

THE NEEDS OF WOMEN-MOTHERS WITH CHRONIC MENTAL ILLNESS IN THE FIELD OF SHARED CHILDCARE – A HEALTH LITERACY RESEARCH STUDY

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Abstract

The study, which is presented in the contribution, is carried out with the support of the Charles University Grant Agency in the Czech Republic. Its objective is to identify the obstacles that arise when carrying out daily parental activities of women with chronic mental illness, caring for a child or children under the age of 7. The women admitted to this study are diagnosed with mental illness in category F 00-99, are aged 19 to 49, and have their child or children in their own care, whether in a complete or incomplete family. The comparative sample consists of women-mothers without a mental health disorder. Both groups of women with comparable demographic characteristics participated in a questionnaire survey, the results of which are presented in the contribution. Subsequently, 22 women-mothers with a chronic mental illness will take part in semi-structured interviews, and the corresponding demographic sample of 22 women without a mental health disorder will again be used for the comparison. The results of the study will contribute to the knowledge of the needs of a numerically significant minority of women - mothers with mental health disorders, which is currently growing not only in the Czech Republic. From a psychosocial point of view, the results will also contribute to the destigmatization of these women.

Keywords: *Mental health disorders, women with mental illness, health education, health literacy, shared childcare.*

1. Introduction

Mental Illness represents an unimaginable chronic condition which is frequently accompanied by an unknown prognosis and adult women experience this condition in various ways (Craig, 2004). Research hasn't unambiguously proven whether certain mental illnesses influence the coping with the maternal role more than others. Regarding the effect on maternal care of children, the frequency and extent of the relapsing disorders seem to play a more significant role than a specific type of mental illness (Rampou, Havenga, Madumo, 2015). Several up-to-date research studies illustrate that chronic mental condition in women is usually connected to interpersonal, social, and economic factors which influence their parental abilities and can have an impact on the healthy development of their children (Plattner, 2017). When the woman's mental illness shows an increased activity and lasts longer, the close ones – usually family members – feel a higher responsibility for saturating the needs of her children. The quality of sharing and well organised provision of care for children in the families of women with chronic mental illness represent an important aspect of successful coping with the mental condition and its limiting consequences (Jessop, De Bond, 2012). In our opinion, the above-mentioned knowledge deserves further research investigation which would contribute to the identification of the needs the significant minority of women with mental illness has. In the Czech Republic, the statistic records show that 53 212 women with chronic mental illness are registered as disabled, out of which 25% are in the fertile age group 20 - 39 years old (UZIS, 2018). Therefore, the research team from the Department of Special Education at the Faculty of Education, Charles University decided to describe the needs of women with chronic mental illness as to the shared care of a child or more children in the family as well as strategies these women-mothers knowingly use in order to secure a healthy development of their children. The research study has been carried out since 2021 and with support of the GA UK (Grant Agency of Charles University, under the number 251891).

2. Methods

289 women showed interest to participate in the first part of the research focused on a questionnaire survey in 2021. Health organisations, non-profit organisations, centres for mothers and children, family and kid centers had invited them to participate. The study was based on a purposive sampling, inclusive criteria for selecting 70 women with chronic condition were: diagnostic spectrum of the illness F00-99 according to ICD-10, the duration of the illness since its diagnosing min. 1 year, age between 18 and 49 years, min. 1 child aged up to 7 years. 61 respondents mentioned a lighter mental illness treated only in an outpatient clinic, 9 respondents have severe mental illness requesting permanent treatment or therapy and occasional hospitalizations. 168 women without a diagnosed mental illness which completed the set didn't have any symptoms of mental disorder and fulfilled all other inclusive criteria (physical age, age of children in their own care). Family status, achieved education or occupation weren't amongst the inclusive criteria. Altogether, 238 women-mothers participated in the questionnaire part of the survey. Basic demographic data on the participants with and without mental illness (below referred to as MI) have been gained with its help, parameters of shared caretaking of the participants' children in the families have been followed. In its specific parts, attention was paid to how women with and without MI had been ensuring healthy development of children (including health-beneficial behaviour of mothers towards their children).

2nd phase of the study (continuing until the end of 2022) is dedicated to qualitative research. It uses the technique of the problem-centered semi-structured interview according to Witzel (2000) based on the anchored theory (Rihacek, T., Cermak, I., Hytych, 2013). 24 women with diagnosed chronic mental illness (more than 1 year since its first occurrence) who take care of a child or children under the age of 7 years have been participating in this phase of the study. These women expressed in the questionnaire their willingness to participate in the interview. A comparable number of women-mothers without a diagnosed mental illness, who participated in the 1st part of the study and are willing to continue, have been invited to participate in the interviews as well.

