

Kermanshah University of
Medical Sciences

Maternal lived experience of primiparous mothers (from childbirth to one-year-old): a phenomenological study

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Article Info

Keywords: Lived experience, childbirth, qualitative research

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Received: 29 August, 2017

Accepted: 07 November, 2017

J Kermanshah Univ Med Sci.
2017; 21(3): 115-120

This paper is resulted from
Ameneh Fahimi Far thesis for
PhD degree in counseling

Abstract

Introduction: Family changes significantly by childbirth, which requires the family system to reconstruct in all aspects of life. These changes may cause tremendous challenges to mothers especially for the newborn. Therefore, the present study aimed to explore primiparous mothers' experiences (childbirth to one-year-old).

Methods: This descriptive phenomenological (Husserl) qualitative research explored the lived experiences of nine primiparous mothers (childbirth to one-year-old) through individual interviews. Data were collected, documented, coded and organized in main themes and subthemes.

Results: Six main themes and seventeen subthemes emerged from data analysis (main themes include problems after childbirth, disturbing parents' educational function, perceived emotions and excitements, perception of educational sources, perception of mother's role process motivators, and perception of growth-nurture supports).

Conclusion: Exploring the lived experiences of primiparous mothers leads to a better understanding of their real needs and this can be used by care-planners and caregivers for providing better care to these mothers. Better planning and caring for primiparous mothers decreases their worries and helps them play their maternal role appropriately.

Introduction

Childbirth and adaptation to the newborn may be the most critical period of growth in the lives of mothers. During this period, a physiological, psychological, mental, and emotional crisis occurs, causing confusion and identity change. Fear of childbirth, the birth of an abnormal infant, becoming unattractive in the eyes of one's spouse, and having mixed feelings about infant care cause anxiety for many mothers, making this period a major vulnerable period. Another issue is postpartum depression, estimated by some statistics at 13% [1]. Results of the most recent estimation by the World Health Organization (WHO) revealed that approximately 1000 women die every day worldwide due to complications of pregnancy and childbirth. For each maternal death, there are 30 women who suffer from short- or long-term complications of pregnancy and childbirth, while 90% of these deaths occur in developing countries [2]. Research shows that, after the birth of the first child, mothers become tired due to excessive caregiving activities. During the first year of the child's life, mothers return to more traditional roles and the quality of their sexual activity is reduced [3]. In general, achieving the mothering role requires knowledge, skill, and motivation, lack of which disrupts mothers' capabilities and causes stress and

anxiety [4]. In this period, mothers face biological, psychological, and social changes which need adaptation, itself a source of problems and anxiety for them [5-8]. Results of numerous studies show that 50% of parents question and worry about their ability in infant care. Many studies introduce lack of information and skills regarding infant care in this period as a cause of anxiety for mothers [9-11]. Issues resulting from negative feelings about physical appearance and hormonal changes may disrupt sexual activities, thereby forming another source of anxiety for mothers [12]. In this period, mothers need to learn and understand the unique patterns of the infant's crying, sleeping, eating, and other behaviors [10]. In primiparous mothers, the stress of adaptation to the new role of motherhood is added to the noted issues, exacerbating their stress and anxiety [13, 14].

In the past, motherhood was considered as a step in the natural and effortless development of a woman's life, while motherhood can be learned and does not naturally develop upon birth [15]. The learning needs of primiparous mothers are often not resolved in the period immediately after childbirth. Therefore, they feel unprepared and anxious when they return home [16]. Results of a qualitative study by Svensson et al. titled "The concerns and interests of expectant and new parents: Assessing learning needs" showed that the

feeling of loneliness and anxiety in primiparous mothers result from parental lack of information [17, 18]. According to Mercer and Walker, most educational programs lack a theoretical basis [19]. Research indicates that limited qualitative studies have been conducted on the experiences of primiparous mothers, most of which were in Western societies [20, 21]. Also, some researchers have introduced models for transitioning to motherhood in which a group of factors is examined together. For instance, Mercer's (1995) model mostly highlights the cognitive and mental dimensions of motherhood experience. Moreover, Rogan's (1997) grounded theory on the experience of motherhood only focuses on the short period after childbirth [22, 23]. According to Barnes (2008), although theories of transitioning to the mothering role provide a valuable framework for care, other factors affecting the experience of motherhood and mothers' perception must also be considered in the context of society. According to Mercer and Rogan, culture affects the emergence of maternal behaviors. Nevertheless, there is no model compatible with and based on culture in Iran. A better understanding of this process and factors affecting it assists counselors in effectively resolving the needs and concerns of this increasing population of mothers [24].

