Experiences Regarding the Transition to Parenthood in Turkish Culture and Family Resilience: A Qualitative Study

Hüdayar CIHAN GUNGOR
Yıldırım Beyazıt University
Faculty of Human and Social Science
Department of Psychology
Ankara-Turkey

Abstract

Summary: The transition to parenthood with the birth of a child is one of the basic stages in family life cycle. The aim of this study was firstly to describe experiences that parents have in the addition of a child to the family in transition to parenthood and secondly to understand protective factors which make them resilient during transition to parenthood according to Walsh's family resilience approach. It was conducted a qualitative study using semi-structured interviews with 11 parents, three of them were male and eight were female. Their ages ranged from 22 to 46 (mean = 31.3 years, Sd=6.10). The length of marriages ranged from 2 to 6 years (mean = 3.9 years, Sd =1.28). It was used criterion-based sampling method. Findings: The results of the study include two basic themes which are Parental Stress and Coping Resources. There are three main categories under the theme of Parental Stress (problems in couple relationships, postpartum period, and parenthood characteristics). Meanwhile, there are three main categories under the theme of coping resources (belief systems, couple relationship, and social support resources). Application: The outcomes of this study provides valuable information to family psychologists, psychological counselors, social workers and family therapists about what families go through when they become parents and what are the protective factors contributing to their family resilience to cope with the situation. The findings were discussed in the light of relevant literature.

Keywords: Family Resilience, Transition to Parenthood, Qualitative Study, Family Life Cycle, Parental Stress

Introduction

The family is a system that emerges through marriage. The transition to parenthood with the birth of a child is one of the basic stages in the family life cycle. In the transition process, couples need to accept the new family member in the system, readjust marital system to create proper places for children, take responsibility of the children and look after them, earn money, do household tasks, and readjust the extended family relationships (Carter & McGoldrick, 2005; McGoldrick & Shibusawa, 2012).

The transition to parenthood is a source of stress for couples, and the ways couples cope with these stressful situations are significant (Carter & McGoldrick, 2005). Stressful situations enable the family to increase interactions with one another and to reorganise their relationships in order to cope with these situations. The birth of a child is a developmental stressor which increases hardships in the family relationships (Segrin & Flora, 2005). How the families cope with this stress is tried to be explained with family resilience approach. McCubbin and McCubbin (1988) have defined family resilience as coping with and successfully overcoming the stress or negativities through the transitions within life. On the other hand Walsh (1996, 1998) has defined resilience as a more dynamic situation including internal and external factors, where various mechanisms work together before and after facing a risk or a negative situation. In this sense resilience is an interactive process which includes individual, environmental and ecological factors. At the same time resilience is an active process and it enables development in the face of crises and difficulties (Walsh, 2006). Patterson (2002b) has indicated that the important processes which contribute to family resilience are dependency, flexibility, communication and sense-making. McCubbin and McCubbin (1988) have defined the protective factors within the family as reconciliation, celebration of special occasions, open communication, economic situation, endurance, physical and psychological health of the family members, leisure time activities of the family members, personality traits of the family members, supportive communication network and traditions and habits of the family.

DeFrain (1999) have introduced spirituality as a basic factor for resilience and have stated that spirituality enable individuals to overcome stressful situations and provides them the ability to form an understanding and unity.

Concerning the stressful situations that families experience in the transition to parenthood, Walsh (2012) mentioned key processes of family resilience which contributed to the cohesion of the family adjustment. She stated that family belief systems, organization patterns and communication processes provided recovery by means of supporting optimal adjustment, decreasing risks and protecting from stress during problematic times. Family belief systems include sense-making of the negativity, normalization of the experienced trouble, seeing the difficulties encountered as surmountable difficulties, developing a positive point of view, having a religious belief and performing its rituals, humanism beyond the religious belief, having a relationship with nature, creative expression in arts and music and social activism. Organizational patterns include openness to adjusting to change and the ability to form a new balance, mutual support, cooperation, commitment, respect to the differences and the needs of the individuals, broadened social support networks, which include relatives, friends, social and religious groups and economic resources. Family communication forms which are the third dimension of family resilience include communication including open and proper messages, cooperative problem solving and open emotional expression including mutual empathy and humor, getting involved in the decision making, creative brainstorming, structured conflict solving, attempts to prevent the crisis and getting prepared for the future difficulties (Walsh, 2012).

