

Early Motherhood: Maternal Challenges and Coping Strategies Among First-Time Ghanaian Mothers

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Abstract

Background: Motherhood is a joyous experience in the life of every woman. A woman's identity is often defined by her ability to bear children in communities where motherhood is greatly valued. However, transition to motherhood comes with the demand of increasing responsibilities. This study therefore explored the challenges and coping mechanisms employed by first-time Ghanaian mothers to meet the demand of motherhood. **Methods and findings:** This paper employed a qualitative study design through in-depth face-to-face interviews with 15 first-time mothers at 12 months postpartum. First-time mothers identified motherhood challenges such as difficulty combining mothering and work-family dilemma and having sleepless nights. Two themes emerged as coping strategies used by first-time mothers; these include obtaining support from parents, family relatives, external sources and self-designed coping strategies. **Conclusion:** The paper concludes that health care providers and policy makers need to fashion out culturally capable maternal coping strategies to supplement those been practised by first-time mothers.

Keywords: Early Motherhood, copying strategies, first-time mothers

1. Introduction

Globally, issues of motherhood remain a focus of major public concern because of their impact on maternal and child health (Koniak-Griffin et al., 2000). In all societies, becoming a mother is regarded as a fundamental role for women (Javadifar et al., 2016). Despite the fact that some women may avoid child bearing or probably defer it, becoming a mother is often inevitable (Javadifar et al., 2016). In communities where motherhood is highly cherished, it is often crucial to the woman's identity. Motherhood is central to the social and cultural system in many African societies (Ngum, 2012). The WHO (2012) suggested that in most parts of Africa, motherhood is considered as an essential role, with family and social life oriented towards early child bearing and large families. Motherhood and child bearing among sub-Saharan African women is often regarded as a normal duty within a woman's life (Benza and Liamputtong, 2015; Carolan, 2010). There exists an early stage of positive orientation towards motherhood (Gyesaw and Ankomah, 2013; Ngum, 2012).

The rationale behind this study is to explore maternal challenges and copying strategies among first-time Ghanaian mothers. Maternal copying is a woman's perception of her abilities to cope and adjust to mother responsibilities and tasks (Kutzner, 1984). Maternal copying demands a response to changes in the life of a woman with appropriate copying strategies to these changes. Supportive and non-supportive laws and policies of a country greatly influence the societal effects on first-time mothers and their families.

Motherhood comes with increased responsibilities. The birth of the first child despite being a joyful event puts the mother into crisis and lots of stress with her new roles and responsibilities (Susman, 1996; Deave et al., 2008). The first year after childbirth is not only a vital period regarding the physical, emotional, and psychological development, but also a significant time for challenging first-time mothers' capacities in adjusting to their maternal roles (Pridham and Chang, 1992). It brings in the issue of work-family dilemma, cultural and societal expectations. Long working hours have been found to be significantly associated with conflict between work and family across countries (see Kim and Ling, 2001; Cousins and Tang, 2004).

Women in different cultures and ethnic groups may adopt different sets of coping strategies in dealing with the multitude of role demands and stressors they encounter as mothers (Currie, 2009; Edge and Rogers, 2005). Currie (2009) argue that obtaining help, having a plan, and taking time-out were the main strategies used by new mothers to maintain a sense of wellness. In a similar study, O'Brien et al. (2009) suggested that Australian mothers employed several cognitive and behavioral strategies such as seeking knowledge, problem solving, goal setting, positive self-talk, and the practice of mindfulness to assist them in dealing with the challenges of breastfeeding and early mothering. Ngai et al. (2011) in a study of maternal coping during early motherhood among first-time Chinese mothers suggested that making personalized and achievable decisions and seeking emotional and spiritual solace were the coping strategies employed to meet the demand of early motherhood.

