

The Birth of The First Child: Psychological Conditions in Mothers and Families

Hanum Putryani Widayati¹ | Putri Apriani¹ | Latipun¹

¹Master of Professional Psychology, University of Muhammadiyah Malang

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Abstract:

The postpartum period, particularly the first 1-12 months, is a time when mothers experience maternal morbidity, both directly and indirectly, including physical and mental health issues, especially for mothers who have just given birth to their first child. A mother's inability to cope with these changes may lead to psychological problems such as anxiety, stress, and depression. Psychosocial support can assist mothers in facing these changes. Therefore, this study aims to examine the psychosocial conditions of mothers and families experiencing the birth of their first child. This research employs a qualitative phenomenological approach to interpret and explain the experiences encountered by the subjects. Data were collected using in-depth interviews. The results of the study indicate that mothers who have just given birth to their first child experience psychological conditions such as feelings of happiness, joy, confusion, worry, and fear, which are managed by talking to their husbands, seeking entertainment, and receiving support from their families. These factors encourage mothers to engage in social interactions with their surrounding environment. Consequently, the presence of the first child strengthens the relationship between husband and wife, as well as with the social environment.

Keywords: First Child Birth, Psychological Condition, Social

Introduction:

Childbirth is a multidimensional experience where pain, stress, sadness, happiness, and joy are experienced simultaneously (Aktas & Aydin, 2018). The postpartum period, specifically the first 1 to 12 months, is a time when many women experience maternal morbidity, both directly and indirectly, encompassing physical and mental health issues. The most frequently reported morbidities include depression, anxiety, fatigue, back pain, sexual problems, gastrointestinal issues (constipation), and breastfeeding difficulties (Rouhi et al., 2019). Additionally, the biological,

physical, emotional, and social changes required for maternal adaptation occur during this period, making it a significant transition in a woman's life. Many women perceive childbirth as a positive life experience that fosters growth and empowerment, while others view it as a negative experience (Aktas & Aydin, 2018).

Approximately 5-30% of women perceive childbirth negatively. Negative birth experiences pose risks to the health of the mother or newborn and public health by affecting the physical and

spiritual well-being of the mother or family. Negative childbirth experiences can lead to several consequences, including: (1) stress and depression in the mother and family, (2) negative effects on bonding, breastfeeding, and the relationship between husband and wife during the postpartum period, (3) reluctance to conceive and give birth again, (4) negative perceptions of midwives and obstetricians, (5) dissatisfaction with childbirth, and (6) preference for cesarean section in subsequent pregnancies (Aktas & Aydin, 2018). Furthermore, the speed and intensity of the changes experienced can potentially cause significant stress if the mother is unable to adjust to her role (Saur & Santos, 2021). Antenatal stress, anxiety, and depression can also be experienced by mothers giving birth to their first child, with a prevalence of 15% during the postpartum period (Obrochta et al., 2020).

Several factors contribute to a mother's difficulty in adapting, leading to psychological disturbances, including inadequate or inaccurate knowledge about childbirth, lack of social support during pregnancy or delivery, interventions during childbirth, perceived lack of control during labor, the birthing environment, and the empathetic communication skills of healthcare professionals (Aktas & Aydin, 2018). Moreover, the childbirth experience itself can have a lasting impact on the individual, with the memory of the experience remaining throughout their life. A positive childbirth experience can enhance maternal health, increase maternal self-worth and self-esteem, and facilitate the mother-child relationship. Conversely, a negative childbirth experience can affect breastfeeding ability, the decision to conceive again, and the type of birth in subsequent pregnancies. A traumatic childbirth experience can lead to psychological distress, and in extreme cases, postpartum depression, which can diminish the mother's quality of life, weaken the mother-child bond, and negatively impact the child's physical, psychological, and emotional development (Hassanzadeh et al., 2020).

A mother who undergoes psychological and social changes must maintain psychosocial health to

manage the expected behavioral and psychological changes and sustain the balance established with her environment. The level of social support is one of the most significant factors influencing maternal psychosocial well-being. Social support for mothers facilitates psychological adaptation to pregnancy and childbirth and the maintenance of psychological health. Social support plays a crucial role in either facilitating or hindering the resolution of psychological problems (Dilcen & Aslantekin, 2020). The psychosocial issues experienced by mothers during the postpartum period negatively affect child development and parenting. One phenomenon highlighted is the case of a mother killing her newborn baby. Infanticide committed by a mother after childbirth is an extreme manifestation of postpartum psychosocial disturbance (Hidayat et al., 2019).

Based on the brief explanation provided, considering the psychological and social aspects essential for a mother postpartum, the researcher is interested in conducting a study related to the psychosocial conditions of mothers and families experiencing the birth of their first child.

