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Expectations of mothers with young children (aged 0–5) from Municipal services: A cross-sectional study

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Abstract

This study is a cross-sectional research aiming to explore the postpartum experiences of mothers with children aged 0–5, the socio-economic and psychological challenges they encounter, and their expectations of municipalities. The study was conducted with 246 mothers who had children within the age range of 0–5 years. A questionnaire, developed by the researchers based on the relevant literature, was used to collect data, including questions regarding the postpartum period, expectations from municipalities, social support systems, and psychological well-being. The findings revealed that mothers with children aged 0–5 had high expectations of municipal services and found the existing services largely inadequate. A significant proportion of participants reported feeling unsupported and psychologically strained during the postpartum period. Notably, there was a strong demand for functional services such as daycare centers, children's playgroups, urban space arrangements, psychological support, and financial assistance. In conclusion, it is crucial for local governments to provide accessible, diversified, and needs-based services for mothers. (*Afr J Reprod Health* 2025; 29 [11]: 125-135).

Keywords: Postpartum Period; Mothers; Social Support; Child, Preschool; Maternal-Child Health Services; Community Health Services; Local Government

Résumé

Cette étude transversale vise à explorer le vécu post-partum des mères d'enfants de 0 à 5 ans, les difficultés socio-économiques et psychologiques qu'elles rencontrent, ainsi que leurs attentes vis-à-vis des municipalités. L'étude a été menée auprès de 246 mères d'enfants âgés de 0 à 5 ans. Un questionnaire, élaboré par les chercheurs à partir de la littérature existante, a permis de recueillir des données portant notamment sur la période post-partum, les attentes vis-à-vis des municipalités, les systèmes de soutien social et le bien-être psychologique. Les résultats révèlent que les mères d'enfants de 0 à 5 ans ont des attentes élevées vis-à-vis des services municipaux et jugent les services existants largement insuffisants. Une proportion importante des participantes a déclaré se sentir démunies et psychologiquement éprouvées durant cette période. On observe notamment une forte demande pour des services fonctionnels tels que des crèches, des groupes de jeux pour enfants, des aménagements d'espaces urbains, un soutien psychologique et une aide financière. En conclusion, il est essentiel que les collectivités locales proposent aux mères des services accessibles, diversifiés et adaptés à leurs besoins. (*Afr J Reprod Health* 2025; 29 [11]: 125-135).

Mots-clés: d'âge préscolaire ; Services de santé maternelle et infantile ; Services de santé communautaires ; Collectivités locales

Introduction

The process of childbirth and the experience of motherhood, which involve significant physical and psychological changes, are of great importance for women. The arrival of a new baby into the family is one of the major events that significantly impacts family life.^{1,2} This period, which is crucial for maternal and newborn health, also represents a transitional phase during which women and their families must adjust physically, psychologically, and socially.³ During this time, mothers must cope

with a range of changes, including establishing communication with the baby, providing care, creating a safe environment, and learning new roles.^{4,5} Social support during the postpartum period facilitates women's physical, social, and emotional adjustment.⁶

From a reproductive health perspective, the postpartum period is a critical window that affects maternal outcomes (e.g., mental health, role functioning) and neonatal well-being through bonding, feeding, and early development.^{3,10,22–23} Municipal-level support that reduces caregiving

burdens and improves access to health and social services can mitigate postpartum mental distress and enhance early child development.

In Türkiye, the Ministry of Family and Social Services is primarily responsible for protecting women, ensuring their equal access to services, and enhancing their position in society. Notably, 2025 has been declared the "Year of the Family" in Türkiye.⁷ While the central government is the primary policymaker in implementing women- and family-oriented policies, local governments also play a crucial role as effective agents in supporting women during the postpartum period, particularly at the community level.

