

## Experiences Relating to Motherhood. Aspects to take into Account in the Promotion of Child Health

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### Abstract

**Introduction:** During Pediatric Primary Care (PPC) consultations, one of the primary assertions of mothers is their need to feel understood as they come to terms with their new role.

**Purpose:** The present study aimed to find out about experiences relating to motherhood described by a group of women in order to identify aspects to be taken into account in the promotion of Child Health.

**Design and Method:** This qualitative study with a phenomenological approach had a sample consisting of seven mothers. Group discussions were recorded and transcribed in order to carry out content analysis, which was done collaboratively following the model of open coding until theoretical saturation.

**Results:** The most relevant experiences can be organized into three categories. With regard to their relationship with their sons and daughters, the mother emphasize that this relationship brings them “happiness”, though they also point to “work” as an important obstacle. With reference to themselves, they report being “worried”, “fearful” and in a state of “constant alarm” in the face of raising a child, and indicate a need for “time for themselves”. Regarding social support, they state that, although their partners are “involved”, they often “feel bad” because of comments from their own mothers, and also feel “under pressure” from their pediatricians.

**Conclusions:** Training that focuses on communication may support relationships in PPC consultations that facilitate mothers’ reflection on their parenting without reproach, thus ensuring adherence to pediatric recommendations, and the promotion of child health.

**Keywords:** Pediatrics; Primary Care; Child Health; Motherhood; Training

### Introduction

Pediatric Primary Care (PPC) has always been closely associated with responding to the health needs of children. However, this function has been changing and becoming more complex [1]. In the first place, Internal Medicine Resident (IMR) training has meant greater qualification of the professionals in this field, allowing them to attend, at this level, to diseases that were previously treated exclusively in a hospital setting. Secondly, as a result of certain health programs that have been put into practice, such as vaccination programs for example, we have achieved the disappearance and eradication of some of the diseases that previously monopolized consultations. Additionally, maternal education and/or school health programs have brought about an important decrease in mortality rates due to childhood accidents.

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Given this situation, it is worth noting that the priorities of child health have undergone a qualitative change [1], as has pediatricians' conceptualization of their work since they identify it as falling within the framework of health promotion [2,3]. Thus, it is assumed that pediatricians are currently the primary technical source of support for families regarding the development and upbringing of their children [4,5].

In order to mentor families in the task of raising their children, it is necessary for pediatricians to try to understand the concerns of mothers [6] in the face of the new challenges stemming from their motherhood. Nevertheless, one of the primary concerns expressed by women about their PPC is their need to feel supported or mentored in facing their new role [7-9].

In the face of this challenge, it is key to be aware of what motherhood involves by recognizing the vital transformation that it entails by producing significant biopsychosocial changes in women [10,11]. The mother is born psychologically at the same time her baby is born physically, and a new identity emerges that will be in a state of constant evolution [12]. This is reflected in the changes that women confirm they experience during motherhood with respect to their priorities, values and attitudes [12-14].

Furthermore, it appears that the doctor-patient relationship can be experienced as support for the transition into motherhood [15], if it is based on communication aimed at facilitating the expression of doubts and concerns [16]. The creation of this new interactive context favors both the improvement of the affective mother-child bond [17,18] and understanding of and adherence to recommendations from professionals [16].

Facing the challenge posed by women who attend PPC consultations, the present study examines the knowledge of motherhood experiences described by one group of women in order to identify aspects to take into account in the promotion of Child Health. Although there have been studies aimed at understanding experiences related to mothering [13,15] those works begin not so much with discussion groups in which the participating mothers are not members of vulnerable groups, but rather with group interventions aimed at women belonging to risk groups. Thus, the experiences of women who do not belong to vulnerable groups remain to be examined [13], so that we may thereby clarify possible lines of action for PPC.

## Design and Method

### Design

The phenomenological design of the present research allows us to examine the subjective individual experiences of the participants [19] that is, the perceptions and meaning that the experience [20] of motherhood has for the women who participated in the discussion group.

### Sample and participants

In collaboration with the Youth and Education Services Department of the Eskoriatza (Gipuzkoa) City Government, the Faculty of Humanities and Education Sciences of Mondragon University suggested to local families with children aged between 0 and 3 years the possibility of meeting to compare motherhood experiences.

