

**THE EXPERIENCE OF THE MARRIAGE RELATIONSHIP DURING THE
TRANSITION TO PARENTING IN THE VOICE OF PRIMIPAROUS WOMEN****A VIVÊNCIA DA RELAÇÃO CONJUGAL DURANTE A TRANSIÇÃO PARA A
PARENTALIDADE NA VOZ DAS PRIMÍPARAS****LA EXPERIENCIA DE LA RELACIÓN MATRIMONIAL DURANTE LA
TRANSICIÓN A LA PATERNIDAD EN LA VOZ DE PRIMIPARAS**

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ABSTRACT

Objective: to know the perception of mothers about the influence of the transition to parenthood in the marital relationship. **Methods:** exploratory-descriptive qualitative study, non-probabilistic sampling, by networks consisting of primiparous mothers of babies up to 1 year of age. The collection of data carried out through a questionnaire placed on *Google Forms*, after informed consent. Data treated through Content Analysis. **Results:** from the analysis four categories emerged that, in the mothers' perception, influence the marital relationship: Redefinition of roles; Change of conjugality; Alteration in the experience of sexuality; Need to support family dynamics. **Conclusion:** it was possible to understand the mothers' perception of how the transition to parenthood influences their relationship with their partner. It was found that it is related to a readaptation of the role of wife and the role of mother. By facilitating the transition processes, the nurse will positively influence the well-being of the Parents and the child.

Descriptors: postpartum period; marital relationship; mothers.

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RESUMO:

Objetivo: conhecer a percepção das mães sobre a influência da transição para a parentalidade na relação conjugal. **Métodos:** estudo qualitativo exploratório-descritivo, amostragem não probabilística, por redes constituída por mães primíparas de bebês até 1 ano de idade. A coleta de dados efetuada através de um questionário colocado no *Google Forms*, após consentimento informado. Dados tratados através da Análise de Conteúdo. **Resultados:** da análise emergiram quatro categorias que, na percepção das mães influenciam a relação conjugal: Redefinição de papéis; Alteração da conjugalidade; Alteração na vivência da sexualidade; Necessidade de apoiar a dinâmica familiar. **Conclusão:** foi possível compreender a percepção das mães sobre como a transição para a parentalidade influencia o seu relacionamento com o companheiro. Constatou-se que se encontra relacionado com uma readaptação do papel de esposa e ao papel de mãe. Ao facilitar os processos de transição o enfermeiro influenciará positivamente no bem-estar dos pais e da criança.

Descritores: período pós-parto; casamento; mães.

RESUMEN

Objetivo: conocer a la percepción de las madres sobre la influencia de la transición a la paternidad en la relación conyugal. **Métodos:** estudio cualitativo exploratorio-descriptivo, muestreo no probabilístico, por redes formadas por madres primíparas de bebês hasta 1 año de edad. La recogida de datos realizada a través de un cuestionario colocado en *Google Forms*, con previo consentimiento informado. Datos tratados mediante Análisis de Contenido. **Resultados:** del análisis surgieron cuatro categorías que, en la percepción de las madres, influyen en la relación conyugal: Redefinición de roles; Cambio de conyugalidad; Alteración en la experiencia de la sexualidad; Necesidad de apoyar la dinámica familiar. **Conclusión:** fue posible comprender la percepción de las madres sobre cómo la transición a la paternidad influye en la relación con su pareja. Se encontró que se relaciona con una readaptación del rol de esposa y el rol de madre. Al facilitar los procesos de transición, la enfermera influirá positivamente en el bienestar de los Padres y del niño.

Descriptor: periodo posparto; relaciones familiares; madres.

