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## Accepted Manuscript

Transition to parenthood during the transition to modernity in Jordan: New parents' views on family and healthcare support systems

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**BACKGROUND:**

Family support is often assumed to be of benefit to new parents in terms of its potential to offer one or a combination of material, emotional or psychosocial support (Mbekenga, Christensson, Lugina, & Olsson, 2010; Mbekenga, Pembe, Christensson, Darj, & Olsson, 2011). Literature from various nations suggests social support as an essential component for strengthening positive outcomes to families experiencing transitional life events, such as childbearing and child rearing (Habel, Feeley, Hayton, Bell, & Zekowitz, 2015; Hamelin-Brabant et al., 2015; Mbekenga et al., 2010; Mbekenga et al., 2011; McLeish & Redshaw, 2015). The case is not very different in Jordan, with maternal health studies and policies often assuming family support to be of benefit to women during labour, birth and postpartum (Khresheh, 2009, 2010; Khresheh & Barclay, 2009; Oweis, Gharaibeh, Maaitah, Gharaibeh, & Obeisat, 2012; Shaban, Hatamleh, Khresheh, & Homer, 2011; Yehia, Callister, & Hamdan-Mansour, 2012).

All Jordanian studies concerned with reproductive health confirm that Jordanian women receive family support when they go home and they were happy with this support (Khresheh, 2009, 2010; Khresheh & Barclay, 2009; Oweis et al., 2012; Shaban et al., 2011; Yehia et al., 2012). However, research on this topic in other Asian countries present a mixed picture. Despite the presence of postpartum support structures within Asian cultures, the reported prevalence of postpartum depression (PPD) rates is similar to those found in other cultures (Posmontier & Horowitz, 2004). The literature review in this area is noted that social support offered in traditional cultures may not always be beneficial to the emotional well-being of new mothers, especially if mothers view such 'support' as intrusive. Matthey et al. (2002) found that 18% of Chinese immigrant mothers in Australia felt ambivalent about traditional practices provided for them in the postpartum period and that the reason they followed such practices was just to please their in-laws (Matthey et al., 2002). The empirical research regarding the relationship between family support and its outcomes on young parents' experiences of parenthood, however, remains scanty.

**METHODS:**

The primary purpose of this research was to explore key issues in new parents' **views on family and healthcare support systems** during the early period of parenthood. The study aimed at attaining a two-pronged objectives of advancing research on this topic, as well as informing policies and programmes targeted to improve young parents' experiences of parenthood. The participants for the study were recruited based on pre-defined criteria.

**Ethical consideration:**

The research proposal received ethical approval from both the university Ethics Committee, and the Research Ethics Committee of the Ministry of Health in Jordan.

**Data collection:**

Parents were invited to participate in the study by the Health Centre staff. Sixty semi-structured, in-depth interviews were conducted with participants who met the research criteria. All interviews were conducted using Arabic language at the Health Centre or at a place of their choice.

The interview questions were open-ended, providing participants the opportunity to explain their views, feelings or experiences across a wide range of topics. For example, parents were asked, "Can you tell me how the support you received from your family either helped or challenged your experience of the transition to parenthood?" This question produced very rich data about participants' feelings and experiences, as either recipient or provider of family support, allowing us to juxtapose such experiences across a wide range of topics.

**Analysis:**

The interviews were transcribed verbatim by the primary investigator. The transcriptions were compared to the recordings in Arabic and the participants received copies of their interview transcripts to

ensure the accuracy of the transcripts. The participants were assured that they could contact the researchers to clarify any issues they believed important. A manual Thematic Content Analysis Tool (TCAT) (Berg & Lune, 2011) was used to analyse the data. TCAT reveals the thematic content of interview transcripts by identifying common themes in the texts to conduct further analysis (Anderson, 2007). Our emphasis was to gain in-depth information from the parents regarding their experience of the transition to parenthood. To ensure the accuracy of the analysis, separate analysis by co-researchers were done. Data were coded, recorded and sorted into meaningful components. As analysis continued, major themes were identified. Related themes were paired with each other and whenever the new theme appeared, previous transcripts were reread to determine if that theme was identified in previous interviews.

