

**CONDITIONS AFFECTING PERCEIVED COPING FOR NEW MOTHERS:
ANALYSIS OF A PILOT STUDY, SYDNEY AUSTRALIA**

Running Head: Perceived coping for new mothers

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Abstract

Much of the existing research on women's mental health has not clarified the nature of the coping experience, nor taken a grounded theory approach using the participant's own words and meanings to describe the experience. Nine mothers (\bar{x} age = 34.2 years), working full-time at home with an average of 2 children (\bar{x} age = 21.5 months or 1 $\frac{3}{4}$ years), identifying as well participated in a series of two unstructured, in-depth interviews to help uncover their perceived coping experiences. For the mothers in this study, coping includes efforts to manage stressful, challenging or difficult events, however is affected by lifestyle changes experienced since the birth of a child, general difficulty of the mothering role and social pressures to succeed in that role. The longer you have been a mother, persistence, and lack of stressors encountered in the home setting ("context") were all nominated as conditions affecting perceptions of coping.

Introduction

Little is known about the process of coping and what the strategies entail (Musil & Abraham, 1986). Effective coping depends on the individual's evaluation of the situation. Much of the existing research on women's mental health has not clarified the nature of the coping experience, nor taken a grounded theory approach using the participant's own words and meanings to describe the experience. Research has tended to focus on coping within marginalised groups using ill or disadvantaged samples (Sharts-Hopko et al, 1996; Nelson, Miles & Belyea, 1997; Kolotylo & Broome, 2000; Tein, Sandler & Zandra, 2000). Well or healthy mothers constitute the majority of the population, however, the focus has been on 'not-coping', or unhealthy approaches.

More research is needed to help understand what perceptions of coping mean for mothers of young children. Therefore the purpose of this article is to explore this concept. What does perceived coping entail? Are there conditions that enhance or limit one's ability to maintain a perception of coping?

Method

The study utilised an exploratory design with a grounded theory approach. Nine mothers (\bar{x} age = 34.2 years) of babies and young children 0-5 years accessed through

local mothers clubs, pram walking groups and day care centres, working full-time at home with an average of 2 children (\bar{x} age = 21.5 months or 1 $\frac{3}{4}$ years), were accessed from long day care centres, pram walking and mothers' groups. All participants identified as well. Data were generated through audio-taped, unstructured, in-depth interviews. Mothers were invited to participate in interviews at a convenient time and location. Interviews focused on the mother's experiences and perceptions related to any kind of coping with everyday situations. Using the principles outlined by Strauss and Corbin (1990), the interview data were transcribed and content analysis employed to discover the major categories characterising the coping experience.

The Meaning of Coping in the Context of the Daily Lifestyles of Mothers

For the mothers in this study, coping includes efforts to manage stressful, challenging or difficult events. Coping was described as a sense of feeling in control. However, it was a concept that tended to be noticed more so when one was *not* coping compared with coping, as Trish explained:

...you don't even think about it at all. You don't like, you don't often get up and think, 'Well, I'm coping today', unless something happens, the feeling that you're not [coping], rather than you are.

Vanessa also explained how she tended to be more aware of feelings of not coping on a 'bad day':

It's a contrast really. When you're coping, you're on auto-pilot, but when you're having a bad day, you've got more stress, and I might get to the end of the day and think, 'Oh no, I shouted at him too much today', and feel really bad and that sort of thing. On the good days or normal days, I don't get to the end of the day and think, 'Oh wow, that was a really good day', or if I feel something really special has happened, then I might feel that was a really good day. But generally, day-to-day, I don't really think, 'Oh, I've got through the day', or anything like that, I just go ahead and do it, I don't dwell on it too much.

This feature may have also related to the concept of the mothers perceiving different levels of coping, as illustrated by Wendy's explanation:

Yeah, I think there's different levels of coping. Like you can survive, and just get by, or you can feel really on top of things and really confident in what you're doing, and I would say when we were going through their waking we were just surviving, um, but it was stressful, and neither of us felt good, and, but now that it's more under control....Just hanging on, you feel dreadful, stressed, powerless in a lot of ways, um where, kind of where I am now, which is kind of more than just surviving, um, I feel a lot more confident in what I'm doing and in being able to approach what they're doing. I think a lot of it has to do with confidence and feeling assured of what's going on.

