

Experience and social support needs of becoming a mother on adolescent in Yogyakarta City

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Abstract

Purpose: The purpose of this study was to know the experience and social support need of becoming a mother on adolescent. **Method:** This study was a qualitative research with a descriptive phenomenology approach. Data collection was performed by in-depth interview method and using semi-structured study guide. Research was conducted at health center of Jetis, Gedong Tengen and Umbulharjo 1 in May - June 2017. The participants were 7 adolescent (18-19 tahun) mothers who had 2 weeks - 12 months baby. The sampling was conducted by purposive sampling and recorded by a tape recorder. Data analysis was done manually by using Colaizzi method. **Results:** Five themes were emerged from the results of data analysis: 1) variation of feelings experienced from pregnancy up to delivering the baby, 2) freedom from routine of baby care, 3) early experience of baby care, 4) social support from significant other and midwives, and 5) improved confidence in baby care. **Conclusion:** The variety of experiences by adolescent mothers is accompanied by social support providing increased confidence in caring for the baby.

Keywords: becoming mother; social support; adolescent mother; experience; baby care

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INTRODUCTION

Each year, 7.3 million teenagers under 18 years of age in developing countries have given birth, and out of these numbers there are 2 million teenagers who are under 15 years old. This incident is very common in societies with low economies, living in rural or remote areas and low education (1). The phenomenon of marriage at a young age is becoming a hot issue right now. According to the United Nations Development on Economic and Social Affairs in 2010, Indonesia is the 37th country with the highest percentage of young marriage and the second highest in ASEAN after Cambodia (2).

Adolescent mothers have a high risk factor associated with an inadequate relationship between mother and baby and the development of the baby in taking care of their baby. In addition, adolescent mothers also have a low quality in terms of interacting and managing high emotions between mother and baby. The results are proven from the results of data from the video that is a tool for researchers to see the comparison of interaction and emotional regulation between adult and adolescent mothers to their babies (3).

The response provided by adolescent mothers in the care of their babies in the first year is a challenge to how they are able to properly care for the baby. The study found that the age of younger mothers or adolescents had no better interactions than adult mothers. Therefore adolescent mothers are not responsive to the cues shown by their babies (4). Further prediction in adolescent mothers is that they are able to do physical punishment to their baby as they are heavily burdened with the routine of caring for infants that makes them suffer from stress and depression (5).

Various social supports should be accepted by adolescent mothers in performing the role of mother. But acceptable social support tends to be given only by parents of adolescent mothers alone. Previous research conducted by Oberlander et al in VanDenBerg (6) explains that there is a significant relationship between adolescent mothers with their own mothers. The form of support provided can be in the form of guarantees in life expenses, child care and other supports.

Social support for adolescent mothers in the role of mothers has also been discussed by a nursing expert Ramona Mercer since 1986. Mercer developed the theory of becoming a mother that discusses the maternal identity in which there is competence in caring and nurturing babies and also confidence as

well as happiness of becoming a mother. This theory continues to grow by bringing social support as one part that cannot be separated from the process undertaken mother (7).

METHOD

The research was conducted by using qualitative method through phenomenology approach which aims to understand life experience entirely from experience and social support and need of becoming a mother in adolescent age. This research was conducted in Yogyakarta city especially in working area of Jetis, Umbulharjo 1 and Gedong Tengen Health Center.

Participants in this study were adolescent mothers with inclusion criteria: Early married adolescents, primipara ≤ 20 years old, living at home with husbands, having a living baby with a minimum of 2 weeks and a maximum of 12 months, were not undergoing treatment either at the hospital or at home, giving birth over the age of 36-week pregnancy, having a healthy baby from birth and willing to be a participant with interviews in accordance with the contract time. Sampling was done by purposive sampling technique.

Data collection used interviews with semi-structured interview guidelines and used tape recorder tools and field notes. Interviews took place at participants' homes and held 1-3 meetings in accordance with agreement between participants and researchers. The duration of interviews was ranging from 20 to 40 minutes. The data analysis process was done manually using the steps of Colaizzi.

Triangulation was done only with source triangulation on 4 families of participants which were 2 mother-in-law, 1 mother and 1 husband. In addition, triangulation of resources was also conducted on 3 midwives in each Health center.

The study obtained ethical clearance from the ethics committee of Medical Faculty Universitas Gadjah Mada, with the number of KE/FK/0455/EC/2017. Research permits were also obtained from Yogyakarta City Health Office, the Office of Investment and Licensing and Health Center of Jetis, Umbulharjo 1 and Gedong Tengen.