Method:

This study employs a qualitative approach, which is a research process aimed at understanding human or social phenomena by creating a comprehensive and complex depiction that can be presented in words, reporting detailed views obtained from informant sources, and conducted in a natural setting. Qualitative research is carried out in the natural environment of a phenomenon, with the researcher remaining focused on building sensitivity to the research subjects. The narrative study approach, in particular, focuses on the description of a series of events or experiences encountered by the research subjects (Creswell, 2018).

This qualitative approach was chosen considering its flexibility in adapting to any changes that may occur in the field and its ability to directly present the relationship between the researcher and informants. Additionally, this study utilizes a phenomenological qualitative research type, which

is a discipline that describes what an individual perceives, feels, and knows within their immediate consciousness and experience (Hadi et al., 2021). The phenomenological approach used in this study aims to interpret and explain the experiences of mothers who have just given birth to their first child, including their experiences during interactions, psychological conditions, and building relationships with others and their surrounding environment. The data obtained will then be thoroughly described according to the information provided by the research subjects.

Participants:

The subjects of this study are 5 mothers who have children and reside in Malang City. The subjects were selected using purposive sampling, ensuring that the chosen participants meet the established criteria to effectively represent the research findings. The criteria for the subjects in this study are as follows: (a) aged 18 years and above, (b) have recently given birth to their first child, and (c) have a child aged 0-3 years without congenital disabilities. To ensure smooth interviews, the researcher scheduled appointments in advance, accommodating the subjects' availability. Additionally, before the interviews were conducted, the subjects were provided with an explanation of the study and were asked for their consent to participate by signing the informed consent form provided by the researcher. The following are the identities of the research subjects:

Table 1. Demographic Data of Research Subjects

No.	Inisial	Usia
1.	DPS	29 Tahun
2.	NH	28 Tahun
3.	N	24 Tahun
4.	Na	25 Tahun
5.	V	26 Tahun

Data Collection and Data Analysis:

The data collected from all subjects are primary data obtained through in-depth interviews based on an interview guide prepared in accordance with the research objectives. This study employed semi-structured interview techniques to facilitate a deeper exploration of information, allowing the researcher to gather data on the psychosocial conditions experienced by mothers who have recently given birth to their first child. The interviews were conducted using an interview guideline previously developed by the researcher, grounded in theories and literature reviews. In brief, the researcher posed questions to the subjects regarding their psychosocial condition after giving birth to their first child. Additional questions were asked as needed to obtain more detailed information if necessary or if the researcher felt the response was unclear. The time and place of the interviews were arranged according to appointments made in advance between the researcher and the subjects. Data collection was concluded when the researcher determined that sufficient data had been gathered to answer the research questions or hypotheses.

Data analysis in qualitative research is open, open-ended, and follows an inductive reasoning pattern. The inductive reasoning process involves starting with specific decisions or testing points (collected data), which are then synthesized to draw conclusions. Qualitative data is processed according to the characteristics of the variables in the study using content analysis. The data processing aligns with the research objectives, and the report is written in a descriptive format. The data analysis in this study includes the following stages: data collection, data reduction, data presentation, data verification, and drawing conclusions. The approach used is the emic dimension, where the research identifies issues and describes the data obtained and heard directly without influencing the informants (Noeng, 1990).

Results:

The research conducted identified several factors underlying the psychosocial condition of mothers after giving birth to their first child. These conditions can be observed through physical,

psychological, and social aspects. The new role assumed by the mother can lead to feelings of pressure. In dealing with this pressure, the mother develops her own ways of coping. Ultimately, the birth of the first child can strengthen the relationship between the mother and her family, partner, and the surrounding environment.

Psychological

When giving birth to their first child, mothers experience mixed emotions. They feel joy, happiness, fear, and worry.

"At first, during pregnancy, I felt both happy and scared. I was happy because, well, finally, I would become a parent one day, but I was also scared because I wasn't sure if I could be a good parent and raise my child properly. But since God has entrusted me with this, I had no choice but to learn during pregnancy. When the time came to give birth, it still felt surreal—like I couldn't believe I had really become a parent..." (170-175)

"Psychologically, I sometimes still doubt myself. I wonder if I will be able to take care of the child until they grow up, or if I will be a good parent in their eyes." (196-197)

Mothers feel happiness due to their new role. They embrace this happiness by gradually learning everything related to child care, step by step, to provide the best for their child. However, mothers also feel fear and worry. The fears and worries are related to how they care for their child, the parenting style they implement, their future hopes, and the fear of not being able to provide the best for their child. The anxiety and fear often lead to overthinking. This overthinking makes mothers even more insecure about their ability to care for their child. Mothers often combat this overthinking by seeking entertainment through social media.