In the transition to parenthood, couples encounter carrying out new and compelling child-care responsibilities. They have to agree on who will carry out these responsibilities and how they will carry out them. Besides, they have to rearrange child care and extracurricular activities. In this process, they experience insomnia, exhaustion, temper and depression (Belsky & Rovine, 1990; Cowan & Cowan, 2000). In this period, problems occur because couples spend less time together (Claxton & Perry-Jenkins, 2008; Perry-Jenkins & Claxton, 2011) and the frequency of sexual activity decreases (Pacey, 2004). Along with them, problems of division of household tasks occur (Baxter, Hewitt, & Haynes, 2008). All of these problems cause a decrease in marital satisfaction and an increase in marital conflict. Marital intimacy decreases after the birth of a child, and couples experience a decrease in marital satisfaction. In this process, they try to adapt to their roles of parenthood. Since they cannot spare time for themselves and one another, they feel hindered; and due to child care, they feel exhausted. Mothers can develop depression as they traditionally have more responsibilities of child care. Hence, they feel overwhelmed (Galvin, Bylund, & Brommel, 2004).

Another study showed that Chinese couples experienced negative effects of parental stress on their mental health and marital satisfaction during the transition to parenthood. Compared to men, women experienced more parental stress and more psychological symptoms. They also had lesser degree of marital satisfaction, and received more social support. The study also emphasized that social support and marital adjustment had significant influence on adjustment during parenthood (Lu, 2006). Studies revealed an increase in symptoms of depression for both of the partners starting from pregnancy to the first years of parenthood (Pancer, Pratt, Hunsberger, & Gallant, 2000; Paulson, Sharnail & Bazemore, 2010). On the other hand, Siebert (2011) stated that while newborn care caused stress on women's marital relationships, it did not affect the marital relationships of most women. He also asserted that the participants reached a new level of maturity both in their relationships and personal development, and that they developed a closer relationship with their husbands. In the interviews they made with couples, Borg-Xuereb, Abela, and Spiteri (2012) stated that the birth of a child changed couples' lives considerably; they experienced stress, and the most significant resources of support were their families, friends and colleagues. Adamsons (2013) pointed out that satisfaction they derived from sharing the responsibility of child care predicted mothers' relationship quality. Meanwhile, sharing the ideal and real role responsibilities, and having similar beliefs in attributing significance to their roles as partners who carried out various roles predicted partners' relationship quality.

Male and female partners experienced changes in the transition to parenthood differently. Female partners stated that there were intensive changes in their lifestyles and routines, and that it was not easy to adjust to these changes. Female partners reported that they received support from their own parents, female relatives, friends, colleagues, health professionals, and prenatal and postpartum groups. As for male partners, they stated that they received support from their partners, colleagues and health professionals (Deave, Johnson, & Ingram, 2008). Many postpartum mothers mentioned discomfort especially due to fatigue, exhaustion and decrease in self-esteem (Glade, Bean, & Vira, 2005).

Female partners reported that they experienced a decrease in marital satisfaction, and a higher level of stress in relation to their partners (Levy-Shiff 1999; Shapiro, Gottman, & Carre, 2000). In yet another study, Premberg, Hellström, and Berg (2008) defined fatherhood of first-time fathers as reaching a new integrity (forming a new intimacy in marriage and being close to the child), adjusting to a new situation (being a sensitive, patient, mature and responsible father) and excessive boredom (acting in accordance with the child's needs). Cowan and Cowan (2000) asserted that female partners went through most of the changes in the first six months postpartum while male partners tended to go through changes in the first two years postpartum. Meanwhile, they stated that the effect of parenthood on female partners was more than male partners due to pregnancy, childbirth and breast feeding.

Hildingsson and Thomas (2014) discovered that female partners had more negative emotions related to the processes of pregnancy, birth and first parenthood roles than their male partners. Female partners reported that they suffered more from parental stress than their male partners in terms of their relationship problems with their partners, social isolation and limitation of their roles. In yet another study, Deater-Deckard and Scarr (1996) found out that changes in marital relationships created more parental stress on fathers than mothers. Deave and Johnson (2008) defined the meaning of fatherhood for male partners as confusion, love, responsibility and, in the first week postpartum, as chaos. Meanwhile, they stated that spending time together and communicating with each other were vital as a means of reducing the tension in the relationships with their partners. There were also positive comments on the pleasure parents derived from having a baby and being a family. Along with a decrease in partners' marital satisfaction, basic research on the transition to parenthood indicated a decrease in women's self-esteem and a return to traditional gender roles even in couples with dual-career who held much more egalitarian principles. Besides, mothers continued to possess the tendency to have basic responsibilities regarding their children even when fathers took care of them actively (Carter, McGoldrick & Petkov, 2011).

So far, studies which mostly delved into the hardships which couples went through in the transition to parenthood and their effects on couple relationships are quantitative. Yet, studies so far have neglected to explain the process of development of parents' resilience who face hardships in the transition to parenthood. In order to fill this gap in the literature, the present study focuses on the transition to parenthood, which is the third stage of the family life cycle according to Carter and McGoldrick (2005), as a developmental risk factor. We believe that a qualitative study which is based on a phenomenological approach will provide a major contribution to the literature in order to describe the lives of these parents who undergo the transition to parenthood. We also attempt to comprehend the factors that contribute to the parents' resilience in this process from their own point of view in accordance with Walsh's (2012) family resilience approach.

