

Support of Public Health Nurse for Mothers with Child-Rearing Anxiety-Focus on the Contents of Child-Rearing Anxiety and Their Factors

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1. Abstract

The present study aims to review the contents of child-rearing anxiety in a low birthrate society with reference to the earlier literatures and also examine a future support method for mothers by clarifying support contents of public health nurse for mothers with child-rearing anxiety.

We utilized the Journal of Japan Medical Abstracts Society (the Web version) as a literature collection and searched for the literatures published in 1990-2016 or the following years of “1.57 birth rate shock (total fertility rate declined to 1.57)” by using the keywords such as “Child-rearing anxiety”, “Public health nurse”, or “Support”. Based on 36 abstract contents picked up from the Web research, we selected 15 literatures related to the purpose of the present study.

The most common child-rearing anxiety was child growth and development, followed by diaper rash, eczema, child discipline, and lack of confidence in child-rearing. One of the major reasons for child-rearing anxiety, there would be a gap between child-rearing image among mothers before their childbirth and actual child-rearing. For such background, there can be some specific influences such as excessive information via a wide spread of Internet, fewer opportunities to contact with children due to low birthrate/nuclear family as well as a declining capability of child-rearing support in community. In case of a provision for a child-rearing support, public health nurse needs to put more importance on “A sense of curiosity/ interest” and it is also essential to make efforts to improve knowledge/skills by utilizing a training program. In consideration of more contents of child growth & development in terms of mother’s child-rearing anxiety, it is necessary to improve a support system in cooperation with specialists in the field of psychology and mental health on a routine basis.

2. Keywords: Child-rearing anxiety; Cause; Support; Mothers; Public health nurse

3. Introduction

It was the late 1970s after the high economic growth period when the issue of child-rearing anxiety became apparent and started to gain attention as a social issue [1]. Men or workers were required to work heavily from morning to late at night and women or wives were required to dedicate themselves completely to all the housework and child-rearing as a full-time homemaker due

to changes in the industrial structure during the high economic growth period. However, when the high economic growth period came to end, the number of full-time homemakers was gradually decreasing but the number of working couples was increased. In recent years, because there are various issues in relation to child-rearing such as a nuclear family, a declining birthrate, diversified working environments, isolation & child-rearing anxiety of

mothers in community, and child abuse caused by these social changes.

Particularly, since child-rearing anxiety occurs due to isolated child-rearing or a lack of communication/contact with a child by mother [2], we consider it may not be only a single issue between mother and child but can also be an issue influenced by a human relationship or a local environment. It is important to prevent child-rearing anxiety and take early intervention because child-rearing anxiety by mother would result in a life-threatening situation such as child neglect or child abuse. Public health nurses who are involved in a local maternal and child health activity understand specific conditions during infancy after childbirth through home guidance of newborn baby, infant medical check, mothers' class and home visit, then provide various supports to both mother and child for their healthy life. However, it is undeniable that the present supports may not be sufficient for mothers and eventually a sense of difficulty in daily child-rearing would cause a life-threatening issue such as child abuse. Furthermore, it is predicted that the number of mothers with child-rearing anxiety will continue growing with changes in a child-rearing environment.

4. The Study Purpose

The present study aims to review the contents of child-rearing anxiety in a low birthrate society with reference to the earlier literatures and also examine a future support method for mothers by clarifying support contents of public health nurse for mothers with child-rearing anxiety.

5. The Study Method

We utilized the Journal of Japan Medical Abstracts Society (the Web version) as a literature collection and searched for the literatures published in 1990-2016 or the following years of "1.57 birth rate shock (total fertility rate declined to 1.57)"[3] by using the keywords such as "Child-rearing anxiety", "Public health nurse", or "Support". Based on 36 abstract contents picked up from the Web research, we selected 15 literatures related to the purpose of the present study. We analyzed and organized the purposes/contents of those target literatures, and then from the results, we discussed a concept of mother's child-rearing anxiety and support by public health nurse.

