

Give Birth to A Female Child: A Qualitative Study Exploring Mothers' Experiences of Multiple Female Childbirths in Jordan

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Abstract

Background

Childbirth experiences were distinctive, exceptional feelings, reactions to postpartum women. Major difficulty facing maternal, such as Gender is the main social determinants, female gender is socially and culturally shaped by the roles and responsibilities.

Aims

To clarify the experience of Jordanian mothers who have given birth to daughters 'multiple female childbirths. Also, to understand childbirth experiences and their meaning is important in projecting individualized care for mothers. Also, to investigate meaningful childbirth experiences among postpartum mothers.

Methodology

Phenomenology approach design. The target population for this study is Jordanian mothers who have multiple female childbirth. A convenience purposive method was selected to recruit participants who met the criteria. The sample size will be between 10-12 participants and the researcher stopped collecting data and conducting interviews when no new themes or data emerged following data analysis, Data analysis using Colaizzi's (1978) method.

Results

According to analysis of one story describing postpartum mother the result demonstrated that are two themes. The first theme: Challenges faced by woman regarding psych- emotional health, and the second theme: lack of family and spousal coping methods that described the essence of mother experience for multiple female childbirth. The findings from the interview have emerged, as themes broken into sub-themes and codes.

Keywords: Childbirth, Maternal, Postpartum, Baby Gender, Gender Disappointment, Sex Selection.

1. Background

Childbirth experiences were distinctive and provoked exceptional feelings, reactions, and challenges in postpartum women. Gender reveal parties are popular in the U.S., nearly half of Americans appeal to wait for birth to detect whether their child is a boy or girl, as expecting parents excitedly with others about their unborn child's sex [1]. The most common method used to reveal fetal sex in the 2nd and 3rd trimesters accurate in greater than 99% of cases is ultrasound [2]. By the beginning of- the 1990s, sex selection had a long history and was initially observed post-birth by the act of killing unwanted sex/gender of the children: The female one, without exclusion could be progressively pursued through abortion [3]. A woman's life undergoes biological, psychological, and social change throughout childbirth. These modifications can aid in individual development and satisfaction, but they may also put postpartum women at risk for emotional distress. These aspects relate to specific cultural patterns and include the birth of a daughter when

a son was required [4]. Gender is a major social determinant. In some communities' female gender is socially and culturally shaped by roles and responsibilities. Childbirth may be positively experienced in many ways [5]. Educated women from urban backgrounds without the old mindset believed that 'men are higher and superior to women', educated women believed that they could be more capable of accepting the baby gender than men [6]. Major difficulties facing maternal mothers, such as age of maternal, complications during pregnancy, and difficulty in conceiving, were the anticipations for the child's gender conflicts [6]. The gender of a new baby birth for many parents an exciting occurrence, or can be anxiety or nervousness event, maternity mother feels guilty, and utter negative feelings about female childbirth rearing, and also feel that there is a stigma of failure attached to expression of displeasure in the female motherhood experience, when a parent's strong wanted a certain sex is not realized [7]. Furthermore, previous studies regarding child gender influence offer insights into certain challenges affecting

mothers, gender indicates “all duties, rights, and behaviors a culture considers appropriate for males and females” [8].

Childbirth can be defined as “experiences elicited unique feelings for responses interpretations, and challenges to mothers during birth processes” [4]. Recognizing the women’s childbirth experiences and their identity is an important issue, some mothers meant exciting and lovely events but others meant it was worrying and consuming. Negative experience outcomes have been associated with poor support and care, excessive fear of childbirth pain, and discomfort during delivery [9].

2. Methodology

Phenomenology was the philosophical and methodological framework chosen. Husserl’s specific philosophy of phenomenology, Husserl’s descriptive phenomenological methodology, and Colaizzi’s (1978) method of phenomenological data analysis were used. A phenomenology is remarkably useful when a phenomenon has been inadequately defined. The topics appropriate to phenomenology are fundamental to the life experiences of humans; for health researchers, these include such topics as the meaning of suffering, the experience of domestic violence, and the quality of life with chronic pain. The goal of phenomenological inquiry is to understand fully lived experience and insist on the careful portrayal of ordinary conscious experiences of everyday life a depiction of “things” as people experience those [10]. The descriptive phenomenological approach is a research method in the current study to explore the lived experiences of Jordanian mothers who gave birth to a female daughter and had many females in the family. Sampling, the target population for this study is Jordanian mothers who have multiple female childbirths. A convenient, purposive sampling method was chosen to enable deepen understanding of whatever phenomenon, the study included mothers who had multiple experiences with female birth. In the current study, the sample size is between 10-12 participants. Study Setting, the study was conducted in one governmental teaching hospital in Jordan, which is the first teaching university hospital in the Hashemite Kingdom of Jordan, and one of the first hospitals in medical education at the Arab level.