Whilst the above literature points to some studies on maternal challenges and coping strategies among first-time mothers in Asia, Australia and other countries, in Ghana there exists little knowledge on the possible coping strategies among mothers. The experiences of first-time mothers among Ghanaian women at 12 months postpartum have not been explored empirically and still remain a blind spot in the extant literature. Previous

studies on maternal adaptation among first-time mothers have been restricted to teenage mothers without consideration of those in other age brackets who might find themselves in various jobs (Gysewa and Ankomah, 2013). Other studies have also been general without particular emphasis on first-time mothers' experiences (Philippa et. al., 2017). Forster and Offei-Ansah (2012) in a study of family roles and coping strategies of female students in Ghanaian public universities identified that creation of new social boundaries; delegation of roles; prioritizing activities; postponing responsibilities; pre-planning activities; dovetailing family and academic work were coping strategies used by female students.

This study therefore attempts to fill this literature gap by exploring the challenges and copying strategies employed by first-time mothers in the Bolgatanga Municipality. Knowledge of first-time Ghanaian mothers' behaviours can equip healthcare professionals in the development of culturally sensitive and capable care models to aid mothers in dealing with the demands of maternal role attainment. For policy makers, this study will offer fertile grounds for the development of programmes and policies aimed at increasing and nurturing social support networks.

The rest of the paper is organised as follows: the methodology is presented in section two and the next section presents the findings of the study. The paper also discusses the implications of the findings for providers and policy makers and conclusion

2. Methods and Materials

2.1 Study Design and sampling

The study population consists of first-time mothers at 12 months postpartum who were aged 18 years old or above. The study was conducted in the Bolgatanga Municipality, the capital of the Upper East Region of Ghana. Bolgatanga Municipality has a population of 131,550 people (GSS, 2012), served by 38 health facilities providing both curative and preventive services (BMHA, 2015). It is bordered to the North by the Bongo District, South and East by Talensi and Nabdram Districts, and Kassena-Nankana District to the West.

The study employed a qualitative research design. This method is commonly used in the health sciences and often regarded as the most appropriate method when exploring the life experiences of people or phenomena that are sensitive or socially complex (Creswell, 2013; Liamputtong, 2013). In-depth interviews were used in the data collection process as their structured nature allows the interviewee 'to tell their story in the deepest and richest way possible during the interview process' (Roberts and Taylor, 2002). The study inclusion criteria were based on the following: first-time mothers at maximum of 12 months' postpartum; mothers who were aged 18 years or above.

The researchers first of all contacted health care providers within the Bolgatanga municipality that provide maternal health. A list of prospective participants was then compiled by these providers based on the recruitment criteria and given to the researcher. First-time mothers who were still attending postnatal care were contacted on their scheduled visiting days. Others were also contacted via mobile phone and a meeting arranged by the researcher. The authors through these meetings explained the details of the research. Interviews were afterwards setup with participants. This offered the mothers the opportunity to consent to take part or opt out of the interview if they did not wish to proceed. In all, fifteen (15) in-depth face-to-face interviews were conducted with 12 months' postpartum first-time mothers who had experienced motherhood. Pseudonyms were allotted to all mothers to safeguard confidentiality. Interviews were audio recorded and transcribed, field notes were also taken alongside as a complement.

2.2 Data management and analysis

All sound recording files from the in-depth interviews (IDIs) were uploaded to a computer. Those recordings that were in Gurune were translated into English and transcribed verbatim by the researchers. After transcription, acquaintance with the data was established through many readings of the entire transcripts; to obtain a sense of totality; significant statements were underlined and extracted. Meanings of significant statements and sentences that bear similar characteristics were then labelled and coded by the authors. Open coding with paper and pen was used at this stage, in which different parts of the text that contained significant statements were marked with appropriate labels and coded for further analysis. Coding and analysis of all recordings were subjected to manual thematic analysis (Braun and Clarke, 2006).

The study used common properties to group descriptions of similar situations or ideas into key concepts. Concepts with common properties were then classified based on the study objective and the data collected. The themes comprised at least two quotes followed by summary accounts or comments from the IDIs.

