

RESEARCH ARTICLE

Transition to motherhood for Japanese primiparas from delivery to 6 months postpartum: A qualitative study

Youko Katou¹  | Mitsuko Okamura¹ | Mitsuko Ohira²¹School of Nursing, Kurume University, Fukuoka, Japan²Graduate School of Biomedical and Health Sciences, Hiroshima University, Hiroshima, Japan**Correspondence**Youko Katou, 777-1 Higashikushiharamachi, Kurume, Fukuoka 8300003, Japan.
Email: wasaki_youko@kurume-u.ac.jp**Funding information**

This study was conducted with a grant-in-aid for scientific research from the Ministry of Education, Culture, Sports, Science and Technology (17K12332)

Abstract**Aim:** This study investigates aspects of the socio-culturally influenced Japanese primiparas' transition to motherhood.**Design:** A qualitative descriptive study approach with interviews of Japanese primiparas was used.**Methods:** Individual interviews with 21 Japanese primiparas were conducted, with a focus on their transition to motherhood and familiarization with the maternal role. The interviews were analysed, and categories and subcategories were established. This paper was developed using the COREQ guidelines for reporting qualitative studies.**Results:** Seven major categories with 26 subcategories were identified in the transition to motherhood. The seven categories are listed as follows: "confusion with first childcare experience," "suffering related to childcare," "clinging to the image of an ideal mother," "internal conflict while comparing oneself to other mothers," "undertaking childcare by disengaging from one's stereotype," "realization of becoming a mother" and "changing relationship with surrounding people."**KEYWORDS**

Japanese primiparas, motherhood, qualitative interview study, transition

1 | INTRODUCTION

The psychological transition to motherhood occurs as a woman takes on a new role as a mother (Finlayson et al., 2020; Khan et al., 2019; Laney et al., 2015). During this period, individual women come to lose themselves by incorporating their child into their identity. Individuals explore how they will grow as a result of their child's acceptance and how their unique individuality will be enhanced with this experience (Laney et al., 2015). The transition to motherhood takes place during the developing years of a child (Mercer, 2004). Adaptation to a maternal role is affected by individual factors, such as educational background, maternal attachment, partner, children, religion and

beliefs, psychological state (e.g., depression), age and mode of delivery (Fouquier, 2011; Kirova & Snell, 2019; Prinds et al., 2018; Psaki et al., 2019; Solera & Martín-García, 2020; Wiklund et al., 2009; Zaki et al., 2020).

We studied the physical and mental health of Japanese primiparas as they prepared for motherhood and parenting. Tanaka (2019) conducted a longitudinal study on Japanese primiparas; the study determined that a mother's affection toward their child peaks during the first three to four months post childbirth. Maehara et al. (2017) measured parenting stress among Japanese primiparas from childbirth to six months postpartum using the Parenting Stress Index-Short Form (PSI-SF). They found that stress associated with

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2021 The Authors. *Nursing Open* published by John Wiley & Sons Ltd.

motherhood reduces between two and four months postpartum. Therefore, we investigated the difficulty of transition to motherhood among Japanese primiparas during the first four months postpartum. The majority of qualitative research on transition to motherhood focuses on mothers with premature infants and high-risk pregnant women. Studies show that transition to motherhood can occur in several ways in high-risk mothers; however, this period has not been thoroughly studied in low-risk mothers. Transition to motherhood carries some risk, even in low-risk pregnant women. Previous studies have indicated that mental health is affected by maternal bonding, an important factor for child development, during the transition period (Shimonaka & Tamashiro, 2017). As a result, the actual state of motherhood during the transition period should be determined by having mothers talk openly about their experiences.

2 | BACKGROUND

Studies have shown that transitioning to motherhood varies across cultures. In the traditional Japanese view of the maternal role, expressions of devotion to one's children and family are considered proof of maternal affection (Ohinata, 2001), even at the cost of self-sacrifice (Iwasaki et al., 2013; Takeishi et al., 2019). Even if a mother has negative thoughts about parenting, such thoughts are corrected and eliminated by others around her. Furthermore, the traditional gender-based division of labour, where the husband works outside the home and the woman stays home, is deeply rooted in Japan, similar to the traditional view of the maternal role (Takeishi et al., 2019). A survey on the use of time and leisure activities conducted by the Ministry of Internal Affairs and Communication found a major gender discrepancy in the time spent on housework, including time for parenting. In Japan, husbands spend less time parenting than in the west (Fujita, 2018), thereby making it a one-person job.