INTRODUCTION

The transition to parenthood reflects a unique process, which occurs as each woman sees herself as a mother and each man sees himself as a father of a child and the way they both experience this transition. This is possibly the most intense and remarkable phase in the lives of both parents and is reflected in the ability to overcome developmental tasks, transforming them into caring and educational skills, focused on the child's well-being, contributing to their growth and development. harmonious

development and also for your personal project.¹

Transition can be understood as a process, which takes place over several stages organized in a certain sequence, associated with a notion of movement that involves both the break with life as it was known, and with the person's responses to the event.² In the present study, we consider the process of transition to parenthood as conceived in Meleis's middle-range theory, taking into account its nature, facilitating and inhibiting conditions and response

patterns. Meleis and his collaborators developed a theory, the Middle Range Theory, in which transition is a “focus” of nursing attention.²

It is generally one of the most challenging events in the initial stages of parenthood, being an adaptive process that determines changes in the quality of the marital relationship and its satisfaction.^{3,4} Becoming a father and becoming a mother, particularly when they do so for the sake of The first time is typically a moment of great joy, but it is also marked by significant declines in the relationship between the couple as well as in the experience of their sexuality.⁵ When involving stress factors, the transition to parenthood causes negative changes in the relationship between the couple, in sexual desire and satisfaction with sexuality.^{6,7}

The processes of change and adaptation, to the new element, with new routines, redistribution of roles and assignment of new tasks are undoubtedly a change of considerable magnitude for the family system. This new role assumed, as mother and father, will interfere with marital life, leading to new adaptations and restrictions, especially in the couple's sexuality. When the focus of attention is on caring for the newborn, the couple ends up not paying as much attention to their intimacy.^{5,8}

It is upon returning home that the woman is faced with the great challenges of (re)adapting to her role as woman/mother, when she is faced with physical discomfort and inexperience in caring for the newborn. The way they see and feel in their bodies after the birth of the baby interferes with the experience of motherhood, with repercussions on conjugality. The dissatisfaction she sometimes expresses with her body image can lead to states of sexual disturbance in the woman/mother associated with fears of rejection by her partner.⁹

The way a couple experiences their sexuality in the postpartum period differs between men and women, and they value it in different ways, with an impact on marital satisfaction. Sexuality, specifically the return of sexual activity between the couple, continues to be a subject of great importance in the lives of both, with implications for their relationship, bringing some closer together and pushing others apart.^{9,10} These experiences have highlighted the need to deepen knowledge in this domain, translating into the following research question “How does the transition to parenthood influence the marital relationship?”. To answer this question, the present study was developed with the aim of understanding the perception of first-time mothers about the influence of the transition to parenthood on the marital relationship.

METHOD

A level I study with an exploratory-descriptive qualitative approach was developed. Given the objective of the study, we opted for non-probabilistic sampling, using networks or “snowball”. This type of sampling allows the initially selected individuals to suggest other participants, through social networks, friendships or acquaintances who share certain characteristics in common.

The sample selection was based on the inclusion criteria established for this study, which were as follows: primiparous mothers with children aged between 0 and 12 months of age, who lived with their husband/partner, with basic reading knowledge and conversational Portuguese language, with access to the social network Facebook.

Data collection was carried out between May and July 2020, during the COVID 19 pandemic period, which made it impossible to carry out in-person interviews. Thus, a questionnaire was designed with the guiding and secondary questions of the interview, using the Google Forms research tool, with the respective link published and publicized through the social network Facebook. In addition to the questions mentioned, this instrument also collected information on sociodemographic data and

obstetric data, to characterize the participants.

Subsequently, the data relating to the interview questions were subjected to content analysis proposed by Bardin¹¹, which considers a set of techniques for analyzing the participants' reports organized into three chronological poles: 1) pre-analysis, where the so-called reading was carried out "floating"; 2) coding, which is the process of transforming data; 3) the treatment of results, where data interpretation occurs.¹¹ From this analysis, four categories emerged, elaborated by the relevance criterion based on the objective and the scientific literature consulted.

In this study, the confidentiality of the participants was guaranteed, due to the anonymity of both the identity and the data obtained, as well as the guarantee that the research data would only be used for research and scientific dissemination purposes.

To carry out the study, the opinion of the Ethics Committee of the Health Sciences Research Unit: Nursing (UICISA: E) of the Escola Superior de Enfermagem de Coimbra (ESEnfC) was requested, which was favorable.

RESULTS

The sample for this study was made up of 53 first-time mothers. As we can see in

Table 1, the majority of mothers were between 30 and 35 years old (55%), and lived in a stable union or were married (89%). Regarding academic qualifications, we found that the majority of mothers were

educated at higher education level (75%), with the majority being employed (85%). We also found that the mothers in this sample were mostly healthcare professionals (43%).