Mothers identified effective or higher levels of coping when:

- strategies were perceived as being successfully implemented,
- perceived stress levels were reduced,
- confidence levels were at their highest, and

- satisfaction and enjoyment levels related to the mothering role in general were also at their highest.

For the mothers in this study, coping was also related to greater feelings of being in control of one's own situation, or an increased internal locus of control. People with an internal locus of control are characterised by their belief that what happens to them is a consequence of their own actions and is within their control (Duff, 1997, p.5). Control relates to hardiness or how well an individual handles stress or demands placed upon her (Naughton, 1997). The findings suggest that mothers who cope also exhibit a degree of hardiness.

According to the mothers, 'just scraping through' was synonymous with low level coping. This finding may be interpreted as the mothers justifying any perceived poor coping outcomes. Rather than admit to outright failure, the mothers may have been attempting to save face, so they didn't feel ashamed or inadequate. Alternatively, they may have wished to legitimise their efforts and recognise an outcome at any level. The next section discusses the challenges mothers had to cope with on a daily basis.

The Situations and Demands Mothers Cope With

Changed lifestyle

All informants noted that they had to deal with a change in lifestyle since the baby was born. Lack of freedom and being on call 24 hours a day were noted as examples of this phenomena. Sarah felt a drastic change to her lifestyle:

It's really different! [laughs] I think after 5 years, I'm just getting used to it. A drastic change. I have spats when I try to remember what it was like back then because I want to remember what it felt like to be normal. I don't think I am any more [laughs].

The transition period in new motherhood can be associated with a changed self identity, reduced freedom and levels of tiredness never experienced before. As Schmied and Everitt (1996, p.114) described; "It was like walking into someone else's life, this was not my life anymore". According to Tarkka and Paunonen (1999, p.117), the main lifestyle changes new mothers often experience include increased isolation and role restrictions, and they stated:

Becoming a mother brings about great changes for the woman not only physically, but also mentally and socially.

Broom (1994, p.18) not only highlighted the new mother's acquisition of an overwhelming new identity, but also the following 'losses':

- body changes, such as weight gain
- loss of independence, for example giving up paid work
- increased isolation, for instance lack of adult interaction.

Research conducted by Walker and Wilging (2000) discovered that mothers had to deal with stress caused by:

- the transition or changes experienced by mothers in their new role and lifestyle
- retained postnatal weight
- lack of social support.

Through her struggle to integrate her new mothering role into her personal identity, a mother may experience depressed mood. Depressed symptoms may impact negatively on coping (Maushart, 1997). However, no informants in this study identified as feeling depressed or unwell.

Difficulty of the mothering role with lack of social recognition

Mothers in this study had to cope generally with demands arising from all fronts:

I have to cope with everything. I think you really have to cope with the demands of your children and the demands of your partner, cope with the demands of the outside world, and the demands of your children (Kate).

Martin (1995) concluded that the early period of motherhood often generated common problems, including loss of sleep, tiredness, increased household chores, and loss of freedom. All mothers described that the demands of new motherhood involved a juggling act and was a difficult, baby-focused task:

Yeah, you're gonna find that it's all a bit much to start with, and you're a nappy changing, feeding machine, and you're doing something for one, and then the other, then your husband comes home or whatever. I'm sure you're gonna feel a little more stressed and like you're not coping as well (Trish).

Similar to the findings contained in Harris' (1998) and Wearing's (1984) studies, the mothers may have experienced stress because they identified themselves as having primary responsibility for childcare. Role strain is the perceived difficulty in achieving role obligations. It is related to negative psychological and physical effects (Seib & Muller, 1999). According to Seib and Muller (1999) and Wannamaker and Bird (1990), even though some employed mothers experience more role strain than non-employed mothers, they often experience less depression and anxiety due to improved self esteem, financial status and social support obtainable through paid work. The mothers in this study were not currently obtaining esteem or financial rewards from involvement in outside employment.