Therefore, even for low-risk pregnant women, the transition period to motherhood is a challenging time in terms of changing one's standpoint and role. During this period, women need to change their identity and also develop new abilities and behavioural patterns to execute their role as mothers. The research examines aspects of the socio-culturally influenced Japanese primiparas' transition to motherhood.

3 | THE STUDY

3.1 | Design

The interview was conducted by a female first author who is a maternal nursing expert. The purpose of this study was to understand Japanese primiparas' transition to motherhood until they became familiar with their maternal role. A qualitative descriptive research approach was chosen owing to its suitability for describing everyday events.

3.2 | Method

Data were collected from February through July 2019 in interviews conducted by the principal researcher, a specialist in maternal nursing studies. After confirming that they met the inclusion criteria, study participants were informed that their participation was entirely voluntary prior to the interview. Data were generated through semi-structured interviews. The interview was conducted by a female first author who is a maternal nursing expert. Interviews were conducted per study participant for approximately 30 min in a room at the Kurume University where privacy could be ensured or at the study participant's home. Interviews were recorded using an IC recorder with the permission of participants. The interview guide was designed based on Schumacher and Meleis's (1994) transition theory. It was focused on changes in the following aspects: experiences of becoming familiar with one's role as a mother, one's own behaviour, relationship with one's child and relationship with others (Table 1).

3.3 | Analysis

Verbatim records were made of the recorded content of the interviews and were read repeatedly. Within the narrated content, experiences of becoming familiar with one's maternal role during the transition to motherhood and feelings about these experiences were summarized and coded.

Similarities and differences among the codes were compared, points associated with common elements or a mutual relationship among the codes were grouped, and subcategories were extracted and given a common name. Further, each subcategory in a category is determined by the order that developed post analysis. The analysis was performed entirely in Japanese. After the paper was written in Japanese, we commissioned a translation from an expert translator. To ensure that no changes were made due to the translation, it was checked by all co-researchers.

To examine the rigor of the analyses, we adopted the four-dimension criteria of Lincoln and Guba (1985). The following aspects were assessed: credibility, by member checking of 18 study participants who were able to cooperate; transferability, by describing in detail the phenomenon obtained in the analysis; dependability, by specifying the entire process from data collection to results acquisition in a report and confirmability, by having a discussion between co-researchers until consent was obtained, as well as receiving supervision from an expert in both maternal nursing and qualitative research. Member checking was conducted by 18 subjects who cooperated.

3.4 | Ethics

This study was approved by the internal review board of the Kurume University (December 12, 2018, No. 18207) and the

TABLE 1 Study participants' demographics (N = 21)

	M	SD (Range)
Age	30.95	4.49 (23–43)
	N	%
Postpartum period		
3 months	1	4.6
4 months	6	28.6
5 months	11	52.4
6 months	3	14.4
Employment		
On maternity leave	19	90.8
Unemployed	1	4.6
Employed	1	4.6
Marriage		
Married	20	95.4
Single	1	4.6
Primary caregiver		
Self	9	42.9
Self and husband	9	42.9
Self and biological mother	1	4.6
Self, husband and biological mother	1	4.6
Self, husband, biological parents and younger sister	1	4.6
	1	4.6

ethical review board of Hiroshima University (January 24, 2019, No. E-1507). The recruitment of study participants included explaining the study details and methods to potential participants following completion of infant health check-ups at paediatric hospitals and parenting classes in groups held by local governments. Those who expressed an interest were presented with an information sheet outlining the study details, methods and contact information of researchers, and were asked to consider their participation in the study. Those who contacted the researchers were included as study participants. The researchers explained the study details and methods to the participants in writing before the interview, and verbally on the day of the interview; the participants were asked to sign a consent form. The consent form included project descriptions, procedures, risks, benefits and costs to the participant, as well as study withdrawal procedures and confidentiality agreements.

