study, the sample size was calculated as 567 subjects using the formula for sampling an unknown population, based on a prevalence of 50% and a confidence interval of 95%. To account for potential data loss or dropout during the study, an additional 10% of the calculated sample size was added. Therefore, the study was conducted with a total of 604 mothers to ensure an adequate sample size for analysis.

Inclusion Criteria

Maternal criteria:

•Accepting to participate in the study,

•Being 20 years of age or older,

•Being at least a primary school graduate,

•Speaking Turkish,

•Being in the period between the beginning of the 3rd month and the end of the 6th month postpartum,

•Not having a psychiatric illness requiring treatment,

•Having a live baby,

•Not having any disabilities.

Criteria for the baby:

•Being born in term (38-41 gestational weeks),

•Having a birth weight of 2500 g and above,

•Not having any congenital anomalies (such as heart, kidney, wolf mouth, or hare lip)

Exclusion Criteria

Maternal criteria:

•Having a history of multiple pregnancies before this birth,

•Having mental retardation,

Criteria for the baby:

•Being born prematurely (37th gestational week and before).

Data Collection

Initially, a researcher (E.E.) shared the research invitation link on her social media accounts, such as Facebook, Instagram, and WhatsApp. This invitation outlined key details, such as the name, purpose, sampling criteria, data collection methods of the study, and the researcher's contact information. To reach the sample in the study, the researcher sent a request to online groups about "pregnancy, motherhood, and breastfeeding" that were accessible on social media, requesting to join them, in addition to sharing the research invitation link on her personal social media accounts. She shared the link to the online survey, in the groups that responded positively to this request. In this study, data were collected from mothers living in seven different regions of Turkey.

Study data were collected using an online questionnaire created on Google Forms, between January 12, 2021, and January 21, 2022. The first page of the Google form included information about the research (such as the purpose of the study, sample group, and data collection methods) and a voluntary consent form to participate in the study. The data from the mothers who selected the option "I agree to participate in the study" were collected via this online questionnaire. Before initiating the data collection process, the inclusion criteria were presented to the mothers online. These criteria include being 20 years of age or older, being between 3 and 6 months postpartum, and having a healthy baby. Mothers who met these criteria were subsequently administered the following three forms online in sequence: the "maternal information form (MIF)", the "parental self-efficacy scale (PSES)" and the "postpartum support questionnaire (PSQ)".

Data Collection Tools

The MIF was a tool developed by the researchers in line with the literature (1,5,12). It consists of questions about the sociodemographic, obstetric, family, and perception of support of the mothers.

The PSES was developed by Kılıçaslan (21) in 2007 to determine the individual judgments of new parents about their competence in the parenting role; the PSES consists of 18 items and is measured on a five-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). Reverse scoring is used for certain items. The total score on the scale can range from 18 to 90, with a higher score indicating higher parental self-efficacy. In the study, Cronbach's alpha coefficient for the scale was found to be 0.894.

The PSQ was developed by Logsdon in 2004 to assess the needs of mothers for social support in the postpartum period. The validity-reliability study of the scale in the Turkish population was conducted by Ertürk (22) in 2007. The PSQ can be used in any postpartum period. It consists of 34 items and is measured on an eight-point Likert-type scale ranging from 0 (not important) to 7 (very important). It has two main dimensions: the "importance of the need for postpartum support and the perceived support for the need for postpartum support. The cut-off points for each main

dimension vary. In the PSQ main dimension of importance of the need," the evaluation of postpartum support is as follows: "not important" for a total score of "130 and below," "important" for a score of "131-150", and "very important" for a score of "151 and above". On the PSQ's main dimension of "perceived support", a total score of "99 and below" is considered "no support", "100-134 is considered moderate support", and "135 and above" is considered "high support." In this study, the Cronbach's alpha value was 0.943 for the "importance of need" dimension and 0.924 for the "perceived support" dimension. An increase in the scale score indicates a higher level of the "importance of the need" and "perceived support".

The main dimensions of "importance of need" and "perceived support" consist of four sub-dimensions: material, emotional, informational, and comparison. The material support subdimension encompasses assistance related to free choices regarding nutrition, financial matters, hygiene, and women's duties. The emotional support sub-dimension involves encouragement, approval, feelings of being loved, and a sense of togetherness. The information support sub-dimension entails sharing relevant information, being informed about new developments, and receiving help in problem-solving. Lastly, the comparison subdimension involves comparing oneself with another woman who is in a similar postpartum situation.