RESULTS

Participants in the study were 7 adolescent mothers. The age range of participants was 18-19 years old and has babies with the age range of 2 weeks - 10 months. There was 1 participant with elementary education and 6 high school educated participants. Participants live

with husband and biological mother (2 people) and live with husband and mother-in-law (5 people).

Based on the results of in-depth interviews to 7 participants, there are 5 themes that describe the process of experience and social support needs to be a mother in adolescence in the city of Yogyakarta. The description of each theme comes with some excerpts from the 7 participant's statement (P1-P7).

Theme 1: variation of feelings experienced from pregnancy up to delivering the baby

Participants feel varying feelings from pregnancy until the baby is born. Participants mentioned that experiencing distress because of symptoms of pregnancy perceived.

"...when pregnant, it's hard, i have to lie down, until how many months that I'm still vomiting, I really afraid if something is happen". (P1, 18 years, 7 months of infant age)

One of the participants felt remorse and admitted that having a pregnancy before the wedding. Participants admit regret and have difficult times during pregnancy.

"In the past, I really regretted, I could not anywhere, I also feel embarrassed miss ...". (P3, 19 years, 10 months of infant age)

However after having a baby feel the happiness they have never felt before.

"I am so happy, I imagine the time when i got birth, now the baby exist and he is funny, healthy". (P2, 19 years, 5 months of infant age)

Other participants also expressed the feeling of joy that is felt to have become a whole woman after having a baby.

"It feels like a whole woman". (P4, 19 years, 10 months of infant age)

Triangulation results in one mother-in-law of participants stated that the happiness was not felt before pregnant, but when the baby was born today the participants look happy, care for the baby.

"..... She is really happy, there's nothing weird I see, when v was born she was really happy, until now I see she was happy, it was different from the time when before she deliver the baby".(K1, 52 years)

In addition, difficult feelings are also felt by teenage mothers after the baby is born. One of the participants revealed the fatigue that was felt during the care of the baby

"Yes, I cannot sleep at night, awaken, stay awake, so I rarely sleep miss because my baby is still a baby, If he is thirsty, I wake up again to do breast feeding" (P7, 19 years, 2 weeks old baby)

Feeling difficult to caring for the baby are also perceived participants because they do not have the ability to care for the baby.

"it's hard when I was 1 month old, I also cannot be alone, all assisted, that's it, then I'm not hard anymore". (P3, 19 years, 10 months of infant age).

Besides feeling tired, one of the participants felt difficulty in introducing babies to the complementary feeding.

"..... The most difficult time was when the first time eating a companion food. For the first time it was fun and she was happy, she wanted it but currently it was more difficult to make, she have to be chased. Especially now she can run. if she was feed she run away (laughing)". (P4, 19 years, 10 months of infant age)

Theme 2: freedom from routine of baby care

The feeling of wanting to play with friends is felt by the participants as long as they have a baby. Participants should take care of the baby at all times so that they do not have time for themselves. They still have the desire to play with friends.

"Sometimes she wants to play, however it is not possible because she has child". (P6, 2 weeks of infant age)

Participants who stated that they want to have experienced their own time to pamper themselves like life before becoming a mother.

*".....previously every Saturday night if I don't play it I was really angry more over if I was not permitted, at Saturday night I have to go out. And then once every 2 weeks that I used to do facials in L*risa, now not anymore "It's a lot of work," she said, "I used to do rebounding; make my hair curly and was rebounded again, now it's really complicated.".* (P3, 19 years, 10 months of infants age)

The desire to have time alone with their husbands is felt by participants as long as they have a baby.

"I also often say to her father, previously at every Saturday night must watch movie, hang out, often dinner, but now we never do it".(P5, 19 years, 3 months of infant age)

Theme 3: early experience of baby care

The experience of taking care of the baby by the participants begins with their unwillingness to care for the baby because they do not have the ability to care for the baby. Here's the initial experience expressed by the participants

"..... In the past, at the beginning of childbirth I did not know how to bathinnya, so fitting early this is still, his grandmother who bath". (P4, 19 years, 10 months of infant age)

Participants' unwillingness to care for independent self-sufficient babies make the people who are close take care of baby as long as the participants are not ready to do so.

