Transition of Roles Change of Motherhood in Women

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ABSTRACT

Being a mother is an extraordinary experience for women. The transition to changing the role of being a mother is a process that a mother must go through in achieving her maternal identity. The purpose of this paper is to determine the transition from changing the role of being a mother to women. This type of writing is a narrative literature review, conducted in June-November 2020. Data was collected through the PubMed digital library, Science Direct and Google Scholar using inclusion and exclusion criteria. The data analysis was done qualitatively. The analysis was carried out on 19 research articles. The results of the paper show three main themes, namely motherhood, transition to motherhood in working and unemployed mothers, and the role of midwives in supporting the role transition process. The transition process of changing the role of motherhood to both working and non-working mothers, namely experiencing feelings of inadequacy, feeling alone, losing, then being able to realize, make adjustments and perform these roles. Midwives must provide care according to client needs.

KEYWORDS
Mother's role, role transition, becoming a mother, employee mother, unemployed mother

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I. INTRODUCTION

A woman has a broad role, including the role in the public domain and the role in the domestic sphere.¹ In this regard, the role of women as mothers cannot be separated from the mechanisms that encourage the standard of being a real mother.²

The changes that occur are usually seen as positive experiences for the mother.³

Currently, the total of pregnant women in Indonesia has reached 5,291,143 people. The percentage of first pregnancies to mothers aged less than 20 years is 45.99%, aged 21-35 years is 53.43%, aged 36-49 years 0.58%. The pregnancy rate for adolescents aged 15-19 years per 1000 women is 36%. Meanwhile, the number of pregnant women in West Sumatra in 2018 was 121,000 and postpartum mothers were 115,653. Pregnant women in Padang city in 2018 was 18,275 people and the number of postpartum mothers was 17,445 people.

The percentage of first pregnancies to mothers aged less than 20 years was 33.95%, ages 21-35 years were 65.50%, age 36-49 years was 0.54%.

A mother's psychological adjustment to her new role as a mother is an important aspect of psychological adaptation.¹ A transition requires structured goals, behaviors, and responsibilities to achieve a new concept within herself, namely being a mother.¹

The challenges during the transition period are of course different for each mother, especially mothers who work with those who do not work and mothers who previously had children with those who have never had children.¹ ¹² ¹³

Constraints during the transition period to become a mother are neglecting the role of a mother and the lack of care for her children. This is due to the lack of IEC on maternal roles, not getting full support in carrying out the role of mothers who have multiple responsibilities so that it is difficult to divide time.¹

According to research conducted in 2017, the number of working mothers will lose a lot of time to care for their children during the transition process of the role of mothers who work in caring for only 65.38%, because working mothers do not have much time to maximize the role transition process.¹ Parents, especially mothers, carry out maternal roles such as caring for children and carrying out other roles, of course, need to maximize every togetherness with the child (quality time), so that the child does not lose the mother figure.¹

However, many new parents do not believe in their ability to fulfill the responsibilities of parenting.¹ If the psychological adaptation in the transition from changing motherhood fails, then psychological problems will arise. In some developed countries such as the United Kingdom, it is reported that 81% of women have experienced psychological disorders during pregnancy and childbirth. Whereas in France, 12.5% of primigravida mothers experienced anxiety and 11.8% experienced depression during pregnancy and childbirth.¹ In a study involving 221,974 women from 34 countries, the prevalence of anxiety symptoms at 1-24 weeks postpartum was 15%.¹ Until now, the incidence of psychological disorders in pregnant women and postpartum mothers in the transition period to become a mother in Indonesia is not known with certainty because there is no related institution that conducts research on this case.¹ However, in general, about 14 million people from the population of Indonesia, pregnant women who experience anxiety disorders are 15.6% and 22.4% after giving birth.

This arises because the transition to changing the role of being a mother after childbirth will begin when entering the taking hold phase. This phase is considered as a transition period from a dependent state to an independent state.¹

In this case, midwives as health workers must think critically in providing care, so that they can provide high quality postnatal care. One form of care is continuous care (continuity of care) given by midwives from pregnant women to childbirth until the postpartum period.² Health workers who are responsible for maintaining the health of mothers and children must support mothers, to guide and foster adjustment to his new role. The role of health workers is
considered very important because it can prevent and detect if there is an abnormal adaptation during this role transition process.²²

Reviewing the explanation above, the authors are interested in conducting a literature review related to the Transition to Change from Being a Mother to Women. Midwives can recognize the transition to changing roles to become a mother so that they can enrich their insights in carrying out appropriate care for mothers who are in transition to changing roles.