4 | RESULTS

We analysed the excerpts of interviews with primiparas and classified these into seven categories and 26 subcategories as represented in Table 2. A change was observed in primiparas during their transition to a maternal role.

4.1 | Confusion with first childcare experience

Primiparas had first-time experiences of being mothers. The childcare of the first experience became an embarrassment for primiparas. This category consisted of three subcategories.

4.1.1 | Differed pace of childcare

Till this point, any effort I made helped things progress as I intended. However, I feel that this is not the case in parenting, and I feel confused.

4.1.2 | Unstable mental status

I feel anxious for no clear reason. Such anxiety increases and decreases, altering drastically.

4.1.3 | Anxiety regarding the management of childcare by oneself

With the abilities that I possess, I am anxious about how I perform parenting. I am concerned that I might not be able to do it well.

TABLE 2 Categories and subcategories

Categories	Subcategories	Quotes (participant)
Confusion with first childcare experience	Differed pace of childcare	<p>"I felt bad about not being able to go at my own pace and thought that I was not suited to parenting." (Mrs. G)</p> <p>"I found that just by doing my best, I was not good at parenting. I was dumbfounded and afraid." (Mrs. E)</p>
	Unstable mental status	<p>"I was too sensitive. At times I would feel positive but soon after I would become negative, and I was in an unsettled state of mind." (Mrs. O)</p> <p>I do not know why but I had a vague sense of anxiety. I felt uneasy as to whether being in that state was okay." (Mrs. D)</p>
	Anxiety regarding the management of childcare by oneself	<p>"I did not know how to do it or what to do. But there was only me to take care of the child, and so I really had no idea what to do." (Mrs. P)</p> <p>"Our child kept crying and would not sleep at all. I did not know why our child was crying and did not know what I should do. It was very hard." (Mrs. R)</p>
Suffering related to childcare	Unable to escape childcare	<p>"I had illogical anxiety about the fact that I could never get away from parenting." (Mrs. E)</p> <p>"I felt pressure in not being able to escape from and having to raise my small children." (Mrs. E)</p>
	Suffering from the life only focused on childcare	<p>"It was hard to do the same thing every day. Nobody would help me, and it gradually got difficult. I felt like I wanted some time for myself." (Mrs. A)</p> <p>"I ceased to spend time with a person. Without an opportunity to talk with a person, I found it difficult." (Mrs. T)</p>
Cling to the image of an ideal mother	Unable to exhibit weakness	<p>"Even if there was childcare, I was not satisfied when I did not do the housework properly as before. I thought that it would be better if someone helped me." (Mrs. M)</p> <p>"I think that what was hard for me was that I was afraid that our good family atmosphere would fall into pieces. I was unable to say that it was hard." (Mrs. U)</p>
	Patience of mother is natural for children	<p>"Because I am mother, it is natural not to have my time. I thought that mothers should spend quality time with children." (Mrs. A)</p> <p>"I know that I should tidy up for my child. But there are other things that I need to do, and I do not get around tidying up." (Mrs. E)</p>
	Cannot exclude childcare	<p>"I need to sleep as well, hence, I thought that I should put tidying up off until later. However, I did not come to the clear decision that it is okay not to tidy up. I could not leave the mess as is." (Mrs. M)</p>
	Feeling of antagonism to think that children are not dear	<p>"I feel that my child is cute when sleeping, but I did not think that they were cute when awake." (Mrs. P)</p> <p>"I knew that when children shout, they are having fun. However, to me, the voices sounded like they were screaming. I know that my children are having fun, but I couldn't help feel gloomy." (Mrs. H)</p>
Internal conflict while comparing oneself to other mothers	Inadequacy in providing childcare	<p>"I could not do what other mothers did do well, hence, I looked on social networking sites for comparison." (Mrs. G)</p> <p>"Many mothers around me were breastfeeding, so I wondered 'why am I the only one who cannot produce breast milk?'" (Mrs. F)</p>
	Comparison of childcare with other mothers	<p>"I wanted to know whether other mothers had the same troubles as me, and I wanted to feel that I was not alone." (Mrs. B)</p> <p>"I thought that I was no good, that is, I was not the same as other mothers. I raised my child as per parenting books, and I imitated what my friends said." (Mrs. L)</p> <p>"I know that I should not look at the internet and such. Still, I explored because I was interested in how other mothers managed." (Mrs. H)</p>