For the mothers who felt they were coping adequately, this study revealed a current of dissatisfaction or a wanting by the mothers to be recognised for a job well done. I gained a sense that the mothers felt that their roles were not being socially recognised as important. For example, the findings revealed a sense of social obligation by Cynthia to her family and outside community. However, I believe she also would have liked some social recognition of her independent contributions and volunteering in the community.

Coping, especially for women, is affected by gender roles. According to Duxbury, Higgins and Lee (1994), Raskin, Kummel and Bannister (1998) and Schmied & Everitt (1996), family roles are considered more central to women than men and are also potentially a greater source of concern or stress. Mothers are often concerned with

being a 'good mother'. They tend to place emphasis on the social and gender perspectives of the mothering role (Schmied & Everitt, 1996; Vehvilainen-Julkinen, 1995). Therefore, they may equate successful coping with having achieved a higher level of femininity, or a more positive and fulfilled state of whom she is striving to be.

The image of the coping mother

The mothers in this study were aware of an image or ideology of having to appear as though they were coping at all times. The mothers' acknowledgement of the importance of physical, social and emotional well-being in coping revealed their acceptance of a socially constructed image of the coping mother:

Yeah, I think it's a personal thing, but for me, I like to have a tidy house, even if I only see it, I feel conscious of it. Everybody round you expects your children to be quiet and well behaved and you to be coping and they expect you to accomplish that no matter whether you're having a good day or a bad day. You have to cope with how your parents feel, you know, how you should be bringing up children; coping with everybody's ideas about how children should behave (Kate).

While everyday coping efforts may not be widely recognised by the community, there is social pressure for mothers to succeed. Cynthia described this phenomenon:

...but I think [I have to cope with] just external pressures to perform. You know, to be seen as being together, I don't know. There's a lot of pressure on you. I do feel outside pressures, they're probably just me thinking they're coming from the outside, but it's with the housework and the way the house is, you know, I never thought was important and I know theoretically it isn't. It's just amazing how that can play a role in your expectations. I've developed them, I was never conscious of it, it's such a

superficial concern and still, but I think there is such a pervasive mentality or expectation of appearance which is on everything, the body, your kids, how well dressed your children are, it's all around here.

There appeared to be a perception among these women that social pressure is high. They willingly or unwillingly strived to fulfill the ideal, or justify why they couldn't. This finding concurs with that of Dix (1987) and Schmied and Everitt (1996), in that mothers like to feel as though they are coping. Mothers are concerned with being a 'good' mother.

Harris (1998) found that the mothers' choice of childcare coping strategies were linked to the values they had about mothering. These values were highly influenced by the mothers' notions of what society considered a good mother to be. The attributes of a good mother identified by Harris (1998) and Wearing (1984), included patience, love, support, selfless availability, respect, being there for the children, positive interaction with the children, controlling your own anger and being non-judgmental.

The group of mothers in this study identified as feeling well. However, they too may have been aware of a social stigma attached with admitting to not coping and needing help. They may have not felt comfortable disclosing to the researcher any overwhelming stress, personal emotional problems or issues surrounding not coping effectively. Any perception by the informants that they 'needed to cope', or at least

provide this impression, may have been a factor driving their responses. Many mothers keep up a façade of ‘I’m coping’, because that’s what ‘good’ mothers do (Dix, 1987). An analysis of the major findings revealed certain conditions that may affect perceptions of coping. These are discussed in the next section.

Conditions and Factors Affecting Coping

The longer you have been a mother can make it easier to cope

Sometimes knowing which strategy to implement was related to perceiving an enhancement in skill and experience gained from having subsequent children, “I think knowing what to do can also vary with time, I think the longer you’ve been a mother then that can make it [coping] easier” (Wendy), or “I don’t worry about Adam as much as I used to worry about Mitchell” (Vanessa). Trish further explained this phenomenon or the perceived difference in coping with a second baby compared with the first:

Yeah, because you know what to expect and they give you a little cry and you sort of think, ‘Oh well, they’re not going to die’, and you don’t rush into the room. It’s been much easier than with the first one. Yeah, I think the first child, you’re so wiped out and blown away by the whole thing and so tired and the second time I didn’t feel so tired, I guess because you know what to expect.

