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Association between Motherhood Experience and Psychological Health of Teenagers and Adults Mothers.

A Thesis

Submitted to the Council of the College of Nursing, University of Babylon in Partial Fulfillment of the Requirements for the Degree of Master of Sciences in Nursing

By

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بسم الله الرحمن الرحيم

اقْرَأْ بِاسْمِ رَبِّكَ الَّذِي خَلَقَ ﴿١﴾خَلَقَ الْإِنْسَانَ مِنْ عَلَقٍ ﴿٢﴾اقْرَأْ وَرَبُّكَ الْأَكْرَمُ ﴿٣﴾الَّذِي عَلَّمَ بِالْقَلَمِ ﴿٤﴾عَلَّمَ الْإِنْسَانَ مَا لَمْ يَعْلَمْ ﴿٥﴾

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This is to certify that the thesis entitled: "**Association between Motherhood Experience and Psychological Health of Teenagers and Adults Mothers**" submitted by **Hiyam Abdulridha Hasan** to the University of Babylon, College of Nursing in partial fulfillment of the requirements for the Degree of Master of Science in Nursing. The student under my supervision and guidance carried out the thesis work.

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We, the examining committee, certify that we have read this thesis (**Association between Motherhood Experience and Psychological Health of Teenagers and Adults Mothers**) which is submitted by (Hiyam Abdulridha Hasan**)** from the department of psychiatric and mental health nursing, and we decide that is adequate for awarding the degree of (**Master**) in Nursing Sciences with specialty of (**Psychiatric and Mental Health Nursing**).

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Dedications

This work is dedicated to

My Father and Mother, who have dreamed to see me the best in this world. My academic advisor Dr. Hayder AL-Hadrawi who has smoothed out the difficulties, and stretched my horizons with his expertise, high values, infinite generosity, and patience, with all my respect.

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Researcher

Hiyam Abdulridha Hasan

Abstract:

Background: In a woman's life, motherhood is a critical developmental stage. Self-efficacy and satisfaction are major subjective factors that determine how successful the transition of motherhood would be. The challenges that face mothers in their motherhood transition could affect their mental health.

Aims: This study aims to measure motherhood experience and the psychological health of mothers, as a comparison between young and adult mothers.

Methodology: Comparative study design was used to compare the levels of motherhood experience between young and adult mothers, as well as to determine the relationship between motherhood experience and psychological health of mothers. A convenience sample of (N=120) mothers. Two separated scales (mental health inventory Scale -18 items (MHI-18) scale, and (being parent scale – 16 items) were used to meet the study objectives .

Results: The vast majority of mothers had moderate level of motherhood experience (84.2%) and the majority of mothers had fair overall psychological health (72.5) with sever anxiety (30%), severe depression (14.2%), poor behavior control (11.7%), and poor level of positive affect (12.5%). There is a positive correlation between the experience of motherhood and their psychological health. Young mothers are more likely to experience lower level of motherhood experience and poorer psychological health compared to adult mothers .

Conclusion and Recommendations

The findings indicate a strong positive correlation between motherhood experiences and the psychological health of mothers. Motherhood is a challenging transition period for young mothers, which increase their vulnerability to anxiety and depression, as well as affecting their ability for behavioral control. Therefore, supportive programs are essential to help young mothers to adjust to their new role as mother.

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Table of Abbreviations

ITEMS	*MEANING*
PSE	Parental Self-efficacy
PS	Parental Satisfaction
SCVI	Scale Content Validity Index
GAD	Generalized Anxiety Disorder
WHO	World Health Organization
OCD	Obsessive Compulsive Disorder

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Chapter One

Introduction

Chapter One

Introduction

1.1 Background

Motherhood is an important developmental condition in a woman's life. Gaining the necessary capabilities, learning the appropriate behavior, and establishing the identity of the mother is a basic requirement in achieving the role of motherhood. A mother's conditioning and transition into adulthood, with additional responsibilities, has an important effect on a mother's willingness to accept her role as a mother (Rafii et al., 2020). However, the increment in the quantity of teen moms is a significant worry in numerous nations. To go through a healthy phase of motherhood, the woman need physical, mental, social, and psychological arrangement. Nonetheless, adolescent moms are not completely set up to her role as a mother. Accordingly, parenthood gets unpleasant and complex for adolescent moms who anticipate both the capacity of mother and the developmental task of early life at the same time. They should adjust with adulthood social jobs, actual changes of adolescence, age proper mental health, and supporting of a newborn child. A large portion of adolescent mothers are not, at this point in a top economic-related condition so change to motherhood will get disappointing for them (Mangeli et al., 2017).

Maternity is a fundamental and crucial part of the lives of some women around the world. For mother in societies where motherhood is undesirable, maternity remains the primary identity of the mother's personality. Teenage maternity is acquired at an essential formative phase of youngsters' lives. Being a mother is one of the jobs that women are bound to pick as a piece of their personality. Modern

society accepts distinctive types of motherhood, which offers mothers a chance to adjust among interest and moms job, which endeavoring to accommodate childcare with seeking after their interests, as appropriately as adjusting an expert vocation and motherhood. The mother's advantage of a lifestyle is regularly settled by the monetary circumstance of the family (Poduval & Murali, 2009).

Being a mother is a significant and serious event in the lifetime of each woman. In any event, it has a different meaning for a woman who becomes a mother at a young age as opposed to a woman who becomes a mother later in life. The events of pregnancy and delivery are extremely significant. Two new phases begin in the life of women and her family. Most women in their regenerative age plan to have children both actually and intellectually (Hall et al., 2013). With the period of pregnancy and childbirth, it is considered one of the most important life transition that affect the health and the entire life of a woman, as well as affecting the plan for future life. Various aspects of personal and social life have a considerable impact on the ultimate form of contemporary women's attitudes regarding pregnancy and delivery, particularly among adolescent's mothers (Agnieszka et al., 2020).

Nowadays, motherhood is most of the time a social role that a female plays towards her baby. The biological and emotional bond is recognized it from another roles between mother and child. Expertly vigorous female face the hard undertaking of accommodating family obligations with commitments at work. They should keep the propagation interaction, deal with the youngsters, and do a large portion of the neglected housework. The need to choose between one's family and posterity and one's work and expert advancement

frequently achieves outcomes of a passionate nature (Katarzyna & Kucharsk, 2015).

The theory first developed by Bandura (1977) describes how a person's sense of presence (efficacy) is prepared to deal with a task appropriately and effectively. This will affect how much exertion the mother will put into a given task, for example, newborn childcare. Moreover, according to Ban-theory Dura's, self-efficacy of mothers creates and increments When the mother is successful in troublesome assignments in newborn childcare. The higher the perceived effectiveness, the better. The greater the mother's effort will place into newborn childcare. Lacharité and De Montigny (2005) portrayed Parent's idea adequacy as though they were "beliefs" or judgments a guardian carrying of their abilities to prepare and execute a set of duties related to parenting a child". There are five essential components it has been specific to fortify self-adequacy. These are past experiences, vicarious experience, verbal influence, mental, and emotional functions. It is a feeling of joy and pleasure that is acquired from the role of parents. This contain satisfaction from childcare responsibilities; learn to characterize the child, fulfilling one's expectations of being a parent. A parent's feel of competence helps building parenting efficacy, satisfaction, and interest in caring for children (Botha et al., 2020).

The relationship between life satisfaction and motherhood relies on several elements. To get started, think about whether moms they can live a happy life depending on the resources available to them. Second, recognizing the financial issue as the bigger challenge in the process of caring for new child. In many case, satisfaction is the moms' most essential asset for a cheerful presence is an accomplice who assists them with care the children (Preisner et al., 2018).

Self-efficacy is a dynamic concept of an individual personality that transforms in response to a set of stimuli, four components that influence self-efficacy: emotional states, indirect experiences, verbal persuasion, and experiences of active mastery. Active mastery experiences are a very important influence on self-efficacy. (I.e. situations in which ability is gained).That is, Success in acquiring a skill (such as mastery) leads to increased self-efficacy, while unsuccessful efforts to acquire a skill contribute to decreased self-efficacy. When people with low self-efficacy avoid tasks they perceive as challenging, they may create a self-perpetuating cycle in which they fail to acquire more knowledge and abilities that may improve their efficiency.(Troutman et al., 2012).

Parental self-efficacy refers to an individual's belief in his or her ability to function efficiently in his or her job as a parent. Bandura emphasized that self-sufficiency is critical in creating the motivation and competence that mothers need to carry out their responsibilities. At the point when inspiration is available, a more noteworthy exertion to defeat the difficulties fundamental for finishing an accomplishing the mother responsibilities effectively. Self-efficacy affects how long a person will continue to persevere; People with low self-efficacy are more likely to give up when faced with setbacks or obstacles. Activities of daily living affected, like calming a crying baby, The individual's perspective of whether or not what they are doing is right has an impact on consistency with parenting approaches, effective punishment, and daily scheduling (VanDenBerg et al., 2012).

The WHO meaning of psychological health is considered to characterize maternal well-being as 'a condition of prosperity where in a mother understands her own capacities, can adapt to the typical burdens of life, and can work profitably and has the ability to

contribute to her society. This broad definition is necessary to understand a mother's ability to assess and respond to her and her infant's needs. Not having a mental illness does not mean having good mental health or well-being. When considering the relationship between maternal emotional health and child nutrition, we focus on maternal depression as the primary risk factor because depression is the most common mental illness associated with child malnutrition (Rahman et al., 2008).

Women's psychological health around point of the postpartum duration has far-reaching implications for the well-being and welfare of the woman. During the early postpartum period, frame, moms are needed to manage number of difficulties related to labor and raising the infant. In general, throughout the period that a new mother undergoes strong postpartum adjustments, an assumption and development of the mother's function takes place. All these challenges may negatively affect a woman's mental health and ultimately lead to her failure to take over and operate the necessary job during this period in an exceptional way (Mortazavi et al., 2013).

1.2. Study Objectives:

1. To assess the motherhood experience (self-efficacy and satisfaction) of teenage and adult mothers .
2. To assess the psychological health of teenage and adult mothers.
3. To identify the relationship between motherhood experience (self-efficacy and satisfaction) and the psychological health of mothers.
4. To identify the relationship between motherhood experience and the socio-demographic characteristics of mothers.
5. To measure the difference between teenage and adult mothers in respect to their motherhood experience and psychological health of mothers.

1.3. Problem Statement

Pregnancy and childbirth are two important levels in a woman's life. The tiring period in women's lives and responsibilities without proper preparations could affect their adjustment and satisfaction with the motherhood phenomenon. It is necessary to highlight the factors that could affect women's motherhood roles. When moving to the stage of motherhood, mothers are more likely to face challenges and difficulties, and exacerbate among younger mothers. Research has shown that teenage mothers pass through the increased burdens of responsibilities as a result of the transition to the stage of motherhood.) Abu Hamad et al., 2015).There are no studies in the nursing literature that have targeted the topic of maternal experience and maternal mental health in Iraq. This study will bridge the gap in the nursing literature concerning the phenomenon of motherhood and the psychological health of mothers.

1.4. Importance of the Study:

Pregnancy, childbirth, and motherhood are life developmental stages that need more attention. It is specific to women, but it has an impact on both parents. Raising children contributes to society, fulfills human needs, and is highly valued in the lives of parents. These experiences also have physical, psychological, social and economic costs (Hoffnung et al., 2011).

The cumulative burdens associated with parenting a child are related to multiple stressors (for example, being poor, uninsured, less educated, full-time worker, or being a mother Lonely) related to worse health, levels of depression, and opportunities. (Bernstein et al., 2001). Raising the level of awareness among community members in general and mothers in particular can help finding solutions and avoid the problems and difficulties faced by mothers during the period of

motherhood. Providing reliable information develops mothers' skills in good dealing with the child and to know the psychological ability of the mother to perform her role as a mother and the extent of self-satisfaction and competence (WHO 2016). Raising awareness also facilitates the role of motherhood and minimizes the risk that young mothers could experience as results of poor parenting skills. In addition, mothers' knowledge of their status with their children enhances their self-confidence to provide the best. Furthermore, raising awareness increasing family support for the mother and help knowing the obstacles that must be addressed in order to succeed in her role as mother, as well as assuming additional responsibilities. Healthy transition in the stage of motherhood is linked to the knowledge of the appropriate healthy environment for the mother. Knowing the appropriate age for being a mother, as the helps women to have positive psychological health through the transitional period of motherhood (Sylvester &Reich ,2000).

1.5. Research Questions:

Q1. What is the level of motherhood experience of teenage and adults?

Q2. Is there a relationship between motherhood experience (self - efficacy and satisfaction) and the psychological health of mothers?

Q3. Are there statistical differences between teenage and adult mothers in respect to their motherhood experience and psychological health?

1.6. Research Hypotheses:

1. Adults mothers will have higher level of motherhood experience (self-efficacy and satisfaction) than teenage mothers.

2. Teenage mothers are more likely to experience mental health problems than adult mothers are.

3. Motherhood experiences would have direct influence on the mental health of mothers**.**

1.7. Study concept

1. Motherhood experiences (Self-efficacy &Satisfaction)

Self-efficacy

Theoretical Definition: Individuals' beliefs in their ability to successfully perform specific behaviors needed to function effectively in a particular domain. (Troutman et al., 2012).

Operational definition: It is the mother's expected level to perform and behave to achieve desirable results v related to her role as mother.

Satisfaction:

Theoretical definition: "A sense of pleasure and fulfillment in relation to the parenting role" (Brown et al., 2018).

Operational definition: The mother has and level of acceptance and has the desire to care for her child and enjoy the stage of motherhood.

2. The psychological health:

Theoretical Definition :

"A state of comfort in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (Fledderman et al., 2021).

Operational definition: The mother is free of any psychiatric or mental health problems resulting from the transition to the motherhood.

Chapter

Two

Review of

Literature

Chapter Two

Review of Literature

2.1 Theoretical Framework: Transition Theory (Developmental Transition):

Transition has been defined as a process mostly associated with four predefined types of transitions: developmental, situational, health, and regulatory pathology. One more transition has also been identified; "lifestyle transition" which is a concept that is widely used in both health and social care education and practice. Health practitioners often encounter people who are going through a healthy or poor transition. It is a term used in nursing education to describe changes in people's health, role relationships, and expectations (Meleis, .2015).

Chick and Meleis (1986) investigate the structure and function of a transition theory in nursing. They defined transition as a change in one's life phase, state, or position, taking into account procedure, time span, and perspective. A sensation of mobility or progress, as well as an adaptation to a new circumstance, is related with the transition process. The transition process encompasses both the event that led to the change and the individual's reactions to it. The time has a beginning and an end that do not occur at the same time, and it can be short or long. It runs from the first sign of change until stability is established. Finally, perceptions represent variations in how people view transitional events as well as their reactions and reactions to them (Gill& Shanta, 2020).