The interviews find out the specific importance mental health has for the research participants and their family members. The same applies to the specific burden taking care of children represents for women with mental illness. The recorded interviews have been completely transferred into a text form according to transcription guidelines. All names of people and places have been changed in order to respect the anonymity of the research. The interviews are being analysed using software XLSTAT Basic+ for coding and data modelling. Subsequently, the comparison method will be used to distinguish the needs of women with and without mental illness in the fields of health literacy and shared caretaking of child or children in their families. The outcomes will be confirmed by using members check and peer debriefing (Brantlinger et al. 2005) where the partial conclusions will be given to several independent researchers for assessment and comments.

3. Results

The educational spectrum of women involved in the research was similar in both samples ($N_{MI+} = 70$ and $N_{MI-} = 168$): MI+ women had university education in 77%, in 21% high school education and only 1.42% lower education. Amongst MI- women, 63% of them had a university degree, 37% high school or higher secondary education, nobody stated lower education than the last-mentioned category. Regarding the marital status, numbers of women living in marriage were comparable in both samples, the proportion of single or divorced women or women living in registered partnership were also similar. The highest numbers of women in both samples are currently on maternity or parental leave, numbers of women working full-time or part-time are even too. Self-employed women were rather rare in both samples. A little less than 3% of MI+ women and 2% of MI- women receive disability pension. A significantly higher number of women living by themselves can be found in the MI+ sample (37%), MI- women stated such situation only in 6% of cases. Only 51% of MI+ women share their household with another adult person, whereas in MI- women this was stated in 89% of cases. On the other side, living with more than one adult person was mentioned more frequently in MI+ women. The data concerning people helping women with children in their shared household aren't surprising. In 96% of MI+ women help is provided by partner or husband if he lives in the same household. For MI- women this percentage was 87%. If the partner or husband doesn't live in the same household (after divorce, separation or for other reasons), he helps MI+ women only in a little less than 3% of cases, in MI- women in 30% of cases. The difference in the involvement of husband's parents (with regard to caretaking of children in the family) is also significant in the cases where the parents don't share the same household where the children grow up. In MI+ women the husband's parents help only in a little less than 9% of cases, in MI- women in almost 27% of cases. The involvement of the woman's parents in the

caretaking of children – if the parents don't share the same household where the children grow up – has been balanced in both samples. The frequency of help offered to MI+ women and MI– women also constitutes an important question. MI– women stated help done by a family member in 17% as every-day, in 13% as more frequent than once a week but not every-day, and in 27% of the responses as occasional. In 29% such help was classified as rare or exceptional and in 14% of responses such help was never made use of. Compared to that, MI– women stated that a family member helps them every day in little less than 8%, more than once a week but not every day in 15.5% and occasionally in 30% of responses. Such help is made use of only rarely or exceptionally in 32% and in 14% it's never made use of. From this data, it is obvious that every-day, frequent or occasional help with caretaking of children is provided to MI+ women in more cases than to MI– women.

In order to document the concrete burden mental illness represents for parental behaviour of women and for family functioning, we have chosen (from the selective protocol which has served as a base for data modeling in the 2nd part of the study) the following descriptions of how their illness influences their every-day life with a child: *"It's hard for me to be overcoming the illness and be with her (daughter). She wants something and I can't manage right away, I am not capable of doing it with her immediately. It's hard to tell a small child when I am tired that I have to rest and that it isn't her fault but it's caused by my illness".* (24VTTP)

The women have described their fluctuating readiness to deal with their children which has to do with the course of MI: *"When I am OK, it's good and we do something together. When I am not well, I keep driving her away, I want peace and quiet and I am unpleasant"* (16LZLP).

In most statements, we can find overlapping descriptions of the direct impact MI has on maternal functioning and family life: *"I wish that motherhood and caretaking of a child didn't exhaust me so much. I have a feeling that on one hand I do it quite well, but on the other hand, it takes all my energy"* (1VŠLP). MI+ women have also confirmed the need to rest as well as the need of being taken care of: *"Even when I have the darkest day and I don't feel like doing anything, I feel depressed and would need to be taken care of, it's not possible and I have to focus on the children. I am pushed to the background"* (23MKTP). Their statements have also been corresponding with regards to the alternation of better and worse days caused by their illness: *"Roughly every second day I experience some symptoms. I overcome them but the next day I am finished. I have no patience. I don't feel like it. I am irritated. I can't cope. On other days, I am an exemplary mother"* (16LZLP).