II. METHOD

This type of research is a narrative literature review. Data collection was carried out from June to December 2020. Limited journal searches for journals in English were accessed on an internet search from the database, namely: ScienceDirect, PubMed, Google Scholar. The ScienceDirect database uses the keywords becoming a mother, employee mother, maternal role attainment and transition to motherhood. In the PubMed database, journals are searched with keywords: Mother OR motherhood OR becoming a mother AND working mother AND maternal role AND maternal role attainment AND motherhood transition AND maternal identity AND psychological adaptation AND identity development AND transition to motherhood. And the Google Scholar database uses the keywords becoming a mother, employee mother, maternal role attainment and transition to motherhood.

III. RESULT

First, all keywords are searchable through the PubMed online database which is accessed through www.ncbi.nlm.nih.gov/pmc/. Keywords were searched based on advanced, namely 'motherhood OR becoming a mother', found 118,988 articles. The search for articles was continued using advanced namely 'employee women AND maternal role AND maternal role attainment', found 4,745 articles. Furthermore, it is further refined using an advanced 'motherhood transition AND maternal identity', found 103 articles. The search was more specific using advanced 'identity development AND psychological adaptation AND transition to motherhood', found 81 articles. Titles and abstracts were observed for all articles. Then they were selected using exclusion and inclusion criteria. This selected article will be read in full text. Articles relevant to the inclusion criteria will be used for further review. The Pubmed database found 13 relevant articles

Furthermore, the search for articles uses the Science Direct database which is accessed through www.sciencedirect.com. For searches on the Science Direct database, keywords are selected based on more specific keywords because Science Direct's search string is different from PubMed. The filters in Science Direct are very specific and don't have any advanced features like those in PubMed. Therefore, the authors only use the keywords becoming a mother, employee mother, maternal role attainment, and transition to motherhood. All keywords are searched for articles by title and abstract. In the keyword becoming a mother, found articles relevant to the inclusion criteria were found as many as 1 article. In the keyword employee mother, it was found that 1 article was found to be relevant. In the keyword maternal role attainment, no articles were found relevant to the inclusion criteria. In the keyword transition to motherhood, there were 1 articles relevant to the inclusion criteria found.

Next, search for articles using the Google Scholar database which is accessed through https://scholar.google.co.id/. For searches on the Google Scholar database, keywords are selected based on more specific keywords because the Google Scholar search string is different from PubMed and Science Direct. The filters on Google Scholar only filter the year of publication. Therefore, the authors only use more specific keywords to narrow the search area. The keywords used were becoming a mother, work mother, maternal role attainment,
and transition to motherhood. All keywords are searched for articles by title and abstract. In the keyword becoming a mother, 1 relevant article was found, the keyword employee mother was not found in a relevant article, the keyword maternal role attainment was found in 1 relevant article, and the keyword transition to motherhood was found in 1 relevant article.

The number of relevant articles based on the inclusion criteria found in the three databases was 19 articles in 16 journals. To find out which journals are indexed by Scopus, the journal containing the article will be identified through the value indexing system on the website www.scimagojr.com. After identification, it turns out that all Scopus indexed journals.

The analysis was carried out on 19 research articles. The results of the paper show three main themes, namely motherhood, transition to motherhood in working and unemployed mothers, and the role of midwives in supporting the role transition process.

IV. DISCUSSION

Motherhood

Motherhood is the role that unites family members, and a mother is considered the center of the family. A woman is not a mother until she has a baby. This contrasts with Laneya's study in 2015, being a mother is not just about giving birth, it also doesn't require giving birth. On the other hand, being a mother is related to being a mother and related to caring duties.

Transition to motherhood

Transition is a person's journey in a life phase, condition, or status into a different phase, condition or status from before. Transition is a multidimensional concept that deals with the elements of a process, time, and perception. The main characteristic of the transition is a positive process. The completion of a transition indicates that a person has reached a period of stability due to things that have been lost before.

The transition process of changing the mother's role includes, first the mother feels not ready for her role. New roles expose mothers to new expectations that can contribute to feelings of unpreparedness. The mother not only manages herself with new hopes as a mother, but also manages the things that other people expect of her so that it makes it beyond the mother's expectations that she herself is not ready. The feeling of not being able to control personal affairs, especially in the first days and weeks after giving birth is an extraordinary experience for the mother.

