THE EXPERIENCE OF FIRST-TIME MOTHERHOOD IN RURAL INDONESIA: A PHENOMENOLOGICAL STUDY

YATI AFIYANTI

The Experience of First-Time Motherhood in Rural Indonesia: A Phenomenological Study

By

Yati Afiyanti, BN (Hon.)

A thesis submitted to
the School of Graduate Studies
in partial fulfillment of the requirements for
the degree of Master of Nursing

School of Nursing
Memorial University of Newfoundland
October, 2002

St. John's Newfoundland Canada

Abstract

The Experience of First-Time Motherhood in Rural Indonesia: A Phenomenological Study

A hermeneutic phenomenological study was carried out to explore the experience of being a first-time mother for rural Indonesian women. The purpose of the study were to provide nurses and other health care providers with a greater understanding of these experiences and to examine the care women receive during early motherhood.

The thirteen Indonesian women who participated in this study described their experiences during their first four to six months postpartum. Data were collected through semi structured conversational interviews.

Seven themes were identified: (1) Being a new mother is not easy, (2) A new mother is not as free as she was before, (3) Trying to be a good mother, (4) Being a mother confirms her destiny as a woman, (5) Being a mother is very gratifying, (6) A woman never feels ready for first-time motherhood, and (7) A woman needs help when she becomes a mother for the first time. These themes offer insights, information, and understanding into the experiences of Indonesian women with early motherhood, and provide nurses and others who read the findings of the study with a richer and deeper understanding of what the needs of women are during this period and how women feel about the mothering role.

The findings also provide information to nurses and other health care providers on the health needs and concerns of these mothers and the support needed during the early postpartum period. Implications for nursing practice, education, and research are discussed.

Acknowledgments

Alhamdullillah (Thank God) I have accomplished my goal of finishing my thesis. There are many people I would like to thank for support during the study.

I would like to thank Dr, Shirley Solberg, my thesis supervisor, for her dedication and patience in guiding this work and helping me to strive for academic excellence and my co-supervisor Professor Kay Matthews for her expert knowledge and input.

In addition, I would like to acknowledge the financial support provided by AUCC/CIDA through a Tier 2 Linkage Project, "*Nursing, Women's Health and Community Outreach in Indonesia*". This is a partnership between The School of Nursing at Memorial University of Newfoundland, St Johns', Newfoundland, Canada and Fakultas Ilmu Keperawatan (Faculty of Nursing) of The University of Indonesia, Jakarta, Indonesia. As well, I would like to thank the School of Graduate Studies, Memorial University of Newfoundland for additional funding. A thank you is extended to the Canadian project team (Ibu Kay, Ibu Marilyn, Ibu Sandy, Ibu Shirley, and Ibu Karen).

Thank you to Rebecca Wolff, who has given me editing help, advice, ideas, and a lot of time. You were lovely to me. I would also like to thank my good friend Metusalach of the Department of Biology, Memorial University of Newfoundland, who has helped me with any computer problems, and has given me a great deal of support. I can never describe how grateful I am to have met this wonderful and loving person.

To the thirteen women who participated in this study so openly, whose stories and courage have forever informed my awareness of the needs of mothers, I am grateful for their acceptance, support, and time.

And finally, I would like to thank my family for accepting my desire to come to Canada to fulfill my academic goals. Without the support of my husband Kris, and my two sons, Lukman and Salman, this project would not have been possible.

This thesis is dedicated to my loving husband, Kris Kuntaji, who "lost" his wife for almost two years, took care of our children, kept the house in order, cooked meals, supported me emotionally, and did more to help me towards my goals than he will ever realize.

TABLE OF CONTENTS

List of Appendices

CHAPTER 1

Introduction

The birth of a baby is accompanied by major physical, emotional, and social changes in the life of a woman. These changes are complex and profound (Ball, 1987; Gjerdingen & Fortaine, 1991). Mothering can be one of the most difficult and/or most satisfying roles in a woman's life. Part of the difficulty in adapting to mothering comes from the many additional roles that must be managed alongside this new role (Oakley, 1986). Taking on the mothering role for first-time mothers admits a woman to a new social status. However appraisal from the people in her social world helps her to shape the final outcome (Richardson, 1993). Following the birth of an infant, there is an enormous shift in orientation to the child, and frequently away from the woman as a "woman", and towards being a "mother" of her child. This requires a transition in self-concept to incorporate the idea of being a mother who is responsible for a helpless infant into her previous concept of self (Rubin, 1984).

Despite the many changes, most women will adapt well to motherhood. They will handle the demands with a minimum amount of stress because of their own psychological strengths and the quality of the support they receive from family and friends. Others will experience severe stress in their transition to motherhood. Some of these stresses will arise from the woman's own psychological needs, while others will be caused by external factors such as financial difficulties, other family demands, or marital tension.

The majority of women become confident and competent as mothers. However, even within this group, when they honestly and openly discuss being a mother, women view the inability to go out when desired and their increased responsibilities for their

infants as challenges in their lives. Additionally, the many changes in their routines necessitated by a new infant make the shift from before pregnancy to their current situation a major challenge (Mercer, 1986). These dramatic changes may be uniquely stressful events in the normal life experience of becoming a mother (Ball, 1987).

While much has been written about the experiences of North American and European women, there is little research-based information about the experiences of being a mother in Indonesia, yet there are many indications that they may experience stress with this life change. The need for information about the experiences of motherhood among Indonesian women is important because motherhood is highly valued in Indonesia. Many Indonesian women marry at a young age and subsequently become mothers very early in their lives. During early motherhood most of these women suffer from feelings of uncertainty about childbirth outcomes due to the high maternal and infant mortality rates (Departemen Kesehatan R.I., 1999). In addition, many Indonesian women continue to follow the traditional practices of postpartum care that make early motherhood highly ritualized. This may lead to conflict during the postpartum period if health professionals do not recognize the importance of these practices to the mother and family. In some instances the new mothers may no longer have the social support that allows her to follow the traditions of being a new mother because of her life situation (e.g. mobility, working), yet the expectations to adhere to these traditions still exist.

In this study, the researcher will use Indonesian women's own descriptions that express their feelings and thoughts in the first four to six months of first-time motherhood. These descriptions will enable nurses in Indonesia to increase their knowledge and sensitivity so that they can better understand how new mothers feel about

the mothering role and what happens to women during this critical time. It will provide insights into the type of care that might be appropriate to help women in their adaptation to motherhood.

The purpose of the study is to describe the experience of first-time motherhood and the care that rural Indonesian women receive during this period through an in-depth phenomenological study. The data provided will assist in a deeper understanding of the experiences of these women at an important transition in their lives.

Background

The proposed study is part of a partnership project between the Faculty of Nursing University of Indonesia and the School of Nursing Memorial University of Newfoundland. The project is sponsored by the Association of University and Collenges of Canada (AUCC) and funded by the Canadian International Development Agency (CIDA) under the University Partnerships in Co-operation and Development (UPCD) Tier 2 program. The project is called, "*Nursing, Women's Health and Community Outreach in Indonesia*". This research will contribute to the overall goal of that project, to improve the health of mothers and children in rural Java, Indonesia. A first step in improving women's health is to understand their experience. This proposed research will enable nurses to have a greater understanding of new mothers' experiences at an important period in their lives. As well, the research study examines the care that rural Indonesian women receive as first-time mothers and will indicate areas of these women's lives where the nurse may assist them.

While the focus of phenomenological research is meaning and not meaning

specific to an identified culture, as is the case in ethnography, one would take "into account the socio-cultural and historical traditions that have given meaning to our ways of being in the world" (van Manen, 1990, p.12). This will be accomplished by considering the participants' socio-cultural context and how they believe this affects them as new mothers.

In order to appreciate the scope of the problem of the health needs of new mothers and to understand how they can best be addressed, it is important to present some information about the country and the particular village where the study was conducted. The knowledge, education, socio-cultural background, traditional customs, and traditional habits greatly influence the patterns of thinking and behavior of women and others in the research location. Therefore, an overview of childbirth and postpartum care practices, in the cultural context of rural Indonesia, will be presented.

Area Selected for Study

Indonesia is located in Southeast Asia, and consists of 27 provinces. The population of Indonesia in 2000 was estimated to be 203,456,000, where women represent approximately 50.23 % of that population (Statistic Indonesia, 2001). Of this number, approximately 44.70 % are of childbearing age (15 to 40 years). The Department of Health (Departemen Kesehatan R.I.) (1999) indicated that 30.18 % of Indonesian women live in rural areas and about 27 % of them married at less than 17 years of age.

Iwul, where my study took place, is located 60 kilometers south of the capital city of Indonesia, Jakarta. The BPS Kabupaten Bogor and BAPPEDA Kabupaten Bogor (1999) presents a picture of Iwul village. The total land area of the village is 2.90 square kilometers with a population density of 1,809 people per square kilometer. The total

population of Iwul is 5,247 consisting of 2,705 women and 2,542 men. This village has six neighborhoods and 897 households. The village of Iwul is marked by its ethnic and socio-economic homogeneity. The majority of the population is native Iwul-Batavianese and Muslim. The communities in Iwul are largely agrarian-based and most of the women are housewives.

Formal health services are offered through the regional hospital (s), the community health center for the district (puskesmas), and a village integrated health-services post (posyandu). The health care personnel at the puskesmas include a physician, a dentist, a nutritionist, nurses, trained midwives, and laboratory personnel. With regard to maternal health care, the puskesmas provides prenatal care that is an integral part of the Maternal and Child Health Programs of Indonesia. Antenatal clinics are held once a week at the puskesmas.

In contrast to the puskesmas, the posyandu is only staffed by a bidan (trained midwife), who visits monthly. In providing her services, she is assisted by a number of kaders (community volunteers). Currently, the posyandu services focus more on children's health, such as immunizations, weighing the child, and regular health examinations. Comprehensive services for women in the postpartum period are not yet available in rural areas of the country under the formal health care system.

An Overview of Childbirth and Postpartum Care Beliefs and Practices in Rural Indonesia

Living in a patriarchal society, Indonesian women are less involved in the decision-making process, which includes decisions around childbirth and their health needs. In every human society and culture, having a baby is almost always a momentous

event, but often in different ways. Various cultures have constructed different ways to define the meaning of having a baby and the type of care that a new mother will receive (Oakley, 1986). For example, in Malay society, there are traditional postpartum treatments for new mothers (Laderman, 1987; Manderson, 1981). These traditions include the roasting and smoking of food for women's consumption and specific restrictions placed on other foods and activities. All these actions are designed to protect the woman from "the cold" condition produced by giving birth, and to redress the balance between "hot" and "cold" in her body. These treatments take place for forty days after birth, during which time it is recommended that the woman and her infant not be allowed to leave the house.

In rural Indonesia, the community considers pregnancy, childbirth, postpartum, and the early days of mothering to be everyday experiences, which all fertile married women will go through (Swasono, 1998; Utomo, Pariani, Dasvarma, Azwar, & Riono, 1992). Thus, these periods are considered as family affairs and normal developmental processes, not individual and pathologic processes as they tend to be viewed by modern medicine.

Giving birth is generally considered a private event with the attendance usually limited to family members or close relatives (Adji, 1998). In communities such as those in the Parung district (West Java), in which Iwul village is situated, giving birth is considered a more public event where a wider circle of people, including men and children may attend and view the delivery of the infant (Adji, 1998; Rusmini (trained midwife), personal communication, September 2001).

Most rural Indonesian women give birth at home because they are not able to

afford the cost of the hospital and also prefer to be cared for at home by their husbands, mothers, and other family members and friends (Grace, 1996). A traditional birth attendant (TBA), trained midwives, or trained midwives and TBAs together usually assist with the delivery (Grace, 1996; Satih (kader), personal communication, September 2001; Swasono, 1998; Utomo, et al., 1992).

The TBAs play, perhaps the greatest role during antenatal, childbirth, and postpartum care, and remain a vital link between traditional care and modern health care services. Niehof (1992) estimated that 75 to 80 % of births in Indonesia are assisted by TBAs. The TBA is known as "*dukun beranak*" in Indonesian, also called "*belian nganak*" in Lombok, and "*Mak paraji*" in West Java. Through focus group discussions and in-depth postpartum interviews in Indramayu, West Java, Utomo, et al. (1992) reported that 80 to 90 % of deliveries in this area were attended by the TBAs. Furthermore, these authors reported that there are several reasons why the community uses the services of the TBAs: (1) the cost of such services is less expensive than that of other forms of health care services, (2) they live within the community, so they can be called at any time and are ready to provide their services whenever called, (3) the TBAs are more self confident than the trained midwives, and (4) the TBAs provide a comprehensive range of services to mothers and their babies.

The TBAs (almost always women) provide services from delivery until the completion of the traditional 40-day postpartum period. They assist not only with the birth, but also with the follow-up care for mother and infant. The TBA bathes the baby and takes care of the baby's umbilical cord until the cord separates. She also takes care of the mother by means of body massage that is carried out soon after delivery. Sometimes,

the TBA makes traditional herbal medicine for the mother (Siti (kader), personal communication, September 2001; Utomo, et al., 1992). Most of the TBAs provide care that is a blend of spiritual, emotional, and physical care (Priya, 1992).

In Betawi, among the ethnic groups of Jakarta, during the first 40 days of the postpartum period, the TBAs provided regular massage, taught the mothers to use an abdominal binder, gave the baby care (bathing and the cord care), and gave advice that was followed by mothers and their families. At the end of the 40-day period, the new mother, her family, and her TBA had a ceremony to symbolize the end of the TBA care. This ceremony is called, "*kekerikan tangan*". During this ceremony, the family gave thanks to the TBA and a transition occurred where the new mother was then expected to be the primary caregiver for herself and her baby (Gularso, 1998).

The assistance of the trained midwives in the village and other members of the formal health care system is limited to helping with delivery and administrating immediate postpartum injections (usually vitamin B and syntocinon injections). The women do not usually know what they have been injected with, but believe that it is to help them recover faster (Grace, 1993; Swasono, 1998; Rusmini (trained midwife), personal communication, September 2001).

After giving birth, in most Eastern traditional societies (including rural Indonesia), both the mother and the newborn baby are thought to be weak and therefore at special risk. The cause of risk for the mother is thought to be due to all her exertions during labour and delivery, and the subsequent weakening of her body. For the baby, it is due to the sudden change in environment and the possibility that his or her soul is not yet firmly established in the body. For this reason, there are often rituals that have to be

performed, as well as a period of exclusion for the mother and her new baby from the wider society. The mother and baby are thought to be vulnerable, and they have to be protected both physically and spiritually from evil and other forces (Priya, 1992; Swasono, 1998).

After the birth of a baby, women in many cultures are subjected to traditional postpartum rituals. They are governed by these rituals that include prohibitions or obligations to do something or to eat a certain food, which the women are required to obey. These rituals are followed so that the postnatal condition returns to a normal state of health. The postpartum period in Indonesian culture, where the women are required to follow traditional postpartum rituals, is traditionally considered to last for forty-two days after giving birth (called "*masa nifas*" in Indonesia). For example, they follow certain dietary rules (prohibitions related to food) and are cared for mainly by other women. Food is a very important item for mothers at this time and some cultures have very elaborate prescriptions about what should and should not be eaten (Priya, 1992).

In the village of Indramayu, West Java, there are several foods that are not to be eaten by women during the postpartum period (Utomo, et al., 1992). For example, fruits such as oranges, papaya, watermelon, and banana, as well as freshwater or saltwater fish, and eggs are forbidden. These foods are believed to adversely affect the health of the mother and child in the postpartum period. Body massage is one of the postpartum rituals offered to women in Indramayu, West Java. People in the village believe that with massage the body will soon return to its normal condition, as the belief is that after giving birth the mother's body becomes weak and the position of her womb is disturbed. The massage is given by the TBAs during the postpartum period (Utomo, et al.). Another

tradition that must be followed by postpartum women is the "*mapasan*" tradition. According to this tradition, postpartum women are asked to express their desires for any special foods they would like to have. Except for foods that are always prohibited at this time, these women are free to eat anything they want. The time when this activity is carried out usually lies between the first days after delivery until the day when the remnants of the umbilical cord fall off. After that, additional taboos against certain foods are observed until the 40th day after the birth (Utomo, et al.).

Other traditional postpartum rituals or actions include: staying home or not going outside for the first 40 days after delivery, sitting with the knees drawn into the chest to facilitate the flow of blood from the uterus, resting, refraining from carrying out any domestic duties (Priya, 1992), and abstaining from sexual activity (Utomo, et al., 1992; Macino (a senior woman in Iwul village), personal communication, September 2001). These obligations are accompanied by the compulsory use of herbal (traditional) medicines (Anggorodi, 1998; Grace, 1996). As well, there are various rituals related to the placenta, such as a special burial ceremony and protection of the newborn by staying in the home (Anggorodi, 1998).

The presence of a support system of female relatives, particularly mothers and sisters, is critical during the postpartum period. These relatives provide advice and information about how to care for the women and her baby, what activities should be avoided, and assistance with performing all household chores and cooking for the new mother and her family (Utomo, et al., 1992; Sugino & Fatimah (kaders), personal communication, September 2001).

The beliefs underlying these prohibitions and obligations are directly related to

the safety and well being of the mother and newborn baby. These practices have been handed down from generation to generation despite the absence of logic or reason for continuing them; for example, certain foods must be avoided even though the food is nutritious and readily available. These are some of the practices we know, but in order to have a more comprehensive understanding of the experience of first-time motherhood, explorations of these experiences are required.

However, rural Indonesian society is changing. With greater emphasis on wage-labour, men have gone outside their villages for paid work and marry outside the village. They then relocate their wives to their home village. These women do not have the close support of their mothers and sisters, but they are still expected to follow traditional care. Another social change is that some of the older women in the village, when their children have grown up take on paid employment to help with the household economy. As a result of being in the work force they are not available to assist their daughters in the early postpartum period to the extent that they might have in the past. Many of the younger women exposed to a more "modern" system of health care are beginning to question traditional care after childbirth.

Significance and Rationale

Researching the experience of first-time mothers is important for a number of reasons. New mothers do not have previous experience of what it is like to be a mother and care for infants. The early period of motherhood in western society is characterized by profound changes, including a strong sense of loss, isolation, and fatigue (Rogan, Shmied, Barclay, Everitt, & Wyllie, 1997). It is important to know how women in rural

Indonesia experience the transition to motherhood and how it is similar or different compared to women in other cultures and regions.

Nurses are well positioned to plan and deliver meaningful postpartum care with the goal of helping women achieve the most favorable physical, psychological, and social adaptations during motherhood, especially new mothers who may be considered most at risk (Mercer, 1990). To assist women, nurses require not only a scientific knowledge of women's adaptation in their transition to motherhood, but also a greater understanding of these phenomena and a sensitivity to the experiences of women as mothers. However, in rural Indonesia, midwives working in the villages carry out most of the professional care of childbearing women. Nurses, and even midwives, have been less involved with this care compared to non-professional caregivers such as TBAs. An important role for nurses could be to train and assist TBAs to provide better care and thus influence the health of families.

In rural West Java, poverty, certain cultural beliefs and values, inaccessibility to health care, a lack of understanding and under utilization of health facilities and health professionals, are some of the major problems that influence health outcomes for mothers and infants. In addition, the maternal and child health care programs, which are provided through a prenatal-care program at the puskesmas, do not address postpartum health problems (Rusmini (trained midwife), personal communication, September, 2001; Utomo, et al., 1992).

Traditional postpartum care practices, with consequences (positive and negative) for the health of mothers and their babies, need to be considered by nurses and the other health care providers in Indonesia within the changing context of Indonesian society.

Increasing the accessibility to health care services can benefit mothers and infants. However, a better understanding of the beliefs, values, and behaviors of women during pregnancy, childbirth, and child rearing are crucial in developing appropriate strategies for effecting the desired changes in a manner acceptable to the target recipients of that care.

The phenomenological method is a useful tool for studying the experience of early motherhood because it focuses on the meaning of being a mother. A phenomenological approach will obtain a good picture of what it is like to be a mother from the women's point of view and based on their experiences. Through this approach, the researcher will be able to understand the meaning and significance a mother gives to her actions (Mauthner, 1997), as well as to explore the depth and complexity of the phenomenon of first-time motherhood and any health implications during this period. In this study, interviews with rural Indonesian women about their mothering experiences, health needs, and how they can best be met captured the meaning of their experiences of motherhood and provided information about their health needs.