Meleis et al. (2000) highlighted a number of characteristics of transitional experiences, including awareness, involvement, change and difference, time span, and crucial moments and events. The term "awareness" refers to how a person observes, understands, and

acknowledges the transitional experience. According to Chick and Meleis (1986), transition awareness is required. On the other hand, maintained that while consciousness is a key aspect of transition, its absence does not rule out transition.

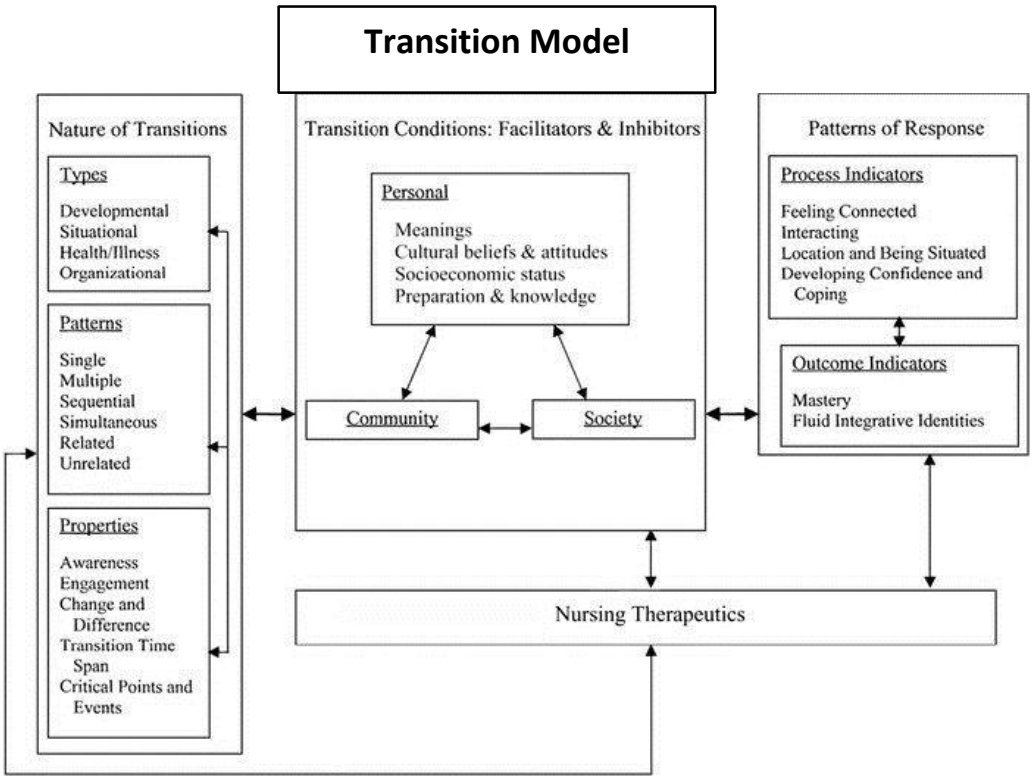
Moreover, whereas Chick and Meleis (1986) claimed that transition is essentially a joyful experience, others argue that change might be a negative experience all transitions have a change, but not all changes are related to the transition. Difference refers to feeling different or perceiving the world from a different perspective. Bridges (1996) described the time as beginning with initial impressions of change, progressing through a period of instability to a definitive end, a new beginning, and a period of stability On the other hand, suggest that defining the temporal range of transition experiences is difficult or impossible because some are never-ending processes. Furthermore, certain transitions are linked to significant turning moments and events, such as birth, death, or a medical diagnosis. However, in some transitions, certain marker events are not present (Meleis et al., 2000).

Transformations were first divided into three categories: 'developmental transformations', 'situational transformations' and 'healthy pathological transformations', but a new category, 'regulatory transformations', was defined later. The transition from childhood to adolescence, or from adolescence to adulthood, is an example of a developmental transition. A change in status may include adding or excluding people, requiring a rethink of roles, such as the death or divorce of a family member. Shifting from health to disease, or from critical care to community and back, is an example of a health-to-disease transition. Finally, organizational transitions refer to changes in the environment because of social, political, or economic changes, such as

the implementation of new policies, leadership changes, role changes, new model implementation, or the introduction of new technology (WHO, 2001).

Transitions can be challenging for both patients and caregivers in health care settings, and they can occur at any time during a person's life. The developmental changes of individuals from child to adolescent, as well as the transition from childcare to adult healthcare, are critical transitions, several studies have found the need for education in transitional contexts, such as the transition from adolescent to adult. Transitioning into motherhood can be a stressful time in one's life, and healthcare professionals may help by providing knowledge and thus facilitating the process of transition (Munck, et al., 2018).

For individuals and their families, birth is an important developmental change. Many changes occur during this developmental transition, including establishing parental roles, attachment to the newborn and managing changing connections with extended family and friends. For some individuals, when the mother experiences postpartum depression and later difficulties adjusting to parenthood, this process becomes more difficult (Bass & Bauer 2018).



(Meleis , 2010)

2.2 Overview about Motherhood experiences

Motherhood is the characteristic or state of being a mother; it is a relationship that joins a mother and her child, and it is built on the concepts of pain, sacrifice, and love for the most part. In a woman's life, motherhood is a unique experience in which she faces various changes in her social life, physical health, way of thinking, and behavior. When it comes to teen moms, having a child leads to various changes in their lives and the lives of families (Javadifar et al., 2016). Adolescence is defined as a period of life that occurs between childhood and maturity and is characterized by a complicated process of growth and bio-psychosocial development. It should be emphasized that the World Health Organization (WHO 2016) reference was utilized in this study, which defines adolescence as the second decade of life, spanning the

ages of 10 to 19 years old. For some societies, motherhood is seen as a natural instinct of a woman, arguing that she was born with the desire to have, love and raise children. However, it is well known that this is not always the case, because a woman's cultural experiences, mental state, emotional relationships, and the quality of care she received as a child all contribute to the process of becoming a mother (Zanettini et al., 2020).

These new experiences are accompanied by emotions, feelings, attitudes, and thoughts, because being a mother is a difficult task. A woman's life history will have a direct impact on the construction of her mother's role, which may be a minor or traumatic experience depending on how each pregnancy occurs and has distinct meanings, resulting in a unique being(McLeish & Redshaw, 2017). The symbolism of motherhood as a natural function, including the issue of the strongest bond with the infant, implies the desire and relationship that pregnancy may evoke in a woman's life, as well as depicting the psychological impact of motherhood. The relationship between a mother and her baby begins during pregnancy, when the abdomen and breasts begin to grow, and during fetal movements, when the woman's soul to perceive the presence of a new being, with some mothers talking and singing to their babies, forming emotional bonds even before birth. Because they feel the presence of their child, the stimuli that occur during pregnancy make future mothers more interested in nurturing and investing in their relationship with their child, and through this connection, only the relationship between mother and child tends, after birth, to be built (Peahl et al., 2020).

The process of pregnancy and motherhood takes place begins with the decision to become a mother is made through a planned process

with full awareness and knowledge of the mother's affairs. Accepting the context of an unplanned or unwanted pregnancy, the possibility that a woman will either become one of the fundamental transformations in her life that will begin to make changes, as she assumes the responsibility of taking care of her life and that of her child. Prefer the transition to motherhood, as the path of motherhood is determined by social, historical and cultural contexts (Sensoy et al., 2018).

Prenatal care focuses primarily on physiological changes and administration of pathological events. While excluding the psychological and social changes that a woman goes through during pregnancy ignoring that this stage represents a greater challenge to a woman's psychosocial function through developmental tasks that include. For example, attaching the fetus as part of it then consider herself a mother. Preparation for motherhood during pregnancy is characterized as an intermediate social, historical, and cultural stage of active and positive engagement that facilitates the transition into motherhood. In this process, a woman may see herself as a mother and anticipate the required adjustments in her life, settle disagreements with herself and others, and implement lifestyle changes that promote better health by gathering information, participating in educational activities, and exercising specific motherhood roles (Castaño et al., 2017).

Childbirth self-efficacy, or confidence in labor and childbirth, has been recognized as a key indicator of a woman's coping capacities during the motherhood transition. Self-efficacy, according to Pandora (1977), refers to personal view about behavior and attitudes that affect the outcomes. Individuals' past experiences in mastering the current circumstance, indirect experiences of others, verbal persuasion, and the

degree of emotional and physiological arousal all influence self-efficacy (Lowe**,** 1993)**.**

2.3 Overview about Psychological Health of Mothers

Mental health, according to the World Health Organization, is a state of well-being in which a person realizes his own capabilities, is able to cope with the problems of everyday life, is able to work effectively and productively, and is able to contribute to society. Mental health involves broad range of psychical and behavioral, including but not limited to anxiety, depression, behavior control, and positive affect (WHO 2017). The vast majority of mental health problems. Conditions seen during pregnancy and the perinatal period are depression, anxiety disorders, eating disorders, substance and alcohol use disorders, and serious mental illnesses (including paranoia, schizophrenia and major depression, and there are exceptions, such as bipolar disorder, from which the risk is higher). Relapse and first appear in the postpartum period some changes in mental health and function (such as appetite) can be common during pregnancy, but they may also be a sign of a mental health problem (Lowenhoff, et al 2017).

The most prevalent mental health disorders that women encounter during pregnancy are depression and anxiety, with about 12% of women having depression and 13% experiencing anxiety, with many women experiencing both. In the first year after childbirth, 15-20 percent of women experience depression and anxiety. Generalized anxiety disorder (GAD), obsessive-compulsive disorder OCD, and tokophobia (an intense fear of childbirth) may occur on their own or in combination with depression during pregnancy and the postnatal period. During pregnancy and the postpartum period, psychosis may resurface

or worsen. About one and two out of every 1000 women who have given birth suffer from postpartum psychosis. Postpartum psychosis is more common in women with bipolar I disorder, but it can also happen to women who have never had a psychiatric diagnosis. Women will continue to have symptoms if mental health conditions are not treated, often for years, which can have an impact on their babies and other family member's (Wilkinson et al., 2011).

Because of the complexities of this transition stage and the possible effects of any difficulties or interventions on the woman and the infant, mental health issues during pregnancy and the postnatal period. There are risks of taking psychotropic medicine during pregnancy and breastfeeding, as well as risks to stopping treatment for an underlying mental illness. There is also a higher risk of psychosis (postpartum psychosis) in the immediate postpartum era, which may come on faster and be more severe than at other times. The majority of mental health issues during pregnancy and postpartum are mild to moderate, and those who are treated are doing so in primary care (Shrivastava et al., 2015).

Maternal mental wellbeing is closely linked to socioeconomic poverty as well as emotional and low social support. Maternal mental health issues are more likely to occur in the first year after a child's birth and are often linked to subsequent episodes of poor mental health and, in many cases, foreshadowed potential difficulties. The postpartum period is often linked to maternal depression. Children who were exposed to a mother with mental health issues on a regular basis were more likely to have negative behavioral, cognitive, and social outcomes. These early deficits may affect their transition to school and subsequent

development when they are about to begin formal education (Marryat et al., 2010).

In the three months following childbirth, a woman is more likely to be admitted to a psychiatric hospital than at any other point in her life. (Challacombe et al., 2021) Although only around 1-2 per thousand women would experience extreme postpartum psychosis, studies show that 10-17 percent of all deliveries are accompanied by a depressive episode that can be considered indicative of postpartum depression (VanderKruik et al., 2017). There are schools of thought about the elements that can cause or be associated with depression in the postpartum period: that depression is triggered by biological changes related to pregnancy and childbirth, or that the social environment surrounding a pregnancy or birth is the major trigger or causal factor. Women who had lost their own mother at a young age (before the age of 11) were even more risk in the face of adversity (Bilszta et al 2010).

The impact of stressful events on women who had recently given birth was investigated. According to this report, depression was widespread during pregnancy and the six months after childbirth, affecting up to 1 in 5 women at some point during that period. It was discovered that the majority of postpartum depression began during pregnancy. Although there were several cases of serious mental disorders that occurred soon after childbirth and appeared to have no other cause, the less severe cases were strongly linked to social factors. Women who were emotionally unsupported by a partner (either single parents or in dysfunctional relationships) and/or who faced socioeconomic adversity, for example, were much more likely to be depressed – both throughout pregnancy and after the birth – than women

who were emotionally well during pregnancy and after the birth (Biaggi et al., 2016).

Psychological health and life satisfaction are two separate aspects of mental health that are shaped by various social processes. Psychological distress is a negative emotional condition that includes signs of depression (e.g., depressed and hopeless) as well as anxiety (e.g., anxious and worried). The stress process model relates psychological distress to high stress exposure and a lack of social and cognitive support. Life satisfaction is a cognitive aspect of mental wellbeing that entails a general evaluation of how one's life has turned out so far. It is the product of a person comparing their current life condition to their ideal or planned life circumstances, and it increases as the actual life circumstances of an individual meet their expectations. Women's differing experiences with motherhood are likely to contribute to differences in psychological distress and life satisfaction (Pritchard et al., 2020).

2.4 The Transition Period of Motherhood

The transition to motherhood is one of the most common life transformations for women, and it often marks the start of a time of great disruption. (Nelson et al., 2003). The transmission to motherhood starts before antenatal and is affected by a variety of factors, including the parents' personal circumstances, the social climate, and the circumstances of conception. It is also affected by the woman's partner and family's level of care, as well as the mother's and her unborn baby's physical health. The mother's upbringing, past or present mental health problems, and any current or unresolved conflict, loss or trauma can all influence and often disrupt this transition. The perinatal era is a period

of tremendous change and possibility. It is also the time that women are most likely to experience mental health issues. Psychologists can play an important role in this time by offering mental health care to the mother, her husband, and, of course, her baby. However, mental health issues are just one part of a larger transition process. Although not every pregnant woman experiences mental health issues, she must accommodate and adapt to the growing baby inside her. Psychologists may also play an important role in assisting with pregnancy transition and psychological work (Symes et al., 2017).

Transitions in families are times of change in which their lives move from one point to the next. Pregnancy and the transition to parenthood are significant developmental milestones for parents, the infant-parent relationship, and the child's growth. According to studies, often a traumatic experience results in more dramatic changes than any other developmental stage of the family life cycle. Women report significant changes in life-styles and habits; simple adaptation is not common, is universally problematic, and is not time-bound (Deave et al., 2008).

The first few months after the birth of a baby is an adjustment period, that tests mothers' coping abilities. However, there are no mathematical models for this transition that can be used to guide the design of study questions and to recommend focus areas for clinical practice. The mother's participation in solving parenting and childcare questions, her evaluation of her problem-solving abilities and the mother's interaction with her infant, as well as her first month exposure to the infant's development and human characteristics, is a sign of the transition's progress to becoming a new mother (Xiao at el., 2020).

