

# Investigation of Special Education Teachers' Concern Levels Regarding Their Children

Alpaslan Karabulut<sup>a</sup>

Received : 16 October 2020  
Revised : 19 January 2021  
Accepted : 5 February 2021  
DOI : 10.26822/iejee.2021.210

<sup>a</sup>Alpaslan Karabulut, Special Education Department, Bolu Abant İzzet Baysal University, Bolu, Turkey  
E-mail: [alpaslankarabulut@hotmail.com](mailto:alpaslankarabulut@hotmail.com)  
ORCID: <https://orcid.org/0000-0002-7355-5109>

## Abstract

This study aims to determine mothers' concerns regarding their children, before and after giving birth. The study sample consists of 13 mothers working as special education teachers having graduated from the Special Teaching Department. The study utilized a semi-structured interview technique, which is one of the qualitative research methods, and a content analysis was used to analyze the study data at hand. Study findings revealed that the mothers had some anxieties regarding their children or children they may have in the future due to their occupation, and special education courses they attended during their preservice education. As expectant mothers, the main source of their concerns was that their baby might be born with some health issue or disability. The study findings also revealed that the mothers' concerns began when they found out about their pregnancy, concern continued throughout their pregnancy.

## Keywords:

Concern, Special Education, Teachers' Opinions

## Introduction

The family unit is considered the smallest constituent element of society. The importance of the existence of a child within the family is indisputable because such a unit called "a family" requires the existence of a child. Regardless of their characteristics, each child is deemed valuable, and each parent who wants to have a child attaches certain values to them. Even though the word "value" is widely used in many aspects of life, there is no singular and clear definition of the term. The notion of value is engaged in a close relationship with living standards and the emotions, thoughts, and actions of people (Yazıcı, 2014). Most researchers have pointed that values are of importance while attempting to explain human behavior (Kağıtçıbaşı, 2000). Values make sense when they are loaded with meanings and become actual value; or, what makes something valuable is actually the meaning attached to it (Tepe, 2008). The features that the parents attribute to their children constitute this value notion. This means that parents want to have children with these features, which constitute certain values in their mind. Kağıtçıbaşı (2000)



Copyright ©  
[www.iejee.com](http://www.iejee.com)  
ISSN: 1307-9298

© 2021 Published by KURA Education & Publishing.  
This is an open access article under the CC BY-NC-ND license. (<https://creativecommons.org/licenses/by/4.0/>)

stated that the value of a child should be examined in terms of economic, social, and psychological aspects. Accordingly, the economic value of a child for the family can be assessed in terms of their contribution to the housework, other chores, and to the family income when they reach the age at which they qualified as paid employees. While the child's contribution to the housework and the family's economy is perceived as being of prime importance in the lesser developed regions of the world, it is considered to be much less important to family units in more developed regions.

A social value of a child can be considered parents' thinking of their children as a source of financial and domestic security for their later years in life and as a continuation of the generations, enabling the continuation of the family name and the respect that the parents will receive thanks to the status that their child acquires in society. When it comes to the psychological value of a child, the thoughts that constitute psychological value are the child creating a sense of vitality and joy within the family, a source of entertainment, and being seen as the ultimate reason for the existence of the family (Kağıtçıbaşı, 2000). Every parent, in this context, dream that their children will grow up to be smart, hardworking, skillful, and successful individuals and that such expectations start even when the child is still in the womb. Expectant mothers may attempt to tone in physiological and permanent psychological changes during their pregnancy while dreaming about their children (Özkan, 1990). While some women adapt to psychological changes during pregnancy, while others may suffer from various psychological problems, and varying degrees of suffering (Karaçam et al., 2004). The aforementioned problems may only occur during a certain period of pregnancy and are usually accompanied by certain mental changes such as not knowing what will happen (uncertainty), isolation, depression, dependence, fear, or concern. In particular, concern may negatively affect women during their childbirth and during their postpartum period (Sertbaş, 1998).

Studies showed that the major factors that can cause concerns or fear are thoughts such as the potential loss of a baby during childbirth (e.g., miscarriage), giving birth to a child with some disability forms, experiencing extreme pain during childbirth, the necessity for cesarean delivery, lack of trust in healthcare personnel, bouts of screaming and/or loss of control during childbirth, being alone during childbirth, the place where they are to give birth, not knowing how long the labor will last, and even the possibility of their own and/or child's death (Melender, 2002).

No parents want their child to be born with some form of disability, but they also need to prepare for

the potential of having a disabled child while getting themselves ready to be parents. These concerns can be disturbing for prospective parents and may lead to clinical depression (Metin, 2012). A family generally feels comfortable when a child is born healthy, as expected, and when everything is as planned. However, in situations where a child is not born as expected, new parents may experience disappointment (Yamaç, 2011). One of the most important factors that can lead to increased stress levels of new parents is an infant born with some unexpected disability forms. Hence, struggling to accept the child, explaining the situation with regard to the child to their wider circle in society, dealing with the health issues of the child, the type and severity of their disability, lack of knowledge about the disability, their thoughts about the child's future life, their emotional state as new parents, and their struggles to deal with the situation can all make new parents extremely anxious (Cavkaytar & Özen, 2010). The mothers, who mostly take on caring for a disabled child, can be affected the most. New mothers of a disabled child may be under much more stress and may experience more psychological problems than mothers whose children are not disabled (Bahar et al., 2009).

Parents' concerns and fears having a child with some kind of disability are usually experienced after the child takes his/her first breath and when and as parents first interact with special education teachers. At this point, they may start to receive detailed information from special education teachers about their children's potential behavioral problems, educational needs, and how they should behave in accordance with their children's disability (Heiskanen et al., 2018). In line with the necessities of their occupation, special education teachers receive four years of undergraduate education. The parents of children with special educational needs are considered important stakeholders during the special education process. Special education teachers conduct their professional work according to the training they receive, the detailed information they have learned regarding disabilities, and the causes, forms, and features of each type of disability. In light of this information, it would be safe to state that during their pregnancies, mothers who also work as special education teachers may have additional concerns about their children they already have and the unborn child they carry.

Studies obtained different results regarding the prevalence of fear and concern (Fenwick et al., 2009; Waldenström et al., 2006). In a study examining fear of birth that pregnant women went through, the prevalence rate was found to be 10% (Dönmez et al., 2014). Moreover, the study determined that the concern levels of expectant mothers in Turkey were 58.5% of being scared of the birth itself. The basis of such fears and concerns may differ by countries and

regions. While concerns sometimes start long before the birth due date, the fear of childbirth decreases during the postnatal period but can then lead to other concerns (Fenwick et al., 2009).