It is anticipated that this study will offer insights, information, and understanding into the experiences of women who are first-time mothers, which, in turn, would provide nurses and others who read the findings of the study with a richer and deeper understanding of what happens to women during this period and how they feel about the mothering role. This study also provides important information to nurses and other health care providers on the health needs of women, their preferences for childbirth care providers, and what they expect from health professionals caring for them.

Because their experiences are different from women who already have had a

previous child, and as a consequence would have different needs, first-time mothering was selected as the phenomenon of interest. In addition I chose to limit the time frame to the first four to six months after birth because of the many changes that take place within that period. Women are adjusting to many alterations in their life during this brief time period and it may be one of the most important times for nurses to provide good maternal-infant health programming to help improve women's and children's health.

Research Questions and Objectives

The purpose of this study is to provide nurses and other health care providers with a greater understanding of the experience of being a mother for women in rural Indonesia and to examine the care women receive during early motherhood. The objectives of the study are: (1) to describe and interpret the experiences of early motherhood and what happens to Indonesian women who are first-time mothers, (2) to capture the meaning of this experience in such a way that nurses and others who read the text will develop new insights into the experiences of these women and thereby facilitate the provision of more appropriate postpartum and parenting care, and (3) to understand what the health needs of women are and how they can best be addressed. Therefore, the research questions are: (1) What is the meaning of being a first-time mother for rural Indonesian women? and, (2) How does the care that women receive assist them with early motherhood?

CHAPTER 2

Literature Review

This chapter provides an overview of research that has contributed to our understanding of early motherhood and the challenges that women face during this critical period in their lives. There is a great deal of research on mothering and motherhood; therefore, the literature in this chapter is primarily restricted to the first four to six months of motherhood and to those studies dealing with the birth of a healthy newborn, in keeping with the main objective of this study. There is an emphasis on research that has looked into the experiences of first-time mothers. First-time mothers are a special category in that they do not have the same advantage of social learning influencing their adaptation or reactions to motherhood that mothers of one or more children may have experienced. The chapter is divided into three main sections. The first section contains research on women's experiences of early motherhood. The second section examines the key factors that have been found to affect the women's experiences during early motherhood. The third and final section presents women's reactions to motherhood.

Women's Experiences of Early Motherhood

Researchers in nursing, psychology, sociology, and other disciplines have studied various aspects of motherhood. For example, many studies have considered women's

adaptation to the many changes they face through pregnancy, childbirth, and early mothering.

Becoming a mother is described as a maturation process, which signals entrance into full adulthood and leads to a new social status as a mother (Entwisle & Doering, 1981; Leifer, 1980; Mercer, 1986). While undergoing the transition to motherhood, mothers were very aware that motherhood brought much responsibility for the infant and the need for reorganization of their lives. Researchers in this area generally examined how women achieved this process and focused on the phases or stages they experienced in becoming a mother. The work had a mainly psychological focus.

Pioneering work in nursing by Rubin (1967) examined the process of how women adapted in early postpartum and came to attain a maternal role and develop a maternal identity. Her work resulted in a model that showed this process. Rubin identified three groups of behaviors that occurred in assuming the maternal role: *taking-on* behavior that involved mimicry and role-playing, *taking-in behavior* that involved fantasy and interjection-projection-rejection about what it is like to be a mother, and *letting-go* that involved letting go of previous roles so that the maternal role and maternal identity could develop.

Mercer built on the work of Rubin to develop her middle-range theory on maternal role development (Meighan, Bee, Legge, & Oetting, 1998). In her research on first time mothers, Mercer (1986) identified four phases that occurred in a woman's process of adaptation to the maternal role over the first year following birth. She considered both physical and psychological adaptations within her model. The four phases identified were: the physical recovery phase that occurred from birth to the first

month, the achievement phase from two to five months, a disruption phase at six to eight months, and finally a reorganization phase after the eighth month, which may still be in process after one year. During the physical recovery period the mother experience several physical problems that are the result of pregnancy and delivery oreness, numbness, or pain) and physical feelings or physiological demands related to learning infant care and infant behavior (fatigue or never felt rested). In the achievement phase, the mother feels that she has integrated the new role and she is now a mother. It is characterized by reaching a sense of competence in caring for the baby, which greatly increases their satisfaction in interacting with the infant. However, these conditions in the achievement phase seem to decrease once the mother enters the disruption phase as she meets her new challenges. A new challenge in this phase is to adapt to the infant's developmental changes, while at the same time managing the household tasks. During this phase, the mother tries to avoid conflict between her role as mother and her role as wife. Finally, the mother comes into the reorganization phase, during which the woman has to be able to combine all her roles (mother, wife, and other roles). Both Mercer and Rubin found that becoming a mother involved taking on a new identity that incorporated a complete rethinking and redefining of self.

A recent study by Martell (2001) challenged Rubin's conceptualization of the postpartum period because of changes in maternal and infant care. Using grounded theory, she explored the experiences of 32 first-time mothers during the early postpartum period. The core theme, *Heading toward the new normal*, captured the process of reorganization that occurs in a woman's life after pregnancy and childbirth. Within this process were three sub-categories, *Appreciating the body, Settling in,* and *Becoming a*

new family. Reorganization required the woman to acknowledge the many physical changes that accompany pregnancy and postpartum, develop a secure relationship with her baby, and have a level of competency in her ability to care for the baby.

In summary, the research into women's experiences of early motherhood within nursing has been concerned with how women adapt to this new social role and the psychological changes that accompany the birth of a child. This work has helped to inform how we think of the many changes in the life of a woman necessitated by the birth of an infant.

Physical and Psychosocial Changes of Early Motherhood

For new mothers, the transition to motherhood is characterized by significant physiological, psychological, and social changes, which create demands on the mothers and require adjustments to their new role (Barclay & Lloyd, 1996; Gjerdingen & Chaloner, 1994). Physiological changes, which occur within the woman's body during pregnancy, labor, and the following birth, contribute to a postpartum situation that may reach crisis proportions (McVeigh, 1997). Psychological and social changes following childbirth include constant attention to the needs of the new baby, changes in lifestyle, and development of the maternal role. This includes adjusting her relationships with her spouse and others, arranging the household and social activities, and taking on the social responsibilities which are compatible with the role (Affonso & Arizmendi, 1986; Barclay & Lloyd, 1996).

In particular, with the birth of the first child, women reported great disruptions in life styles and routines (Oakley, 1980). In other words, first-time mothers encounter

major changes in their lives as a result of becoming a mother. For them, motherhood is often a process of trial and error in learning their new role and taking on the identity of a mother (Mercer & Ferketich, 1995). The new mother has to deal with these many and various changes that require adaptation both for her and her family.

Studies on the recovery of normal functioning after childbirth have been carried out to assess the length of time mothers required to achieve social and psychological adjustments after delivery. These studies noted that it takes between 3 and 6 months following birth for mothers to return to normal functioning (Tulman & Fawcett, 1990, 1991). For example, Mercer (1986) identified that social role adjustment recovery needs much more time than the six-week physiological recovery period. It may take between 3 and 10 months, or longer following birth. A study by Sethi (1995) confirmed Mercer's findings. She suggested that the process of becoming a new mother, which included psychosocial adjustment, is a continuous internal process and changes take more time than the conventional six-week period after the birth of a baby. Based on her findings, she developed four categories in a psychological process of becoming a mother: giving of self, redefining self, redefining relationships, and redefining professional goals. Other studies found that unlike physiological adaptation or recovery, the psychological and social adaptation to motherhood takes much longer than the defined six-week postnatal period (Mercer, 1985; Tulman & Fawcett, 1990, 1991). Fawcett, Tulman, and Myers (1988) developed the Inventory of Functional Status After Childbirth (IFSAC). The instrument measures the mother's recovery after birth and her return to normal functioning. The five dimensional subscales of the IFSAC are infant care, self-care, household activities, social and community activities, and occupational activities.

In a longitudinal survey, McVeigh (1998) used the IFSAC to measure changes in functional status after childbirth from 6 weeks to 6 months post-delivery in 200 Australian mothers. In this study, the researcher used the IFSAC to assess social aspects of recovery after delivery. The findings indicated that the highest score for full recovery of functional status was achieved first for infant care, followed by household activities and self-care. The lowest score for functional status was in the area of social activities. However, none of the mothers had successfully achieved full recovery by six months after birth.

A more detailed examination of the physical and psychosocial changes of early motherhood delineates the many areas of a woman's life that may be affected by the birth of an infant. One area affected is physical and takes into account the many changes to the body that accompany pregnancy, parturition, and lactation. A second area of change is psychosocial where the woman has to adjust relationships, work arrangements, and roles to take into account the infant. While physical changes may be of a short duration, psychosocial changes generally take a great deal longer.

Maternal Concerns in Early Motherhood

A number of studies of the experience of motherhood identified specific concerns that women had at different periods in the postpartum and beyond. The term "maternal concerns" refers to something that may be negative, such as a worry, a problem, or anxiety. On the other hand, it could also be positive, like an interest or a feeling of confidence (Lugina, Christensson, Massawe, Nystrom, & Lindmark, 2001; Graef et al., 1988; Pridham, Hanse, Bradley, & Heighway, 1982). These meanings of concern have

been used as variables in research studies that have investigated the physiological, psychological, emotional, and social concerns that may surface during the postpartum period.

In one of the early studies of a sample of 34 first-time mothers, Chapman, Macey, Keegan, Borum, and Bennett (1985) found that the concerns which predominated in the first four months following birth were those related to breast feeding (sore nipples, tiredness due to constant feeding) or to their infant (weight gain and fussiness). Smith (1989) used a questionnaire developed by Gruis (1977) to examine the major concerns of primiparous mothers at one month postpartum. Some of the concerns were focused on the women, while others mainly related to the infant. Women-focused concerns related to labor and delivery, physical recovery or restoration of the woman's physical health, and demands of the baby and the family on the woman's time and work. Among those related to the infant were feeding, infant behavior, growth and development, and baby care. In a more recent study, Fishbein and Burggraf (1997) reported that the physiologic concerns of primiparous and multiparous mothers about themselves related primarily to perineal sutures, breast care, and the return of their figure to normal. With regard to caring for the baby, 60% of these women reported that they were concerned with being "a good mother". Their infant-related concerns were related to infant feeding, and keeping the baby healthy. This study was conducted in the early postpartum period.

Other research studies into motherhood have shown that most women are concerned with being "a good mother". According to Lupton (2000), a good mother was one who was "there" for her child and developed a strong bond with her or him. A study by Woollett and Phoenix (1991) defined the good mother as one who placed the infant's

needs above her own. The quality of patience was a major characteristic of a good mother in these studies. A study by Brown, Lumley, Small, and Astbury (1994) also noted that patience was an important factor in dealing with the loss of sleep and other discomforts associated with caring for an infant. The women in Mercer's study (1986) also reported they wished to be "good mothers" and were worried they might harm their baby in some way.

In Indonesian culture, Hunter (1996) noted that being a good mother was established in particular ways by both society and government programs. The government programs include correct childcare, good family relationships, health and hygiene, and good household management. Hunter observed that the programs indicate "numerous female responsibilities, but no rights " (p. 172). Thus, there are internal and external pressures on women to be good mothers.

Other maternal concerns were indicated in Mercer's study (1986). The women in this study were concerned about their lack of personal time and their difficulty in dividing their time for self, housework, husband, and the baby. Similarly, Tulman and Fawcett (1990) reported that the mothers in their study had major concerns surrounding motherhood: the "unrelenting" nature of infant care, fatigue, the feeling of being unprepared, and lack of personal time.

Concerns of new mothers change over the course of the postpartum period. Graef et al. (1988) found changes in primiparous breastfeeding mothers' concerns during the four-week postpartum period. In the first and second weeks postpartum the physical concerns (pain from their episotomies, uterine bleeding, constipation, and breast soreness) had higher priority than the emotional concerns (feelings of being tired,

exhaustion due to interruptions of their sleep). However, both physical and emotional concerns were similar in number at the second and third weeks. By four weeks, concerns about physical and family support were much less evident. Hiser (1991) concentrated on the second postpartum week and identified the predominant concerns of primiparous mothers during that time period. Using a card sort method, this researcher also tried to differentiate between psychological concerns that were a worry and those that were an interest to the participants. The findings indicated that new mothers were interested in learning more about their infants, but were worried about family finances, meeting the needs of everyone at home, and being a good mother.

A study by Lugina, Christensson, Massawe, Nystrom, and Lindmark (2001) found that maternal concerns changed from 1 to 6 weeks and described how they changed during this period. At week one the new mothers were worried about the infant (infant's eyes, respiration, temperature, safety, and crying). In relation to themselves, they worried about their swollen perineum, feeling tired, and nervousness. On the other hand, after six weeks, the participants were mainly concerned with the baby's crying and about their husband's/partner's reaction to themselves and the baby.

Fatigue during the childbearing period has also been known to be a major concern that can hinder a successful adaptation to the maternal role (Gardner, 1991; Rubin, 1984; Lee & De Josepth, 1992). Fatigue tends to have a detrimental effect on the development of the mother-infant relationship, family relationships, and family functioning (Beck, 1996).

Postpartum fatigue has been identified as a major concern in both primiparous and multiparous mothers in response to lists of concerns (Harrison & Hicks, 1983; Hiser,

1987; Smith, 1989). Fishbein and Burggraf (1998) found that fatigue is a physiologic concern for the first-time mother during the early postpartum period. A grounded theory study by Barclay, Everitt, Rogan, Schmied, and Wyllie (1997) found that the new mothers felt a sense of having given everything or a sense of being "drained" during taking on and learning their new role. These mothers reported that they experienced physical tiredness that was associated with recovery from the birth and lack of sleep. Emotional tiredness and upheaval compounded this.

In addition, Carty, Bradley, and Winslow (1996) assessed women's perceptions of fatigue during late pregnancy and the early postpartum period. Using a self-report "rest and activities" questionnaire, each woman in this study was asked to comment about her feelings of fatigue. Most of them commented that they were not prepared for how vulnerable they would feel; many said they felt guilty for feeling so tired and ineffective in their day-to-day activities. Similarly, McVeigh (1997) explored the early motherhood experiences of first-time mothers and reported that all the mothers had experienced fatigue due to the demands of infant care. As well, they were unprepared for responsibilities and described as "unbearable" trying to cope with an unsettled baby.

An examination of women's concerns in early motherhood has been one method of tapping into women's own perceptions of both positive and negative aspects of early motherhood. This research increases our understanding of concerns on both temporal and bodily dimensions because early concerns, i.e. first few weeks postpartum, are focused on the infant's and woman's physiological functioning. The concerns generally relate to adjusting to having to care for an infant.

Factors Affecting the Experience of Early Motherhood

Motherhood has been a popular focus in fictional and research literature. One of the preoccupations in both types of literature has been trying to identify the various factors that influence a positive adaptation to motherhood or factors that work against it. The studies on adaptation to motherhood have suggested that many factors account for how well a woman adjusts in these situations. However, like adaptation to any new social role, the factors that influence this adaptation may vary a great deal and may be either individual or environmental. The factors reported in the literature can be classified into four main categories: (1) parity, (2) social support, (3) cultural factors, and (4) infant behavior.

Parity

How does parity affect a new mother's experiences? While some authors contend that first-time mothers are required to make the greatest adaptation, others hold that regardless of parity both primiparas and multiparas experience reorganization in their lives around the new infant and this reorganization suggests that adaptation needs to occur (Crouch & Manderson, 1993). The investigators suggested that having a first child changed a woman's sense of identity and self. In addition, the continuous, negatively demanding aspects of childcare or the added burden of childcare may affect the relationship between the partners. For many mothers, there is less time for social activities (Robinson & Stewart, 2001).

In studies on parity and its influence on adaptation to parenthood, the authors noted that motherhood was significantly more difficult for primiparous mothers

compared with multiparous mothers (Robinson & Stewart, 2001; Wilkinson, 1995). In a study by Pridham (1987) that assessed the meaning for mothers of having a new infant, primiparous mothers were found to have greater difficulty achieving personal competence than multiparous mothers. As well, Grace (1993) reported that primiparous mothers were less satisfied with their maternal role performance in early motherhood compared with multiparous. Another study by Waters and Lee (1996) found differences between primiparous and multiparous mothers in their experience of fatigue in the first month postpartum. The researchers reported that primiparous mothers experienced a higher level of fatigue. In addition, the parity factor was the variable accounting for the greatest amount of variance in confidence in infant care, including knowledge of infant development, in that first-time mothers were much less confident than more experienced mothers. Ruchala and James (1997) reported that a significant positive correlation existed between parity and confidence in infant care. The more children mothers had, the more confident they felt about care of their infants.

However, Curry (1983) suggested it was previous experience with infants rather than parity itself that was related to adaptation. She studied adaptation among 20 "normal" primiparous women. Along with previous experience with infants, other variables important to adaptation were examined, such as how supportive they perceived husbands and postpartum nurses to be, their self-concept as mothers, and the degree to which they had help in the home during the first week postpartum. Among her sample, one-quarter of the women faced a very difficult time with adaptation. Nevertheless, the general research findings support that first time mothers are significantly more likely to experience difficulties than multiparous mothers.

Social Support

The importance of social support, both formal and informal, has been recognized as being instrumental in reducing the stressful effects associated with motherhood (Cronenwett, 1985; Flagler, 1990; Majewski, 1987; McVeigh & Smith, 2000; Oakley, 1992; Tarkka & Paunonen, 1996). Pond and Kemp (1992) stated that a strong social support network, extensive support from family members, and anticipatory preparation for motherhood could positively influence the adaptation to motherhood. In addition, the availability of social support could improve the well-being of both the mother and baby (Oakley, et al., 1990; Gjerdingen & Chaloner, 1994).

First-time mothers in particular may feel anxious about how they are going to cope with looking after their newborns and especially with breastfeeding. Among the woman's informal system of support, her partner or spouse is one of the most important sources. In the study by Barcley, Everitt, Rogan, Schmied, and Wyllie (1997), the new mothers reported that their partner contributed not only to the care of their baby, but also gave practical help with household tasks.

Most first-time mothers expect the father of their baby to be supportive (Grant, Duggan, Andrews, & Serwint, 1997; Gjerdingen & Chaloner, 1994; Tarkka, Paunonen, & Laippala, 2000). Support from the husband contributes significantly to satisfaction with motherhood (Gottlieb & Pancer, 1988; Shereshefsky, 1974; Thetjen & Bradley 1985). Majewski (1987) conducted an exploratory study with 86 first-time mothers to identify those individuals within the informal support system that the mothers perceived as most supportive following the birth of their first baby. The goal of the study was to examine how such individuals were perceived as being supportive, to show the effectiveness of the

support person during this life transition, and to investigate the relationship between attendance at a parent support group in easing the transition to the maternal role. The findings demonstrated that most of the women identified their husbands or partners as most supportive (77%), followed by family members (10%), parent support groups (9%), and friends (8.1%).

Similarly, Gjerdingen and Chaloner (1994) identified factors that related to new mothers' satisfaction with their husbands' contribution to housework during the first postpartum year. The researchers found that ways in which husbands showed that they cared and helped with household tasks and child care was significantly related to maternal satisfaction. In a recent study, Tarkka, Paunonen, and Laippala (2000) also found that at 8 months postpartum, first-time mothers who had good relationships with their spouses were more likely to cope successfully with childcare.

Considering that women are more mobile, it may be that spousal support is the support most likely to be available for the women who live away from their parents. Studies of motherhood have indicated that the husband's help contributed to greater satisfaction with motherhood; helped mothers experience easier transitions, increased mother-infant interaction, and influenced the incidence and duration of breastfeeding (Cleaver & Botha, 1990; Diehl, 1997; Jordan & Wall, 1993; Morse, 1991). In contrast, in traditional societies or extended families, the mother's support usually comes from female family members such as grandmothers, mothers, aunts, and sisters (Evans, 1991; Lee & Keith, 1999; Priya, 1992). For example, in Indonesian society, support from families, especially from the woman's mother, helps the new mothers make a successful transition to motherhood. Their mothers care for them and their babies for the first 40

days of early motherhood, during the " masa nifas" period (Utomo, et al., 1992; Swasono, 1998).

A number of studies of social support addressed the effect of support provided by formal systems (e.g., nurses and midwives) and indicated that the mothers had positive experiences with emotional support given by the nursing staff or midwives in maternity wards (Tarkka & Paunonen, 1996a; 1996b). In other studies, Tarkka, Paunonen, and Laippala (1999, 2000) also looked at the support provided by public health nurses (PHN) in the community. The findings showed that support provided by PHNs had a positive correlation with the mother's coping with childcare. This was in keeping with the findings of Pridham, Chang, and Chiu (1994) and Vehvilainen-Julkunen (1994), which concluded that the guidance and advice about child care given by the PHN through home visiting was important for assisting first-time mothers to cope with their tasks and facilitate a successful transition to motherhood.