When a woman accepts maternal roles and evaluates herself as a mother, she goes through a period of personal and interpersonal adjustment successfully and positively adjusts to the new role as a mother. This transition persists until childcare and parenting problems are no longer new or unpredictable. Because reciprocal control of biological rhythms is a widespread developmental activity that organizes the main activities of mother and infant, Transition is best studied in a developmentally consistent period. The adjustment between mother and infant is at its peak; in the second and third months, Transitions happen when a mother deals with challenges and realizes ambitions. Personal and situational factors influence how mothers deal with the challenges of infant care and assess problem-solving skills and parenting capabilities, personal parenting status, mother's age and education, experience with children, and a mother's interest in paid jobs are all factors to consider day-to-day support may arise from personal or interpersonal situations, actions, or internal or external circumstances (Spinelli et al., 2020).

Taking up the role of mother is a complicated and nuanced phase that necessitates reorganizing self-concepts, Relationships adapted with a husband, relatives, and colleagues, taking on new caregiving responsibilities, and nurturing a bond with the newborn. Teenage mothers face additional difficulties as they adapt to adults' social situations and obligations, respond to physical changes associated with puberty, and pass through brain formation that affects cognitive ability as well as emotional and behavioral control (Figueroa et al., 2017). In addition to these, many challenges, teen parenthood often occurs in poorness, can have a negative effect on the well-being and health of young moms and their children. The maternal role attainment hypothesis

was first developed, which describes maternity adjustment as a cognitive and social process that should hopefully culminate in the acquisition of maternal identity, or "the fulfillment of feeling comfortable and competent in the maternal role." It was recommended that maternal role attainment theory be substituted with "becoming a mother" to emphasize the changing and complicated nature of motherhood throughout the life cycle. There are four steps to becoming a mother:1) Commitment، attachment، and planning، in which the expecting mother mentally preparations to new her job. 2) The mother gains knowledge, bodily restoration, and understanding as she learns to know her baby and begins to learn how to care for it via trial and error.3) Transition to the "modern normal," as the mother begins to reconcile her new job with her former self and future expectations. 4) The mother's attainment of maternal identification, in which she is confident and capable in her current position (Cabrera et al., 2018).

The general perception of motherhood is that it is a natural and graceful extension of a woman; not only do women desire the maternity position, but also the change is often seen as natural and graceful. When the facts and responsibilities of motherhood are revealed, mothers may feel overwhelmed, as if they have let down themselves, their children, and their communities. As a result, there are many misunderstandings. Mothers, for example, are often categorized as either caring or neglectful at one end of the spectrum, when in fact, most mothers fall somewhere in the middle. The experience of motherhood along the lines of this ongoing trend is still not enough, as mothers also experience varied emotions on a daily basis (for example, happiness and disappointment) (Lindsey, 1997).

Oberman and Josselson (1996) created the Matrix of Tensions, which is divided into six categories. The first, loss of self versus self-expansion, relates to the fluctuation that mothers feel after the birth of a child, as they alternate between feeling a loss of independence and feelings that generate human life. Mothering's physical stressors show as tiredness, which includes a lack of sleep and an inability to spend meaningful time with their spouses, children, and oneself. Self-expansion occurs in an overpowering sensation that they have accomplished something great, that they have generated an extension of themselves, and that they will always be connected to their children, even as they grow older. During the second stage of the paradigm, the experience of ultimate ability versus the experience of responsibility, mothers often take the blame and/or acknowledge their children's accomplishments and failures. When it comes to the behavior of the child, society gives the mother a lot of power. Similarly, the children, who see the mother as possessing the right to rule their lives, transfer power to the mother. Mothers may gain a necessary sense of balance while still experiencing intense and uncontrollable feelings because of their duty and obligation for another person's life (Hanson, 2021).

The third stage of Oberman and Josselson's philosophy is life destruction versus life promotion. With this time, mothers may be surprised that they have been able to give life to their children or that they are not satisfied and even angry with their children. Maternal isolation versus maternal community is the fourth stage in the matrix of tensions. This stage focuses on the reality that many women whose lives revolve on their children experience feelings of loneliness and isolation. Whereas they formerly had a social network, their social lives either are now restricted to their children or revolve on their children's demands.

Many moms find a feeling of belonging with other moms who can relate to their demands and frustrations while also fulfilling their social demands (Miller, 2020). The fifth level of Oberman and Josselson's approach is cognitive strategies versus intuitive responses .this stage is focuses on the factors that helps mothers to cope with the challenges of raising children, mothering necessitates a variety of methodological methods. Mothers spend a lot of time debating what is in their children's best interests in a sensible, logical manner. Similarly, moms instinctively sense their children's needs on an innate level and respond on those levels accordingly. The final step of the Matrix of Tensions is the maternal decasualization versus maternal sexualization, which emphasizes on many different perspectives on mothers' sexual health. On the one hand, moms have been entirely desexualized, with the implicit rule that they must suppress their sexual desires. A contrasting view is that the ability to parenting children is the most sexual experience in itself (Vejar et al., 2000).

2.5 The Responsibilities of Being A mother

Increased responsibilities come with being a mother. Despite being a joyous developmental, the birth of the first child causes the mother to experience a crisis and a great deal of stress as she adjusts to her new tasks and duties. (Susman, 1996). While motherhood is exciting, it also comes with increase of stress. These difficulties are often caused by mothers taking on the tasks of caring for their children while also doing homework and work. Mothers who were students also admitted their dissatisfaction with motherhood and education. Working mothers lamented the difficulties of balancing work and caring for their

young children. Due to the baby's arrival, doing household activities became more difficult (Amangbey et al., 2017).

The first year following childbirth is not only an important time for physical, emotional, and psychological growth, but it is also a time for challenging first-time mothers' abilities to adjust to their maternal roles (Pridham and Chang, 1992). The responsibility of family health falls mainly to the mother, in many families. The link between family health care and mothering is complicated. In many households, the mother withstands the worst of the daily duty for keeping the family healthy and dealing with common disorders and diseases (McGuigan, 2012).

Motherhood and fatherhood are life-changing experiences for a couple, especially for the mother, who often takes on the majority of parental responsibilities in the care of the child. For first-time mothers, these shifts are much more taxing. Being a "Mother" is not an easy work; it requires a complete adjustment to a new life cycle that may be more or less stressful, with more or less challenges that will dominate the mother's daily life and, as a result, alter their whole routine (Naves Carvalho, et al., 2017). Parenting is a difficult and time-consuming job. It entails extremely difficult tasks that are frequently completed under adverse conditions. Not just personal and physical resources, but also the emotional, mental, and physical demands of children, determine one's capacity to accomplish these jobs and parent successfully (Craig et al., 2018).

As a focus of attention, the roles of parenting include four dimensions: All responsibilities must be taken for the effective and correct exercise of the role. One of the most important roles of

motherhood is to improve the physical, psychological, and emotional growth along with the development of the child. The integration of the child with family members; and behaving within what is expected of being a mother according to the right behaviors (Cardoso et al., 2015).

2.6 Competencies that Mothers Needs

Motherhood for the first time is an important transformation in one's life, and it requires an assessment of one's ability to care for a depended human being. It can be a mix feeling for mothers, which can be a stressful period as well as a happy transition. It also involves a variety of problems, including learning the duties of caring for the child, getting to know the child, and processing an individual's self-perception as a mother. The mother's role is a process by which a woman develops competence in the job and incorporates the behaviors of motherhood into her established position, allowing her to feel comfortable with her identity as a mother (Mercer et al., 2004).

Perceived maternal role competence is the mother's judgment of how well she can function in the ability to provide care and address specific tasks or challenges related to the parenting role. A mother's ability to provide adequate, skilled, and sensitive care to her child during this early and delicate period of dependency is fundamental and depends on the competence of the mother's role. A key component of the fulfillment of the mother's role is the mother's acquisition of competence in providing skilled and sensitive care that promotes the development of the child. Motherhood can cause anxiety by changing the role from not being a parent and being solely responsible for oneself to taking on the responsibilities of caring for a new baby. When there is a lack of

confidence among mothers in the postpartum period, this can have a negative impact on the experience of motherhood and appropriate infant care (Weinraub, et al., 2002).

Multiple variables affect the quality of the transition to motherhood and women's achievement of competence in the role of the mother, including age, socioeconomic status, self-concept, child-rearing perspectives, and previous experience with the child, maternal and newborn health, family function, and stress. In addition, support systems, all affected by the background. Social. Culture matters, too. The development of a sense of competence and satisfaction with the role of the mother contributes to the positive parenting and healthy development of the child (Shrooti et al., 2016).

Mothers' parental competence, defined as their belief in their ability to parent, is critical and has been linked to better outcomes in children's development and academic achievement later in life. Satisfaction with parenting is another indicator of attaining a role that is integral to competency in parenting .motherhood satisfaction is described as a feeling of joy and fulfillment with one's job as a parent. Mothers who are dissatisfied with their parental competence and contentment may get upset and struggle with parenting, resulting in a negative attitude toward parenting and a lack of pleasure (Brown et al., 2018).

Competency can be defined as the ability to learn how to effectively perform a task, responsibility or job. Competencies are defined as demonstrable capabilities knowledge, skills, talents, personal qualities, attitudes, or a combination of these traits - that are necessary for the effective implementation of expected roles and can be observed

and evaluated on their basis. Raising children is perhaps the most complex and demanding job. Furthermore, there is great agreement in parenting research that the quality of parenting has a significant impact on a child's outcome. Inadequate parenting has been linked to behavioral and emotional issues in children (Johnson, et al., 2014).

A mother's competencies in relating to her infant include being with the infant and knowing and relating to the infant as a person. Being with a newborn demonstrates the mother's dedication to and confidence in her ability to care for the child. The following are some of the mother's talents in terms of baby care: (a) Manifesting and expressing comfort, joy, and affection (b) rearranging her schedule to suit the infant's need for her care and presence. (c) Express her happiness at becoming the mother of child; (d) Expressing admiration for the infant's unique traits. Moreover, recognizing and interacting with the child, as a unique individual with different preferences, desires, and goals is one of the mother's abilities to know and deal with her child(a) treating the child as a distinct individual with different preferences, wants, and objectives. (b) Determine the infant's agendas, preferences, and needs; (c) explain the infant's experience; and (d) determine the infant's agendas, preferences, and requirements needs (Schroeder, et al., 2006).

2.7 The Effects of Early Motherhood on Physical Health

Several studies have found that early pregnancy, particularly adolescent childbirth, is linked to a variety of negative effects throughout life, including lower socioeconomic position, worse physical health, and increased mortality. Additionally, studies of common mental health issues including anxiety, depression and neuroticism show that

woman who had their first baby early get lower scores at different intervals after birth (Henretta et al., 2008).

In many countries, teenage pregnancy is one of the most common sexual and reproductive health issues among adolescents. It is described as a pregnancy carried by adolescents between the ages of 15 and 19 years. The effects of pregnancy for adolescents can be very significant as they are more likely to suffer from medical and obstetric difficulties such as unsafe abortion, anemia, pregnancy-induced hypertension, pre-eclampsia and premature birth, so the effects of pregnancy can be severe. Many of these teenage girls receive inadequate prenatal care, which increases their danger of dying in childbirth. Not only that, but their children are more likely to have a poor Apgar score, low birth weight, and developmental delays. Apart from these issues, the psychological consequences of adolescent pregnancy are significant. Depression, social isolation, stigma, and school dropout are all risks for teenaged moms, as are low educational achievement, restricted career options, poverty, drug use, and multiple pregnancies. Some of them may turn to unsafe and illegal abortions in order to cope with the mental effects. Pregnancy problems are more likely to occur in a teen woman's pregnancy, which might end in the death of the young mother and/or her infant. Other risks include a higher chance of newborn morbidity, as well as a variety of negative social, psychological, and economic consequences for the young mother (Vin, et al., 2014).

Teen motherhood can cause a large number of problems, including psychological, physiological, and socioeconomic problems. Some of the ramifications of early motherhood, such as poverty, limited work options, and low self-esteem are more likely associated teenage mothers. Teen mothers believe that children are important to the security

and continuity of the family, family property, and family future, and thus cultural values **(**Pitso, 2013**).**

2.8 The Effects of Early Motherhood on Psychological Health

Adolescent mental health is an important but often overlooked problem worldwide. It is critical because young people make up the bulk of the world's population (Half of them are under the age of 25), the majority of mental health issues start in youth and last throughout adulthood. It is especially significant since adolescent mental problems are becoming more common (Danese et al., 2020). Aside from mortality, mental health difficulties have a detrimental effect on low educational attainment, drug abuse, violence, and poor reproductive and sexual health, all of which are challenges faced by young people. Most mental illnesses begin in young adolescence and persist throughout adulthood. Before they reach maturity, 20% of teens suffer from depression. Mental disease, on the other hand, typically remains unnoticed at least until later in life, producing problems for each person, their families, as well as society as a whole. Adolescent mental illness can lead to functional impairment, stigma and discrimination, an increased risk of early mortality, and time-consuming medical care. Aside from these issues, teenage girls with mental illness are more likely to get pregnant unintentionally, which can hinder normal development. Providing adolescents with appropriate mental health treatments is critical, yet it can be ineffective in reducing risk factors (Danielson, et al 2008).

Adolescents at risk do not have access to or are unaware of mental health services, and are dissatisfied with the care they receive. It is very difficult for a teen to access these remedies due to the obstacles

teens face specifically including a lack of confidentiality and financial issues, but becoming a teen mom can exacerbate these problems, especially in the first year after birth. Mental health services for this vulnerable population, especially parents, are readily available and contain comprehensive services provided in familiar locations, such as primary health care settings. Teen mothers have been shown to be less knowledgeable about child development, more punitive in their attitudes toward child rearing, and twice as likely to be depressed as older mothers, putting them at risk for interpersonal conflict and increasing the likelihood of abuse or neglect of their children (Muzik et al., 2016).

Parenting is a normal challenging developmental stage regardless of age or circumstance. Teen moms face a number of challenges when it comes to effective child rearing. Among these risk factors are higher levels of mental health issues, lower levels of educational attainment, increased levels of economic inequality, and employment challenges. Because pregnancy and parenting can cause emotional distress, making pregnancy a challenging life event, teen mothers are more likely to develop mental health disorders (such as depression and anxiety). Adolescent girls who become pregnant are more likely to suffer poverty, scholastic challenges, and sexual abuse, increasing the potential for emotional distress. As a result, teenage mothers experience more emotional difficulties, such as hopelessness, anxiety, and aggression. Teenage mothers are also under greater financial pressure. Childcare assistance is one of the most important services a teenage mother can receive due to its impact on educational and financial success (Vandenberg et al., 2012).

The period of motherhood and adolescence is described by crises of maturity. These two crises are characterized by an endogenous

dysfunction and are related to human development, with most adolescents under short restraints; however, cognitive and emotional growth during this time aids in the transition from childhood to adulthood (Mercer et al., 1980). According to previous study, social support facilitates the transition into motherhood. These elements may have an impact on the mother's mental health and well-being.

In the early stages of pregnancy, postnatal depression and its symptoms might jeopardize maternal functioning and the growing mother–infant connection. Postnatal depression can be difficult to diagnose, despite its high prevalence, in part because new moms are typically hesitant to disclose depressed symptoms to health care providers. The amount of time between early detection and appropriate treatment has been shown to be the most important factor in the duration of postpartum depression. Effective treatment of postpartum depression and symptoms of postpartum depression must begin as early as possible, which necessitates early detection (Leahy-Warren et al., 2012).

