

## Psychosocial Aspects of Childbearing

### *Aspek Psikososial Kesiapan Ibu akan Kehamilan dan Melahirkan*

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#### **Abstrak**

*Salah satu isu nasional dalam bidang kesehatan adalah tindakan pencegahan terhadap masalah yang berhubungan dengan kesehatan ibu dan anak. Aspek psikososial merupakan salah satu faktor yang mempengaruhi kesiapan ibu akan kehamilan dan kelahiran (mempunyai anggota keluarga baru). Kehamilan dan kelahiran merupakan kejadian yang berhubungan dengan pengalaman manusia secara bio-psiko-sosial dan budaya. Respon ibu terhadap kehamilan dan kelahiran berbeda-beda, dipengaruhi oleh umur, kesehatan, status sosial ekonomi dan latar belakang budaya. Individu ibu dan keluarga sangat membutuhkan informasi yang cukup agar dapat mempersiapkan dengan baik proses kehamilan, kelahiran (kehadiran anggota keluarga yang baru).*

*Kata kunci: Aspek psikososial, kesiapan ibu akan kehamilan dan melahirkan, keperawatan*

#### **Abstract**

One of the health care national issues is the preventive of the problems related with maternal-child. Psychosocial aspect is one factor that will involve the readiness of mother to her pregnancy and childbirth (the readiness of having new family member). Pregnancy and childbirth or childbearing is the event which is closely related with some experiences of human being: bio-psycho-social and cultural. Every mother would has different response to the event of pregnancy and childbirth, depends on the age, health status, socio-economical level, and cultural background. Mother as an individual and family needs enough information for the readiness of pregnancy and childbirth (the readiness of having new family member).

Keywords: psychosocial aspects, childbearing, nursing

#### **Introduction**

Maternal – newborn and child health nursing are expanding areas as a result of the broadening scope of practice within the nursing profession and the recognized need for better preventive and restorative care in this area. The importance of this need is reflected in the fact that many of the year 2010 health goal for the nation focus on this areas of nursing.<sup>1</sup>

Pregnancy and childbirth are events that touch nearly every aspect of the human

experience: biological, psychological, social, and cultural. Individual responses to childbearing on each of these levels may be quite different depending on the age, health, socioeconomic status, and cultural background of the women and her family. These differences result in a wide range of individual and family needs for information and assistance during the childbearing.<sup>2</sup>

Pregnancy and childbirth have important social, psychological, and cultural meanings in any society. These meanings vary, even among groups in the

same society, and must be sensitive to and knowledgeable about the psychosocial and cultural nature of the childbearing experience in order to deliver effective and human care to childbearing families.

This paper aims to describe the social aspects of childbearing, psychological aspects of childbearing, psychological readiness for childbearing and the impact of childbearing on adult roles.

## Discussion

**Psychosocial Aspect of Childbearing.** Pregnancy and childbearing have specific social significance, and decisions about childbearing may be regarded as of major importance or of little consequence depending on that significance. The larger social context and recognize the social factors that influence reproductive behavior and decisions about pregnancy and birth must be understood.<sup>3</sup>

**Social Factors Influencing Childbearing Decisions.** Pregnancy usually marks a person's entry to the parental role and, as such, has life long implications. However, people do not always make a clear, conscious decision for pregnancy or parenthood. Often, the decision to risk pregnancy is based more on emotional responses in a particular situation than on rational thought and a life plan. Many factors determine whether a person behaves in ways that risk pregnancy, consciously chooses to have a child, or chooses to remain childfree. Among these factors are: *a). The availability of Contraceptive Options:* The contraception's have to a large extent created the opportunity for decision-making about childbearing. In realistic term, throughout most of human history, parenthood (more particulary, motherhood) couldn't be chosen;<sup>4</sup> *b). Contemporary Male and Female Roles:* The nature of socially acceptable sex roles plays a large part in decisions about childbearing. Parenthood may be more in evidence in women than the men, since women tend to be socialized throughout life in nurturing functions and with the expectation of motherhood. Men are socialized primarily toward a productive