Cultural Factors

Some cultures offer women clearly defined roles, rituals, and experiences that are easily identified, but for other cultures these elements may be more difficult to recognize (Curry, 1983). Nevertheless, pregnancy, the birth of a child, and mothering are all culturally patterned and women's knowledge, beliefs, and behaviors during these events are shaped within a cultural context (Cosminsky, 1982; Stewart & Jambunatan, 1996).

Cultural factors are especially important when caring for women in early motherhood. In traditional society, care of postpartum women and their infants is carried out generally with the help and support of other family members, especially the women's mothers (Priya, 1992; Lee & Keith, 1999). For example, in Korean culture, mothers or

other family members care for the mothers for one month after birth (Lee & Keith, 1999). This contrasts with western cultures, where mothers may not get their parents' assistance immediately after delivery, especially for extended periods. These women are more likely to get support from their spou s (Hansen & Jacob, 1992). Compared with women in a traditional culture, women in western cultures may find this time after birth to be very rushed and they may be given little time and opportunity to adjust to the immense changes which have taken place and to their new responsibilities as mothers (Priya, 1992).

Cultural factors also heavily influence a mother's behavior toward her infant. For example, in American culture mothers encourage autonomous and independent behavior from their infants and they rear their infants in a nuclear family setting, whereas in the Korean culture, mothers tend to view infants as passive and dependent and they rear their infants in an extended family (Choi, 1995).

Many researchers have highlighted the cultural and social aspects of women's experiences of pregnancy, childbirth, and motherhood, as well as the biological aspects (Cosminsky, 1982; Jordan, 1978; MacCormack, 1982). Culturally specific treatments following the birth of a baby can either facilitate or inhibit a successful transition to motherhood. For example, Gichia (2000) used ethnography to explore motherhood, maternal role requirements, and family life among 15 new mothers who were poor, urban, and African-American. The new mothers followed organized, culturally grounded steps learned in their family of origin in pursuing a maternal role. The women described their experiences of motherhood as a significant point in their lives and described examples of positive and negative mothering practices among peers and relatives. In

another study, Davis (2001) interviewed 19 women of Southeast Asian background (aged 21 to 67 years of age) who lived in the United States. She wanted to examine the health beliefs and practices of these women around childbirth experiences and the meaning the women ascribed to these. Three main themes were identified in this phenomenological study. The first theme addressed how important a female support system is in the postpartum period. The second theme reinforced the belief that rest was important during this period, and the third theme showed how important it was to establish balance in the body after the birth of an infant. Not only did the women believe their cultural practices were important to their immediate recovery, but if not adhered to, long-term harm to the body in the form of disease and premature aging could occur.

Culturally specific treatments, such as physical confinement for the first 40 days, full bathing, and applying heat to the abdomen and perineum are normal practices after giving birth for Asian mothers who still live in traditional societies (Priya, 1992). For Indonesian mothers, as well as mothers in other Asian societies, massaging, using abdominal binding, and 40 days confinement after birth are important treatments following the birth of a baby (Priya, 1992; Swasono, 1998; Utomo, et al., 1992). According to Priya and Utomo, mothers and families believe physical confinement protects the woman from evil spirits in the vulnerable postpartum period. It is also important for establishing breastfeeding and attachment to the baby. In a study by Cabigon (1996) in the Philippines, traditional birth attendants (TBAs) reported that the massaging and abdominal binding for postpartum women aims to: (1) regain lost health, (2) restore the uterus to pre-delivery position, and (3) make breast milk available for the baby.

Infant Behavior

The infant's behavior or characteristics of the infant have been found to be important factors in the maternal adaptation process and the woman's transition to motherhood in general. For example, Roberts (1983) examined parental perceptions of competence and infant behavior. Based on her findings she found that the mother's ability to respond appropriately to infant cues could significantly affect adaptation to motherhood. She suggested that increased understanding of infant behavior might help parents develop greater confidence in caring for their infant.

Researchers have acknowledged that the mother's behavior influences the infant's behavior and that the converse is true (Macey, Harmon, & Easterbrooks, 1987: Rieser, Danner, Roggman, & Langlois, 1987). Some of the infant behaviors found to be important are how much they cry, and how distractible, irritable, soothable, and active they are. Thomas and Chess (1977) described infant behavior as falling into three basic types: easy, difficult, and slow-to-warm-up. According to these researchers, an easy child tended to be in a positive mood, adapted easily to new experiences, and quickly established a routine in infancy. A difficult infant reacted negatively and cried frequently, was slow to accept new experiences, and did not engage in daily routines. A slow-to-warm-up child had a low level of activity, showed slow adaptability, was somewhat negative, and displayed a low intensity of mood. A temperamentally difficult infant may disrupt several aspects of a woman's life in that mothers who have infants with difficult temperaments may feel completely out of control.

Numerous studies have investigated risk factors for the development of postpartum depression and its effect on the interaction between mother and baby. Some

studies have linked maternal depression to having a more difficult infant. Beck (1996), in a meta-analysis of studies of maternal depression found a significant relationship between postpartum depression and infant temperament. In a later study, Beck (2001) used advanced basic meta-analysis to confirm that infant temperament is one of the thirteen significant predictors of postpartum depression. Studies of infant crying indicate that excessive infant crying contributes to maternal depression. (Mayberry & Affonso, 1993; Milgrom, Westley & McCloud, 1995). Milgrom et al. suggested maternal depression was most likely to develop at 3 months postpartum.

Some researchers have found a higher incidence of depression amongst first-time mothers; others have not found parity to have a significant effect in the occurrence of depression (Gennaro, 1988). Other factors that predicted postpartum depression included previous depression, depression during pregnancy, and vulnerability-life stress interaction (O'Hara, Schlechte, Lewis, & Varner, 1991).

A number of factors have been identified that may affect women's experience of early motherhood. In general, first time motherhood, little social support for the mother, care that is incongruent with a particular culture, and infants who are not easily settled or consoled are all factors that may have a negative impact on women in the early postpartum.

Women's Reactions to Motherhood

Various studies support the belief that women have experienced both a great deal of pleasure and a great deal of difficulty in relation to motherhood. Maternal reactions vary from enjoyment and satisfaction with the parenting role, to relationship conflicts, frustration, and an increased rate of physical illness (Brown, Lumley, Small, & Astbury,

1994; Cleaver & Botha, 1990; Horowitz & Damoto, 1999; Richardson, 1993; Tulman, Fawcett, Growblewski, & Silverman, 1990).

There is no doubt that motherhood is a major change in a woman's life and that it may elicit a number of physical, social, and emotional reactions. Women react in a variety of ways to the new roles and responsibilities that occur when they have a baby. In her classic work on mothers' reactions to birth during the first five months postpartum, Oakley (1980) identified ways that women responded to motherhood. She categorized these ways as the presence or absence of postnatal blues during the hospital stay, a depressed mood or depression in the first five months postpartum, the extent of the mother's anxiety when she first came home with her baby, or her overall satisfaction with motherhood. Ball (1987) also looked at women's reactions to motherhood and in particular their emotional reactions. She found that the emotional reactions to early motherhood ranged from women who were satisfied with motherhood and judged to be well adjusted, to those who experienced postpartum stress, were maladjusted, depressed with motherhood, and despondent.

In a more recent study, Robinson and Stewart (2001) indicated that age, parity, culture, expectations, financial problems, and housing difficulties may all affect normal mother's reactions to becoming a mother and the developing relationship between the mother and her new baby. A number of qualitative researchers have studied first-time mothers and their reactions to motherhood. (Barclay, Everitt, Rogan, Schmied, & Wyllie, 1997; Mercer, 1986; McVeigh, 1997; Sethi, 1995). The women in these studies reported somewhat similar experiences in their reactions to motherhood in that they experienced major changes in their lives due to the increased responsibilities for the baby, lack of

freedom and personal time, and the physical demands of caring for a baby.

Many women experienced conflict in their motherhood experience. The conflict usually emerged when the women were not able to reconcile their expectations of themselves to be " perfect "mothers with their actual experiences as mothers (Mauthner, 1999). For example, Berggren-Clive (1998) found that some women experienced a series of unfulfilled expectations, which occurred as they attempted to adjust to motherhood. These included life with their infants, their image of self as mother, their relationship with partners, the support received from their family and friends, life events, and physical changes.

When first-time mothers are faced with the reality of being a mother, they have reported that they experienced a great deal of role conflict (Mercer, 1981; 1985). The sources of this role conflict have included the physical demands of infant care and care of the household, ambivalent feelings toward the baby (feelings of annoyance intermixed with feelings of joy), a sense of isolation, and a lack of self-confidence in their ability to mother (Affonso, 1987; Majewski, 1987; Pridham, Lytton, Chang, & Rutledge, 1991).

Postpartum stress is not an uncommon reaction during the postpartum period. Hung and Chung (2001) carried out a longitudinal study to investigate the effects of stress and social support on women's health status in the postpartum period. Five hundred and twenty-six Taiwanese women were enrolled in this study on the basis of stratified sampling from clinics and hospitals. Using the Hung Postpartum Stress Scale (HPSS), three factors were found to be associated with postpartum stress: attaining the maternal role, lack of social support, and body changes. At their six-week postpartum appointment, Horowitz and Damato (1999) measured women's perceptions of stress and

satisfaction. They used open-ended questions and content analysis to identify the sources of stress and satisfaction. The findings fell under the categories of roles, tasks, resources, and relationships. These were then further divided into a number of subcategories. Contributors to postpartum stress were in the subcategories of returning to work/school, lack of sleep/rest, difficulty in adjustment/own needs, poor health/body image, organization of life, childcare, day care, housework, future challenges such as finances and housing, adequate time for self, and relationships with partner and family. On the other hand, they identified that the concept of satisfaction was related to participation in relationships, sharing the future, being proud to be a mother, enjoying a healthy baby, and caring for a child.

The common emotional reaction to motherhood is a sense of satisfaction with motherhood as opposed to dissatisfaction and disappointment. Satisfaction with motherhood is an essential factor in facilitating a successful transition to the maternal role. A number of possible predictors of maternal satisfaction have been suggested and studied by researchers. Research has demonstrated that seeing their infant's growth and development, as well as their interaction with the baby are sources of satisfaction for new mothers (Pridham, 1987). Grace's (1993) study based on new mothers' self-reports of their motherhood experiences over the first six months after birth indicated that these mothers experienced satisfaction with their maternal role performance during this period. Pride in motherhood and in the infant as well as loving relationships with baby and spouse were important sources of satisfaction in a sample of 95 women at six weeks postpartum (Horowiz & Damoto, 1999).

A number of the studies identified improved marital adjustment or marital satisfaction as sources of satisfaction with motherhood. Tucker and Aron (1993) found that variation in marital quality occurred during the transition to parenthood, with many couples showing declines in marital wellbeing, while others maintained or even improved their marital relationships. Majewsky (1986) conducted a study that examined conflicts, attitudes, marital relationships, and transition to the maternal role in mothers with careers versus "jobs", and those not employed outside the home. She found increased role and relationship conflicts in mothers with careers compared with mothers with "jobs", and those not in paid employment. In this study mothers with good spousal relationships had an easier transition to motherhood.

Summary of the Literature Reviewed

The literature review covers the major elements of the experiences of first-time mothers primarily during the first six months of motherhood. The period of early motherhood is marked by significant psychological, physiological, and social changes. While most of the physical changes occur in the early postpartum period and are associated with healing following birth and lactation, the effects of psychological and social changes persist well beyond the first six months of motherhood. These changes cause disruption of lifestyle, loss of freedom, and create new responsibilities related to the care of the infant, adjustment of marital and social relationships, and a degree of stress and conflict.

The challenges and demands experienced by new mothers have been categorized in several studies as maternal concerns. Mothers reported both concerns that were a

"worry" and concerns that stimulated "interest". Both types of concerns tended to be related to self-care and care of the new baby. Other common concerns were related to fatigue, time management, marital and family relationships, family finances and managing household tasks. A key finding in studies about maternal adaptation was a concern with "being a good mother".

Although childbirth was described as challenging or difficult by many mothers, the findings of studies on maternal satisfaction found that having someone to care for, delight in the infant's growth and development, pride in the infant's developing competence, and a new social status create satisfaction in new mothers. As well, the addition of the new baby strengthened the marital relationship.

Factors that affected maternal experiences in early motherhood included parity, social support, culture and infant behavior, especially infant crying. While the inexperience of first-time motherhood created the greatest challenge for mothers, social support, including formal and informal support systems, mitigated the effect of parity on maternal experience. Mothers with good social support adapted more easily than those with little social support.

Cultural beliefs and practices influenced the experiences of mothers in all societies, especially the type of support and care they received. These cultural beliefs and practices can positively or negatively affect maternal and infant health. In reviewing the literature, most studies of early motherhood were conducted in more developed societies. Few studies were found of motherhood in urban or rural Indonesian culture. No phenomenological studies of the experiences of Indonesian mothers were found in the literature.

CHAPTER 3

Methodology and Methods

The methodology employed in the study is phenomenology, a qualitative approach appropriate to exploring meaning. In particular, hermeneutic phenomenology as outlined by van Manen (1990) was used to describe and interpret the experience of first-time mothers among women in rural Indonesia. Through the research, I attempt to uncover the meaning of the "lived experience" of these women, that is, their every day experiences of being a mother and being cared for during their first four to six months postpartum. I wanted to capture the essence of these experiences, and what made these experiences what they were for the women in the study. In keeping with a hermeneutic approach, I tried to uncover the meaning of these experiences as described by the participants in order to develop new insights that could facilitate parenting of infants, and understand the health needs of these women and how they can best be addressed.

The chapter on methodology consists of two sections. The first section describes the research methodology chosen for this study, hermeneutic phenomenology as developed by van Manen (1990) and how this methodology was used in this study. The second section is a detailed description of the methods used and includes: participant selection and recruitment, data collection, data analysis, ethical concerns, and issues of credibility.

Hermeneutic Phenomenology

Phenomenology, the science of phenomena, has been described as a philosophy, a research methodology, and a research method (Oiler, 1982; Omery, 1983; Ray, 1994). As

a research methodology, its purpose is to explore the humanness of a being in the world. It strives to identify, interpret, and understand the essential meaning of the human lived experience which is the ordinary way in which humans experience their lives (Bergum, 1989; Ray, 1994; Streubert & Carpenter, 1999). It is a method of direct inquiry in which questioning by the researcher provides further insights into the lived experience of the "participants" (sometimes referred to as co-participants or collaborators). The researcher probes deeply into a selected phenomenon, going beyond what may be taken for granted in life to uncover meaning in everyday practice (Bergum, 1989). Morse (1992) stated, "It is the uniqueness of living that is vital, that makes our lives ours, and that is sought in phenomenological expression" (p. 91). Hermeneutic phenomenology has been recognized as a qualitative research methodology that is appropriate for many of the concepts of nursing science (Oiler, 1986; Ray, 1994). Van Manen (1990) highlighted phenomenology as an approach to qualitative research that is both descriptive and interpretative. In other words, through hermeneutic phenomenology the researcher is able to make interpretive sense of descriptions given by participants in order to have a "textual reflection on the lived experiences and practical actions of everyday life" (p. 4). The ultimate purpose of conducting this type of research is to engage in reflective writing and create a "phenomenological text". In this study, the phenomenological text captured the interpretation of the experience of becoming a mother as described by the new mothers that I worked with in rural Indonesia. Hermeneutic phenomenology was chosen for its ability to focus in depth on these Indonesian women's experiences as they were lived, since they became first-time mothers. Phenomenology seemed appropriate to the research

because it allowed these meanings or "phenomena" to emerge in their fullest breadth and depth.

Since the purpose of this study was to portray an accurate interpretation of the phenomenon of first-time motherhood, it was necessary to suspend my beliefs, assumptions, and biases prior to and during data collection in order to achieve this. This process is known as bracketing (Streubert & Carpenter, 1999). In bracketing, the meanings given to the experiences of the study participants occur without the researcher's conceptual interpretations of their world (Anderson, 1989). Bracketing was used prior to and during data collection. Furthermore, during data analysis, I moved from understanding the whole text and context of the participant's descriptions of the phenomenon of early motherhood, to identify and to extract significant statements from which an exhaustive description of the phenomenon could be developed.

The basic structure of the methodology of hermeneutic phenomenology by van Manen (1990) consists of six dynamic and interrelated activities: 1) choosing a phenomenon of interest, 2) investigating experience as it is lived, 3) reflecting on essential themes, 4) describing the phenomenon, 5) maintaining a strong and oriented relation to the phenomenon, and 6) balancing the research context by considering parts and wholes (pp. 30-31). These activities are not meant to be a set of procedures, but were used in this work to help a new researcher carry out the present study.

Reflection and writing are the main methods by which the researcher is able to explicate the experience under study. Writing promotes a reflection into the nature of this experience because it helps the researcher increase his or her sensitivities into how participants may use language to talk about their everyday life. Reflection is also

important for the participants. Participants, through interviews or alternate reflective data collection techniques, e.g., diaries or other written accounts, are asked to recollect their experiences. Reflection on the part of the researcher begins the moment the phenomenon is selected as she or he begins to ask what a particular phenomenon may be like. The six research activities and methods just outlined were used to guide this research.

Choosing a Phenomenon of Interest

This is a critical activity in that it calls for a commitment on the part of the researcher (van Manen, 1990). As a nurse who has worked in the area of maternal and child nursing for 4 years and as a mother of two young sons, I have often reflected on mothering and motherhood. I have wondered about the experiences of new mothers as they try to begin caring for their infants. Did they experience the many demands of motherhood that I did? Mothering is a phenomenon of great professional and personal interest and led me to pose the phenomenological questions that informed this research. Because of my past experiences, I attempted to use bracketing, writing, and reflection when I formulated the research. Complete bracketing is always hard to achieve. I was interested in capturing the meaning of the experiences of early motherhood and what happens to rural Indonesian women who become first-time mothers from these women themselves.

Investigating Experiences as Lived

The second activity within phenomenology is to investigate an experience as the participant lives through the experience, rather than any theory or conceptualization of that experience (van Manen, 1990). This activity was carried out through working with

selected participants in a rural village in West Java and through semi-structured conversational interviews trying to find out what it was like to be a first-time mother in this context. I explored what their actual feelings and experiences were as they performed their mothering activities on a daily basis. Rather than asking what mothering ought to be and what they thought they should do I asked what it was like to be a mother and what they did as mothers. I asked them to tell me about certain experiences they had with motherhood and mothering. Whenever possible, the women recounted personal narratives of a particular experience.

Reflecting on Essential Themes

The third activity in hermeneutic phenomenology is an attempt to understand the essential structure of the experience through themes that best capture these experiences (van Manen, 1990). Following a completed interview with each of the participants, I began to reflect on the experiences of these mothers as it was recounted through the interviews and that I had made into textual formats. This reflection took the form of attempting to identify essential themes or "the experiential structures" (van Manen, p. 79) that characterized the experience of first-time motherhood for these rural Indonesian women. At this point, I worked with the participants so that they could help confirm that what was important for them about mothering had been captured. In carrying out this activity, the researcher is required to be a true listener and be able to listen to the way the participants describe their experiences.

Describing the Phenomenon

An important activity within phenomenology is the writing and rewriting of the

phenomenon of interest or as van Manen (1990) explains "to *do* research in a phenomenological sense is already and immediately and always a *bringing to speech* of something" (p. 32 – italics in original). For this activity, I tried to put in words what it meant to be a mother of a young infant. In order to capture the essence of these experiences in writing, it was important to be sensitive to the subtle undertones of language and local terminology. One of the challenges of this activity was related to translation. I had captured these women's experiences in an Indonesian language and needed to put them into English. This required a great deal of time and care so that I had the best description of the phenomenon that I could.

Maintaining a Strong and Oriented Relation to the Phenomenon

This activity is suggested in order to judge for ourselves the strength of our work or how well we are able to address our beginning question (van Manen, 1990). Within this activity, I attempted to refocus on the question of what it is really like to be a first-time mother for Indonesian women and whether I had been able to capture that experience. What I was required to ask here was whether or not I had remained oriented to my phenomenon of interest. Since my main interest in and orientation to the research topic was so that I would be able to work with nurses and other health care workers at the village and to understand the life situation of new mothers, I needed to ask if I had developed "action sensitive knowledge" (van Manen, p. 156) through my work.