The Role of Social Support during Motherhood Stage:

Support is needed for the well-being of the mother and the newborn. According to international guidelines, social support helps women adjust to motherhood successfully. In previous studies, postpartum mothers receiving assistance from their husbands and family reported successful achieving their roles as mothers, as well as h homework and newborn care. Nurses and other healthcare professionals are concerned about helping mothers care for their newborns in the postpartum period, because most of mothers return home after delivery, which limits the role of healthcare team in helping and supporting mothers. Therefore, social support is crucial in terms of helping and

facilitating a woman's adjustment to motherhood role. In addition, some find that motherhood transition is psychologically stressful. Social support has been studied with new mothers in the postpartum period, both from a maternal perspective and from a health care delivery point of view. Studies indicate that social support is a combination of social structures and social functions; in which that social structures display essential element, in exchanging emotional concern, provide instrumental assistance, knowledge, and assessment for the need of the individuals. (Logsdon & Davis 2003).

Maternal and Parental Self- Efficacy:

Parental self-efficacy refers to parents' confidence in their ability to plan and carry out a range of duties associated with raising a child. The abilities of personal beliefs and the ability to organize and carry out activities that create outcomes and are context-specific have been identified as components of parental self-efficacy. Parental efficacy is necessary to enhance parenting and assist parents in their duties as parents (Benedetto et al 2018). Parents' self-efficacy has been shown to be the mediator between their experience with older children, education, and parental satisfaction, as well as the mediator between social support and conflict. It has also been found to have an effect on good parenting habits (Coleman& Karraker, 2000).

Early motherhood is believed to present particular challenges for both the mother and her children, not only in terms of short-term biological effects but also in terms of long-term psychological, social and economic issues. The lives of teenage mothers in early adulthood have been the subject of extensive research. For example, teens who give birth are less likely to complete high school, attend college, find

stable work, or become self-reliant than those who have children at a later time. In short, a teenage mother finds that her life chances are limited (Erfina et al., 2019).

2.9 The Role of Nursing in Educating and Supporting Mothers:

Maternal and child health care (MCH) is a type of health care that is delivered to both mothers (women of reproductive age) and children. All women in their reproductive age groups, i.e., 15-49 years of age, children, the school-aged population, and adolescents, are MCH targets. There is a growing interest and concern in maternal and child health care throughout the world, particularly in growing nations. After the 1991 World Summit for Children, which gave great reflection and identified important areas that must be addressed in providing maternal and child health services, this dedication to maternal and child health care has grown stronger (Ehiri, 2014).

The role of the nurse is to make a positive change in mothers' lives. As a maternity support worker, you will work under the supervision of a registered midwife. They are also sometimes known as maternal health the nurse play a significance role in caring for mothers and their children, perform routine observations and other administrative tasks, educate parents individually or in groups, and encourage breastfeeding; therefore, nurses are more likely to know what motherhood problems mothers could face. The nurse will be the expert in the delivery and will likely have a variety of responsibilities. Nurses are responsible to provide complete prenatal care, including parenting classes, clinical examinations and screenings to identify high-risk

pregnancies, monitor and support women during labor and teach new and expectant mothers how to feed, care and bathe their babies (Griffin, et al., 2012).

Chapter

Three

Methodology

Chapter Three

Methodology

This chapter deals with study design, administrative arrangements, study site, population and sampling plan, study instrument, validity, pilot study, reliability, data collection techniques, data processing methods, and research limitations.

3.1 Study Design

Comparative study design was used in this quantitative research to compare the levels of motherhood experience between teenage and adult mothers, as well as to determine the relationship between motherhood experience and psychological health of mothers. This comparative study conducted through the period of 20th of September 2020 to the of July 5th, 2021.

3.2. Administrative Arrangements

Official permissions were obtained prior to collecting the study information as presented in as follows:

1. Official permits were obtained from the Babylon Health Directorate, Training and Human Development Center (Appendix B).
2. Official permits were obtained from teaching hospitals (Al-Hilla Surgical Hospital, Imam Al-Sadiq Training Hospital, and Al-Mahaweel General Hospital).

3.3. Setting of the Study

The study was conducted at the three main hospitals at Babylon Province, which are Al-Hilla Surgical Hospital, Al-Imam Al-Sadiq Teaching Hospital, and Al-Mahweel General Hospital.

3.4. Sample and Sampling

The target population for this study were mothers. A total sample of 120 mothers were included using a non-probability "convenience" sampling technique of mothers who visited the aforementioned hospitals. This sample is selected according to the following criteria:

1. Adolescents and adult women who have practiced motherhood role.
2. Mothers who were free of any psychiatric history at the time of the study. This particular point was determined by one question in the sociodemographic variables section. All mothers reported had no history of psychiatric illnesses.

3.5. Ethical Consideration:

Before starting the process of data collection, approval was obtained of the Research Ethics Committee at the College of Nursing, University of Babylon to do the research (Appendix B). Mothers were asked to voluntarily participate in the recent study. After they agreed to be part of the study, mothers were given an anonymous questionnaire to maintain participant confidentiality. Mothers were also informed that their information will be used only the research purpose and will not be disclosed to any one beside the researched and the supervisor.

3.5.1 Study Instrument

This section includes three main parts (Appendix D):

Part I: This part contains mothers' sociodemographic information as follow; (mothers' age, age at marriage, educational level, occupation, monthly income, residency, number of children in the family).

Part II: Being a parent scale was used to measure the levels of motherhood experience. Gibaud-Wallston and Wandersman in (1978) were the first to create the scale as a "parenting sense of competence scale"; then it was revised by (Johnston and Marsh, 1989) as "being a parent scale". Originally, it was a 16 item scale; however, in this study

item (1) was split into two items to make the item less complicated and easy to answer, which end up with 17 items that are scored on four points Likert scale as follow: Strongly agree = 1, agree = 2, disagree = 3, and strongly disagree = 4. The scoring for positive items was inverted for statistical purpose.

Being a parent scale has two domains satisfaction domain (8 items) and self-efficacy domains (9 items). The total sores for the 17 items are ranged between 17 – 68; the higher score indicated better level of motherhood experience. The overall levels of motherhood experience were calculated depending on the sum of items scores as follow: scores of 17 – 34 are considered low level of motherhood experience; scores of 35 – 51 are considered moderate level; scores of 52 – 68 are considered good level of motherhood experience.

The levels of motherhood subdomains were measured as follow: For the satisfaction domain, scores of 8 -16 are considered unsatisfied, 17 – 24 somewhat satisfied, and scores of 25 – 32 are considered satisfied. For the self-efficacy domain, scores of 9 – 18 are considered low level of self-efficacy, 19 – 27 moderate level, and scores of 28 – 36 are considered high level of self-efficacy.

Part III: This part includes the "mental health inventory" (MHI-18). This scale is originally developed (Viet and Ware, 1983) to measure the psychological health of individuals. It is measured on four-point scale: "1 = all the time, 2 = most of the time, 3 = some times, and 4 = never"; scoring for for positive items was also reversed. This scale includes four domains [anxiety (5 items), depression (4 items), behavior control (4 items), and positive affect (4 items)]. The total scores for the whole 19 items range from 18 – 72.

The overall levels of psychological health were calculated depending on the sum of items scores as follow: scores of 18 – 36 poor psychological health, 37 – 54 fair level, and scores of 55 – 72 are considered good level of overall psychological health. In regard to the subdomains, anxiety measured as follow: scores of 5 -10 sever level, 11 – 15 moderate, and 26 – 20 mild level. For depression domain, scores of 4 – 8 sever level, 9 – 12 moderate, and 13 – 16 mild level. For the behavioral control domain, scores of 4 – 8 poor level, 9 – 12 moderate, and 13 – 16 good level of behavior control. For the positive affect domain, scores of 4 – 8 poor level, 9 – 12 moderate, and 13 – 16 good positive affect level.

3.6. Validity of the Questionnaire:

Validity is one of the essential step in the methodology section. Valid measures help reducing the probability of making type2 error. The original scales were translated to Arabic by two bilinguals (the researcher and the supervisors). The Arabic versions of both scale were presented to (10) panel of content experts related to the fields of mental health nursing and community health to maintain the validity of the Arabic versions (Appendix A). Both scales were valid with scale content validity index score (SCVI =0.87) for the Arabic version of motherhood scale as represented in (Appendix E) and the(SCVI) for the psychological health score was (0.93) as represented in (Appendix F).

3.6.1 Data collection methods

After the researcher obtained all the required approvals, the data collection process started from February 27 to April 29, 2021.data is gathered using a self-administered questionnaire. The researcher explained the purpose and the expected benefits of the study to mothers before obtaining their voluntary approval to participate in this study. Each woman is given between 15-20 minutes to complete the

questionnaire. Where the sample was collected from the hospitals mentioned previously, and the number of (40) mothers from each hospital from outpatient. Mothers were also informed to freely ask if needed any assistance for reading the questionnaire or clarification for some items.

3.7. Pilot Study

A pilot study was conducted on (15) mothers coming to the Al-Hilla Surgical Hospital. The pilot study was conducted during the period from February 27 to March 15, 2021. The subjects participating in the pilot study were not part of the research sample.

The purposes of the pilot study are:

a. The reliability of the Arabic version of both scales motherhood experience and psychological health.

b. Estimate the time required to collect data.

c. To determine the clarity and the understandability of the scale.

d. Identifying the difficulties that may be encountered during the data collection process.

The results of the pilot study:

a) The questionnaire items were clear and understood.

b) The time required to answer the questionnaire ranged from 15 to 20 minutes.

c) The questionnaire is reliable.

3.7.2 Reliability of Study Instrument

The reliability analysis was done to measure the stability and the internal consistency of scale items. The Arabic version of both scales show acceptable reliability scores. The motherhood questionnaire show

a Cronbach Alpha score (α = 0.83); for the psychological health scale, the Cronbach Alpha score was (α =0.85).

3.8. Statistical Data Analysis:

A variety of statistical measures were used using Microsoft Excel (2010) and the statistical program SPSS version 23 to analyze the collected data. Correlational analysis was used to determine the relationships between the dependent variable (mental health) and the independent variables (motherhood experiences). Descriptive analysis was also used to describe the sample sociodemographic variables, levels of motherhood experience, and levels of mother' psychological health. ANOVA analysis was also used to measure the difference between mothers' age groups in respect to their motherhood experience and their psychological health. Chi-Square analysis was used to measure the association between dependent variables (motherhood experience and psychological health) and mother' sociodemographic variables.

Chapter

Four

The Results

Chapter Four

The Results

Part1: Descriptive statistics of study variables (dependent and independent)**.**

Table 1: Descriptive statistics of mothers' sociodemographic information.

Socio-demographic information		**f**	**%**
Age group\ Years	17 - 23	15	12.5
	24 - 30	42	35.0
	31 - 37	26	21.7
	38 - 44	27	22.5
	45 - 50	10	8.3
	Total	120	100.0
Age at Marriage	Before age of 20	63	52.5
	After the age of 20	57	47.5
	Total	120	100.0
Living Area	Urban	47	39.2
	Rural	73	60.8
	Total	120	100.0
Educational Levels	Does not Read and Write	3	2.5
	Primary School	33	27.5
	Intermediate School	33	27.5

	High School	29	24.2
	University Education	22	18.3
	Total	120	100.0
Number of Children	1 - 3 Children	70	58.3
	4 - 6 Children	45	37.5
	7 - 9 Children	5	4.2
	Total	120	100.0
Mothers' Occupation	Employed	25	20.8
	Unemployed (Housewife)	89	74.2
	Student	6	5.0
	Total	120	100.0
Monthly Income	Not Enough	27	22.5
	Enough to Some Extent	63	52.5
	Enough	30	25.0
	Total	120	100.0

Table (1) represents the sociodemographic variables of study participants with total number 120 mothers. In regard to mothers' age, the majority (35.0%) of mothers were aged between (24 - 30) years, and the lowest percentage is (8.3%) for the group age between (45 - 50) years old. The percentages of age group at marriage were very close in both groups, the percentage of mothers who married before the age of 20 years old were (52.5%) and those who married after the age of 20 years old were (47.5%). Also (60.8%) of mothers live in rural areas and (39.2%) in urban areas. Concerning the educational

levels, the highest percentage of mothers had primary education (27.5%) and intermediate education (27.5%),More than half of mothers (58.3%) reported having children between (1-3) children, followed by (37.5%) reported having children between (4-6) children. Most of the mothers are unemployed (housewives) (74.2%), where the percentage of employed mothers were (20.8%) and only (5.0%) mothers were students. Most of the women confirmed that the financial income was sufficient to some extent (52.5%) and (22.5%) reported not enough income.

Table 2: Descriptive Statistics of Motherhood Experiences.

Motherhood Experience Levels		Frequency	Percent
Overall Motherhood Experience	Moderate Level of Motherhood Experience	101	84.2
	Good Level of Motherhood Experience	19	15.8
	Total	120	100.0
Motherhood Experiences Subscale			
Satisfaction	Unsatisfied	2	1.7
	Somewhat Satisfied	89	74.2
	Satisfied	29	24.2

	Total	120	100.0
Self-Efficacy	Low Self-Efficacy	1	.8
	Moderate Self-Efficacy	108	90.0
	High Self-Efficacy	11	9.2
	Total	120	100.0

This table shows that the overall motherhood experience was ranged between moderate level of motherhood experience, (84.2%) and good level of motherhood experience (15.8%). This table also representing the findings of motherhood experiences subscale (mothers' satisfaction and self-efficacy). The majority of mothers (74.2%) were somewhat satisfied with their motherhood role. In respect to their self-efficacy, (90%) had moderate level of self-efficacy.