Considering the importance of sociocultural conditions, the Muslim world and especially the Muslim society of Iran are in dire need of a healthcare system based on the Iranian culture, because the efficiency and effectiveness of healthcare systems increase if they are compatible with the cultural background, values, and beliefs of healthcare seekers [21]. As all studies on the experiences of mothers have been conducted in Western cultures, their results cannot be easily generalized to Iranian mothers. Therefore, the researcher wondered what the lived experiences of mothers are considering the Iranian-Islamic culture. Researchers highlight the necessity of performing qualitative studies to gain a better understanding of the process of transition to the mothering role [1]. Similar to all human phenomena, motherhood is a deep experience which cannot be assessed by quantitative methods, and the inferential nature of qualitative methods give meaning to these experiences from the perspective of mothers. Thus, the present study was conducted to assess the lived experiences of primiparous mothers (from childbirth to one year) in order to provide more comprehensive care for the health of mothers and children with an effective approach.

Materials and Methods

The present qualitative study was conducted with Husserl's descriptive phenomenological approach. Phenomenological research attempts to answer the question "What is the structure and nature of people's experience of a phenomenon?" Phenomenological research studies people's lived experience or lifeworld [25]. The main problem in the application of phenomenology is answering the question whether the phenomenon under study needs clarification or not [26].

Despite its importance, the experience of primiparous mothers has not been clarified enough in

previous studies. Thus, the present study used the phenomenological method. Participants were Iranian citizens residing in Kashan during 2016-2017, selected through purposive sampling which is the sampling method of choice in phenomenological studies. This sampling method is necessary for phenomenological studies since eligible participants must represent people who have experienced the phenomenon of interest [26]. Inclusion criteria were: primiparous mothers aging 18-35 years with a child under 1 year old who wished to share their experiences and could withdraw from the study if they wanted to.

In this study, the criterion of data saturation was used for determining sample size. Interviews with 9 participants selected through purposive sampling led to data saturation. The data collection strategy was the use of in-depth interviews and open-ended questions with contingency questions for encouraging the participants to share deep experiences. Interviews lasted 60-90 minutes and were conducted in a counseling clinic at a time determined by the participants. Interviews began with a general, open-ended question with the following themes: "Tell me about your motherhood" or "Tell me about your experiences when you became a mother". In the next step, based on the answers and extracted data, exploratory questions such as "What does it mean?", "Can you give me a real example of what you say in your daily life?", or "Would you please explain more?" were asked to discover deeper information. Ethical considerations in this study included: Obtaining the informed consent of participants for participating in the study and recording the interviews; ensuring them of the confidentiality of data; assigning nicknames to them; and ensuring the right to withdraw from the study at any step.

The main data analysis method was thematic analysis. This method was used for describing and interpreting the experience of participants regarding the period after childbirth (from childbirth to one year) and relevant factors. Thematic analysis is of special importance in all methods of analyzing qualitative data. Most qualitative researchers believe that thematic analysis is a very useful method for obtaining a meaning structure in a set of data [27]. In addition to its extensive application in other qualitative methods, thematic analysis is used in phenomenology and highlights the mental experience of individuals. This approach focuses on the perception, feelings, and experiences of participants regarding the topic of study. The 6 phases of thematic analysis in this study were: becoming familiar with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and writing the report [28]. To establish trustworthiness for data, we used the four criteria posed by Lincoln and Guba (1994) [29]. To ensure credibility, the content of interviews were given to the participants after analysis to ensure the accuracy of results and apply necessary changes. To ensure confirmability, the researcher applied an active process in data bracketing in order to avoid researcher presuppositions. To ensure dependability, the texts of the interview was given to colleagues for coding and a coefficient of agreement of >85% was obtained. Finally, to increase the

transferability of data, attempts were made to select participants with different levels of education.