Statistical Analysis

The statistical analysis of the study was carried out using the "Statistical Package for the Social Sciences" (SPSS) for Windows 25.0. While interpreting the results, a 95% confidence interval and a significance level of $p<0.05$ was used. The Kolmogorov-Smirnov test was used to determine whether the data showed a normal distribution. It was observed that the data were normally distributed. Number, percentage, mean, and standard deviation were used as descriptive statistical methods in the evaluation of the data. Pearson correlation analysis was used to examine the relationship between maternal self-efficacy and perceptions of postpartum social support. Regression analysis was used to examine the effect of social support on parental self-efficacy.

Ethical Consideration

Ethical approval was obtained from the Karadeniz Technical University Scientific Research Ethics Committee in Turkey (decision no: 23, date: 04.01.2021). An informed consent form was presented to all mothers who would be included in the study, via the Google Forms platform.

Results

As shown in Table 1, 40.1% of the mothers were graduates; almost all of them (99.3%) were married, 93.4% had a nuclear family, and almost all of them (97.8%) lived in the same house with their spouses. The spouses of 32.1% of the mothers had an associate degree, 80.3% of the spouses had not worked for the last 6 months, and the income perception of 80.1% of the spouses was moderate. The spouses of 93.2% of the mothers were employed. The mean age of the mothers was 30.97±4.78 years, and 32.8% of the working mothers returned to work between 13 to 16 weeks after birth. Approximately two-thirds of the mothers (70.9%) had a caesarean section as their last mode of birth. 67.1% of the mothers did not receive postpartum education from health professionals. The mean number of births was 1.60±0.70, the number of children was 1.61±0.70, and the time since the last birth was 4.80±1.14 months.

Table 2 shows that the PSES score of the mothers was 35.20±10.42. In this study, the total scores of the PSQ's main dimensions of "importance of the need" and "perceived support" were found to be 153.21±50.24 and 125.17±45.81, respectively. The mean scores of the sub-dimensions ranged from 21.26±9.66 to 46.83±15.69.

In the study, the mothers' perception levels of the "importance of the need" for social support were determined according to the main dimension cut-off point of the PSQ as shown in Figure 1, with 55% "very important," 12.4% "important," and 32.6% "not important."

As for the perception of social support among the mothers, 42.9% reported "high" and 31.3% "none", as shown in Figure 2.

As shown in Table 3, a positive correlation was found between the mean score of the PSES and the total score of the "importance of the need" main dimension and the mean score of all sub-dimensions (material, emotional, information, and comparison) of the PSQ ($p<0.05$) . A negative, low-level relationship was found between the "emotional support subdimension score" of the perceived support main dimension of the PSQ and parental self-efficacy ($p<0.05$).

In Table 4, in the multiple regression analysis, the explanatory effect of the "importance of the need" main dimension of the postpartum support scale on parental self-efficacy was found to be 7.4% ($R=0.274$, R^2 adjusted=0.074, F (1,602)=48.858; $p=0.000$). According to the results of the regression analysis, the regression equation predicting parental self-efficacy is as follows: parental self-efficacy =(0.057 x importance of the need) + (26.485).

Discussion

The average score on the PSES in this study was found to be 35.20±10.42. Given the minimum and maximum scores possible on the scale, the results indicate that the mothers in our study exhibit lower-than-average parental self-efficacy. This result aligns with similar findings from previous studies that utilized the same scale. However, it is important to note that, unlike our study, some studies have reported parental self-efficacy at both low and high levels (23-25). In studies utilizing the same scale, the PSES used in this study Kılıçaslan (21) reported a mean score of 27.4±7.3. Additionally, a Swiss-based study by Razurel et al. (23), which employed a different scale from the PSES used in this research, also found that mothers exhibited low parental self-efficacy. These discrepancies in findings may be attributed to various factors, such as the number of participants, the location and duration of the study, and the time elapsed since birth.