Figure 1: Overall motherhood experience levels

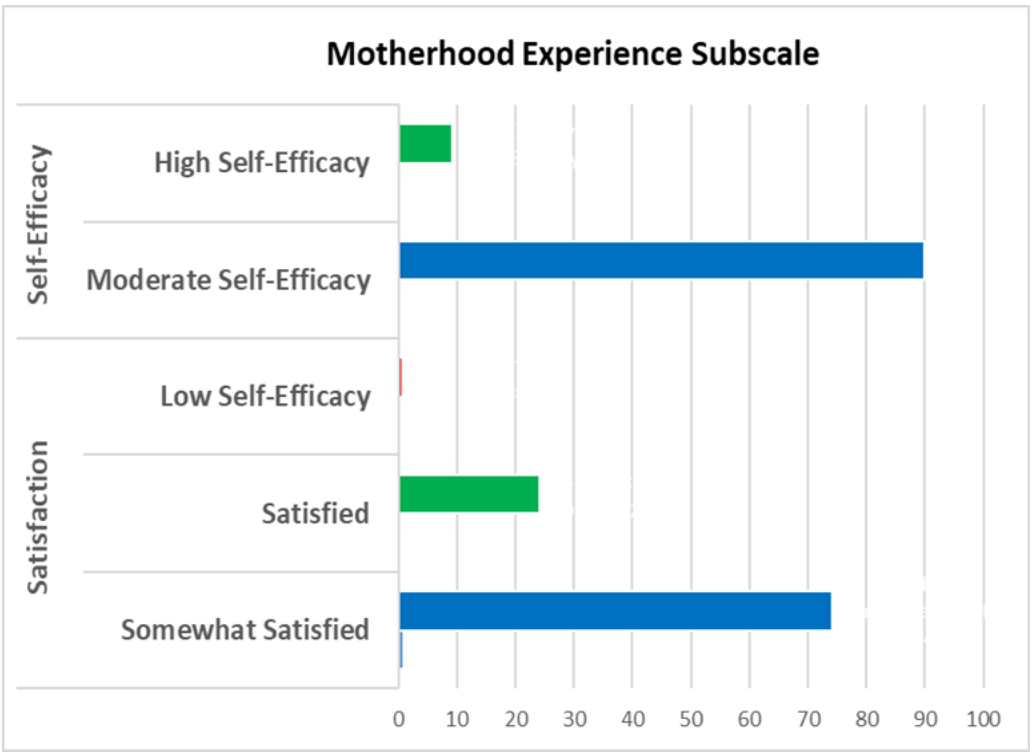


Figure 2: Motherhood experience subscale

Table 3: Descriptive statistics of mother' psychological health.

Mothers' Psychological Health		f	%
Overall Psychological Health	Poor Psychological Health	11	9.2
	Fair Psychological Health	87	72.5
	Good Psychological Health	22	18.3
	Total	120	100.0
Mother's Psychological Health Subscale			
Anxiety	Sever Level	36	30.0
	Moderate Level	75	62.5
	Mild Level	9	7.5
	Total	120	100.0
Depression	Sever Level	17	14.2
	Moderate Level	78	65.0
	Mild Level	25	20.8
	Total	120	100.0
	Poor Level	14	11.7

Behavioral Control	Moderate Level	79	65.8
	Good Level	27	22.5
	Total	120	100.0
Positive Affect	Poor Level	15	12.5
	Moderate Level	81	67.5
	Good Level	24	20.0
	Total	120	100.0

Table (3) represents the overall psychological health of others, as well as the psychological health subscale (anxiety, depression, behavioral control, and positive affect).About the overall psychological health, (72.5%) had fair overall psychological health. The findings of psychological health subscale indicate that (62.5%) had moderate level of anxiety, followed by sever level (30%); moderate level of depression (65%), followed by low depression level (20.8%); moderate level of behavioral control (65.8%), followed by good level (22.5%); moderate level of positive affect (67.5%), followed by good level of positive affect (20%).

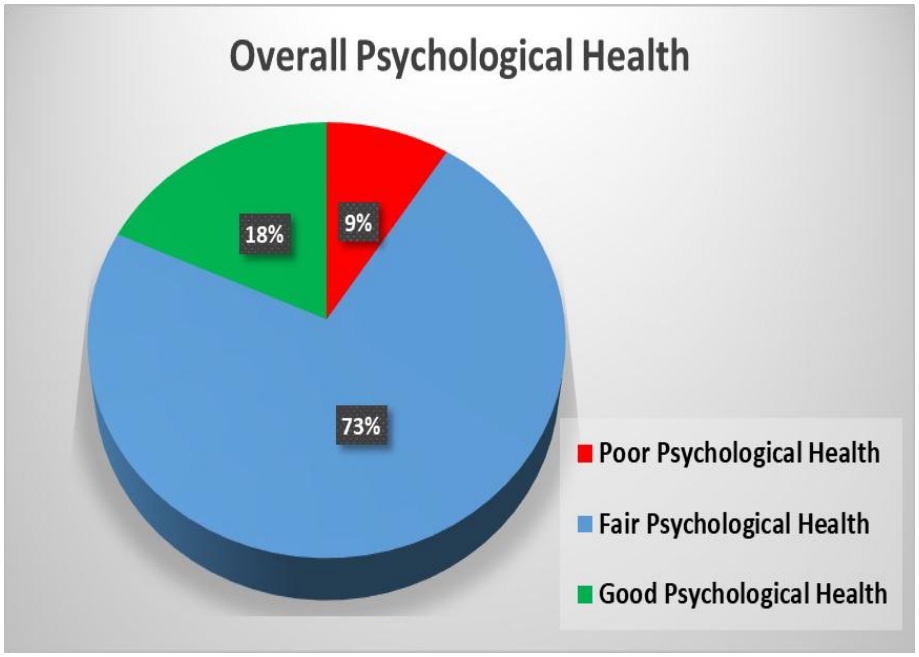


Figure 3: Overall psychological health of mothers.

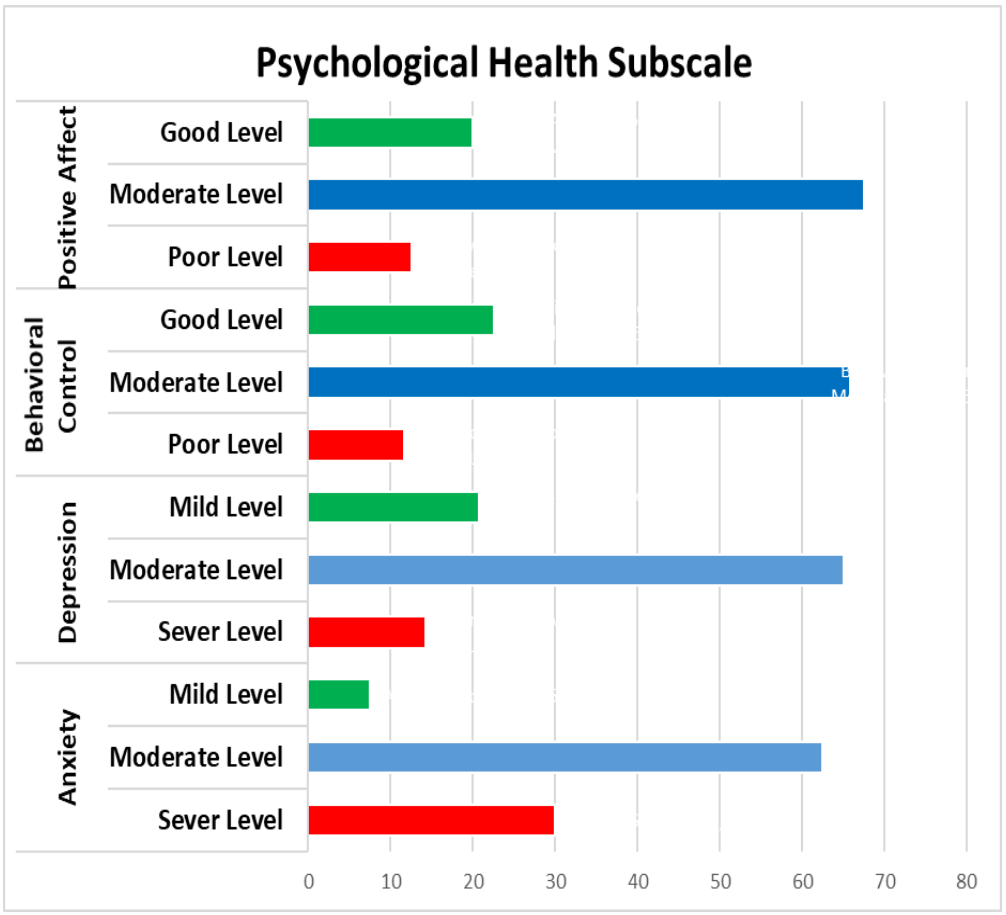


Figure 4: Psychological health subscale of mothers

Part 2: Correlation between motherhood experience and psychological health of mothers.

Table 4 : Relationship between motherhood experience and overall psychological Health.

Motherhood * Overall Psychological Mean			
Motherhood	Pearson Correlation	1	.249**
	Sig. (2-tailed)		.006
	N	120	120
Overall Psychological Mean	Pearson Correlation	.249**	1
	Sig. (2-tailed)	.006	
	N	120	120

A Pearson correlation analysis was run to measures the relationships between motherhood experience and overall psychological health of mothers. It shows that there is a statistical relationship between motherhood experience and overall psychological health, in which that mothers with high level of motherhood experience are more likely to have better psychological health. (r =.249**, *p* =.006).

Table 5: Relationship between motherhood experience and the psychological health subscale.

Psychological health / Motherhood	Anxiety	Depression	Behavioral Control	Positive affect
Pearson Correlation	.085	.021	.306**	.304**
Sig. (2-tailed)	.356	.821	.001	.001
N	120	120	120	120

Pearson correlation analysis was used to determine the relationship between psychological health subscale and motherhood experience. This table shows that only behavioral control and positive affect have positive correlation with motherhood experience (r =.306**, *p* =.001); (r =.304**, *p* =.001). While, anxiety and depression do not show statistical relationship with motherhood experience (, *p* = >.05).

Part 3 : Differences between age groups in respect to their motherhood experience and overall psychological health.

Table 6 : The difference between mothers' age groups in respect to their motherhood experience.

Motherhood	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.158	4	.289	3.081	.019
Within Groups	10.806	115	.094		
Total	11.964	119			

One-way ANOVA was used to measure the differences between age groups in respect to their motherhood experiences the ANOVA table shows that there is a statistical significant differences between age groups in respect to their motherhood experiences (F= 3.081, *P* = .019). The means plots in (**Figure 5)** shows that young age mothers have less motherhood experiences compere to adult mothers.

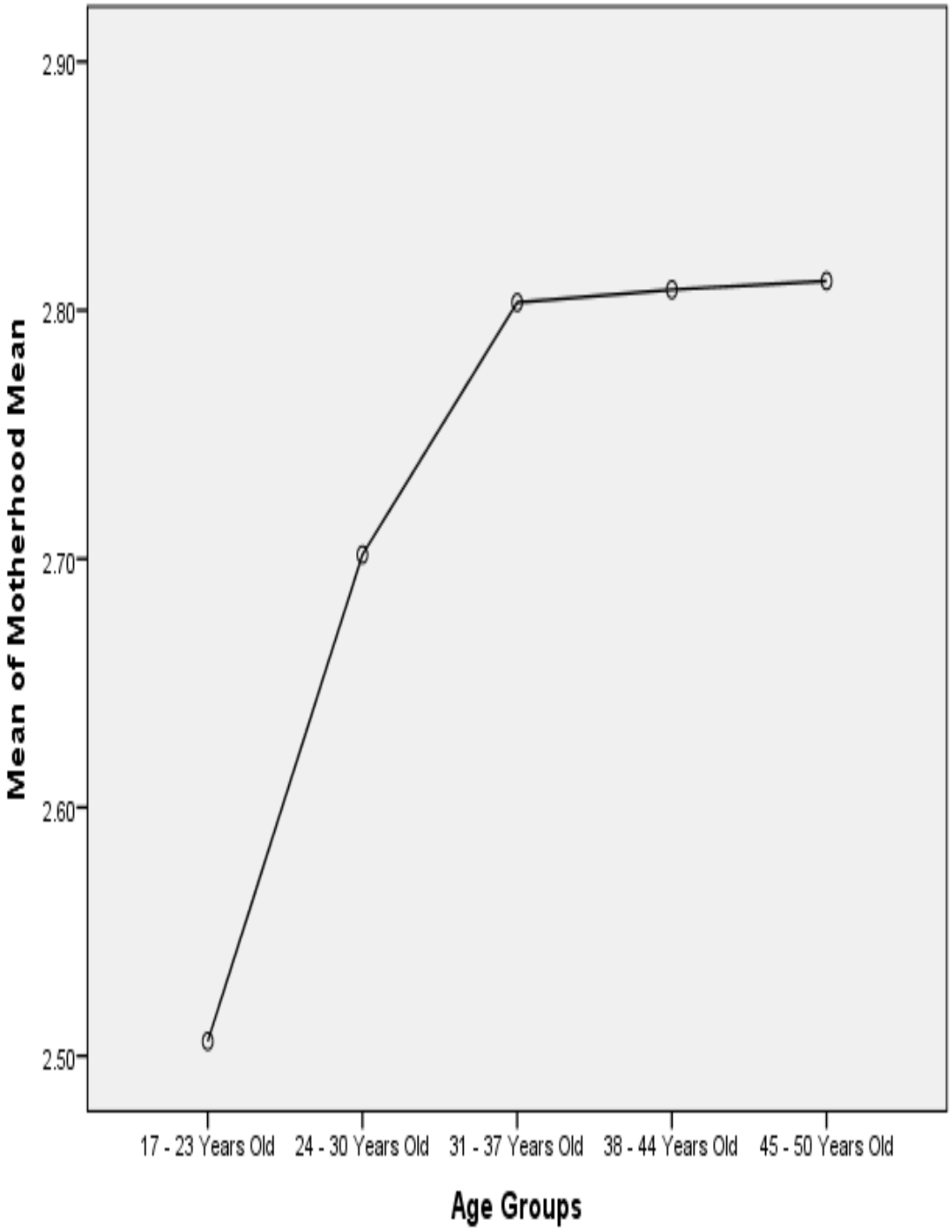


Figure 5 : Mean difference of motherhood experience according to age group.

Table 7: The difference between age groups in response to mothers' psychological health.

Overall Psychological	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.826	4	.456	2.775	.030
Within Groups	18.918	115	.165		
Total	20.744	119			

One-way ANOVA was used to measure the differences between age groups in respect to the psychological health of mothers. The ANOVA table shows that there is a statistical significant differences between age groups in respect to their psychological health (F= 2.775, *P* = .030). The means plots in (**Figure 6)** shows that adults mothers have better psychological health compere to young mothers.

