

Javanese Women's Experiences during the First Pregnancy

Abstract

Background: Women experience physical, hormonal, and psychological changes during pregnancy. Similarly, some traditions are prevalent among Javanese women, which could affect their pregnancy. The experiences of first-time pregnant women in this area remain unclear. This study aimed to explore the lived experiences of women during their first pregnancy. **Materials and Methods:** The qualitative study with a phenomenological approach was conducted in Kesambon village in Malang Regency, Indonesia. Eight women in their third trimester were selected purposively. Data were gathered using semi-structured interviews and subsequently open-coded using the NVivo-12 software manufactured by the QS International. **Results:** The participants were married primigravida women aged 17 to 22 years. Four themes emerged as follows: pregnancy is a positive experience, pregnant women are not independent, belief in pregnancy-related myths and traditions, and pregnancy-related information seeking. **Conclusions:** During the first pregnancy, pregnant women believed and practiced Javanese traditions regarding pregnancy. Although they were happy, they were still dependent and lacked the motivation to seek pregnancy-related information. Hence, midwives should provide them with adequate pregnancy-related information while addressing harmful myths and misconceptions. This should culminate in a successful pregnancy.

Keywords: Experience, maternity, pregnancy, qualitative research

Introduction

Becoming a parent is a challenging stage in life.^[1] Pregnancy is influenced by physical, hormonal, psychological changes, and social and cultural factors.^[2,3] Evidence has shown that pregnancy is a vulnerable time for the mental health of mothers as they experience changes like leg swelling, hyperventilation, nausea, vomiting, mood swings, over-sensitivity, and increased need for social support.^[2,4] To adapt to the changes, women may experience anxiety and depression, which may negatively affect their adjustment to postnatal life and parenthood.^[5]

Evidence has shown that culture can influence pregnancy experiences.^[6] In the Javanese culture in Indonesia, there are several cultural practices by women which influence their experiences during pregnancy. One of such is the "Kejawen" teaching, a sacred Javanese ideology disseminated by oral and written systems.^[7] It remains crucial to understand the experiences of pregnant Javanese women during the first pregnancy. Although

some studies have been conducted on women's experience during the first pregnancy in other cultures, there is a paucity of literature on women's first pregnancy experience in the Javanese setting. While evidence suggests that inexperienced, first-time mothers need relevant and appropriate information to prepare them for the childbirth experience,^[8] this would be difficult if little is known about their experiences during pregnancy. Understanding their first-time pregnancy experiences will assist health providers, particularly midwives, in supporting the women in coping with the issues that might exist, which should hopefully culminate in a positive and supportive first pregnancy experience. The study aimed to explore the lived experiences of Javanese women during their first pregnancy.

Material and Methods

To understand the lived experiences of Javanese women during their first pregnancy, a phenomenological approach was chosen. Phenomenology was selected as the most appropriate method due

Mergy Gayatri^{1,2},
Yulia Silvani¹,
Roland A. Pirade^{2,3},
Oluwadamilare
Akingbade^{4,5},
Indhar W. W. Harjo⁶,
Nuraini R. Hastuti¹

¹Department of Midwifery, Faculty of Medicine, Universitas Brawijaya, Malang, Indonesia, ²Center for Health Financing Policy and Health Insurance Management, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia, ³Department of Public Health Policy and Management, School of Global Public Health, New York University, United States, ⁴Department of Nursing, The Netherlands School of Nursing, Faculty of Medicine, The Chinese University of Hong Kong, ⁵Department of Research and Statistics, Institute of Nursing Research, Osogbo, Osun State, Nigeria, ⁶Department of Sociology, Faculty of Social Science and Political Science, Universitas Brawijaya, Jawa Timur, Indonesia

Address for correspondence:

Dr. Mergy Gayatri,
Jalan Veteran, Malang - 65145,
Indonesia.