Table 1- Sociodemographic data of mothers

Variables	Mothers: n (%)	
	53 (100%)	
Age	20-30 years	10 (19%)
	31-35 years old	29 (55%)
	36-40 years old	12 (23%)
	>40 years	2 (3%)
Marital status	Single	5 (9%)
	Married/de facto union	47 (89%)
Academic qualifications	Divorced/separated	1 (2%)
	High school	13 (25%)
Current employment situation	University education	40 (75%)
	Unemployed	8 (15%)
Professional activity	Employee	45 (85%)
	Health professionals	26 (43%)
	Others	19 (57%)

As shown in Table 2, we found that the majority of mothers in our sample planned/desired the pregnancy (94%) and had no complications during it (90%). We

also found that 75% of mothers reported having participated in birth preparation programs. About half of mothers had a dystocic birth (45%).

Table 2- Data relating to mothers' pregnancy and childbirth

Variables	Mothers: n (%)	
	53 (100%)	
Planned/desired pregnancy	Yes	50 (94%)
	No	3 (6%)
Pregnancy complications	Yes	5 (10%)
	No	48 (90%)
Participation in preparation for childbirth and parenting	Yes	40 75%
	No	13 25%
Type of birth	Eutocicus	19 (36%)
	Dystocic	24 (45%)
	Caesarean	10 (19%)

Taking into account the data resulting from the mothers' reports, Bardin's¹¹ thematic analysis was carried out, from which four main categories emerged:

Redefining roles; Change in marital status; Change in the experience of sexuality and Need for support for family dynamics and respective subcategories.

Redefining roles

After the birth of their first child, mothers reported a change in their role as a wife. In other words, there is a transformation from the dual relationship, man/woman, wife/husband, to a triangular mother/father/child relationship. After birth, not just a baby is born, a mother is born, a family is born, which can lead to a redefinition of roles.

In this category, the following subcategories emerged: integration of the maternal role and redefinition of the role of wife.

Integration of the maternal role

In the mothers' reports there is a personal change, with psycho-affective restructuring, which allows them to respond to their child's needs. The focus of concern and intervention becomes the baby, undermining her individuality as a woman.

Feeling of exhaustion, daily responsibilities end up falling more on the mother's side (M2).

Feeling of fear of not being up to this new role as mother (M38).

Redefining the role of wife

The marital relationship and the role of wife changes after the birth of the first child. Couples go through difficulties that, according to mothers, are largely due to

tiredness, difficulty in distributing tasks and lack of support from partners.

It was a phase of need for readaptation, but also for union and happiness (M4).

There was some distancing from my partner on my part (M37)

In this category we found that the birth of the first child was decisive for the integration of the maternal role and for the redefinition of the role of wife/partner.

Change in marital status

The mothers' speech shows some ambiguity in the experience of the couple's relationship, which we defined in two subcategories of distance and proximity.

Distancing

In this study, mothers expressed the existence of more arguments, conflicts and separation. Misunderstanding, lack of dialogue, and lack of collaboration between the couple sometimes leads to overwork for women.

There was some separation, as I stopped paying attention to my partner to focus on the baby (M44).

It changed our routines and habits. Many changes in a short space of time. No time for us (M10).

It was tough. We no longer recognized each other. We fought, he was rude to me. He

didn't buy or make food. He shouted at me (M20).

We are further apart as a couple. We have more discussions, although they are not very relevant. I am aware that most of these discussions are caused by me, I am always impatient, irritable and tired (M36)

Approximation

The results obtained in this study also allowed us to verify that there were couples who became closer. The mothers stated that the birth of the baby strengthened their relationship with their spouse/partner, leading to greater unity and companionship.

We became closer, more companions (M16)(M1)(M21).

It improved the connection we had, it made us grow as a couple (M17) (M8).

The distance reflected in this category also compromises the couple's experience of sexuality, which will be described in the next category.

Change in the experience of sexuality

The relationship between the couple also has repercussions on the experience of sexuality, as demonstrated in their testimonies by the mothers in our sample.

In this study, mothers reported the main cause of this change as a decrease in libido and a decrease in the time spent together “dating”.

Decreased libido

Fatigue, physical exhaustion, changes in sleep patterns and the demands of caring for the baby lead to a greater lack of interest in sexual relations and less intimacy between the couple.