Physical

In adjusting to the new role, mothers often experience exhaustion. They need to adapt their routines to balance work, child care, cooking, and household chores.

"... I'm also tired because I'm still in pain while taking care of the baby, staying up late, and feeling

exhausted from breastfeeding. So, the things on my mind are overwhelming, making the fatigue accumulate." (13-15)

"... I also work, so there's less time for sleep. That's where the exhaustion comes from." (21)

The fatigue experienced by mothers typically occurs within one to two months postpartum. Mothers are still adjusting to their child's routines and finding ways to balance child care with other activities. In the first one to two months, the baby does not have a set routine, so mothers must adapt to the baby's schedule, such as feeding at midnight, staying with the baby until they fall asleep, and soothing them when they cry at night. This leads to a lack of sleep for the mother, ultimately causing exhaustion.

After giving birth to their first child, mothers experience pain from the delivery, especially if it involved surgery. This pain can be a significant discomfort and a barrier to effectively caring for the child.

"... lying down, and suddenly the baby cries for milk. It's hard to get up because of the pain from the stitches. For instance, if I need to breastfeed while lying on my side, it's also difficult due to the pain." (204-206)

Mothers who are still in pain but need to care for their baby face additional challenges. They must endure pain or discomfort from surgical stitches or back pain while continuing to provide breastfeeding. Despite this, mothers strive to continue breastfeeding their child.

Coping with Pressure

The lack of experience in child-rearing often leads mothers in new roles to feel pressured. This pressure can originate from within themselves. New mothers frequently engage in overthinking about their ability to care for the child and provide the best for them. The pressure may also stem from frustration at not being able to soothe the baby, exhaustion from being awake all night, or the shock of adjusting to new responsibilities. In addition to internal factors, pressure can also come from the surrounding

environment. Criticism from others regarding the mother's child-rearing methods can ultimately cause the mother to feel pressured, potentially leading to issues with breastfeeding.

To address these challenges, mothers employ various strategies to continue providing the best for their child.

"... I use several methods, whether it's talking about it, going out with my husband, or eating together, but mostly I talk with my husband..."(275-276)

Mothers manage their feelings of pressure by discussing their experiences with their husbands, going out for walks or meals, and seeking positive entertainment through social media. Additionally, they seek support from family to cope with the pressures they experience.

Social

The birth of the first child can either enhance or diminish a mother's social interactions with her surroundings. Mothers who rarely engage in social interactions with neighbors often do so because they are too focused on caring for their child, resulting in interactions primarily limited to family members. Conversely, the birth of a child can also increase a mother's social interactions with both neighbors and family. Mothers in new roles seek information by inquiring about others' experiences with child-rearing, which strengthens their relationship with the surrounding environment.

"... Neighbors are also kind and often give me advice." (151)

"Alhamdulillah, what used to be just a regular relationship with neighbors (in a good sense), has now improved further." (225-226)

"We just back each other up; for instance, if the baby wakes up at 9 PM, I might take a nap first, and then we switch later. In the beginning, I couldn't bathe the baby because I was scared, so my relatives or mother helped out. When my milk wasn't coming in, we sought information and tried various ways to encourage its flow. For example, I would clean the house, shower, and eat while the

baby was looked after by an aunt or uncle." (234-238)

The birth of the first child leads mothers to engage more frequently in social interactions with their surroundings. They often learn how to care for their child from parents, aunts, and neighbors. Neighbors frequently offer advice on child care and other tips. When faced with issues such as breastfeeding difficulties, the surrounding community collaborates with the mother to find solutions, thereby increasing the frequency and quality of her interactions with the environment.

Discussion:

The experience of giving birth for the first time is both a profoundly joyous and stressful event for women. The stress experienced may arise from the novelty of childbirth (Fatmawati & Gartika, 2021). Although it is a common experience, the transition to parenthood is a significant developmental stage and life event that impacts various aspects of psychological functioning and the well-being of individuals, couples, and families (Levesque et al., 2020). A new mother often experiences mixed emotions, including fear and anxiety about the childbirth process, as well as concerns about what will happen during delivery (Agustiniingsih, 2013). Following childbirth, mothers typically feel happy, relieved, and joyful. However, they may also experience worries, overthinking, confusion, fatigue, stress, and lack of confidence due to their lack of prior child-rearing experience. The absence of experience can lead to uncertainty about how to provide the best care for the child as a new parent. Additionally, new mothers may feel anxious when they are unable to breastfeed or face challenges with milk supply (Jia Choo & Ryan, 2016). The increase in roles and responsibilities necessitates adjustment in the postpartum period. Failure to adjust during this time can lead to stress and heightened emotional reactions (Dahro, 2012).