E-mail: mergy.gayatri@ub.ac.id

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to its ability to understand the lived experiences of individuals.^[9] The study was conducted between February and March 2020. The study informants comprised eight primigravida women attending prenatal classes in Kasembon village, Malang Regency, Indonesia. The inclusion criteria were Javanese women, primigravida in the third semester, who agreed to be interviewed. The third trimester was chosen to gain more information related to their pregnancy experience since the first trimester. The exclusion criteria included pregnant women who had a complicated pregnancy and could not speak Indonesian and those who were deaf or blind.

The pregnant women in the village were reached through the midwives at the village community health center. The participants were eight women in total. After the pregnancy class was over, we met the selected women and explained all information related to the study and interview process before conducting the in-depth interview. The interview was conducted in a room where their privacy was well protected. We got all participants' written consent. A semi-structured interview schedule was used for the data collection. All interviews were conducted by the first author, who is a registered midwife and teacher. She is also well experienced in the conduct of in-depth interviews. The duration of the interviews varied from 30 to 40 min with respect to the participant's convenience. We began with an open question such as "could you share your experience during your pregnancy?," then we followed the guidance. The researcher recorded all interviews using a voice recorder, transcribed verbatim, and grouped them into topics. We stopped our in-depth interview with the eighth informant as we reached data saturation. Afterwards, the first author transcribed the interviews and read the documents several times. Open code was done using NVivo-12 software manufactured by the QS International. The coding process started with reading the transcripts and breaking them up into discrete segments. Subsequently, the data were interpreted and labeled with the same codes and organized into subcategories and main categories. An internal discussion was held among all researchers and the senior researcher. The senior researcher supervised the study from the data collection process and reviewed the results of the study.

Data processing in this study was underpinned by the Clark Moustakas model of phenomenological data analysis.^[9] This model was implemented in six stages: describing personal experiences, listing key statements, classifying the statements into groups of meaning or themes, writing textural descriptions, performing structural descriptions, and linking between textural and structural descriptions.^[11,12] We did a qualitative analysis, which is an approach to developing deep explanations from someone's reported experiences.^[13] To ensure rigor during data collection and analysis, we ensured credibility by utilizing open-ended questions. An audit trail was conducted by the

last author, who was not involved in the data collection process, thus ensuring dependability and transferability. We ensured confirmability by reviewing the themes, participants' quotes, and interpretations, thus ascertaining congruence and validation of findings.^[15]

Ethical considerations

The study was approved by the ethics review board of the State Polytechnic of Health, Malang, Indonesia (#835/KEPK-POLKESMA/2020). Informed consent was sought and obtained from all participants after a detailed explanation of the study objectives and the method of data collection. The anonymity and confidentiality of the participants were upheld. Study files were locked in a cabinet.

Results

The participants' demographic characteristics are shown in Table 1. After analyzing transcribed interview texts, we identified four themes [Table 2].

Pregnancy is a positive experience

Pregnant women expressed a happy feeling about their first pregnancy, although some experienced mood swings, morning sickness, and low back pain: "*Yeah, I'm happy because I haven't experienced (pregnancy) before. But in the early pregnancy, I suffered discomforts. When I was feeling nauseous, I felt weak. It was my discomfort, but now I like eating*" (P3).

All pregnant women reported that their husbands changed their attitude toward women. Their husbands paid more attention and support. The husbands also engaged in activities that they had never done before, such as domestic work, buying stuff, massaging, and returning home earlier from work: "*(My husband) changed a bit... his anger decreased...he is seldom angry (with me now). He used to be angry easily, particularly when he was tired. Now, he isn't*" (P3).

All women expected their husbands to keep giving the same attention after giving birth. Furthermore, women's families also paid more attention, for example, taking over women in heavy domestic work, and letting women have more time to rest.

Pregnant women were not independent

All pregnant women in this study were living with parents or parents-in-law. Eight women wanted to live independently because it was inconvenient to live with their parents, for example, "*(I) want to live only with my husband... because (I) don't want to bother my parents. I can't help my parents like I can't do anything for them, (I feel) hesitate*" (P4).