Results

Participants (n=9) were primiparous mothers (from childbirth to one year) with the mean age of 25.6 years. Three participants had high school diploma, 4 had bachelor's degree, and 2 had master's degree. Moreover, 2 were employed, 1 was a university student, and the remaining 6 were homemakers. Mean length of marriage was 5.8 years, all were primiparous, and the mean age of their children was 5.8 months. Three husbands had high school diploma, 4 had bachelor's degree, 1 had master's degree, and 1 had a Ph.D., with 6 being employed and the remaining 3 being self-employed.

The analysis of interview data led to the identification of 6 main themes (problems after childbirth, factors disturbing parents' educational function, perceived feelings and emotions, perception of educational sources, perception of the motivators of mother's role process, and perception of growth-nurture supports) and 17 sub-themes in the lived experience of this group. Themes and their sub-themes are explained below.

Theme 1: Problems after childbirth

The first main theme identified in the lived experience of primiparous mothers was problems after childbirth in various functional domains. Data analysis identified 4 sub-themes for this theme: Educational-nurturing concerns and problems: "My daughter has high-risk behaviors now. For example, she says bad words or does bad things. I don't know how to behave. I honestly feel helpless" (Participant 4). Intrapersonal problems of motherhood: "Well, I was stressed about my behavior. For example, he learns a bad word or behavior, and I don't know how to react so that he wouldn't throw a tantrum. On the other hand, my maternal and job duties interfere with each other, and my child is trained by his grandparents, which worries me a bit" (Participant 3). Marital problems: "My daughter does not let me and my husband have privacy, so our marital relations are reduced. Also, our jobs have somehow interfered with our marital relations. We are close, but our private time together has decreased, with is another problem of this period" (Participant 3). Child's functional problems: "A good education is needed for having a good and healthy child. My child is mostly at our mothers', and spends much time outside. She has become so stubborn. Most of the time, I don't know how to behave with her" (Participant 3).

Theme 2: Factors disturbing parents' educational function

The second main theme identified in relation to the lived experiences of women following childbirth was factors disturbing parents' educational function. The analysis of data resulting from interviews led to the identification of 3 sub-themes: Personal disturbing factors: "The physical illness of a mother hurts the child. Therefore, I try to maintain my health and perform my duties better" (Participant 2). Marital disturbing factors: "My husband was not sympathetic and didn't offer tangible supports. He even made fun of me for not having a natural delivery and that the child isn't beautiful. This lack of support has negative effects on my health and the growth of the child" (Participant 4).

Environmental and social disturbing factors: "When I go to work, I leave my child with my mother-in-law. Sometimes she goes out and learns very bad things. She is stubborn and does things which bother me. This makes training her more difficult" (Participant 4).

Theme 3: Perceived feelings and emotions

The third main theme identified in the lived experience of primiparous mothers was the feelings they experienced in this period. Data analysis identified 2 sub-themes: Positive perceived feelings: "The sweetest experience was the responsibility and pride that your child depends on you for growth" (Participant 4). Negative perceived feelings: "Well, I don't like my child being compared to other by anyone. It annoys me. Therefore, I tell them not to compare my child with anyone. For example, my husband sometimes says another child is chubbier or whiter or ..., and I scold him" (Participant 5).

Theme 4: Perception of educational sources

The fourth main theme identified in relation to the experiences of primiparous mothers was the perception of educational sources used in the process of child-rearing, divided into two sub-themes: Traditional educational sources of child-rearing: "We use the help of our parents in child rearing. We also use the teachings of the Quran and the Heavenly Flower" (Participant 5). Modern educational sources of child-rearing: "We used sources and programs on the Internet and Telegram for a better child rearing" (Participant 6)

Theme 5: Perception of the motivators of mother's role process

The fifth main theme in the relation to the lived experiences of primiparous mothers was the perception of the motivators of mother's role process. Data analysis identified 2 sub-themes: Internal stimulants and motivators: "I enjoy sacrifice, and making sacrifices in child rearing empowers me" (Participant 3). External stimulants and motivators: "An invigorating feeling I had after childbirth was the feeling of ever-increasing responsibility. This creates a power within me for further and better care" (Participant 2).