Balancing the Research Context by Considering Parts and Wholes

This last activity is meant to help the researcher consider how to structure his or her research study from the beginning of the study to the completion of the research (van

Manen, 1990). It helps the researcher remain true to the intent of the project. The concern within this activity is to select a way of presenting the research that takes into consideration the question, participants and possible effects the research may have on them, ethics of the research cand how to present the final results of the study. It helps to understand how all of the parts of the study contribute to the whole or the study itself. Although the six research activities have been listed and discussed separately, this does not mean that the researcher should complete each step one by one. In the actual research process, various activities may be undertaken intermittently or simultaneously (van Manen, 1990).

Methods

The following section is a description of how I carried out the research within the framework of the six research activities that have been described in the section above. It describes the methods used to carry out my research project in a systematic manner.

Selection and Recruitment of Participants

The participants in this study were women who had been selected from among eligible mothers in Iwul village in Parung district, West Java, Indonesia. This district had been chosen because it is the site of a larger project on women and children's health as mentioned previously. To be eligible for the study, women needed to meet the following inclusion criteria: (a) was a mother for at least four and no longer than six months, (b) was willing and able to talk about her experiences of being a mother, (c) was a resident in Iwul village in West Java, (d) was able to speak and understand Indonesian or Sundanese, (e) was physically and mentally able to follow the interview process, (f) had a healthy

infant, and (g) was able to give informed consent to participate in the research process.

During the middle to late September 2001, a total of 13 potential new mothers who met the inclusion criteria from the approximately 37 known new mothers in the village were approached by intermediaries (kaders or volunteer community health workers), who are the people in the village that assist with prenatal and infant care through their activities with the posyandu. The kaders knew many of the postpartum women in the village because of their work in recruiting them for care at the posyandu. The kader requested permission for me as a researcher to contact these women and when verbal permission was given to do so, gave me the potential participants' names and addresses. Eleven of these potential participants lived in *dusun* (community) Lengkong Barang and the remaining two in dusun Poncol. I approached all of the potential participants through an initial visit with them. At that visit, they received verbal and written explanations of the study and had a chance to ask any questions concerning the research. If they were willing to take part in the study, they signed a consent form (see Appendix E). All thirteen of the new mothers approached agreed to participate in the study and a time and place for their first interview was scheduled.

Data Collection

Data were collected over a four-month period, from September to December 2001, beginning with the women who had delivered their infants earlier so as to collect data in the time frame desired, i.e., within four to six months after the birth of their infants. The data were collected using semi structured conversational interviews. I felt that such an interview approach would best elicit the mothers' thoughts and feelings, as well as detailed descriptions of their life-worlds as they related to their experiences of

first-time motherhood. The conversational approach to the interview permitted the mothers to describe in greater comfort what the last few months had been like for them and allowed for a good flow of information. The women for the most part were comfortable talking in this manner and talked freely. Interview material was of very good quality. During the interviews I tried to keep what I knew and felt about motherhood in the back of my mind in order to allow the participants to describe their experiences and encouraged them to talk about themselves. Prior to commencing the interviews, a demographic sheet was completed with each participant (see Appendix C). This information was used to provide a brief description of the participants and is included in the following chapter.

As I conducted the interviews, several techniques were used to ensure credibility of the data, including reflexivity, clarification, and summarizing. Immediately following an interview I made field notes. The purpose of these notes was to record how non-verbal body language and expressions confirmed not only what the woman was saying, but also how she was saying it. These notes contained descriptions of nonverbal cues, recordings of interruptions, and ideas regarding possible emerging themes. Use of these techniques enhanced the researcher's understanding of the phenomenon under investigation.

A total of two interviews were conducted with each participant in the study. The first interview was designed to give the mother the opportunity to describe her experience without interruption. This interview was tape-recorded with permission and lasted anywhere from 60 to 90 minutes. This interview took place at the participant's home. As necessary, the questions in appendix D were used to help the participant focus on certain aspects of her experience. The interview questions related to aspects of mothering for

these women, as well as care during the postpartum period and any help they had had with their infants. Examples of questions included: "What it is like to be a mother?", "Can you tell me about your experiences with how your life has changed since you have become a mother?" and, "Can you tell me about your experiences with the health care services you received after you delivered your baby?". These were based on areas highlighted in the literature, the researcher's clinical experience, and aspects of experience associated with phenomenological research (van Manen, 1990). This guide included a few open-ended questions to be used as prompts or confirmation if needed. However, the questions and the flow of the interviews were largely directed by the participant's responses. Sometimes, prompts such as "What else can you tell me?", or "Is there anything else you would like to tell me?", were used to encourage participants to expand on their ideas and share more of their experiences.

The second interview was arranged after an identification of initial themes had been accomplished based on what the women said in the first interview, and from feedback from my supervisory committee members. A small number of potential themes had been identified and noted. All participants agreed to a second interview. The second interview lasted between 45 to 60 minutes. As in the first interview, the second interview took place at the participants' homes. At this time, participants were asked to read and comment on the initial themes that had been identified, and confirm the themes as they related to their own experience. This helped validate my interpretation of the data and, in some cases, filled in gaps in the data. The second interview was important to allow participants to verify, expand, and add descriptions of their experiences to ensure greater accuracy of the data. Some of the gaps that were identified and needed further

exploration that were added to the second interview took the form of the following questions:

1. What role did the mother have in decision-making in the family about infant care?
2. What change, if any, had occurred in her relationship with her husband?
3. Did the woman have a new status because of motherhood? How is it manifested, if present?
4. When did she first feel like a mother? And what contributed to that feeling?
5. Did she and/or her baby stay in the house for the first 40 days after birth?
6. Who did she think would be the best person (most acceptable) to give her more information about childcare?

For the mothers who had talked about feeling impatient with their baby, there was an additional special question. This was: "What did they do when they felt impatient with their baby and how did they feel about it?" The women were asked then to recount actual instances when this had occurred.

Data Analysis

Since data had been collected in Sudanese or Indonesian, all data in this study were transformed into textual descriptions or transcripts of the participants' experiences in becoming new mothers in the original language. I had to review these interviews while listening to the taped recordings to ensure the accuracy of the transcripts. The interviews were then translated into English and once again checked for accuracy. Additions and corrections were made as necessary. A translator proficient in Indonesian and English helped with the translation. The translated transcripts of the interviews into English became the data for the study, together with any observations and impressions made

(field notes). I reviewed the data in their entirety a number of times in order to gain a sense of the whole.

Using the written transcripts, I read and reread the texts. During this process, I attempted to suspend, as much as possible, my own meaning and interpretations of mothering either as a nurse, mother, or from previous research on mothering and motherhood. I also tried to identify key themes in the data. These were how the processes of bracketing and phenomenological reduction were carried out (van Manen, 1990). Each narrative of the transcribed interviews was carefully and systematically examined for emerging themes through data coding. The thematic analysis of each interview in this study was conducted through the selective or highlighting approach as outlined by van Manen (1990). Using this approach, I read the transcribed texts and asked, "What statement(s) or phrase(s) seem particularly essential or revealing about the experience being described by these participants in this study?" I then circled, underlined, or highlighted these statements. The themes selected seemed to best describe the experience of first-time mothers in rural Indonesia. One of the challenges of course is that themes can never completely capture the deep meaning of an experience and are "at best a simplification an inadequate summary of the notion" (van Manen, 1990, p. 87). In all the interview material I attempted to capture the essential relationships among the significant statements selected and to prepare overall themes (an exhaustive description of the phenomenon) that best describe the new mother's experience of being a mother. Through a process of writing and re-writing and with the guidance and input of my supervisors, I described the themes.

Ethical Considerations

When conducting phenomenological research, as with any research, there are a number of ethical considerations to which the researcher must attend. Prior to the commencement of this study, permission to conduct the study was requested and received from the Human Investigation Committee (HIC), Memorial University of Newfoundland, St. John's, Canada (see Appendix A) and from Komite Etik Penelitian (Research Ethics Committee), Faculty of Medicine, University of Indonesia, Jakarta (see Appendix B).

Initially, an intermediary made contact with potential study participants. This was done to ensure that no pressure was placed on the participants by the researcher to participate in the research. As described in the data collection section, the intermediaries helped with recruitment. The research and the participant's role in the study was explained using simple language in order for the participants to understand it. This explanation included the purpose of the study, the procedure for data collection and length of interviews, and the participant's rights and obligations during the research study. This was explained both verbally (to allow for limited literacy skills) and in written consent in the participant's own language (for translation see Appendix E). Participants were assured their participation was voluntary, they could withdraw from the study at any time, and their access to community health programs and services was not contingent on their participation.

Both of the interviews were scheduled at a time and place convenient for the participants. Participants were advised of the lengthy nature of the interviews and told they could take a break during the interview, stop and reschedule an interview, or refuse to respond to questions posed by the researcher that they would prefer not to answer.

Any questions that the participants had were also addressed.

Audio-tapes and other records pertaining to individual study participants were treated as confidential in all stages of the study and in data storage. To ensure confidentiality during the interviews, participants were given a pseudonym that was used as a code. No real names can be linked to the data. Tapes and transcriptions were stored in a locked drawer. At the completion of the study, the tapes will be erased.

Credibility of Findings

An important criterion for evaluating qualitative research is credibility. Credibility is a term that refers to the establishment of truth inherent in the data (Streubert & Carpenter, 1999). In qualitative inquiry, the establishment of truth is crucial to ensure that the findings accurately reflect the participants' experiences as well as the data (Green-Wood & Levin, 1998). For any study, credibility is especially powerful for judging qualitative work (Creswell, 1998; Lincoln & Guba, 1985).

A number of means were proposed to establish credibility. In this study, credibility started with the researcher, who is a nurse and who has experience with the care of postpartum women. The researcher is also a mother with two children so she has had experiences with motherhood within a similar culture. For these reasons, I was able to build trust with the participants in discussing the intimate details of their postpartum experiences. However, I was aware of how my personal and professional experiences could influence my interpretations of these new mother's experiences.

In addition, during the interview, I wrote field notes about my observations and impressions to support what the women were saying and my interpretation of the data. Furthermore, advanced education in nursing and family development made me more

sensitive to these women's physical symptoms and their families as context for their experiences.

In the next step of credibility, confirmation and correction of the themes was established with the participants. In a qualitative study a degree of credibility is achieved if the participants involved in the research recognize the descriptions of the experiences as their own (Lincoln & Guba, 1985). In other words, participants are considered the experts in accurately describing and interpreting their data. The participants were asked to verify the accuracy of the findings. Each participant was given an opportunity to provide any additional information if she so wished.

Finally, I worked closely with my supervisory committee in the data analysis and interpretation (one member is proficient in phenomenology and women's health, and the second member is an expert in maternal care). As a novice in the field of phenomenology, their assistance helped me achieve greater accuracy of interpretation.

CHAPTER 4

Findings

What is it like to be a mother for the first time in a rural village in West Java, Indonesia? How does the care that a woman receives assist her with early motherhood? This chapter attempts to provide insight into the mothering experience of women who live in Iwul village. It provides a description of these experiences using seven identified themes. The chapter is divided into two sections. The first section presents a brief description of the participants in the study. The second section is a thematic analysis of the women's experience with early mothering.

Description of the Participants

All participants in this study were new mothers, i.e., first-time mothers. They all had been mothers for at least four and no longer than six months at the time of the interviews. There were 13 women in total who took part in the study. Of the 13 participants, ten were native to Iwul and the remaining three were originally from Jakarta and had been living in Iwul for approximately three years. All participants were married, most of them within the past year and a half. The participants' ages ranged from 17 to 26 years. The average age was 21 years old. Seven of the participants lived with their parents, three lived with parents-in-law, and the remaining three lived in their own household just next door to their parents-in-law. Therefore, all these new mothers had a potential source of family help close to them.

There was variation in the educational background of the participants. Five of the women had graduated from elementary school, five from junior high school, one from

senior high school, one from college with a diploma, and the remaining participant had a Bachelor's degree from a university. As a group they were more educated than most of the women in the village. Only one of the women was a working-mother. The others had previously been employed, but were no longer working u tside the home in the paid labor force. Their husband's place of work varied from the private sector to self-employment. Some husbands had a permanent job, and others were seasonally employed.

Health care during pregnancy and assistance with the birth of their infants also varied somewhat among the participants. Ten of the women were cared for by trained midwives and TBAs and followed traditional postpartum care, such as "mapasan" or "kekerikan", and remained at or near their homes for the first 40 days postpartum. Two of the women had been cared for only by midwives and did not follow these postpartum traditions. The remaining woman was cared for by just the TBA and also followed the traditional postpartum rituals. Eight of these women gave birth at home, three at the midwives' homes, one at a maternity clinic, and one in a hospital. The latter required a vacuum extraction of her infant. However, all of the women had a vaginal birth. Apart from the assisted delivery, none of the women had complications during the birth of their infants. All of the women breast fed their infants and were still doing so when interviewed.

Thematic Analysis

This section presents in detail the themes identified from the interview. There were seven themes that captured the experience of being a new mother and care received during the first four to six months postpartum. These themes are: (1) Being a new mother is not easy, (2) A new mother is not as free as she was before, (3) Trying to be a good

mother, (4) Being a mother confirms her destiny as a woman, (5) Being a mother is very gratifying, (6) A woman never feels ready for first-time motherhood, and (7) A woman needs help when she becomes a mother for the first time.

In the following section the themes are presented separately to highlight the structure of the experience of mothering for the participants. However, these themes are interrelated and interdependent and together provide the "essence" of the experience of motherhood for these women.

Being a New Mother is Not Easy

What is it like to be a new mother? This was the question I began with in my interview. One of the women summed up very briefly what all the participants expressed in one way or another when she answered, "*Being a mother is not easy*". Prior to having a baby it was hard for any of these young women to imagine just how difficult it would be to integrate this new responsibility into their daily lives. It was only in retrospect that as one woman said, "*I realized how difficult it is to be a mother*". In fact for some of the women, their experience now with motherhood made them more aware of their own mothers and how difficult it must have been for them:

> *You know this* [motherhood] *makes me think of my mother. I can feel what my mother must have felt, like I do now, such as being busy, losing sleep, and feeling tired when we were young children. I feel guilty now when I think of my mother because I sometimes disobeyed her. Hopefully my child will obey my husband and me.*

Being a new mother was not easy because the participants had to assume the responsibility for their babies and the care of these babies. They felt this responsibility was difficult and they tried to become more efficient in meeting the baby's needs and establishing a daily routine of care. They had to incorporate such activities as breast

feeding, bathing, changing diapers, dressing, consoling, comforting, putting to sleep, watching over, playing with, and keeping the baby safe and well into their daily lives. One mother described a fairly typical daily routine as:

> *Well . . . I bathe him twice a day. I feed him, change his diapers, take care of him, play with him, and suckle him. I read in the magazines that when you suckle your child, you should chat with your baby . . ..so I do that . . .it feels so great Mam.. . . especially since my son now is able to answer me, even though he is only babbling.*

This constant care and attention to the baby and his or her needs put a great deal of physical demands on the women. Many described themselves as exhausted, fatigued, or suffering from a lack of sleep. Some even felt they had lost weight because of how hard they were working. Mothering was not just a daytime activity; it was a twenty-four hour responsibility as described by this mother:

> *When the night comes, he falls asleep, yet at midnight, he wakes-up because he wets his bed. Because of that, I'm often upset because he interrupts my night's sleep. So, I suckle him, then he sleeps again.*

The demands of infant care certainly did not become less as the baby grew and developed. While the women felt more comfortable in handling their infants and caring for them, they also felt they had new responsibilities associated with their care. They generally felt that it was even harder mothering an older infant than a newborn, even though handling a new baby caused more apprehension for them. They were worried about handling a newborn because the infant seemed so fragile and they were worried they would hurt the baby. Different concerns about the growing baby were present as this mother's experience suggests:

> *Well Mam ...my daughter is now more active, she also moves more quickly than before. Now she is already sitting...I always worried that she may fall down when I leave her for cooking or washing clothes for a while. I have to do my housework promptly, very quickly. Well I need someone to look after my baby while I am doing the housework. If I have somebody to look after her, Mam... then I can freely do my housework.*

These women were also trying to learn about their babies and the babies' behavior. Because they lacked experience in caring for a baby, some of this learning was by trial and error. Learning by this method was difficult for the participants as they attempted to sort out the many different wants and needs of their young child. Many found it difficult to know what was wrong with the baby when the baby cried. They experienced a great deal of frustration when they were unable to soothe or comfort a crying infant. I could detect the pain and frustration that was present in this woman's voice as she described her situation:

> *I get fed up with my son every time when he keeps crying. I'm often confused, 'what's wrong with this kid? I have rocked him in my arms, I've given him milk, I've taken him outside, but still I've no idea, why he's crying'. I'm often impatient because I don't understand anything. It is very difficult to understand his attitude and his wants.*

What seemed particularly frustrating to some of the women was that it could be so hard to console a crying baby – their crying baby – while others, like mothers or mothers-in-law, could comfort the baby. The participants would try and do as their own mothers or mothers-in-law had done but often without the same success. Not being able to soothe their own infant indicated just how hard mothering can be:

> *I still can't stop him from crying when he cries. It is different with my mom. She is really good at handling him when he cries. When she holds him up, his crying will automatically stop. It is so unlike me. If I try to carry him on my arm, his crying becomes louder. I often imitate the way my mom comforts him, yet it doesn't work at all. Ugh . . . if it happens, I am so very upset. Until now, I still can't figure out what he wants.*

One of the reasons that motherhood was so difficult was because the women still had the responsibility to care for their husbands and households. Mothering was an added responsibility to the ones they had assumed when they married and took over responsibility for housework that included washing, cleaning, shopping, and cooking. It was the added responsibility of their infant's care and having to fulfill their other responsibilities that caused conflict for these women. Virtually all women in this study coped with this potential conflict by giving priority to the baby, as one of the mothers explained:

> *Well, my priority is to take care of my baby. I will leave my household duties and do them later after she* [her daughter] *gets calm. I try my best to first take care of my daughter before anything else. I can always do housework later. My baby is more important.*

Mothering could be even more challenging in the event that the baby had a problem. The mothers talked about their responsibility to keep their babies healthy. They were responsible for taking their babies to the posyandu on a monthly basis to have regular health check-ups. If the baby should become sick this increased the women's worries, as well as the physical demands of care. They were up more frequently at night, watched the baby more, and had to spend more time holding and trying to comfort the baby. Two of the mothers who had an experience with a sick baby felt that the biggest challenge of mothering was keeping the baby healthy. One woman described her feeling about this:

> *My challenge . . . .I don't want my son to fall sick. I want him to always be healthy. Previously, he was sick and I was confused, scared, so stressed and felt sorry for him. That's why I always look after him carefully. I don't want him to get sick anymore.*

If the baby was more prone to sickness or episodes of illness the mother experienced even greater difficulty. She felt quite helpless to do much to comfort the baby apart from staying close to the baby. It was emotionally difficult f the mother seeing her baby so sick. One woman, in particular, expressed an overwhelming worry about maintaining her baby's health because her son often gets sick. She felt that she had not been able to care for her baby well and does not even know how to care for a baby. She hopes her baby will always be healthy. She comments thus:

> *My son falls sick too often, that's been my problem since he was born until now...I feel so sorry for him...and whenever he gets sick, he doesn't want anybody else to hold him. He only wants me, so I can't do anything else. I take care of him day and night. I am really tired physically and mentally. I am afraid that something bad may happen to him. I want my baby to always be healthy.*

In addition, having a baby added to the monthly expenses of all the participants, especially in providing infant needs such as feeding, dressing, and keeping the infant healthy. This resulted in a reduction of family finances for a number of the women, especially those who were of low socioeconomic status. They faced financial difficulty because of the infant care responsibilities. For example, one woman whose husband was seasonally employed expressed her financial difficulty due to the fulfillment of the baby's needs. She stated:

> *Another problem concerns our economy Mam, the monthly expenditures are clearly increasing, on the other hand, my husband has no . . . even if he works, that's only temporary. Now, we get a lot of help from our parents. We get even rice from our parents.*

Another mother who has a higher socioeconomic status, but nevertheless anticipated financial problems in keeping her baby healthy and in providing solid food or instant milk, expressed her situation as:

> *Our monthly expenses too, likewise additional costs for my baby, I have to reserve money for medical expenses for my baby as well as she is a very young child, so she might unexpectedly get ill. For medical matters I always trust if my baby is treated by a pediatrician. Well it will be costly of course, then her powdered milk, her meals. Well, it is really costly for us to pay for monthly expenditures now.*

A New Mother is not as Free as She was Before

Not only did motherhood bring new responsibilities for these women, but it also brought about other changes in their lives. In the interviews, the women described some of the many changes that they had experienced in their lives since becoming a mother. Without exception one of the greatest changes that all the women interviewed discussed was the impact that having a baby and having to care for that baby had on their freedom. The women now had to consider their infants and what to do with them if they wanted to do anything or go anywhere. A common response was, "*life has changed*", and that freedom had been restricted or the many demands left little time for what she liked to do. More frequently the women would simply state, "*you are not as free as you were before*". Most of the participants expressed some feeling of isolation from their friends and confinement in their activities after they had the baby. One woman summed up her life now as:

> *Basically, after having a baby, my personal life has changed. I can't be like the way I used to be* (She was smiling).