Local governments aim to meet the common needs and address the shared problems of their communities. However, the socio-economic and spatial services offered by local governments must be tailored to the differing needs, issues, and expectations of the two genders comprising society—women and men. Moreover, policies (or the lack thereof) concerning local services impact women and men differently. For example, if services are inadequate in terms of quality and affordability, this deficiency disproportionately burdens women by intensifying traditional responsibilities such as childcare, housework, shopping, and elderly or patient care.⁸

The European Urban Charter explicitly states that all city residents, regardless of age, race, gender, or physical and mental capacity, have a fundamental right to access social activities and opportunities within the city, and that local governments are essential in enabling the exercise of these rights.⁹ Similarly, the WHO (2019–2024) implementation framework highlights the importance of early childhood, emphasizing that a good start is the foundation of a healthy life.¹⁰ The document mandates local governments to invest in strategic and integrated plans that promote positive early childhood experiences and development, and to focus on long-term, participatory strategies to improve public health.¹¹

Evidence from diverse countries demonstrates that municipal-level interventions can effectively support mothers during the postpartum period. In Norway, redesigned postpartum care at the municipal level has been effective in identifying and preventing postpartum depression during the first year after birth.¹³ In Denmark, universal group-based parenting support programs have

strengthened parental adjustment and access to community networks.²⁶ Evidence from Nigeria highlights the importance of social and spousal support in reducing postpartum depression risk.²⁴ These examples demonstrate the potential for municipalities to integrate psychosocial, informational, and practical support into their maternal and child health services.

A review of the literature reveals a considerable number of studies focusing on the efforts of local governments to support women during the postpartum period.^{12–19} However, no study was found that specifically investigates the expectations of mothers with children aged 0–5 regarding municipal services. Yet, the expectations of “mothers,” who are among the key beneficiaries of local services and who also bear the physiological and psychological responsibility of another being, are of great significance. Expectations are one of the key variables influencing satisfaction levels.

Accordingly, the aim of this study is to examine the support needs experienced by mothers with children aged 0–5 during the postpartum period, their expectations regarding municipal services, and their perceptions of the adequacy of existing local services, within the context of socio-demographic variables. The study further seeks to determine how accessible and effective local governments are perceived to be in providing services that support maternal and child health. In this study, municipal services refer to health centers, home visits, awareness campaigns, daycare services, children’s playgroups, psychological support programs, urban space arrangements, and financial assistance initiatives. The data obtained will serve not only as an important indicator for maternal and child health specifically, but also as a valuable input for policymakers in the broader context of family and community health.

Methods

Study design and participants

This cross-sectional study was conducted between January 1, 2025, and March 31, 2025, with the objective of investigating the postpartum experiences of mothers with children aged 0–5, the social, economic, and psychological challenges they encounter, and their expectations from municipal services. Furthermore, the study functioned as a preliminary phase for a subsequent qualitative

inquiry aimed at attaining an in-depth understanding of maternal expectations toward municipalities. Prior to the qualitative data collection phase, a brief survey was administered to a limited cohort of participants to delineate the scope of the research and to inform the development of data collection instruments.

The study population comprised mothers with children aged 0–5 who were registered at a family health center located in the Söke district of Aydın, Türkiye (N=671). The minimum required sample size was determined using a sample size calculation formula for known populations, yielding a figure of 246 participants. A convenience sampling method was employed. Eligible mothers were identified from the family health center registry, and those meeting the inclusion criteria were invited to participate voluntarily during routine visits or by telephone. No randomization was applied in participant selection. Eligibility criteria included having at least one child within the 0–5 age range during the study period, the ability to read and comprehend Turkish, and a willingness to participate voluntarily.

Data collection

The data were collected via an online questionnaire designed and administered by the researchers through the Google Forms platform.

Data collection instruments

The data were collected online via a questionnaire developed by researchers based on the relevant literature.^{5,6,20} The questionnaire was reviewed by a panel of five experts in maternal and child health to ensure content validity, and pilot-tested with 15 mothers to assess clarity and comprehension. Minor revisions were made based on feedback before full-scale administration.

The questionnaire included items addressing:

- Demographic characteristics (such as age, educational attainment, marital status, and income level);
- Postpartum experiences (such as feelings of lack of support, symptoms of depression, and challenges in childcare);
- Types of services requested from municipalities (including health centers, home visits, awareness campaigns, daycare services, children's playgroups,

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psychological support programs, urban space arrangements, and financial assistance initiatives). Throughout the data collection process, the principles of confidentiality and voluntary participation were strictly observed.