"For 2 months it was still by mom". (P1, 18 years, 7 months of infant age)

Participant's mother-in-law also confirmed the participants at the beginning of the birth could not be to care for the baby so the mother-in-law is doing and teaching participant.

"The first time I did it miss, she observed continuously and then she already try herself, she dare". (K1, 52 years)

The bravery of the participants to be able to care for their own baby began to appear when the baby's navel vanished.

"she shower her baby when the baby's navel was vanished". (P3, 19 years, 10 months of infant age)

One of the participants who like to take care of babies like bathing the baby began at the age of 2 months.

"At the age of 2 months I have been brave miss". (P2, 19 years, 5 months of infant age)

The desire to learn to care for the baby for the participants can be done in various ways one of those is through internet.

"..... still looking for information about caring for babies too, it is available in the internet now, sophisticated is not it, if there is no internet I also often asked to mother-in-law .Mother will say" do not do this, do not do that ". (P5, 19 years, 3 months of infant age)

Other participants are also enough to learn to care for them like reading books, searching the internet and asking parents.

"I read books, often read books, often open the internet as well as how to care for the baby. Look on the internet and book, and then again the other from the parents certainly". (P1, 18 years, 7 months of infant age)

After learning how to care for the baby, participants can take care of the baby independently without help. The efforts is carrying the baby and take baby to go out.

" if he sob uncontrollably she was wrapped with cotton fabric, to be taken out, later when she was home she was already sleep". (P2, 19 tahun, 5 months of infant age)

Frequent baby care in daily basis independently makes participants be accustomed to caring the babies without help.

"I do it myself, I do it by myself now, I also often stay together with V at home, so it's okay I just do it myself, probably be at night her grandma and her daddy is home". (P4, 19 years, 10 months of infant age)

Theme 4: social support from significant other and midwives

During the process of being maternal adjustment, the participants get various social support from the nearest person such as husband, biological mother, biological mother, friend and health worker (midwife). Social support provided was in the form of tangible, emotional, informational and componionship support.

1) Support from husband

"... So the husband is the one who do bathe, he wanted to help. I feel grateful-(alhamdulillah) my husband understands ". (P4, 19 years, 10 months age of baby)

"If I was tired because I have to take care V he give me spirit and he said "be patient, I will help, what should I do "that's it miss". (P1, 18 years, 7 months age of baby)

"Previously I want to work but my husband said that I have to take care of children first, is still breast feeding as well". (P5, 19 years, 3 months age of baby)

2) Support from mother

"Mom is the one who often accompany to health centers, because my husband's work in the afternoon". (P2, 19 years, 5 months age of baby)

"She care, yesterday even buy clothes for me, and also for R. Initially it was me who asked, but mom buy for me first". (P3, 19 years, 10 months age of baby)

"my biological parents tend to give advice. Giving advice, such as the way how to take care V.....". (P1, 18 years, 7 months age of baby)

Triangulation to the natural mother states that it continues to teach participants to be able to care for the baby independently.

"I think she improve, he learns continuously, I keep from teaching her from the beginning, I want she can do it herself I cannot let her do it herself, so for taking care R I always interfere, at her age she should not have children yet ". (K3, 46 years old)

3) Support from mother-in-law

"..... if the baby was crying at nights for example suddenly scream she help to take care". (P2, 19 years, 5 months age of baby)

"I was carrying a baby until I fall asleep until lean on the wall, so my mother said" just go sleep, I will carry the baby " so I sleep, the baby was taken care by my mother". (P5, 19 years, 3 months age of baby)

"Because mother-in-law has high knowledge of children miss. Once I was told "mom, this baby has teeth already, I will feed him", then my mother say "don't still breast feed him, the food is after 6 months". (P5, 19 years, 3 months age of baby)

4) Social support from friends

"Such as experience exchanging, This is my son. It is hard for herb to sleep or another. What do you usually do, I will do this and that, keep trying. O yes you are right, so just know so ". (P4, 19 years, 10 months age of baby)

5) Social support from health workers (midwives)

"Given the information, for example this should be given immunization, if he got fever please give coolant. Later in it swollen if it is not given collant ". (P1, 18 years, 7 months age of baby)

"..... for the sake of data they come, what is the length, how is the weight. however there are also the training on how to do breastfeeding, after being breastfed it has to be burp". (P2, 19 years, 5 months age of baby)

"... this breast milk is good because breast milk was given within 6 months he said. It is also given the advice midwives here". (P1, 18 years, 7 months age of baby)

Triangulation performed on midwives supports the statement given by the participants. Midwives make home visits to adolescent mothers even though they have not been done perfectly. In addition to home visits, health education related to how to care for infants remains provided by the midwife.