6. Result

6.1. PublicationYear and Research Purpose of the Target Literatures

For their publication years, there is only 1 literature in 1999 during the 1990s and 3 literatures or the largest in 2013 during the 2000s. There was no literature for 4 years (2000-2003) and

the number of literatures was increased after 2010 due to the enforcement of children and child-rearing vision[4] and 3 laws concerning children and child-rearing [5] (Figure 1).

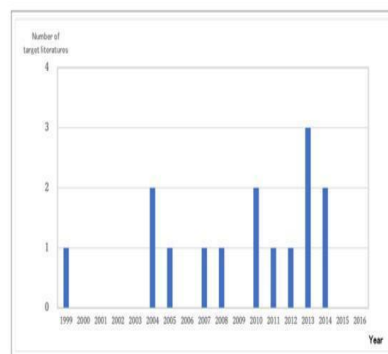


Figure 1: Publication year and number of target literatures

The study purpose was divided into 3 categories; Prevention of child-rearing anxiety by mother, Clarification of contents for child-rearing anxiety, and Support contents by public health nurse.

6.2. Study contents for child-rearing anxiety

6.2.1. Study for prevention of child-rearing anxiety by mother:

There was only 1 literature for prevention of child-rearing anxiety. The contents describe a specific importance to understand information at the time of pregnancy notification/ issuance of maternal and child health handbook. It needs to understand information for prevention of child-rearing anxiety before childbirth, and the literature described that the primary measures would be issuance/actual usage of maternal and child health handbook. For the maternal and child health system, Masumura [6] mentioned that it would be ideal if all mothers who apply for maternal and child health handbook participate in an individual interview with specialists such as public health nurse. Particularly, since issuance of maternal and child health handbook can often be around early pregnancy period and pregnant women may have a limitation to determine necessity of postpartum support in such timing, the literature also described the importance to obtain the information from maternity medical institution or institution for parents' classes. Furthermore, it was also pointed out that pregnant woman who do not let anyone know their private circumstances tend to hesitate to submit pregnancy notification in case of pregnancy in adolescence or unmarried pregnancy. For instance, a mother of pregnant woman often receives maternal and child health handbook on behalf of her daughter in case of pregnancy in adolescence and tends to avoid to tell circumstances why her daughter became pregnant. With the consideration of these situations, there was a proposal to introduce a consultation desk for individual pregnant woman who hesitates to submit pregnancy notification due to pregnancy in adolescence or unwanted pregnancy.

6.2.2. Study for the contents of child-rearing anxiety: There were 6 literatures for the contents of child-rearing anxiety. The contents covered 3 categories; causes of child-rearing anxiety, a relation between mother and child-rearing anxiety, and the contents of child-rearing anxiety.

We found there were some causes of child-rearing anxiety such as a large gap between mother's child-rearing image before childbirth and actual child-rearing and issue of environment surrounding mother. In concrete terms, child's desire not comprehensible by mother and a lack of experience for communication/contact with child or a lack of experience for child-rearing before childbirth would have resulted in child-rearing anxiety. According to the study of Harada [7], it was suggested that there is a tendency for a strong child-rearing anxiety by mother as being difficult to understand child's desire, and such situation is frequently found in the case of a medical check for 4 month-old infant. In addition, it was pointed out that childcare without husband's support or participation would cause child-rearing anxiety. However, it was reported that husbands nowadays become more cooperative compared to the 1980s, but they still do not sufficiently contribute to mental stability of their wife yet.

In the relation between mothers and child-rearing anxiety, mother's age or childbirth experience could closely be related to child-rearing anxiety, particularly more cases for child-rearing anxiety in their 10s and 40s. Particularly in the study for mothers with infants, Ochi et al. [8] reported that mothers in their 40s are most commonly suffering child-rearing anxiety while mothers without mum friends showed significantly higher for child-rearing anxiety compared to mothers with mum friends. According to the study of Sato et al. [9], it was also suggested that mothers tend to have more child-rearing anxiety in their 10s and 40s and there is a strong relation between mother's age and child-rearing anxiety. Moreover, the study also found that there is a significant difference between child-rearing anxiety and childbirth experience and also a strong child-rearing anxiety among primiparous women compared to parous women.