The present study included all those who agreed to participate, a total of 7 mothers whose characteristics are shown in table 1, since they met the characteristics necessary for the study. Therefore, it can be said that our sample is opinatic [21] since selection was largely subject to the topic of study and to the receptiveness of the people contacted.

|    | Age <sup>2</sup> | Number of children | Partner | Working |
|----|------------------|--------------------|---------|---------|
| M1 | 30 - 40          | 2                  | Yes     | Yes     |
| M2 | 30 - 40          | 1                  | Yes     | No      |
| M3 | 30 - 40          | 1                  | No      | Yes     |
| M4 | 30 - 40          | 1                  | Yes     | Yes     |
| M5 | 30 - 40          | 1                  | Yes     | Yes     |
| M6 | 30 - 40          | 1                  | Yes     | Yes     |
| M7 | 30 - 40          | 1                  | Yes     | Yes     |

**Table 1:** Socio-demographic characteristics of the mothers who participated in the discussion group.

2: Age codified by decade.

### Data collection and analysis

A place was set up in Eskoriatza museum where 5 monthly meetings were held in the format of a group discussion [22,23]. Each meeting lasted 2 hours.

The people responsible for moderating the discussion group were the authors of the present article, who opted for the “funneling technique” [24]. This technique is characterized by the need to create a pleasant environment - one that is reciprocal and interactive, according to Morgan [25] and focus the conversation on the topic, motherhood in the present case, by facilitating progress from more general aspects to more specific ones.

After obtaining the necessary authorizations as well as the informed consent of the mothers, the meetings were tape recorded and transcribed so that we could then process the data through content analysis [26]. The unit of analysis was the sentence. After reading and analyzing the texts individually, the authors collaborated to create a system of categories and codes following the model of open coding, which dispenses with any theory based on which to apply concepts, laws or measurements to the discourse that is the object of the analysis [27] thereby allowing categories and codes to emerge in an inductive way to the point of theoretical saturation [28].

### Results

The participating women described their experiences relating to motherhood in ways that fell into three categories. Details of these categories are shown in table 2 together with some of the most significant textual quotes.

| Category  | Code  | Most significant quotes from participating mothers   |
|---|---|--|
| Mothers' experiences regarding their relationship with their children | Enjoyment of the relationship                   | “I'm very happy when I'm with my son” (M2, M3), “I enjoy making my son feel secure” (M7), “I sleep with my son and I think that's something very beautiful” (M3)   |
|   | Factors that have an impact on the relationship | “I'm having a very good time with my maternity leave, enjoying my son” (M7), “if the mother doesn't have to go to work, she's relaxed and the child is too” (M1), “when I don't have chores to do, I'm very much at ease with my son” (M7, M4), “not having time has an impact on our children” (M1)   |
| Mothers' experiences regarding themselves                             | Stress involved in motherhood                   | “Constant alarm” (M2, M6), “I worry about getting confused or not noticing something” (M1), “I worry when I see he's not well” (M3), “It concerns me that I don't know who created this dependency, whether he did or I did” (M3), “the world has changed a lot... the internet frightens me, for example, there's too much information and there's bullying that goes on over the internet” (M1)”, “I need time for myself” (M2, M3, M4, M5, M6), “the child holds top priority, then chores, then the partner, then the child again, and last of all, ourselves” (M1). |
| Mothers' experiences regarding their social network                   | Feeling of support                              | “I'm thankful that we're getting along well at the moment” (M2), “I have no complaints about my partner, he's very involved” (M7), “my husband is very much involved” (M1)   |
|   | Feeling of lack of support                      | “when his grandparents tell me that he doesn't misbehave with them, they make me feel like I'm doing something wrong” (M6), “my mother often tells me that parents today do foolish things” (M1), “pediatricians put pressure on us and so do grandmothers” (M3)   |

**Table 2:** Categories of experiences relating to motherhood described by the participants.

### Mothers' experiences regarding their relationship with their children

As in previous research [13,29] the mothers in the present study express their relationship with their children in terms of "happiness", "delight" and "pleasure". However, despite this very positive perception of motherhood, the mothers who participated in the present experiment emphasize that in order for this to occur, they must feel free of various obligations, those related to "work" outside the home as well as household "chores", given that such duties take away "time" to enjoy the relationship.

Indicating "work" outside the home as a non-facilitating factor of the relationship is nothing new [13]. It is thought that employed mothers, that is, those who work outside the home, make an effort to compensate for their absence in order to ensure that the time they spend with their children is quality time [30].

Regarding household "chores", some researchers maintain that the pleasures of raising a child tend to be compromised by the increase in domestic chores that motherhood entails [31], chores that, according to our participants, generally fall to them.