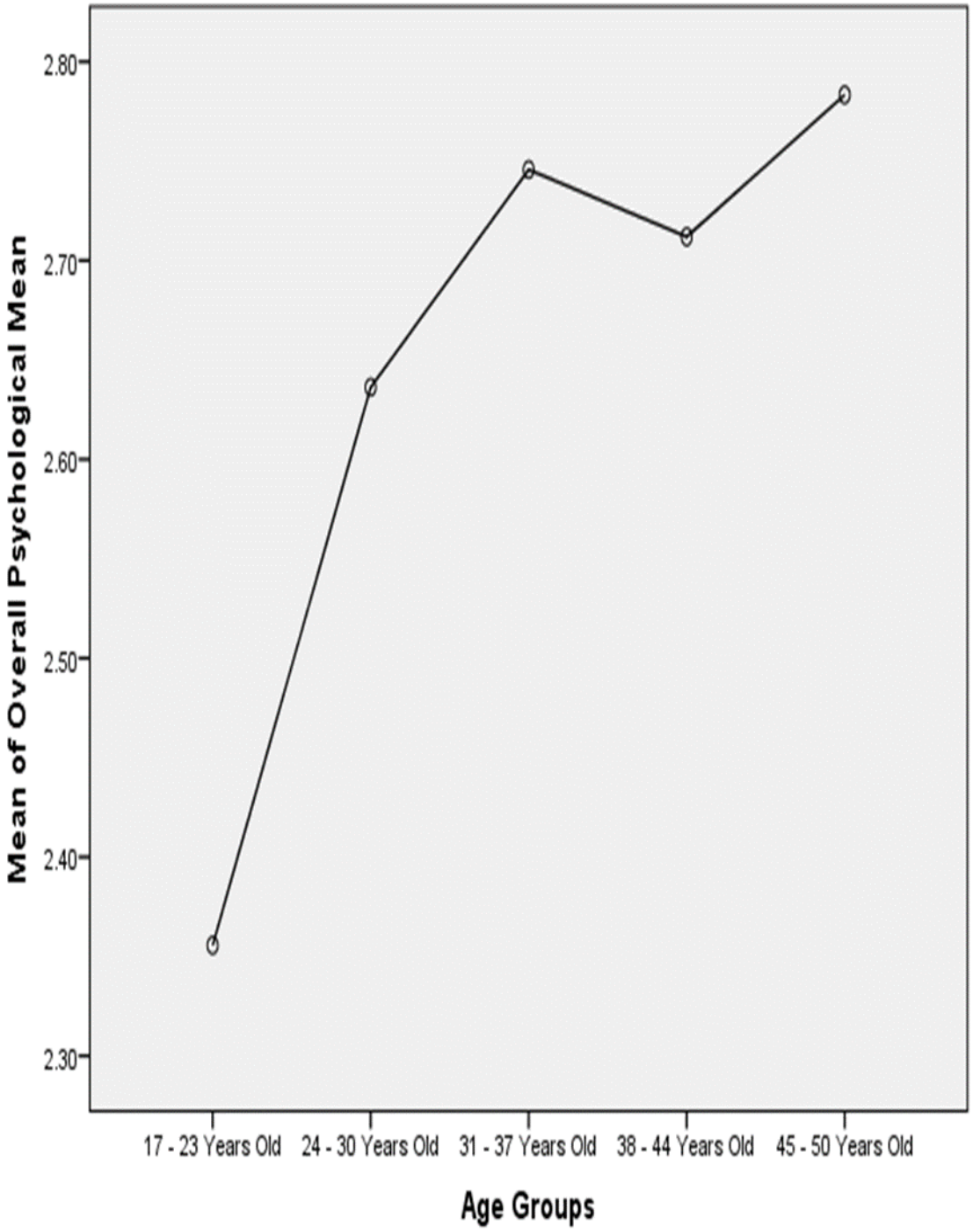


Figure 6: Mean scores of overall psychological according to age group.

Part 4: Association between (motherhood experience, overall psychological health) and mothers' sociodemographic variables.

Table 8: **Association between motherhood experience and age at marriage.**

Motherhood Experiences Level					
Age at Marriage	**Moderate Level of Motherhood Experience**	**Good Level of Motherhood Experience**	**Total**	**Pearson Chi-Square**	
Before age of 20	55	8	63	**X2**	**Sig**
After the age of 20	46	11	57		
Total	101	19	120	.978a	.323

Pearson Chi-Square analysis was using to measure the association between motherhood experience and mother'age at marriage. This table shows that there is no association between motherhood experience and their age at marriage(X^2 =.978, *P* =.323).

Table 9 : Association between overall psychological health and age at marriage.

Age at Marriage	Overall Psychological Health			Total	Pearson Chi-Square	
	Poor Psychological Health	Fair Psychological Health	Good Psychological Health			
Before age of 20	5	48	10	63	**X2**	**Sig**
After the age of 20	6	39	12	57	.906a	0.636
Total	11	87	22	120		

Person Chi-Square analysis was used to measure the association between overall psychological health and mother's age at marriage. This table shows that there is no association between mother's overall psychological health and their age at marriage (x^2 =.906[a], p=0.636) .

Table 10 : Association between motherhood experience and home address.

Address	Motherhood Experiences Level		Total	Fisher's Exact Test	
	Moderate Level of Motherhood Experience	Good Level of Motherhood Experience			
Urban	43	4	47	X2	Sig.
Rural	58	15	73		
Total	101	19	120	3.109a	.123

Fisher's Exact Test was used to measure the association between motherhood experience and home address. This table shows that there is no significant association between motherhood experience and home address**(x^2=3.109, *p*=.123).**

Table 11: **Association between overall psychological health and home address.**

Address	Overall Psychological Health			Total	Fisher's Exact Test	
	Poor Psychological Health	Fair Psychological Health	Good Psychological Health			
Aruban	4	35	8	47	**X2**	**Sig.**
Rural	7	52	14	73		
Total	11	87	22	120	.150a	0.952

Fisher's Exact Test was run to measure the association between mothers' overall psychological health and their home address. This table shows that there is no significant association between overall psychological health and home address **(x^2=.150[a], ***p***=0.952).

Table 12 : Association between Motherhood Experiences and Levels of Education.

Levels of Education	Motherhood Experiences Level		Total	Fisher's Exact Test	
	Moderate Level of Motherhood Experience	Good Level of Motherhood Experience			
Does not Read and Write	2	1	3	**X2**	**Sig**
Primary School	29	4	33	1.176a	0.769
Intermediate School	28	5	33		
High School	24	5	29		
University Education	18	4	22		
Total	101	19	120		

Fisher's Exact Test was used to measure the association between motherhood experiences and levels of education. This table shows that there is no statistical relationship between motherhood experiences and levels of e education. **(x^2=1.176[a], *p*=0.769).**

Table 13: Association between overall psychological health and levels of education.

Levels of Education	Overall Psychological Health			Total	Fisher's Exact Test	
	Poor Psychological Health	Fair Psychological Health	Good Psychological Health			
Does not Read and Write	0	3	0	3	**X2**	**sig**
Primary School	2	25	6	33	5.079a	0.806
Intermediate School	2	23	8	33		
High School	4	19	6	29		
University Education	3	17	2	22		
Total	11	87	22	120		

Fisher's Exact Test was used to measure the association between overall psychological health and levels of education. This table shows that there is no significant relationship between overall psychological health and levels of education. **(x^2=5.079[a], *p*=0.806).**

Table 14: Association between motherhood experiences and number of children.

Number of Children	Motherhood Experiences Level		Total	Fisher's Exact Test	
	Moderate Level of Motherhood Experience	Good Level of Motherhood Experience			
1 - 3 Children	60	10	70	**X2**	**Sig**
4 - 6 Children	38	7	45	2.320a	.304
7 - 9 Children	3	2	5		
Total	101	19	120		

Fisher's Exact Test was used to measure the association between motherhood experiences and number of children**.** This table shows that there is no relationship between motherhood experiences and number of children. (X^2=2.320[a], p =.304).

Table 15: Association between overall psychological health and number of children.

Number of Children	Overall Psychological Health			Total	Fisher's Exact Test	
	Poor Psychological Health	Fair Psychological Health	Good Psychological Health			
1 - 3 Children	9	49	12	70	**X2**	**sig**
4 - 6 Children	2	35	8	45	4.276a	0.373
7 - 9 Children	0	3	2	5		
Total	11	87	22	120		

Fisher's Exact Test was used to measure the association between overall psychological health and number of children. This table shows that there is no statistical relationship between overall psychological health and number of children. (X^2=4.276[a], p =0.373).

Table 16: Association between motherhood experiences and occupation.

Occupation	Motherhood Experiences		Total	Fisher's Exact Test	
	Moderate Level of Motherhood Experience	Good Level of Motherhood Experience			
Employed	21	4	25	**X2**	**Sig**
Unemployed (Housewife)	75	14	89	.004a	1.000
Student	5	1	6		
Total	101	19	120		

Fisher's Exact Test was used to measure the association between motherhood experiences and occupation. This table shows that there is no statistical relationship between motherhood experiences and occupation. (X^2=.004[a], *p*=1.000).

Table 17: Association between overall psychological health of mothers and their occupation.

Occupation	Overall Psychological Health			Total	Fisher's Exact Test	
	Poor Psychological Health	Fair Psychological Health	Good Psychological Health			
Employed	4	17	4	25	**X2**	**Sig**
Unemployed (Housewife)	7	65	17	89	2.270a	0.717
Student	0	5	1	6		
Total	11	87	22	120		

Fisher's Exact Test was used to measure the association between overall psychological health and occupation. This table shows that there is no significant relationship between overall psychological health and occupation ($X^2=2.270^a$, p =0.717).

Table 18: Association between motherhood experiences and family income.

Family Income	Motherhood Experiences Level		Total	Fisher's Exact Test	
	Moderate Level of Motherhood Experience	Good Level of Motherhood Experience			
Not Enough	24	3	27	**X2**	**Sig**
Enough to Some Extent	51	12	63	1.081a	0.675
Enough	26	4	30		
Total	101	19	120		

Fisher's Exact Test was also used to measure the association between Motherhood Experiences and Family Income. This table shows that there is no statistical relationship between Motherhood Experiences and Family Income (X^2=1.081[a], *p* =0.675).

Table 19 : Association between overall psychological health and family income.

Family Income	Overall Psychological Health			Total	Fisher's Exact Test	
	Poor Psychological Health	Fair Psychological Health	Good Psychological Health			
Not Enough	1	23	3	27	**X2**	**Sig.**
Enough to Some Extent	7	41	15	63	4.519a	0.397
Enough	3	23	4	30		
Total	11	87	22	120		

Fisher's Exact Test was run to measure the association between overall psychological health and family income. This table shows that there is no statistical relationship between overall psychological health and Family Income (X^2=4.519[a], p =0.397).

Chapter Five

Discussion

Chapter Five

Discussion

Motherhood experiences levels

The results of this study indicate that the majority of the study sample (84.2%) had a moderate level of motherhood experience, and (15.8%) had good level of motherhood experience. However, most of the mothers show moderate level of self-efficacy and not fully satisfied with their role as mothers (satisfied to some extent).Motherhood is something that the majority of women experience and shapes the identity of all women, including women who are not mothers yet (Kelly, 2009). An alternative way of understanding motherhood levels is something that is different from mothers and is seen as experiences and behaviors that can be “performed” by any gender (Arendell,2000). Mothering may provide a feeling of fulfillment and significance, but it can also be physically and emotionally exhausting, resulting in low or moderate level of motherhood experience (Alanne, 2011).

Despite that, the idea motherhood is a natural and universal experience that should be cherished (Colette, 2005), the role of mothers is considered more than any other function in life, which is more likely to be a major cause of stress and overload for women and that could influence their level of experience as mothers (Sumra, 2019). Moreover, a sense of self-efficacy in the mother’s parental position appears to be more closely related to a woman's experience of overload than other forms of role stress.

Several variables influence the relationship between parenting and happiness in life. First, whether mothers will live a happy life or not

is determined by the resources available to them, which in turns impacting their satisfaction with their roles as mothers (Andersson et al., 2021). Resentment increases for women after becoming mothers because of increased financial responsibility, especially for low-income mothers.

Studies show that disparities between expectations and experiences during the transition into motherhood are associated with lower marital satisfaction. As important as these personal elements are, this shift has far-reaching repercussions. Individuals' personal happiness, sense of self and well-being, relationships with other family members and friends, role modification, and stress levels may be affected by becoming parents (Kalmuss, 1992).

Similarly, there was inconsistency in the findings linking obstetric elements to childbirth self-efficacy. In terms of parity, early research found that women with multiple births had high degrees of self-efficacy. A high level of self-efficacy was associated with a pleasurable previous delivery experience, while a low level of self-efficacy was associated with potential adverse events such as a previous Cesarean delivery. Lower rates of self-efficacy have also been linked to a greater desire for elective repeat caesarean section in relation to birth selection (Dilks, et al., 1997).

Pain is often mentioned as an important factor in the birth process, and it is one that women prefer to think about in advance. Women with strong self-efficacy had reduced pain perceptions and used fewer pain medications, which make the motherhood transition more healthy and easier (Beebe, et al., 2007).

Psychological Health of Mothers

The findings of the this present study, as represented in table(3), showed that only (18.3%) of mothers had a good level of overall psychological health and the other (80%) had psychological levels ranged between fair to poor. Table 3 also represents the subdomains of mothers' psychological health, which revealed that the majority of mothers showed moderate levels at depression, anxiety, behavioral control, and positive affect domains. However, despite the aforementioned levels, 30% of mothers had sever level of anxiety, about 14% had severe level of depression, more than 11% had poor level of behavioral control, more than 12% of mothers had a poor level of positive affect, which reflects the stressful motherhood transition that mothers may experience; especially, young mothers.

Studies have shown that about 12-16% of mothers experience poor mental health. However, nearly a third of them were classified as having poor mental health at some point during the first four years of a child's age (Marryat et al., 2010). One of the factors that explain the psychological challenges for mothers could be personal or interpersonal issues. According to the WHO (2014), a mother's mental health is closely related to her socioeconomic conditions, as well as the quality of her interpersonal relationships. Although social conditions are associated with children's social, emotional, behavioral, and cognitive development. Other personal factors also linked to maternal factors of mothers such as age, occupation, and educational attainment.

Another possible factor could be the psychological consequences during pregnancy. In most studies that have targeted maternal anxiety and depression, these psychological aspects are common among women during pregnancy and childbirth and are considered as an ongoing clinical condition rather than a transient (Kinsella, et al., 2009). Several studies have also found that psychological strain during the perinatal period can influence both the mental health of mothers and the development of their infants. Anxiety during pregnancy has been linked to negative expectations about the difficulties of adjusting to parenting responsibilities (Biaggi, et al., 2016).

The recent findings regarding to the psychological aspect of mothers are consistent with reported results from the WHO in 2016. The WHO reported that around 10% of pregnant women and 13% of new mothers worldwide suffer from a mental disorder, the most common of which is depression. In the growing nations, the challenge is greater; about 16 percent during pregnancy and 20 percent after childbirth. In severe cases, the suffering during motherhood transition could be so severe that they may impact their overall health and the health of their children. In other words, affected mothers are not able to function properly; therefore, the growth and development of the children may be severely impacted. Fortunately, psychological consequences among mothers are treatable, even by well trained non-specialist health providers can provide effective interventions (WHO, 2016).

Relationship between motherhood experience and overall psychological Health

A statistical significant relationship was determined between motherhood experience (satisfaction and self-efficacy) and overall psychological health of mothers, in which that mothers with high level of motherhood experience are more likely to have better psychological health. Fear and anxiety have been linked to mother's self-efficacy. Fear of being a mother has found to have strong relationships with low self-efficacy (Lowe, 2000). This link appears to exist regardless of other personal or social variables. Prenatal anxiety is associated with lower self-efficacy in women who have not yet given birth (Sieber et al., 2006). This stress can continue even after delivery (Soet et al., 2003). The short and long-term effects of motherhood stress on mothers' self-esteem may have negative outcomes of mothers and their children's lives. Psychological adaptation and excellent parenting behavior have both been linked to self-esteem and supportive relationships (Dush & Amato, 2005).