Theme 6: Perception of growth-nurture supports

The sixth main theme in relation to the lived experiences of primiparous mothers was the perception of growth-nurture supports. Data analysis identified 4 sub-themes: Physical support and care: "The child needs physical care in walking so that he/she wouldn't fall down; the house must be clean; and..." (Participant 4). Psychological support: "I couldn't believe I'd have a child. Now that I hold and touch him I feel very good and happy. He needs love, holds my hands, and stays close to me" (Participant 1). Spiritual support: "I always thank God that my child is healthy. I read the Quran, especially chapters they say are good, like Ar-Rahman and Al-Waqi'a; I do everything the Heavenly Flower says; I hold sessions of Khatm al-Qur'an, ... These make me calm and are good for the baby" (Participant 5). Environmental support: "The support by my husband and others is necessary for me and the baby. My husband who didn't lift a finger before really helps me and the growth of the baby now. These are very important" (Participant 4).

Discussion

The present qualitative study with a phenomenological approach examined the lived experiences of primiparous mothers (from childbirth to one year). The analysis and coding of data led to the emergence of 6 main themes (problems after childbirth, factors disturbing parents' educational function, perceived feelings and emotions, perception of educational sources, perception of the motivators of mother's role process, and perception of growth-nurture supports).

The birth of a child is among the most important and difficult marital duties of women. The phenomenological examination of the mental world of this group revealed that this duty is accompanied by a range of internal concerns in different functional dimensions. Leahy-Warren et al. highlighted the fact that parental concerns and anxieties in various functional dimensions, e.g. concerns regarding the functional health of children, are highly prevalent, disturbing the security of parents and negatively affecting the developmental health of children [30]. In fact, child-rearing needs a set of functional requirements the lack of which can pose problems for this responsibility. One of these challenges is the parent's mental discomfort and a combination of realistic and non-realistic concerns dominating their mental world; concerns which have destructive effects on parental health and marital life as well as the desirable and successful growth of their children. Thus, it is highly important to identify these concerns and prepare functional plans for countering their risk.

One of the most prominent concerns of parents after childbirth is training them according to the functional expectations of themselves and the society. During and after pregnancy, parents always think about and plan for the rearing and nurturing of their children. However, there are issues which disrupt the training process of parents and pose challenges to the realization of their dreams in terms of child-rearing. Punamaki et al. emphasized the fact that entering the stage of child rearing is accompanied by a range of disturbing factors, part of which is related to the physical-psychological function of mothers in performing this tasking duty. In fact, they revealed that mothers who are engaged in the process of child-rearing without certainty and psychological comfort experience a high level of anxiety and thus their training is not successful [31]. The process of child-rearing requires a set of existential requirements, e.g. mother's ability, healthy marital relationship, and agreement in child rearing, as well as certain environmental factors, e.g. educational supports, the lack of which reduces the quality of maternal function and decreases the chance of having healthy and well-raised children.

Individuals experience various emotions and feelings while performing any duty, some of which improve the performance of the noted duty while some others disrupt it. After childbirth and upon entering the parenting phase, women experience different feelings, some of which double their internal tension and functional concerns and disturb their educational process, while some others are positive and facilitate their successful

function. Many women have mixed emotional feelings in this period, i.e. while they enjoy the feeling of motherhood, they are sad due to limitations and losing their freedom. Research shows that transitioning to the parental stage increases the psychological stress of both parents, but women are more specifically affected by this situation [32]. Some report show that 80% of women experience mood swings, anxiety, and sadness following childbirth [33]. In a review study, Fontenon examined studies which investigated the method of adaptation and transitioning to the mothering role. The aim of this study was to identify appropriate care measures for mothers. Results showed that, to become mothers, women pass an uncertain and stressful path and report unique feelings and emotions while transitioning to the mothering role [34]. Based on the results of the present and previous studies, the negative emotions and feelings experienced by mothers may lead to various physical, psychological, and environmental damages which may disturb the mothering role and their living conditions. These damages disturb mothers' physical and psychological function and reduce their ability in performing various daily tasks, thereby disrupting all dimensions of their life and reducing its quality. Therefore, it is of special importance to identify negative emotions and feelings and prepare functional programs to enhance mothers' ability to cope with these problems.