3. Results

3.1 Participants characteristics

In this study, 60% of the participants were employed as against 40% unemployed (see Table 1). The mean age of the mothers was 27.2. The maximum age of a first-time mother who participated in the study was 32 years whilst

the minimum age was 22 years old. A significant number (47%) of the mothers had tertiary education with a few (20%) without formal education. Thirty-three (33%) attained basic and secondary education.

Table 1: Socio-demographic characteristics of first-time mothers

<i>Characteristics</i>	<i>N=15</i>	<i>%</i>
<i>Education</i>		
<i>No formal education</i>	3	20
<i>Basic/secondary</i>	5	33
<i>Tertiary</i>	7	47
<i>Employment status</i>		
<i>Employed</i>	9	60
<i>Unemployed</i>	6	40
<i>Age</i>		
<i>Mean age</i>	27.2	
<i>Maximum</i>	32	
<i>Minimum</i>	22	

Source: Field Survey, 2017

3.2 Transition to motherhood

Transition to motherhood was acknowledged as an essential process in the lives of mothers. The study revealed that transiting to motherhood as an expression of mixed emotions: excitement, frustrations, unhappiness and discouragement. These women saw it as a blessing from God and the ‘gods’ as some of them put it. They were proud to have a child of their own for the first time and this marked an important milestone in their lives as women. It was a wonderful moment, full of excitement for the reason that through her a life has been brought onto the earth as asserted by a participant:

“It’s a wonderful feeling. I was very excited to be a mother, and to see that I have also ‘produced’ a human being. I was excited.”

Though a wonderful experience to Apaka as similarly expressed by Ayampoka, she received it with mixed feelings. She described it as wonderful and somewhat frightening. Becoming a mother was also seen by her to mark the introduction of responsibilities. She also described it as great taking care of someone of your own. This was her expression of becoming a mother:

“It was wonderful and somehow frightening. Because of the responsibility of taking care of someone else when I was always being taken care of, was frightening. But it is great taking care of someone of your own.”

Some of the first-time mothers perceived the transition to motherhood as a blessing. They explained that child bearing was a blessing from God. Though a blessing, Wintima admitted that, motherhood comes with challenges. She stated that because it was her first time, she found difficulty in ascertaining if her child was sick or not.

“Children are a blessing from God. Though you are blessed for having a child, the other side, the difficulties are also there. Especially when the child is small and there is no one by you, getting to know that may be the child is sick, this is the place that is paining, you won’t know what is wrong with the child. May be an experienced mother will know that this or that is wrong with the child. But because you are new, you don’t know anything.”

For Lucy, she was happy to be a mother. She described her transition to motherhood as a nice experience, a learning ground to develop the virtue of patience because of the attitude of the kid.

I was happy, very happy. Is a nice experience, you learn more, you learn the virtue of patience because of the child.” (Lucy)

3.3 Challenges of motherhood

Motherhood though an excitement, it equally comes with countless challenges. These challenges usually emanate from mothers coping with the responsibilities of taking care of the baby and performing the dual role of household chores and work. Mothers who were students also expressed their frustration regarding mothering and schooling. Mothers who were employed in the formal sector lamented the difficulty of combining work and looking after the young child. Performing household tasks also became more demanding due to the arrival of the child. A participant describes her sleepless nights, the work-family dilemma due to the arrival of the child as challenging:

“Sleepless nights, having to wake up and then, the child can’t talk and so you have to struggle to know what is happening to the baby whenever she is crying. You struggle to find out what she wants and you have to give it to her. And that’s what makes it very challenging. And also taking care of a child and then having to work. Even with the household chores, sometimes you have to stop working just because of the child, because she says you don’t

have to work. and its sooo annoying, you can't even wash, you can't even cook because of the child. Its stressful. But all the same is good. May be because is the first time."

Another participant who is also a student shares her experience as a mother. She describes the situation as difficult looking after the child and studying. She stays alone and hence do not have the opportunity of enjoying extended family support and her husband.