Areskog et al.(1981) found that out of 100 pregnant women who had birth-related concerns, 20% experienced a fear of the birth itself, 46% had negative experiences from their previous pregnancies, 76% had a lack of trust in healthcare personnel, 65% did not feel ready for birth, 55% feared the birth because it might end up with their own death, 44% thought that they might lose control during childbirth, and 43% expected to feel extreme pain during labor. The aforementioned concerns are considered normal to some extent, but negative effects on a person's quality of life may also occur after a certain period. Emotional stress and concern that an expectant mother experiences during pregnancy have been reported due to some of the following reasons: unwanted situations regarding the baby's health, risk of premature birth, miscarriage, or giving birth to a low-weight child, and delays to the development of baby in the womb (Berle et al., 2005). Due to these and some other reasons, the pregnancy period is of vital importance for the health of both the mother and the unborn child (Şahin & Kılıçarslan, 2010). In conclusion, when the studies are analyzed, it can be seen that the concerns and fears of mothers stand out. The majority of these concerns result from the mother's suffering during childbirth, the negative changes to her body, the fear of being alone while giving birth, a lack of trust in the healthcare personnel responsible for the birth process, as well as concerns related to the future of the newborn baby. This study aims to uncover special education teachers' concern, who obviously spend considerable time with children who have some form of disability, about their children or their as yet unborn children.

## Method

In this section, the research design, demographic information of the participants, data collection method, and the data analysis are presented.

### Research Design

This research was conducted to identify the concern levels of special education teachers who were mothers of at least one child aged four years old or below before and after giving birth. This study adopted a qualitative research method and the study data collected through observation, interview, and document analysis to examine perceptions and events in a realistic and holistic manner within the natural environment (Yıldırım & Şimşek, 2013).

A semi-structured interview was conducted to collect the study data. The interview questions were

prepared in line with information obtained from a literature review based on the research focus. The first part of the interview form refers to the interviewees' demographic information, while the second part consists of subject-matter questions of the research. Following preliminary interviews, a draft interview form was created by the researcher and presented to field experts to assure the validity of the research. After making the necessary revisions in line with the experts' opinions, a pilot application was conducted. The pilot interviews were audio-recorded, and the researcher's written transcripts were subsequently prepared by the researcher from listening to the audio recordings. The pilot audio recordings and written pilot interview forms were examined by the researcher, and some of the questions then subsequently simplified to make them more comprehensible for the main application. The teachers who were interviewed during the pilot application were not included in the main study.

### Study Participants

A purposeful sampling method was used to determine the study participants. The criteria used in this method were as follows: the participants should be either graduates of Special Education or Physiotherapy, they should work as a teacher in special education and should also be mothers of at least one child at or below the age of four years old. In total, 13 participants who met these criteria were determined as the study sample and included in the study. The participants were reached through a teacher working at a special education and rehabilitation center. The ethical considerations in determining the participant group and during the interviews have been taken into account. The participation in the research was voluntary, the use of pseudonyms for the reporting of the interview data and obtaining permission from the participants to use the collected data for scientific purposes was declared to the participants. The teachers were informed about the research study, and voluntary participation statements and permissions were obtained through a voluntary participant form. The participants' pseudonyms, ages, number of children they have, teaching branches, and teaching experiences are presented in Table 1.

The study participants are 13 mothers special education graduates working as teachers at special education schools. The participants were selected using the purposeful sampling technique.

According to Table 1, the age range of the participant special education teacher-mothers varied between 28 and 40. Seven of the teacher-mothers had one child only, while five of them had two children. The ages of the children ranged from one to six years. Eight of the teachers taught students with some form of intellectual disability, three of them taught students

**Table 1**  
*Demographic Characteristics of Teacher-Mothers*

Name	Age	Children	Children's ages	Teaching branch	Teaching experience (years)
Özge	32	1	4	Special education	8
Gül	28	1	1	Special education	3
Songül	26	1	1	Special education	3
Rüya	33	2	2,5, 6	Special education	9
Ayşe	30	1	1	Special education	8
Burcu	28	1	3	Physiotherapy	4
Derya	34	1	3	Physiotherapy	10
Hilal	40	1	4	Special education	15
Serap	32	2	2, 4	Special education	6
Şule	34	2	2,5, 4	Special education	8
Aylin	35	1	4	Special education	7
Esra	34	2	3, 6	Special education	10
Ebru	32	2	2, 5	Special education	7

with hard-of-hearing, and two of the participants worked as physiotherapists with children with a disability. The participants have teaching experience ranging from 3 to 15 years.

#### **Data Collection Process**

Semi-structured interview questions were used to collect the research data at hand. Using the relevant literature, the interview questions were determined in accordance with the research purpose and included in a personal information form. Afterward, two experts' opinions were obtained. In line with the experts' opinions, the interview questions and personal information form were finalized.

The interview form consists of two parts. The first part has six questions about the participants' personal information, while the second part consists of the following 10 open-ended questions aiming to reveal the concerns of the participant teacher-mothers working in the special education field regarding their own young children or those they may have in the future.

1. What would you like to talk about your pregnancy?
2. What were the first questions that came to mind when you found out about your pregnancy?
3. What were the issues you thought about the most during your pregnancy?
4. Which method did you want to give birth and why?
5. What else did you do during your pregnancy to give birth to a healthy child and manage your concerns about childbirth?
6. What kinds of topics did you discuss during your pregnancy with the parents of your students with some forms of disabilities?

7. How did having detailed information about special education affect your pregnancy period or after your child was born?

8. What thoughts caused you to seek more detailed information about special education after you found out that you were pregnant?

9. What were your concerns about your children after giving birth?

10. How did your knowledge about the prenatal period and childbirth affect you in terms of having positive or negative thoughts during or before your pregnancy?

During the data collection process, an interview schedule was determined at participants' best convenience. The participant interviews were conducted in a room that is suitable for the interviews, located within the special education and rehabilitation center where the participants were employed. Following the interviews, the audio recordings were transcribed by the researcher, and then the data were analyzed.