Table 1.
Distribution of Mothers' Socio-demographic and Obstetric Characteristics (n=604)

Characteristics				**n**	**%**
Mother's education level	Primary school			11	1.8
	Middle school			36	6.0
	High school			142	23.5
	Associate degree			121	20.0
	Undergraduate and postgraduate			294	48.7
Marital status	Single*			4	0.7
	Married			600	99.3
Family type	Nuclear family			564	93.4
	Extended family			34	5.6
	Broken family			6	1.0
Situation of mother and wife living in the same house	is alive			591	97.8
	not alive			13	2.2
Spouse education level	Primary school			37	6.1
	Middle school			70	11.6
	High school			166	27.5
	Associate degree			194	32.1
	Undergraduate and postgraduate			137	22.7
Mother's employment status (Last 6 months)	Working			119	19.7
	Not working			485	80.3
Spouse's employment status	Working			563	93.2
	Not working			41	6.8
Mother's perception of income level	Low income			63	10.4
	Middle income			484	80.2
	High income			57	9.4
Postpartum return to work (employees only)	1-4 week			4	3.4
	5-8 week			20	16.8
	9-12 week			30	25.2
	13-16 week			40	32.8
	17-20 week			15	10.9
	21-24 week			13	10.9
Pattern of mother's last birth	Normal (vaginal) birth			176	29.1
	Cesarean delivery			428	70.9
Postpartum education status of mothers from health professionals	I did not take			405	67.1
	I bought			199	32.9
Continuous variables	**n**	**Min.**	**Max.**	**Mean**	**SD**
Age	604	20	45	30.97	4.78
Number of births	604	1	4	1.60	0.70
Number of children	604	1	4	1.61	0.70
Time elapsed since your current birth (Months)	604	3	6	4.80	1.14

**Divorced, her husband died*
SD=standard deviation, Min.=minimum, Max.=maximum

Table 2.
Distribution of Mothers' Total and Sub-dimension Mean Scores from the Parental Self-efficacy and Postpartum Support Scale (n=604)

Scale and subscales	n	Min.	Max.	Mean	SD
Parental self-efficacy scale	604	18	59	35.20	10.42
The importance of PSQ's need core dimension					
Financial support sub-dimension	604	0	63	39.55	14.01
Emotional support sub-dimension	604	0	70	46.83	15.69
Information support sub-dimension	604	0	70	44.84	18.38
Comparison support sub-dimension	604	0	35	22.00	10.28
Need major dimension importance total score	604	14	238	153.21	50.24
Major dimension of support received in PSQ					
Financial support sub-dimension	604	0	63	26.78	13.77
Emotional support sub-dimension	604	0	70	41.10	16.11
Information support sub-dimension	604	0	70	36.03	17.54
Comparison sub-dimension	604	0	35	21.26	9.66
Total score of support main dimension received	604	1	238	125.17	45.81

SD=standard deviation, Min.=minimum, Max.=maximum, PSQ=postpartum support questionnaire

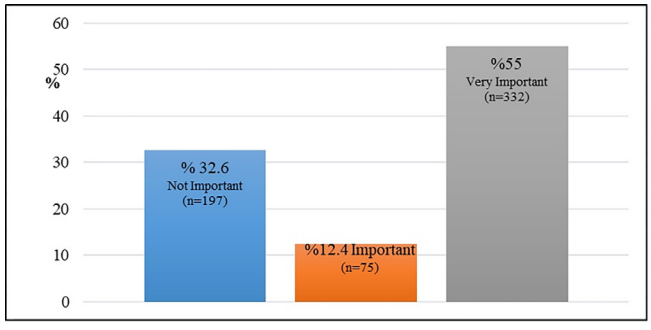

Figure 1.
The percentage distribution of importance levels based on the cut-off point for the main dimension the "importance of the need" in the postpartum support questionnaire (n=604)

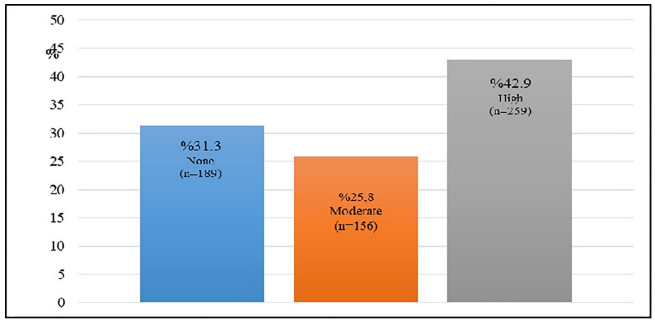

Figure 2.
The percentage distribution of importance levels based on the cut-off point for the main dimension "perceived support" in the postpartum support questionnaire (n=604)

Mothers' parental self-efficacy may be influenced by the level of social support they receive and perceive during the postpartum period. In this study, the mean score for the "importance of the need" dimension of the PSQ was 153.21±50.24, while the "support received" dimension had a mean score of 125.17±45.81. Based on the cut-off points of the PSQ, 42.9% of the mothers perceived the level of support received as "very much," 25.8% as "moderate", and 31.3% as "no support or minimal support." Regarding the need for support, 55% of mothers rated it as "very important", 12.4% as "important", and 32.6% as "not important". Similarly, studies by Semerci (26), Arıkan and Gözüyeşil (27), and Sevimli (28) which utilized the same scale, also reported that the majority of mothers rated their need for support at the "very important" level. Consistent with the literature, this study found that more than half of the mothers (55%) perceived their need for support as "very important". Aksakallı et al. (29), Türkoğlu et al. (30) and Ertürk (22) reported that the postpartum support needs of mothers were generally classified as "important" according to the scale cut-off points.