Other studies link the quality of motherhood roles to their psychological health; the better their mental health, the more successful they would be in their motherhood duties (Baxter, 2018). High self-efficacy has a beneficial effect on parental behavior, and it is expected that mothers whose sense of efficacy depends on motherhood experiences will be able to calm down quickly and show some adaptation when faced with stressful situations.

Difference between mothers' age in respect to their motherhood experience

The results of this study indicate that there are significant differences between age groups in respect to motherhood experience, (as shown in table 6). The difference indicates that young age mothers have less motherhood experiences compare to adult mothers. Despite the cultural factors associated with early motherhood, motherhood is a challenging period for some adolescent mothers depending on timing and readiness. Most women who feel unprepared for the experiences of motherhood could have stressful transition that may influence their psychological health and the outcome of their babies. Despite that pregnancy and parenthood are welcome experiences of many young women, some other mothers could experience the effects of early parenthood on their physical and mental health, education, economic , and social connections, which make this group of women (adolescences) high-risk (Beguy et al., 2013).

Results of research comparing younger and older mothers with regard to pregnancy and motherhood factors reveal that the positive outcomes in older mothers are more than young mothers. This can be explained by the maternal maturity hypothesis that relate better parenting practices in households with older moms. This means that older mothers have gained more life experiences, knowledge, financial and social resources and a wider range of adjustments, all of which contribute to a more responsive family environment (Bornstein, et al., 2006).

According to Trottman et al. (2012), age is significantly associated with motherhood experience; the older the mother, the better her performance in a full role and the level of satisfaction and efficiency. The shift to motherhood, regardless of age, can be regarded as a significant rite of passage and entry into maturity. Indicating that a girl's age at which she falls pregnant is critical, and that being a teenage mother will inevitably affecting her life. Furthermore, teenage mothers are more likely to have trouble deciphering the child's behavioral cues because of their low self-efficacy levels. The higher the level of parental self-efficacy and parental satisfaction, a mother has more experience as a parent. Similarly, an experienced mother had previously excelled in parenting duties, which increased her sense of efficacy. Maternal age had little effect on these variables, but the number of children was associated with both self-efficacy and parental satisfaction (Brown, 2011).

The Difference between Mother's ge in response to Psychological health

The results of this study indicate that there are significant differences between the ages of mothers in response to psychological health, (as shown in table 7). The difference indicates that young age mothers' poorer psychological health compere to adult mothers. Personal maturity is assumed to predict maternal adaptability, and age is usually viewed as a proxy for maturation (Bornstein et al., 2006). When adolescent girls become pregnant, the developing bond between mother and child may be severely affected, both mother and child may suffer long-term social and economic consequences. Prior to pregnancy, adolescent mothers' anxiety levels were higher than adult mothers were,

and they remained more distressed because of their low level of efficacy and experience (Mollborn & Morningstar, 2009).

Both young and old parental age has been linked to their mental health problems. There is a substantial literature relating young parenthood, particularly teenaged motherhood, to adverse mental health outcomes in young children (Hodgkinson, et al., 2014). Compared to older aged parents, teenaged mothers are at increased risk of mood disorders, internalizing problems (e.g., withdrawal, depression/anxiety, and somatic symptoms), and substance misuse. (Ogundele, 2018). In addition, a number of studies have suggested that early motherhood may be related to poorer mental health outcomes. Schmidt et al. (2006) highlighted that adolescent mothers experienced a significant increase in depressive symptoms in the first year of motherhood.

Furthermore, women with a history of teenage parenthood have lower physical and mental health compared adults. Since teen motherhood comes with a plethora of interconnected problems (psychological, social, familial and health), their ability to focus on their children and their development is compromised right from the start. For teenage mothers, poor self-efficacy is a major concern, young mothers with low self-efficacy levels have been shown to display inner tendencies such as poor self-esteem, sadness, and anxiety. For children of teenage mothers, social support, healthy spouse connections, education, and work may be protective factors (Kumar, et al., 2021).

Chapter

Six

Conclusions &

Recommendations

Chapter Six

Conclusions and Recommendations

6.1: Conclusions

The current study aims to measure motherhood experience and the psychological health of mothers, as a comparison between young and adult mothers. The findings indicate Motherhood is a challenging transition period for young mothers, which increase their vulnerability to anxiety and depression, as well as affecting their ability for behavioral control. This could be related to different factors, such as physiological, psychological, and even sociocultural; however, what has been proven by the results is that level of motherhood experience is increased with age and in turns have better psychological health, which are consistent with large group of research studies that have targeted the same phenomena in different cultures.

6.2: Recommendations

1. Increasing the level of awareness among society, especially mothers, about the risks of early motherhood that could happen for some adolescent mothers can help reducing the expected risks.
2. Stress management programs are essential for young mothers to maximizing their ability to adjust with their new role as mothers, which helps mother to accept the role and be more satisfied.
3. Spreading awareness about the importance of family support; especially, for the young mother. This could help the transition period more easy for mothers and increases the self-efficacy level among mothers.

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Appendices

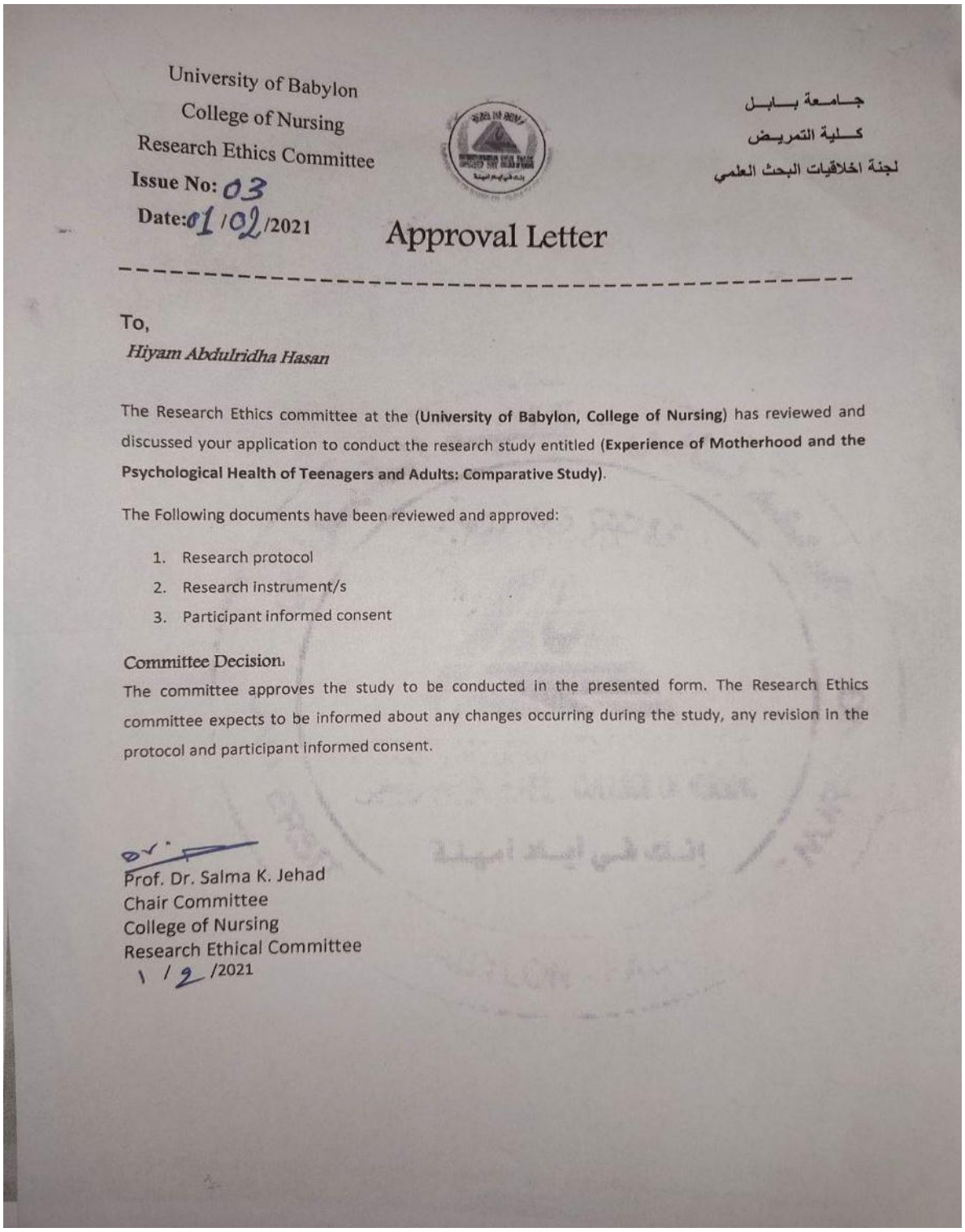
Appendix: A

Content Experts

ت	الاسم	الدرجة العلمية	مكان العمل	الاختصاص الدقيق
1.	د. سجاء هاشم محمد	أستاذ متمرس	جامعة بابل / كلية التمريض	تمريض الصحة النفسية والعقلية
2.	د. علي كريم خضير	أستاذ	جامعة كربلاء/ كلية التمريض	تمريض الصحة النفسية والعقلية
3.	د. سلمى كاظم جهاد	أستاذ	جامعة بابل/ كلية التمريض	تمريض صحة الأسرة والمجتمع
4.	د. معن حميد ابراهيم	أستاذ مساعد	جامعة بغداد/ كلية التمريض	تمريض الصحة النفسية والعقلية
5.	د. عبد المهدي عبد الرضا	أستاذ مساعد	جامعة بابل/ كلية التمريض	تمريض الصحة النفسية والعقلية
6.	د. ناجي ياسر سعدون	أستاذ مساعد	جامعة بابل/ كلية التمريض	تمريض صحة الأسرة والمجتمع
7.	د. قحطان قاسم محمد	استاذ مساعد	جامعة بغداد/كلية التمريض	تمريض الصحة النفسية والعقلية
8.	د. حسن علي حسين	أستاذ مساعد	جامعة بغداد/ كلية التمريض	تمريض الصحة النفسية والعقلية
9.	د. صافي داخل نوام	أستاذ مساعد	جامعة كربلاء/كلية التمريض	تمريض الصحة النفسية والعقلية
10.	د. علي احمد الحطاب	مدرس	جامعة بابل/ كلية التمريض	تمريض الصحة النفسية والعقلية

Appendix: B

Approval of Ethics Committee



University of Babylon
College of Nursing
Research Ethics Committee
Issue No: 03
Date: 01/02/2021

جـامـعة بـابـل
كـلية التمريـض
لجنة اخلاقيات البحث العلمي

Approval Letter

To,
Hiyam Abdulridha Hasan

The Research Ethics committee at the (**University of Babylon, College of Nursing**) has reviewed and discussed your application to conduct the research study entitled (**Experience of Motherhood and the Psychological Health of Teenagers and Adults: Comparative Study**).

The Following documents have been reviewed and approved:

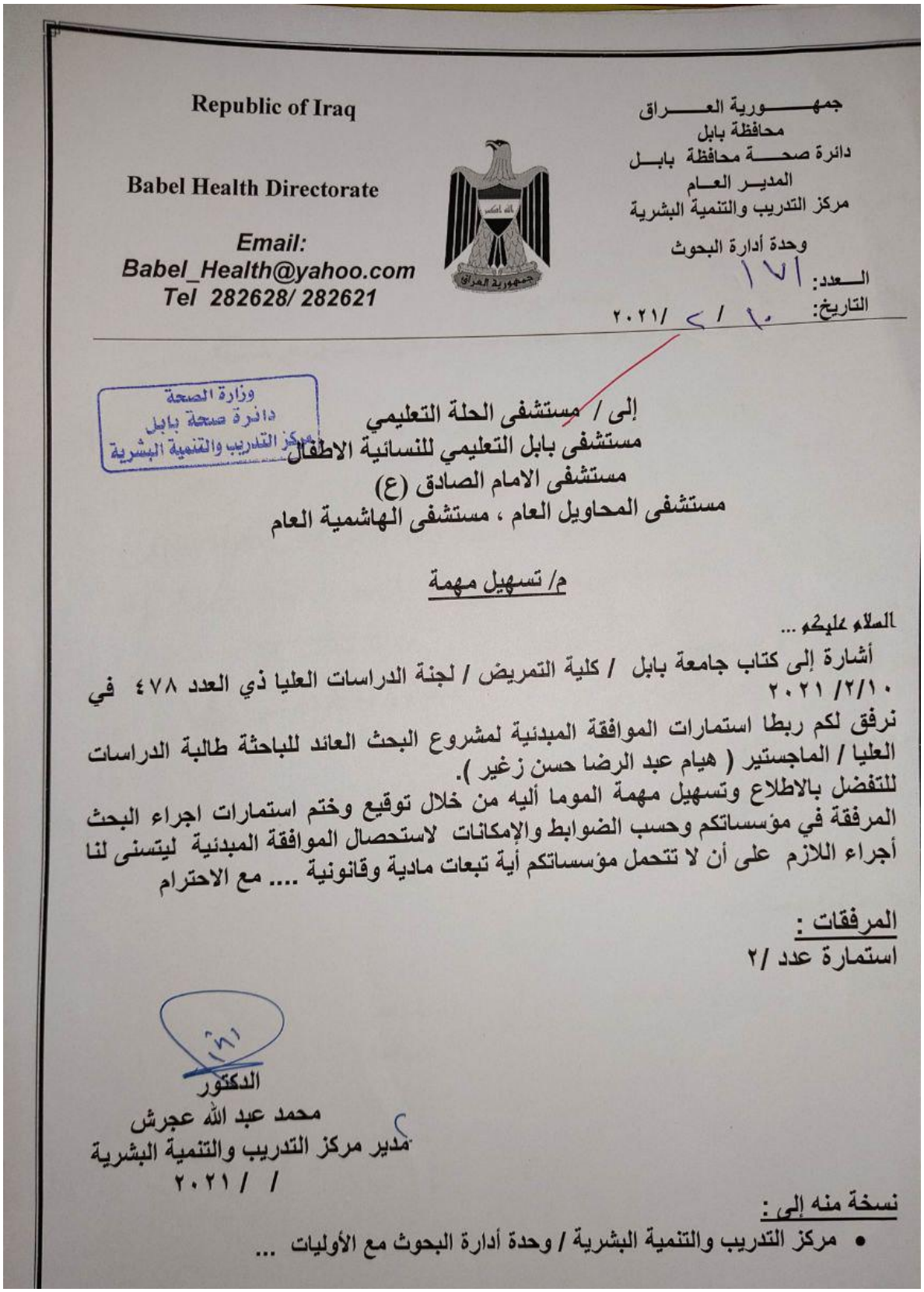
1. Research protocol
2. Research instrument/s
3. Participant informed consent

Committee Decision:
The committee approves the study to be conducted in the presented form. The Research Ethics committee expects to be informed about any changes occurring during the study, any revision in the protocol and participant informed consent.

