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"It Is My Destiny as a Woman": On Becoming a New Mother in Indonesia

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Abstract

Purpose: The purpose of the study was to provide a greater understanding of the experience of the new Indonesian mother. **Design:** This study was a hermeneutic phenomenological study. Data were obtained from 13 first time Indonesian mothers through semi-structured interviews. **Findings:** Two main themes were identified: "trying to be a good mother " and "confirming my destiny as a woman." A number of subthemes were identified to understand of how women in rural West Java perceived the meaning of being a new mother. These themes and subthemes described the woman's responsibilities as a new mother and some of the challenges that she accepted as a part of her destiny. **Conclusion:** This study provides nurses and others with insights into the experiences of Indonesian women with early motherhood, their feelings about taking on the mothering role, and some of their needs during this period.

Keywords

experience, first-time motherhood, Indonesian women

Becoming a new mother is generally considered a major life transition for a woman as she takes on the social status and responsibilities that accompany motherhood (Barclay & Lloyd, 1996; Miller 2011; Redshaw & Martin, 2011). This transition requires that she adapt to a new role and respond to the many changes in her life that being a new mother will bring (Darvill, Skirton, & Farrand, 2010; Mercer 2004). This change in status is accompanied by a number of responsibilities, and most first-time mothers do not feel prepared for the role of mother (Force, 2000). A number of contextual factors will greatly influence the woman's experience of transition to motherhood. Beliefs and practices and the health care the woman and her family receive are two major factors. Since these contextual factors are culture specific, it is critical to understand the woman's particular culture.

Beliefs and Practices

Beliefs and practices associated with pregnancy and childbirth are influenced by culture. When these are internalized by the woman and acted on, the beliefs and practices have a huge impact on the construction of new motherhood (Barlow, 2001; O'Reilly, 2010). As a nation, in Indonesia motherhood is highly valued, and the primary roles of women are those of mother and caregiver to the family (Corfield, 2010; Utomo, 2005). Many of the women marry at a young age and subsequently become mothers very early in their lives, making them less prepared for motherhood than if they had more life experiences. A number of the women, particularly in rural areas, continue to follow traditional postpartum practices that make early motherhood highly ritualized. Traditional practices in Southeast Asian countries are usually aimed at protecting the woman and her infant from real or imagined threats and at restoring her health after pregnancy (Hishamshah et al., 2011). Although less so than in the past, a number of women prefer the services of the Traditional Birth Attendants (TBA or *paraji*) based in their rural villages. These traditional practitioners are part of the social and cultural fabric of their village (Titaley, Hunter, Dibley, & Heywood, 2010). TBAs understand and promote certain cultural practices, and as a consequence, the TBA's knowledge and care are highly trusted by women and their families.

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Maternal and Child Health Care in Rural Indonesia

Within Indonesia the government through policies and the organization of health services has placed an emphasis on reproductive health (Hull, 2005; Untoro, Hermiyanti, Situmorang, & Basuni, 2008). In rural villages, integrated health posts (*Posyandu*) and midwifery delivery services (*Polindes*) are provided to pregnant women and new mothers through government-sponsored programs. A goal of the Ministry of Health in Indonesia is the improvement of maternal and child health outcomes because maternal and infant mortality rates continue to be high in this country. TBAs are encouraged to work in partnership with midwives at the village level and play an important role, serving as the main attendant during birth and care for the new mother and infant in the postpartum. They remain an integral part of maternal care in Indonesia (Titaley et al., 2010). Often TBAs are the only caregiver at this time because the choice of a birth attendant is a question of economics. Families believe it costs less to have a TBA attend the birth than a midwife. Additionally, TBAs provide a level of postpartum care that greatly assists the new mother.

Most of the research on the transition to motherhood and early experiences of mothering is from a western perspective (Emmanuel, Creedy, St. John, Gamble, & Brown, 2008; Lupton, 2000; Oakley, 1979). There has been limited research in this area in non-Western cultures (Klingberg-Allvin, Nguyen, Johansson, & Berggren, 2008; Liamputtong, Yimyam, Parisunyakul, Baosoung, & Sansiriphun, 2004; Negai, Chan, & Holroyd, 2011). No studies on the transition to motherhood for women in Indonesia were located.