In addition, pregnant women relied on their husbands to attend antenatal visits. The husbands took the women to

Table 1: Demographic information

Informant	Pregnant woman			Gestational age (months)	Husband	
	Age (years)	Education	Occupation		Age (years)	Education
1	22	Junior high school	Housewife	8	25	Elementary school
2	17	Junior high school	Housewife	8	27	Junior high school
3	22	Senior high school	Housewife	7	27	Senior high school
4	19	Junior high school	Housewife	7	25	Junior high school
5	20	Senior high school	Housewife	8	26	Senior high school
6	22	Senior high school	Private	7	26	Graduate
7	17	Junior high school	Housewife	8	25	Senior high school
8	19	Senior high school	Private	8	27	Graduate

Table 2: Generated categories and subcategories

Code	Subcategories	Main categories
Women were happy with their pregnancy	Women were happy with their pregnancy	Pregnancy is a positive experience
Husbands were excited about the pregnancy	Husbands gave pregnant women more attention	
Experiencing pregnancy-related inconvenience yet the women's responses were positive	Parents and/or parents-in-law were supportive	
Excited about the first pregnancy		
Husbands helped with the domestic works		
Parents or parents-in-law assisted the domestic works		Pregnant women were not independent
Husbands were more kind, caring, and cooperative		
Husbands granted all women's wishes		
Women should wait for their husbands to take them to see a midwife or an obstetrician	Relying on their husband or parent/parent-in-law	
All decisions related to pregnancy were made by the husband or parent and/or parent-in-law	Not independent in decision making Not independent in finances	
Women lived in a house belonging to their parents or parents-in-law		Beliefs in pregnancy-related myths and tradition
Women's finances were supported by parents and/or parents-in-law		
Women were not allowed to consume spicy and sour food, fish, egg, "ontong," mushrooms, and some fruits (grapes, pineapple, durian, mango, coconut)	Javanese traditions related to pregnancy	
Women were prohibited to sweep the floor, wrap a towel around their neck, eat in the bedroom, and ride on a motorcycle		
Women held the Javanese festival in the 4th and 6th month of pregnancy		
Women almost never had the initiative to look for information regarding their pregnancy	Low initiative to seek pregnancy-related information	Pregnancy-related information seeking
If there is an issue, they tend to ask her parents/in-law or peers	Parents, peers, and healthcare providers were pregnant women's main information sources	
Women got the information from the counseling by midwife/obstetrician	Using online media was not common among pregnant women	
One woman used online media to get information		

health facilities and accompanied them during the antenatal visit.

Beliefs in pregnancy-related myths and traditions

Eight pregnant women believed and practiced the myths about foods and daily activities. The foods they were not allowed to consume include spicy and sour food, fish, egg, "ontong" (English, banana blossom), mushroom, and

some fruits (grapes, pineapple, durian, mango, coconut). Furthermore, a woman explained that consuming fruits during pregnancy would cause a giant baby. Pregnant women also believed in the myth about daily activities, which are prohibited during pregnancy, such as sweeping the floor, wrapping a towel around the neck, eating in the bedroom, and riding on a motorcycle, which can cause abortion or premature birth. Women fulfilled myths to

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obey the tradition and their elders' advice, stating, "Yes, (I am) afraid (of the myth). My parents and parents-in-law ordered me to observe (the myth). (They) asked me (to practice the myths), after I sweep the floor, I should immediately 'cikrak' (putting the trash in the Indonesian traditional trash picker). I believe (the myth) because I am afraid. I am afraid what parents say usually happens for real" (P6).

Another belief is holding "Selamatan" (English, Javanese communal feast) in the third and sixth months of gestation. This is part of Kejawen teaching (English, Javanese ideology). Although women knew this feast was not mandatory, they did not know the essence. They still held it to obey their parent's advice and fulfill the social culture. Moreover, the women said that holding this ceremony was burdensome due to its cost and trouble. The ceremonies of seven pregnant women were financially supported by their parents or parents-in-law. They also said that they would not hold the ceremony if they could decide. In addition, the plan for giving birth was decided by the husband and parents, for example, "It was my parents-in-law (who held) three months and seven months (communal feast). They financially supported it. It was kejawen (Javanese culture). The most important thing is that my baby was blessed. The main aim is to pray (for the expected baby) and conduct charity for orphans" (P7). One woman stated, "Yeah (I did it) because it is the regulation, or tradition" (P4).