The most common child-rearing anxiety was child growth and development, followed by diaper rash, eczema, child discipline, and lack of confidence in child-rearing. The anxieties in terms of mothers themselves were no return to pre-pregnancy weight, no friends around, and irritation by disturbance of a life rhythm. In addition, according to the study of Touma et al. [10] for mothers who received medical and care services of premature infants, it was reported that approximately 90% of mothers with birth weight 1500g or lighter may possibly have child-rearing anxiety due mainly to concern for child's growth and development.

6.3. Study of Child-Rearing Support by Public Health Nurse

There were 10 literatures for child-rearing support by public health nurse including being overlapped with other study objectives. The contents were divided into 3 categories; health guidance at the time of infant medical checkup, intervention by home visit, and recommendation to participate in child-rearing group activity.

For health guidance at the time of infant medical checkup, it explained the importance of the ideal health guidance to mother & child at the time of medical checkup in consideration of a limited time and specific place. For instance, according to the chief complaint analysis at the time of infant medical checkup for mothers with 3-4 years old infants, Hamazaki et al. [11] strongly pointed out that health guidance should be provided after carefully assessing each individual child-rearing since the mothers during such timing may suffer various chief complaints. With regard to mother's own health management, it may be solved as a physical problem, but because it should not be overlooked as a sign of psychological symptom, the study emphasized a strong association between a bad physical condition of mother and child-rearing anxiety. Furthermore, according to the study of mother's stress check at the time of medical check for 4 month-old infant [12], the study pointed out that a number of mothers could not receive any support or help for their stressful conditions since there was no person around to provide such assistance.

In response to this problem, we proposed to prepare/use a brochure summarizing local child-rearing related information to allow mothers to securely use local social resources.

According to the intervention by home visit, home visit was chosen as an individual assistance for mothers with a strong child-rearing anxiety or with an interpersonal issue. In the study of intervention method for mothers with child-rearing anxiety, Watabe et al. [13] described that it is essential to build a trust relationship with mothers during a home visit and also important to provide easily-understandable/practical supports for mothers at the stage of initial support. At the same time, public health nurse puts more importance on "A sense of curiosity/ interest" and provides not only home visit but also a support in combination with other health-related services. However, it was also pointed out that public health nurse could not make an appropriate decision without appropriate determination for needs of mother or public health nurse does not even notice such situation occasionally.

For a recommendation to participate in child-rearing group activity, it explained the importance of a long-term support in accordance with each period from the initial stage (introduction of group activity) to continued participation in group activity [14].

In such a case, it should intentionally observe both mother and child in the group activity even after the continued participation and also require a support along with other maternal and child health services accordingly such as infant medical checkup or home visit.

7. Discussion

7.1. Cause of Child-Rearing Anxiety

There are various reasons to cause child-rearing anxiety. In particular, since mothers may easily hold child-rearing anxiety when there is a large gap between their child-rearing image before childbirth and actual circumstances of child-rearing [15], it would be an urgent task to provide detailed images of child-rearing to future mothers.

We consider there would be a large gap between child-rearing image before childbirth and actual child-rearing because of a rapid progress of informatization and the popularization of Internet or Smartphone.

As a result, it is expected that mothers would fall into confusion by excessive information for child-rearing around them, and then start predicting a real child-rearing anxiety. Moreover, it may be related to a situation where mothers see childless family or experience less opportunity to actually contact with children due to further progress of low birthrate and nuclear family. It is reported that nuclear family may weaken a child-rearing ability at home and local supports, then eventually lead isolation of mother's child-rearing due to a difficulty to obtain knowledge and support from family members or neighbors [16]. Child-rearing that used to be conducted by helping each other in community is now carried out only by mothers in an isolated environment. In such a situation, mothers might have a trouble with child-rearing alone and lead further anxiety or child abuse eventually. For that reason, child-rearing anxiety is not an individual problem as a mother but it should be considered as an important issue which may cause a future influence on social environment and require some measures for solution.