Data analysis

The collected data were analyzed using the SPSS 28.0 statistical software package. Descriptive statistics (frequency, percentage, mean, median, minimum, maximum, and standard deviation) were employed to summarize the demographic characteristics of the participants and their survey responses. The Chi-square test (χ^2) was utilized to examine the relationship between participants' demographic and socio-economic characteristics and their expectations from municipal services. A significance level of $p < 0.05$ was adopted for all statistical analyses.

Ethics statement

Ethical approval for this study was obtained from the Ethics Committee for Social and Human Sciences Research at Aydın Adnan Menderes University (approval number: 31906847-050.04.04; dated August 16, 2024). Institutional permission to collect data was granted by the Aydın Provincial Health Directorate. No personal identifiers were collected from participants, and all data were analyzed anonymously. The study was conducted in accordance with established ethical principles. Prior to the qualitative phase of the research, a preliminary survey was administered to a limited number of participants in order to refine the research scope and to structure the data collection process. This survey was carried out as an integral part of the ethically approved main study and was conducted following the acquisition of informed consent from all participants.

Results

The age of the participating mothers ranged from 22 to 47 years, with a mean age of 32.64 years. The socio-demographic characteristics of the participants are presented in Table 1. According to the findings, the vast majority of the participants (95.9%) were married, and more than half (56.5%) did not have regular employment.

Furthermore, it was observed that the majority of the mothers (85%) had one or two children.

An examination of the participants' postpartum social support and caregiving responsibilities revealed that more than 95% reported being solely responsible for the care of their children, indicating a primary need for early childhood support services. Additionally, 4.5% of the mothers also reported assuming caregiving responsibilities for elderly or ill family members. The majority of mothers (81.3%) indicated that they received support from their spouses during the postpartum period, while approximately two-thirds (70.7%) reported receiving assistance from extended family members, such as their own mothers or mothers-in-law. In contrast, only 30.5% of the participants reported receiving support from friends.

Furthermore, 91.5% of the participants stated that they did not employ any professional domestic assistance. The rate of receiving support from official institutions was notably low; only 9.3% of participants reported receiving such support. Among the institutions providing support, municipalities and district governorships were represented equally (3.3% each).

Among the 22 participants who reported receiving institutional support, the most frequently cited services included childbirth assistance, child benefits, and general financial aid. Regarding the psychosocial experiences, support-seeking behaviors, and caregiving burden of mothers during the postpartum period (Table 2), 51.2% of the participants reported feeling unsupported after childbirth.

Although 45% of mothers reported experiencing feelings resembling postpartum depression, only 6.1% indicated that they had sought professional mental health support. Despite 75.6% of the participants expressing difficulties in childcare, merely 9.8% had applied for assistance from official institutions following childbirth. The areas in which mothers reported experiencing the greatest difficulties in childcare were, in descending order: sleep irregularities (84.4%), feeding (41.5%),

engaging in social activities (37.3%), and managing health-related issues (21.7%).

Furthermore, approximately 74% of the participants rated the health and social services provided by municipalities as inadequate or highly inadequate. The expectations of mothers with children aged 0–5 regarding municipal services are presented in Table 3.

Among the participants, the most reported expectations regarding municipal services were the provision of daycare centers (55.7%) and playgroups for children (54.5%). In addition, 52% of the mothers expressed a need for financial assistance, while another 52% indicated a demand for mother-and-child-friendly urban spaces (e.g., parks, gardens). Expectations related to sports and recreational facilities were reported by 48.8% of the participants, while a considerable proportion also reported a need for psychological support (35.8%) and the provision of essential products/materials (e.g., formula, diapers, creams) (33.3%). Expectations for in-home meal and cleaning support were comparatively lower, each reported by 20.3% of the participants.