In this study, firstly we aimed to understand how it is experienced the transition to parenthood in Turkish culture and what the struggles the couples encounter through this process are. Secondly, we aimed to identify the protective factors, which contribute to the couple's resilience within the process of becoming a parent. In accordance with this aim, we seek out answers to these questions: 1. what are the individuals' experiences about parenthood in the transition to parenthood? 2. What are the factors that contribute to parents' resilience in this process?

Methods

Design

In the present study, we used phenomenological approach as the research design. Phenomenological approach means the shared sense of experiences of several people about a phenomenon or concept (Creswell, 2013). Phenomenologist believe that they need to examine individuals and families naturally and from their own points of view (Boss, Dahl, & Kaplan, 2005). The phenomenon we researched in the present study was "the transition to parenthood". Researcher's personal life was also deterministic in this process. Namely, the changes in the marital relationship and life after being a parent were the major factors that commenced this research. We attempted to comprehend the individuals' lives in the process of the transition to parenthood based on their experiences.

Sampling

In the phenomenological approach, it is a prerequisite for the participants to have experiences related to the phenomenon that researchers examine. Criterion-based sampling, which is one of the purposeful sampling methods, enables the researcher to determine the individuals with the experiences related to the phenomenon the researcher examines (Creswell, 2013).

By using criterion-based sampling method, we carried out the interview with a couple out of other couple who were, according to Carter and McGoldrick (2005), married and on the third level of the family life cycle, recently became a parent and had children under 3 years of age. To reach the individuals who had the characteristics of the research criteria we required, we mentioned the aim of the research. We attempted to reach them by making announcements. In order to encourage individuals to participate in the research, we informed the parents that we would give their children developmental screening tests.

Participants

We interviews with 11 participants in the research process of 12 months.

Table 1: *Characteristics of the Participants*

	Gender	Age	Length of Marriage	Level of Education	Job Status	Children Gender	Age
Özgür	Male	34	5 years	High School	Self-Employment	Female	15 months
Emre	Male	31	6 years	M.A.	Self-Employment	Male	24 months
Mehmet	Male	46	5 years	University	Retired	Male	20 months
Elif	Female	36	2.5 years	University	Nurse	Male	12 months
Ayşe	Female	27	4 years	University	Psychologist	Male	11 months
Büşra	Female	30	4 years	University	Banker	Female	9 months
Sevgi	Female	31	3 years	University	Teacher	Male	16 months
Fatma	Female	30	5 years	M.A.	Insurance Agent	Male	30 months
Funda	Female	27	2.5 years	M.A.	Teacher	Male	9 months
Esra	Female	31	3.5 yeas	M.A.	Judge	Female	24 months
Çigdem	Female	22	2 years	High School	Housewife	Male	5 months

As seen on Table 1, out of 11 married parents, three of them were male and eight were female. Their ages ranged from 22 to 46 (mean = 31.3 years, Sd=6.10). The length of marriages ranged from 2 to 6 years (mean = 3.9 years, Sd =1.28). Two participants were high school graduates while the rest of the participants were university graduates. Except for one participant, the others had different occupations. Three participants had daughters while the rest had sons.

Data Collection

Prior to the study, we obtained all the required permissions from the Ethical Committee of Yıldırım Beyazıt University. Afterwards, we prepared the semi-structured interview questions. In the process of the preparation of the questions on the interview form, we consulted Walsh's (2012) family resilience approach and family life cycle, along with the related literature. In terms of obtaining the desired information, three experts examined the adequacy of the questions on the interview form.

Subsequent to this examination and in accordance with their recommendations, we carried out the required revisions and rearranged the interview form. There were seven questions in total. Prior to the actual interviews, we determined the challenges by means of a pilot study. At the end of the pilot study, we checked the clarity and comprehensibility of the questions. Subsequently, we corrected the mistakes and weaknesses of the interview form. Before the interviews, the researcher read the informed consent form and obtained participants' signatures as a sign of voluntary participation. At the beginning of the interviews, they filled in the demographical information forms. The researcher conducted the interviews face-to-face. Meanwhile, we provided the participants an atmosphere in which they could react at ease, sincerely and accurately. We conducted the interviews in places the participants requested; namely, sometimes in the houses of the participants, sometimes in the office of the researcher or in a suitable atmosphere for the interview. Each interview took approximately one hour, and we recorded all of the interviews. Subsequently, a research assistant transcribed the recorded interviews to written Turkish. In the study, we used code names in order to protect the participants' privacy.

To ensure the reliability of the study, we used direct quotations in the presentation of the findings. To increase internal validity of the study, we applied the member checking method. Member checking, which is a controlling method that the researched individuals carry out , is the process in which the researcher verifies the records by means of giving the transcribed texts of the interview to the participants to read before the analysis (Punch, 2011).