"Is not easy. You have to manage. Sometimes you want to learn and she will be crying. You have to put her to bed before you continue your studies."

Linda shares similar concerns with Nabo. She explains that usually is difficult to study as the child interrupts intermittently; you will have to study, stop and breastfeed the child before you continue. She says is even more frustrating if you take the child for classes because there is no one to look after her. This was how she described her situation:

"... Sometimes, that's even the biggest challenge. You will be having exams you want to learn and the child is crying. You will be going for classes and there is no one to take care of her. You have to take her along to the class and with this you can't even concentrate. She will be making noise here and there."

The challenge of diagnosing the problem with the child as a first-time mother was identified by Hannah as a challenge. She narrates the frustration of the frequent crying of her child and sometimes she seems helpless as she cannot fathom the problem that is causing the crying of her baby.

"Taking care of a baby is not easy, is not easy. As a first-time mother, if the child is crying, you don't even know what to do if there is no one around, you don't know what is wrong with the child, if the child is not hungry, you don't even know what is going on unless you find out from someone or may be someone who has been through it, then the person will tell you is normal or there is something wrong with the child." (Hannah).

3.4 Cultural and societal expectations on mothers

The mothers based on their various ethnic backgrounds shared the cultural demands and societal expectations on mothers. They indicated that motherhood and child bearing means you are matured as a woman. Some described it as a sign of responsibility, a fertile woman and been blessed by the gods. Mama, a basket weaver who is a Talen revealed that:

"Motherhood means a lot. If you are a mother, it means you are a responsible woman, you are a fertile woman and you have been blessed by the gods." (Mama)

For the Gas, motherhood signifies that you are a responsible woman. They cherish child bearing and respect women who have given birth. Child bearing marks a transition to a different level in society as a woman. Lucy defined motherhood from the perspective of a Ga:

"Motherhood means someone who is responsible, someone very responsible. We as Gas cherish giving birth. When you have a child, they say you have moved to another level in life as a woman. The respect in it is really great." (Lucy).

As first-time mothers, they indicated that society expects a lot from them. Taking good care of the child to be responsible persons in future. Mothers should train their children well so they do not grow to be misfits in society. Anapoka, a trader shares her views on societal expectations on mothers;

"They expect you to train your child well, so that your child will not be a misfit. They expect you the mother to live an exemplary life so that your child can emulate." (Anapoka)

Naomi thinks society expects mothers to show the child the ways of society. You should be able to direct the child the right way. You are not expected to let your child go wayward.

"They (society) expect that you should be able to take control of situations around you, especially regarding your child. You should be able to show the child the ways of your society. You should be able to direct the child as to which path he/she should take; good ones of course. They don't expect you to let your child go wayward, because the child is what is going to make the society one day. They expect the child to learn everything from you, from the beginning."

3.5 Dealing with challenges and coping strategies

Experiences of first time mothers constituted ecstasy, struggle and support. Mothers expressed their excitement of transiting to motherhood though that new stage of life as a woman came with numerous challenges. In meeting the challenges and demands of early motherhood, first-time mothers employed several strategies. Two major themes emerged from the analysis of the interview data. These included obtaining support from parents, family relatives and external sources and self-designed coping strategies.

3.5.1 Obtaining support

Participants revealed that they sought for support from several sources in order to cope with the responsibilities that come with child bearing. Some of the mothers stated that they were fortunate to have their mothers, mother

in-laws, friends and husbands around to help them perform the demanding tasks of motherhood and the dual role of work and family. These people provided financial support, role-model support, caregiving and informational support. Ayampoka's mother supports her a lot at home so she can perform her household chores. This was her expression;

"My mother comes around. So I will leave him with her and do my work. She is the one who comes to take care of him whilst I go to work."