#### **Data Analysis**

Content analysis, one of the qualitative data analysis methods, was used to analyze the data obtained from the semi-structured interviews. The purpose of content analysis is to reach the concepts and relationships that can be used to examine the collected data (Yıldırım & Şimşek, 2013). The aim of content analysis is to collect similar data within the framework of certain concepts and themes and organize them in a way that readers can understand (Yıldırım & Şimşek, 2013). The audio recordings of the participant interviews were transcribed by the researcher, after which the researcher reviewed the audio recordings alongside 85-page transcripts to remove any mismatches or incorrectly transcribed elements of the recorded interviews. A total of 30% of the data were then

submitted for expert review to assess check the accuracy of the transcription process. As a result of the experts' checking, the accuracy of the transcripts to the audio recordings was assured.

The participant teachers were each assigned a pseudonym to protect their privacy. The data obtained through the participant interviews were expressed as frequencies using digitizing. Similar elements in the expressions were grouped into main themes and then subthemes in accordance with the grouped data.

### Validity and Reliability

The interview questions were prepared according to the opinions of field experts to ensure the research's content validity. The interview form was developed in line with two experts' suggestions and related literature. The themes were determined in accordance with the study objectives following the content analysis. The themes and their interpretation were performed independently by two researchers, and the internal validity was maintained during transference of the participant responses into codes. According to the consistency analysis of 30% of the collected data, a consistency rate of 96% was obtained.

### Findings

This section discusses the perceived concern levels of the participant special education teacher-mothers regarding their current young children (or those as yet unborn). The findings of the study consist of the following 10 themes:

1. Information about their pregnancies.
2. The first questions that came to mind when they found out that they were pregnant.
3. Issues that they concerned about the most during pregnancy.
4. Preferred method of childbirth and reason.
5. What else they did during pregnancy to ensure they gave birth to a healthy child to alleviate their concerns:
  - 5.1. Sought information about additional non-routine tests during pregnancy and their reasoning.
  - 5.2. Types of questions they asked their doctors during routine pregnancy checks.
  - 5.3. Issues discussed with doctors outside routine pregnancy checks.
  - 5.4. Concerns held about screening tests during pregnancy.
6. Discussions held during pregnancy with parents of students with some forms of disabilities.
7. Whether having detailed information about special education caused them any concerns about their children during or later their

pregnancy.

8. Detailed research undertaken, if any, on specific topics related to special education after finding out of their pregnancy.

9. Concerns about their children's health after giving birth.

10. Whether having prior knowledge about the prenatal period and childbirth positively or negatively affected thoughts during pregnancy

### Information Supplied About Their Pregnancies

The teachers provided information about their pregnancies, and it was found that their opinions were very close to each other.

In the interviews held with teacher-mothers working at special education, 12 of them reported that they had felt ready to have children, nine of them indicated that their pregnancy was planned, while four reported that their pregnancy was not planned.

### First Questions When They Found Out Their Pregnancy

All of the participants reported that the first question that came to their mind when they found out that they were pregnant was whether their children would be born healthy. On this, one of the participants, Burcu, said:

*As we always deal with children with some form of disability, the question of whether my baby would be healthy went around and around in my brain, I cannot even state how often I thought of it. We see the parents of those children, talk to them, and cut a long story short; we are affected by them. And of course, you then ask yourself if you will face similar problems once you give birth to your own baby.*

Six of the teachers reported that one of the first questions that they had about after finding out their pregnancy was whether they would have problems during the prenatal, birth, or postnatal phases. On this, Esra stated, "As a special education teacher, we always hear the parents' stories about the major causes of disability during the prenatal, birth, and postnatal periods. Therefore, my thoughts were stuck there." On the other hand, five of the teacher-mothers stated having thought, "What if my child is born with a disability?" as one of the first questions that came to mind. On this issue, Serap said,

*Actually, I do not want to remember that day as it was very hard to get through. I experienced very complex feelings, and I especially thought, due to my work, about the possibility of my child having a disability, knowing of the challenges I would have to face, and the entertaining aspect. For that, I always prayed that my child would be born healthy.*

Also, four teachers reported that one of their first questions they thought of was, "Is it going to be an uneventful pregnancy?"

### Issues That Worried Them Most During Pregnancy

One question asked during the research interviews was, "What were the issues you thought of the most during your pregnancy?" seven of the teachers said, "What will I do if my baby has a disability?" On this, Songül said, "I thought a lot about what I'd do if my child had a disability, and I was concerned about this all the time." On the other hand, Aylin said,

*I put a lot of thought into my baby's health, and undertook lots of research on what should be done, but I had one question on my mind all the time: 'Is my baby's physical and mental development at normal levels?'*

Four of the teachers reported that they had concerns about what type of birth would be in the best interests of their unborn child. Esra said,

*Is my baby okay? Will there be any problem? I am concerned as my first birth was via vacuum-assisted delivery. That's why I constantly thought of what type of delivery I should opt for and sought many people's opinions.*

On this same issue, four of the teachers stated that they felt anxious about wondering if they would experience struggles during the birth and whether it would be difficult to deliver the baby.

### Preferred Method of Childbirth? (Cesarean or Natural Delivery)

The teacher participants' answers to the question "Through what method did you want to give birth, and why?" varied. Seven of the teachers stated that they chose to give birth naturally, while six chose a cesarean delivery. Şule, who chose a natural birth said, "It was the healthiest way to give birth via the traditional [natural] method, both for the baby and their future as a child. That's why I chose it." Similarly, six other participants mentioned the same response. Hilal, who mentioned having preferred a cesarean delivery, said, "I chose a cesarean birth because I knew that traditional delivery could be riskier for the baby's health, and the stages of a natural delivery scared me." Three of the teachers who also chose a cesarean delivery stated that it was the less risky method for the baby's health, and two of the participants stated having chosen it because they had to.

### What Else Did They Do During Their Pregnancy to Ensure They Gave Birth to a Healthy Child to Alleviate Their Concerns

In terms of the types of questions asked to their doctors during their routine pregnancy checks, 10 of the teacher-mothers stated that they consistently asked about their unborn baby's nuchal translucency and if it was normal.