(Continues)

TABLE 2 (Continued)

Categories	Subcategories	Quotes (participant)
Undertaking childcare by disengaging from stereotype	Childcare with trial and error	<p>"I came up with various ideas such as bringing the child seat of the car into the house and putting my child in it to try and make them sleep." (Mrs. N)</p> <p>"For the time being, I would try and became able to respond to situations as needed." (Mrs. L)</p>
	It is natural to differ from other mothers	<p>"I think that our experience differed from that of others wherein our child was easier to raise than we had thought. I think that there is no point in comparing yourself with others." (Mrs. Q)</p> <p>"There is too much information today, and I do not know which is right. I thought that if I do not know what is right, then, I would make my own decisions as to what I would do. I could feel more laid back that way." (Mrs. T)</p>
	Childcare is not a heavy load	<p>"It was a relief to feel that it is okay not to do everything, and I could be cutting corners." (Mrs. A)</p> <p>"Things that I could not do perfectly, I would do approximately, in my own manner, without overdoing it." (Mrs. E)</p>
	Ability in responding to my child's demands	<p>"Little by little, I learned how to understand my baby's demands. My anxiety gradually disappeared, and I calmed down." (Mrs. F)</p> <p>"The timing when my baby wanted to breastfeed matched with the timing when I thought of breastfeeding." (Mrs. I)</p>
	Venting feelings	<p>"I felt that I could not talk about my troubles with parenting. But, after making the bold decision to speak out my frustrations, I felt relieved." (Mrs. D)</p> <p>"My husband will not get it unless I use obvious expressions. I tell my husband precisely what I want him to do." (Mrs. S)</p>
	Meddlesome advice is troublesome	<p>"Some of the advice that I get from women with parenting experience is annoying." (Mrs. T)</p> <p>"Being asked 'are you breastfeeding?' makes me feel like I am being blamed for not raising my child well." (Mrs. G)</p>
	Respect for children's personality	<p>"I think that my child is not like me. My child and I are not one. 'You are you.'" (Mrs. O)</p>
	Realization of becoming a mother	Realization of the establishment of the new role of "mother"
Mothers have an irreplaceable role		<p>"I am the one in contact with my child, one-on-one, and so I think that I have to care for my child." (Mrs. C)</p> <p>"Sometimes I want to be replaced, but sometimes only the mother will do." (Mrs. D)</p>
Recognizing one's role as a mother		<p>"I was told during my health check-up that both mother and child were doing well. I felt that all of my hard work as a mother to date were recognized." (Mrs. I)</p> <p>"Before, I had a sense of shame in not working, but after having a baby and becoming a mother, I feel like I am accepted by the society." (Mrs. D)</p>
Bonding with my child		<p>"My child follows me with their eyes, and just passing close to them makes them shout out and laugh. The distance between me and my child has shrunk." (Mrs. B)</p> <p>"Over time, I have been able to communicate with my child through mutual facial expressions." (Mrs. N)</p>
My child is important		<p>"I think that a child is incomparably the best." (Mrs. E)</p> <p>"A child is an existence that must be raised carefully." (Mrs. F)</p>

(Continues)

TABLE 2 (Continued)

Categories	Subcategories	Quotes (participant)
Changing relationship with surrounding people	Confusion regarding change of relationship with others	"My small nephew is still cute. However, I would prefer that my nephew does not get too close to my child. I don't know how to interact with my nephew." (Mrs. K) "My parents-in-law come to my house every day, and I am at a loss." (Mrs. O)
	Dissatisfaction with the husband's involvement in childcare	"I feel that my husband treats our child with affection only when it suits him; he has not taken on his role as a father yet." (Mrs. K) "When I cannot sleep at night because I am looking after my child, my husband does not notice, which irritates me." (Mrs. R)
	Relations not to demand perfection	"My husband does not act as a parent as I expect of him. But I have come to think that my husband is cooperative." (Mrs. T) "My husband does not consider it a problem if I do not do the housework perfectly." (Mrs. T)

4.2 | Suffering related to childcare

Primiparas realized that life was mainly concentrated on childcare. Primiparas suffered from the thought of not being able to abandon childcare. This category consisted of two subcategories.