There was a big difference from being a young single woman in the village to being married and a mother. It was felt as a big transition in their lives. As a mother, the woman faced the reality of her current situation, that of care of her baby. All the women compared their life circumstances before they had a baby with what they were after the baby was born. Because of the demands of motherhood they did not have the same

amount of time to spend on themselves nor with friends. Whereas prior to having a baby they could take their time in getting dressed, grooming their hair, and just looking their best, after the baby was born this would be a real luxury. One of the participants explained:

> *Sometimes I don't even have enough time for myself for just taking a bath, or for combing my hair and making-up my face. Now I don't have time to look after myself. So, what people around here say is true "once you have a baby, you look old" because there is no more time to take care of yourself. I just have a child and I already look faded, look old, tired.*

The women explained that they needed to and were putting the baby's needs ahead of all others and even before their own needs. The baby's needs were rated as having a much higher priority than their own pleasure or their personal needs, no matter how hard this was at times for them to do. For some women putting the baby's needs first was a big change from their previous lifestyles, because they were all fairly young and did not have a great deal of responsibilities. However, they were willing to change for the sake of the baby:

> *Now, I'm not able to please my self. Now I am actively breastfeeding, I have to choose healthy eating habits, I mean I must be careful to select foods to keep me healthy since I think of my baby and I must be prepared to sacrifice my own pleasure. It is the time to think of my child.*

In putting the baby's needs ahead of all others, most mothers in this study reported that they had to make significant changes in their lives in order to accommodate the needs of their infants. The mothers talked about their restrictions on going outside the home when they wanted to as a form of thinking about the baby's needs first. They had to consider the baby's well being first before they could go out to do shopping or just going out for enjoyment. They often canceled their plans to go outside the home because they

were worried about the baby. At the very least they had to carefully plan for the baby's care if they needed to go out for a short period. The following quotes illustrate the restrictions women experienced after the birth of their infants:

> *My mind is always with my daughter, whenever I want to go out, or want to leave her at home I am always worried she may be crying and need breastfeeding. Therefore, I'd better stay at home a lot more.*
>
> *After being a mother, now if I want to go out alone, I have to think about my son first. If I go somewhere, with whom will my baby be? Should I bring him along or not? Does he need milk? So, I must be at home to take care of my child. It is all right to stay at home.*

When the infants were older and it was acceptable to take them outside the home. i.e., after the 40 days postpartum, an alternative for these woman was to consider bringing the baby with them if they wanted to leave the home. They felt the only way they could have peace of mind was if they took their babies along. As one woman said, "*I can't go anywhere without bringing my child.*" A second woman also reflected, "*Now, I have to carry a baby when going out.*" Another said, "*I will bring my child if I am going out, so I am no longer alone along the way when going out, I have to carry my baby with me.*" Even if they were able to take their baby along with them, the mothers felt they had lost some freedom because they felt they could not take a small baby everywhere and they were becoming heavier to carry around.

Besides dealing with the restrictions on going outside of the home because they were worried about their babies, several mothers also said that they were not free to go outside the home without permission from their husband. In this case, they also showed their respect to their husband by asking his permission when they wanted to go outside the home. One woman stated:

Now obviously I have a husband, I have respect for him. When I want to go somewhere, I must get permission from my husband. Usually my husband doesn't forbid me if I want to go somewhere, as long as I ask him first.

The increased responsibilities of motherhood greatly affected the time they had to spend with their friends. Most of the women in this study voiced the fact that they were no longer free to go out with their friends as they used to be before they had a baby. They now had to stay at home most of the time with the baby. They talked a great deal about how they used to get together and hang around with friends when they were single women. A woman commented on her loss in time for relationships with friends as follows:

When I was single, I frequently used to take a walk and spend my time with friends, but now, I spend a lot of my time at home, I can't go out to my friend's house for relaxing, and seldom go out to meet my friends.

Not being as free as they were prior to the birth of the baby meant a big change in friendships and time to spend with friends. Many of their friends were still not married and, therefore, free to spend time visiting with each other and taking part in certain activities. These activities were now restricted to the participants as wives and especially as mothers. Young unmarried women in the village spend time together. For the younger women in this study not being free to be with friends was especially difficult and they reflected on this loss of freedom:

Yeah, I can no longer freely go anywhere as I used to. I can no longer play or go out alone. I now spend most of my time at home. Sometimes I am jealous looking at my friends who do not have a baby. I often think "I used to be free like them too". Now I usually stay home.

Another loss of freedom that some women talked about had to do with working outside the home. Prior to marriage and the birth of the baby the women had worked.

Almost all of the women in the study quit working after they had a baby, some even after they first married. They felt that they did not have time for working outside the home anymore because of infant care responsibilities. Some preferred staying at home with the baby to working outside for the sake of giving the best care to their baby. One woman stated:

> *Before having the baby, I used to have a job at the factory just for fun and getting money. But now, I can't do that anymore. I have to stay at home with my baby.*

However, while they acknowledged that care of their infants was a priority in their lives and they loved the child very much, they did miss the workplace and their work. They experienced some tension between motherhood and having a career. A discussion on this topic during our interview led one participant to tell me:

> *Actually I envy . . . deep in my heart I really envy. I* [feel] *envy when I see other people, or my friends, who are still single, and don't have any kids, and still can do whatever they want to. If my friends come to visit me I feel a bit sad hearing their stories. Some of them have become supervisors and the others have become this and that.*

Trying to be a Good Mother

According to the participants in this study, being a good mother was an important aspect of mothering and something they tried very hard to accomplish. We discussed what a good mother was and how they were able to be that kind of mother in their everyday lives. These discussions suggested the importance that the women attached to motherhood and what they felt that meant. More than one woman discussed what makes a "good mother" and stated, "*I really want to be a good mother*."

How did the participants express what makes a good mother? In exploring further the "lived" aspects of being a good mother, the participants talked about their

relationship with their baby and how they needed to approach this relationship. All the women talked about developing patience with their child and being able to maintain this patience even when mothering was most difficult, such as a baby who could not easily be consoled. Some of the mothers were not quite prepared for how their patience would be tried by such a small individual.

> *What kind of mother am I? Well I am a mother who has insufficient experience. I wish I could be a good mother, in fact as a mother I should be more patient. But I think I am not like that yet. Having a child is training for me to be a patient person . . . a mother should be patient with her baby.*

Mothers spoke about their efforts to be patient with their baby's behavior. They felt patience is very helpful when trying to understand what the baby wants, especially when the baby keeps crying. Some participants considered being patient to be one of the big challenges for a new mother. Some said that they just took a deep breath, tried to be patient, and not to be angry with the baby when she / he continues to cry. The rest of the participants asked their mothers how to calm their babies. One woman described how she is able to be patient with her baby:

> *How would you be impatient with a little baby? A little baby doesn't know anything yet, he will not understand* [She was laughing]. *If he cries, I hold him in my arms then breastfeed him until he falls asleep. I ask myself, why would I be angry with him so, I keep myself patient, the more patient I am, the more I love him* [She was again laughing].

It was not always easy for these mothers to be patient with their infants because of the many demands of motherhood. Some felt that they had not encountered any other event in their lives that demanded the same amount of patience while others felt it was particularly difficult because by nature and habit they were not particularly patient. They had to work at being the mother they thought they needed to become:

Sometimes when he is being quite calm, I feel sorry and regret that I often get angry with him. Why do I get angry with him? He is only a little baby. He doesn't know anything yet.

The participants in this study described that trying to be a good mother meant having the primary responsibility of childcare. They also talked about how a good mother would love and watch over the baby and would turn her attention to the baby. For the sake of the baby this meant that they would quit work and stay at home to take care of the baby. Quitting work would allow them to be a better mother. Some even felt that they would only go back to work when their baby has grown-up. They felt they had a good chance to get a job because they are still young. One woman stated:

Sometimes I'm thinking of going back to work. Of course, you know what I mean, right? I am a mother now I have to quit working for my son. But . . . well that's okay. I still have a lot of chances for that. I am still young, aren't I?

In the long-term, being a good mother meant that a woman would need to be able to raise a child who would reflect well on her and especially her husband. They believed that their ability to raise the child well is a reflection on their husband's name. As a good mother, these women thought about how their abilities as a mother would be evaluated in the village:

Obviously, I have a husband, so I must keep my husband's good name and must have a harmonious relationship with my husband. That's for sure, because if I make a mistake, my husband will be blamed by the people. It is social fact with people around here that as a wife, I should keep my husband's name. So, now I have to keep acting well.

They were acutely aware of their new status as a mother and what that meant in terms of how they might be judged by others, especially their husbands, but also family and friends, and people in the village. When I asked them to describe what their new status as a mother was like, most of them referred to the mother's responsibilities (baby,

husband, and household). One woman explained:

> *My new status now is a mother, I have to take care my child every day, my husband or my family, and everyday I also have to take care of my housework.*

In addition, they felt a good mother should be able to manage her time wisely. For a number of the participants in this study, this included time for taking care of the child, time for doing the housework, and time for the husband. They talked about how they divided their time for those different responsibilities. Some women arranged their daily time by waking-up earlier in the morning than before they had a child. They completed the housework earlier in the morning before their husband or their baby got up. They wanted everything related to housework to be done before caring for their husband and their baby. Two examples show how these women try to share their time between their baby, husband, and housework:

> *I always get up early in the morning at around 4 am, I start to wash the dishes and cook the rice. The main thing is everything has to be ready before my husband and child get up. I don't want time for housework to be taken away from caring for my husband and playing with my son.*

> *I always try my best to have everything well done. I have to be able to manage my time well...I wake up very early in the morning, while they are still sleeping, and quickly do my work* [smiling].

Being a Mother Confirms her Destiny as a Woman

The women in the study saw motherhood as something that offered them a positive identity. They felt that getting married and having a child transformed a woman into a mother and also an adult. Despite the difficulties they experienced including their loss of freedom, motherhood confirmed a woman's destiny and created self-respect. All the women in this study, without exception, felt it was part of their destiny as women to

get married and have a baby. This feeling of destiny helped them to accept the many changes in their lives. One woman explained how she felt about her new status as a mother:

> *It's my destiny, right? Basically, I have changed because I am a woman who has a husband, now I have a child, and maybe sometimes I will be annoyed by my child. No, I am not sorry at all with what I am now.*

The women discussed the changes to their body that accompanied pregnancy and breastfeeding and felt these too were part of their destiny as a woman. The changes after birth they described included changes in the size of their breasts, stretching of their abdominal muscles, and changes in body weight. Because of their destiny as a woman to have a baby, they considered that these changes were not a problem for them and were common to all women. As well, they thought that those changes were a part of their sacrifices for the sake of the child. One woman expressed her acceptance of the physical changes as part of a woman's destiny, as follows:

> *Once I felt shocked, especially when I was pregnant, my body was so big. I realized that it is the woman's destiny to have children. It is about time that I experienced this event, so I just accepted it. You know it is for my son, so let it be. Now, my breasts have become bigger, besides, my belly is big . . . there is a stack of fat on my belly, but it is no big deal. It is woman's destiny.*

The feeling of having a child as a "women's destiny" also had an impact on how they saw the changes in their social life. Even though they were not able to engage in the same social activities with friends that they had prior to having a baby and despite the fact that some still felt envy when they saw unmarried friends or friends without children, most stated that they accepted these changes because it was part of being a woman in Indonesia. One woman who was asked to describe her feelings when she watched her friends who were still single and had the freedom to go anywhere responded:

> *Well it doesn't matter at all, I should not be jealous, why should I? I am a married woman who already has a baby. I realize that I have less freedom right now, but I think that is my destiny as a woman who already has a baby.*

Another part of their destiny as women living in a village in West Java was that they be prepared to follow the traditions of the postpartum period. The women in this study who are native to the area (ten of the thirteen participants) accepted tradition and followed those of the Iwul village for postpartum care during the first forty days. In accepting their destiny, they followed these traditional customs even if they were uncomfortable. These traditions include doing "*mapasan*", using an abdominal binder, staying at home for the first 40 days, and following any food prohibitions.

The women who followed these traditions did not fully understand how the traditions helped. They just followed them. They believed that the rituals and ceremonies were to prevent mothers and babies from becoming sick or for the sake of the mothers' and baby's health. Ultimately, they just said it was part of a "woman's destiny". One woman who followed the traditional custom of using the abdominal binder during the first 40 days explained:

> *I continuously wore the binder...I removed it only when taking a bath. It's very difficult to use the toilet with a binder on. I had to keep it on even when I was sleeping.* [I] *felt really uncomfortable. I just tried to follow what I was being told - patiently. It's my destiny as a woman.*

Other women were afraid something bad would happen to them and their babies if they did not follow the "*mapasan*" custom. For this reason, they followed the rituals. They felt that they were the ones who should accept the responsibility to follow what the older people said. This is illustrated by a participant who admitted:

> *I also did "mapasan"...it is the custom here which, for the first 40 days, forbids all mothers that have just given birth to eat certain foods or to do the housework before the baby's cord was broken. I followed the custom, if I didn't do that I am afraid something wrong may happen. I am the one who should accept the tradition around here and the people here will say that I didn't follow what old people said...he...he... I just followed that tradition.*

One of the aspects of traditional postpartum care is that the mother and particularly the infant should stay in the home for the first forty days postpartum. Although they found it to be a very restrictive practice, a number of women felt compelled to obey this tradition and were accepting of it.

> *Yes, Mam I should stay at home for 40 days. I mean my baby and I may not go out of the house too far. So I am just around my house. That's the custom here you know, Mam. Custom here forbids mothers that have just given birth and the baby go out of house too far. They said, a mother that has just given birth smells fishy, so the evil likes it a lot and will tempt them.*

Being a Mother is Very Gratifying

The participants expressed their struggle with a number of difficulties, challenges, and responsibilities related to being a new mother, however, they also talked about the satisfaction and the gratification they received from being a mother. For all the women in this study, the gratification with the baby contributed a great deal to what it was like to be a new mother. The women spoke about their babies and the strong feelings of love that were evoked by just looking at the baby:

> [Son] *is growing bigger and he's also getting cuter. I feel that I adore him even more now.*

Just as the sources of difficulty with motherhood were many, so were the sources of gratification. One of the main sources of gratification was the feeling of pride in having a baby. Because they had a baby, a number of the women felt a sense of

importance and maturity in becoming an "adult woman". One woman felt that having a baby gave her a sense of security and belonging because she was able to prove to herself and others that she is "normal" or "fertile women".

> *I am very proud of having a baby. Because I am fertile I am able to have a child. I know that many women want to have children so badly that they even buy a child.*

Another feeling of gratification was their new status as a mother. The new status gave them an identifiable social status in their community. All participants felt proud of having a new status, as stated by one woman, "*I am very happy with my new status now.*"

An additional source of gratification was the infant's behavior. They described how having an infant brought fun, consolation, and humor into their lives. The baby's behaviors and caring for the baby also made some participants feel happy with their baby and they felt proud of themselves as a mother. Some women felt happy with the baby because the baby could now play with them or be a friend to talk to when they felt lonely. Others felt proud with their ability to care for their baby. In other words, they said although they felt fatigued due to a lack of sleep, they liked what was happening to their baby:

> *I now have someone to play with. My son is a kind of entertainment for me. When I feel upset, not upset with my baby, of course, I talk to him...play with him...and when he smiles, my upset will just go away. If I'm sleepy, it will disappear when I see him smile. Moreover, my son is now doing a lot and that makes me even happier. He always smiles and laughs every time I talk to him.*

The gratification with their infant also seemed to have an effect on the women's decision to quit work. A number of the women preferred taking care of the baby to continued work outside the home. By quitting work they felt that they had much more time for the baby. As one woman stated, "*I am more able to take care of my daughter*

than make money, I think [Laughing]." Another woman made similar comments. She explained, "*I want to enjoy taking care of my child...working again? That's a piece of cake. I could do that later*."

For most of the participants in this study, seeing the baby grow and experiencing the baby's achievements was a very gratifying part of motherhood. Every day the babies seemed to surprise them with their progress. This progress rewarded them for their sacrifice as a mother. Several women commented about how gratified they were just by having a healthy baby. Their baby's health made them feel that their sacrifice was worth it. One woman expressed her happiness as a mother when she observed her baby's progress:

> *At this time, what makes me happy as a mother is I can see my son grow. For instance, he can lie face downward, and he starts to sit. I'm so happy when I play with him, seeing him laugh and play. Thank God, there are some results now, because when I recall it was very painful when I delivered my child, I suckled him. At least, now my sacrifice is worth it. My son is healthy.*

Many of the women did not have any experience with a newborn and were very surprised at how much a baby was capable of doing. The mothers watched their infants carefully to see what they could do. One woman described how she waits for the surprises from her new baby's achievements on a daily basis. She is proud to be a mother because she is seeing how her baby is growing up

> *Watching the growth of my daughter is the most exciting thing. I am proud to be a mother because I can see and experience each moment by myself. When my daughter was three months old, she already could lie flat on her stomach....wow, it's surprising to me. I think her growth is improving. I am proud of looking at her cleverness and liveliness. Now she is already able to move forwards and backwards. Hopefully, next month, exactly six months, she will be able to sit.*

An additional source of gratification and pride in being a mother for the women in

this study was their ability to breastfeed and the act of breastfeeding. The women explained that they were very happy when breastfeeding their baby. Breastfeeding was one of the things that they could do for the baby. In fact it would have been very distressing if they had not been able to nourish their babies in this way. The participants had a special gratification in their ability to breastfeed. The act of breastfeeding, above all else was something they were able to do for their infants. It made them feel like a mother and some felt like a perfect woman because of this ability. One woman described her feelings:

> *I am a mother now. I have to give him my breast milk everyday. Now I am in* [experiencing] *motherhood. I think that's all . . . with my new status now . . . I feel like a mother. I realize that I'm a mother and I have to suckle my child. I really do want to suckle him.*

This gratification with being able to breastfeed contributed to the emerging feeling of being a mother. When the women were asked to describe when they first felt like a mother, many referred to the first time they gave their breast milk to their baby. These feelings were articulated clearly by two women:

> *I still did not have the feeling of being a mother when I gave birth to my son, but when I gave him milk for the first time the third day after birth . . . that time I really felt like a mother because that time he cried because he wanted to drink milk. That time I really felt that my baby really needed me as his mother* [smiled].

> *I felt like a mother for the first time when my daughter was born and I gave her my breast milk for the first time. At that time, suddenly my heart said that I am a mother now my baby needs my breast milk for her body to grow. I really felt that she needs me* [Smiling].

The last of source of gratification came from what they saw as a new relationship with their husbands. Their husbands now saw them as the mother of their infants. Many felt it also contributed to an improved relationship with the husband. A number of the

participants said that after they had the baby, their husband was more loving towards them. Because of the baby, they were closer to each other in their relationship as husband and wife. One woman expressed her gratification about the improved relationship with her husband:

> *Anyway, since I had a baby my relationship with my husband has become closer, and more romantic. He loves me more, now.*

Others explained that since having a baby, their husbands stayed at home more often to be with them and to give more attention to the baby. They stated that their husbands contribute to the baby's care. A number of the mothers reported their husband's participation was not only in child care, but also in practical help with household tasks, and they were satisfied with this fact.