One of the participants, Hilal, said,

*I asked questions about the health of my baby. Were all the body organs there okay? Was the baby's nuchal translucency okay? As problems associated with a developing baby are observed via direct ultrasound testing under routine checks, the most important thing for me was the nuchal translucency of the baby and to ask about the bodily organs.*

Burcu, one of the nine teacher-mothers, asked the following question, "Does the baby have all of its bodily organs?" stated, "I asked questions like, 'Is the baby's development fully okay?' and 'Does the baby have a shortage of bodily organs or limbs?' Actually, I always had a bad feeling and concern about the baby's organs not being fully developed." Esra, who also asked questions about the development of her baby, said that,

*As a result of my occupation, I might have asked my doctor a hundred times whether my baby was normal and whether its development is okay. A normal mother-to-be asks the sex of the baby, but I was so concerned that I never even asked about the sex.*

In terms of the issues discussed with their doctors rather than routine pregnancy checks, six teacher-mothers stated that they asked questions about the practicalities of giving birth.

Aylin stated her opinion on the subject by asking,

*I asked about the options for giving birth, which method of delivery the doctor advised for the health of my baby, as everybody was saying different things to me. Some said that traditional birth includes risk, and some said cesarean birth causes lots of problems, so I took advice from the doctor on this subject.*

Gül, one of the four teachers who reported asking if the baby had any form of disability and what the indicators were, asked questions like "What are the indicators of a disabled baby?" and "Can it be seen via an ultrasound test if the baby is disabled?"

Also, three of the teachers reported that they asked no questions on this subject.

In terms of the teacher-mothers' concerns about the screening tests during their pregnancy, nine of the mothers reported that they were worried about the possibility that their baby could be born with some form of disability. On this, Özge said,

*Most of my concerns during pregnancy were about Down's syndrome. I did not want to think of negative issues, but I always had it in my mind during the screening tests; having the concern that my baby could be disabled was always on my mind.*

Seven teachers reported that they felt as if something negative would show up in their scans, and Ebru said,

*"I felt so scared, I had very complicated emotions if something bad would happen and if the tests would have negative results."*

#### **Discussions Held During Their Pregnancy with Parents of Students with Some Forms of Disabilities**

The subjects that the teacher-mothers discussed with the parents of students having some forms of disabilities were mostly found to be very similar. On this subject, eight teacher-mothers reported that they asked questions about the problems the students' mothers experienced during their pregnancy. On this, Serap mentioned that she asked the following questions: *"What kinds of problems they had experienced during their pregnancy, what problems had they faced during that period, and had they associated those problems with the reasons for their child's disability?"* Burcu, one of the seven teachers, who asked the students' mothers the reason for their child's disability, said, *"I asked questions about the reason for their children's disabilities, what challenges they had gone through during their pregnancy, and when they found out that their child had a disability."* Five of the teacher-mothers reported that they asked about their method of childbirth, and, on this, Özge said, *"I probably talked about how they gave birth, because most of the parents said that they had experienced difficulties during childbirth and that was when their children had taken on some form of disability."*

#### **Whether Having Detailed Information About Special Education Made Them Concerned About Their Children During or Later Their Pregnancy**

With regards to whether having detailed information about special education made teacher-mothers concerned during or after their pregnancy, 11 of them reported that it made them concerned. On this, Şule said,

*It constantly caused me concern, whether you want it to or not, as having all the information on this issue to hand, you become concerned about it. For example, your child performs some actions while playing a game, and you immediately associate it with some symptoms of a certain type of disability. Or you think, 'Can it be like this because of that?' You get all concerned about 'What if it happens?' because of seeing perhaps just the slightest of signs.*

One of the seven teachers, Aylin, who reported constantly checking their children, said, *"It made me worried. I started to see meaning in everything I see. I always take the temperature of my child and wake up at night four or five times at night to check my child."* On the same issue, Rüya said, *"I was concerned a lot. I started to compare my children and students in terms of their developmental phases. Especially, with my first child, I kept thinking if she was a child with autism."*

Four teachers reported that they had concerns about experiencing problems during their childbirth; one of them, Esra, said *"I had concerns about mistakes being made during childbirth, or leaving the baby with no air."*

#### **Detailed Research Undertaken on Specific Topics About Special Education After Finding Out of Their Pregnancy**

Nine teachers reported that they researched autism spectrum, and on this, Burcu said, *"I started to do more research on autism; its causes, causes known to trigger autism, its symptoms, and autism-related education."*

Four teachers reported that they researched Down's syndrome, and on this, Gul said, *"I especially tried to obtain more information about Down's syndrome; and even though I knew the general causes were genetic, still, I researched properties."* Three teachers stated that they researched the risks about premature birth, and, on this, Derya said, *"I researched the causes of premature birth, and the negative effects it can have on the baby."*

Two teachers reported that they researched possible prenatal and childbirth-related problems. Songül, one of those two teachers, said, *"I researched about what kind of problems could be faced before and during my childbirth, and what could be done to prevent them from happening."*

#### **Concerns About Their Children's Health After Giving Birth**

On this subject, Aylin, one of the teacher-mothers, said,

*My concerns started to lessen, but then I got new concerns. Most of the students' parents I met said that there was nothing wrong with their children as babies, but then later, they developed a disability. I guess that I was stuck at this point.*

On a related issue, five mothers reported that they started to check their children constantly. Ebru said, *"I started to check my child, even more, this time. Is he able to see fully, hear, understand me, make eye contact, and so on."*

Four teacher-mothers reported that they concerned about their children if they would have problems later in their lives. For example, Ayşe said,

*After I gave birth to a healthy child, my concerns decreased; but this time around, new worries have started to take over regarding my child being able to hear and see fully or will they have any problems in the future.*

Four teachers shared their opinions on this issue and reported that they examined their children's actions. Serap, one of these teachers, said,

*I started to observe and then rate all of my baby's actions without noticing; always checking to see if there is a problem. Will they start to walk on time? Will they talk okay? Is their hearing okay? Are there any signs of autism? And other such concerns like that*

### **Whether Having Prior Knowledge About the Prenatal Period and Childbirth Affected Their Positive or Negative Thoughts During Their Pregnancy**

The last theme identified from the collected data about whether the teacher-mothers' prior knowledge about pregnancy influenced their positive or negative thoughts. Eight participant teacher-mothers reported that they had more concerns and negatively affected due to having detailed prior knowledge about pregnancy. On this issue, Hilal said,

*It usually affected me negatively. A woman who learns they have conceived would not usually worry at all, but as we work with children with disabilities and listen to the parents' stories, this can make us be worried. We start to think differently from even the slightest sign.*

On this issue, five teacher-mothers reported that they were affected both negatively and positively as a result of their prior information regarding pregnancy. Aylin, one of these participants, said that,