4.2.1 | Unable to escape childcare

I feel that as a mother, I must raise my child. This creates pressure in being unable to escape childcare, and I suffer.

4.2.2 | Suffering from a life solely focused on childcare

I am often alone with my child and have less contact with others. I feel unfulfilled, as I do nothing other than childcare.

4.3 | Clinging to the image of an ideal mother

Primiparas pursued the ideal image of a mother. This category consisted of four subcategories.

4.3.1 | Unable to exhibit weakness

People who surround me think parenting is natural for me because I am a mother. I have not said out loud that parenting is hard, so I think nobody realizes how I feel.

4.3.2 | Patience of mother is natural for children

I was unable to stop some things although they were bad for my child. There were other things that I could not do for my child. My inabilities caused inner conflict. We suffered from thinking

that it was natural to surrender the role of wanting to become a mother.

4.3.3 | Unable to exclude childcare

I used to believe that mothers should do their best for their child, even if it means going overboard. Therefore, I performed parenting without cutting corners.

4.3.4 | Feeling of antagonism to think that children are not dear

I cherish my child, but I cannot always hold positive feelings for them. Sometimes, I have negative feelings toward my child.

4.4 | Internal conflict while comparing oneself to other mothers

Primiparas compared themselves with other mothers. They wanted to do childcare in the same way as other mothers. However, they suffered from the thought that they could not imitate and perform childcare in the same way as other mothers. This category consisted of two subcategories.

4.4.1 | Inadequacy in providing childcare

I compared my abilities as a mother to those of others. I recognized that my abilities alone are insufficient as a mother.

4.4.2 | Comparison of childcare with other mothers

I wanted to have the same parenting situation as that of other mothers. I was concerned that I might be in a different situation than others. I thought I should do as other mothers do, so I imitated them.

4.5 | Undertaking childcare by disengaging from one's stereotype

Primiparas noticed difference in providing childcare. They thought that it was natural to have some difference in the method of providing childcare. This category consisted of seven subcategories.

4.5.1 | Childcare with trial and error

I tried methods that I thought of and identified those that suited me and my child.

4.5.2 | It is natural to differ from other mothers

I learned to recognize the fact that it is natural for me to care for my child in ways that are different from that of other mothers. I noticed that comparing myself with others was of no benefit. I transitioned to a parenting style that best suited me and my child.

4.5.3 | Childcare is not a heavy load

I learned to stay true to myself, even in parenting. I was able to become a parent in a relaxed manner without putting on a brave front.

4.5.4 | Ability in responding to my child's demands

Upon becoming aware that I have the ability to understand my child's needs, I felt peaceful.

4.5.5 | Venting feelings

I thought that it was better not to talk about negative matters or ask for help. However, learning how to speak frankly gave me peace of mind.

4.5.6 | Meddlesome advice is troublesome

I understand that any advice is given for my benefit, but I feel bothered by getting such advice. From my perspective, it is none of others concern.

4.5.7 | Respect for children's personality

A mother and a child have a close connection. However, I understand that my child is not a part of me and I should respect them as an individual.

4.6 | Realization of becoming a mother

Primiparas realized that the role of a mother can be accomplished by undertaking the task of being a mother. This category consisted of five subcategories.

4.6.1 | Realization of the establishment of the new role of "mother"

I realized that I had taken on the role of a mother, which I had never done before.

4.6.2 | Mothers have an irreplaceable role

I believe that a mother is a special entity for their child. I am aware that some parts of childcare cannot be performed by anybody other than me—the mother.

4.6.3 | Recognizing one's role as a mother

Having a baby and becoming a mother made me feel that I was recognized by the society. Upon undertaking my role as a mother, I was happy to gain such recognition.