> *Thank God. I have a husband who can help me. I am happy with his support. He also often wakes up at midnight whenever our child wakes up and then holds her until she falls asleep again. Sometimes when he does not work, I mean he has a holiday, he plays with her while I am cooking, washing, and cleaning the house.*

What was especially gratifying to these women was when others took notice of their infants. The participants described with pride how they felt when they took their babies with them and someone makes a positive comment about the baby. These comments serve to reinforce the pride they felt as mothers and validated their own satisfaction with the baby. As two participants said:

> *I feel so proud and happy with my son when there are people who like my son. Especially when he's at his age, just like now. Many people like my baby and that makes me proud of him. People say he is so cute.*

> *I have to carry my daughter with me. If there is someone who likes my baby . . .wow, I feel so happy to have her loved or liked by others. For example, when there is someone who says that my child is healthy and fat or cute that makes me happy.*

A Woman Never Feels Ready for First-Time Motherhood

One of the aspects of motherhood that all women in this study discussed was their lack of readiness to be a mother. All the participants felt a lack of experience with mothering. They felt that they did not have enough knowledge about childcare to take care of a baby. Several participants could not imagine how to care for the baby before they became mothers. Most of the participants in this study experienced a sense of being afraid to hold their baby and only dared to hold their baby around a month after delivery. One participant explained:

> *At that time, I mean before my son was a month old, I was scared to hold him, he was like a skeleton, Mam. I haven't dared yet* [hold him] *especially for washing, I just am afraid he will fall when I bathe him.*

The lack of experience and lack of knowledge about mothering had an impact on their judgment of their ability to be a mother, as well as their self-confidence. A result of this was a feeling of inadequacy in their ability to be a mother. When they were pregnant some of the women said they tried to imagine what it might be like to become a mother, and found it difficult to even see themselves in such a position.

A number of the women said even at the point in time (four to six months after birth) they still did not feel "totally" like a mother because their own mothers were still involved with the baby's care. A few still lacked the confidence to handle the baby alone. They still needed the support of their mothers to take care of their child. These feelings were articulated clearly by two women:

Well, I think, I don't feel completely like a mother. I haven't taken care of him totally and my parents still give me a hand. Actually, I don't have any idea about it. I don't even know how the people judge me as a mother and I'm not quite certain about what kind of mother I am. I only feel that I haven't been a mother who is really a mother.

I still don't know yet. Now, I feel that I've not been a mother completely. My mom still helps me in lots of things. I don't think I have totally taken care of my child. I still don't feel I'm fully a mother. I haven't taken care of my son by myself. My mom is more active in handling my son's problems.

The women's lack of experience and knowledge made them afraid to decide about childcare by themselves. They continued to rely on their mother or their husband as the decision-maker for infant care in their family. Many of the women expressed their feeling of a lack of confidence in their ability in deciding about childcare. The following is a fairly typical experience:

I don't have knowledge about childcare. This is my first experience. If I want to do something for my daughter, I always have a doubt in my mind...whether this is good for her or not I am scared that my decision is not good for my daughter.

Their lack of ability to decide on aspects of infant care made them depend heavily on advice from their own mothers. It highlighted just how unready and how unprepared they were to assume the responsibilities of motherhood. As first time mothers they lacked the practical ability to feel comfortable with their new role:

That is right, Mam I don't have a role in this case. My husband doesn't as well we just follow what my mother suggests. We realize that our knowledge about caring for a baby is not much, so we always trust my mother to decide what's the best for our child.

The sense of not being ready for motherhood also related to psychological readiness to be a mother. In this case, there were some participants who seemed to still want to be with their friends who are still single. Psychologically, it seemed that they felt

they were not ready to leave their life as an unmarried woman with friends for life as a mother with a baby. This part of being a mother was explored, and how they felt a sense of envy when they saw that their friends were still free to go out anywhere. One woman admitted:

> *I feel envious when I see my friends who are still free to go anywhere. Sometimes I like to say to my friends that haven't married yet, "Don't get married soon, it is better to be a single woman, free to go anywhere instead of taking care of a child, growing old at home. It is better to stay single, free to go anywhere", oh deep in my heart, maybe I am jealous of them.*

The feelings of a lack of readiness for motherhood were not just confined to the younger women in the study. Even the women who had been out in the workforce had similar feelings and they questioned the choice they had made to take on motherhood. One woman, who had quit work after she had a baby, also expressed her feelings of envy towards her friends who were still progressing in their careers. One participant in this situation described how hard this was for her:

> *Sometimes I feel a bit a sad hearing my friends' stories about their careers. I ask myself, "why I can't be like them, why don't I have the same opportunity like them?"*

A Woman Needs Help when She Becomes a Mother for the First Time

The lack of readiness and preparation for motherhood led the women in this study to experience the postpartum period as a time of needing help. In other words, the need for support or help, both informal (such as that provided by relatives family or friends) and formal (such as that provided by health care professionals) was seen as crucial for every woman who experienced motherhood for the first time.

All participants in this study required some assistance with the care of the baby.

Because of their inexperience in caring for the baby, the women in this study identified a need to learn to take care of the baby. In other words, the participants need to be taught childcare from someone. One participant stated:

> *Because I don't have experience in taking care of the child before* [Smiling], *truly I need somebody to guide me, to teach me everything that's related to the matters of motherhood, Mam.*

The participants were asked who would be the best person to give them, or others in their situation, more information or knowledge about childcare. Some women mentioned that their own mother or at least older or senior people are more appropriate to give them knowledge about childcare. They considered that those people have already had a lot of experiences in caring for children. Two women stated:

> *Well I think that old people here would be the best to give their experiences for us as a new mother.*

> *My parent, especially my mother or senior people who have already adequate experience in caring for children to give their knowledge about childcare for me.*

On the other hand, there were other women who trusted the formal health care system, such as the trained midwife, as the person best able to give information about childcare. They felt that with the services of the trained midwife, their health and safety was guaranteed. For example, one woman described:

> *Of course, the professional health care services such as physicians, trained midwives, nurses and also a special doctor for children are giving us some information about childcare for new mothers like me [laughing]. They know a lot about health.*

All the participants in this study talked about the person who has been most involved in their care since they became mothers. Most of the women depended on their own mothers. They said that their mothers were the most important people in providing

help to them. They stated that their mothers were great learning and helping resources. Most of the women in this study had learned how to take care of the baby from their mothers since early motherhood, for example, bathing the baby and learning how to calm down the baby. They also learned their mothers' ways of giving comfort to the baby. Two women had learned how to care for the baby from their mothers.

> *She* [Her mother] *helps me a lot. I usually ask her experience in taking care of children. She also teaches me how to care for my son, how to cook, and so forth. I also observe my mom's ways to calm him down and my mom gives me advice.*
>
> *I observe how my mother holds my daughter when bathing, and if I don't understand, I ask my mom. I observe everything the way my mom does things.*

Some had not taken over the care of their infant totally even at the time of the interview; in particular, they felt they still needed their mother's advice and suggestions for infant care. One woman described her experiences with her mother's support that she had received since the early postpartum period. At the time of the interview, she was still following all of her mother's advice and she was proud because she saw her mother as capable of taking care of the child. She made the following comment:

> *I just follow all her advice because I don't have enough experience yet. Automatically, I just go along with her because she has lots of experience. Moreover, all her advice happens to be correct all the time. My mom is very smart and full of experience, when suddenly I have difficulty stopping my baby from crying. Her suggestions mostly make sense.*

As well, all of the women in this study described their husbands as involved in the daily activities for childcare and housework. They felt their husband's help had been important. Their husbands contributed not only through giving practical support, but also much in the way of emotional support. Most of the husbands were involved in daily

childcare, in playing with the baby, as well as in helping to make decisions about childcare. Some husbands even participated in helping with household tasks when they were at home:

> *He always helps me in taking care of our child. If it is a holiday, my husband stays with our daughter totally to play with her. Thus, he is also helpful to me if I am confused about decisions for our childcare.*

Another person who was seen as an important source of care to the women and their baby was the TBA. Almost all women in this study used the TBA's assistance. The TBAs gave their services not only for postpartum care, but also their advice and their suggestions to the mother about caring for her newborn. One woman described her experiences with the TBA as follows:

> *Mak paraji* [The TBA] *massaged me. She also gave me her home-made remedy from the leaves (herbal medicine). And mak paraji asked me to avoid eating bananas, paw-paw, "nangka" fruit, and "ubi jalar". She said these kinds of foods will lower (the position of) my womb yeah, for the sake of my health and my baby.*

CHAPTER 5

Discussion

The main purpose of the present study was to understand the experience of early first-time motherhood of women in rural Indonesia and to examine the care these women received. In particular, the study was designed to describe, interpret, and capture the meaning of early motherhood, as well as understand the health needs of the rural Indonesian women in the postpartum period. These experiences were captured through deeply personal and emotional narratives and described in the following thematic statements: *Being a new mother is not easy, A new mother is not as free as she was before, Trying to be a good mother, Being a mother confirms her destiny as a woman, Being a mother is very gratifying, A woman never feels ready for first-time motherhood,* and *A woman needs help when she becomes a mother for the first time*. It is through these themes that the meaning of the experience of first-time motherhood can be understood more clearly. As well, these themes relate to previous research and theories related to becoming a mother.

This chapter is a discussion of the main findings from my study on the experiences of early motherhood among women in rural West Java. It is divided into three sections. The first section addresses the changes that occurred in the women's lives after they had a baby. The second section examines the difficulties, challenges, as well as the satisfaction of motherhood. The third and final section is a discussion of some of the needs that first-time mothers expressed or that were evident from their personal narratives. The discussion in the various sections compares the findings with those in the literature.

Changes Accompanying Motherhood

The two themes that most directly captured the many changes that these Indonesian women experienced when they become first-time mothers were "*A new mother is not as free as she was before*" and "*Being a mother confirms her destiny as a woman*". The first theme identified a major life change related to becoming a mother, while the second theme was used to explain or even justify acceptance of the changes they had undergone. The changes that these women experienced encompass psychological, socio-cultural, and physical dimensions of motherhood. These changes are similar to what researchers have documented in other cultures, particularly western cultures where most of the studies on motherhood have been conducted.

Women in this study experienced major life changes after they had a baby. One of the life changes that the participants talked about and that they were not well prepared for was just how much motherhood restricted a women's freedom, especially her physical freedom. A frequent comment of individual women was that she was not as free as she had been before she had a baby. Motherhood as a restriction on a women's freedom and social activities in other countries has been described by Boulton (1983) and Oakley (1980) in their work on mothers. Similarly, more recent findings on the effects of motherhood on limiting women's freedom concur with the finding of previous research and the findings in my study. For example, Barclay, Everitt, Rogan, Schmied, and Wyllie (1997) found that the women reported their whole life had changed when they became mothers. These women highlighted the loss of time for self, partner, and friends that they felt after they became mothers. Brown, Lumley, Small, and Astbury (1994) described the feelings of confinement that the women felt following the birth of infants as

that "tied down feeling".

Sethi (1995) identified the theme of "giving the self", in which the women accepted their isolation and confinement after the birth of their infants. A parallel finding in my study was that the women described the giving of themselves to their babies in the form of putting the baby's ne/eds ahead of all others, especially their own. Consequences of giving attention to the baby meant that the women often had less time for themselves so had to pay less attention to their own personal needs and wants.

When negative aspects of mothering were discussed, the participants told me it was something that they needed to accept because they felt motherhood confirmed their destiny as a woman. This belief helped them to accept the many changes in their lives. For example, even though they valued a slim body and physical attractiveness, they accepted the changes to their body that accompanied pregnancy and breastfeeding (e.g. stretching of the abdominal muscles, changes in the size of the breasts, and changes in body weight) as all part of their destiny as a woman. Moreover, these women followed traditional postpartum rituals because they consider that these too were part of their destiny. Because of their sens/e of destiny, they considered that much of what happened to them was a result of having a baby, even though it limited their freedom or activities, was inevitable rather than a loss in their lives. It may be that this belief in destiny is an adaptive mechanism for some new mothers.

Difficulties, Challenges, and the Satisfaction of Motherhood

Motherhood was neither totally negative nor was it always a positive experience for my participants. Instead, the women reported both negative and positive feelings and these were best captured under these themes: " *Being a new mother is not easy", "Trying*

to be a good mother", and *"Being a mother is very gratifying."* Together these themes indicated some of the difficulties, challenges, and the satisfaction of motherhood. Previous research on early motherhood suggested that this period is a time of much uncertainty and is unpredictable and stressful (McVeigh, 1997,1998). Because early motherhood experiences tend to be unpredictable, many women have difficulty integrating the demands of their new role as mothers with other roles they hold (McVeigh, 1997). Since, to a great extent the tasks of mothering are culturally and socially prescribed, women may experience difficulties internalizing some of these expectations, depending on their degree of readiness. It is not uncommon that women experience conflict between how they expect motherhood to be and their own experiences as mothers (Mauthner, 1999). Affonso (1987) identified clusters of factors that were potential stressors or barriers to successful maternal postpartum adaptation. These were daily activities, impact of childbirth events, mother-infant interactions, social activities and support, and self-assessment. These factors were contextual factors in my study.

One of the main difficulties that the women experienced was the responsibility they now had for an infant and caring for that infant. In fact, responsibility for care of the baby contributed most to the difficulties and challenges of being a new mother for all women in this study. The responsibility associated with infant care is tremendous because of how dependent a new infant is on her or his caretaker. The social position of mothers means that this responsibility usually falls on them (Bernard, 1974). Boulton (1983) made a similar observation: "This responsibility seemed to be presented as giving them particular meaning or purpose in life, but was seen as arising from their social position as

mothers which defined their aims in bringing up a child" (p. 126). In Indonesian culture, the social position of mothers is very much tied in with being responsible for the care of the infant.

Another difficulty associated with motherhood that emerged from this study was the role conflict between the role of mother (caring for the baby) and her role as wife (caring for husband and the household). These tasks can be overwhelming for every mother no matter how experienced in childcare or housekeeping and how balanced she is (Kitzinger, 1971). Traditional societies put a heavy emphasis on these dual roles so it is not surprising that many women in my study were expected to fulfill traditional roles as a mother and housewife. They did most of the housework and took emotional responsibility for their family. The merging of responsibilities for their husband, household, and children may give rise to difficulties when child care obligations conflict with the obligations of housework and care of a husband.

One of the main challenges that the women described was a loss of sleep or interruptions in sleep because of the demands of infant care. Fatigue was a common complaint by the women in this// study. Lack of sleep and fatigue are well documented in the research on early motherhood (Ruchala & Halstead, 1994; Smith, 1989). Richardson (1993) described that taking care of children, especially during infancy, is a tiring and demanding job, which can seem unending.

The theme, "*trying to be a good mother*", illustrated what all the women saw as a major challenge for them as mothers. They recognized the importance of developing patience when trying to understand what the baby wants, especially when the baby kept crying. It was really a big challenge for these first-time mothers who did not have any

previous experience with a crying baby. In the mothers' own viewpoint being a good mother necessitated that they respond intuitively to the baby's needs so that the baby is happy, comfortable, and does not cry. They also felt that good mothers were ones who stayed at home to look after the baby. The "good mother" is a well-defined theme in the literature and research on mother/ing. The Pacific Postpartum Support Society (1997) identified good mothers as ones who always have the time to play with their children and the wisdom to guide and discipline them. These ideas of what constitute a good mother were definitely present in what the women told me. The women I interviewed used terms like "patient" and "loving". They described behaviors such as being attentive to their babies and meeting their babies' needs as activities that a good mother would do.

However, the idea of a good mother goes far beyond how the woman interacts with her infant. Mothers are expected to place low priority on their own personal, sexual, educational, and economic needs and are supposed to take care of the needs of their family first. These women constantly received messages from their own mothers or the older people around them that mothers should be beautiful, calm, and happy, as well as good shoppers, cooks, and clean /and tidy housekeepers. Richardson (1993) noted that this extended view of a good mother is prevalent in society and demonstrated how it works against women in that "definitions of good motherhood, which emphasize maternal self-sacrifice and the child-centered nature of society, which frequently puts children's needs and rights before women's, mean that women can expect to receive little public support if they blame their dissatisfactions with motherhood on their children" (p.4).

Morse (1991) suggested that the first-time mothers might be at risk of increasing

levels of distress, anxiety, frustration, and a vicious cycle of dysfunction and depression throughout the early motherhood period. These experiences are a very common occurrence for first-time mothers.

Although a baby may create frustration and uncertainty for mothers, a baby brings feelings of pride and satisfaction and these contrasting sets of feelings are not mutually exclusive. The women in my study had both types of feelings. A sense of gratification, however, was the predominant feeling. The women could easily identify with why motherhood was so gratifying and much of this related to infant behavior or responsiveness. Pridham (1987) found that the infant's growth and development were sources of satisfaction for new mothers. Similarly, the work of Brown, Lumley, Small, and Astbury (1994) identified aspects of being a mother that brought the most joy and satisfaction. They found that mothers were satisfied with watching the child's development and having a healthy baby. There was also some indication that the women received satisfaction from the sense of being needed by their babies, similar to what Richardson (1993) suggested.

A second source of satisfa/ction for many women in my study was related to their husband's renewed interest in them and the infant. Their husbands seemed to pay more attention to them and the baby and stay at home in the evenings more. A number of studies discussed improved marital adjustment or marital satisfaction as one of the sources of gratification of motherhood (Majewsky, 1986; Pancer, Pratt, Hunsberger, & Gallant, 2000; Thetjen & Bradley, 1985). Tucker and Aron (1993) found variation in marital quality: some couples showed a decline in marital well being, other couples did not notice any differences, and some even improved. Gjerdingen and Chaloner (1994)

reported a positive relationship between the husband's participation in the household and maternal satisfaction.

Breastfeeding was another source of satisfaction in the current study. The women reported they felt like a mother when breastfeeding their babies. For some mothers, the act of breastfeeding gave them their first feelings of motherhood. All women in this study breastfed and they felt pride in their ability to breastfeed and the act of breastfeeding. In rural Indonesia it is expected that all women will breastfeed. Tarkka, Paunonen, and Laippala, (1999) suggested six predictors for coping with breastfeeding for first-time mothers at 3 months postpartum were: 1) feeling of competence as a mother, 2) appreciation of breastfeeding in society, 3) mother's socio-economic status, 4) feeling breastfeeding is an important part of motherhood, 5) feelings of the mother, and 6) affirmation given to mother by members of her support network. These predictors were similar to the findings in this study.

Grace (1993) noted that family interest in the infant could be a predictor of the mother's satisfaction with her infant and herself as a mother at six months postpartum. Most of the participants in my study were happy to have a new status as a mother. This new status gave them an identifiable social position within their community and recognition by family members. Most the participants also felt a sense of pride to be a mother, in particular when someone made a positive comment about their infant. This finding is confirmed by a study by Horowitz and Damato (1999) who investigated mothers' postpartum stress and satisfaction. Their findings identified that one of the sources of mothers' satisfaction was pride in being a mother.

Needs of First-Time Mothers

As I listened to the women in this study, there was a clear indication that they needed help with taking on motherhood. I believe that the two themes: "*a woman never feels ready for first-time motherhood*" and *"a woman needs help when she becomes a mother for the first time"*, best describe this need for help. New mothers' need for help has been identified in the literature, especially in the literature on social support. New mothers face increasingly complex situations and they often use trial and error to cope with these situations, especially during the early period of motherhood (Mercer & Ferketich, 1995; Sethi, 1995).

Like other new mothers, most of the women in this study felt totally unprepared for early motherhood. The reality is that raising a baby is a demanding and a long-term responsibility for women as they take on the task of mothering, and I sensed that the women felt the weight of these responsibilities. They stated that they lacked experience in motherhood and that they did not have knowledge about childcare. Barclay, Everitt, Rogan, Schmied, and Wyllie (1997) analyzed first-time mothers' experiences of early motherhood and found that most new mothers do not feel ready for what motherhood is really like. Similarly, the work of McVeigh (1997), revealed a "conspiracy of silence" when it comes to motherhood. First-time mothers in that study felt they were totally unprepared of the continuous demands placed on them by the baby.

The research evidence suggested that support is crucial for first-time mothers in order to facilitate a successful transition to motherhood (Cronenwett, 1984; Flagler, 1990; Kort, 1984; Majewski, 1987; Tulman & Fawcett, 1990). Research indicated that social support could lesson the impact of the "crisis component" in adjusting to a new baby

(Wandersman, Wandersman, & Kahn, 1980). The mothers in my study needed support. Women in the village had commonly turned to their own mothers as a source of support during early motherhood. They relied on their mothers for emotional support and practical help, as well as financial assistance. Their own mothers' experiences were a great learning resource to help them care for their babies and themselves. For example, their mothers explained which act/ivities they should engage in or avoid after delivery. Most participants continued to follow traditional practices of postpartum care. The assistance of TBAs was also a good source of support with early mothering. Other health care professionals played a relatively small role in overall care for this particular group of mothers.

The new mothers in this study seemed to lack support from health-care professionals for follow-up support and parenting education. A number of the participants reported that they had a postpartum visit from a trained midwife on the second or the third day after delivery. They stated that they felt the follow-up visits by the trained midwives were often brief, and educational aspects of mothering were rarely emphasized.