It is important to know how women in other cultures and of different ethnicities experience the transition to motherhood and how similar or different it is when compared to their Western counterparts (Bhopal, 1998; Tamis-LeMonda & Kahana-Kalman, 2009). Indonesia has been experiencing rapid social and economic change, including health care system modernization, yet many women maintain traditional values and practices. In rural areas of the country where women are expected to adhere to traditional practices, there may be conflict during the postpartum period if health professionals do not recognize the importance of these traditional practices. In some instances, it may be stressful for a new mother if she no longer has the social support that allows her to follow the required postpartum traditions, yet is expected to adhere to these traditions (Utomo, 2005).

The purpose of this study was to understand the experience of being a new mother in rural Indonesia from the perspective of women who had recently experienced childbirth. We chose to limit the time frame to the first 4 to 6 months after birth because of the many changes that take place within that period. It is also one of the most important times for midwives and nurses to provide good maternal–infant health programming to positively influence women's and children's health. An understanding of women's early transition to motherhood could enhance that care.

Methodology

Design

Phenomenology, a qualitative approach appropriate to exploring meaning in everyday life, was selected to guide the research. In particular, hermeneutic phenomenology as outlined by van Manen (2007) was used to describe and interpret the experiences of first-time mothers among women in rural Indonesia. Hermeneutic phenomenology allows the researcher to focus on the various aspects of an experience, no matter how insignificant they may appear, to capture that experience fully and in the historical and cultural context in which it is lived (Laverty, 2003). This methodology helps to researchers arrive at an understanding of a phenomenon. Using hermeneutic phenomenology, we attempted to uncover what it means to be a new mother in rural Indonesia, that is, their everyday experiences as new mothers during the first 4 to 6 months postpartum.

Recruitment of Participants

The participants were recruited using purposive sampling from one elected village in West Java, Indonesia. During attendance at a *posyandu* (integrated child health post), *Kaders* (village volunteers who help organize the health post) approached women to determine their willingness to be participants in the study. Women were eligible if they were (a) a first-time mother of a healthy infant for at least 4 and no more than 6 months at the time of the interview, (b) willing and able to talk in the Indonesian language about their experiences of being a new mother, (c) physically and mentally able to follow the interview process, and (d) able to give informed consent to participate in the research. Those women who consented were put in contact with the first author to arrange for interviews.

Thirteen women participated in the research and were interviewed by the first author. All the women were living in the same village in West Java, Indonesia, where the research took place. Most were native to this village or had lived there for a time. Although West Java residents are mainly Sundanese, all participants in the study were Javanese. Ethnicity is important in Indonesia because the country has more ethnic diversity than most countries and thus has more cultural diversity (Suryadinata, Arifin, & Ananta, 2003). All the women were married and either living with parents, parents-in-law, or living near these family members. Prior to giving birth all women had been employed outside the home, but since the birth of the infant not all women had returned to the workplace. Table 1 is a descriptive summary of the participants.

Table 1. Demographic Characteristic of Participants (*N* = 13).

Participant	Age (years)	Education	Employment	Living arrangement	Baby's age (in months)	Place of Birth	Delivered by infant's
P–1	23	Diploma	Private sector	Husband & her parents	6	Midwife's home	Midwife
P–2	21	Senior high	Private sector	Husband & her parents	4	At home	*Mak paraji*[a]
P–3	23	Elementary	Factory worker	Husband & her parents	4	At home	Midwife
P–4	21	Junior high	Factory worker	Parents in-law-husband	5	At home	*Mak paraji*
P–5	19	Elementary	Factory worker	Husband only	4	Midwife's home	Midwife
P–6	20	Elementary	Self-employed	Husband & mother-in-law	5	At home	*Mak paraji*
P–7	26	University	Private sector	Husband & her parents	4	Maternal clinic	Midwife
P–8	20	Elementary	Self-employed	Husband & her parents	5	At home	*Mak paraji*
P–9	17	Elementary	Factory worker	Husband only	5	At home	*Mak paraji*
P–10	22	Junior high	Factory worker	Husband & parent in-law	4	Midwife's home	Midwife
P–11	19	Junior high	Factory worker	Husband & her parents	4	Hospital	Physician
P–12	20	Junior high	Self-employed	Husband only	4	At home	*Mak paraji*
P–13	22	Junior high	Self-employed	Husband, parents & sister	5	Midwife's home	Midwife

[a]*Mak paraji* is a Sundanese term for "midwife," and here refers to the traditional birth attendant in the village who often cared for the woman in the postpartum period as well as assisting the women with the birth.