An analysis of the relationship between participants' socio-demographic characteristics and their expectations from municipal services revealed several significant patterns. Higher educational attainment was associated with increased demands for psychological support, urban space development, daycare centers, playgroups, and sports activities, whereas mothers with lower levels of education exhibited a greater need for financial assistance ($p < 0.05$). Similarly, participants without regular employment (63.3%) and those with lower income levels (66–69%) more frequently reported the need for financial support. Among mothers who had been employed for less than one year, 68.6% expressed a need for financial assistance, compared to 18.2% among those employed for 16 years or more ($p=0.0001$). Expectations related to services such as cleaning support and access to sports facilities were reported at higher rates among working mothers and those in the middle-to-upper income groups ($p < 0.05$).

Table 1: Socio-demographic Characteristics

Variables		n	%
Educational Attainment	Illiterate	14	5,7
	Primary School Graduate	19	7,7
	High School Graduate	66	26,8
	Associate Degree Graduate	39	15,9
	Bachelor's Degree Graduate	88	35,8
	Master's Degree Graduate	16	6,5
	Doctoral Degree Graduate	4	1,6
	Total	246	100,0
Marital Status	Married	236	95,9
	Divorced	9	3,7
	Married but Living Separately	1	0,4
	Total	246	100,0
Regular Employment Status	Yes	107	43,5
	No	139	56,5
	Total	246	100,0
Years of Employment	Less than 1 year	70	28,5
	Between 1 and 5 years	57	23,2
	Between 6 and 10 years	63	25,6
	Between 1 and 15 years	34	13,8
	16 years and above	22	8,9
	Total	246	100,0
Monthly Household Income	0-22.002 TL	39	15,9
	22.003-44.004 TL	77	31,3
	44.005-66.006 TL	48	19,5
	66.007-88.008 TL	35	14,2
	88.009-110.010 TL	25	10,2
	110.000 TL and above	22	8,9
	Total	246	100,0
Spouse's Employment Status	Yes	229	93,1
	No	17	6,9
	Total	246	100,0
Number of Children	1	117	47,6
	2	92	37,4
	3	35	14,2
	4	2	0,8
	Total	246	100,0
Number of Children Under the Age of 5	1	204	82,9
	2	41	16,7
	3	1	0,4
	Total	246	100,0

Table 2: Postpartum psychological well-being and support needs

Variables		n	%
Did You Feel Unsupported During the Postpartum Period?	Yes	126	51,2
	No	120	48,8
	Total	246	100,0
Did You Feel Depressed During the Postpartum Period?	Yes	110	44,7
	No	136	55,3
	Total	246	100,0
Did You Receive Professional Mental Health Support?	Yes	15	6,1

	No	231	93,9
	Total	246	100,0
Did You Make Any Requests to Municipalities or Official Institutions During the Postpartum Period?	Yes	24	9,8
	No	222	90,2
	Total	246	100,0
Did You Experience Difficulties in Childcare During the Postpartum Period?	Yes	186	75,6
	No	60	24,4
	Total	246	100,0

Table 3: Expectations of mothers with children aged 0-5 from Municipalities

As a Mother of a Child Aged 0–5, What Services Would You Request from the Municipality?	n	%
Financial Support (Cash Assistance)	128	52,0
Professional Psychological Support	88	35,8
Provision of Products/Materials (e.g., Formula, Diapers, Sanitary Pads, Creams)	82	33,3
Design of Urban Spaces for Mothers and Children (e.g., Parks, Gardens)	128	52,0
Home-delivered Hot Meal Support	50	20,3
In-home Cleaning Support	50	20,3
Daycare Support for My Child	137	55,7
Playgroups for Children	134	54,5
Sports Activities for Myself and My Child	120	48,8

Table 4: The relationship between postpartum emotional experiences and expectations from municipal services

As a mother with a child aged 0-5, what do you expect from the municipality?	Did You Feel Unsupported During the Postpartum Period?						Chi-Square Analysis	
	Yes		No		Total		Chi-Square	p
	n	%	n	%	n	%		
Financial Support (Cash Assistance)	67	53,2	61	50,8	128	52,0	0,135	0,713
Professional Psychological Support	59	46,8	29	24,2	88	35,8	13,7	0,0001
Provision of Products/Materials (e.g., Formula, Diapers, Sanitary Pads, Creams)	39	31,0	43	35,8	82	33,3	0,65	0,417
Design of Urban Spaces for Mothers and Children (e.g., Parks, Gardens)	66	52,4	62	51,7	128	52,0	0,01	0,911
Home-delivered Hot Meal Support	30	23,8	20	16,7	50	20,3	1,5	0,218
In-home Cleaning Support	30	23,8	20	16,7	50	20,3	1,5	0,218
Daycare Support for My Child	75	59,5	62	51,7	137	55,7	1,53	0,215
Playgroups for Children	69	54,8	65	54,2	134	54,5	0,009	0,925
Sports Activities for Myself and My Child	59	46,8	61	50,8	120	48,8	0,395	0,531