Today, there is no single educational source available. Human societies have become complex and modernized and the functional domains of individuals have expanded. Thus, educating children for successfully entering the society requires the use of all information sources by parents in order to achieve the best model of child rearing. These sources may be traditional (the Quran, hadith, biography of famous people, books on child-rearing, and parents' experiences) or modern (teachings on television, satellite televisions, the Internet, online books, social networks, and taking part in child rearing classes), both of which emphasized by women interviewed in the present study. In a qualitative phenomenological study, Nelson examined the experiences of primiparous mothers aging over 35 years (36-48 years). Results indicated that older mothers expected to be completely ready for motherhood. However, due to their exaggerated expectations of themselves and little experience and knowledge of infants, they face a reality shock [35]. In general, it is essential to gain insight into these educational sources, prepare programs in order to avoid the negative and destructive effect of some information sources, and strengthen and continue the positive effect of other sources in order to create a pleasant experience of motherhood.

Childbirth is a tasking responsibility which cannot be performed without motivation and interest; motivations which create an internal capability to facilitate the effective performance of this difficult task. Numerous studies have highlighted the social and emotional support of mothers and children. However, limited support is available [36]. A study in the USA showed that 21% of children are in dire need of receiving mental health services [37]. Studies by Mancuso et al. revealed that, despite considerable progress, pre-term labor and

low birth weight occur in 11% of all births in the US. This is important because pre-term labor and low birth weight have negative consequences for the physical and cognitive development (mental health) of children and they are more likely to suffer from cerebral palsy, learning disorders, and other disabilities [38]. These results were confirmed by Kammerer et al. [39].

Chin et al. stressed that the transition to parenting is one of the most difficult periods of marital life, and this successful transition requires a range of social supports which facilitate its realization [40]. Entering the parental stage and successfully passing it cannot be done by mothers alone. This transition needs the support of spouses, families, and even the society; various physical and psychological supports which alleviate mothers' internal stress and tension and facilitate this transition. In addition to these supports, spirituality is a perceived facilitator in this period with an effective role in bringing about internal peace and intrapersonal security for mothers in passing this stage and decreases the concerns and stress which may disturb their function.

Today, various scientific and experimental sources consider the desirable education and growth of children in different functional dimensions dependent on a range of internal and external factors viewed as vital for the growth of children. With the qualitative method of grounded theory, Rogan examined the experiences of 55 Australian primiparous women. In this study presented in two articles, participants were 2-26 weeks after childbirth and data were collected in 9 sessions, resulting in the theory of "Becoming a Mother" which viewed 3 factors as effective in the phenomenon of motherhood: previous experience of infants, social support, and the baby's behavior [22]. Based on the results of qualitative studies on mothers, Mercer (1995) changed the steps of maternal role attainment based on the descriptive words of participants as follows: 1. Commitment and attachment to and preparation for the newborn (during pregnancy); Learning and further attachment to the newborn, learning how to take care of it, and physical rehabilitation (first 4-6 months after

childbirth); 3. Progressing to the new normal situation (during 4 months after childbirth); and 4. Achieving the motherhood identity (about 4 months after childbirth) [23]. The successful entry to the parenting stage requires a range of physical, psychological, and environmental requirements, the lack of which disturbs mothers' functional health and increase the risk of damage to the child's growth in physical, psychological, and mental dimensions. In fact, mothers must enjoy sufficient physical health and energy and have enough psychological capital in order to cope with and pass this difficult period and successfully enter the parenting stage.

Conclusion

In general, the present phenomenological study examined the experiences of primiparous mothers (from childbirth to 1 year). Results revealed the damages; concerns; preventive and facilitative factors; and negative and positive changes of mothers and their marital life. This study provides an insight into this developmental responsibility and can be used for preparing educational, preventive, and therapeutic programs in order to solve mothers' problems and possible damages caused by this responsibility, thereby leading to the successful birth and growth of children. The qualitative nature of the present study and difficulty of performing long and comprehensive interviews with participants who had children under one year were the limitations of the present study, limiting the external and internal validity of results. We recommend that future studies examine the experiences of mothers with children older than one year and those with more than one child and select a heterogeneous sample, thereby providing rich and unique narratives regarding this special experience.

Acknowledgments

We thank the supervisor, advisor, and all mothers who participated in this study.

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