Initially we forgot a little about our sex life...in the beginning we were both so focused on the baby that there was no libido (M26).

We didn't even think about it [sexual intercourse] (M32) (M18).

I lack the will and physical/emotional availability (M21)(M11).

I don't feel prepared for this [sexual intercourse] (M33)

Decreased time spent together “dating”

The lack of time for intimacy appears to be responsible for changes in the experience of sexuality and, concomitantly, changes in conjugality.

Lack of time for intimacy, for just the two of us (M1).

After giving birth, we were both more tired. Before, we obviously had more time to dedicate to the relationship, now there is not always the time or inclination (M10).

Need for support for family dynamics

At a time when you have a baby to look after, the mother needs to be supported

in various tasks. Hence, sharing tasks and communication between the couple, or simply being able to leave the child with family/friends, as well as counseling with health professionals, were some of the strategies mentioned by mothers.

In this sense, the subcategories emerged in this category: Spouse/partner support, Family support and Social and professional support.

Spouse/partner support

Spouse/partner support was highlighted with great emphasis by most mothers in this study. They describe that support, understanding, communication and sharing of care and responsibility help in this role adjustment.

The father was a good shoulder to cry on and vent frustrations on (M1)

Being able to count on my husband to take care of the baby was really good (M12)

It was important for me to know that I had his support for everything I needed (M28)

Family support

The results show that having help from grandparents, or other family members, was a good source of collaboration, thus providing some time for the relationship with the spouse/partner.

I would like to leave the baby with the grandparents and take more time for ourselves (M10).

Having help from grandparents (M37).

Support from grandparents (M6) (M10)

Social and professional support

The couple's postpartum challenges, according to the mothers' perception, are numerous, making it necessary to turn to other sources outside the family context.

Existence of a daycare/evening service to care for babies. There are many days of sleep deprivation that are very difficult (M53).

Help from professionals who mediate discussions, different opinions and help improve marital communication (M6)(M22).

The possibility of having flexible schedules and reducing working hours would be a good help (M26).

In the mothers' speech, it is highlighted that the support of health professionals facilitated communication between the couple.

DISCUSSION

The transition to parenthood leads to important adaptations in the lives of parents, which result in significant personal and marital growth, and is typically accompanied by a reduction in marital satisfaction.^{3,4} In the "Role Redefinition"

category, the integration of the role of mother, was evidenced in the mothers' responses, through the change in their identity and the reorganization of their tasks and routines. This change in the woman's individuality also leads to an adjustment in the entire marital relationship, and there may also be a redefinition of her role as a wife/companion.⁸

The birth of a child has an impact on a woman, not only physically, but also in terms of feelings, which consequently make her have a new perception of herself and the way she relates to others.⁸ The marital relationship and the role of wife is changed, no longer being a unique and exclusive relationship, becoming a filial, parental relationship, adding concerns about caring for the child.⁸

When becoming mothers and fathers, women and men need to assume new social roles, which may require a major adaptation of their individual identities and especially their identity as a couple.¹²

The "Change in conjugality" was manifested either positively with behaviors that brought the couple closer together, or negatively, with the distance between them. Similar results were found by Kluwer¹³, having found that approximately half of the couples experienced negative changes, while the others experienced an improvement in

their relationship in the transition to parenthood.

In this process of change and uncertainty, the couple may not only express dissatisfaction in terms of care for the newborn, but also in the "restructuring of relationships with the partner and closest family members, posing real challenges in organizing daily routines and reconciling individual couple and parenting."¹⁴

The existence of a decrease in marital satisfaction after the birth of the first child has been evidenced in several studies, as well as the increase in conflict levels in most couples, and the identification of a reduced emphasis on the partner's roles, with this reduction being greater in women.^{7,14}

The literature has shown that maladjusted or even conflicting relationships in this phase of transition and adaptation to parenthood can result in depressive symptoms and greater stress for both parents, being associated with marital separation.⁶

Regarding "Changes in the experience of sexuality", the mothers revealed that the birth of their first child brought changes in their sexuality, either due to excessive work and lack of time, or due to a decrease in libido. Salim⁸ also states that sexuality is also altered throughout this transition process, whether in the way the woman experiences it, in relation to her body and femininity or in relation to

communication with her spouse/partner. The mothers in this study revealed a lack of will and physical and emotional availability to have a relationship with their partner, demonstrating an almost absence of sexual desire.