3. Ethical consideration

Institutional Review Board from Jordan University will be obtained for this proposal. The official agreement letters to conduct a study in the designated setting were sent, and each participant was asked to sign an informed consent. Each participant gives detailed information about the study (verbal and written). The researcher made sure that the participants understood the information, ensuring that the participation was voluntary. The participants were informed that the interviews were recorded on a digital recorder.

4. Data Collection Procedure

To investigate and interpret the meaning of “lived experiences”, descriptive phenomenology involves the bracketing suspension of all suppositions to isolate an individual’s true lived experience which stopped when the research stopped. The researcher tended to investigate certain pieces of information by probing into a

semi- structured; face-to-face interview format [11]. All the interviews started with the researcher who introduced herself and explained the purpose of the study, the participant’s rights, and the method through which the data was collected. Then the researcher confirms the participants’ agreement to record the interviews. They were meeting mothers conducted in a private room at the hospital, for mothers ‘sense of intimacy and security. When no new themes or data emerged following data analysis in the current study, the researcher stopped collecting data and conducting interviews.

Data Analysis Procedure The processes leading to data analysis were data collection, and coding, followed by the data analysis. The qualitative research approach encourages flexibility which is important [10]. Data analysis using Colaizzi’s (1978) method for a qualitative approach that ensures the credibility and reliability of results. It enables researchers to identify emerging themes and the connections between them. This approach allows for the exploration of the essential structure of an experience straightforwardly and logically [12].

5. Result

According to the analysis of one story describing postpartum mothers, the result demonstrated that there are two themes. The first theme is challenges faced by women regarding psych-emotional health, and the second theme is the lack of family and spousal coping methods that describe the essence of the mother's experience for multiple female childbirths. The findings from the interview have emerged as themes broken into sub-themes and codes. The first theme: Challenges faced by women regarding psych-emotional health provided by family members incorporated the approaches of spousal and family relationships that were provided to the woman during pregnancy, at the time of delivery, and the postpartum period. Order to demonstrate, it includes caring, emotional, financial, and family support provided during the pregnancy, during delivery, at discharge to home, and cultural support provided to postpartum women. For example, the Mother shared their perspectives about childbirth experiences at first, second, and third times, which had different shapes, described her dreams about her first baby, and recalled that the first time she saw her daughter was very emotional—a first-time mother. Ten mothers explained: “I was happy after the birth of my daughter: When she came out, I felt very, happy because it’s a beautiful girl... “And all around my happy”.

At second pregnancy Mother reported that her husband doesn’t care for second female childbirth. “She said that she is feeling frustrated and her husband is no longer being given respect for her...”. “Caused more stress.... In the third pregnancy, five mothers explained that they were having the hardest time because they knew that they had a female during pregnancy, the mother described a change in her sleep pattern, they felt anxiety and fear from her husband, and the mother had depression because they wished to die after delivery “they said that I can’t sleep or eat “I feel of anxiety to identify the gender of baby.... line and I Fear from husband” line 48 “I wish to die”. The Mother understands that her husband and family do not want her to have a female kid. They described her husband’s aggressive and anxious response.

“Said my husband didn’t assist me when he knew the baby’s gender”. “Emotional distress, the seven mothers claim that they felt uncomfortable and that their marriage’s stability is still in danger. “Said I am afraid that he will marry and leave me and the girls.” The second theme lack of family and spousal coping methods describes the challenges that could be considered obstacles to women's satisfaction with spousal relationships and spousal coping methods, according to the mother's perception. They explain that: “My husband doesn't support me when hearing that the gender of the baby is female and screaming” “He was not supportive of me..... Husband’s behavior is unacceptable..... “And he embarrassed her..... Furthermore, challenges interfering with the role of the husband in giving proper support appear as financial and violate the privacy of women during pregnancy and postpartum period, four women explain that: “My husband left me alone in the clinic without any cash”. “When I discharged from hospital, I didn’t find any things in the fridge to eat, my father brought all things.....” Seven women explain that spousal isolation expressed that “my husband goes to another room and sleeping”. Spousal punishing actions mother expressed that “my husband screaming when he heard that I gave birth to female twins and insulted the Divine, also he doesn’t support me, or visited me at the hospital, or call me”.

6. Conclusion

This study has begun to explore the experiences of Jordanian women who have multiple female childbirths in Jordan and the challenges they face. This phenomenology study aims to understand fully mother's lived experiences fully. This study result demonstrated that mothers suffering a bitterness of quality of life for multiple female childbirths experience domestic violence, spousal isolation, aggressive spousal reaction to female gender, and emotional hazards after female childbirth, such as Sorrow/ Grief feeling, destroyed mother dreams and hopes, and conflict and stress inside her spousal family. According to this study, the mother is given the chance to describe her experiences of motherhood, as well as her relationships with her family, the woman also described the obstacles she has troubles with her husband having multiple female childbirths, women identified several factors that influenced the changes that occurred in their marital relationship. The important point the continuity of marital relationships is threatened because of the multiple births of females [13,23].