Second, mothers feel alone in carrying out their new roles. A mother who used to live a normal life before giving birth suddenly feels that she has lost control of her life's affairs, resulting in a sense of discomfort and distress accompanied by a feeling of inadequacy which comes from a lack of self-confidence. This happens because newborn babies basically need a mother all day long so they feel they have lost their identity.

Fourth, mothers will realize the importance of being a mother. Being a mother is an extraordinary experience for women. There is a shift in the way a mother thinks about herself from 'me as a pregnant woman' to 'me as a mother'. During pregnancy, women seek information, both about their pregnancy and about changing roles to build their maternal identity, but after giving birth they get direct information from their relationship and interaction with their child. Children teach a lot of something new.

Fifth, mothers are able to make adjustments to their roles. This is marked by the acquisition of role competence. Improved parenting, improvement in the physical and emotional condition of the mother, and the reduction in fear and worry about the child's health that arise when the child grows, all contribute to the development of a sense of satisfaction.
with the current situation. Maternal role satisfaction is perhaps the most prominent indicator of satisfaction with other conditions and role mastery.²

Sixth, mothers are able to carry out these roles. This is marked by the achievement of role competencies. To achieve competency, mothers must find and choose the right strategy to solve problems. Therefore, mothers should learn more about the characteristics and behavior of babies and how babies express their needs and take advantage of good management skills such as planning, organizing, implementing and controlling to exercise better control over their current life situation.²

**Unemployed mother**

**Psychology of Mother**

The first stage experienced by mothers in changing their roles is to restore the mental state after childbirth with the aim of getting better maternal role performance. This can be achieved by acknowledging her role as mother, wife, and other roles and by rearranging her mental framework. However, during the first days and weeks after delivery, the mother experiences contradictory emotional states that indicate an inability to understand her current situation and state and the role of her new mother.²⁶

The next stage, the mother will feel that she has lost her identity. After childbirth, a mother focuses less on herself and more on the relationship with her child.²⁷ Even though they go through the early stages of becoming a mother with a sense of loss of self-identity, they still feel more confident about their ability to become a mother and a more maternal identity. Mothers are more confident because they can do great things including deliver a baby and manage all the needs of the baby and the family at the same time. Through this self-confidence, they feel back to themselves.²⁴

After passing through these psychological adaptation stages, sometimes mothers also have less dominant perceptions in all roles, lack self-confidence, and are less oriented towards self-achievement. After giving birth, a woman becomes the equal of her mother. A woman is a child of her mother and a mother of her child as well. This affects their relationship with their mother, thus their mother’s image as a mother is related to their current self-image.²⁷

In addition, the stage of building a mother’s self-image is very important in the process of transitioning her role. The self-image as a mother depends on the degree of avoidance in dependence. The more someone does not avoid dependency, the more negative the mother’s self-image, which means that the mother must learn to be independent in everything. However, the role of the environment is also very important in supporting maternal independence.²⁷

The most striking change that happened to mothers was that they felt that life as a mother enhanced their experience. Motherhood is a way to adjust their personalities and emotional experiences.²⁴ The acceptance of a mother to her current condition is characterized by a happy mother in carrying out her role and a mother who always understands the situation. Knowing their weaknesses and their tendency to eliminate problems related to motherhood, is an important element and a starting point in accepting motherhood and overcoming problems related to motherhood.²⁶

**Social support**

Both primiparous and multiparous mothers need social support in the first years after birth. Social support is very important, especially the practical and emotional support provided by family members and friends.²⁸ Mothers see their partners as a source of support, although descriptions of partner involvement are often seen as breadwinners with limited direct child
care assistance. Mothers who receive emotional support from their husbands can understand the situation, feel helped in doing housework and caring for children and are better able to adapt to their motherly roles and are also able to cope with stress.²⁹

**Role Model**

Their mothers and mother-in-law play the biggest role in helping to achieve self-confidence and competence in motherhood. Their mothers and mothers-in-law transfer childcare knowledge from generation to generation, the transfer of knowledge described as a long chain. In the past their mother also suffered, but there is someone who teaches and this chain of knowledge is made from generation to generation.³

**Working Mother**

**Psychology of Mother**

The first stage in changing roles, working mothers will feel the ambivalence of roles and emotions. The ambivalence of motherhood in working mothers can be considered as a split in a woman's life journey, which divides her life into two distinct periods, namely the life before and after the children are born. The transition from changing roles to working mothers requires them to continue to build their identity as mothers, as well as learn to reposition themselves as working people. After experiencing the ambivalence stage of roles and emotions, then mothers will build an identity and reposition themselves which is marked by priority planning what is clear, they place a professional identity as a worker and as a mother above all else. This helps them to develop a clear sense of identity. Mothers, who are deeply attached to career and professional identity, consider the arrival of a baby to be a big problem because their career aspirations conflict with the social norms of work and because the use of family-friendly job options is thought to be likely to hinder their future career advancement.²⁵

