



Perceived Social Support and Parenting Confidence Among the Mothers at Selected Immunization

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ABSTRACT

Background

A mother's ability to care for her child and handle the demands of parenthood depends a lot on her confidence as a parent. The overall well-being and parenting experience are influenced by the support gets from friends, family, and the community. However, the direct connection between parenting confidence and perceived social support hasn't been studied much. This study aimed to explore the relationship between mothers perceived social support and their confidence in parenting.

Methods

A cross-sectional research design was used to study 106 mothers of infants aged 0-12 months through face-to-face interviews by using convenience sampling technique. Data were analysed using SPSS (version 16.0), and the correlation coefficient and Chi-square test were applied to assess the relationships and associations between the dependent and independent variables.

Results

Out of 106 respondents, majority (82.1%) had low level; whereas only (17.9 %) had high level of parenting confidence. Likewise, most of the respondents (87.7%) had a high level of perceived social support. There is no statistically significant association between age, ethnicity, educational level, occupation and age of infant with level of parenting confidence. There is a moderate, positive, and statistically significant relationship between parenting confidence and perceived social support, as the p-value was less than 0.001.

Conclusions

The study found that most respondents had low parenting confidence but high perceived social support. Parenting confidence showed no significant association with age, ethnicity, education, occupation, or infant age; however, it had a moderate, Statistically significant positive correlation with perceived social support.

Keywords: Mothers; Perceived social support; Parenting Confidence.

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INTRODUCTION

The postpartum period is a crucial time for mothers and newborns.¹ Motherhood is a profound life milestone, marked by emotional, social, and physical changes.^{2,3}

Maternal confidence is a mother's belief in her ability to care for her infant, essential for adapting to parenthood and building a healthy bond.⁴ Maternal role competence strongly impacts parenting quality and the child's social development.³ Studies showed 67% confidence in child-rearing in Japan and 65% in Vietnam, while only 26.5% in Nepal.^{5,6} First-time, younger, and mothers of unplanned pregnancies may experience lower confidence.⁷

The study found that greater social support from family, friends, and healthcare providers boosts maternal confidence.^{8,9} Despite the importance of the link between social supports and parenting confidence, research in Nepal is limited. Therefore, this study aimed to evaluate the relationship between mothers' parenting confidence and their perceived social support.

METHODS

A cross-sectional study was employed to mothers attending selected immunization sites in Banepa Municipality between July 31 and August 31, 2022. Convenience sampling technique was used. Mothers of infants 0-12 months of age and currently taking care of infants were included in the study. The sample size was determined using the following formula: $n = (Z \sigma)^2 / d^2$ where standard deviation (SD) 7.90 was taken based on literature review, resulting in a calculated sample size of 106.⁸

Regarding the data collection tools, it consisted total five parts. Part I included socio-demographic characteristics of respondents such as age, ethnicity, education level, occupation. Part II included obstetric characteristics such as complication in postpartum period, previous infant care experience and age of infant. Likewise, part III consisted Multidimensional Scale of Perceived Social Support (MSPSS). The MSPSS scale is a 12 item tool that evaluates perceived social support in the three dimensions of family (question 3, 4, 8, 11),

friends (question 6,7,9,12), and significant others (question 1,2,5,10). This tool is scored based on seven-point Likert scale (very strongly agree=7; to very strongly disagree=1). Response scale ranges from 12 to 84. It is classified as score 12-35 low perceived social support, score 36-60 medium perceived social support and score 61-84 high perceived social support. The reliability of the MSPSS-Nepal was found 0.90 which was conducted in Hong Kong among Nepali.¹⁰

Part IV consisted standardized Karitane Parenting Confidence Scale (KPCS). The KPCS was designed to measure parent's confidence in the parents of children aged 0-12 months. This includes 4-point Likert scale that consists of 15 items with a possible range of scores of 0-45. Each item on the KPCS is scored 0= No, hardly ever, 1= No, not very often, 2= yes, some of the time, 3= yes, most of the time. Each item was rated and scoring was given as 0, 1, 2, and 3; all items were positively scored except item number 12 which is reversely scored. Two items on the KPCS can be endorsed not applicable, for instance when the infant is exclusively fed by the mother (item 1), or where the respondent does not have a partner (item 9). These items are scored 2. The cut-off score of 39 or less is considered as low level of parenting confidence and above 39 is considered as high level of parenting confidence.¹¹ Karitane Parenting Confidence Scale translated into Nepali language and assesses the validity and reliability among Nepalese postnatal mothers. Cronbach's alpha coefficient for internal consistency was 0.87.¹² Pretest was done in 10% of the samples size (n=11) which was not included in main study. The ethical clearance for the study was obtained from the Institutional Review Committee of Kathmandu University School of Medical Sciences, (Ref. No. KUSMS/IRC/135/22) before data collection. Data was obtained through face-to-face interview after obtaining written consent from the respondents. Privacy and confidentiality of the respondents were maintained, and they were not forced to participate. Information of the respondents was used only for the research purposes. Data analysis was carried out using Statistical Package for Social Sciences (SPSS)

IBM version 16. Descriptive statistics: frequency, percentage and inferential statistics: Correlation coefficient and Chi-square test was used.