4.6.4 | Bonding with the child

I feel that mutual understanding became possible with my child, and I understood their feelings.

4.6.5 | My child is important

My child became an irreplaceable, significant presence in my life. I want to raise my child with care.

4.7 | Changing relationship with surrounding people

Primiparas described their feelings about others as well as their relationships. This category consisted of three subcategories.

4.7.1 | Confusion regarding change of relationship with others

After my child was born, I was confused about experiencing feelings toward others that were different from before.

4.7.2 | Dissatisfaction with the husband's involvement in childcare

I wanted my husband to act as I expected him to. I was disappointed in my husband for not being able to fulfill my expectations of him as my child's father.

4.7.3 | Relations not to demand perfection

I think I do not completely fulfill my husband's expectations. Neither is my husband fulfilling my expectations. However, by not striving for perfection, we were able to gain some respect for one another.

5 | DISCUSSION

5.1 | Aspects of the transition to motherhood among low-risk Japanese primiparas

The concept of maternal identity proposed by Mercer (1981) was discovered in low-risk Japanese primiparas. The relationship of Japanese primiparas with their children was based on repeated trial and error, ranging from formal stage, developing each individual's role to integrating it with the mother's role.

However, the process leading to the development of maternal identity did not proceed smoothly for the primiparas.

We suspected that the cause for this was due to a Japanese cultural trait.

It becomes difficult for Japanese primiparas to construct accomplishment and maternal identity of a mother's role as they are constrained by fixed notions, such as the good wife and a wise mother in Japanese culture. Thus, we thought that it was critical to provide support for the transition of individual mother roles.

The thought that "parenting is performed by the mother" is a deeply rooted notion among Japanese people. In relationships with others, it is natural to want to impose norms, and in acquiring one's role, individuals are unconsciously affected by such norms (Kuriyama, 2016). The Japanese notion that "parenting is performed by the mother" was a cause of social pressure on primiparas. Social pressure is a compelling force; it resulted in a situation where Japanese primiparas could not escape from parenting. Furthermore, Japanese primiparas avoided expressing their negative feelings such as difficulties experienced in parenting. Sechiyama (1996) noted that in Japanese society, there is a strong expectation for mothers to take on the parenting role, and for mothers, child-rearing is considered a "labor of love." They are not allowed to feel or express it as "work." It is considered a taboo for Japanese primiparas to feel that parenting is hard, let alone express such feelings verbally. Furthermore, we believe that many Japanese primiparas hold a sense of guilt about having such feelings. Moreover, Japanese primiparas were affected by the Japanese characteristics of solemnness and were inadvertently

overenthusiastic in thinking that they must perform parenting perfectly.

In addition, Japanese primiparas compared themselves to other mothers in the hope of obtaining peace of mind by discovering that they were all the same and that they were content with parenting without cutting corners, as well as gaining reassurance that their own parenting was adequate. Magnusson (2008) found that individualism is accepted in the west, where there is no gender distinction even for mothers, and having one's own sense of values is respected. In this way, compared with various countries, Japanese people are part of a culture in which conformity (i.e. following others) is deeply rooted. In the same way, when it comes to parenting, Japanese primiparas tend to respect conformity. However, other mothers with whom they compare themselves to are different people from different backgrounds. Therefore, it is natural that they do not proceed with parenting in the same manner. Although Japanese primiparas wanted to feel at ease by behaving like other mothers, they were unable to parent in the same way, which caused them anxiety.

In Japanese primiparas' transition to motherhood, we found interpersonal relationships that were characteristically Japanese. The Japanese primiparas accepted their husband's parenting style even if it was different from what the mothers expected of them. The husbands also accepted Japanese primiparas who did not act as they were expected to act. In the west, it is common to express one's opinion; in contrast, Japanese people do not assert themselves and characteristically go along with the opinion of the other party. Family members who should cooperate in parenting do so while being considerate toward the other party. This trait was thought to lead to smooth progress in parenting by Japanese primiparas. A personality trait of Japanese people is cooperativeness in working together with each other. Team work and helping each other to achieve goals is one of the main strengths of the Japanese people. However, the norm of "parenting is performed by the mother" leads us to believe that the Japanese strength of cooperativeness is not effectively exhibited in parenting. Mutual consideration and respect of one's partner in joint parenting is one of the strengths of primiparas. To enhance this trait, it is important to provide support to help make use of the cooperativeness of Japanese people.