Prof. Dr. Salma K. Jehad
Chair Committee
College of Nursing
Research Ethical Committee
1/2/2021

Appendix: C

Administrative Approval



Republic of Iraq

Babel Health Directorate

Email:
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جمهـــــورية العـــــراق
محافظة بابل
دائرة صحـــــة محافظة بابـــل
المديـــر العـــام
مركز التدريب والتنمية البشرية
وحدة أدارة البحوث

العـــدد: ١٧١
التاريخ: ١٠ / ٢ /٢٠٢١

وزارة الصحة
دائرة صحة بابل
مركز التدريب والتنمية البشرية

إلى / مستشفى الحلة التعليمي
مستشفى بابل التعليمي للنسائية الاطفال
مستشفى الامام الصادق (ع)
مستشفى المحاويل العام ، مستشفى الهاشمية العام

م/ تسهيل مهمة

السلام عليكم ...

أشارة إلى كتاب جامعة بابل / كلية التمريض / لجنة الدراسات العليا ذي العدد ٤٧٨ في ٢٠٢١/٢/١٠

نرفق لكم ربطا استمارات الموافقة المبدئية لمشروع البحث العائد للباحثة طالبة الدراسات العليا / الماجستير (هيام عبد الرضا حسن زغير).

للتفضل بالاطلاع وتسهيل مهمة الموما أليه من خلال توقيع وختم استمارات اجراء البحث المرفقة في مؤسساتكم وحسب الضوابط والإمكانات لاستحصال الموافقة المبدئية ليتسنى لنا أجراء اللازم على أن لا تتحمل مؤسساتكم أية تبعات مادية وقانونية .... مع الاحترام

المرفقات :
استمارة عدد /٢

الدكتور
محمد عبد الله عجرش
مدير مركز التدريب والتنمية البشرية
/ / ٢٠٢١

نسخة منه إلى :
- مركز التدريب والتنمية البشرية / وحدة أدارة البحوث مع الأوليات ...

Appendix: D

Research Questionnaire

استمارة البحث

عزيزتي الام/ تحية طيبة

تروم الباحثة الى دراسة تأثير تجارب الامومة على الصحة النفسية للأمهات، لذلك التمس منكم المشاركة في مليء الاستمارة الاستبانة المرفقة والتي تحتوي على اسئلة تتعلق بموضوع الدراسة.
الرجاء قراءة المعلومات بدقة والاجابة على جميع فقرات الاستمارة، علما ان مشاركتكم في مليء الاستمارة طوعية ويمكنكم الانسحاب من الدراسة في اي وقت.
ملاحظة: هذه الاستمارة الاستبانة اعدت فقط لأغراض البحث العلمي ولا تحتوي على اسم للمحافظة على خصوصية المشاركين.

الجزء الأول: المعلومات الديموغرافية:

١. **العمر :** ☐ **سنة**

٢. **العمر عند الزواج:** ☐

٣. **السكن: ريف** ☐ **حضر** ☐

٤. **التحصيل الدراسي: لا تجيد القراءة والكتابة** ☐ **ابتدائية** ☐ **متوسطة** ☐ **اعدادية** ☐

دبلوم او بكالوريوس ☐ **دراسات عليا** ☐

٥. **عدد الأطفال: الذكور** ☐ **الاناث** ☐

٦. **المهنة: موظفة** ☐ **ربة بيت** ☐ **طالبة** ☐

٧. **دخل الاسرة: لا يكفي** ☐ **يكفي الى حد ما** ☐ **يكفي** ☐

٨. **هل سبق وتم تشخيصك بأحد الأمراض النفسية** **نعم** ☐ **كلا** ☐

الجزء الثاني: مقياس تجارب الامومة

عزيزتي الام

نود ان نسألك بعض الاسئلة التي تتعلق بمشاعرك اليومية، العبارات في الاسفل تتعلق بمفهومين خاصين عن مشاعرك اليومية. الاول هو كيف تصفين ما تشعرين به أو ماذا تشعرين في داخلك. الثاني هو كيفية التعبير عن مشاعرك بالكلام او بالتعابير او بالسلوكيات، قد تبدو بعض هذه العبارات متشابهة مع بعضها ولكنها تختلف اختلافاً جوهرياً.

الرجاء وضع إشارة(✓) مقابل العبارة في العمود المناسب:

ت	فقرات الاستبانة	اتفق بشدة	اتفق	لا اتفق	لا اتفق بشدة
1.	المشاكل المتعلقة برعاية الطفل من السهل حلها				
2.	معرفة تأثير سلوك الام على الطفل يمكن اكتسابها بمرور الزمن				
3.	الامومة نعمة، ولكن اشعر بالإحباط كون طفلي بهذا العمر				
4.	انام واستيقظ ولدي نفس الشعور هو اني لم انجز الشيء الكثير				
5.	عندما يفترض بي ان اكون مسيطرا، اشعر في بعض التأثير او التلاعب بي ولا اعرف لماذا الاحيان وكأنما يتم				
6.	اشعر بان والدتي كانت متهيئة لتكون اما جيدة افضل مني				
7.	ارغب بان اكون قدوة تتبعها الامهات الجدد لتعلم الاشياء التي تجعلهن امهات جيدات				
8.	من السهل ان اكون اما كوني لدي القدرة على الاعتناء بطفلي ببساطة				
9.	مجرد معرفة الام بدورها تجاه طفلها لا يقلل من المشاكل التي تواجهها				
10.	في بعض الاحيان اشعر باني لم انجز اي شيء				
11.	حققت ما توقعته لنفسي من ناحية الخبرة في رعاية طفلي				
12.	انا الشخص الوحيد الذي بوسعه معرفة ما يزعج طفلي				
13.	مواهبي واهتماماتي تصب في مجالات اخرى وليس بان اكون اما"				
14.	خلال المدة التي اصبحت فيها اما، اشعر باني اصبحت لدي معرفة تامة بالأمومة				
15.	لو كانت اهتماماتي بدوري كَأم أكثر نضجاً، لكنت أكثر اندفاعا لأداء دور الامومة بصورة أفضل				
16.	امتلك كل المهارات الضرورية لأكون اما" جيدة لطفلي				
17.	اشعر بالتوتر والقلق كوني اصبحت اماً				

الجزء الثاني: مقياس الصحة النفسية

تتمحور الاسئلة التالية حول ما شعرت به وكيف كانت الامور بالنسبة اليك خلال **الاربعة اسابيع الماضية**، الرجاء الاجابة على جميع الاسئلة باختيار الاجابة التي تنطبق عليك أكثر من غيرها.

قراءة العبارات بشكل جيد والاجابة بعلامة (✓) امام الخيارات التي تنطبق أكثر مع ما شعرت به خلال **الاربعة اسابيع الماضية.**

ت	الفقرات	كل الوقت	اغلب الاحيان	بعض الاحيان	ابدا
1.	هل كانت حياتك اليومية مليئة بالأحداث المثيرة للاهتمام بالنسبة لك؟				
2.	هل شعرت بالاكتئاب؟				
3.	هل شعرت بانك شخص محبوب او مرغوب فيه؟				
4.	هل كنت شخصا" عصبي المزاج؟				
5.	هل كانت لديك سيطرة تامة على سلوكك وأفكارك ومشاعرك؟				
6.	هل شعرت بالتوتر؟				
7.	هل شعرت بالهدوء والطمأنينة؟				
8.	هل شعرت بالاستقرار العاطفي او النفسي؟				
9.	هل شعرت بانك مشغولة البال وحزينة؟				
10.	هل كانت لديك القدرة على الاسترخاء بدون صعوبة؟				
11.	هل شعرت بالاضطراب او التململ او الجزع؟				
12.	هل كان مزاجك متقلبا او غير مستقرا تجاه الاشياء؟				
13.	هل شعرت بالبهجة او مرتاحة البال؟				
14.	هل كانت معنوياتك متدنية او منخفضة جدا؟				
15.	هل كنت شخصاً سعيدا؟				
16.	هل شعرت بانه لا يوجد لديك اي شيء تتشوقين اليه او تتطلعين الى تحقيقه؟				
17.	هل شعرت بالإحباط لدرجة انه لا شيء يمكن ان يرفع معنوياتك؟				
18.	هل كان مزاجك متقلبا او غير مستقرا تجاه الاشياء؟				

Appendix: E

Items / Experts	Expret 1	Expret 2	Expret 3	Expret 4	Expret 5	Expret 6	Expret 7	Expret 8	Expret 9	Expret 10		Experts in Ageement	CVR
M1	1	1	1	1	1	1	1	1	1	1		10	1
M2	1	1	1	1	1	1	1	1	1	1		10	1
M3	1	1	1	1	1	1	1	1	1	1		10	1
M4	1	1	1	1	1	1	1	1	1	1		10	1
M5	1	0	0	0	1	1	1	1	1	1		7	0.4
M6	1	1	0	1	0	0	1	1	1	1		7	0.4
M7	1	1	1	1	1	1	1	1	1	1		10	1
M8	1	1	1	1	1	1	1	1	1	1		10	1
M9	1	1	1	1	1	1	1	1	1	1		10	1
M10	1	1	1	1	1	1	1	1	1	1		10	1
M11	1	1	1	1	1	1	1	1	1	1		10	1
M12	1	1	1	1	1	1	1	1	1	1		10	1
M13	1	1	1	1	1	1	1	1	1	1		10	1
M14	1	1	1	1	1	1	1	1	1	1		10	1
M15	1	1	1	1	1	1	1	1	1	1		10	1
M16	1	1	1	1	1	1	1	1	1	1		10	1
M17	1	1	1	1	1	1	1	1	1	1		10	1
Proportion Relevance	1	0.94	0.88	0.94	0.94	0.94	1.00	1.00	1.00	1.00			
				Avarege proportion of items judged as relevance across the 10 experts							0.96		
												CVI	0.87
Content validity ratio CVR				CVR=(Ne - N/2)/(N/2)									
Content validity Index CVI	0.87			indicating an									
				N= The number of panel									
				CVI= Total Scale validity									

Figure 3:1. Content validity index of the motherhood experience scale.

Appendix: F

Items / Experts	Expret 1	Expret 2	Expret 3	Expret 4	Expret 5	Expret 6	Expret 7	Expret 8	Expret 9	Expret 10		Experts in Ageement	CVR
Psy1	1	1	1	1	1	1	1	1	1	0		9	0.8
Psy2	1	1	1	1	1	1	1	1	1	1		10	1
Psy3	1	1	1	1	1	1	1	1	1	1		10	1
Psy4	1	1	1	1	1	1	1	1	1	1		10	1
Psy5	1	1	1	1	1	1	1	1	1	1		10	1
Psy6	1	1	1	1	1	1	1	1	1	1		10	1
Psy7	1	1	1	1	1	1	1	1	1	1		10	1
Psy8	1	1	1	1	1	1	1	1	1	1		10	1
Psy9	1	1	1	1	1	1	1	1	1	1		10	1
Psy10	1	1	1	1	1	1	1	1	1	1		10	1
Psy11	1	1	1	1	1	1	1	1	1	1		10	1
Psy12	1	1	1	1	1	1	1	1	1	1		10	1
Psy13	1	1	1	1	1	1	1	1	1	1		10	1
Psy14	1	1	1	1	1	1	1	1	1	0		9	0.8
Psy15	1	1	1	1	1	1	1	1	1	1		10	1
Psy16	1	1	1	1	1	1	1	1	1	1		10	1
Psy17	1	1	1	1	1	1	1	1	1	1		10	1
Psy18	1	1	1	1	1	1	1	1	1	1		10	1
Proportion Relevance	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.89	0.99		
				Avarege proportion of items judged as relevance across the 10 experts									
												CVI	0.93
Content validity ratio CVR				CVR=(Ne - N/2)/(N/2)									
Content validity Index CVI	0.93			Ne= Number of panel members indicating an item "essential,"									
				N= The number of panel									
				CVI= Total Scale validity									

Figure 3:2. Content validity index of the psychological health scale.

الخلاصة:

المقدمة: الأمومة هي مرحلة نمو حساسة وحرجة في حياة المرأة، وإن أحد المتطلبات الأساسية لإنجاز دور الأمومة هو اكتساب المهارات الأساسية والسلوكيات التي تميز دورها كأم، حيث تعتبر الكفاءة الذاتية ومستوى الرضا عند الأم من العوامل الرئيسية التي تحدد مدى نجاحها في دور الامومة، كما ويمكن أن تؤثر التحديات التي تواجه الأمهات في هذه المرحلة الانتقالية على صحتهن العقلية.

أهداف الدراسة: تهدف هذه الدراسة إلى مقارنة تجربة الامومة وعلاقتها بالصحة النفسية بين البالغات والمراهقات.

منهجية البحث: استخدم تصميم الدراسة المقارنة لمقارنة مستويات تجربة الأمومة بين الأمهات الامهات، وكذلك لتحديد العلاقة بين تجربة الأمومة والصحة النفسية للأم، حيث تم استخدام عينة ملائمة من (١٢٠) أم وتم استخدام مقياسين منفصلين لتحقيق أهداف الدراسة هما مقياس الصحة العقلية المتكون من ١٨ فقرة (MHI-18) ومقياس تجارب الامومة المتكون من ١٧ فقرة.

نتائج الدراسة: أشارت نتائج الدراسة إلى أن غالبية الأمهات لديهن مستوى متوسط من تجارب الأمومة بصورة عامة (٨٤,٢%)، كذلك غالبية الأمهات كانت لديهن صحة نفسية بصورة عامة معتدلة (٧٢,٥) مع قلق شديد (٣٠٪) واكتئاب حاد (١٤,٢٪) وعدم القدرة على ضبط السلوك (١١,٧٪) ومستوى ضعيف من التأثير الإيجابي (١٢,٥٪).

كما تشير النتائج إلى وجود علاقة ارتباط موجبة بين تجربة الأمومة وصحتها النفسية حيث تعاني الأمهات الاصغر عمرا من انخفاض مستوى تجربة الأمومة وسوء الصحة نفسية مقارنة بالأمهات البالغات.

الاستنتاجات والتوصيات: تشير النتائج إلى وجود علاقة إيجابية قوية بين تجارب الأمومة والصحة النفسية للأم. الأمومة هي فترة انتقالية صعبة للأمهات الشابات، مما يزيد من تعرضهن للقلق والاكتئاب، وكذلك يؤثر على قدرتهن على التحكم السلوكي. لذلك، فإن البرامج الداعمة ضرورية لمساعدة الأمهات الشابات على التكيف مع دورهن الجديد كأم.

جمهورية العراق

وزارة التعليم العالي والبحث العلمي

كلية التمريض- جامعة بابل

الارتباط بين تجربة الامومة والصحة النفسية لدى الأمهات البالغات و المراهقات

رسالة مقدّمة

الى مجلـــس كلية التمريـــض في جامعة بابل جزء من متطلبات نيل درجة الماجستير علوم في التمريض

تقـدّمت بها

هيام عبد الرضا حسن زغير

بإشراف

أ.م.د. حيدر حمزة علي

ذي الحجة\ ١٤٤٢ هجري

تموز\ ٢٠٢١ ميلادي