In line with this, after the transcription of the interviews, we gave the transcribed texts to 5 participants randomly. Then, we analysed the data subsequent to the consents of the participants.

Analysis of the Data

We analysed the data we acquired from the semi-structured interviews by thematic analysis. The phases of thematic analysis are as follows: To begin with, we read the transcribed form of the data that we acquired the semi-structured interviews a few times. Then, we marked the words, sentences and paragraphs of the data for coding. In the end, we formed the themes, sub themes and categories. Meanwhile, we employed Maxqda 11 analysis program in the analysis. We interpreted the findings by providing direct quotations from the semi-structured interviews in the theme headings.

Results

We considered the results of the qualitative analysis and discussed them in two basic theme dimensions which were parental stress and coping resources. Table 2 shows themes, categories and subcategories.

Table 2: *Themes, Categories and Subcategories*

Themes	Categories	Subcategories
Parental Stress	Problems in Couple Relationships	- Decrease in the time spent with the spouse - Effects on sexuality - Problems of division of household labour - Decrease in emotional intimacy and interest of the spouse
	Postpartum Period	- Mother's health problems - Intervention of acquaintances to the parents - Problems concerning the child
	Parenthood Characteristics	- Parenting role and responsibilities - Emotions concerning child-rearing - Changes in life style - Changes in relationship with friends
Coping Resources	Belief Systems	- The meaning of having a child - Positive outlook - Religious beliefs
	Couple Relationship	- Couple communication - Division of household tasks - Connectedness
	Social Support Resources	- Information support - Sibling support - Friend support - Parental support

As seen on Table 2, the study included two basic themes which were Parental Stress and Coping Resources. There were three main categories under the theme of Parental Stress (problems in couple relationships, postpartum period**,** and parenthood characteristics). Meanwhile, there were three main categories under the theme of coping resources (belief systems, couple relationship, and social-economical resources). Additionally, there were subcategories under these categories. We considered these categories and subcategories considered in the following parts.

Theme 1: Parental Stress

Problems in Couple Relationships

The first main category which was "Problems in Couple Relationships" included four subcategories which were "decrease in the time spouses spend with each other", "the effects on sexuality", "the problems of division of household labour", and "decrease in emotional intimacy and interest of the spouse".

Decrease in the time spouses spend with each other

Eight participants stated that they could not spare time for each other as couples after the birth of the child due to the process of taking care of the child and his/her needs, and the exhaustion they felt in this process.

Fatma (female) " …… we used to spare more personal time for each other, but now our priority is always the child. Hence, if we go out, we do it for him, if we go shopping, we do it for him. We used to go to the cinema for ourselves, but now we can't even go out for dinner privately. … Times to spend together to make each other feel special are really limited now. "

The effects on sexuality

Eight participants stated that the birth of the child also negatively affected their sexuality due to constant child care and exhaustion.

Büşra (female) "Sexuality is very much affected; we've already separated everything. For example, I sleep on one side of the bed, my husband on the other. Our daughter sleeps between us. She split us directly into two."

Mehmet (male) "… sexuality is of second importance willy-nilly. You concentrate emotionally; sexuality is a little bit interrupted."

Decrease in emotional intimacy and interest of the spouse

Five participants stated that they experienced a decrease in emotional intimacy and interest for each other as spouses after the birth of the child primarily due to the fact that their children occupied most of their time.

Özgür (male) "She is constantly with her mother, anyway she is born and becomes like a new body. I mean, she always sleeps and spends all her time with her mother the father is of second importance for the first months because the baby lives together with her mother for feeding, protection and everything. I experienced something called the sense of motherhood and I still do. I'm of second importance now, I know that."

Çigdem (female) "When he comes home, he hugs and kisses the kid and such like. Before, my husband used to hug me at once. Now he doesn't hug me most of the time. … I was so sorry and worn down, I even considered divorce. But then fatherlessness is really difficult, well, I thought so........"

The Problems of division of household tasks

Three participants reported that they had problems with their husbands about child care and household tasks. They emphasized that their husbands considered taking care of the children as the mother's responsibility. Henceforth, the fathers did not take enough responsibilities and this, in turn, triggered conflicts in their relationships.

Ayşe (female) "We have a sharing issue with my husband in our relationship. There are problems of doing household tasks and childcare. He does not feel responsible for childcare. I am the baby sitter, and he just loves the boy. Because of this, we have a relationship full of conflicts."

Funda (female) "There is no division of household labour. I feel like the maid of our house, I get angry and sometimes snarl and complain."

Postpartum Period

Postpartum Period, which is the second main category, consisted of three subcategories, which were "the mother's health problems", "the intervention of the acquaintances to the parents", and "the problems concerning the child".