"... we are here having home visit for mothers who are still teenagers, but it actually has not been done well, only a few ... if the visit that we do review the baby, there is also a baseball here, so it's still being recorded. Just keep checking his mother as well as delivers health education which is related to baby ". (B1, 35 years old)

Theme 5: improved confidence in baby care

Various supports have been received by the participants in caring for the baby. Social support is provided by the nearest person such as husband, biological mother, in-laws, friends and workers. Receiving social support from the nearest person makes participants' confidence grow in order to better care for the baby

"Yes confident, more trust can be because a lot of support from the husband, from parents and from my friends as well. Initially first before marriage is still much to say ". (P4, 19 years, 10 months age of baby)

Other participants revealed that although they still receive help from the very closed person but participants are confident and believe to be able to care and nurture the baby well.

"... Yeah, I'm sure it can be because I try all by myself, although I'm still helped, but I believe that I can do so ...".

DISCUSSION

Adolescent mothers feel uncomfortable during pregnancy but after baby was delivered, the happiness overcomes everything.

The experience during pregnancy for adolescent mothers is not very pleasant for several reasons such as the symptoms of nausea, vomiting, and emotional changes to regret having a pregnancy outside of marriage. Mercer theory in the process of adaptation of becoming the mother explains the issues experienced by the mother during pregnancy. The issues experienced by mother are committed to keep the pregnancy, feeling affection for the baby and preparing for the birth of the baby. Although the adaptation stage of being a mother by Mercer is intended for adult mothers in general, adolescent mothers also experience the same thing that they are committed to maintain pregnancy to prepare for the birth of a baby despite feeling some unpleasant experiences, especially the symptoms of nausea, vomiting.

Unlike Mercer theory, adolescent mothers who experience pregnancy outside the marriage feels regret and do not want a baby during pregnancy. The teenage mother refused to commit keeping the pregnancy even though it changed as the older fetus of teenage mother began to accept the baby because of growing affection.

Research from Maputle (8) found that adolescent mothers tend to have difficulty during pregnancy because they do not expect to feel such a thing makes them uncomfortable and anxious. The difficulties they encountered include psychological and physical changes that they had not previously imagined, making them anxious during pregnancy. Another study by Sodi (9) found that pregnancy in adolescence can lead to stress symptoms of anxiety, insomnia, to depression and social isolation.

Feeling an uncomfortable pregnancy makes the teenage mother want to get through the delivery

process. When teenage moms call you with their baby, there's a sense of pleasure they've never had before. Seeing the baby they are born with and seeing them grow makes the teenage mother grateful for God-given grace. These results are not explained by the theory of Mercer especially in teenage mothers, in theory Mercer explained that teenage mothers are more likely to have difficulty in becoming a mother because of their young. While the results in this study in accordance with the results of research Salusky (10) that after having a baby teenage mother has a love that is not in their infant. In addition, teenage mothers have a purpose in life and hope to have better finances.

Immaturity psychology of adolescent makes them are not ready to be mother

All the adolescent mothers who were involved in the study admitted that they still have the desire to be able to gather and play with friends as before. In addition they also miss the times when they have plenty of time to pamper themselves through self-care. The eagerness to skip in the routine of caring for the baby is felt by the teenage mother. Mercer (11) explains that one of the difficulty teenagers become a mother is a character possessed in them. Teenagers who still want to have time with friends and have "me time" embedded in adolescent mother.

The stages to achieve independence of adolescent mothers in caring for the baby are unpreparedness, motivation to learn, and independent baby care.

Stages of adolescent mothers in caring for babies begin with their unpreparedness. Unpreparedness comes from the physical and psychological adolescent mothers who have not experienced the maturity in the face of the baby. As described in the previous findings, the unpreparedness of adolescent mothers will make adolescent mothers unable to attain the role of mothers they are supposed to live.

The second stage is to try to be brave to care for the baby. Skills for performing baby care are not owned by the babies so that all baby care is done by others. Although all baby care are done by others such as mothers or other, adolescent mothers have a desire to try firsthand everything related to baby care. The transition to motherhood is a challenge that puts pressure on the life cycle of women they have to pass after childbirth.

The transition becomes more difficult as a teenager becomes a mother because psychic adolescents are vulnerable to stress. New mothers will feel confused as

early as living motherhood, but they will soon adjust to meet the needs of their babies (12).