These women's experiences are common among Asian women who still live in traditional societies. In the traditional society, family members are very close and there is a strong influence of traditional customs. So, for these women, informal support that is provided by relatives is more readily available than formal support provided by health care professionals and organized self-help groups. For example, in Southeast Asia, women have a strong system of female support, particularly that of female relatives, during the postpartum period (Mattson, 1995). Similarly, Davis (2001) reported the importance of affiliating with female relatives (the women's mother or sisters' mother)

during the postpartum period for the Southeast Asian women.

The importance of family support to the adjustment of family support to the adjustment of women in the post-partum period is not only evident in Asian women. Sawyer (1999) reported similar findings among a group of African-American women and their supporters (the women's mother and other significant women in their lives). In addition, the first-time mothers in South Eastern Sydney reported that their parent's support was valuable, particularly the support of their own mother (Barclay, Everitt, Rogan, Schmied, & Wyllie, 1997).

All the women felt that they had a great deal to learn, and they had many concerns about their infant's behavior and about caring for them. Most women described that lack of knowledge about their infant's behavior, and stated that learning how to understand what the baby wants was their most challenging task as first-time mothers. Previous research indicates that many first-time mothers experience feelings of inadequacy associated with their lack of knowledge about infant behavior (Leifer, 1980; Shereshefsky, Liebenberg, & Lockman, 1974). The finding that women were concerned over how difficult it was to understand the baby's needs when the baby kept crying are similar findings to those reported by by Sethi (1995) and Barclay et al. (1997). These researchers found that mothers needed to learn about caring for their baby and that the process of learning to care for the infant takes time, and is influenced by both the mother's and her baby's characteristics.

Summary

Although the context of my study differed from much of the research reviewed in that I studied women living in rural Indonesia (and most of the literature was based on western culture), there were many similar findings. First-time mothers experienced a great deal of change in their lives now that they had an infant. They found that infant care and the responsibility that went with this care were very demanding. Many were not prepared for how difficult this adjustment could be.

While there were a number of difficulties and challenges associated with motherhood, there was a great deal of satisfaction as well. Difficulties and challenges were related to infant care combined with other responsibilities and trying to be a good mother to their infants. Just as the infant was a challenge, she or he was a great source of gratification. The mothers were very pleased with their infants' development and interactions with them. Satisfaction with the infant was reinforced by positive appraisals of the infant by family and friends.

Mothering is not an innate ability on the part of women; it requires help and support from family and health professionals. In particular, the women wanted to know how to care for their infant, respond appropriately to their infant's cues, and about infant growth and development. They felt that knowledge in these areas would have made motherhood easier for them and lessen some of the worries that they had. The study has a number of implications for developing nursing care to assist women in a similar situation and these implications will be discussed in the final chapter.

CHAPTER 6

Nursing Implications, Limitations, and Conclusions

The findings of this study contribute to a primary goal of the project "Nursing, Women's Health, and Community Outreach in Indonesia," a partnership project between the Faculty of Nursing and Memorial University of Newfoundland School of Nursing. A major goal of the project is to improve the health of mothers and children in rural West Java, Indonesia through community-based train-the trainer programs. This study, which analyzed the experiences of first-time mothers during the first four-six months following birth, complements a comprehensive community health needs assessment being carried out in an area covering four large villages. As well as helping nurses understand the experiences of rural mothers, the data identified the current care the women received, gaps in care and maternal needs. Based on the findings, appropriate programs to assist mothers during the transition to motherhood can be developed in the community.

This chapter is divided into three sections. The first section begins by outlining the discussion of the implications of the study for nurses involved in practice, education and research. This is followed by limitations of the study, and a brief conclusion.

Implications for Nursing

Practice Implications

Phenomenology does not prescribe action for use in clinical practice, but it can influence a thoughtful and attentive practice by revealing the meanings of human experience (van Manen, 1990). The analysis of the meaning of the experiences of first-time mothers as captured by this study, contributes to our understanding of what it is like

to be a new mother in rural West Java. Indirectly, the findings suggest that a more comprehensive approach to care that enhances the woman's unique experience of early motherhood is necessary. This has implications for nursing practices at the village/project level and for the nursing care to first-time mothers.

Presently in Indonesia, community health nursing services are underdeveloped. Key professional community health personnel include the bidan (midwife), the nurse (based at the puskesmas [health center] who functions more in the role of physician's assistant and record-keeper), physician, dentist and non-professional staff. In the villages, kaders (volunteer community health workers) support the work of the puskesmas staff. Health promotion programs lack a comprehensive, coordinated approach to improving the health of the community, community mobilization, and community development. Bidans have a major role in the community health strategies that exist, which leave them less time to provide more comprehensive care to women in childbirth. A community health nursing model based on the nursing process model of assessment, nursing diagnosis, planning, implementation, and evaluation needs to be developed. This must be done within a model appropriate to Indonesia.

In nursing practice, interventions are based on comprehensive assessments. Comprehensive nursing assessments for first-time mothers must address physical recovery, psychological adjustments, and social adaptation. Factors that enhance a healthy postpartum adaptation include realistic expectations, adequate support, and sufficient knowledge about childbearing and child care. Awareness of the importance of incorporating psychosocial with physiologic concepts into nursing assessments will give Indonesian nurses baseline data to develop assessment tools appropriate for Indonesian

maternal populations.

Studies have shown that support by nurses or other health care professionals is important for first-time mothers especially during early motherhood (Pridham, Chang, & Chiu, 1994; Tarkka, Paunoonen, & Laippala, 1999; 2000; Vehyilainen-Julkunen, 1994). This is true in Indonesia as in other parts of the world. There is an opportunity for nurses in Indonesia to assume their roles and responsibilities as community health nurses. There is government support for developing nursing programs that provide continuity of care in the community beyond the six week postpartum period. As well as the standard immunization programs, such programs could include educational programs to teach mothers about child care, behaviors, and development, maternal and child nutrition and how to keep children healthy. In addition, a program to help mothers adapt to the physical, emotional and social changes that come with being a new mother could be developed in collaboration with the bidans. These programs need to be designed within the context of family-centered care because when nursing care is given in the family's environment, the nurse can tailor the care not only to the mother's needs specifically, but the family's needs in general. This is very important because the family holds a central role in Indonesian culture.

Another issue related to first-time motherhood is the fact that most of the women in the study felt unprepared for their mothering role. Nurses and bidans could work together to prepare the mother for self-care and infant care, and give guidance during the prenatal and early postpartum periods. This will encourage the new mothers to have realistic expectations of their role as mothers. From the findings in the current study, guidance concerning childcare and child development was important for the women in

this study. Continuous evidence-based guidance, advice, and support given by nurses in matters concerning childcare are important for successful first-time motherhood.

In addition, nurses in Indonesia should work with the others involved with the care of mothers following childbirth such as bidans, traditional birth attendants and kaders. Older people and community leaders could be encouraged to be involved in lobbying for resources to prepare and support new mothers and infants in this period.

A final implication for nursing practice is that nurses should assess and encourage the women's social support network. Nurses and other health workers need to be sure that the mother has an adequate network that provides practical and emotional support. Such support has been found to be an important factor in maternal postpartum adjustment. One strategy is forming family support groups. In Indonesia, female family members influence the decisions related to maternal and infant care practices. Based on the findings in this study, nurses could encourage family participation to support the mother in her new role and educate the family about infant health and development and reproductive health.

An important nursing aspect of follow-up care is developing a good database on maternal and infant health, which would monitor and supervise the health of women and children in the community. This ensures that the programs developed for mothers are appropriate, effective, and reach the target groups.

There is a clearly demonstrated need for the development of the community health-nursing role in rural Indonesia. An objective of the Canada-Indonesia project is to help nursing define its role in the community. By demonstrating the integration of education research and practice, preparing competent, well educated community health

nurses and developing programs which are evidence-based, nursing will take its rightful place in the community health system in Indonesia.

Education Implications

There are several implications for nursing education from this study. The nursing student, as well as learning about women's normal adaptation to motherhood (physiological, psychological, and social), need a more in-depth understanding of the physical and emotional and social experiences of new mothers. Students at the baccalaureate and master's levels need emphasis on the nursing skills to address the emotional and psychological needs of mothers. These skills would enable them to develop comprehensive bio-psycho-social programs to prepare mothers for birth and parenting.

Nurse educators need to teach students to respect the needs and concerns of mothers, especially first-time mothers, in the childbearing and chidrearing periods. Nurse educators could provide positive role modeling to students by providing an example of the best models of nursing care, and by offering client teaching programs for family groups.

It is important for nurse educators to develop or improve educational programs for community health nurses, especially programs related to motherhood and childrearing. Such programs should emphasize the educational and emotional needs of mothers to assist first-time mothers to cope with the magnitude of the changes and to be ready to deal with the new role of mother. As well, nursing educational programs for maternal-child and women's health in Indonesia should include concepts in community health, community development, and community health nursing.

Finally, care for mothers could be improved by teaching pre and postgraduate nurses about the importance of considering the cultural beliefs and practices when working with a mother and her family. This will not only create awareness of how important these beliefs are, but how to incorporate these beliefs and practices into a clinical situation. It is important to recognize which cultural beliefs and practices are harmful and could be changed. For example, some of the dietary restrictions may deprive the mother of readily available, nutritious foods that would help her recovery. It is important to act cautiously when dealing with cultural beliefs of clients or patients. Many times these beliefs provide meaning to the indigenous people that the nurse is not aware of, and the nurse should not consider these beliefs as separate from a wider belief system. Understanding the role of such beliefs is also a critical first step.

Research Implications

The current findings raise specific suggestions for additional research related to motherhood experiences. Given the many different ethnic groups in Indonesia, other similar studies could be conducted to explore the experiences of new mothers in these groups. Further studies are also needed to investigate the effects of culturally bound or traditional postpartum care practices on the well being of Indonesian women and their babies.

Nurses involved in maternal and infant health care can use the findings of this study as the basis for future qualitative and quantitative studies that describe the degree of satisfaction and challenges with becoming a mother in Indonesian culture. Surveys based on the findings of the present study are useful in identifying the health needs of large groups of new mothers in order to provide the best care for these mothers.

With regard to the development of strategies for appropriate postpartum guidance, an important element will be research studies to evaluate the effectiveness of such strategies and programs.

Limitations

There are two limitations in the present study. The first limitation is that I was a novice researcher in the field of phenomenology and this could affect the quality of data collected. While I tried to follow-up on what I felt were important aspects of motherhood, I could have missed others. At times I felt I struggled with finding the best word to clarify what the women told me; this was only evident when I reviewed the final transcripts for data analysis after I returned from the field.

Another limitation is the accuracy of translation of my data. Since all interviews were conducted and recorded in Indonesian, many of the participants often used local terms that did not correspond exactly with any English word (e.g. "kodrat" or "takdir" are similar to the word "destiny" in English), it was difficult to ensure that these terms have been correctly translated in English. Every effort was made to be as accurate as possible.

Conclusions

Through exploring the depth and complexity of the phenomenon of first-time motherhood and the implications for maternal health during this period, the study helped to identify the needs of first-time mothers and provided insight into the mothering experience of women who live in Iwul village.

The early motherhood experiences of the thirteen first-time mothers in this study contribute to an understanding of what it is like to be a new mother in rural Indonesia and

the postpartum care that the women received during this period. They shared their experiences through personal narratives and contributed to the researcher's experience in phenomenological research.

References

Adji, T.R. (1998). Konsep kebersihan dalam proses kelahiran dan perawatan bayi di desa. In M.F. Swasono (Ed.), *Kehamilan, kelahiran, perawatan ibu dan bayi: Dalam konteks budaya.* Jakarta: UI-Press.

Affonso, D. D., & Arizmendi, T. G. (1986). Disturbances in post-partum adaptation and depressive symptomatology. *Journal of Psychosomatic Obstetrics and Gynecology, 5,* 15-32.

Affonso, D.D. (1987). Assessment of maternal postpartum adaptation. *Public Health Nursing, 4,* 9-20.

Anderson, J.M. (1989). The phenomenological perspective. In J.M. Morse (Ed.), *Qualitative nursing research: A contemporary dialogue,* (pp. 15-26). Rockville, MD: Aspen Publishers.

Anggorodi, R.A. (1998). Pantangan makan pada wanita sunda: Kasus masyarakat desa simpar dan desa kosambi. In M.F. Swasono (Ed.), *Kehamilan, kelahiran, perawatan ibu dan bayi: Dalam konteks budaya,* (pp. 91-114). Jakarata: UI-Press.

Ball, J.A. (1987). *Reactions to motherhood: The role of post-natal care.* New York: Cambrige University Press.

Barclay, L.M., & Lloyd, B. (1996). The misery of motherhood: Alternative approaches to maternal distress. *Midwifery, 12,* 136-139.

Barclay, L., Everitt, L., Rogan, F., Schmied, V., & Wyllie, A. (1997). Becoming a mother- an analysis of women's experience of early motherhood. *Journal of Advanced Nursing, 25,* 719-728.

Beck, C.T. (1995). The effect of postpartum depression on maternal-infant interaction: A meta analysis. *Nursing Research, 44,* 298-304.

Beck, C.T. (1996). A meta-analysis of predictors of postpartum depression. *Nursing Research, 45,* 297-303.

Beck, C.T. (2001). Predictors of postpartum depression: an update. *Nursing Research, 50,* 275-285.

Bergum, V. (1989). Being a phenomenological researcher. In J. Morse (Ed), *Qualitative nursing research: A contemporary dialogue,* (pp. 43-57). Rockville, MD: Aspen.

Berggren-Clive, K. (1998). Out of the darkness and into the light: Women's experiences with depression of childbirth. *Canadian Journal of Community Mental Health, 17,* 103-120.

Bernard, J. (1974). *The future of motherhood.* New York: Penguin Books.

Boulton, M. G. (1983). *On being a mother: A study of women with pre-school children.* New York: Tavistock.

BPS Kabupaten Bogor and BEPPEDA Kabupaten Bogor (1999). *Kecamatan Parung Dalam Angka Tahun 1999.* Bogor: BPS Kabupaten Bogor.

Brown, S., Lumley, J., Small, R., & Astbury, J. (1994). *Missing voices: The experience of motherhood.* Melbourne: Oxford University Press.

Cabigon, J. (1996). Use of health services by Filipino women during childbearing episodes. In P.L. Rice & L. Manderson (Eds.), *Maternity and reproductive health in Asian societies,* (pp. 83-102). Amsterdam: Harwood.

Carty, E.M., Bradley, C., & Winslow, W. (1996). Women's perception of fatigue during pregnancy and postpartum: the impact of length of hospital stay. *Clinical Nursing Reasearch, 5,* 67-80.

Chapman, J. J., Macey, M. J., Keegan, M., Borum , P., & Bennett, S. (1985). Concern of breast-feeding mothers from birth to four months. *Nursing Research, 34,* 374-377.

Choi, E. C. (1995). A contrast of mothering behaviors in women from Korea and the United States. *Journal of Obstetric, Gynecological, and Neonatal Nursing,* 24, 363-369.

Cleaver, G, & Botha, A. (1990). Experiences of motherhood: A cross-cultural study. *Curationis, 13,* 7-12.

Cosminsky, S. (1982). Childbirth and change: A Guatemalan study. In MacCormack, CP (ed.), *Ethnography of fertility and birth,* (pp. 205-229). London: Academic Press.

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions.* Thousand Oaks, CA: Sage.

Cronenwett, L. R. (1985). Parental network structure and perceived support after birth of first child. *Nursing Research, 34,* 347-352.

Crouch, M., & Manderson, L. (1993). *New motherhood, cultural and personal transitions.* Australia: Gordon & Breach.

Curry, M.A. (1983). Variables related to adaptation to motherhood in "normal" primiparous women. *Journal of Obstetric, Gynecological, and Neonatal Nursing,* 12, 115-121.

Departement Kesehatan R.I. (1999). *Profil Kesehatan Indonesia 1999.* Jakarta: Pusat Data Kesehatan.

Davis, R.E. (2001). The postpartum experience for Southeast Asian women in the United States. *The American Journal of Maternal Child Nursing, 26,* 208-213.

Diehl, K. (1997). Adolescent mothers: What produces positive mother-infant interaction? *American Journal of Maternal Child Nursing, 22,* 89-95.

Entwisle, D.R. & Doering, S.G. (1981). *The first birth: A family turning point.* Baltimore & London: The Johns Hopkins University Press.

Evans, C.J. (1991). Description of a home follow-up program for childbearing families. *Journal of Obstetric, Gynecological, and Neonatal Nursing, 20,* 113-118.

Fawcett, J., Tulman, L., & Myers, S. (1988). Development of the inventory of functional status after childbirth. *Journal of Nurse-Midwifery, 33,* 252-260.

Fishbein, E.G., & Burggraf, E. (1998). Early postpartum discharge: How are mothers managing? *Journal of Obstetric, Gynecological, and Neonatal Nursing, 27,* 142-148.

Flagler, S. (1990). Relationship between stated feelings and measures of maternal adjustment. *Journal of Obstetric, Gynecological, and Neonatal Nursing,* 19, 411-416.

Gardner, D.L. (1991). Fatigue in postpartum women. *Applied Nursing Research, 4,* 57-62.

Gennaro, S. (1988). Postpartal anxiety and depression in mothers of term and preterm infants. *Nursing Research, 37,* 82-85.

Gjerdingen, D.K., & Fontaine, P. (1991). Family-centered postpartum care. *Family Medicine, 23,* 189-193.

Gjerdingen, D. K., & Chaloner, K. (1994). Mothers' experience with household roles and social support during the first postpartum year. *Women & Health, 21,* 57-74.

Gottlieb, B. H., & Pancer, M. (1988). Social network and the transition to parenthood. In G.Y. Michael & W.A. Goldberg (Eds.), *The Transition to parenthood: current theory and research*, Sydney: Cambridge University Press.

Grace, J. (1996). Healers and modern health services: antenatal, birthing and postpartum care in rural East Lombok, Indonesia. In P.L. Rice & L. Manderson (Eds.), *Maternity and reproductive health in Asian societies,* (pp. 145-167). Amsterdam: Harwood.

Grace, J. T. (1993). Mothers' self-reports of parenthood across the first 6 months postpartum. *Research in Nursing and Health, 16,* 431-439.

Graef, P. et al. (1988). Postpartum concerns of breast-feeding mothers. *Journal of Nurse-Midwifery, 33,* 62-66.

Grant, C. C., Duggan, A. K., Andrews, J. S., & Serwint, J. R. (1997). The father's role during infancy: Factors that influence maternal expectations. *Archives of Pediatrics and Adolescent Medicine, 151,* 705-711.

Greenwood, D. J., & Levin, M. (1998). *Introduction to action research: Social research for social change.* New Delhi: Sage.

Gruis, M. (1977). Beyond maternity – postpartum concerns of mothers. *American Journal of Maternal Child Nursing, 2,* 182-188.

Gularso, E. P. (1998). Kelahiran anak dalam tradisi orang Betawi di desa Ragunan, Jakarta Selatan. In Swasono, M. F. (ed.), *Kehamilan, kelahiran, perawatan ibu dan bayi dalam konteks budaya* (pp. 256-283). Jakarta: UI-Press.

Hansen, L.B., & Jacob, E. (1992). Intergerational support during the transition to parenthood: Issues for new parents and grandparents," Families in Society. *The Journal of Contemporary Human Services, 73,* 471-479.

Harrison, M.J., & Hicks, S.A. (1983). Postpartum concerns of mothers and their sources of help. *Canadian Journal of Public Health, 74,* 325-328.

Hiser, P.L. (1991). Maternal concerns during the early postpartum. *Journal of the American Academy of Nurse Practitioners, 3,* 166-173.

Horowitz, J. A., & Damato, E.G. (1999). Mothers' perceptions of postpartum stress and satisfaction. *Journal of Obstetric, Gynecological, and Neonatal Nursing, 28,* 595-605.

Hung, C. H., & Chung, H. H. (2001). The effects of postpartum stress and social support on postpartum women's health status. *Journal of Advanced Nursing, 36,* 676-684.

Hunter, C.L. (1996). Women as "good citizens": maternal and child health in a Sasak village. In P.L. Rice & L. Manderson (Eds.), *Maternity and reproductive health in Asian Societies,* (pp. 169-190). Amsterdam: Harwood.

Jordan, B. (1978). *Birth in four cultures*. Montreal: Eden.

Jordan, P., & Wall, V. (1993). Supporting the father when an infant is breastfed. *Journal of Human Lactation, 9,* 31-34.