*Actually, it affected me both positively and negatively. It affected me positively because I know the groups of disabilities, their symptoms, features, and reasons they occur. I know how to act and what to expect during the prenatal, childbirth, and postnatal phases. It affected me negatively because I guess a female who is not working in our field will not give birth if they harbored all those questions. I mean, if a baby was left with no air during childbirth, they would most likely have some form of disability. Most women go into the operating theatre or the birthing suite, give birth, and then leave. On the other hand, we ask a thousand questions right up until and after the moment we give birth. We are concerned about many things that most people would not even think of, but which are a source of our concern.*

### **Discussion**

Of the 13-participant teacher-mothers who shared their opinions, 12 reported that they felt ready to have children, nine said that their pregnancies were planned, while four said that their pregnancies were not planned. Studies provide a considerable amount of important information on women's perceptions of pregnancy, in terms of how pregnancy should proceed in a healthy manner, and whether the child will be born healthy. If women feel ready to have children psychologically, and socially, their pregnancy will likely be in a healthy process. Additionally, while the physiological changes due to pregnancy might negatively affect the bodies of some women, if the woman is yearning to have a baby and felt spiritually comfortable, ready physiologically, and socially, not under pressure; their body will likely adapt to the changes more easily (Bergbom et al., 2016). Therefore,

it is very important for women who want to become pregnant that they feel ready for their pregnancy psychologically and physiologically and are also socially comfortable with their pregnancy as these factors can affect the development of their babies' health even before birth (Kaya & Serin, 2008).

The teacher-mothers' statements within the current research scope indicate that the mothers felt ready to have a child and considered accepting certain risks, despite the heavy burden and well-known concerns that come with pregnancy. Upon learning of their pregnancies, the teacher-mothers' opinions as to the first questions that they thought of were usually negative in their nature. All of the teacher-mothers expressed that they had concerns about their children's health. In this context, 13 mothers asked questions such as "Is my baby going to be healthy?"; "Will I have prenatal, intranatal, or postnatal problems?"; "What if my baby is born with some form of disability?"; and, "Will my pregnancy last to full term without any problems?" Research has shown that expectant mothers go through several physiological and psychological changes during their pregnancy and these changes can lead them to experience several concerns. The reason for these pregnancy-related concerns could be explained simply as expectant mothers focus on their unborn child (Özkan & Bozkurt, 1999). Therefore, having a baby with some forms of disabilities, or is at risk of having some form of disability, a risky parturition that requires some medical intervention or procedure, making mistakes when alone in an environment they have never previously experienced, or not knowing how parturition should occur (Szeverenyi et al., 1998). Additionally, there is a reality that an accident might happen during parturition and harm the baby (Dönmez et al., 2014), all of which make expectant mothers concerned. However, the mothers' concerns in the current study included several topics reported in the literature, but only those that focused on the unborn child.

The interviews results revealed that they, during their pregnancy, were concerned most about their unborn children's health. In this context, the teacher-mothers expressed that they had concerns on the possibility of their babies that would have some forms of disabilities, the physical and cognitive development of their child, and the method of parturition in order for their baby to be born healthy. When the literature is analyzed, previous research findings support the findings of this study. These studies revealed that the sources of concerns related to parturition and pregnancy were notably diverse; these include the possible causes of harm to a baby during parturition, the inability of a newborn to survive for some reason, the potential for psychological or physiological harm to the mother, or even her death, distrust in the healthcare staff in charge of the parturition, the trauma and loss of



control during parturition as experienced by the mother, and also their excessive nervousness (Şahin et al., 2009). Toward the end of pregnancy, expectant mothers and fathers usually become concerned if the baby would be born with some forms of disabilities and thoughts about how comfortable parturition will be (Szeverenyi et al., 1998). While the expectant mothers were reported to have several concerns in most of these studies, the subjects of this study only expressed their concerns for their children, both during pregnancy and following childbirth.

In this study, the responses of the participant teacher-mothers about how they would like to give birth differed somehow. Seven teachers expressed that they had a preference for a normal (natural) delivery, whereas six preferred cesarean delivery. Irrespective of their preferred choice, the mothers regarded their preferred method of delivery as the best in terms of their children's health. The World Health Organization (WHO) (Hacettepe University Institute of Population Studies [HUIPS], 2014) reported that less than 15% cesarean delivery is considered normal among all deliveries, while they reported the rate for cesarean delivery is 37% of all cases in Turkey, largely due to the perception of having natural delivery more likely to have some negative outcome (HUIPS, 2014).

The most important factor that pushes expectant mothers toward opting for a cesarean delivery is fear as they mostly mention physical pain, difficulties in parturition, medical intervention, and fatigue when they talk about childbirth. These negative experiences, concerns, and fears direct expectant mothers to opt for a cesarean delivery (Mongan, 2005). In his study, Ryding (1993) reported that parturition-related fears played an important role in women's demand for cesarean delivery. In this study, almost half of the teacher-mothers expressed that they had a preference for a cesarean delivery as the method for delivery of their babies. This rate is above the aforementioned rate of cesarean delivery in Turkey and far above the rate that the WHO identified as being considered normal. While the teacher-mothers interviewed in the current study stated that they preferred cesarean delivery for the sake of their unborn children's health, the findings from previous studies revealed that mothers preferred cesarean section due to their fears of physical pain and complications during the parturition, which conflicts with the findings of this study. Besides, contrary to popular belief, there is no proven data that cesarean delivery decreases the prevalence of neurological birth defects that can stem from natural childbirth or increase intelligence performance (Gül, 2008).

The WHO validates the preference for natural delivery in terms of the health of the child and published six applications as a guide for staff carrying out parturition and suggested that as limited intervention as possible

should be considered during the parturition process for the health of both the expectant mothers and their unborn children. These suggestions were as follows: (1) Allow the parturition to start on its own without outside intervention whatsoever; (2) Allow the expectant mother to move as she likes during parturition; (3) Provide the expectant mother with any kind of support (physical and emotional) from the start to the end of parturition; (4) Refrain from any unnecessary intervention unless a very difficult situation is or is likely to be encountered; (5) Other positions, as well as supine position, should be supported; and, (6) Allow the mother and the child to stay within the same environment following parturition (HUIPS, 2014).