It was suggested that even among low-risk mothers, anxiety about parenting and a sense of isolation is fraught with possibilities that can, in turn, upset mental health. We believe that individuals involved in maternal and child health should observe the transition to motherhood with caution even in the case of low-risk Japanese primiparas. If psychosocial risks are detected early leading to appropriate support, this could be a safety net against failure to nurture and abuse of children by their mothers.

However, we found that many low-risk primiparas experience confusion regarding their ability while transitioning to motherhood. To pursue this process in a satisfactory manner, making changes involved in motherhood in advance is effective because it will help prepare women for motherhood. Furthermore, it is important to disseminate information regarding the transition to motherhood among

individuals surrounding mothers, as well as for mothers to understand that they are easily affected by others and that this drains their personal nature, preventing them from becoming accustomed to their maternal role. Moreover, it is important to provide support for mothers and those surrounding them to enable a smooth transition to the new role.

5.2 | Limitations

Because this is a qualitative study using purposive sampling, it is limited in its reproducibility and ability to produce implications. The participants were recruited after having knowledge about the study's purpose, which could skew the results because the participants may already have had interest in the topic of transition to the motherhood role, which, in turn, may distinguish them from the remainder of Japanese primiparas. Although limited in terms of generalizability, our interviews focused on the transitional process from being a mother to adjusting to the role of a mother, thereby emphasizing the growth and changes experienced during motherhood.

ACKNOWLEDGEMENTS

The authors thank the 21 women who participated in the study.

CONFLICT OF INTEREST

None.

AUTHOR CONTRIBUTIONS

All authors conceived the idea and initiated the project. YK collected the data. YK and MO performed the analysis. All authors participated in the interpretation of the results and critically reviewed the manuscript. All authors read and approved the final manuscript.

ETHICAL APPROVAL

The present study was conducted with the approval of the ethical review board of Kurume University (December 12, 2018, No. 18207) and the ethical review board of Hiroshima University (January 24, 2019, No. E-1507).

DATA AVAILABILITY STATEMENT

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

ORCID

Youko Katou  <https://orcid.org/0000-0002-1668-7471>

REFERENCES

Finlayson, K., Crossland, N., Bonet, M., & Downe, S. (2020). What matters to women in the postnatal period: A meta-synthesis of qualitative studies. *PLoS One*, *15*(4), e0231415. <https://doi.org/10.1371/journal.pone.0231415>

Fouquier, K. F. (2011). The concept of motherhood among three generations of African American women. *Journal of Nursing Scholarship*, *43*(2), 145–153. <https://doi.org/10.1111/j.1547-5069.2011.01394.x>

Fujita, Y. (2018). Current words—A new dictionary concerning women's health: Solo childrearing and housework (despite being married). *White*, *6*(2), 176–177.

Iwasaki, R., Arimoto, A., Naruse, T., Nagata, S., & Murashima, S. (2013). Recognition of non-maternal role among mothers rearing toddlers in a metropolitan area according to the working status of mothers. *The Journal of Child Health*, *2*(3), 377–385.

Khan, S., Lovell, K., Lunat, F., Masood, Y., Shah, S., Tomenson, B., & Husain, N. (2019). Culturally adapted cognitive behavioural therapy based intervention for maternal depression: A mixed-methods feasibility study. *BMC Women's Health*, *19*(1), 21. <https://doi.org/10.1186/s12905-019-0712-7>

Kirova, K., & Snell, T. (2019). Women's experiences of positive postnatal partner support. *Journal of Reproductive and Infant Psychology*, *37*(2), 206–218. <https://doi.org/10.1080/02646838.2018.1542120>

Kuriyama, N. (2016). Ideology of modern family as a psychological burden for mothers. *Bulletin of the Faculty of Sociology*, *10*, 17–32.