Apaka is fortunate to be benefiting from the extended family. She actually stays with her husband and mother in-law. Her sisters equally support her to look after the child. She however lamented her difficulty of having to come home during break to breastfeed the child. This was her expression;

"Sometimes my mother in-law helps to take care of her. My sisters are also available to help to take care of her when I am busy. I started working recently, about a month ago and so they help me with taking care of her. Is really difficult, because right now she still breastfeeding. Usually I go home during break to breastfeed her."

Hannah resorted to her mother and sister in-law in order to meet the responsibilities of early motherhood. She says that she stayed with her mother during the first two months after she delivered. Her mother therefore taught her how to bath and dress her child since it was her first time.

"I stayed with my mother within the first two months when I gave birth. She taught me so many things; how to bath the child, dress the child. I however moved back to my husband's house afterwards. My sister in-law was therefore brought in by my husband to support me in looking after the child and also with the household duties such as cooking, washing cleaning." (Hannah)

Some of the mothers obtained help from the baby's father. Those who got this help indicated that they got both financial and social support. Their husbands took care of the children whilst they perform their household duties. Naomi had this to say about the role of her husband;

"My husband supports me both financially and socially. My husband is always there to help whenever I need him. When I am going to the market, he takes care of the child. When I need money for any upkeep of the child, he is there to provide." (Naomi)

3.5.2 Self-designed coping strategies

First-time mothers explained that they managed their time efficiently as a result of the emergence of new responsibilities. Most of the first-time mothers indicated that they performed varied responsibilities and as such were compelled to adapt coping strategies as a way of ensuring equilibrium. Developing a work-family plan and effective time management were mentioned as self-designed coping strategies employed.

Some participants unfortunately stay alone with their children and do not have access to any support. A participant noted that the only time she meets her baby's father is when he is to give her money for the baby's up-keep. She usually draws a schedule of activities for the week and strictly follows it in order to maximise time and also be able to do all that she is required to do. She often wakes up at dawn to perform her household duties by which time her baby will still be in bed. She returns to carry out some of her activities in the evening.

"Apart from financial support, there is nothing. Even with that one we have to 'box'. My in-laws are just only fighting for the custody of the child. So I have a schedule of activities that I often use as a guide. So mostly I wake up very early when he is sleeping, by the time he wakes up I am done with whatever I want to do; my cooking and my cleaning."

Another first-time mother who is a nurse noted that she used effective time management strategy to organise and make the most of her limited time. According to her, her husband often takes care of the child during weekends whilst she prepares her meals in bulk for the whole working week. Also, her off days are used to perform some of her household chores.

"My husband is usually not available to help me except weekends. So I mostly cook my meals in bulk over the weekend and also my off days. My washing and cleaning are often done within these periods. That is the only option available to me."

Women in the informal sector were able to perform multiple roles effectively. Jennifer who is a trader reported that she does her selling whilst taking care of her baby. She noted that, family assistance is not available and therefore has to combine her work activities and caring for her baby alone.

"I don't have anybody to help me. I back my child sometimes whilst I sell my things. Sometimes the baby will be crying but what can I do. It is the selling that I get my chop money. Even at home too, I back my baby and do my cooking and washing." (Jennifer)

Those mothers in the formal sector also made use of the maternity and annual leave schedules available within their respective institutions as soon as they gave birth. This indicates how women can engage and negotiate with their employers to solve problems. Janet noted that she combined her maternity and annual leave together when she delivered. This offered her the opportunity to stay at home and nursed her child properly as the maternity leave of 12 weeks is not enough.

“I made use of my maternity and annual leave. Since I knew of my expected date of delivery, I reserved my annual leave and combined it with my maternity leave. This strategy gave me enough time to stay at home and nurse my baby.”

4. Discussion

This paper discusses the experiences of first-time mothers at 12 months postpartum in Ghana. It specifically discussed the challenges first-time mothers faced and the coping strategies employed as a result of the arrival of their babies.