It is interesting to note from observational research carried out by Kaitz et al, (2000) that mothers of subsequent babies were no more effective at soothing a newborn baby’s cry than first-time mothers. Effective coping may be strongly related to confidence

gained from subjective personal perceptions of gaining competence through exposure to practice.

This factor may also relate to a positive evaluation of mothering ability or level of self esteem. Self esteem is an important determinant of a mother's coping and feelings of control. Rowe, Temple and Hawthorne (1996) and Tarkka and Paunonen (1999) found a strong correlation between a mother's self concept and her coping. Self esteem may be positively affected by how successful we view our coping efforts to be.

For this group of mothers, perceived levels of coping effectiveness affected how well they perceived themselves to be performing overall as a mother. In this study, perceptions of coping may have been positively affected by those mothers who had high levels of trait, or personality-based self esteem. Mothers with higher self esteem would be buffered during stressful events by having a more confident, and positive outlook towards tasks to be accomplished. A positive and confident self-image positively affects how well a mother feels she is succeeding in childcare and how well she is able to respond to a child's needs (Mercer, 1986; Tarkka & Paunonen, 1999; Younger, 1991).

Elements of continuity and persistence

Coping was often described by the mothers in terms of something that required persistence and determination; "coping is keeping going in your role each day, I agree

that's what it is ...there's surviving and there's really feeling on top of things, but you have to keep going (Wendy). If a mother was to succeed in the cycle of coping, she needed effort and a degree of persistence to see out results from strategies under trial, as described by Wendy, "but a lot of it's trial and error, and seeing what they do as well".

Degrees of coping are due to context

Feeling as though she was coping at a high or low level was often due to the situation the mother found herself in, or 'context', as explained by Wendy:

I think a lot of it has to do with context, so where you might be just surviving, is when there's things like sick children, less support from other members of the family, or difficult external demands...where there's less of those demands, baby's content, things are going all right externally, it's easier to be in a routine or on a roll.

Coping with situations where the reason for the cause of a particular problem was known made it easier to cope, compared with situations with a more open ended or mysterious cause. Wendy helped explain this phenomenon:

We tried lots of different things. It was easy because there was a reason for it. They were sick, it seemed easy to just get up, pat them back to sleep, do what we had to do just to get them back to sleep, give them their dummies or whatever. Then it became, it wasn't sickness, illness-related any more, it was, um, habitual waking, so it kept going for another 2 weeks after they were sick. So in knowing what to do then was hard, so we spent a lot of time on the phone to Karitane and Tresillian, umm... it's hard to come up with answers and know what to do...I was at Tresillian for a week, so they gave me ideas there. That was really good.

A very sick child was nominated as a situation less likely to be coped with at a high level:

“I think if I had a really sick child I think I’d find that really quite difficult, but touch wood, Mitchell’s in really good health. I mean he doesn’t have any chronic conditions, and he doesn’t seem to get sick very often with colds or anything like that...I think I’d find that quite worrying and stressful and draining” (Vanessa).

Strategies are non-static; they are adaptable and ever-changing

Approximately half the mothers interviewed stated that their coping strategies needed to be changed if they were deemed as not working effectively. A couple of mothers talked about reviewing their array of strategies, such as Sarah:

Your strategy’s always being changed or reviewed. If you realise things aren’t working well all of the time, you might analyse things and say, ‘I’m gonna stop doing what I’m doing’ ...For peace of mind, you’re going to try something else. I think they [strategies] change all the time.

Coping strategies were evolutionary by nature, “it’s [coping] an ever-changing, ever-learning experience. Everyday brings up a new set of circumstances” (Cynthia). A mother needs to be on ‘stand-by’ mode because her preferred strategy may require refinement or adjustment, “I think on the whole you sort of do things that work for you, and um, I guess some things do take trial and error” (Vanessa).