The next stage is the desire of adolescent mothers to learn to care for the baby. Adolescent mothers learn all things related to baby care through books, internet and ask parents. The determination to treat and nurture babies in better way becomes the main focus of adolescent mothers to continue learning. Seeing the growth and development of babies every day makes adolescent mothers should learn to handle the needs of babies.

The efforts to care for babies well was done by adolescent mothers with attention to the health status of babies such as providing appropriate immunization with the advice of health workers. In addition, adolescent mothers care more about things that will make the baby sick, such as prevention of rash on the baby's skin due to diaper usage so that adolescent mothers do not put diapers in a long time.

Competence in caring for the baby will increase so that adolescent mothers will slowly find their own way in caring and nurturing their baby. Competence in caring for babies such as bathing, changing diapers, putting on a bed, holding, cries and keeping babies healthy and handling sick babies is what teenage mothers do. The ability of teenage mothers to do all the baby care will make them accustomed to meet the needs of the baby. Research by Laney (13) found that to be a mother, mothers will face various stages until they realize that they have become the mother they aspire to.

Efforts to care for the baby well done by teenage mothers with attention to the health status of infants such as providing appropriate immunization with the advice of health workers. In addition, adolescent mothers care more about things that will make the baby sick, such as prevention of rash on the baby's skin due to diaper use so that teenage mothers do not put diapers with a long time.

Mercer's theory does not explain the unpreparedness of the teenage mother when she first confronts the baby. The psychological influence and immature adolescent character may be the reason for their unpreparedness even though it is covered by the presence of family assistance such as parents who help adolescent mothers fulfill their duties as mothers. While the other stages are found to be the same as Mercer's explanation such as being brave to start babysitting, learning all matters related to baby care and doing all baby care independently

Comprehensive social support from support from midwives can help participants achieve self-confidence as a mother.

Many adolescent mothers get social support from the nearest person (husband, biological mother, and mother-in-law). Social support provided consists of tangible, emotional and informational support. Grau et al (14) found that the support received from a partner in a sustainable manner may reduce the pressure in being a mother at a young age. In addition support from couples to be a protective support for teenage psychic mothers. Another study from DeVito (15) found that the social support of couples can affect the perception of adolescent mothers about how to care for their babies.

There are other studies that discuss social support given by the biological mother. Devito (16) found that the more emotional support adolescent mothers receive from their biological mothers the more skill in caring and babysitting the baby.

On the contrary, the more tangible support given by the biological mother to the adolescent mother the lower the adolescent mother is to assess themselves as the mother. Yet another study from Kagawa (17) added that the social support received from mother and mother-in-law during the adjustment period is very important for adolescent mothers in dealing with babies.

In addition, adolescent mothers also get social support in the form of companionship support from friends who had experience and the same conditions. Bah (18) also revealed that sharing experiences with people with similar conditions can give their babies much lessons to handle their babies.

The health worker (midwife) also provides the same social support as the nearest person in assisting teenagers to be mothers in caring for and caring for their babies. Ong et al (19) mentions that the social support the adolescent mother receives from health workers is support in the form of information to increase the knowledge of adolescent mothers about baby care skills such as bathing, how to apply bedong and belch. However, research from Liu (20) explains that health workers should not only consider the skills of the mother caring for the baby, but also the beliefs of the mother on their ability to care for the baby. Belief and faith in caring for the baby will make their skills improving to do the baby care well.

Comprehensive social support can increase the confidence of adolescent mothers in becoming mothers who will care for the baby independently. Confidence

will continue to increase because of the competencies that have in the care and care of babies better. Social support from the closest person who concretely able to improve the competence of mothers to face their babies (21).

All the adolescent mothers who joined in the study also recognized that the support or assistance they received from nearby people increased their confidence to better care for babies. It is also supported by Toomey et al (22) that adolescent mothers who get three or more types of support can boost confidence and have low depressive symptoms.

CONCLUSION

The variety of experiences by adolescent mothers is accompanied by social support by significant other providing increased confidence in caring for the baby.

Adolescent mothers should be pro-active to ask all matters related to infant care to increase the competence in becoming a mother to accelerate the process of adaptation to motherhood. As for the family and health workers are expected to provide social support in helping mothers to adapt to the mother in the form of comfort, help in caring for babies, gathering time with babies and listen to complaints adolescent mothers.

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