Pregnancy-related information seeking

Pregnant women were passive in seeking pregnancy-related information. The women did not initiate seeking information; they only received it as part of the routine counseling from healthcare professionals, stating, "I haven't (looked for any information related to pregnancy). I got (the information) from the midwives in this pregnancy class" (P2).

If pregnant women wanted to know information relating to pregnancy, they would ask their parents or parent-in-law or their peers who experienced pregnancy. They asked for information about restrictions related to food and activities during pregnancy: "(I got information related to pregnancy) from my parents... because I believe, (if they said) something (related to pregnancy) is fine/safe, meaning it is fine/safe" P (7).

Two women took the initiative to search YouTube while another consulted search engines and mobile apps. On these platforms, the women read information about food-related restrictions, pregnancy activities, and labor processes. The rest of the women did not search for information from such or other platforms because they had never thought about it, for example, "No (I didn't try to find information), I only watched the delivery process on YouTube. Watching it made me nervous" (P5). Meanwhile, one woman had a mobile network problem, stating, "I once watched (the delivery

process) on YouTube. If there is a news (something that she thought is interesting), I will look at it" (P6).

Discussion

Our study revealed how women experienced their first pregnancy. Most women were happy during pregnancy and practiced cultural activities related to pregnancy. However, they were not independent. The participants in the study were married and got pregnant at a young age. Compared to urban communities, women in rural areas are pregnant for the first on purpose when they are still teenage or young.^[10] All participants in the study expressed a happy feeling during their first pregnancy. A study suggested that the feelings of happiness in pregnancy were associated with age, education, employment, marital satisfaction, husband's education, monthly income, pregnancy stages, planned pregnancies, abortion, fetal death, a history of comorbidities, and husband/parents' support.^[12] Moreover, this study suggested that happiness during the first pregnancy can also result from good adaptation to changes in their body and psychology.^[12] Mood swings were a major challenge experienced by pregnant women. A study in Bangladesh discovered that pregnant women experienced happy, stable, and tense feelings; 59% of participants had behavioral changes during their pregnancy.^[16]

We found that the participants in our study were well supported by their husbands during pregnancy. Promoting male participation in pregnancy is an important step to improving maternal and infant health,^[17] even as a study showed that better social support could improve the quality of life of pregnant women.^[14]

Pregnant women still believed in pregnancy-related myths based on "Kejawen" teachings, including diet and daily activities. The behaviors of a pregnant woman are included in *Gugon Tuhon*, which is a teaching that is commonly conveyed by parents to children, aiming to teach good morals and ethics in accordance with community norms.^[18] In terms of diet, women stated that some nourishing foods are forbidden, such as fish, eggs, and some fruits. However, those foods are sources of important micronutrients for fetal development and maternal health.^[19] Besides organizing their diet, the pregnant women were also suggested to pray to God by holding *selamatan*. The practice of *Gugon Tuhon* may have variations, but they aim at the same goal, that is, to deliver the mother and baby safely while ensuring the quick recovery of the mother.

All women in this study were passive in looking for information related to pregnancy. Pregnant women must acquire pregnancy-related information as this is associated with increased facility-based birth.^[20] Finally, our study revealed that the social community played important role in providing information. Peer support can contribute to reducing low moods and anxiety by overcoming isolated feelings, helplessness and stress, supporting an increase

in maternal self-esteem, self-efficacy, and childcare competence.^[13]

Although only eight women were interviewed in our study, a saturation of codes was reached; hence, the number of participants was appropriate. Our study had a limitation; our study involved a small group of women, limited to the Javanese context. However, this study's results provide useful information that can be compared to primigravida women's pregnancy experience in other contexts.

Conclusion

This study indicates that although pregnant women experienced inconveniences, they were still happy. Husbands and family played important roles in this period. Pregnant women still believed in and practiced cultural activities. Midwives should have sufficient knowledge regarding local culture to ensure that those activities do not harm both mother and fetus.

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Conflicts of interest

Nothing to declare.

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