The age group or category of child (such as, babies, toddlers, pre-school, school or adolescent aged child) affected coping. This may be the main reason that coping

strategies need to be adaptable, “with different age groups, there’s a different set of demands, like getting Natasha off to kindy” (Cynthia). This feature was explained well by Wendy:

There’s always going to be new situations arising and you’re going to go through it [coping] again ‘cause you’ve got changing ages representing different problems... a new range of things, and the strategies you’ve used aren’t relevant any more because the things you used were for a different context, they were for younger children.

High level of influence from children in upturning or maintaining balance

The interviews contained rich descriptions of the importance and centrality of children in the mothers’ lives. This may be why the mothers often mentioned children as being highly influential to outcomes of coping strategies, “but then it’s often in the kid’s control too, if they’re happy, you’re happy” (Sarah). While employing a strategy, all mothers were aware of taking into account the feelings of the child. Coping had to take the child’s welfare into account. If the child was happy, then the mother was happy:

And then that all boils down to that cycle you’ve got. If they’re happy, you’re happy doing what you’re doing, they’re happy and everything’s going to go smoothly. You’ll try it [the coping strategy] for a little while, and you’ll know the results because, for example, you’ll feel like things are getting done, and the children are more happy (Trish).

In most situations, tasks could be made more difficult through the temperament or tiredness level of the child:

I think the child’s temperament has a lot to do with it. And I think the ‘first child syndrome’, you know, you give your all, and it was pretty intense with Natasha,

*I was always quite protective, but I think she is pretty high-maintenance as well.
That was really nightmarish, really, when Susanne came. I couldn't believe it,
I don't think anyone prepared me for her behaviour. I think just the tantrums
when I was breastfeeding and I think almost all of the time (Cynthia).*

Discussion

The information relating to the coping experience by mothers in this study may be recommended in terms of anticipatory guidance, for example, to assist others to discover that coping with stress is typical. The research helps guide professional practice by offering insight to personal experiences that other mothers may find useful in comparing to their own situation.

Comprehensive health care should consider each woman's unique experience, (Sethi, 1995). However, the literature has reported incongruence between what health professionals such as nurses believe is important and essential to coping with the mothering role, compared with the views of mothers themselves. Midwives have traditionally emphasised the medical, biological and 'mothercraft' aspects of motherhood, while mothers have expressed they essentially want to feel as though they are coping.

When mothers do perceive they are coping at a high level, they may feel great satisfaction from the sense of control that arises. However women often feel totally unprepared for the challenges associated with the mothering role (Schmied & Everitt, 1996, p.114). Mothers have stated that they want information on the social and emotional experience of motherhood, how to balance the demands of all family members, plus find some time for self. Vehvilainen-Julkunen (1995) found that mothers expressed quite strongly that the ability to cope with day to day situations is an extremely important topic that they wished to have more information about.

Parenting is not something we adequately prepare people for. It is acknowledged as difficult, but at the end of the day, there is public expectation that parents will succeed. Future studies could further explore the notion of 'real' mothering, where stress, tiredness and lack of coping or sense of control at times are exposed as normal experiences. It would be helpful to examine the relationship between self esteem, the amount of perceived external approval and social recognition received, and feelings of internal satisfaction and success in one's mothering role.

It appears that '100 % coping, 24/7' with the motherhood role is not a universal experience. Mothers may cope in moderate amounts, or be doing the bare minimum, but it doesn't mean their child is at risk. Mothering, especially during the early phase, is difficult and it appears that more could be done to support mothers and give them a break from their on-call roles. However, the findings suggested that there is an

underlying social expectation of the importance of successful parenting. This may explain the reluctance by some mothers to admit to not coping, as they fear being labeled as an 'unfit mother' by others.

This study has provided enlightenment at the micro-level of the meaning of the coping experience in a group of mothers. At the macro-level, society has not yet developed the attitude that mothers should not have to do all of the caring, nor be on call 24 hours a day. However, increased awareness by Australian mothers that strategies such as taking time-out will ultimately improve coping, will do much to improve mothers' sense of well-being and control.

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