The mother's health problems

All of the 8 female participants stated that they experienced postpartum physical and psychological problems.

Fatma (female) " I had problems with breast feeding. …I mean, I could not manage it, and I had sore nipples. I had fear of breast feeding, and it was not easy to breast feed the baby anyway. After sore nipples, it got more difficult. I thought I could not manage this. …the first months were extremely difficult, and I barely survived the first three months psychologically." Ayşe (female) " I dare say I was in depression. That period was bad. I was ready to cry, didn't want to look after myself. I felt strange from the baby. That was the biggest effect on me."

The Intervention of the acquaintances to the parents

Four participants stated that they experienced interference from their acquaintances, families and relatives concerning their children. Sevgi (female) "…………. breast feeding is of course a different situation. I mean, I went through the problems of this. Everyone I encountered would ask if I had breast fed the baby or if the baby had sucked milk. Oh, don't feed him with formula; don't do this or that…I mean, the baby was hungry but I couldn't feed him nor could he suck milk.

He was very hungry, and the doctor warned me that he would have jaundice. He also told me feeding was crucial in the first period and we had to give him formula. But our acquaintances kept telling us not to feed him with formula and so on. Now I think that the most right thing to do was what I knew, felt and trusted. Now, if I had a second child, I would not feel, well, so nervous and be scared or would not heed what others said; I would do what I knew was right." Çigdem (female) "…………. and everyone was suggesting something: give this, it is good for him or this baby is thin, his mother's milk is not enough, etc. They tried to name my son. I never accepted this; I had already found a name…"

The problems concerning the child

Eight participants reported that they experienced feeding and health problems of their children.

Ayşe (female) "We experienced a lot of difficulties after his birth. He was taken into intensive care …………For ten days, I had to go to the hospital to breast feed him, of course every day, every two hours. I spent my whole days on the road and hospitals. His illness wasn't known. What was said and done were different. That period was extremely difficult. He also had infantile jaundice because he wasn't fed. I did not lactate and we did not feed him with formula as we thought he sucked milk from my breast, and he lost 12% of his weight."

Parenthood Characteristics

The third main category, "parenthood characteristics", consisted of four subcategories which were "parenthood roles and responsibilities", "the emotions concerning child-rearing", "the changes in life style", and "the changes in relationships with friends".

Parenthood roles and responsibilities

All participants stated that being a parent brought about lot responsibilities. While they were not so much aware of this situation before the birth of the child, they experienced it intensively after the birth of the child.

Fatma (female) "Being a mother is a great responsibility. I mean, responsibility was the greatest emotion I felt. I try to protect my child from everything. …… Bringing up a child, taking good care of him and educating him well contributed to my responsibility. Before having a child, I used to think that a child was a necessity, a part of the house and a needed individual, but now I understand that it isn't like that. ……………"

Büşra (female) "The role of being a mother was really difficult. There used to be household tasks only, I took care of the house and my work. Actually, I didn't take care of the house so much, I used to hire a cleaning lady and she took care of the house, but it was different after I became a mother."

Emotions concerning child-rearing

Seven participants reported that they had anxiety in terms of child-rearing and his/her future. They also had emotions of inadequacy, and felt overwhelmed and exhaustion in terms of child care. Emre (male) "You consider this as a serious responsibility. You ask yourself if you are ready for this. What will his future be like? Now, he is two years old; we rock his cradle and he sleeps. We feed him and he is fine, not many problems. However, thinking about his years at high school, university or his mature life after university, fearing for his future job."

Esra (female) "I remember crying two or three times because I couldn't handle the situation any more. I remember crying, thinking what kind of a mother I was after I shouted at her or when she cried so much and I was helpless and couldn't do anything."

The Changes in life style

Nine participants reported that their priorities changed as couples and individuals, and that they organised everything in their lives in accordance with the needs of their child after his/her birth.

Mehmet (male) "After the birth of the child, you can't do the things you used to do. For example, you would like to go and listen to live music somewhere, but you can't. You say there is the child and think that he would be disturbed by the noise or the atmosphere. Your night life ends or you plan your holidays in accordance with your child………….."

 Özgür (male) "I used to smoke in the car, I gave it up. Before Bade was born, I used to smoke at home in puffs and everywhere. Now, I go out to the balcony and smoke there so as not to harm my daughter. …… My wife used to like snacks a lot but now she limited herself. She keeps them out."

The Changes in relationships with friends

Seven participants reported changes in their relationships with friends. Besides, they stated that they preferred to meet friends with children, and that they planned meeting hours and duration of their meeting in accordance with the needs of their children.

Büşra (female) "We can't meet with our friends mostly, especially with the single ones. We meet with the ones who have children. Only the ones with children can understand us………that's why we mostly meet with those with children."