RESULTS

Out of 106 respondents, the majority (77.4%) were in the age group of 25-39 years. Regarding ethnicity, slightly more than half (50.9%) belonged to the Janajati group. In terms of education, 46.2% of the respondents had attained secondary-level education. Most of the respondents (75.5%) were homemakers (Table 1).

Characteristics	Frequency (%)
Age in completed years	
Youth (15-24 years)	24 (22.6)
Young Adult (25-39 years)	82 (77.4)
Ethnicity	
Brahmin	14 (13.2)
Chetri	37 (34.9)
Janajati	54 (50.9)
Dalit	1 (0.9)
Educational status	
Illiterate	1 (0.9)
Literate	105 (99.1)
Level of education	
Non formal	11 (10.5)
Basic level	28 (26.7)
Secondary level	50 (47.6)
University Level	16 (15.2)
Occupation	
Home maker	80 (75.5)
Government Job	2 (1.9)
Labour	1 (0.9)
Agriculture	6 (5.7)
Business	17 (16.0)

Among 106 respondents, almost all (99.1%) had no postpartum complications. All respondents had experience with infant care. The majority of respondents (54.7%) had an infant aged less than or equal to 6 months (Table 2).

Characteristics	Frequency (%)
Postpartum complication	

No	105 (99.1)
Yes	1 (0.9)
Age of Infant	
≤ 6 months	58 (54.7)
6-12 months	48 (45.3)

Most of the respondents (87.7%) had a high level of perceived social support. A small proportion (12.3%) had a medium level of perceived social support, while none had a low level (Figure 1).

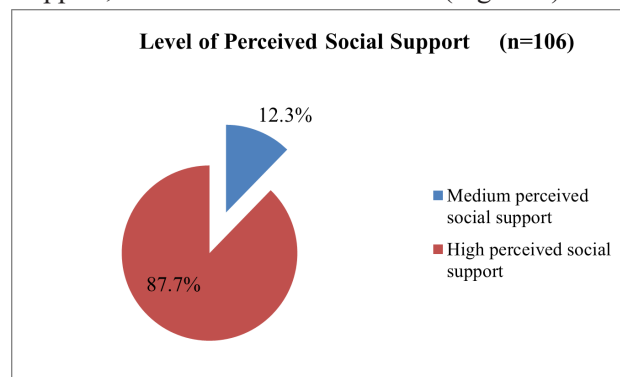


Figure 1. Level of perceived social support among respondents (n=106).

Out of 106 respondents, majority (82.1%) had low level of parenting confidence, whereas only (17.9 %) had high level of parenting confidence (Figure 2).

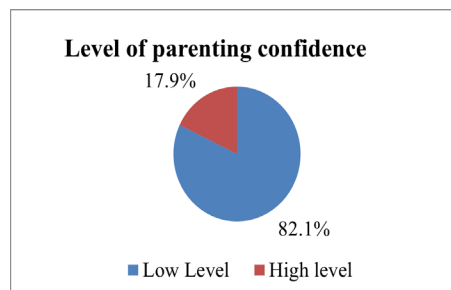


Figure 2. Level of parenting confidence among respondents (n=106).

There is no statistically significant association between age, ethnicity, educational level, occupation and age of infant with level of parenting confidence among participants (Table 3).

Characteristics	High level of parenting confidence f (%)	Low level of parenting confidence f (%)	p value
Age in completed years			

Youth (15-24)	18 (75.0)	6 (25.0)	0.952
Young adult (25-39)	61 (74.4)	21 (25.6)	-
Ethnicity			
Brahmin/Chettri	36 (29.4)	15 (70.6)	0.37
Janajati/Dalit	43 (78.2)	12 (21.8)	-
Level of education			
Up to Basic level	27 (69.2)	12 (30.8)	0.362
Secondary level and above	51 (77.3)	15 (22.7)	-
Occupation			
Home makers	62 (77.5)	18 (22.5)	0.218
Others	17 (65.4)	9 (34.6)	-
Age of Infant			
≤ 6 months	43 (74.1)	15 (25.9)	0.919
6-12 months	36 (75.0)	12 (25.0)	-

The results revealed a moderate, positive, and statistically significant relationship between parenting confidence and perceived social support, as the p-value was less than 0.001 (Table 4).