In this study, more than half of the mothers (55%) perceived the need for postpartum support as "very important". Similarly, in some studies, most postpartum mothers perceived the need for social support as "important" (10,31) The needs of mothers who perceive social support as important should be addressed. It is plausible that, considering the data for this study were collected during the COVID-19 pandemic, the importance of mothers' need for social support in areas such as infant care, immunization, breastfeeding, and protection against COVID-19 transmission may have been increased. This increased need for support may have been particularly significant for multiparous mothers, who often face

Table 3.
Examining the Relationship Between Mothers' Parental Self-efficacy Scale Mean Scores and Postpartum Support Scale's Main and Sub-dimension Mean Scores (n=604)*

Need importance main dimension of PSQ		**Parental self-efficacy level**
Financial support sub-dimension	r	0.275
	p	0.000
	n	604
Emotional support sub-dimension	r	0.265
	p	0.000
	n	604
Information support sub-dimension	r	0.207
	p	0.000
	n	604
Comparison sub-dimension	r	0.189
	p	0.000
	n	604
Total score of importance of need main dimension	r	0.274
	p	0.000
	n	604
Support main dimension of PSQ		
Financial support sub-dimension	r	0.045
	p	0.265
	n	604
Emotional support sub-dimension	r	-0.152
	p	0.000
	n	604
Information support sub-dimension	r	-0.075
	p	0.066
	n	604
Comparison sub-dimension	r	0.053
	p	0.191
	n	604
Total score of support main dimension received	r	-0.057
	p	0.161
	n	604

**Statistical analysis was done with Pearson correlation analysis, PSQ=postpartum support questionnaire*

Table 4.
The effect of the importance of need dimension of the postpartum support scale on the parental self-efficacy of mothers*

	Beta	**Standard error**	**Standart beta**	**t**	**p**	**95% confidence interval**	
Constant coefficient	26.485	1.311	-	20.198	0.000	23.910	29.061
Importance of need	0.057	0.008	0.274	-6.990	0.000	0.041	0.073

**Statistical evaluation was made with regression analysis*

additional responsibilities. Supporting this notion, a study conducted with mothers who gave birth vaginally found that more than half expressed concerns about their baby during the COVID-19 pandemic (12). Similarly, in this study, it is likely that concerns about the well-being of both their baby and themselves during the pandemic contributed to an increased demand for social support among mothers.

Otherwise, it may result in problems such as inadequacy in maternal role adaptation and parental self-efficacy due to failing to meet the needs of these mothers (12). A study by Aydın et al. (5) involving 384 postpartum mothers found that maternal stress levels were lower in mothers who perceived strong spousal support. It is crucial that individuals providing social support to mothers do not increase their stress and anxiety. In a study by Özkan et al. (32) with 222 mothers, as the level of social support increased, maternal anxiety also increased. This underscores the importance of a supportive and comforting approach from midwives, nurses, spouses, family, and friends who provide postnatal care and support.

The study findings revealed that approximately one in three mothers perceived the need for social support as "not important". It should also be considered that the presence of multiparous mothers in our study, along with their previous experience with childbirth and infant care, may have enhanced their parental self-efficacy. As a result, these mothers may have felt less reliant on social support, perceiving it as less important. Additionally, this observation may be attributed to the data collection taking place during the COVID-19 pandemic. Some mothers may have experienced fear related to virus transmission to themselves and their infants during the breastfeeding process. Additionally, the social isolation and quarantine measures implemented during the pandemic may have made it challenging for them to access physical social support. The literature highlights that some mothers have shown hesitancy in breastfeeding and have limited social interactions due to concerns about virus transmission to their infants amid the pandemic (12,33). It is worth noting that the pandemic has significantly amplified stress levels among postpartum parents. According to Xue et al. (17), the pandemic conditions had a detrimental impact on parental self-efficacy, leading to increased stress and anxiety among both mothers and fathers.