The main approach to pregnancy today is the idea that, as a physiological process, parturition does not require much medical intervention (Turan, 2003). If the conditions are considered appropriate, normal (natural) delivery should be opted for and without intervention (Arney & Neill, 1982). All the natural hormones in the expectant mother are thereby activated to prepare both mother and unborn child for parturition. During a natural childbirth, the healthcare staff in charge of parturition should only perform the necessary health checks and then remain observant and on hand, and without imposing any form of medical intervention where possible. The secretion of hormones in the expectant mothers is what makes normal delivery preferable to cesarean section, and any intervention where there is no medical need can negatively affect both the process of parturition and the secretion of hormones. As neither pregnancy nor parturition is considered a form of disease (i.e., it is a natural process), it should be borne in mind that there is no automatic need for intervention, and that pregnancy is a natural and healthy function of the human body. The findings presented in the literature largely support the current study's findings, as more than half of the interviewed teacher-mothers expressed their preference for a natural childbirth.

The teacher-mothers' opinions about what they did to manage their concerns during pregnancy were analyzed under four subthemes. The first of these related to having blood tests and examinations other than those prescribed as routine pregnancy checks; and none of the teachers reported that they felt the need for such additional and non-routine tests.

In this context, the second subtheme related to the types of questions they asked their doctors during routine pregnancy checkups. The participant teacher-mothers mostly asked their doctors about the risks of their babies to be born with some forms of disabilities. They reportedly asked about the nuchal translucency of their babies, whether internal organs of the unborn child were complete, and whether the development of the baby appeared to be normal. The

teacher-mothers also asked their doctors questions about this nature may be linked to the level of detailed information they have access to regarding whether an unborn or newborn baby would have any form of disability.

Also, as the majority ( $n = 10$ ) of the teacher-mothers asked their doctors about nuchal translucency, points to their concerns over Down's syndrome. Down's syndrome is a genetic disorder seen in almost one in every 550-1,000 newborn babies, and which can lead to intellectual disability. The rate of individuals born with Down's syndrome leading to intellectual disability is 15%-20% (Oster-Granite et al., 2011); in Turkey. This represents a population estimated to be around 100,000, with one in every 800 babies born with Down's syndrome (Morris et al. 2014). The teacher-mothers asked their doctors about Down's syndrome could be linked to the level and scope of the education they received, plus the fact that most of the children they teach have Down's syndrome.

The third subtheme that the teacher-mothers expressed was what else they did to give birth to a healthy child and manage their concerns about the topics they felt they needed to talk about with their doctors, other than their routine pregnancy checks. The teacher-mothers reported that they asked about the most appropriate delivery method in terms of the babies' health and their own and whether their babies may have some forms of disabilities. When the questions asked by the mothers to their doctors were examined, it can be seen that their concerns were mostly for the health of their unborn children due to their professions. The fact that special education departments in universities present many prenatal reasons for children born with disabilities could be considered to have directed the participant teacher-mothers in this study toward having such concerns. To the best of our knowledge, no studies examined such questions that expectant mothers asked their doctors during routine pregnancy checks, yet from the general scans, expectant mothers were usually observed to ask their doctors when and how they should exercise, what they needed to eat, how they could best cope with excessive weight gain as well as sexual intercourse during their pregnancy. Therefore, the questions raised by the teacher-mothers in this study conflicted with the literature in terms of studies associated with general pregnancy scans.

The fourth subtheme about their concerns with the scan tests themselves during their pregnancy. Nine teacher-mothers mentioned that they had concerns on the risk of their children being born with some forms of disabilities; while seven stated that they felt something negative could happen at any point in their pregnancy.

Although the topics differed that the teacher-mothers talked with the parents of their students, whom each has some forms of disabilities, and the overall results were the same. The questions that the teacher-mothers asked gave the impression that they would like to protect themselves from experiencing similar situations, and their interest in how certain negative situations (in terms of child disabilities) stemmed from negative experiences during their childbirth. This finding may be due to the teacher-mothers' efforts in seeking information from their students' parents, who had direct experience in such matters, even though the teacher-mothers would most likely already have prior knowledge about the reasons during the prenatal and postnatal period for many forms of disabilities, due to their professions. Previous research also supports that prior knowledge of the causes of certain disabilities can play a very important role in preventing certain disabilities from occurring. In most of the published studies, the causes of disability are strikingly varied, yet the factors leading to many forms of disability can be analyzed under the following four groupings (Söhmen & Türkbay, 2003):

1. Prenatal: genetic reasons, malnutrition of the expectant mother, the mental state of the expectant mother, hormonal abnormalities, ailments the expectant mother experienced during pregnancy, medication taken without the approval of a doctor during pregnancy, drug and/or alcohol addiction, consanguineous marriage, or blood incompatibility;
2. Intranatal: inflammation in the birth canal, position of the baby during parturition,
3. Abnormal term: preterm or postterm birth, expectant mothers having been pregnant more than once;
4. Postnatal: child inflammatory diseases such as mumps, meningitis, measles, pertussis, jaundice, infant malnutrition, concussion, natural disaster, traffic accidents, military conflict).

In this study, the teacher-mothers' opinions about whether they had detailed prior information regarding special education led them to worry about it were found to be similar. In total, 11 of the teacher-mothers commented along the lines of their detailed knowledge of special education having led them to have several concerns, while seven mentioned that they started to check their child constantly. Four teachers stated that they had been concerned about problems during their parturition. As a result of their special education background, they were familiar with the types, causes, and prevalence of certain disabilities, the likely characteristics of individuals with certain forms of disability, the problems they face, and others' potential attitudes toward them, as well as having witnessed some of the trauma that many of their students' families had previously

experienced. As special education teachers have detailed information on such topics, it is not surprising for them to be concerned about their children, as no parent wants their children to be born with a disability. In other words, no parents prepare to have a child with a disability; on the contrary, they expected that their children would be smart, talented, and ultimately successful (Metin, 2012).

Disabilities are usually not changeable, but permanent. For this reason, meeting the needs of a child with a disability can often present a constant and challenging reality. In addition to the immediate needs of a child with a disability, such as their daily care, education, and health, social attitudes and judgments, uncertainties regarding both the current and future circumstances can pose significant distress for their families.

Unless the family manages to cope well with the child's disability, it can readily lead to emotional problems within the family (Çapa, 2009; Dereli & Okur, 2008; Karadağ, 2009; Turan, 2009). Special education teachers are all aware of this situation well, which can manifest as a special source of concern in terms of expecting a child of their own; even before their child is born, or without even knowing whether their child has any forms of disabilities. It could be, therefore, thought that expectant mothers who do not work in this field probably do not experience the same level or type of concern.