Kitzinger, S. (1971). *Giving birth: The parents' emotions in childbirth.* London: Victor Gollanez.

Kort, M. (1984). Support: An important component of health promotion. *Canadian Nurse, 80*(4), 24-26.

Laderman, C. (1987). Destructive heat and cooling prayer: Malay humoralism in pregnancy, childbirth and the postpartum period. *Social Science and Medicine, 25*, 357-365.

Lee, K.A., & DeJoseph, J.F. (1992). Sleep disturbances, vitality and fatigue among a select group of employed chilbearing women. *Birth, 19,* 208-213.

Lee, S.C., & Keith, P.M. (1999). The transition to motherhood of Korean women. *Journal of Comparative Family Studies, 30,* 453-470.

Leifer, M. (1980). *Psychological effects of motherhood: A study of first pregnancy.* New York: Praeger.

Lincoln, Y. & Guba, E. (1985). *Naturalistic Inquiry.* Thousand Oaks, CA: Sage.

Lugina, H. I., Christensson, K., Massawe, S., Nystrom, L., & Lindmark, G. (2001). Change in maternal concerns during the 6 weeks postpartum period: A study of primiparous mother in Dar es Salaam, Tanzania. *Journal of Midwifery and Women's Health, 46*, 248-257.

Lupton, D. (2000). A love/hate relationship: The ideals and experiences of first-time mothers. *Journal of Sociology, 36,* 50-63.

Lupton, D., & Fenwick, J. (2001). 'They've forgotten that I'm the mum': Constructing and practicing motherhood in special care nurseries. *Social Science and Medicine, 53,* 1011-1021.

MacCormack, C. (1992). Biological, cultural, and social adaptation in human fertility and birth: a synthesis. In C P. MacCormack (Ed.). *Ethnography of Fertility and Birth*, (pp. 1-23). London: Academic Press.

Macey, T. J., Harmon, R. J., & Easterbrooks, M. A. (1987). Impact of premature birth on the development of the infant in the family. *Journal of Consulting and Clinical Psychology, 55,* 846-852.

Majewski, J.L. (1986). Conflicts, satisfactions and attitudes during transition to the maternal role. *Nursing Research, 35,* 10-14.

Majewski, J. (1987). Social support and the transition to the maternal role. *Health Care for Women International, 8,* 397-407.

Manderson, L. (1981). Roasting, smoking and dieting in response to birth: Malay confinement in cross-cultural perspective. *Social Science and Medicine, 15B,* 509-520.

Martell, L.K. (2001). Heading toward the new normal: A contemporary postpartum experience. *Journal of Obstetric, Gynecological, and Neonatal Nursing, 30,* 496-506.

Mattson, S. (1995). Culturally sensitive perinatal care for Southeast Asians. *Journal of Obstetric, Gynecological, and Neonatal Nursing, 24,* 335-341.

Mauthner, N.S. (1997). Postpartum depression: how can midwife help. *Midwifery, 13,* 163-171.

Mauthner, N.S. (1999). "Feeling low and feeling really bad about feeling low": Women's experiences of motherhood and postpartum depression. *Canadian Psychology, 40,* 143-161.

Mayberry, L.J., & Affonso, D.D. (1993). Infant temperament and postpartum depression: A review. *Health Care for Women International, 14,* 201-211.

McVeigh, C. (1997). Motherhood experiences from the perspective of first-time mothers. *Clinical Nursing Research, 6,* 335-348.

McVeigh, C. (1998). Functional status after childbirth in an Australian sample. *Journal of Obstetric,Gynecological and Neonatal Nursing, 27,* 402-409.

McVeigh, C., & Smith, M. (2000). A comparison of adult and teenage mother's self-esteem and satisfaction with social support. *Midwifery, 16,* 269-276.

Meighan, M. M., Bee, A. B., Legge, D., & Oetting, S. (1998). Ramona T Mercer Maternal Role Attainment. In A. M. Tomey and M. R. Alligood (Eds.), *Nursing theorists and their work (4th Ed.),* (pp. 407-422). St. Louis, MO: Mosby.

Mercer, R. (1981). The nurse and maternal tasks of early postpartum. *Maternal and Child Health Nursing, 6*, 341-345.

Mercer, R.T. (1985). The process of maternal role attainment over the first year. *Nursing Research, 34,* 198-204.

Mercer, R.T. (1986). *First-time motherhood: Experiences from teens to forties.* New York: Springer.

Mercer, R.T. (1990). *Parents at risk.* New York: Springer.

Mercer, R., & Ferketich, S. (1995). Experienced and inexperience mothers' maternal competence during infancy. *Research in Nursing and health, 18,* 333-343.

Milgrom, J., Westley, D.T., & McCloud, P.I. (1995). Do infants of depressed mothers cry more than other infants? *Journal of Pediatric Child Health,31,* 218-221.

Morse, J. (1991). Negotiating commitment and involvement in the nurse-patient relationship. *Journal of Advanced Nursing, 16,* 453-468.

Morse, J. (Ed.). (1992). *Qualitative health research.* Newbury Park, CA: Sage.

Niehof, A. (1992). Mediating roles of the traditional birth attendant in Indonesia. In S. van Bemmelen, M. Djajadinengrat-Nieuwenhus, E. Locher-Scholten, & Touwen-Bouwsma, E. (Eds.), *Women and mediation in Indonesia,* (pp. 167-186). Leiden, The Netherlands: KITL V Press.

Oakley, A. (1980). *Women confined: Towards a sociology of childbirth.* New York: Schocken Books.

Oakley, A. (1986). *From here to maternity: Becoming a mother.* England: Penguin Books.

Oakley, A. (1992). *Social support and motherhood.* Cambridge: Blackwell.

Oakley, A., Rajan, L., & Grant, A. (1990). Social support and pregnancy outcomes. *British Journal of Obstetrics and Gynecology, 97,* 155-162.

O'Hara, M. W., Schlechte, J. A., Lewis, D. A., & Varner, M. W. (1991). Controlled prospective study of postpartum mood disorders: Psychological, environmental, and hormonal variables. *Journal of Abnormal Psychology, 100,* 63-73.

Oiler, C.J. (1982). The phenomenology approach in nursing research. *Nursing Research, 31,* 178-181.

Omery, A. (1983). Phenomenology: A method for nursing research. *Advances in Nursing Science, 5*(2), 49-63.

Pacific Post Partum Support Society. (1997). *Postpartum depression and anxiety: A self-help guide for mothers* (4th ed.). Canada: Vancouver, BC.

Pancer, S. M., Pratt, M., Hunsberger, B., & Gallant, M. (2000). Thinking ahead: Complexity expectations and the transition to parenthood. *Journal of Personality, 68*, 253-280.

Pond, E., & Kemp, V. (1992). A comparison between adolescent and adult women on prenatal anxiety and self-confidence. *Maternal-Child Nursing Journal, 20,* 11-20.

Pridham, K.F. (1987). The meaning for mothers of a new Infant: Relationship to maternal experience. *Maternal-Child Nursing Journal, 16,* 103-122.

Pridham, K. F., Hansen, M. F., Bradley, M. E., & Heighway, S. M. (1982). Issues and concern to mothers of new babies. *Journal of Family Practice, 14*, 1079-1085.

Pridham, K.F., Lytton, D., Chang, A.S., and Rutledge, D. (1991). Early postpartum transition: Progress in maternal identity and role attainment. *Research in Nursing and Health, 14,* 21-31.

Pridham, K.F., Chang, A.S. & Chiu, Y.M. (1994). Mothers' parenting self-appraisals: The contribution of perceived infant temperament. *Research in Nursing and Health, 17,* 381-392.

Priya, J.V. (1992). *Birth traditions and modern pregnancy care.* Rockport, Massachusetts: Element, Inc.

Ray, M. (1994). The richness of phenomenology: Philosophic, theoretic, and methodologic concerns. In J. Morse (Ed.), *Critical issues in qualitative research methods,* (pp. 117-133). Thousand Oaks, CA: Sage.

Richardson, D. (1993). *Women, motherhood and childrearing.* New York: St. Martin's Press.

Rieser-Danner, L. A., Roggman, L., & Langlois, J. H. (1987). Infant attractiveness and perceived temperament in the prediction of attachment classification. *Infant Mental Health Journal, 8,* 144-155.

Rogan, F., Shmied, V., Barclay, L., Everitt, L., & Wyllie, A. (1997). Becoming a mother: Developing a new theory of early motherhood. *Journal of Advanced Nursing, 25,* 877-885.

Roberts, F.B. (1983). Infant behavior and transition to parenthood. *Nursing Research, 32*, 213-217.

Robinson, G. E., & Stewart, D. E. (2001). Postpartum disorders. In N. L. Stotland & D. E. Stewart (Eds.), *Psychological aspects of women's health care: The interface between psychiatry and obstetrics and gynecology,* (pp. 117-139). Washington, DC: American Psychiatric Press.

Rubin, R. (1967). Attainment of the maternal role. *Nursing Research, 16*, 237-245.

Rubin, R. (1984). Maternal identity and the maternal experience. New York: Springer.

Ruchala, P.L., & Halstead, L. (1994). The postpartum experience of low-risk women: A time adjustment and change. *Maternal-Child Nursing Journal, 22,* 83-89.

Ruchala, P.L., & James, D.C. (1997). Social support, knowledge of infant development, and maternal confidence among adolescent and adult mothers. *Journal of Obstetric, Gynecological, and Neonatal Nursing, 26*, 685-689.

Sawyer, L.M. (1999). Engaged mothering: The transition to motherhood for a group of African-American women. *Journal of Transcultural Nursing, 10*, 14-21.

Sethi, S. (1995). The dialectic in becoming a mother: Experiencing a postpartum phenomenon. *Scandinavian Journal of Caring Science, 9,* 235-244.

Shereshefsky, P.M. (1974). Premises and assumptions. In P.M. Shereshefsky & L.J. Yarrow (Eds.), *Psychological aspects of a first pregnancy and early postnatal adaptation,* (pp. 1-14). New York: Raven.

Shereshefsky, P.M., Liebenberg, B., and Lockman, R.F. (1974). Maternal adaptation. In P.M. Shereshefsky & L.J. Yarrow (Eds.), *Psychological aspects of a first pregnancy and early postnatal adaptation,* (pp. 165-180). New York: Raven.

Smith, M. P. (1989). Postpartum concerns of mothers: an update. *Midwifery, 5,* 182-188.

Statistic Indonesia (2001). *Hasil sementara sensus penduduk 2000.* Retrieved July 20, 2001, from http: //www.bps.go.id/realeses/sp2000-sementara.pdf.

Stewart, S., & Jambunathan, J. (1996). Hmong women and postpartum depression. *Health Care for Women International, 17*, 319-330.

Streubert, H.J., & Carpenter, D.R. (1999). *Qualitative research in nursing: Advancing the humanistic imperative (2nd ed.).* Philadelphia, PA: Lippincott.

Swasono, M. F. (1998). Beberapa aspek sosial-budaya kehamilan, kelahiran, serta perawatan bayi dan ibu. In M.F. Swasono (Ed.), *Kehamilan, kelahiran, perawatan ibu dan bayi: Dalam konteks budaya,* (pp. 3-29). Jakarata: UI-Press.

Tarkka, M. T., & Paunonen, M. (1996a). Social support provided by nurses to recent mothers on a maternity ward. *Journal Advanced Nursing, 23,* 1202-1206.

Tarkka, M-T., & Paunonen, M. (1996b). Social support and its impact on mothers' experiences of childbirth. *Journal of Advanced Nursing, 23,* 70-75.

Tarkka, M. T., Paunonen, M., & Laippala, P. (1999). Factors related to successful breast feeding by first-time mothers when the child is 3 months old. *Journal Advanced Nursing, 29*, 113-118.

Tarkka, M. T., Paunonen, M., & Laippala, P. (2000). First-time mothers and child care when the child is 8 months old. *Journal of Advanced Nursing, 31*, 20-26.

Thetjen, A. M., & Bradley, C. F. (1985). Social support and maternal psychosocial adjustment during the transition to parenthood. *Canadian Journal of Behavioural Science, 17*, 109-121.

Thomas, A., & Chess, S. (1977). Temperament and the parent-infant interaction. *Pediatric Annals, 6*, 574-582

Tucker, P., & Aron, A. (1993). Passionate love and marital satisfaction at key transition points in the family life cycle. *Journal of Social and Clinical Psychology, 12,* 135-147.

Tulman, L., & Fawcett, J. (1988). Return of functional ability after childbirth. *Nursing Research, 37*, 77-81.

Tulman, L. & Fawcett, J. (1991). Recovery from childbirth: Looking back 6 months after delivery. *Health Care for Women International, 12,* 341-350.

Tulman, L., Fawcett, J., Groblewski, L., & Silverman, L. (1990). Changes in functional status after childbirth. *Nursing Research, 39*, 70-75.

Underwood Gichia, J.E. (2000). Mother and others: African-American women's preparation for motherhood. *The American Journal of Maternal Child Nursing, 25*, 86-91.

Utomo, B., Pariani, S., Dasvarma, G., Azwar, Y., & Riono, P. (1992). *Postpartum assessment in Indramayu, West Java: Results of focus discussions and in-depth interviews.* University of Indonesia Depok, West Java: Centre for Health Research Institute for Research.

van Manen, M. (1990). *Researching lived experience: Human science for action sensitive pedagogy.* London, ON: Althouse.

Vehvilainen-Julkunen (1994). The function of home visits in maternal and child welfare as evaluated by servive provides and users. *Journal of Advanced Nursing, 20,* 672-678.

Wandersman, L., Wandersman, A., & Kahn, S. (1980). Social support in the transition to parenthood. *Journal of Community Psychology, 8,* 332-342.

Waters, M.A., & Lee, K.A. (1996). Differences between primigravidae and multigravidae mothers in sleep disturbances, fatigue, and functional status. *Journal of Nurse-Midwifery, 41,* 364-367.

Wilkinson, R.B. (1995). Changes in psychological health and the marital relationship through childbearing: Transition or process as stressor? *Australian Journal of Psychology, 47,* 86-92.

Woollett, A., & Phoenix, A. (1991). Psychological views of mothering. In A. Phoenix, A. Woollett, & E. Lloyd (Eds.). *Motherhood: Meanings, practices and ideologies* (pp. 28-46). London: Sage.

Appendix A

APPENDIX A

Memorial
University of Newfoundland

Human Investigation Committee
Research and Graduate Studies
Faculty of Medicine
The Health Sciences Centre

August 6, 2001

Reference #01.128

Ms. Y. Afiyanti
C/o Dr. S. Solberg
School of Nursing
Memorial University of Newfoundland

Dear Ms. Afiyanti:

Your application entitled "**The Experience of Becoming a First-Time Mother in Rural Indonesia: A Phenomenological Study**" was reviewed by the Human Investigation Committee at the meeting held on **July 26, 2001** and approval granted.

The Committee would like to comment that they are cognizant of the fact that a consent form in English was submitted and that the language to be used for the consent form will be applicable to the Indonesian culture.

We wish you every success with your study.

Sincerely,

Sharon K. Buehler, PhD
Co-Chair
Human Investigation Committee

Catherine Popadiuk, M.D., F.R.C.S.(C)
Co-Chair
Human Investigation Committee

SKB:CP\jglc

C Dr. C. Loomis, Acting Vice-President, Research
Dr. R. Williams, Vice-President, Medical Services, HCC
Dr. S. Solberg, Supervisor, School of Nursing
Prof. M.K. Matthews, Supervisor, School of Nursing

*Note: **This correspondence is subject to change based on formal ratification of the minutes of the meeting held on July 26, 2001 by the Human Investigation Committee scheduled for August 9, 2001.***

Appendix B

APPENDIX B

DEPARTEMEN PENDIDIKAN DAN KEBUDAYAAN
UNIVERSITAS INDONESIA
FAKULTAS KEDOKTERAN
Jalan Salemba Raya 6 Jakarta Pusat - Telp. 330371, 330373
Fax. 330372 Pos Box 1358 Jakarta 10430

No: 73 /PT02.FK/ETIK/2001

KETERANGAN LOLOS KAJI ETIK
ETHICAL CLEARANCE

Panitia Tetap Penilai Etik Penelitian, Fakultas Kedokteran Universitas Indonesia dalam upaya melindungi hak asasi dan kesejahteraan subyek penelitian kedokteran, telah mengkaji dengan teliti protokol berjudul:
The Committee of The Medical Research Ethics of the Faculty of Medicine, University of Indonesia, with regards of the protection of human rights and welfare in medical research, has carefully reviewed the proposal entitled :

"PENGALAMAN PERTAMA MENJADI SEORANG IBU DI DAERAH PEDESAAN INDONESIA: SUATU STUDY FENOMENOLOGI".

Nama peneliti utama / *Name of the principal investigator* : YATI AFIYANTI,SKp

Nama institusi / *Name of institution* : FAKULTAS ILMU KEPERAWATAN UI

dan telah menyetujui protokol tersebut di atas.
and approved the above mentioned proposal.

Jakarta, 1 Oktober 2001

Dek
Dea

Prof.dr.H.Ali Sulaiman,PhD

Ketua
Chairman

Prof.dr. R. Sjamsuhidajat

Appendix C

Demographic and Birth Profile

1. Mother's Name :
2. Mother's age :
3. Marital status :
4. Education :
5. Location of the birth :
6. Type of delivering procedure :
7. Delivery assisted by :
8. Complications of the birth, if any :
9. Number of months post birth at first interview :

Appendix D

Interview Scripts

Opening statement

I am interested in hearing about your experiences in becoming a mother for the first time and the care that you received during that period. Please tell me in your own words what these experiences were like for you. Feel free to talk about whatever incidents, thoughts, and feelings come to mind.

Examples of probes/questions to facilitate the interview:

1. What it is like to be a mother?
2. How do you see yourself as a mother?
3. How has your life changed since you become a mother?
4. What changes have you noticed in your body/self during this period?
5. What are the most challenging aspects of your life right now?
6. What are the most satisfying aspects of being a mother?
7. What it is like for you to care for your infant?
8. Who has been involved in your care since you became a mother? (family, friends, neighbors, etc.)
9. Can you tell me about your experiences with the health care services you received after delivering? What were this experiences like?
10. Is there anything else you would like to tell me about your experiences of being a mother and the care you received?

Appendix E

Consent To Participate In Nursing Research

TITLE: The Experience of First-Time Motherhood in rural Indonesia: A Phenomenological Study

INVESTIGATOR(S): Yati Afiyanti

SPONSOR: UPCD/CIDA, Tier 2 Linkage Project, *Nursing Women's Health and Community Outreach in Indonesia*, between Memorial University of Newfoundland, Canada and University of Indonesia, Jakarta.

You have been asked to participate in a research study. Participation in this study is entirely voluntary. You may decide not to participate or may withdraw from the study at any time without affecting your access to community health and social services.

Confidentiality of information concerning the participant will be maintained by the investigator. The investigator will be available during the study at all times should you have any problems or questions about the study.

Purpose and Background of study
The purpose of this study is to ask women about their experiences in becoming a mother for the first time. I would also like to know about the type of care you had during the first four to six months of motherhood. This information can help nurses and others health care providers provide better care to women who are becoming first time mothers.

Description of procedures
You are being asked to participate in two interviews. The interviews are designed to let you tell me about your experiences and what you feel is important about early motherhood. I will also ask you some questions about the birth of your baby. With your permission I would like to audio-taped both of the interviews.

Duration of participant's involvement:
I anticipate the first interview will take around 60 – 90 minutes and the second interview around 60 minutes.

Possible risks, discomforts, or inconveniences:
There are no expected risks to you for taking part in this study. You may refuse to answer any questions you want to and may stop the interview at any time. The only inconvenience may be the time needed for the interview, however, I will interview you at a time convenient for you.

Confidentiality
Any information that you tell me will be kept confidential. Only myself and my supervisors will read the information. Your name will not be used on any written material and will be known only to the researcher. All information will be kept in a locked file and the tapes will be erased after the study is finished. The information obtained is for research purposes only. If you would like I will give you a copy of the study findings.

Benefits that you may receive
There will be no direct benefits to you for taking part in this study. The study findings will benefit nurses and other health care professionals caring for new mothers.

Any other Information
The results of this study will be available to you and health care providers upon request. Findings may be published, but you will not be identified. The researcher will be available during the study at all times should you have any problems or questions about the study.

Liability statement.
Your signature indicates your consent and that you have understood the information regarding the research study. In no way does this waive your legal rights nor release the investigators or involved agencies from their legal and professional responsibilities.

Signature: _____ Date: _____

Witness: _____ Date: _____