occupational career and only secondarily toward future fatherhood. Even though sex roles still reflect an orientation toward parenthood, there are now competing social roles, especially for women.<sup>4</sup> Women tend to primarily responsible for management of the home and for doing or arranging for child care, even when they are also employed outside the home; *c). Peer, Partner, and Family Influences.* Peer pressure often influences a teenager to initiate asexual activity that may lead to a pregnancy in adolescence. In couple relationship, pressure to become pregnant may be used as a way to test or force a partner into commitment, and also pressure from family which continues to be the basic societal unit serving to perpetuate the species and socialize the young;<sup>3</sup> *d). Sociocultural Influences:* Socioeconomic status, usually described in terms of occupation, education, and income, reflects values and lifestyles that directly affect decisions about procreation. More couples are deferring marriage until their middle or late twenties and delaying the first birth for several years after marriage.<sup>5</sup> Some will delay pregnancy until adequate financial resources are available, while others feel that if they waited to be financially secure before starting a family, they would never star one; *e). Motivations for Childbearing:* Some motivations can be classified as healthy ones. Some may be aware of desire to share a part of them selves with the world or to leave a legacy for the future. Others may feel childbearing is part of the adventure or challenge of life, a pathway toward achieving their own potential. For others, parenthood is a desirable status, one that permits them to share experiences with parents, peers, and siblings. Some may feel incomplete as adult members of society without children. These motivations are more common among adolescents and reflect their psychosocial immaturity, may include having child to save a faltering relationship, to provide a source of affection and security, to replace a loss (such as miscarriage, death of a significant other, or some personal failure), or may to prove sexual ability or fertility, to escape an unhappy home life or work situation.<sup>6</sup>

Psychological Aspects of Childbearing:

a). *Individual Development and Parenthood*: Parenthood is a major transition point in the lives of adult men and women, and particularly for adolescents who become parents. The timing of parenthood affects the timing of other life events. Parenthood also affects one's self-concept and values, and changes one's interest and one's ability to pursue some directions in life, profoundly alters relationships with other family members and especially with the mate; b). *The childbearing Family*: The family is the fundamental unit of all human societies, and all are organized with the family as the unit responsible for reproduction and socialization of young. <sup>1</sup>

The definitions of family used by social scientists: 1). A social system made up of two or more interdependent persons that remains united over time and that mediates individual needs with demands of the large society; 2). A group of interacting and interdependent personalities; 3). A group of individuals related by blood, marriage, or adoption, residing in the same household, sharing a common history, and interacting with each other on the basis of their roles in the group.

As it adapts to pregnancy, the family must accomplish certain developmental tasks in preparation for birth and childbearing. <sup>7</sup> Tasks of childbearing family are: 1). Physical maintenance : a healthy family provides food, shelter, clothing, and health care for its members; 2). Socialization of family members : involves preparing children to live in the community and to interact with people outside of the family; 3). Allocation of resources : determining which family needs will be met and their order of priority is allocation of resources; 4). Maintenance of order : includes opening in effective means of communication among family members, establishing family values, and enforcing common regulations for all family members; 5). Division of labor : Fulfill certain roles, such as family provider, caregiver, and home manager; 6). Reproduction, recruitment, and release of family member : often not great deal of thought is given to this tasks; who lives in a family often

happens more by changing circumstances than by true choice; 7). Placement of members into the larger society ; consists of selecting community activities, such as school, religious affiliation, or a political group, that correlate with the family beliefs and values; 8). Maintenance of motivation : a sense of pride in the family group, when created, helps members defend the family against threats and serve as support people to each other during crises.

Family Life Cycle. Families, like individuals, pass through predictable developmental stages.<sup>8</sup> To assess whether a family using stage-appropriate health promotion activities, it is helpful to first determine the family's developmental stages.

Stage 1. are *Marriage and the family*. During this first stage of family development, members work to achieve three tasks: Establish a mutually satisfying relationship, learn to relate well to their families of orientation, if applicable, engage in reproductive life planning. This includes not only adjusting to each other in terms of routines (e.g., sleeping, eating, and housecleaning) but also sexual and economic aspects.

Stage 2. is *the early childbearing family*. It is a further developmental step to change from being able to care for a well baby to caring for an ill one. One way of determining whether a parent has made this change is to ask what the new parent has tried to do solve a childrearing or health problem. An important nursing role during this period is health education about well-child care and how to integrate a new member into a family.

Stage 3. is *the family with preschool children*. Children in this age demand a great deal of time because their imagination is at such a peak, and safety considerations such as unintentional injuries (accidents) become a major health concern.