In this study's participant interviews, all teacher-mothers talked about their interest in specific topics of research on special education after finding out about their pregnancy. Nine participants reported that they undertook further research on autism spectrum disorder. Autism can appear during the early years of childhood, although its effects are seen for life, and it can considerably and negatively affect the social relations and communication skills of the diagnosed individual. Autism spectrum disorder is defined as a neurodevelopmental disorder that leads to apathy and repetitive behavior (Suhreheinrich, 2011). According to data published by the US Center for Disease Control and Prevention, autism is seen in one of every 68 live births. This constitutes around 1% of the world's population (Christensen, 2016), and its prevalence shows a high rate of increase, having increased up to one case of autism per every 150 births in the US in 2000, representing an increase of 119.4% to the previous figure of one in every 68 births (Baio, 2014). The number of individuals diagnosed with autism increased considerably between 2000 and 2014, with an annual upsurge of 6%-15% (Baio, 2014). The findings of the statement of the interviewed teacher-mothers in this study revealed that they undertook specific research on autism, and it indicates that their level of concern for their children being born with an autism

spectrum disorder. It would be safe to say that the teacher-mothers' prior knowledge on autism and its prevalence may be as a result of their professions, as working with children with autism represents the most important group within special education.

The teacher-mothers interviewed in this study showed that their concerns also did not end once they had given birth to their children; instead, they became concerned over other matters and even started to constantly check the behavioral traits exhibited by their young children. The reason for their ongoing concerns and their continual checking of their children's behavior might result from their awareness of the possibility of a child becoming disabled even after birth. As no study could be found in the literature that addresses special education teachers' concerns following the birth of their own children, the researchers compared the present study's findings with those of studies conducted with mothers who were not teachers. The results of this comparison showed that the non-teacher-mothers usually remained immobile and dependent on those around them in the immediate days following childbirth. Afterward, they began to adapt to their new situations and started to take on the care of their newborn babies. In the case of the teacher-mothers, they took on new concerns following the birth, chiefly that they are not able to look after their child or that their breast milk might not be sufficient for their newborn babies (Beydağ, 2007). Also, thanks to their educational background, the teacher-mothers working in the field of special education might have concerns over certain severe postnatal inflammatory diseases, neonatal jaundice, malnutrition of the baby, as well as incidents of traffic accidents or even poisoning that do not present symptoms during parturition.

Eight participating teacher-mothers stated that being knowledgeable on prenatal and intranatal issues negatively affected them during their pregnancy, while five mentioned that they were both positively and negatively affected. One area in which the special education teachers were most knowledgeable is the description, causes, and prevalence of certain types of disabilities, which is considered a fundamental area of knowledge in their professions. Any lack of knowledge for such teachers would impede the precautions they may take during the education of individuals with a disability. The fact that the teacher-mothers in this study possessed detailed knowledge about special education and awareness that mistakes may present certain risks to their unborn or newborn children could be said to have negative effect on them.

Considering the problems encountered between the initial planning and the final steps of this study with a review of the relevant literature, the following recommendations for future research and

applications are suggested:

More detailed prenatal education could be provided for mothers working in special education field. Pregnancy support programs could be made available to teacher-mothers working in special education, aimed at helping them prepare for their pregnancy and childbirth through modification of their negative thoughts and concerns. Education could be provided for expectant mothers working in special education field in areas such as prenatal preparation, psychological and physiological preparations for parturition, additional information providing on pregnancy and parturition, guidance on physical exercises required during parturition such as stretching, instructions on breathing techniques and managing strain during childbirth, nutrition information for mothers and their babies after parturition, weight loss exercises after parturition, and general baby-care guidance. In addition, to increase the generalizability, this study could be replicated with more participants. The study could also be replicated by adding female teachers from special education who have yet to go through pregnancy. The study could also be conducted comparatively with expectant mothers working in different professions.

## References

- Areskog, B., Uddenberg, N., & Kjessler, B. (1981). Fear of childbirth in late pregnancy. *Gynecologic and Obstetric Investigation*, 12(5), 262–266.
- Arney, W. R., & Neill, J. (1982). The location of pain in childbirth: natural childbirth and the transformation of obstetrics. *Sociology of Health & Illness*, 4(1), 1–24.
- Bahar, A., Bahar, G., Savaş, H. A., & Parlar, S. (2009). Engelli çocukların annelerinin depresyon ve anksiyete düzeyleri ile Stresle başa çıkma tarzlarının belirlenmesi [Determination of depression and concern levels of mothers with disabilities and their coping styles]. *Firat Sağlık Hizmetleri Dergisi*, 4(11), 97–112.
- Baio, J. (2014). Prevalence of autism spectrum disorder among children aged 8 years—autism and developmental disabilities monitoring network, 11 sites, United States, 2010. *Morbidity and Mortality Weekly Report, Surveillance Summaries*, 63(2).
- Bergbom, I., Modh, C., Lundgren, I., & Lindwall, L. (2017). First-time pregnant women's experiences of their body in early pregnancy. *Scandinavian Journal of Caring Sciences*, 31(3), 579–586.
- Berle, J. Ø., Mykletun, A., Daltveit, A. K., Rasmussen, S., Holsten, F., & Dahl, A. A. (2005). Neonatal outcomes in offspring of women with concern and depression during pregnancy. *Archives of Women's Mental Health*, 8(3), 181–189.
- Beydağ, K. D. (2007). Adaptation to motherhood in the postpartum period and the nurse's role. *TAF Preventive Medicine Bulletin*, 6(6), 479–484.
- Cavkaytar, A. & Özen, A. (2010). Aile katılımı ve eğitimi [Family involvement and education]. In G. Akçamete (Ed.), *Genel Eğitim Okullarında Özel Gereksinimi Olan Öğrenciler ve Özel Eğitim [Students with Special Needs and Special Education in General Education Schools]*. Kök.
- Christensen, D. L., Braun, K. V. N., Baio, J., Bilder, D., Charles, J., Constantino, J. N., & Lee, L. C. (2018). Prevalence and characteristics of autism spectrum disorder among children aged 8 years—autism and developmental disabilities monitoring network, 11 sites, United States, 2012. *Morbidity and Mortality Weekly Report Surveillance Summaries*, 65(13).
- Çapa, B. (2009). *Zihin engelli ve otistik çocuğu olan ailelerin toplumsal hayata katılmada yaşadıkları güçlüklerin karşılaştırılması (A comparison of the challenges of mentally disabled and autistic children in participating in social life)*. [Master's thesis]. Marmara University, İstanbul.
- Dereli, F., & Okur, S. (2008). Determining the depression status of families with disabled children. *New Medical Journal*, 25, 164–168.
- Dönmez S., Yeniel Ö., & Kavlak, O. (2014). Comparison of the state concern levels of pregnant women who have vaginal or cesarean delivery. *Gümüşhane University Journal of Health Sciences*, 3(3), 908–920.
- Fenwick, J., Gamble, J., Nathan, E., Bayes, S., & Hauck, Y. (2009). Pre-and postpartum levels of childbirth fear and the relationship to birth outcomes in a cohort of Australian women. *Journal of Clinical Nursing*, 18(5), 667–677.
- Gül, N. (2008). *Comparison of normal delivery and cesarean delivery cases in terms of postpartum complications*. [Medical Expertise Thesis], İstanbul.
- Hacettepe University Institute of Population Studies. (2014). *2013 Türkiye Nüfus ve Sağlık Araştırması [2013 Turkish Demographic and Health Survey]*. Ankara, Turkey: Elma Teknik. [http://www.hips.hacettepe.edu.tr/tnsa2013/rapor/TNSA\\_2013\\_ana\\_rapor.pdf](http://www.hips.hacettepe.edu.tr/tnsa2013/rapor/TNSA_2013_ana_rapor.pdf).