## **RESULTS:**

### **Socio-demographic characteristics**

Sixty participants gave their consent and were interviewed either in the health centre or in a place of their choice. Sixteen young women (80%) had only school education while fourteen young men (70%) had university degrees. Most of the young women (75%) were housewives, while all men are employed (Table 1).

### **Table 1: Study Sample Characteristics**

The key theme, "it's too much" emerged from interviews as a theme to describe the nature of family support experienced by young Jordanian couples during the early years of marriage, leading up to pregnancy, and after the arrival of a baby. This is in contrast to the popular belief that family support is welcomed by new parents, the participants in our study complained of receiving "too much" support against their preferences and needs. The "too much" here represents the new parents' experience of having to adhere to information and practices imposed by family members, which constrains their ability towards healthy and fulfilling marital and parental experience.

Three major subthemes emerged from the study to describe the nature of support received by new parents. The findings are discussed below and hold particular relevance when viewed in a context of rapidly transitioning or modernising nature of Jordanian society.

**i. Pressure from too much traditional information, and practices**

New parents feel burdened by traditional views that demand the bearing of a child immediately following marriage. Such pressures manifested in new forms and continued throughout pregnancy and after the birth of the baby, particularly if the first baby was a female. The new parents considered such views as highly constraining to their well-being.

*"I had a baby girl, my mother in-law keeps on asking me to get pregnant again because they want a baby boy... she puts me and my husband under stress".*

Parents in the sample experienced a strong feeling of ambivalence during and after pregnancy. For the mothers, such ambivalence reflect feelings of happiness and pride at being able to conceive, while at the same time created feelings of worry and fears relating to lack of self-confidence to cope with the process of pregnancy and parenthood. The positive feelings mainly relate to the happiness expressed by extended families regarding pregnancy. One of the mothers explained that her husband and his family were happy about her pregnancy, but they ignored her feelings of fear and excitement.

*"My husband and the family were very happy... Yes, all of them were happy... But no one noticed that I wasn't happy... I feel that am still young... I can't give a good care for my baby".*

Newly married couples faced pressure from the family and friends who assumed that marriage should be immediately followed by pregnancy. They were torn between these pressures and their own wishes to know one another more.

*"In Jordan, if a newly married couple fails to conceive after 5 to 6 months, the couple's families would talk to them in an unpleasant manner about reasons for not yet being pregnant".*

The young parents who participated in the study complained of receiving "too much" in the way of family expectations and support for childbearing and child care. Parents claimed to have received too much information from their family, most notably from their mothers, mothers-in-law and close friends.

*"... Our mothers were the only source of information for both of us... but sometimes they provide us with so much information and guidance that we felt it's too much and against our wish".*

The new mothers complained of being overwhelmed by the imposition of "traditional information" and practices that were handed down from one generation to another.

The parents in the study sample are torn between the demands to observe traditional beliefs to please their extended families, and to make more realistic, practical changes as new parents. Women in the sample who received care in the form of traditional practices had to face feelings of anxiety that certain practices might put themselves or their child at health risk. The fact that professional information and support were scarce, these parents had no choice but to rely on family information and support during the early days of parenthood:

*"Family advice was the only option available for me, it was good in some situations, but in others it was not helpful. For example, my mother in-law wanted to put some salt in the water when she gives the baby his bath, and she wanted to use the eye pencil "kohl" in his eyes.... That caused a clash between me and her... eeeemmm even my mother asked me to do the same things. Similarly... because my baby was always crying, they asked me to boil some herbs and give him or to give him boiled water with sugar... I saw on the TV that some of these things are wrong practices".*

As illustrated by the above quote, the mother above was overwhelmed by the demands to strike a proper balance to adhere to the advice and practices imposed by her mother-in-law, and her own desire to resist some of such practices having had access to modern information system. Mothers are in a more vulnerable position as not adhering to the advice of mother-in-law put her in conflict with not just the mother-in-law but also the husband.