The time for women to recover their sexual desire varies, and may take a few weeks for some or take longer for others. This recovery depends on hormonal changes, emotional involvement with the role of mother, the conflict between the role of “good mother” and that of “good woman” and the dualism between the feeling of “purity/respect” and the denial of eroticism.¹⁵

The couple's intimacy, in the face of these changes, may be altered, and may also be “the target of restructuring.”¹⁶

Sexual satisfaction decreases with the birth of a child, largely due to the focus on caring for the child, leading to unavailability for the partner. In this transition process, the couple may take time to recover their intimacy, the woman may be completely occupied with motherhood, and not feel prepared for “loving surrender” and the partner may not feel comfortable in front of his partner's body, which before it was familiar and now it seems so different.^{16,17,18}

According to the literature, lower levels of marital satisfaction and sexual satisfaction are mainly due to the difficulty

of reconciling parental roles with sexual relationships, reducing the couple's closeness, communication and loving feelings between partners.¹

Regarding the “Need for support for family dynamics”, to help in this time of changing roles, in the transition to parenthood, the support network was highlighted by the participants as something positive, as is widely demonstrated in the literature.

Sharing responsibility, communication, expression of feelings and emotions between the couple is crucial in adapting to new roles in this transition.^{17,18}

In fact, if both Parents are able to understand the most appropriate way to respond to the child's needs and if they are able to understand and interpret their potential, they will be less anxious, with less stress and will adapt more easily to the parental role, particularly when This is the first child.

The family also plays a decisive support role for parents at this stage of their lives, having been described by mothers as an important pillar. Other studies have also found the important role of the family in the transition to parenthood.^{1,9}

The need to extend daycare hours also emerged from the mothers' speech, as an element that facilitates family dynamics. Professional health support was also

mentioned as important, with the nurse specialist in maternal and obstetric health (EESMO) playing a decisive role in this matter, due to the proximity they have with couples/ parental dyads. This may play a relevant role in monitoring and supporting new parents in this initial phase of parenthood.

CONCLUSION

The transition to parenthood, as described by the first-time mothers who took part in this study and supported by scientific evidence, leads to a reorganization of roles and restructuring of personal and social skills. It requires a reformulation of behaviors and attitudes, leading to an adjustment in the marital relationship.

We consider that this study allowed us to understand the feelings and concerns of mothers at this specific stage of their lives and the way in which these changes in role and identity influenced their relationship with their partner. We found that the relationship between the couple in this transition phase was subject to “advances and setbacks”. For some, parenting led to a distance between the couple while for others it led to a closer relationship between them, a situation that in the first case can generate conflicts and disrupt the marital relationship.

We can conclude that the transition to parenthood demands enormous difficulty

from both parents in reconciling parental roles with the relationship between the couple, due to the decrease in closeness, lack of communication and the lack of expression of feelings of love and affection between the partner couple.

Some factors that facilitate this transition emerged from the mothers' speech, such as partner support, family support, the existence of daycare centers with extended opening hours, among others.

The need for professional support also emerged in this study, specifically in managing conflicts between the couple. Nurses, due to the proximity they have with parents they must assist and support them in the development of their parental practices, encouraging interaction between the couple, showing that it is possible to reconcile the marital relationship with the task of being parents.

We believe that this study is a driver for new EESMO practices, in order to promote an adequate transition to parenthood, without losing the experience of conjugality. The approach to strategies related to the experience of conjugality in the transition phase to parenthood should be included in the childbirth and parenting preparation programs in order to empower couples. The promotion of sessions aimed at men will also be an added value, in order to contribute to the care partnership, in order to

enhance gender equality and respect for women. Understanding how to enhance and facilitate the transition processes to parenthood will allow nurses to positively influence the well-being of parents, contributing to a healthy experience of conjugality.

As limitations, we highlight the fact that we used a questionnaire on Google forms and not the face-to-face interview, which may have resulted in mothers not showing their feelings and thoughts as exhaustively as was desirable.

We believe that this topic should continue to be studied, with longitudinal studies at specific moments such as the resumption of professional activity by both parents, among others. We also suggest approaching the topic in randomized quantitative studies that also explore the opinion of the father figure.

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