Ayşe (female) "We used to go to a friend at a time we would like, but now I told them that I have to come before 7 o'clock as I have to put my child to bed………"

Theme 2: Coping Resources

Belief Systems

"Belief systems", which was the first main category, involved three subcategories which were "the meaning of having a child", "positive outlook" and "religious belief".

The meaning of having a child

All participants mentioned that having a child added meaning to their lives. Meanwhile, they stated that their relationships with their spouses got stronger, and that they became a family. Their own relationships with their parents also got stronger.

Funda (female) "The part of being a spouse wasn't complete until the birth of our child; we were like friends or lovers. After I got pregnant, his fondness and attention increased some more. He got more affectionate. ………… He much more accepted the fact that we were a family. His father and mother used to be his priority, but now his priority is my son and me."

Mehmet (male) "I think having a child is, in short, the meaning of life. ………you think that I was fortunate to have a child. Life gets more meaningful for you. You realize you're living."

Büşra (female) "My husband's parents changed, too. I think they cared for us more after our daughter was born. After my daughter, interest increased……I like this fortunately we have this child."

Positive outlook

Eight participants stated that they coped with the problems and hardships they experienced by means of optimistic thinking, imagining and considering this as a process that everyone went through.

Büşra (female) " She will be my friend. We will go to ballet, learn to play the piano when she grows up a bit more, when she is two or three years old. I think it will be better when she starts talking………"

Emre (male) "I personally see my son's growing up as a process and no one says it's going to be easy. Now I think us as of three, not two people…………………."

Elif (female) "Everybody goes through this, it is normal……… I think I should let nature take its course."

Religious belief

Four participants stated that they tried to cope with these problems and hardships by means of praying and performing religious rituals.

Büşra (female) "……… I read my prayers right away and it does work. I beg from God to help and give me patience. I think it works a lot and keeps me alive. Faith is really important."

Elif (female) "In coping with problems, religious belief is also important for me, and I still carry out religious rituals such as salat."

Couple Relationships

"Couple relationships", which was the second main category, consisted of three subcategories which were "couple communication", "division of household tasks" and "connectedness".

Couple communication

Five participants stated that they spared time for each other and valued doing something together, and that these were significant for their relationship.

Mehmet (male) "We read a book once a month. We read different books and after we finish them we discuss on them. We also chose TV series to watch together; she chose one I chose another."

Division of household tasks

Nine participants reported that they shared household tasks, such as child care and chores.

Sevgi (female): "……. I take care of my son till noon, and then I go to work. When I return home in the evening, my husband never makes me do chores; he changes our son's clothes and diaper. I mean, he likes this kind of things thanks goodness. We thankfully don't have a problem about division of household tasks at home; everybody does whatever they can."

Mehmet (male): "There's no problem about child care. I mean, we do everything together…………………."

Connectedness

Nine participants expressed the importance of mutual support, commitment, respect for each other's needs and differences.

Büşra (female) "We cover our shortcomings in no time. I'm irritable and get angry really fast. He doesn't upset me more when I'm angry. He never argues back and covers my shortcomings. He never humiliates me in the presence of others or never mentions my mistakes."

Elif (female) "Eventually we love, support each other. I think that these is a very powerful support, love and respect, I mean, I always got support from him."

Fatma (female) "When we're together, we still call each other with words that make us feel special. We love hugging each other very much."

Social Support Resources

The third category, which was "social support resources", included "information support", "sibling support", "friend support" and "parental support".

Information support

Five o participants stated that they obtained information on child care and child-rearing from the internet, books and doctors, and that this relieved them.

Fatma (female) "My doctor told me that this can be lived by every woman, and a baby could also be fed without mother's milk ……………… we had reassuring meetings in which he told me that this wasn't awkward or I couldn't help it. He reminded me that my baby was healthy."

Esra (female) "I got a lot of help from the internet, well, how is this? How does it go? I checked web sites like women's club, exchanged ideas about my daughter's illness. I also consulted doctors online and asked questions, read forums in that period."

Sibling support

Six participants stated that they had support from their siblings.

Elif (female) "My sibling was always by my side after the birth of my child, and still helps me with child care, too. If there is a problem, do this or that, we do together."

Çiğdem (female) "They never left me alone, too. They even came and stayed with me regularly, and took care of the baby."

Friend support

Seven participants reported that they had support especially from their friends with children.

Mehmet (male) " I ask, and so does my wife. Colleagues can easily tell to their groups. She shares well because there are many parents with sons in her friend groups, they are guiding in terms of this."

Elif (female) "I have started to spend more time with friends and families who have kids. Shared topics provide more to talk about and naturally you are curious as it's your first child. What are you going to do? etc. I meet with friend with children more often."

Parental support

All participants stated that they had support from their parents in the postpartum process considering child care and child-rearing. Besides, 4 participants reported that they had financial support from their parents.