Most MI+ women assume that frequent changes of their mood can have an impact on their children: *"My daughter is very talkative, so I sometimes stop listening. For example, I am not listening fully when she is trying to attract my attention. Or sometimes I get angry"* (23MKTP). *"I find it difficult, with the mental illness, to fully experience the activities with the child, not to be distant. It's hard to find spontaneity"* (17LŠLP). Mothers are afraid of being separated from their child during hospitalization, they are afraid of losing their bond: *"... I am really lucky that I haven't been hospitalized for two years. At the beginning, the first two years, I used to be hospitalized four times a year before the medication got adjusted. I keep telling myself that it is much better to watch fairy tales with her for a while than being in hospital."* (24VTTP) The need of being replaced in some parental tasks which contribute to the healthy development of the child is obvious in MI+ women: *"My partner had to substitute me in feeding – even now my son wakes up twice a night – so, my partner gets up so that I can get at least some sleep to compensate my mental state somehow because if I don't sleep enough, it starts worsening..., recently I haven't been able to cook, I don't feel like cooking or preparing anything. So, that is also done by my partner, it's been making me angry that I can't even do some real cooking. I see this as a big limitation caused by the mental illness"* (23MKTP). *"...this playing with the child and his intellectual development I rather leave, for example, to my husband because I have a feeling that he is able to enjoy it more"* (17LŠLP).

Most MI+ women have been worried that they could lose the central maternal role in the life of their children if not frequently replaced in the interaction with the child by their partner or another close person. All 24 MI+ women participating in the interviews described their feeling of failure with regard to their maternal role and they mentioned the situations in which these feelings arise. The women have emphasized the importance of motherhood for their lives as well as for coping with MI and they have recommended other women with MI to have children. They usually protect themselves from being stigmatized by keeping silent about their illness and they entrust its symptoms to a very limited circle of close people, doctors, psychologists and therapists.

4. Conclusion

The researchers have been pursuing the topic of women-mothers with and without mental illness in their study for two years, using mixed methodology. In the first research part, they gained the data through quantitative research and by doing that, they also got insights into the family functioning and needs of women with MI+. The qualitative research part (still ongoing) is focused on acquiring deeper knowledge of needs of women in particular situations and unique life contexts for which the technique of interviews has been used. The research shows the everyday burden mental illness represents not only for the woman herself but also for her close ones who share her maternal duties with her. The study has revealed that MI+ women perceive the difficulties incorporated in the caretaking of children in the circumstances of mental illness, but they regard motherhood as an important life opportunity.

Acknowledgments

This paper was written, under the project number 251891, with the full support of the GA UK (Grant Agency of Charles University) directed at the project Needs of Women-Mothers with Chronic Mental Illness in the Field of Shared Caretaking of Children and Health Literacy (2021-2022). The research investigator is a student of the PhD programme at the Faculty of Education, Charles University.

References

- Craig, E., A. (2004). Parenting programs for women with mental illness who have young children: a review. *Australian and New Zealand Journal of Psychiatry*, 38 (11–12), p.923-928.
- Jessop, M., E, De Bondt, N. (2012). A consultation service for Adult Mental Health Service clients who are parents and their families. *Advances in Mental Health*, 10 (2), p.149-156.
- Plattner, A. (Ed.). (2017). *Erziehungsfähigkeit psychisch kranker Elternrichtig einschätzen und fördern*. München: Ernst Reinhardt Verlag. ISBN 978-3-497-02713-2.
- Rampou, A., M., Havenga, Y., Madumo, M. (2015). Parenting experiences of mothers living with a chronic mental illness. *Health SA Gesondheid*, 20(1), p.118-127.
- Řiháček, T., Čermák, I., Hytych, R. (2013). *Kvalitativní analýza textů: čtyři přístupy*. Brno: MUNI Press. ISBN 978-80-210-6382-2.
- Institute of Health Information and Statistics of the Czech Republic. (2018). *Psychiatrická péče 2017*. Prague: IHIS CR. ISBN 978-80-7472-178-6.
- Witzel, A. (2000). Das problemzentrierte Interview. *Forum Qualitative Sozialforschung*, 1(1), art.22.