*“I have to listen to the advice of my mother in-law because I need to show respect for her or she will be angry with me and my husband will be very angry too”.*

Moreover, all postpartum participants described having to remain at home after giving birth for 40 days to "recuperate". The explanation provided for staying at home is a belief of "open bones" that's going out after giving birth will cause arthritis and rheumatism. The participants also described being asked to take warm water and salt baths to soothe surgical wounds (episiotomy) and to tie their abdomen with a cloth.

The mothers were encouraged to eat special kinds of food that the care providers considered important to increase the supply of breast milk and to restore body strength. They were also asked to consume hot drinks to "clean blood from the uterus". Because the new parents' own views and beliefs draw on their understanding of the modern neonatal health care practices, they felt they could not accept the traditional cultural values and practices without questioning or challenging them. However, these participants reported feeling frustrated because they had "too little professional help and information" to compare the information with. This left the new parents with no opportunity to challenge their care-givers in what they were being asked to do. The following quote exhibits frustrations faced by one of the mothers. The subsequent quote highlights the respondent's dilemma due to lack of information provided by all inclusive healthcare professionals:

*“After the birth my mother in-law asked me to wear warm clothes, to stay home not to go out, to eat and drink hot things, to sit in a big bowl with warm water and salt every day to heal the stitches. All what I have to do is to rest in bed, not to go out if it is windy or cold; I had to keep my body warm too... oohhh that was too much constraints and frustrating (high voice pitch)...”.*

*“My mother boiled cinnamon with nuts “GERFEH” for me because she said it will help to clean my uterus of blood... I am not sure if this thing is right... She wrapped my abdomen with a tight cloth in order to help to restore my body shape... how I will know if this practice is good or not... you feel you*

*need a professional reference... nurses failed to be this reference, they did not tell me what to eat or drink, they didn't mention anything about the postpartum care”.*

## **ii. Too much Traditional Help**

Extended families were very willing on providing psychological and physical support to the new parents and viewed such supports as religiously and culturally significant. Social support was identified by older participants as essential to produce positive outcomes for women experiencing pregnancy and birth. These participants argued that such support served to increase the sense of well being and self-confidence of new mothers.

In general, the significance of family support depended on when it was received. As such, the new parents generally welcomed family support during the first week after the birth of the child, particularly if mothers experienced painful surgical wounds that limited their ability to move. These parents considered such support structure essential in ensuring a smoother transition to parenthood.

*“In the first week after birth we received very good help, all the family members provide us with what we needed, and they made things go easier and smoother... after the first week my wife managed to do everything by herself... We feel fine now” (father).*

*“My mother moved to stay with me in my home for a week. She looked after me and the baby, she prepared food for us, cleaned the house and did everything for me because the stitches were painful... without her help things would be very bad” (mother).*

Mothers who made a quick recovery preferred limited support from the family members. They would rather depend on support from their husbands:

*“During pregnancy my mother in-law helped me in my house work; however, I didn't feel that I need help and if so, I felt I would prefer to receive help from my husband...”.*

The participants did value family support during the early days of parenthood. However, they sometimes found it to be intrusive and burdensome. At other times, the support and help received were considered to have fallen short of expectations. New parents expectations of social support were positive when they were away from their families as illustrated by the quote below:

*" We live away from our families, I think we needed their support and information, especially in the first few days after the baby birth, we missed the wisdom of our families during this critical period of our life".*

However, parents who received support from their families also viewed such support to be intrusive and excessive in nature, which they labelled as "too much". Such excessive support in the form of information and traditional practices influenced the transition not just from marriage to pregnancy, but also the experience of early years of parenthood.