Fatma (female) "My mother supported me considerably. We spent more time together. We stayed together; she didn't leave me alone day and night. I got used to being a mother thanks to my mother."

Esra (female) " For two years, before I left my job and took unpaid leave, we saved money a little at a time as we knew that I would leave but after it was used up my mother was still there."

Discussion and Conclusion

The aim of our study is to try to understand the struggles the couples encounter through the transition to parenthood and is to identify the protective factors which contributes to their resilience while overcoming these struggles. When the outcomes of this study are examined, it can be said that important information peculiar to Turkish culture regarding the transition to parenthood and family resilience was obtained.

In the present study, experiences related to parenthood revealed the main theme "parental stress" and three main categories under the main theme (problems in couple relationships, postpartum period**,** and parenthood characteristics). In "problems in couple relationships", most of the participants stated that they have problems concerning division of household tasks, and that they could not spare time for each other as couples, and that their sexuality was also negatively affected after the birth of their children. In former studies, Carter & McGoldrick (2005) and McGoldrick & Shibusawa (2012) have claimed that one of the developmental duties that the couples should achieve during the transition to parenthood is to re-organizing the extended family relationships. Since child care is very tiring and stressful, during this adaptation process couples tend to spare less time to each other and this stress affects their relationship in a negative way. Especially mothers become exhausted. This causes a decrease in emotional intimacy and care, which affects their sexuality. In fact what our male participants emphasized is that they "seem less appealing", "become of secondary importance", that the mother "spend more time with the baby", "do not make time for them anymore", "is very tired". Previous studies indicate an increase in marital conflicts and a decrease in marital satisfaction due to the decrease in the time couples devote to each other (Claxton & Perry-Jenkins, 2008; Galvin et al., 2004; Perry-Jenkins & Claxton, 2011) and in the frequency of sexual activities (Pacey, 2004). Very few of the female participants reported to have had problems concerning division of household tasks. It is observed that the participants who have had problems concerning division of household tasks had also experienced this problem before the birth of their children, and that with the birth of their children this problem and conflict have increased even more. In line with this, previous studies point out that having problems concerning division of household tasks increase conflicts and decrease marital satisfaction (Baxter et al., 2008).

In the second main category, which is "postpartum period", all of the female participants mentioned experiencing both physical and psychological problems, along with problems concerning the health and feeding of their children. Postpartum period is a sensitive period for women both physically and psychologically. In fact it was found that the participants have physical problems regarding breastfeeding and postpartum period and also psychological problems such as excessive emotionality, sensibility and frequently crying. Studies indicate that women experience utmost changes in the period of first six months postpartum due to pregnancy, birth and breast feeding (Cowan & Cowan, 2000). Many postpartum mothers mentioned discomfort especially due to fatigue and exhaustion (Glade et al., 2005).

Meanwhile, very few of the participants mentioned intervention of acquaintances to the parents in terms of child care, feeding and even naming the child. The participants of our study face problems regarding this process. The fact that parents-in-law of one participant named the child after the birth can be explained in terms of cultural context. Despite being practiced by a very limited part of the society, in Turkish families which still hold the traditional approach, children are named by the paternal family. This approach is considered as a way of showing respect for elders; and, accordingly, even though the parents do not lean towards this approach, they keep silent when it comes to naming their child. Thus, one female participant's child was named by the family elders despite her sorrow and anger in terms of this and due to her husband's silence. When the newborn comes, one of the mother-in-laws starts to live with the couple in order to help with the infant-care. Even though this situation has the characteristics of social support, it also prepares the ground for them to intervene to the couple and the child and causes them to have issues with boundaries. In time this situation causes relational problems.

Couples should act together within this process and while continuing to receive support from the grandparents, they should put some effort to determine both physical and psychological boundaries to prevent them from intervening their lives. Since putting boundaries have a negative meaning in Turkish culture, we believe that couples will face some difficulties through this process.

Some environmental factors can make this process harder for women. The way the relatives, friends, family and acquaintances put pressure on the mother about "the importance of breastfeeding", "how she should take care of the child", "how she should take care of herself" is one of the environmental struggles especially our women participants' encounter. We think in this time period the people around the new parents should be more sensitive and they should consider the psychological processes of the women. On the other hand, some of the participants faced some difficulties through the postpartum period regarding their child "having hepatitis", "having colitis", "being in intensive care unit" and "getting treated for infection". The postpartum process is already hard and stressful by itself, the medical condition of the child makes this period even harder for the parents.