Becoming a mother for the first time is a major developmental transition of adulthood for women (Harwood et al. 2007) and change is an inevitable element of that process. The study revealed transiting to motherhood as a mixed feeling of ecstasy and struggle. First-time mothers were proud to have children of their own and this marked an important milestone in their lives as women. Though excited about being a mother, first-time mothers noted they equally faced challenges. This finding is in tandem with a study in Tanzania by Mbekenga et al. (2011) who that first-time mothers experienced joy from their newly acquired status as mothers. They further noted that these mothers struggled to meet the infant's health needs and to manage daily family life. The result also supports a study by Pungbangkadee et al. (2008) that identified conflicting experiences (joy and challenges) of motherhood, particularly among adolescent mothers who experience tensions between their needs as both mothers and as adolescents.

First-time mothers also cited sleepless nights and the difficulty of combining studies and mothering as challenges. Mothers who were students lamented about the difficulty of attending classes, writing end of semester examination and caring for their children simultaneously. Hordzi (2008) found that the main problem of some of the women during examination is how to get peace of mind from their babies to concentrate and write the examination. This can be attributed to disturbances from their babies that do not ensure full concentration. Combining work, family and mothering was another challenge that this paper identified. Mothers, particularly in the formal sectors indicated that it is a difficult task to look after a child and perform household and official duties. Philippa et al. (2017) noted that mothers engaged in long hours work and had to balance the long hours work with family roles, which puts enormous pressure on these mothers.

First time mothers indicated that they obtained help in order to cope with their new roles. Informal network was cited as the most trusted form of support and play a more important role in deciding health-related issues than does the formal support offered from health professionals. The use of the extended family system in adjusting to the demands of mothering and performing work and family responsibilities. They had to solicit support from their mothers and mother-in-laws to look after their children. Forster and Offei-Ansah (2012) identified that extended family members were brought in by mothers to support them look after their babies. However, the study identified that the role of the extended family in a typical Ghanaian setting is declining, due to migration and the preference of couples to stay alone as a nuclear family. This result supports a study in China which revealed that support from the extended family has decreased in recent years because of the nuclear family structure and geographic distance from the extended family (see Ngai, et. al. 2011). Some of the mothers had support from their partners in caring for their babies. Mothers noted that their babies' fathers helped them to care for the baby any time they are at home.

Self-designed coping strategies was another strategy used by first-time mothers. Some of the mothers indicated that they performed multiple roles simultaneously. Quisumbing et al., (2007) suggested that majority of women engaged in home-based enterprises and trading; use the arrangement of caring for their children whilst working. Mothers in the formal sector combined their maternity and annual leave together. This strategy was employed within the first three to four months after delivery. It was described as effective as mothers were taken off their professional work responsibilities and allowed for full concentration at home. Effective time management was a coping strategy used by first-time mothers. This was demonstrated by mothers' report of using off days and weekends to prepare meals in bulk for their families. Implicit in coping through role behaviour is the assumption that one's role demands are unchangeable and that the person's main task is to find ways to meet them.

5. Implications for service providers and policy makers

The transition to motherhood is a major developmental life event. Becoming a mother involves moving from a known, current reality to an unknown, new reality (Mercer, 2004). The unknown, new reality of motherhood is full of ecstasy, struggle and support. For these first-time mothers, motherhood is a wonderful and exciting experience. However, the challenges associated with motherhood were unbearable to some of these first-time mothers. They lacked mothering skills and some of them narrated how frustrating motherhood can be. As these mothers were engaged in different categories of employment, combining that with household chores and mothering was challenging. Consequently, these first-time mothers had to devise various strategies in order to meet the ever increasing demand of motherhood. Some of the mothers solicited for support from their mothers,

mother in-laws, sisters and partners. Unfortunately, some of the first-time mothers had no assistance available to them. Hoban and Liamputtong (2013) advocate that social support, both from significant people in a woman's life and from health professionals, has been found to increase the mother's self-confidence and assurance in her role as a mother. As such, support services and parenting programmes should recognise and facilitate the essential role of extended family and community networks. The evidence has demonstrated that Ghanaian mothers can empower themselves through the coping strategies identified by this study; obtaining help and self-help. Therefore, it is imperative for health providers and policy makers to acknowledge this and fashion out culturally sensitive services and programmes to support first-time mothers.