7.2. Principles of Child-Rearing Support by Public Health Nurse

When providing a child-rearing support, public health nurse should understand that child-rearing anxiety might be an issue not only for mothers but also for a couple/family as primary concern. Since Sato et al. described that knowledge of child-rearing should ideally be provided to both husband and wife due to child-rearing anxiety in both of them [9], the fundamental solution may not be achieved if only focusing on mothers. Thus, health guidance and consultation should be provided to both husband and wife as much as possible, and if grandparents also

take care of their grandchild in the daytime, it would be ideal if grandparents participate in the session of health guidance and consultation at the same time.

Home visit or infant medical checkup will be a place of opportunity for public health nurse to implement an intervention for mothers with child-rearing anxiety. For that reason, public health nurse needs to maintain an ability to offer the best possible support in a limited time and place. Yet, as pointed out by Watabe et al., public health nurse deals with mother without appropriate judgment due to insufficient understanding of mother's needs or public health nurse does even notice such needs at all [13]. In other words, it proves a difference in assessment ability for each public health nurse. Particularly, new public health nurses often tend to face a lack of confidence in ability to understand a problem in family relation or family itself [17, 18]. In response to this analytical aspect, enhancement of assessment ability and support ability would be an issue for overall public health nurses. In addition, because it needs to develop "A sense of curiosity/ interest" stated by Watabe et al., it is essential to make efforts to improve knowledge and skills by utilizing case study session and training program regularly. For instance, it would be a good plan for public health nurse with less experience to intentionally accumulate and gain knowledge and experience of maternal and child health by increasing more opportunities to be involved with infants in a routine work. In addition, with the consideration of more issues for child growth & development in mother's child-rearing anxiety, it needs to learn knowledge & skills for developmental psychology and counseling while making an arrangement for a support system in cooperation with specialists in psychology or mental health on a regular basis.

In addition, as previously mentioned, child-rearing anxiety occurs with various reasons such as social background and isolation of mother. For solving the issues, it definitely needs cooperation from people in community. For instance, it can lead a prevention of child-rearing anxiety by receiving child-rearing advises through a learning session for the voice of child-rearing experience. We also consider that it would be effective to establish a system where a senior generation who has finished raising children can watch or look after local children for a short period of time while their mother is out. Therefore, it is considered that such system firmly established in community eventually leads a prevention or elimination of child-rearing anxiety, and then also enhances child-rearing support capability in community.

8. Conclusion

1. For prevention of child-rearing anxiety, specialists such as public health nurse need to hold an individual interview with all mothers who apply for maternal and child health handbook. In

case of young pregnancy or unmarried woman, because some of those people may not want other people to know their pregnancy or pregnancy-related circumstances, it may need to establish a consultation desk for each of those people to protect their privacy.

2. As one of the major reasons for child-rearing anxiety, there would be a gap between child-rearing image among mothers before their childbirth and actual child-rearing. For such background, there can be some specific influences such as excessive information via a wide spread of Internet, fewer opportunities to contact with children due to low birthrate/nuclear family as well as a declining capability of child-rearing support in community.

3. In case of a provision for a child-rearing support, it needs to target not only mother but also both mother and father if possible while grand parents should also be targeted at the same time if they look after children in the daytime.

4. In case of a provision for a child-rearing support, public health nurse needs to put more importance on “A sense of curiosity/ interest” and it is also essential to make efforts to improve knowledge/skills by utilizing a training program. In consideration of more contents of child growth & development in terms of mother’s child-rearing anxiety, it is necessary to improve a support system in cooperation with specialists in the field of psychology and mental health on a routine basis.

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