- Heiskanen, N., Alasuutari, M., & Vehkakoski, T. (2018). Positioning children with special educational needs in early childhood education and care documents. *British Journal of Sociology of Education*, 39(6), 827–843.
- Kağıtçıbaşı, Ç. (2000). *People and People Today*. Evrim.
- Karaçam, Z., Öz, F., & Taşkın, L. (2004). Postpartum depression: Prevention, early diagnosis and nursing care. *Journal of Health and Society* 14(3), 14–24.
- Karadağ, G. (2009). Hardships undergone by mothers with handicapped children, hopelessness, and social support from family. *TAF Preventive Medicine Bulletin*, 8(4), 315–322.
- Kaya, F., & Serin, Ö. (2008) The quality of the antenatal care. *Journal of Turkish Gynecology and Obstetrics Association*, 5(1), 28–35.
- Melender, H.-L. (2002). Experiences of fears associated with pregnancy and childbirth: a study of 329 pregnant women. *Birth*, 29(2), 101–111.
- Metin, E. N. (2012). *Participation of the child with special needs in the family*. Maya Academy.
- Mongan, M. (2005). *Hypnobirthing: The Mongan Method*. Deerfield Beach, FL: Health Communications.
- Oster-Granite, M. L., Parisi, M. A., Abbeduto, L., Berlin, D. S., Bodine, C., Bynum, D., & Kaufmann, P. (2011). Down syndrome: national conference on patient registries, research databases, and biobanks. *Molecular Genetics and Metabolism*, 104(1–2), 13–22.
- Özkan, S. (1990) Psychiatric medicine: consultation - liaison psychiatry. *Bull. Clin. Psychopharmacol*, 1(1), 10-17.
- Özkan, S., Bozkurt, O., (1999). Gynecology and mental health. In: Özkan, S. (Ed.), *Course Book of Consultation Liaison Psychiatry: a Course for Graduates on General Medicine and Psychiatry*. Department of Psychiatry, Medical Faculty of Istanbul University, Istanbul.
- Ryding, E. L. (1993). Investigation of 33 women who demanded a cesarean section for personal reasons. *Acta Obstetrica et Gynecologica Scandinavica*, 72(4), 280-285.
- Sertbaş, G., & Bahar, A. (2004). Nursing in dealing with concern and concern initiatives. *Journal of Nursing Forum*, 5, 39–44.
- Söhmen, T., & Türkbay, T. (2003). *Children with disabilities*. Department of Child Mental Health and Diseases, GATA.
- Suhrheinrich, J. (2011). Training teachers to use pivotal response training with children with autism: Coaching as a critical component. *Teacher Education and Special Education*, 34(4), 339–349.
- Szeverenyi, P., Poka, R., Hetey, M., & Török, Z. (1998). Contents of childbirth-related fear among couples wishing the partner's presence at delivery. *Journal of Psychosomatic Obstetrics & Gynecology*, 19(1), 38–43.
- Şahin, E. M., & Kılıçarslan, S. (2010). Depressive, concern levels and affecting factors of third trimester pregnant women. *Medical Journal of Trakya University*, 27(1), 51–57.
- Şahin, N., Dinç, H., & İssiz, M. (2009). Pregnant women's fear of childbirth and related factors. *Zeynep Kamil Medicine Bulletin*, 40(2), 57–62.
- Turan, A. (2009). *Özel Eğitim Gerektiren Çocukların Problemleri, Din ve Aile Tutum ve Davranışları(Otistik Çocuklar Örneği)*. (Religious attitudes of the parents of children who require special training: A study of autistic children.) [Master's thesis], Marmara University, Istanbul.
- Turan, C. M. (2003). *Qualified delivery and postpartum services*. Paper presented at the II. National Mother Child Healthy Congress, İstanbul.
- Waldenström, U., Hildingsson, I., & Ryding, E. L. (2006). Antenatal fear of childbirth and its association with subsequent caesarean section and experience of childbirth. *BJOG: An International Journal of Obstetrics & Gynaecology*, 113(6), 638–646.
- Yamaç, A. (2011). *Zihinsel engelli çocukların ebeveynlerinin çocuklarını kabul-ret düzeyiyle çocuk yetiştirme tutumları arasındaki ilişkinin incelenmesi* [Analysis of correlation between parental acceptance-rejection and child rearing attitudes of parents.]. [Master's thesis], Marmara University, İstanbul. <http://dspace.marmara.edu.tr/handle/11424/18973>
- Yazıcı, M. (2014). Değerler ve toplumsal yapıda sosyal değerlerin yeri [Values and the place of social values in social structure]. *Firat University Journal of Social Sciences/Sosyal Bilimler Dergisi*, 24(1), 209–223.

Yıldırım, A., & Şimşek, H. (2013). *Nitel Araştırma Yöntemleri [Qualitative research methods in social sciences]* (9th ed.). Seçkin.