The difference between mothers in dual status positions and ordinary mothers is that a dual status position reduces conflict between roles. It's very difficult to be an employee and a mother at the same time. There is a lot of mismatch in the roles of multiple mothers. On the one hand, conflict occurs in a mother who is in transition to maternal roles while working at the same time, because allocating sufficient time for independent study, work and child care also demands a wider mother's role.³²

The next stage is to divide roles and responsibilities based on priorities. Mothers who are unable to sort their various roles and responsibilities into small packages that can be managed easily, have to struggle in transitioning roles where there are no standard rules, norms, conventions or agreed priorities in society. Mothers must know how to reject and rethink common discourses and metaphors surrounding their motherhood. Nobody tells mothers what and how roles should be performed at any given moment, even social and cultural advice will not work because being every mother for every child is very unique. On the other hand, all known means of solving a problem will be modified, reorganized, recreated and implemented as a consequence of solving a problem. This shows that being a mother must be creative and solution in facing every problem.³¹

The last stage in changing roles, mothers will feel the role of being a mother can enhance their experience. In addition, to support all stages of role change, they also carry out role exploration on an ongoing basis. Striving to be a good mother and a good employee is always embedded in their minds. The link between the sociological and psychological aspects of maternal experiences is very important.³¹
Social Support

For working mothers, the role of social support from the workplace in promoting the process of exploring meaningful roles at this stage of life is a very important aspect. Social support in the workplace can be useful in promoting exploratory behavior during the developmental transition to motherhood. The interest and consideration of the mother's commitment to work, take care of the family and respect for work during pregnancy have an impact on the increased exploration of mothers after giving birth. A workplace that facilitates mothers to maintain and strengthen their involvement in the world of work is an ideal workplace for developing their maternal roles.

Support from husbands is an important factor and creates a feeling that they are not alone, while the lack of support from husbands causes feelings of depression. Others, and consider that they themselves are best able to meet the needs of their children.

Role Model

Mothers have a need to interact with other mothers. This helps mothers to form a support system that may be of great help to them in childcare and emotional stability. Other mothers become role models for them in providing the best care. Even though every child is unique and has different needs, other mother roles are very beneficial for them. They get a lot of lessons about modifying parenting methods, get support and get positive things from the relationship.

The Role of Midwives in Supporting Women in the Transition to Change the Role of Being a Mother

Health care providers need to provide mothers with high quality prenatal, perinatal and postnatal care and use the opportunities available to support them and their children strongly and turn maternal experiences into positive experiences for them. In addition, health care providers can identify the educational needs and high-risk behavior of mothers and implement health education programs on the role of motherhood to increase the knowledge and skills of mothers in childbirth, caring for children and change their high-risk behavior, thereby improving the health of mothers and children.

The mother felt empowered by the professional and emotional support from the midwife. They consider the midwife to be a great source of inspiration. In addition, the guidance of the midwife during breastfeeding difficulties is highly valued. However, mothers also observed that the advice received from midwives sometimes did not consider the mother's cultural context. This is problematic because they conflict with their feelings about who to listen to, whether advice from the midwife or advice from the cultural.

Mothers who receive assistance for infant care can improve motherhood. Maternal mental health screening during the postpartum period will be recommended for early detection and treatment of psychological disorders and improvement of maternal function. Enhanced social support is also recommended during pregnancy and postpartum as it is recognized as a protective factor for the mother from various psychological problems during this period.

Midwives often focus on developing motherhood especially on loving, caring, creative, inventive, friendly. It is important to involve midwives in the community who visit mothers in their homes to provide education and support. In contrast to the midwife's focus, motherhood is a feeling that makes the child is comfortable and feels loved. Mother develops in everything and becomes an individual who has good self-esteem and high self-confidence.