As a mother with a child aged 0-5, what do you expect from the municipality?	Did You Feel Depressed During the Postpartum Period?						Chi-Square Analysis	
	Yes		No		Total		Chi-Square	p
	n	%	n	%	n	%		
Financial Support (Cash Assistance)	54	49,1	74	54,4	128	52,0	0,69	0,406
Professional Psychological Support	58	52,7	30	22,1	88	35,8	24,8	0,0001
Provision of Products/Materials (e.g., Formula, Diapers, Sanitary Pads, Creams)	32	29,1	50	36,8	82	33,3	1,6	0,204

Design of Urban Spaces for Mothers and Children (e.g., Parks, Gardens)	59	53,6	69	50,7	128	52,0	0,205	0,651
Home-delivered Hot Meal Support	29	26,4	21	15,4	50	20,3	3,8	0,049
In-home Cleaning Support	31	28,2	19	14,0	50	20,3	6,7	0,009
Daycare Support for My Child	67	60,9	70	51,5	137	55,7	2,1	0,138
Playgroups for Children	66	60,0	68	50,0	134	54,5	2,4	0,117
Sports Activities for Myself and My Child	52	47,3	68	50,0	120	48,8	0,181	0,671

Furthermore, an increase in the number of children under the age of five was found to be significantly associated with heightened expectations for financial support from municipalities (66.7%; $p=0.037$). Among mothers with caregiving responsibilities beyond their children, the demand for financial assistance rose to 81.8% ($p = 0.043$).

On the other hand, no statistically significant differences were observed between variables such as marital status or the employment status of the spouse and expectations from municipal services. Nevertheless, it is noteworthy that certain service demands—such as psychological support and environmental improvements—were reported at higher rates among these groups. Finally, requests for services such as psychological support, daycare centers, hot meal provision, and cleaning assistance were reported at relatively similar levels across various socio-demographic groups, independent of most variables ($p > 0.05$). The association between mothers' emotional experiences during the postpartum period and their expectations from municipalities is presented in Table 4.

Accordingly, the demand for professional psychological support from municipalities was found to be significantly higher among mothers who reported feeling unsupported during the postpartum period. Among this group, 46.8% expressed a need for psychological support, compared to 24.2% among mothers who did not report experiencing a lack of support ($p = 0.0001$). This finding suggests that mothers who experience emotional support deficits have a greater need for professional mental health services.

On the other hand, no statistically significant differences were observed between the two groups regarding other service demands, such as financial assistance, material support, daycare centers, parks, playgrounds, cleaning, and hot meal provision ($p > 0.05$).

Significant differences were also identified in certain service demands among mothers who reported feeling depressed during the postpartum period. In this group, 52.7% requested professional psychological support, compared to 22.1% among those who did not report depressive feelings, with the difference being highly significant ($p = 0.0001$). Similarly, among mothers experiencing depressive symptoms, the demand for in-home cleaning support was 28.2%, compared to 14.0% in the non-depressed group ($p = 0.009$). The demand for hot meal provision was also higher among mothers with depressive symptoms (26.4%) than among those without such symptoms (15.4%) ($p = 0.049$). Conversely, no significant differences were observed between the groups in terms of requests for financial assistance, material support, playgrounds, sports activities, or daycare services ($p > 0.05$).

Discussion

This study revealed that the vast majority of mothers during the postpartum period (over 95%) reported bearing sole caregiving responsibilities for their children and had limited access to social support systems. Although most mothers reported receiving support from their spouses and extended family members, only one-third indicated receiving support from friends. Additionally, a substantial majority did not have access to professional domestic assistance, and rates of support from formal institutions were notably low.