Stage 4. is *the family with school-age children*. Parents of school-age children have the important responsibility of preparing their children to be able to function in a complex world while at the same time maintaining their own satisfying marriage

relationship. Important nursing concern during this family stage are monitoring children's health in terms of immunization, dental care, and health care assessment; monitoring child safety related to home or automobile accidents; and encouraging a meaningful school experience that will make learning a life time concern, not to be abandoned after a more 12 years.

*Stage 5. is the family with adolescent children.* Now the family must loosen family ties to allow adolescents more freedom and prepare them for life on their own. As technology advances at a rapid rate, the gape between generation increases; life with their parents were young was very different from what it is for their teenagers.<sup>8</sup> This makes stage five a trying stage for both children and adults. If there is a "*generation gap*" between the parent and an adolescent, the adolescent may not be able to talk to the parents about their problem, particularly those of a controversial nature such as sexual responsibility.

*Stage 6. is the launching center family.* The stage at which children leave to establish their own household is the most difficult stage because it appears to represent the breaking up of the family. Parental roles changes from those of mother or father to once-removed support people or guideposts.<sup>3</sup> The stage may represent a loss of self-esteem for parent, who fell themselves being replaced by other people in their children's lives.

*Stage 7. is the family of middle years.* When a family return to a two partner nuclear unit, as it was before childbearing, the partner may view this stage either as the prime time of their lives (an opportunity to travel, economic, independence, and time to spend on hobbies) or as a period of gradual decline (lacking the constant activity and stimulation of children in the home, finding life boring without them or experiencing an "empty nest" syndrome).

*Stage 8. is the family in retirement or older age.* Families at this stage are not apt to suffer from chronic and disabling conditions than younger ones are.<sup>9</sup> They are not having children, and can offer a great deal of support and advice to young adult that are just beginning their families.

### Changing Pattern of Family Life.

Family life has changed significantly due to many complex and interrelated factors, such as the increased mobility of families, an increase in the number of families in which both parents work outside the house (dual-earner families), an increase in the number of one-parent families, and an increase in shared childbearing responsibilities.<sup>9</sup>

*Mobility Patterns.* Population movement has an important influence on the quality of family life. During the 20<sup>th</sup> century, vast numbers of rural families moved to urban communities, and many urban families moved to the suburbs.<sup>1</sup> Families of immigrants or migrant farm workers can have difficulty finding consistent health care because of their constant movement. Ensuring their access to health care may require both increased culturally sensitive health education and community innovative measures.<sup>3</sup>

*Poverty.* Poverty places children and families at risk for variety of health problems. A pregnant women living in poverty is less likely to received prenatal care or be able to afford important prenatal vitamins.<sup>5</sup> Poverty allows acute illness to become chronic, forces families to live in dangerous neighborhoods, and because of the high stress level always present, may increase the incidence of intimate partner abuse.

*Reduced Government Aid Programs.* Current legislation aimed at reducing the duration of government assistance to families and encouraging people receiving such assistance to begin or return to work was designed to stimulate parental productivity. Health care providers can be instrumental in helping families secure, benefits such as food stamps or funding of the women, infant, and children special supplement food program.<sup>9</sup> Families can be referred to free or scaled payment health care program so they can obtain despite their limited financial resources.

*The Homeless Families.* Many homeless families are headed by a woman, and an increasing number are headed by pregnant and parenting adolescents. The frequency of drug and alcohol abuse and severe psychiatric problems is greater

among homeless families.<sup>5</sup> Many mothers in homeless families were physically abused as children and have been battered by an intimate partner. At least half of homeless children are younger than 5 years of age, because of decreased environmental stimulation and lack of exposure to normal play activities. They often lack support people, so they may need a health care provider to serve in this capacity to promote a healthier lifestyle or during times of stress such as illness.<sup>2</sup>

*Increasing Number of One-Parent Families.* One-parent families are increasing in number because of high divorce rate and the number of women having children outside of marriage. An increasing number of children are being raised by male or gay/lesbian single parents.<sup>3</sup> Nurses can be instrumental in helping single parents strengthen their parenting skills and can provide a second opinion on a course of action or care to prevent parenting responsibility.

*Increasing Divorce Rate.* Divorce is rarely easy for the people involved, because they are so emotionally involved and their perceptions of their roles are changing so drastically, parent may be unable to give their children the support they need during a divorce.<sup>3</sup> Children react in different ways to divorce, depending on their age and understanding of what is happening and the explanations that parents give them.