Table 2. Interview Questions.

Opening Question: Could you tell me about your experience becoming a new mother?
What is it like to be a mother?
How do you see yourself as a mother?
When did you feel like a mother for the first time?
How did that make you feel?
What contributed to that feeling?
After you became a mother what kind of changes did you feel?
With your body?
With your personal life?
With your relationship with your husband?
What is it like to care for your baby?
Who are some of the people that have helped you since you became a mother?
What are some of the challenges or difficulties you had to face since you became a mother? What are some of the satisfying aspects of being a mother?
Did you do "*mapasan*"?
Is there anything else you would like to tell me about your experiences of being a mother and the care you received?

Human Subjects Approval

The research received ethics review from institutional review boards in Canada and Indonesia. All participants provided written consent for the study. Participants were assured that their participation was voluntary, that they could withdraw from the study at any time, and that their access to community health programs and services was not contingent on their participation. Audiotapes, other records, and the transcripts were treated as confidential in all stages of the study and in data storage.

Data Collection

The first author, who was able to interview the women in their native language, used semistructured conversational interviews to collect the data. The interviews were conducted in Bahasa Indonesia in the participants' homes. Table 2 is an outline of the questions used in the study. This particular approach enabled the mothers to talk about their experiences in comfort. During the interviews, the women were encouraged to elaborate on their experiences as the interviewer more fully explored what new motherhood was like for them. Two interviews were conducted with each participant in the study. All interviews were tape-recorded and lasted between 60 to 90 minutes. The interview tapes were transcribed and translated into English by the first author, and the translations were confirmed by the second author.

Data Analysis

The thematic analysis of each interview in this study was conducted through the selective or highlighting approach as outlined by van Manen (2007). Using this approach, the transcribed texts were read with the question, "What statement(s) or phrase(s) seem particularly essential or revealing about the experience of being a new mother?" These statements were then highlighted and used to form themes. One of the challenges of this approach 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, 2007, p. 87). Both authors independently performed the analysis and final identification of themes.

Table 3. Themes and Subthemes of the Experiences of First-Time Javanese Mothers.

Theme 1: Trying to be a good mother
Subthemes
1.1 New motherhood is not easy
1.2 Your child reflects you ability as a mother
1.3 Needing help to be a good mother
Theme 2: Confirming my destiny as a woman
Subthemes
2.1 Feeling happiness with new motherhood
2.2 Putting up with discomfort
2.3 Reframing losses

Findings

Becoming a new mother was both a challenge and a source of satisfaction for these women as they negotiated their new roles. Two main themes were identified that captured the experience of motherhood: (a) trying to be a good mother and (b) confirming my destiny as a woman. Each of these themes contained a number of subthemes. These themes and subthemes are described and summarized in Table 3.

Theme 1: Trying to Be a Good Mother

Several of the women began their account of motherhood with the statement "I really want to be a good mother." The ability to be a "good" mother and live up to this expectation was very important to the women and something they were trying very hard to accomplish. This theme not only encompassed how they responded to their young infants, but also included how they felt they ought to raise their child. They all stressed the importance of family help to learn how to accomplish their goal despite the difficulty inherent in the work of becoming a mother. There was much pride when a woman believed she had accomplished this goal:

> Well . . . I am a good mother of course . . . because I have been able to look after the baby alone. . . . Although my mother in law lives next-door, she rarely comes to help me. I learnt a lot from my husband to cook and take care of the baby. (P– 9)

Subtheme 1.1: New motherhood is not easy. The first subtheme reflected the woman's struggle to make sure she was able to take good emotional and physical care of her new infant and at the same time to fulfill the many other responsibilities that accompanied this role change. She knew she had to meet the societal expectations of what mothers in this village were expected to do. This was a challenge:

> Becoming a mother is not easy. I think a mother has to be able to take care of her baby. Breastfeeding the baby is a duty of the mother. Also she has to provide education to her child so that her child becomes smart. I am hoping my child will be fluent in reciting the Qur'an and be smart in school. [P–12]