The study has revealed that first-time mothers did not obtain support from formal networks. They did not seek formal help as a coping strategy in acquiring knowledge and skills to manage difficult situations regarding the caring of their children. In instances where these mothers were unable to diagnose the problem with their children, they rather sought solace from informal sources such as experienced mothers. There is therefore the need for health professionals to improve the education of first-time mothers on maternal coping strategies during helpless and frustrating situations that some first-time mothers went through per the evidence from this study. Post-delivery challenges experienced by first-time mothers' calls for the support of their partners to help them manage their new roles. The results from this study demonstrate that first-time mothers whose partners were engaged in formal employment did not receive enough support from them. It is therefore the opinion of the author that, the national employee leave policy in Ghana should make provision for paternity leave. This will ensure that men whose wives or partners have delivered can take advantage of this policy to offer support.

6. Conclusion

Experiences of first time mothers constituted ecstasy, struggle and support. The study has established that first-time mothers faced the challenge of increasing responsibilities that accompany child bearing coupled with work and family duties. First-time mothers who were students equally noted how challenging it was to combine studies with mothering. Some mothers were also frustrated with sleepless nights and the inability to diagnose specific problems affecting their children. The study has also established two main coping strategies adopted by first-time mothers in meeting the ever increasing demand of motherhood: obtaining support from various sources and self-designed coping strategies. The study therefore conclude that health providers should vigorously pursue education programmes on maternal coping aimed at supplementing those already employed by first-time mothers. These programmes should be culturally sensitive and proficient as traditional values are deeply rooted in the Ghanaian society.

References

- Benza, S. & Liamputtong, P. (2015). Migrant motherhood and challenges: The lived experiences of Zimbabwean women living in Melbourne. Paper submitted to Midwifery.
- Bolgatanga Municipal Health Administration (2015). Annual Report. Unpublished report
- Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2): p. 77-101.
- Carolan, M. (2010). Antenatal care perceptions of pregnant African women attending maternity services in Melbourne, Australia. *Midwifery*, 26:189–201.
- Cousins, C. & Tang, N, (2004). Working time and work and family conflict in the Netherlands, Sweden and the UK. *Work, Employment and Society*, 18(3), 531–49.
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. 3rd ed. Thousand Oaks, California: Sage
- Currie, J. (2009). Managing motherhood: Strategies used by new mothers to maintain perceptions of wellness. *Health Care for Women International*, 30(7): 653–668.
- Deave, T., Johnson, D. & Ingram, J. (2008). Transition to parenthood: the needs of parents in pregnancy and early parenthood. *BMC Pregnancy Childbirth*, 8:30.
- Edge, D. & Rogers, A. (2005). Dealing with it: Black Caribbean women's response to adversity and psychological distress associated with pregnancy, childbirth, and early motherhood. *Social Science & Medicine* 61(1): 15–25.
- Forster P and Offei-Ansah C. (2012). Family Roles and Coping Strategies of Female Students in Ghanaian Public Universities. *International Journal of Academic Research in Business and Social Sciences*, Vol. 2, No. 5
- Ghana Statistical Service (2012). 2010 population and housing census, summary report of final results. Ghana Statistical Service. Accra
- Gyesaw, N.Y.K, Ankomah, A. (2013). Experiences of pregnancy and motherhood among teenage mothers in a suburb of Accra, Ghana: a qualitative study. *International Journal Women's Health*. 5:773–80.
- Harwood, K., McLean, N. & Durkin, K. (2007). First-time mothers' expectations of parenthood: what happens