References

1. Sivanand. (2019). Extraction of neonatal rat myocardium, HHS Public Access. *Physiology & Behavior*, 176(3), 139–148.
2. Beyers-Carlson, E., Schoenebeck, S., & Volling, B. L. (2022). Mother of One to Mother of Two: A Textual Analysis of Second-Time Mothers' Posts on the BabyCenter LLC Website. *Frontiers in Psychology*, 13, 859085.
3. Pinar, C. (2020). Book Review: Gender before Birth: Sex Selection in a Transnational Context by Rajani Bhatia. *Gender & Society*, 34(1), 166–168.
4. Mohammad, K. I., Gamble, J., & Creedy, D. K. (2011). Prevalence and factors associated with the development

- of antenatal and postnatal depression among Jordanian women. *Midwifery*, 27(6), e238–e245.
5. Holopainen, A., Verhage, M. L., & Oosterman, M. (2020). Childbirth Experience Associated with Maternal and Paternal Stress During the First Year, but Not Child Attachment. *Frontiers in Psychiatry*, 11(September), 1–10.
6. Guo, X. D., Gao, F., Jia, Y. N., & Wang, A. H. (2020). Birth experiences of urban women of advanced age having their second child after the introduction of the universal two-child policy in China: A qualitative study. *Midwifery*, 91, 102853.
7. Hendl, T., & Browne, T. K. (2020). Is ‘gender disappointment’ a unique mental illness? *Medicine, Health Care and Philosophy*, 23(2), 281–294.
8. Critical, C. A., & Study, E. (2011). Motherhood and Childbirth Experiences among *Newcomer Women in*.
9. Namujju, J., Muhindo, R., Mselle, L. T., Waiswa, P., Nankumbi, J., & Muwanguzi, P. (2018). Childbirth experiences and their derived meaning: A qualitative study among postnatal mothers in Mbale regional referral hospital, Uganda. *Reproductive Health*, 15(1), 1–11.
10. Polit, D. F., & Beck, C. T. (2016). Essentials of nursing research: Appraising evidence for nursing practice (8th ed.). Philadelphia: Lippincott Williams & Wilkins
11. Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. (2013). Qualitative Research Practice: A guide for Social Science Students and Researchers (2nd ed.). Los Angeles. London. New Delhi. Singapore: Sage.
12. Wirihana L, Welch A, Williamson M, Christensen M, Bakon S, Craft J. Using Colaizzi's method of data analysis to explore the experiences of nurse academics teaching on satellite campuses. *Nurse Res*. 2018 Mar 16;25(4):30-34.
13. Ahmed, G. K., Elbeh, K., Shams, R. M., Malek, M. A., & Ibrahim, A. K. (2021). Prevalence and predictors of postpartum depression in Upper Egypt: A multicenter primary health care study. *Journal of Affective Disorders*, 290(February), 211–218.
14. Council, S., Entity, U. N., Equality, G., & Women, U. N. (2022). General Framework for Gender Equality in Jordan.
15. Essaid, A., Sajdi, J., & Taleb, H. A. (2019). Gender Discrimination in Jordan. 1–34.
16. Hendl, T., & Browne, T. K. (2020). Is ‘gender disappointment’ a unique mental illness?
17. *Medicine, Health Care and Philosophy*, 23(2), 281–294.
18. Maabreh, R., & Al Maghaireh, D. (2019). Postpartum Depression Experience among Jordanian Mother with Hospitalized Infant in Neonatal Intensive Care Unit: Incidence and Associated Factors. *Global Journal of Health Science*, 11(5), 21.
19. Ye, Z., Wang, L., Yang, T., Chen, L. Z., Wang, T., Chen, L., Zhao, L., Zhang, S., Luo, L., & Qin, J. (2020). Gender of infant and risk of postpartum depression: a meta-analysis based on cohort and case-control studies. *Journal of Maternal-Fetal and Neonatal Medicine*, 0(0), 1–10.
20. Paudel, M., Javanparast, S., Dasvarma, G., & Newman, L. (2018). A qualitative study about the gendered experiences of motherhood and perinatal mortality in mountain villages of Nepal: Implications for improving perinatal survival.

BMC Pregnancy and Childbirth, 18(1), 1–18.

21. Jordan University Hospital. (2023).

22. Bevan, M. T. (2014). A method of phenomenological

interviewing. *Qualitative Health Research*, 24(1), 136-144.

23. Patton, M. Q. (2015). Qualitative research & evaluation methods (4th ed.). Thousand Oaks, CA: *Sage Publications*.

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