When asked to describe what their new status as mother was like, the women not only talked about a mother's responsibilities for the baby but also added that they had responsibilities to their husband as well as for the household. In order to fulfill these responsibilities they felt a good mother should be able to manage her time wisely. Some women arranged their daily work to incorporate all a mother was expected to do by waking up earlier in the morning than they had before they had a child in order to accomplish all that was required. As one woman explained,

> I think a mother is the most fussiest person. It is the risk of being a mother . . . she is got to be busy. She has to be able to divide her time equally between taking care of child and doing the housework. [P–13]

Subtheme 1.2:A child reflects your ability as a mother. Learning to be a good mother was not just about the present and caring for an infant. There were future implications because it meant that a woman was required to raise a child who would reflect well not only on her but also on her husband, and especially her husband's name. It was important to the family reputation and how she 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 a social fact with people around here that as a wife, I should keep my husband's name [respected]. So, now I have to keep acting well. [P–1]

Subtheme 1.3: needing help to be a good mother. There was widespread acknowledgment among the women that often they were not prepared for motherhood and in particular that they did not know how to be a good mother. They identified a number of characteristics they had to develop to become a good mother, and being patient was one characteristic cited by many:

> 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. [P–8]

Almost all the mothers felt that because of their inexperience with caring for an infant they needed help to accomplish the goal of being a good mother. Even after 4 to 6 months, some women were not fully engaged in normal child care activities such as bathing the infant. The one exception was infant feeding in that all the mothers had been breastfeeding their infants. Family members were very important to achieving their goal:

> I feel that I haven't yet become a truly mother because I can't still handle all those housework, such as cooking, cleaning,

> tidying up the house while taking care of my child. Being a mother, you have to be able to handle all the housework while taking care of your child. My mother still helps me until now. [P–3]

The women felt they needed help to develop and cultivate the characteristics required in order to be a good mother. They also acknowledged they required physical and emotional support so they could spend more time in the mothering role. Many of the women depended on the help of their own mothers to learn infant care.

Theme 2: Confirming My Destiny as a Woman

Without exception, the mothers felt pregnancy and motherhood were very important and part of what they expected and desired as women. They saw motherhood as something that gave them a positive identity in their village. The women used the term *destiny* to rationalize changes in their lives resulting from their pregnancy and giving birth. The subthemes identified capture this sense of destiny that helped the women explain and accept some of the less positive changes associated with being a new mother, as well as to see these changes in a positive manner.

Subtheme 2.1 feeling happiness with motherhood. Because the women looked on marriage, pregnancy, childbirth, and having a child to raise as part of their destiny, the main emotion that these women expressed with their new status as mothers was that of happiness. In fact, shortly after marriage, even if they were very young, they worried they would not be able to fulfill their destiny and have a child if they had not become pregnant soon after marriage. The happiness experienced made up for the discomforts of pregnancy and the work associated with being a mother. By becoming a mother they had achieved their own expectation and that of society, and this was a source of pride. They described having an infant as rewarding. They also felt the child provided companionship for them and someone to play with and to whom they could give affection:

> My daily routine is getting busy to look after my baby, feeling exhausted, and sleepless. However, it is a great fun when playing with him, talking with my baby. Some people even say that I act like a mad person when talking to my baby, but I am happy indeed. I do not feel lonely anymore at home, because I now have somebody to talk to, my child . . . [P–4]

Subtheme 2.2: putting up with discomfort. Another part of their destiny as women living in a village in West Java was that they follow the traditions of the postpartum period. The women who were native to the area (10 of the 13 participants) accepted the traditions and followed them after the birth. In accepting their destiny, they followed these traditional customs despite many discomforts. These traditions included having *mapasan* (prohibitions on some specific foods and behavior), using an abdominal binder, and staying at home for the first 40 days. Although they found following postpartum tradition very restrictive, they nevertheless felt compelled to accept and obey the tradition. The rituals and ceremonies were understood to prevent mothers and babies from becoming sick and to promote their well-being. It was part of a "woman's destiny":

> 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. [P–8]

Subtheme 2.3: reframing losses. While there seemed to be some feelings of ambivalence by a few of the women as they described the undesirable physical changes to their bodies as a result of pregnancy, because of their belief in the destiny of a woman to have a baby they considered that these changes were not necessarily problematic. In fact, they viewed the changes as a part of sacrificing their body for the sake of having a 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. [P–1]