In the third category, which is "parenthood characteristics", it is expressed that parenthood is a serious responsibility; parents experience anxiety related to the child's future and rearing along with this responsibility. Meanwhile, their priorities change and they organize their lives in accordance with their children's needs. The participants, who had roles only as spouse before, have a new role as parent with the new baby and this brings great responsibilities. It was observed that couples had hard times adjusting these changes and sometimes they remained incapable. Parents emphasized the importance of getting educated about dealing with these in capabilities and becoming informed in the prenatal period. In this period, the thoughts of the father, family and friends and even the mother regarding the mother being responsible of the child lead the mothers to question their motherhood and capabilities and creates more stress. It can be seen that both parents are already worried about the upbringing and the future of the child. It is also observed that in the postpartum period the new parents cannot do the activities they used to do and they have to arrange everything according to the child and his/her care, sleep and health. This situation also causes parents to be stressful. Relationships with friends also change within this process based on the child and the fact that parents prefer visiting friends with children is another indicator of this situation.

The second research question of the present study, which is to find out the protective factors which contributes to their resilience while overcoming these struggles, revealed the second main theme, which is "coping resources". In the present study, the meaning parents attribute to having a child, positive outlook and religious belief constitute the "belief systems" category. In the sub category, which is "the meaning of having a child", participants could bear these hardships thanks to considering the child as the meaning of life and as a factor that strengthened couple relationships and their relationships with their own parents despite the hardships and problems of child-rearing. "Positive outlook" in terms of looking to future with hope, imagining positive things and considering the situation as normal or a process that everybody goes through, and "religious belief" are found out to be subcategories that help coping.

Despite the struggles and difficulties, the positive meaning assigned to having a child is an important factor which helps the parents to cope with these difficulties. Walsh (2012) and Patterson (2002) have claimed that the way they give meaning to the situations as a family system affects family resilience and is an important factor for the reorganization and the health of the family. Parents also overcome this situation by being hopeful about the future, excepting the situation, imagining, developing a "positive outlook" about the situation as normal and common. Walsh (1998) has claimed that resilient families, regardless of their current situation, are hopeful about the future. Hope is a fundamental factor for healing, it increases energy and enables the reorganization of life and review of the dreams (Walsh, 2007). Another factor, which helps parents to cope with the process, is found as "religious beliefs". It is observed that parents "pray" or "worship" in order to cope with this process. The thoughts like "This is the best, this is what God wants" –which can be expressed as "faith"- relaxes the individual and helps them overcome the problems. Faith has an important place in Islam. The belief that everything (good and bad) comes from Allah provides individuals peace and strength. DeFrain (1999) have claimed that spirituality is a fundamental factor for resilience and it enables people to overcome stressful situations, provides them with the ability of being understanding and forming unity. Walsh (2012) has also stated that religious beliefs and performing its rituals is a protective factor which contributes to the family resilience.

In this study, under the main category of "couple relationship"; "couple communication" including couples spending time with each other and sharing, "connectedness" including mutual support and commitment and "division of household tasks" including couples sharing the responsibilities about child care and chores are the factors which increase the resilience of the couple. Participants emphasized that the time spent together strengthen their relationship. It can be seen that reading books, watching television together and having conversations after the child goes to sleep and from time to time taking small vacations without the child strengthen the relationship. The love, respect, care, support within the relationship and the effort of the couple to understand each other are important factors which enable commitment within marriages. Division of household tasks regarding child care and chores contributes the marriage relationship of the couple in a positive way. Walsh's (2012) explanation of family belief systems, which she emphasized as making meaning of adversity, positive outlook and transcendence and spirituality, supports the finding of the present study.

In the context of the main theme "social support resources", all participants reported that they obtained support from their parents concerning childcare and a few participants stated that they had financial support. Especially female participants obtained support mostly from their own mothers, siblings and friends with children, along with obtaining information support from the internet, books and doctors. These supports are significant factors that contribute to parents' resilience. It is indicated that social support has a significant effect on parental adjustment (Lu, 2006). Extended social support networks and economical resources including relatives, friends, social and religious groups, which are expressed as social economical resources, are emphasized to be significant factors that contribute to the families' resilience (Walsh, 2012). The findings acquired from the present study support Walsh's studies in which she emphasized that resilient families emerge stronger out of crisis circumstances by means of strong relationships.

Our study has some limitations. One of them is the fact that this study deals with the process of becoming a parent of married couples. Further studies might deal with how single parent families go through this process and cope with it. Secondly, since the aim of the qualitative studies is to thoroughly understand a case and does not represent a broad sample, the generalizability of the study is low. Low generalizability can be seen as a limitation of this study. It has been thought that the outcomes of this study will contribute to the development of the measurement tools for parenting stress and coping through this process which is peculiar to Turkish culture. The outcomes of this study provides valuable information to family psychologists, psychological counselors, social workers and family therapists about what families go through when they become parents and what are the protective factors contributing to their family resilience to cope with the situation. At the same time it is expected that it will help the psychological counseling services provided for families and developing the programs intended especially for the new parents.

Ethics: The research was approved by Yıldırım Beyazıt University Ethics Committee prior to the start of data collection. (ref number: 23.06.2014-05)

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