Maternal health care must be specific to certain groups of mothers. Health care must be rooted in their social context. In addition, the perceptions of each group must be considered in
providing care. When health care providers design services that meet maternal needs, equity in health care can be improved.²

V. CONCLUSION

A strong difference in the transition to changing roles between mothers in dual status positions and ordinary mothers is that a dual status position reduces conflict between roles. Mothers will be able to incorporate all roles into themselves, they are able to carry out overall role management. Mothers always make other mothers at work as role models because they have the same feelings and circumstances. Support from the workplace is very important in supporting the process of transitioning into a motherhood role. For mothers who do not work, they tend to hang out in the same environment every day so that their exploration of their role is less extensive. Mothers make mothers and mothers-in-law as role models because they are the ones who best understand the mother's condition. In both working and non-working mothers, all known means of solving problems will be modified, reorganized, reproduced, and implemented as a consequence of solving a problem. This shows that being a mother must be creative and solution in dealing with any good problems related to reproductive and sexual health.

Mothers need social support such as support from husbands, families and health workers, especially midwives. Midwives can provide physical and emotional support in the form of providing ANC (antenatal care) and PNC (postnatal care) services on a continuity of care, providing services according to the mother's condition and implementing good communication in each of their services.

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REFERENCES

Anna Z W, Magdalena C D, Daria P, Mariola B. Attachment Styles, Various Maternal Representations and a Bond to a Baby. International Journal Environmental Research Public Health 2020;17:3363

Anna Z W, Magdalena C D, Mariola B. Maternal attachment style during pregnancy and becoming a mother in Poland. Journal of Reproductive and Infant Psychology. 2017;36(3):1-11

Anna Z W, Mariola B, Magdalena C D, Daria P. The Dynamics of Becoming a Mother during Pregnancy and After Childbirth. International Journal Environmental Research Public Health. 2020;17(1):57

Ariane G, Lydia Y S, Claus B, Michael S M, Susanne M. Becoming a mother: Predicting early dissatisfaction with motherhood at three weeks postpartum. Midwifery. 2020:9:102824

Ariane G, Lydia Y S, Claus B, Michael S M, Susanne M. Becoming a mother: Predicting early dissatisfaction with motherhood at three weeks postpartum. Midwifery. 2020:9:102824
Azmoude E, Jafarnejade F, dan Mazlom S R. The Predictors for Maternal Self-efficacy in Early Parenthood. Journal of Reproductive and Infant Psychology. 2015;3(2):368-376

Badan Penelitian dan Pengembangan Kesehatan. 2018. Hasil Utama Riskesdas. Kementrian Kesehatan: Jakarta

Badan Pusat Statistik. 2018. Profil Kesehatan Ibu dan Anak. Badan pusat statistik: Jakarta

Desty D K, Wiwik P M. Peran Ibu Pekerja Dalam Perawatan Balita Di Desa Selopamioro Kecamatan Imogiri Kabupaten Bantul. Jurnal Bumi Indonesia. 2017;6(1)

Dinas Kesehatan Kota Padang. 2018. Profil kesehatan kota Padang Tahun 2018. Dinas Kesehatan Kota Padang: Padang

Dora S, Elsi D H, Nuring P. Pengaruh Pendidikan Kesehatan Pencapaian Identitas Peran Ibu Pada Wanita Yang Menikah Dini. JSK. 2016;2(2):130-140

Elizabeth K L, Elizabeth L H, Tamara L. Andersona, Michele M W. Becoming a Mother: The Influence of Motherhood on Women's Identity Development. Identity: An International Journal of Theory and Research. 2015;15:126–145

Emily F J, Nichole F, Megan L C, Ian R W, Jonathan M F. The Prevalence of Anxiety Disorders During Pregnancy and the Postpartum Period. The Journal of Clinical Psychiatry. 2019;80(4):18r12527

Eriksson, Erik M, Kristin E, Andreas H, Sylvia M, Lisa V. When they talk about motherhood: a qualitative study of three groups’ perceptions in a Swedish child health service context. International Journal for Equity in Health 2016;15(99):1-9

Eveline van V, Pleuntje V. “She gave me hope and lightened my heart”: The transition to motherhood among vulnerable (young) mothers. Children and Youth Services Review 2020;118:105318

Fitriyani, Nunung N, Sahadi H. Peran Ibu Yang Bekerja Dalam Pemenuhan Kebutuhan Dasar Anak. 2016;3(1):52-57

Habel C, Feeley N, Hayton B, Bell L, Zelkowitz P. Cause of women’s postpartum depression symptoms: Men’s and women’s perception. Midwifery. 2015;31 (7):728-34

Ibanez G, et al. Effect of Antenatal Maternal Depression and Anxiety on Children’s Early Cognitive Development: A prospective Cohort Study. PLoS One. 2015;10(8):e0135849