Laney, E. K., Hall, M. E. L., Anderson, T. L., & Willingham, M. M. (2015). Becoming a mother: The influence of motherhood on women's identity development. *Identity*, *15*(2), 126–145. <https://doi.org/10.1080/15283488.2015.1023440>

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE.

Maehara, K., Mori, E., Iwata, H., Sakajo, A., & Tamakoshi, K. (2017). Trajectories and predictors of parenting stress in primiparae during the first 6 months after childbirth: A longitudinal analysis of the impact on maternal confidence at 1 month postpartum. *Journal of Affective Disorders*, *57*(4), 607–615.

Magnusson, E. (2008). The rhetoric of inequality: Nordic women and men argue against sharing house-work. *NORA – Nordic Journal of Feminist and Gender Research*, *16*(2), 79–95. <https://doi.org/10.1080/08038740802085076>

Mercer, R. T. (1981). A theoretical framework for studying factors that impact on the maternal role. *Nursing Research*, *30*(2), 73–77. <https://doi.org/10.1097/00006199-198103000-00003>

Mercer, R. T. (2004). Becoming a mother versus maternal role attainment. *Journal of Nursing Scholarship*, *36*(3), 226–232. <https://doi.org/10.1111/j.1547-5069.2004.04042.x>

Ohinata, M. (2001). Agendas for research on motherhood? *Annual Report of Educational Psychology in Japan*, *40*, 146–156. https://doi.org/10.5926/arepj1962.40.0_146

Prinds, C., Mogensen, O., Hvidt, N. C., & Bliddal, M. (2018). First child's impact on parental relationship: An existential perspective. *BMC Pregnancy and Childbirth*, *18*(1), 157. <https://doi.org/10.1186/s12884-018-1802-5>

Psaki, S. R., Soler-Hampejsek, E., Saha, J., Mensch, B. S., & Amin, S. (2019). The effects of adolescent childbearing on literacy and numeracy in Bangladesh, Malawi, and Zambia. *Demography*, *56*(5), 1899–1929. <https://doi.org/10.1007/s13524-019-00816-z>

Schumacher, K. L., & Meleis, A. I. (1994). Transitions: A Central Concept in Nursing. *Image: the Journal of Nursing Scholarship*, *26*(2), 119–127. <https://doi.org/10.1111/j.1547-5069.1994.tb00929.x>

Sechiyama, K. (1996). A comparative study on patriarchy in East Asia. *Social Information*, *5*(2), 79–92.

Shimonaka, H., & Tamashiro, K. (2017). Influencing factors on maternal bonding at one month after delivery: Focusing on amount and quality of sleep, depression and attributes of mothers. *Journal of Japanese Society of Maternity Nursing*, *17*(1), 45–52.

Solera, C., & Martin-García, T. (2020). Does the field of study affect entry into motherhood? Evidence from Italy. *Population Review*, *59*(1), <https://doi.org/10.1353/prv.2020.0000>

Takeishi, Y., Nakamura, Y., & Yoshizawa, T. (2019). Implementing a program to promote cooperation as prenatal education in Japanese. *Journal for Midwives*, *73*(9), 762–737. <https://doi.org/10.11477/mf.1665201353>

- Tanaka, K. (2019). Longitudinal studies of children associated with the growth of a child's affection and sense of maternal role attainment. *Maternal Health, 59*(4), 835–841.
- Wiklund, I., Edman, G., Larsson, C., & Andolf, E. (2009). First-time mothers and changes in personality in relation to mode of delivery. *Journal of Advanced Nursing, 65*(8), 1636–1644. <https://doi.org/10.1111/j.1365-2648.2009.05018.x>
- Zaki, N., Ruiz-Ruano García, A. M., & López Puga, J. (2020). Attachment style and prenatal expectations from a Bayesian perspective. *Psicothema, 32*(1), 138–144. <https://doi.org/10.7334/psicothema2019.222>

How to cite this article: Katou, Y., Okamura, M., & Ohira, M. (2022). Transition to motherhood for Japanese primiparas from delivery to 6 months postpartum: A qualitative study. *Nursing Open, 9*, 490–499. <https://doi.org/10.1002/nop2.1087>