The belief that having a child was a "women's destiny" also had an impact on how the women viewed changes in their social life and the loss of freedom that came with motherhood. They were no longer able to engage in the same type of social activities with friends and did admit to feeling envious at times when they saw the freedom of 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. [P–9]

Disscussion and Conclusion

These descriptions of motherhood by the first-time mothers in West Java extend our understanding of what it is like to be a new mother in that culture and how the notion of a good mother is individually and socially constructed by that

culture. They were acutely aware that how they mothered their infants mattered both in the short and long term. While perhaps the main discourse on motherhood in Western society is about the "good mother" and about what constitutes such an entity, less is known about it as it applies to Southeast Asian women as mothers (Liamputtong, 2006). The challenges and struggles in early motherhood and being a good mother, especially around infant care, keeping the baby healthy, having patience, and being a loving presence for the infant have been identified by other researchers (Brown, Lumley, Small, & Astbury, 1994; Fishbein & Burggraf, 1998; Lupton, 2000; Mercer, 2004; Okamoto & Matsuoka, 2009; Woollett & Phoenix, 1991). The theme, "trying to be a good mother," illustrated what the women in rural Indonesia saw as a major challenge in early motherhood and is not so different from that reported in Western cultures.

However, the idea of a good mother went far beyond how the woman interacted with her infant. Mothers were expected to place low priority on their own personal, sexual, educational, social, and economic needs and were expected to take care of the needs of their family first. These women constantly received messages from their own mothers or the older people to that effect. 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 child care, good family relationships, health and hygiene, and good household management. Hunter (1996) observed that the programs indicate "numerous female responsibilities, but no rights" (p. 172). While there have been many social and economic changes throughout Indonesia, many of the ideas regarding women still exist especially in smaller rural villages and among certain social classes (Utomo, 2005). This would certainly be the case for the village in which the research was conducted as West Java has been characterized as being highly patriarchal with a greater concentration of Muslims than other parts of Java (Wolf, 1992). While it is often a challenge to separate out what is the influence of Islamic teaching on motherhood as opposed to cultures in which the Islamic religion is practiced, many of the values of government programs are those espoused by the Islamic religion (Murphy-Geiss, 2010).

The related theme "I confirm my destiny as a woman" was used to explain or even justify acceptance of the changes the women had undergone. The changes that these women experienced encompassed psychological, sociocultural, and physical dimensions of motherhood. Negative aspects of mothering were easily dismissed because the women felt motherhood confirmed their destiny as a woman. It may be that this belief in destiny is an adaptive mechanism for some new mothers. This findings is similar to the motherhood experiences of Thai women who reported their self-sacrifies when they became a mother (Liamputtong et al. 2004). Sethi (1995) also identified the theme of "giving the self," in which the women accepted their destiny and confinement after the birth of an infant. The theme is not as prevalent in the literature as that of "good mother" but may help explain the gendered expectations of women as mothers that is still prevalent in a number of societies and cultures despite the social changes that have taken place in women's and men's roles (Sevón, 2011).

The early motherhood experiences of the 13 first-time mothers in this study contribute to an understanding of what it is like to be a new mother in rural Indonesia in the first 4 to 6 months of motherhood. As first-time mothers the women experienced a great deal of change in their lives. They found that infant care and the responsibility that went with this care could be very demanding. However, the many changes were accepted or rationalized as a women's destiny in life. The women's experiences also indicated that accepting their destiny does not prepare them for the expectations of motherhood and they require help and support from family and health professionals. The findings also indicate how culture influences the women's experiences.

Implications for Future Research and Clinical Practice

There is an opportunity for nurses in Indonesia to assume the roles and responsibilities of community health nurses working with new mothers. There is government support for developing nursing programs that provide continuity of care in the community beyond the 6-week postpartum period. As well as the standard immunization programs in place, such programs could include educational programs to teach mothers about child care, infant behavior and development, maternal and child nutrition, and how to keep children healthy. Nurses in Indonesia have the opportunity to assume the roles and responsibility of community health program to improve the well-being of the new mothers. Nurses need to collaborate with the physicians, midwives, and TBAs in the rural areas. These programs would best be designed within the context of family-centered care because when nursing care is given in the family 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.

The results of this study offers insights, information, and understanding into the experiences of Indonesian women with early motherhood. Given the many different ethnic groups in Indonesia, other similar studies could be conducted to explore the experiences of new mothers in the other ethnic 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.

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