- when optimistic expectations are not matched by later experiences? *Developmental Psychology*, 43, 1–12.
- Hoban, E, Liamputtong, P. (2013). Cambodian migrant women's postpartum experiences in Victoria, Australia. *Midwifery*, 29:772–8.
- Hordzi, W. H. K. (2008). The challenges faced by University of Education, Winneba Distance Education Student Mothers during examinations.
- Javadifar, N., Majlesi, F., Nikbakht, A., Nedjat, S., Montazeri, A. (2016). Journey to Motherhood in the First Year After Child Birth. *J Fam Reprod Health*, 10(3): 146-153.
- Kim, J. L. S. & Ling, C. S. (2001). Work-Family conflict women entrepreneurs in Singapore. *Women in Management Review*, 15(5), 204–21.
- Koniak-Griffin, D., Anderson, L. R., Verzenieks, I., Brecht, M. (2000). A public health nursing program for adolescent mothers: outcomes from pregnancy through six weeks postpartum. *Nursing Research*, 49:130-7
- Kutzner, S. K. (1984). Adaptation to motherhood from postpartum to early childhood (Doctoral dissertation, University of Michigan).
- Liamputtong, P. (2013). *Qualitative research methods*. 4th ed. Melbourne: Oxford University Press.
- Mbekenga, C. K., Kyllike, C., Lugina, H. I. & Olsson, P. (2011). Joy, struggle and support: Postpartum experiences of first-time mothers in a Tanzanian suburb. *Women and Birth*, 24, 24–31.
- Mercer, R. T. (2004). "Becoming a Mother Versus Maternal Role Attainment." *Journal of Nursing Scholarship*, 36:7.
- Ngai, F., Chan, S.W. & Holroyd, E. (2011). Maternal Coping during Early Motherhood among First-time Chinese Mothers. *Journal of Health Psychology*, 17(2) 189–196.
- Ngum Chi, C. M. (2012). Contraception, teenage pregnancy, culture and motherhood among African Australian teenagers with a refugee background in Greater Melbourne, Australia. (Unpublished doctoral dissertation). Bundoora Melbourne, Victoria, Australia: La Trobe University
- Ngum Chi Watts M. C., Liamputtong, P. & Mcmichae, C. (2015). Early motherhood: a qualitative study exploring the experiences of African Australian teenage mothers in greater Melbourne, Australia. *BMC Public Health*, 15:873 DOI 10.1186/s12889-015-2215-2
- O'Brien, M. L., Buikstra, E, Fallon, T. & Hegney, D. (2009). Strategies for success: A toolbox of coping strategies used by breastfeeding women. *Journal of Clinical Nursing*, 18(11): 1574–1582.
- Omer-Salim, A., Lars-Ake, P., Olsson, P. (2007). Whom can I rely on? Mothers' approaches to support for feeding: an interview study in suburban Dar es Salaam, Tanzania. *Midwifery*, 23:172–83.
- Philippa, W., Hill, A. G. & Hinde, A. (2017): Combining work and child care: The experiences of mothers in Accra, Ghana, Development Southern Africa, DOI:10.1080/0376835X.2017.1323627
- Pridham, K. F. & Chang, A. S. (1992). Transition to being the mother of a new infant in the first 3 months: maternal problem solving and self-appraisals. *Journal of Advance Nursing*. 17:204–16.
- Pungbangkadee, R., Parisunyakul, S. & Kantaruksa, K. (2008). Experiences of early motherhood among Thai adolescents: perceiving conflict between needs as a mother and an adolescent. *Thai Journal of Research*, 12(1):70–82
- Quisumbing, A. T., Hallman, K. & Ruel, M. R. (2007). Maquiladoras and market mamas: Women's work and childcare in Guatemala City and Accra. *The Journal of Development Studies* 43(3), 420–55.
- Roberts, K. & Taylor, B. (2002). Nursing research process an Australian perspective 2nd Ed. Southbank, Victoria: Thomson.
- Susman, J. L. (1996). Postpartum depressive disorders. *J Fam Pract.* 43:S17–24.
- World Health Organization. (2012). Early marriages, adolescent and young pregnancies. Geneva: WHO; p. 1–4.