These findings suggest that a lack of social support during the postpartum period may have adverse effects on mothers' psychosocial well-being. Indeed, another study emphasized the positive influence of social support on maternal psychosocial outcomes.²¹ Similarly, reductions in social support have been associated with postpartum mental health problems, challenges in assuming the

maternal role, and weakened mother-infant bonding.^{22,23} The negative impacts of insufficient postpartum social support extend beyond maternal outcomes, influencing child development and broader family health in the long term.²² In a study conducted in Nigeria, found that mothers lacking spousal support were three times more likely to develop postpartum perinatal depression (PPD) compared to those with support.²⁴ Correspondingly, identified perceived spousal support as a key factor in reducing stress during the postpartum period in Türkiye.²⁵ Similarly, research from Norway demonstrated that the implementation of a multimodal, redesigned program within municipalities was effective in identifying, preventing, and treating PPD, as well as in reducing parenting stress throughout the first postpartum year.¹³ In Denmark, a broad-based parenting support program implemented by a municipality aimed to facilitate parental adjustment to new roles and to enhance access to social networks.²⁶ Within this context, strengthening postpartum social support programs at the municipal level could play a critical role in promoting maternal mental and physical well-being. In particular, the expansion of services such as childbirth assistance, childcare, and general financial aid by municipalities may help to alleviate caregiving burdens and strengthen social support networks. Offering accessible and holistic support programs specifically tailored to postpartum mothers would contribute not only to maternal psychosocial health but also to early childhood development.^{27,28}

There are international examples that emphasize coordinated, municipality-supported services in the postnatal period. In Canada, the *Healthy Babies Healthy Children (HBHC)* home visitation program, delivered by Public Health Nurses and Family Home Visitors, supports families through pregnancy and early childhood and has demonstrated effectiveness in enhancing maternal mental health and early childhood development.²⁹ In Australia, Maternal and Child Health (MCH) services provide developmental screening from birth to early childhood, supporting parental confidence and early identification of developmental risks.³⁰ In Sweden, a home-based postnatal midwifery care model—offering postnatal contact via phone and home visits—was highly rated by mothers for supporting wellbeing and satisfaction during the postpartum period.³¹ These

examples illustrate that coordinated, municipality-led interventions can address both the functional and emotional needs of mothers, highlighting the global relevance of the findings from the present study.

This study also found that approximately 74% of mothers rated municipal health and social services as inadequate or highly inadequate, with the most frequently expressed expectations being the provision of daycare centers and playgroups. Furthermore, more than half of the mothers expressed demands for financial support and mother-child-friendly urban spaces, followed by needs for sports and recreational facilities, psychological support, and essential products/materials (e.g., formula, diapers, creams). Expectations for in-home meal and cleaning support were reported at lower rates. These findings underscore the critical role of municipal services in addressing both the functional and emotional needs of mothers during the postpartum period.

A particularly salient finding of the study is that nine out of ten mothers had not received any form of formal institutional support. This situation may stem from low levels of awareness, perceived inaccessibility or insufficiency of social assistance programs, or bureaucratic obstacles. Therefore, enhancing the accessibility of family- and child-oriented services, promoting the dissemination of good practice models, and increasing awareness of available support mechanisms are of paramount importance.

Across Türkiye, municipalities implement various initiatives to support mothers, children, and families. Notable examples include the “Mother-Baby Support Package” of Istanbul Metropolitan Municipality, the “Welcome Baby Visits and Packages” of Pendik Municipality, and, in the field of transportation assistance, the “Mother Card” program of İzmir and Muğla Metropolitan Municipalities, which grants free public transport to economically disadvantaged mothers with children aged 0–4. In addition, Balçova Municipality, in cooperation with the Mother Child Education Foundation (AÇEV), has organized a wide range of educational programs aimed at raising awareness in multiple areas. Likewise, Kartal Municipality, in collaboration with AÇEV, has implemented the “Father Support Program,” while Zeytinburnu Municipality offers the “AKDEM Family Education Program.”^{32,33,34,35}

Alongside these local initiatives, the Ministry of Family and Social Services also provides financial assistance programs targeting families. A significant development in family support policy is the designation of 2025 as the “Year of the Family.”⁷ Under this policy, families with children born after 1 January 2025 will be eligible, without additional criteria, to receive proportional support payments until the child reaches the age of five. These measures illustrate that, in addition to municipal programs, national government policies also contribute to family support, albeit primarily through financial aid mechanisms.