Insani A AA, Nurdiyan, Yulizawati, Bustami L E, Iryani D, Fitrayeni. Berpikir Kritis, Dasar Bidan Dalam Manajemen Asuhan Kebidanan. Journal of Midwifery. 2016;1(2):21-30

Maasoumeh M, Masoud R, Mohammad A C, Batool T. Iranian mothers’ experiences of the outcomes of early motherhood: A qualitative study. Social Work In Public Health 2018;33(3):1-10

Maggie L. The Bumpy Road to ‘Becoming’: Capturing the Stories That Teenage Mothers Told About Their Journey Into Motherhood. Child & Family Social Work. 2016;21(4)

Manon A van S, Jaap J A, Denissen, Joanne M C, Kristian T, Wiebke B. Self-Esteem and Relationship Satisfaction during the Transition to Motherhood. Journal of Personality and Social Psychology. 2017;114(6):973-991

Mariann M. Becoming an employed mother: Conceptualising adult identity development through semiotic cultural lens. Women's Studies International Forum 2018;68:11–18
Michal G S, Rachel G C. Identity Exploration during the Transition to Motherhood: Facilitating Factors and Outcomes. Career Development International. 2017;22(7):829-843.

Nahid J, Fereshteh M, Alireza N, Saharnaz N, Ali M. Journey to Motherhood in the First Year After Child Birth. Journal of Family and Reproductive Health. 2016;10(3):146-153

Pusat Data dan Informasi Kementerian Kesehatan Republik Indonesia. 2018. Profil Kesehatan Indonesia 2018. KemenkesRI:Jakarta

Riani A, Ariani F, Nina G. Dukungan Sosial Pada Ibu Postpartum Primipara Terhadap Kejadian Postpartum Blues. Perintis’s Health Journal.2020;7(1):16-21

Risa P, Rike A. 2015. Panduan Lengkap Asuhan Kebidanan Ibu Nifas Normal (Askeb III). Yogyakarta:Deepublish

Rose M C K, Julianna D, Rosalinda D E, Darcy C, Lia C H F. The Experience of Adolescent Motherhood: An Exploratory Mixed Methods Study. Journal of Advanced Nursing. 2017;73(11):2566-2576

Ryanawati P, Uki R B, Bhisma M. Prevalence and Determinants of Postpartum Depression in Sukoharjo District, Central Java. Journal of Maternal and Child Health: Indonesia. 2018;3(1):11-24

Samine K, Hedyeh R, Sedigheh A AA, Malihe N, Ali M. Adaptation to maternal role and infant development: a cross sectional study. Journal of Reproductive and Infant Psychology. 2018;36(3):1-13

Sandra B, Pranee L. Becoming an ‘Amai’: Meanings and experiences of motherhood amongst Zimbabwean women living in Melbourne, Australia. Midwifery. 2017;45:72–78

Setiawan E. 2016. Adaptasi dan Pendapatan Edisi III Kamus Besar Bahasa Indonesia dalam Jaringan. Jakarta : Badan Pengembangan dan Pembinaan bahasa Kemendikbud

Sevda G S, Jennifer L B, Solmaz G H, Ommlbanin E, Mojgan M. The Relationship between Maternal Functioning and Mental Health after Childbirth in Iranian Women. International Journal Environmental Research Public Health 2020; 17(5):1558

Susi Y. 2018. Perempuan atau Wanita? Perbandingan Berbasis Korpus Tentang Leksikon Berbasis Gender. Paradigma Jurnal Kajian Budaya.; 8(1):53-70

Vibhuti S R, Hannah D, Husna R. Indian Migrant women experiences of motherhood and postnatal support in Australia. Women and Birth 2018;68:11-18

Wiwid A, Aen I. A. Mekanisme Kuasa Dalam Fenomena Mom Shaming Pada Peran Perempuan Sebagai Ibu. Jurnal Lontar II. 2020; 8(1)

World Health Organization (WHO). 2016. Adolescent Birth Rate Data by WHO Region

Yulia H. Dinamika Proses Penyesuaian Diri Wanita Bekerja Pada Peran Barunya Sebagai Ibu. Jurnal Ilmiah Psikohumanika. 2017;9(1):1-9

Zarina A. Kharisma K. Konflik Peran S Dan Keberfungsian Keluarga Pada Ibu Yang Bekerja. JurnalPenelitian dan Pengukuran Psikologi. 2017;5(2):63-69

Zsolt S, Tama’s B. Educational Enrolment, Double-Status Positions and the Transition to Motherhood in Hungary. Eur J Population. 2016;33(1):55-85