### ***iii.* Social Visits as an example of too much family support**

Some participants preferred family members to come to the hospital and celebrate the arrival of the newborn, whilst others noted that they would have preferred such visits to occur "later on". For these parents, a large number of social visitors, immediately after the birth was described as being overwhelming and tiring. The number of visits had some impact on the experience of early parenthood:

*"Having too many visitors just after delivery, with the new baby can be very stressful and extremely difficult to handle, whether in the hospital or at home. It would be best if you could control the number of visitors you have, by asking friends and family to space their visits".*

Parents described the experience of the first day after discharge from the hospital as busy and exhausting. While the family members considered the birth of the baby to be a special event to be celebrated, the father of the newborn argued that it was essential for them to be left alone to recover and enjoy the event as a family:

*“Once my wife and the baby had arrived home all our family and friends came to visit us to celebrate the event... my wife was so exhausted and tired... It is our culture that new mothers are surrounded and assisted by other women who help and share knowledge... I wish if they left us alone for a few hours because me and my wife wanted to celebrate the new baby alone”.*

## **DISCUSSION:**

The transition to parenthood is an important step during which individuals may experience a state of vulnerability with numerous and interconnected dimensions (Hamelin-Brabant et al., 2015). Although the literature considers family support as an essential component to strengthening positive outcomes for women during pregnancy and afterbirth, the various forms of support therefore need to be harmonised in order to support parents. Not all the parents in this study were satisfied with the support they had received. Not all parents in the sample felt that such support met their immediate needs as new parents. The physical status of the mother, primarily during the first few days following the birth, determined the need for family support. It is during this period that the mother experienced physical exhaustion and thus expected help and support. Apart from this situation, parents found that traditional support was "too much" and that this interfered with their level of confidence, constrained their ability to make informed decisions, and disturbed their privacy. As such, Habel et al., (2015) found that societal pressure on women during the postpartum period was a cause of women's postpartum depression symptoms in Canada. Certain social characteristics define Jordanian society such as social ties among people, social values like cooperation, and respect of others, among other things. Respect of woman is an essential issue based on social and religious rules (Al-Zyoud, 2009). The main source of information and support is the family. On the one hand, migrants who are away from their families regret not having such support. On the other hand, the new parents who received such support are dubious about the wisdom of family when it comes to early parenting. They see such practices as traditional and sometimes wrong. The problem is the health care system has not stepped in as an alternative to fulfil the changing needs of the parents. Given the limited alternatives for information and resources, new parents often felt at a loss regarding

what was best. This suggests that many new parents would have benefitted from a health system that provided credible information about the techniques of parenting.

The mothers of postpartum women in this study assume that their daughter is unable to take care of the child alone. Subsequently, they take on the role of decision-maker in caring for the baby. New mothers, as a consequence, experience a loss of control, which is linked to lower self-esteem (Chen, 1994; Heh, Coombes, & Bartlett, 2004). New fathers also complained that family interference and the sheer number of visitors the couples are expected to attend to after the birth of a child subverts their role in the parenting process. These respondents felt themselves as "redundant" and useless amidst such family interference. Such interferences prevented these respondents from enjoying the experience of parenthood in privacy with their spouses. Policies regarding childbirth in Jordan currently prevent availability of the spouse to provide support during the baby birth. Recently, the National Council for Family Affairs (NCFA) (2014) agreed on only a three-days paternity leave for Jordanian male employees. Despite the fact that paternal leave could help alleviate the psycho-social burden mothers experience immediately after childbirth, Jordanian husbands are unable to fulfil this void in social support because they had to return to work to fulfil financial obligations.

An old Chinese study found that a significant conflict between a mother-in-law and her daughter in-law can offset the benefits of offering assistance and can lead to the development of a mood disorder (Chen, Tseng, Chou, & Wang, 2000; Steinberg, 1996). A Taiwanese study found that the Taiwanese women prefer to stay with their parents following birth and be looked after by their own mothers during this time (Heh et al., 2004). It can therefore be argued that family support can be useful if such support is compatible with the needs of new parents. Mothers in the study preferred to receive support from their own mothers. However, in contrast to the preferences of Taiwanese mothers, they preferred to stay with their husbands in their own houses after childbirth.

From the above discussion, it is clear that support from family members is not always welcomed by new parents and the level of satisfaction of such support varies. New parents are faced with a dilemma in terms of whether to challenge cultural conditions or accept them with reluctance.