The birth of a first child presents fundamental challenges to family structure and interaction. Statistics indicate that approximately 70% of mothers experience sadness or "baby blues"

postpartum (Shinaga, 2006). Postpartum blues is characterized by symptoms of depression, sadness, increased sensitivity such as crying easily, irritability, anxiety, and fear regarding baby care, as well as headaches, self-blame, feelings of inadequacy in providing for the child, sleep disturbances, and appetite changes. These symptoms emerge after delivery and generally subside within a few hours to ten days or more. However, they can evolve into more severe conditions in the weeks or months following childbirth (Freudenthal, 1999).

Furthermore, data suggest that approximately 20-40% of new mothers who fail to adjust may experience postpartum depression. Postpartum depression is a mood disorder manifesting with various somatic and emotional symptoms occurring within the first 12 months after delivery. This condition negatively affects the relationship between the mother and the baby, as well as the child's growth and development (Gebregziabher et al., 2020). Providing support to new mothers, both internally from family and partners and externally from peers, can enhance maternal self-confidence as the support helps the mother feel recognized (DeVito, 2010). Offering praise and encouragement to new mothers can also boost their confidence. Moreover, social support during and after childbirth is considered a preventive measure for many postpartum complications, such as postpartum anxiety and depression (Ababneh et al., 2024). Adequate support from the surrounding environment helps mothers avoid anxiety and postpartum depression, allowing them to feel more confident in caring for their baby. Therefore, the adjustment of mothers and the role and support of the surrounding environment are crucial.

Most new parents adapt reasonably well to the transition and adequately adjust to their new roles. However, some individuals find this process more challenging. Many women after childbirth experience fatigue, psychological stress, and high levels of stress due to the overwhelming new tasks and responsibilities, especially when lacking social support (Levesque et al., 2020). Postpartum

women report a range of physical symptoms such as fatigue, back pain, perineal pain, dyspareunia, hemorrhoids, and urinary incontinence, which are associated with quality of life. Postpartum fatigue is common among new mothers, with a prevalence of 38.8% in the first ten days and decreasing over the subsequent one to three months (Jeong et al., 2021).

Based on the research conducted, the issues faced by mothers include concerns about child development not meeting expectations, difficulties in adjusting to the role of a new mother, confusion in child-rearing, and pain from postpartum surgery, which complicates child care and can affect the child's optimal development. These results indicate that women face significant pressure to adapt to, meet, and conform to social definitions of the ideal mother who perfectly fulfills her child's needs. Women must also contend with societal norms and judgments regarding their ability to balance roles as mothers, partners, and professionals. Mothers are expected to devote all their time and energy to their children while remaining independent women with careers and personal interests (Levesque et al., 2020).

To cope with emerging pressures, mothers need effective coping strategies. Typically, mothers use coping strategies that involve mobilizing internal resources. They engage in planning, seek help, and take time to rest to maintain their health during the first year postpartum (Walker & Murry, 2022). The problems or pressures faced by mothers in this study are usually managed through conversations with their partners, gradual learning about child care, seeking help from family, and consulting their surrounding environment. Social interactions can reduce anxiety and stress and enhance the mother's knowledge of child care. Social interactions provide support, advice, and experience, facilitating easier child care and preparing mothers for anticipated challenges based on shared experiences. Social support is one of the methods to encourage a positive direction and reduce the likelihood of disorders. Social support includes three main types: 1) emotional support, which

involves having someone reliable and trustworthy when needed, 2) instrumental support, which consists of material, objective, and tangible help from others, and 3) informational support, which involves obtaining important information through social interactions (Sharifipour et al., 2022).

Although there are challenges and pressures following the birth of the first child, it can also strengthen family relationships. The presence of a child in a family enhances family harmony, extending beyond the relationship between spouses to encompass overall family well-being and tranquility. Assistance from spouses and other family members fosters closer and more harmonious relationships. Thus, the arrival of the first child not only strengthens the relationship between husband and wife but also enhances connections with the social environment. The birth of a child brings a new dimension to family life and can improve the mother's psychosocial condition.

Conclusion:

The psychological condition of mothers who have recently given birth to their first child is characterized by feelings of happiness, joy, confusion, worry, and fear. Despite this, new mothers manage these emotions by talking with their spouses, seeking entertainment, and receiving support from their families. In this context, social interaction with the surrounding environment plays a significant role in alleviating the mother's worries and fears. Such interactions also provide mothers with valuable knowledge. The presence of a first child can help reduce fear or anxiety by encouraging mothers to engage more frequently in social interactions, which in turn can strengthen their relationships with the social environment.

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