Table 4. Correlation between parenting confidence and perceived social support among respondents (n=106).

Variables	Mean Score	Pearson Correlation Coefficient	p value
Parenting Confidence	37.264	0.414	< 0.001
Perceived Social Support	66.198	-	-

DISCUSSION

The findings of this study reveal that the majority of participants (82.1%) had a low level of parenting confidence, while only a small proportion (17.9%) demonstrated high parenting confidence. This implies that a significant number of parents may experience self-doubt or uncertainty in their parenting role even while they are actively participating in providing care. Numerous psychological or contextual factors that were not specifically looked at in this study may have an impact on such low levels of confidence.

A study conducted in Denmark found that only (25%) of mothers had low parenting confidence, which is considerably lower than the findings of the present study. This discrepancy may be attributed to differences in the educational background and

occupational status of participants. In the Danish study, (76%) of mothers had a bachelor's degree or higher and (64%) was employed, whereas in the current study, the majority of respondents had only a secondary level of education and was homemakers. These factors may significantly influence a mother's level of confidence in her parenting role.¹³

Interestingly, most respondents (87.7%) had a high level of perceived social support. Only (12.3%) of respondents had a medium level of social support, and notably, none had low perceived social support. This finding is almost similar to a study conducted in Netherland, which found that (84.9%) of participants had perceived high levels of social support and 15.1% perceived low to moderate levels of social support.¹⁴ This finding contrasts with a study conducted in Nepal, which found that (57.3%) of participants had minimal social support, while only (42.7%) had a maximum support.⁶ This discrepancy may be influenced by social desirability bias in respondent's self-reported responses.

In the present study, no statistically significant association was found between respondent's age, ethnicity, educational level and occupation with their level of parenting confidence. These findings contrast with a study conducted in Nepal, which reported a statistically significant association between perceived maternal role competence and variables such as age, educational status, and occupation.⁶ The discrepancy may be attributed to differences in sample characteristics and cultural context.

However, similar to the Nepalese study, the present study found no statistically significant association between the age of the infant and perceived maternal role competence.⁶ This consistency suggests that the developmental stage of the infant may have a limited impact on parenting confidence.

A Pearson correlation coefficient was computed to examine the relationship between parenting confidence and perceived social support. The results indicated a moderate, positive correlation, which was statistically significant ($r = .414, p < 0.001$). This finding is consistent with a study conducted in Dharan, Nepal, which also reported a positive

correlation between perceived maternal role competence and social support.⁸

This finding is also similar with another study done in China, which showed that perceived social support scores were positively related with concurrent measures of parenting self-efficacy scores across the perinatal period.¹⁵ This suggest that the mothers who perceived higher level of social support from the family, might receive more instructional support and verbal encouragement which served to enhanced their parenting self-efficacy or confidence. These results suggest that as social support increases, parenting confidence tends to increase as well.

CONCLUSIONS

This study shows that even though the majority of participants reported high levels of perceived social support, most had low parenting confidence. Additionally, there was no statistically significant association between parenting confidence and demographic variables such age, ethnicity, occupation, educational attainment, and infant age. These results suggest that parenting confidence may be more significantly influenced by other unmeasured factors, such as cultural influences and psychological well-being. Parenting confidence and perceived social support were found to be positively correlated in a moderate and statistically significant way. This suggests that as social support increases, parenting confidence tends to increase as well.

Limitations

The study's findings might not be applicable to a

larger population because only a small portion of women in Banepa Municipality visited particular immunization sites were included. Additionally, there is a chance of social desirability bias because the data were collected from mother's self-reports.

Acknowledgements

The researchers express their sincere gratitude to Banepa Municipality for granting permission to conduct the study, to the participants for their valuable involvement, and to all individuals who contributed to the study, either directly or indirectly.

Conflict of interest: The authors declare that they have no conflict of interest.

Funding: No funding was received from any agency to conduct this study.

Availability of data and materials: All data analysed during this study will be made available upon reasonable request from the corresponding author

Authors' contributions

Conceptualization: Binu Thapa, Sanju Rai, Jyotsana Twi Twi.

Data curation: Sanju Rai.

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Methodology: Binu Thapa, Jyotsana Twi Twi.

Supervision: Binu Thapa, Jyotsana Twi Twi.

Writing-original draft: Binu Thapa.

Writing-review & editing: Binu Thapa, Jyotsana Twi Twi.

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Citation: Thapa B, Rai S, Twi Twi J. Perceived Social Support and Parenting Confidence among the Mothers at Selected Immunization. *JCMS Nepal.* 2026;22(1):42-47.