New Jordanian parents were also overwhelmed by receiving traditional information, restrictions and practices. Many of these parents had to accept guidance because of lack of credible information offered by the wider health system, forcing them to depend on their family for information on parenting.

Despite the strong imposition of traditional values and practices, some of the younger women were able to challenge and resist these traditional practices to some extent. They refused in some cases to perform practices such as bathing their baby in salt water and using an eye pencil (*Kohol*). These cases highlight that some women were able to exercise their agency. Older participants, who are care providers, however, continue to adhere to and reinforce the beliefs that they once practised themselves. Mothers-in-law in particular have considerable influence to enforce traditional values and practices. This is particularly the case since Jordanian culture, as one of the Asian cultures, teaches respect for authority that the care-providers such as mother-in-laws can exert over the young parents (Seeman, 2008). Ayaz and Efe (2008) suggest that health services should review and improve upon traditional practices and educate the public with a view to eradicating potentially harmful practices. It is the responsibility of the health care system to promote healthy practices, or dispel anything that would endanger the health of a mother or a child. The health system in Jordan is not actively looking into this issue, and therefore new parents have to rely on the older generation/family networks for information, which in the absence of other information to compare with, can lead to clashes between the two generations. Such generational clash in turn can further result in stress and anxiety to the new parents, and may even pose health risk to newborns and mothers. The health care system can address this problem by providing new parents with a range of information and resources that they can use to make informed decisions.

**CONCLUSION:**

The study found that the support provided to young Jordanian parents by their families was often experienced as unhelpful. Once they bear a child, the new parents' journey to parenthood is further complicated by the pressures to adhere to traditional norms and practices that are deeply rooted in Jordanian culture. Despite abundant practical support provided by the extended family members during the initial period of parenthood, such forms of support are often unwelcome by new parents who consider such views as inconsistent and incompatible with their needs and with their worldview. The products of globalisation such as improved access to media, education and the internet have made younger people open to alternative views, discuss, and even compare their experiences with those of other young people in other countries. The older generation, on the other hand, tends to be still very loyal to their traditional cultural beliefs. This difference between the younger generation's wish for a modern experience of married life and the older generation's loyalty to their cultural customs with regards to marriage and pregnancy caused a generational clash, which in turn forced the younger people to experience stress and anxiety during transition to parenthood. The new parents get caught between contradictory demands: on the one hand, their relatively "modern" expectations of involvement and control over their own reproductive decisions and parenting experiences and on the other hand their experiences of being controlled – both by the traditional pressures from their families and by their perceptions of medical or “healing” procedures after childbirth.

A common theme that ensued from the study is that the Jordanian parents considered their parents as "traditional" and their views most often wrong. They even considered the need to move away from such views, however, in the absence of alternative mechanisms by which to fulfil their informational and practical needs immediately after the childbirth, they are left with no option but to depend on family for support. The study also suggests that the "modern" health care system in Jordan has not stepped in to fill the gap.

**Relevance to clinical practice:**

We argue that young Jordanian parents face the dual pressures of having to cope with the traditional values and practices imposed by the older generations regarding childbearing and health care and also limited information from the health system or service providers. This calls for improved support from the Jordanian health care system to bridge the gap between the two generations and offer services that meet the preferences and needs of the younger parents. Stakeholders need to notice that not all forms of family or social support lead to beneficial health outcomes.

**Demographic data:****Table 1: Study Sample Characteristics**

	<b>Mothers</b>	<b>Fathers</b>	<b>Support providers</b>
<b>Number</b>	20	20	20(13 mother in-law, 5 mothers, 1 sister-in-law, 1 friend)
<b>Age</b>	19-27 years old	20-39 years old	20-60 years old
<b>Education</b>	16: school education 4: university education	6: school education 14: university education	17: school education 3: college degree
<b>Employment</b>	15: house wives 1: teacher 1: nurse 3: students	1: dentist 2: nurses 1: teacher 4: royal army 12: others	17: house wives 3: teachers



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