In the present study, it was observed that an increase in the perceived importance of social support during the postpartum period, (including material, emotional, informational, and comparison aspects) corresponded to higher levels of parental self-efficacy. This finding is consistent with the results of the study, which indicated that the "importance of the need" dimension of the PSQ influenced breastfeeding self-efficacy by boosting it 7.4% among the mothers. Additionally, Schobinger et al. (14) conducted a qualitative study revealing that first-time mothers sought social support in the early postpartum period to enhance their emotional wellbeing, access information, and boost their self-efficacy, and expected substantial assistance from their social circle and healthcare professionals in this regard. Therefore, the present study suggests that fulfilling the expectations of mothers who perceive social support as crucial may contribute to increased parental self-efficacy. Leahy-Warren et al. (34) discovered that adequate social support had a positive impact on first-time mothers' parental self-efficacy and overall motherhood experience. Similarly, Rhoad-Drogalis et al. (35) demonstrated that favorable relationships with the environment were instrumental in increasing social support, thereby enhancing parenting self-efficacy. However, it is important to consider the quantity (high, low, and none) and quality (meeting needs and expectations) of the received and perceived social support, as these factors significantly influence maternal self-efficacy.

Among the various forms of social support, spousal support holds particular significance for mothers. Literature highlights that postpartum spousal support plays a vital role in improving perinatal mental health. A study conducted with 389 mothers within the first 7 days after giving birth revealed that increased spousal support corresponded to decreased postpartum stress (5). Decreased postpartum stress, in turn, reduces parenting stress and contributes to an increase in parental self-efficacy. Additionally, it is reported that postpartum training programs provided to mothers enhance their coping skills, offer emotional support, alleviate stress and anxiety, and augment parental self-efficacy (23,36).

This study revealed that parental self-efficacy increased when the "emotional support" aspect of the perceived social support dimension of the PSQ decreased. This finding suggests that some mothers, drawing from their previous motherhood experiences and their psychological resources, may derive parenting self-efficacy and reduce their reliance on external factors. A study by Cin and Bingöl (37), conducted with 302 postpartum mothers, reported that higher levels of perceived social support were associated with lower rates of traumatic stress and depression. This finding highlights the significant positive impact of social support on the mental and psychosocial health of postpartum mothers (37). Moreover, considering the context of the pandemic during which this study took place, characterized by increased social restrictions and reduced social support resources, some mothers in the study may have developed a reduced need for emotional support through spiritual and psychological growth, including post-traumatic growth. However, it is crucial to acknowledge that sustaining postpartum care through home visits by midwives can play a significant role in enhancing the quality of postpartum care, increasing parenting self-efficacy, and safeguarding and promoting mental health. Considering that the level of support and control provided to mothers during birth can increase the

transition to the maternal role and parental self-efficacy (38), individualized midwifery care should be provided during the intrapartum period .

Study Limitations

The study has some limitations. The data were collected during the second wave of the COVID-19 pandemic in Türkiye. The study was conducted only with mothers between the first 3-6 months after birth.

Conclusion

There is a positive relationship between mothers' parental self-efficacy and postpartum social support, indicating the importance of addressing this need. To increase the parental self-efficacy of mothers, the quality of postpartum care should be enhanced. Mothers' perceptions of postpartum social support should be routinely screened. In mothers who perceive postpartum social support as important, it should be monitored whether this need is met, and social support should be increased with a multidisciplinary approach in the presence of risk. Emotional and informational support should be provided to parents by opening parent preparation classes during pregnancy and the postpartum period. In shocking and traumatic events such as pandemics and war, social support and parenting self-efficacy should be increased by providing counseling to mothers through telehealth and e-health applications.

Ethics Committee Approval: Ethical approval was obtained from the Karadeniz Technical University Scientific Research Ethics Committee in Turkey (decision no: 23, date: 04.01.2021).

Informed Consent: An informed consent form was presented to all mothers who would be included in the study, via the Google Forms platform.

Footnotes

Acknowledgments

This study is a master's thesis. We would like to thank all the mothers who participated in our study. In this study, online consent was obtained from participants.

Footnotes

Author Contributions: Surgical and Medical Practices –E.E., S.A.; Concept - E.E., S.A.; Design - E.E., S.A.; Data Collection and/or Processing - E.E., S.A.; Analysis and/or Interpretation - E.E., S.A.; Literature Review - E.E., S.A.; Writing - E.E., S.A.

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