The World Health Organization underscores that providing social support services to mothers during the postpartum period enhances maternal psychosocial well-being and positively contributes to child development.¹⁰ Therefore, diversifying and improving the accessibility of social support services for mothers is crucial. Particularly, strengthening psychological support for mothers during the postpartum period plays a critical role in safeguarding both maternal and family health. Within this context, it is recommended that municipalities employ psychologists to provide counseling services for mothers. There are no obstacles to employing psychologists. Supporting this recommendation, the study emphasized the need to expand psychological counseling services within local governments.⁸

This study also identified significant relationships between mothers’ socio-demographic characteristics and their expectations from municipal services. As education and income levels increased, so did the demand for psychological support, daycare centers, playgroups, sports activities, and urban space development, whereas mothers with lower education levels, irregular employment, and lower income demonstrated higher needs for financial assistance. Consistent with these findings,⁵ similarly found that as education levels increased, expectations for a more comfortable lifestyle also rose, resulting in lower scores on the Postpartum Functional Status Inventory (PFSI). In the same study, employed women, those with social security, and those with better financial status exhibited significantly lower PFSI scores compared to their counterparts. Moreover, this study found that an increase in the

number of children under five and additional caregiving responsibilities at home were associated with heightened demands for financial assistance. In contrast, marital status and the spouse’s employment status were not found to significantly influence service expectations. Requests for psychological support, daycare centers, hot meals, and cleaning services were reported at similar levels across socio-demographic groups, independent of most variables.

These findings demonstrate that mothers’ expectations from municipalities are shaped not only by direct caregiving needs but also by broader living conditions, socio-economic status, and family responsibilities.

The literature also highlights the importance of socio-demographic factors in shaping social support expectations during the postpartum period. For example, reported that functional support (e.g., financial aid, material support) was more prominent among socio-economically disadvantaged groups, while demands for psychosocial support and social interaction opportunities were more pronounced among those with higher education and employment status.²¹ Similarly, they found that functional support played a critical role in meeting women’s basic needs during the postpartum period, and that identifying mothers’ support needs and expectations was essential for promoting postpartum recovery.³⁶ In this regard, it is suggested that local governments should design their service plans not only based on average demands but also in alignment with the differentiated needs shaped by diverse motherhood experiences and living conditions.

One of the key recommendations of this study is the adoption of a multi-stakeholder, holistic governance model for maternal and child health services. In this model, women’s health nurses play a particularly important role, providing physical and psychosocial support from pregnancy to the postpartum period. Integrating women’s health nurses into municipal services at a local level would greatly contribute to identifying risk groups, delivering preventive health services and tailoring services to the needs of families. Despite the existence of good practices and centralised support policies, the limited range of municipal services for mothers and children makes it necessary to further strengthen this role.

Conclusion

This study revealed that mothers with children aged 0–5 have high expectations of municipal services and perceive existing services as largely inadequate. The findings particularly highlight a pronounced need for functional services such as daycare centers, playgroups, urban space improvements, psychological support, and financial assistance. It was observed that mothers with lower income levels and those who were unemployed exhibited a greater demand for financial support, whereas expectations for social and psychological support increased with higher educational attainment. In light of these findings, it is essential for local governments to provide services for mothers that are accessible, diversified, and needs based. The expansion and enhancement of such services would contribute to improving maternal well-being, supporting early childhood development, and ultimately promoting family health and broader societal welfare.

Strengths and limitations

This study is among the limited number of investigations that examine the expectations of mothers with children aged 0–5 through a multidimensional lens, assessing postpartum-specific needs within the context of local government services. However, given its cross-sectional design, the generalizability of the findings may be limited.

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