### Mothers' experiences regarding themselves

The participants note that they live in a state of "constant alarm" regarding their parenting. In this respect, they state that motherhood involves "worry", when they see that their baby is not well, for example, or when they do not know if they are doing things properly - a testimony that is consistent with Wilkins' findings [14] - as well as "fear" caused by the uncertainty or their lack of knowledge about the challenges and dangers to which their children will be exposed in the future.

Additionally, the mothers in the present study assert that they "need time for themselves". This statement is consistent with previous research in which mothers state that they feel stressed, tired, of overwhelmed [13,29] revealing that they feel they have lost a certain amount of control over their lives [32]. Given the choice, the mothers in the present study would invest the "time" they demand in spending time alone in order to reconnect with who they were before, in ways as simple as taking up again some of the hobbies they enjoyed before motherhood.

This feeling of loss of control is closely tied to the ranking of priorities that they describe, in which "the child holds top priority, then household chores, then the partner, then the child again, and last of all, themselves". As Gilligan [33] states, this suggests that women develop a "care ethic" based on responsibility to others.

### Mothers' experiences regarding perceived social support

The majority of the mothers confirm that they feel fortunate because they "get along well with their partner" and because their partner is "involved" in parenting. When they talk about their extended families, however, although they appreciate the help provided, especially by their mothers, they agree in noting that such help often goes hand in hand with a certain amount of criticism regarding their parenting style, making them "feel bad".

To this "pressure", further pressure from pediatricians is added. It seems that when mothers are informed about the correct growth of their child, they understand that it is being communicated to them indirectly that they are doing well, turning the meeting into a positive experience [34]. Therefore, it is assumed that, if the opposite happens, that is when the mother realizes that her child's growth is not as hoped or desired, the meeting will then become a negative experience due to the mother's feeling of being evaluated in her execution of her maternal role.

The testimonies included in the present study are consistent with those in previous studies [34,35] in which mothers reveal the social pressures to which they are subject.

## Discussion and Conclusions

As in previous studies [13,14,32] the participating women recognize the enjoyment they receive from their motherhood, but point out that the difficulty of reconciling their work life with their family life is an obstacle. This situation means that many women, especially those with an active work life, find themselves mired in the constant contradiction between how they would like to carry out their motherhood roles and how they are in fact able to carry out those roles. Thus, it is advisable to share with them the premises of studies [36,37] that maintain that in the present day, being employed does not affect their children's development, since fathers are contributing to parenthood more and more, and the quality of preschools has increased considerably.

As in previous research [14] the present study reveals that women experience motherhood in a state of constant alarm, worry, doubt, uncertainty and fear, due to the great demands and responsibility it entails. Alleviating this anxiety may be an important task for PPC professionals. For this purpose, it is essential to build a doctor-patient relationship based on acknowledgment of the "care ethic" of the women [33]. Additionally, based on the care they provide, pediatricians can try to help mothers to identify the individual needs of their children, by freeing them from dogmatic beliefs that do not allow for the existence of such diversity [6].

The mothers' discourse is unanimous in recognizing the involvement of the fathers in parenting and in condemning the social pressure to which they may be subject. The same complaint also appears in previous studies [34,35] in which, as in the present study, pediatricians are identified as agents who participate in increasing the external demands experienced by the mothers. In order to stop reinforcing this perception, it may be useful to take into consideration the demands of mothers, including their needs to feel understood, to receive emotional support, and to be able to reflect on parenting without being questioned [15,38].

Nevertheless, this type of doctor-patient relationship is not very common since, as various studies demonstrate, consultations generally involve recommendations or prescriptions, whether solicited or not [16,39]. Therefore, the identification of practices that go beyond the technical and evaluative model can be a strategy for discovering new ways of behaving that are appropriate to the needs expressed by mothers. Training seems to be the key to this change. If greater importance is given to the influence of the personal knowledge of each pediatrician [40] and to communication [16] it will be possible to prepare those professionals to deal with difficulties in development processes without blaming mothers, and by helping them to deconstruct the fantasy of perfect motherhood [41] thereby guaranteeing greater and better adherence to pediatric recommendations [8,42] and consequently guaranteeing the promotion of child health.

Finally, although due to the homogeneity of the present sample it may be considered sufficient [43] generalization of the results of the present study is limited by its small sample size. This suggests that, in future studies, the sample should be not only larger, but also more heterogeneous, in order that we may develop a better understanding of the diversity in the experience of motherhood. Such an understanding would allow us to better adapt care to the specific needs of the different mothers who attend PPC consultations.

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## Conflict of Interest Statement

The authors report no conflicts of interest associated with the creation or publication of this article.

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