*Decreasing Family Size.* Although small families mean fewer child are requirements for parents, this also limits the parent's experience in childrearing, so the amount of childrearing counseling time per parent may increase.

*Dual Parent Employment.* As many as 60 % of women of childbearing age work at a full-time job outside the home today, and as many as 90 % work at least part-time.<sup>5</sup> The implication of this trend for health care providers is that care facilities must schedule appointments at times when parents are free to come. Dual-parent employment has increased the number of children attending day care centers or after school programs.

*Increased Family Responsibility for Health Monitoring.* In the past, parents relied on health care providers to monitor their

children's health, and they accepted advice about health care without asking questions or expressing opinions. Today, most of parents take an active role to monitoring their children's health and participating in planning and goal setting.

*Increased Abuse in Families.* An alarming statistic is that incidence and report of domestic abuse (both child and intimate partner) is increasing yearly. This is apparently related to both an increased stress level in the population as a whole and better reporting of abuse.

*Psychosocial Readiness for Childbearing.* Psychosocial readiness for childbearing is defined as the ability to cope with the demands and complete the tasks of pregnancy, childbirth, and parenthood.<sup>7</sup> A person might be said to have achieved psychosocial readiness for childbearing if he or she has the following characteristics: a). The capacity to establish and maintain intimate relationships; b). The ability to give to and care for another human being; c). The ability to learn and to adjust pattern of daily life; c). The ability to communicate effectively with others; d). An established sexual identification

*The Impact of Childbearing on adult Roles.* Pregnancy and childbirth signal the acquisition of the new role for man and woman involved, is the role of father and mother of a particular child. Roles are developed through meaningful interactions with others. People also learn and develop roles in relation to other in similar or complementary roles. The paired or complementary roles are patterned to mesh so that interactions between the role partners are satisfying and meaningful.<sup>9</sup> Taking new roles is both cognitive and emotional process, especially true the parent role, since it is enacted within the intimate and important context of the spousal couple and the family unit, and the transition involves both emotional and physical change.

*Childbearing and women's roles.* Pregnancy and childbirth have significant psychological and physical affects on women. These changes are irreversible. Childbearing has major social implications for women as well. Childbearing creates profound changes in women's roles within

the home. Women are likely to report more overall change in their personal lives after the first birth than do their partners, even if she employed outside the home.<sup>5</sup> The women's movement has focused on this issue, referring to the "Superwomen Syndrome" "It is true that women need time for physical restoration and to establish the mother-infant relationship, this period of primary childcare responsibility sometimes delays the man's skill development in that area and further contributes to be pattern in which women assume major childcare and home management responsibilities after the first birth.

Childbearing and men's roles. Childbearing also causes changes in men's roles, although the changes are usually not as apparent as those experienced by their partners. They experience childbearing as if they were "one step removed", at least in the biological sense. Fatherhood has always introduced important changes in men's lives, and more attention is now being paid to the experience of fatherhood than ever before.

Childbearing and the couple relationship. Childbearing also has a profound effect on the couple as a unit. Depending on how the pregnancy is viewed, it can signal the initiation into full family status for the couple, or the beginning of hard times, stress, and unmet emotional needs. Communication patterns were affected by this situation, in role behaviors and each partner's sense of self, as well as by such practical issues as the mother's and infant's physical status and fatigue level.

Early and Delayed Childbearing. Early childbearing is among adolescents younger than 18 years old and delayed childbearing usually defined as postponement of the first birth until age 30 or later, that have unique psychological and developmental consequences for both mother and father.

<sup>4</sup> Both types of childbearing are also sometimes associated with adverse health outcomes for mother and child.<sup>9</sup>

## Conclusion

Individual responses to childbearing are varying and involved by bio-psycho-

socio-cultural aspects in life and would impact on how to percept it. The social factors impacting childbearing decision are the availability of contraceptive options, contemporary male and female roles, peer, partner, and family influences, socio-cultural influences, and motivations for childbearing. The psychological aspects of childbearing are individual development and parenthood which is including the childbearing family, family life cycle which are changing pattern of family life such as mobility patterns, poverty, reduced government aid programs, the homeless families, increasing number of one-parent families, increasing divorce rate, decreasing family size, dual parent employment, increased family responsibility for health monitoring, and increased abuse in families.

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